

**FAMILY HEALTH
May 2014
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2013-14 and 2014-15**

Fiscal Forecasting and Data Management Branch
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**Family Health Estimate
Management Summary
May 2014 Estimate**

Fiscal Year 2013-14

The May 2014 Family Health Estimate shows a 2013-14 General Fund (GF) decrease of \$7.5 million compared to the FY 2013-14 November 2013 Estimate, as explained below (dollars in millions):

November 2013 Estimate	\$49.5
May 2014 Estimate	<u>\$42.0</u>
GF Change (rounded)	-\$7.5

For the specific programs included in the Family Health Estimate, the 2013-14 GF change from the November 2013 Estimate is:

California Children's Services (CCS)	-\$1.60
Child Health and Disability Prevention Program (CHDP)	-0.14
Genetically Handicapped Persons Program (GHPP)	-5.78
Every Woman Counts Program (EWC)	<u>-0.03</u>
Total Family Health	-7.54

The major reasons for the change from the November 2013 Estimate include the following:

CCS

1. Policy Change 6 – MH/UCD & BTR – Safety Net Care Pool

The California Bridge to Reform Section 1115(a) Medicaid Demonstration allows the Department to claim FFP using the Certified Public Expenditures (CPE) of approved Designated State Health Programs. Safety Net Care Pool usage of CCS State-Only expenditures is expected to decrease by \$8.11 million in 2013-14.

2. Transition of CCS-HFP to Medi-Cal

The final transition of the Healthy Families program to Medi-Cal's Optional Targeted Low-Income Children's Program was November 2013. This transition has been incorporated into the CCS-HFP expenditure estimate. The FY 2013-14 estimate for CCS-HFP treatment is now anticipated to be \$5.58 million GF less than the November 2013 Estimate.

GHPP

1. Policy Change 4 – MH/UCD & BTR – Safety Net Care Pool

The California Bridge to Reform Section 1115(a) Medicaid Demonstration allows the Department to claim FFP using the CPEs of approved Designated State Health Programs. The May 2013 Estimate assumes a \$12.82 million increase in SNCP CPEs in 2013-14.

2. Policy Change 3 – Blood Factor Drug Rebates and Contract Savings

Expected rebates from the Special Rebate Fund is \$5.89 million less anticipated in the November 2013 estimate, the decrease is due to reimbursing the counties for their share of the California Children's Services rebates.

Management Summary
Fiscal Year 2013-14
Comparison of Appropriation, November 2013, and May 2014 Estimates

	Appropriation FY 2013-14	Nov. 13 Est. FY 2013-14	May 14 Est. FY 2013-14	Chg Approp - May 14 Est.	Chg Nov. 13 - May 14 Est.
California Children's Services					
4260-111-0001 (General Fund)	\$ 11,511,000	\$ 12,371,000	\$ 10,772,000	\$ (739,000)	\$ (1,599,000)
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 5,262,000	\$ 0	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 83,139,000	\$ 75,028,000	\$ (11,731,000)	\$ (8,111,000)
4260-111-0890 (Federal Title XXI)	\$ 15,378,000	\$ 31,194,000	\$ 15,943,000	\$ 565,000	\$ (15,251,000)
County Funds ¹	\$ 101,099,000	\$ 95,487,000	\$ 88,432,000	\$ (12,667,000)	\$ (7,055,000)
TOTAL CCS	\$ 118,910,000	\$ 131,966,000	\$ 107,005,000	\$ (11,905,000)	\$ (24,961,000)
Child Health and Disability Prevention Program					
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,756,000	\$ 1,621,000	\$ (148,000)	\$ (135,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	\$ 11,000	\$ (15,000)	\$ 0
TOTAL CHDP	\$ 1,795,000	\$ 1,767,000	\$ 1,632,000	\$ (163,000)	\$ (135,000)
Genetically Handicapped Persons Program					
4260-111-0001 (General Fund)	\$ 24,339,000	\$ 17,346,000	\$ 11,567,000	\$ (12,772,000)	\$ (5,779,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 43,868,000	\$ 46,719,000	\$ 59,537,000	\$ 15,669,000	\$ 12,818,000
4260-601-0995 (Enrollment Fees)	\$ 376,000	\$ 453,000	\$ 439,000	\$ 63,000	\$ (14,000)
4260-601-3079 (Rebates Special Fund)	\$ 42,158,000	\$ 36,979,000	\$ 31,091,000	\$ (11,067,000)	\$ (5,888,000)
TOTAL GHPP	\$ 110,741,000	\$ 101,497,000	\$ 102,634,000	\$ (8,107,000)	\$ 1,137,000
Every Woman Counts Program					
4260-114-0001 (General Fund)	\$ 17,982,000	\$ 18,059,000	\$ 18,029,000	\$ 47,000	\$ (30,000)
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 22,081,000	\$ 22,081,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,644,000	\$ 4,644,000	\$ 0	\$ 0
TOTAL EWC	\$ 52,619,000	\$ 52,696,000	\$ 52,666,000	\$ 47,000	\$ (30,000)
GRAND TOTAL - ALL FUNDS	\$ 284,065,000	\$ 287,926,000	\$ 263,937,000	\$ (20,128,000)	\$ (23,989,000)
4260-111-0001	\$ 37,619,000	\$ 31,473,000	\$ 23,960,000	\$ (13,659,000)	\$ (7,513,000)
4260-111-0080	\$ 26,000	\$ 11,000	\$ 11,000	\$ (15,000)	\$ 0
4260-111-0890	\$ 15,378,000	\$ 31,194,000	\$ 15,943,000	\$ 565,000	\$ (15,251,000)
4260-114-0001 ¹	\$ 17,982,000	\$ 18,059,000	\$ 18,029,000	\$ 47,000	\$ (30,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0236	\$ 22,081,000	\$ 22,081,000	\$ 22,081,000	\$ 0	\$ 0
4260-114-0890	\$ 4,644,000	\$ 4,644,000	\$ 4,644,000	\$ 0	\$ 0
4260-601-0995	\$ 5,638,000	\$ 5,715,000	\$ 5,701,000	\$ 63,000	\$ (14,000)
4260-601-3079	\$ 42,158,000	\$ 36,979,000	\$ 31,091,000	\$ (11,067,000)	\$ (5,888,000)
4260-601-7503	\$ 130,627,000	\$ 129,858,000	\$ 134,565,000	\$ 3,938,000	\$ 4,707,000
County Funds ²	\$ 101,099,000	\$ 95,487,000	\$ 88,432,000	\$ (12,667,000)	\$ (7,055,000)

¹ EWC reappropriation authorized in Chapter 630, Statutes of 2012 is sufficient to cover the projected \$47,000 deficiency.

² County Funds are not included in Total Funds. They are shown for display only.

**Family Health Estimate
Management Summary
May 2014 Estimate**

Fiscal Year 2014-15

The Family Health Estimate shows a 2014-15 General Fund increase of \$71.1 million compared to 2013-14 as explained below:

2013-14	\$42.0
2014-15	<u>\$113.1</u>
GF Change	\$71.1

For the specific programs included in the Family Health Estimate, the 2014-15 GF change from 2013-14 is: (rounded)

California Children's Services (CCS)	\$7.3
Child Health and Disability Prevention Program (CHDP)	0.1
Genetically Handicapped Persons Program (GHPP)	<u>\$60.9</u>
Total (111-0001)	\$68.3
Every Woman Counts Program (EWC) (114-0001)	\$2.8

The major reasons for the change from 2013-14 are:

CCS

1. Policy Change 6 – MH/UCD & BTR – Safety Net Care Pool

The California Bridge to Reform Section 1115(a) Medicaid Demonstration allows the Department to claim FFP using the Certified Public Expenditures (CPE) of approved Designated State Health Programs. Safety Net Care Pool usage of CCS State-Only expenditures is expected to decrease by \$5.7 million between fiscal years.

2. Transition of CCS-HFP to Medi-Cal

The final transition of the Healthy Families program to Medi-Cal's Optional Targeted Low-Income Children's Program was November 2013. FY 2014-15 is expected to have only residual expenditures.

GHPP

1. Policy Change 3 – Blood Factor Drug Rebates and Contract Savings

The Department utilized a one-time \$31.1 million from the Rebate Special Fund in FY 2013-14. Annually, approximately \$8 million is received in rebates and is expected to be available in FY 2014-15. The additional rebates available in FY 2013-14 reduced the Department's General Fund need. In FY 2014-15, \$23.1 million in General Fund is needed for reduction in rebates between fiscal years.

2. Policy Change 4 – MH/UCD & BTR – Safety Net Care Pool

The California Bridge to Reform Section 1115(a) Medicaid Demonstration allows the Department to claim FFP using the Certified Public Expenditures (CPE) of approved Designated State Health Programs. Safety Net Care Pool usage of GHPP State-Only expenditures is expected to decrease by \$11.7 million between fiscal years. This reduction increases the General Fund needed for GHPP.

3. Policy Change 9 – United States of America V. Bio-Med Plus, Inc.

In FY 2013-14, restitution of \$10.4 million GF was received from the USA V. Bio-Med lawsuit. This was a one-time GF relief.

4. GHPP Treatment Expenditures

Expenditures for the GHPP program is expected to increase by \$16.3 million as the cost of care for hemophilic eligibles increase.

EWC

1. Base

EWC base costs are expected increase by \$2.25 million GF over FY 2013-14 due to continued growth in expenditures.

2. Policy Change 8 – Digital Mammography

Digital Mammography reimbursement is effective January 1, 2014. In FY 2014-15, a full year of digital mammography will be incurred at an estimated cost of \$4.6 million.

Management Summary

Fiscal Year 2013-14 Compared to Fiscal Year 2014-15

	May 14 Est. FY 2013-14	May 14 Est. FY 2014-15	Difference Incr./(Decr.)
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 10,772,000	\$ 18,070,000	\$ 7,298,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 75,028,000	\$ 69,331,000	\$ (5,697,000)
4260-111-0890 (Federal Title XXI)	\$ 15,943,000	\$ 3,118,000	\$ (12,825,000)
County Funds ¹	\$ 88,432,000	\$ 91,545,000	\$ 3,113,000
TOTAL CCS	\$ 107,005,000	\$ 95,781,000	\$ (11,224,000)
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,621,000	\$ 1,702,000	\$ 81,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
TOTAL CHDP	\$ 1,632,000	\$ 1,713,000	\$ 81,000
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 11,567,000	\$ 72,473,000	\$ 60,906,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 59,537,000	\$ 47,827,000	\$ (11,710,000)
4260-601-0995 (Enrollment Fees)	\$ 439,000	\$ 439,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 31,091,000	\$ 8,000,000	\$ (23,091,000)
TOTAL GHPP	\$ 102,634,000	\$ 128,739,000	\$ 26,105,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 18,029,000	\$ 20,844,000	\$ 2,815,000
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
TOTAL EWC	\$ 52,666,000	\$ 58,583,000	\$ 5,917,000
GRAND TOTAL - ALL FUNDS	\$ 263,937,000	\$ 284,816,000	\$ 20,879,000
4260-111-0001	\$ 23,960,000	\$ 92,245,000	\$ 68,285,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 15,943,000	\$ 3,118,000	\$ (12,825,000)
4260-114-0001	\$ 18,029,000	\$ 20,844,000	\$ 2,815,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0890	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
4260-601-0995	\$ 5,701,000	\$ 5,701,000	\$ 0
4260-601-3079	\$ 31,091,000	\$ 8,000,000	\$ (23,091,000)
4260-601-7503	\$ 134,565,000	\$ 117,158,000	\$ (17,407,000)
County Funds ¹	\$ 88,432,000	\$ 91,545,000	\$ 3,113,000

¹ County Funds are not included in Total Funds. They are shown for display only.

Management Summary Fiscal Year 2014-15

Comparison of Appropriation, November 2013, and May 2014 Estimates

	Approp Est. FY 2013-14	Nov. 13 Est. FY 2014-15	May 14 Est. FY 2014-15	Chg Approp - May 14 Est.	Chg Nov. 13 - May 14 Est.
California Children's Services					
4260-111-0001 (General Fund)	\$ 11,511,000	\$ 17,014,000	\$ 18,070,000	\$ 6,559,000	\$ 1,056,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 5,262,000	\$ 0	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 71,405,000	\$ 69,331,000	\$ (17,428,000)	\$ (2,074,000)
4260-111-0890 (Federal Title XXI)	\$ 15,378,000	\$ 193,000	\$ 3,118,000	\$ (12,260,000)	\$ 2,925,000
County Funds ¹	\$ 101,099,000	\$ 91,801,000	\$ 91,545,000	\$ (9,554,000)	\$ (256,000)
TOTAL CCS	\$ 118,910,000	\$ 93,874,000	\$ 95,781,000	\$ (23,129,000)	\$ 1,907,000
Child Health and Disability Prevention Program					
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,800,000	\$ 1,702,000	\$ (67,000)	\$ (98,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	\$ 11,000	\$ (15,000)	\$ 0
TOTAL CHDP	\$ 1,795,000	\$ 1,811,000	\$ 1,713,000	\$ (82,000)	\$ (98,000)
Genetically Handicapped Persons Program					
4260-111-0001 (General Fund)	\$ 24,339,000	\$ 63,609,000	\$ 72,473,000	\$ 48,134,000	\$ 8,864,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 43,868,000	\$ 48,271,000	\$ 47,827,000	\$ 3,959,000	\$ (444,000)
4260-601-0995 (Enrollment Fees)	\$ 376,000	\$ 453,000	\$ 439,000	\$ 63,000	\$ (14,000)
4260-601-3079 (Rebates Special Fund)	\$ 42,158,000	\$ 10,000,000	\$ 8,000,000	\$ (34,158,000)	\$ (2,000,000)
TOTAL GHPP	\$ 110,741,000	\$ 122,333,000	\$ 128,739,000	\$ 17,998,000	\$ 6,406,000
Every Woman Counts Program					
4260-114-0001 (General Fund)	\$ 17,982,000	\$ 21,403,000	\$ 20,844,000	\$ 2,862,000	\$ (559,000)
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 25,318,000	\$ 25,318,000	\$ 3,237,000	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,509,000	\$ 4,509,000	\$ (135,000)	\$ 0
TOTAL EWC	\$ 52,619,000	\$ 59,142,000	\$ 58,583,000	\$ 5,964,000	\$ (559,000)
GRAND TOTAL - ALL FUNDS	\$ 284,065,000	\$ 277,160,000	\$ 284,816,000	\$ 751,000	\$ 7,656,000
4260-111-0001	\$ 37,619,000	\$ 82,423,000	\$ 92,245,000	\$ 54,626,000	\$ 9,822,000
4260-111-0080	\$ 26,000	\$ 11,000	\$ 11,000	\$ (15,000)	\$ 0
4260-111-0890	\$ 15,378,000	\$ 193,000	\$ 3,118,000	\$ (12,260,000)	\$ 2,925,000
4260-114-0001	\$ 17,982,000	\$ 21,403,000	\$ 20,844,000	\$ 2,862,000	\$ (559,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0236	\$ 22,081,000	\$ 25,318,000	\$ 25,318,000	\$ 3,237,000	\$ 0
4260-114-0890	\$ 4,644,000	\$ 4,509,000	\$ 4,509,000	\$ (135,000)	\$ 0
4260-601-0995	\$ 5,638,000	\$ 5,715,000	\$ 5,701,000	\$ 63,000	\$ (14,000)
4260-601-3079	\$ 42,158,000	\$ 10,000,000	\$ 8,000,000	\$ (34,158,000)	\$ (2,000,000)
4260-601-7503	\$ 130,627,000	\$ 119,676,000	\$ 117,158,000	\$ (13,469,000)	\$ (2,518,000)
County Funds ¹	\$ 101,099,000	\$ 91,801,000	\$ 91,545,000	\$ (9,554,000)	\$ (256,000)

¹ County Funds are not included in Total Funds. They are shown for display only.

CALIFORNIA CHILDREN'S SERVICES
Funding Summary
Fiscal Years 2013-14 and 2014-15 Compared to November Estimate

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./((Decr.))
CCS State-Only & CCS-HFP Caseload:	20,271	18,352	(1,919)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 84,760,000	\$ 80,623,000	\$ (4,137,000)
Health Care Support Fund (4260-601-7503)	\$ (83,139,000)	\$ (75,028,000)	\$ 8,111,000
Title XIX- GF Match (4260-111-0001)	\$ 10,750,100	\$ 5,177,400	\$ (5,572,700)
Total General Fund	\$ 12,371,100	\$ 10,772,400	\$ (1,598,700)
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 83,139,000	\$ 75,028,000	\$ (8,111,000)
4260-111-0890 (Federal Title XXI)	\$ 31,193,900	\$ 15,942,600	\$ (15,251,300)
Total Federal Funds	\$ 119,594,900	\$ 96,232,600	\$ (23,362,300)
Total Funds	\$ 131,966,000	\$ 107,005,000	\$ (24,961,000)

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. FY 2014-15	May 2014 Est. FY 2014-15	Difference Incr./((Decr.))
CCS State-Only & CCS-HFP Caseload:	19,754	18,071	(1,683)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 87,654,000	\$ 86,382,000	\$ (1,272,000)
Health Care Support Fund (4260-601-7503)	\$ (71,405,000)	\$ (69,331,000)	\$ 2,074,000
Title XIX- GF Match (4260-111-0001)	\$ 764,600	\$ 1,019,000	\$ 254,400
Total General Fund	\$ 17,013,600	\$ 18,070,000	\$ 1,056,400
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 71,405,000	\$ 69,331,000	\$ (2,074,000)
4260-111-0890 (Federal Title XXI)	\$ 193,400	\$ 3,118,000	\$ 2,924,600
Total Federal Funds	\$ 76,860,400	\$ 77,711,000	\$ 850,600
Total Funds	\$ 93,874,000	\$ 95,781,000	\$ 1,907,000

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15

	May 2014 Est. FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./((Decr.))
CCS State-Only & CCS-HFP Caseload:	18,352	18,071	(281)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 80,623,000	\$ 86,382,000	\$ 5,759,000
Health Care Support Fund (4260-601-7503)	\$ (75,028,000)	\$ (69,331,000)	\$ 5,697,000
Title XIX- GF Match (4260-111-0001)	\$ 5,177,400	\$ 1,019,000	\$ (4,158,400)
Total General Fund	\$ 10,772,400	\$ 18,070,000	\$ 7,297,600
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 75,028,000	\$ 69,331,000	\$ (5,697,000)
4260-111-0890 (Federal Title XXI)	\$ 15,942,600	\$ 3,118,000	\$ (12,824,600)
Total Federal Funds	\$ 96,232,600	\$ 77,711,000	\$ (18,521,600)
Total Funds	\$ 107,005,000	\$ 95,781,000	\$ (11,224,000)

CALIFORNIA CHILDREN'S SERVICES
Funding Summary
Fiscal Years 2013-14 and 2014-15 Compared to Appropriation

FY 2013-14, May 2014 Estimate Compared to Appropriation			
	<u>Appropriation FY 2013-14</u>	<u>May 2014 Est. FY 2013-14</u>	<u>Difference Incr./(Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	20,062	18,352	(1,710)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 93,245,000	\$ 80,623,000	\$ (12,622,000)
Health Care Support Fund (4260-601-7503)	\$ (86,759,000)	\$ (75,028,000)	\$ 11,731,000
Title XIX- GF Match (4260-111-0001)	<u>\$ 5,025,300</u>	<u>\$ 5,177,400</u>	<u>\$ 152,100</u>
Total General Fund	\$ 11,511,300	\$ 10,772,400	\$ (738,900)
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 75,028,000	\$ (11,731,000)
4260-111-0890 (Federal Title XXI)	<u>\$ 15,377,900</u>	<u>\$ 15,942,600</u>	<u>\$ 564,700</u>
Total Federal Funds	\$ 107,398,900	\$ 96,232,600	\$ (11,166,300)
Total Funds	\$ 118,910,200	\$ 107,005,000	\$ (11,905,200)

May 2014 Estimate for FY 2014-15 Compared to FY 2013-14 Appropriation			
	<u>Appropriation FY 2013-14</u>	<u>May 2014 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	20,062	18,071	(1,991)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 93,245,000	\$ 86,382,000	\$ (6,863,000)
Health Care Support Fund (4260-601-7503)	\$ (86,759,000)	\$ (69,331,000)	\$ 17,428,000
Title XIX- GF Match (4260-111-0001)	<u>\$ 5,025,300</u>	<u>\$ 1,019,000</u>	<u>\$ (4,006,300)</u>
Total General Fund	\$ 11,511,300	\$ 18,070,000	\$ 6,558,700
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 69,331,000	\$ (17,428,000)
4260-111-0890 (Federal Title XXI)	<u>\$ 15,377,900</u>	<u>\$ 3,118,000</u>	<u>\$ (12,259,900)</u>
Total Federal Funds	\$ 107,398,900	\$ 77,711,000	\$ (29,687,900)
Total Funds	\$ 118,910,200	\$ 95,781,000	\$ (23,129,200)

**CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2013-14
Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base	18,168,000	18,168,000	-	-	-	18,167,000
Bone Marrow Xplant 1/	125,000		-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	18,693,000	18,693,000	-	-	-	17,642,000
2. Therapy Costs						
Therapy Base	59,894,000	59,894,000	-	-	-	59,894,000
MTU Medi-Cal Offset 3/	(5,522,000)	(5,522,000)	-	-	-	(1,841,000)
AB3632 4/	1,432,000	1,432,000	-	-	-	(1,432,000)
Total Therapy Base	55,804,000	55,804,000	-	-	-	56,621,000
3. Enroll/Assess Fees	(94,000)	(94,000)	-	-	-	(94,000)
4. Benefits Policy Changes	(397,000)	(397,000)	-	-	-	(387,000)
5. HF Safety Net Care Pool	-	(75,028,000)	-	75,028,000	-	-
	\$ 74,006,000	\$ (1,022,000)	\$ 0	\$ 75,028,000	\$ 0	\$ 73,782,000
B. State Only Admin.						
1. County Admin.	11,336,000	6,074,000	5,262,000	-	-	11,336,000
2. Fiscal Inter.	160,000	160,000	-	-	-	-
3. FI Dental	20,000	20,000	-	-	-	-
4. CMS Net	363,000	363,000	-	-	-	-
	\$ 11,879,000	\$ 6,617,000	\$ 5,262,000	\$ 0	\$ 0	\$ 11,336,000
Total CCS State Only	\$ 85,885,000	\$ 5,595,000	\$ 5,262,000	\$ 75,028,000	\$ 0	\$ 85,118,000
C. HFP Services						
1. Treatment Base	21,262,000	5,193,000	-	-	16,069,000	3,365,000
2. Benefits Policy Changes	(1,199,000)	(254,000)	-	-	(945,000)	(254,000)
	\$ 20,063,000	\$ 4,939,000	\$ 0	\$ 0	\$ 15,124,000	\$ 3,111,000
D. HFP Admin.						
1. County Admin.	956,000	203,000	-	-	753,000	203,000
2. Fiscal Inter.	83,000	29,000	-	-	54,000	-
3. FI Dental	4,000	1,400	-	-	2,600	-
4. CMS Net	14,000	5,000	-	-	9,000	-
	\$ 1,057,000	\$ 238,400	\$ 0	\$ 0	\$ 818,600	\$ 203,000
Total HFP	\$ 21,120,000	\$ 5,177,400	\$ 0	\$ 0	\$ 15,942,600	\$ 3,314,000
GRAND TOTAL	\$ 107,005,000	\$ 10,772,400	\$ 5,262,000	\$ 75,028,000	\$ 15,942,600	\$ 88,432,000

NOTE: County Funds are shown for information only, and are not included in Total Funds.

- 1/ An estimated \$250,000 in certain bone marrow transplant costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$125,000 is shifted from County to General Fund.
- 2/ An estimated \$800,000 in catastrophic small county services costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$400,000 is shifted from County to General Fund.
- 3/ Medical Therapy Unit (MTU) costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF/50% County funds. The costs that are reimbursed by Medi-Cal reduce program costs 75% GF, 25% County funds.
- 4/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF, 50% County funds. Since they are funded by 100% GF, 50% of the total AB3632 costs are shifted from County to General Fund.

**CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2014-15
Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base	22,122,000	22,122,000	-	-	-	22,122,000
Bone Marrow Xplant 1/ Small County Adj. 2	125,000 400,000	125,000 400,000	- -	- -	- -	(125,000) (400,000)
Total Treatment Base	22,647,000	22,647,000	-	-	-	21,597,000
2. Therapy Costs						
Therapy Base	61,151,000	61,151,000	-	-	-	61,151,000
MTU Medi-Cal Offset 3/ AB3632 4	(5,518,000) 1,424,000	(5,518,000) 1,424,000	- -	- -	- -	(1,839,000) (1,424,000)
Total Therapy Base	57,057,000	57,057,000	-	-	-	57,888,000
3. Enroll/Assess Fees	(94,000)	(94,000)	-	-	-	(94,000)
4. Benefits Policy Changes	(104,000)	(104,000)	-	-	-	(44,000)
5. HF Safety Net Care Pool	-	(69,331,000)	-	69,331,000	-	-
	\$ 79,506,000	\$ 10,175,000	\$ 0	\$ 69,331,000	\$ 0	\$ 79,347,000
B. State Only Admin.						
1. County Admin.	11,556,000	6,294,000	5,262,000	-	-	11,556,000
2. Fiscal Inter.	198,000	198,000	-	-	-	-
3. FI Dental	23,000	23,000	-	-	-	-
4. CMS Net	361,000	361,000	-	-	-	-
	\$ 12,138,000	\$ 6,876,000	\$ 5,262,000	\$ 0	\$ 0	\$ 11,556,000
Total CCS State Only	\$ 91,644,000	\$ 17,051,000	\$ 5,262,000	\$ 69,331,000	\$ 0	\$ 90,903,000
C. HFP Services						
1. Treatment Base	4,316,000	1,054,000	-	-	3,262,000	684,000
2. Benefits Policy Changes	(199,000)	(42,000)	-	-	(157,000)	(42,000)
	\$ 4,117,000	\$ 1,012,000	\$ 0	\$ 0	\$ 3,105,000	\$ 642,000
D. HFP Admin.						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	20,000	7,000	-	-	13,000	-
3. FI Dental	-	-	-	-	-	-
4. CMS Net	-	-	-	-	-	-
	\$ 20,000	\$ 7,000	\$ 0	\$ 0	\$ 13,000	\$ 0
Total HFP	\$ 4,137,000	\$ 1,019,000	\$ 0	\$ 0	\$ 3,118,000	\$ 642,000
GRAND TOTAL	\$ 95,781,000	\$ 18,070,000	\$ 5,262,000	\$ 69,331,000	\$ 3,118,000	\$ 91,545,000

NOTE: County Funds are shown for information only, and are not included in Total Funds.

- 1/ An estimated \$250,000 in certain bone marrow transplant costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$125,000 is shifted from County to General Fund.
- 2/ An estimated \$800,000 in catastrophic small county services costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$400,000 is shifted from County to General Fund.
- 3/ Medical Therapy Unit (MTU) costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF/50% County funds. The costs that are reimbursed by Medi-Cal reduce program costs 75% GF, 25% County funds.
- 4/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF, 50% County funds. Since they are funded by 100% GF, 50% of the total AB3632 costs are is shifted from County to General Fund.

