

FAMILY HEALTH
November 2015
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2015-16 *and* 2016-17



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
November 2015
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2015-16 and 2016-17**

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Family Health Local Assistance Estimate Management Summary November 2015 Estimate

The Family Health Local Assistance Estimate forecasts the current and budget year expenditures for the Department's four state only funded programs; California Children's Services, Child Health and Disability Prevention, Genetically Handicapped Persons Program, and Every Woman Counts. These programs assist families and individuals by providing services for low income children and adults with special health care needs who do not qualify for enrollment in the Medi-Cal program. Costs for individuals with these special health care needs who qualify for Medi-Cal are included in the Medi-Cal Local Assistance Estimate.

The Family Health Local Assistance Estimate is categorized into four separate state only programs. Each category includes estimated expenditures for benefits, administration, and fiscal intermediary costs:

- Benefits: Expenditures for the care of the individuals enrolled in the program, including estimated base expenditures and those added through a policy change.
- Administration: Expenditures to determine program eligibility and the costs to administer the program.
- Fiscal Intermediary: Expenditures associated with the processing of medical claims.

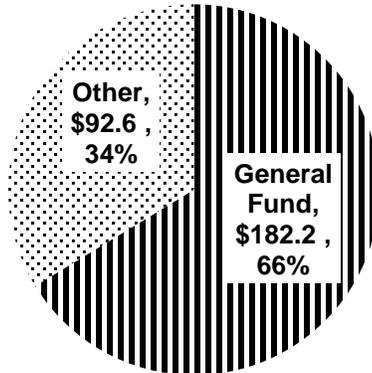
The following is a brief description of each program.

- California Children's Services (CCS): The CCS program, established in 1927, is one of the oldest public health care programs in the nation and is administered in partnership with county health departments. The CCS state only program provides health care services to children up to age 21 who have a CCS-eligible condition, such as: cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer or traumatic injury; and either do not qualify for full-scope Medi-Cal or whose families cannot afford the catastrophic health care costs for the child's care.
- Child Health and Disability Prevention (CHDP): The CHDP program (adopted in California in 1973) provides complete health assessments (screens) and immunizations for children at or under 18 years of age whose family income is at or below 200% of the Federal Poverty Level (FPL) who are not eligible for Medi-Cal. This program also administers the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Fee-For-Service Medi-Cal recipients.
- Genetically Handicapped Persons Program (GHPP): The GHPP program was established in 1975 and provides medically necessary services and administrative case management for individuals age 21 and over with a GHPP-eligible condition, such as cystic fibrosis, hemophilia, sickle cell, Huntington's, or metabolic diseases. The GHPP state only program is for those individuals who do not qualify for full scope Medi-Cal.
- Every Woman Counts (EWC) Program: The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured women who do not qualify for Medi-Cal. Program benefits and administrative costs are budgeted on an accrual basis, while other programs in the Family Health Estimate are budgeted on a cash basis.

Family Health program spending is estimated to be \$267.74 million in FY 2015-16 and \$294.39 million in FY 2016-17. This does not include funds spent by county health departments on these programs.

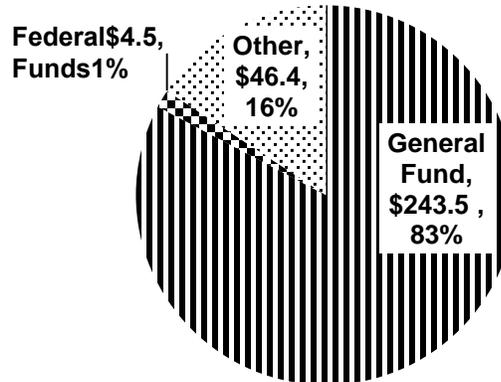
FY 2015-16

Dollars in Millions



FY 2016-17

Dollars in Millions



Note: FY 2015-16 Federal Funds are \$(17.2) Million.

The November 2015 Family Health Estimate for 2015-16 is \$32.90 million General Fund (GF) less than the FY 2015-16 Budget Appropriation

	November 2015	FY 2015-16 Appropriation	Change
Fund 4260-111-001			
California Children's Services (CCS)	\$ 60.78	\$ 97.11	\$ (36.33)
Child Health and Disability Prevention Program (CHDP)	\$ 1.26	\$ 1.36	\$ (0.10)
Genetically Handicapped Persons Program (GHPP)	\$ 120.03	\$ 112.27	\$ 7.75
Total Fund 4260-111-001	\$ 182.07	\$ 210.75	\$ (28.68)
Fund 4260-114-001			
Every Woman Counts Program (EWC)	\$ 0.17	\$ 4.40	\$ (4.23)
Total Fund 4260-111-001	\$ 0.17	\$ 4.40	\$ (4.23)
Total General Fund	\$ 182.24	\$ 215.15	\$ (32.90)

(Dollars in Millions, Rounded)

The Family Health General Fund costs increase by \$61.26 million in FY 2016-17, as compared to FY 2015-16.

	FY 2015-16	November 2015 FY 2016-17	Change
<u>Fund 4260-111-001</u>			
California Children's Services (CCS)	\$ 60.78	\$ 73.44	\$ 12.66
Child Health and Disability Prevention Program (CHDP)	\$ 1.26	\$ 0.46	\$ (0.81)
Genetically Handicapped Persons Program (GHPP)	\$ 120.03	\$ 169.60	\$ 49.58
<u>Total Fund 4260-111-001</u>	<u>\$ 182.07</u>	<u>\$ 243.50</u>	<u>\$ 61.43</u>
<u>Fund 4260-114-001</u>			
Every Woman Counts Program (EWC)	\$ 0.17	\$ 0.00	\$ (0.17)
<u>Total Fund 4260-111-001</u>	<u>\$ 0.17</u>	<u>\$ 0.00</u>	<u>\$ (0.17)</u>
Total General Fund	<u>\$ 182.24</u>	<u>\$ 243.50</u>	<u>\$ 61.26</u>

(Dollars in Millions, Rounded)

New Items*Dollars in Millions*

		Change from Appropriation		Change from FY 2015-16	
		FY 2015-16		FY 2016-17	
Name	PC	TF	GF	TF	GF
CCS					
Orkambi Benefit	9	\$0.37	\$0.37	\$0.67	\$0.67
Medi-Cal Expansion for Undocumented Children – County Administration	10	-\$0.18	-\$0.09	-\$0.88	-\$0.43
Medi-Cal Expansion for Undocumented Children – Benefits	11	-\$0.11	-\$0.11	-\$2.05	-\$2.05
CHDP					
Medi-Cal Expansion for Undocumented Children – Benefits	3	-\$0.04	-\$0.04	-\$0.81	-\$0.81
GHPP					
Orkambi Benefit	7	\$13.27	\$13.27	\$28.95	\$28.95

Orkambi Benefit (CCS PC 9 and GHPP PC 7)

The FDA approved drug, Orkambi, helps people with cystic fibrosis ages 12 and older who have specific defective or missing proteins resulting from mutations in a specific gene. The two new policy changes assume a July 1, 2015 implementation.

Medi-Cal Expansion for Undocumented Children (CCS PC's 10 & 11 and CHDP PC 3)

SB 75 (Chapter 18, Statutes of 2015) requires the expansion of full-scope Medi-Cal benefits to children under the age of 19 regardless of immigration status, essentially shifting this population from the CCS State-Only and CHDP programs to Medi-Cal. As a result, the Administration is proposing to sunset the income and age eligibility for the CHDP State-Only program; however the functions applicable to CHDP Medi-Cal will continue. The new policy changes assume a May 1, 2016 implementation.

Significant Changes*Dollars in Millions*

		Change from Appropriation		Change from FY 2015-16	
		FY 2015-16		FY 2016-17	
Name	PC	TF	GF	TF	GF
CCS					
CCS State-Only Treatment		-\$5.94	-\$5.94	\$0	\$0
MH/UCD & BTR – Safety Net Care Pool	6		-\$30.03		\$12.61
GHPP					
GHPP Treatment		\$5.72	\$5.72	\$5.38	\$5.39
MH/UCD & BTR – Safety Net Care Pool	4		-\$9.53		\$5.29
Blood Factor Drug Rebates and Contract Savings	3		-\$3.50		\$10.00
EWC					
Every Woman Counts Services		-\$4.23	-\$4.23	-\$5.70	-\$0.17

CCS State-Only Treatment

The CCS program provides treatment services for children under 21 years of age with CCS-eligible conditions for families unable to afford the catastrophic health care costs for the child's condition. CCS State-Only treatment base expenditures are expected to decrease from appropriation as actual expenditures have been less than projected primarily due to CCS individuals shifting to full-scope Medi-Cal.

MH/UCD & BTR – Safety Net Care Pool (CCS PC 6 and GHPP PC 4)

The California Bridge to Reform (BTR) Section 1115(a) Medicaid Demonstration allows the Department to claim federal financial participation using the certified public expenditures (CPEs) of approved Designated State Health Programs (DSHP) including the GHPP and CCS State-Only programs. The BTR was temporarily extended to December 31, 2015. The BTR DSHP savings are not assumed to continue in the Medi-Cal 2020 Waiver, however final reconciliations from the program will continue to be budgeted.

GHPP Treatment

The GHPP provides comprehensive treatment services for persons with a qualifying genetic disease who are not eligible for Medi-Cal. GHPP treatment base expenditures are expected to increase from appropriation based on historical growth primarily due to increased average annual costs for individuals with hemophilia.

Blood Factor Drug Rebates and Contract Savings (GHPP PC 3)

The GHPP participates in the Medi-Cal factor rebates program for clotting factor replacement therapy for beneficiaries with hemophilia. FY 2015-16 includes a one-time usage of \$10 million in rebates funds that had accumulated in the fund over the past three years. In FY 2016-17, the rebates will return to a maintenance level.

Every Woman Counts Services

The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured women. Expenditures and caseload for the EWC program are expected to decrease due to the ACA expansion.

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

	<u>Approp Est.</u> <u>FY 2015-16</u>	<u>Nov. 15 Est.</u> <u>FY 2015-16</u>	<u>Chg Approp -</u> <u>Nov. 2015 Est.</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 97,109,000	\$ 60,780,000	\$ (36,329,000)
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,992,000	\$ 5,902,000	\$ (90,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ (17,419,000)	\$ 12,611,000	\$ 30,030,000
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 3,000	\$ 3,000
County Funds ¹	\$ 86,984,000	\$ 79,591,000	\$ (7,393,000)
TOTAL CCS	\$ 85,682,000	\$ 79,296,000	\$ (6,386,000)
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,364,000	\$ 1,263,000	\$ (101,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
TOTAL CHDP	\$ 1,375,000	\$ 1,274,000	\$ (101,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 112,272,000	\$ 120,026,000	\$ 7,754,000
4260-601-7503 (Federal Title XIX HCSF)	\$ (4,241,000)	\$ 5,289,000	\$ 9,530,000
4260-601-0995 (Enrollment Fees)	\$ 436,000	\$ 441,000	\$ 5,000
4260-601-3079 (Rebates Special Fund)	\$ 20,000,000	\$ 23,500,000	\$ 3,500,000
TOTAL GHPP	\$ 128,467,000	\$ 149,256,000	\$ 20,789,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 4,401,000	\$ 173,000	\$ (4,228,000)
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
TOTAL EWC	\$ 42,140,000	\$ 37,912,000	\$ (4,228,000)
GRAND TOTAL - ALL FUNDS	\$ 257,664,000	\$ 267,738,000	\$ 10,074,000
4260-111-0001	\$ 210,745,000	\$ 182,069,000	\$ (28,676,000)
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 0	\$ 3,000	\$ 3,000
4260-114-0001	\$ 4,401,000	\$ 173,000	\$ (4,228,000)
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	\$ 6,428,000	\$ 6,343,000	\$ (85,000)
4260-601-3079	\$ 20,000,000	\$ 23,500,000	\$ 3,500,000
4260-601-7503	\$ (21,660,000)	\$ 17,900,000	\$ 39,560,000
County Funds ¹	\$ 86,984,000	\$ 79,591,000	\$ (7,393,000)

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

Management Summary
Fiscal Year 2015-16 Compared to Fiscal Year 2016-17

	<u>Nov. 15 Est.</u> <u>FY 2015-16</u>	<u>Nov. 15 Est.</u> <u>FY 2016-17</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 60,780,000	\$ 73,441,000	\$ 12,661,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,902,000	\$ 4,723,000	\$ (1,179,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 12,611,000	\$ 0	\$ (12,611,000)
4260-111-0890 (Federal Title XXI)	\$ 3,000	\$ 0	\$ (3,000)
County Funds ¹	\$ 79,591,000	\$ 78,501,000	\$ (1,090,000)
TOTAL CCS	<u>\$ 79,296,000</u>	<u>\$ 78,164,000</u>	<u>\$ (1,132,000)</u>
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,263,000	\$ 456,000	\$ (807,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
TOTAL CHDP	<u>\$ 1,274,000</u>	<u>\$ 467,000</u>	<u>\$ (807,000)</u>
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 120,026,000	\$ 169,602,000	\$ 49,576,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 5,289,000	\$ 0	\$ (5,289,000)
4260-601-0995 (Enrollment Fees)	\$ 441,000	\$ 443,000	\$ 2,000
4260-601-3079 (Rebates Special Fund)	\$ 23,500,000	\$ 13,500,000	\$ (10,000,000)
TOTAL GHPP	<u>\$ 149,256,000</u>	<u>\$ 183,545,000</u>	<u>\$ 34,289,000</u>
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 173,000	\$ 0	\$ (173,000)
4260-114-0236 (Prop 99)	\$ 25,318,000	\$ 19,794,000	\$ (5,524,000)
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
TOTAL EWC	<u>\$ 37,912,000</u>	<u>\$ 32,215,000</u>	<u>\$ (5,697,000)</u>
GRAND TOTAL - ALL FUNDS	<u>\$ 267,738,000</u>	<u>\$ 294,391,000</u>	<u>\$ 26,653,000</u>
4260-111-0001	\$ 182,069,000	\$ 243,499,000	\$ 61,430,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 3,000	\$ 0	\$ (3,000)
4260-114-0001	\$ 173,000	\$ 0	\$ (173,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 25,318,000	\$ 19,794,000	\$ (5,524,000)
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 6,343,000	\$ 5,166,000	\$ (1,177,000)
4260-601-3079	\$ 23,500,000	\$ 13,500,000	\$ (10,000,000)
4260-601-7503	\$ 17,900,000	\$ 0	\$ (17,900,000)
County Funds ¹	\$ 79,591,000	\$ 78,501,000	\$ (1,090,000)

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Management Summary
Fiscal Year 2016-17
Comparison of Appropriation to November Estimate

	<u>Approp Est.</u> <u>FY 2015-16</u>	<u>Nov. 15 Est.</u> <u>FY 2016-17</u>	<u>Chg Approp -</u> <u>Nov. 2015 Est.</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 97,109,000	\$ 73,441,000	\$ (23,668,000)
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,992,000	\$ 4,723,000	\$ (1,269,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ (17,419,000)	\$ 0	\$ 17,419,000
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
County Funds ¹	\$ 86,984,000	\$ 78,501,000	\$ (8,483,000)
TOTAL CCS	<u>\$ 85,682,000</u>	<u>\$ 78,164,000</u>	<u>\$ (7,518,000)</u>
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,364,000	\$ 456,000	\$ (908,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
TOTAL CHDP	<u>\$ 1,375,000</u>	<u>\$ 467,000</u>	<u>\$ (908,000)</u>
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 112,272,000	\$ 169,602,000	\$ 57,330,000
4260-601-7503 (Federal Title XIX HCSF)	\$ (4,241,000)	\$ 0	\$ 4,241,000
4260-601-0995 (Enrollment Fees)	\$ 436,000	\$ 443,000	\$ 7,000
4260-601-3079 (Rebates Special Fund)	\$ 20,000,000	\$ 13,500,000	\$ (6,500,000)
TOTAL GHPP	<u>\$ 128,467,000</u>	<u>\$ 183,545,000</u>	<u>\$ 55,078,000</u>
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 4,401,000	\$ 0	\$ (4,401,000)
4260-114-0236 (Prop 99)	\$ 25,318,000	\$ 19,794,000	\$ (5,524,000)
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
TOTAL EWC	<u>\$ 42,140,000</u>	<u>\$ 32,215,000</u>	<u>\$ (9,925,000)</u>
GRAND TOTAL - ALL FUNDS	<u>\$ 257,664,000</u>	<u>\$ 294,391,000</u>	<u>\$ 36,727,000</u>
4260-111-0001	\$ 210,745,000	\$ 243,499,000	\$ 32,754,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 0	\$ 0	\$ 0
4260-114-0001	\$ 4,401,000	\$ 0	\$ (4,401,000)
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 25,318,000	\$ 19,794,000	\$ (5,524,000)
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 6,428,000	\$ 5,166,000	\$ (1,262,000)
4260-601-3079	\$ 20,000,000	\$ 13,500,000	\$ (6,500,000)
4260-601-7503	\$ (21,660,000)	\$ 0	\$ 21,660,000
County Funds ¹	\$ 86,984,000	\$ 78,501,000	\$ (8,483,000)

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

CALIFORNIA CHILDREN'S SERVICES
Funding Summary

FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate

	<u>Appropriation FY 2015-16</u>	<u>Nov. 2015 Est. FY 2015-16</u>	<u>Difference Incr./((Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	14,987	14,820	(167)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 79,690,000	\$ 73,389,800	\$ (6,300,200)
Health Care Support Fund (4260-601-7503)	\$ 17,419,000	\$ (12,611,000)	\$ (30,030,000)
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 1,400	\$ 1,400
Total General Fund	\$ 97,109,000	\$ 60,780,200	\$ (36,328,800)
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,992,000	\$ 5,902,000	\$ (90,000)
4260-601-7503 (Federal Title XIX HCFS)	\$ (17,419,000)	\$ 12,611,000	\$ 30,030,000
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 2,600	\$ 2,600
Total Federal Funds	\$ (11,427,000)	\$ 18,515,600	\$ 29,942,600
Total Funds	\$ 85,682,000	\$ 79,295,800	\$ (6,386,200)

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17

	<u>Nov. 2015 Est. FY 2015-16</u>	<u>Nov. 2015 Est. FY 2016-17</u>	<u>Difference Incr./((Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	14,820	13,113	(1,707)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 73,389,800	\$ 73,441,100	\$ 51,300
Health Care Support Fund (4260-601-7503)	\$ (12,611,000)	\$ 0	\$ 12,611,000
Title XXI - GF Match (4260-111-0001)	\$ 1,400	\$ 0	\$ (1,400)
Total General Fund	\$ 60,780,200	\$ 73,441,100	\$ 12,660,900
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,902,000	\$ 4,723,000	\$ (1,179,000)
4260-601-7503 (Federal Title XIX HCFS)	\$ 12,611,000	\$ 0	\$ (12,611,000)
4260-111-0890 (Federal Title XXI)	\$ 2,600	\$ 0	\$ (2,600)
Total Federal Funds	\$ 18,515,600	\$ 4,723,000	\$ (13,792,600)
Total Funds	\$ 79,295,800	\$ 78,164,100	\$ (1,131,700)

