

**FAMILY HEALTH
May 2017
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2016-17 and 2017-18**

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



EDMUND G. BROWN JR.
Governor
State of California

Diana Dooley
Secretary
California Health and Human Services Agency

Jennifer Kent
Director
Department of Health Care Services

Family Health Local Assistance Estimate Management Summary May 2017 Estimate

The Family Health Local Assistance Estimate forecasts the current and budget year expenditures for four of the Department's 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.

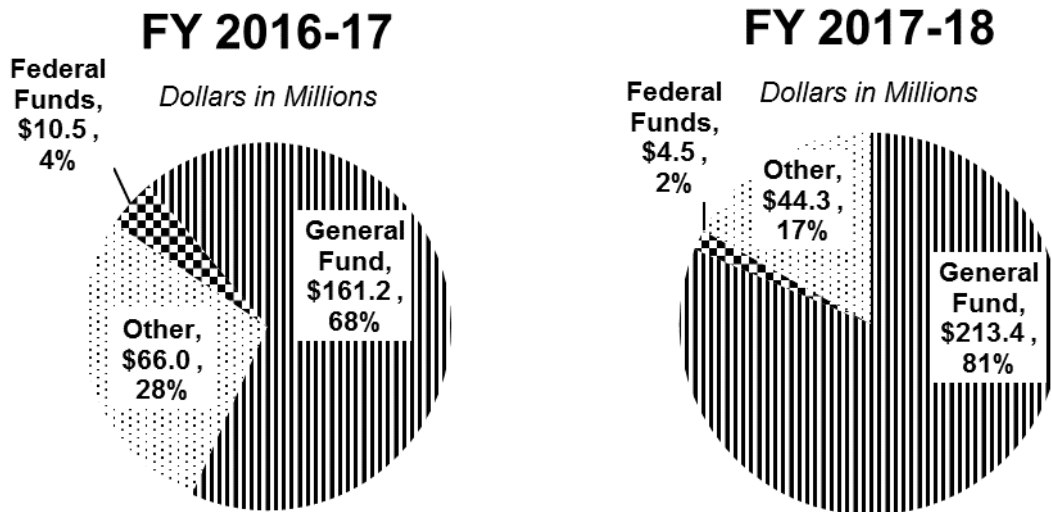
The following is a brief description of each program.

- 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, established 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) and 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, established in 1975, 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. In prior Family Health Estimates, program benefits and administrative costs were budgeted on an accrual basis, while other programs in the Family Health Estimate are budgeted on a cash basis. Beginning with FY 2017-18, the EWC

program benefits and administrative costs will transition from an accrual basis to budgeting on a cash basis. The May 2017 Estimate includes FY 2016-17 on an accrual basis and FY 2017-18 on a cash basis.

Family Health estimated program spending is \$237.74 million in FY 2016-17 and \$262.21 million in FY 2017-18. This does not include funds spent by county health departments on these programs.



The Family Health General Fund costs are estimated to increase by \$52.16 million between FY 2016-17 and FY 2017-18.

	FY 2016-17	May 2017 FY 2017-18	Change
<u>Fund 4260-111-0001</u>			
California Children’s Services (CCS)	\$ 68.38	\$ 80.17	\$ 11.80
Child Health and Disability Prevention Program (CHDP)	\$ 0.03	\$ 0.00	\$ (0.03)
Genetically Handicapped Persons Program (GHPP)	\$ 91.98	\$ 133.14	\$ 41.16
Every Woman Counts Program (EWC)	\$ 0.86	\$ 0.00	\$ (0.86)
<u>Total Fund 4260-111-0001</u>	<u>\$ 161.24</u>	<u>\$ 213.31</u>	<u>\$ 52.07</u>
<u>Fund 4260-114-0001</u>			
Every Woman Counts Program (EWC)	\$ 0.00	\$ 0.09	\$ 0.09
<u>Total Fund 4260-114-0001</u>	<u>\$ 0.00</u>	<u>\$ 0.09</u>	<u>\$ 0.09</u>
Total General Fund	\$ 161.24	\$ 213.40	\$ 52.16

(Dollars in Millions, Rounded)

Significant Changes

Dollars in Millions

		Change from November 2016		Change from November 2016		Change from FY 2016-17	
		FY 2016-17		FY 2017-18		FY 2017-18	
Name	PC	TF	GF	TF	GF	TF	GF
CCS							
CCS Treatment		-\$2.50	-\$2.50	-\$2.11	-\$2.11	\$0.39	\$0.39
MH/UCD & BTR – Safety Net Care Pool	6		\$0.04		\$0.00		\$6.03
New High Cost Treatments	9	\$1.14	\$1.14	\$5.85	\$5.85	\$4.82	\$4.82
CCS-MTP – Special Education	12			\$1.61	\$1.61	\$1.61	\$1.61
CCS-MTP – Physical or Occupational Therapy	13			-\$1.61	-\$1.61	-\$1.61	-\$1.61
GHPP							
GHPP Treatment		-\$6.21	-\$6.21	\$0.92	\$0.92	\$16.82	\$16.82
Blood Factor Drug Rebates and Contract Savings	3		\$0.00		\$0.00		\$20.00
New High Cost Treatments	6	-\$8.20	-\$8.20	-\$12.04	-\$12.04	\$4.97	\$4.97
EWC							
Every Woman Counts Base Expenditures		-\$0.37	-\$0.37	-\$0.13	-\$0.13	-\$2.55	-\$2.55

CCS Treatment

The CCS program provides treatment services for children under 21 years of age with CCS-eligible conditions for families unable to afford catastrophic health care costs. CCS State-Only treatment base expenditures are expected to decrease from the November 2016 Estimate primarily due to CCS individuals shifting to full-scope Medi-Cal.

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

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 CCS State-Only programs. The BTR was temporarily extended to December 31, 2015. The May 2017 Estimate includes updated savings from the final reconciliations for DY 2010-11. The new Medi-Cal 1115 waiver no longer allows the Department to draw down Safety Net Care Pool Funds for CCS State-Only programs.

CCS	(GF in millions)		
	FY 2016-17	FY 2017-18	Difference
May 2017	\$ (6.03)	\$ -	\$ 6.03

New High Cost Treatments for Specific Conditions (CCS PC 9)

The CCS state-only program provides health care services to children who have a CCS-eligible condition and do not qualify for full-scope Medi-Cal or whose families cannot afford the catastrophic health care costs. This policy change budgets new high cost services and treatments recently approved by the FDA separately until the costs of these services are fully incorporated into the CCS treatment Base expenditures. CCS treatment and services currently approved by the FDA are Orkambi, Exondys 51, SPINRAZA, and DEFLAZACORT.

CCS MTP

The CCS–MTP is required by a precedent setting decision of the California Fifth Appellate District Court to provide educationally necessary PT/OT services without regard to medical necessity for CCS-MTP clients/pupils enrolled in special education who have CCS-MTP PT/OT services included in their Individual Education Program (IEP) as a “related service.” Any proposed change in the level of PT/OT services based on CCS-MTP medical findings can be vetoed by a member of the IEP team, which includes the parent/family. The level of services that will be required under the precedent established by the court far exceeds the levels based solely on medical necessity. In addition, because these services are not medically necessary, they are deemed not eligible for federal financial participation. The Department has proposed trailer bill language that would amend interagency provisions of the Government Code relating to special education to resolve this issue.

CCS-MTP Special Education (CCS PC 12) budgets for the costs to enable the CCS–MTP to provide or fund educationally necessary PT/OT services without regard to medical necessity.

CCS-MTP Physical or Occupational Therapy (CCS PC 13) estimates the savings from the proposed trailer bill California Children’s Services Medical Therapy Program: Delivery of Medically Necessary Occupational and Physical Therapy Services to Children in Special Education.

GHPP Treatment

The GHPP provides comprehensive treatment services for persons with a qualifying genetic disease who are not eligible for Medi-Cal. FY 2016-17 GHPP treatment base expenditures are expected to decrease from the November 2016 Estimate due to higher than average adjustments. The estimated increase in FY 2017-18 expenditures is due to outreach efforts expanding enrollment.

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

The GHPP participates in the Medi-Cal blood factor rebates program for clotting factor replacement therapy for beneficiaries with hemophilia. In FY 2016-17, an accumulation of rebates received in prior years will be used to offset General Fund. FY 2017-18 reflects recent rebate experience.

<u>GHPP Rebates</u>	(GF in millions)		
	FY 2016-17	FY 2017-18	Difference
May 2017	\$ (36.0)	\$ (16.0)	\$ 20.00

New High Cost Treatments for Specific Conditions (GHPP PC 6)

The GHPP provides medically necessary services and administrative case management for individuals 21 years of age and over with a GHPP-eligible condition and that do not qualify for full scope Medi-Cal. This policy change budgets new high cost services and treatments recently approved by the FDA separately until the costs of these services are fully incorporated into the GHPP Base expenditures. Orkambi is currently the only GHPP treatment and service approved by the FDA.

Every Woman Counts Services

The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured women. Pursuant to pending legislation, the May 2017 Estimate reflects the transition of the EWC estimate from accrual to cash basis beginning July 1, 2017.

In FY 2016-17, EWC base expenditures are estimated to decrease slightly based on expenditure data through February 2017. In 2017-18, EWC base expenditures are estimated to remain the same as FY 2016-17 on an accrual basis. However, the May 2017 Estimate, reflects decreased expenditures in FY 2017-18 due to the transition to budgeting on a cash basis.

In addition, the FY 2017-18 EWC caseload now reflects the estimated average monthly caseload instead of total annual caseload.

Management Summary
Fiscal Year 2016-17
Comparison of Appropriation, November 2016, and May 2017 Estimates

	Appropriation FY 2016-17	Nov. 16 Est. FY 2016-17	May 17 Est. FY 2016-17	Chg Approp - May 17 Est.	Chg Nov. 16 - May 17 Est.
California Children's Services					
4260-111-0001 (General Fund)	\$ 75,009,000	\$ 67,805,000	\$ 68,375,000	\$ (6,634,000)	\$ 570,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 4,723,000	\$ 4,723,000	\$ 5,453,000	\$ 730,000	\$ 730,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 6,061,000	\$ 6,025,000	\$ 6,025,000	\$ (36,000)
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
County Funds ¹	\$ 80,118,000	\$ 78,685,000	\$ 79,448,000	\$ (670,000)	\$ 763,000
TOTAL CCS	\$ 79,732,000	\$ 78,589,000	\$ 79,853,000	\$ 121,000	\$ 1,264,000
Child Health and Disability Prevention Program					
4260-111-0001 (General Fund)	\$ 115,000	\$ 32,000	\$ 33,000	\$ (82,000)	\$ 1,000
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL CHDP	\$ 115,000	\$ 32,000	\$ 33,000	\$ (82,000)	\$ 1,000
Genetically Handicapped Persons Program					
4260-111-0001 (General Fund)	\$ 153,627,000	\$ 106,186,000	\$ 91,976,000	\$ (61,651,000)	\$ (14,210,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-601-0995 (Enrollment Fees)	\$ 405,000	\$ 425,000	\$ 427,000	\$ 22,000	\$ 2,000
4260-601-3079 (Rebates Special Fund)	\$ 13,500,000	\$ 36,000,000	\$ 36,000,000	\$ 22,500,000	\$ 0
TOTAL GHPP	\$ 167,532,000	\$ 142,611,000	\$ 128,403,000	\$ (39,129,000)	\$ (14,208,000)
Every Woman Counts Program					
4260-111-0001 (General Fund)	\$ 0	\$ 1,190,000	\$ 857,000	\$ 857,000	\$ (333,000)
4260-114-0001 (General Fund)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0236 (Prop 99)	\$ 16,171,000	\$ 16,171,000	\$ 16,171,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,509,000	\$ 4,509,000	\$ 4,509,000	\$ 0	\$ 0
TOTAL EWC	\$ 28,592,000	\$ 29,782,000	\$ 29,449,000	\$ 857,000	\$ (333,000)
GRAND TOTAL - ALL FUNDS	\$ 275,971,000	\$ 251,014,000	\$ 237,738,000	\$ (38,233,000)	\$ (13,276,000)
4260-111-0001	\$ 228,751,000	\$ 175,213,000	\$ 161,241,000	\$ (67,510,000)	\$ (13,972,000)
4260-111-0080	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-111-0890	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0001	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0236	\$ 16,171,000	\$ 16,171,000	\$ 16,171,000	\$ 0	\$ 0
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 4,509,000	\$ 0	\$ 0
4260-601-0995	\$ 5,128,000	\$ 5,148,000	\$ 5,880,000	\$ 752,000	\$ 732,000
4260-601-3079	\$ 13,500,000	\$ 36,000,000	\$ 36,000,000	\$ 22,500,000	\$ 0
4260-601-7503	\$ 0	\$ 6,061,000	\$ 6,025,000	\$ 6,025,000	\$ (36,000)
County Funds ¹	\$ 80,118,000	\$ 78,685,000	\$ 79,448,000	\$ (670,000)	\$ 763,000

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

Management Summary

Fiscal Year 2016-17 Compared to Fiscal Year 2017-18

	May 17 Est. FY 2016-17	May 17 Est. FY 2017-18	Difference Incr./(Decr.)
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 68,375,000	\$ 80,170,000	\$ 11,795,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 6,025,000	\$ 0	\$ (6,025,000)
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
County Funds ¹	\$ 79,448,000	\$ 81,527,000	\$ 2,079,000
TOTAL CCS	\$ 79,853,000	\$ 85,623,000	\$ 5,770,000
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 33,000	\$ 1,000	\$ (32,000)
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
TOTAL CHDP	\$ 33,000	\$ 1,000	\$ (32,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 91,976,000	\$ 133,138,000	\$ 41,162,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0
4260-601-0995 (Enrollment Fees)	\$ 427,000	\$ 427,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 36,000,000	\$ 16,000,000	\$ (20,000,000)
TOTAL GHPP	\$ 128,403,000	\$ 149,565,000	\$ 21,162,000
<u>Every Woman Counts Program</u>			
4260-111-0001 (General Fund)	\$ 857,000	\$ 0	\$ (857,000)
4260-114-0001 (General Fund)	\$ 0	\$ 87,000	\$ 87,000
4260-114-0236 (Prop 99)	\$ 16,171,000	\$ 14,515,000	\$ (1,656,000)
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	\$ 29,449,000	\$ 27,023,000	\$ (2,426,000)
GRAND TOTAL - ALL FUNDS	\$ 237,738,000	\$ 262,212,000	\$ 24,474,000
4260-111-0001	\$ 161,241,000	\$ 213,309,000	\$ 52,068,000
4260-111-0080	\$ 0	\$ 0	\$ 0
4260-111-0890	\$ 0	\$ 0	\$ 0
4260-114-0001	\$ 0	\$ 87,000	\$ 87,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 16,171,000	\$ 14,515,000	\$ (1,656,000)
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 0
4260-601-0995	\$ 5,880,000	\$ 5,880,000	\$ 0
4260-601-3079	\$ 36,000,000	\$ 16,000,000	\$ (20,000,000)
4260-601-7503	\$ 6,025,000	\$ 0	\$ (6,025,000)
County Funds ¹	\$ 79,448,000	\$ 81,527,000	\$ 2,079,000

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

Management Summary
Fiscal Year 2017-18

Comparison of Appropriation, November 2016, and May 2017 Estimates

	Approp Est. FY 2016-17	Nov. 16 Est. FY 2017-18	May 17 Est. FY 2017-18	Chg Approp - May 17 Est.	Chg Nov. 16 - May 17 Est.
California Children's Services					
4260-111-0001 (General Fund)	\$ 75,009,000	\$ 73,877,000	\$ 80,170,000	\$ 5,161,000	\$ 6,293,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 4,723,000	\$ 5,453,000	\$ 5,453,000	\$ 730,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
County Funds ¹	\$ 80,118,000	\$ 79,444,000	\$ 81,527,000	\$ 1,409,000	\$ 2,083,000
TOTAL CCS	\$ 79,732,000	\$ 79,330,000	\$ 85,623,000	\$ 5,891,000	\$ 6,293,000
Child Health and Disability Prevention Program					
4260-111-0001 (General Fund)	\$ 115,000	\$ 1,000	\$ 1,000	\$ (114,000)	\$ 0
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL CHDP	\$ 115,000	\$ 1,000	\$ 1,000	\$ (114,000)	\$ 0
Genetically Handicapped Persons Program					
4260-111-0001 (General Fund)	\$ 153,627,000	\$ 144,206,000	\$ 133,138,000	\$ (20,489,000)	\$ (11,068,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-601-0995 (Enrollment Fees)	\$ 405,000	\$ 425,000	\$ 427,000	\$ 22,000	\$ 2,000
4260-601-3079 (Rebates Special Fund)	\$ 13,500,000	\$ 16,000,000	\$ 16,000,000	\$ 2,500,000	\$ 0
TOTAL GHPP	\$ 167,532,000	\$ 160,631,000	\$ 149,565,000	\$ (17,967,000)	\$ (11,066,000)
Every Woman Counts Program					
4260-111-0001 (General Fund)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0001 (General Fund)	\$ 0	\$ 0	\$ 87,000	\$ 87,000	\$ 87,000
4260-114-0236 (Prop 99)	\$ 16,171,000	\$ 14,515,000	\$ 14,515,000	\$ (1,656,000)	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,509,000	\$ 4,509,000	\$ 4,509,000	\$ 0	\$ 0
TOTAL EWC	\$ 28,592,000	\$ 26,936,000	\$ 27,023,000	\$ (1,569,000)	\$ 87,000
GRAND TOTAL - ALL FUNDS	\$ 275,971,000	\$ 266,898,000	\$ 262,212,000	\$ (13,759,000)	\$ (4,686,000)
4260-111-0001	\$ 228,751,000	\$ 218,084,000	\$ 213,309,000	\$ (15,442,000)	\$ (4,775,000)
4260-111-0080	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-111-0890	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0001	\$ 0	\$ 0	\$ 87,000	\$ 87,000	\$ 87,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 7,912,000	\$ 0	\$ 0
4260-114-0236	\$ 16,171,000	\$ 14,515,000	\$ 14,515,000	\$ (1,656,000)	\$ 0
4260-114-0890	\$ 4,509,000	\$ 4,509,000	\$ 4,509,000	\$ 0	\$ 0
4260-601-0995	\$ 5,128,000	\$ 5,878,000	\$ 5,880,000	\$ 752,000	\$ 2,000
4260-601-3079	\$ 13,500,000	\$ 16,000,000	\$ 16,000,000	\$ 2,500,000	\$ 0
4260-601-7503	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
County Funds ¹	\$ 80,118,000	\$ 79,444,000	\$ 81,527,000	\$ 1,409,000	\$ 2,083,000

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

CALIFORNIA CHILDREN'S SERVICES
Funding Summary
Fiscal Years 2016-17 and 2017-18 Compared to November Estimate

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	<u>Nov. 2016 Est.</u> <u>FY 2016-17</u>	<u>May 2017 Est.</u> <u>FY 2016-17</u>	<u>Difference</u> <u>Incr./((Decr.)</u>
CCS State-Only Caseload:	12,803	15,925	3,122
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 73,866,400	\$ 74,399,500	\$ 533,100
Health Care Support Fund (4260-601-7503)	\$ (6,061,000)	\$ (6,025,000)	\$ 36,000
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 0	\$ 0
Total General Fund	\$ 67,805,400	\$ 68,374,500	\$ 569,100
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 4,723,000	\$ 5,453,000	\$ 730,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 6,061,000	\$ 6,025,000	\$ (36,000)
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
Total Federal Funds	\$ 10,784,000	\$ 11,478,000	\$ 694,000
Total Funds	\$ 78,589,400	\$ 79,852,500	\$ 1,263,100

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate

	<u>Nov. 2016 Est.</u> <u>FY 2017-18</u>	<u>May 2017 Est.</u> <u>FY 2017-18</u>	<u>Difference</u> <u>Incr./((Decr.)</u>
CCS State-Only Caseload:	12,557	16,069	3,512
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 73,877,200	\$ 80,169,900	\$ 6,292,700
Health Care Support Fund (4260-601-7503)	\$ 0	\$ 0	\$ 0
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 0	\$ 0
Total General Fund	\$ 73,877,200	\$ 80,169,900	\$ 6,292,700
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
Total Federal Funds	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Funds	\$ 79,330,200	\$ 85,622,900	\$ 6,292,700