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2013-14

May 2014 Estimate Compared to November 2013 Estimate, Total Funds			
	Nov. 2013 Est.	May 2014 Est.	Difference
	FY 2013-14	FY 2013-14	Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 78,205,000</u>	<u>\$ 74,006,000</u>	<u>\$ (4,199,000)</u>
1. Treatment Services	24,391,000	18,693,000	(5,698,000)
2. Medical Therapy Program	54,228,000	55,804,000	1,576,000
3. Benefits Policy Changes	(323,000)	(397,000)	(74,000)
4. Enroll/Assessment Fees	(91,000)	(94,000)	(3,000)
B. CCS Administration			
1. County Administration	11,336,000	11,336,000	-
2. Fiscal Intermediary	481,000	543,000	62,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 90,022,000</u>	<u>\$ 85,885,000</u>	<u>\$ (4,137,000)</u>
A. Healthy Families Program			
1. Treatment Services	204,705,000	21,262,000	(183,443,000)
2. Benefits Policy Changes	(163,800,000)	(1,199,000)	162,601,000
B. Healthy Families Administration			
1. County Administration	956,000	956,000	-
2. Fiscal Intermediary	83,000	101,000	18,000
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 41,944,000</u>	<u>\$ 21,120,000</u>	<u>\$ (20,824,000)</u>
TOTAL CCS PROGRAM	<u>\$ 131,966,000</u>	<u>\$ 107,005,000</u>	<u>\$ (24,961,000)</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2013-14

May 2014 Estimate Compared to November 2013 Estimate, General Fund

	Nov. 2013 Est. FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ (4,934,000)</u>	<u>\$ (1,022,000)</u>	<u>\$ 3,912,000</u>
1. Treatment Services	24,391,000	18,693,000	(5,698,000)
2. Medical Therapy Program	54,228,000	55,804,000	1,576,000
3. Benefits Policy Changes	(323,000)	(397,000)	(74,000)
4. Enroll/Assessment Fees	(91,000)	(94,000)	(3,000)
5. HF Safety Net Care Pool	(83,139,000)	(75,028,000)	8,111,000
B. CCS Administration			
1. County Administration	6,074,000	6,074,000	-
2. Fiscal Intermediary	481,000	543,000	62,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 1,621,000</u>	<u>\$ 5,595,000</u>	<u>\$ 3,974,000</u>
A. Healthy Families Program			
1. Treatment Services	49,997,000	5,193,000	(44,804,000)
2. Benefits Policy Changes	(39,478,000)	(254,000)	39,224,000
B. Healthy Families Administration			
1. County Administration	203,000	203,000	-
2. Fiscal Intermediary	28,100	35,400	7,300
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 10,750,100</u>	<u>\$ 5,177,400</u>	<u>\$ (5,572,700)</u>
TOTAL CCS PROGRAM	<u>\$ 12,371,100</u>	<u>\$ 10,772,400</u>	<u>\$ (1,598,700)</u>

May 2014 Estimate Compared to November 2013 Estimate, Federal Funds

	Nov. 2013 Est. FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 83,139,000</u>	<u>\$ 75,028,000</u>	<u>\$ (8,111,000)</u>
1. Title XIX Health Care Support Fund	83,139,000	75,028,000	(8,111,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 88,401,000</u>	<u>\$ 80,290,000</u>	<u>\$ (8,111,000)</u>
A. Healthy Families Program - Title XXI			
1. Treatment Services	154,708,000	16,069,000	(138,639,000)
2. Benefits Policy Changes	(124,322,000)	(945,000)	123,377,000
B. Healthy Families Administration - Title XXI			
1. County Administration	753,000	753,000	-
2. Fiscal Intermediary	54,900	65,600	10,700
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 31,193,900</u>	<u>\$ 15,942,600</u>	<u>\$ (15,251,300)</u>
TOTAL CCS PROGRAM	<u>\$ 119,594,900</u>	<u>\$ 96,232,600</u>	<u>\$ (23,362,300)</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2013-14

May 2014 Estimate Compared to Appropriation, Total Funds			
	Appropriation	May 2014 Est.	Difference
	FY 2013-14	FY 2013-14	Incr./.(Decr.)
A. Total CCS State Only Services	\$ 86,756,000	\$ 74,006,000	\$ (12,750,000)
1. Treatment Services	32,523,000	18,693,000	(13,830,000)
2. Medical Therapy Program	56,517,000	55,804,000	(713,000)
3. Benefits Policy Changes	(2,193,000)	(397,000)	1,796,000
4. Enroll/Assessment Fees	(91,000)	(94,000)	(3,000)
B. CCS Administration			
1. County Administration	11,336,000	11,336,000	-
2. Fiscal Intermediary	415,000	543,000	128,000
TOTAL CCS STATE ONLY PROGRAM	\$ 98,507,000	\$ 85,885,000	\$ (12,622,000)
A. Healthy Families Program			
1. Treatment Services	204,705,000	21,262,000	(183,443,000)
2. Benefits Policy Changes	(184,912,800)	(1,199,000)	183,713,800
B. Healthy Families Administration			
1. County Administration	567,000	956,000	389,000
2. Fiscal Intermediary	44,000	101,000	57,000
TOTAL HEALTHY FAMILIES PROGRAM	\$ 20,403,200	\$ 21,120,000	\$ 716,800
TOTAL CCS PROGRAM	\$ 118,910,200	\$ 107,005,000	\$ (11,905,200)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2013-14

May 2014 Estimate Compared to Appropriation, General Fund			
	Appropriation	May 2014 Est.	Difference
	FY 2013-14	FY 2013-14	Incr./.(Decr.)
A. Total CCS State Only Services	\$ (3,000)	\$ (1,022,000)	\$ (1,019,000)
1. Treatment Services	32,523,000	18,693,000	(13,830,000)
2. Medical Therapy Program	56,517,000	55,804,000	(713,000)
3. Benefits Policy Changes	(2,193,000)	(397,000)	1,796,000
4. Enroll/Assessment Fees	(91,000)	(94,000)	(3,000)
5. HF Safety Net Care Pool	(86,759,000)	(75,028,000)	11,731,000
B. CCS Administration			
1. County Administration	6,074,000	6,074,000	-
2. Fiscal Intermediary	415,000	543,000	128,000
TOTAL CCS STATE ONLY PROGRAM	\$ 6,486,000	\$ 5,595,000	\$ (891,000)
A. Healthy Families Program			
1. Treatment Services	49,997,000	5,193,000	(44,804,000)
2. Benefits Policy Changes	(45,107,300)	(254,000)	44,853,300
B. Healthy Families Administration			
1. County Administration	120,000	203,000	83,000
2. Fiscal Intermediary	15,600	35,400	19,800
TOTAL HEALTHY FAMILIES PROGRAM	\$ 5,025,300	\$ 5,177,400	\$ 152,100
TOTAL CCS PROGRAM	\$ 11,511,300	\$ 10,772,400	\$ (738,900)

May 2014 Estimate Compared to Appropriation, Federal Funds			
	Appropriation	May 2014 Est.	Difference
	FY 2013-14	FY 2013-14	Incr./.(Decr.)
A. Total CCS State Only Services	\$ 86,759,000	\$ 75,028,000	\$ (11,731,000)
1. Title XIX Health Care Support Fund	86,759,000	75,028,000	(11,731,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	\$ 92,021,000	\$ 80,290,000	\$ (11,731,000)
A. Healthy Families Program - Title XXI			
1. Treatment Services	154,708,000	16,069,000	(138,639,000)
2. Benefits Policy Changes	(139,805,500)	(945,000)	138,860,500
B. Healthy Families Administration - Title XXI			
1. County Administration	447,000	753,000	306,000
2. Fiscal Intermediary	28,400	65,600	37,200
TOTAL HEALTHY FAMILIES PROGRAM	\$ 15,377,900	\$ 15,942,600	\$ 564,700
TOTAL CCS PROGRAM	\$ 107,398,900	\$ 96,232,600	\$ (11,166,300)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2014-15

May 2014 Estimate Compared to November 2013 Estimate, Total Funds			
	Nov. 2013 Est. FY 2014-15	May 2014 Est. FY 2014-15	Difference Incr./(Decr.)
A. Total CCS State Only Services	\$ 80,816,000	\$ 79,506,000	\$ (1,310,000)
1. Treatment Services	25,040,000	22,647,000	(2,393,000)
2. Medical Therapy Program	56,309,000	57,057,000	748,000
3. Benefits Policy Changes	(443,000)	(104,000)	339,000
4. Enroll/Assessment Fees	(90,000)	(94,000)	(4,000)
B. CCS Administration			
1. County Administration	11,599,000	11,556,000	(43,000)
2. Fiscal Intermediary	501,000	582,000	81,000
TOTAL CCS STATE ONLY PROGRAM	\$ 92,916,000	\$ 91,644,000	\$ (1,272,000)
A. Healthy Families Program			
1. Treatment Services	204,705,000	4,316,000	(200,389,000)
2. Benefits Policy Changes	(203,749,000)	(199,000)	203,550,000
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	2,000	20,000	18,000
TOTAL HEALTHY FAMILIES PROGRAM	\$ 958,000	\$ 4,137,000	\$ 3,179,000
TOTAL CCS PROGRAM	\$ 93,874,000	\$ 95,781,000	\$ 1,907,000

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2014-15

May 2014 Estimate Compared to November 2013 Estimate, General Fund			
	Nov. 2013 Est. FY 2014-15	May 2014 Est. FY 2014-15	Difference Incr./ (Decr.)
A. Total CCS State Only Services	\$ 9,411,000	\$ 10,175,000	\$ 764,000
1. Treatment Services	25,040,000	22,647,000	(2,393,000)
2. Medical Therapy Program	56,309,000	57,057,000	748,000
3. Benefits Policy Changes	(443,000)	(104,000)	339,000
4. Enroll/Assessment Fees	(90,000)	(94,000)	(4,000)
5. HF Safety Net Care Pool	(71,405,000)	(69,331,000)	2,074,000
B. CCS Administration			
1. County Administration	6,337,000	6,294,000	(43,000)
2. Fiscal Intermediary	501,000	582,000	81,000
TOTAL CCS STATE ONLY PROGRAM	\$ 16,249,000	\$ 17,051,000	\$ 802,000
A. Healthy Families Program			
1. Treatment Services	49,997,000	1,054,000	(48,943,000)
2. Benefits Policy Changes	(49,233,000)	(42,000)	49,191,000
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	600	7,000	6,400
TOTAL HEALTHY FAMILIES PROGRAM	\$ 764,600	\$ 1,019,000	\$ 254,400
TOTAL CCS PROGRAM	\$ 17,013,600	\$ 18,070,000	\$ 1,056,400

May 2014 Estimate Compared to November 2013 Estimate, Federal Funds			
	Nov. 2013 Est. FY 2014-15	May 2014 Est. FY 2014-15	Difference Incr./ (Decr.)
A. Total CCS State Only Services	\$ 71,405,000	\$ 69,331,000	\$ (2,074,000)
1. Title XIX Health Care Support Fund	71,405,000	69,331,000	(2,074,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	\$ 76,667,000	\$ 74,593,000	\$ (2,074,000)
A. Healthy Families Program - Title XXI			
1. Treatment Services	154,708,000	3,262,000	(151,446,000)
2. Benefits Policy Changes	(154,516,000)	(157,000)	154,359,000
B. Healthy Families Administration - Title XXI			
1. County Administration	-	-	-
2. Fiscal Intermediary	1,400	13,000	11,600
TOTAL HEALTHY FAMILIES PROGRAM	\$ 193,400	\$ 3,118,000	\$ 2,924,600
TOTAL CCS PROGRAM	\$ 76,860,400	\$ 77,711,000	\$ 850,600

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Budget Year Compared to Current Year

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, Total Funds			
	May 2014 Est.	May 2014 Est.	Difference
	FY 2013-14	FY 2014-15	Incr./.(Decr.)
A. Total CCS State Only Services	\$ 74,006,000	\$ 79,506,000	\$ 5,500,000
1. Treatment Services	18,693,000	22,647,000	3,954,000
2. Medical Therapy Program	55,804,000	57,057,000	1,253,000
3. Benefits Policy Changes	(397,000)	(104,000)	293,000
4. Enroll/Assessment Fees	(94,000)	(94,000)	-
B. CCS Administration			
1. County Administration	11,336,000	11,556,000	220,000
2. Fiscal Intermediary	543,000	582,000	39,000
TOTAL CCS STATE ONLY PROGRAM	\$ 85,885,000	\$ 91,644,000	\$ 5,759,000
			-
A. Healthy Families Program			-
1. Treatment Services	21,262,000	4,316,000	(16,946,000)
2. Benefits Policy Changes	(1,199,000)	(199,000)	1,000,000
B. Healthy Families Administration			
1. County Administration	956,000	-	(956,000)
2. Fiscal Intermediary	101,000	20,000	(81,000)
TOTAL HEALTHY FAMILIES PROGRAM	\$ 21,120,000	\$ 4,137,000	\$ (16,983,000)
TOTAL CCS PROGRAM	\$ 107,005,000	\$ 95,781,000	\$ (11,224,000)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Budget Year Compared to Current Year

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, General Fund			
	May 2014 Est. FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ (1,022,000)</u>	<u>\$ 10,175,000</u>	<u>\$ 11,197,000</u>
1. Treatment Services	18,693,000	22,647,000	3,954,000
2. Medical Therapy Program	55,804,000	57,057,000	1,253,000
3. Benefits Policy Changes	(397,000)	(104,000)	293,000
4. Enroll/Assessment Fees	(94,000)	(94,000)	-
5. HF Safety Net Care Pool	(75,028,000)	(69,331,000)	5,697,000
B. CCS Administration			
1. County Administration	6,074,000	6,294,000	220,000
2. Fiscal Intermediary	543,000	582,000	39,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 5,595,000</u>	<u>\$ 17,051,000</u>	<u>\$ 11,456,000</u>
A. Healthy Families Program			
1. Treatment Services	5,193,000	1,054,000	(4,139,000)
2. Benefits Policy Changes	(254,000)	(42,000)	212,000
B. Healthy Families Administration			
1. County Administration	203,000	-	(203,000)
2. Fiscal Intermediary	35,400	7,000	(28,400)
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 5,177,400</u>	<u>\$ 1,019,000</u>	<u>\$ (4,158,400)</u>
TOTAL CCS PROGRAM	<u>\$ 10,772,400</u>	<u>\$ 18,070,000</u>	<u>\$ 7,297,600</u>

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, Federal Funds			
	May 2014 Est. FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 75,028,000</u>	<u>\$ 69,331,000</u>	<u>\$ (5,697,000)</u>
1. Title XIX Health Care Support Fund	75,028,000	69,331,000	(5,697,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 80,290,000</u>	<u>\$ 74,593,000</u>	<u>\$ (5,697,000)</u>
A. Healthy Families Program - Title XXI			
1. Treatment Services	16,069,000	3,262,000	(12,807,000)
2. Benefits Policy Changes	(945,000)	(157,000)	788,000
B. Healthy Families Administration - Title XXI			
1. County Administration	753,000	-	(753,000)
2. Fiscal Intermediary	65,600	13,000	(52,600)
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 15,942,600</u>	<u>\$ 3,118,000</u>	<u>\$ (12,824,600)</u>
TOTAL CCS PROGRAM	<u>\$ 96,232,600</u>	<u>\$ 77,711,000</u>	<u>\$ (18,521,600)</u>

**CALIFORNIA CHILDREN'S SERVICES
Comparison of Assumed Fiscal Impacts of Policy Changes**

Fiscal Year 2013-14, Comparison of May 2014 and November 2013 Estimates								
POLICY CHG.		NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Incr./Decr.)		
TYPE	NO. DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$91,000	-\$91,000	-\$94,000	-\$94,000	-\$3,000	-\$3,000
Co. Admin.	2A	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,336,000	\$11,336,000	\$11,336,000	\$11,336,000	\$0	\$0
	FI	3A FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$79,000	\$79,000	\$160,000	\$160,000	\$81,000	\$81,000
	FI	4A FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$26,000	\$26,000	\$20,000	\$20,000	-\$6,000	-\$6,000
	FI	5A CMS NET - CCS STATE ONLY	\$376,000	\$376,000	\$363,000	\$363,000	-\$13,000	-\$13,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,262,000	\$0	-\$5,262,000	\$0	\$0
Benefits	8A	CCS DRUG REBATES	-\$241,000	-\$241,000	-\$387,000	-\$387,000	-\$146,000	-\$146,000
Benefits	12A	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$82,000	-\$82,000	-\$10,000	-\$10,000	\$72,000	\$72,000
			\$11,403,000	\$6,141,000	\$11,388,000	\$6,126,000	-\$15,000	-\$15,000
CCS-HFP								
Co. Admin.	2B	COUNTY ADMINISTRATIVE COSTS - CCS-HFP	\$23,638,000	\$5,014,000	\$23,638,000	\$5,014,000	\$0	\$0
	FI	3B FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$102,000	\$36,000	\$83,000	\$29,000	-\$19,000	-\$7,000
	FI	4B FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$63,000	\$22,100	\$4,000	\$1,400	-\$59,000	-\$20,700
	FI	5B CMS NET - CCS-HFP	\$472,000	\$165,000	\$14,000	\$5,000	-\$458,000	-\$160,000
Benefits	8B	CCS-HFP DRUG REBATES	-\$454,000	-\$96,000	-\$1,199,000	-\$254,000	-\$745,000	-\$158,000
Benefits	9B	CCS-HFP INPATIENT REIMBURSEMENT	-\$15,515,000	-\$3,291,000	\$0	\$0	\$15,515,000	\$3,291,000
Benefits	10	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL	-\$147,617,000	-\$36,046,000	\$0	\$0	\$147,617,000	\$36,046,000
Co. Admin.	11	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN	-\$22,682,000	-\$4,811,000	-\$22,682,000	-\$4,811,000	\$0	\$0
Benefits	12B	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$214,000	-\$45,000	\$0	\$0	\$214,000	\$45,000
	FI	13 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES	-\$42,000	-\$15,000	\$0	\$0	\$42,000	\$15,000
	FI	14 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES (DENTAL)	-\$59,000	-\$21,000	\$0	\$0	\$59,000	\$21,000
	FI	15 TRANSITION OF CCS-HFP TO MEDI-CAL - CMS NET	-\$453,000	-\$159,000	\$0	\$0	\$453,000	\$159,000
			-\$162,761,000	-\$39,246,900	-\$142,000	-\$15,600	\$162,619,000	\$39,231,300
		CCS TOTAL	-\$151,358,000	-\$33,105,900	\$11,246,000	\$6,110,400	\$162,604,000	\$39,216,300

¹ Funds are referenced separately in the CCS Funding Sources pages.

**CALIFORNIA CHILDREN'S SERVICES
Comparison of Assumed Fiscal Impacts of Policy Changes**

Fiscal Year 2014-15, Comparison of May 2014 and November 2013 Estimates								
POLICY CHG.		NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Incr./.(Decr.)		
TYPE	NO. DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$90,000	-\$90,000	-\$94,000	-\$94,000	-\$4,000	-\$4,000
Co. Admin.	2A	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,599,000	\$11,599,000	\$11,556,000	\$11,556,000	-\$43,000	-\$43,000
	FI	3A FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$97,000	\$97,000	\$198,000	\$198,000	\$101,000	\$101,000
	FI	4A FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$29,000	\$29,000	\$23,000	\$23,000	-\$6,000	-\$6,000
	FI	5A CMS NET - CCS STATE ONLY	\$375,000	\$375,000	\$361,000	\$361,000	-\$14,000	-\$14,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,262,000	\$0	-\$5,262,000	\$0	\$0
Benefits	8A	CCS DRUG REBATES	-\$217,000	-\$217,000	-\$44,000	-\$44,000	\$173,000	\$173,000
Benefits	12A	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$226,000	-\$226,000	-\$60,000	-\$60,000	-\$144,000	-\$144,000
			\$11,567,000	\$6,305,000	\$11,940,000	\$6,678,000	\$373,000	\$373,000
CCS-HFP								
Co. Admin.	2B	COUNTY ADMINISTRATIVE COSTS - CCS-HFP	\$23,638,000	\$5,014,000	\$0	\$0	-\$23,638,000	-\$5,014,000
	FI	3B FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$102,000	\$36,000	\$20,000	\$7,000	-\$82,000	-\$29,000
	FI	4B FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$63,000	\$22,100	\$0	\$0	-\$63,000	-\$22,100
	FI	5B CMS NET - CCS-HFP	\$470,000	\$164,500	\$0	\$0	-\$470,000	-\$164,500
Benefits	8B	CCS-HFP DRUG REBATES	-\$454,000	-\$96,000	-\$199,000	-\$42,000	\$255,000	\$54,000
Benefits	9B	CCS-HFP INPATIENT REIMBURSEMENT	-\$15,515,000	-\$3,291,000	\$0	\$0	\$15,515,000	\$3,291,000
Benefits	10	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL	-\$187,566,000	-\$45,801,000	\$0	\$0	\$187,566,000	\$45,801,000
Co. Admin.	11	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN	-\$23,638,000	-\$5,014,000	\$0	\$0	\$23,638,000	\$5,014,000
Benefits	12B	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$214,000	-\$45,000	\$0	\$0	\$214,000	\$45,000
	FI	13 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES	-\$100,000	-\$35,000	\$0	\$0	\$100,000	\$35,000
	FI	14 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES (DENTAL)	-\$63,000	-\$22,000	\$0	\$0	\$63,000	\$22,000
	FI	15 TRANSITION OF CCS-HFP TO MEDI-CAL - CMS NET	-\$470,000	-\$165,000	\$0	\$0	\$470,000	\$165,000
			-\$203,747,000	-\$49,232,400	-\$179,000	-\$35,000	\$203,568,000	\$49,197,400
		CCS TOTAL	-\$192,180,000	-\$42,927,400	\$11,761,000	\$6,643,000	\$203,941,000	\$49,570,400

¹ Funds are referenced separately in the CCS Funding Sources pages.

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Karen Fairgrievies

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$94,000	-\$94,000
	- GENERAL FUND	-\$94,000	-\$94,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$94,000	-\$94,000
	- GENERAL FUND	-\$94,000	-\$94,000
	- COUNTY FUNDS	-\$94,000	-\$94,000

Purpose:

This policy change estimates the total collected annual assessment fees and enrollment fees from California Children's Services (CCS) clients.

Authority:

Budget Act Control Provision

Interdependent Policy Changes:

Not Applicable

Background:

The CCS program requires an annual assessment fee and an annual enrollment fee. The fees are based on family income and CCS services received. Fees received are split 50/50 between the State and the counties by offsetting the counties' allocated fee revenues against the State's portion of reimbursements to the counties.

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2004 - June 2013.

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Enrollment Fees:	\$134,000	\$134,000
Assessment Fees:	\$ 53,000	\$ 53,000
Total:	\$187,000 (\$94,000 GF Offset)	\$187,000 (\$94,000 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY

POLICY CHANGE NUMBER: 2A
IMPLEMENTATION DATE: 7/2003
ANALYST: Karen Fairgrievies

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,336,000	\$11,556,000
	- GENERAL FUND	\$11,336,000	\$11,556,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,336,000	\$11,556,000
	- GENERAL FUND	\$11,336,000	\$11,556,000
	- COUNTY FUNDS	\$11,336,000	\$11,556,000

Purpose:

This policy change estimates the county administrative costs of California Children's Services (CCS) State Only Program.

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

Beginning in FY 2003-04, a portion of County Administrative Costs is being claimed under CCS State Only. The State reimburses counties for 50% of their CCS State Only actual case management administrative costs.

Reason for Change from Prior Estimate:

Additional CCS Caseload data available.

Methodology:

1. For FY 2013-14, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2013-14 in the May 2013 Estimate:

FY 2013-14 : \$22,672,000 (\$11,336,000 GF) (Includes County Funds)

2. Based on the May 2014 Family Health Estimate, caseload is expected to increase by 1.94% from FY 2013-14 to FY 2014-15.

$\$22,672,000 \times 1.94\% = \$439,000$

$\$22,672,000 + \$439,000 = \$23,111,000$

FY 2014-15 : \$23,111,000 (\$11,556,000 GF) (Includes County Funds)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not included in Total Funds

COUNTY ADMINISTRATIVE COSTS - CCS-HFP

POLICY CHANGE NUMBER: 2B
IMPLEMENTATION DATE: 7/2003
ANALYST: Karen Fairgrievs

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$23,638,000	\$0
	- GENERAL FUND	\$5,014,000	\$0
	- FEDERAL FUNDS TITLE XXI	\$18,624,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$23,638,000	\$0
	- GENERAL FUND	\$5,014,000	\$0
	- FEDERAL FUNDS TITLE XXI	\$18,624,000	\$0
	- COUNTY FUNDS	\$5,014,000	\$0

Purpose:

This policy change estimates the county administrative costs of California Children's Services (CCS) Healthy Family Program (HFP).

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

PC 11 Transition of CCS HFP Children to Medi-Cal - Admin

Background:

Beginning in FY 2003-04, a portion of County Administrative Costs is being claimed under CCS-HFP. The State reimburses counties for 50% of the non-federal share of actual CCS-HFP case management administrative costs. Effective January 1, 2013, HFP subscribers began transitioning into Medi-Cal through a phase-in methodology.

Reason for Change from Prior Estimate:

There is no change to FY 2013-14. The CCS-HFP programs completed the transition to Medi-Cal's OTLICP in November 2013 and no FY 2014-15 costs will be incurred.

Methodology:

1. For FY 2013-14 , the CCS-HFP base county administration reimbursement level is based on budgeted county expenditures for FY 2013-14 in the May 2013 Estimate:

FY 2013-14 : \$28,652,000 (\$5,014,000 GF) (Includes County Funds)

2. During FY 2013-14, the Healthy Families program transitioned into Medi-Cal. The County Administrative Costs also shift to Medi-Cal and are now budgeted in the CCS Case Management policy change in the Medi-Cal Local Assistance Estimate.

FY 2013-14	TF	GF	FF	CF
Initial allocation	\$23,638,000	\$5,014,000	\$18,624,000	\$5,014,000
PC 11	<u>-\$22,682,000</u>	<u>-\$4,811,000</u>	<u>-\$17,871,000</u>	<u>-\$4,811,000</u>
CCS-HFP	\$956,000	\$203,000	\$753,000	\$203,000

Funding:

65% Title XXI / 17.5% GF / 17.5% CF* (4260-111-0001/0890)

*County Funds (CF), not included in total funds

FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY

POLICY CHANGE NUMBER: 3A
IMPLEMENTATION DATE: 7/1993
ANALYST: Raman Pabla

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$160,000	\$198,000
- GENERAL FUND	\$160,000	\$198,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$160,000	\$198,000
- GENERAL FUND	\$160,000	\$198,000

Purpose:

This policy change estimates the expenditures paid to the medical fiscal intermediary (FI) for the administrative cost of adjudicating California Children's Services (CCS) State Only medical claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

CCS medical claims are paid by the medical FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL).

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	184,796	\$ 0.75	\$ 139,000
Online ACLs	47,068	\$ 0.44	\$ 21,000
Total FY 2013-14			\$ 160,000

FY 2014-15

General ACLs	188,373	\$	0.88	\$	166,000
Online ACLs	47,979	\$	0.67	\$	32,000
Total FY 2014-15				\$	198,000

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP

POLICY CHANGE NUMBER: 3B
IMPLEMENTATION DATE: 7/2003
ANALYST: Raman Pabla

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$83,000	\$20,000
- GENERAL FUND	\$29,000	\$7,000
- FEDERAL FUNDS TITLE XXI	\$54,000	\$13,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$83,000	\$20,000
- GENERAL FUND	\$29,000	\$7,000
- FEDERAL FUNDS TITLE XXI	\$54,000	\$13,000

Purpose:

This policy change estimates the expenditures paid to the medical fiscal intermediary (FI) for the administrative cost of adjudicating California Children's Services (CCS) - Healthy Families medical claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

CCS medical claims are paid by the medical FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL).

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	110,548	\$ 0.75	\$ 83,000
Total FY 2013-14			\$ 83,000 (\$29,000 GF)

FY 2014-15

General ACLs	23,215	\$	0.88	\$	20,000
Total FY 2014-15				\$	20,000 (\$7,000 GF)

Funding:

65% Title XXI / 35% GF (4260-113-0001/0890)

FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY

POLICY CHANGE NUMBER: 4A
IMPLEMENTATION DATE: 8/2003
ANALYST: Erickson Chow

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$20,000	\$23,000
	- GENERAL FUND	\$20,000	\$23,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$20,000	\$23,000
	- GENERAL FUND	\$20,000	\$23,000

Purpose:

This policy change estimates the expenditures paid to the dental fiscal intermediary, Delta Dental, for the administrative cost of adjudicating the California Children's Services (CCS) State Only dental claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

CCS State Only dental claims are adjudicated by Delta Dental and administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR).

Beginning FY 2012-13, the Department reimburses Delta Dental for indirect costs related to CCS State Only dental claims.

Reason for Change from Prior Estimate:

Updated data became available for claim months August 2013 to February 2014. The amount of enrollees has decreased from the previous years.

Methodology:

1. Assume CCS State Only dental ACLs & TARs rates are \$1.35 and \$7.87, respectively.

2. Assume the indirect cost per ACLs & TARs are \$1.12 and \$1.17, respectively, and will be included in the rate.

	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
FY 2013-14	<u>Claims</u>				<u>Expenditure</u>	
ACLs	6,226	\$	2.47	\$	15,000	
TARs	501	\$	9.04	\$	5,000	
Total FY 2013-14				\$	20,000	(\$20,000 GF)
FY 2014-15						
ACLs	7,392	\$	2.47	\$	18,000	
TARs	591	\$	9.04	\$	5,000	
Total FY 2014-15				\$	23,000	(\$23,000 GF)

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP

POLICY CHANGE NUMBER: 4B
IMPLEMENTATION DATE: 8/2003
ANALYST: Erickson Chow

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$4,000	\$0
- GENERAL FUND	\$1,400	\$0
- FEDERAL FUNDS TITLE XXI	\$2,600	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$4,000	\$0
- GENERAL FUND	\$1,400	\$0
- FEDERAL FUNDS TITLE XXI	\$2,600	\$0

Purpose:

This policy change estimates the expenditures paid to the dental fiscal intermediary, Delta Dental, for the administrative cost of adjudicating the California Children's Services (CCS) Healthy Family Program (HFP) dental claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

PC 17 Transition of CCS-HFP to Medi-Cal - FI Expenditures (Dental)

Background:

CCS-HFP dental claims are adjudicated by Delta Dental and administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR).

