

FAMILY HEALTH  
November 2014  
LOCAL ASSISTANCE ESTIMATE  
*for*  
FISCAL YEARS  
2014-15 *and* 2015-16



The Great Seal

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH  
November 2014  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2014-15 and 2015-16**

Fiscal Forecasting Branch  
State Department of Health Care Services  
1501 Capitol Avenue, Suite 6069  
Sacramento, CA 95814  
(916) 552-8550



EDMUND G. BROWN JR.  
Governor  
State of California

Diana Dooley  
Secretary  
California Health and Human Services Agency

Toby Douglas  
Director  
Department of Health Care Services

**Family Health Estimate  
Management Summary  
November 2014 Estimate**

**Fiscal Year 2014-15**

The November 2014 Family Health Estimate shows a 2014-15 General Fund (GF) decrease of \$350,000 compared to the FY 2014-15 Budget Appropriation, as explained below (dollars in millions):

2014-15 Budget Appropriation	\$113.09
November 2014 Estimate	<u>\$112.74</u>
GF Change	-\$0.35

For the specific programs included in the Family Health Estimate, the 2014-15 GF change from the Appropriation is:

4260-111-0001	
California Children's Services (CCS)	\$9.29
Child Health and Disability Prevention Program (CHDP)	-\$0.05
Genetically Handicapped Persons Program (GHPP)	<u>-\$5.32</u>
GF Change	\$3.92
4260-114-0001	
Every Woman Counts Program (EWC)	<u>-\$4.27</u>
GF Change	-\$4.27

The major reasons for the change from the Appropriation include the following:

CCS

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

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 \$12.71 million in 2014-15 due to a portion of DY 2014-15 claiming shifting to 2015-16 and an increase of \$12.71 million GF.

2. CCS State-Only Treatment and Therapy

CCS State-Only Treatment and Therapy expenditures are expected to decrease in 2014-15 by \$2.7 million GF as the actual expenditures have been slightly less than projected with the Appropriation.

## 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 Certified Public Expenditures (CPE) of approved Designated State Health Programs. Safety Net Care Pool usage of GHPP State-Only expenditures is expected to increase by \$5.46 million in 2014-15 due to additional claiming in the current year and a decrease of \$5.46 million GF required.

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

The GHPP drug rebates average per quarter has increased resulting in additional GF savings of \$2 million for 2014-15.

## EWC

The Every Woman Counts (EWC) program benefits and administrative costs are budgeted on an accrual basis, while the other programs in the Family Health Estimate are budgeted on a cash basis.

EWC expenditures are expected to decline by \$4.27 million GF due to a projected decrease in caseload.

**Family Health Estimate  
Management Summary  
November 2014 Estimate**

**Fiscal Year 2015-16**

The Family Health Estimate shows a 2015-16 General Fund increase of \$98.56 million compared to 2014-15 as explained below (dollars in millions):

2014-15	\$112.74
2015-16	<u>\$211.29</u>
GF Change	\$98.56

For the specific programs included in the Family Health Estimate, the 2015-16 GF change from 2014-15 is:

4260-111-0001	
California Children’s Services (CCS)	\$59.35
Child Health and Disability Prevention Program (CHDP)	\$0.01
Genetically Handicapped Persons Program (GHPP)	<u>\$51.14</u>
GF Change	\$110.50
4260-114-0001	
Every Woman Counts Program (EWC)	<u>-\$11.96</u>
GF Change	-\$11.96

The major reasons for the increase in costs in 2015-16 include the following:

CCS

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

The existing California Bridge to Reform Section 1115(a) Medicaid Demonstration waiver expires in October 31, 2015. The Department intends to seek a renewal, but the Designated State Health Programs claiming is not likely to be included, increasing GF expenditures for 2015-16 by \$57.3 million.

2. The CCS Healthy Families (CCS-HF) program transitioned to Medi-Cal’s Optional Targeted Low Income Children’s Program (OTLICP) in November 2013. FY 2014-15 CCS-HF expenditures consist of close-out expenditures and there are no estimated expenditures for FY 2015-16, a decrease of \$1.03 million GF for 2015-16.

3. CCS State-Only Treatment and Therapy

CCS State-Only Treatment and Therapy expenditures are expected to increase in 2015-16 by \$2.28 million GF based on historical growth.

GHPP

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

The existing California Bridge to Reform Section 1115(a) Medicaid Demonstration waiver expires in October 31, 2015. The Department intends to seek a renewal, but the Designated State Health Programs claiming is not likely to be included, increasing GF expenditures for 2015-16 by \$45.72 million.

2. GHPP Treatment

GHPP Treatment base expenditures are expected to increase in 2015-16 by \$5.58 million GF based on historical growth.

EWC

The Every Woman Counts (EWC) program benefits and administrative costs are budgeted on an accrual basis, while the other programs in the Family Health Estimate are budgeted on a cash basis.

EWC expenditures are expected to decline by \$11.96 million GF due to a projected decrease in caseload.

**Management Summary**  
**Fiscal Year 2014-15**  
**Comparison of Appropriation to November Estimate**

	<u>Approp Est.</u> <u>FY 2014-15</u>	<u>Nov. 14 Est.</u> <u>FY 2014-15</u>	<u>Chg Approp -</u> <u>Nov. 2014 Est.</u>
<b><u>California Children's Services</u></b>			
4260-111-0001 (General Fund)	\$ 18,070,000	\$ 27,360,000	\$ 9,290,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,852,000	\$ 590,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 69,331,000	\$ 56,621,000	\$ (12,710,000)
4260-111-0890 (Federal Title XXI)	\$ 3,118,000	\$ 3,162,000	\$ 44,000
County Funds <sup>1</sup>	\$ 91,545,000	\$ 89,297,000	\$ (2,248,000)
<b>TOTAL CCS</b>	<b>\$ 95,781,000</b>	<b>\$ 92,995,000</b>	<b>\$ (2,786,000)</b>
<b><u>Child Health and Disability Prevention Program</u></b>			
4260-111-0001 (General Fund)	\$ 1,702,000	\$ 1,651,000	\$ (51,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
<b>TOTAL CHDP</b>	<b>\$ 1,713,000</b>	<b>\$ 1,662,000</b>	<b>\$ (51,000)</b>
<b><u>Genetically Handicapped Persons Program</u></b>			
4260-111-0001 (General Fund)	\$ 72,473,000	\$ 67,152,000	\$ (5,321,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 47,827,000	\$ 53,289,000	\$ 5,462,000
4260-601-0995 (Enrollment Fees)	\$ 439,000	\$ 474,000	\$ 35,000
4260-601-3079 (Rebates Special Fund)	\$ 8,000,000	\$ 10,000,000	\$ 2,000,000
<b>TOTAL GHPP</b>	<b>\$ 128,739,000</b>	<b>\$ 130,915,000</b>	<b>\$ 2,176,000</b>
<b><u>Every Woman Counts Program</u></b>			
4260-114-0001 (General Fund)	\$ 20,844,000	\$ 16,572,000	\$ (4,272,000)
4260-114-0236 (Prop 99)	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,509,000	\$ 4,509,000	\$ 0
<b>TOTAL EWC</b>	<b>\$ 58,583,000</b>	<b>\$ 54,311,000</b>	<b>\$ (4,272,000)</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 284,816,000</b>	<b>\$ 279,883,000</b>	<b>\$ (4,933,000)</b>
4260-111-0001	\$ 92,245,000	\$ 96,163,000	\$ 3,918,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 3,118,000	\$ 3,162,000	\$ 44,000
4260-114-0001	\$ 20,844,000	\$ 16,572,000	\$ (4,272,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 5,701,000	\$ 6,326,000	\$ 625,000
4260-601-3079	\$ 8,000,000	\$ 10,000,000	\$ 2,000,000
4260-601-7503	\$ 117,158,000	\$ 109,910,000	\$ (7,248,000)
County Funds <sup>1</sup>	\$ 91,545,000	\$ 89,297,000	\$ (2,248,000)

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

**Management Summary**  
**Fiscal Year 2014-15 Compared to Fiscal Year 2015-16**

	<u>Nov. 14 Est.</u> <u>FY 2014-15</u>	<u>Nov. 14 Est.</u> <u>FY 2015-16</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
<b><u>California Children's Services</u></b>			
4260-111-0001 (General Fund)	\$ 27,360,000	\$ 86,713,000	\$ 59,353,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,852,000	\$ 5,262,000	\$ (590,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 56,621,000	\$ (684,000)	\$ (57,305,000)
4260-111-0890 (Federal Title XXI)	\$ 3,162,000	\$ 0	\$ (3,162,000)
County Funds <sup>1</sup>	\$ 89,297,000	\$ 91,077,000	\$ 1,780,000
<b>TOTAL CCS</b>	<b><u>\$ 92,995,000</u></b>	<b><u>\$ 91,291,000</u></b>	<b><u>\$ (1,704,000)</u></b>
<b><u>Child Health and Disability Prevention Program</u></b>			
4260-111-0001 (General Fund)	\$ 1,651,000	\$ 1,666,000	\$ 15,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
<b>TOTAL CHDP</b>	<b><u>\$ 1,662,000</u></b>	<b><u>\$ 1,677,000</u></b>	<b><u>\$ 15,000</u></b>
<b><u>Genetically Handicapped Persons Program</u></b>			
4260-111-0001 (General Fund)	\$ 67,152,000	\$ 118,297,000	\$ 51,145,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 53,289,000	\$ 7,566,000	\$ (45,723,000)
4260-601-0995 (Enrollment Fees)	\$ 474,000	\$ 474,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 10,000,000	\$ 10,000,000	\$ 0
<b>TOTAL GHPP</b>	<b><u>\$ 130,915,000</u></b>	<b><u>\$ 136,337,000</u></b>	<b><u>\$ 5,422,000</u></b>
<b><u>Every Woman Counts Program</u></b>			
4260-114-0001 (General Fund)	\$ 16,572,000	\$ 4,617,000	\$ (11,955,000)
4260-114-0236 (Prop 99)	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,509,000	\$ 4,509,000	\$ 0
<b>TOTAL EWC</b>	<b><u>\$ 54,311,000</u></b>	<b><u>\$ 42,356,000</u></b>	<b><u>\$ (11,955,000)</u></b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b><u>\$ 279,883,000</u></b>	<b><u>\$ 271,661,000</u></b>	<b><u>\$ (8,222,000)</u></b>
4260-111-0001	\$ 96,163,000	\$ 206,676,000	\$ 110,513,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 3,162,000	\$ 0	\$ (3,162,000)
4260-114-0001	\$ 16,572,000	\$ 4,617,000	\$ (11,955,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 6,326,000	\$ 5,736,000	\$ (590,000)
4260-601-3079	\$ 10,000,000	\$ 10,000,000	\$ 0
4260-601-7503	\$ 109,910,000	\$ 6,882,000	\$ (103,028,000)
County Funds <sup>1</sup>	\$ 89,297,000	\$ 91,077,000	\$ 1,780,000

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

**Management Summary**  
**Fiscal Year 2015-16**  
**Comparison of Appropriation to November Estimate**

	<u>Approp Est.</u> <u>FY 2014-15</u>	<u>Nov. 14 Est.</u> <u>FY 2015-16</u>	<u>Chg Approp -</u> <u>Nov. 2014 Est.</u>
<b><u>California Children's Services</u></b>			
4260-111-0001 (General Fund)	\$ 18,070,000	\$ 86,713,000	\$ 68,643,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 69,331,000	\$ (684,000)	\$ (70,015,000)
4260-111-0890 (Federal Title XXI)	\$ 3,118,000	\$ 0	\$ (3,118,000)
County Funds <sup>1</sup>	\$ 91,545,000	\$ 91,076,600	\$ (468,400)
<b>TOTAL CCS</b>	<b><u>\$ 95,781,000</u></b>	<b><u>\$ 91,291,000</u></b>	<b><u>\$ (4,490,000)</u></b>
<b><u>Child Health and Disability Prevention Program</u></b>			
4260-111-0001 (General Fund)	\$ 1,702,000	\$ 1,666,000	\$ (36,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
<b>TOTAL CHDP</b>	<b><u>\$ 1,713,000</u></b>	<b><u>\$ 1,677,000</u></b>	<b><u>\$ (36,000)</u></b>
<b><u>Genetically Handicapped Persons Program</u></b>			
4260-111-0001 (General Fund)	\$ 72,473,000	\$ 118,297,000	\$ 45,824,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 47,827,000	\$ 7,566,000	\$ (40,261,000)
4260-601-0995 (Enrollment Fees)	\$ 439,000	\$ 474,000	\$ 35,000
4260-601-3079 (Rebates Special Fund)	\$ 8,000,000	\$ 10,000,000	\$ 2,000,000
<b>TOTAL GHPP</b>	<b><u>\$ 128,739,000</u></b>	<b><u>\$ 136,337,000</u></b>	<b><u>\$ 7,598,000</u></b>
<b><u>Every Woman Counts Program</u></b>			
4260-114-0001 (General Fund)	\$ 20,844,000	\$ 4,617,000	\$ (16,227,000)
4260-114-0236 (Prop 99)	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,509,000	\$ 4,509,000	\$ 0
<b>TOTAL EWC</b>	<b><u>\$ 58,583,000</u></b>	<b><u>\$ 42,356,000</u></b>	<b><u>\$ (16,227,000)</u></b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b><u>\$ 284,816,000</u></b>	<b><u>\$ 271,661,000</u></b>	<b><u>\$ (13,155,000)</u></b>
4260-111-0001	\$ 92,245,000	\$ 206,676,000	\$ 114,431,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 3,118,000	\$ 0	\$ (3,118,000)
4260-114-0001	\$ 20,844,000	\$ 4,617,000	\$ (16,227,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 25,318,000	\$ 25,318,000	\$ 0
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 5,701,000	\$ 5,736,000	\$ 35,000
4260-601-3079	\$ 8,000,000	\$ 10,000,000	\$ 2,000,000
4260-601-7503	\$ 117,158,000	\$ 6,882,000	\$ (110,276,000)
County Funds <sup>1</sup>	\$ 91,545,000	\$ 91,076,600	\$ (468,400)

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

**CALIFORNIA CHILDREN'S SERVICES**  
Funding Summary

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

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./((Decr.))</u>
<b>CCS State-Only &amp; CCS-HFP Caseload:</b>	18,071	16,062	(2,009)
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 86,382,000	\$ 82,951,700	\$ (3,430,300)
Health Care Support Fund (4260-601-7503)	\$ (69,331,000)	\$ (56,621,000)	\$ 12,710,000
Title XXI - GF Match (4260-111-0001)	\$ 1,019,000	\$ 1,028,800	\$ 9,800
<b>Total General Fund</b>	<b>\$ 18,070,000</b>	<b>\$ 27,359,500</b>	<b>\$ 9,289,500</b>
<b>Federal Funds</b>			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,852,000	\$ 590,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 69,331,000	\$ 56,621,000	\$ (12,710,000)
4260-111-0890 (Federal Title XXI)	\$ 3,118,000	\$ 3,162,300	\$ 44,300
<b>Total Federal Funds</b>	<b>\$ 77,711,000</b>	<b>\$ 65,635,300</b>	<b>\$ (12,075,700)</b>
<b>Total Funds</b>	<b>\$ 95,781,000</b>	<b>\$ 92,994,800</b>	<b>\$ (2,786,200)</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16**

	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Nov. 2014 Est. FY 2015-16</u>	<u>Difference Incr./((Decr.))</u>
<b>CCS State-Only &amp; CCS-HFP Caseload:</b>	16,062	16,303	241
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 82,951,700	\$ 86,028,600	\$ 3,076,900
Health Care Support Fund (4260-601-7503)	\$ (56,621,000)	\$ 684,000	\$ 57,305,000
Title XXI - GF Match (4260-111-0001)	\$ 1,028,800	\$ 0	\$ (1,028,800)
<b>Total General Fund</b>	<b>\$ 27,359,500</b>	<b>\$ 86,712,600</b>	<b>\$ 59,353,100</b>
<b>Federal Funds</b>			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,852,000	\$ 5,262,000	\$ (590,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 56,621,000	\$ (684,000)	\$ (57,305,000)
4260-111-0890 (Federal Title XXI)	\$ 3,162,300	\$ 0	\$ (3,162,300)
<b>Total Federal Funds</b>	<b>\$ 65,635,300</b>	<b>\$ 4,578,000</b>	<b>\$ (61,057,300)</b>
<b>Total Funds</b>	<b>\$ 92,994,800</b>	<b>\$ 91,290,600</b>	<b>\$ (1,704,200)</b>

**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>
<b>A. State Only Services</b>						
<b>1. Treatment Costs</b>						
Treatment Base	21,004,000	21,004,000	-	-	-	21,004,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
<b>Total Treatment Base</b>	<b>21,529,000</b>	<b>21,529,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>20,479,000</b>
<b>2. Therapy Costs</b>						
Therapy Base	59,941,000	59,941,000	-	-	-	59,941,000
MTU Medi-Cal Offset 3/	(5,691,000)	(5,691,000)	-	-	-	(1,897,000)
AB3632 4/	1,227,000	1,227,000	-	-	-	(1,227,000)
<b>Total Therapy Base</b>	<b>55,477,000</b>	<b>55,477,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>56,817,000</b>
3. Enroll/Assess Fees	(91,000)	(91,000)	-	-	-	(91,000)
4. Benefits Policy Changes	(134,300)	(134,300)	-	-	-	(120,000)
5. HF Safety Net Care Pool	-	(56,621,000)	-	56,621,000	-	-
	<b>\$ 76,780,700</b>	<b>\$ 20,159,700</b>	<b>\$ 0</b>	<b>\$ 56,621,000</b>	<b>\$ 0</b>	<b>\$ 77,085,000</b>
<b>B. State Only Admin.</b>						
1. County Admin.	11,556,000	5,704,000	5,852,000	-	-	11,555,000
2. Fiscal Inter.	177,000	177,000	-	-	-	-
3. FI Dental	15,000	15,000	-	-	-	-
4. CMS Net	275,000	275,000	-	-	-	-
	<b>\$ 12,023,000</b>	<b>\$ 6,171,000</b>	<b>\$ 5,852,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 11,555,000</b>
<b>Total CCS State Only</b>	<b>\$ 88,803,700</b>	<b>\$ 26,330,700</b>	<b>\$ 5,852,000</b>	<b>\$ 56,621,000</b>	<b>\$ 0</b>	<b>\$ 88,640,000</b>
<b>C. HFP Services</b>						
1. Treatment Base	4,316,000	1,054,000	-	-	3,262,000	684,000
2. Benefits Policy Changes	(130,000)	(27,000)	-	-	(103,000)	(27,000)
	<b>\$ 4,186,000</b>	<b>\$ 1,027,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 3,159,000</b>	<b>\$ 657,000</b>
<b>D. HFP Admin.</b>						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	3,100	1,100	-	-	2,000	-
3. FI Dental	2,000	700	-	-	1,300	-
4. CMS Net	-	-	-	-	-	-
	<b>\$ 5,100</b>	<b>\$ 1,800</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 3,300</b>	<b>\$ 0</b>
<b>Total HFP</b>	<b>\$ 4,191,100</b>	<b>\$ 1,028,800</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 3,162,300</b>	<b>\$ 657,000</b>
<b>GRAND TOTAL</b>	<b>\$ 92,994,800</b>	<b>\$ 27,359,500</b>	<b>\$ 5,852,000</b>	<b>\$ 56,621,000</b>	<b>\$ 3,162,300</b>	<b>\$ 89,297,000</b>