**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>
A. State Only Services						
1. Treatment Costs						
Treatment Base	11,410,000	11,410,000	-	-	-	11,410,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	11,935,000	11,935,000	-	-	-	10,885,000
2. Therapy Costs						
Therapy Base	60,044,000	60,044,000	-	-	-	60,044,000
MTU Medi-Cal Offset 3/	(5,723,000)	(5,723,000)	-	-	-	(1,908,000)
AB3632 4/	1,060,000	1,060,000	-	-	-	(1,060,000)
Total Therapy Base	55,381,000	55,381,000	-	-	-	57,076,000
3. Enroll/Assess Fees	(64,000)	(64,000)	-	-	-	(64,000)
4. Benefits Policy Changes	131,800	131,800	-	-	-	132,700
5. HF Safety Net Care Pool	-	(12,611,000)	-	12,611,000	-	-
	\$ 67,383,800	\$ 54,772,800	\$ 0	\$ 12,611,000	\$ 0	\$ 68,029,700
B. State Only Admin.						
1. County Admin.	11,562,000	5,660,000	5,902,000	-	-	11,561,000
2. Fiscal Inter.	147,000	147,000	-	-	-	-
3. FI Dental	14,000	14,000	-	-	-	-
4. CMS Net	185,000	185,000	-	-	-	-
	\$ 11,908,000	\$ 6,006,000	\$ 5,902,000	\$ 0	\$ 0	\$ 11,561,000
Total CCS State Only	\$ 79,291,800	\$ 60,778,800	\$ 5,902,000	\$ 12,611,000	\$ 0	\$ 79,590,700
C. HFP Services						
1. Treatment Base	-	-	-	-	-	-
2. Benefits Policy Changes	-	-	-	-	-	-
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
D. HFP Admin.						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	4,000	1,400	-	-	2,600	-
3. FI Dental	-	-	-	-	-	-
4. CMS Net	-	-	-	-	-	-
	\$ 4,000	\$ 1,400	\$ 0	\$ 0	\$ 2,600	\$ 0
Total HFP	\$ 4,000	\$ 1,400	\$ 0	\$ 0	\$ 2,600	\$ 0
GRAND TOTAL	\$ 79,295,800	\$ 60,780,200	\$ 5,902,000	\$ 12,611,000	\$ 2,600	\$ 79,590,700

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

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

**CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2016-17
Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base	11,410,000	11,410,000	-	-	-	11,410,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	11,935,000	11,935,000	-	-	-	10,885,000
2. Therapy Costs						
Therapy Base	61,188,000	61,188,000	-	-	-	61,188,000
MTU Medi-Cal Offset 3/	(5,723,000)	(5,723,000)	-	-	-	(1,908,000)
AB3632 4/	1,060,000	1,060,000	-	-	-	(1,060,000)
Total Therapy Base	56,525,000	56,525,000	-	-	-	58,220,000
3. Enroll/Assess Fees	(64,000)	(64,000)	-	-	-	(64,000)
4. Benefits Policy Changes	(1,220,900)	(1,220,900)	-	-	-	(1,220,200)
5. HF Safety Net Care Pool	-	-	-	-	-	-
	\$ 67,175,100	\$ 67,175,100	\$ 0	\$ 0	\$ 0	\$ 67,821,000
B. State Only Admin.						
1. County Admin.	10,681,000	5,958,000	4,723,000	-	-	10,680,000
2. Fiscal Inter.	112,000	112,000	-	-	-	-
3. FI Dental	15,000	15,000	-	-	-	-
4. CMS Net	181,000	181,000	-	-	-	-
	\$ 10,989,000	\$ 6,266,000	\$ 4,723,000	\$ 0	\$ 0	\$ 10,680,000
Total CCS State Only	\$ 78,164,100	\$ 73,441,100	\$ 4,723,000	\$ 0	\$ 0	\$ 78,501,000
C. HFP Services						
1. Treatment Base	-	-	-	-	-	-
2. Benefits Policy Changes	-	-	-	-	-	-
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
D. HFP Admin.						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	-	-	-	-	-	-
3. FI Dental	-	-	-	-	-	-
4. CMS Net	-	-	-	-	-	-
	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total HFP	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
GRAND TOTAL	\$ 78,164,100	\$ 73,441,100	\$ 4,723,000	\$ 0	\$ 0	\$ 78,501,000

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

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

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2015-16

November 2015 Estimate Compared to May 2015 Estimate, Total Funds			
	Appropriation	Nov. 2015 Est.	Difference
	FY 2015-16	FY 2015-16	Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 73,523,000</u>	<u>\$ 67,383,800</u>	<u>\$ (6,139,200)</u>
1. Treatment Services	17,877,000	11,935,000	(5,942,000)
2. Medical Therapy Program	57,195,000	55,381,000	(1,814,000)
3. Benefits Policy Changes	(1,469,000)	131,800	1,600,800
4. Enroll/Assessment Fees	(80,000)	(64,000)	16,000
B. CCS Administration			
1. County Administration	11,738,000	11,562,000	(176,000)
2. Fiscal Intermediary	421,000	346,000	(75,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 85,682,000</u>	<u>\$ 79,291,800</u>	<u>\$ (6,390,200)</u>
A. Healthy Families Program			
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	-	4,000	4,000
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 0</u>	<u>\$ 4,000</u>	<u>\$ 4,000</u>
TOTAL CCS PROGRAM	<u>\$ 85,682,000</u>	<u>\$ 79,295,800</u>	<u>\$ (6,386,200)</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2015-16

November 2015 Estimate Compared to May 2015 Estimate, General Fund

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 90,942,000</u>	<u>\$ 54,772,800</u>	<u>\$ (36,169,200)</u>
1. Treatment Services	17,877,000	11,935,000	(5,942,000)
2. Medical Therapy Program	57,195,000	55,381,000	(1,814,000)
3. Benefits Policy Changes	(1,469,000)	131,800	1,600,800
4. Enroll/Assessment Fees	(80,000)	(64,000)	16,000
5. HF Safety Net Care Pool	17,419,000	(12,611,000)	(30,030,000)
B. CCS Administration			
1. County Administration	5,746,000	5,660,000	(86,000)
2. Fiscal Intermediary	421,000	346,000	(75,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 97,109,000</u>	<u>\$ 60,778,800</u>	<u>\$ (36,330,200)</u>
A. Healthy Families Program			
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	-	1,400	1,400
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 0</u>	<u>\$ 1,400</u>	<u>\$ 1,400</u>
TOTAL CCS PROGRAM	<u>\$ 97,109,000</u>	<u>\$ 60,780,200</u>	<u>\$ (36,328,800)</u>

November 2015 Estimate Compared to May 2015 Estimate, Federal Funds

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ (17,419,000)</u>	<u>\$ 12,611,000</u>	<u>\$ 30,030,000</u>
1. Title XIX Health Care Support Fund	(17,419,000)	12,611,000	30,030,000
B. CCS Administration			
1. County Administration	5,992,000	5,902,000	(90,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ (11,427,000)</u>	<u>\$ 18,513,000</u>	<u>\$ 29,940,000</u>
A. Healthy Families Program - Title XXI			
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration - Title XXI			
1. County Administration	-	-	-
2. Fiscal Intermediary	-	2,600	2,600
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 0</u>	<u>\$ 2,600</u>	<u>\$ 2,600</u>
TOTAL CCS PROGRAM	<u>\$ (11,427,000)</u>	<u>\$ 18,515,600</u>	<u>\$ 29,942,600</u>

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

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Total Funds			
	Nov. 2015 Est.	Nov. 2015 Est.	Difference
	FY 2015-16	FY 2016-17	Incr./ (Decr.)
A. Total CCS State Only Services	\$ 67,383,800	\$ 67,175,100	\$ (208,700)
1. Treatment Services	11,935,000	11,935,000	-
2. Medical Therapy Program	55,381,000	56,525,000	1,144,000
3. Benefits Policy Changes	131,800	(1,220,900)	(1,352,700)
4. Enroll/Assessment Fees	(64,000)	(64,000)	-
B. CCS Administration			
1. County Administration	11,562,000	10,681,000	(881,000)
2. Fiscal Intermediary	346,000	308,000	(38,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 79,291,800	\$ 78,164,100	\$ (1,127,700)
			-
A. Healthy Families Program			-
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	4,000	-	(4,000)
TOTAL HEALTHY FAMILIES PROGRAM	\$ 4,000	\$ 0	\$ (4,000)
TOTAL CCS PROGRAM	\$ 79,295,800	\$ 78,164,100	\$ (1,131,700)

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

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, General Fund			
	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./((Decr.))
A. Total CCS State Only Services	\$ 54,772,800	\$ 67,175,100	\$ 12,402,300
1. Treatment Services	11,935,000	11,935,000	-
2. Medical Therapy Program	55,381,000	56,525,000	1,144,000
3. Benefits Policy Changes	131,800	(1,220,900)	(1,352,700)
4. Enroll/Assessment Fees	(64,000)	(64,000)	-
5. HF Safety Net Care Pool	(12,611,000)	-	12,611,000
B. CCS Administration			
1. County Administration	5,660,000	5,958,000	298,000
2. Fiscal Intermediary	346,000	308,000	(38,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 60,778,800	\$ 73,441,100	\$ 12,662,300
A. Healthy Families Program			
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration			
1. County Administration	-	-	-
2. Fiscal Intermediary	1,400	-	(1,400)
TOTAL HEALTHY FAMILIES PROGRAM	\$ 1,400	\$ 0	\$ (1,400)
TOTAL CCS PROGRAM	\$ 60,780,200	\$ 73,441,100	\$ 12,660,900

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Federal Funds			
	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./((Decr.))
A. Total CCS State Only Services	\$ 12,611,000	\$ 0	\$ (12,611,000)
1. Title XIX Health Care Support Fund	12,611,000	-	(12,611,000)
B. CCS Administration			
1. County Administration	5,902,000	4,723,000	(1,179,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 18,513,000	\$ 4,723,000	\$ (13,790,000)
A. Healthy Families Program - Title XXI			
1. Treatment Services	-	-	-
2. Benefits Policy Changes	-	-	-
B. Healthy Families Administration - Title XXI			
1. County Administration	-	-	-
2. Fiscal Intermediary	2,600	-	(2,600)
TOTAL HEALTHY FAMILIES PROGRAM	\$ 2,600	\$ 0	\$ (2,600)
TOTAL CCS PROGRAM	\$ 18,515,600	\$ 4,723,000	\$ (13,792,600)

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

Fiscal Year 2015-16, November 2015 Estimate Compared to Appropriation								
POLICY CHG.			FY 2015-16 APPROPRIATION		NOVEMBER 2015 ESTIMATE		DIFFERENCE, Incr./.(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$80,000	-\$80,000	-\$64,000	-\$64,000	\$16,000	\$16,000
Co. Admin.	2	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,738,000	\$11,738,000	\$11,738,000	\$11,738,000	\$0	\$0
FI	3A	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$212,000	\$212,000	\$147,000	\$147,000	-\$65,000	-\$65,000
FI	4	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$15,000	\$15,000	\$14,000	\$14,000	-\$1,000	-\$1,000
FI	5	CMS NET - CCS STATE ONLY	\$194,000	\$194,000	\$185,000	\$185,000	-\$9,000	-\$9,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,992,000	\$0	-\$5,992,000	\$0	\$0
Benefits	8	CCS DRUG REBATES	-\$120,000	-\$120,000	-\$123,000	-\$123,000	-\$3,000	-\$3,000
Benefits	9	ORKAMBI BENEFIT - CCS STATE ONLY	\$0	\$0	\$368,200	\$368,200	\$368,200	\$368,200
Co. Admin.	10	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS	\$0	\$0	-\$176,000	-\$86,000	-\$176,000	-\$86,000
Benefits	11	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS	\$0	\$0	-\$113,400	-\$113,400	-\$113,400	-\$113,400
Benefits	12	ACA IMPACT TO THE CCS PROGRAM	-\$1,349,000	-\$1,349,000	\$0	\$0	\$1,349,000	\$1,349,000
			\$10,610,000	\$4,618,000	\$11,975,800	\$6,073,800	\$1,365,800	\$1,455,800
CCS-HFP								
FI	3B	FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$0	\$0	\$4,000	\$1,400	\$4,000	\$1,400
			\$0	\$0	\$4,000	\$1,400	\$4,000	\$1,400
			<u>\$10,610,000</u>	<u>\$4,618,000</u>	<u>\$11,979,800</u>	<u>\$6,075,200</u>	<u>\$1,369,800</u>	<u>\$1,457,200</u>
		CCS TOTAL						

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

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

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17								
<u>POLICY CHG.</u>			Nov. 2015 Est. for FY 2015-16		Nov. 2015 Est. for FY 2016-17		DIFFERENCE, Incr./.(Decr.)	
<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>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$64,000	-\$64,000	-\$64,000	-\$64,000	\$0	\$0
Co. Admin.	2	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,738,000	\$11,738,000	\$11,738,000	\$11,738,000	\$0	\$0
FI	3A	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$147,000	\$147,000	\$112,000	\$112,000	-\$35,000	-\$35,000
FI	4	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$14,000	\$14,000	\$15,000	\$15,000	\$1,000	\$1,000
FI	5	CMS NET - CCS STATE ONLY	\$185,000	\$185,000	\$181,000	\$181,000	-\$4,000	-\$4,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,992,000	\$0	-\$5,262,000	\$0	\$730,000
Benefits	8	CCS DRUG REBATES	-\$123,000	-\$123,000	-\$91,000	-\$91,000	\$32,000	\$32,000
Benefits	9	ORKAMBI BENEFIT - CCS STATE ONLY	\$368,200	\$368,200	\$1,036,000	\$1,036,000	\$667,800	\$667,800
Co. Admin.	10	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS	-\$176,000	-\$86,000	-\$1,057,000	-\$518,000	-\$881,000	-\$432,000
Benefits	11	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS	-\$113,400	-\$113,400	-\$2,165,900	-\$2,165,900	-\$2,052,500	-\$2,052,500
Benefits	12	ACA IMPACT TO THE CCS PROGRAM	\$0	\$0	\$0	\$0	\$0	\$0
			<u>\$11,975,800</u>	<u>\$6,073,800</u>	<u>\$9,704,100</u>	<u>\$4,981,100</u>	<u>-\$2,271,700</u>	<u>-\$1,092,700</u>
CCS-HFP								
FI	3B	FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$4,000	\$1,400	\$0	\$0	-\$4,000	-\$1,400
			<u>\$4,000</u>	<u>\$1,400</u>	<u>\$0</u>	<u>\$0</u>	<u>-\$4,000</u>	<u>-\$1,400</u>
CCS TOTAL			<u>\$11,979,800</u>	<u>\$6,075,200</u>	<u>\$9,704,100</u>	<u>\$4,981,100</u>	<u>-\$2,275,700</u>	<u>-\$1,094,100</u>

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

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Stephanie Hockman

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	-\$64,000	-\$64,000
	- GENERAL FUND	-\$64,000	-\$64,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$64,000	-\$64,000
	- GENERAL FUND	-\$64,000	-\$64,000
	- COUNTY FUNDS	-\$64,000	-\$64,000

Purpose:

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

Authority:

Health & Safety Code 123870 and 123900

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:

Actual fees collected were lower than previously estimated and is assumed to be due to the decrease in caseload.

Methodology:

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2006 - March 2015.

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
Enrollment Fees:	\$88,000	\$88,000
Assessment Fees:	\$40,000	\$40,000
Total:	\$128,000 (\$64,000 GF Offset)	\$128,000 (\$64,000 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Stephanie Hockman

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,738,000	\$11,738,000
	- GENERAL FUND	\$11,738,000	\$11,738,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,738,000	\$11,738,000
	- GENERAL FUND	\$11,738,000	\$11,738,000
	- COUNTY FUNDS	\$11,737,000	\$11,737,000

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:

The is no material change for FY 2015-16.

Methodology:

1. For FY 2015-16, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2015-16 in the May 2015 Estimate:

FY 2015-16 : \$23,475,000 (\$11,738,000 GF) (Includes County Funds)

2. Based on the November 2015 Family Health Estimate, caseload is expected to remain constant from FY 2015-16 to FY 2016-17.

FY 2016-17 : \$23,475,000 (\$11,738,000 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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$147,000	\$112,000
	- GENERAL FUND	\$147,000	\$112,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$147,000	\$112,000
	- GENERAL FUND	\$147,000	\$112,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
FY 2015-16			
General ACLs	132,369	\$ 0.97	\$ 128,000
Online ACLs	27,706	\$ 0.70	\$ 19,000
Total FY 2015-16			\$ 147,000

	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
FY 2016-17			
General ACLs	132,369	\$ 0.73	\$ 97,000
Online ACLs	27,706	\$ 0.56	\$ 15,000
Total FY 2016-17			\$ 112,000

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP

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

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$4,000	\$0
- GENERAL FUND	\$1,400	\$0
- FEDERAL FUNDS TITLE XXI	\$2,600	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$4,000	\$0
- GENERAL FUND	\$1,400	\$0
- FEDERAL FUNDS TITLE XXI	\$2,600	\$0

Purpose:

This policy change estimates the expenditures paid to the 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).

Effective January 1, 2013, the Healthy Families Program (HFP) subscribers began transitioning into Medi-Cal through a phase-in methodology. HFP sent to the counties the current subscribers' applications and information. The final group transitioned November 1, 2013. The program has since been renamed as the Targeted Low Income Children's Program.

Reason for Change from Prior Estimate:

FY 2014-15 costs shifted to FY 2015-16.

Methodology:

1. The estimated medical FI administrative costs are:

	Estimated ACLs	Ave Cost per ACLs	TF	GF
FY 2015-16				
General ACLs	3,897	\$0.97	\$4,000	\$1,400

Funding:

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

FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY

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

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$14,000	\$15,000
	- GENERAL FUND	\$14,000	\$15,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$14,000	\$15,000
	- GENERAL FUND	\$14,000	\$15,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

Estimate was updated with February 2015 to June 2015 actuals. CCS State Only dental ACLs and TARs rates were also updated.

Methodology:

1. Assume CCS State Only dental ACLs & TARs rates for FY 2015-16 are \$1.44 and \$8.45, respectively.
2. Assume CCS State Only dental ACLs & TARs rates for FY 2016-17 are \$1.46 and \$8.53, respectively.

3. Assume the indirect cost per ACLs & TARs are \$1.12 and \$1.17, respectively, and will be included in the rate.
4. FY 2015-16: \$1.44 + \$1.12 = \$2.56 ACL
 \$8.45 + \$1.17 = \$9.62 TAR
5. FY 2016-17: \$1.46 + \$1.12 = \$2.58 ACL
 \$8.53 + \$1.17 = \$9.70 TAR

FY 2015-16	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	4,118	\$	2.56	\$	11,000	
TARs	337	\$	9.62	\$	3,000	
Total FY 2015-16					<u>\$ 14,000</u>	(\$14,000 GF)
FY 2016-17	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	4,313	\$	2.58	\$	11,000	
TARs	362	\$	9.70	\$	4,000	
Total FY 2016-17					<u>\$ 15,000</u>	(\$15,000 GF)

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

CMS NET - CCS STATE ONLY

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2004
ANALYST: Stephanie Hockman

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$185,000	\$181,000
- GENERAL FUND	\$185,000	\$181,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$185,000	\$181,000
- GENERAL FUND	\$185,000	\$181,000

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 et seq.

Interdependent Policy Changes:

Not Applicable

Background:

The California Children's Services (CCS) program utilizes the CMS Net automated system to support case management activities such as patient registration, medical and financial eligibility determination, letter generation, and authorization of services. CMS Net was implemented in 1992 in the State regional offices and several small counties. In 2004, it was expanded to all 58 CCS counties, the three State CCS regional offices, and the Genetically Handicapped Persons Program.

Reason for Change from Prior Estimate:

Updated CMS Net actual expenditures through July 2015 reflect a decrease, lowering estimated data processing costs.

Methodology:

1. CMS Net costs are allocated to the CCS programmatic caseload cohorts, CCS State-Only, CCS Medi-Cal, and CCS Optional Targeted Low Income Children's Program (OTLICP) Medi-Cal, based on cohort caseload as a percentage of the overall CCS caseload.
2. CMS Net system costs for FY 2015-16 are estimated to be \$2,242,000. FY 2016-17 costs are estimated to be \$2,227,000.