Beginning FY 2012-13, the Department will reimburse Delta Dental for indirect costs related to CCS-HFP dental claims.

Reason for Change from Prior Estimate:

Updated data became available for claim months August 2013 to February 2014. The amount of enrollees has decreased from the previous years due to the HFP transition to Medi-Cal.

Methodology:

1. Assume CCS-HFP dental ACLs & TARs rates are \$1.35 and \$7.87, respectively.

2. Assume the indirect cost per ACLs & TARs are \$1.12 and \$1.17, respectively, and will be included in the rate.
3. The transition to HFP is reflected in Transition of CCS-HFP to Medi-Cal - FI Expenditures (Dental) policy change

FY 2013-14	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	1,380	\$	2.47	\$	3,000	
TARs	72	\$	9.04	\$	1,000	
Total FY 2013-14					4,000	(\$1,400 GF)

Funding:

Title XXI 35/65 FFP (4260-111-0001/0890)

CMS NET - CCS STATE ONLY

POLICY CHANGE NUMBER: 5A
IMPLEMENTATION DATE: 7/2004
ANALYST: Karen Fairgrievies

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$363,000	\$361,000
	- GENERAL FUND	\$363,000	\$361,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$363,000	\$361,000
	- GENERAL FUND	\$363,000	\$361,000

Purpose:

This policy change estimates the costs for Children's Medical Services Network (CMS Net).

Authority:

AB 442 (Chapter 1161, Statutes of 2002)
 Health & Safety Code 123800

Interdependent Policy Changes:

Not Applicable

Background:

The California Children's Services (CCS) program utilizes the CMS Net automated system to assure case management activities such as patient registration, medical eligibility, letter generation, and authorization of services are accommodated, tracked, and documented. CMS Net was implemented in 1992 in the State regional offices and several small counties. Currently, all 58 CCS counties, 3 State CCS regional offices, and the Genetically Handicapped Persons Program utilize CMS Net.

Reason for Change from Prior Estimate:

Updated CMS Net estimated expenditures for FY 2013-14.

Methodology:

1. Effective January 1, 2013, Healthy Families Program (HFP) subscribers began a transition into Medi-Cal through a phase-in methodology. This transition population is now known as Targeted Low-Income Children's Program (TLICP).
2. CCS FY 2013-14 data processing cost is estimated to be \$3,592,000, and FY 2014-15 is \$3,577,000.

3. Based on estimated FY 2013-14 and FY 2014-15 caseload counts, costs for CMS Net are projected to be split:

	FY 2013-14			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	17,670	10.1%	\$	363,000
CCS HFP	682	0.4%	\$	14,000
CCS Medi-Cal	134,233	76.4%	\$	2,744,000
CCS OTLICP	<u>23,015</u>	<u>13.1%</u>	\$	<u>471,000</u>
Total	175,600	100.0%	\$	3,592,000

	FY 2014-15			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	18,012	10.1%	\$	361,000
CCS HFP	0	0.0%		
CCS Medi-Cal	136,925	76.9%	\$	2,751,000
CCS OTLICP	<u>23,246</u>	<u>13.0%</u>	\$	<u>465,000</u>
Total	178,183	100.0%	\$	3,577,000

4. Data processing estimated costs are based on:
- system utilization;
 - system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - the Stephen P. Teale Data Center base rates, including increasing licensing fees.
5. CCS State Only costs for CMS Net are 100% General Fund.

Funding:

General Fund (4260-111-0001)

CMS NET - CCS-HFP

POLICY CHANGE NUMBER: 5B
IMPLEMENTATION DATE: 7/2004
ANALYST: Karen Fairgrievies

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$14,000	\$0
	- GENERAL FUND	\$5,000	\$0
	- FEDERAL FUNDS TITLE XXI	\$9,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$14,000	\$0
	- GENERAL FUND	\$5,000	\$0
	- FEDERAL FUNDS TITLE XXI	\$9,000	\$0

Purpose:

This policy change estimates the costs for Children's Medical Services Network (CMS Net).

Authority:

AB 442 (Chapter 1161, Statutes of 2002)
 Health & Safety Code 123800

Interdependent Policy Changes:

PC 15 Transition of CCS-HFP to Medi-Cal - CMS Net

Background:

The California Children's Services (CCS) program utilizes the CMS Net automated system to assure case management activities such as patient registration, medical eligibility, letter generation, and authorization of services are accommodated, tracked, and documented. CMS Net was implemented in 1992 in the State regional offices and several small counties. Currently, all 58 CCS counties, 3 State CCS regional offices, and the Genetically Handicapped Persons Program utilize CMS Net.

Reason for Change from Prior Estimate:

CMS Net estimated expenditures were updated for FY 2013-14. The CCS-HFP programs completed the transition to Medi-Cal's OTLICP in November 2013 and no FY 2014-15 costs will be incurred.

Methodology:

1. Effective January 1, 2013, Healthy Families Program (HFP) subscribers began a transition into Medi-Cal through a phase-in methodology. This transition population is now known as Targeted Low-Income Children's Program (TLICP).

2. CCS FY 2013-14 data processing cost is estimated to be \$3,592,000, and FY 2014-15 is \$3,577,000.
3. Based on estimated FY 2013-14 and FY 2014-15 caseload counts, costs for CMS Net are projected to be split:

	FY 2013-14			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	17,670	10.1%	\$	363,000
CCS HFP	682	0.4%	\$	14,000
CCS Medi-Cal	134,233	76.4%	\$	2,744,000
CCS OTLICP	<u>23,015</u>	<u>13.1%</u>	\$	<u>471,000</u>
Total	175,600	100.0%	\$	3,592,000

	FY 2014-15			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	18,012	10.1%	\$	361,000
CCS HFP	0	0.0%	\$	-
CCS Medi-Cal	136,925	76.9%	\$	2,751,000
CCS OTLICP	<u>23,246</u>	<u>13.0%</u>	\$	<u>465,000</u>
Total	178,183	100.0%	\$	3,577,000

4. Data processing estimated costs are based on:
- system utilization;
 - system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - the Stephen P. Teale Data Center base rates, including increasing licensing fees.
5. CCS State Only costs for CMS Net are 100% General Fund.

Funding:

65% Title XXI / 35% GF (4260-111-0001/0890)

MH/UCD & BTR - SAFETY NET CARE POOL

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 9/2005
ANALYST: Cang Ly

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0

Purpose:

This policy change reflects the federal reimbursement received by the Department for a portion of the California Children Services (CCS) Program claims based on the certification of public expenditures (CPEs).

Authority:

SB 1100 (Chapter 560, Statutes of 2005), Welfare & Institutions Code 14166.22
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, based on the Special Terms and Conditions of the MH/UCD, the Department may claim federal reimbursement for the CCS from the Safety Net Care Pool (SNCP) funding established by the MH/UCD. The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children under 21 years of age with CCS-eligible conditions in families unable to afford catastrophic health care costs.

The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, the Center for Medicare and Medicaid Services (CMS) approved a new five-year demonstration, the BTR. The Special Terms and Conditions of the new demonstration allow the State to claim federal financial participation (FFP) using the CPEs of approved Designated State Health Programs (DSHPs). The CCS program are included in the list of DSHPs. Funding for the two-month extension of the prior MH/UCD SNCP is included in the BTR. This policy change includes the impact of the BTR.

Reason for Change from Prior Estimate:

The change is due to updated program expenditures.

Methodology:

1. Total eligible expenditures have been reduced by 17.79% under the MH/UCD and 13.95% under the BTR to adjust for services provided to undocumented persons. The FFP received for CCS will be deposited in the Health Care Support Fund, Item 4260-601-7503. These funds are transferred to the Family Health Estimate. The GF savings is reflected in the Family Health Estimate. The GF savings created will be used to support safety net hospitals under the MH/UCD and BTR.
2. Under the American Recovery and Reinvestment Act of 2009 (ARRA), California's Federal Medical Assistance Percentage (FMAP) increased from 50% to 61.59% for October 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 added six additional months of increased FMAP. California's FMAP was 58.77% for January 1, 2011 through March 31, 2011, and 56.88% for April 1, 2011 through June 30, 2011. Because of the increased FMAP, the annual SNCP federal funds allotment increased for expenditures incurred from October 1, 2008 to August 31, 2010, resulting in additional \$423.769 million federal funds available in the SNCP. The Department claimed these funds using certified public expenditures. This policy change budgets those federal funds that are claimed using CPEs from the CCS program.
3. The Department will conduct the final reconciliations for Demonstration Year (DY) 2010-11 in FY 2013-14 and estimates that the Department will have to repay the federal government \$2.01 million in federal funds in FY 2013-14. The CCS federal reimbursements are reduced by the final reconciliation amounts in this policy change.
4. The final reconciliation for DY 2011-12 is anticipated to be completed in FY 2014-15. The Department estimates that it will have to repay the federal government \$7.707 million in federal funds in FY 2014-15. The CCS federal reimbursements are reduced by the final reconciliation amounts in this policy change.

(Dollars in Thousands)

	<u>CCS</u>	<u>GHPP</u>	<u>Total</u>
FY 2013-14			
DSHP-BTR (DY 2013-14)	\$ 77,038	\$ 44,438	\$ 121,476
DY 2010-11 Final Reconciliation	\$ (2,010)	\$ 15,099	\$ 13,089
FY 2013-14	\$ 75,028	\$ 59,537	\$ 134,565
FY 2014-15			
DSHP-BTR (DY 2014-15)	\$ 77,038	\$ 44,438	\$ 121,476
DY 2011-12 Final Reconciliation	\$ (7,707)	\$ 3,389	\$ (4,318)
FY 2014-15	\$ 69,331	\$ 47,827	\$ 117,158

Funding:

100% Health Care Support Fund (4260-601-7503)

100% GF (4260-111-0001)

TITLE V REIMBURSEMENT FROM CDPH

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2007
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,262,000	-\$5,262,000
	- FEDERAL FUNDS TITLE V	\$5,262,000	\$5,262,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,262,000	-\$5,262,000
	- FEDERAL FUNDS TITLE V	\$5,262,000	\$5,262,000

Purpose:

This policy change estimates the Title V grant authorized for the California Children's Services (CCS) program.

Authority:

Social Security Act 501 and 505 (42 USC 701 and 705)

Interdependent Policy Changes:

Not Applicable

Background:

The federal Title V Maternal and Child Health program provides funding for preventive and primary care services for children; infant and mothers; and children and youth with special health care needs (CYSHCN). The CCS program is California's designated CYSHCN program and, therefore, receives a portion of California's Title V funds.

The California Department of Public Health budgets for the Maternal, Child, and Adolescent Health Title V grant. Since FY 2007-08, the Title V federal funding for the CCS program has been shown as a reimbursement in the Department's Family Health Estimate.

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The CCS program expects to receive \$5,262,000 annually in federal Title V funding to support County Administration.

Funding:

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 8A
IMPLEMENTATION DATE: 7/2011
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$387,000	-\$44,000
	- GENERAL FUND	-\$387,000	-\$44,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$387,000	-\$44,000
	- GENERAL FUND	-\$387,000	-\$44,000
	- COUNTY FUNDS	-\$387,000	-\$44,000

Purpose:

This policy change estimates the savings for California Children's Services (CCS) drug rebates.

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled CCS to participate in the Medi-Cal factor rebates.

Reason for Change from Prior Estimate:

FY 2013-14, collections were higher due to manufacturers catching up with prior year invoices. Since manufacturers paid large prior year invoices in FY 2013-14, the FY 2014-15 estimate reflects lower expected payments.

Methodology:

1. Estimate is based on current outstanding balances due as prior year outstanding invoices have been collected.
2. CCS drug rebate collections, through December 2013, are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2013-14	(\$387,000)	(\$387,000)	(\$387,000)
FY 2014-15	(\$44,000)	(\$44,000)	(\$44,000)

Funding:

Rebates Special Fund (4260-601-3079)
County Funds*

*Not Included in Total Fund

CCS-HFP DRUG REBATES

POLICY CHANGE NUMBER: 8B
IMPLEMENTATION DATE: 7/2011
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,199,000	-\$199,000
	- GENERAL FUND	-\$254,000	-\$42,000
	- FEDERAL FUNDS TITLE XXI	-\$945,000	-\$157,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$1,199,000	-\$199,000
	- GENERAL FUND	-\$254,000	-\$42,000
	- FEDERAL FUNDS TITLE XXI	-\$945,000	-\$157,000
	- COUNTY FUNDS	-\$254,000	-\$42,000

Purpose:

This policy change estimates the savings for California Children's Services - Healthy Families Program (CCS-HFP) drug rebates.

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled CCS to participate in the Medi-Cal factor rebates.

Reason for Change from Prior Estimate:

For FY 2013-14, collections increased due to manufacturers catching up on prior fiscal year disputed invoices. For FY 2014-15, collections decreased due to the Healthy Families transition into Medi-Cal, which was completed November 2013.

Methodology:

1. Collections are based upon outstanding invoices from FY 2009-10 thru December 2013.
2. CCS-HFP drug rebate collections, through December 2013, are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
FY 2013-14	(\$1,199,000)	(\$254,000)	(\$945,000)	(\$254,000)
FY 2014-15	(\$199,000)	(\$42,000)	(\$157,000)	(\$42,000)

Funding:

Title XXI 17.5/65 (4260-111-0001/0890)
17.5 County Fund*

*Not Included in Total Fund

TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 01/2013
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$22,682,000	\$0
	- GENERAL FUND	-\$4,811,000	\$0
	- FEDERAL TITLE XXI	-\$17,871,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$22,682,000	\$0
	- GENERAL FUND	-\$4,811,000	\$0
	- FEDERAL FUNDS	-\$17,871,000	\$0
	- COUNTY FUNDS	-\$4,811,000	\$0

Purpose:

This policy change estimates the administrative savings associated with transitioning the Healthy Families Program (HFP) subscribers, including the California Children's Services - HFP eligibles, into the Medi-Cal program.

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

AB 1494 authorized the transition all HFP subscribers into the Medi-Cal program. Effective January 1, 2013, HFP subscribers began transitioning into Medi-Cal through a phase-in methodology.

Reason for Change from Prior Estimate:

FY 2014-15 savings have been incorporated in the base estimates.

Methodology:

1. Effective January 1, 2013, CCS-HFP eligibles began transitioning into Medi-Cal. The final phase will transition to Medi-Cal on November 1, 2013.

2. Administrative savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>	<u>CF*</u>
FY 2013-14	(\$22,682,000)	(\$4,811,000)	(\$17,871,000)	(\$4,811,000)
FY 2014-15	\$0	\$0	\$0	\$0

Funding:

65% Title XXI FFP / 17.5% GF (4260-111-0001/0890)

17.5% County Funds*

* Not included in Total Fund

DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY

POLICY CHANGE NUMBER: 12A
IMPLEMENTATION DATE: 7/2013
ANALYST: Cang Ly

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$54,000	-\$107,000
	- GENERAL FUND	-\$54,000	-\$107,000
PAYMENT LAG		0.7595	0.8732
% REFLECTED IN BASE		75.78%	35.37%
APPLIED TO BASE	- TOTAL FUNDS	-\$10,000	-\$60,000
	- GENERAL FUND	-\$10,000	-\$60,000
	- COUNTY FUNDS	-\$9,900	-\$60,400

Purpose:

This policy change estimates savings that will occur in the California Children's Services (CCS) State-Only by implementing the Diagnosis Related Group (DRG) payment methodology for private and Non-Designated Public Hospital (NDPH) hospital inpatient services and freezing rates at the July 1, 2013 level.

Authority:

SB 853 (Chapter 717, Statutes of 2010), Welfare & Institutions (W&I) Code, section 14105.28

Interdependent Policy Changes:

Not Applicable

Background:

SB 853 mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon DRGs. The DRG payment methodology replaces the previous payment methods.

Previously, private hospitals and NDPHs received reimbursement for Medi-Cal fee-for-service (FFS) acute inpatient services according to the negotiated per-diem rates under the Selective Provider Contracting Program (SPCP). Contract hospitals bill for some services carved-out of the per-diem charges separately. For non-contract hospitals, Medi-Cal reimburses FFS inpatient services with cost-based interim per-diem rates.

Under the previous payment system, these hospitals billed Medi-Cal the daily inpatient service charges on a per day usage. Providers received payment for the actual number of days a beneficiary remained in their care, and not on a diagnosis or treatment strategy basis.

On July 1, 2013, the Department transitioned private hospitals to a DRG payment system which correlates reimbursement to the Medi-Cal beneficiary's assigned DRG. DRG reimbursement is designed to treat all patients assigned to a specific DRG as having a similar clinical condition requiring similar interventions.

NDPHs continued to receive payments under the previous methodology through December 31, 2013. These hospitals transitioned to a DRG payment system on January 1, 2014.

Pursuant to section 14105.18 of the W&I Code, payments to hospitals in the CCS program are to be identical to the rates paid to Medi-Cal providers.

Reason for Change from Prior Estimate:

The change is due to updated payment data.

Methodology:

1. The DRG payment methodology was implemented beginning July 1, 2013 for private hospitals.
2. The DRG payment methodology was implemented beginning January 1, 2014 for NDPHs.
3. Assume CCS-State-Only annual savings are as follows:

Annual	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2013-14	(\$54,000)	(\$54,000)	(\$54,000)
Annual	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2014-15	(\$107,000)	(\$107,000)	(\$107,000)

Funding:

100% General Fund (4260-111-0001)

**CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program**

**Total Non-Medi-Cal Caseload
(CCS State Only / CCS HFP)**

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS State Only	17,670	18,012	1.94%
CCS HFP	682	0	-100.00%
SUBTOTAL	18,352	18,012	-1.85%

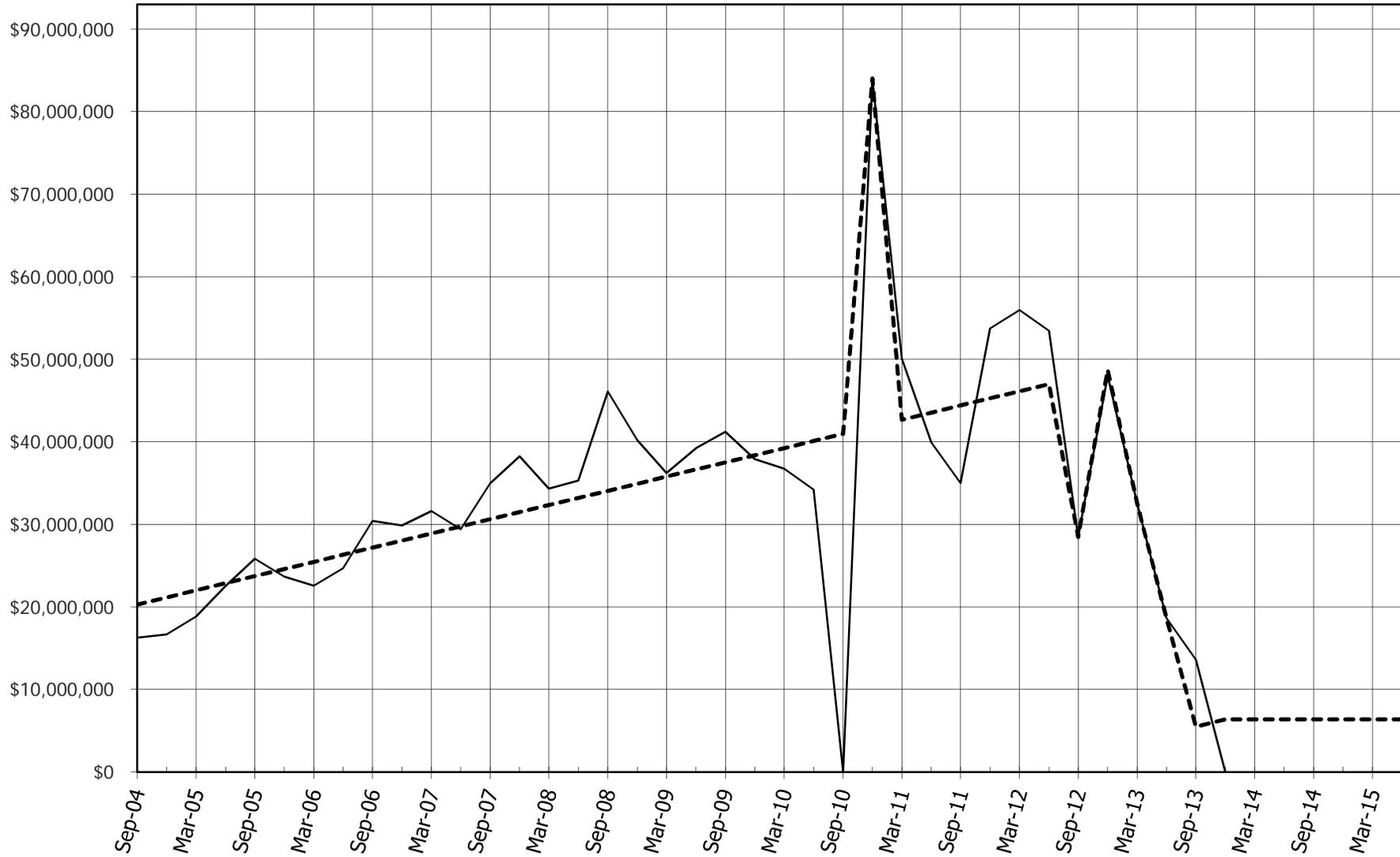
**Total Medi-Cal Caseload
(CCS Medi-Cal / TLIPC)**

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS Medi-Cal	134,233	136,925	2.01%
CCS TLIPC	23,015	23,246	1.00%
SUBTOTAL	157,248	160,171	1.86%

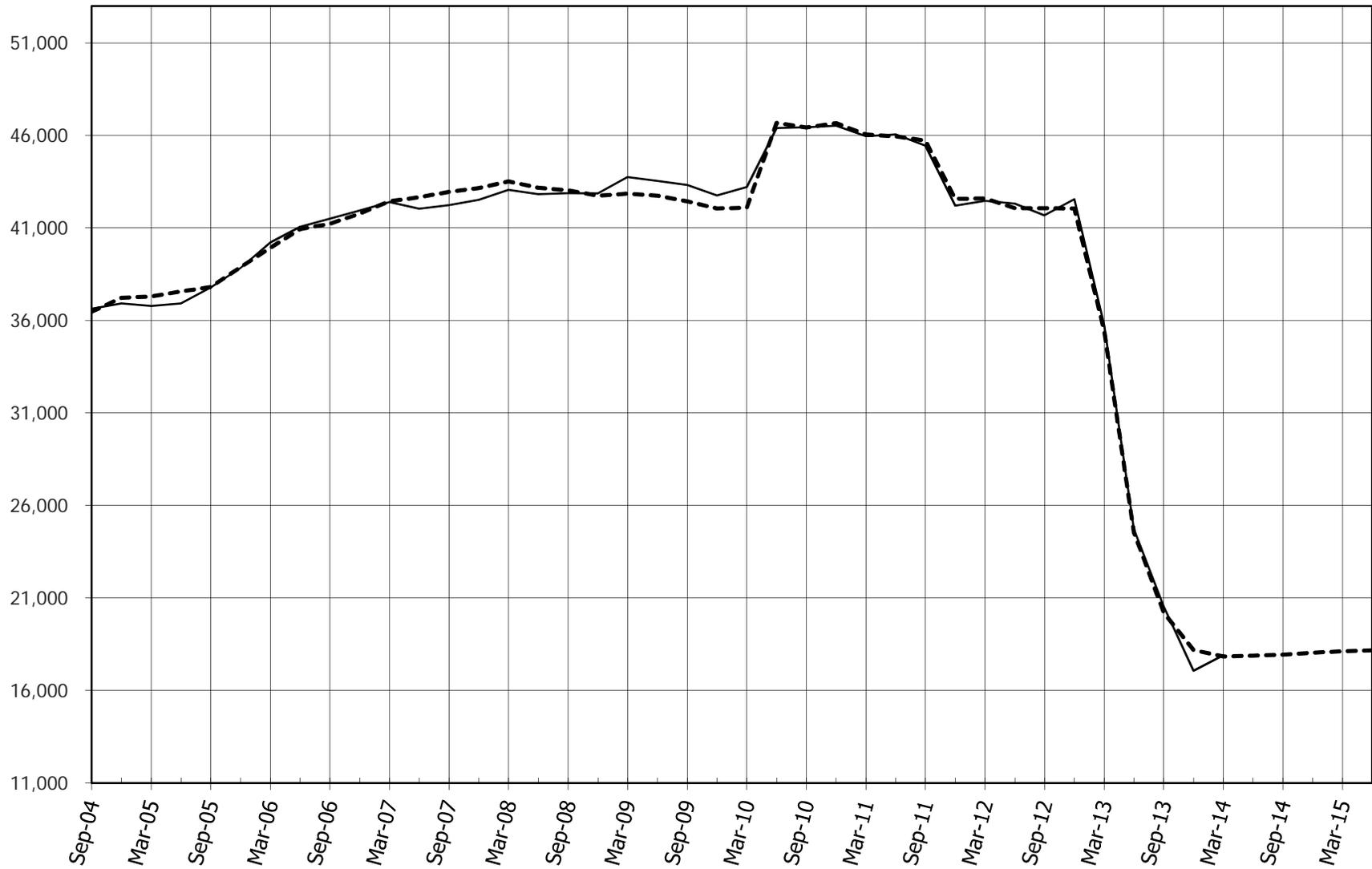
**Total Caseload
(CCS State Only / CCS HFP and CCS Medi-Cal / TLIPC)**

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS State Only	17,670	18,012	1.94%
CCS HFP	682	0	-100.00%
CCS Medi-Cal	134,233	136,925	2.01%
CCS TLIPC	23,015	23,246	1.00%
TOTAL	175,600	178,183	1.47%

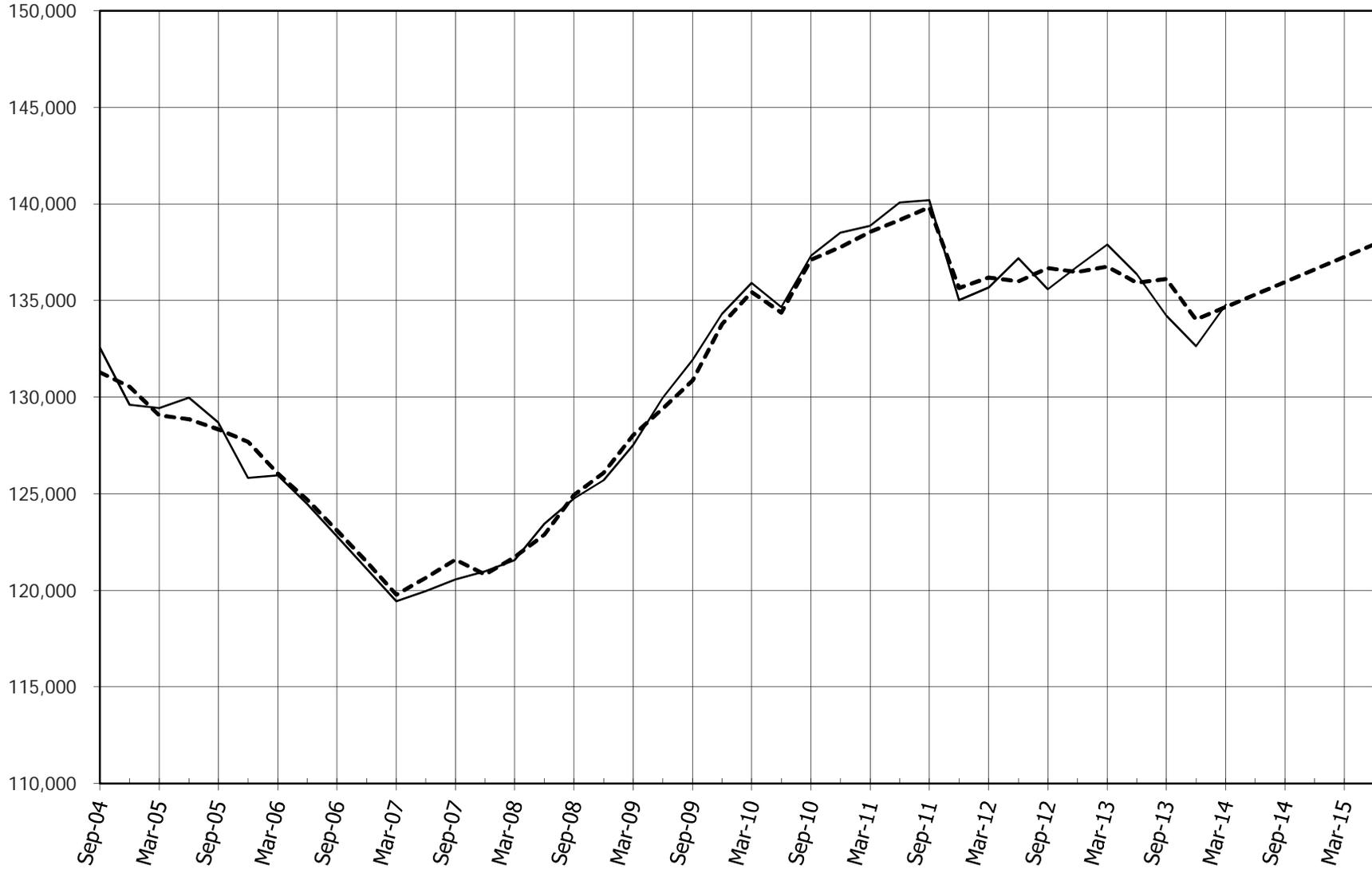
CCS Healthy Families Quarterly Expenditures --Includes County Funds--