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 2015-16  
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>
<b>A. State Only Services</b>						
<b>1. Treatment Costs</b>						
Treatment Base	21,525,000	21,525,000	-	-	-	21,525,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
<b>Total Treatment Base</b>	<b>22,050,000</b>	<b>22,050,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21,000,000</b>
<b>2. Therapy Costs</b>						
Therapy Base	61,704,000	61,704,000	-	-	-	61,703,000
MTU Medi-Cal Offset 3/	(5,691,000)	(5,691,000)	-	-	-	(1,897,000)
AB3632 4/	1,227,000	1,227,000	-	-	-	(1,227,000)
<b>Total Therapy Base</b>	<b>57,240,000</b>	<b>57,240,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>58,579,000</b>
<b>3. Enroll/Assess Fees</b>	<b>(91,000)</b>	<b>(91,000)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(91,000)</b>
<b>4. Benefits Policy Changes</b>	<b>(140,400)</b>	<b>(140,400)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(140,400)</b>
<b>5. HF Safety Net Care Pool</b>	<b>-</b>	<b>684,000</b>	<b>-</b>	<b>(684,000)</b>	<b>-</b>	<b>-</b>
	<b>\$ 79,058,600</b>	<b>\$ 79,742,600</b>	<b>\$ 0</b>	<b>\$ (684,000)</b>	<b>\$ 0</b>	<b>\$ 79,347,600</b>
<b>B. State Only Admin.</b>						
1. County Admin.	11,729,000	6,467,000	5,262,000	-	-	11,729,000
2. Fiscal Inter.	211,000	211,000	-	-	-	-
3. FI Dental	19,000	19,000	-	-	-	-
4. CMS Net	273,000	273,000	-	-	-	-
	<b>\$ 12,232,000</b>	<b>\$ 6,970,000</b>	<b>\$ 5,262,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 11,729,000</b>
<b>Total CCS State Only</b>	<b>\$ 91,290,600</b>	<b>\$ 86,712,600</b>	<b>\$ 5,262,000</b>	<b>\$ (684,000)</b>	<b>\$ 0</b>	<b>\$ 91,076,600</b>
<b>C. HFP Services</b>						
1. Treatment Base	-	-	-	-	-	-
2. Benefits Policy Changes	-	-	-	-	-	-
	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>D. HFP Admin.</b>						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	-	-	-	-	-	-
3. FI Dental	-	-	-	-	-	-
4. CMS Net	-	-	-	-	-	-
	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Total HFP</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>GRAND TOTAL</b>	<b>\$ 91,290,600</b>	<b>\$ 86,712,600</b>	<b>\$ 5,262,000</b>	<b>\$ (684,000)</b>	<b>\$ 0</b>	<b>\$ 91,076,600</b>

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**  
**Program Requirements, Total Funds**  
**Fiscal Year 2014-15**

<b>November 2014 Estimate Compared to May 2014 Estimate, Total Funds</b>			
	<b>Appropriation</b>	<b>Nov. 2014 Est.</b>	<b>Difference</b>
	<b>FY 2014-15</b>	<b>FY 2014-15</b>	<b>Incr./.(Decr.)</b>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 79,506,000</u></b>	<b><u>\$ 76,780,700</u></b>	<b><u>\$ (2,725,300)</u></b>
1. Treatment Services	22,647,000	21,529,000	(1,118,000)
2. Medical Therapy Program	57,057,000	55,477,000	(1,580,000)
3. Benefits Policy Changes	(104,000)	(134,300)	(30,300)
4. Enroll/Assessment Fees	(94,000)	(91,000)	3,000
<b>B. CCS Administration</b>			
1. County Administration	11,556,000	11,556,000	-
2. Fiscal Intermediary	582,000	467,000	(115,000)
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 91,644,000</u></b>	<b><u>\$ 88,803,700</u></b>	<b><u>\$ (2,840,300)</u></b>
<b>A. Healthy Families Program</b>			
1. Treatment Services	4,316,000	4,316,000	-
2. Benefits Policy Changes	(199,000)	(130,000)	69,000
<b>B. Healthy Families Administration</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	20,000	5,100	(14,900)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b><u>\$ 4,137,000</u></b>	<b><u>\$ 4,191,100</u></b>	<b><u>\$ 54,100</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 95,781,000</u></b>	<b><u>\$ 92,994,800</u></b>	<b><u>\$ (2,786,200)</u></b>

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

**November 2014 Estimate Compared to May 2014 Estimate, General Fund**

	Appropriation FY 2014-15	Nov. 2014 Est. FY 2014-15	Difference Incr./(Decr.)
<b>A. Total CCS State Only Services</b>	<b>\$ 10,175,000</b>	<b>\$ 20,159,700</b>	<b>\$ 9,984,700</b>
1. Treatment Services	22,647,000	21,529,000	(1,118,000)
2. Medical Therapy Program	57,057,000	55,477,000	(1,580,000)
3. Benefits Policy Changes	(104,000)	(134,300)	(30,300)
4. Enroll/Assessment Fees	(94,000)	(91,000)	3,000
5. HF Safety Net Care Pool	(69,331,000)	(56,621,000)	12,710,000
<b>B. CCS Administration</b>			
1. County Administration	6,294,000	5,704,000	(590,000)
2. Fiscal Intermediary	582,000	467,000	(115,000)
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b>\$ 17,051,000</b>	<b>\$ 26,330,700</b>	<b>\$ 9,279,700</b>
<b>A. Healthy Families Program</b>			
1. Treatment Services	1,054,000	1,054,000	-
2. Benefits Policy Changes	(42,000)	(27,000)	15,000
<b>B. Healthy Families Administration</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	7,000	1,800	(5,200)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b>\$ 1,019,000</b>	<b>\$ 1,028,800</b>	<b>\$ 9,800</b>
<b>TOTAL CCS PROGRAM</b>	<b>\$ 18,070,000</b>	<b>\$ 27,359,500</b>	<b>\$ 9,289,500</b>

**November 2014 Estimate Compared to May 2014 Estimate, Federal Funds**

	Appropriation FY 2014-15	Nov. 2014 Est. FY 2014-15	Difference Incr./(Decr.)
<b>A. Total CCS State Only Services</b>	<b>\$ 69,331,000</b>	<b>\$ 56,621,000</b>	<b>\$ (12,710,000)</b>
1. Title XIX Health Care Support Fund	69,331,000	56,621,000	(12,710,000)
<b>B. CCS Administration</b>			
1. County Administration	5,262,000	5,852,000	590,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b>\$ 74,593,000</b>	<b>\$ 62,473,000</b>	<b>\$ (12,120,000)</b>
<b>A. Healthy Families Program - Title XXI</b>			
1. Treatment Services	3,262,000	3,262,000	-
2. Benefits Policy Changes	(157,000)	(103,000)	54,000
<b>B. Healthy Families Administration - Title XXI</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	13,000	3,300	(9,700)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b>\$ 3,118,000</b>	<b>\$ 3,162,300</b>	<b>\$ 44,300</b>
<b>TOTAL CCS PROGRAM</b>	<b>\$ 77,711,000</b>	<b>\$ 65,635,300</b>	<b>\$ (12,075,700)</b>

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

<b>November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, Total Funds</b>			
	<b>Nov. 2014 Est.</b>	<b>Nov. 2014 Est.</b>	<b>Difference</b>
	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>Incr./.(Decr.)</b>
<b>A. Total CCS State Only Services</b>	<b>\$ 76,780,700</b>	<b>\$ 79,058,600</b>	<b>\$ 2,277,900</b>
1. Treatment Services	21,529,000	22,050,000	521,000
2. Medical Therapy Program	55,477,000	57,240,000	1,763,000
3. Benefits Policy Changes	(134,300)	(140,400)	(6,100)
4. Enroll/Assessment Fees	(91,000)	(91,000)	-
<b>B. CCS Administration</b>			
1. County Administration	11,556,000	11,729,000	173,000
2. Fiscal Intermediary	467,000	503,000	36,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b>\$ 88,803,700</b>	<b>\$ 91,290,600</b>	<b>\$ 2,486,900</b>
			-
<b>A. Healthy Families Program</b>			-
1. Treatment Services	4,316,000	-	(4,316,000)
2. Benefits Policy Changes	(130,000)	-	130,000
<b>B. Healthy Families Administration</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	5,100	-	(5,100)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b>\$ 4,191,100</b>	<b>\$ 0</b>	<b>\$ (4,191,100)</b>
<b>TOTAL CCS PROGRAM</b>	<b>\$ 92,994,800</b>	<b>\$ 91,290,600</b>	<b>\$ (1,704,200)</b>

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

<b>November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, General Fund</b>			
	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Nov. 2014 Est. FY 2015-16</u>	<u>Difference Incr./((Decr.)</u>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 20,159,700</u></b>	<b><u>\$ 79,742,600</u></b>	<b><u>\$ 59,582,900</u></b>
1. Treatment Services	21,529,000	22,050,000	521,000
2. Medical Therapy Program	55,477,000	57,240,000	1,763,000
3. Benefits Policy Changes	(134,300)	(140,400)	(6,100)
4. Enroll/Assessment Fees	(91,000)	(91,000)	-
5. HF Safety Net Care Pool	(56,621,000)	684,000	57,305,000
<b>B. CCS Administration</b>			
1. County Administration	5,704,000	6,467,000	763,000
2. Fiscal Intermediary	467,000	503,000	36,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 26,330,700</u></b>	<b><u>\$ 86,712,600</u></b>	<b><u>\$ 60,381,900</u></b>
<b>A. Healthy Families Program</b>			
1. Treatment Services	1,054,000	-	(1,054,000)
2. Benefits Policy Changes	(27,000)	-	27,000
<b>B. Healthy Families Administration</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	1,800	-	(1,800)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b><u>\$ 1,028,800</u></b>	<b><u>\$ 0</u></b>	<b><u>\$ (1,028,800)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 27,359,500</u></b>	<b><u>\$ 86,712,600</u></b>	<b><u>\$ 59,353,100</u></b>

<b>November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, Federal Funds</b>			
	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Nov. 2014 Est. FY 2015-16</u>	<u>Difference Incr./((Decr.)</u>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 56,621,000</u></b>	<b><u>\$ (684,000)</u></b>	<b><u>\$ (57,305,000)</u></b>
1. Title XIX Health Care Support Fund	56,621,000	(684,000)	(57,305,000)
<b>B. CCS Administration</b>			
1. County Administration	5,852,000	5,262,000	(590,000)
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 62,473,000</u></b>	<b><u>\$ 4,578,000</u></b>	<b><u>\$ (57,895,000)</u></b>
<b>A. Healthy Families Program - Title XXI</b>			
1. Treatment Services	3,262,000	-	(3,262,000)
2. Benefits Policy Changes	(103,000)	-	103,000
<b>B. Healthy Families Administration - Title XXI</b>			
1. County Administration	-	-	-
2. Fiscal Intermediary	3,300	-	(3,300)
<b>TOTAL HEALTHY FAMILIES PROGRAM</b>	<b><u>\$ 3,162,300</u></b>	<b><u>\$ 0</u></b>	<b><u>\$ (3,162,300)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 65,635,300</u></b>	<b><u>\$ 4,578,000</u></b>	<b><u>\$ (61,057,300)</u></b>

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

Fiscal Year 2014-15, November 2014 Estimate Compared to Appropriation								
<b>POLICY CHG.</b>		<b>NO. DESCRIPTION</b>	<b>FY 2014-15 APPROPRIATION</b>		<b>NOVEMBER 2014 ESTIMATE</b>		<b>DIFFERENCE, Incr./Decr.)</b>	
<b>TYPE</b>			<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>
<b>CCS STATE ONLY</b>								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$94,000	-\$94,000	-\$91,000	-\$91,000	\$3,000	\$3,000
Co. Admin.	2	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,556,000	\$11,556,000	\$11,556,000	\$11,556,000	\$0	\$0
FI	3A	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$198,000	\$198,000	\$177,000	\$177,000	-\$21,000	-\$21,000
FI	4A	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$23,000	\$23,000	\$15,000	\$15,000	-\$8,000	-\$8,000
FI	5	CMS NET - CCS STATE ONLY	\$361,000	\$361,000	\$275,000	\$275,000	-\$86,000	-\$86,000
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	-\$5,852,000	\$0	-\$590,000
Benefits	8A	CCS DRUG REBATES	-\$44,000	-\$44,000	-\$120,000	-\$120,000	-\$76,000	-\$76,000
Benefits	9	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$60,000	-\$60,000	-\$14,300	-\$14,300	\$45,700	\$45,700
			<u>\$11,940,000</u>	<u>\$6,678,000</u>	<u>\$11,797,700</u>	<u>\$5,945,700</u>	<u>-\$142,300</u>	<u>-\$732,300</u>
<b>CCS-HFP</b>								
FI	3B	FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$20,000	\$7,000	\$3,100	\$1,100	-\$16,900	-\$5,900
FI	4B	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$0	\$0	\$2,000	\$700	\$2,000	\$700
Benefits	8B	CCS-HFP DRUG REBATES	-\$199,000	-\$42,000	-\$130,000	-\$27,000	\$69,000	\$15,000
			<u>-\$179,000</u>	<u>-\$35,000</u>	<u>-\$124,900</u>	<u>-\$25,200</u>	<u>\$54,100</u>	<u>\$9,800</u>
		<b>CCS TOTAL</b>	<b><u>\$11,761,000</u></b>	<b><u>\$6,643,000</u></b>	<b><u>\$11,672,800</u></b>	<b><u>\$5,920,500</u></b>	<b><u>-\$88,200</u></b>	<b><u>-\$722,500</u></b>

<sup>1</sup> 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 Compared to Fiscal Year 2015-16								
<b>POLICY CHG.</b>		Nov. 2014 Est. for FY 2014-15		Nov. 2014 Est. for FY 2015-16		DIFFERENCE, Incr./((Decr.)		
TYPE	NO. DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
<b>CCS STATE ONLY</b>								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$91,000	-\$91,000	-\$91,000	-\$91,000	\$0	\$0
Co. Admin.	2	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,556,000	\$11,556,000	\$11,729,000	\$11,729,000	\$173,000	\$173,000
FI	3A	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$177,000	\$177,000	\$211,000	\$211,000	\$34,000	\$34,000
FI	4A	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$15,000	\$15,000	\$19,000	\$19,000	\$4,000	\$4,000
FI	5	CMS NET - CCS STATE ONLY	\$275,000	\$275,000	\$273,000	\$273,000	-\$2,000	-\$2,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,852,000	\$0	-\$5,262,000	\$0	\$590,000
Benefits	8A	CCS DRUG REBATES	-\$120,000	-\$120,000	-\$120,000	-\$120,000	\$0	\$0
Benefits	9	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$14,300	-\$14,300	-\$20,400	-\$20,400	-\$144,000	-\$144,000
			\$11,797,700	\$5,945,700	\$12,000,600	\$6,738,600	\$202,900	\$792,900
<b>CCS-HFP</b>								
FI	3B	FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$3,100	\$1,100	\$0	\$0	-\$3,100	-\$1,100
FI	4B	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$2,000	\$700	\$0	\$0	-\$2,000	-\$700
Benefits	8B	CCS-HFP DRUG REBATES	-\$130,000	-\$27,000	\$0	\$0	\$130,000	\$27,000
			-\$124,900	-\$25,200	\$0	\$0	\$124,900	\$25,200
		<b>CCS TOTAL</b>	<b><u>\$11,672,800</u></b>	<b><u>\$5,920,500</u></b>	<b><u>\$12,000,600</u></b>	<b><u>\$6,738,600</u></b>	<b><u>\$327,800</u></b>	<b><u>\$818,100</u></b>

<sup>1</sup> Funds are referenced separately in the CCS Funding Sources pages.

**ENROLLMENT AND ASSESSMENT FEES**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 7/1994  
**ANALYST:** Toni Richardson

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$91,000</b>	<b>-\$91,000</b>
	<b>- GENERAL FUND</b>	<b>-\$91,000</b>	<b>-\$91,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$91,000</b>	<b>-\$91,000</b>
	<b>- GENERAL FUND</b>	<b>-\$91,000</b>	<b>-\$91,000</b>
	<b>- COUNTY FUNDS</b>	<b>-\$91,000</b>	<b>-\$91,000</b>

**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 material change.

**Methodology:**

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2005 - March 2014.

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Enrollment Fees:	\$134,000	\$134,000
Assessment Fees:	\$ 47,000	\$ 47,000
<b>Total:</b>	<b>\$181,000 (\$91,000 GF Offset)</b>	<b>\$181,000 (\$91,000 GF Offset)</b>

**Funding:**

General Fund (4260-111-0001)

County Funds\*

\* Not Included in Total Funds

**COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Toni Richardson

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$11,556,000	\$11,729,000
<b>- GENERAL FUND</b>	\$11,556,000	\$11,729,000
<b>PAYMENT LAG</b>	1.0000	1.0000
<b>% REFLECTED IN BASE</b>	0.00%	0.00%
<b>APPLIED TO BASE - TOTAL FUNDS</b>	\$11,556,000	\$11,729,000
<b>- GENERAL FUND</b>	\$11,556,000	\$11,729,000
<b>- COUNTY FUNDS</b>	\$11,555,000	\$11,729,000

**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 2014-15, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2014-15 in the May 2014 Estimate:

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

2. Based on the November 2014 Family Health Estimate, caseload is expected to increase by 1.50% from FY 2014-15 to FY 2015-16.