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18

	<u>May 2017 Est.</u> <u>FY 2016-17</u>	<u>May 2017 Est.</u> <u>FY 2017-18</u>	<u>Difference</u> <u>Incr./((Decr.)</u>
CCS State-Only Caseload:	15,925	16,069	144
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 74,399,500	\$ 80,169,900	\$ 5,770,400
Health Care Support Fund (4260-601-7503)	\$ (6,025,000)	\$ 0	\$ 6,025,000
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 0	\$ 0
Total General Fund	\$ 68,374,500	\$ 80,169,900	\$ 11,795,400
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 6,025,000	\$ 0	\$ (6,025,000)
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
Total Federal Funds	\$ 11,478,000	\$ 5,453,000	\$ (6,025,000)
Total Funds	\$ 79,852,500	\$ 85,622,900	\$ 5,770,400

CALIFORNIA CHILDREN'S SERVICES
Funding Summary
Fiscal Years 2016-17 and 2017-18 Compared to Appropriation

FY 2016-17, May 2017 Estimate Compared to Appropriation			
	<u>Appropriation FY 2016-17</u>	<u>May 2017 Est. FY 2016-17</u>	<u>Difference Incr./(Decr.)</u>
CCS State-Only Caseload:	12,102	15,925	3,823
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 75,009,400	\$ 74,399,500	\$ (609,900)
Health Care Support Fund (4260-601-7503)	\$ 0	\$ (6,025,000)	\$ (6,025,000)
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 0	\$ 0
Total General Fund	\$ 75,009,400	\$ 68,374,500	\$ (6,634,900)
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 4,723,000	\$ 5,453,000	\$ 730,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 6,025,000	\$ 6,025,000
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
Total Federal Funds	\$ 4,723,000	\$ 11,478,000	\$ 6,755,000
Total Funds	\$ 79,732,400	\$ 79,852,500	\$ 120,100

May 2017 Estimate for FY 2017-18 Compared to FY 2016-17 Appropriation			
	<u>Appropriation FY 2016-17</u>	<u>May 2017 Est. FY 2017-18</u>	<u>Difference Incr./(Decr.)</u>
CCS State-Only Caseload:	12,102	16,069	3,967
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 75,009,400	\$ 80,169,900	\$ 5,160,500
Health Care Support Fund (4260-601-7503)	\$ 0	\$ 0	\$ 0
Title XXI - GF Match (4260-111-0001)	\$ 0	\$ 0	\$ 0
Total General Fund	\$ 75,009,400	\$ 80,169,900	\$ 5,160,500
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 4,723,000	\$ 5,453,000	\$ 730,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 0	\$ 0	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
Total Federal Funds	\$ 4,723,000	\$ 5,453,000	\$ 730,000
Total Funds	\$ 79,732,400	\$ 85,622,900	\$ 5,890,500

**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	7,101,000	7,101,000	-	-	-	6,601,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. /2	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	7,626,000	7,626,000	-	-	-	6,076,000
2. Therapy Costs						
Therapy Base	64,712,000	64,712,000	-	-	-	64,712,000
MTU Medi-Cal Offset 3/	(5,600,000)	(5,600,000)	-	-	-	(1,867,000)
AB3632 4/	817,000	817,000	-	-	-	(817,000)
Total Therapy Base	59,929,000	59,929,000	-	-	-	62,028,000
3. Enroll/Assess Fees	(52,000)	(52,000)	-	-	-	(52,000)
4. Benefits Policy Changes	1,426,500	1,426,500	-	-	-	740,900
5. HF Safety Net Care Pool	-	(6,025,000)	-	6,025,000	-	-
	\$ 68,929,500	\$ 62,904,500	\$ 0	\$ 6,025,000	\$ 0	\$ 68,792,900
B. State Only Admin.						
1. County Admin.	10,656,000	5,203,000	5,453,000	-	-	10,655,000
2. Fiscal Inter.	35,000	35,000	-	-	-	-
3. FI Dental	11,000	11,000	-	-	-	-
4. CMS Net	221,000	221,000	-	-	-	-
	\$ 10,923,000	\$ 5,470,000	\$ 5,453,000	\$ 0	\$ 0	\$ 10,655,000
Total CCS State Only	\$ 79,852,500	\$ 68,374,500	\$ 5,453,000	\$ 6,025,000	\$ 0	\$ 79,447,900
GRAND TOTAL	\$ 79,852,500	\$ 68,374,500	\$ 5,453,000	\$ 6,025,000	\$ 0	\$ 79,447,900

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 2017-18
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	7,494,000	7,494,000	-	-	-	6,995,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	8,019,000	8,019,000	-	-	-	6,470,000
2. Therapy Costs						
Therapy Base	64,980,000	64,980,000	-	-	-	64,981,000
MTU Medi-Cal Offset 3/	(5,469,000)	(5,469,000)	-	-	-	(1,823,000)
AB3632 4/	814,000	814,000	-	-	-	(814,000)
Total Therapy Base	60,325,000	60,325,000	-	-	-	62,344,000
3. Enroll/Assess Fees	(53,000)	(53,000)	-	-	-	(53,000)
4. Benefits Policy Changes	6,311,900	6,311,900	-	-	-	2,004,900
5. HF Safety Net Care Pool	-	-	-	-	-	-
	\$ 74,602,900	\$ 74,602,900	\$ 0	\$ 0	\$ 0	\$ 70,765,900
B. State Only Admin.						
1. County Admin.	10,762,000	5,309,000	5,453,000	-	-	10,761,000
2. Fiscal Inter.	31,000	31,000	-	-	-	-
3. FI Dental	8,000	8,000	-	-	-	-
4. CMS Net	219,000	219,000	-	-	-	-
	\$ 11,020,000	\$ 5,567,000	\$ 5,453,000	\$ 0	\$ 0	\$ 10,761,000
Total CCS State Only	\$ 85,622,900	\$ 80,169,900	\$ 5,453,000	\$ 0	\$ 0	\$ 81,526,900
GRAND TOTAL	\$ 85,622,900	\$ 80,169,900	\$ 5,453,000	\$ 0	\$ 0	\$ 81,526,900

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 2016-17

May 2017 Estimate Compared to November 2016 Estimate, Total Funds			
	Nov. 2016 Est.	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 67,738,400</u>	<u>\$ 68,929,500</u>	<u>\$ 1,191,100</u>
1. Treatment Services	10,128,000	7,626,000	(2,502,000)
2. Medical Therapy Program	59,316,000	59,929,000	613,000
3. Benefits Policy Changes	(1,650,600)	1,426,500	3,077,100
4. Enroll/Assessment Fees	(55,000)	(52,000)	3,000
B. CCS Administration			
1. County Administration	10,656,000	10,656,000	-
2. Fiscal Intermediary	195,000	267,000	72,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 78,589,400</u>	<u>\$ 79,852,500</u>	<u>\$ 1,263,100</u>
TOTAL CCS PROGRAM	<u>\$ 78,589,400</u>	<u>\$ 79,852,500</u>	<u>\$ 1,263,100</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2016-17

May 2017 Estimate Compared to November 2016 Estimate, General Fund			
	Nov. 2016 Est.	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 61,677,400</u>	<u>\$ 62,904,500</u>	<u>\$ 1,227,100</u>
1. Treatment Services	10,128,000	7,626,000	(2,502,000)
2. Medical Therapy Program	59,316,000	59,929,000	613,000
3. Benefits Policy Changes	(1,650,600)	1,426,500	3,077,100
4. Enroll/Assessment Fees	(55,000)	(52,000)	3,000
5. HF Safety Net Care Pool	(6,061,000)	(6,025,000)	36,000
B. CCS Administration			
1. County Administration	5,933,000	5,203,000	(730,000)
2. Fiscal Intermediary	195,000	267,000	72,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 67,805,400</u>	<u>\$ 68,374,500</u>	<u>\$ 569,100</u>
TOTAL CCS PROGRAM	<u>\$ 67,805,400</u>	<u>\$ 68,374,500</u>	<u>\$ 569,100</u>

May 2017 Estimate Compared to November 2016 Estimate, Federal Funds			
	Nov. 2016 Est.	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 6,061,000</u>	<u>\$ 6,025,000</u>	<u>\$ (36,000)</u>
1. Title XIX Health Care Support Fund	6,061,000	6,025,000	(36,000)
B. CCS Administration			
1. County Administration	4,723,000	5,453,000	730,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 10,784,000</u>	<u>\$ 11,478,000</u>	<u>\$ 694,000</u>
TOTAL CCS PROGRAM	<u>\$ 10,784,000</u>	<u>\$ 11,478,000</u>	<u>\$ 694,000</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2016-17

May 2017 Estimate Compared to Appropriation, Total Funds			
	Appropriation	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./.(Decr.)
A. Total CCS State Only Services	\$ 68,824,400	\$ 68,929,500	\$ 105,100
1. Treatment Services	10,409,000	7,626,000	(2,783,000)
2. Medical Therapy Program	60,211,000	59,929,000	(282,000)
3. Benefits Policy Changes	(1,731,600)	1,426,500	3,158,100
4. Enroll/Assessment Fees	(64,000)	(52,000)	12,000
B. CCS Administration			
1. County Administration	10,655,000	10,656,000	1,000
2. Fiscal Intermediary	253,000	267,000	14,000
TOTAL CCS STATE ONLY PROGRAM	\$ 79,732,400	\$ 79,852,500	\$ 120,100
TOTAL CCS PROGRAM	\$ 79,732,400	\$ 79,852,500	\$ 120,100

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2016-17

May 2017 Estimate Compared to Appropriation, General Fund			
	Appropriation	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 68,824,400</u>	<u>\$ 62,904,500</u>	<u>\$ (5,919,900)</u>
1. Treatment Services	10,409,000	7,626,000	(2,783,000)
2. Medical Therapy Program	60,211,000	59,929,000	(282,000)
3. Benefits Policy Changes	(1,731,600)	1,426,500	3,158,100
4. Enroll/Assessment Fees	(64,000)	(52,000)	12,000
5. HF Safety Net Care Pool	-	(6,025,000)	(6,025,000)
B. CCS Administration			
1. County Administration	5,932,000	5,203,000	(729,000)
2. Fiscal Intermediary	253,000	267,000	14,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 75,009,400</u>	<u>\$ 68,374,500</u>	<u>\$ (6,634,900)</u>
TOTAL CCS PROGRAM	<u>\$ 75,009,400</u>	<u>\$ 68,374,500</u>	<u>\$ (6,634,900)</u>

May 2017 Estimate Compared to Appropriation, Federal Funds			
	Appropriation	May 2017 Est.	Difference
	FY 2016-17	FY 2016-17	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 0</u>	<u>\$ 6,025,000</u>	<u>\$ 6,025,000</u>
1. Title XIX Health Care Support Fund	-	6,025,000	6,025,000
B. CCS Administration			
1. County Administration	4,723,000	5,453,000	730,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 4,723,000</u>	<u>\$ 11,478,000</u>	<u>\$ 6,755,000</u>
TOTAL CCS PROGRAM	<u>\$ 4,723,000</u>	<u>\$ 11,478,000</u>	<u>\$ 6,755,000</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2017-18

May 2017 Estimate Compared to November 2016 Estimate, Total Funds			
	Nov. 2016 Est. FY 2017-18	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 68,720,200</u>	<u>\$ 74,602,900</u>	<u>\$ 5,882,700</u>
1. Treatment Services	10,128,000	8,019,000	(2,109,000)
2. Medical Therapy Program	60,364,000	60,325,000	(39,000)
3. Benefits Policy Changes	(1,716,800)	6,311,900	8,028,700
4. Enroll/Assessment Fees	(55,000)	(53,000)	2,000
B. CCS Administration			
1. County Administration	10,431,000	10,762,000	331,000
2. Fiscal Intermediary	<u>179,000</u>	<u>258,000</u>	<u>79,000</u>
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 79,330,200</u>	<u>\$ 85,622,900</u>	<u>\$ 6,292,700</u>
TOTAL CCS PROGRAM	<u>\$ 79,330,200</u>	<u>\$ 85,622,900</u>	<u>\$ 6,292,700</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2017-18

May 2017 Estimate Compared to November 2016 Estimate, General Fund

	Nov. 2016 Est. FY 2017-18	May 2017 Est. FY 2017-18	Difference Incr./.(Decr.)
A. Total CCS State Only Services	\$ 68,720,200	\$ 74,602,900	\$ 5,882,700
1. Treatment Services	10,128,000	8,019,000	(2,109,000)
2. Medical Therapy Program	60,364,000	60,325,000	(39,000)
3. Benefits Policy Changes	(1,716,800)	6,311,900	8,028,700
4. Enroll/Assessment Fees	(55,000)	(53,000)	2,000
5. HF Safety Net Care Pool	-	-	-
B. CCS Administration			
1. County Administration	4,978,000	5,309,000	331,000
2. Fiscal Intermediary	179,000	258,000	79,000
TOTAL CCS STATE ONLY PROGRAM	\$ 73,877,200	\$ 80,169,900	\$ 6,292,700
TOTAL CCS PROGRAM	\$ 73,877,200	\$ 80,169,900	\$ 6,292,700

May 2017 Estimate Compared to November 2016 Estimate, Federal Funds

	Nov. 2016 Est. FY 2017-18	May 2017 Est. FY 2017-18	Difference Incr./.(Decr.)
A. Total CCS State Only Services	\$ 0	\$ 0	\$ 0
1. Title XIX Health Care Support Fund	-	-	-
B. CCS Administration			
1. County Administration	5,453,000	5,453,000	-
TOTAL CCS STATE ONLY PROGRAM	\$ 5,453,000	\$ 5,453,000	\$ 0
TOTAL CCS PROGRAM	\$ 5,453,000	\$ 5,453,000	\$ 0

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

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, Total Funds			
	May 2017 Est.	May 2017 Est.	Difference
	FY 2016-17	FY 2017-18	Incr./.(Decr.)
A. Total CCS State Only Services	\$ 68,929,500	\$ 74,602,900	\$ 5,673,400
1. Treatment Services	7,626,000	8,019,000	393,000
2. Medical Therapy Program	59,929,000	60,325,000	396,000
3. Benefits Policy Changes	1,426,500	6,311,900	4,885,400
4. Enroll/Assessment Fees	(52,000)	(53,000)	(1,000)
B. CCS Administration			
1. County Administration	10,656,000	10,762,000	106,000
2. Fiscal Intermediary	267,000	258,000	(9,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 79,852,500	\$ 85,622,900	\$ 5,770,400
TOTAL CCS PROGRAM	\$ 79,852,500	\$ 85,622,900	\$ 5,770,400

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

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, General Fund			
	May 2017 Est. FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 62,904,500</u>	<u>\$ 74,602,900</u>	<u>\$ 11,698,400</u>
1. Treatment Services	7,626,000	8,019,000	393,000
2. Medical Therapy Program	59,929,000	60,325,000	396,000
3. Benefits Policy Changes	1,426,500	6,311,900	4,885,400
4. Enroll/Assessment Fees	(52,000)	(53,000)	(1,000)
5. HF Safety Net Care Pool	(6,025,000)	-	6,025,000
B. CCS Administration			
1. County Administration	5,203,000	5,309,000	106,000
2. Fiscal Intermediary	267,000	258,000	(9,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 68,374,500</u>	<u>\$ 80,169,900</u>	<u>\$ 11,795,400</u>
TOTAL CCS PROGRAM	<u>\$ 68,374,500</u>	<u>\$ 80,169,900</u>	<u>\$ 11,795,400</u>

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, Federal Funds			
	May 2017 Est. FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 6,025,000</u>	<u>\$ 0</u>	<u>\$ (6,025,000)</u>
1. Title XIX Health Care Support Fund	6,025,000	-	(6,025,000)
B. CCS Administration			
1. County Administration	5,453,000	5,453,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 11,478,000</u>	<u>\$ 5,453,000</u>	<u>\$ (6,025,000)</u>
TOTAL CCS PROGRAM	<u>\$ 11,478,000</u>	<u>\$ 5,453,000</u>	<u>\$ (6,025,000)</u>

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

Fiscal Year 2016-17, Comparison of May 2017 and November 2016 Estimates								
<u>POLICY CHG.</u>		NOVEMBER 2016 ESTIMATE		MAY 2017 ESTIMATE		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	-\$55,000	-\$55,000	-\$52,000	-\$52,000	\$3,000	\$3,000
Co. Admin.	2	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,713,000	\$11,713,000	\$11,713,000	\$11,713,000	\$0	\$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$46,000	\$46,000	\$35,000	\$35,000	-\$11,000	-\$11,000
FI	4	DENTAL ADMINISTRATIVE EXPENDITURES - CCS STATE ONLY	\$12,000	\$12,000	\$11,000	\$11,000	-\$1,000	-\$1,000
FI	5	CMS NET - CCS STATE ONLY	\$137,000	\$137,000	\$221,000	\$221,000	\$84,000	\$84,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,262,000	\$0	-\$5,992,000	\$0	-\$730,000
Benefits	8	CCS DRUG REBATES	-\$110,000	-\$110,000	-\$110,000	-\$110,000	\$0	\$0
Benefits	9	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - CCS	\$392,400	\$392,400	\$1,536,500	\$1,536,500	\$1,144,100	\$1,144,100
Co. Admin.	10	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CCS ADMIN.	-\$1,057,000	-\$518,000	-\$1,057,000	-\$518,000	\$0	\$0
Benefits	11	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CCS	-\$1,933,000	-\$1,933,000	\$0	\$0	\$1,933,000	\$1,933,000
Benefits	12	CCS-MTP - SPECIAL EDUCATION	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	13	CCS-MTP - PHYSICAL OR OCCUPATIONAL THERAPY	\$0	\$0	\$0	\$0	\$0	\$0
CCS TOTAL			<u>\$9,145,400</u>	<u>\$4,422,400</u>	<u>\$12,297,500</u>	<u>\$6,844,500</u>	<u>\$3,152,100</u>	<u>\$2,422,100</u>

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

* Dollars shown include payment lag and percent in base.

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

Fiscal Year 2017-18, Comparison of May 2017 and November 2016 Estimates							
POLICY CHG.		NOVEMBER 2016 ESTIMATE		MAY 2017 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	-\$55,000	-\$55,000	-\$53,000	-\$53,000	\$2,000	\$2,000
Co. Admin.	2 COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,488,000	\$11,488,000	\$11,819,000	\$11,819,000	\$331,000	\$331,000
FI	3 FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$39,000	\$39,000	\$31,000	\$31,000	-\$8,000	-\$8,000
FI	4 DENTAL ADMINISTRATIVE EXPENDITURES - CCS STATE ONLY	\$9,000	\$9,000	\$8,000	\$8,000	-\$1,000	-\$1,000
FI	5 CMS NET - CCS STATE ONLY	\$131,000	\$131,000	\$219,000	\$219,000	\$88,000	\$88,000
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	-\$110,000	-\$110,000	-\$47,000	-\$47,000	\$63,000	\$63,000
Benefits	9 NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - CCS	\$504,600	\$504,600	\$6,358,900	\$6,358,900	\$5,854,300	\$5,854,300
Co. Admin.	10 UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CCS ADMIN.	-\$1,057,000	-\$518,000	-\$1,057,000	-\$518,000	\$0	\$0
Benefits	11 UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CCS	-\$2,111,400	-\$2,111,400	\$0	\$0	\$2,111,400	\$2,111,400
Benefits	12 CCS-MTP - SPECIAL EDUCATION	\$0	\$0	\$1,609,000	\$1,609,000	\$1,609,000	\$1,609,000
Benefits	13 CCS-MTP - PHYSICAL OR OCCUPATIONAL THERAPY	\$0	\$0	-\$1,609,000	-\$1,609,000	-\$1,609,000	-\$1,609,000
CCS TOTAL		<u>\$8,838,200</u>	<u>\$3,385,200</u>	<u>\$17,278,900</u>	<u>\$11,825,900</u>	<u>\$8,440,700</u>	<u>\$8,440,700</u>

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

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

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

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	-\$52,000	-\$53,000
	- GENERAL FUND	-\$52,000	-\$53,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$52,000	-\$53,000
	- GENERAL FUND	-\$52,000	-\$53,000
	- COUNTY FUNDS	-\$52,000	-\$53,000

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:

Actual enrollment and assessment fees collected are lower than previously estimated for FY 2016-17 and FY 2017-18. Clients are evaluated on a case by case basis and not all clients are assessed a fee. The change between FY 2016-17 and FY 2017-18 in the current estimate is based on the historical trend.

Methodology:

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2007 - September 2016.