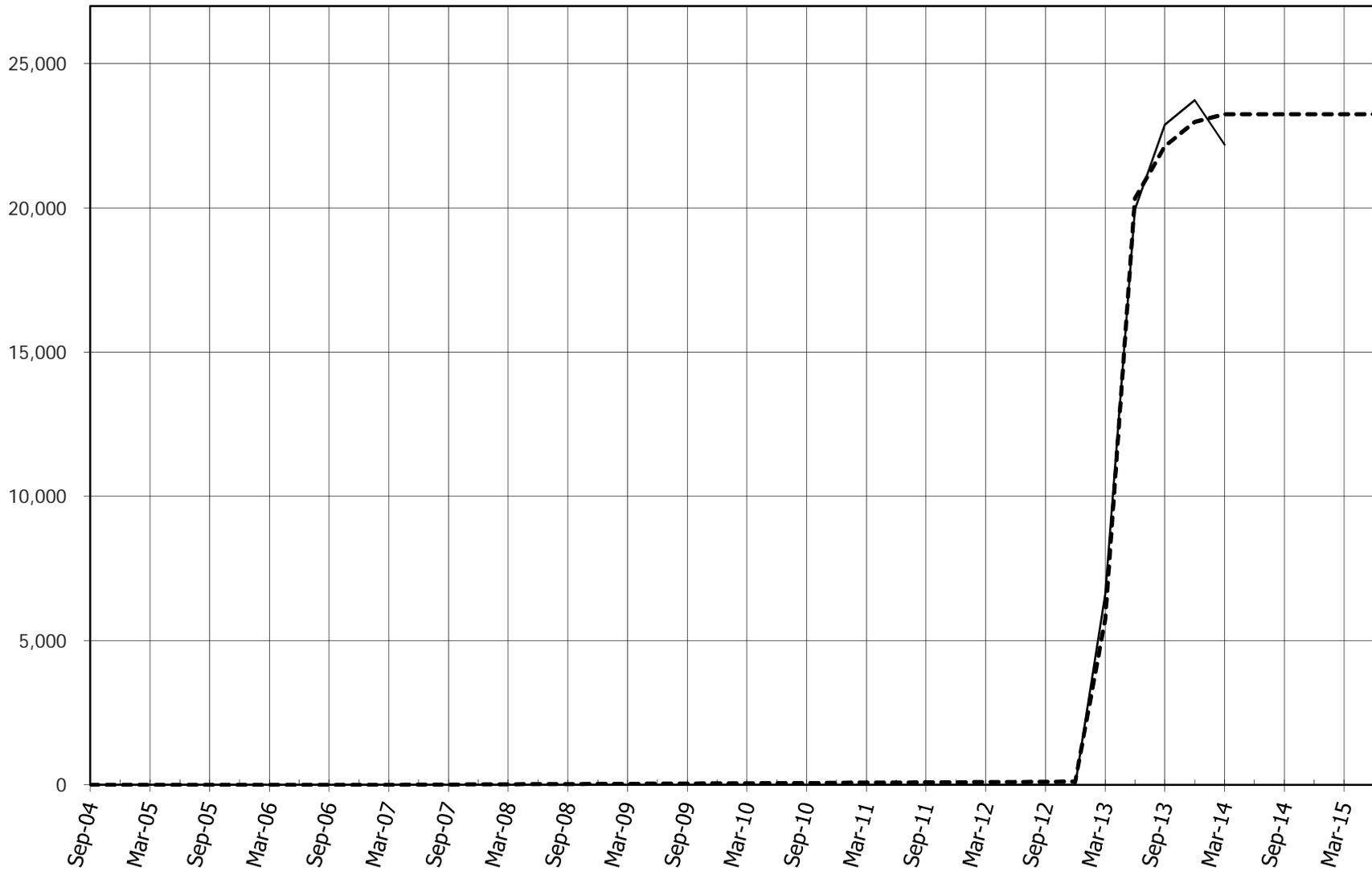
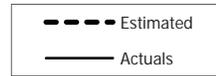
Total Statewide CCS-Only and CCS-HF Caseload



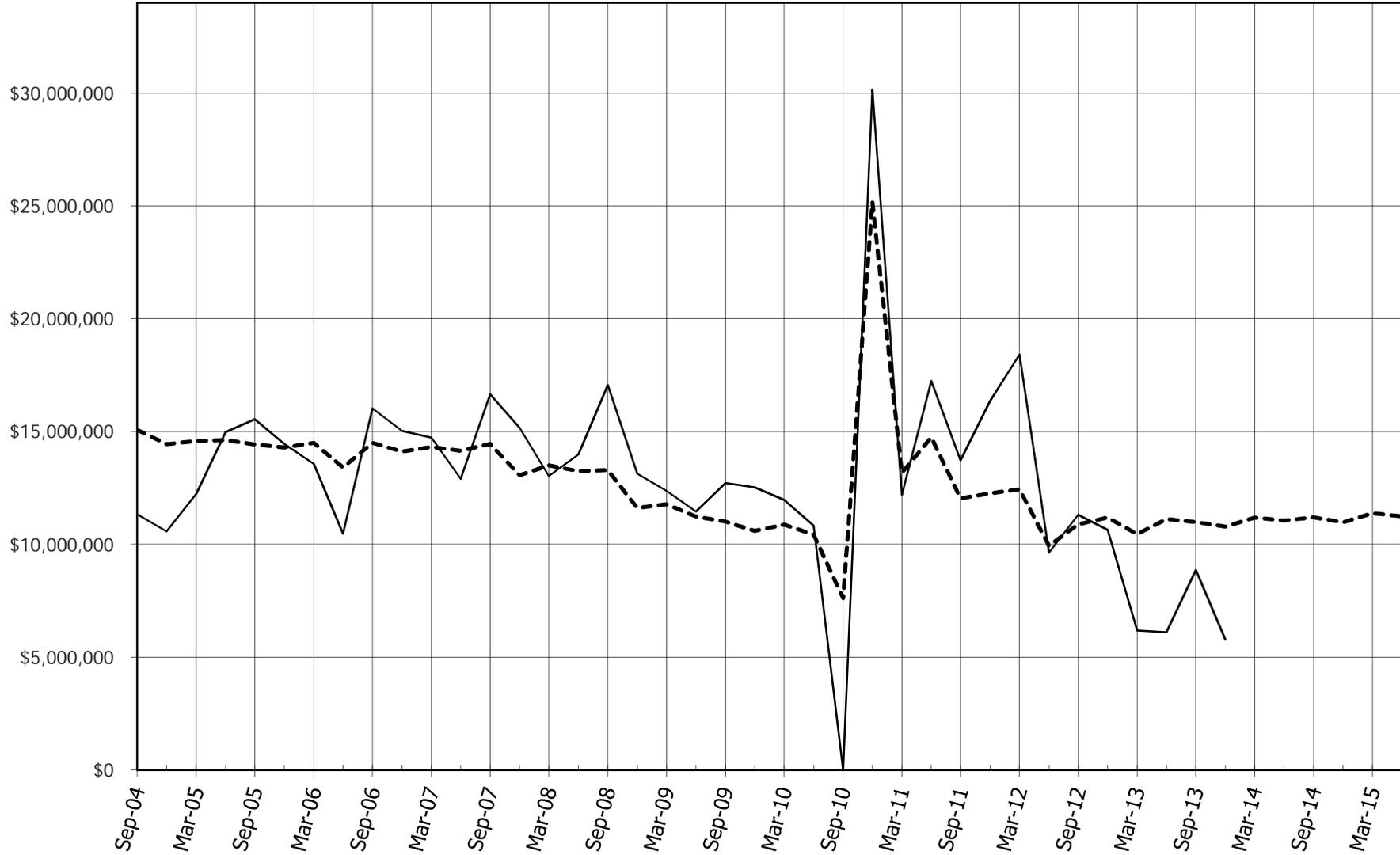
Total Statewide Medi-Cal Caseload



Total Statewide CCS TLIPC Caseload

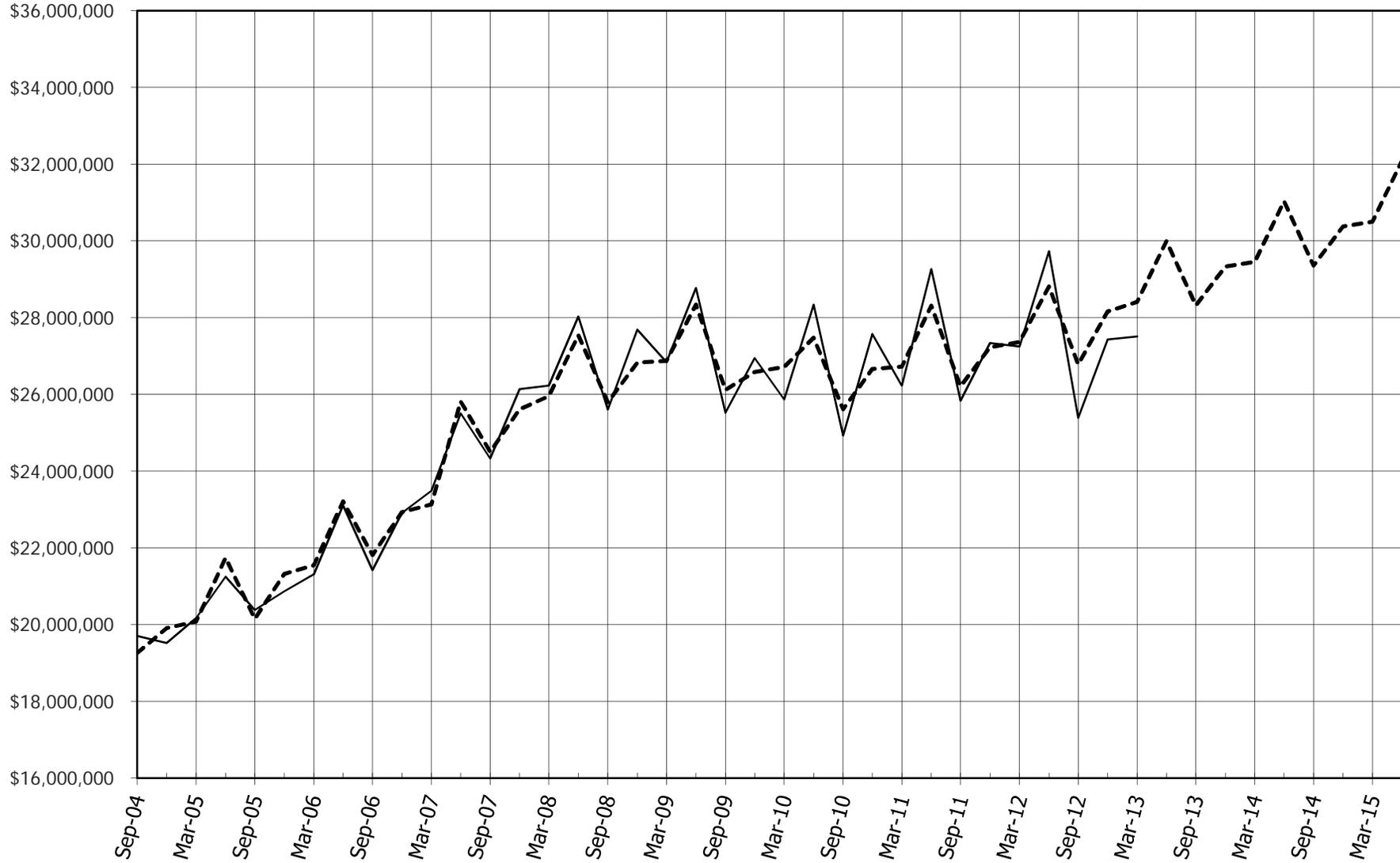


Total CCS Quarterly Treatment Dollars (State Only Services)
--Includes County Funds--



Total CCS Quarterly Therapy Dollars (State Only Services)
--Includes County Funds--

--- Estimated
— Actuals



CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Funding Summary
Fiscal Years 2013-14 and 2014-15 Compared to November 2013 Estimate

FY 2013-14, Comparison of May 2014 and November 2013 Estimates

	<u>Nov. 13 Est. FY 2013-14</u>	<u>May 14 Est. FY 2013-14</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens:	26,039	23,592	(2,447)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,756,000	\$ 1,621,000	(\$ 135,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,767,000	\$ 1,632,000	(\$ 135,000)

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate

	<u>Nov. 13 Est. FY 2014-15</u>	<u>May 14 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens:	26,546	24,652	(1,894)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,800,000	\$ 1,702,000	(\$ 98,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,811,000	\$ 1,713,000	(\$ 98,000)

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15

	<u>May 14 Est. FY 2013-14</u>	<u>May 14 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens:	23,592	24,652	1,060
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,621,000	\$ 1,702,000	\$ 81,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,632,000	\$ 1,713,000	\$ 81,000

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Funding Summary
Fiscal Years 2013-14 And 2014-15 Compared to Appropriation

FY 2013-14, May 2014 Estimate Compared to Appropriation			
	Appropriation FY 2013-14	May 14 Est. FY 2013-14	Difference Incr./(Decr.)
State-Only Screens:	26,547	23,592	(2,955)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,621,000	(\$ 148,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	(\$ 15,000)
Total Funds	\$ 1,795,000	\$ 1,632,000	(\$ 163,000)

May 2014 Estimate for FY 2014-15 Compared to FY 2013-14 Appropriation			
	Appropriation FY 2013-14	May 14 Est. FY 2014-15	Difference Incr./(Decr.)
State-Only Screens:	26,547	24,652	(1,895)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,702,000	(\$ 67,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	(\$ 15,000)
Total Funds	\$ 1,795,000	\$ 1,713,000	(\$ 82,000)

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**Funding Sources by Component****Comparison of Fiscal Years 2013-14 And 2014-15**

FY 2013-14, May 2014 Estimate Compared to Appropriation			
	<u>Appropriation FY 2013-14</u>	<u>May 14 Est. FY 2013-14</u>	<u>Difference Incr./Decr.)</u>
Annual Screens	26,547	23,592	(2,955)
Program Expenditures			
A. CHDP Services	\$ 1,452,000	\$ 1,307,000	(\$ 145,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 99,000	\$ 81,000	(\$ 18,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,795,000	\$ 1,632,000	(\$ 163,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,769,000	\$ 1,621,000	(\$ 148,000)
B. CLPP Funds 4260-111-0080	\$ 26,000	\$ 11,000	(\$ 15,000)

May 2014 Estimate, Fiscal Year 2013-14 Compared to Fiscal Year 2014-15			
	<u>May 14 Est. FY 2013-14</u>	<u>May 14 Est. FY 2014-15</u>	<u>Difference Incr./Decr.)</u>
Annual Screens	23,592	24,652	1,060
Program Expenditures			
A. CHDP Services	\$ 1,307,000	\$ 1,370,000	\$ 63,000
B. CHDP Administration			
1. Fiscal Intermediary	\$ 81,000	\$ 99,000	\$ 18,000
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,632,000	\$ 1,713,000	\$ 81,000
Funding			
A. General Fund 4260-111-0001	\$ 1,621,000	\$ 1,702,000	\$ 81,000
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
Average \$/Screen			
Total CHDP	\$ 55.40	\$ 55.57	\$ 0.17

Note: The average cost per screen amounts above are calculated using expenditures that have been rounded to the nearest \$1,000. Additionally, the expenditures have been adjusted for the impact of policy changes. Therefore, they may differ from the base cost per screen amounts depicted in "Quarterly Summary" table.

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**Funding Sources by Component****Comparison of May 2014 Estimate to November 2013 Estimate**

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate			
	Nov. 2013 Est. FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./(Decr.)
Annual Screens	26,039	23,592	(2,447)
Program Expenditures			
A. CHDP Services	\$ 1,439,000	\$ 1,307,000	(\$ 132,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 84,000	\$ 81,000	(\$ 3,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,767,000	\$ 1,632,000	(\$ 135,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,756,000	\$ 1,621,000	(\$ 135,000)
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate			
	Nov. 13 Est. FY 2014-15	May 14 Est. FY 2014-15	Difference Incr./(Decr.)
Annual Screens	26,546	24,652	(1,894)
Program Expenditures			
A. CHDP Services	\$ 1,467,000	\$ 1,370,000	(\$ 97,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 100,000	\$ 99,000	(\$ 1,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,811,000	\$ 1,713,000	(\$ 98,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,800,000	\$ 1,702,000	(\$ 98,000)
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0

Note: The average cost per screen amounts above are calculated using expenditures that have been rounded to the nearest \$1,000. Additionally, the expenditures have been adjusted for the impact of policy changes. Therefore, they may differ from the base cost per screen amounts depicted in "Quarterly Summary" table.

**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
STATE FUNDED SCREENS AND COSTS
QUARTERLY SUMMARY**

<u>QUARTER</u>	<u>SCREENS</u>	<u>WEIGHTED AVG TOTAL FEE</u>	<u>TOTAL COST</u>
1	8,413	\$ 62.47	\$ 525,595
2	9,048	\$ 57.82	\$ 523,185
3	7,876	\$ 56.36	\$ 443,886
4	5,527	\$ 60.67	\$ 335,337
2009-10	30,864	\$ 59.23	\$ 1,828,003
1	1,047	\$ 62.19	\$ 65,110
2	17,408	\$ 62.94	\$ 1,095,651
3	7,170	\$ 59.61	\$ 427,384
4	9,398	\$ 59.26	\$ 556,900
2010-11	35,023	\$ 61.25	\$ 2,145,044
1	14,273	\$ 61.29	874,813
2	11,690	\$ 55.94	653,918
3	7,467	\$ 51.89	387,453
4	6,929	\$ 53.13	368,114
2011-12	40,359	\$ 56.59	\$ 2,284,297
1	7,051	\$ 55.19	389,156
2	6,945	\$ 59.59	391,128
3	5,696	\$ 54.26	309,039
4	6,080	\$ 53.64	326,119
2012-13	25,772	\$ 54.90	\$ 1,415,441
1	6,856	\$ 57.38	\$ 393,383
2	5,955	\$ 54.32	\$ 323,498
3*	5,007	\$ 54.25	\$ 271,640
4*	5,774	\$ 55.19	\$ 318,646
2013-14	23,592	\$ 55.40	\$ 1,307,167
1*	7,417	\$ 56.91	\$ 422,120
2*	6,454	\$ 55.38	\$ 357,407
3*	5,007	\$ 54.25	\$ 271,640
4*	5,774	\$ 55.19	\$ 318,646
2014-15	24,652	\$ 55.57	\$ 1,369,813

* Includes estimated values

**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Comparison of Assumed Fiscal Impacts of Policy Changes**

Fiscal Year 2013-14, Comparison of May 2014 and November 2013 Estimates

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>NOVEMBER 2013 ESTIMATE</u>		<u>MAY 2014 ESTIMATE</u>		<u>DIFFERENCE, Incr./((Decr.)</u>	
			<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$84,000	\$84,000	\$81,000	\$81,000	-\$3,000	-\$3,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
		CHDP TOTAL	\$84,000	\$84,000	\$81,000	\$81,000	-\$3,000	-\$3,000

Fiscal Year 2014-15, Comparison of May 2014 and November 2013 Estimates

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>NOVEMBER 2013 ESTIMATE</u>		<u>MAY 2014 ESTIMATE</u>		<u>DIFFERENCE, Incr./((Decr.)</u>	
			<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$100,000	\$100,000	\$99,000	\$99,000	-\$1,000	-\$1,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
		CHDP TOTAL	\$100,000	\$100,000	\$99,000	\$99,000	-\$1,000	-\$1,000

FISCAL INTERMEDIARY EXPENDITURES - CHDP

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2002
ANALYST: Raman Pabla

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$81,000	\$99,000
- GENERAL FUND	\$81,000	\$99,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$81,000	\$99,000
- GENERAL FUND	\$81,000	\$99,000

Purpose:

This policy change estimates the expenditures paid to the medical fiscal intermediary (FI) for the administrative cost of adjudicating Child Health and Disability Prevention (CHDP) program medical claims.

Authority:

Health & Safety Code 124033

Interdependent Policy Changes:

Not Applicable

Background:

CHDP claims are paid by the FI. Administrative costs are reimbursed based on a cost per adjudicated claim line (ACL).

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
FY 2013-14			
General ACLs	108,692	\$ 0.75	\$ 81,000
Total FY 2013-14			\$ 81,000
FY 2014-15			
General ACLs	113,576	\$ 0.88	\$ 99,000
Total FY 2014-15			\$ 99,000

Funding:

100% GF (4260-111-0001)

CLPP FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 07/2011
ANALYST: Stephanie Hockman

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000	-\$11,000
	- CLPP FUND	\$11,000	\$11,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000	-\$11,000
	- CLPP FUND	\$11,000	\$11,000

Purpose:

This policy change appropriates the funding for blood lead tests under the Child Health and Disability Prevention Program (CHDP) State-Only Program. The expenditures for lead testing are in the CHDP base trends and this policy change adjusts the funding.

Authority:

Health & Safety Code 105305, 105310, 124075
 Interagency Agreement (IA) #13-20109

Interdependent Policy Changes:

Not Applicable

Background:

CHDP State-Only health assessments are provided to Medi-Cal beneficiaries who are eligible for emergency and pregnancy related services only under the Medi-Cal State Plan. CHDP State-Only health assessments meet the State and Federal requirements for health assessments provided to full scope Medi-Cal beneficiaries under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit of the Medi-Cal Program, including a blood lead test for individuals who are at risk for lead poisoning. The lead testing component of these CHDP State-Only health assessments is funded by the Childhood Lead Poisoning Prevention (CLPP) Fund, which receives revenues from a fee assessed on entities formerly or presently engaged in commerce involving lead products and collected by the Board of Equalization.

Reason for Change from Prior Estimate:

No change.

Methodology:

1. CHDP State-Only CLPP is funded by 100% State Funds.
2. The new IA with the Department of Public Health began October 29, 2013. The term of the IA will be from July 1, 2013 through June 30, 2016, and the CLPP funding allocated for FY 2013-14 and FY 2014-15 will be \$11,000 for each year.

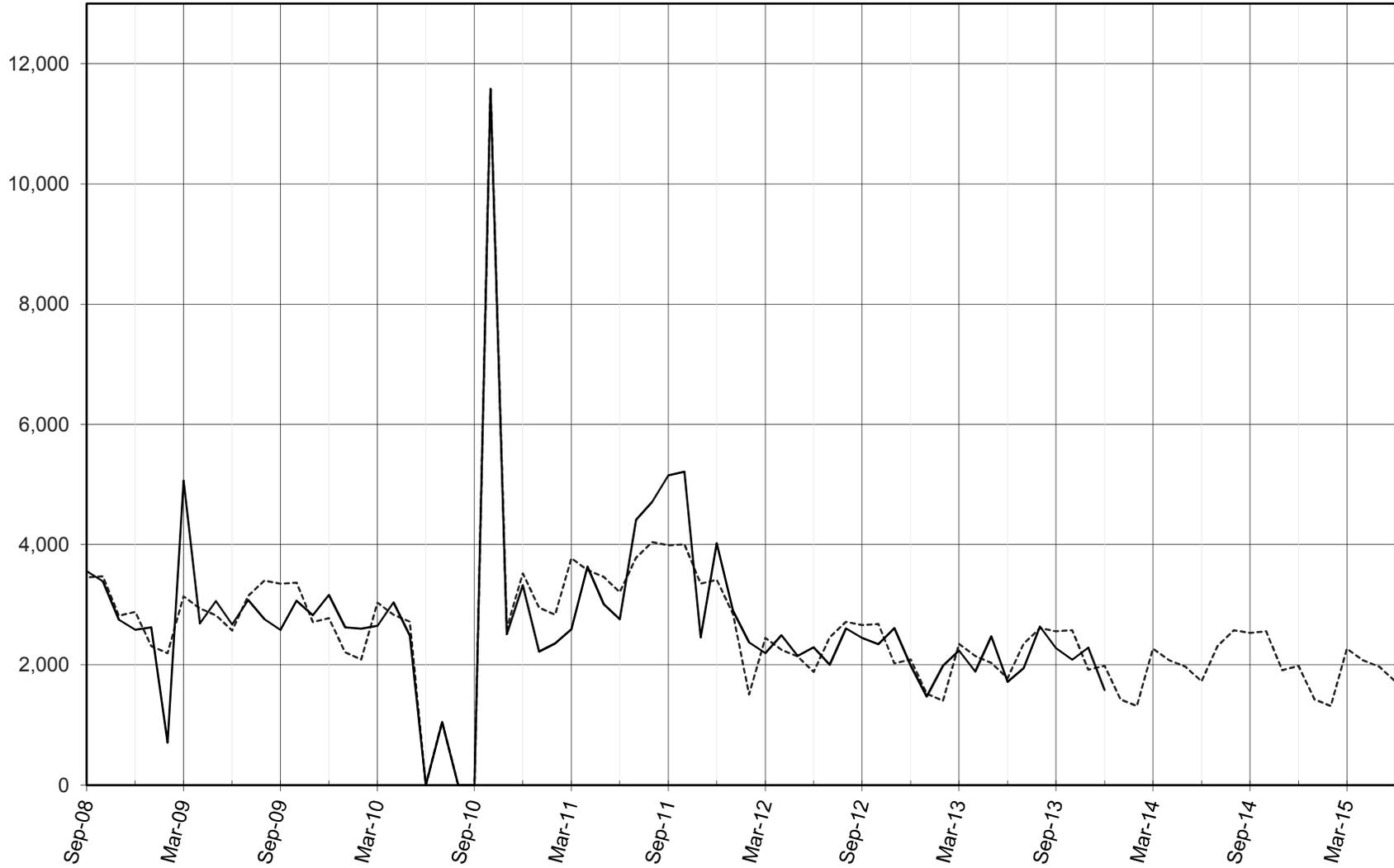
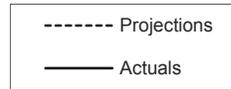
	<u>CLPP Fund</u>
FY 2013-14	\$11,000
FY 2014-15	\$11,000

Funding:

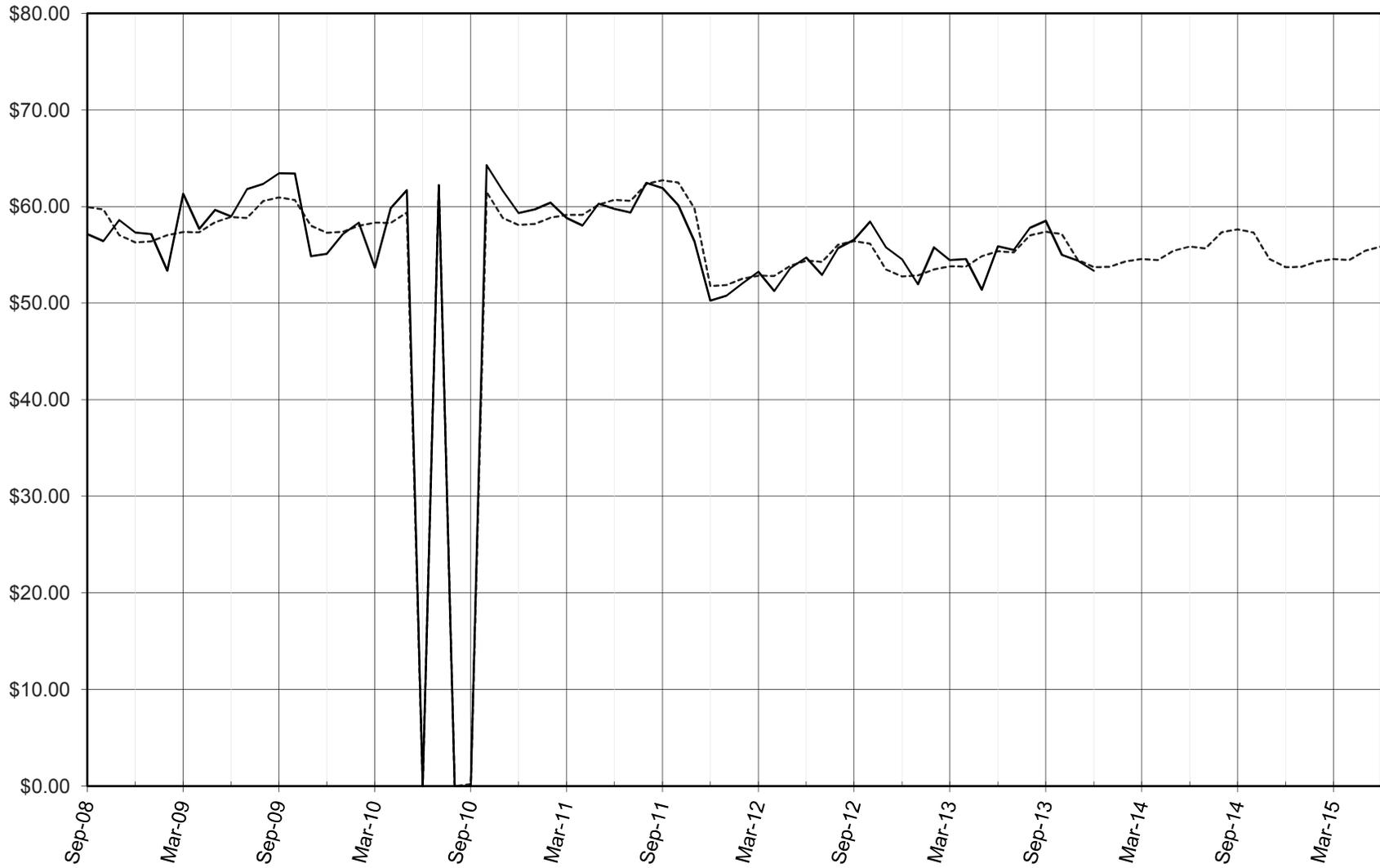
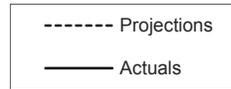
100% CLPP Fund (4260-111-0080)

100% GF (4260-111-0001)

CHDP Screens



CHDP Dollars Per Screen



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	<u>Nov. 2013 Est. FY 2013-14</u>	<u>May 2014 Est. FY 2013-14</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	967	995	28
Net Dollars:			
4260-111-0001 (General Fund)	\$17,345,900	\$11,566,900	(\$5,779,000)
4260-601-7503 (Federal Title XIX HCSF)	\$46,719,000	\$59,537,000	\$12,818,000
4260-601-0995 (Enrollment Fees)	\$452,700	\$438,800	(\$13,900)
4260-601-3079 (Rebate Special Fund)	\$36,979,000	\$31,091,000	(\$5,888,000)
Total	\$101,496,600	\$102,633,700	\$1,137,100

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate

	<u>Nov. 2013 Est. FY 2014-15</u>	<u>May 2014 Est. FY 2014-15</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	987	1,024	37
Net Dollars:			
4260-111-0001 (General Fund)	\$63,609,300	\$72,473,200	\$8,863,900
4260-601-7503 (Federal Title XIX HCSF)	\$48,271,000	\$47,827,000	(\$444,000)
4260-601-0995 (Enrollment Fees)	\$452,700	\$438,800	(\$13,900)
4260-601-3079 (Rebates Special Fund)	\$10,000,000	\$8,000,000	(\$2,000,000)
Total	\$122,333,000	\$128,739,000	\$6,406,000

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15

	<u>May 2014 Est. FY 2013-14</u>	<u>May 2014 Est. FY 2014-15</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	995	1,024	29
Net Dollars:			
4260-111-0001 (General Fund)	\$11,566,900	\$72,473,200	\$60,906,300
4260-601-7503 (Federal Title XIX HCSF)	\$59,537,000	\$47,827,000	(\$11,710,000)
4260-601-0995 (Enrollment Fees)	\$438,800	\$438,800	\$0
4260-601-3079 (Rebates Special Fund)	\$31,091,000	\$8,000,000	(\$23,091,000)
Total	\$102,633,700	\$128,739,000	\$26,105,300

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary
Fiscal Years 2013-14 and 2014-15 Compared to Appropriation

FY 2013-14, May 2014 Estimate Compared to Appropriation
--

	Appropriation FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./(Decr.)
State-Only Caseload:	944	995	51
Net Dollars:			
4260-111-0001 (General Fund)	\$24,338,800	\$11,566,900	(\$12,771,900)
4260-601-7503 (Federal Title XIX HCSF)	\$43,868,000	\$59,537,000	\$15,669,000
4260-601-0995 (Enrollment Fees)	\$376,000	\$438,800	\$62,800
4260-601-3079 (Rebates Special Fund)	\$42,158,000	\$31,091,000	-\$11,067,000
Total	\$110,740,800	\$102,633,700	(\$8,107,100)

May 2014 Estimate for FY 2014-15 Compared to FY 2013-14 Appropriation
--

	Appropriation FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./(Decr.)
State-Only Caseload:	944	1,024	80
Net Dollars:			
4260-111-0001 (General Fund)	\$24,338,800	\$72,473,200	\$48,134,400
4260-601-7503 (Federal Title XIX HCSF)	\$43,868,000	\$47,827,000	\$3,959,000
4260-601-0995 (Enrollment Fees)	\$376,000	\$438,800	\$62,800
4260-601-3079 (Rebates Special Fund)	\$42,158,000	\$8,000,000	-\$34,158,000
Total	\$110,740,800	\$128,739,000	\$17,998,200

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2013-14

May 2014 Estimate Compared to November 2013 Estimate, Total Funds

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 111,985,000	\$ 112,938,000	\$ 953,000
2. Policy Changes	\$ (10,561,400)	\$ (10,369,300)	\$ 192,100
Total for Services	\$ 101,423,600	\$ 102,568,700	\$ 1,145,100
Fiscal Intermediary	\$ 73,000	\$ 65,000	\$ (8,000)
Total GHPP Program	\$ 101,496,600	\$ 102,633,700	\$ 1,137,100

May 2014 Estimate Compared to November 2013 Estimate, General Fund

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 111,985,000	\$ 112,938,000	\$ 953,000
2. Policy Changes	\$ (94,712,100)	\$ (101,436,100)	\$ (6,724,000)
Total for Services	\$ 17,272,900	\$ 11,501,900	\$ (5,771,000)
Fiscal Intermediary	\$ 73,000	\$ 65,000	\$ (8,000)
Total GHPP Program	\$ 17,345,900	\$ 11,566,900	\$ (5,779,000)

May 2014 Estimate Compared to November 2013 Estimate, Federal Funds

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 46,719,000	\$ 59,537,000	\$ 12,818,000
Total for Services	\$ 46,719,000	\$ 59,537,000	\$ 12,818,000
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 46,719,000	\$ 59,537,000	\$ 12,818,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2014-15

May 2014 Estimate Compared to November 2013 Estimate, Total Funds

	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 122,960,000	\$ 129,192,000	\$ 6,232,000
2. Policy Changes	\$ (719,000)	\$ (538,000)	\$ 181,000
Total	\$ 122,241,000	\$ 128,654,000	\$ 6,413,000
Fiscal Intermediary	\$ 92,000	\$ 85,000	\$ (7,000)
Total GHPP Program	\$ 122,333,000	\$ 128,739,000	\$ 6,406,000

May 2014 Estimate Compared to November 2013 Estimate, General Fund

	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 122,960,000	\$ 129,192,000	\$ 6,232,000
2. Policy Changes	\$ (59,442,700)	\$ (56,803,800)	\$ 2,638,900
Total for Services	\$ 63,517,300	\$ 72,388,200	\$ 8,870,900
Fiscal Intermediary	\$ 92,000	\$ 85,000	\$ (7,000)
Total GHPP Program	\$ 63,609,300	\$ 72,473,200	\$ 8,863,900

May 2014 Estimate Compared to November 2013 Estimate, Federal Funds

	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	48,271,000	\$ 47,827,000	\$ (444,000)
Total for Services	48,271,000	\$ 47,827,000	\$ (444,000)
Fiscal Intermediary	-	-	-
Total GHPP Program	48,271,000	\$ 47,827,000	\$ (444,000)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Current Year vs Budget Year

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, Total Funds

	<u>May 2014 Est.</u> <u>FY 2013-14</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 112,938,000	\$ 129,192,000	\$ 16,254,000
2. Policy Changes	\$ (10,369,300)	\$ (538,000)	\$ 9,831,300
Total for Services	\$ 102,568,700	\$ 128,654,000	\$ 26,085,300
Fiscal Intermediary	\$ 65,000	\$ 85,000	\$ 20,000
Total GHPP Program	\$ 102,633,700	\$ 128,739,000	\$ 26,105,300

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, General Fund

	<u>May 2014 Est.</u> <u>FY 2013-14</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 112,938,000	\$ 129,192,000	\$ 16,254,000
2. Policy Changes	\$ (101,436,100)	\$ (56,803,800)	\$ 44,632,300
Total for Services	\$ 11,501,900	\$ 72,388,200	\$ 60,886,300
Fiscal Intermediary	\$ 65,000	\$ 85,000	\$ 20,000
Total GHPP Program	\$ 11,566,900	\$ 72,473,200	\$ 60,906,300

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, Federal Funds

	<u>May 2014 Est.</u> <u>FY 2013-14</u>	<u>May 2014 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 59,537,000	\$ 47,827,000	\$ (11,710,000)
Total for Services	\$ 59,537,000	\$ 47,827,000	\$ (11,710,000)
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 59,537,000	\$ 47,827,000	\$ (11,710,000)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2012-13 Actuals	Hemophilia	359	\$ 247,300	\$ 88,791,000
	Cystic Fibrosis	317	21,800	6,916,000
	Sickle Cell	124	13,800	1,715,000
	Huntington's	66	5,900	390,000
	Metabolic 2/	40	4,400	177,000

		906	\$ 108,200	\$ 97,989,000
2013-14 Estimate /3	Hemophilia	391	\$ 274,900	\$ 107,483,000
	Cystic Fibrosis	349	12,100	4,223,000
	Sickle Cell	132	7,500	989,000
	Huntington's	74	1,400	106,000
	Metabolic 2/	49	2,800	137,000

		995	\$ 113,500	\$ 112,938,000
2014-15 Estimate	Hemophilia	402	\$ 305,500	\$ 122,821,000
	Cystic Fibrosis	357	14,000	5,012,000
	Sickle Cell	134	8,800	1,176,000
	Huntington's	76	900	71,000
	Metabolic 2/	55	2,000	112,000

		1,024	\$ 126,200	\$ 129,192,000

1/ Actual expenditure data is complete through February 2014.

Actual caseload data is complete through February 2014.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

3/ Starting in FY 2013-14, a methodology change was made, shifting approved claims without a recognized diagnosis code to Hemophilia only rather than allocated to all diagnoses.

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Estimate Comparisons for Fiscal Years 2013-14 and 2014-15

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./Decr.)
Hemophilia	\$ 102,875,000	\$ 107,483,000	\$ 4,608,000
Cystic Fibrosis	7,042,000	4,223,000	(2,819,000)
Sickle Cell	1,464,000	989,000	(475,000)
Huntington's	293,000	106,000	(187,000)
Metabolic	311,000	137,000	(174,000)
TOTAL	\$ 111,985,000	\$ 112,938,000	\$ 953,000

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15

	May 14 Est. FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./Decr.)
Hemophilia	\$ 107,483,000	\$ 122,821,000	\$ 15,338,000
Cystic Fibrosis	4,223,000	5,012,000	789,000
Sickle Cell	989,000	1,176,000	187,000
Huntington's	106,000	71,000	(35,000)
Metabolic	137,000	112,000	(25,000)
TOTAL	\$ 112,938,000	\$ 129,192,000	\$ 16,254,000

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. FY 2014-15	May 2014 Est. FY 2014-15	Difference Incr./Decr.)
Hemophilia	\$ 112,253,000	\$ 122,821,000	\$ 10,568,000
Cystic Fibrosis	8,285,000	5,012,000	(3,273,000)
Sickle Cell	1,755,000	1,176,000	(579,000)
Huntington's	304,000	71,000	(233,000)
Metabolic	363,000	112,000	(251,000)
TOTAL	\$ 122,960,000	\$ 129,192,000	\$ 6,232,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Current and Budget Year Base Estimates Compared to Appropriation

FY 2013-14, May 2014 Estimate Compared to Appropriation

	Appropriation FY 2013-14	May 2014 Est. FY 2013-14	Difference Incr./(Decr.)
Hemophilia	\$ 100,633,000	\$ 107,483,000	\$ 6,850,000
Cystic Fibrosis	9,113,000	4,223,000	(4,890,000)
Sickle Cell	2,218,000	989,000	(1,229,000)
Huntington's	307,000	106,000	(201,000)
Metabolic	293,000	137,000	(156,000)
TOTAL	\$ 112,564,000	\$ 112,938,000	\$ 374,000

May 2014 Estimate for FY 2014-15 Compared to FY 2013-14 Appropriation

	Appropriation FY 2013-14	May 2014 Est. FY 2014-15	Difference Incr./(Decr.)
Hemophilia	\$ 100,633,000	\$ 122,821,000	\$ 22,188,000
Cystic Fibrosis	9,113,000	5,012,000	(4,101,000)
Sickle Cell	2,218,000	1,176,000	(1,042,000)
Huntington's	307,000	71,000	(236,000)
Metabolic	293,000	112,000	(181,000)
TOTAL	\$ 112,564,000	\$ 129,192,000	\$ 16,628,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate

Fiscal Year 2013-14

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	576	185	391
Cystic Fibrosis	520	171	349
Sickle Cell	360	228	132
Huntington's	157	83	74
Metabolic	<u>120</u>	<u>71</u>	<u>49</u>
Total	1,733	738	995

Fiscal Year 2014-15

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	601	199	402
Cystic Fibrosis	539	182	357
Sickle Cell	376	242	134
Huntington's	161	85	76
Metabolic	<u>132</u>	<u>77</u>	<u>55</u>
Total	1,809	785	1,024

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	389	391	2
Cystic Fibrosis	332	349	17
Sickle Cell	130	132	2
Huntington's	69	74	5
Metabolic	<u>47</u>	<u>49</u>	<u>2</u>
Total	967	995	28

Fiscal Year 2013-14 Compared to Fiscal Year 2014-15
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	May 2014 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	391	402	11
Cystic Fibrosis	349	357	8
Sickle Cell	132	134	2
Huntington's	74	76	2
Metabolic	<u>49</u>	<u>55</u>	<u>6</u>
Total	995	1,024	29

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Medi-Cal Caseload Comparison

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	174	185	11
Cystic Fibrosis	174	171	(3)
Sickle Cell	228	228	0
Huntington's	82	83	1
Metabolic	<u>65</u>	<u>71</u>	<u>6</u>
Total	723	738	15

Fiscal Year 2013-14 Compared to Fiscal Year 2014-15

	May 2014 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	185	199	14
Cystic Fibrosis	171	182	11
Sickle Cell	228	242	14
Huntington's	83	85	2
Metabolic	<u>71</u>	<u>77</u>	<u>6</u>
Total	738	785	47

GENETICALLY HANDICAPPED PERSONS PROGRAM
Comparison of Assumed Fiscal Impacts of Policy Changes

Fiscal Year 2013-14, Comparison of May 2014 and November 2013 Estimates								
POLICY CHG.		NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Inc./.(Decr.)		
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$73,000	\$73,000	\$65,000	\$65,000	-\$8,000	-\$8,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$76,000	\$76,000	\$88,000	\$88,000	\$12,000	\$12,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$98,000	-\$98,000	-\$4,400	-\$4,400	\$93,600	\$93,600
Benefits	8	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$119,400	-\$119,400	-\$32,900	-\$32,900	\$86,500	\$86,500
Benefits	9	UNITED STATES OF AMERICA V. BIO-MED PLUS, INC.	-\$10,420,000	-\$10,420,000	-\$10,420,000	-\$10,420,000	\$0	\$0
GHPP TOTAL			-\$10,488,400	-\$10,488,400	-\$10,304,300	-\$10,304,300	\$184,100	\$184,100

Fiscal Year 2014-15, Comparison of May 2014 and November 2013 Estimates								
POLICY CHG.		NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Inc./.(Decr.)		
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$92,000	\$92,000	\$85,000	\$85,000	-\$7,000	-\$7,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$112,000	\$112,000	\$89,000	\$89,000	-\$23,000	-\$23,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$500,200	-\$500,200	-\$425,500	-\$425,500	\$74,700	\$74,700
Benefits	8	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$330,800	-\$330,800	-\$201,500	-\$201,500	\$129,300	\$129,300
GHPP TOTAL			-\$627,000	-\$627,000	-\$453,000	-\$453,000	\$174,000	\$174,000

¹ Funds are referenced separately in the GHPP Funding Summary pages.

ENROLLMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Stephanie Hockman

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$438,800	-\$438,800
	- ENROLLMENT FEES FUND	\$438,800	\$438,800
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$438,800	-\$438,800
	- ENROLLMENT FEES FUND	\$438,800	\$438,800

Purpose:

The policy change estimates the Genetically Handicapped Persons Program (GHPP) enrollment fees.

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

Families that receive GHPP services may be assessed enrollment fees. As part of automating GHPP case management with the Children's Medical Services Net, collection of enrollment fees occurs on each client's enrollment anniversary date.

GHPP enrollment fees are currently assessed based on a sliding scale. Effective December 1, 2009, the Department increased GHPP enrollment fees to 1.5% of Adjusted Gross Income (AGI) for families with incomes between 200% and 299% of the Federal Poverty Level (FPL), and 3% of AGI for families with incomes 300% or greater than the FPL.

Reason for Change from Prior Estimate:

Updated enrollment fee data became available.

Methodology:

1. Based on actual enrollment fees of \$455,867 collected in FY 2012-13, and \$311,951 collected in the first nine months of FY 2013-14, base fee collections are estimated to be approximately \$438,800 for FY 2013-14 and FY 2014-15.

FY 2013-14: $$(455,867 + 311,951) \div 21 \times 12 = \$438,753$ (\$438,800 GF)

FY 2014-15: $$(455,867 + 311,951) \div 21 \times 12 = \$438,753$ (\$438,800 GF)

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$65,000	\$85,000
	- GENERAL FUND	\$65,000	\$85,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$65,000	\$85,000
	- GENERAL FUND	\$65,000	\$85,000

Purpose:

This policy change estimates the expenditures paid to the fiscal intermediary (FI) for the administrative cost of adjudicating Genetically Handicapped Persons Program (GHPP) medical and dental claims.

Authority:

Health & Safety Code 125130

Interdependent Policy Changes:

Not Applicable

Background:

GHPP medical and dental claims are paid by the FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Requests (TARs).

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	58,607	\$ 0.75	\$ 44,000
Online ACLs	45,240	\$ 0.44	\$ 20,000
Total FY 2013-14			\$ 64,000

<u>FY 2014-15</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	60,315	\$ 0.88	\$ 53,000
Online ACLs	46,558	\$ 0.67	\$ 31,000
Total FY 2014-15			\$ 84,000

2. The estimated dental FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	229	\$ 1.41	\$ 323
TARs	54	\$ 8.24	\$ 445
Total FY 2013-14			\$ 768

<u>FY 2014-15</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	325	\$ 1.44	\$ 468
TARs	54	\$ 8.42	\$ 455
Total FY 2014-15			\$ 859

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Medical	\$ 64,000	\$ 84,000
Dental	\$ 1,000	\$ 1,000
Total	\$ 65,000	\$ 85,000

Funding:

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$31,091,000	-\$8,000,000
	- REBATE SPECIAL FUND	\$31,091,000	\$8,000,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$31,091,000	-\$8,000,000
	- REBATE SPECIAL FUND	\$31,091,000	\$8,000,000

Purpose:

This policy change estimates the savings for Genetically Handicapped Persons Program (GHPP) drug rebates.

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled GHPP to participate in the Medi-Cal factor rebates.

Reason for Change from Prior Estimate:

The change is due to a decrease in GHPP receipts and a reimbursement for California Children's Services county share.

Methodology:

1. The estimate is based on rebates received in FY 2013-14.
2. The Department anticipates to collect \$31,091,000 in FY 2013-14 and \$8,000,000 in FY 2014-15 for GHPP rebates.

Funding:

Rebates Special Fund (4260-601-3079)

MH/UCD & BTR - SAFETY NET CARE POOL

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 9/2005
ANALYST: Cang Ly

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0

Purpose:

This policy change reflects the federal reimbursement received by the Department for a portion of the Genetically Handicapped Persons Program (GHPP) claims based on the certification of public expenditures (CPEs).

Authority:

SB 1100 (Chapter 560, Statutes of 2005), Welfare & Institutions Code 14166.22
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, based on the Special Terms and Conditions of MH/UCD, the Department may claim federal reimbursement for the GHPP from the Safety Net Care Pool (SNCP) funding established by the MH/UCD. The GHPP program provides comprehensive health care coverage for persons over 21 with specified genetic diseases including: cystic fibrosis; hemophilia; sickle cell disease and thalassemia; and chronic degenerative neurological diseases, including phenylketonuria.

The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, CMS approved a new five-year demonstration, the BTR. The Special Terms and Conditions of the new demonstration allow the State to claim federal financial participation (FFP) using the CPEs of approved Designated State Health Programs (DSHP). The GHPP program are included in the list of DSHP. Funding for the two-month extension of the prior MH/UCD SNCP is included in the BTR. This policy change includes the impact of the BTR.

Reason for Change from Prior Estimate:

The change is due to updated program expenditures.

Methodology:

1. Total eligible expenditures have been reduced by 17.79% under the MH/UCD and 13.95% under the BTR to adjust for services provided to undocumented persons. The FFP received for GHPP will be deposited in the Health Care Support Fund, Item 4260-601-7503. These funds are transferred to the Family Health Estimate. The GF savings is reflected in the Family Health Estimate. The GF savings created will be used to support safety net hospitals under the MH/UCD and BTR.
2. Under the American Recovery and Reinvestment Act of 2009 (ARRA), California's Financial Medical Assistance Percentage (FMAP) increased from 50% to 61.59% for October 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 added six additional months of increased FMAP. California's FMAP was 58.77% for January 1, 2011 through March 31, 2011, and 56.88% for April 1, 2011 through June 30, 2011. Because of the increased FMAP, the annual SNCP federal funds allotment increased for expenditures incurred from October 1, 2008 to August 31, 2010, resulting in additional \$423.769 million federal funds available in the SNCP. The Department claimed these funds using certified public expenditures. This policy change budgets those federal funds that are claimed using CPEs from the GHPP program.
3. The Department will conduct the final reconciliations for Demonstration Year (DY) 2010-11 in FY 2013-14 and estimates that the Department will claim an additional \$15.099 million in federal funds in FY 2013-14.
4. The final reconciliation for DY 2011-12 is anticipated to be completed in FY 2014-15. The Department estimates to claim an additional \$3.389 million in federal funds in FY 2014-15.

(Dollars in Thousands)

	<u>CCS</u>	<u>GHPP</u>	<u>Total</u>
FY 2013-14			
DSHP-BTR (DY 2013-14)	\$ 77,038	\$ 44,438	\$ 121,476
DY 2010-11 Final Reconciliation	\$ (2,010)	\$ 15,099	\$ 13,089
FY 2013-14	\$ 75,028	\$ 59,537	\$ 134,565
FY 2014-15			
DSHP-BTR (DY 2014-15)	\$ 77,038	\$ 44,438	\$ 121,476
DY 2011-12 Final Reconciliation	\$ (7,707)	\$ 3,389	\$ (4,318)
FY 2014-15	\$ 69,331	\$ 47,827	\$ 117,158

Funding:

100% Health Care Support Fund (4260-601-7503)

100% GF (4260-111-0001)

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 12/2009
ANALYST: Stephanie Hockman

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$88,000	\$89,000
- GENERAL FUND	\$88,000	\$89,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$88,000	\$89,000
- GENERAL FUND	\$88,000	\$89,000

Purpose:

This policy change estimates the cost of the premium payments for the Genetically Handicapped Persons Program (GHPP) clients who enroll in a commercial insurance plan.

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance product lines. The program funds premium payments for insurance coverage that reimburses a GHPP client's full range of health care services. Program savings for GHPP clients who enroll in a commercial insurance plan is budgeted in the GHPP Premium Savings policy change.

The Department may, when it determines that it is cost effective, pay the premium for, or otherwise subsidize the subscriber cost-sharing obligation for third-party health coverage.

Reason for Change from Prior Estimate:

The current number of beneficiaries enrolled in Fiscal Year 2013-14 is eight, nine less than the prior estimate. Also, average monthly costs have increased: Hemophilia is up \$170; Sickle Cell is up \$74; and Cystic Fibrosis is up \$493. These increases are due to the small number of beneficiaries in the Health Insurance Premium Reimbursement program.

Methodology:

1. Assume the premium costs are \$600 per Hemophilia enrollee, \$400 per Sickle Cell Disease enrollee and \$700 per Cystic Fibrosis enrollee per month based on prior enrollment records.
2. Eight clients are enrolled as of the 3rd quarter of FY 2013-14, including one new client, a Sickle Cell patient.
3. No clients enrolled in the first quarter of FY 2013-14. Assume one additional client with Cystic Fibrosis will enroll in the last two quarters of FY 2013-14, bringing the 2013-14 program total to nine (9) clients.
4. Assume three clients will enroll in FY 2014-15, one client with Hemophilia and two clients with Cystic Fibrosis.

	<u>TF</u>	<u>GF</u>
FY 2013-14	\$ 88,000	\$ 88,000
FY 2014-15	\$ 89,000	\$ 89,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 12/2009
ANALYST: Stephanie Hockman

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$782,000	-\$1,126,000
	- GENERAL FUND	-\$782,000	-\$1,126,000
PAYMENT LAG		0.9991	0.9829
% REFLECTED IN BASE		99.44%	61.55%
APPLIED TO BASE	- TOTAL FUNDS	-\$4,400	-\$425,500
	- GENERAL FUND	-\$4,400	-\$425,500

Purpose:

This policy change estimates the program savings for the Genetically Handicapped Persons Program (GHPP) clients covered by a commercial insurance plan.

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance product lines. The program funds premium payments for insurance coverage that reimburses a GHPP client's full range of health care services.

Reason for Change from Prior Estimate:

The estimated number of beneficiaries enrolled in Fiscal Year 2013-14 is nine clients, eight current and one anticipated, eight less than the prior estimate.

Methodology:

1. Fifteen clients were enrolled in FY 2012-13. Eight clients remain in the program after the third quarter of FY 2013-14.
2. No clients enrolled in the first quarter of FY 2013-14. Assume one additional client with Cystic Fibrosis will enroll in the last two quarters of FY 2013-14.

3. Assume three clients will enroll in FY 2013-14, one client with Hemophilia, and two clients with Cystic Fibrosis.
4. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2013 Family Health Estimate:

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Hemophilia	\$ 274,900	\$ 305,500
Cystic Fibrosis	\$ 12,100	\$ 14,000
Sickle Cell	\$ 7,500	\$ 8,800

5. Projected Savings (Rounded):

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Total Funds	\$ 782,000	\$ 1,126,000
General Funds	\$ 782,000	\$ 1,126,000

Funding:

100% GF (4260-111-0001)

DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 7/2013
ANALYST: Cang Ly

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$179,000	-\$357,000
	- GENERAL FUND	-\$179,000	-\$357,000
PAYMENT LAG		0.7595	0.8732
% REFLECTED IN BASE		75.78%	35.37%
APPLIED TO BASE	- TOTAL FUNDS	-\$32,900	-\$201,500
	- GENERAL FUND	-\$32,900	-\$201,500

Purpose:

This policy change estimates savings that will occur in the Genetically Handicapped Person's Program (GHPP) by implementing the Diagnosis Related Group (DRG) payment methodology for private and Non-Designated Public Hospital (NDPH) hospital inpatient services and freezing rates at the July 1, 2013 level.