$\$23,111,000 \times 1.50\% = \$347,000$

$\$23,111,000 + \$347,000 = \$23,458,000$

**FY 2015-16 : \$23,458,000 (\$11,729,000 GF) (Includes County Funds)**

**Funding:**

General Fund (4260-111-0001)

County Funds\*

\* Not included in Total Funds

**FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY**

**POLICY CHANGE NUMBER:** 3A  
**IMPLEMENTATION DATE:** 7/1993  
**ANALYST:** Jason Moody

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$177,000</b>	<b>\$211,000</b>
<b>- GENERAL FUND</b>	<b>\$177,000</b>	<b>\$211,000</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$177,000</b>	<b>\$211,000</b>
<b>- GENERAL FUND</b>	<b>\$177,000</b>	<b>\$211,000</b>

**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 2014-15</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	192,979	\$ 0.79	\$ 152,000
Online ACLs	43,119	\$ 0.58	\$ 25,000
<b>Total FY 2014-15</b>			<b>\$ 177,000</b>

**FY 2015-16**

General ACLs	195,874	\$	0.93	\$	182,000
Online ACLs	43,766	\$	0.67	\$	29,000
<b>Total FY 2015-16</b>				<b>\$</b>	<b>211,000</b>

**Funding:**

100% GF (4260-111-0001)

**FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP**

**POLICY CHANGE NUMBER:** 3B  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Jason Moody

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$3,100</b>	<b>\$0</b>
- GENERAL FUND	\$1,100	\$0
- FEDERAL FUNDS TITLE XXI	\$2,000	\$0
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$3,100</b>	<b>\$0</b>
- GENERAL FUND	\$1,100	\$0
- FEDERAL FUNDS TITLE XXI	\$2,000	\$0

**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).

The Healthy Families Program (HFP) ceased enrollment January 1, 2013 and transitioned its subscribers to the Medi-Cal Optional Targeted Low Income Children's Program (OTLICP). The transition completed in November 2013.

**Reason for Change from Prior Estimate:**

Updated data became available for claim months.

**Methodology:**

1. The estimated medical FI administrative costs are:

<b>FY 2014-15</b>	<u>Estimated ACLs</u>	<u>Ave Cost per</u>	<u>ACLs</u>	<u>Estimated ACL</u>	<u>Expenditure</u>
General ACLs	3,897	\$	0.79	\$	<b>3,100 (\$1,100 GF)</b>

**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:** Sandra Bannerman

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$15,000</b>	<b>\$19,000</b>
<b>- GENERAL FUND</b>	<b>\$15,000</b>	<b>\$19,000</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$15,000</b>	<b>\$19,000</b>
<b>- GENERAL FUND</b>	<b>\$15,000</b>	<b>\$19,000</b>

**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 March 2014 to August 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.

<b>FY 2014-15</b>	<b><u>Estimated</u></b>		<b><u>Rates</u></b>		<b><u>Estimated</u></b>	
	<b><u>Claims</u></b>				<b><u>Expenditure</u></b>	
ACLs	4,905	\$	2.47	\$	12,000	
TARs	352	\$	9.04	\$	3,000	
<b>Total FY 2014-15</b>					<b>\$ 15,000</b>	<b>(\$15,000 GF)</b>

<b>FY 2015-16</b>	<b><u>Estimated</u></b>		<b><u>Rates</u></b>		<b><u>Estimated</u></b>	
	<b><u>Claims</u></b>				<b><u>Expenditure</u></b>	
ACLs	6,032	\$	2.47	\$	15,000	
TARs	436	\$	9.04	\$	4,000	
<b>Total FY 2015-16</b>					<b>\$ 19,000</b>	<b>(\$19,000 GF)</b>

**Funding:**  
100% GF (4260-111-0001)

**FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP**

**POLICY CHANGE NUMBER:** 4B  
**IMPLEMENTATION DATE:** 8/2003  
**ANALYST:** Sandra Bannerman

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$2,000</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$700</b>	<b>\$0</b>
<b>- FEDERAL FUNDS TITLE XXI</b>	<b>\$1,300</b>	<b>\$0</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$2,000</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$700</b>	<b>\$0</b>
<b>- FEDERAL FUNDS TITLE XXI</b>	<b>\$1,300</b>	<b>\$0</b>

**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:**

Not Applicable

**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 March 2014 to August 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

<b>FY 2014-15</b>	<u><b>Estimated Claims</b></u>	<b>Rates</b>	<u><b>Estimated Expenditure</b></u>	
ACLs	423	\$ 2.47	\$ 1,000	
TARs	60	\$ 9.04	\$ 1,000	
<b>Total FY 2014-15</b>			<u><b>\$ 2,000</b></u>	<b>(\$700 GF)</b>

**Funding:**

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

**CMS NET - CCS STATE ONLY**

**POLICY CHANGE NUMBER:** 5  
**IMPLEMENTATION DATE:** 7/2004  
**ANALYST:** Toni Richardson

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$275,000	\$273,000
	- GENERAL FUND	\$275,000	\$273,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$275,000	\$273,000
	- GENERAL FUND	\$275,000	\$273,000

**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 2014-15.

**Methodology:**

1. Effective January 1, 2013, Healthy Families Program (HFP) subscribers began a transition into Medi-Cal through a phase-in methodology. The CCS-HFP programs completed the transition to Medi-Cal's Optional Targeted Low-Income Children's Program (OTLICP) in November 2013.
2. CCS FY 2014-15 data processing cost is estimated to be \$3,039,000, and FY 2015-16 is \$3,024,000.

3. Based on estimated FY 2014-15 and FY 2015-16 caseload counts, costs for CMS Net are projected to be split:

	<b>FY 2014-15</b>		<b>CMS Net</b>
	<b><u>Caseload</u></b>	<b><u>Percentage</u></b>	<b><u>Allocation</u></b>
CCS State-Only	16,062	9.0%	\$ <b>275,000</b>
CCS Medi-Cal	139,838	78.6%	\$ 2,389,000
CCS OTLICP	<u>21,950</u>	<u>12.3%</u>	<u>\$ 375,000</u>
Total	177,850	100.0%	\$ 3,039,000

	<b>FY 2015-16</b>		<b>CMS Net</b>
	<b><u>Caseload</u></b>	<b><u>Percentage</u></b>	<b><u>Allocation</u></b>
CCS State-Only	16,303	9.0%	\$ <b>273,000</b>
CCS Medi-Cal	142,318	78.8%	\$ 2,383,000
CCS OTLICP	<u>21,950</u>	<u>12.2%</u>	<u>\$ 368,000</u>
Total	180,571	100.0%	\$ 3,024,000

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)

**MH/UCD & BTR - SAFETY NET CARE POOL**

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

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>

**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 DY 2014-15 program expenditures. In addition, claiming for DY 2014-15 will now occur in FY 2014-15 and FY 2015-16.

**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.
2. 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 for the DY 2011-12 final reconciliation. The CCS federal reimbursements are reduced by the final reconciliation amounts in this policy change.
3. The final reconciliation for DY 2012-13 is anticipated to be completed in FY 2015-16. The Department estimates that it will have to repay the federal government \$22.127 million in federal funds in FY 2015-16 for the DY 2012-13 final reconciliation. The CCS federal reimbursements are reduced by the final reconciliation amounts in this policy change.
4. The BTR will end on October 31, 2015. The Department assumes the BTR DSHP funding will not continue in the subsequent waiver.

(Dollars in Thousands)

	<u>TF</u>		<u>GF</u>		<u>FF</u>
<b>FY 2014-15</b>					
DSHP-BTR (DY 2014-15)	\$0	\$	(64,328)	\$	64,328
DY 2011-12 Final Reconciliation	\$0	\$	7,707	\$	(7,707)
<b>Total</b>	<b>\$0</b>	<b>\$</b>	<b>(56,621)</b>	<b>\$</b>	<b>56,621</b>
<b>FY 2015-16</b>					
DSHP-BTR (DY 2014-15)	\$0	\$	(21,443)	\$	21,443
DY 2012-13 Final Reconciliation	\$0	\$	22,127	\$	(22,127)
<b>Total</b>	<b>\$0</b>	<b>\$</b>	<b>684</b>	<b>\$</b>	<b>(684)</b>

**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:** Jason Moody

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$5,852,000	-\$5,262,000
	<b>- FEDERAL FUNDS TITLE V</b>	\$5,852,000	\$5,262,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$5,852,000	-\$5,262,000
	<b>- FEDERAL FUNDS TITLE V</b>	\$5,852,000	\$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:**

An additional \$590,000 is being added in FY 2014-15 for county administration support costs.

**Methodology:**

1. The CCS program expects to receive an additional \$590,000 in FY 2014-15 for county administration support costs. In FY 2015-16, the annual amount is expected to revert back to \$5,262,000.

**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:** Jason Moody

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$120,000</b>	<b>-\$120,000</b>
	<b>- GENERAL FUND</b>	<b>-\$120,000</b>	<b>-\$120,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$120,000</b>	<b>-\$120,000</b>
	<b>- GENERAL FUND</b>	<b>-\$120,000</b>	<b>-\$120,000</b>
	<b>- COUNTY FUNDS</b>	<b>-\$120,000</b>	<b>-\$120,000</b>

**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:**

The FY 2014-15 collections were higher due to manufacturers catching up on paying prior year invoices.

**Methodology:**

1. Estimate is based on current outstanding balances due as prior year outstanding invoices have been collected.
2. Manufacturer invoices appear to be leveling out in state and county funds.
2. Assume a 75% payment of outstanding invoices.
3. CCS drug rebate collections, for FY 2014-15 and FY 2015-16, are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>CF*</u>
<b>FY 2014-15</b>	<b>(\$120,000)</b>	<b>(\$120,000)</b>	(\$120,000)
<b>FY 2015-16</b>	<b>(\$120,000)</b>	<b>(\$120,000)</b>	(\$120,000)

**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:** Jason Moody

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	-\$130,000	\$0
	- GENERAL FUND	-\$27,000	\$0
	- FEDERAL FUNDS TITLE XXI	-\$103,000	\$0
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	-\$130,000	\$0
	- GENERAL FUND	-\$27,000	\$0
	- FEDERAL FUNDS TITLE XXI	-\$103,000	\$0
	- COUNTY FUNDS	-\$27,000	\$0

**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 2014-15, collections decreased due to the Healthy Families transition into Medi-Cal, so the amounts anticipated have been lowered based upon the 2Q2014 invoices received in Septemeber 2014.

**Methodology:**

1. Collections are based upon 2Q2014 outstanding invoices.
2. CCS-HFP drug rebate collections are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
<b>FY 2014-15</b>	<b>(\$130,000)</b>	<b>(\$27,000)</b>	<b>(\$103,000)</b>	<b>(\$27,000)</b>
<b>FY 2015-16</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Funding:**

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

\*Not Included in Total Fund

**DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY**

**POLICY CHANGE NUMBER:** 9  
**IMPLEMENTATION DATE:** 7/2013  
**ANALYST:** Cang Ly

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	-\$50,000	-\$50,000
	- GENERAL FUND	-\$50,000	-\$50,000
<b>PAYMENT LAG</b>		0.8774	1.0000
<b>% REFLECTED IN BASE</b>		67.46%	59.13%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	-\$14,300	-\$20,400
	- GENERAL FUND	-\$14,300	-\$20,400
	- COUNTY FUNDS	-\$14,300	-\$20,400

**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>
<b>FY 2014-15</b>	<b>(\$50,000)</b>	<b>(\$50,000)</b>	<b>(\$50,000)</b>
Annual	<u>TF</u>	<u>GF</u>	<u>CF*</u>
<b>FY 2015-16</b>	<b>(\$50,000)</b>	<b>(\$50,000)</b>	<b>(\$50,000)</b>

**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 )**

<u>All Counties</u>	Fiscal Year <u>2014-15</u>	Fiscal Year <u>2015-16</u>	FY 2014-15 - FY 2015-16 <u>% Change</u>
CCS State Only	16,062	16,303	1.50%
<b>SUBTOTAL</b>	<b>16,062</b>	<b>16,303</b>	<b>1.50%</b>

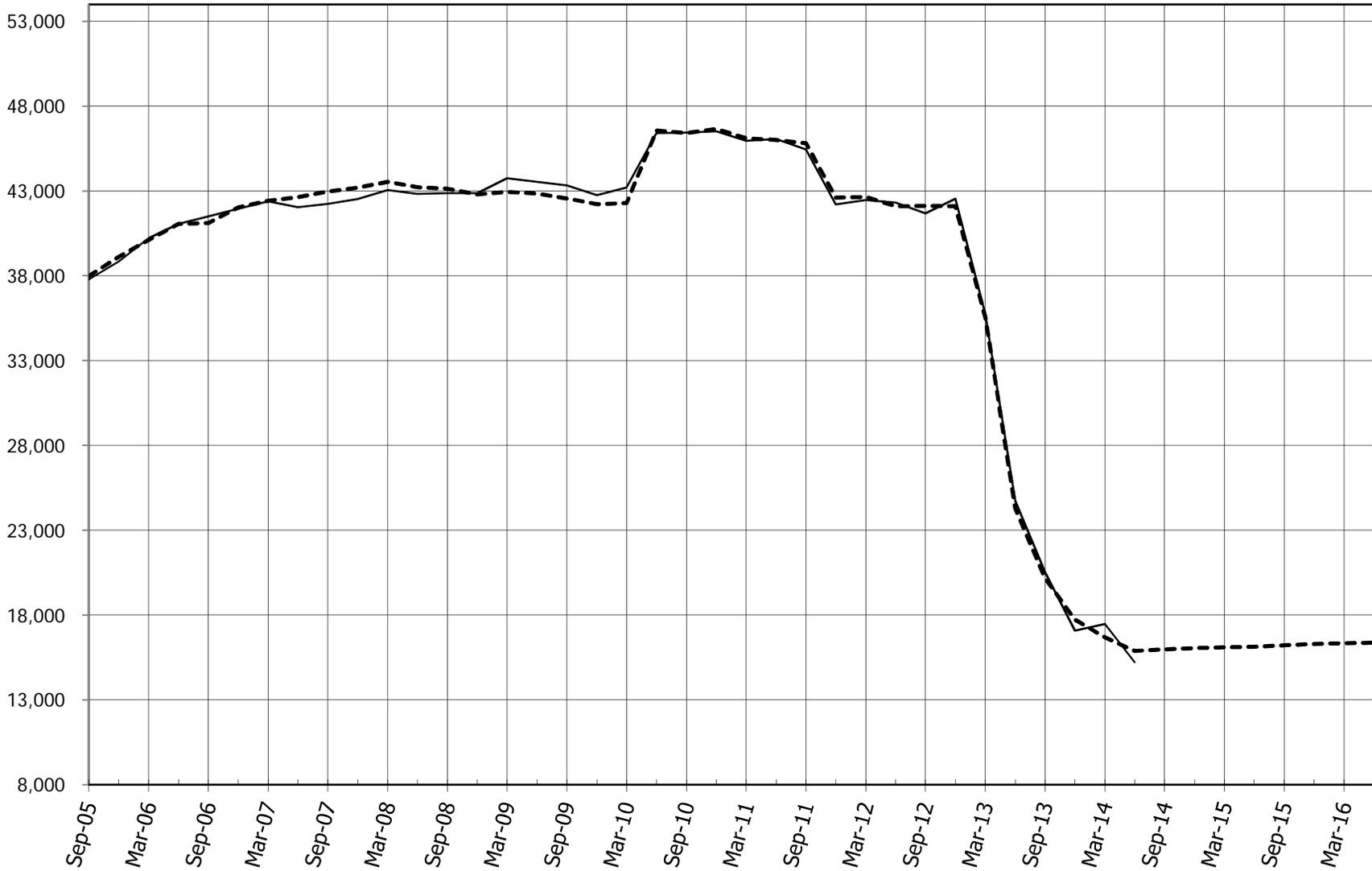
**Total Medi-Cal Caseload  
(CCS Medi-Cal / TLIPC)**

<u>All Counties</u>	Fiscal Year <u>2014-15</u>	Fiscal Year <u>2015-16</u>	FY 2014-15 - FY 2015-16 <u>% Change</u>
CCS Medi-Cal	139,838	142,318	1.77%
CCS OTLIPC	21,950	21,950	0.00%
<b>SUBTOTAL</b>	<b>161,788</b>	<b>164,268</b>	<b>1.53%</b>

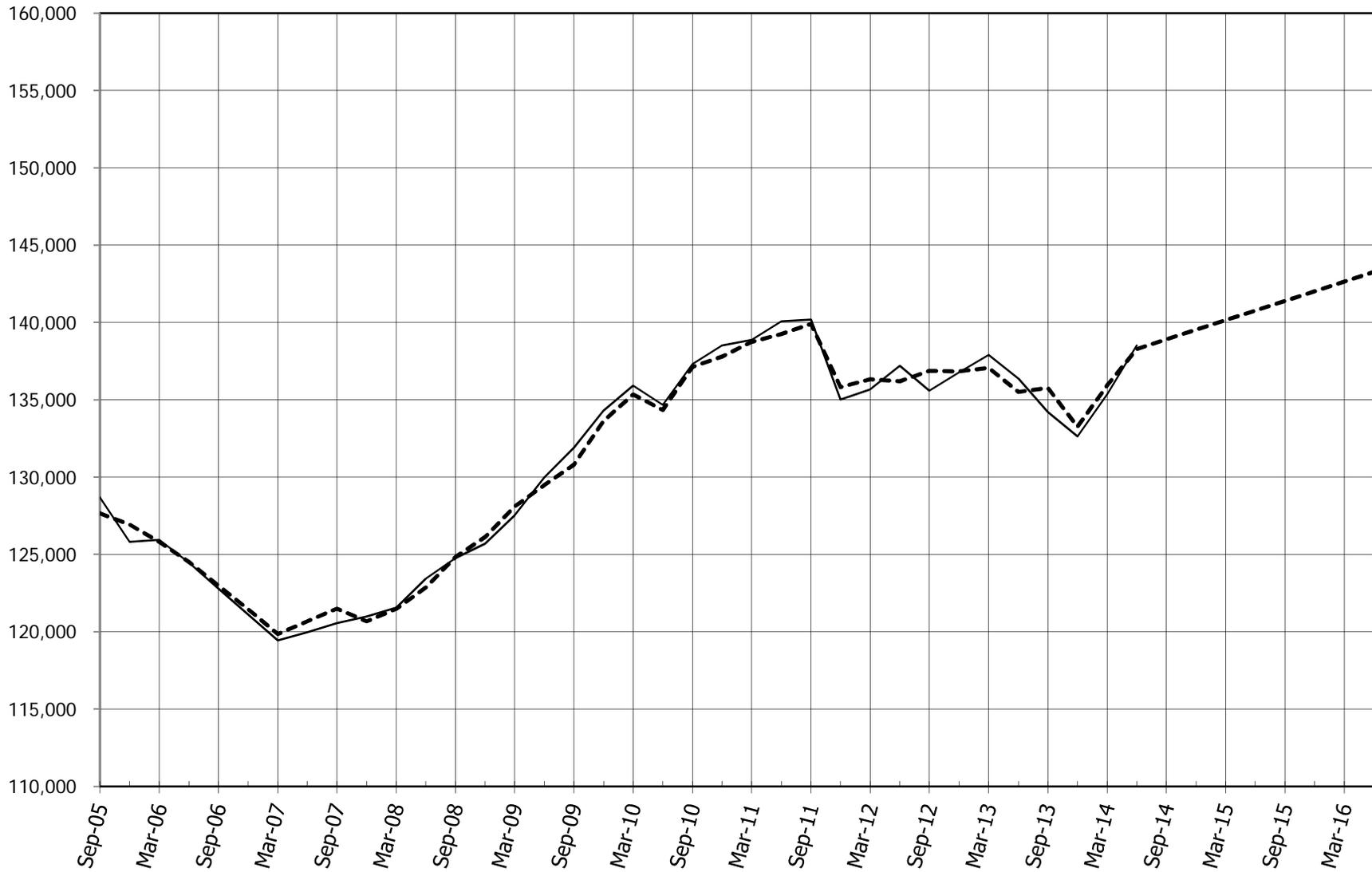
**Total Caseload  
(CCS State Only / CCS HFP and CCS Medi-Cal / TLIPC)**