3. Based on estimated FY 2015-16 and FY 2016-17 caseload counts, costs for CMS Net are projected to be split:

	FY 2015-16			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	15,161	8.2%	\$	185,000
CCS Medi-Cal	147,640	80.0%	\$	1,793,000
CCS OTLICP	<u>21,747</u>	<u>11.8%</u>	<u>\$</u>	<u>264,000</u>
Total	184,548	100.0%	\$	2,242,000

	FY 2016-17			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	15,161	8.1%	\$	181,000
CCS Medi-Cal	150,367	80.3%	\$	1,788,000
CCS OTLICP	<u>21,747</u>	<u>11.6%</u>	<u>\$</u>	<u>258,000</u>
Total	187,275	100.0%	\$	2,227,000

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: Joy Oda

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, the Center for Medicare and Medicaid Services (CMS) approved a five-year demonstration, the BTR. The Special Terms and Conditions of the BTR allow the State to claim federal financial participation (FFP) using the CPEs of approved Designated State Health Programs (DSHPs). The CCS program is 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:

DY 2010-11 final reconciliations were updated and delayed from FY 2014-15 to FY 2015-16. In addition, DY 2012-13 final reconciliations are delayed and no longer in this estimate.

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 impact is reflected in the Family Health Estimate.
2. The final reconciliation for DY 2010-11 has been updated and the Department estimates it will claim an additional \$6.061 million in federal funds in FY 2015-16.
3. The BTR will end on October 31, 2015. The Department assumes the BTR funding will not continue in the subsequent waiver.

(Dollars in Thousands)

FY 2015-16	TF	GF	FF
DSHP-BTR (DY 2014-15)	\$0	(\$6,550)	\$6,550
DY 2010-11 Final Reconciliation		(\$6,061)	\$6,061
Total	\$0	(\$12,611)	\$12,611

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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$5,992,000	-\$5,262,000
- FEDERAL FUNDS TITLE V	\$5,992,000	\$5,262,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$5,992,000	-\$5,262,000
- FEDERAL FUNDS TITLE V	\$5,992,000	\$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, as the single state agency for Title V, administers the Title V grant. The Title V federal funding for the CCS program is shown as a reimbursement in the Department's Family Health Estimate.

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. For FY 2015-16, the grant funds increased by \$140,000 and \$590,000 was added for county administration support costs. The amount to be received is \$5,992,000.
2. For FY 2016-17, the amount expected to be received is \$5,262,000.

Funding:

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 7/2011
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	-\$123,000	-\$91,000
	- GENERAL FUND	-\$123,000	-\$91,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$123,000	-\$91,000
	- GENERAL FUND	-\$123,000	-\$91,000
	- COUNTY FUNDS	-\$123,000	-\$91,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

The Department has collected more rebates.

Methodology:

1. Estimate is based on ongoing rebate collections.
2. Collections are based on 75% of the average of the last four quarters of invoices.
3. CCS drug rebate collections, for FY 2015-16 and FY 2016-17, are estimated to be:

	TF	GF	CF*
FY 2015-16	(\$123,000)	(\$123,000)	(\$123,000)
FY 2016-17	(\$91,000)	(\$91,000)	(\$91,000)

Funding:

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

*Not Included in Total Fund

ORKAMBI BENEFIT - CCS STATE ONLY

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 7/2015
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$388,000	\$1,036,000
	- GENERAL FUND	\$388,000	\$1,036,000
PAYMENT LAG		0.9489	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$368,200	\$1,036,000
	- GENERAL FUND	\$368,200	\$1,036,000
	- COUNTY FUNDS	\$369,100	\$1,036,000

Purpose

This policy change estimates the cost of Orkambi for the treatment of certain California Children’s Services (CCS) - State Only clients with cystic fibrosis (CF).

Authority

Social Security Act, section 1927 [42 U.S.C. 1396r-8]

Background

Orkambi is a two-drug therapy combining the drugs ivacaftor with lumacaftor in a single pill designed to address chloride channel abnormalities in CF patients. This condition affects approximately 50% of the total CF population. The FDA approved Orkambi for use in people with CF ages 12 and older who have specific defective or missing proteins resulting from mutations in a specific gene.

Reason for Change from Prior Estimate

This is a new policy change.

Methodology

1. Assume the cost of Orkambi is \$259,000 per client per year.
2. For FY 2015-16 and FY 2016-17, assume there are 16 CCS State Only clients, age 12 and older with CF.

3. For FY 2015-16, assume 16.67% of the CF population is prescribed

$$\$259,000 \times 3 = \$777,000 \text{ per year}$$

4. For FY 2016-17, assume 50% of the CF population is prescribed

$$\$259,000 \times 8 = \$2,072,000 \text{ per year}$$

5. The cost of Orkambi for FY 2015-16 and FY 2016-17 is:

FY 2015-16			FY 2016-17		
TF	GF	CF*	TF	GF	CF*
\$388,000	\$388,000	\$389,000	\$1,036,000	\$1,036,000	\$1,036,000

MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 5/2016
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	-\$176,000	-\$1,057,000
	- GENERAL FUND	-\$86,000	-\$518,000
	- FEDERAL TITLE V	-\$90,000	-\$539,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$176,000	-\$1,057,000
	- GENERAL FUND	-\$86,000	-\$518,000
	- FEDERAL FUNDS	-\$90,000	-\$539,000
	- COUNTY FUNDS	-\$176,000	-\$1,057,000

Purpose

This policy change estimates California Children's Services (CCS) administrative savings resulting from the implementation of the expansion of Medi-Cal for children regardless of immigration status.

Authority

SB 75 (Chapter 18, Statutes of 2015)
Welfare & Institutions Code 14007.8

Interdependent Policy Changes:

Not Applicable

Background

The expansion of Medi-Cal for children and adolescents under the age of 19 with undocumented immigration status provides full scope Medi-Cal, effective May 1, 2016. Currently, when this population has a CCS medical condition, CCS State Only pays for the administrative expenditures. Under the Medi-Cal expansion, a child eligible for full scope Medi-Cal benefits is funded by Medi-Cal, resulting in CCS State Only administrative savings.

Reason for Change from Prior Estimate

This is a new policy change.

Methodology:

1. For FY 2015-16 and FY 2016-17, assume 2,048 beneficiaries transition to full scope Medi-Cal.
2. Assume the administration cost per case is \$1,032.
3. The expansion will be implemented on May 1, 2016.

FY 2015-16: 2048 beneficiaries ÷ 12 months x 2 months = 341 beneficiaries

341 x \$1,032 = \$352,000 annual administrative savings

FY 2016-17: 2,048 x \$1,032 = \$2,114,000 annual administrative savings

	<u>TF</u>	<u>GF</u>	<u>Title V</u>	<u>CF*</u>
FY 2015-16:	(\$176,000)	(\$86,000)	(\$90,000)	(\$176,000)
	<u>TF</u>	<u>GF</u>	<u>Title V</u>	<u>CF*</u>
FY 2016-17:	(\$1,057,000)	(\$518,000)	(\$539,000)	(\$1,057,000)

Funding:

100% General Fund (4260-111-0001)

CDPH Title V Reimbursement (4260-601-0995)

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

MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CCS

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 5/2016
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	- \$432,000	- \$2,592,000
	- GENERAL FUND	- \$432,000	- \$2,592,000
PAYMENT LAG		0.2626	0.8356
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	- \$113,400	- \$2,165,900
	- GENERAL FUND	- \$113,400	- \$2,165,900
	- COUNTY FUNDS	- \$113,400	- \$2,165,000

Purpose

This policy change estimates California Children's Services (CCS) benefits savings resulting from the implementation of the expansion of Medi-Cal for children regardless of immigration status.

Authority

SB 75 (Chapter 18, Statutes of 2015)
 Welfare & Institutions Code 14007.8

Interdependent Policy Changes:

Not Applicable

Background

The expansion of Medi-Cal for children and adolescents under the age of 19 with undocumented immigration status provides full scope Medi-Cal, effective May 1, 2016. Currently, when this population has a CCS medical condition, CCS State Only pays for the services to treat the condition. Under the Medi-Cal expansion, a child eligible for full scope Medi-Cal benefits is funded by Medi-Cal, resulting in CCS State Only benefits savings.

Reason for Change from Prior Estimate

This is a new policy change.

Methodology:

1. For FY 2015-16 and FY 2016-17, assume 2,048 beneficiaries transition to full scope Medi-Cal.

2. Assume the diagnosis and treatment cost per case is \$2,531.

3. The expansion will be implemented on May 1, 2016.

FY 2015-16: 2048 beneficiaries ÷ 12 months x 2 months = 341 beneficiaries

341 x \$2,531 = \$863,000 annual administrative savings

FY 2016-17: 2,048 x \$2,531 = \$5,183,000 annual benefits savings

	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2015-16:	(\$432,000)	(\$432,000)	(\$432,000)
	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2016-17:	(\$2,592,000)	(\$2,592,000)	(\$2,591,000)

Funding:

100% General Fund (4260-111-0001)

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

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

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

<u>All Counties</u>	<u>Fiscal Year 2014-15 ¹</u>	<u>Fiscal Year 2015-16 ²</u>	<u>Fiscal Year 2016-17 ²</u>	<u>FY 2015-16 - FY 2016-17 % Change</u>
CCS State Only	15,213	15,161	15,161	0.00%
Impact of Policy Changes (PCs)		-341	-2,048	501%
SUBTOTAL	15,213	14,820	13,113	-11.52%

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

<u>All Counties</u>	<u>Fiscal Year 2014-15 ¹</u>	<u>Fiscal Year 2015-16 ²</u>	<u>Fiscal Year 2016-17 ²</u>	<u>FY 2015-16 - FY 2016-17 % Change</u>
CCS Medi-Cal	143,189	147,640	150,367	1.85%
CCS OTLIPC	21,681	21,747	21,747	0.00%
SUBTOTAL	164,870	169,387	172,114	1.61%

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

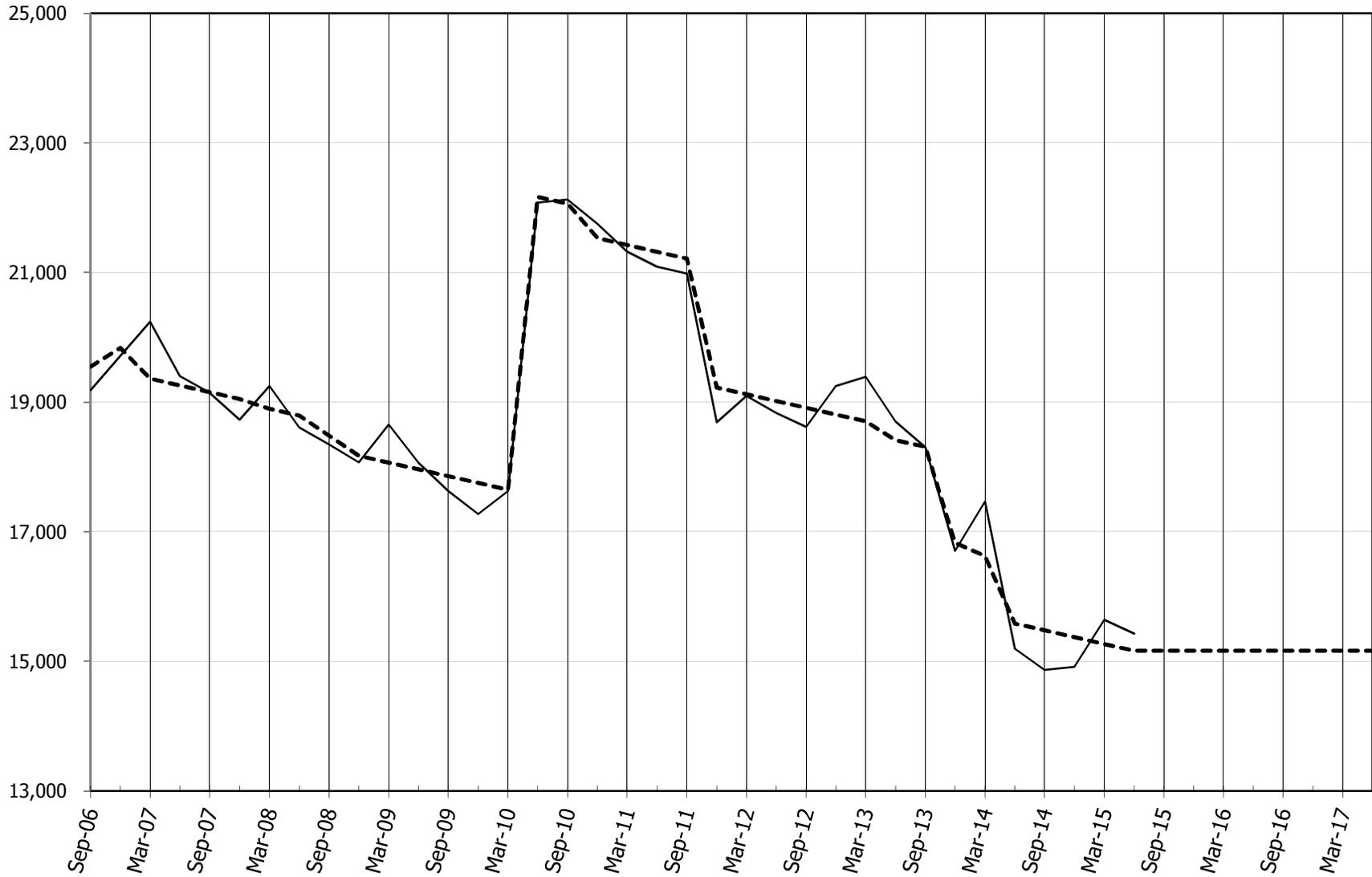
<u>All Counties</u>	<u>Fiscal Year 2014-15 ¹</u>	<u>Fiscal Year 2015-16 ²</u>	<u>Fiscal Year 2016-17 ²</u>	<u>FY 2015-16 - FY 2016-17 % Change</u>
CCS State Only	15,213	15,161	15,161	0.00%
Impact of PCs		-341	-2,048	501%
CCS Medi-Cal	143,189	147,640	150,367	1.85%
CCS OTLIPC	21,681	21,747	21,747	0.00%
TOTAL	180,083	184,207	185,227	0.55%

¹ Actual caseload data is complete thru June 2015.

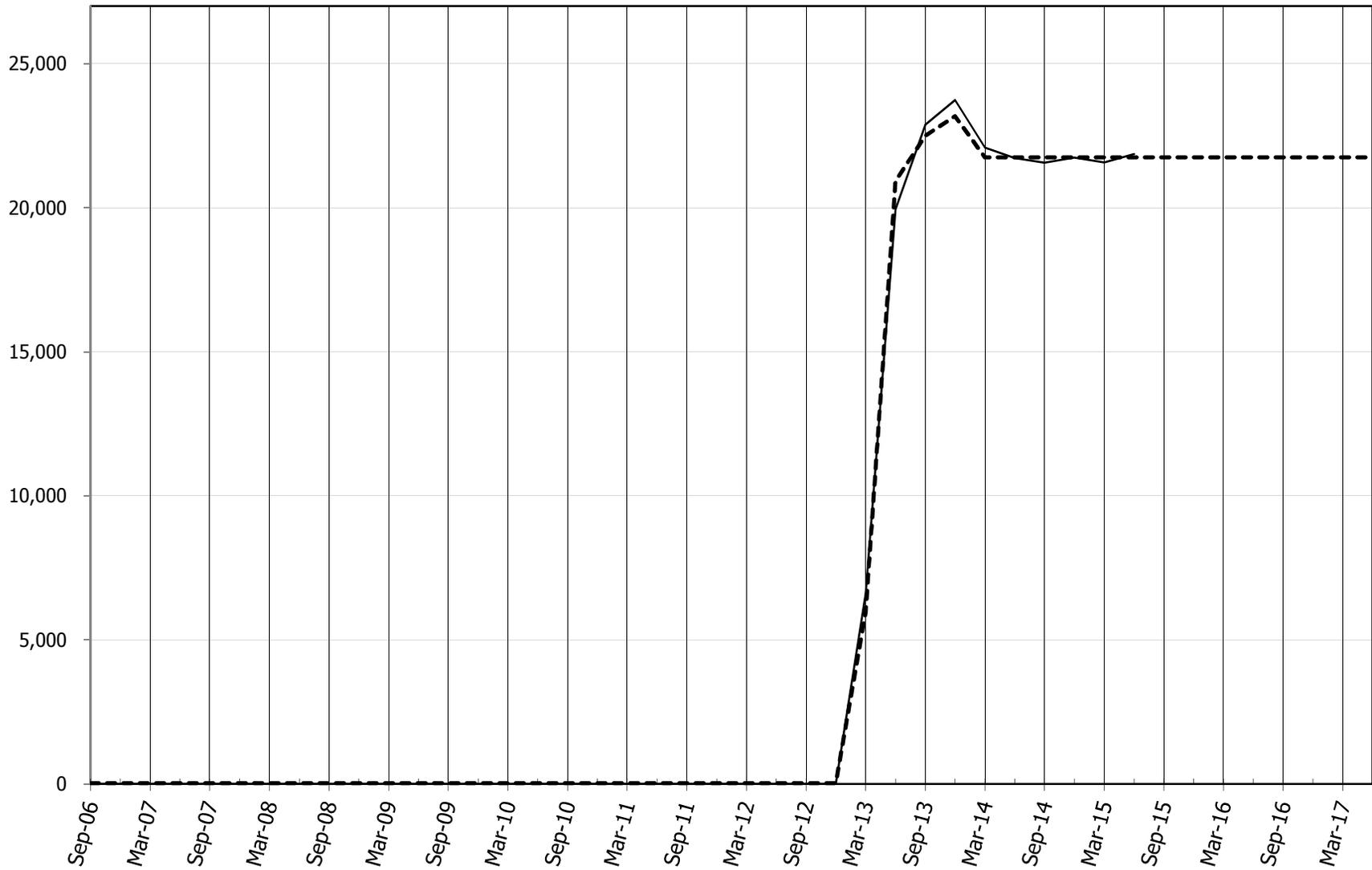
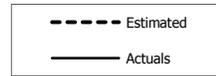
² Estimated Impact of Medi-Cal Expansion for Undocumented Children, Policy Change #11.