Authority:

SB 853 (Chapter 717, Statutes of 2010), Welfare & Institutions (W&I) Code, section 14105.28

Interdependent Policy Changes:

Not Applicable

Background:

SB 853 mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon DRGs. The DRG payment methodology replaces the previous payment methods.

Previously, private hospitals and NDPHs received reimbursement for Medi-Cal fee-for-service (FFS) acute inpatient services according to the negotiated per-diem rates under the Selective Provider Contracting Program (SPCP). Contract hospitals bill for some services carved-out of the per-diem charges separately. For non-contract hospitals, Medi-Cal reimburses FFS inpatient services with cost-based interim per-diem rates.

Under the previous payment system, these hospitals billed Medi-Cal the daily inpatient service charges on a per day usage. Providers received payment for the actual number of days a beneficiary remained in their care, and not on a diagnosis or treatment strategy basis.

On July 1, 2013, the Department transitioned private hospitals to a DRG payment system which correlates reimbursement to the Medi-Cal beneficiary's assigned DRG. DRG reimbursement is designed to treat all patients assigned to a specific DRG as having a similar clinical condition requiring similar interventions.

NDPHs continued to receive payments under the current methodology through December 31, 2013. These hospitals transitioned to a DRG payment system on January 1, 2014.

Pursuant to section 14105.18 of the W&I Code, payments to hospitals in the GHPP program are to be identical to the rates paid to Medi-Cal providers.

Reason for Change from Prior Estimate:

The change is due to updated payment data.

Methodology:

1. The DRG payment methodology was implemented beginning July 1, 2013 for private hospitals.
2. The DRG payment methodology was implemented beginning January 1, 2014 for NDPHs.
3. Assume GHPP annual savings are as follows:

Annual	<u>TF</u>	<u>GF</u>
FY 2013-14	(\$179,000)	(\$179,000)
Annual	<u>TF</u>	<u>GF</u>
FY 2014-15	(\$357,000)	(\$357,000)

Funding:

100% General Fund (4260-111-0001)

UNITED STATES OF AMERICA V. BIO-MED PLUS, INC.

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 8/2013
ANALYST: Raman Pabla

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$10,420,000	\$0
	- GENERAL FUND	-\$10,420,000	\$0
PAYMENT LAG		1.0000	0.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$10,420,000	\$0
	- GENERAL FUND	-\$10,420,000	\$0

Purpose:

This policy change estimates the settlement amount expected to be received by the Department from Bio-Med Plus, Inc. related to provider fraud against the Genetically Handicapped Person Program (GHPP).

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

The Department will receive restitution as the result of a federal criminal conviction in an inter-state conspiracy to defraud health insurers including GHPP and Medi-Cal.

The 11th Circuit Court of Appeals affirmed the convictions of all defendants on June 29, 2011. In September 2011, the 11th Circuit denied the defendants request for an en banc review. The defendants have filed a petition for a writ of certiorari with the U.S. Supreme Court.

On January 30, 2013, the Court entered a final order of forfeiture and an order terminating the receivership. On August 8, 2013, the Department collected \$10,420,000 in restitution.

Reason for Change from Prior Estimate:

There is no change.

Methodology:

Not Applicable

Funding:

100% General Fund (4260-111-0001)

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,601	774	827	\$ 20,831,485
2	1,495	685	810	22,919,037
3	1,528	691	837	20,413,182
4	1,549	710	839	21,752,552
2011-12	1,543	715	828	\$ 85,916,000
1	1,578	723	855	\$ 25,921,301
2	1,621	717	904	23,131,414
3	1,625	706	919	25,807,167
4	1,644	700	944	23,128,148
2012-13	1,617	711	906	\$ 97,989,000
1	1,673	709	964	\$ 24,986,498
2	1,728	727	1,001	24,872,626
3	1,761	754	1,007	32,157,922
4	1,774	762	1,012	30,921,423
2013-14	1,733	738	995	\$ 112,938,000
1	1,787	771	1,016	\$ 31,471,940
2	1,802	780	1,022	32,022,455
3	1,817	790	1,027	32,572,971
4	1,831	798	1,033	33,123,489
2014-15	1,809	785	1,024	\$ 129,192,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Hemophilia

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	498	163	335	\$ 17,743,614
2	480	159	321	19,747,628
3	491	159	332	17,543,139
4	496	164	332	19,214,858
2011-12	491	161	330	\$ 74,249,000
1	506	165	341	\$ 23,256,880
2	525	164	361	21,037,187
3	528	167	361	23,549,035
4	541	168	373	20,948,048
2012-13	525	166	359	\$ 88,791,000
1	557	173	384	\$ 23,643,740
2	573	178	395	23,554,809
3	584	193	391	30,792,683
4	591	195	396	29,491,845
2013-14	576	185	391	\$ 107,483,000
1	595	197	398	\$ 29,977,188
2	599	198	401	30,462,531
3	603	200	403	30,947,874
4	607	201	406	31,433,217
2014-15	601	199	402	\$ 122,821,000

- Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	477	182	295	\$ 2,497,032
2	474	183	291	2,578,745
3	478	182	296	2,220,199
4	483	182	301	1,963,878
2011-12	478	182	296	\$ 9,260,000
1	485	183	302	\$ 2,029,112
2	490	177	313	1,620,111
3	495	171	324	1,703,232
4	496	166	330	1,563,081
2012-13	491	174	317	\$ 6,916,000
1	502	168	334	\$ 961,430
2	518	166	352	1,016,564
3	530	175	355	1,115,064
4	532	176	356	1,129,709
2013-14	520	171	349	\$ 4,223,000
1	534	178	356	\$ 1,179,054
2	538	181	357	1,228,398
3	541	184	357	1,277,742
4	544	186	358	1,327,087
2014-15	539	182	357	\$ 5,012,000

- Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	356	251	105	\$ 514,400
2	305	202	103	504,572
3	315	205	110	530,761
4	323	212	111	483,669
2011-12	325	218	107	\$ 2,033,000
1	337	223	114	\$ 482,220
2	350	226	124	356,652
3	349	222	127	461,815
4	350	222	128	413,908
2012-13	347	223	124	\$ 1,715,000
1	353	222	131	\$ 230,526
2	362	230	132	271,501
3	361	227	134	222,106
4	365	233	132	264,728
2013-14	360	228	132	\$ 989,000
1	370	237	133	\$ 276,403
2	374	240	134	288,078
3	379	244	135	299,754
4	383	247	136	311,429
2014-15	376	242	134	\$ 1,176,000

- Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Huntington

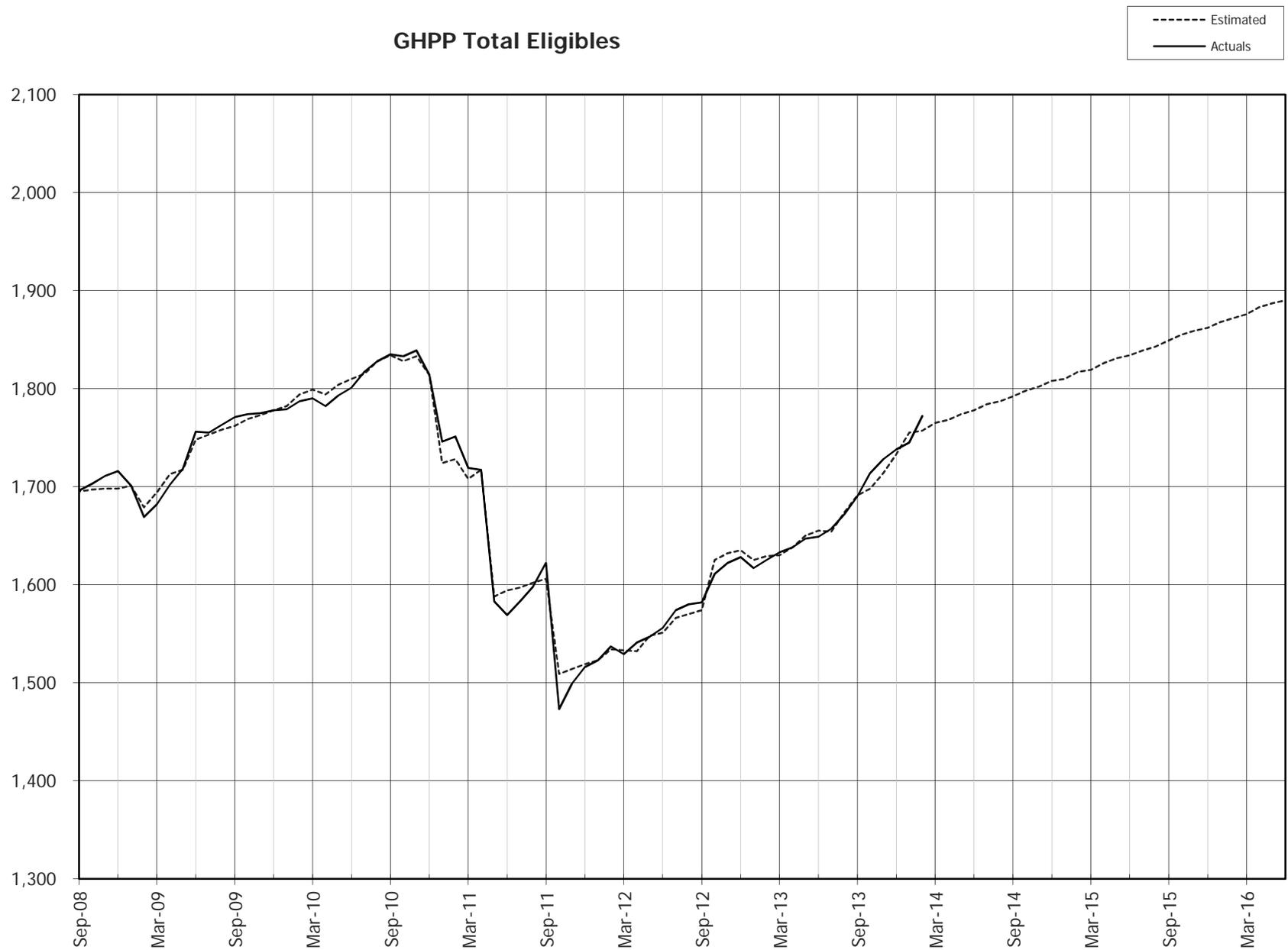
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	156	101	55	\$ 16,713
2	141	80	61	15,490
3	145	84	61	23,750
4	146	88	58	16,142
2011-12	147	88	59	\$ 72,000
1	149	88	61	\$ 137,875
2	153	86	67	70,826
3	150	83	67	82,348
4	150	82	68	98,701
2012-13	151	85	66	\$ 390,000
1	151	81	70	\$ 63,870
2	155	83	72	13,306
3	162	85	77	14,086
4	160	84	76	15,173
2013-14	157	83	74	\$ 106,000
1	160	84	76	\$ 16,159
2	161	85	76	17,144
3	161	85	76	18,129
4	162	86	76	19,114
2014-15	161	85	76	\$ 71,000

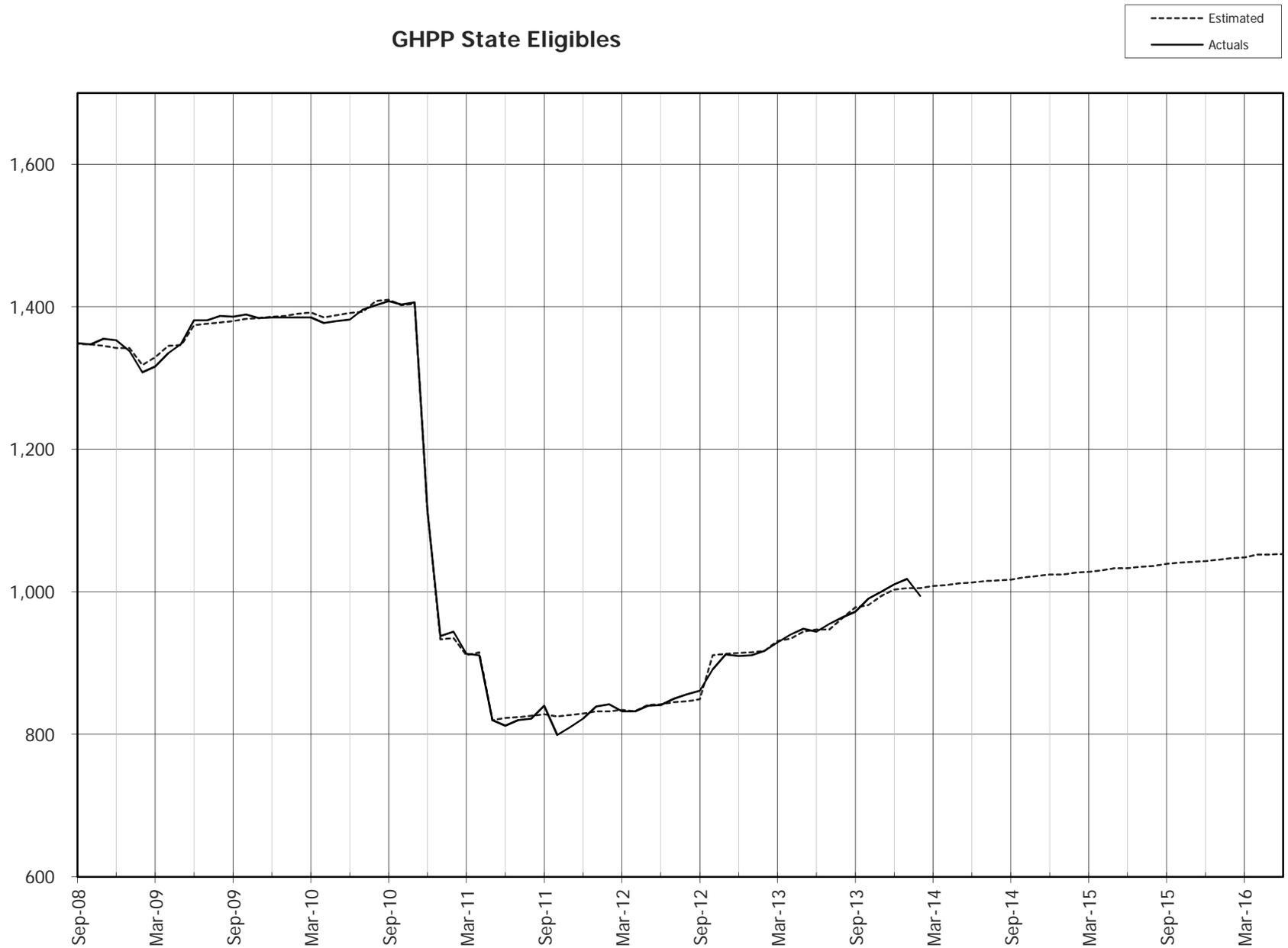
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

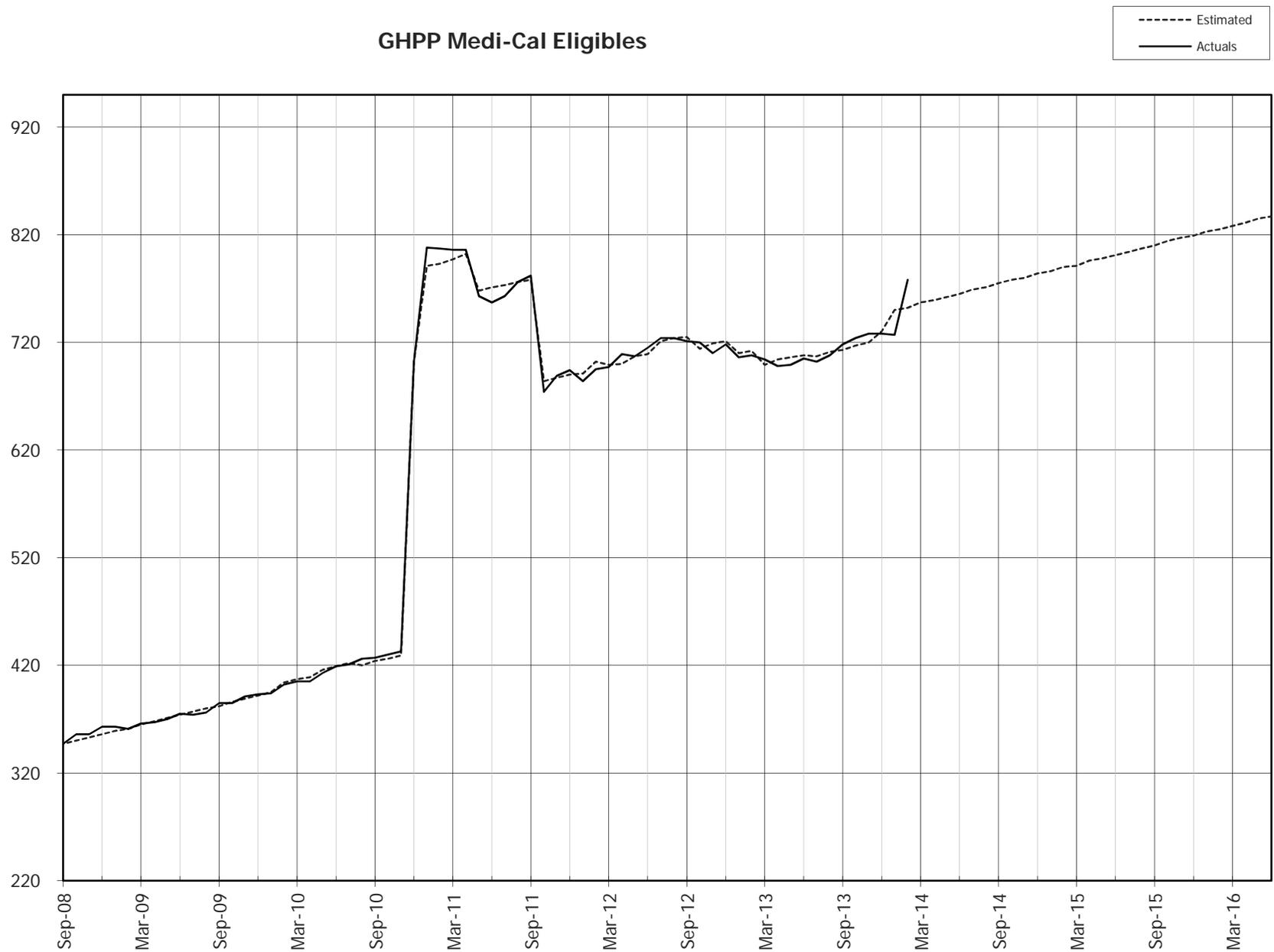
GHPP Trend Report
(Includes Actuals & Projected Base Values)

Metabolic				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	114	77	37	\$ 59,726
2	95	61	34	72,602
3	99	61	38	95,333
4	101	64	37	74,005
2011-12	102	66	36	\$ 302,000
1	101	64	37	\$ 15,214
2	103	64	39	46,638
3	103	63	40	10,737
4	107	62	45	104,410
2012-13	103	63	40	\$ 177,000
1	110	65	45	\$ 86,932
2	120	70	50	16,446
3	124	74	50	13,983
4	126	74	52	19,968
2013-14	120	71	49	\$ 137,000
1	128	75	53	\$ 23,136
2	130	76	54	26,304
3	133	77	56	29,472
4	135	78	57	32,642
2014-15	132	77	55	\$ 112,000

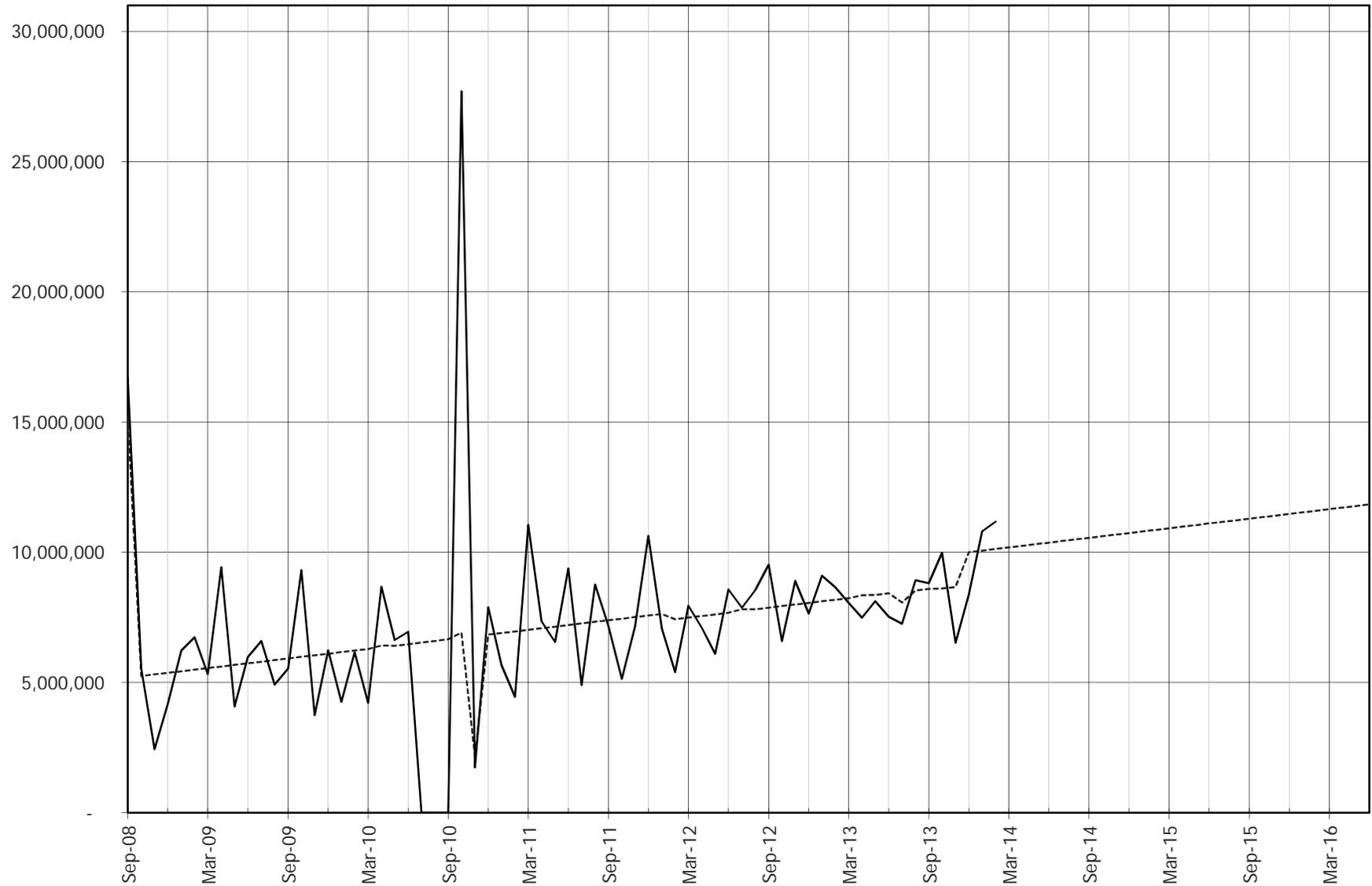
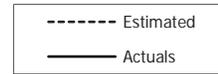
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.







GHP State-Only Monthly Expenditures



EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2013-14</u>	Difference <u>Incr./((Decr.)</u>
Caseload:	292,914	292,914	0
Net Dollars:			
4260-111-0001 (General Fund)	\$18,059,000	\$18,029,000	(\$30,000)
4260-111-0236 (Prop 99)	\$22,081,000	\$22,081,000	\$0
4260-111-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-111-0890 (CDC)	\$4,644,000	\$4,644,000	\$0
Total	<u>\$52,696,000</u>	<u>\$52,666,000</u>	<u>-\$30,000</u>

FY 2014-15, May 2014 Estimate Compared to November 2013 Estimate

	Nov. 2013 Est. <u>FY 2014-15</u>	May 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./((Decr.)</u>
Caseload:	304,400	304,400	0
Net Dollars:			
4260-111/114-0001 (General Fund)	\$21,403,000	\$20,844,000	(\$559,000)
4260-111/114-0236 (Prop 99)	\$25,318,000	\$25,318,000	\$0
4260-111/114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-111/114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
Total	<u>\$59,142,000</u>	<u>\$58,583,000</u>	<u>-\$559,000</u>

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15

	May 2014 Est. <u>FY 2013-14</u>	May 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./((Decr.)</u>
Caseload:	292,914	304,400	11,486
Net Dollars:			
4260-111/114-0001 (General Fund)	\$18,029,000	\$20,844,000	\$2,815,000
4260-111/114-0236 (Prop 99)	\$22,081,000	\$25,318,000	\$3,237,000
4260-111/114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-111/114-0890 (CDC)	\$4,644,000	\$4,509,000	(\$135,000)
Total	<u>\$52,666,000</u>	<u>\$58,583,000</u>	<u>\$5,917,000</u>

EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2013-14, May 2014 Estimate Compared to Appropriation

	Appropriation FY 2013-14	May. 2014 Est. FY 2013-14	Difference Incr./((Decr.)
Caseload:	313,548	292,914	(20,634)
Net Dollars:			
4260-114-0001 (General Fund) ¹	\$17,982,000	\$18,029,000	\$47,000
4260-114-0236 (Prop 99)	\$22,081,000	\$22,081,000	\$0
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,644,000	\$4,644,000	\$0
Total	\$52,619,000	\$52,666,000	\$47,000

¹ EWC reappropriation authorized in Chapter 630, Statutes of 2012 is sufficient to cover the projected \$47,000 deficiency.

May 2014 Estimate, FY 2014-15 Compared to FY 2013-14 Appropriation

	Appropriation FY 2013-14	May. 2014 Est. FY 2014-15	Difference Incr./((Decr.)
Caseload: ²	313,548	304,400	(9,148)
Net Dollars:			
4260-114-0001 (General Fund)	\$17,982,000	\$20,844,000	\$2,862,000
4260-114-0236 (Prop 99)	\$22,081,000	\$25,318,000	\$3,237,000
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,644,000	\$4,509,000	(\$135,000)
Total	\$52,619,000	\$58,583,000	\$5,964,000

² The Appropriation caseload estimate was based on data from January 2007 - December 2009 and the November 2013 caseload estimate is based on data from January 2011 - May 2013.