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
Enrollment Fees:	\$88,000	\$90,000
Assessment Fees:	\$15,000	\$16,000
Total:	\$103,000 (\$52,000 GF Offset)	\$106,000 (\$53,000 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 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,713,000	\$11,819,000
	- GENERAL FUND	\$11,713,000	\$11,819,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,713,000	\$11,819,000
	- GENERAL FUND	\$11,713,000	\$11,819,000
	- COUNTY FUNDS	\$11,712,000	\$11,818,000

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:

Medi-Cal Expansion For Undocumented Children CCS Admin

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:

There is no change for FY 2016-17 from the prior estimate. The change for FY 2017-18 from the prior estimate and between FY 2016-17 and FY 2017-18 is due to an estimated 0.90% increase in caseload.

Methodology:

1. For FY 2016-17, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2016-17 in the May 2016 Estimate:

FY 2016-17 : \$23,425,000 (\$11,713,000 GF) (Includes County Funds)

2. Based on the May 2017 Family Health Estimate, caseload is expected to increase from 15,925 in FY 2016-17 to 16,069 in FY 2017-18.

FY 2017-18: \$23,637,000 (\$11,819,000 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: 3
IMPLEMENTATION DATE: 7/1993
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$35,000	\$31,000
- GENERAL FUND	\$35,000	\$31,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$35,000	\$31,000
- GENERAL FUND	\$35,000	\$31,000

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:

The change from the prior estimate, for FY 2016-17, is a decrease due to updated projected ACLs and updated average costs per General ACLs. The change from the prior estimate, for FY 2017-18, is an decrease due to updated projected ACLs and updated average costs per ACLs. The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to updated projected ACLs and updated average costs per ACLs.

Methodology:

1. The estimated medical FI administrative costs are:

	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
FY 2016-17			
General ACLs	60,393	\$ 0.55	\$ 33,000
Online ACLs	12,699	\$ 0.16	\$ 2,000
Total FY 2016-17			\$ 35,000

FY 2017-18	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	60,939	\$ 0.47	\$ 29,000
Online ACLs	12,814	\$ 0.17	\$ 2,000
Total FY 2017-18			\$ 31,000

Funding:

100% GF (4260-111-0001)

DENTAL ADMINISTRATIVE EXPENDITURES - CCS STATE ONLY

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 8/2003
ANALYST: Jason Moody

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,000	\$8,000
	- GENERAL FUND	\$11,000	\$8,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,000	\$8,000
	- GENERAL FUND	\$11,000	\$8,000

Purpose:

This policy change estimates the administrative expenditures for the adjudication of 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 the current Fiscal Intermediary (FI), Delta Dental. The administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR).

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

The new Administrative Services Organization (ASO) contractor and the new FI contractor will continue this effort upon assumption of operations. The FI scans documents while the ASO processes ACLs and TARs.

Reason for Change:

The change from the prior estimate, for FY 2016-17, is a decrease due to a lower ACL and TAR count when updated with additional actuals. The change from the prior estimate, for FY 2017-18, is a decrease due to a lower ACL and TAR count when updated with additional actuals. The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to a split in functions with separate contractors for FI and ASO services.

Methodology:

1. Assume CCS State Only dental ACL & TAR rates for FY 2016-17 are \$2.94 and \$11.85, respectively.
2. Assume CCS State Only dental ACL & TAR rates for the first six months of FY 2017-18 are \$2.99 and \$12.14, respectively.
3. Assume the indirect cost per ACL & TAR are \$1.12 and \$1.17, respectively, and are included in the rates.
4. Assume the ASO CCS State Only dental ACL & TAR rates for FY 2017-18 are \$0.36 and \$14.99, respectively.
5. Assume the FI CCS State Only dental ACL & TAR rate for scanning documents in FY 2017-18 is \$1.45.

FY 2016-17	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	2,831	\$	2.94	\$	8,323	
TARs	200	\$	11.85	\$	2,370	
Total FY 2016-17					\$ 11,000	(\$11,000 GF)

6 months FY 2017-18	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	1,415	\$	2.99	\$	4,231	
TARs	100	\$	12.14	\$	1,214	
					\$ 5,000	(\$5,000 GF)

6 months ASO FY 2017-18	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Claims</u>				<u>Expenditure</u>	
ACLs	1,415	\$	0.36	\$	509	
TARs	100	\$	14.99	\$	1,499	
					\$ 2,000	(\$2,000 GF)

6 months FI FY 2017-18	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
	<u>Documents</u>				<u>Expenditure</u>	
ACLs	289	\$	1.45	\$	419	
TARs	100	\$	1.45	\$	145	
					\$ 1,000	(\$1,000 GF)

Total FY 2017-18					\$ 8,000	(\$8,000 GF)
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Funding:

100% GF (4260-111-0001)

CMS NET - CCS STATE ONLY

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

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$221,000	\$219,000
- GENERAL FUND	\$221,000	\$219,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$221,000	\$219,000
- GENERAL FUND	\$221,000	\$219,000

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 for the State regional offices and several small counties. In 2004, CMS Net was expanded to all 58 CCS counties, the three State CCS regional offices, and the Genetically Handicapped Persons Program.

Reason for Change:

FY 2016-17 and FY 2017-18 expenditures are higher than the prior estimate due to an increase in CMS Net system expenditures for disaster/operational recovery services. The CMS Net system data center is contracting with a different contractor and has determined that additional servers are needed to support these services. The change between FY 2016-17 and FY 2017-18 reflects a slight decrease in costs as the new contractor is expected to begin work in FY 2016-17, so one-time costs would not carryover to FY 2017-18.

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 2016-17 are estimated to be \$2,619,000. FY 2017-18 costs are estimated to be \$2,594,000.
3. Based on estimated FY 2016-17 and FY 2017-18 caseload counts, costs for CMS Net are projected to be split:

	FY 2016-17		CMS Net
	<u>Caseload</u>	<u>Percentage</u>	<u>Allocation</u>
CCS State-Only	15,925	8.4%	\$ 221,000
CCS Medi-Cal	150,403	79.8%	\$ 2,089,000
CCS OTLICP	<u>22,231</u>	<u>11.8%</u>	<u>\$ 309,000</u>
Total	188,559	100%	\$ 2,619,000

	FY 2017-18		CMS Net
	<u>Caseload</u>	<u>Percentage</u>	<u>Allocation</u>
CCS State-Only	16,069	8.4%	\$ 219,000
CCS Medi-Cal	153,780	80.0%	\$ 2,075,000
CCS OTLICP	<u>22,307</u>	<u>11.6%</u>	<u>\$ 300,000</u>
Total	192,156	100%	\$ 2,594,000

4. Data processing estimated costs are based on:
 - a) system utilization;
 - b) system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - c) 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:

100% 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 2016-17</u>	<u>FY 2017-18</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 Centers 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.

The BTR was extended for two months, until December 31, 2015. Funding for the two-month extension of the prior BTR CCS is included in the California Medi-Cal 2020 Demonstration Waiver.

Reason for Change:

The change from the prior estimate, for FY 2016-17, is due to a decrease in the claimed amount for the DY 2010-11 final reconciliation.

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 completed; the Department claimed an additional \$6.025 million in federal funds in FY 2016-17.

(Dollars in Thousands)

FY 2016-17	TF	GF	FF
DY 2010-11 Final Reconciliation	\$0	(\$6,025)	\$6,025
Total	\$0	(\$6,025)	\$6,025

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: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$5,992,000	-\$5,992,000
- FEDERAL FUNDS TITLE V	\$5,992,000	\$5,992,000
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	-\$5,992,000
- FEDERAL FUNDS TITLE V	\$5,992,000	\$5,992,000

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:

The change from the prior estimate, for FY 2016-17, is an increase due to the increase of grant funds for county administration support costs.

There is no change from the prior estimate for FY 2017-18.

There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. For FY 2016-17 and FY 2017-18, the amount expected to be received is \$5,992,000.

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: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	-\$110,000	-\$47,000
- GENERAL FUND	-\$110,000	-\$47,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	-\$110,000	-\$47,000
- GENERAL FUND	-\$110,000	-\$47,000
- COUNTY FUNDS	-\$110,000	-\$47,000

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)
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, Medi-Cal 2020, 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:

There is no change from the prior estimate for FY 2016-17. The change from the prior estimate, for FY 2017-18, is a decrease due to fewer invoices in the last three quarters. The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to fewer invoices in the last three quarters.

Methodology:

1. Estimate is based on ongoing rebate collections.
2. Collections are based on 75% of the last four quarters of invoices.
3. CCS drug rebate collections, for FY 2016-17 and FY 2017-18, are estimated to be:

Fiscal Year	TF	GF	CF*
FY 2016-17	(\$110,000)	(\$110,000)	(\$110,000)
FY 2017-18	(\$47,000)	(\$47,000)	(\$47,000)

Funding:

Children's Medical Services Rebates Fund (4260-601-3079)
 100% General Fund (4260-101-0001)
 County Funds*

*Not Included in Total Fund

NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - CCS

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 7/2015
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,189,000	\$7,915,000
	- GENERAL FUND	\$3,189,000	\$7,915,000
PAYMENT LAG		0.9110	0.9640
% REFLECTED IN BASE		47.11%	16.66%
APPLIED TO BASE	- TOTAL FUNDS	\$1,536,500	\$6,358,900
	- GENERAL FUND	\$1,536,500	\$6,358,900
	- COUNTY FUNDS	\$850,900	\$2,051,900

Purpose:

This policy change estimates the cost of new high cost treatments for specific medical conditions of California Children's Services (CCS) - State Only beneficiaries.

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

The California Children's Services (CCS) state-only program provides health care services to children who have a CCS-eligible condition and do not qualify for full-scope Medi-Cal or whose families cannot afford the catastrophic health care costs. This policy change budgets new high cost services and treatments recently approved by the U.S. Food and Drug Administration (FDA) separately until the costs of these services are fully incorporated into the rates.

Recently approved FDA treatments and services are:

Orkambi: A two-drug therapy combining the drugs ivacaftor with lumacaftor in a single pill designed to address chloride channel abnormalities in cystic fibrosis (CF) patients.

DEFLAZACORT: A once weekly lifetime intravenous infusion for the treatment of Duchenne Muscular Dystrophy (DMD) patients.

Exondys 51: A once weekly lifetime intravenous infusion for the treatment of DMD in patients who have a confirmed mutation in the DMD gene that is amenable to Exondys 51 skipping.

SPINRAZA: A continuous, life long, intrathecally administered drug treatment program for spinal muscular atrophy (SMA).

Reason for Change:

The change from the prior estimate, for FY 2016-17, is an increase due to the addition of three recently approved treatments and services (DEFLAZACORT, Exondys 51 and SPINRAZA) for CCS beneficiaries.

The change from the prior estimate, for FY 2017-18, is an increase due to the addition of three recently approved treatments and services (DEFLAZACORT, Exondys 51 and SPINRAZA) for CCS beneficiaries and the CCS removal of the Orkambi forced expiratory volume (FEV) threshold and hospitalization authorization criteria for beneficiaries 20 years of age or younger.

The change from FY 2016-17 to FY 2017-18, in the current estimate, is an increase due to the continued phase-in of additional CCS beneficiaries receiving the three recently approved treatments and services (DEFLAZACORT, Exondys 51 and SPINRAZA) and the CCS removal of the Orkambi FEV threshold and hospitalization authorization criteria for beneficiaries 20 years of age or younger.

Methodology:

1. For FY 2016-17 and FY 2017-18, Orkambi cost are estimated as follows:

The cost of Orkambi for FY 2015-16 was \$224,000 per beneficiary per year.

Based on actuals, assume a 5% increase in Orkambi costs per beneficiary per year.

FY 2016-17: \$224,000 + 5% = \$235,000

FY 2017-18: \$235,000 + 5% = \$247,000

Assume a 24-month phase-in of eligible beneficiaries beginning July 1, 2015.

Assume 18 CCS beneficiaries will be prescribed Orkambi by the end of FY 2016-17.

Due to the CCS removal of the FEV threshold and hospitalization authorization criteria for clients 20 years of age or younger, assume a 30% increase of eligible CCS beneficiaries over a 12 month period starting May 1, 2017.

Total estimated costs for Orkambi are:

FY 2016-17 : \$3,532,000 (\$1,766,000 GF) (Includes County Funds)

FY 2017-18 : \$5,110,000 (\$2,555,000 GF) (Includes County Funds)

2. For FY 2016-17 and FY 2017-18, DEFLAZACORT cost are estimated as follows:

Assume a \$7,400 per member per month (PMPM) cost for each beneficiary receiving DEFLAZACORT.

Assume a 24-month phase in of 25 beneficiaries beginning February 1, 2017.

Total estimated costs for DEFLAZACORT are:

FY 2016-17 : \$496,000 (\$248,000 GF) (Includes County Funds)

FY 2017-18 : \$2,220,000 (\$1,110,000 GF) (Includes County Funds)

3. For FY 2016-17 and FY 2017-18, Exondys 51 cost are estimated as follows:

Assume a \$25,000 PMPM cost for each beneficiary receiving Exondys 51.

Assume a 24-month phase in of eligible beneficiaries beginning September 1, 2016.

Total estimated costs for Exondys 51 are:

FY 2016-17 : \$850,000 (\$425,000 GF) (Includes County Funds)

FY 2017-18 : \$2,400,000 (\$1,200,000 GF) (Includes County Funds)

4. For FY 2016-17 and FY 2017-18, SPINRAZA cost are estimated as follows:

Assume a 24-month phase in of eligible beneficiaries beginning January 1, 2017.

Assume each beneficiary will receive loading doses over the first 72 days of treatment for a total one-time cost of \$750,000 per beneficiary, and then one dose every four months, for life, at a cost of \$350,000 per does.

Total estimated costs for SPINRAZA are:

FY 2016-17 : \$1,500,000 (\$750,000 GF) (Includes County Funds)

FY 2017-18 : \$6,100,000 (\$3,050,000 GF) (Includes County Funds)

5. Total estimated costs for new high cost treatments for specific medical conditions:

Fiscal Year	TF	GF	CF*
FY 2016-17	\$3,189,000	\$3,189,000	\$3,189,000
FY 2017-18	\$7,915,000	\$7,915,000	\$7,915,000

Funding:

100% General Fund (4260-111-0001)

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

UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CCS ADMIN.

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 5/2016
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,057,000	-\$1,057,000
	- GENERAL FUND	-\$518,000	-\$518,000
	- FEDERAL TITLE V	-\$539,000	-\$539,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$1,057,000	-\$1,057,000
	- GENERAL FUND	-\$518,000	-\$518,000
	- FEDERAL FUNDS	-\$539,000	-\$539,000
	- COUNTY FUNDS	-\$1,057,000	-\$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:

Effective May 1, 2016, the Medi-Cal expansion provided full scope Medi-Cal coverage to children and adolescents under the age of 19 with undocumented immigration status. Prior to May 1, 2016, when this population had a CCS medical condition, CCS State Only paid 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:

There is no change from the prior estimate for FY 2016-17.
 There is no change from the prior estimate for FY 2017-18.
 There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. The expansion began on May 1, 2016.
2. For FY 2016-17 and FY 2017-18, assume 2,048 beneficiaries transition to full scope Medi-Cal.

3. Assume the administration cost per case is \$1,032.

$2,048 \times \$1,032 = \$2,114,000$ administrative savings

4. For FY 2016-17 and FY 2017-18 total estimated administrative saving are:

Fiscal Year	TF	GF	Title V	CF*
FY 2016-17	(\$1,057,000)	(\$518,000)	(\$539,000)	(\$1,057,000)
FY 2017-18	(\$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

CCS-MTP - SPECIAL EDUCATION

POLICY CHANGE NUMBER: 12
IMPLEMENTATION DATE: 7/2017
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$1,609,000
- GENERAL FUND	\$0	\$1,609,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$1,609,000
- GENERAL FUND	\$0	\$1,609,000

Purpose:

This policy change estimates costs to enable the California Children's Services (CCS) – Medical Therapy Program (MTP) to provide educationally necessary physical therapy/occupational therapy (PT/OT) services without regard to medical necessity.

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

The CCS–MTP is required by a precedent setting decision of the California Fifth Appellate District Court to provide educationally necessary PT/OT services without regard to medical necessity for CCS-MTP clients/pupils enrolled in special education who have CCS-MTP PT/OT services included in their Individual Education Program (IEP) as a “related service.” Any proposed change in the level of PT/OT services based on CCS-MTP medical findings can be vetoed by a member of the IEP team, which includes the parent/family. The level of services that will be required under the precedent established by the court exceeds the levels based solely on medical necessity. In addition, because these services are not medically necessary, they are deemed not eligible for federal financial participation. The Department has proposed trailer bill language that would amend interagency provisions of the Government Code relating to special education to clarify that CCS-MTP is responsible for providing PT/OT services when medically necessary.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume implementation will begin on July 1, 2017.
2. Current CCS-MTP statewide caseload is approximately 22,690 clients.
3. Assume 51 percent of the CCS-MTP statewide caseload are enrolled in special education/have an IEP.

$$22,690 \times 51\% = 11,572 \text{ beneficiaries enrolled (rounded)}$$

4. Assume an additional cost of \$139 per beneficiary per year who are enrolled in special education/have an IEP.

$$\text{FY 2017-18: } 11,572 \times \$139 = \text{\$1,609,000 TF (rounded)}$$

Funding:

100% GF (4260-101-0001)

CCS-MTP - PHYSICAL OR OCCUPATIONAL THERAPY

POLICY CHANGE NUMBER: 13
IMPLEMENTATION DATE: 7/2017
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR C - TOTAL FUNDS	\$0	-\$1,609,000
- GENERAL FUND	\$0	-\$1,609,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO E - TOTAL FUNDS	\$0	-\$1,609,000
- GENERAL FUND	\$0	-\$1,609,000

Purpose:

This policy change estimates the savings from the California Children's Services Medical Therapy Program: Delivery of Medically Necessary Occupational and Physical Therapy Services to Children in Special Education proposed trailer bill.

Authority:

Proposed Trailer Bill Language

Interdependent Policy Changes:

PC 12 CCS-MTP Special Education

Background:

The California Children's Services (CCS) – Medical Therapy Program (MTP) is currently required by a precedent setting decision of the California Fifth Appellate District Court to provide educationally necessary physical therapy/occupational therapy (PT/OT) services without regard to medical necessity for CCS-MTP clients/pupils enrolled in special education who have CCS-MTP PT/OT services included in their Individual Education Program (IEP) as a "related service." Proposed trailer bill language provides clarification that the CCS program is responsible for the delivery of medically necessary OT/PT services that are supplemental to the provision of the Individuals with Disabilities Education Act's Free Appropriate Public Education to special education students. Specifically, the proposed language would amend the Government Code to clarify CCS is not responsible for providing services that are solely educationally necessary.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume implementation will begin on July 1, 2017.
2. Current CCS-MTP statewide caseload is approximately 22,690 clients.
3. Assume 51 percent of the CCS-MTP statewide caseload are enrolled in special education/have an IEP.

$$22,690 \times 51\% = 11,572 \text{ beneficiaries enrolled (rounded)}$$

4. Per PC 12 CCS-MTP Special Education, assume an additional cost of \$139 per beneficiary per year who are enrolled in special education/have an IEP.

$$\text{FY 2017-18 current costs: } 11,572 \times \$139 = \$1,609,000 \text{ TF (rounded)}$$

5. Assume approval of proposed trailer bill language will result in a savings equal to the current costs indicated in PC 12 CCS-MTP Special Education.