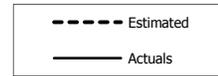


Total Statewide CCS State-Only Caseload

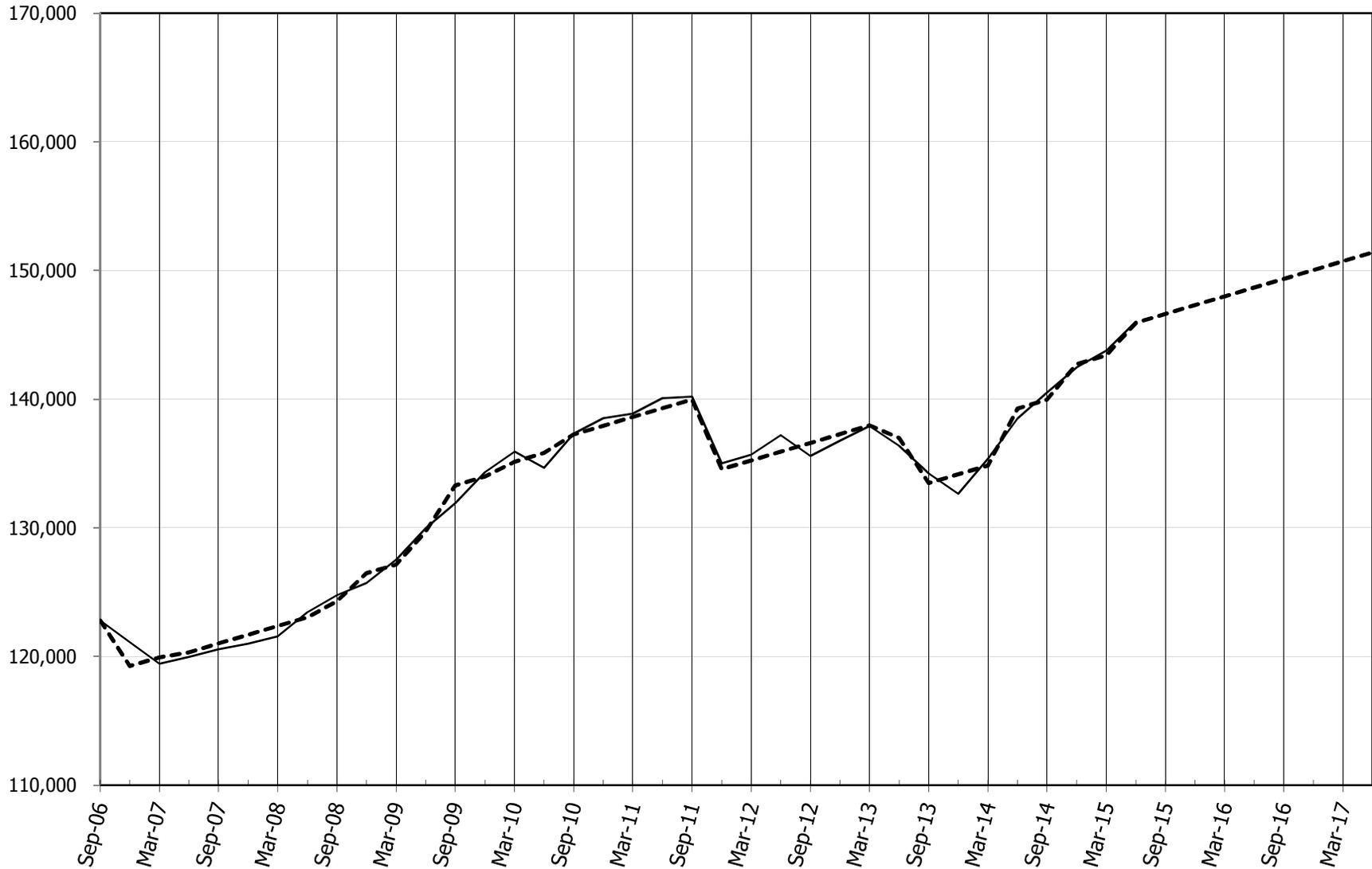


Total Statewide CCS Medi-Cal OTLICP Caseload

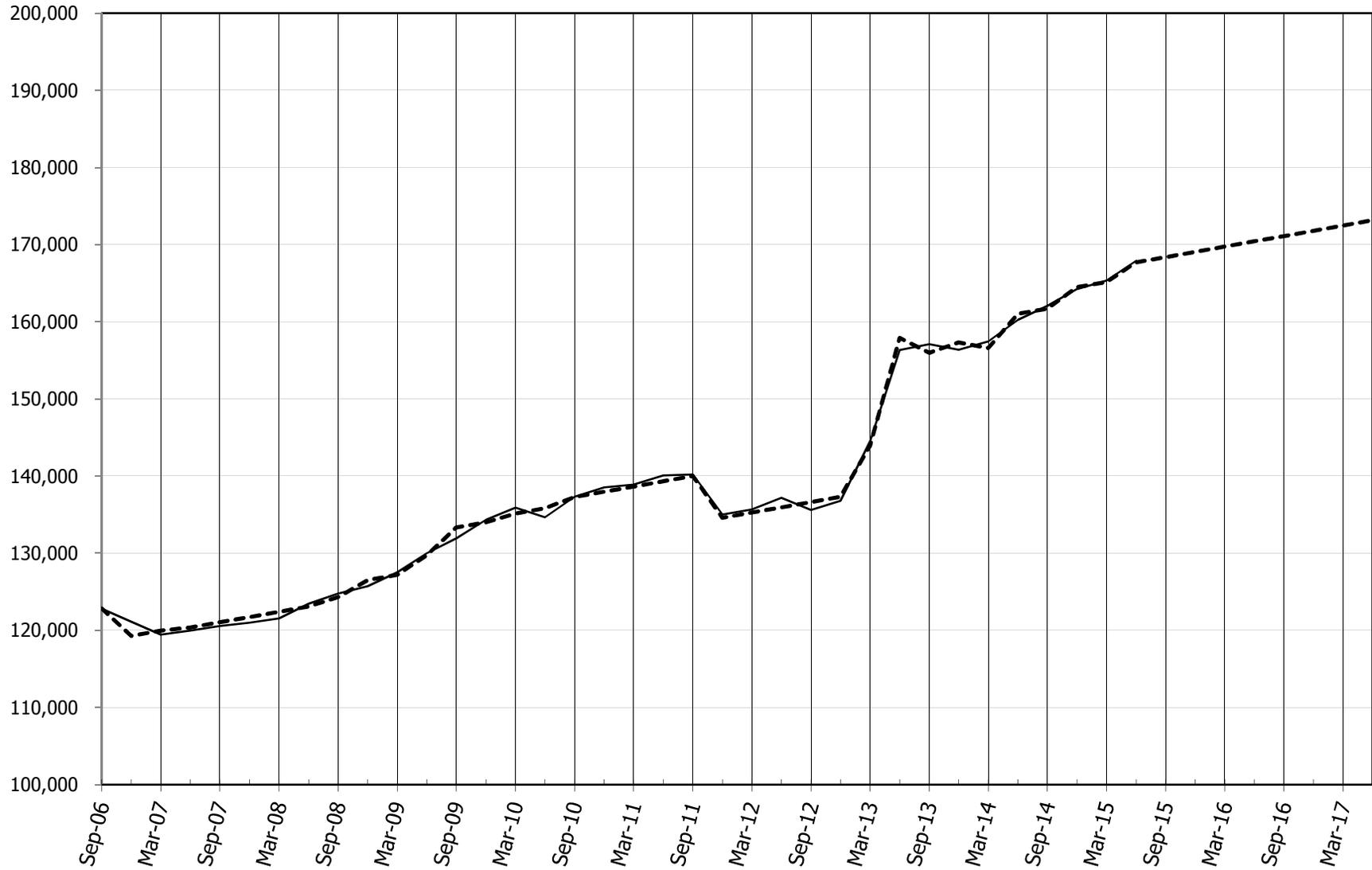
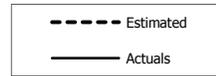


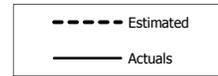


Total Statewide Medi-Cal Caseload (without OTLICP)

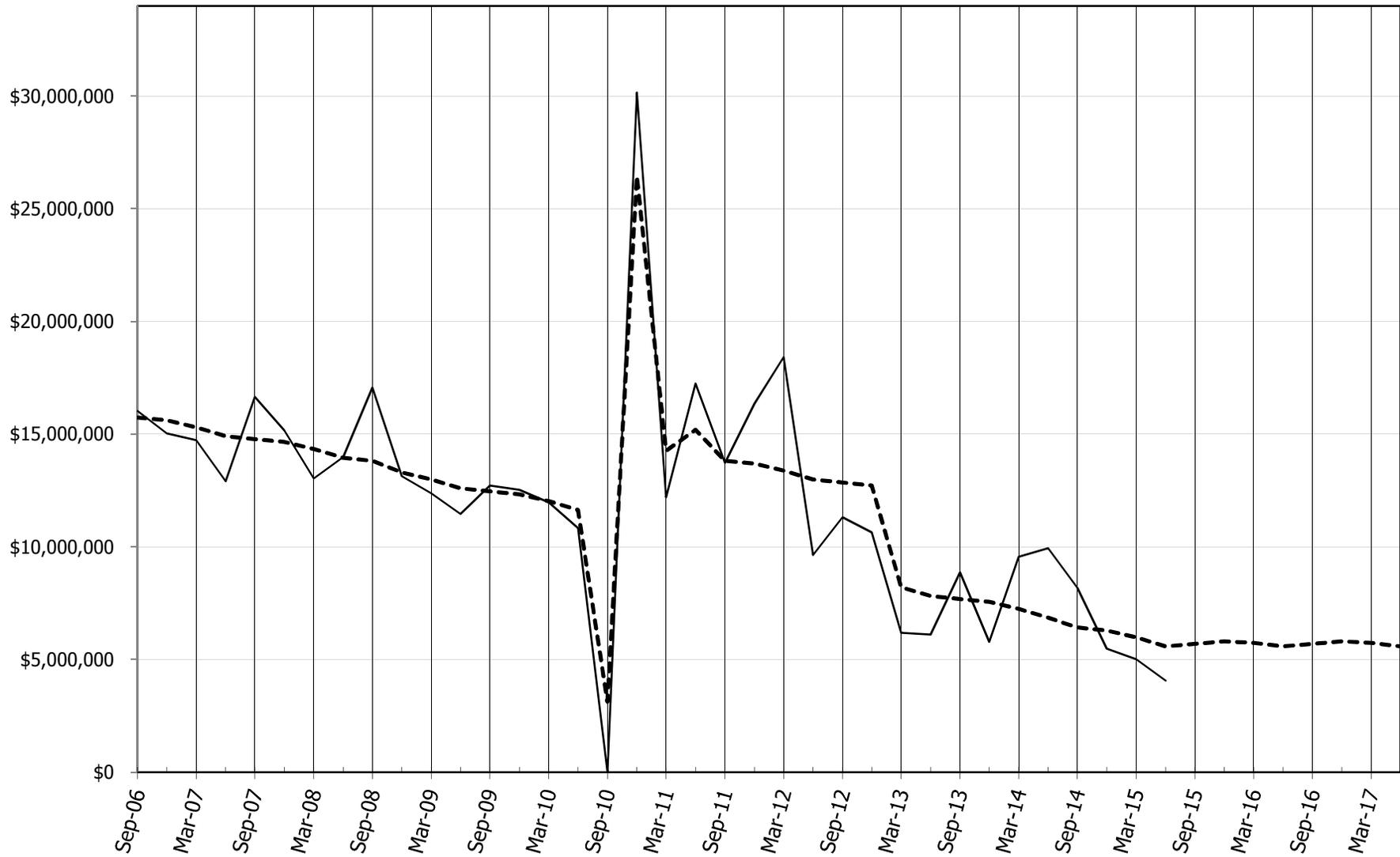


Total Statewide Medi-Cal including Medi-Cal OTLICP Caseload



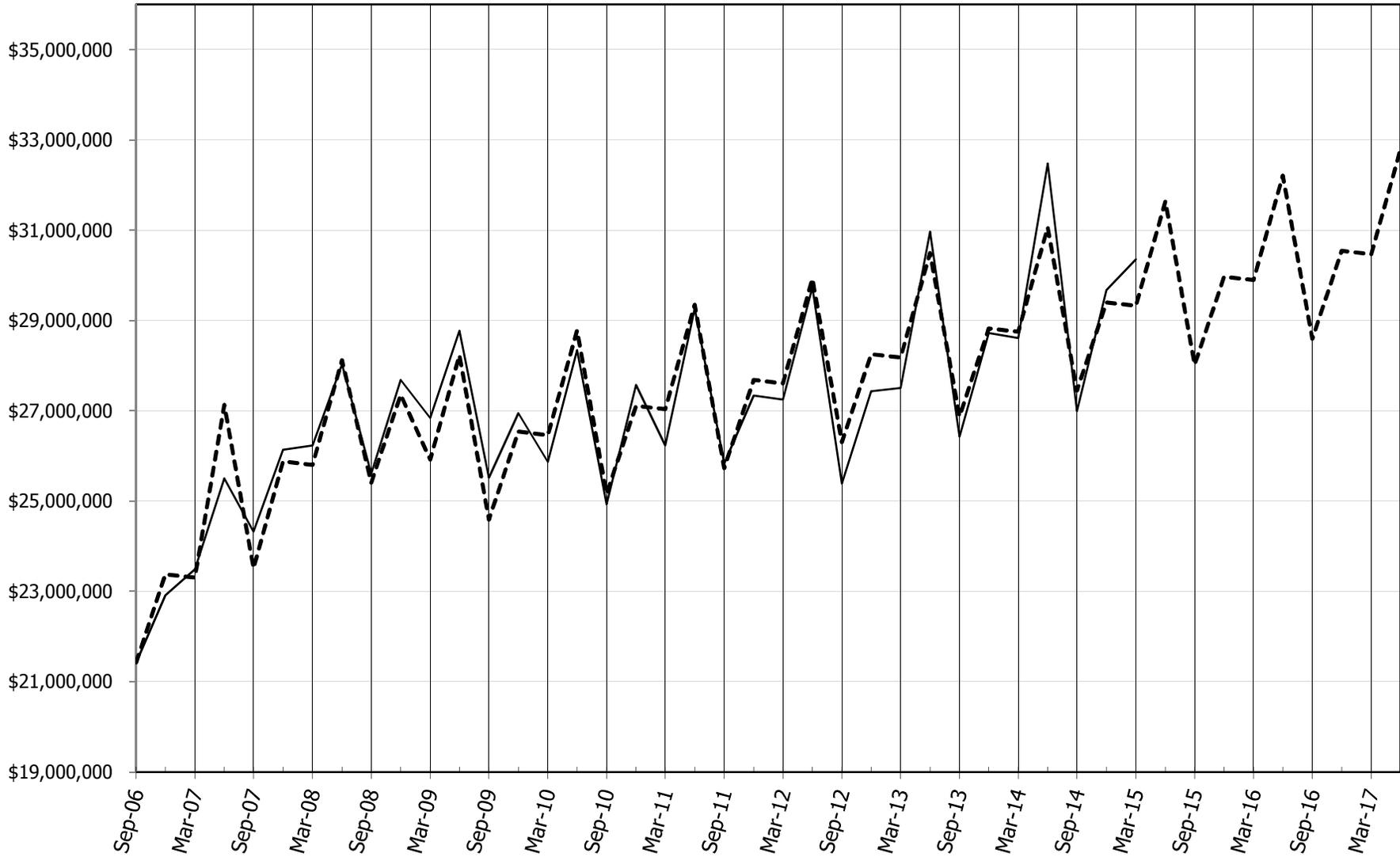


Total CCS Quarterly Treatment Dollars (State Only Services) --Includes County Funds--



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

--- Estimated
— Actuals



CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Funding Summary
Fiscal Years 2015-16 and 2016-17 Compared to May 2015 Estimate

FY 2015-16, Comparison of November 2015 Estimate to Appropriation			
	Appropriation FY 2015-16	Nov. 15 Est. FY 2015-16	Difference Incr./(Decr.)
State-Only Screens*:	18,899	14,323	(4,576)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,364,000	\$ 1,263,000	(\$ 101,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,375,000	\$ 1,274,000	(\$ 101,000)

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17			
	Nov. 15 Est. FY 2015-16	Nov. 15 Est. FY 2016-17	Difference Incr./(Decr.)
State-Only Screens*:	14,323	2,831	(11,492)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,263,000	\$ 456,000	(\$ 807,000)
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,274,000	\$ 467,000	(\$ 807,000)

* Includes estimated impact of Medi-Cal Expansion for Undocumented Children, Policy Change # 3
(FY 2015-16: -2,865 Annual Screens, FY 2016-17: -14,357 Annual Screens)

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**Funding Sources by Component****Comparison of Fiscal Years 2015-16 And 2016-17**

FY 2015-16, November 2015 Estimate Compared to Appropriation			
	Appropriation FY 2015-16	Nov. 15 Est. FY 2015-16	Difference Incr./((Decr.))
Annual Screens*	18,899	14,323	(4,576)
Program Expenditures			
A. CHDP Services	\$ 1,122,000	\$ 1,000,000	(\$ 122,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 90,000	\$ 74,000	(\$ 16,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	(\$ 81,000)	(\$ 44,000)	\$ 37,000
Total CHDP Program	\$ 1,375,000	\$ 1,274,000	(\$ 101,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,364,000	\$ 1,263,000	(\$ 101,000)
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0

November 2015 Estimate, Fiscal Year 2015-16 Compared to Fiscal Year 2016-17			
	Nov. 15 Est. FY 2015-16	Nov. 15 Est. FY 2016-17	Difference Incr./((Decr.))
Annual Screens*	14,323	2,831	(11,492)
Program Expenditures			
A. CHDP Services	\$ 1,000,000	\$ 1,020,000	\$ 20,000
B. CHDP Administration			
1. Fiscal Intermediary	\$ 74,000	\$ 55,000	(\$ 19,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	(\$ 44,000)	(\$ 852,000)	(\$ 808,000)
Total CHDP Program	\$ 1,274,000	\$ 467,000	(\$ 807,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,263,000	\$ 456,000	(\$ 807,000)
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
Average \$/Screen			
Total CHDP	\$ 58.18	\$ 59.34	\$ 1.16

* Includes estimated impact of Medi-Cal Expansion for Undocumented Children, Policy Change # 3
(FY 2015-16: -2,865 Annual Screens, FY 2016-17: -14,357 Annual Screens)

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	14,231	\$ 62.18	\$ 884,856
2	11,419	\$ 55.63	\$ 635,187
3	7,380	\$ 51.86	\$ 382,701
4	6,889	\$ 53.17	\$ 366,276
2011-12	39,919	\$ 56.84	\$ 2,269,020
1	7,439	\$ 55.28	\$ 411,246
2	6,916	\$ 56.34	\$ 389,637
3	5,679	\$ 54.41	\$ 308,995
4	6,047	\$ 53.53	\$ 323,710
2012-13	26,081	\$ 54.98	\$ 1,433,588
1	6,864	\$ 57.49	\$ 394,586
2	6,164	\$ 54.45	\$ 335,623
3	4,906	\$ 55.54	\$ 272,500
4	4,993	\$ 58.98	\$ 294,468
2013-14	22,927	\$ 56.57	\$ 1,297,177
1	5,079	\$ 56.59	\$ 287,403
2	4,769	\$ 59.59	\$ 268,485
3	3,499	\$ 55.47	\$ 194,084
4 *	3,483	\$ 57.47	\$ 200,165
2014-15	16,830	\$ 56.45	\$ 950,137
1*	5,663	\$ 59.01	\$ 334,148
2*	4,729	\$ 57.73	\$ 273,018
3*	2,923	\$ 57.67	\$ 168,561
4*	3,873	\$ 58.01	\$ 224,676
2015-16	17,188	\$ 58.18	\$ 1,000,403
1*	5,663	\$ 60.18	\$ 340,765
2*	4,729	\$ 58.90	\$ 278,545
3*	2,923	\$ 58.84	\$ 171,977
4*	3,873	\$ 59.18	\$ 229,202
2016-17	17,188	\$ 59.34	\$ 1,020,488

* Includes estimated values

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

Fiscal Year 2015-16, November 2015 Estimate Compared to Appropriation								
POLICY CHG. TYPE	NO.	DESCRIPTION	FY 2015-16 APPROPRIATION		NOVEMBER 2015 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$90,000	\$90,000	\$74,000	\$74,000	-\$16,000	-\$16,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	3	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CHDP	\$0	\$0	-\$43,900	-\$43,900	-\$43,900	-\$43,900
Benefits	4	ACA IMPACT TO THE CHDP PROGRAM	-\$81,000	-\$81,000	\$0	\$0	\$81,000	\$81,000
CHDP TOTAL			\$9,000	\$9,000	\$30,100	\$30,100	\$21,100	\$21,100
			November 2015 Family Health Estimate					

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17								
POLICY CHG. TYPE	NO.	DESCRIPTION	Nov. 2015 Est. for FY 2015-16		Nov. 2015 Est. for FY 2016-17		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$74,000	\$74,000	\$55,000	\$55,000	-\$19,000	-\$19,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	3	MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CHDP	-\$43,900	-\$43,900	-\$852,300	-\$852,300	-\$808,400	-\$808,400
CHDP TOTAL			\$30,100	\$30,100	-\$797,300	-\$797,300	-\$827,400	-\$827,400

FISCAL INTERMEDIARY EXPENDITURES - CHDP

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

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$74,000	\$55,000
- GENERAL FUND	\$74,000	\$55,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$74,000	\$55,000
- GENERAL FUND	\$74,000	\$55,000

Purpose:

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

Authority:

Health & Safety Code 124033

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
FY 2015-16			
General ACLs	75,880	\$ 0.97	\$ 74,000
FY 2016-17			
General ACLs	75,880	\$ 0.73	\$ 55,000

Funding:

100% GF (4260-111-0001)

CLPP FUND

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

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000	-\$11,000
	- CLPP FUND	\$11,000	\$11,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000	-\$11,000
	- CLPP FUND	\$11,000	\$11,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

No change.

Methodology:

1. CHDP State-Only CLPP is funded by 100% State Funds.
2. The current 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 2015-16 is \$11,000. A new IA for FY 2016-17 is assumed to be continued at the existing level.