<u>All Counties</u>	Fiscal Year <u>2014-15</u>	Fiscal Year <u>2015-16</u>	FY 2014-15 - FY 2015-16 <u>% Change</u>
CCS State Only	16,062	16,303	1.50%
CCS Medi-Cal	139,838	142,318	1.77%
CCS OTLIPC	21,950	21,950	0.00%
<b>TOTAL</b>	<b>177,850</b>	<b>180,571</b>	<b>1.53%</b>

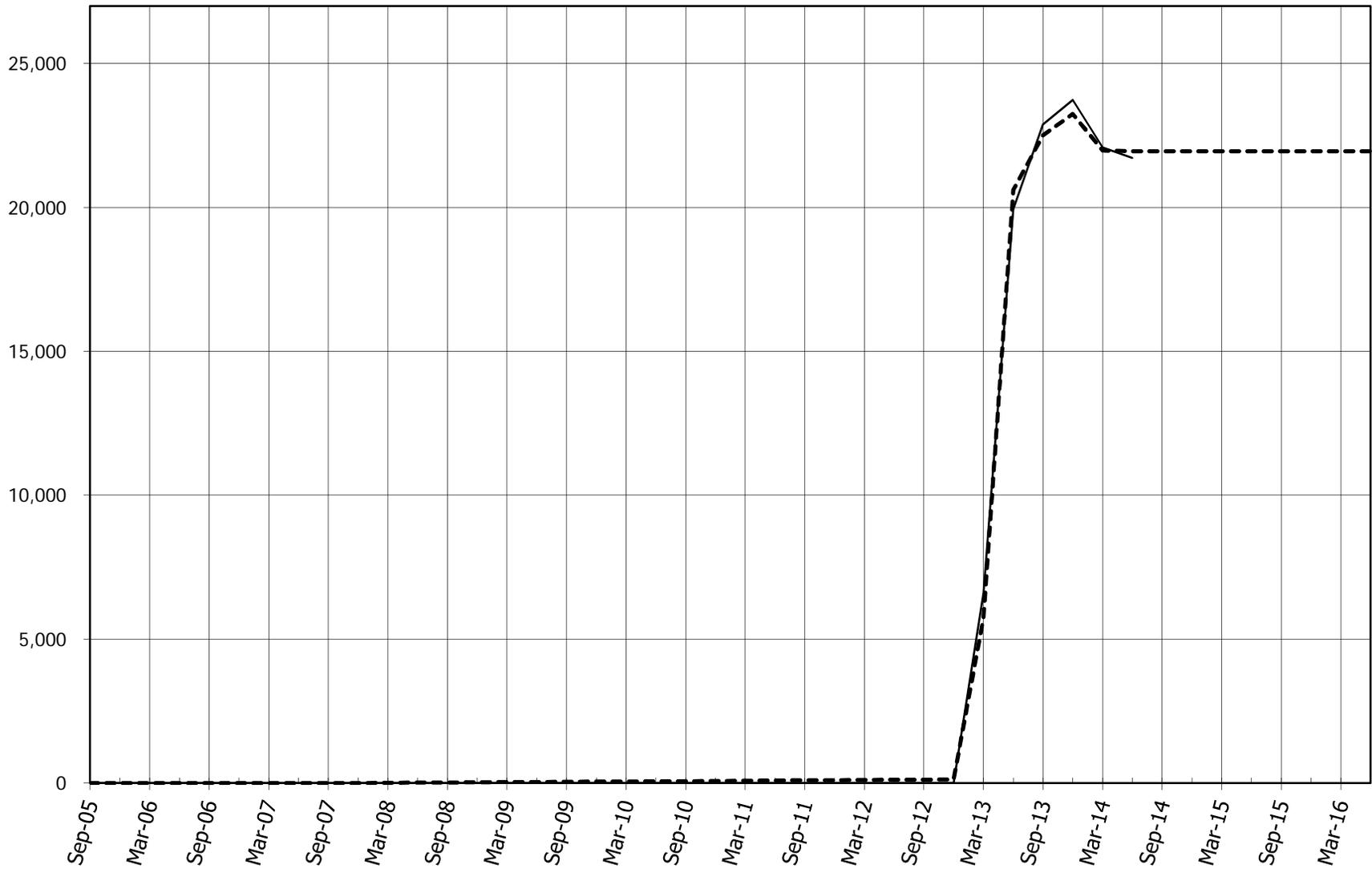
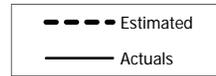
Total Statewide CCS-Only and CCS-HF Caseload



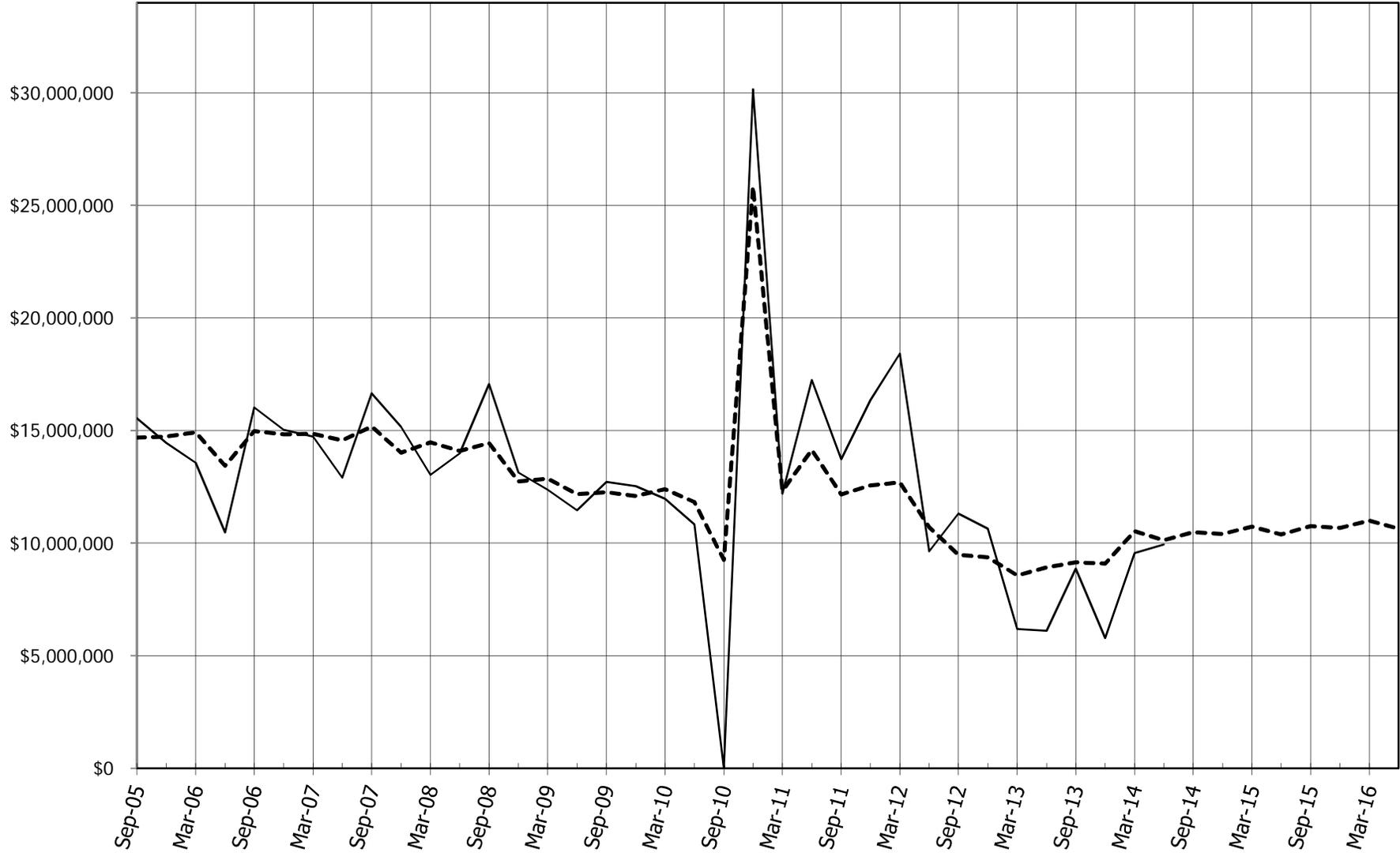
### Total Statewide Medi-Cal Caseload



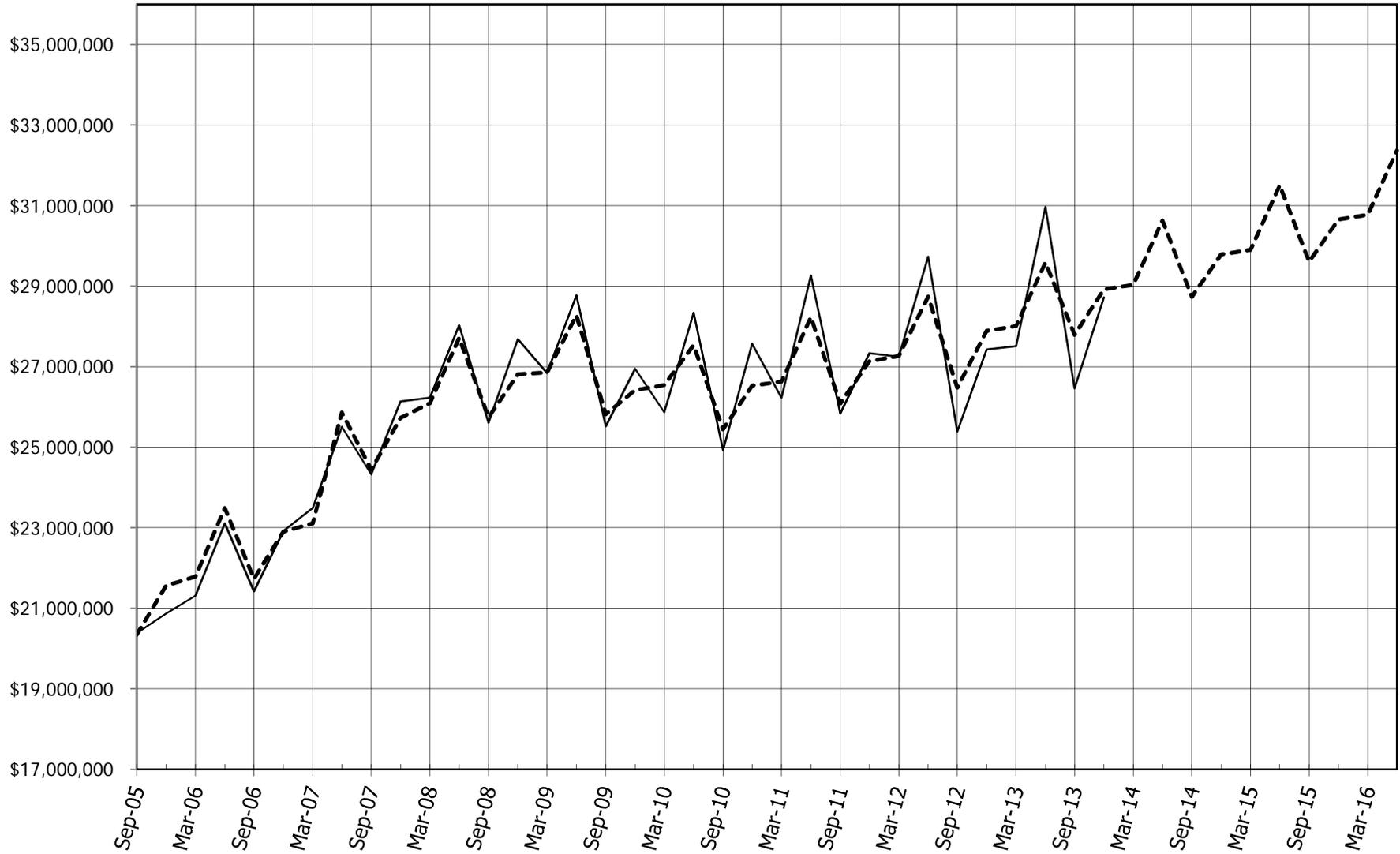
### Total Statewide CCS TLIPC Caseload



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



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



**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**  
**Funding Summary**  
**Fiscal Years 2014-15 and 2015-16 Compared to May 2014 Estimate**

**FY 2014-15, Comparison of November 2014 Estimate to Appropriation**

	<u>Appropriation FY 2014-15</u>	<u>Nov. 14 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
<b>State-Only Screens:</b>	24,652	23,840	(812)
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$ 1,702,000	\$ 1,651,000	(\$ 51,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
<b>Total Funds</b>	<b>\$ 1,713,000</b>	<b>\$ 1,662,000</b>	<b>(\$ 51,000)</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16**

	<u>Nov. 14 Est. FY 2014-15</u>	<u>Nov. 14 Est. FY 2015-16</u>	<u>Difference Incr./(Decr.)</u>
<b>State-Only Screens:</b>	23,840	23,840	0
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$ 1,651,000	\$ 1,666,000	\$ 15,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
<b>Total Funds</b>	<b>\$ 1,662,000</b>	<b>\$ 1,677,000</b>	<b>\$ 15,000</b>

**CHILD HEALTH AND DISABILITY PREVENTION PROGRAM****Funding Sources by Component****Comparison of Fiscal Years 2014-15 And 2015-16**

<b>FY 2014-15, November 2014 Estimate Compared to Appropriation</b>			
	<b>Appropriation FY 2014-15</b>	<b>Nov. 14 Est. FY 2014-15</b>	<b>Difference Incr./((Decr.))</b>
<b>Annual Screens</b>	24,652	23,840	(812)
<b>Program Expenditures</b>			
<b>A. CHDP Services</b>	\$ 1,370,000	\$ 1,333,000	(\$ 37,000)
<b>B. CHDP Administration</b>			
1. Fiscal Intermediary	\$ 99,000	\$ 85,000	(\$ 14,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
<b>C. Benefit Policy Change</b>	\$ 0	\$ 0	\$ 0
<b>Total CHDP Program</b>	<b>\$ 1,713,000</b>	<b>\$ 1,662,000</b>	<b>(\$ 51,000)</b>
<b>Funding</b>			
<b>A. General Fund 4260-111-0001</b>	\$ 1,702,000	\$ 1,651,000	(\$ 51,000)
<b>B. CLPP Funds 4260-111-0080</b>	\$ 11,000	\$ 11,000	\$ 0

<b>November 2014 Estimate, Fiscal Year 2014-15 Compared to Fiscal Year 2015-16</b>			
	<b>Nov. 14 Est. FY 2014-15</b>	<b>Nov. 14 Est. FY 2015-16</b>	<b>Difference Incr./((Decr.))</b>
<b>Annual Screens</b>	23,840	23,840	0
<b>Program Expenditures</b>			
<b>A. CHDP Services</b>	\$ 1,333,000	\$ 1,333,000	\$ 0
<b>B. CHDP Administration</b>			
1. Fiscal Intermediary	\$ 85,000	\$ 100,000	\$ 15,000
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
<b>C. Benefit Policy Change</b>	\$ 0	\$ 0	\$ 0
<b>Total CHDP Program</b>	<b>\$ 1,662,000</b>	<b>\$ 1,677,000</b>	<b>\$ 15,000</b>
<b>Funding</b>			
<b>A. General Fund 4260-111-0001</b>	\$ 1,651,000	\$ 1,666,000	\$ 15,000
<b>B. CLPP Funds 4260-111-0080</b>	\$ 11,000	\$ 11,000	\$ 0
<b>Average \$/Screen</b>			
<b>Total CHDP</b>	<b>\$ 55.91</b>	<b>\$ 55.91</b>	<b>\$ 0.00</b>

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	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
<b>2010-11</b>	<b>35,023</b>	<b>\$ 61.25</b>	<b>\$ 2,145,044</b>
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
<b>2011-12</b>	<b>40,359</b>	<b>\$ 56.59</b>	<b>\$ 2,284,297</b>
1	7,051	\$ 55.19	389,156
2	6,945	\$ 56.32	391,128
3	5,696	\$ 54.26	309,039
4	6,080	\$ 53.64	326,119
<b>2012-13</b>	<b>25,772</b>	<b>\$ 54.90</b>	<b>\$ 1,415,441</b>
1	6,856	\$ 57.38	393,383
2	6,029	\$ 59.59	327,975
3	4,875	\$ 55.54	270,769
4	4,899	\$ 55.39	271,383
<b>2013-14</b>	<b>22,659</b>	<b>\$ 55.78</b>	<b>\$ 1,263,509</b>
1*	7,188	\$ 57.57	\$ 413,821
2*	6,459	\$ 55.65	\$ 359,469
3*	4,723	\$ 54.51	\$ 257,448
4*	5,470	\$ 55.21	\$ 302,005
<b>2014-15</b>	<b>23,840</b>	<b>\$ 55.91</b>	<b>\$ 1,332,743</b>
1*	7,188	\$ 57.57	\$ 413,821
2*	6,459	\$ 55.65	\$ 359,469
3*	4,723	\$ 54.51	\$ 257,448
4*	5,470	\$ 55.21	\$ 302,005
<b>2015-16</b>	<b>23,840</b>	<b>\$ 55.91</b>	<b>\$ 1,332,743</b>

\* Includes estimated values

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

**Fiscal Year 2014-15, November 2014 Estimate Compared to Appropriation**

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>FY 2014-15 APPROPRIATION</u>		<u>NOVEMBER 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	\$99,000	\$99,000	\$85,000	\$85,000	-\$14,000	-\$14,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
		<b>CHDP TOTAL</b>	\$99,000	\$99,000	\$85,000	\$85,000	-\$14,000	-\$14,000

**Fiscal Year 2014-15 Compared to Fiscal Year 2015-16**

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>Nov. 2014 Est. for FY 2014-15</u>		<u>Nov. 2014 Est. for FY 2015-16</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	\$85,000	\$85,000	\$100,000	\$100,000	\$15,000	\$15,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
		<b>CHDP TOTAL</b>	\$85,000	\$85,000	\$100,000	\$100,000	\$15,000	\$15,000

**FISCAL INTERMEDIARY EXPENDITURES - CHDP**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 07/2002  
**ANALYST:** Jason Moody

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$85,000</b>	<b>\$100,000</b>
<b>- GENERAL FUND</b>	<b>\$85,000</b>	<b>\$100,000</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$85,000</b>	<b>\$100,000</b>
<b>- GENERAL FUND</b>	<b>\$85,000</b>	<b>\$100,000</b>

**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</u>	<u>Ave Cost</u>	<u>Estimated ACL</u>
<b>FY 2014-15</b>	<u>ACLs</u>	<u>per ACLs</u>	<u>Expenditure</u>
General ACLs	107,534	\$ 0.79	\$ 85,000
<b>FY 2015-16</b>			
General ACLs	107,534	\$ 0.93	\$ 100,000

**Funding:**

100% GF (4260-111-0001)

**CLPP FUND**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 07/2011  
**ANALYST:** Peter Bjorkman

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000	-\$11,000
	- CLPP FUND	\$11,000	\$11,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- 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 2014-15 and FY 2015-16 will be \$11,000 for each year.