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2013-14

May 2014 Estimate Compared to November 2013 Estimate, Total Funds

	Nov. 2013 Est.	May 2014 Est.	Difference
	<u>FY 2013-14</u>	<u>FY 2013-14</u>	<u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 37,393,000	\$ 0
2. Policy Changes	\$ 13,404,000	\$ 13,547,000	\$ 143,000
	-----	-----	-----
Total for Services	\$ 50,797,000	\$ 50,940,000	\$ 143,000
Fiscal Intermediary	\$ 1,899,000	\$ 1,726,000	\$ (173,000)
	-----	-----	-----
Total EWC Program	\$ 52,696,000	\$ 52,666,000	\$ (30,000)

May 2014 Estimate Compared to November 2013 Estimate, General Fund

	Nov. 2013 Est.	May 2014 Est.	Difference
	<u>FY 2013-14</u>	<u>FY 2013-14</u>	<u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 37,393,000	\$ 0
2. Policy Changes	\$ (21,233,000)	\$ (21,090,000)	\$ 143,000
	-----	-----	-----
Total for Services	\$ 16,160,000	\$ 16,303,000	\$ 143,000
Fiscal Intermediary	\$ 1,899,000	\$ 1,726,000	\$ (173,000)
	-----	-----	-----
Total EWC Program	\$ 18,059,000	\$ 18,029,000	\$ (30,000)

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2014-15

May 2014 Estimate Compared to November 2013 Estimate, Total Funds

	Nov. 2013 Est.	May. 2014 Est.	Difference
	<u>FY 2014-15</u>	<u>FY 2014-15</u>	<u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 39,646,000	\$ 39,646,000	\$ 0
2. Policy Changes	\$ 17,895,000	\$ 17,547,000	\$ (348,000)
	-----	-----	-----
Total for Services	\$ 57,541,000	\$ 57,193,000	\$ (348,000)
Fiscal Intermediary	\$ 1,601,000	\$ 1,390,000	\$ (211,000)
	-----	-----	-----
Total EWC Program	\$ 59,142,000	\$ 58,583,000	\$ (559,000)

May 2014 Estimate Compared to November 2013 Estimate, General Fund

	Nov. 2013 Est.	May. 2014 Est.	Difference
	<u>FY 2014-15</u>	<u>FY 2014-15</u>	<u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 39,646,000	\$ 39,646,000	\$ 0
2. Policy Changes	\$ (19,844,000)	\$ (20,192,000)	\$ (348,000)
	-----	-----	-----
Total for Services	\$ 19,802,000	\$ 19,454,000	\$ (348,000)
Fiscal Intermediary	\$ 1,601,000	\$ 1,390,000	\$ (211,000)
	-----	-----	-----
Total EWC Program	\$ 21,403,000	\$ 20,844,000	\$ (559,000)

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Current Year vs Budget Year

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, Total Funds

	May. 2014 Est. <u>FY 2013-14</u>	May. 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 39,646,000	\$ 2,253,000
2. Policy Changes	\$ 13,547,000	\$ 17,547,000	\$ 4,000,000
	-----	-----	-----
Total for Services	\$ 50,940,000	\$ 57,193,000	\$ 6,253,000
Fiscal Intermediary	\$ 1,726,000	\$ 1,390,000	\$ (336,000)
	-----	-----	-----
Total EWC Program	\$ 52,666,000	\$ 58,583,000	\$ 5,917,000

May 2014 Estimate, FY 2013-14 Compared to FY 2014-15, General Fund

	May. 2014 Est. <u>FY 2013-14</u>	May. 2014 Est. <u>FY 2014-15</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 39,646,000	\$ 2,253,000
2. Policy Changes	\$ (21,090,000)	\$ (20,192,000)	\$ 898,000
	-----	-----	-----
Total for Services	\$ 16,303,000	\$ 19,454,000	\$ 3,151,000
Fiscal Intermediary	\$ 1,726,000	\$ 1,390,000	\$ (336,000)
	-----	-----	-----
Total EWC Program	\$ 18,029,000	\$ 20,844,000	\$ 2,815,000

**EVERY WOMAN COUNT PROGRAM
Comparison of Assumed Fiscal Impacts of Policy Changes**

Fiscal Year 2013-14, Comparison of May 2014 and November 2013 Estimate

POLICY CHG.				NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES		\$1,899,000	\$1,899,000	\$1,726,000	\$1,726,000	-\$173,000	-\$173,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) FUND	1	\$0	-\$4,644,000	\$0	-\$4,644,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE		\$806,000	\$806,000	\$949,000	\$949,000	\$143,000	\$143,000
Benefits	6	REGIONAL CONTRACTS		\$2,589,000	\$2,589,000	\$2,589,000	\$2,589,000	\$0	\$0
Benefits	7	SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION		\$300,000	\$300,000	\$300,000	\$300,000	\$0	\$0
Benefits	8	DIGITAL MAMMOGRAPHY RATE CHANGE		\$4,600,000	\$4,600,000	\$4,600,000	\$4,600,000	\$0	\$0
Benefits	9	EWC ENROLLEES SHIFT TO LIHP		\$0	\$0	\$0	\$0	\$0	\$0
Benefits	10	ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT		\$135,000	\$135,000	\$135,000	\$135,000	\$0	\$0
Benefits	11	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING		\$4,974,000	\$4,974,000	\$4,974,000	\$4,974,000	\$0	\$0
EWC TOTAL				\$15,303,000	\$10,659,000	\$15,273,000	\$10,629,000	-\$30,000	-\$30,000

Fiscal Year 2014-15, Comparison of May 2014 and November 2013 Estimate

POLICY CHG.				NOVEMBER 2013 ESTIMATE		MAY 2014 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES		\$1,601,000	\$1,601,000	\$1,390,000	\$1,390,000	-\$211,000	-\$211,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) FUND	1	\$0	-\$4,509,000	\$0	-\$4,509,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE		\$832,000	\$832,000	\$16,000	\$16,000	-\$816,000	-\$816,000
Benefits	6	REGIONAL CONTRACTS		\$2,589,000	\$2,589,000	\$3,057,000	\$3,057,000	\$468,000	\$468,000
Benefits	7	SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION		\$300,000	\$300,000	\$300,000	\$300,000	\$0	\$0
Benefits	8	DIGITAL MAMMOGRAPHY RATE CHANGE		\$9,200,000	\$9,200,000	\$9,200,000	\$9,200,000	\$0	\$0
Benefits	9	EWC ENROLLEES SHIFT TO LIHP		\$0	\$0	\$0	\$0	\$0	\$0
Benefits	10	ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT		\$0	\$0	\$0	\$0	\$0	\$0
Benefits	11	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING		\$4,974,000	\$4,974,000	\$4,974,000	\$4,974,000	\$0	\$0
EWC TOTAL				\$19,496,000	\$14,987,000	\$18,937,000	\$14,428,000	-\$559,000	-\$559,000

¹ Funds are referenced separately in the EWC Funding Summary pages.

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,726,000	\$1,390,000
	- GENERAL FUND	\$1,726,000	\$1,390,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,726,000	\$1,390,000
	- GENERAL FUND	\$1,726,000	\$1,390,000

Purpose:

This policy change estimates the costs for the Fiscal Intermediary (FI) expenditures related to the Every Woman Counts (EWC) program.

Authority:

Health & Safety Code 104150 (c)

Interdependent Policy Changes:

Not Applicable

Background:

The EWC program utilizes the FI to adjudicate medical claims. FI expenditures consist of adjudicated claim line (ACL) costs, system development notices (SDNs), and EWC calls to FI telephone services. The SDNs are used to make improvements to DETEC, the program's web-based enrollment and data collection system.

Reason for Change from Prior Estimate:

The changes are due to updated ACL claims.

Methodology:

- The estimated medical FI administrative costs are:

	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	1,100,532	\$0.66	\$726,351
Online ACLs	12	\$0.41	\$5
Total FY 2013-14			<u>\$726,356</u>
General ACLs	1,155,559	\$0.77	\$889,780
Online ACLs	13	\$0.58	\$8
Total FY 2014-15			<u>\$889,788</u>

2. The EWC program is budgeted on an accrual basis.

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Processing Costs	\$726,000	\$890,000
SDNs	\$1,000,000	\$500,000
Total	\$1,726,000	\$1,390,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$22,081,000	-\$25,318,000
	- PROP 99 FUND	\$22,081,000	\$25,318,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$22,081,000	-\$25,318,000
	- PROP 99 FUND	\$22,081,000	\$25,318,000

Purpose:

This policy change shifts the Cigarette and Tobacco Products Surtax (CTPS/Proposition 99) funds from the Unallocated Accounts to the General Fund.

Authority:

Revenue & Taxation Code 30124 (b)(6)
 California Tobacco Health Education Act of 1988 (Proposition 99)

Interdependent Policy Changes:

Not Applicable

Background:

CTPS/Proposition 99 funds breast and cervical cancer screening and diagnostics for uninsured low-income women. These restricted funds pay clinical claims expenditures. Services include:

- Office visits and consults,
- Screening mammograms,
- Diagnostic mammograms,
- Diagnostic breast procedures,
- Case management, and
- Other clinical services.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. The Every Woman Counts (EWC) program will receive \$22,081,000 in FY 2013-14 and \$25,318,00 in FY 2014-15.
2. The EWC program is budgeted on an accrual basis.

Funding:

Proposition 99 Unallocated Local Assistance (4260-114-0236)
100% General Fund (4260-114-0001)

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,912,000	-\$7,912,000
	- BCCA FUND	\$7,912,000	\$7,912,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,912,000	-\$7,912,000
	- BCCA FUND	\$7,912,000	\$7,912,000

Purpose:

This policy change shifts the Breast Cancer Control Account (BCCA) funds to the General Fund.

Authority:

Revenue & Taxation Code 30461.6

Interdependent Policy Changes:

Not Applicable

Background:

BCCA funds the provision of early breast cancer detection services for uninsured and underinsured women in the Every Woman Counts (EWC) program. The BCCA is funded by one cent of a two-cent tobacco tax. The BCCA is anticipated to slowly decline due to less tobacco use. BCCA funds may be used for direct services such as:

- Direct services contracts,
- Screening,
- Medical referrals,
- Outreach and health education,
- Clinical claims, and
- Processing costs.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. The EWC program will receive \$7,912,000 of BCCA funds in FY 2013-14 and FY 2014-15.
2. The EWC program is budgeted on an accrual basis.

Funding:

Breast Cancer Control Account (4260-114-0009)
100% General Fund (4260-114-0001)

CENTER FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,644,000	-\$4,509,000
	- CDC FUNDS	\$4,644,000	\$4,509,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,644,000	-\$4,509,000
	- CDC FUNDS	\$4,644,000	\$4,509,000

Purpose:

This policy change shifts the grant funding from the Center for Disease Control and Prevention (CDC) fund to the General Fund.

Authority:

Health & Safety Code 104150 (a)(b)
 Affordable Care Act of 2010

Interdependent Policy Changes:

Not Applicable

Background:

The CDC provides federal funding through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) for direct service contracts and clinical claims. The program offers funding for:

- Breast and cervical cancer screening,
- Cervical and breast cancer outreach,
- Education on preventive benefits, and
- Assuring high quality clinical services.

In addition, the Every Woman Counts (EWC) program received a one-time supplemental NBCCEDP grant to increase breast and cervical cancer screening and diagnostic services to serve more women in the EWC program. The grant does not allow funds to be used to supplant existing state funding for breast and cervical cancer screening services.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. The NBCCEDP grant is a multi-year contract beginning on June 30, 2012 and ending on June 29, 2017. The total contract amount is \$10,441,000 per fiscal year.
2. The Department receives 65.31% of the total grant amount of \$10,441,000 and the California Department of Public Health (CDPH) receives the other 34.69% of the grant.

Department	\$6,819,000
CDPH	\$3,622,000
Total NBCCEDP Grant Amount	<u>\$10,441,000</u>

3. The Department allocates 66.12% of the grant to local assistance and 33.88% to the support budget.

Local Assistance	\$4,509,000
Support	\$2,310,000
NBCCEDP Grant for EWC	<u>\$6,819,000</u>

4. The one-time Prevention and Public Health Grant contract began on September 30, 2012 and ended on September 29, 2013. The total grant amount is \$539,000.
5. The EWC program assumes that 75% of the one-time Prevention and Public Health Grant was used in FY 2012-13 and the remaining 25% will be used in FY 2013-14.

\$539,000 x 75% = \$404,000	FY 2012-13
\$539,000 x 25% = \$135,000	FY 2013-14

6. The local assistance portion of the two funds are as follows:

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
CDC Fund	\$4,509,000	\$4,509,000
One-Time Grant	\$135,000	\$0
Total	<u>\$4,644,000</u>	<u>\$4,509,000</u>

7. The EWC program is budgeted on an accrual basis.

Funding:

CDC Federal Fund (4260-114-0890)
 100% General Fund (4260-114-0001)

CONSUMER TOLL-FREE LINE

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$949,000	\$16,000
	- GENERAL FUND	\$949,000	\$16,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$949,000	\$16,000
	- GENERAL FUND	\$949,000	\$16,000

Purpose:

This policy change estimates the contract costs for the Every Woman Counts (EWC) consumer toll-free line.

Authority:

Health & Safety Code 104150 (c)
 Contract #10-10317

Interdependent Policy Changes:

PC 6 Regional Contracts

Background:

The Department contracts with the Cancer Prevention Institute of California (CPIC) to provide direct breast and cervical cancer information and screening referral services to consumers via a consumer toll-free line. These services include:

1. Answering questions,
2. Prequalifying women,
3. Referring women to providers,
4. Providing eligibility information,
5. Referring ineligible women to other organizations,
6. Following up to ensure services were accessed,
7. Referring diagnosed women to the Breast and Cervical Cancer Treatment Program (BCCTP), and
8. Processing complaints.

The CPIC contract will end June 30, 2014 and will not be renewed. EWC will administer the consumer toll-free line through AT&T for a less costly automated voice response system (AVRS). The Department will also administer an On-Line Clinic Locator (OCL) developed by the Department's Information Technology Division. The savings from this transition will be redirected to Regional Contractor Costs, clinical claims and FI costs.

Reason for Change from Prior Estimate:

The increase in costs for FY 2013-14 includes the development and implementation costs for the new AVRS and OCL systems. FY 2014-15 estimate reflects savings due to the transition from the CPIC contract to the new AT&T line. This includes the ongoing costs for AVRS and OCL.

Methodology:

1. The term of the CPIC contract is from January 1, 2011 to June 30, 2014.
2. The transition to the new AVRS and OCL systems is expected to begin in May 2014.
3. The development and implementation costs for the new systems will be incurred in FY 2013-14.

FY 2013-14

CPIC Contract	\$806,000
AVRS - Development (one-time cost)	\$119,000
OCL - Development (one-time cost)	\$24,000
Total	\$949,000

FY 2014-15

AVRS - (ongoing)	\$11,000
OCL (ongoing)	\$5,000
Total	\$16,000

4. The expenditures will be paid by both local assistance and support dollars.
5. The EWC program is budgeted on an accrual basis.

Funding:

100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$2,589,000	\$3,057,000
	- GENERAL FUND	\$2,589,000	\$3,057,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$2,589,000	\$3,057,000
	- GENERAL FUND	\$2,589,000	\$3,057,000
	- COUNTY FUNDS	\$0	\$0

Purpose:

This policy change estimates the regional contractor's costs.

Authority:

Health & Safety Code 104150 (c)
 Revenue & Taxation Code 30461.6
 CA Health Collaborative Contract #12-89322
 Community Health Partnership Contract #12-89330
 County of Orange Contract #12-89327
 Santa Barbara County Contract #12-89329

Interdependent Policy Changes:

PC 5 Consumer Toll-Free Line

Background:

As required by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant, the Department provides tailored health education to priority populations, quality clinical follow-up for recipients, and primary care provider network support. These services are provided through contractors located in 10 geographical regions of California.

The objective of each contract is to:

- Promote breast and cervical cancer awareness,
- Increase first time and repeat breast and cervical cancer screening, and
- Promote high quality screening services.

Every Women Counts (EWC) program is currently negotiating with regional contractors to amend the contracts to incorporate savings that resulted from the Consumer Toll-Free Line transition from the Cancer Prevention Institute of California (CPIC) contract to AT&T effective July 1, 2014 and extending the contract to December 31, 2016.

Reason for Change from Prior Estimate:

Contract cost for FY 2014-15 will increase to include savings redirected from the Consumer Toll-Free Line policy change.

Methodology:

1. The contracts began on January 1, 2012 and will end on December 31, 2014.
2. Assume the contract will be extended to December 31, 2016.
2. Assume the FY 2014-15 contract costs will increase to include savings redirected from the Consumer Toll-Free Line transition from CPIC contract to AT&T.
4. The contracts are funded by local assistance.

	FY 2013-14	FY 2014-15
CA Health Collab.	\$1,802,000	\$1,802,000
Community Health Partnership	\$220,000	\$220,000
County of Orange	\$260,000	\$260,000
Santa Barbara County	\$307,000	\$307,000
Consumer Toll Free Line Savings		\$468,000
Total	\$2,589,000	\$3,057,000

5. The Every Woman Counts (EWC) program is budgeted on an accrual basis.

Funding:

100% General Fund (4260-114-0001)

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2012
ANALYST: Joel Singh

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$300,000	\$300,000
	- GENERAL FUND	\$300,000	\$300,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$300,000	\$300,000
	- GENERAL FUND	\$300,000	\$300,000

Purpose:

This policy change estimates the contract costs to the San Diego State University Research Foundation (SDSURF).

Authority:

Health & Safety Code 104150 (c)
 Contract #13-90028

Interdependent Policy Changes:

Not Applicable

Background:

The Department contracts with the SDSURF, a private non-profit organization that is an auxiliary to California State University, San Diego. The contract services include providing professional education to primary care providers regarding breast and cervical cancer screening and diagnostic clinical care guidelines and data navigation for federal Center for Disease Control grant data reporting requirements. Provided services will lead to an improvement in the quality and timeliness of cancer screening and diagnosis, therefore, reducing mortality by earlier detection.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. The current contract began on July 1, 2013 and will end on June 30, 2016.
2. The contract expenditures are funded by both local assistance and support dollars.

3. The projected expenditures for FY 2013-14 are \$810,000.

Local Assistance	\$300,000
Support	\$510,000
FY 2013-14	\$810,000

4. The projected expenditures for FY 2014-15 are \$747,000.

Local Assistance	\$300,000
Support	\$447,000
FY 2014-15	\$747,000

5. The Every Woman Counts program is budgeted on an accrual basis.

Funding:

100% General Fund (4260-114-0001)

DIGITAL MAMMOGRAPHY RATE CHANGE

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 1/2014
ANALYST: Joel Singh

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$4,600,000	\$9,200,000
- GENERAL FUND	\$4,600,000	\$9,200,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$4,600,000	\$9,200,000
- GENERAL FUND	\$4,600,000	\$9,200,000

Purpose

This policy change estimates the rate change for providers using digital mammography.

Authority

Revenue & Taxation Code 30461.6
Welfare & Institutions Code 14105.18
AB 359 (Chapter 435, Statutes of 2009)

Interdependent Policy Changes:

Not Applicable

Background

AB 359 limits the payment rate for digital mammography to the Medi-Cal analog mammography rate. AB 359 will sunset on December 31, 2013. Effective January 1, 2014, the Department will reimburse providers using the digital mammography screening to the current Medi-Cal digital mammography rate.

When digital mammography is not available, analog mammography screening may continue and will be paid at the analog mammography rate. The use of analog mammography will decrease as more providers offer digital mammography screening.

Reason for Change from Prior Estimate

There is no change from prior estimate.

Methodology

- Digital mammography will be paid at the digital rate effective January 1, 2014.
- Recent data shows that use of digital technology for mammograms has increased from 48.8% in FY 2011-12 to 66.1% in FY 2012-13.
- Below are the analog and digital rates:

<u>Mammogram</u>	<u>Analog Rate</u>	<u>Digital Rate</u>	<u>Difference</u>
Screening (both breasts)	\$72.16	\$127.24	\$55.08
Diagnostic (both breasts)	\$85.80	\$132.97	\$47.17
Diagnostic (one breast)	\$68.76	\$107.57	\$38.81

- The estimated annual digital mammography counts are:

<u>Mammogram</u>	<u>FY 2013-14</u>
Screening (both breasts)	131,467
Diagnostic (both breasts)	23,473
Diagnostic (one breast)	21,947
Total	<u>176,887</u>

- The change in rates are:

<u>Mammogram</u>	<u>Rate Difference</u>	<u>FY 2013-14 Counts</u>	<u>Cost Due to Change in Rate</u>
Screening (both breasts)	\$55.08	131,467	\$7,241,000
Diagnostic (both breasts)	\$47.17	23,473	\$1,107,000
Diagnostic (one breast)	\$38.81	21,947	\$852,000
			<u>\$9,200,000</u>

- The estimated excess cost resulting from the rate change in FY 2013-14 (Jan-June 2014) and FY 2014-15 is:

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Digital Mammograms	\$4,600,000	\$9,200,000

- The Every Woman Counts program is budgeted on an accrual basis.

Funding:

100% General Fund (4260-114-0001)

ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 9/2012
ANALYST: Joel Singh

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$135,000	\$0
- GENERAL FUND	\$135,000	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$135,000	\$0
- GENERAL FUND	\$135,000	\$0

Purpose:

This policy change estimates the costs to increase breast and cervical cancer screening services to serve more women in the Every Woman Counts (EWC) program.

Authority:

Health & Safety Code 104150 (a)(b)
 Affordable Care Act (ACA) of 2010

Interdependent Policy Changes:

Not Applicable

Background:

The EWC program received a one-time supplemental National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant from the Prevention and Public Health Fund. The grant will increase breast and cervical cancer screening and diagnostic services to serve more women in the EWC program. The grant does not allow funds to be used to supplant existing state funding for breast and cervical cancer screening services. The Department expects to screen 4,051 more women with this grant.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. The one-time Prevention and Public Health grant contract began on September 30, 2012 and ended on September 29, 2013. The total grant amount is \$538,808.

2. The EWC program assumes that 75% of the one-time Prevention and Public Health grant was used in FY 2012-13 and the remaining 25% will be used in FY 2013-14.

$$\$539,000 \times 25\% = \mathbf{\$135,000} \quad \mathbf{FY\ 2013-14}$$

3. The EWC program assumes that 1,014 additional women will receive services in FY 2013-14.
4. The EWC program is budgeted on an accrual basis.

Funding:

100% General Fund (4260-114-0001)

DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 4/2013
ANALYST: Joel Singh

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$4,974,000	\$4,974,000
- GENERAL FUND	\$4,974,000	\$4,974,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$4,974,000	\$4,974,000
- GENERAL FUND	\$4,974,000	\$4,974,000

Purpose:

This policy change estimates the costs of increased utilization for breast cancer screening services as a result of notification of dense breast.

Authority:

SB 1538 (Chapter 458, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

SB 1538 requires health facilities, administering mammograms to women age 40 years and over, to notify patients whose breasts are categorized as being heterogeneously or extremely dense. The notification informs patients that they may benefit from supplementary screening due to the level of dense breast tissue (DBT) seen on the mammogram. The generated notices will result in patients requesting additional supplemental screening tests, such as magnetic resonance imaging (MRIs) and ultrasounds. The provisions of this bill became operative April 1, 2013 and will sunset on January 1, 2019.

Providers may bill for case management for each woman receiving additional services. Case management is a covered benefit for women requiring immediate workup, including additional diagnostic procedures.

Reason for Change from Prior Estimate:

There is no change from prior estimate.

Methodology:

1. Implementation began on April 1, 2013.
2. Assume mammography exams include screening and diagnostic.

3. Based on FY 2011-12 data, the average number of women, age 40 or over, who received an annual mammography exam is 298,735.

40 – 49 years:	125,458
50 and over:	<u>173,277</u>
Total	298,735

4. According to data presented by the American Society of Breast Surgeons (ASBS) in 2009, 75% of women 40 – 49 years of age and 42% of women over 50 years of age have dense breasts.

40 – 49 years: 125,458 x 75% =	94,094
50 and over: 173,277 x 42% =	<u>72,776</u>
Total	166,870

5. Assume 30% of women, who receive a notice, would request a supplementary screening test from their physician.

40 – 49 years: 94,094 x 30% =	28,228
50 and over: 72,776 x 30% =	<u>21,833</u>
Total	50,061

6. Assume the reimbursement rate per breast ultrasound is \$49.35.

40 – 49 years: 28,228 x \$49.35 =	\$1,393,000
50 and over: 21,833 x \$49.35 =	<u>\$1,078,000</u>
Total	\$2,471,000

7. The EWC reimbursement rate for case management is \$50 per woman per year.

$$50,061 \times \$50.00 = \$2,503,000$$

8. Expenditures are estimated to be **\$4,974,000** in **FY 2013-14** and **FY 2014-15**.

Funding:

100% General Fund (4260-114-0001)

**EWC Trend Report
(Includes Actuals & Projected Base Values)**

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2010				\$2,423,879 *
Oct-Dec 2010				\$7,048,100 *
Jan-Mar 2011				\$6,547,490 *
April -June 2011				\$9,031,851 *
FY 2010-11	208,989		208,989 *	\$25,051,320
July-Sept 2011				\$8,887,847 *
Oct-Dec 2011				\$8,300,724 *
Jan-Mar 2012				\$8,552,190 *
April -June 2012				\$9,242,149 *
FY 2011-12	262,463		262,463 **	\$34,982,910
July-Sept 2012				\$8,751,439 *
Oct-Dec 2012				\$8,880,878 *
Jan-Mar 2013				\$7,799,649 *
April -June 2013				\$9,097,681 *
FY 2012-13	298,723	3,037	301,760 **	\$34,529,646
July-Sept 2013				\$8,787,355 **
Oct-Dec 2013				\$9,161,285 **
Jan-Mar 2014				\$9,535,215 **
April -June 2014				\$9,909,145 **
FY 2013-14	291,900	1,014	292,914 **	\$37,393,000
July-Sept 2014				\$9,316,810 **
Oct-Dec 2014				\$9,713,270 **
Jan-Mar 2015				\$10,109,730 **
April -June 2015				\$10,506,190 **
FY 2014-15	304,400		304,400 **	\$39,646,000

Note: 1) Expenditures are based on an accrual basis.

* Actuals

** Estimated

EVERY WOMAN COUNTS PROGRAM
Fiscal Comparison Tables: November 2013 Estimate to May 2014 Estimate

(In Thousands) **FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate**

EWC Activity	November 2013 Estimate					May 2014 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
Clinical Services															
Office Visits and Consults	\$8,227	\$4,858	\$522	\$980	\$1,867	\$8,227	\$4,858	\$528	\$981	\$1,860	\$0	\$0	-\$6	-\$1	\$7
Screening Mammograms	\$12,714	\$7,508	\$806	\$1,515	\$2,885	\$12,714	\$7,508	\$815	\$1,516	\$2,875	\$0	\$0	-\$9	-\$1	\$10
Diagnostic Mammograms	\$4,113	\$2,429	\$261	\$490	\$933	\$4,113	\$2,429	\$264	\$490	\$930	\$0	\$0	-\$3	\$0	\$3
Diagnostic Breast Procedures	\$5,984	\$3,533	\$380	\$713	\$1,358	\$5,983	\$3,533	\$384	\$713	\$1,353	\$1	\$0	-\$4	\$0	\$5
Case Management	\$1,494	\$882	\$95	\$178	\$339	\$1,494	\$882	\$95	\$179	\$338	\$0	\$0	\$0	-\$1	\$1
Other Clinical Services	\$4,861	\$2,871	\$308	\$579	\$1,103	\$4,862	\$2,871	\$312	\$580	\$1,099	-\$1	\$0	-\$4	-\$1	\$4
Subtotal Clinical Service	\$37,393	\$22,081	\$2,372	\$4,455	\$8,485	\$37,393	\$22,081	\$2,398	\$4,459	\$8,455	\$0	\$0	-\$26	-\$4	\$30
Policy Changes															
Local Assistance Contracts	\$3,695		\$3,645	\$50	\$0	\$3,838	\$0	\$3,788	\$50	\$0	\$0	\$0	\$0	\$0	\$0
One-Time Federal Grant	\$135	\$0	\$0	\$135	\$0	\$135	\$0	\$0	\$135	\$0	\$0	\$0	\$0	\$0	\$0
Digital Mammography	\$4,600	\$0	\$0	\$0	\$4,600	\$4,600	\$0	\$0	\$0	\$4,600	\$0	\$0	\$0	\$0	\$0
Dense Breast Notification Screenings	\$4,974	\$0	\$0	\$0	\$4,974	\$4,974	\$0	\$0	\$0	\$4,974	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$899	\$0	\$895	\$4	\$0	\$726	\$0	\$726	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FI SDN Costs	\$1,000	\$0	\$1,000	\$0	\$0	\$1,000	\$0	\$1,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Policy Changes	\$15,303	\$0	\$5,540	\$189	\$9,574	\$15,273	\$0	\$5,514	\$185	\$9,574	\$0	\$0	\$0	\$0	\$0
Total Local Assistance Appropriation	\$52,696	\$22,081	\$7,912	\$4,644	\$18,059	\$52,666	\$22,081	\$7,912	\$4,644	\$18,029	\$0	\$0	-\$26	-\$4	\$30

FY 2013-14, May 2014 Estimate Compared to November 2013 Estimate

EWC Activity	November 2013 Estimate					May 2014 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
Clinical Services															
Office Visits and Consults	\$8,723	\$5,570	\$581	\$982	\$1,590	\$8,723	\$5,570	\$704	\$982	\$1,467	\$0	\$0	-\$123	\$0	\$123
Screening Mammograms	\$13,480	\$8,608	\$898	\$1,516	\$2,458	\$13,480	\$8,608	\$1,088	\$1,516	\$2,268	\$0	\$0	-\$190	\$0	\$190
Diagnostic Mammograms	\$4,360	\$2,785	\$290	\$490	\$795	\$4,361	\$2,785	\$352	\$490	\$734	-\$1	\$0	-\$62	\$0	\$61
Diagnostic Breast Procedures	\$6,343	\$4,051	\$422	\$713	\$1,157	\$6,343	\$4,051	\$512	\$713	\$1,067	\$0	\$0	-\$90	\$0	\$90
Case Management	\$1,586	\$1,013	\$106	\$178	\$289	\$1,585	\$1,013	\$127	\$178	\$267	\$1	\$0	-\$21	\$0	\$22
Other Clinical Services	\$5,154	\$3,291	\$343	\$580	\$940	\$5,154	\$3,291	\$416	\$580	\$867	\$0	\$0	-\$73	\$0	\$73
Subtotal Clinical Service	\$39,646	\$25,318	\$2,640	\$4,459	\$7,229	\$39,646	\$25,318	\$3,199	\$4,459	\$6,670	\$0	\$0	-\$559	\$0	\$559
Policy Changes															
Local Assistance Contracts	\$3,721	\$0	\$3,671	\$50	\$0	\$3,357	\$0	\$3,307	\$50	\$0	\$4	\$0	\$4	\$0	\$0
Online Clinic Locator Expenses	\$0	\$0	\$0	\$0	\$0	\$16	\$0	\$16	\$0	\$0	-\$4	\$0	-\$4	\$0	\$0
Digital Mammography	\$9,200	\$0	\$0	\$0	\$9,200	\$9,200	\$0	\$0	\$0	\$9,200	\$0	\$0	\$0	\$0	\$0
Dense Breast Notification Screenings	\$4,974	\$0	\$0	\$0	\$4,974	\$4,974	\$0	\$0	\$0	\$4,974	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$1,101	\$0	\$1,101	\$0	\$0	\$890	\$0	\$890	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FI SDN Costs	\$500	\$0	\$500	\$0	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Policy Changes	\$19,496	\$0	\$5,272	\$50	\$14,174	\$18,937	\$0	\$4,713	\$50	\$14,174	\$559	\$0	\$559	\$0	\$0
Total Local Assistance Appropriation	\$59,142	\$25,318	\$7,912	\$4,509	\$21,403	\$58,583	\$25,318	\$7,912	\$4,509	\$20,844	\$559	\$0	\$0	\$0	\$559

**FAMILY HEALTH ASSUMPTIONS
May 2014
FISCAL YEARS 2013-14 & 2014-15**

TABLE OF CONTENTS

INTRODUCTION..... 1

BASE ESTIMATES..... 4

CALIFORNIA CHILDREN’S SERVICES..... 6

CHILD HEALTH & DISABILITY PREVENTION PROGRAM 12

GENETICALLY HANDICAPPED PERSONS PROGRAM..... 15

EVERY WOMAN COUNTS PROGRAM 19

INFORMATION ONLY 24

DISCONTINUED ASSUMPTIONS 25

INTRODUCTION

The Family Health **Local Assistance** Estimate, which is based upon the Assumptions outlined in the following pages, provides information and state only costs for California Children’s Services, the Child Health and Disability Prevention program, the Genetically Handicapped Persons Program, and the Every Woman Counts Program. The Estimate also includes ~~costs~~ **estimated expenditures** for the Healthy Families Program Title XXI portion of California Children’s Services. **From January 2013 to November 2013, the Healthy Families Program transitioned to Medi-Cal’s Optional Targeted Low Income Children’s Program (TLICP).** Costs for children eligible for Medi-Cal, **including the new TLICP** are ~~not~~ included **in the Medi-Cal Local Assistance Estimate.**

The **Family Health Local Assistance** Estimate can be segregated into two main components **for each program:**

- (1) the base and
- (2) ~~the adjustments to the base.~~ **policy changes**

The base estimate is the anticipated level of program expenditures assuming ~~that there will be no~~ changes in program direction, ~~and~~ **The base estimates is are** derived from a historical trend analysis of actual expenditure patterns. The policy changes are the estimated fiscal impacts of any program changes which are either anticipated to occur at some point in the future, ~~or~~ have occurred so recently that they are not yet fully reflected in the historical data base, **or are estimates of expenditures not included in the base estimate.** ~~The combination of these two estimate components produces the final Family Health Estimate.~~

California Children's Services

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children under 21 years of age with CCS-eligible conditions (e.g., severe genetic diseases, chronic medical conditions, infectious diseases producing major sequelae, and traumatic injuries) from families unable to afford catastrophic health care costs. A child eligible for CCS must be a resident of California, have a CCS-eligible condition, and be in a family with an adjusted gross income of \$40,000 or less in the most recent tax year. Children in families with higher incomes may still be eligible for CCS if the estimated cost of care to the family in one year is expected to exceed 20% of the family's adjusted gross income.