Funding:**FY 2015-16**

100% CLPP Fund (4260-111-0080)	\$11,000
100% GF (4260-111-0001)	(\$11,000)
Net Impact	\$0

FY 2016-17

100% CLPP Fund (4260-111-0080)	\$11,000
100% GF (4260-111-0001)	(\$11,000)
Net Impact	\$0

MEDI-CAL EXPANSION FOR UNDOCUMENTED CHILDREN - CHDP

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 05/2016
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	-\$167,000	-\$1,020,000
	- GENERAL FUND	-\$167,000	-\$1,020,000
PAYMENT LAG		0.2626	0.8356
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$43,900	-\$852,300
	- GENERAL FUND	-\$43,900	-\$852,300

Purpose

This policy change estimates Child Health and Disability Prevention (CHDP) program savings resulting from the implementation of the expansion of Medi-Cal for children regardless of immigration status.

Authority

SB 75 (Chapter 18, Statutes of 2015)
Welfare & Institutions Code 14007.8

Interdependent Policy Changes:

Not Applicable

Background

The expansion of Medi-Cal for children and adolescents under the age of 19 who do not have satisfactory immigration status will provide this population with full scope Medi-Cal, effective May 1, 2016. Currently, when this population establishes State-Only CHDP eligibility when presenting for a CHDP well-child health assessment (CHDP screen), the CHDP services are funded by the State General Fund. Under the Medi-Cal expansion, this population eligible for full scope Medi-Cal benefits and CHDP services will be funded by Medi-Cal, resulting in CHDP State-Only savings.

As Medi-Cal expansion continues to be fully implemented, and the caseload in the CHDP program continues to decline, the Administration is proposing the sunset of the income and age eligibility criteria for the State-Only CHDP program. The CHDP program functions applicable to the Medi-Cal Program and to Medi-Cal benefits will continue to be operative.

Reason for Change from Prior Estimate

This is a new policy change.

Methodology:

1. For FY 2015-16 and FY 2016-17, assume there are 17,188 CHDP screens each year for undocumented children.
2. For FY 2015-16, assume a weighted average total fee of \$58.18 per screen.
3. For FY 2016-17, assume a weighted average total fee of \$59.34 per screen.
4. The expansion will be implemented on May 1, 2016.

FY 2015-16: 17,188 screens ÷ 12 months x 2 months = 2,865 screens

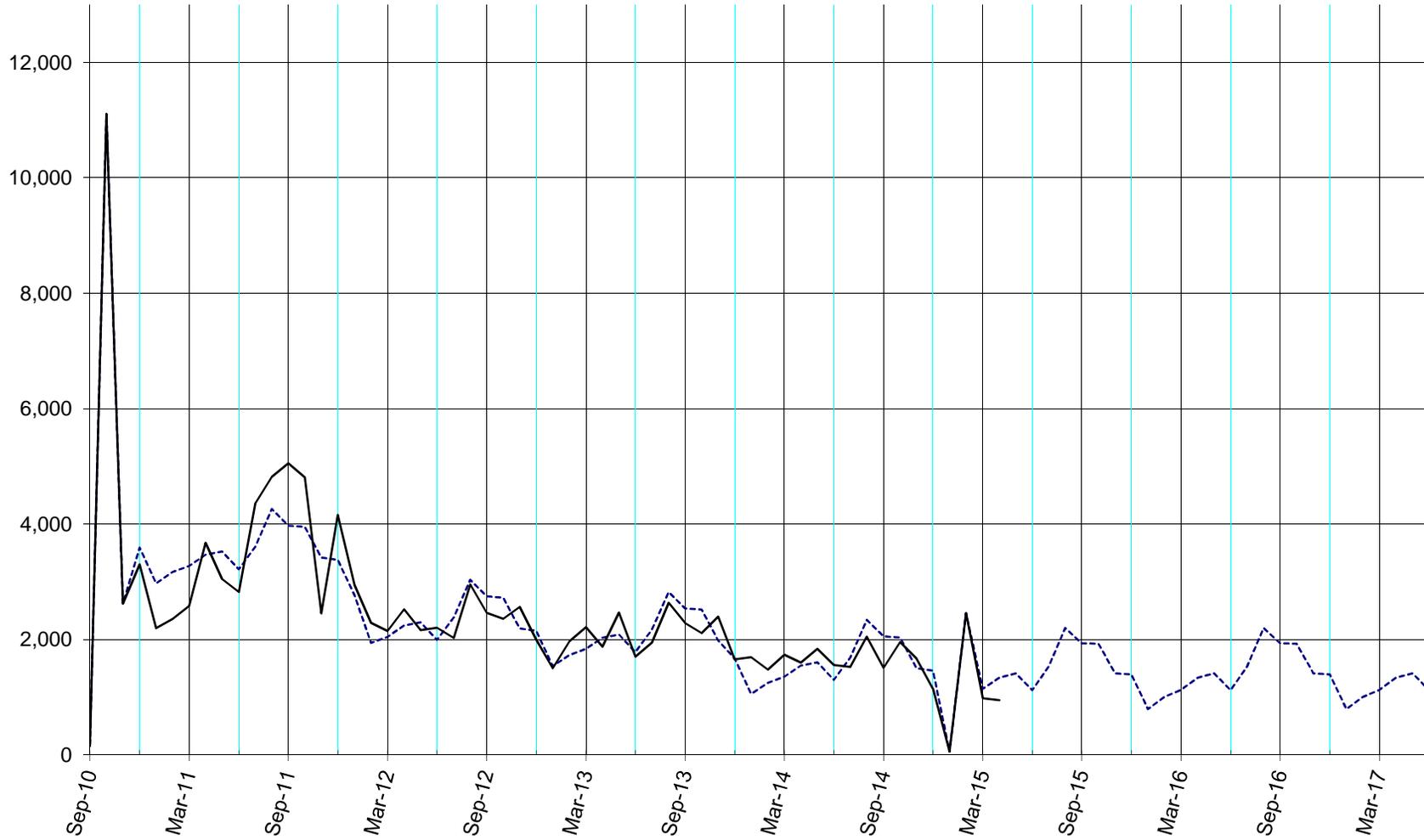
2,865 screens x \$58.18 = **(\$167,000)**

FY 2016-17: 17,188 screens x \$59.34 = **(\$1,020,000)**

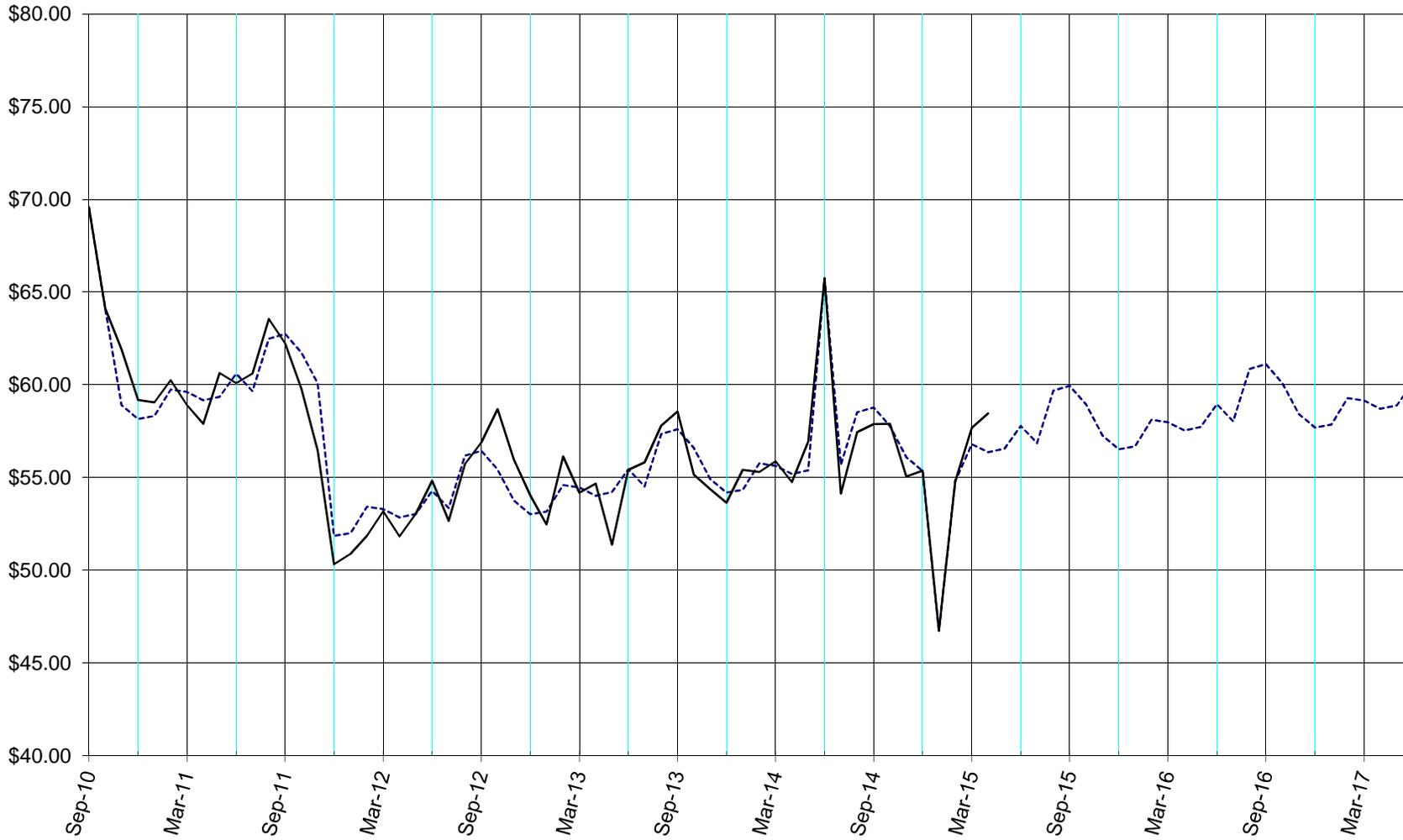
Funding:

100% GF (4260-111-0001)

CHDP Screens



CHDP Dollars Per Screen



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./(Decr.)
State-Only Caseload:	901	887	(14)
Net Dollars:			
4260-111-0001 (General Fund)	\$112,271,700	\$120,026,100	\$7,754,400
4260-601-7503 (Federal Title XIX HCSF)	-\$4,241,000	\$5,289,000	\$9,530,000
4260-601-0995 (Enrollment Fees)	\$436,300	\$440,900	\$4,600
4260-601-3079 (Rebate Special Fund)	\$20,000,000	\$23,500,000	\$3,500,000
Total	\$128,467,000	\$149,256,000	\$20,789,000

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17
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	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./(Decr.)
State-Only Caseload:	887	891	4
Net Dollars:			
4260-111-0001 (General Fund)	\$120,026,100	\$169,602,200	\$49,576,100
4260-601-7503 (Federal Title XIX HCSF)	\$5,289,000	\$0	(\$5,289,000)
4260-601-0995 (Enrollment Fees)	\$440,900	\$442,900	\$2,000
4260-601-3079 (Rebates Special Fund)	\$23,500,000	\$13,500,000	(\$10,000,000)
Total	\$149,256,000	\$183,545,100	\$34,289,100

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2015-16

November 2015 Estimate Compared to May 2015 Estimate, Total Funds

	<u>Appropriation</u> <u>FY 2015-16</u>	<u>Nov. 2015 Est.</u> <u>FY 2015-16</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 130,607,000	\$ 136,327,000	\$ 5,720,000
2. Policy Changes	\$ (2,212,000)	\$ 12,857,000	\$ 15,069,000
Total for Services	\$ 128,395,000	\$ 149,184,000	\$ 20,789,000
Fiscal Intermediary	\$ 72,000	\$ 72,000	\$ 0
Total GHPP Program	\$ 128,467,000	\$ 149,256,000	\$ 20,789,000

November 2015 Estimate Compared to May 2015 Estimate, General Fund

	<u>Appropriation</u> <u>FY 2015-16</u>	<u>Nov. 2015 Est.</u> <u>FY 2015-16</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 130,607,000	\$ 136,327,000	\$ 5,720,000
2. Policy Changes	\$ (18,407,300)	\$ (16,372,900)	\$ 2,034,400
Total for Services	\$ 112,199,700	\$ 119,954,100	\$ 7,754,400
Fiscal Intermediary	\$ 72,000	\$ 72,000	\$ 0
Total GHPP Program	\$ 112,271,700	\$ 120,026,100	\$ 7,754,400

November 2015 Estimate Compared to May 2015 Estimate, Federal Funds

	<u>Appropriation</u> <u>FY 2015-16</u>	<u>Nov. 2015 Est.</u> <u>FY 2015-16</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ (4,241,000)	\$ 5,289,000	\$ 9,530,000
Total for Services	\$ (4,241,000)	\$ 5,289,000	\$ 9,530,000
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ (4,241,000)	\$ 5,289,000	\$ 9,530,000

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

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Total Funds

	Nov. 2015 Est. <u>FY 2015-16</u>	Nov. 2015 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 136,327,000	\$ 141,703,000	\$ 5,376,000
2. Policy Changes	\$ 12,857,000	\$ 41,786,100	\$ 28,929,100
Total for Services	\$ 149,184,000	\$ 183,489,100	\$ 34,305,100
Fiscal Intermediary	\$ 72,000	\$ 56,000	\$ (16,000)
Total GHPP Program	\$ 149,256,000	\$ 183,545,100	\$ 34,289,100

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, General Fund

	Nov. 2015 Est. <u>FY 2015-16</u>	Nov. 2015 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 136,327,000	\$ 141,703,000	\$ 5,376,000
2. Policy Changes	\$ (16,372,900)	\$ 27,843,200	\$ 44,216,100
Total for Services	\$ 119,954,100	\$ 169,546,200	\$ 49,592,100
Fiscal Intermediary	\$ 72,000	\$ 56,000	\$ (16,000)
Total GHPP Program	\$ 120,026,100	\$ 169,602,200	\$ 49,576,100

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Federal Funds

	Nov. 2015 Est. <u>FY 2015-16</u>	Nov. 2015 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 5,289,000	\$ 0	\$ (5,289,000)
Total for Services	\$ 5,289,000	\$ 0	\$ (5,289,000)
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 5,289,000	\$ 0	\$ (5,289,000)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2014-15 Actuals	Hemophilia	353	\$ 309,200	\$ 109,132,000
	Cystic Fibrosis	323	12,700	4,095,000
	Sickle Cell	105	10,500	1,100,000
	Huntington's	64	700	42,000
	Metabolic 2/	47	6,300	298,000

		892	\$ 128,600	\$ 114,667,000
2015-16 Estimate	Hemophilia	350	\$ 371,600	\$ 130,071,000
	Cystic Fibrosis	326	14,400	4,708,000
	Sickle Cell	101	11,200	1,136,000
	Huntington's	66	400	26,000
	Metabolic 2/	44	8,800	386,000

		887	\$ 153,700	\$ 136,327,000
2016-17 Estimate	Hemophilia	350	\$ 389,700	\$ 136,388,000
	Cystic Fibrosis	330	11,900	3,939,000
	Sickle Cell	101	9,900	998,000
	Huntington's	66	400	28,000
	Metabolic 2/	44	8,000	350,000

		891	\$ 159,000	\$ 141,703,000

 1/ Actual expenditure data is complete through July 2015.

Actual caseload data is complete through June 2015.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Base Estimate Comparisons for Fiscal Years 2015-16 and 2016-17****FY 2015-16, November 2015 Estimate Compared to Appropriation**

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./ (Decr.)
Hemophilia	\$ 123,363,000	\$ 130,071,000	\$ 6,708,000
Cystic Fibrosis	5,263,000	4,708,000	(555,000)
Sickle Cell	1,450,000	1,136,000	(314,000)
Huntington's	79,000	26,000	(53,000)
Metabolic	452,000	386,000	(66,000)
TOTAL	\$ 130,607,000	\$ 136,327,000	\$ 5,720,000

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17

	Nov. 15 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./ (Decr.)
Hemophilia	\$ 130,071,000	\$ 136,388,000	\$ 6,317,000
Cystic Fibrosis	4,708,000	3,939,000	(769,000)
Sickle Cell	1,136,000	998,000	(138,000)
Huntington's	26,000	28,000	2,000
Metabolic	386,000	350,000	(36,000)
TOTAL	\$ 136,327,000	\$ 141,703,000	\$ 5,376,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate

Fiscal Year 2015-16

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	640	290	350
Cystic Fibrosis	536	210	326
Sickle Cell	325	224	101
Huntington's	161	95	66
Metabolic	<u>134</u>	<u>90</u>	<u>44</u>
Total	1,796	909	887

Fiscal Year 2016-17

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	648	298	350
Cystic Fibrosis	542	212	330
Sickle Cell	330	229	101
Huntington's	161	95	66
Metabolic	<u>141</u>	<u>97</u>	<u>44</u>
Total	1,822	931	891

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./(Decr.)
Hemophilia	361	350	(11)
Cystic Fibrosis	324	326	2
Sickle Cell	109	101	(8)
Huntington's	65	66	1
Metabolic	53	44	(9)
Total	912	887	(25)

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17

	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./(Decr.)
Hemophilia	350	350	0
Cystic Fibrosis	326	330	4
Sickle Cell	101	101	0
Huntington's	66	66	0
Metabolic	44	44	0
Total	887	891	4

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Medi-Cal Caseload Comparison

FY 2015-16, November 2015 Estimate Compared to May 2015 Estimate

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./.(Decr.)
Hemophilia	269	290	21
Cystic Fibrosis	222	210	(12)
Sickle Cell	228	224	(4)
Huntington's	98	95	(3)
Metabolic	85	90	5
Total	902	909	7

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17

	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./.(Decr.)
Hemophilia	290	298	8
Cystic Fibrosis	210	212	2
Sickle Cell	224	229	5
Huntington's	95	95	0
Metabolic	90	97	7
Total	909	931	22

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

Fiscal Year 2015-16, November 2015 Estimate Compared to Appropriation								
POLICY CHG.		FY 2015-16 APPROPRIATION		NOVEMBER 2015 ESTIMATE		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$72,000	\$72,000	\$72,000	\$72,000	\$0	\$0
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	\$108,000	\$108,000	\$55,000	\$55,000	-\$53,000	-\$53,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$279,400	-\$279,400	-\$469,300	-\$469,300	-\$189,900	-\$189,900
Benefits	7	ORKAMBI BENEFIT - GHPP	\$0	\$0	\$13,271,300	\$13,271,300	\$13,271,300	\$13,271,300
Benefits	8	ACA IMPACT TO GHPP	-\$1,568,000	-\$1,568,000	\$0	\$0	\$1,568,000	\$1,568,000
		GHPP TOTAL	-\$1,667,400	-\$1,667,400	\$12,929,000	\$12,929,000	\$14,596,400	\$14,596,400

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17								
POLICY CHG.		Nov. 2015 Est. for FY 2015-16		Nov. 2015 Est. for FY 2016-17		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$72,000	\$72,000	\$56,000	\$56,000	-\$16,000	-\$16,000
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	\$55,000	\$55,000	\$84,000	\$84,000	\$29,000	\$29,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$469,300	-\$469,300	-\$514,900	-\$514,900	-\$45,600	-\$45,600
Benefits	7	ORKAMBI BENEFIT - GHPP	\$13,271,300	\$13,271,300	\$42,217,000	\$42,217,000	\$28,945,700	\$28,945,700
		GHPP TOTAL	\$12,929,000	\$12,929,000	\$41,842,100	\$41,842,100	\$28,913,100	\$28,913,100

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

ENROLLMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Melissa Weathers

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$440,900	-\$442,900
	- ENROLLMENT FEES FUND	\$440,900	\$442,900
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$440,900	-\$442,900
	- ENROLLMENT FEES FUND	\$440,900	\$442,900

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:

Enrollment fees have been adjusted to reflect the changes in caseload.