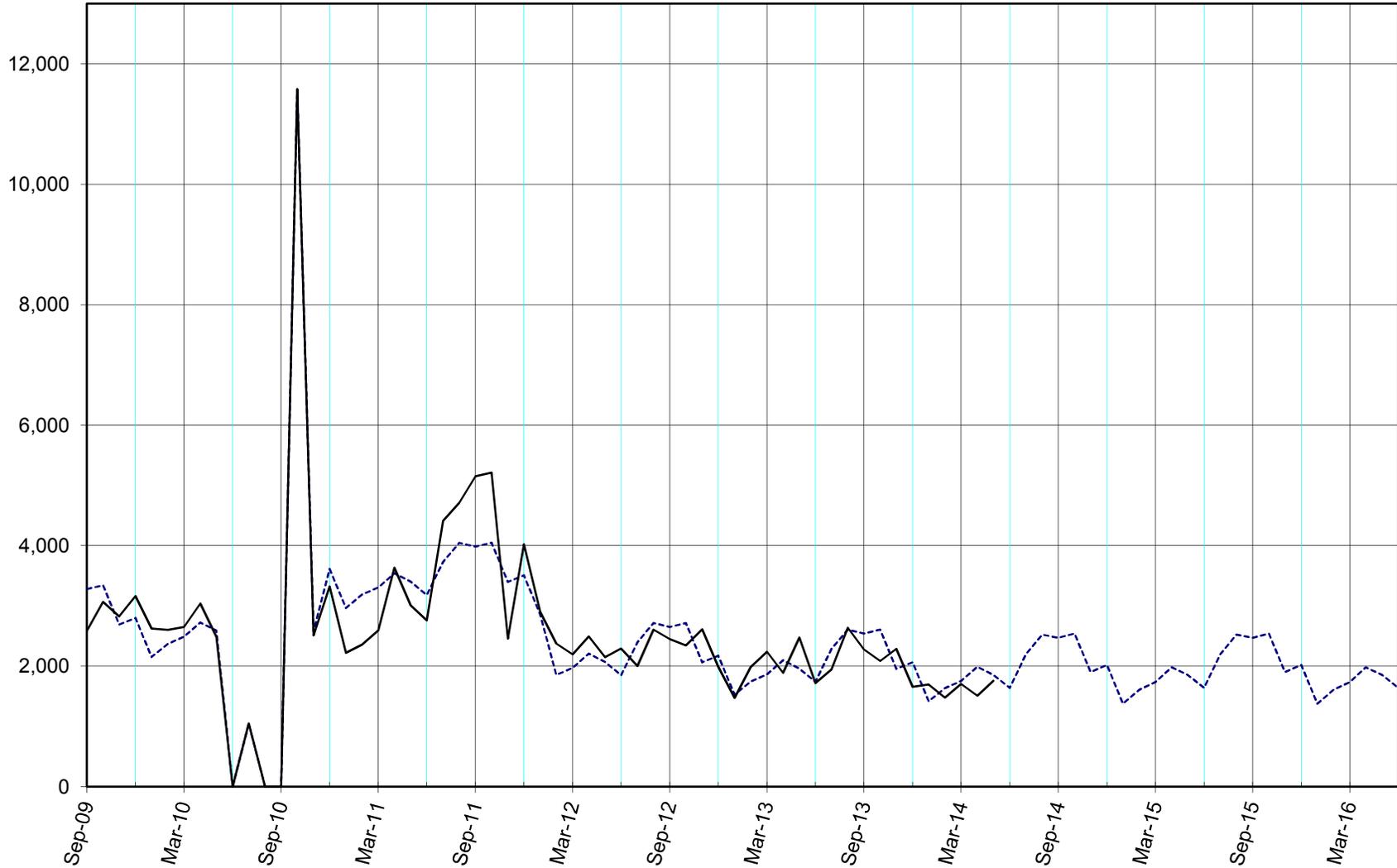
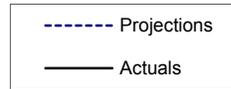
	<u>CLPP Fund</u>
<b>FY 2014-15</b>	<b>\$11,000</b>
<b>FY 2015-16</b>	<b>\$11,000</b>

**Funding:**

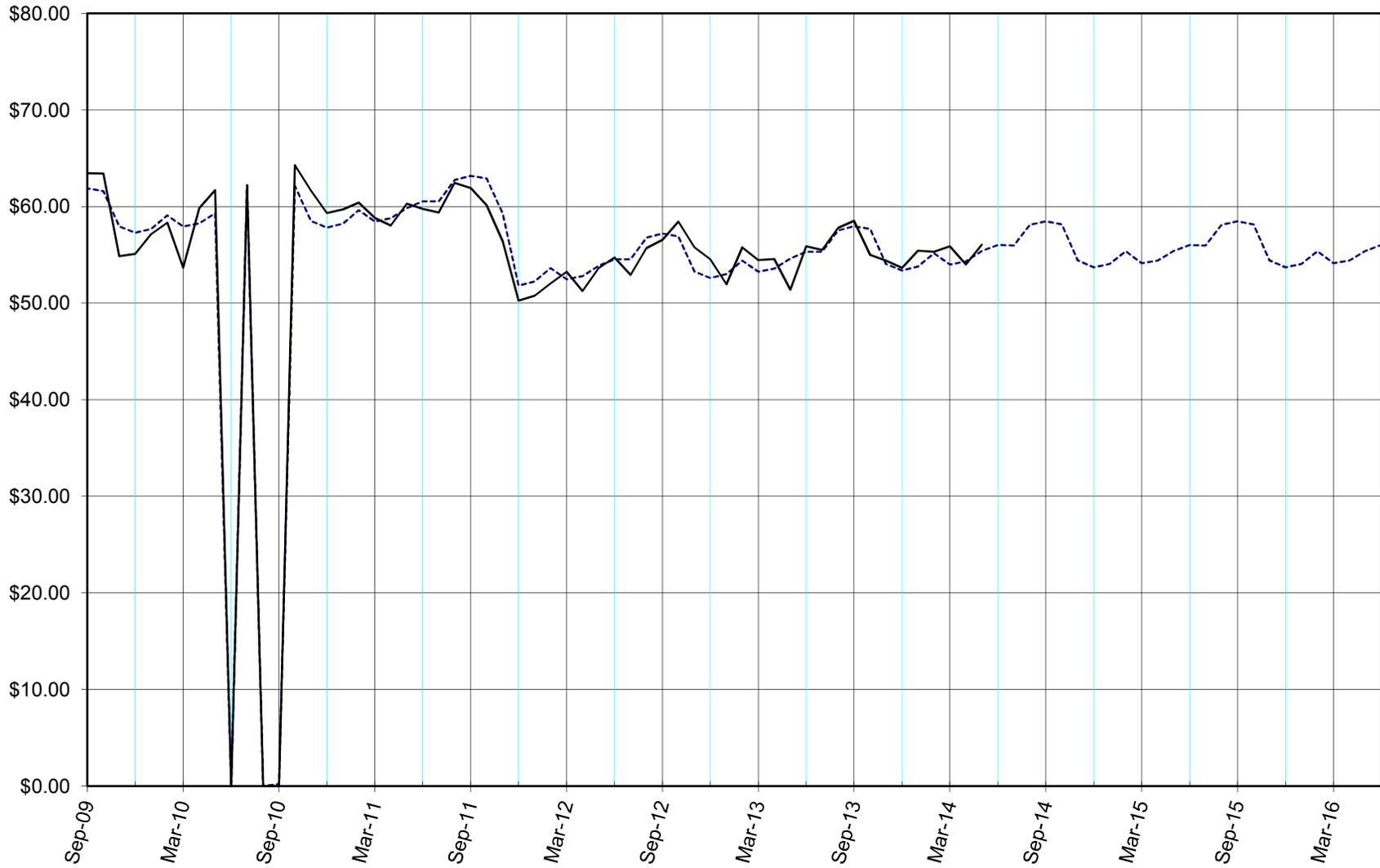
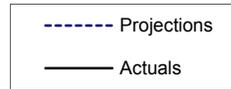
100% CLPP Fund (4260-111-0080)

100% GF (4260-111-0001)

### CHDP Screens



### CHDP Dollars Per Screen



**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Funding Summary**

<b>FY 2014-15, November 2014 Estimate Compared to May 2014 Estimate</b>
---

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./.(Decr.)</u>
<b>State-Only Caseload:</b>	1,024	946	(78)
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$72,473,200	\$67,152,300	(\$5,320,900)
4260-601-7503 (Federal Title XIX HCSF)	\$47,827,000	\$53,289,000	\$5,462,000
4260-601-0995 (Enrollment Fees)	\$438,800	\$473,700	\$34,900
4260-601-3079 (Rebate Special Fund)	\$8,000,000	\$10,000,000	\$2,000,000
<b>Total</b>	<b><u>\$128,739,000</u></b>	<b><u>\$130,915,000</u></b>	<b><u>\$2,176,000</u></b>

<b>November 2014 Estimate, FY 2014-15 Compared to FY 2015-16</b>
--

	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Nov. 2014 Est. FY 2015-16</u>	<u>Difference Incr./.(Decr.)</u>
<b>State-Only Caseload:</b>	946	967	21
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$67,152,300	\$118,297,200	\$51,144,900
4260-601-7503 (Federal Title XIX HCSF)	\$53,289,000	\$7,566,000	(\$45,723,000)
4260-601-0995 (Enrollment Fees)	\$473,700	\$473,700	\$0
4260-601-3079 (Rebates Special Fund)	\$10,000,000	\$10,000,000	\$0
<b>Total</b>	<b><u>\$130,915,000</u></b>	<b><u>\$136,336,900</u></b>	<b><u>\$5,421,900</u></b>

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

**November 2014 Estimate Compared to May 2014 Estimate, Total Funds**

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 129,192,000	\$ 131,043,000	\$ 1,851,000
2. Policy Changes	\$ (538,000)	\$ (195,000)	\$ 343,000
<b>Total for Services</b>	<b>\$ 128,654,000</b>	<b>\$ 130,848,000</b>	<b>\$ 2,194,000</b>
Fiscal Intermediary	\$ 85,000	\$ 67,000	\$ (18,000)
<b>Total GHPP Program</b>	<b>\$ 128,739,000</b>	<b>\$ 130,915,000</b>	<b>\$ 2,176,000</b>

**November 2014 Estimate Compared to May 2014 Estimate, General Fund**

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 129,192,000	\$ 131,043,000	\$ 1,851,000
2. Policy Changes	\$ (56,803,800)	\$ (63,957,700)	\$ (7,153,900)
<b>Total for Services</b>	<b>\$ 72,388,200</b>	<b>\$ 67,085,300</b>	<b>\$ (5,302,900)</b>
Fiscal Intermediary	\$ 85,000	\$ 67,000	\$ (18,000)
<b>Total GHPP Program</b>	<b>\$ 72,473,200</b>	<b>\$ 67,152,300</b>	<b>\$ (5,320,900)</b>

**November 2014 Estimate Compared to May 2014 Estimate, Federal Funds**

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 47,827,000	\$ 53,289,000	\$ 5,462,000
<b>Total for Services</b>	<b>\$ 47,827,000</b>	<b>\$ 53,289,000</b>	<b>\$ 5,462,000</b>
Fiscal Intermediary	-	-	-
<b>Total GHPP Program</b>	<b>\$ 47,827,000</b>	<b>\$ 53,289,000</b>	<b>\$ 5,462,000</b>

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

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, Total Funds**

	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	\$ 131,043,000	\$ 136,625,000	\$ 5,582,000
2. Policy Changes	\$ (195,000)	\$ (368,100)	\$ (173,100)
<b>Total for Services</b>	<b>\$ 130,848,000</b>	<b>\$ 136,256,900</b>	<b>\$ 5,408,900</b>
Fiscal Intermediary	\$ 67,000	\$ 80,000	\$ 13,000
<b>Total GHPP Program</b>	<b>\$ 130,915,000</b>	<b>\$ 136,336,900</b>	<b>\$ 5,421,900</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, General Fund**

	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	\$ 131,043,000	\$ 136,625,000	\$ 5,582,000
2. Policy Changes	\$ (63,957,700)	\$ (18,407,800)	\$ 45,549,900
<b>Total for Services</b>	<b>\$ 67,085,300</b>	<b>\$ 118,217,200</b>	<b>\$ 51,131,900</b>
Fiscal Intermediary	\$ 67,000	\$ 80,000	\$ 13,000
<b>Total GHPP Program</b>	<b>\$ 67,152,300</b>	<b>\$ 118,297,200</b>	<b>\$ 51,144,900</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, Federal Funds**

	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./Decr.</b>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 53,289,000	\$ 7,566,000	\$ (45,723,000)
<b>Total for Services</b>	<b>\$ 53,289,000</b>	<b>\$ 7,566,000</b>	<b>\$ (45,723,000)</b>
Fiscal Intermediary	-	-	-
<b>Total GHPP Program</b>	<b>\$ 53,289,000</b>	<b>\$ 7,566,000</b>	<b>\$ (45,723,000)</b>

**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>
<b>2013-14</b> <b>Actuals</b>	<b>Hemophilia</b>	386	\$ 267,800	\$ 103,372,000
	<b>Cystic Fibrosis</b>	344	13,600	4,687,000
	<b>Sickle Cell</b>	129	8,000	1,028,000
	<b>Huntington's</b>	72	1,900	137,000
	<b>Metabolic 2/</b>	48	3,700	176,000
		-----		
		979	\$ 111,700	\$ 109,400,000
<b>2014-15</b> <b>Estimate /3</b>	<b>Hemophilia</b>	374	\$ 332,700	\$ 124,445,000
	<b>Cystic Fibrosis</b>	337	14,700	4,949,000
	<b>Sickle Cell</b>	116	12,000	1,396,000
	<b>Huntington's</b>	67	1,500	102,000
	<b>Metabolic 2/</b>	52	2,900	151,000
		-----		
		946	\$ 138,500	\$ 131,043,000
<b>2015-16</b> <b>Estimate</b>	<b>Hemophilia</b>	384	\$ 337,400	\$ 129,543,000
	<b>Cystic Fibrosis</b>	340	15,500	5,264,000
	<b>Sickle Cell</b>	120	12,600	1,515,000
	<b>Huntington's</b>	67	1,600	105,000
	<b>Metabolic 2/</b>	56	3,500	198,000
		-----		
		967	\$ 141,300	\$ 136,625,000

-----

1/ Actual expenditure data is complete through July 2014.  
 Actual caseload data is complete through July 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 2014-15 and 2015-16****FY 2014-15, November 2014 Estimate Compared to Appropriation**

	<b>Appropriation FY 2014-15</b>	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Difference Incr./(Decr.)</b>
<b>Hemophilia</b>	\$ 122,821,000	\$ 124,445,000	\$ 1,624,000
<b>Cystic Fibrosis</b>	5,012,000	4,949,000	(63,000)
<b>Sickle Cell</b>	1,176,000	1,396,000	220,000
<b>Huntington's</b>	71,000	102,000	31,000
<b>Metabolic</b>	112,000	151,000	39,000
<b>TOTAL</b>	<b>\$ 129,192,000</b>	<b>\$ 131,043,000</b>	<b>\$ 1,851,000</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16**

	<b>Nov. 14 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
<b>Hemophilia</b>	\$ 124,445,000	\$ 129,543,000	\$ 5,098,000
<b>Cystic Fibrosis</b>	4,949,000	5,264,000	315,000
<b>Sickle Cell</b>	1,396,000	1,515,000	119,000
<b>Huntington's</b>	102,000	105,000	3,000
<b>Metabolic</b>	151,000	198,000	47,000
<b>TOTAL</b>	<b>\$ 131,043,000</b>	<b>\$ 136,625,000</b>	<b>\$ 5,582,000</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly Caseload Estimate

<b>Fiscal Year 2014-15</b>
----------------------------

	<u><b>Total Caseload</b></u>	<u><b>Medi-Cal Caseload</b></u>	<u><b>GHPP Only Caseload</b></u>
<b>Hemophilia</b>	607	233	374
<b>Cystic Fibrosis</b>	548	211	337
<b>Sickle Cell</b>	362	246	116
<b>Huntington's</b>	163	96	67
<b>Metabolic</b>	<u>132</u>	<u>80</u>	<u>52</u>
<b>Total</b>	<b>1,812</b>	<b>866</b>	<b>946</b>

<b>Fiscal Year 2015-16</b>
----------------------------

	<u><b>Total Caseload</b></u>	<u><b>Medi-Cal Caseload</b></u>	<u><b>GHPP Only Caseload</b></u>
<b>Hemophilia</b>	625	241	384
<b>Cystic Fibrosis</b>	560	220	340
<b>Sickle Cell</b>	381	261	120
<b>Huntington's</b>	165	98	67
<b>Metabolic</b>	<u>141</u>	<u>85</u>	<u>56</u>
<b>Total</b>	<b>1,872</b>	<b>905</b>	<b>967</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly State-Only Caseload Comparison

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

	<b>Appropriation FY 2014-15</b>	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	402	374	(28)
Cystic Fibrosis	357	337	(20)
Sickle Cell	134	116	(18)
Huntington's	76	67	(9)
Metabolic	55	52	(3)
<b>Total</b>	<b>1,024</b>	<b>946</b>	<b>(78)</b>

**Fiscal Year 2014-15 Compared to Fiscal Year 2015-16**

	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	374	384	10
Cystic Fibrosis	337	340	3
Sickle Cell	116	120	4
Huntington's	67	67	0
Metabolic	52	56	4
<b>Total</b>	<b>946</b>	<b>967</b>	<b>21</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
Average Monthly Medi-Cal Caseload Comparison

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

	<b>Appropriation FY 2014-15</b>	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	199	233	34
Cystic Fibrosis	182	211	29
Sickle Cell	242	246	4
Huntington's	85	96	11
Metabolic	<u>77</u>	<u>80</u>	<u>3</u>
<b>Total</b>	<b>785</b>	<b>866</b>	<b>81</b>

**Fiscal Year 2014-15 Compared to Fiscal Year 2015-16**

	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Nov. 2014 Est. FY 2015-16</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	233	241	8
Cystic Fibrosis	211	220	9
Sickle Cell	246	261	15
Huntington's	96	98	2
Metabolic	<u>80</u>	<u>85</u>	<u>5</u>
<b>Total</b>	<b>866</b>	<b>905</b>	<b>39</b>

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

Fiscal Year 2014-15, November 2014 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>		<u>FY 2014-15 APPROPRIATION</u>		<u>NOVEMBER 2014 ESTIMATE</u>		<u>DIFFERENCE, Inc./(Decr.)</u>		
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</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>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$85,000	\$85,000	\$67,000	\$67,000	-\$18,000	-\$18,000
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	\$89,000	\$89,000	\$91,000	\$91,000	\$2,000	\$2,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$425,500	-\$425,500	-\$203,200	-\$203,200	\$222,300	\$222,300
Benefits	7	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$201,500	-\$201,500	-\$82,800	-\$82,800	\$118,700	\$118,700
		<b>GHPP TOTAL</b>	<b>-\$453,000</b>	<b>-\$453,000</b>	<b>-\$128,000</b>	<b>-\$128,000</b>	<b>\$325,000</b>	<b>\$325,000</b>

Fiscal Year 2014-15 Compared to Fiscal Year 2015-16								
<u>POLICY CHG.</u>		<u>Nov. 2014 Est. for FY 2014-15</u>		<u>Nov. 2014 Est. for FY 2015-16</u>		<u>DIFFERENCE, Inc./(Decr.)</u>		
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</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>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$67,000	\$67,000	\$80,000	\$80,000	\$13,000	\$13,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	-\$10,000,000	\$0	\$0	\$0	\$10,000,000
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$91,000	\$91,000	\$101,000	\$101,000	\$10,000	\$10,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$203,200	-\$203,200	-\$350,600	-\$350,600	-\$147,400	-\$147,400
Benefits	7	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$82,800	-\$82,800	-\$118,500	-\$118,500	-\$35,700	-\$35,700
		<b>GHPP TOTAL</b>	<b>-\$128,000</b>	<b>-\$10,128,000</b>	<b>-\$288,100</b>	<b>-\$288,100</b>	<b>-\$160,100</b>	<b>\$9,839,900</b>

<sup>1</sup> 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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$473,700	-\$473,700
	- ENROLLMENT FEES FUND	\$473,700	\$473,700
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$473,700	-\$473,700
	- ENROLLMENT FEES FUND	\$473,700	\$473,700

**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:**

The estimated average monthly enrollment fees for FY 2014-15 increased.