Base funding for the state only CCS program services and case management is composed of 50% county funds (CF) and 50% State General Fund (GF). Services and case management for Medi-Cal eligible children are funded by a combined 50% match of GF and Title XIX federal financial participation (FFP). Services and case management authorized for children who are enrolled in Healthy Families/**Medi-Cal's TLICP** are funded by 65% federal Title XXI FFP and a combined 17.5% CF and 17.5% GF. In addition to the funding streams above, CCS is also supported by a fixed level of Federal Title V Maternal and Child Health (MCH) funding. ~~In addition,~~ GF expenditures are reduced by federal funding from the Safety Net Care Pool.

On January 1, 2013, the HFP ceased to enroll new subscribers and HFP subscribers began the transition into Medi-Cal's TLICP through a phase-in methodology.

CCS benefit costs and administrative costs are budgeted on a cash basis.

Child Health and Disability Prevention

The Child Health and Disability Prevention (CHDP) program provides health screens (i.e., well child health assessments) and immunizations to Medi-Cal children under 21 years of age and non-Medi-Cal eligible children at or under 18 years of age whose family income is at or below 200% of the Federal Poverty Level (FPL).

Currently, the CHDP program is funded with a combination of State GF and Childhood Lead Poisoning Prevention (CLPP) funds.

Children from families with incomes at or below 200% of the FPL can pre-enroll in fee-for-service Medi-Cal under the presumptive eligibility for children provisions of the Medicaid program ~~and the Healthy Families Program (HFP), the California Title XXI State Children's Health Insurance Program (SCHIP).~~ This pre-enrollment will take place electronically over the Internet at CHDP provider offices at the time children receive health assessments. This process, known as the CHDP Gateway to Medi-Cal ~~and Healthy Families,~~ will shift most CHDP costs to the Medi-Cal program ~~and to HFP.~~ CHDP program funding will continue at a reduced level to cover services for children who are eligible for limited-scope Medi-Cal benefits.

The CHDP program is responsible for the screening component of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit of the Medi-Cal program. The health assessments, immunizations, and laboratory screening procedures for full scope Medi-Cal children are funded 50% SF and 50% FFP and for limited scope Medi-Cal children are 100% SF. These screening costs funded through Medi-Cal are identified in the Medi-Cal estimate as EPSDT.

Additionally, Medi-Cal provides only emergency and pregnancy related services to beneficiaries with emergency Medi-Cal. CHDP provides 100% state funded health assessments for these beneficiaries.

Genetically Handicapped Persons Program

The Genetically Handicapped Persons Program (GHPP) provides comprehensive health care coverage for persons with specified genetic diseases including: cystic fibrosis; hemophilia; sickle cell disease and thalassemia; chronic degenerative neurological diseases including Huntington's Disease, Friedreich's Ataxia, and Joseph's Disease; and metabolic diseases including phenylketonuria. GHPP also provides access to social support services that may help ameliorate the physical and psychological problems attendant to genetically handicapping conditions. Persons eligible for GHPP must reside in California; have a qualifying genetic disease; and be otherwise financially ineligible for CCS. GHPP clients with adjusted gross income between 200% and 299% of the federal income guidelines pay an enrollment fee that is 1.5% of their adjusted gross income; clients of families at an income level of 300% or greater pay an enrollment fee equal to 3% of their adjusted gross income.

GHPP benefit and administrative costs are budgeted on a cash basis beginning in FY 2005-06.

Every Woman Counts Program

The Every Woman Counts (EWC) program provides free breast and cervical cancer screening and diagnostic services to uninsured women with income at or below 200% of federal poverty level. Breast Cancer screening is available for women age 40 and older. Cervical Cancer screening is available for women age 25 and older.

EWC covered benefits and categories of service include office visits, screening mammograms, diagnostic mammograms, diagnostic breast procedures, such as ultrasound, fine needle and core biopsy, case management, and other clinical services for cervical cancer screening.

Currently, the EWC program is funded with a combination of Cigarette and Tobacco Products Surtax Unallocated Fund, Breast Cancer Fund, Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program Grant, and General Fund.

EWC benefit and administrative costs are budgeted on an accrual basis.

BASE ESTIMATES

Historical cost data are used to make the base budget projections using regression equations. The general functional form of the regression equations is:

CASES	=	f(TND, S.DUM, O.DUM)
EXPENDITURES	=	f(TND, S.DUM, O.DUM)
TREATMENT \$	=	f(TND, S.DUM, O.DUM)
MTU \$	=	f(TND, S.DUM, O.DUM)

Where:

- TREATMENT \$ = Total quarterly net treatment expenditures for each county group.
- MTU \$ = Total quarterly medical therapy unit expenditures for each county group.
- TND = Linear trend variable.
- S.DUM = Seasonally adjusting dummy variable.
- O.DUM = Other dummy variables (as appropriate) to reflect exogenous shifts in the expenditure function (e.g. rate increases, price indices, etc.).

California Children’s Services

A nine year data base of summary claim information on CCS treatment services and medical therapy unit expenditures is used to make the base budget projections using regression equations. Independent regressions are run on net treatment services expenditures (TREATMENT \$) and medical therapy unit expenditures (MTU \$). These expenditure categories are estimated separately for Alameda, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, other independent counties, and all other dependent counties as separate groups.

Following the estimation of coefficients for these variables during the base period, the independent variables are extended into the projection period and multiplied by the appropriate coefficients. The quarterly values for each expenditure category are then added together to arrive at quarterly expenditure estimates and summed to annual totals by county.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Child Health and Disability Prevention

The estimate for CHDP screening consists of a base projection using the latest five years of monthly data to forecast average monthly screens and cost per screen. Separate forecasts utilizing multiple regression analysis are made for both screens and cost per screen for the CHDP program.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Genetically Handicapped Persons Program

The most recent five years of actual GHPP caseload and expenditure data are used to make the budget projections using regression equations. The data system for GHPP includes only summary caseload and expenditure data for the base period. Independent regressions are run on each diagnosis category identified as follows: Cystic Fibrosis; Hemophilia; Sickle Cell; Huntington's disease (includes Friedreich's Ataxia, and Joseph's Disease); and Metabolic Conditions.

Estimates for expenditures are based on a history of payment data which is projected into the budget year and a future year.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Every Woman Counts Program

~~In the May 2012 Estimate, the EWC program uses actual paid clinical claims cost data from July 1, 2008 through December 31, 2009 and February 1, 2011 through February 29, 2012. Claims data for the period of January 1, 2010 through November 30, 2010 were excluded due to the interruption in clinical services when the moratorium on new enrollment was implemented. Claims data for December 2010 and January 2011 were excluded due to low claim volume during these months. Claims volume was low as it took a while for women to resume accessing services after the moratorium was lifted.~~

~~Estimates for expenditures are based on the percent change model. The annual increase in claims costs was 5% using the time periods above. Therefore, 5% was used to project claims cost.~~

Every Woman Count (EWC) estimates are based on an accrual basis due to the claims adjudication process that allows for payment of claims up to two years after the date of service. This accounts for late claims, resubmission of denied claims and provider appeals through the manual claims review process that may result in up to 100% reimbursement. The program uses previous years actual paid clinical claims cost data for estimate projections.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

CALIFORNIA CHILDREN'S SERVICES

CCS: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

CCS: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
CCS 1 (PC-1)	X	X	<p><u>Enrollment and Assessment Fees</u></p> <p>Budget Act language requires that enrollment and assessment fee revenues be shared 50/50 with the counties. It also requires the State to offset 50% of the allocated fee revenues against the State's portion of reimbursements to the counties.</p>
CCS 2 (PC-2A) (PC-2B)	X	X	<p><u>County Administrative Costs</u></p> <p>Pursuant to Health and Safety Code §123955, the State and the counties share the cost of administering the CCS program. The State reimburses counties for 50% of county administrative costs required to meet State-established staffing standards for CCS clients in the county CCS caseload who are ineligible for Medi-Cal or do not subscribe to the Healthy Families Program (HFP).</p> <p>The HFP is California's Title XXI SCHIP. Since 1997 CCS has provided services to treat CCS medically eligible conditions of children enrolled in HFP plans. <u>Beginning January 1, 2013, CCS provides services to treat CCS medically eligible conditions of children currently enrolled in HFP plans as they transitioned into the Optional Targeted Low Income Children's Program (TLICP).</u> CCS services are "carved out" of the HFP/<u>TLICP</u> plans' capitation. These treatment services are funded 65% by federal Title XXI funds, 17.5% by the State General Fund, and 17.5% by county funds for HFP/<u>TLICP</u> subscribers who meet the financial eligibility requirements of the CCS program; and 65% Federal Title XXI funds and 35% State General Fund for HFP/<u>TLICP</u> subscribers who are not financially eligible for CCS.</p> <p>CCS State-Only case management costs are funded 50% by the State and 50% by the counties. In order to maximize FFP, Title XXI FFP is being claimed for case management costs for CCS/<u>HFP/TLICP</u> clients.</p> <p>No sooner than <u>On</u> January 1, 2013, the HFP will ceased to enroll new subscribers and HFP subscribers will <u>began the</u> transition into Medi-Cal's <u>TLICP</u> through a phase-in methodology.</p>
CCS 3 (PC-3A) (PC-3B)	X	X	<p><u>Fiscal Intermediary Expenditures</u></p> <p>The FI contractor adjudicates medical claims for the CCS program. The funding is based on actual claims and trends for CCS State Only and CCS Healthy Families clients.</p> <p>No sooner than <u>On</u> January 1, 2013, the HFP will ceased to enroll new subscribers and HFP subscribers will <u>began the</u> transition into Medi-Cal's <u>TLICP</u> through a phase-in methodology.</p>

CCS: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
CCS 4 (PC-4A) (PC-4B)	X	X	<p><u>Fiscal Intermediary Expenditures (Dental)</u></p> <p>Delta Dental adjudicates dental claims for the CCS program. The funding is based on actual claims and trends for CCS eligible and CCS-HFP eligible children.</p> <p>No sooner than On January 1, 2013, the HFP will ceased to enroll new subscribers and HFP subscribers will began the transition into Medi-Cal's TLICP through a phase-in methodology.</p>
CCS 5 (PC-5A) (PC-5B)	X	X	<p><u>Children's Medical Services Network (CMS Net)</u></p> <p>The CMS Net automated eligibility, case management, and service authorization system is used by the CCS program to provide administrative case management for CCS clients. CMS Net was implemented in 1992 in the State regional offices and several counties. Currently, all 58 CCS counties, three State CCS regional offices, and the GHPP program utilize the system. CMS Net utilizes software called Caché for an operating system, script language, and certain database management functions. The Department purchases Caché licenses based on the estimated number of CMS Net system users.</p> <p>No sooner than On January 1, 2013, the HFP will ceased to enroll new subscribers and HFP subscribers will began the transition into Medi-Cal's TLICP through a phase-in methodology.</p>
CCS 6 (PC-6)	X	X	<p><u>MH/UCD & BTR - Safety Net Care Pool</u></p> <p>Effective for dates-of-service on or after September 1, 2005, based on SB 1100 (Chapter 560, Statute of 2005), federal funding from the Safety Net Care Pool (SNCP) can be made available for the CCS State-Only program. The Department may claim federal reimbursement for expenditures for CCS State-Only services as certified public expenditures. The GF savings that accrue will be available to the SNCP for deposit into the Health Care Support Fund to provide funding for safety net hospitals.</p> <p>The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, CMS approved a new five-year demonstration, California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR). The Special Terms and Conditions of the new demonstration allow the State to claim FFP using the CPEs of approved Designated State Health Programs (DSHP). The CCS program is included in the list of DSHP.</p>

CCS: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
CCS 7 (PC-7)	X	X	<p><u>Title V Reimbursement from CDPH</u></p> <p>The Maternal, Child, and Adolescent Health Title V grant is included in the CDPH budget Title V federal funding for the CCS Program will be shown as a reimbursement in the Department's budget.</p> <p>The CCS program is California's designated children and youth with special health care needs (CYSHCN) program. Therefore, CCS receives a portion of California's Title V funds.</p>
CCS 8 (PC-8A) (PC-8B)	X	X	<p><u>CCS and CCS-HFP Rebates</u></p> <p>Effective September 1, 2005, CCS began participation in the Medi-Cal blood factor rebates program.</p>
CCS 9 (PC-10A) (PC-10B)	X		<p><u>CCS Inpatient Reimbursement</u></p> <p>This assumption has been moved to the "Time-Limited/No Longer Applicable" section.</p>
CCS 10 (PC-11B) (PC-13B)	X	X	<p><u>Transition of Healthy Families Children to Medi-Cal</u></p> <p>No sooner than On January 1, 2013, the HFP will ceased to enroll new subscribers and HFP subscribers will transitioned into Medi-Cal's TLICP through a phase-in methodology. Coverage of this population under Medicaid programs is permissible pursuant to the federal Social Security Act to provide full scope Medi-Cal benefits to such eligible children who are optional targeted low-income children with family incomes up to and including 200% of the federal poverty level (FPL). Assets will be exempt for these children and an income disregard will be available creating an effective income level not to exceed 250% of the FPL.</p>
CCS 11 (PC-12A)	X	X	<p><u>Diagnosis Related Group – Inpatient Hospital Payment Methodology</u></p> <p>SB 853 (Chapter 717, Statutes of 2010) mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon diagnosis related groups (DRGs). The DRG payment methodology replaces the previous payment methods. For contract hospitals, DRGs replace the per diem rates negotiated under the Selective Provider Contracting Program (SPCP). For non-contract hospitals, DRGs replace the previous cost-based reimbursement methodology. The DRG was implemented on July 1, 2013 for private hospitals and will be implemented on January 1, 2014 for Non-Designated Public Hospitals (NDPHs).</p>

The Medi-Cal Fiscal Intermediary, Xerox State Healthcare, LLC (Xerox), implemented California Medicaid Management Information Systems (CA-MMIS) changes to comply with this legislation.

On January 1, 2013, the HFP ceased to enroll new subscribers and HFP subscribers began the transition into Medi-Cal's TLICP through a phase-in methodology. DRG costs for CCS HFP is no longer applicable.

CCS 12
(PC-15)

X

X

Cost Shift of CCS State-Only to Medi-Cal EPC

This assumption has been moved to the "Time-Limited/No Longer Applicable" section.

CHILD HEALTH & DISABILITY PREVENTION PROGRAM

CHDP: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

CHDP: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
CHDP 1 (PC-1)	X	X	<p><u>Fiscal Intermediary Expenditures</u></p> <p>The FI contractor adjudicates medical claims for the Child Health and Disability Prevention (CHDP) program.</p>
CHDP 2 (PC-2)	X	X	<p><u>CLPP Fund</u></p> <p>Medi-Cal provides blood lead tests to children who are at risk for lead poisoning and are full-scope Medi-Cal beneficiaries or are pre-enrolled in Medi-Cal through the Child Health and Disability Prevention (CHDP) Gateway program. The CHDP State-Only program provides lead screenings to Medi-Cal beneficiaries who are eligible for emergency and pregnancy related services. The lead tests are funded by the CLPP Fund which receives revenues from a fee assessed on entities formerly or presently engaged in commerce involving lead products and collected by the Board of Equalization. The expenditures for the lead testing are in CHDP base trends and this policy change adjusts the funding.</p>

GENETICALLY HANDICAPPED PERSONS PROGRAM

GHPP: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

GHPP: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
GHPP 1 (PC-1)	X	X	<p><u>Enrollment Fees</u></p> <p>Since July 1, 1993, families receiving GHPP services have been subject to enrollment fees if they meet certain requirements pursuant to Health and Safety Code section 125166. It is mandated that failure to pay or arrange for payment of the enrollment fee within 60 days of the due date shall result in disenrollment and ineligibility for coverage of treatment services effective 60 days after the due date of the fee. An assessment of the enrollment eligibility of each client will be performed on the anniversary date of the opening of their case. Eligibility will trigger an enrollment fee collection.</p> <p>Effective December 1, 2009, the Department increased GHPP enrollment fees by requiring that GHPP clients with adjusted gross income between 200% and 299% of the federal income guidelines pay an enrollment fee that is 1.5% of their adjusted gross income; clients of families at an income level of 300% or greater pay an enrollment fee equal to 3% of their adjusted gross income.</p>
GHPP 2 (PC-2)	X	X	<p><u>Fiscal Intermediary Expenditures</u></p> <p>The FI contractor adjudicates claims for the GHPP program.</p>
GHPP 3 (PC-3)	X	X	<p><u>Blood Factor Drug Rebates and Contract Savings</u></p> <p>Effective September 1, 2005, GHPP began participation in the Medi-Cal blood factor rebates program.</p>
GHPP 4 (PC-4)	X	X	<p><u>MH/UCD & BTR - Safety Net Care Pool</u></p> <p>Effective for dates-of-service on or after September 1, 2005, based on SB 1100, federal funding from the SNCP can be made available for the GHPP State-Only program. The Department may claim federal reimbursement for expenditures for GHPP State-Only services as certified public expenditures (CPE). The GF savings that accrue will be available to the SNCP for deposit into the Health Care Support Fund to provide funding for safety net hospitals.</p> <p>The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, CMS approved a new five-year demonstration, California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR). The Special Terms and Conditions of the new demonstration allow the State to claim FFP using the CPEs of approved Designated State Health Programs (DSHP). The GHPP program is included in the list of DSHP.</p>

GHPP: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
GHPP 5 (PC-5) (PC-6)	X	X	<p><u>GHPP Premium Payments</u></p> <p>Effective December 1, 2009, GHPP implemented a process for enrolling GHPP clients who are not eligible for employer-sponsored insurance or full-scope no share of cost Medi-Cal or Medicare into commercial insurance plans. The insurance premiums will be funded by the program and will cover the GHPP clients' full range of health care services.</p>
GHPP 6 (PC-8)	X		<p><u>GHPP Inpatient Reimbursement</u></p> <p>This assumption has been moved to the "Time-Limited/No Longer Applicable" section.</p>
GHPP 7 (PC-11)	X		<p><u>United States of America v. Bio-Med Plus, Inc.</u></p> <p>The Department will receive restitution as the result of a federal criminal conviction in an inter-state conspiracy to defraud health insurers including the GHPP and Medi-Cal programs.</p> <p>The 11th Circuit Court of Appeals affirmed the convictions of all defendants on June 29, 2011. In September 2011, the 11th Circuit denied the defendants request for an en banc review. The defendants have filed a petition for a writ of certiorari with the U.S. Supreme Court (SCOTUS). SCOTUS is expected to deny this petition. On August 8, 2013, the Department collected the restitution.</p>
GHPP 8 (PC-8)	X	X	<p><u>Diagnosis Related Group – Inpatient Hospital Payment Methodology</u></p> <p>SB 853 (Chapter 717, Statutes of 2010) mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon diagnosis related groups (DRGs). The DRG payment methodology replaces the previous payment methods. For contract hospitals, DRGs replace the per diem rates negotiated under the Selective Provider Contracting Program (SPCP). For non-contract hospitals, DRGs replace the previous cost-based reimbursement methodology. The DRG was implemented on July 1, 2013 for private hospitals and will be implemented on January 1, 2014 for NDPHs.</p> <p>The Medi-Cal Fiscal Intermediary, Xerox State Healthcare, LLC (Xerox), implemented California Medicaid Management Information Systems (CA-MMIS) changes to comply with this legislation.</p>

EVERY WOMAN COUNTS PROGRAM

EWC: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

EWC: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
EWC 1 (PC-1)	X	X	<p><u>Fiscal Intermediary Expenditures</u></p> <p>The Fiscal Intermediary (FI) contractor adjudicates medical claims for the Every Woman Counts (EWC) program. The funding is based on actual claims and trends.</p>
EWC 2 (PC-2)	X	X	<p><u>Cigarette and Tobacco Products Surtax Fund</u></p> <p>Cigarette and Tobacco Products Surtax (CTPS/Proposition 99) Unallocated Funds are allocated to aid in the funding for the EWC program. The amounts may vary from year to year.</p>
EWC 3 (PC-3)	X	X	<p><u>Breast Cancer Control Account</u></p> <p>Breast Cancer Control Account (BCCA) is funded by a two cent tobacco tax; one cent goes to the BCCA for the EWC program and the other one cent goes to the Breast Cancer Research Account. BCCA funds breast cancer screening and diagnostic services to uninsured women. The amounts may vary from year to year.</p>
EWC 4 (PC-4)	X	X	<p><u>Center for Disease Control and Prevention Fund</u></p> <p>Funding from the Center for Disease Control and Prevention (CDC) began in 1990. The program, known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), offers funding to states for cervical and breast cancer outreach, education, early detection, and quality assurance services.</p>
EWC 5 (PC-5)	X	X	<p><u>Consumer Toll-Free Line</u></p> <p>The Department contracts with the Cancer Prevention Institute of California (CPIC) to fund the toll-free line for the EWC program. The consumer toll-free line provides pre-screening, referrals to primary care providers, and takes complaints. <u>The CPIC contract will end June 30, 2014 and will not be renewed. The Department will administer the consumer toll-free line through an agreement with AT&T for a less costly automated referral line and an On-Line Clinic Locator developed in collaboration with the Department's Information Technology Division. The savings from this transition will be redirected to Regional Contractor costs, clinical claims, and FI costs.</u></p>
EWC 6 (PC-6)	X	X	<p><u>Regional Contracts</u></p> <p>The Department contracts with regional contractors to provide breast and cervical cancer tailored health education to priority populations, quality clinical follow-up to recipients, and primary care provider network support in 10 geographic regions of California. <u>The Department will amend contracts to increase funding for</u></p>

EWC: OLD ASSUMPTIONSApplicable F/Y
C/Y B/Y**personnel costs using savings from the Consumer Toll Free Line transition from the CPIC contract to AT&T.**

EWC 7 (PC-7)	X	X	<p><u>San Diego State University Research Foundation</u></p> <p>The Department has a contract with San Diego State University Research Foundation (SDSURF), a private non-profit organization that is an auxiliary to California State University, San Diego.</p> <p>The contract provides professional education to California primary care providers regarding breast and cervical cancer screening and diagnostic clinical care guidelines.</p>
EWC 8 (PC-11)	X	X	<p><u>Dense Breast Notification Supplemental Screening</u></p> <p>SB 1538 (Chapter 458, Statutes of 2012) would require health facilities administering mammograms to notify patients whose breasts are categorized as being heterogeneously or extremely dense and inform the patients that they may benefit from supplementary screening due to the level of dense breast tissue (DBT) seen on the mammogram. The generated notices will result in patients requesting additional screening tests, such as magnetic resonance imaging (MRIs) and ultrasounds. The provisions of this bill became operative April 1, 2013 and will sunset on January 1, 2019.</p>
EWC 9 (PC-8)	X	X	<p><u>Digital Mammography Rate Change</u></p> <p>AB 359 (Chapter 435, Statutes of 2009) requires the EWC program to reimburse providers for breast cancer screening and diagnostic mammograms using digital technology at the Medi-Cal analog mammography rate. This provision will sunset on December 31, 2013.</p> <p>Effective January 1, 2014, the program will reimburse providers using digital mammography at the current Medi-Cal digital mammography rate, which is higher than the analog mammography rate.</p>
EWC 10 (PC-4) (PC-10)	X		<p><u>One-Time Prevention and Public Health Grant Fund</u></p> <p>The EWC program received a one-time supplemental grant from the Prevention and Public Health Fund to increase breast and cervical cancer screening and diagnostic services to serve more women in the EWC program. The grant does not allow funds to be used to supplant existing state funding for breast and cervical cancer screening services. Funding is available from September 2012 through September 2013.</p>

EWC: OLD ASSUMPTIONS

Applicable F/Y
C/Y B/Y

INFORMATION ONLY:

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH AND DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. GHPP Caseload Adjustments

Caseload counts have been adjusted due to the January 24th, 2011 system conversion for the GHPP case management system which added the functionality to sync eligibility status with MEDS and accurately calculate active cases from the State Only and Medi-Cal GHPP funding categories. Corrections to program eligibility segments in MEDS were also implemented to reflect accurate historical GHPP eligibility. The additional decline in caseload beginning in March 2011 is due to an ongoing effort of annual caseload review and closes cases that are delinquent in responding with their current financial status.

EVERY WOMAN COUNTS PROGRAM

1. Breast Cancer Awareness License Plates

Assembly Bill 49 requires the Department to apply, to the Department of Motor Vehicles, to sponsor a breast cancer awareness license plate program. Once approved by the Legislature, revenue generated from the sales of the plates shall be deposited into the Breast Cancer Control Account in the Breast Cancer Fund.

The Department must collect a minimum of 7,500 license plate applications in 12 months. If the minimum number of applications is not met, the fees must either be refunded or the collection date will be extended for another 12 months.

DISCONTINUED ASSUMPTIONS

Fully Incorporated Into Base Data/Ongoing

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

EVERY WOMAN COUNTS PROGRAM

DISCONTINUED ASSUMPTIONS

Time-Limited/No Longer Applicable

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

EVERY WOMAN COUNTS PROGRAM

DISCONTINUED ASSUMPTIONS

Withdrawn

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

EVERY WOMAN COUNTS PROGRAM