Methodology:

1. Base fee collections are estimated by applying the GHPP State-Only Caseload change between fiscal years to the prior year actual enrollment fees collected, FY 2014-15: \$443,413. The fee collections are estimated to be \$440,928 in FY 2015-16 and \$442,918 in FY 2016-17.

<u>Fiscal Year</u>	<u>GHPP State-Only Caseload</u>	<u>Percent Change</u>	<u>Enrollment Fees</u>
FY 2014-15	892		\$443,413
FY 2015-16*	887	-0.56%	\$440,928
FY 2016-17*	891	0.45%	\$442,916

**Estimated*

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

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

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$72,000	\$56,000
- GENERAL FUND	\$72,000	\$56,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$72,000	\$56,000
- GENERAL FUND	\$72,000	\$56,000

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 Service Authorization Requests (SARs).

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2015-16	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	40,145	\$ 0.97	\$ 39,000
Online ACLs	46,113	\$ 0.70	\$ 32,000
Total FY 2015-16			\$ 71,000

FY 2016-17	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	40,326	\$ 0.73	\$ 29,000
Online ACLs	46,321	\$ 0.56	\$ 26,000
Total FY 2016-17			\$ 55,000

2. The estimated dental FI administrative costs are:

FY 2015-16	Estimated Claims	Rates	Estimated Expenditure
ACLs	-	\$ 2.56	\$ -
SARs	61	\$ 9.62	\$ 1,000
Total FY 2015-16			\$ 1,000

FY 2016-17	Estimated Claims	Rates	Estimated Expenditure
ACLs	-	\$ 2.58	\$ -
SARs	61	\$ 9.70	\$ 1,000
Total FY 2016-17			\$ 1,000

	FY 2015-16	FY 2016-17
Medical	\$ 71,000	\$ 55,000
Dental	\$ 1,000	\$ 1,000
Total	\$ 72,000	\$ 56,000

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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$23,500,000	-\$13,500,000
	- REBATE SPECIAL FUND	\$23,500,000	\$13,500,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$23,500,000	-\$13,500,000
	- REBATE SPECIAL FUND	\$23,500,000	\$13,500,000

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 Department has collected more rebates.

Methodology:

1. The estimate is based on ongoing rebate collections.
2. Collections are based on 75% of the average of the last four quarters of invoices.
3. The Department anticipates to collect \$23,500,000 in FY 2015-16 and \$13,500,000 in FY 2016-17 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: Joy Oda

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	\$0

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The MH/UCD was extended for two months until October 31, 2010. Effective November 1, 2010, the Centers for Medicare & Medicaid Services (CMS) approved a five-year demonstration, the BTR. The Special Terms and Conditions of the BTR allow the State to claim federal financial participation (FFP) using the CPEs of approved Designated State Health Programs (DSHP). The GHPP program is 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:

DY 2012-13 final reconciliations are delayed and no longer in this estimate.

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 impact is reflected in the Family Health Estimate.
2. The BTR will end on October 31, 2015. The Department assumes the BTR funding will not continue in the subsequent waiver.

(Dollars in Thousands)

FY 2015-16	TF	GF	FF
DSHP-BTR (DY 2014-15)	\$0	(\$5,289)	\$5,289
Total	\$0	(\$5,289)	\$5,289

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: Melissa Weathers

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$55,000	\$84,000
- GENERAL FUND	\$55,000	\$84,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$55,000	\$84,000
- GENERAL FUND	\$55,000	\$84,000

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance 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 estimated number of clients enrolled for FY 2015-16 is 12, eight current and four anticipated. The average monthly premium per member decreased for both hemophilia and cystic fibrosis. In FY 2014-15, three clients with cystic fibrosis (two of which had monthly premiums over \$1,000) discontinued and three additional clients (one with hemophilia and two with cystic fibrosis) came on, all three have monthly premiums less than \$265. These changes decreased the average monthly premium for hemophilia by \$400 per month and cystic fibrosis by \$480 per month, resulting in lower estimated premium payments for FY 2015-16.

Methodology:

1. Assume the premium costs are \$600 per hemophilia enrollee, \$220 per sickle cell disease enrollee and \$420 per cystic fibrosis enrollee per month based on prior enrollment records.
2. Eight clients remain in the program starting FY 2015-16.
3. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll in the last three quarters of FY 2015-16.
4. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll starting FY 2016-17.

	<u>TF</u>	<u>GF</u>
FY 2015-16	\$ 55,000	\$ 55,000
FY 2016-17	\$ 84,000	\$ 84,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 12/2009
ANALYST: Melissa Weathers

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,342,000	-\$2,394,000
	- GENERAL FUND	-\$1,342,000	-\$2,394,000
PAYMENT LAG		0.9591	0.9777
% REFLECTED IN BASE		63.54%	78.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$469,300	-\$514,900
	- GENERAL FUND	-\$469,300	-\$514,900

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 clients enrolled for FY 2015-16 is 12, eight current and four anticipated. In FY 2014-15, three clients with cystic fibrosis discontinued and three additional clients (one with hemophilia and two with cystic fibrosis) came on. Annual savings for FY 2015-16 increased due to the additional anticipated clients, one with cystic fibrosis and three with hemophilia.

Methodology:

1. Eight clients remain in the program starting FY 2015-16.
2. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll in the last three quarters of FY 2015-16.
3. Assume four clients, one with cystic fibrosis and three with hemophilia, will enroll starting FY 2016-17.
4. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2015 Family Health Estimate:

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
Hemophilia	\$ 358,900	\$ 343,800
Cystic Fibrosis	\$ 17,500	\$ 15,900
Sickle Cell	\$ 12,800	\$ 11,900

5. Projected Savings (Rounded):

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
Total Funds	\$ 1,342,000	\$ 2,394,000
General Funds	\$ 1,342,000	\$ 2,394,000

Funding:

100% GF (4260-111-0001)

ORKAMBI BENEFIT - GHPP

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2015
ANALYST: Jason Moody

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$13,986,000	\$42,217,000
	- GENERAL FUND	\$13,986,000	\$42,217,000
PAYMENT LAG		0.9489	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$13,271,300	\$42,217,000
	- GENERAL FUND	\$13,271,300	\$42,217,000

Purpose

This policy change estimates the cost of Orkambi for the treatment of certain Genetically Handicapped Persons Program (GHPP) clients with cystic fibrosis (CF).

Authority

Social Security Act, section 1927 [42 U.S.C. 1396r-8]

Background

Orkambi is a two-drug therapy combining the drugs ivacaftor with lumacaftor in a single pill designed to address chloride channel abnormalities in CF patients. This condition affects approximately 50% of the total CF population. The FDA approved Orkambi for use in people with CF ages 12 and older who have specific defective or missing proteins resulting from mutations in a specific gene.

Reason for Change from Prior Estimate

This is a new policy change.

Methodology

1. Assume the cost of Orkambi is \$259,000 per client per year.
2. For FY 2015-16 and FY 2016-17, assume there are 326 GHPP clients, age 12 and older with CF.

3. For FY 2015-16, assume 16.67% of the CF population is prescribed Orkambi.

$$\$259,000 \times 54 = \$13,986,000 \text{ per year}$$

4. For FY 2016-17, assume 50% of the CF population is prescribed Orkambi.

$$\$259,000 \times 163 = \$42,217,000 \text{ per year}$$

5. The cost of Orkambi for FY 2015-16 and FY 2016-17 is:

FY 2015-16		FY 2016-17	
TF	GF	TF	GF
\$13,986,000	\$13,986,000	\$42,217,000	\$42,217,000

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,673	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
2013-14	1,744	765	979	\$ 109,400,000
1	1,770	857	913	\$ 28,798,637
2	1,758	870	888	30,224,327
3	1,759	874	885	29,054,749
4	1,772	893	879	26,590,230
2014-15	1,765	873	892	\$ 114,667,000
1	1,789	903	886	\$ 37,603,937
2	1,794	907	887	32,188,278
3	1,800	913	887	32,907,744
4	1,806	918	888	33,627,208
2015-16	1,796	909	887	\$ 136,327,000
1	1,811	922	889	\$ 34,346,673
2	1,818	928	890	35,066,138
3	1,824	933	891	35,785,604
4	1,830	938	892	36,505,069
2016-17	1,822	931	891	\$ 141,703,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Hemophilia				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	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
2013-14	580	194	386	\$ 103,372,000
1	607	243	364	\$ 27,161,356
2	613	262	351	28,663,539
3	616	267	349	27,839,090
4	630	284	346	25,468,234
2014-15	617	264	353	\$ 109,132,000
1	637	287	350	\$ 35,323,001
2	639	289	350	30,864,237
3	641	291	350	31,582,638
4	643	293	350	32,301,038
2015-16	640	290	350	\$ 130,071,000
1	645	295	350	\$ 33,019,439
2	647	297	350	33,737,840
3	649	299	350	34,456,241
4	651	301	350	35,174,641
2016-17	648	298	350	\$ 136,388,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Cystic Fibrosis				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	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
2013-14	523	179	344	\$ 4,687,000
1	538	211	327	\$ 1,159,188
2	532	212	320	1,234,298
3	533	211	322	844,460
4	529	205	324	857,436
2014-15	533	210	323	\$ 4,095,000
1	535	210	325	\$ 1,753,347
2	536	210	326	984,807
3	537	211	326	984,807
4	538	211	327	984,807
2015-16	536	210	326	\$ 4,708,000
1	539	211	328	\$ 984,807
2	541	212	329	984,807
3	542	212	330	984,807
4	544	213	331	984,807
2016-17	542	212	330	\$ 3,939,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	353	222	131	\$ 230,526
2	362	230	132	271,501
3	363	231	132	215,003
4	367	247	120	310,627
2013-14	362	233	129	\$ 1,028,000
1	339	228	111	\$ 386,186
2	326	220	106	235,265
3	320	217	103	262,782
4	323	224	99	215,839
2014-15	327	222	105	\$ 1,100,000
1	324	223	101	\$ 388,154
2	325	224	101	249,447
3	326	225	101	249,447
4	327	226	101	249,447
2015-16	325	224	101	\$ 1,136,000
1	328	227	101	\$ 249,447
2	329	228	101	249,447
3	330	229	101	249,447
4	331	230	101	249,447
2016-17	330	229	101	\$ 998,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Huntington				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	151	81	70	\$ 63,870
2	155	83	72	13,306
3	163	86	77	29,657
4	162	94	68	29,830
2013-14	158	86	72	\$ 137,000
1	158	97	61	\$ 16,255
2	159	96	63	9,497
3	161	95	66	15,161
4	160	93	67	1,191
2014-15	159	95	64	\$ 42,000
1	161	95	66	\$ 4,974
2	161	95	66	7,098
3	161	95	66	7,098
4	161	95	66	7,098
2015-16	161	95	66	\$ 26,000
1	161	95	66	\$ 7,098
2	161	95	66	7,098
3	161	95	66	7,098
4	161	95	66	7,098
2016-17	161	95	66	\$ 28,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

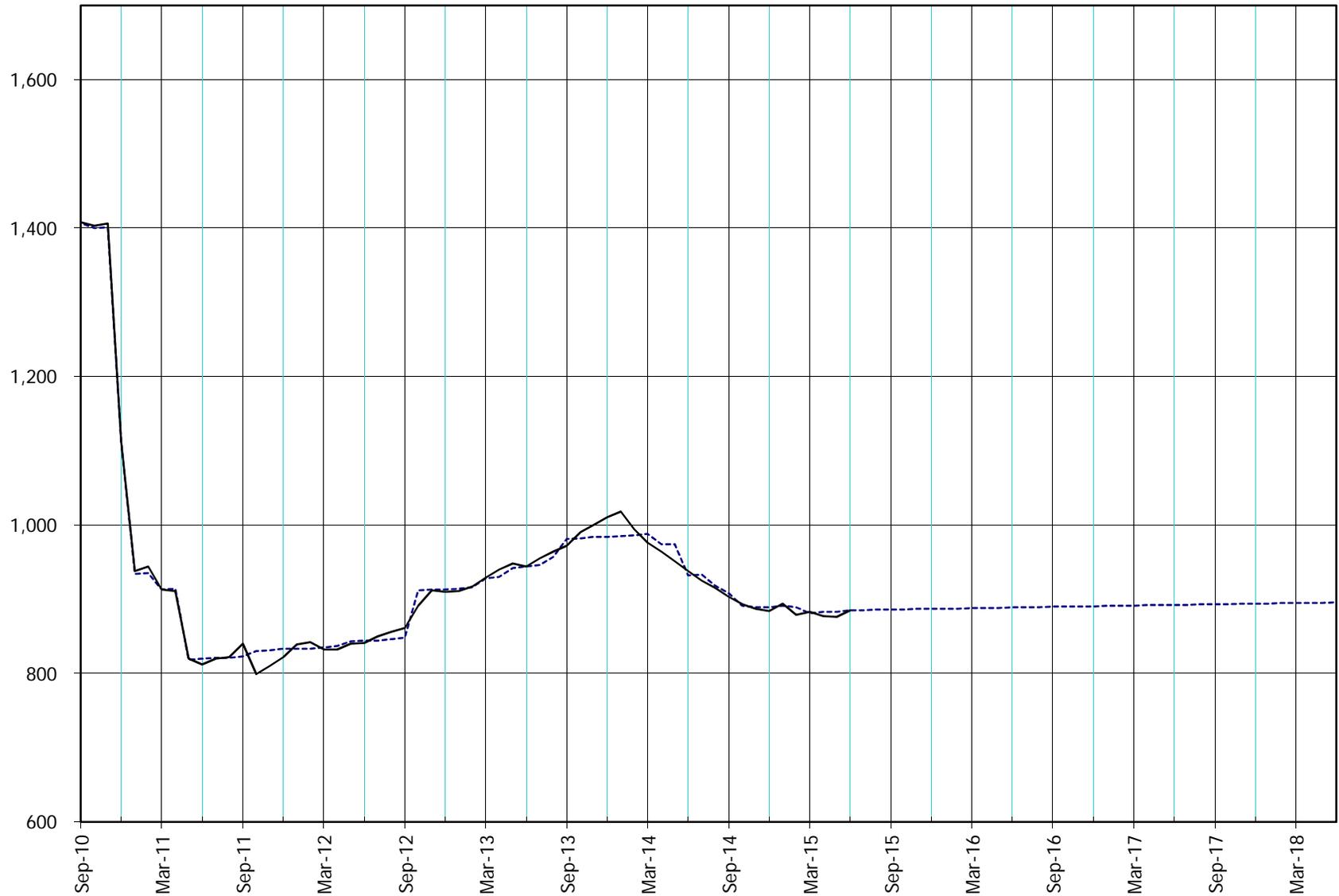
Metabolic				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	110	65	45	\$ 86,932
2	120	70	50	16,446
3	123	75	48	32,846
4	128	80	48	40,131
2013-14	121	73	48	\$ 176,000
1	128	78	50	\$ 75,652
2	128	80	48	81,728
3	129	84	45	93,256
4	130	87	43	47,530
2014-15	129	82	47	\$ 298,000
1	132	88	44	\$ 134,461
2	133	89	44	82,689
3	135	91	44	83,754
4	137	93	44	84,818
2015-16	134	90	44	\$ 386,000
1	138	94	44	\$ 85,882
2	140	96	44	86,946
3	142	98	44	88,011
4	143	99	44	89,076
2016-17	141	97	44	\$ 350,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2015-16 reflects actuals and projected base estimate values.
 3) FY 2016-17 reflects projected base estimate values.