FY 2017-18	TF	GF
PC 12 CCS-MTP Special Education	\$1,609,000	\$1,609,000
Savings	(\$1,609,000)	(\$1,609,000)
Net Savings	\$0	\$0

Funding:

100% GF (4260-101-0001)

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

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

<u>All Counties</u>	Fiscal Year <u>2015-16</u> ¹	Fiscal Year <u>2016-17</u>	Fiscal Year <u>2017-18</u>	FY 2016-17 - FY 2017-18 <u>% Change</u>
CCS State Only	14,307	15,925	16,069	0.90%
SUBTOTAL	14,307	15,925	16,069	0.90%

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

<u>All Counties</u>	Fiscal Year <u>2015-16</u> ¹	Fiscal Year <u>2016-17</u>	Fiscal Year <u>2017-18</u>	FY 2016-17 - FY 2017-18 <u>% Change</u>
CCS Medi-Cal	147,420	150,403	153,780	2.25%
CCS OTLIPC	21,646	22,231	22,307	0.34%
SUBTOTAL	169,066	172,634	176,087	2.00%

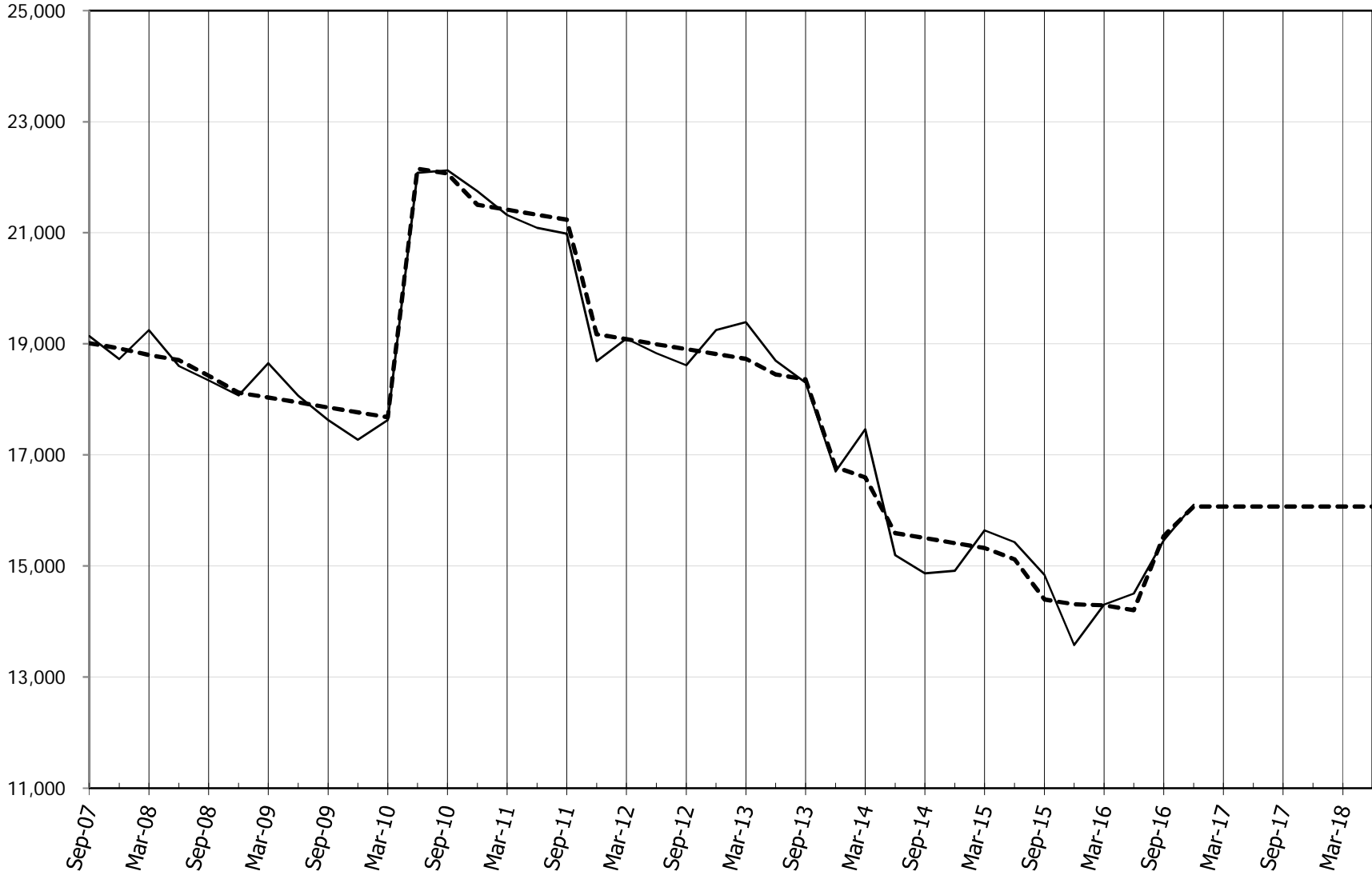
**Total Caseload
(CCS State Only and CCS Medi-Cal / OTLIPC)**

<u>All Counties</u>	Fiscal Year <u>2015-16</u> ¹	Fiscal Year <u>2016-17</u>	Fiscal Year <u>2017-18</u>	FY 2016-17 - FY 2017-18 <u>% Change</u>
CCS State Only	14,307	15,925	16,069	0.90%
CCS Medi-Cal	147,420	150,403	153,780	2.25%
CCS OTLIPC	21,646	22,231	22,307	0.34%
TOTAL	183,373	188,559	192,156	1.91%

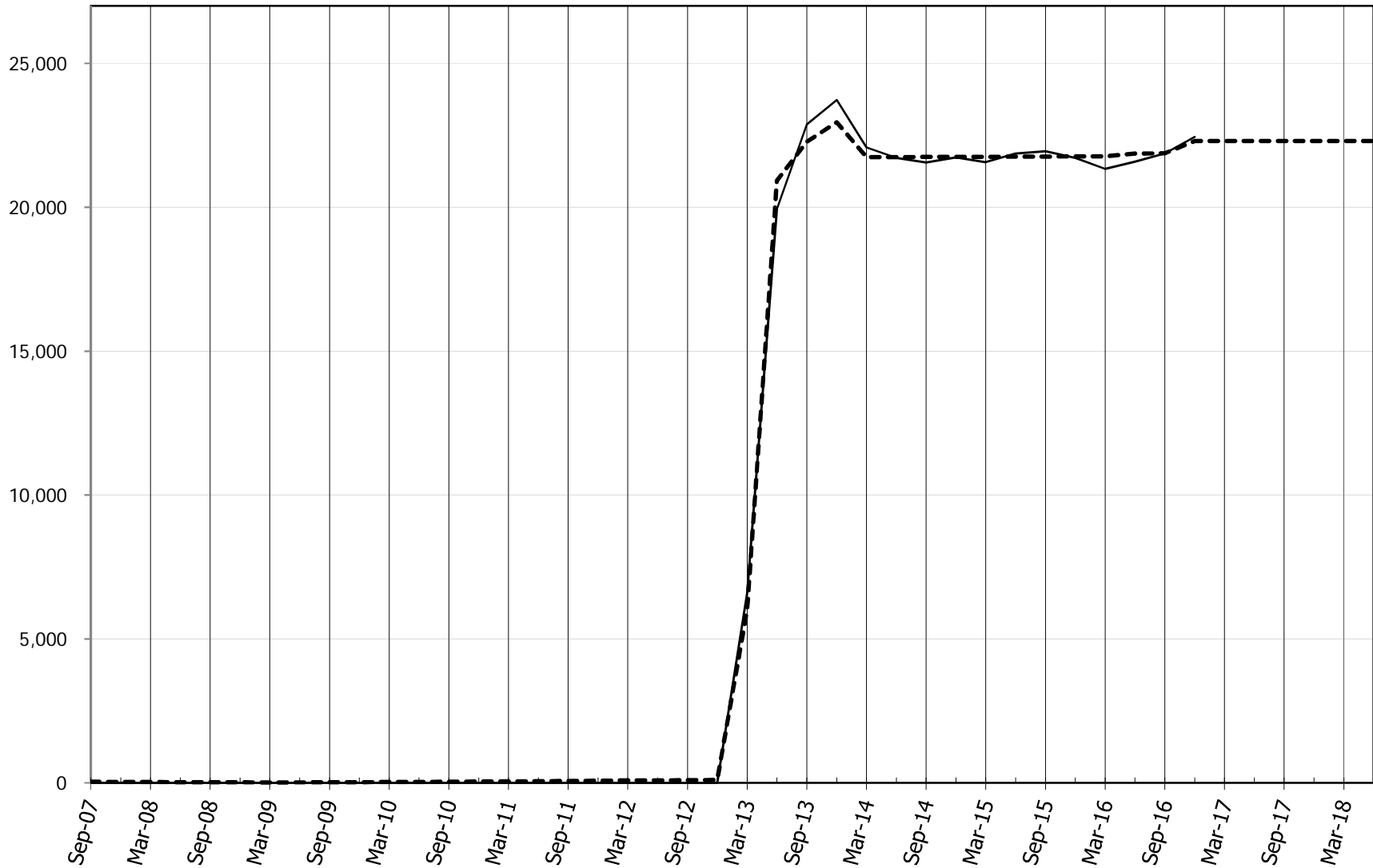
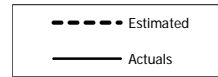
¹ Actual caseload data is complete thru December 2016.

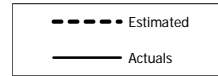


Total Statewide CCS State-Only Caseload

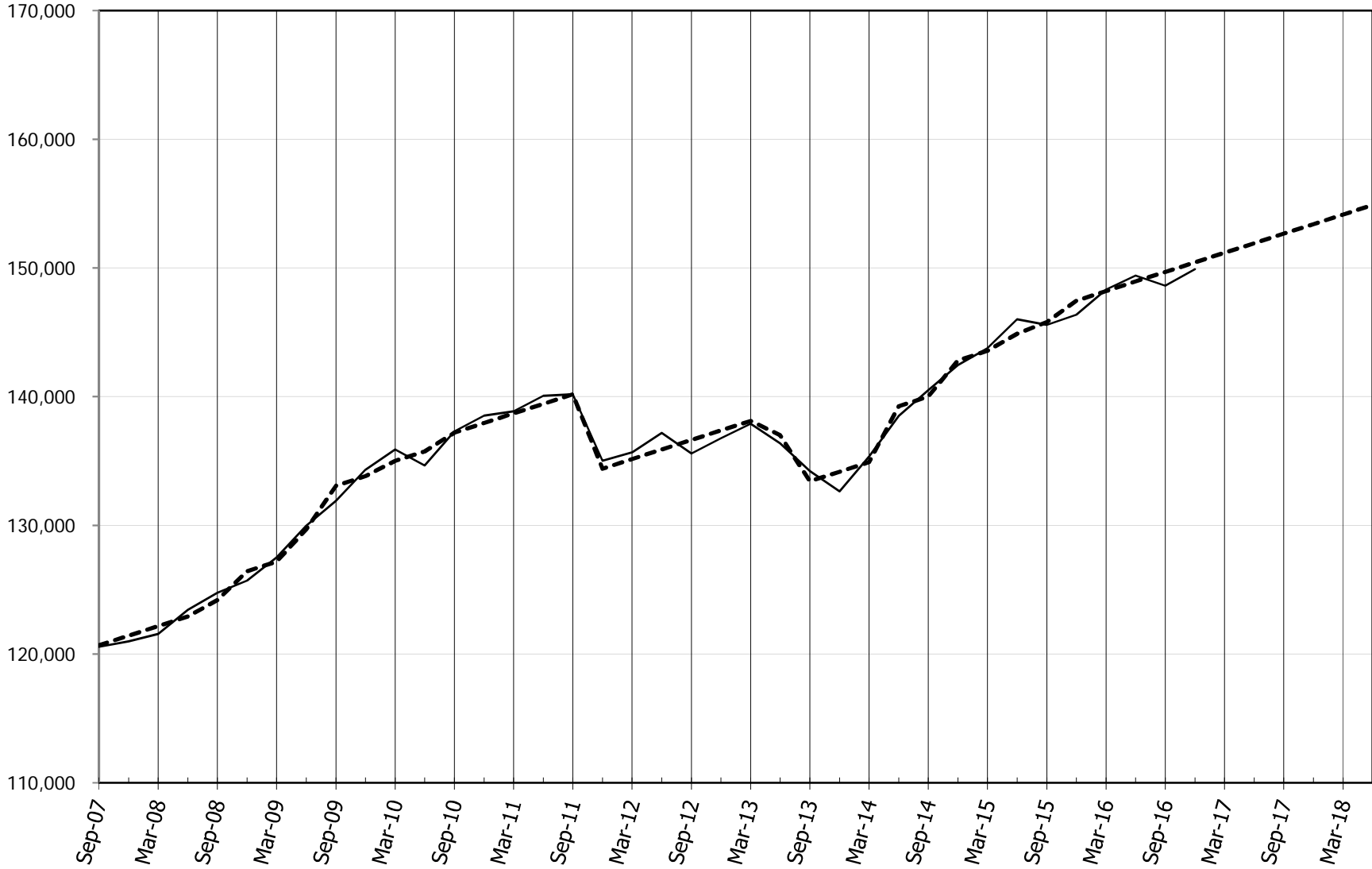


Total Statewide CCS Medi-Cal OTLICP Caseload

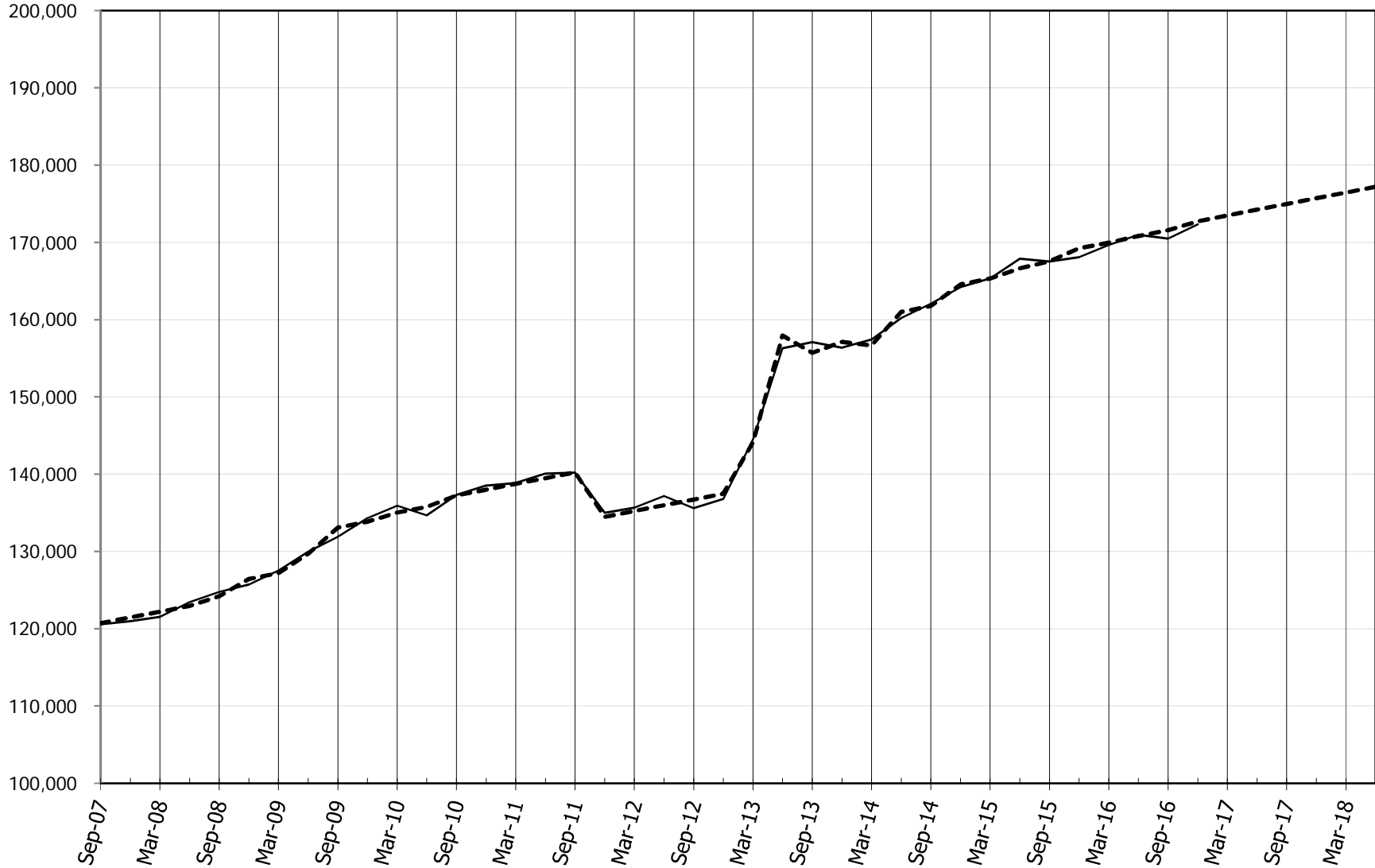


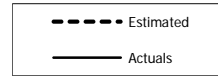


Total Statewide Medi-Cal Caseload (without OTLICP)

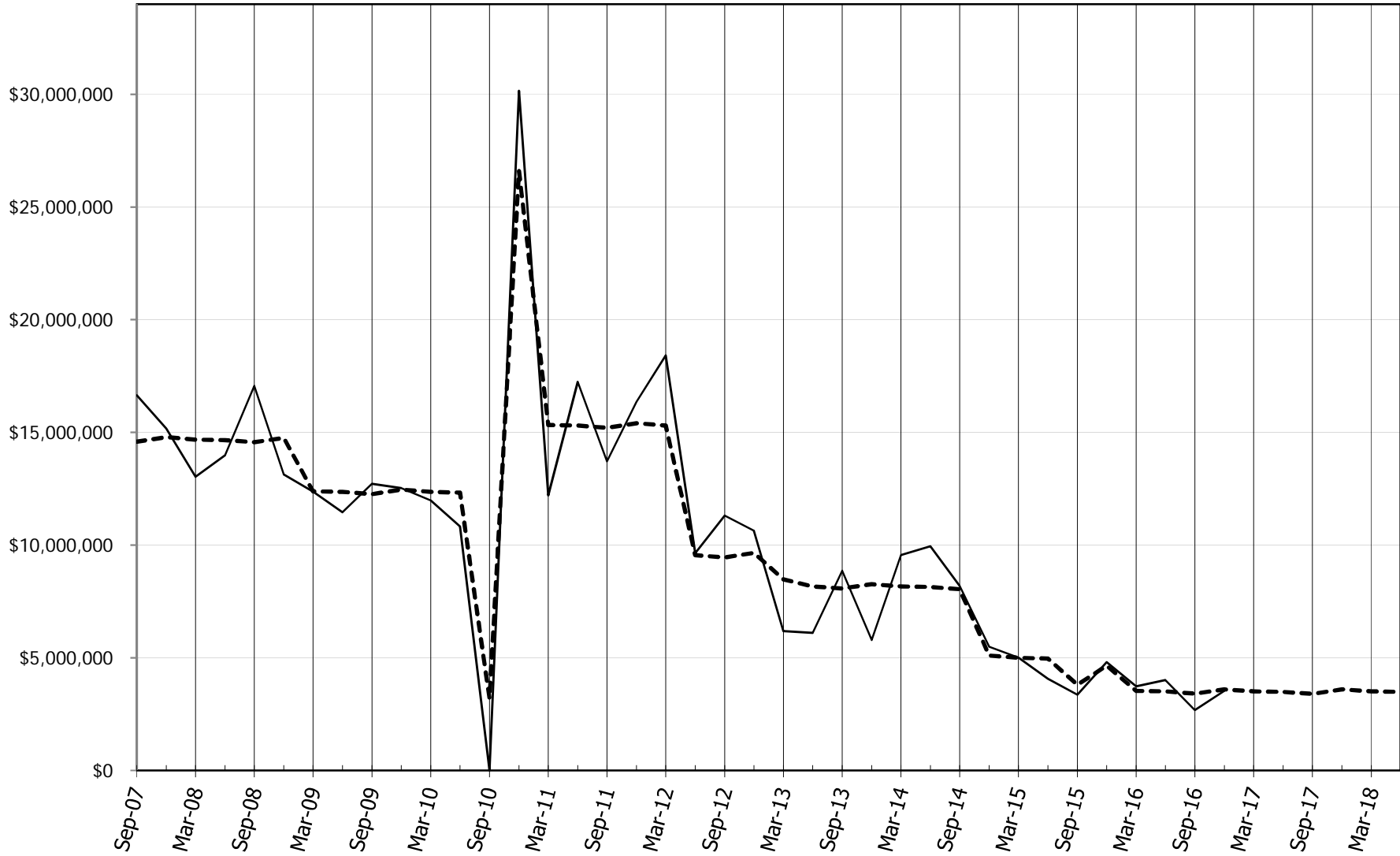


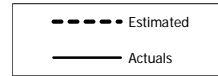
Total Statewide Medi-Cal including Medi-Cal OTLICP Caseload