**Methodology:**

1. Based on actual enrollment fees of \$459,524 collected in Fiscal Year (FY) 2013-14, and \$93,160 collected in the first two months of FY 2014-15, base fee collections are estimated to be approximately \$473,700 for FY 2014-15 and FY 2015-16.

**FY 2014-15:  $$(459,524 + 93,160) \div 14 \times 12 = \$473,729$  (\$473,700 GF)**

**FY 2015-16:  $$(459,524 + 93,160) \div 14 \times 12 = \$473,729$  (\$473,700 GF)**

**Funding:**

100% GF (4260-111-0001)

**FISCAL INTERMEDIARY EXPENDITURES - GHPP**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Jason Moody

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$67,000	\$80,000
	- GENERAL FUND	\$67,000	\$80,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$67,000	\$80,000
	- GENERAL FUND	\$67,000	\$80,000

**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 2014-15</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	52,342	\$ 0.79	\$ 41,000
Online ACLs	44,307	\$ 0.58	\$ 26,000
<b>Total FY 2014-15</b>			<b>\$ 67,000</b>

<u>FY 2015-16</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	53,503	\$ 0.93	\$ 50,000
Online ACLs	45,291	\$ 0.67	\$ 30,000
<b>Total FY 2015-16</b>			<b>\$ 80,000</b>

2. The estimated dental FI administrative costs are:

<u>FY 2014-15</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	60	\$ 1.75	\$ 105
TARs	1	\$ 10.27	\$ 10
<b>Total FY 2014-15</b>			<b>\$ 115</b>

<u>FY 2015-16</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	-	\$ 1.79	\$ -
TARs	1	\$ 10.46	\$ 10
<b>Total FY 2015-16</b>			<b>\$ 10</b>

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
Medical	\$ 67,000	\$ 80,000
Dental	\$ -	\$ -
<b>Total</b>	<b>\$ 67,000</b>	<b>\$ 80,000</b>

**Funding:**

100% GF (4260-111-0001)

**BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS**

**POLICY CHANGE NUMBER:** 3  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Jason Moody

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$10,000,000	-\$10,000,000
	- REBATE SPECIAL FUND	\$10,000,000	\$10,000,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$10,000,000	-\$10,000,000
	- REBATE SPECIAL FUND	\$10,000,000	\$10,000,000

**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 GHPP drug rebates average per quarter has increased.

**Methodology:**

1. The estimate is based on rebates received in FY 2013-14.
2. GHPP drug rebates average \$3.4 million each quarter.
3. Assume 75% of drug rebates will be collected in each fiscal year.
4. The Department anticipates to collect \$10,000,000 in FY 2014-15 and FY 2015-16 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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>
<b>PAYMENT LAG</b>	<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>	<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE - TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
<b>- GENERAL FUND</b>	<b>\$0</b>	<b>\$0</b>

**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 DY 2014-15 program expenditures. In addition, claiming for DY 2014-15 will now occur in FY 2014-15 and FY 2015-16.

**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.
2. 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.
3. The final reconciliation for DY 2012-13 is anticipated to be completed in FY 2015-16. The Department estimates that it will have to repay the federal government \$9.067 million in federal funds in FY 2015-16 for the DY 2012-13 final reconciliation. The GHPP federal reimbursements are reduced by the final reconciliation amounts in this policy change.
4. The BTR will end on October 31, 2015. The Department assumes the BTR DSHP funding will not continue in the subsequent waiver.

(Dollars in Thousands)

	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>FY 2014-15</b>			
DSHP-BTR (DY 2014-15)	\$0	\$ (49,900)	\$ 49,900
DY 2011-12 Final Reconciliation	\$0	\$ (3,389)	\$ 3,389
<b>Total</b>	<b>\$0</b>	<b>\$ (53,289)</b>	<b>\$ 53,289</b>
<b>FY 2015-16</b>			
DSHP-BTR (DY 2014-15)	\$0	\$ (16,633)	\$ 16,633
DY 2012-13 Final Reconciliation	\$0	\$ 9,067	\$ (9,067)
<b>Total</b>	<b>\$0</b>	<b>\$ (7,566)</b>	<b>\$ 7,566</b>

**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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$91,000</b>	<b>\$101,000</b>
	<b>- GENERAL FUND</b>	<b>\$91,000</b>	<b>\$101,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$91,000</b>	<b>\$101,000</b>
	<b>- GENERAL FUND</b>	<b>\$91,000</b>	<b>\$101,000</b>

**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 plans. 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 (FY) 2014-15 is nine, one more than the prior estimate. The average monthly cost per member for Hemophilia increased from the prior estimate. The average monthly cost per member for Cystic Fibrosis and Sickle Cell decreased from the prior estimate. The average costs varied from last estimate because new clients enrolled and other clients left the program.

**Methodology:**

1. Assume the premium costs are \$900 per Hemophilia enrollee, \$300 per Sickle Cell Disease enrollee and \$800 per Cystic Fibrosis enrollee per month based on prior enrollment records.
2. Nine clients remain in the program after the first quarter of FY 2014-15.
3. Assume one client with Hemophilia will enroll in the last three quarters of FY 2014-15.
4. Assume one client with Cystic Fibrosis will enroll in FY 2015-16.

	<u>TF</u>	<u>GF</u>
FY 2014-15	\$ 91,000	\$ 91,000
FY 2015-16	\$ 101,000	\$ 101,000

**Funding:**

100% GF (4260-111-0001)

**GHPP PREMIUM SAVINGS**

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

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$725,000</b>	<b>-\$810,000</b>
	<b>- GENERAL FUND</b>	<b>-\$725,000</b>	<b>-\$810,000</b>
<b>PAYMENT LAG</b>		<b>0.9742</b>	<b>0.9988</b>
<b>% REFLECTED IN BASE</b>		<b>71.24%</b>	<b>56.67%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$203,200</b>	<b>-\$350,600</b>
	<b>- GENERAL FUND</b>	<b>-\$203,200</b>	<b>-\$350,600</b>

**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 plans. 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 2014-15 is ten clients, nine current and one anticipated, two less than the prior estimate. The average monthly cost per member for Hemophilia increased from the prior estimate. The average monthly cost per member for Cystic Fibrosis and Sickle Cell decreased from the prior estimate. The average savings varied from last estimate because new clients enrolled and other clients left the program.

**Methodology:**

1. Nine clients remain in the program after the first quarter of FY 2014-15.
2. Assume one client with Hemophilia will enroll in the last three quarters of FY 2014-15.

3. Assume one client with Cystic Fibrosis will enroll in FY 2015-16.
4. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2014 Family Health Estimate:

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
Hemophilia	\$ 332,700	\$ 337,400
Cystic Fibrosis	\$ 14,700	\$ 15,500
Sickle Cell	\$ 12,000	\$ 12,600

5. Projected Savings (Rounded):

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
Total Funds	\$ 725,000	\$ 810,000
General Funds	\$ 725,000	\$ 810,000

**Funding:**

100% GF (4260-111-0001)

**DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY**

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

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$290,000</b>	<b>-\$290,000</b>
	<b>- GENERAL FUND</b>	<b>-\$290,000</b>	<b>-\$290,000</b>
<b>PAYMENT LAG</b>		<b>0.8774</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>67.46%</b>	<b>59.13%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$82,800</b>	<b>-\$118,500</b>
	<b>- GENERAL FUND</b>	<b>-\$82,800</b>	<b>-\$118,500</b>

**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>
<b>FY 2014-15</b>	<b>(\$290,000)</b>	<b>(\$290,000)</b>
Annual	<u>TF</u>	<u>GF</u>
<b>FY 2015-16</b>	<b>(\$290,000)</b>	<b>(\$290,000)</b>

**Funding:**

100% General Fund (4260-111-0001)

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

<b>Total</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,578	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
<b>2012-13</b>	<b>1,617</b>	<b>711</b>	<b>906</b>	<b>\$ 97,989,000</b>
1	1,673	709	964	\$ 24,986,498
2	1,728	727	1,001	24,872,626
3	1,767	771	996	31,712,495
4	1,801	849	952	27,828,104
<b>2013-14</b>	<b>1,744</b>	<b>765</b>	<b>979</b>	<b>\$ 109,400,000</b>
1	1,786	851	935	\$ 34,296,779
2	1,806	861	945	31,703,381
3	1,821	871	950	32,248,491
4	1,835	880	955	32,793,605
<b>2014-15</b>	<b>1,812</b>	<b>866</b>	<b>946</b>	<b>\$ 131,043,000</b>
1	1,849	890	959	\$ 33,338,716
2	1,861	899	962	33,883,831
3	1,876	908	968	34,428,943
4	1,890	918	972	34,974,054
<b>2015-16</b>	<b>1,872</b>	<b>905</b>	<b>967</b>	<b>\$ 136,625,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.

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

<b>Hemophilia</b>
-------------------

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
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
<b>2012-13</b>	<b>525</b>	<b>166</b>	<b>359</b>	<b>\$ 88,791,000</b>
1	557	173	384	\$ 23,643,740
2	573	178	395	23,554,809
3	587	200	387	30,233,412
4	603	225	378	25,939,651
<b>2013-14</b>	<b>580</b>	<b>194</b>	<b>386</b>	<b>\$ 103,372,000</b>
1	600	231	369	\$ 32,651,599
2	605	232	373	30,086,790
3	609	234	375	30,597,690
4	614	236	378	31,108,591
<b>2014-15</b>	<b>607</b>	<b>233</b>	<b>374</b>	<b>\$ 124,445,000</b>
1	618	238	380	\$ 31,619,491
2	622	240	382	32,130,392
3	626	241	385	32,641,293
4	630	243	387	33,152,193
<b>2015-16</b>	<b>625</b>	<b>241</b>	<b>384</b>	<b>\$ 129,543,000</b>

- Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.

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

<b>Cystic Fibrosis</b>
------------------------

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
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
<b>2012-13</b>	<b>491</b>	<b>174</b>	<b>317</b>	<b>\$ 6,916,000</b>
1	502	168	334	\$ 961,430
2	518	166	352	1,016,564
3	531	179	352	1,201,577
4	541	203	338	1,507,865
<b>2013-14</b>	<b>523</b>	<b>179</b>	<b>344</b>	<b>\$ 4,687,000</b>
1	542	208	334	\$ 1,196,068
2	546	209	337	1,232,445
3	550	212	338	1,251,026
4	552	214	338	1,269,608
<b>2014-15</b>	<b>548</b>	<b>211</b>	<b>337</b>	<b>\$ 4,949,000</b>
1	555	216	339	\$ 1,288,189
2	558	219	339	1,306,771
3	561	221	340	1,325,352
4	563	223	340	1,343,933
<b>2015-16</b>	<b>560</b>	<b>220</b>	<b>340</b>	<b>\$ 5,264,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.

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

<b>Sickle Cell</b>
--------------------

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	337	223	114	\$ 482,220
2	350	226	124	356,652
3	349	222	127	461,815
4	350	222	128	413,908
<b>2012-13</b>	<b>347</b>	<b>223</b>	<b>124</b>	<b>\$ 1,715,000</b>
1	353	222	131	\$ 230,526
2	362	230	132	271,501
3	363	231	132	215,003
4	367	247	120	310,627
<b>2013-14</b>	<b>362</b>	<b>233</b>	<b>129</b>	<b>\$ 1,028,000</b>
1	353	238	115	\$ 392,297
2	361	245	116	321,913
3	365	248	117	334,553
4	370	252	118	347,194
<b>2014-15</b>	<b>362</b>	<b>246</b>	<b>116</b>	<b>\$ 1,396,000</b>
1	375	256	119	\$ 359,834
2	378	259	119	372,475
3	383	263	120	385,115
4	388	267	121	397,756
<b>2015-16</b>	<b>381</b>	<b>261</b>	<b>120</b>	<b>\$ 1,515,000</b>

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.

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

<b>Huntington</b>
-------------------

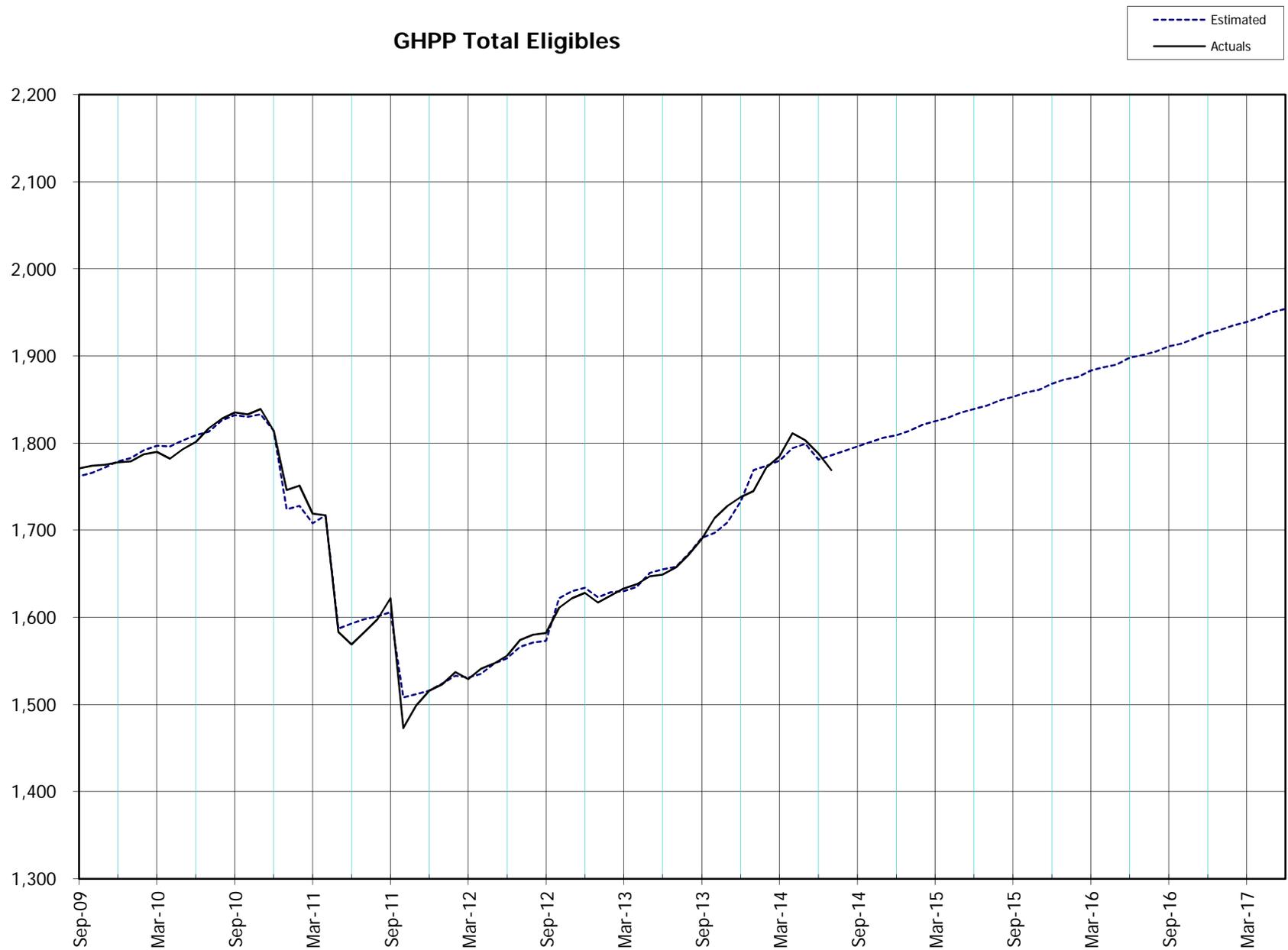
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	149	88	61	\$ 137,875
2	153	86	67	70,826
3	150	83	67	82,348
4	150	82	68	98,701
<b>2012-13</b>	<b>151</b>	<b>85</b>	<b>66</b>	<b>\$ 390,000</b>
1	151	81	70	\$ 63,870
2	155	83	72	13,306
3	163	86	77	29,657
4	162	94	68	29,830
<b>2013-14</b>	<b>158</b>	<b>86</b>	<b>72</b>	<b>\$ 137,000</b>
1	161	95	66	\$ 25,674
2	162	95	67	25,196
3	163	96	67	25,428
4	163	96	67	25,659
<b>2014-15</b>	<b>163</b>	<b>96</b>	<b>67</b>	<b>\$ 102,000</b>
1	164	97	67	\$ 25,891
2	164	97	67	26,123
3	165	98	67	26,355
4	166	99	67	26,586
<b>2015-16</b>	<b>165</b>	<b>98</b>	<b>67</b>	<b>\$ 105,000</b>