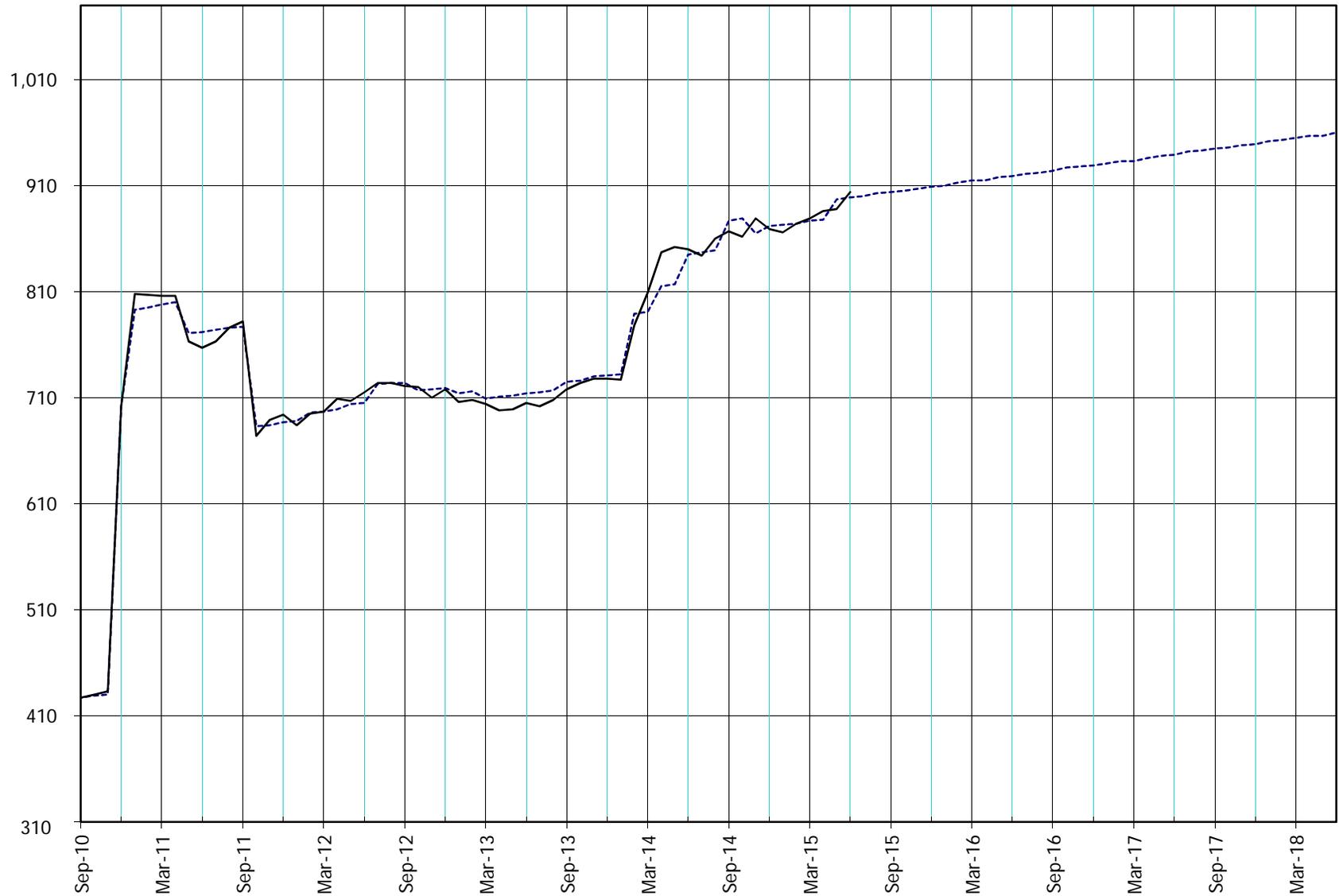
GHPP State Eligibles

--- Estimated
— Actuals

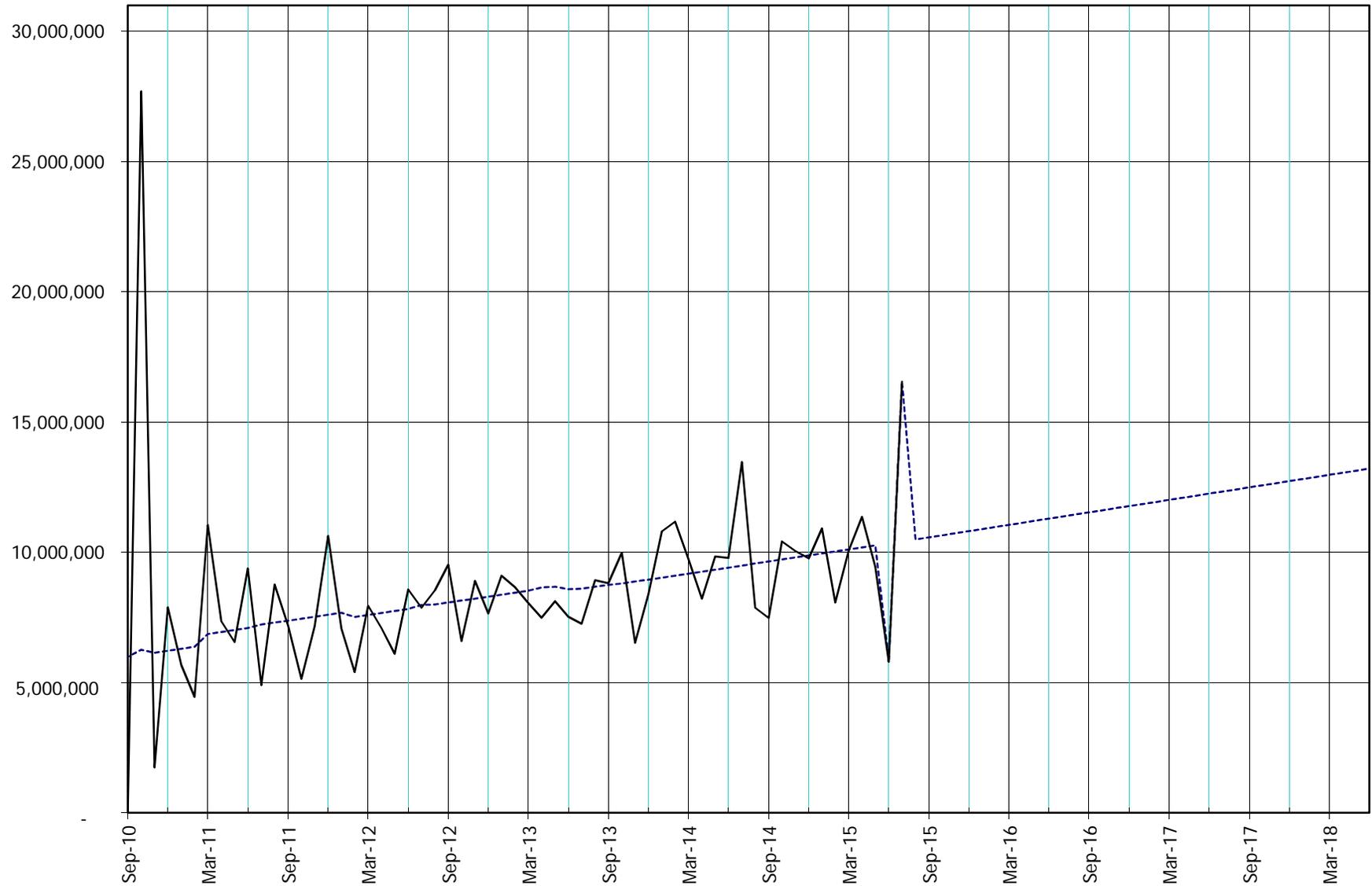


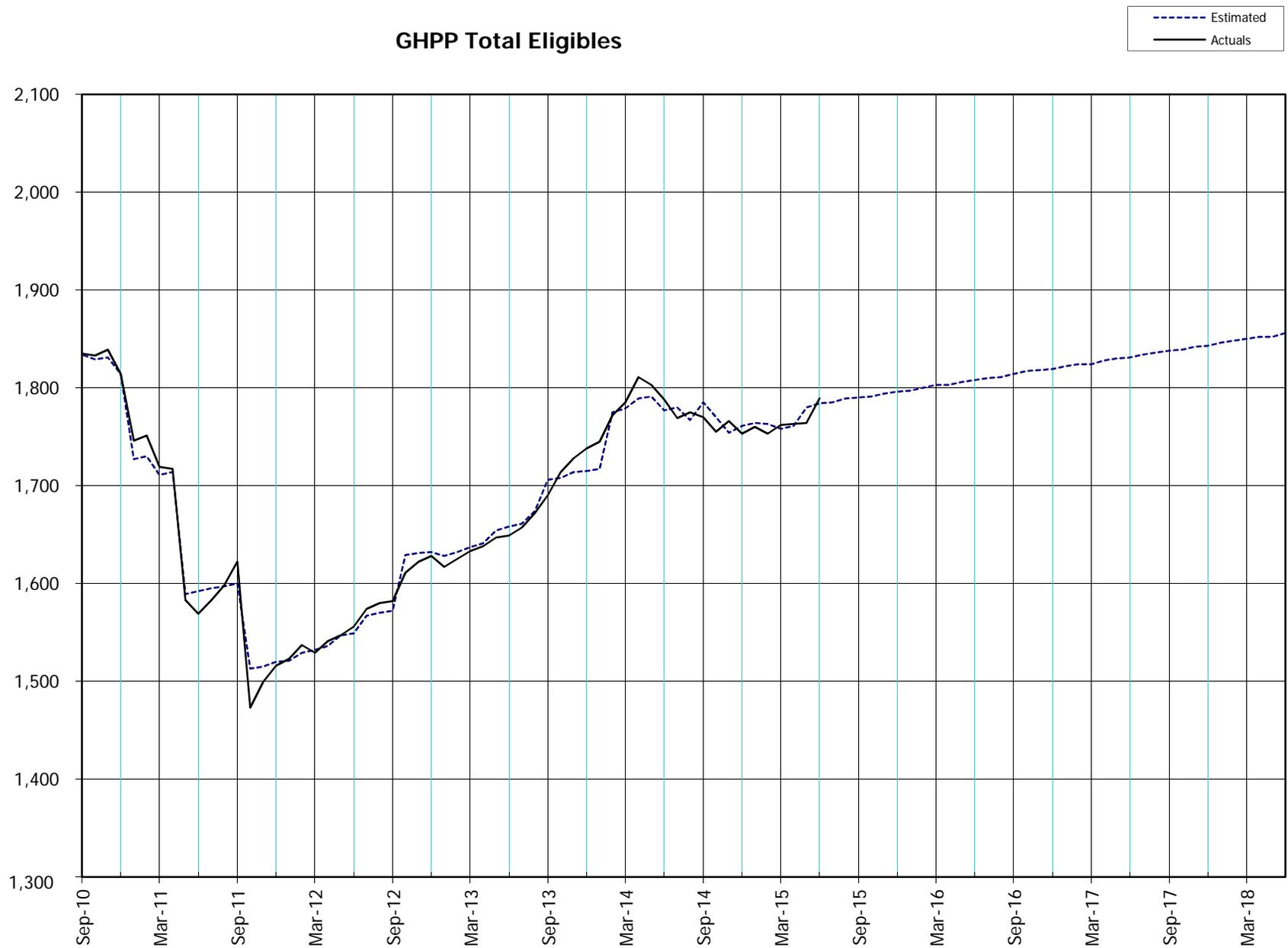
GHPP Medi-Cal Eligibles

--- Estimated
— Actuals

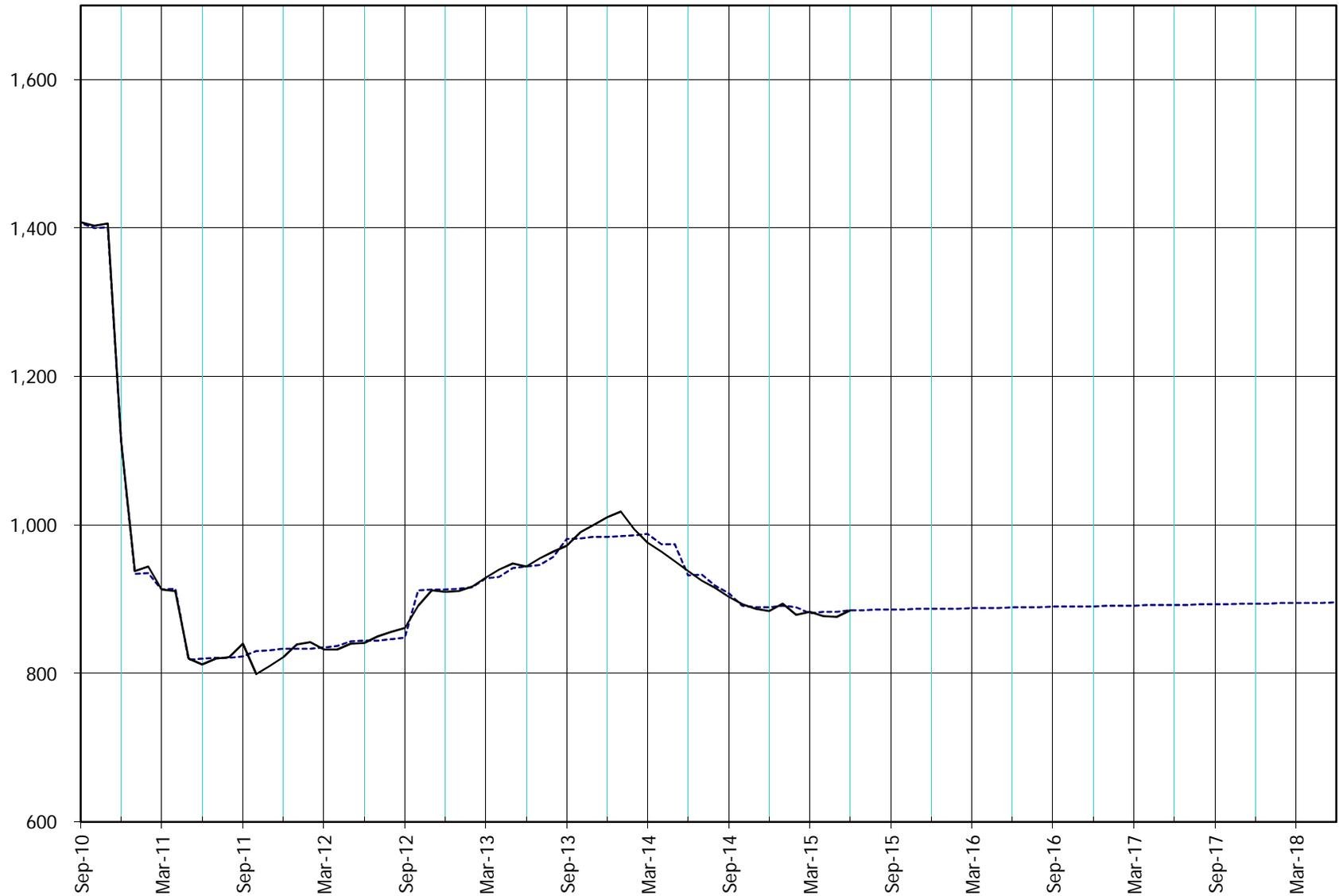


GHPP State-Only Monthly Expenditures



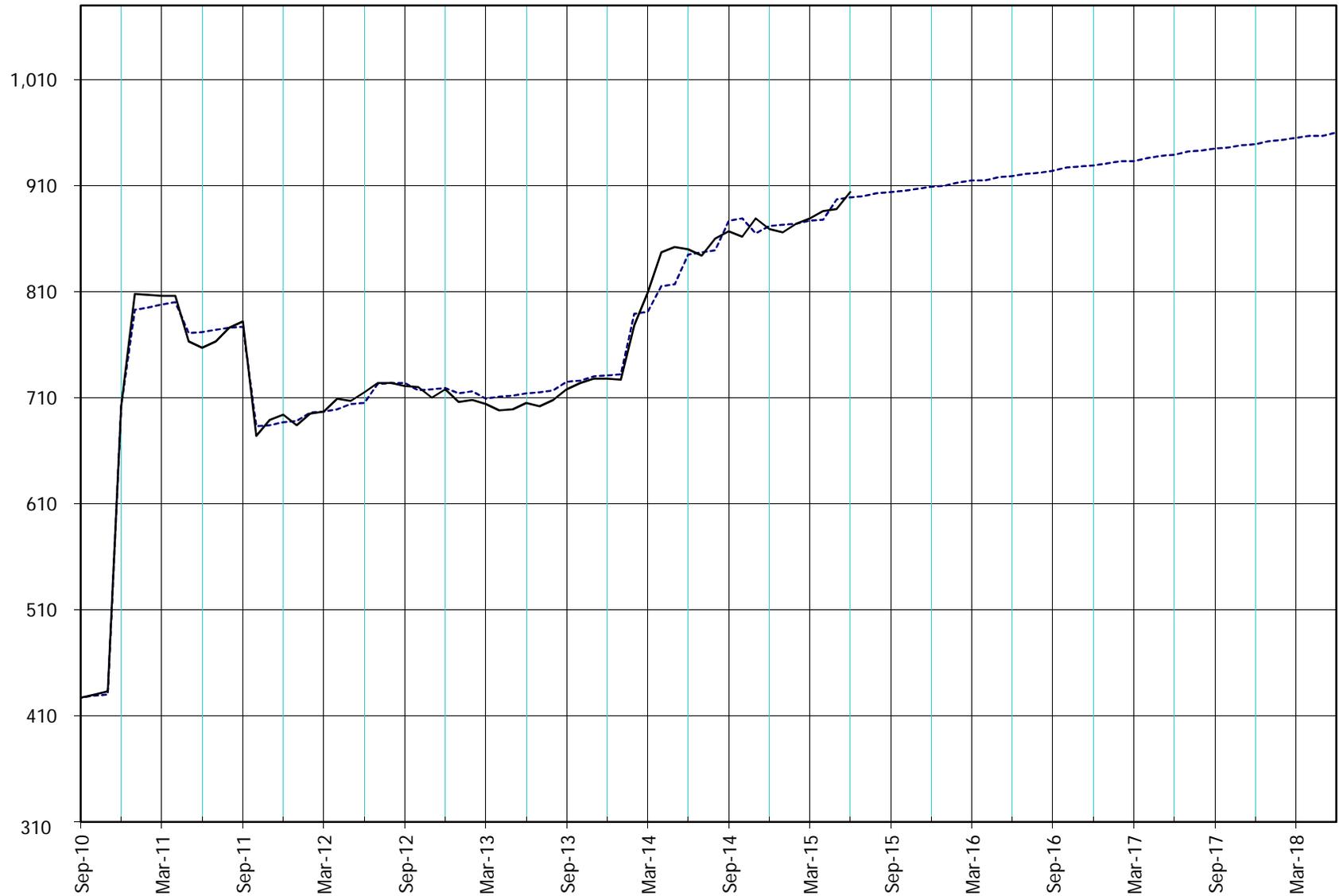


GHPP State Eligibles



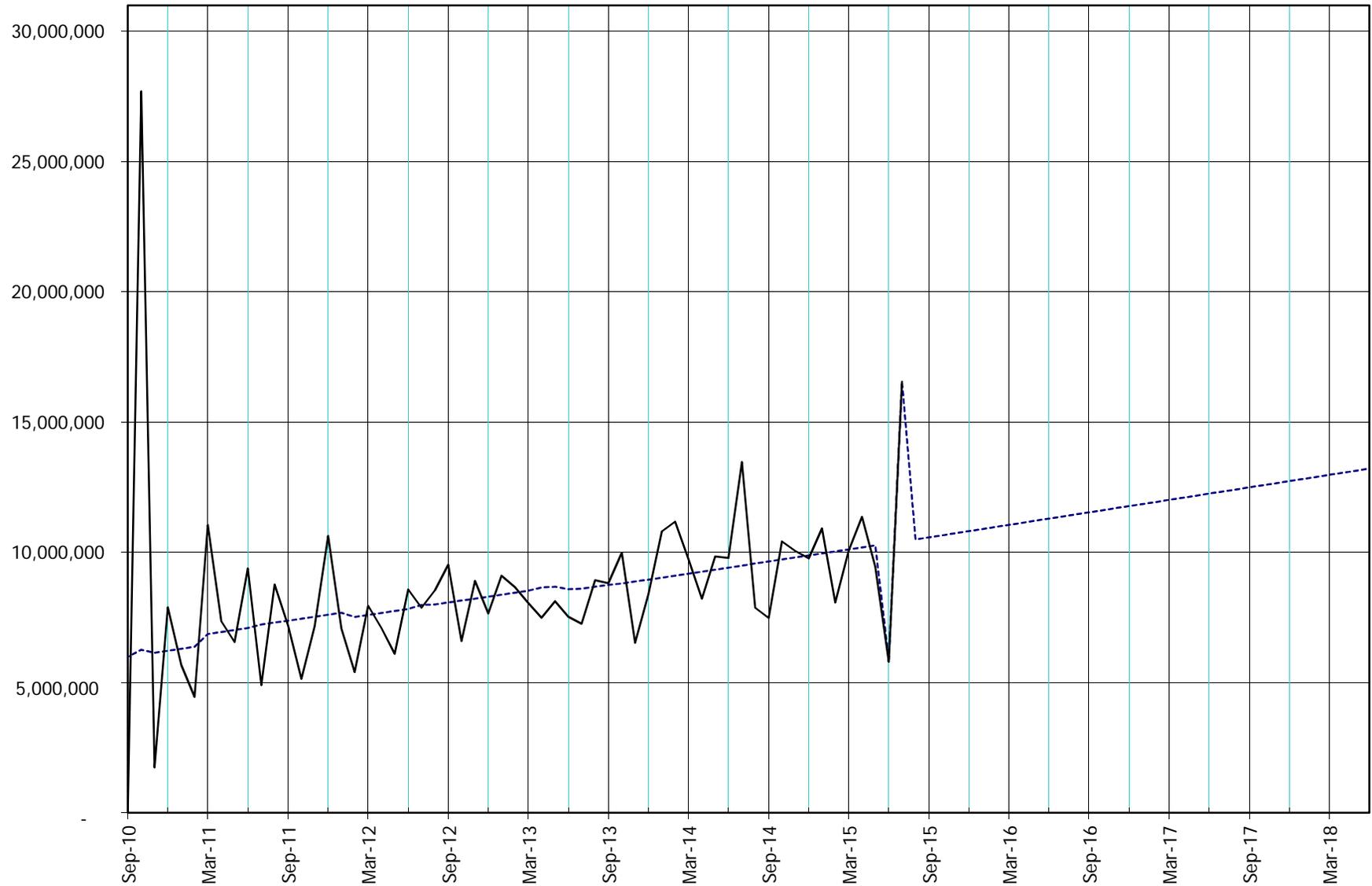
GHPP Medi-Cal Eligibles

--- Estimated
— Actuals



GHPP State-Only Monthly Expenditures

--- Estimated
— Actuals



EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2015-16, November 2015 Estimate Compared to Appropriation

	Appropriation FY 2015-16	Nov 2015 Est. FY 2015-16	Difference Incr./(Decr.)
Caseload:	213,000	225,035	12,035
Net Dollars:			
4260-114-0001 (General Fund)	\$4,401,000	\$173,000	(\$4,228,000)
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
Total	<u>\$42,140,000</u>	<u>\$37,912,000</u>	<u>-\$4,228,000</u>

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17

	Nov. 2015 Est. FY 2015-16	Nov. 2015 Est. FY 2016-17	Difference Incr./(Decr.)
Caseload:²	225,035	177,800	(47,235)
Net Dollars:			
4260-114-0001 (General Fund)	\$173,000	\$0	(\$173,000)
4260-114-0236 (Prop 99)	\$25,318,000	\$19,794,000	(\$5,524,000)
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
Total	<u>\$37,912,000</u>	<u>\$32,215,000</u>	<u>-\$5,697,000</u>

² The November 2015 caseload estimate is based on updated data through June 2015.