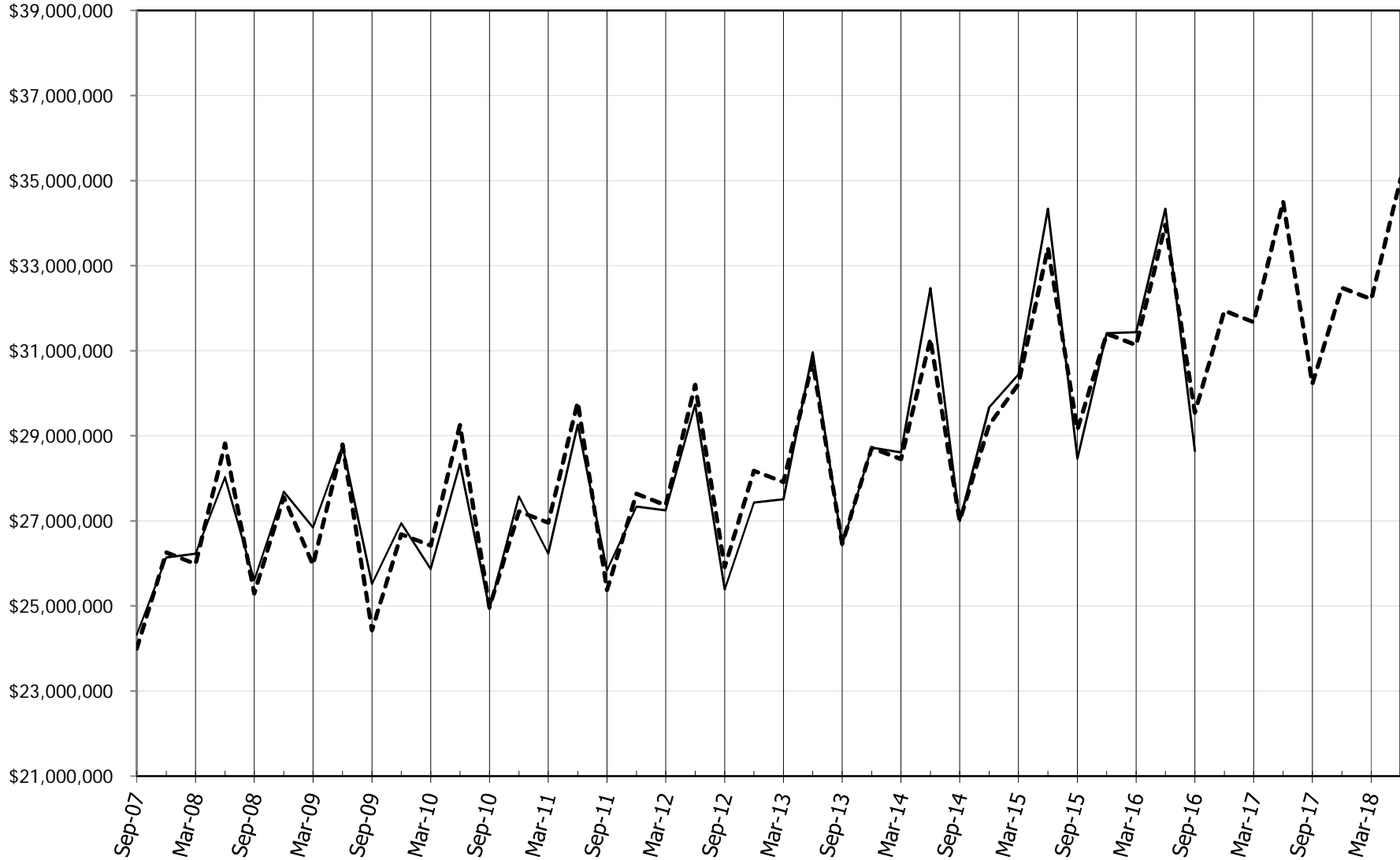


Total CCS Quarterly Treatment Dollars (State Only Services)
--Includes County Funds--





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



CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Funding Summary
Fiscal Years 2016-17 and 2017-18 Compared to November 2016 Estimate

FY 2016-17, Comparison of May 2017 and November 2016 Estimates

	<u>Nov. 16 Est. FY 2016-17</u>	<u>May 17 Est. FY 2016-17</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens*:	509	475	(34)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 32,000	\$ 33,000	\$ 1,000
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
Total Funds	\$ 32,000	\$ 33,000	\$ 1,000

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate

	<u>Nov. 16 Est. FY 2017-18</u>	<u>May 17 Est. FY 2017-18</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens*:	0	0	0
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,000	\$ 1,000	\$ 0
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
Total Funds	\$ 1,000	\$ 1,000	\$ 0

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18

	<u>May 17 Est. FY 2016-17</u>	<u>May 17 Est. FY 2017-18</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens*:	475	0	(475)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 33,000	\$ 1,000	(\$ 32,000)
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
Total Funds	\$ 33,000	\$ 1,000	(\$ 32,000)

* Includes estimated impact of Undocumented Children Full Scope Expansion - CHDP, Policy Change # 2
(FY 2016-17: -527 Annual Screens, FY 2017-18: -860 Annual Screens)

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM
Funding Summary
Fiscal Years 2016-17 And 2017-18 Compared to Appropriation

FY 2016-17, May 2017 Estimate Compared to Appropriation			
	<u>Appropriation FY 2016-17</u>	<u>May 17 Est. FY 2016-17</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens*:	1,794	475	(1,319)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 115,000	\$ 33,000	(\$ 82,000)
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
Total Funds	\$ 115,000	\$ 33,000	(\$ 82,000)

May 2017 Estimate for FY 2017-18 Compared to FY 2016-17 Appropriation			
	<u>Appropriation FY 2016-17</u>	<u>May 17 Est. FY 2017-18</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens*:	1,794	0	(1,794)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 115,000	\$ 1,000	(\$ 114,000)
4260-111-0080 (CLPP Funds)	\$ 0	\$ 0	\$ 0
Total Funds	\$ 115,000	\$ 1,000	(\$ 114,000)

* Includes estimated impact of Undocumented Children Full Scope Expansion - CHDP, Policy Change # 2
(FY 2016-17: -527 Annual Screens, FY 2017-18: -860 Annual Screens)

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**Funding Sources by Component****Comparison of Fiscal Years 2016-17 And 2017-18**

FY 2016-17, May 2017 Estimate Compared to Appropriation			
	<u>Appropriation FY 2016-17</u>	<u>May 17 Est. FY 2016-17</u>	<u>Difference Incr./(Decr.)</u>
Annual Screens *	1,794	475	(1,319)
Program Expenditures			
A. CHDP Services	\$ 661,000	\$ 58,000	(\$ 603,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 6,000	\$ 3,000	(\$ 3,000)
2. CHDP Program Allocation	\$ 0	\$ 0	\$ 0
C. Benefit Policy Change	(\$ 552,000)	(\$ 28,000)	\$ 524,000
Total CHDP Program	\$ 115,000	\$ 33,000	(\$ 82,000)
Funding			
A. General Fund 4260-111-0001	\$ 115,000	\$ 33,000	(\$ 82,000)
B. CLPP Funds 4260-111-0080	\$ 0	\$ 0	\$ 0

May 2017 Estimate, Fiscal Year 2016-17 Compared to Fiscal Year 2017-18			
	<u>May 17 Est. FY 2016-17</u>	<u>May 17 Est. FY 2017-18</u>	<u>Difference Incr./(Decr.)</u>
Annual Screens *	475	0	(475)
Program Expenditures			
A. CHDP Services	\$ 58,000	\$ 52,000	(\$ 6,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 3,000	\$ 1,000	(\$ 2,000)
2. CHDP Program Allocation	\$ 0	\$ 0	\$ 0
C. Benefit Policy Change	(\$ 28,000)	(\$ 52,000)	(\$ 24,000)
Total CHDP Program	\$ 33,000	\$ 1,000	(\$ 32,000)
Funding			
A. General Fund 4260-111-0001	\$ 33,000	\$ 1,000	(\$ 32,000)
B. CLPP Funds 4260-111-0080	\$ 0	\$ 0	\$ 0
Average \$/Screen			
Total CHDP	\$ 63.22	\$ 0.00	(\$ 63.22)

* Includes estimated impact of Undocumented Children Full Scope Expansion - CHDP, Policy Change # 2
(FY 2016-17: -527 Annual Screens, FY 2017-18: -860 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**Funding Sources by Component****Comparison of May 2017 Estimate to November 2016 Estimate**

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate			
	Nov. 2016 Est. FY 2016-17	May 2017 Est. FY 2016-17	Difference Incr./(Decr.)
Annual Screens *	509	475	(34)
Program Expenditures			
A. CHDP Services	\$ 252,000	\$ 58,000	(\$ 194,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 2,000	\$ 3,000	\$ 1,000
2. CHDP Program Allocation	\$ 0	\$ 0	\$ 0
C. Benefit Policy Change	(\$ 222,000)	(\$ 28,000)	\$ 194,000
Total CHDP Program	\$ 32,000	\$ 33,000	\$ 1,000
Funding			
A. General Fund 4260-111-0001	\$ 32,000	\$ 33,000	\$ 1,000
B. CLPP Funds 4260-111-0080	\$ 0	\$ 0	\$ 0

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate			
	Nov. 16 Est. FY 2017-18	May 17 Est. FY 2017-18	Difference Incr./(Decr.)
Annual Screens *	0	0	0
Program Expenditures			
A. CHDP Services	\$ 255,000	\$ 52,000	(\$ 203,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 1,000	\$ 1,000	\$ 0
2. CHDP Program Allocation	\$ 0	\$ 0	\$ 0
C. Benefit Policy Change	(\$ 255,000)	(\$ 52,000)	\$ 203,000
Total CHDP Program	\$ 1,000	\$ 1,000	\$ 0
Funding			
A. General Fund 4260-111-0001	\$ 1,000	\$ 1,000	\$ 0
B. CLPP Funds 4260-111-0080	\$ 0	\$ 0	\$ 0

* Includes estimated impact of Undocumented Children Full Scope Expansion - CHDP, Policy Change # 2
(FY 2016-17: -527 Annual Screens, FY 2017-18: -860 Annual Screens)

**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	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	\$ 56.30	\$ 268,485
3	3,499	\$ 55.47	\$ 194,084
4	2,585	\$ 61.86	\$ 159,896
2014-15	15,932	\$ 57.12	\$ 909,868
1	2,275	\$ 59.05	\$ 134,338
2	1,736	\$ 55.31	\$ 96,010
3	1,131	\$ 58.62	\$ 66,295
4	795	\$ 63.33	\$ 50,349
2015-16	5,937	\$ 58.45	\$ 346,992
1	357	\$ 55.75	\$ 19,903
2*	215	\$ 58.22	\$ 12,512
3*	215	\$ 58.93	\$ 12,664
4*	215	\$ 59.68	\$ 12,825
2016-17	1,002	\$ 57.88	\$ 57,904
1*	215	\$ 61.46	\$ 13,207
2*	215	\$ 59.43	\$ 12,772
3*	215	\$ 60.14	\$ 12,924
4*	215	\$ 60.88	\$ 13,084
2017-18	860	\$ 60.47	\$ 51,987

* Includes estimated values

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

Fiscal Year 2016-17, Comparison of May 2017 and November 2016 Estimates

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>NOVEMBER 2016 ESTIMATE</u>		<u>MAY 2017 ESTIMATE</u>		<u>DIFFERENCE, Incr./.(Decr.)</u>	
			<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$2,000	\$2,000	\$3,000	\$3,000	\$1,000	\$1,000
Benefits	2	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CHDP	-\$222,000	-\$222,000	-\$28,000	-\$28,000	\$194,000	\$194,000
		CHDP TOTAL	-\$220,000	-\$220,000	-\$25,000	-\$25,000	\$195,000	\$195,000

Fiscal Year 2017-18, Comparison of May 2017 and November 2016 Estimates

<u>POLICY CHG.</u> <u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>NOVEMBER 2016 ESTIMATE</u>		<u>MAY 2017 ESTIMATE</u>		<u>DIFFERENCE, Incr./.(Decr.)</u>	
			<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
FI	1	FISCAL INTERMEDIARY EXPENDITURES - CHDP	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
Benefits	2	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CHDP	-\$255,000	-\$255,000	-\$52,000	-\$52,000	\$203,000	\$203,000
		CHDP TOTAL	-\$254,000	-\$254,000	-\$51,000	-\$51,000	\$203,000	\$203,000

FISCAL INTERMEDIARY EXPENDITURES - CHDP

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2002
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$3,000	\$1,000
- GENERAL FUND	\$3,000	\$1,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$3,000	\$1,000
- GENERAL FUND	\$3,000	\$1,000

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:

The change from the prior estimate, for FY 2016-17, is an increase due to an increase in the projected number of ACLs and average cost per ACL. The change from the prior estimate, for FY 2017-18, is a decrease due to updated projected ACLs. The change FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to updated projected ACLs.

Methodology:

1. The estimated medical FI administrative costs are:

General ACLs	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
FY 2016-17	5,545	\$0.55	\$3,000
FY 2017-18	2,128	\$0.47	\$1,000

Funding:

100% GF (4260-111-0001)

UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION - CHDP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 05/2016
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	-\$252,000	-\$255,000
- GENERAL FUND	-\$252,000	-\$255,000
PAYMENT LAG	0.8810	1.0000
% REFLECTED IN BASE	87.40%	79.60%
APPLIED TO BASE - TOTAL FUNDS	-\$28,000	-\$52,000
- GENERAL FUND	-\$28,000	-\$52,000

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:

Effective May 1, 2016, the Medi-Cal expansion provided full scope Medi-Cal coverage to children and adolescents under the age of 19 with undocumented immigration status. Prior to May 1, 2016, when this population established State-Only CHDP eligibility when presenting for a CHDP well-child health assessment (CHDP screen), the CHDP services were funded by the State General Fund. Under the Medi-Cal expansion, this population is eligible for full scope Medi-Cal benefits and CHDP services are funded by Medi-Cal, resulting in CHDP State-Only savings.

Reason for Change:

There is no change from the prior estimate for FY 2016-17. There is no change from the prior estimate for FY 2017-18. The change from FY 2016-17 to FY 2017-18, in the current estimate, is due to a decrease in projected CHDP screens and an increase in the weighted average total fee.

Methodology:

1. The expansion began on May 1, 2016.

2. For FY 2016-17, assume there are 4,275 CHDP screens for undocumented children at a weighted average total fee of \$58.95 per screen.
3. For FY 2017-18, assume there are 4,241 CHDP screens for undocumented children at a weighted average total fee of \$60.13 per screen.

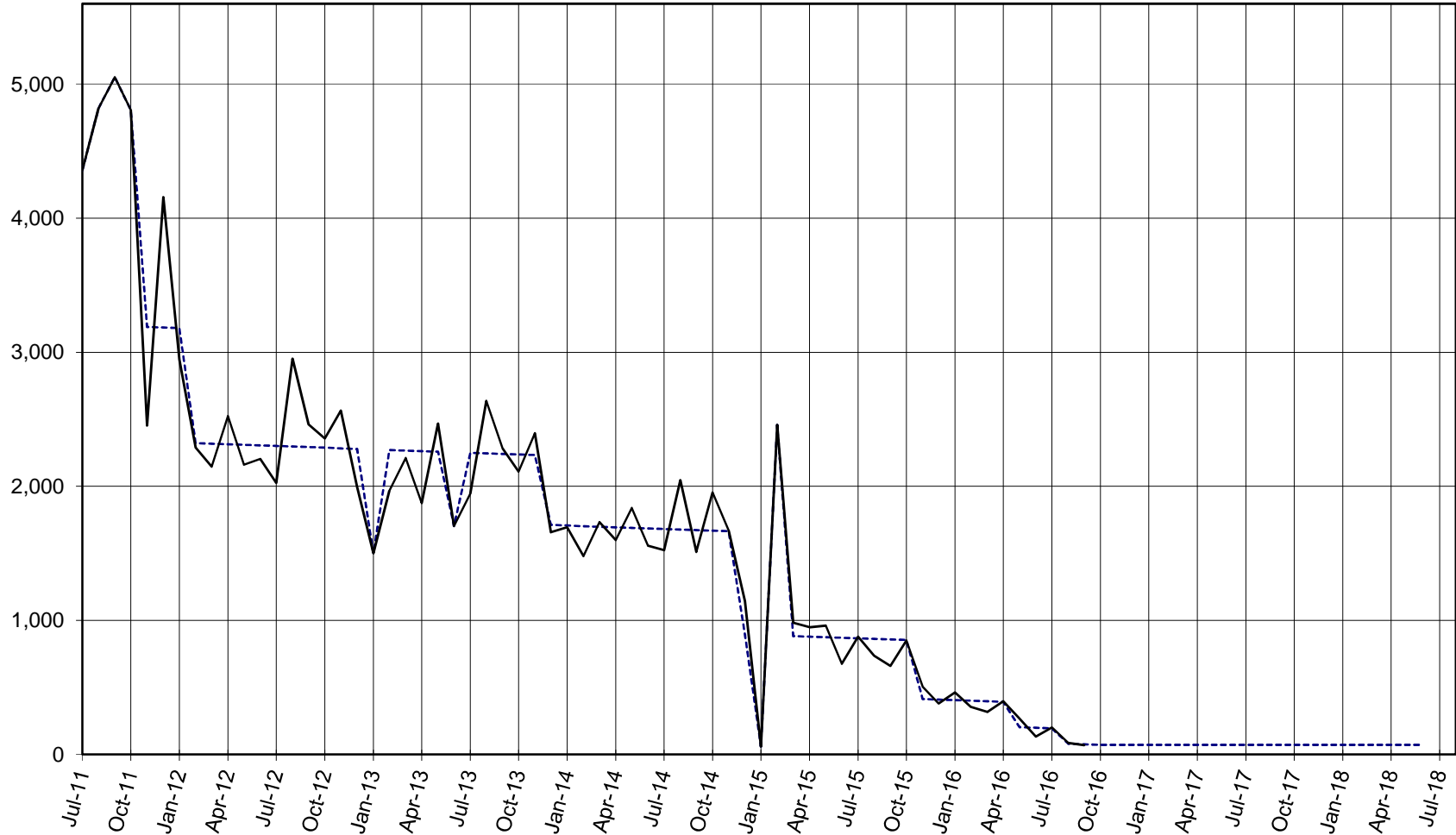
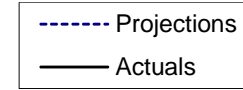
FY 2016-17: 4,275 screens x \$58.95 = **(\$252,000)**

FY 2017-18: 4,241 screens x \$60.13 = **(\$255,000)**

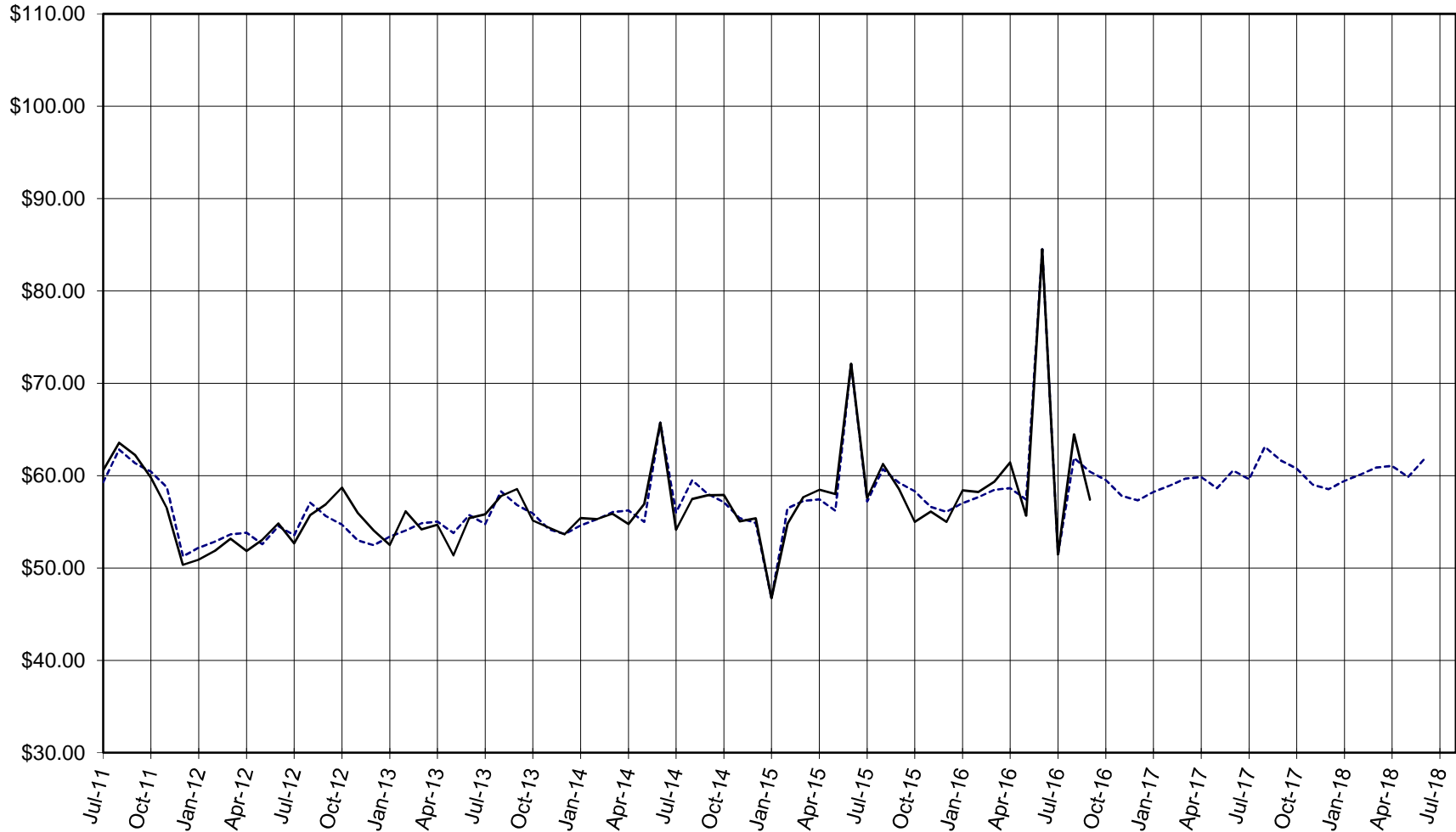
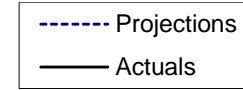
Funding:

100% GF (4260-111-0001)

CHDP Screens



CHDP Dollars Per Screen



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	<u>Nov. 2016 Est. FY 2016-17</u>	<u>May 2017 Est. FY 2016-17</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	931	942	11
Net Dollars:			
4260-111-0001 (General Fund)	\$106,186,300	\$91,976,000	(\$14,210,300)
4260-601-7503 (Federal Title XIX HCSF)	\$0	\$0	\$0
4260-601-0995 (Enrollment Fees)	\$425,400	\$426,600	\$1,200
4260-601-3079 (Rebate Special Fund)	\$36,000,000	\$36,000,000	\$0
Total	\$142,611,700	\$128,402,600	(\$14,209,100)

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate

	<u>Nov. 2016 Est. FY 2017-18</u>	<u>May 2017 Est. FY 2017-18</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	936	951	15
Net Dollars:			
4260-111-0001 (General Fund)	\$144,205,700	\$133,137,900	(\$11,067,800)
4260-601-7503 (Federal Title XIX HCSF)	\$0	\$0	\$0
4260-601-0995 (Enrollment Fees)	\$425,400	\$426,600	\$1,200
4260-601-3079 (Rebates Special Fund)	\$16,000,000	\$16,000,000	\$0
Total	\$160,631,100	\$149,564,500	(\$11,066,600)

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18

	<u>May 2017 Est. FY 2016-17</u>	<u>May 2017 Est. FY 2017-18</u>	<u>Difference Incr./.(Decr.)</u>
State-Only Caseload:	942	951	9
Net Dollars:			
4260-111-0001 (General Fund)	\$91,976,000	\$133,137,900	\$41,161,900
4260-601-7503 (Federal Title XIX HCSF)	\$0	\$0	\$0
4260-601-0995 (Enrollment Fees)	\$426,600	\$426,600	\$0
4260-601-3079 (Rebates Special Fund)	\$36,000,000	\$16,000,000	(\$20,000,000)
Total	\$128,402,600	\$149,564,500	\$21,161,900

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary
Fiscal Years 2016-17 and 2017-18 Compared to Appropriation**

FY 2016-17, May 2017 Estimate Compared to Appropriation
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	Appropriation FY 2016-17	May 2017 Est. FY 2016-17	Difference Incr./.(Decr.)
State-Only Caseload:	887	942	55
Net Dollars:			
4260-111-0001 (General Fund)	\$153,626,500	\$91,976,000	(\$61,650,500)
4260-601-7503 (Federal Title XIX HCSF)	\$0	\$0	\$0
4260-601-0995 (Enrollment Fees)	\$405,000	\$426,600	\$21,600
4260-601-3079 (Rebates Special Fund)	\$13,500,000	\$36,000,000	\$22,500,000
Total	\$167,531,500	\$128,402,600	(\$39,128,900)

May 2017 Estimate for FY 2017-18 Compared to FY 2016-17 Appropriation
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	Appropriation FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./.(Decr.)
State-Only Caseload:	887	951	64
Net Dollars:			
4260-111-0001 (General Fund)	\$153,626,500	\$133,137,900	(\$20,488,600)
4260-601-7503 (Federal Title XIX HCSF)	\$0	\$0	\$0
4260-601-0995 (Enrollment Fees)	\$405,000	\$426,600	\$21,600
4260-601-3079 (Rebates Special Fund)	\$13,500,000	\$16,000,000	\$2,500,000
Total	\$167,531,500	\$149,564,500	(\$17,967,000)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2016-17

May 2017 Estimate Compared to November 2016 Estimate, Total Funds

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 132,413,000	\$ 126,200,000	\$ (6,213,000)
2. Policy Changes	\$ 10,168,700	\$ 2,172,600	\$ (7,996,100)
Total for Services	\$ 142,581,700	\$ 128,372,600	\$ (14,209,100)
Fiscal Intermediary	\$ 30,000	\$ 30,000	\$ 0
Total GHPP Program	\$ 142,611,700	\$ 128,402,600	\$ (14,209,100)

May 2017 Estimate Compared to November 2016 Estimate, General Fund

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 132,413,000	\$ 126,200,000	\$ (6,213,000)
2. Policy Changes	\$ (26,256,700)	\$ (34,254,000)	\$ (7,997,300)
Total for Services	\$ 106,156,300	\$ 91,946,000	\$ (14,210,300)
Fiscal Intermediary	\$ 30,000	\$ 30,000	\$ 0
Total GHPP Program	\$ 106,186,300	\$ 91,976,000	\$ (14,210,300)

May 2017 Estimate Compared to November 2016 Estimate, Federal Funds

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2017-18

May 2017 Estimate Compared to November 2016 Estimate, Total Funds

	Nov. 2016 Est. <u>FY 2017-18</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 142,099,000	\$ 143,021,000	\$ 922,000
2. Policy Changes	\$ 18,505,100	\$ 6,515,500	\$ (11,989,600)
Total	\$ 160,604,100	\$ 149,536,500	\$ (11,067,600)
Fiscal Intermediary	\$ 27,000	\$ 28,000	\$ 1,000
Total GHPP Program	\$ 160,631,100	\$ 149,564,500	\$ (11,066,600)

May 2017 Estimate Compared to November 2016 Estimate, General Fund

	Nov. 2016 Est. <u>FY 2017-18</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 142,099,000	\$ 143,021,000	\$ 922,000
2. Policy Changes	\$ 2,079,700	\$ (9,911,100)	\$ (11,990,800)
Total for Services	\$ 144,178,700	\$ 133,109,900	\$ (11,068,800)
Fiscal Intermediary	\$ 27,000	\$ 28,000	\$ 1,000
Total GHPP Program	\$ 144,205,700	\$ 133,137,900	\$ (11,067,800)

May 2017 Estimate Compared to November 2016 Estimate, Federal Funds

	Nov. 2016 Est. <u>FY 2017-18</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	-	\$ 0	\$ 0
Total for Services	-	\$ 0	\$ 0
Fiscal Intermediary	-	-	-
Total GHPP Program	-	\$ 0	\$ 0

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

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, Total Funds

	<u>May 2017 Est.</u> <u>FY 2016-17</u>	<u>May 2017 Est.</u> <u>FY 2017-18</u>	<u>Difference</u> <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	\$ 126,200,000	\$ 143,021,000	\$ 16,821,000
2. Policy Changes	\$ 2,172,600	\$ 6,515,500	\$ 4,342,900
	-----	-----	-----
Total for Services	\$ 128,372,600	\$ 149,536,500	\$ 21,163,900
Fiscal Intermediary	\$ 30,000	\$ 28,000	\$ (2,000)
	-----	-----	-----
Total GHPP Program	\$ 128,402,600	\$ 149,564,500	\$ 21,161,900

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, General Fund

	<u>May 2017 Est.</u> <u>FY 2016-17</u>	<u>May 2017 Est.</u> <u>FY 2017-18</u>	<u>Difference</u> <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	\$ 126,200,000	\$ 143,021,000	\$ 16,821,000
2. Policy Changes	\$ (34,254,000)	\$ (9,911,100)	\$ 24,342,900
	-----	-----	-----
Total for Services	\$ 91,946,000	\$ 133,109,900	\$ 41,163,900
Fiscal Intermediary	\$ 30,000	\$ 28,000	\$ (2,000)
	-----	-----	-----
Total GHPP Program	\$ 91,976,000	\$ 133,137,900	\$ 41,161,900

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, Federal Funds

	<u>May 2017 Est.</u> <u>FY 2016-17</u>	<u>May 2017 Est.</u> <u>FY 2017-18</u>	<u>Difference</u> <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 0	\$ 0	\$ 0
	-----	-----	-----
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	-	-	-
	-----	-----	-----
Total GHPP Program	\$ 0	\$ 0	\$ 0

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>
2015-16 Actuals	Hemophilia	353	\$ 321,300	\$ 113,421,000
	Cystic Fibrosis	331	23,800	7,888,000
	Sickle Cell	97	6,300	610,000
	Huntington's	71	100	5,000
	Metabolic 2/	40	2,800	113,000

		892	\$ 136,800	\$ 122,037,000
2016-17 Estimate	Hemophilia	377	\$ 305,500	\$ 115,182,000
	Cystic Fibrosis	337	30,300	10,223,000
	Sickle Cell	101	3,800	382,000
	Huntington's	76	2,500	187,000
	Metabolic 2/	51	4,400	226,000

		942	\$ 134,000	\$ 126,200,000
2017-18 Estimate	Hemophilia	381	\$ 346,100	\$ 131,855,000
	Cystic Fibrosis	339	30,600	10,362,000
	Sickle Cell	102	3,700	375,000
	Huntington's	76	2,900	217,000
	Metabolic 2/	53	4,000	212,000

		951	\$ 150,400	\$ 143,021,000

1/ Actual expenditure data is complete through January 2017.
 Actual caseload data is complete through January 2017.
 2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Estimate Comparisons for Fiscal Years 2016-17 and 2017-18

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. FY 2016-17	May 2017 Est. FY 2016-17	Difference Incr./Decr.)
Hemophilia	\$ 121,389,000	\$ 115,182,000	\$ (6,207,000)
Cystic Fibrosis	10,448,000	10,223,000	(225,000)
Sickle Cell	361,000	382,000	21,000
Huntington's	16,000	187,000	171,000
Metabolic	199,000	226,000	27,000
TOTAL	\$ 132,413,000	\$ 126,200,000	\$ (6,213,000)

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18

	May 2017 Est. FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./Decr.)
Hemophilia	\$ 115,182,000	\$ 131,855,000	\$ 16,673,000
Cystic Fibrosis	10,223,000	10,362,000	139,000
Sickle Cell	382,000	375,000	(7,000)
Huntington's	187,000	217,000	30,000
Metabolic	226,000	212,000	(14,000)
TOTAL	\$ 126,200,000	\$ 143,021,000	\$ 16,821,000

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. FY 2017-18	May 2017 Est. FY 2017-18	Difference Incr./Decr.)
Hemophilia	\$ 130,893,000	\$ 131,855,000	\$ 962,000
Cystic Fibrosis	10,618,000	10,362,000	(256,000)
Sickle Cell	381,000	375,000	(6,000)
Huntington's	9,000	217,000	208,000
Metabolic	198,000	212,000	14,000
TOTAL	\$ 142,099,000	\$ 143,021,000	\$ 922,000

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

FY 2016-17, May 2017 Estimate Compared to Appropriation

	Appropriation FY 2016-17	May 2017 Est. FY 2016-17	Difference Incr./(Decr.)
Hemophilia	\$ 129,912,000	\$ 115,182,000	(\$ 14,730,000)
Cystic Fibrosis	7,257,000	10,223,000	2,966,000
Sickle Cell	608,000	382,000	(226,000)
Huntington's	12,000	187,000	175,000
Metabolic	216,000	226,000	10,000
TOTAL	\$ 138,005,000	\$ 126,200,000	(\$ 11,805,000)

May 2017 Estimate for FY 2017-18 Compared to FY 2016-17 Appropriation

	Appropriation FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
Hemophilia	\$ 129,912,000	\$ 131,855,000	\$ 1,943,000
Cystic Fibrosis	7,257,000	10,362,000	3,105,000
Sickle Cell	608,000	375,000	(233,000)
Huntington's	12,000	217,000	205,000
Metabolic	216,000	212,000	(4,000)
TOTAL	\$ 138,005,000	\$ 143,021,000	\$ 5,016,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate

Fiscal Year 2016-17

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	692	315	377
Cystic Fibrosis	562	225	337
Sickle Cell	349	248	101
Huntington's	172	96	76
Metabolic	<u>155</u>	<u>104</u>	<u>51</u>
Total	1,930	988	942

Fiscal Year 2017-18

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	706	325	381
Cystic Fibrosis	568	229	339
Sickle Cell	358	256	102
Huntington's	172	96	76
Metabolic	<u>163</u>	<u>110</u>	<u>53</u>
Total	1,967	1,016	951

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	370	377	7
Cystic Fibrosis	347	337	(10)
Sickle Cell	100	101	1
Huntington's	73	76	3
Metabolic	<u>41</u>	<u>51</u>	<u>10</u>
Total	931	942	11

Fiscal Year 2016-17 Compared to Fiscal Year 2017-18

	May 2017 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	377	381	4
Cystic Fibrosis	337	339	2
Sickle Cell	101	102	1
Huntington's	76	76	0
Metabolic	<u>51</u>	<u>53</u>	<u>2</u>
Total	942	951	9

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Medi-Cal Caseload Comparison

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	310	315	5
Cystic Fibrosis	220	225	5
Sickle Cell	246	248	2
Huntington's	95	96	1
Metabolic	<u>103</u>	<u>104</u>	<u>1</u>
Total	974	988	14

Fiscal Year 2016-17 Compared to Fiscal Year 2017-18

	May 2017 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	315	325	10
Cystic Fibrosis	225	229	4
Sickle Cell	248	256	8
Huntington's	96	96	0
Metabolic	<u>104</u>	<u>110</u>	<u>6</u>
Total	988	1,016	28

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

Fiscal Year 2016-17, Comparison of May 2017 and November 2016 Estimates								
POLICY CHG.		NOVEMBER 2016 ESTIMATE		MAY 2017 ESTIMATE		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$30,000	\$30,000	\$30,000	\$30,000	\$0	\$0
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$33,000	\$33,000	\$38,000	\$38,000	\$5,000	\$5,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$253,900	-\$253,900	-\$52,000	-\$52,000	\$201,900	\$201,900
Benefits	6	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - GHPP	\$10,389,600	\$10,389,600	\$2,186,600	\$2,186,600	-\$8,203,000	-\$8,203,000
		GHPP TOTAL	\$10,198,700	\$10,198,700	\$2,202,600	\$2,202,600	-\$7,996,100	-\$7,996,100

Fiscal Year 2017-18, Comparison of May 2017 and November 2016 Estimates								
POLICY CHG.		NOVEMBER 2016 ESTIMATE		MAY 2017 ESTIMATE		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$27,000	\$27,000	\$28,000	\$28,000	\$1,000	\$1,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$49,000	\$49,000	\$63,000	\$63,000	\$14,000	\$14,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$736,500	-\$736,500	-\$699,000	-\$699,000	\$37,500	\$37,500
Benefits	6	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - GHPP	\$19,192,600	\$19,192,600	\$7,151,500	\$7,151,500	-\$12,041,100	-\$12,041,100
		GHPP TOTAL	\$18,532,100	\$18,532,100	\$6,543,500	\$6,543,500	-\$11,988,600	-\$11,988,600

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 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$426,600	-\$426,600
	- ENROLLMENT FEES FUND	\$426,600	\$426,600
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$426,600	-\$426,600
	- ENROLLMENT FEES FUND	\$426,600	\$426,600

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:

Enrollment fees have been adjusted to reflect the actual enrollment fees collected through December 2016, resulting in a slight increase for FY 2016-17 and FY 2017-18 over the prior estimate. There is no change between FY 2016-17 and FY 2017-18.

Methodology:

1. Based on actual enrollment fees of \$396,905 collected in Fiscal Year (FY) 2015-16, and \$242,923 collected through December of FY 2016-17, base fee collections are estimated to be approximately \$426,600 for FY 2016-17 and FY 2017-18.

FY 2016-17: $$(396,905 + 242,923) \div 18 \times 12 = \$426,552$ (\$426,600 GF)

FY 2017-18: $$(396,905 + 242,923) \div 18 \times 12 = \$426,552$ (\$426,600 GF)

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$30,000	\$28,000
- GENERAL FUND	\$30,000	\$28,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$30,000	\$28,000
- GENERAL FUND	\$30,000	\$28,000

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:

There is no change from the prior estimate for FY 2016-17. The change from the prior estimate, for FY 2017-18, is an increase due to updated projected ACLs and updated average costs per ACLs. The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to updated projected ACLs and updated average costs per ACLs.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2016-17	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	38,629	\$ 0.55	\$ 21,000
Online ACLs	44,003	\$ 0.16	\$ 7,000
Total FY 2016-17			\$ 28,000

FY 2017-18	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	38,998	\$ 0.47	\$ 18,000
Online ACLs	44,423	\$ 0.17	\$ 8,000
Total FY 2017-18			\$ 26,000

2. The estimated dental FI administrative costs are:

FY 2016-17	Estimated Claims	Rates	Estimated Expenditure
ACLs	92	\$ 2.94	\$ 1,000
SARs	16	\$ 11.85	\$ 1,000
Total FY 2016-17			\$ 2,000

FY 2017-18	Estimated Claims	Rates	Estimated Expenditure
ACLs	92	\$ 2.99	\$ 1,000
SARs	16	\$ 12.14	\$ 1,000
Total FY 2017-18			\$ 2,000

Type	FY 2016-17	FY 2017-18
Medical	\$ 28,000	\$ 26,000
Dental	\$ 2,000	\$ 2,000
Total	\$ 30,000	\$ 28,000

Funding:

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$36,000,000	-\$16,000,000
	- REBATE SPECIAL FUND	\$36,000,000	\$16,000,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$36,000,000	-\$16,000,000
	- REBATE SPECIAL FUND	\$36,000,000	\$16,000,000

Purpose:

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

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

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:

There is no change from the prior estimate for FY 2016-17. There is no change from the prior estimate for FY 2017-18. The change from FY 2016-17 to FY 2017-18, in the current estimate, is due to the reflection of recent rebate experience.

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 \$36,000,000 in FY 2016-17 and \$16,000,000 in FY 2017-18 for GHPP rebates.

Funding:

Children's Medical Services Rebate Fund (4260-601-3079)
100% GF (4260-101-0001)

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 12/2009
ANALYST: Melissa Weathers

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$38,000	\$63,000
- GENERAL FUND	\$38,000	\$63,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$38,000	\$63,000
- GENERAL FUND	\$38,000	\$63,000

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:

The reason for change from the prior estimate, for FY 2016-17 and FY 2017-18, is due there being five clients that the Department currently pays premiums for instead of four, and the addition of two new clients (one Cystic Fibrosis and one Hemophilia) for an estimated seven member months in FY 2016-17 and 43 member months in FY 2017-18. The change between FY 2016-17 and FY 2017-18 is due to two additional clients (an estimated 19 member months) anticipated to enroll in FY 2017-18.

Methodology:

1. Assume the premium costs are \$1,100 per hemophilia enrollee, \$890 per sickle cell enrollee, and \$280 per cystic fibrosis enrollee per month based on current enrollment.
2. As of January 2017, five clients participate in the program. The total member months for current clients are shown below.

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	12	12
Cystic Fibrosis	36	36
Sickle Cell	12	12

3. Assume two new clients will enroll in FY 2016-17. The estimated member months for additional clients is shown below.

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	2	12
Cystic Fibrosis	5	12

4. Assume two new clients will enroll in FY 2017-18. The estimated member months for additional clients is shown below.

	Member Months	
	FY 2017-18	
Hemophilia	8	
Cystic Fibrosis	11	

5. Total Member Months:

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	14	32
Cystic Fibrosis	41	59
Sickle Cell	12	12
Total	67	103

6. Projected Premium Payments (Rounded):

	FY 2016-17	FY 2017-18
Total Funds	\$ 38,000	\$ 63,000
General Funds	\$ 38,000	\$ 63,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 12/2009
ANALYST: Melissa Weathers

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	-\$464,000	-\$1,156,000
	- GENERAL FUND	-\$464,000	-\$1,156,000
PAYMENT LAG		0.9616	0.9825
% REFLECTED IN BASE		88.35%	38.46%
APPLIED TO BASE	- TOTAL FUNDS	-\$52,000	-\$699,000
	- GENERAL FUND	-\$52,000	-\$699,000

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:

The reason for change from the prior estimate, for FY 2016-17 and FY 2017-18, is due there being five clients currently participating for instead of four, and the addition of two new clients (one Cystic Fibrosis and one Hemophilia) for an estimated seven member months in FY 2016-17 and 43 member months in FY 2017-18. The change between FY 2016-17 and FY 2017-18 is due to two additional clients (an estimated 19 member months) anticipated to enroll in FY 2017-18.