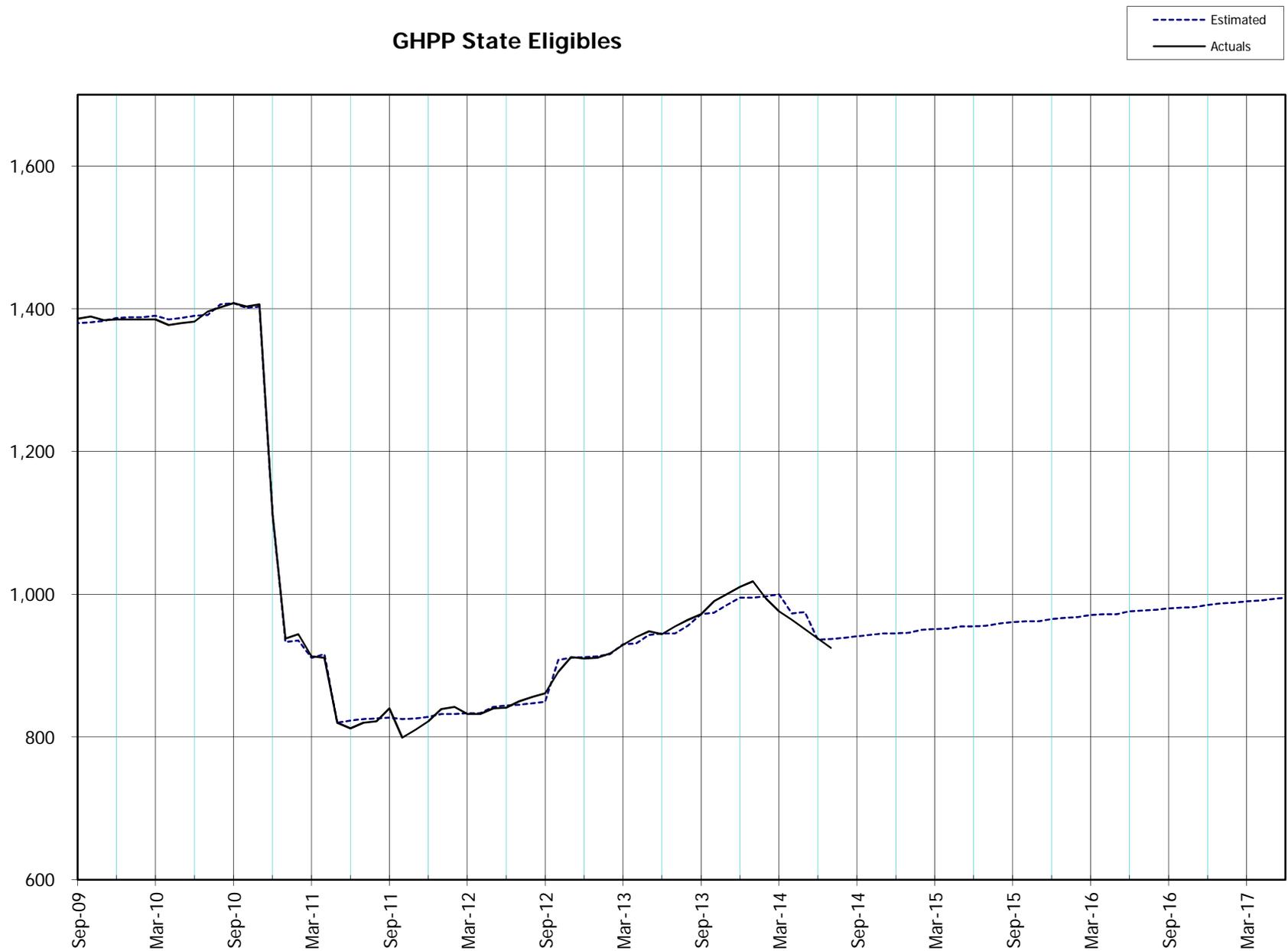
- Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.

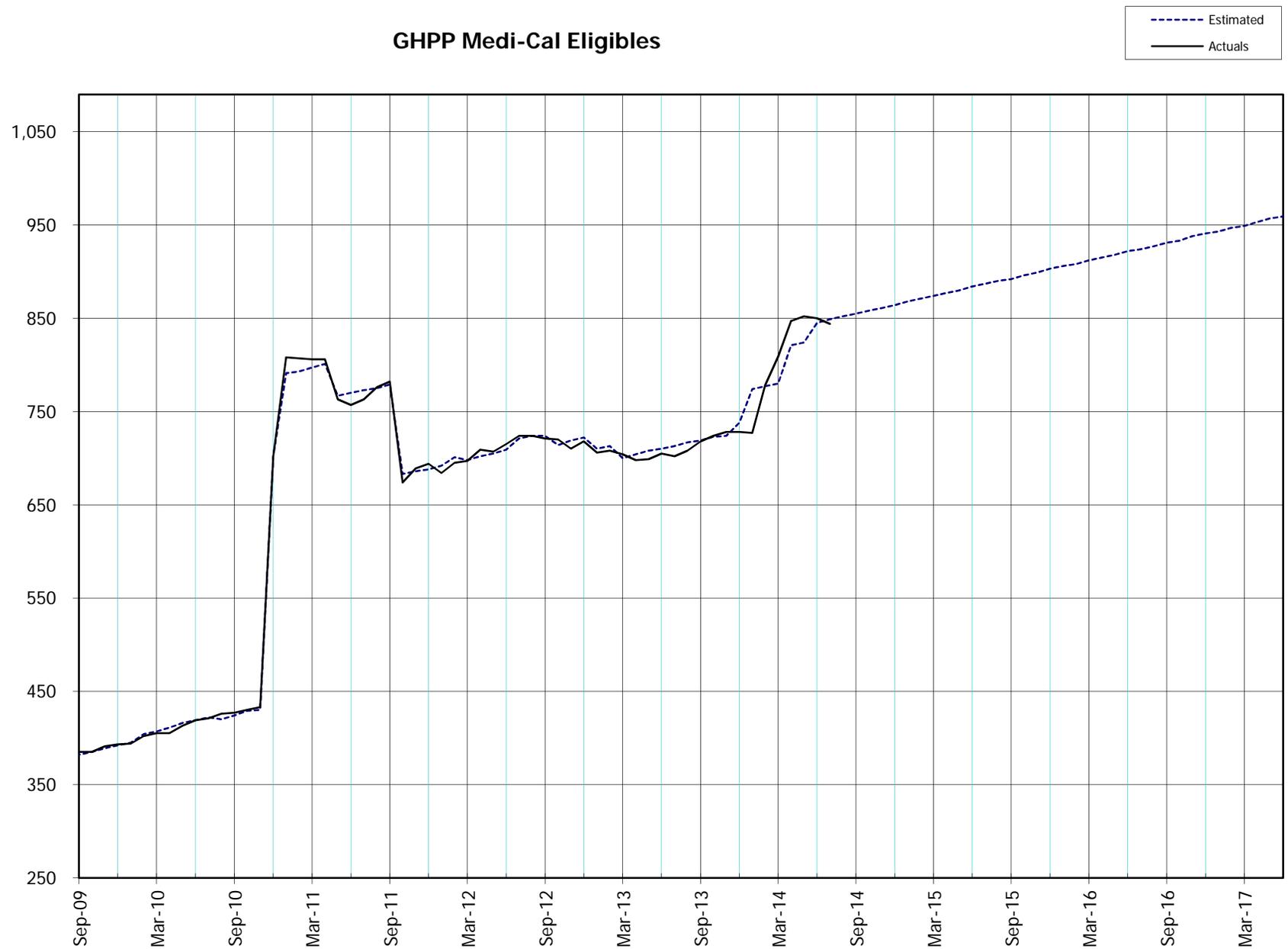
**GHPP Trend Report**  
(Includes Actuals & Projected Base Values)

<b>Metabolic</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	101	64	37	\$ 15,214
2	103	64	39	46,638
3	103	63	40	10,737
4	107	62	45	104,410
<b>2012-13</b>	<b>103</b>	<b>63</b>	<b>40</b>	<b>\$ 177,000</b>
1	110	65	45	\$ 86,932
2	120	70	50	16,446
3	123	75	48	32,846
4	128	80	48	40,131
<b>2013-14</b>	<b>121</b>	<b>73</b>	<b>48</b>	<b>\$ 176,000</b>
1	130	79	51	\$ 31,141
2	132	80	52	37,037
3	134	81	53	39,794
4	136	82	54	42,553
<b>2014-15</b>	<b>132</b>	<b>80</b>	<b>52</b>	<b>\$ 151,000</b>
1	137	83	54	\$ 45,311
2	139	84	55	48,070
3	141	85	56	50,828
4	143	86	57	53,586
<b>2015-16</b>	<b>141</b>	<b>85</b>	<b>56</b>	<b>\$ 198,000</b>

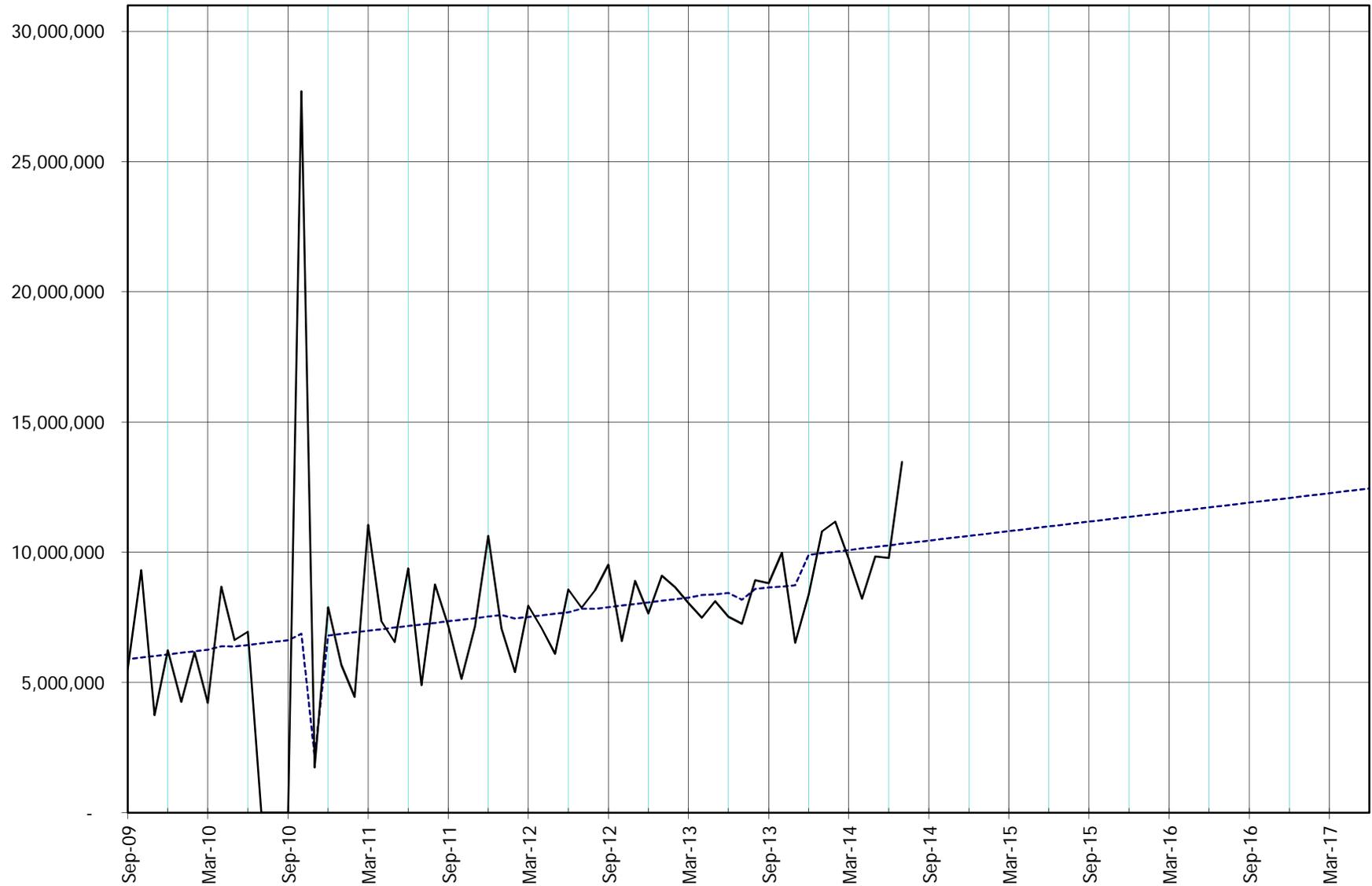
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2014-15 reflects actuals and projected base estimate values.  
 3) FY 2015-16 reflects projected base estimate values.







### GHPP State-Only Monthly Expenditures



## EVERY WOMAN COUNTS PROGRAM Funding Summary

### FY 2014-15, November 2014 Estimate Compared to Appropriation

	<u>Appropriation FY 2014-15</u>	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
<b>Caseload:</b>	304,400	275,219	(29,181)
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$20,844,000	\$16,572,000	(\$4,272,000)
4260-114-0236 (Prop 99)	\$25,318,000	\$25,318,000	\$0
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
<b>Total</b>	<b><u>\$58,583,000</u></b>	<b><u>\$54,311,000</u></b>	<b><u>-\$4,272,000</u></b>

### November 2014 Estimate, FY 2014-15 Compared to FY 2015-16

	<u>Nov. 2014 Est. FY 2014-15</u>	<u>Nov. 2014 Est. FY 2015-16</u>	<u>Difference Incr./(Decr.)</u>
<b>Caseload:<sup>2</sup></b>	275,219	213,000	(62,219)
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$16,572,000	\$4,617,000	(\$11,955,000)
4260-114-0236 (Prop 99)	\$25,318,000	\$25,318,000	\$0
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
<b>Total</b>	<b><u>\$54,311,000</u></b>	<b><u>\$42,356,000</u></b>	<b><u>-\$11,955,000</u></b>

<sup>2</sup> The Appropriation caseload estimate was based on data from January 2007 - December 2009 and the November 2014 caseload estimate is based on data from July 2013 - May 2014.

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

**November 2014 Estimate Compared to Appropriation, Total Funds**

	<b>Appropriation FY 2014-15</b>	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Difference Incr./(Decr.)</b>
<b>1. Base Expenditure Estimate</b>	\$ 39,646,000	\$ 39,171,000	\$ (475,000)
<b>2. Policy Changes</b>	\$ 17,547,000	\$ 13,717,000	\$ (3,830,000)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 57,193,000</b>	<b>\$ 52,888,000</b>	<b>\$ (4,305,000)</b>
<b>Fiscal Intermediary</b>	\$ 1,390,000	\$ 1,423,000	\$ 33,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 58,583,000</b>	<b>\$ 54,311,000</b>	<b>\$ (4,272,000)</b>

**November 2014 Estimate Compared to Appropriation, General Fund**

	<b>Appropriation FY 2014-15</b>	<b>Nov. 2014 Est. FY 2014-15</b>	<b>Difference Incr./(Decr.)</b>
<b>1. Base Expenditure Estimate</b>	\$ 39,646,000	\$ 39,171,000	\$ (475,000)
<b>2. Policy Changes</b>	\$ (20,192,000)	\$ (24,022,000)	\$ (3,830,000)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 19,454,000</b>	<b>\$ 15,149,000</b>	<b>\$ (4,305,000)</b>
<b>Fiscal Intermediary</b>	\$ 1,390,000	\$ 1,423,000	\$ 33,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 20,844,000</b>	<b>\$ 16,572,000</b>	<b>\$ (4,272,000)</b>

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

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, Total Funds**

	<b>Nov. 2014 Est.</b> <b><u>FY 2014-15</u></b>	<b>Nov. 2014 Est.</b> <b><u>FY 2015-16</u></b>	<b>Difference</b> <b><u>Incr./(Decr.)</u></b>
<b>1. Base Expenditure Estimate</b>	\$ 39,171,000	\$ 33,662,000	\$ (5,509,000)
<b>2. Policy Changes</b>	\$ 13,717,000	\$ 7,053,000	\$ (6,664,000)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 52,888,000</b>	<b>\$ 40,715,000</b>	<b>\$ (12,173,000)</b>
<b>Fiscal Intermediary</b>	\$ 1,423,000	\$ 1,641,000	\$ 218,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 54,311,000</b>	<b>\$ 42,356,000</b>	<b>\$ (11,955,000)</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16, General Fund**

	<b>Nov. 2014 Est.</b> <b><u>FY 2014-15</u></b>	<b>Nov. 2014 Est.</b> <b><u>FY 2015-16</u></b>	<b>Difference</b> <b><u>Incr./(Decr.)</u></b>
<b>1. Base Expenditure Estimate</b>	\$ 39,171,000	\$ 33,662,000	\$ (5,509,000)
<b>2. Policy Changes</b>	\$ (24,022,000)	\$ (30,686,000)	\$ (6,664,000)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 15,149,000</b>	<b>\$ 2,976,000</b>	<b>\$ (12,173,000)</b>
<b>Fiscal Intermediary</b>	\$ 1,423,000	\$ 1,641,000	\$ 218,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 16,572,000</b>	<b>\$ 4,617,000</b>	<b>\$ (11,955,000)</b>

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

**Fiscal Year 2014-15, November 2014 Estimate Compared to Appropriation**

POLICY CHG. TYPE	NO.	DESCRIPTION	FY 2014-15 APPROPRIATION		NOVEMBER 2014 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,390,000	\$1,390,000	\$1,423,000	\$1,423,000	\$33,000	\$33,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$4,509,000	\$0	-\$4,509,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE AND ONLINE PROVIDER LOCATOR	\$16,000	\$16,000	\$16,000	\$16,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$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	\$9,200,000	\$9,200,000	\$7,360,000	\$7,360,000	-\$1,840,000	-\$1,840,000
Benefits	9	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING	\$4,974,000	\$4,974,000	\$2,984,400	\$2,984,400	-\$1,989,600	-\$1,989,600
<b>EWC TOTAL</b>			<b>\$18,937,000</b>	<b>\$14,428,000</b>	<b>\$15,140,400</b>	<b>\$10,631,400</b>	<b>-\$3,796,600</b>	<b>-\$3,796,600</b>

**Fiscal Year 2014-15 Compared to Fiscal Year 2015-16**

POLICY CHG. TYPE	NO.	DESCRIPTION	Nov. 2014 Est. for FY 2014-15		Nov. 2014 Est. for FY 2015-16		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,423,000	\$1,423,000	\$1,641,000	\$1,641,000	\$218,000	\$218,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$4,509,000	\$0	-\$4,509,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE AND ONLINE PROVIDER LOCATOR	\$16,000	\$16,000	\$16,000	\$16,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$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	\$7,360,000	\$7,360,000	\$3,680,000	\$3,680,000	-\$3,680,000	-\$3,680,000
Benefits	9	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING	\$2,984,400	\$2,984,400	\$0	\$0	-\$2,984,400	-\$2,984,400
<b>EWC TOTAL</b>			<b>\$15,140,400</b>	<b>\$10,631,400</b>	<b>\$8,694,000</b>	<b>\$4,185,000</b>	<b>-\$6,446,400</b>	<b>-\$6,446,400</b>

<sup>1</sup> 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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$1,423,000	\$1,641,000
	<b>- GENERAL FUND</b>	\$1,423,000	\$1,641,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$1,423,000	\$1,641,000
	<b>- GENERAL FUND</b>	\$1,423,000	\$1,641,000

**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, and to add, delete or modify EWC covered procedures in CA-MMIS.

**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	1,168,024	\$0.79	\$922,739
Online ACLs	11	\$0.58	\$6
<b>Total FY 2014-15</b>			\$922,745
General ACLs	1,226,425	\$0.93	\$1,140,575
Online ACLs	11	\$0.67	\$7
<b>Total FY 2015-16</b>			\$1,140,583

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

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
Processing Costs	\$923,000	\$1,141,000
SDNs	\$500,000	\$500,000
<b>Total</b>	<b>\$1,423,000</b>	<b>\$1,641,000</b>

**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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$25,318,000	-\$25,318,000
- PROP 99 FUND	\$25,318,000	\$25,318,000
<b>PAYMENT LAG</b>	1.0000	1.0000
<b>% REFLECTED IN BASE</b>	0.00%	0.00%
<b>APPLIED TO BASE</b>		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$25,318,000	-\$25,318,000
- PROP 99 FUND	\$25,318,000	\$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 \$25,318,000 in FY 2014-15 and \$25,318,00 in FY 2015-16.
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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$7,912,000	-\$7,912,000
	<b>- BCCA FUND</b>	\$7,912,000	\$7,912,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$7,912,000	-\$7,912,000
	<b>- BCCA FUND</b>	\$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 2014-15 and FY 2015-16.
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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$4,509,000	-\$4,509,000
	<b>- CDC FUNDS</b>	\$4,509,000	\$4,509,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$4,509,000	-\$4,509,000
	<b>- CDC FUNDS</b>	\$4,509,000	\$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.