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2015-16

November 2015 Estimate Compared to Appropriation, Total Funds

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 33,662,000	\$ 33,130,000	\$ (532,000)
2. Policy Changes	\$ 7,053,000	\$ 3,373,000	\$ (3,680,000)
	-----	-----	-----
Total for Services	\$ 40,715,000	\$ 36,503,000	\$ (4,212,000)
Fiscal Intermediary	\$ 1,425,000	\$ 1,409,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 42,140,000	\$ 37,912,000	\$ (4,228,000)

November 2015 Estimate Compared to Appropriation, General Fund

	Appropriation FY 2015-16	Nov. 2015 Est. FY 2015-16	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 33,662,000	\$ 33,130,000	\$ (532,000)
2. Policy Changes	\$ (30,686,000)	\$ (34,366,000)	\$ (3,680,000)
	-----	-----	-----
Total for Services	\$ 2,976,000	\$ (1,236,000)	\$ (4,212,000)
Fiscal Intermediary	\$ 1,425,000	\$ 1,409,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 4,401,000	\$ 173,000	\$ (4,228,000)

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

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, Total Funds

	Nov. 2015 Est. <u>FY 2015-16</u>	Nov. 2015 Est. <u>FY 2016-17</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 33,130,000	\$ 27,652,000	\$ (5,478,000)
2. Policy Changes	\$ 3,373,000	\$ 3,373,000	\$ 0
	-----	-----	-----
Total for Services	\$ 36,503,000	\$ 31,025,000	\$ (5,478,000)
Fiscal Intermediary	\$ 1,409,000	\$ 1,190,000	\$ (219,000)
	-----	-----	-----
Total EWC Program	\$ 37,912,000	\$ 32,215,000	\$ (5,697,000)

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17, General Fund

	Nov. 2015 Est. <u>FY 2015-16</u>	Nov. 2015 Est. <u>FY 2016-17</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 33,130,000	\$ 27,652,000	\$ (5,478,000)
2. Policy Changes	\$ (34,366,000)	\$ (28,842,000)	\$ 5,524,000
	-----	-----	-----
Total for Services	\$ (1,236,000)	\$ (1,190,000)	\$ 46,000
Fiscal Intermediary	\$ 1,409,000	\$ 1,190,000	\$ (219,000)
	-----	-----	-----
Total EWC Program	\$ 173,000	\$ 0	\$ (173,000)

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

Fiscal Year 2015-16, November 2015 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>		<u>FY 2015-16 APPROPRIATION</u>		<u>NOVEMBER 2015 ESTIMATE</u>		<u>DIFFERENCE, Incr./(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>
FI	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,425,000	\$1,425,000	\$1,409,000	\$1,409,000	-\$16,000	-\$16,000
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	\$3,680,000	\$3,680,000	\$0	\$0	-\$3,680,000	-\$3,680,000
EWC TOTAL			\$8,478,000	\$3,969,000	\$4,782,000	\$273,000	-\$3,696,000	-\$3,696,000

Fiscal Year 2015-16 Compared to Fiscal Year 2016-17								
<u>POLICY CHG.</u>		<u>Nov. 2015 Est. for FY 2015-16</u>		<u>Nov. 2015 Est. for FY 2016-17</u>		<u>DIFFERENCE, Incr./(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>
FI	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,409,000	\$1,409,000	\$1,190,000	\$1,190,000	-\$219,000	-\$219,000
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	\$0	\$0	\$0	\$0	\$0	\$0
EWC TOTAL			\$4,782,000	\$273,000	\$4,563,000	\$54,000	-\$219,000	-\$219,000

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

FISCAL INTERMEDIARY EXPENDITURES

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

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,409,000	\$1,190,000
	- GENERAL FUND	\$1,409,000	\$1,190,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,409,000	\$1,190,000
	- GENERAL FUND	\$1,409,000	\$1,190,000

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 claims data and average cost per ACLs from CA-MMIS.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2015-16	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	936,641	\$0.97	\$908,542
Online ACLs	5	\$0.70	\$4
Total			\$908,546

FY 2016-17	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	945,146	\$0.73	\$689,957
Online ACLs	5	\$0.56	\$3
Total			\$689,960

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

	FY 2015-16	FY 2016-17
Processing Costs	\$909,000	\$690,000
SDNs	\$500,000	\$500,000
Total	\$1,409,000	\$1,190,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

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

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$25,318,000	-\$19,794,000
	- PROP 99 FUND	\$25,318,000	\$19,794,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$25,318,000	-\$19,794,000
	- PROP 99 FUND	\$25,318,000	\$19,794,000

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 in the Every Woman Counts (EWC) program. 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 EWC program will receive \$25,318,000 in FY 2015-16 and \$19,794,000 in FY 2016-17.
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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,912,000	-\$7,912,000
	- BCCA FUND	\$7,912,000	\$7,912,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,912,000	-\$7,912,000
	- BCCA FUND	\$7,912,000	\$7,912,000

Purpose:

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

Authority:

Revenue & Taxation Code 30461.6

Interdependent Policy Changes:

Not Applicable

Background:

BCCA funds the provision of early breast cancer detection services for uninsured and underinsured women in the Every Woman Counts (EWC) program. The BCCA is funded by one cent of a two-cent tobacco tax. 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 2015-16 and FY 2016-17.
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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,509,000	-\$4,509,000
	- CDC FUNDS	\$4,509,000	\$4,509,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,509,000	-\$4,509,000
	- CDC FUNDS	\$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 required 60% of the grant funds for breast and cervical cancer screening services and the remaining 40% for non-screening services. Effective July 1, 2015, per the 2015 Federal Appropriation Budget, the CDC has eliminated the 60/40 allocation requirement, therefore allowing states to expand activities such as outreach, education and quality assurance. CDC's guidance requires grantees to continue providing screening to priority population while allowing opportunity to expand activities to reach the eligible populations.

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 \$10,803,000 for FY 2015-16 and FY 2016-17.
2. The Department receives 66.61% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 33.39%.

Department	\$7,196,000
CDPH	\$3,607,000
Total CDC Grant Amount	\$10,803,000

3. The Department allocates 62.66% of the grant to local assistance and 37.34% to the support budget.

Local Assistance	\$4,509,000
Support	\$2,687,000
NBCCEDP Grant for EWC	\$7,196,000

4. 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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$16,000	\$16,000
	- GENERAL FUND	\$16,000	\$16,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$16,000	\$16,000
	- GENERAL FUND	\$16,000	\$16,000

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 AVRS for 24-hour provider referrals. The Department also administers an OPL system developed by the Department's Enterprise 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 system cost is determined based on staff programming hours for system maintenance.

	FY 2015-16	FY 2016-17
AVRS	\$11,000	\$11,000
OPL system	\$5,000	\$5,000
Total	\$16,000	\$16,000

Funding:

100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

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

		<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000

Purpose:

This policy change estimates the Every Women Counts (EWC) programs 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.

Methodology:

1. The contracts began on January 1, 2012 and will end on December 31, 2016.
2. Assume regional contracts will be renewed for an additional five years, effective January 1, 2017.
3. The contracts are funded by local assistance.

	FY 2015-16	FY 2016-17
CA Health Collab.	\$2,129,500	\$2,129,500
Community Health Partnership	\$266,800	\$266,800
County of Orange	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$3,057,000	\$3,057,000

4. The 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 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST	- TOTAL FUNDS	\$300,000	\$300,000
	- GENERAL FUND	\$300,000	\$300,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$300,000	\$300,000
	- GENERAL FUND	\$300,000	\$300,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

The Department contracts with the SDSURF, a private non-profit organization that is an auxiliary to California State University, San Diego. The contract services include providing professional education to primary care providers 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.

Methodology:

1. The current contract began on July 1, 2013 and will end on June 30, 2016.
2. Assume contract will be renewed, effective July 1, 2016.

3. The contract expenditures are funded by both local assistance and support dollars.
4. The projected local assistance expenditures for FY 2015-16 and FY 2016-17 are \$300,000.

	FY 2015-16	FY 2016-17
Local Assistance	\$300,000	\$300,000
Support	\$781,000	\$481,000
Total	\$1,081,000	\$781,000

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

Funding:

100% General Fund (4260-114-0001)

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

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2011				\$8,887,847 *
Oct-Dec 2011				\$8,300,724 *
Jan-Mar 2012				\$8,552,190 *
April -June 2012				\$9,242,149 *
FY 2011-12	262,463		262,463	\$34,982,910
July-Sept 2012				\$8,751,439 *
Oct-Dec 2012				\$8,880,878 *
Jan-Mar 2013				\$7,799,649 *
April -June 2013				\$9,097,681 *
FY 2012-13	298,723	3,037	301,760	\$34,529,646
July-Sept 2013				\$8,787,355 *
Oct-Dec 2013				\$9,161,285 *
Jan-Mar 2014				\$9,535,215 *
April -June 2014				\$9,909,145 *
FY 2013-14	291,900	1,014	292,914	\$37,393,000
July-Sept 2014				\$9,205,185 *
Oct-Dec 2014				\$9,596,895 *
Jan-Mar 2015				\$9,988,605 *
April -June 2015				\$10,380,315 *
FY 2014-15	275,219		275,219 **	\$39,171,000
July-Sept 2015				\$7,785,550 **
Oct-Dec 2015				\$8,116,850 **
Jan-Mar 2016				\$8,448,150 **
April -June 2016				\$8,779,450 **
FY 2015-16	225,035		225,035 **	\$33,130,000
July-Sept 2015				\$6,498,220 **
Oct-Dec 2015				\$6,774,740 **
Jan-Mar 2016				\$7,051,260 **
April -June 2016				\$7,327,780 **
FY 2016-17	177,800		177,800 **	\$27,652,000

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

* Actuals

** Estimated

EVERY WOMAN COUNTS PROGRAM
Fiscal Comparison Tables: May 2015 Appropriation to November 2015 Estimate

(In Thousands) FY 2015-16 Appropriation Compared to November 2015 Estimate

EWC Activity	FY 2015-16, May 2015 Appropriation					FY 2015-16, November 2015 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
Clinical Services															
Office Visits and Consults	\$7,407	\$5,570	\$649	\$982	\$206	\$7,290	\$5,570	\$700	\$982	\$38	\$117	\$0	-\$51	\$0	\$168
Screening Mammograms	\$11,446	\$8,608	\$1,004	\$1,516	\$318	\$11,264	\$8,608	\$1,081	\$1,516	\$59	\$182	\$0	-\$77	\$0	\$259
Diagnostic Mammograms	\$3,702	\$2,785	\$324	\$490	\$103	\$3,644	\$2,785	\$350	\$490	\$19	\$58	\$0	-\$26	\$0	\$84
Diagnostic Breast Procedures	\$5,385	\$4,051	\$471	\$713	\$150	\$5,301	\$4,051	\$509	\$713	\$28	\$84	\$0	-\$38	\$0	\$122
Case Management	\$1,346	\$1,013	\$118	\$178	\$37	\$1,325	\$1,013	\$127	\$178	\$7	\$21	\$0	-\$9	\$0	\$30
Other Clinical Services	\$4,376	\$3,291	\$383	\$580	\$122	\$4,306	\$3,291	\$413	\$580	\$22	\$70	\$0	-\$30	\$0	\$100
Subtotal Clinical Service	\$33,662	\$25,318	\$2,949	\$4,459	\$936	\$33,130	\$25,318	\$3,180	\$4,459	\$173	\$532	\$0	-\$231	\$0	\$763
Policy Changes															
Local Assistance Contracts	\$3,357	\$0	\$3,307	\$50	\$0	\$3,357	\$0	\$3,307	\$50	\$0	\$0	\$0	\$0	\$0	\$0
Online Clinic Locator Expenses	\$16	\$0	\$16	\$0	\$0	\$16	\$0	\$16	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Digital Mammography	\$3,680	\$0	\$215	\$0	\$3,465	\$0	\$0	\$0	\$0	\$0	-\$3,680	\$0	-\$215	\$0	-\$3,465
Dense Breast Notification Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$925	\$0	\$925	\$0	\$0	\$909	\$0	\$909	\$0	\$0	-\$16	\$0	-\$16	\$0	\$0
FI SDN Costs	\$500	\$0	\$500	\$0	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Policy Changes	\$8,478	\$0	\$4,963	\$50	\$3,465	\$4,782	\$0	\$4,732	\$50	\$0	-\$3,696	\$0	-\$231	\$0	-\$3,465
Total Local Assistance Appropriation	\$42,140	\$25,318	\$7,912	\$4,509	\$4,401	\$37,912	\$25,318	\$7,912	\$4,509	\$173	-\$3,164	\$0	-\$462	\$0	-\$2,702

November 2015 Estimate, FY 2015-16 Compared to FY 2016-17

EWC Activity	FY 2015-16, November 2015 Estimate					FY 2016-17, November 2015 Estimate					Difference				
	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF	Total	0236	0009	FF	GF
Clinical Services															
Office Visits and Consults	\$7,290	\$5,570	\$700	\$982	\$38	\$6,085	\$4,355	\$748	\$982	\$0	\$1,205	\$1,215	-\$48	\$0	\$38
Screening Mammograms	\$11,264	\$8,608	\$1,081	\$1,516	\$59	\$9,402	\$6,730	\$1,156	\$1,516	\$0	\$1,862	\$1,878	-\$75	\$0	\$59
Diagnostic Mammograms	\$3,644	\$2,785	\$350	\$490	\$19	\$3,041	\$2,177	\$374	\$490	\$0	\$603	\$608	-\$24	\$0	\$19
Diagnostic Breast Procedures	\$5,301	\$4,051	\$509	\$713	\$28	\$4,424	\$3,167	\$544	\$713	\$0	\$877	\$884	-\$35	\$0	\$28
Case Management	\$1,325	\$1,013	\$127	\$178	\$7	\$1,105	\$792	\$135	\$178	\$0	\$220	\$221	-\$8	\$0	\$7
Other Clinical Services	\$4,306	\$3,291	\$413	\$580	\$22	\$3,595	\$2,573	\$442	\$580	\$0	\$711	\$718	-\$29	\$0	\$22
Subtotal Clinical Service	\$33,130	\$25,318	\$3,180	\$4,459	\$173	\$27,652	\$19,794	\$3,399	\$4,459	\$0	\$5,478	\$5,524	-\$219	\$0	\$173
Policy Changes															
Local Assistance Contracts	\$3,357	\$0	\$3,307	\$50	\$0	\$3,357	\$0	\$3,307	\$50	\$0	\$0	\$0	\$0	\$0	\$0
Online Clinic Locator Expenses	\$16	\$0	\$16	\$0	\$0	\$16	\$0	\$16	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Digital Mammography	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dense Breast Notification Screenings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FI Processing Costs	\$909	\$0	\$909	\$0	\$0	\$690	\$0	\$690	\$0	\$0	-\$219	\$0	-\$219	\$0	\$0
FI SDN Costs	\$500	\$0	\$500	\$0	\$0	\$500	\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Policy Changes	\$4,782	\$0	\$4,732	\$50	\$0	\$4,563	\$0	\$4,513	\$50	\$0	\$219	\$0	\$219	\$0	\$0
Total Local Assistance Appropriation	\$37,912	\$25,318	\$7,912	\$4,509	\$173	\$32,215	\$19,794	\$7,912	\$4,509	\$0	\$5,697	\$5,524	\$0	\$0	\$173

FAMILY HEALTH INFORMATION ONLY
November 2015
FISCAL YEARS 2015-16 & 2016-17

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 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 were reduced by federal funding by the Safety Net Care Pool **(SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ends on October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.**

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 SF/FF 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 resulting from the client's health condition. To meet eligibility requirements, applicants must reside in California; have a qualifying genetic disease; and 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 **and underinsured** 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~~ **21** 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, ***pap test and HPV co-testing, colposcopy and other cervical cancer diagnostic procedures*** and 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 Counts (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

1. CCS Redesign

~~*The Department is conducting a CCS Redesign project with stakeholder input from the Redesign Stakeholder Advisory Board (RSAB). **CCS Advisory Group (AG)**. The goal is to improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) through an organized health care delivery system referred to as the "whole child" model. The "whole child" model will improve health outcomes, access to health care, and population, as well as eliminate the fragmentation that exists in the current health care delivery system model. The stakeholder process will continue to draw from the expertise of a broad range of CCS community representatives, including, but not limited to: the California Children's Hospital Association, local county CCS programs, legislative staff, the Children's Specialty Care Coalition, Family Voices, independent CCS providers, state agencies, and children's advocates. The stakeholder meetings began on **CCS redesign efforts began on** December 3, 2014 **with the assistance of the Redesign Stakeholder Advisory Board and will continue under the newly formed CCS AG effective August 2015.** The Department is working with stakeholders to develop an action plan.*~~

To improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) and to eliminate the fragmentation that exists in the current CSS health care delivery system, the department initiated a CCS Redesign project with stakeholder input.

To move incrementally toward a better integrated and coordinated system of care for CCS, the Department has developed a multi-year framework for a "Whole Child" model that builds on existing successful models and delivery systems. This balanced approach will assure maintenance of core CCS provider standards and network of pediatric specialty and subspecialty care providers, by implementing a gradual change in CCS service delivery with an extended phase-in and stringent readiness and monitoring requirements that will ensure continuity of care and continued access to high-quality specialty care. The "Whole Child" model provides an organized delivery system of care for comprehensive, coordinated services through enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers, and counties.

Starting in January 2017, subject to successful readiness review by the department, the first phase will incorporate CCS into the integrated care systems of most County-Organized Health Systems (COHS). COHS are county developed and operated Medi-Cal managed care plans with strong community ties. CCS is already integrated into three COHS in six counties, through the CCS "carve-in," so three of the COHS plans already have experience with key elements of this model. In addition the Health Plan of San Mateo has already implemented most elements of this model. With the "Whole-Child" model, the COHS health plans will provide and coordinate all primary and specialty care, similar to the Health Plan of San Mateo model. These plans will be required to demonstrate support from various stakeholders that may include the respective county CCS program, local providers and hospitals, and local families of children with CCS eligible conditions or local advocacy groups representing those families.

***The “Whole-Child” model may also be implemented in up to four counties in the Two-Plan Medi-Cal managed care model. The extension of the “Whole Child” model to these counties will begin no earlier than July 2017, and will be subject to a successful readiness review by the Department. ***

2. Adrenoleukodystrophy (ALD) as a CCS Eligible Condition

AB 1559, statutes of 2014, requires that statewide newborn screening be expanded to include Adrenoleukodystrophy (ALD), “as soon as ALD is adopted by the federal Recommended Uniform Screening Panel (RUSP).” The Genetic Disease Screening Program anticipates initiation of universal screening of all newborns for ALD beginning in July of 2016. Newborn screening for ALD will identify all children with the genetic disorder. Adrenal insufficiency occurs in 90 percent of males, with onset as early as 6 months of age. Nearly all female carriers develop symptoms in adulthood, so would not typically be age eligible for CCS but may be covered by Medi-Cal.

***With universal screening for ALD, the protocols for the medical management of the condition can be expected to evolve quickly as more individuals with the condition are identified. It is likely medical management protocols will place greater emphasis on early monitoring, prevention, and timely diagnosis and treatment in response to the emergence of signs of disease progression. A broad array of services are expected to be used ranging from laboratory, physician, and inpatient services to occupational and physical therapy, durable medical equipment, and bone marrow/stem cell transplant. More case by case research is required to estimate correctly. ***

CHILD HEALTH AND DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. GHPP Caseload Adjustments

Caseload counts have been adjusted due to the January 24, 2011, system conversion of 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 then 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.

The Department will be collecting applications and fees in FY 2014-15 ~~2015-16~~ 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 and ***FY 2016-17.***

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 POLICY
CHANGES**

Fully Incorporated Into Base Data/Ongoing

CCS

PC 10 – ACA Impact to the CCS Program

CHDP

PC 4 – ACA Impact to the CHDP Program

GHPP

PC 8 – ACA Impact to GHPP

EWC

PC 8 – Digital Mammography Rate Change

PC 9 – Dense Breast Notification Supplemental Screening

**DISCONTINUED POLICY
CHANGES**

Time-Limited/No Longer Applicable

CCS

PC 4B Fiscal Intermediary Expenditures (Dental) – CCS-HFP
PC 9 DRG – Inpatient Hospital Reimbursement Methodology
PC 8B CCS-HFP Drug Rebates

CHDP

GHPP

PC 7 DRG – Inpatient Hospital Payment Methodology

EWC

**DISCONTINUED POLICY
CHANGES**

Withdrawn

CCS

CHDP

GHPP

EWC