Methodology:

1. As of January 2017, five clients participate in the program. The total member months for current clients are shown below.

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	12	12
Cystic Fibrosis	36	36
Sickle Cell	12	12

2. Assume two new clients will enroll in FY 2016-17. The estimated member months for additional clients is shown below.

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	2	12
Cystic Fibrosis	5	12

3. Assume two new clients will enroll in FY 2017-18. The estimated member months for additional clients is shown below.

	Member Months	
		FY 2017-18
Hemophilia		8
Cystic Fibrosis		11

4. Total Member Months:

	Member Months	
	FY 2016-17	FY 2017-18
Hemophilia	14	32
Cystic Fibrosis	41	59
Sickle Cell	12	12
Total	67	103

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the May 2017 Family Health Estimate:

	FY 2016-17	FY 2017-18
Hemophilia	\$ 305,500	\$ 346,100
Cystic Fibrosis	\$ 30,300	\$ 30,600
Sickle Cell	\$ 3,900	\$ 3,900

6. Projected Savings (Rounded):

	FY 2016-17	FY 2017-18
Total Funds	\$ 464,000	\$ 1,156,000
General Funds	\$ 464,000	\$ 1,156,000

Funding:

100% GF (4260-111-0001)

NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS - GHPP

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2015
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,596,000	\$15,822,000
	- GENERAL FUND	\$11,596,000	\$15,822,000
PAYMENT LAG		0.9670	1.0000
% REFLECTED IN BASE		80.50%	54.80%
APPLIED TO BASE	- TOTAL FUNDS	\$2,186,600	\$7,151,500
	- GENERAL FUND	\$2,186,600	\$7,151,500

Purpose:

This policy change estimates the cost of high cost treatments for specific medical conditions of certain Genetically Handicapped Persons Program (GHPP) beneficiaries.

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

The Genetically Handicapped Persons Program (GHPP) provides medically necessary services and administrative case management for individuals 21 years of age and over with a GHPP-eligible condition and that do not qualify for full scope Medi-Cal. This policy change budgets new high cost services and treatments recently approved by the U.S. Food and Drug Administration (FDA) separately until the costs of these services are fully incorporated into the rates.

Recently approved FDA treatments and services are:

Orkambi: A two-drug therapy combining the drugs ivacaftor with lumacaftor in a single pill designed to address chloride channel abnormalities in cystic fibrosis (CF) patients.

Reason for Change:

The change from the prior estimate, for FY 2016-17, is a decrease due to a lower than anticipated number of GHPP recipients receiving Orkambi. The change from the prior estimate, for FY 2017-18, is a decrease due to a lower than anticipated number of GHPP recipients receiving Orkambi. The change from FY 2016-17 to FY 2017-18, in the current estimate, is an increase due to updated actuals and a projected phase-in of eligibles through June 30, 2017.

Methodology:

1. The cost of Orkambi for FY 2015-16 was \$224,000 per beneficiary per year.
2. Based on actuals, assume a 5% increase in Orkambi costs per beneficiary per year.
FY 2016-17: $\$224,000 + 5\% = \$235,000$
FY 2017-18: $\$235,000 + 5\% = \$247,000$
3. Assume a 24-month phase-in of eligible beneficiaries beginning July 1, 2015.
4. Assume 64 GHPP beneficiaries will be prescribed Orkambi by the end of FY 2016-17.
5. The cost of Orkambi for FY 2016-17 and FY 2017-18 is estimated to be:

Fiscal Year	TF	GF
FY 2016-17	\$11,596,000	\$11,596,000
FY 2017-18	\$15,822,000	\$15,822,000

Funding:

100% General Fund (4260-111-0001)

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,770	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	1,808	925	883	\$ 34,674,750
2	1,811	942	869	31,442,362
3	1,848	953	895	26,467,738
4	1,874	958	916	29,451,404
2015-16	1,836	944	892	\$ 122,037,000
1	1,909	970	939	\$ 32,219,544
2	1,922	986	936	28,800,301
3	1,940	993	947	30,780,967
4	1,946	1,000	946	34,399,680
2016-17	1,930	988	942	\$ 126,200,000
1	1,955	1,006	949	\$ 34,941,828
2	1,961	1,012	949	35,483,979
3	1,970	1,019	951	36,026,130
4	1,977	1,025	952	36,568,281
2017-18	1,967	1,016	951	\$ 143,021,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 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	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	640	295	345	\$ 32,983,050
2	646	302	344	29,368,119
3	658	304	354	24,561,594
4	671	304	367	26,507,759
2015-16	654	301	353	\$ 113,421,000
1	678	306	372	\$ 29,643,757
2	689	316	373	26,202,574
3	699	318	381	27,727,159
4	701	320	381	31,608,279
2016-17	692	315	377	\$ 115,182,000
1	703	322	381	\$ 32,150,427
2	705	324	381	32,692,578
3	707	326	381	33,234,729
4	709	328	381	33,776,880
2017-18	706	325	381	\$ 131,855,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 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	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	540	212	328	\$ 1,396,325
2	538	215	323	1,883,101
3	549	218	331	1,766,800
4	558	218	340	2,842,069
2015-16	547	216	331	\$ 7,888,000
1	564	221	343	\$ 2,430,406
2	558	223	335	2,360,433
3	561	227	334	2,841,661
4	563	228	335	2,590,425
2016-17	562	225	337	\$ 10,223,000
1	565	228	337	\$ 2,590,425
2	566	228	338	2,590,425
3	568	229	339	2,590,425
4	570	229	341	2,590,425
2017-18	568	229	339	\$ 10,362,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 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	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	329	230	99	\$ 279,666
2	332	237	95	134,498
3	338	240	98	102,792
4	338	241	97	92,891
2015-16	334	237	97	\$ 610,000
1	346	246	100	\$ 72,367
2	349	249	100	119,945
3	351	248	103	96,065
4	353	251	102	93,762
2016-17	349	248	101	\$ 382,000
1	355	253	102	\$ 93,762
2	357	255	102	93,762
3	359	257	102	93,762
4	361	259	102	93,762
2017-18	358	256	102	\$ 375,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 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	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	165	95	70	\$ 580
2	163	94	69	879
3	166	94	72	1,265
4	168	95	73	1,901
2015-16	165	94	71	\$ 5,000
1	171	95	76	\$ 23,495
2	172	96	76	51,760
3	171	95	76	57,697
4	171	95	76	54,261
2016-17	172	96	76	\$ 187,000
1	172	96	76	\$ 54,261
2	172	96	76	54,261
3	172	96	76	54,261
4	172	96	76	54,261
2017-18	172	96	76	\$ 217,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 reflects projected base estimate values.

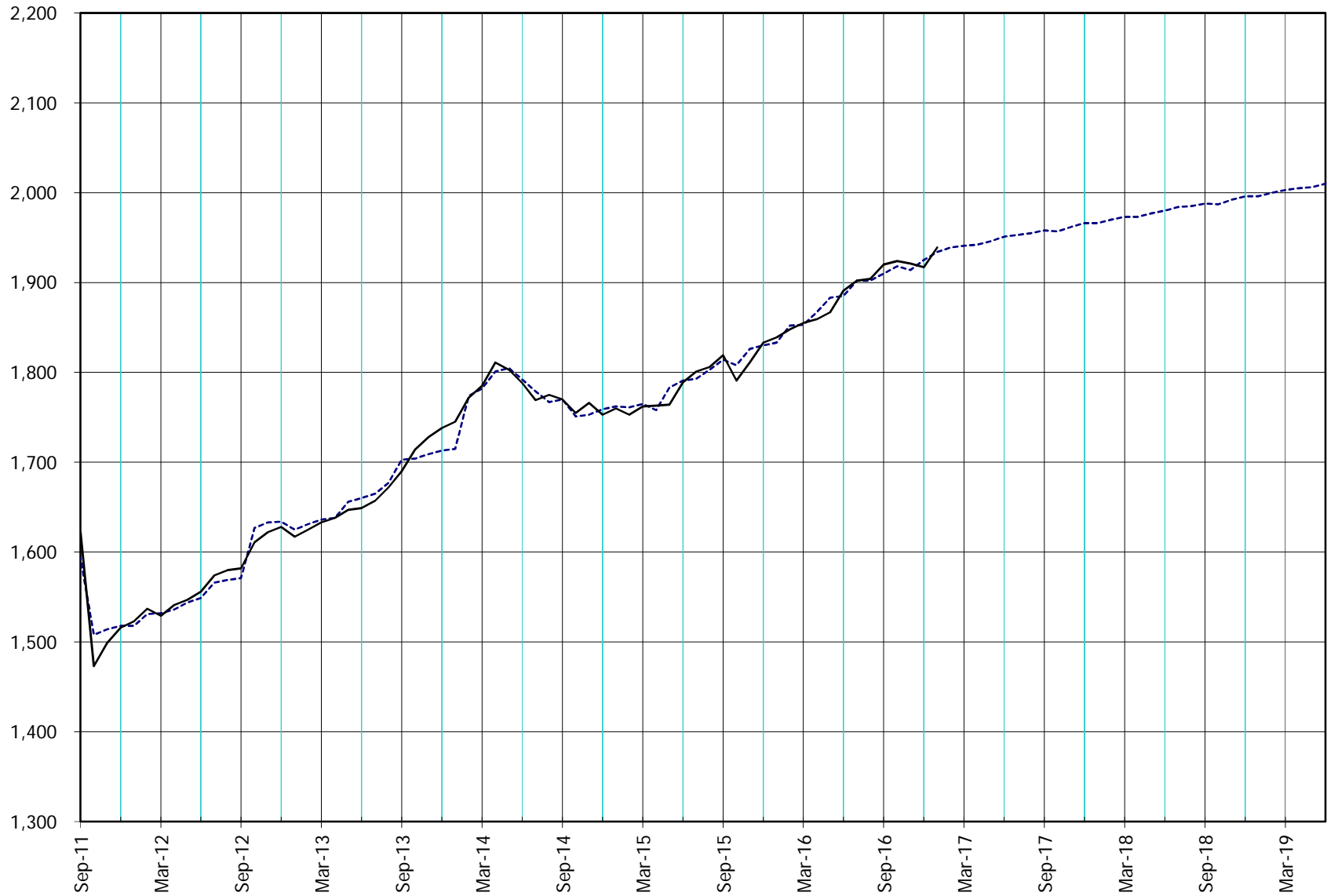
GHPP Trend Report
(Includes Actuals & Projected Base Values)

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	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	134	93	41	\$ 15,129
2	132	94	38	55,765
3	137	97	40	35,287
4	139	100	39	6,784
2015-16	136	96	40	\$ 113,000
1	150	102	48	\$ 49,519
2	154	102	52	65,589
3	158	105	53	58,385
4	158	106	52	52,953
2016-17	155	104	51	\$ 226,000
1	160	107	53	\$ 52,953
2	161	109	52	52,953
3	164	111	53	52,953
4	165	113	52	52,953
2017-18	163	110	53	\$ 212,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2016-17 reflects actuals and projected base estimate values.
 3) FY 2017-18 reflects projected base estimate values.