**Reason for Change from Prior Estimate:**

There is no change from prior estimate.

**Methodology:**

1. The CDC grant is a multi-year contract beginning June 30, 2012 through June 29, 2017. The total grant amount is \$10,465,000 for FY 2014-15 and FY 2015-16.
2. The Department receives 66.56% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 33.44%.

Department	\$6,966,000
CDPH	<u>\$3,499,000</u>
Total CDC Grant Amount	\$10,465,000

3. The Department allocates 64.73% of the grant to local assistance and 35.27% to the support budget.

Local Assistance	\$4,509,000
Support	<u>\$2,457,000</u>
NBCCEDP Grant for EWC	\$6,966,000

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 AND ONLINE PROVIDER LOCATOR**

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

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$16,000</b>	<b>\$16,000</b>
	<b>- GENERAL FUND</b>	<b>\$16,000</b>	<b>\$16,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$16,000</b>	<b>\$16,000</b>
	<b>- GENERAL FUND</b>	<b>\$16,000</b>	<b>\$16,000</b>

**Purpose:**

This policy change estimates the contract costs for the Every Woman Counts (EWC) consumer toll-free line automated voice response system (AVRS) and Online Provider Locator (OPL) system.

**Authority:**

Health & Safety Code 104150 (c)  
 Revenue and Taxation Code 30461.6

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department contracts with AT&T for the EWC consumer toll-free line automated voice response system (AVRS) for 24-hour provider referrals. The Department also administers an On-Line Provider Locator (OPL), previously called On-Line Clinic Locator (OCL), developed by the Department's Information Technology Services Division.

**Reason for Change from Prior Estimate:**

There is no change from prior estimate.

**Methodology:**

1. AVRS cost for the consumer toll-free line is determined based on the estimated call volume.
2. OPL cost is determined based on staff programming hours for system maintenance.

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
AVRS	\$11,000	\$11,000
OPL	\$5,000	\$5,000
<b>Total</b>	<b>\$16,000</b>	<b>\$16,000</b>

**Funding:**

100% General Fund (4260-114-0001)

## REGIONAL CONTRACTS

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

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>
	<b>- GENERAL FUND</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>
	<b>- GENERAL FUND</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>

**Purpose:**

This policy change estimates Every Women Counts 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:**

Not Applicable

**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 through management of a regional primary care provider network.

**Reason for Change from Prior Estimate:**

There is no change from prior estimate.

**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.
4. The contracts are funded by local assistance.

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
CA Health Collab.	\$2,129,600	\$2,129,600
Community Health Partnership	\$266,800	\$266,800
County of Orange	\$306,800	\$306,800
Santa Barbara County	\$353,800	\$353,800
<b>Total</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>

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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$300,000</b>	<b>\$300,000</b>
	<b>- GENERAL FUND</b>	<b>\$300,000</b>	<b>\$300,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$300,000</b>	<b>\$300,000</b>
	<b>- GENERAL FUND</b>	<b>\$300,000</b>	<b>\$300,000</b>

**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 and other health care professionals regarding breast and cervical cancer screening and diagnostic clinical care guidelines and data navigation for federal Center for Disease Control and Prevention (CDC) 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 2014-15 are \$747,000.

Local Assistance	<b>\$300,000</b>
Support	\$447,000
<b>FY 2013-14</b>	<b>\$747,000</b>

- 4. The projected expenditures for FY 2015-16 are \$747,000.

Local Assistance	<b>\$300,000</b>
Support	\$447,000
<b>FY 2014-15</b>	<b>\$747,000</b>

- 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 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$9,200,000	\$9,200,000
	<b>- GENERAL FUND</b>	\$9,200,000	\$9,200,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		20.00%	60.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$7,360,000	\$3,680,000
	<b>- GENERAL FUND</b>	\$7,360,000	\$3,680,000

**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)

**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**

The change is due to updated claims data.

**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

4. 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>

5. 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>

6. The estimated excess cost resulting from the rate change in FY 2014-15 and FY 2015-16 is:

	<u>FY 2014-15</u>	<u>FY 2015-16</u>
Digital Mammograms	<u>\$9,200,000</u>	<u>\$9,200,000</u>

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

**Funding:**

100% General Fund (4260-114-0001)

**DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING**

**POLICY CHANGE NUMBER:** 9  
**IMPLEMENTATION DATE:** 4/2013  
**ANALYST:** Joel Singh

		<u>FY 2014-15</u>	<u>FY 2015-16</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$4,974,000</b>	<b>\$4,974,000</b>
	<b>- GENERAL FUND</b>	<b>\$4,974,000</b>	<b>\$4,974,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>0.0000</b>
<b>% REFLECTED IN BASE</b>		<b>40.00%</b>	<b>100.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$2,984,400</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>\$2,984,400</b>	<b>\$0</b>

**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.

**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:	$125,458 \times 75\% =$	94,094
50 and over:	$173,277 \times 42\% =$	<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:	$94,094 \times 30\% =$	28,228
50 and over:	$72,776 \times 30\% =$	<u>21,833</u>
Total		50,061

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

40 – 49 years:	$28,228 \times \$49.35 =$	\$1,393,000
50 and over:	$21,833 \times \$49.35 =$	<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 2014-15** and **FY 2015-16**.

**Funding:**

100% General Fund (4260-114-0001)

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

<b>Total</b>				
<u>Quarter</u>	<u>Base Estimate Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Total Caseload</u>	<u>Total EWC Payments</u>
July-Sept 2011				\$8,887,847 *
Oct-Dec 2011				\$8,300,724 *
Jan-Mar 2012				\$8,552,190 *
April -June 2012				\$9,242,149 *
<b>FY 2011-12</b>	<b>262,463</b>		<b>262,463 **</b>	<b>\$34,982,910</b>
July-Sept 2012				\$8,751,439 *
Oct-Dec 2012				\$8,880,878 *
Jan-Mar 2013				\$7,799,649 *
April -June 2013				\$9,097,681 *
<b>FY 2012-13</b>	<b>298,723</b>	<b>3,037</b>	<b>301,760 **</b>	<b>\$34,529,646</b>
July-Sept 2013				\$8,787,355 *
Oct-Dec 2013				\$9,161,285 *
Jan-Mar 2014				\$9,535,215 *
April -June 2014				\$9,909,145 *
<b>FY 2013-14</b>	<b>291,900</b>	<b>1,014</b>	<b>292,914 **</b>	<b>\$37,393,000</b>
July-Sept 2014				\$9,316,810 **
Oct-Dec 2014				\$9,713,270 **
Jan-Mar 2015				\$10,109,730 **
April -June 2015				\$10,506,190 **
<b>FY 2014-15</b>	<b>275,219</b>		<b>275,219 **</b>	<b>\$39,646,000</b>
July-Sept 2015				\$7,910,570 **
Oct-Dec 2015				\$8,247,190 **
Jan-Mar 2016				\$8,583,810 **
April -June 2016				\$8,920,430 **
<b>FY 2015-16</b>	<b>213,000</b>		<b>213,000 **</b>	<b>\$33,662,000</b>

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

\* Actuals

\*\* Estimated

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

**(In Thousands) FY 2014-15 Appropriation Compared to November 2014 Estimate**

EWC Activity	FY 2014-15, May 2014 Appropriation					FY 2014-15, November 2014 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
<b>Clinical Services</b>															
Office Visits and Consults	\$8,723	\$5,570	\$704	\$982	\$1,467	\$8,618	\$5,570	\$697	\$981	\$1,370	\$105	\$0	\$7	\$1	\$97
Screening Mammograms	\$13,480	\$8,608	\$1,088	\$1,516	\$2,268	\$13,318	\$8,608	\$1,076	\$1,516	\$2,118	\$162	\$0	\$12	\$0	\$150
Diagnostic Mammograms	\$4,361	\$2,785	\$352	\$490	\$734	\$4,308	\$2,785	\$348	\$490	\$685	\$53	\$0	\$4	\$0	\$49
Diagnostic Breast Procedures	\$6,343	\$4,051	\$512	\$713	\$1,067	\$6,267	\$4,051	\$507	\$713	\$996	\$76	\$0	\$5	\$0	\$71
Case Management	\$1,585	\$1,013	\$127	\$178	\$267	\$1,567	\$1,013	\$127	\$178	\$249	\$18	\$0	\$0	\$0	\$18
Other Clinical Services	\$5,154	\$3,291	\$416	\$580	\$867	\$5,093	\$3,291	\$412	\$580	\$810	\$61	\$0	\$4	\$0	\$57
<b>Subtotal Clinical Service</b>	<b>\$39,646</b>	<b>\$25,318</b>	<b>\$3,199</b>	<b>\$4,459</b>	<b>\$6,670</b>	<b>\$39,171</b>	<b>\$25,318</b>	<b>\$3,167</b>	<b>\$4,458</b>	<b>\$6,228</b>	<b>\$475</b>	<b>\$0</b>	<b>\$32</b>	<b>\$1</b>	<b>\$442</b>
<b>Policy Changes</b>															
Local Assistance Contracts	\$3,357	\$0	\$3,307	\$50	\$0	\$3,357	\$0	\$3,307	\$50	\$0	\$0	\$0	\$0	\$0	\$0
Consumer Toll-Free Line and OPL	\$16	\$0	\$16	\$0	\$0	\$16	\$0	\$16	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Digital Mammography	\$9,200	\$0	\$0	\$0	\$9,200	\$7,360	\$0	\$0	\$0	\$7,360	\$0	\$0	\$0	\$0	\$0
Dense Breast Notification Screenings	\$4,974	\$0	\$0	\$0	\$4,974	\$2,984	\$0	\$0	\$0	\$2,984	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$890	\$0	\$890	\$0	\$0	\$923	\$0	\$923	\$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
<b>Total Policy Changes</b>	<b>\$18,937</b>	<b>\$0</b>	<b>\$4,713</b>	<b>\$50</b>	<b>\$14,174</b>	<b>\$15,140</b>	<b>\$0</b>	<b>\$4,746</b>	<b>\$50</b>	<b>\$10,344</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total Local Assistance Appropriation</b>	<b>\$58,583</b>	<b>\$25,318</b>	<b>\$7,912</b>	<b>\$4,509</b>	<b>\$20,844</b>	<b>\$54,311</b>	<b>\$25,318</b>	<b>\$7,913</b>	<b>\$4,508</b>	<b>\$16,572</b>	<b>\$475</b>	<b>\$0</b>	<b>\$32</b>	<b>\$1</b>	<b>\$442</b>

**November 2014 Estimate, FY 2014-15 Compared to FY 2015-16**

EWC Activity	FY 2014-15, November 2014 Estimate					FY 2015-16, November 2014 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
<b>Clinical Services</b>															
Office Visits and Consults	\$8,618	\$5,570	\$697	\$981	\$1,370	\$7,407	\$5,570	\$649	\$982	\$206	\$1,211	\$0	\$48	-\$1	\$1,164
Screening Mammograms	\$13,318	\$8,608	\$1,076	\$1,516	\$2,118	\$11,446	\$8,608	\$1,004	\$1,516	\$318	\$1,872	\$0	\$72	\$0	\$1,800
Diagnostic Mammograms	\$4,308	\$2,785	\$348	\$490	\$685	\$3,702	\$2,785	\$324	\$490	\$103	\$606	\$0	\$24	\$0	\$582
Diagnostic Breast Procedures	\$6,267	\$4,051	\$507	\$713	\$996	\$5,385	\$4,051	\$471	\$713	\$150	\$882	\$0	\$36	\$0	\$846
Case Management	\$1,567	\$1,013	\$127	\$178	\$249	\$1,346	\$1,013	\$118	\$178	\$37	\$221	\$0	\$9	\$0	\$212
Other Clinical Services	\$5,093	\$3,291	\$412	\$580	\$810	\$4,376	\$3,291	\$383	\$580	\$122	\$717	\$0	\$29	\$0	\$688
<b>Subtotal Clinical Service</b>	<b>\$39,171</b>	<b>\$25,318</b>	<b>\$3,167</b>	<b>\$4,458</b>	<b>\$6,228</b>	<b>\$33,662</b>	<b>\$25,318</b>	<b>\$2,949</b>	<b>\$4,459</b>	<b>\$936</b>	<b>\$5,509</b>	<b>\$0</b>	<b>\$218</b>	<b>-\$1</b>	<b>\$5,292</b>
<b>Policy Changes</b>															
Local Assistance Contracts	\$3,357	\$0	\$3,307	\$50	\$0	\$3,357	\$0	\$3,307	\$50	\$0	\$4	\$0	\$4	\$0	\$0
Consumer Toll-Free Line and OPL	\$16	\$0	\$16	\$0	\$0	\$16	\$0	\$16	\$0	\$0	-\$4	\$0	-\$4	\$0	\$0
Digital Mammography	\$7,360	\$0	\$0	\$0	\$7,360	\$3,680	\$0	\$0	\$0	\$3,680	\$0	\$0	\$0	\$0	\$0
Dense Breast Notification Screenings	\$2,984	\$0	\$0	\$0	\$2,984	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$923	\$0	\$923	\$0	\$0	\$1,141	\$0	\$1,141	\$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
<b>Total Policy Changes</b>	<b>\$15,140</b>	<b>\$0</b>	<b>\$4,746</b>	<b>\$50</b>	<b>\$10,344</b>	<b>\$8,694</b>	<b>\$0</b>	<b>\$4,964</b>	<b>\$50</b>	<b>\$3,680</b>	<b>\$6,446</b>	<b>\$0</b>	<b>-\$218</b>	<b>\$0</b>	<b>\$6,664</b>
<b>Total Local Assistance Appropriation</b>	<b>\$54,311</b>	<b>\$25,318</b>	<b>\$7,913</b>	<b>\$4,508</b>	<b>\$16,572</b>	<b>\$42,356</b>	<b>\$25,318</b>	<b>\$7,913</b>	<b>\$4,509</b>	<b>\$4,616</b>	<b>\$11,955</b>	<b>\$0</b>	<b>\$0</b>	<b>-\$1</b>	<b>\$11,956</b>

**FAMILY HEALTH ASSUMPTIONS**  
**November 2014**  
**FISCAL YEARS 2014-15 & 2015-16**

**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 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 (OTLICP). Costs for children eligible for Medi-Cal, including the new OTLICP are 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) policy changes

The base estimate is the anticipated level of program expenditures assuming no changes in program direction. The base estimates 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, 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.

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 OTLICP 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. 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 OTLICP 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. 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, will shift most CHDP costs to the Medi-Cal program. 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 **resulting from the client's health condition. To meet eligibility requirements, applicants** ~~Persons eligible for GHPP must reside in California; have a qualifying genetic disease; and be otherwise financially ineligible for CCS~~ **pay the annually assessed enrollment fee.** GHPP clients with an 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/families at an income level of 300% or greater **of federal income guidelines** 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

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.

**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 (**Buchanan, Chapter 351, Statute of 2014**) adds **Section 5156.7 to the Vehicle Code, thereby requiring** the Department to apply to the Department of Motor Vehicles (**DMV**), 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 will be collecting application and fees in FY 2014-15 and reimbursing DMV for the administrative start-up fees for implementing this license plate program. A minimum of 7,500 license plate applications and associated fees must be collected in 12 months.** If the minimum number of applications is not met, the fees will either be refunded or the collection date will be extended for another 12 months. **The Department does not anticipate fiscal impact in FY 2014-15 and FY 2015-16.**

Revenue generated from the sales of the plates shall be deposited into the Breast Cancer Control Account in the Breast Cancer Fund. **This is expected to occur in FY 2016-17 after DMV has recovered all administrative start-up fees.**

**DISCONTINUED ASSUMPTIONS**

**Fully Incorporated Into Base Data/Ongoing**

**CCS**

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

**CHDP**

**GHPP**

**EWC**

**DISCONTINUED ASSUMPTIONS**

**Time-Limited/No Longer Applicable**

**CCS**

PC 2B County Administrative Costs – CCS-HFP

PC 5B CMS Net – CCS-HFP

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

**CHDP**

**GHPP**

PC 9 United States of America V. Bio-Med Plus, Inc.

**EWC**

PC 10 One-Time Prevention and Public Health Grant

**DISCONTINUED ASSUMPTIONS**

**Withdrawn**

**CCS**

**CHDP**

**GHPP**

**EWC**