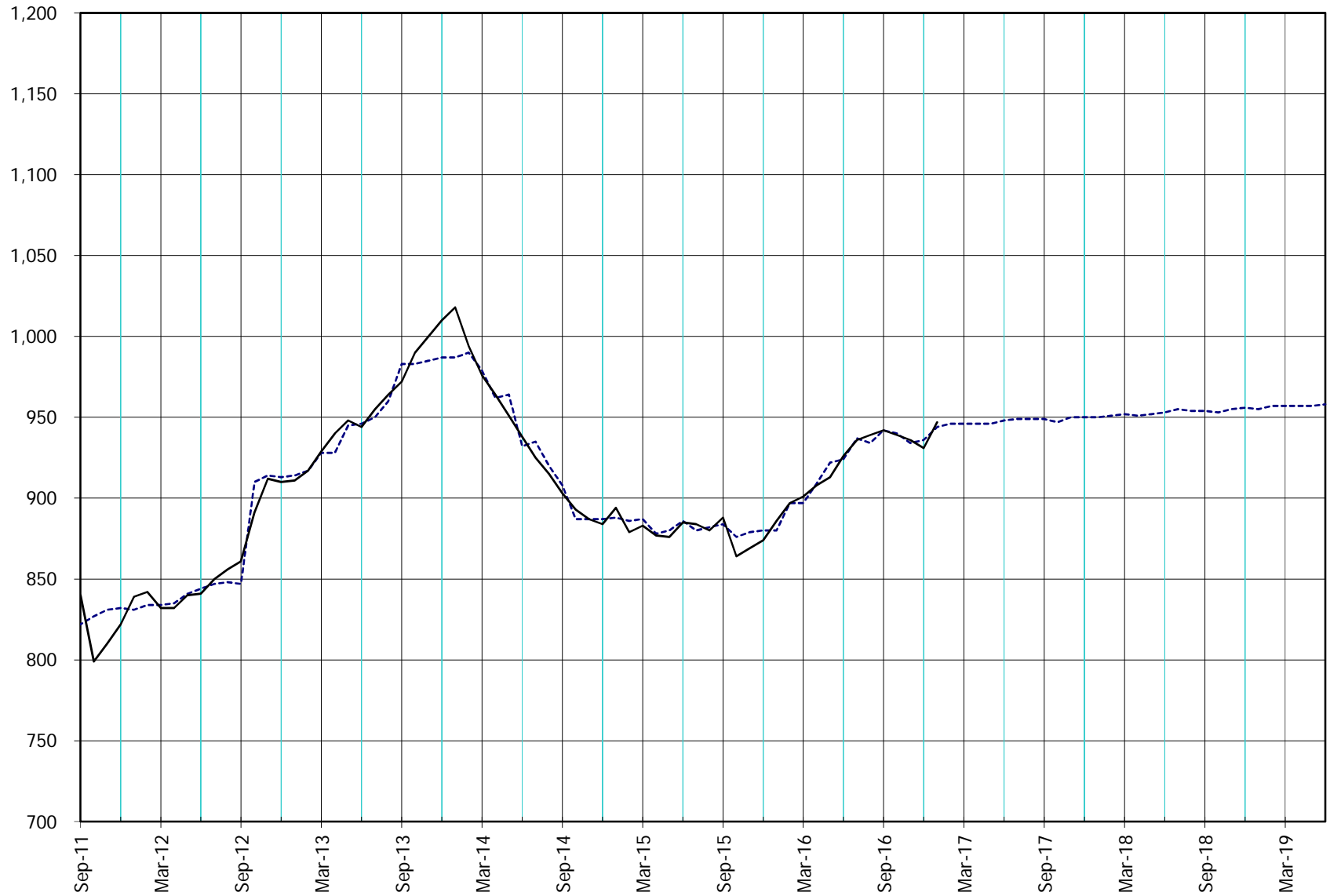
GHPP Total Eligibles

Estimated
Actuals



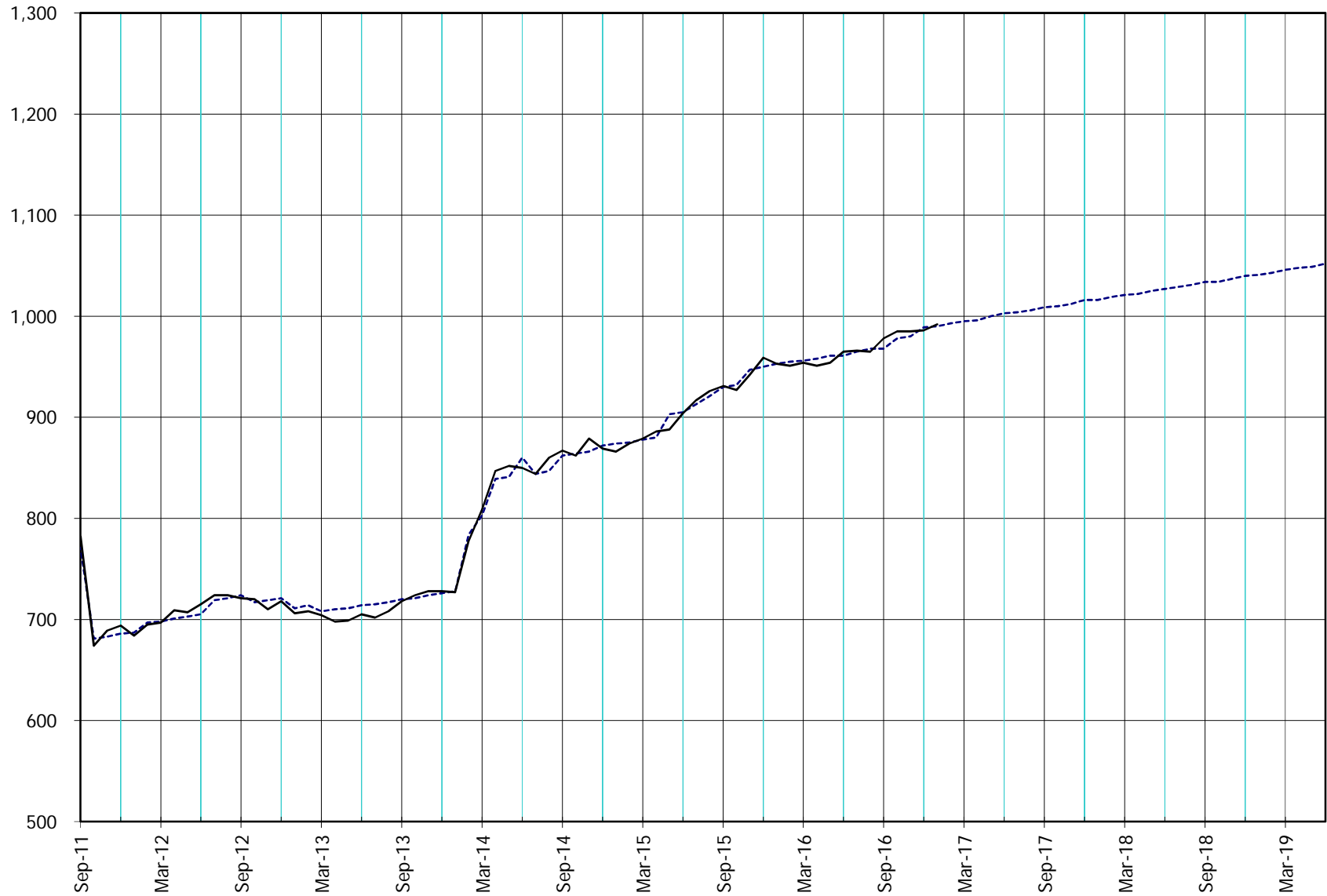
GHPP State Eligibles

Estimated
Actuals



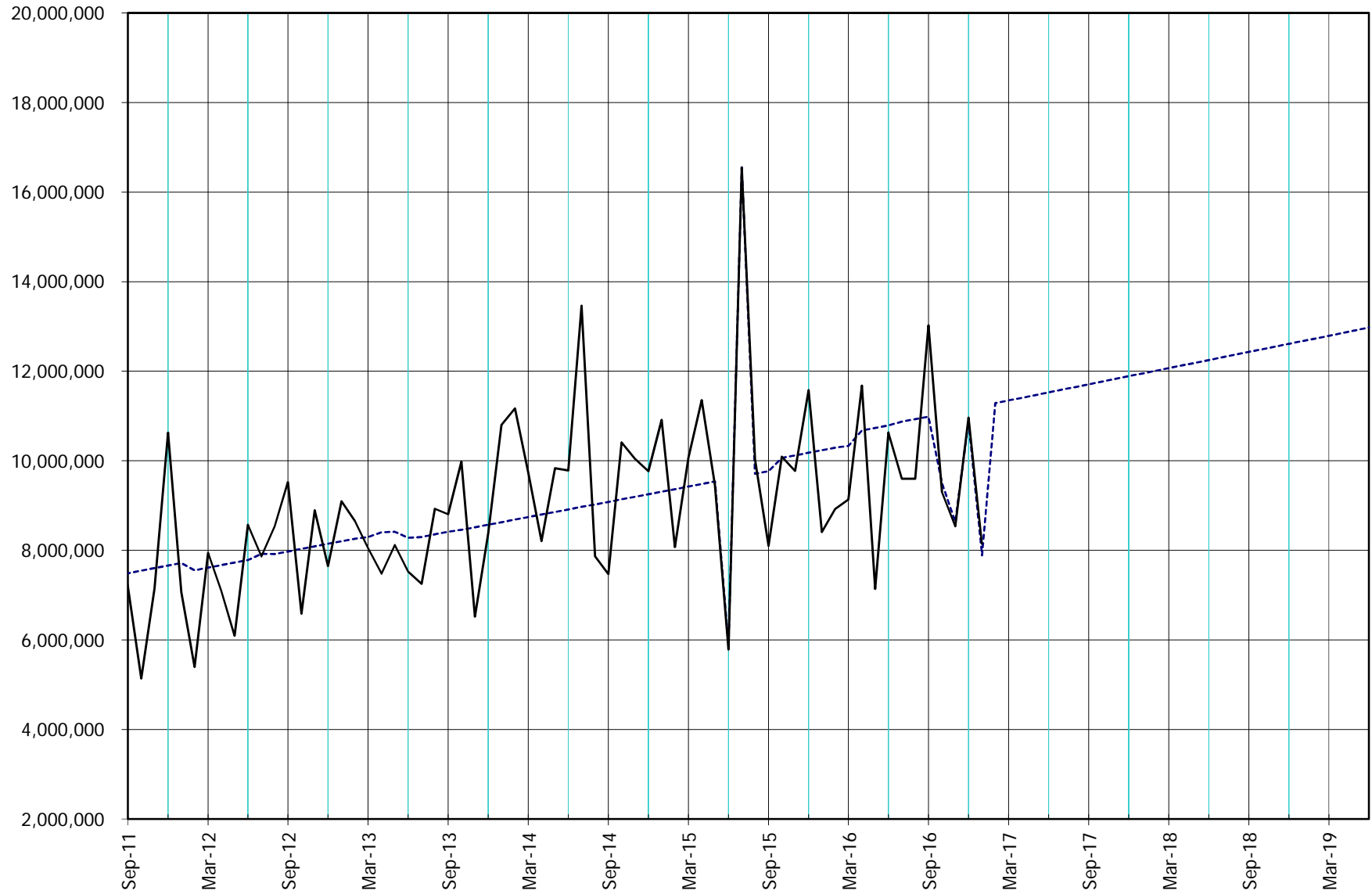
GHPP Medi-Cal Eligibles

Estimated
Actuals



GHPP State-Only Monthly Expenditures

Estimated
Actuals



EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2016-17, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2016-17</u>	Difference <u>Incr./(Decr.)</u>
Caseload:	161,000	161,000	0
Net Dollars:			
4260-111-0001 (General Fund)	\$1,190,000	\$857,000	(\$333,000)
4260-114-0001 (General Fund)	\$0	\$0	\$0
4260-114-0236 (Prop 99)	\$16,171,000	\$16,171,000	\$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>\$29,782,000</u>	<u>\$29,449,000</u>	<u>(\$333,000)</u>

FY 2017-18, May 2017 Estimate Compared to November 2016 Estimate

	Nov. 2016 Est. <u>FY 2017-18</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
Caseload:	25,000	24,500	(500)
Net Dollars:			
4260-111-0001 (General Fund)	\$0	\$0	\$0
4260-114-0001 (General Fund)	\$0	\$87,000	\$87,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$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>\$26,936,000</u>	<u>\$27,023,000</u>	<u>\$87,000</u>

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18

	May 2017 Est. <u>FY 2016-17</u>	May 2017 Est. <u>FY 2017-18</u>	Difference <u>Incr./(Decr.)</u>
Caseload:	161,000	24,500	(136,500)
Net Dollars:			
4260-111-0001 (General Fund)	\$857,000	\$0	(\$857,000)
4260-114-0001 (General Fund)	\$0	\$87,000	\$87,000
4260-114-0236 (Prop 99)	\$16,171,000	\$14,515,000	(\$1,656,000)
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
Total	<u>\$29,449,000</u>	<u>\$27,023,000</u>	<u>(\$2,426,000)</u>

EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2016-17, May 2017 Estimate Compared to Appropriation

	Appropriation FY 2016-17	May 2017 Est. FY 2016-17	Difference Incr./(Decr.)
Caseload:	161,000	161,000	0
Net Dollars:			
4260-111-0001 (General Fund)	\$0	\$857,000	\$857,000
4260-114-0001 (General Fund)	\$0	\$0	\$0
4260-114-0236 (Prop 99)	\$16,171,000	\$16,171,000	\$0
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
Total	\$28,592,000	\$29,449,000	\$857,000

May 2017 Estimate, FY 2017-18 Compared to FY 2016-17 Appropriation

	Appropriation FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
Caseload:²	161,000	24,500	(136,500)
Net Dollars:			
4260-111-0001 (General Fund)	\$0	\$0	\$0
4260-114-0001 (General Fund)	\$0	\$87,000	\$87,000
4260-114-0236 (Prop 99)	\$16,171,000	\$14,515,000	(\$1,656,000)
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,509,000	\$4,509,000	\$0
Total	\$28,592,000	\$27,023,000	(\$1,569,000)

² The May 2017 caseload estimate is based on updated data through February 2017.

The FY 2017-18 caseload accounts for a change in methodology that now identifies average monthly unduplicated caseload by date of payment on a cash basis, which excludes the impact of adjustment claims. Absent the methodology change, there is no decrease in caseload in FY 2017-18.

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2016-17

May 2017 Estimate Compared to November 2016 Estimate, Total Funds

	Nov. 2016 Est.	May 2017 Est.	Difference
	<u>FY 2016-17</u>	<u>FY 2016-17</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 25,650,000	\$ 25,278,000	\$ (372,000)
2. Policy Changes	\$ 3,373,000	\$ 3,401,800	\$ 28,800
	-----	-----	-----
Total for Services	\$ 29,023,000	\$ 28,679,800	\$ (343,200)
Fiscal Intermediary	\$ 759,000	\$ 769,000	\$ 10,000
	-----	-----	-----
Total EWC Program	\$ 29,782,000	\$ 29,448,800	\$ (333,200)

May 2017 Estimate Compared to November 2016 Estimate, General Fund

	Nov. 2016 Est.	May 2017 Est.	Difference
	<u>FY 2016-17</u>	<u>FY 2016-17</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 25,650,000	\$ 25,278,000	\$ (372,000)
2. Policy Changes	\$ (25,219,000)	\$ (25,190,200)	\$ 28,800
	-----	-----	-----
Total for Services	\$ 431,000	\$ 87,800	\$ (343,200)
Fiscal Intermediary	\$ 759,000	\$ 769,000	\$ 10,000
	-----	-----	-----
Total EWC Program	\$ 1,190,000	\$ 856,800	\$ (333,200)

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2017-18

May 2017 Estimate Compared to November 2016 Estimate, Total Funds

	Nov. 2016 Est.	May 2017 Est.	Difference
	<u>FY 2017-18</u>	<u>FY 2017-18</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 22,864,000	\$ 22,731,000	\$ (133,000)
2. Policy Changes	\$ 3,373,000	\$ 3,583,500	\$ 210,500
	-----	-----	-----
Total for Services	\$ 26,237,000	\$ 26,314,500	\$ 77,500
Fiscal Intermediary	\$ 699,000	\$ 708,000	\$ 9,000
	-----	-----	-----
Total EWC Program	\$ 26,936,000	\$ 27,022,500	\$ 86,500

May 2017 Estimate Compared to November 2016 Estimate, General Funds

	Nov. 2016 Est.	May 2017 Est.	Difference
	<u>FY 2017-18</u>	<u>FY 2017-18</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 22,864,000	\$ 22,731,000	\$ (133,000)
2. Policy Changes	\$ (23,563,000)	\$ (23,352,500)	\$ 210,500
	-----	-----	-----
Total for Services	\$ (699,000)	\$ (621,500)	\$ 77,500
Fiscal Intermediary	\$ 699,000	\$ 708,000	\$ 9,000
	-----	-----	-----
Total EWC Program	\$ 0	\$ 86,500	\$ 86,500

Notes:

- 1) FY 2016-17 projections are based on an accrual basis.
- 2) FY 2017-18 projections are based on cash basis.

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

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, Total Funds

	May 2017 Est. FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 25,278,000	\$ 22,731,000	\$ (2,547,000)
2. Policy Changes	\$ 3,401,800	\$ 3,583,500	\$ 181,700
	-----	-----	-----
Total for Services	\$ 28,679,800	\$ 26,314,500	\$ (2,365,300)
Fiscal Intermediary	\$ 769,000	\$ 708,000	\$ (61,000)
	-----	-----	-----
Total EWC Program	\$ 29,448,800	\$ 27,022,500	\$ (2,426,300)

May 2017 Estimate, FY 2016-17 Compared to FY 2017-18, General Fund

	May 2017 Est. FY 2016-17	May 2017 Est. FY 2017-18	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 25,278,000	\$ 22,731,000	\$ (2,547,000)
2. Policy Changes	\$ (25,190,200)	\$ (23,352,500)	\$ 1,837,700
	-----	-----	-----
Total for Services	\$ 87,800	\$ (621,500)	\$ (709,300)
Fiscal Intermediary	\$ 769,000	\$ 708,000	\$ (61,000)
	-----	-----	-----
Total EWC Program	\$ 856,800	\$ 86,500	\$ (770,300)

Notes:

- 1) FY 2016-17 projections are based on an accrual basis.
- 2) FY 2017-18 projections are based on cash basis.

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

Fiscal Year 2016-17, Comparison of May 2017 and November 2016 Estimates								
<u>POLICY CHG.</u>		<u>NO. DESCRIPTION</u>	<u>NOVEMBER 2016 ESTIMATE</u>		<u>MAY 2017 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</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 - EWC	\$759,000	\$759,000	\$769,000	\$769,000	\$10,000	\$10,000
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	CENTERS 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	AB 1795 ELIGIBILITY EXPANSION	\$0	\$0	\$28,800	\$28,800	\$28,800	\$28,800
EWC TOTAL			\$4,132,000	-\$377,000	\$4,170,800	-\$338,200	\$38,800	\$38,800

Fiscal Year 2017-18, Comparison of May 2017 and November 2016 Estimates								
<u>POLICY CHG.</u>		<u>NO. DESCRIPTION</u>	<u>NOVEMBER 2016 ESTIMATE</u>		<u>MAY 2017 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</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 - EWC	\$699,000	\$699,000	\$708,000	\$708,000	\$9,000	\$9,000
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	CENTERS 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	AB 1795 ELIGIBILITY EXPANSION	\$0	\$0	\$210,500	\$210,500	\$210,500	\$210,500
EWC TOTAL			\$4,072,000	-\$437,000	\$4,291,500	-\$217,500	\$219,500	\$219,500

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

Notes:

- 1) FY 2016-17 projections are based on an accrual basis.
- 2) FY 2017-18 projections are based on cash basis.

FISCAL INTERMEDIARY EXPENDITURES - EWC

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$769,000	\$708,000
	- GENERAL FUND	\$769,000	\$708,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$769,000	\$708,000
	- GENERAL FUND	\$769,000	\$708,000

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:

The change from the prior estimate, for FY 2016-17, is an increase due to an increase in the average cost per ACL. The change from the prior estimate, for FY 2017-18, is an increase due to an increase in the average cost per ACL. The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to a decrease in the projected ACLs and average cost per ACL.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2016-17	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	489,484	\$0.55	\$269,216
Total			\$269,216

FY 2017-18	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	443,234	\$0.47	\$208,320
Total			\$208,320

2. For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

	FY 2016-17	FY 2017-18
Processing Costs	\$269,000	\$208,000
SDNs	\$500,000	\$500,000
Total	\$769,000	\$708,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$16,171,000	-\$14,515,000
	- PROP 99 FUND	\$16,171,000	\$14,515,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$16,171,000	-\$14,515,000
	- PROP 99 FUND	\$16,171,000	\$14,515,000

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.

For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.

There is no change from the prior estimate for FY 2017-18.

The change from FY 2016-17 to FY 2017-18, in the current estimate, is a decrease due to a lower projection for FY 2017-18 as a result of transitioning from accrual to cash basis.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$16,171,000 in FY 2016-17 and \$14,515,000 in FY 2017-18.
3. For FY 2016-17, the CTPS/Proposition 99 funds are budgeted on an accrual basis. FY 2017-18 funds are budgeted on cash 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: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</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 partially 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.

For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.

There is no change from the prior estimate for FY 2017-18.

There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. The EWC program will receive \$7,912,000 of BCCA funds in FY 2016-17 and FY 2017-18.
2. Funds received for FY 2016-17 are budgeted on an accrual basis.
3. Funds received for FY 2017-18 is budgeted on a cash basis.

Funding:

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

CENTERS FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</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 Centers 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 for the Every Woman Counts (EWC) program. 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 outreach and screening,
- Education on preventive benefits, and
- Assuring high quality clinical services.

The CDC has released a new funding opportunity announcement for the NBCCEDP for the period of June 30, 2017 through June 20, 2022. For FY 2017-18, the CDC funding available for this grant will be reduced by 40.8 million dollars nationally. The EWC program has submitted an application for this new funding. The current CDC grant ends June 29, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.

There is no change from the prior estimate for FY 2017-18.

There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2012 through June 29, 2017. The total grant amount is \$10,711,395 for FY 2016-17 and FY 2017-18.
2. The Department has applied for the CDC grant in 2017 for an additional five year contract. Assume the contract will be renewed effective June 30, 2017.
3. The Department receives 71.13% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 28.87%.

	FY 2016-17	FY 2017-18
Department	\$7,619,000	\$7,619,000
CDPH	\$3,092,000	\$3,092,000
Total CDC Grant Amount	\$10,711,000	\$10,711,000

3. The Department will allocate 59.18% of the grant to local assistance and 40.82% to the support budget.

	FY 2016-17	FY 2017-18
Local Assistance	\$4,509,000	\$4,509,000
Support	\$3,110,000	\$3,110,000
NBCCEDP Grant for EWC	\$7,619,000	\$7,619,000

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: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</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.

For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.
 There is no change from the prior estimate for FY 2017-18.
 There is no change from FY 2016-17 to FY 2017-18 in the current 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 2016-17	FY 2017-18
AVRS	\$11,000	\$11,000
OPL system	\$5,000	\$5,000
Total	\$16,000	\$16,000

3. FY 2016-17 costs are based on an accrual basis.
4. FY 2017-18 costs are based on cash basis.

Funding:

100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2012
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</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 Woman Counts (EWC) program's Regional Contractor costs.

Authority:

Health & Safety Code 104150(c)
 Revenue & Taxation Code 30461.6
 CA Health Collaborative Contract #16-93229
 Community Health Partnership Contract #16-93232
 County of Orange Contract #16-93230
 Santa Barbara County Contract #16-93231

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 Regional Contractor 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.

For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.

There is no change from the prior estimate for FY 2017-18.

There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. The prior regional contracts began January 1, 2012 and ended on December 31, 2016.
2. All regional contracts have been renewed for an additional five years, effective January 1, 2017.
3. The contracts are funded as follows:

	FY 2016-17	FY 2017-18
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. FY 2016-17 costs are based on an accrual basis.
5. FY 2017-18 costs are based on a cash basis.

Funding:

100% General Fund (4260-114-0001)

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2012
ANALYST: Shannon Hoerner

		<u>FY 2016-17</u>	<u>FY 2017-18</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 Every Woman Counts (EWC) program's 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. These services will lead to an improvement in the quality and timeliness of cancer screening and diagnosis, therefore, reducing mortality by earlier detection.

For FY 2016-17, the EWC program is budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash basis.

Reason for Change:

There is no change from the prior estimate for FY 2016-17.

There is no change from the prior estimate for FY 2017-18.

There is no change from FY 2016-17 to FY 2017-18 in the current estimate.

Methodology:

1. The current contract began on July 1, 2013 and will end on June 30, 2018.
2. The contract expenditures are funded by both local assistance and support dollars.
3. The projected local assistance expenditures for FY 2016-17 and FY 2017-18 are \$300,000.

	FY 2016-17	FY 2017-18
Local Assistance	\$300,000	\$300,000
Support	\$543,000	\$481,000
Total	\$843,000	\$781,000

4. FY 2016-17 costs are based on an accrual basis.
5. FY 2017-18 costs are based on cash basis.

Funding:

100% General Fund (4260-114-0001)

AB 1795 ELIGIBILITY EXPANSION

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 1/2017
ANALYST: Shannon Hoerner

	<u>FY 2016-17</u>	<u>FY 2017-18</u>
FULL YEAR COST - TOTAL FUNDS	\$47,000	\$221,000
- GENERAL FUND	\$47,000	\$221,000
PAYMENT LAG	0.6119	0.9525
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$28,800	\$210,500
- GENERAL FUND	\$28,800	\$210,500

Purpose:

This policy change estimates the costs associated with Every Woman Counts (EWC) expanding the scope of eligibility for breast cancer screening and diagnostic services to symptomatic individuals of any age.

Authority:

Health & Safety Code 104150(b)(2)

Interdependent Policy Changes:

Not Applicable

Background:

The EWC program helps low-income, uninsured, and underinsured women, of a specific age or older, gain access to breast and cervical cancer diagnostic services. AB 1795 (Chapter 608, Statutes of 2016) amended Section 104150(b)(2) of the Health & Safety Code to expand eligibility for breast cancer screening and diagnostic services to symptomatic individuals of any age.

Reason for Change:

This is a new policy change.

Methodology:

1. Effective January 1, 2017, EWC began providing screening and diagnostic services to symptomatic individuals of any age.
2. Based on actuals, assume there will be 300 newly eligible beneficiaries added in FY 2016-17 and 1,400 newly eligible beneficiaries added in FY 2017-18.

3. Assume the average cost per case for individuals who receive diagnostic services is \$158 per year.

FY 2016-17: $300 \times \$158 = \$47,000$ GF (rounded)

FY 2017-18: $1,400 \times \$158 = \$221,000$ GF (rounded)

Funding:

100% GF (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 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				\$5,702,040
Oct-Dec 2015				\$5,944,680
Jan-Mar 2016				\$6,187,320
April -June 2016				\$6,429,960
FY 2015-16	161,000		161,000	\$24,264,000
July-Sept 2016				\$5,940,330 **
Oct-Dec 2016				\$6,193,110 **
Jan-Mar 2017				\$6,445,890 **
April -June 2017				\$6,698,670 **
FY 2016-17			161,000 **	\$25,278,000
July-Sept 2017				\$5,341,785 **
Oct-Dec 2017				\$5,569,095 **
Jan-Mar 2018				\$5,796,405 **
April -June 2018				\$6,023,715 **
FY 2017-18			24,500 **	\$22,731,000

Notes:

- 1) Expenditures up to FY 2016-17 are based on an accrual basis.
- 2) Expenditures for FY 2017-18 is estimated on a cash basis.
- 3) The FY 2017-18 caseload accounts for a change in methodology that now identifies average monthly unduplicated caseload by date of payment on a cash basis, which excludes the impact of adjustment claims. Absent the methodology change, there is no decrease in caseload in FY 2017-18.

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
May 2017
FISCAL YEARS 2016-17 & 2017-18

INTRODUCTION

The Family Health Local Assistance Estimate 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. Starting October 2015, Title XXI FFP increased to 88%, reducing

the CF/GF split to 6% apiece. 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 ended 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.

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

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 individuals residing in the State of California with income at or below 200% of the federal poverty level. Breast Cancer screening is available for individuals age 40 and older, as well as, symptomatic individuals regardless of age. Cervical Cancer screening is available for individuals age 21 and older.

EWC covered benefits and categories of service include office visits, screening, diagnostic mammograms, and 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.

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.

For FY 2016-17, EWC benefit and administrative costs are budgeted on an accrual basis. Effective July 1, 2017, the EWC program will be budgeted on a cash 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:

$$\begin{aligned} \text{CASES} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{EXPENDITURES} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{TREATMENT \$} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{MTU \$} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \end{aligned}$$

Where:

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

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

The most recent three years of actual EWC caseload and expenditure data are used in the regression equations for the base 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**

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.

2. Adrenoleukodystrophy (ALD) as a CCS Eligible Condition

AB 1559, statutes of 2014, requires that statewide newborn screening be expanded to include Adrenoleukodystrophy (ALD), now that ALD has been adopted by the federal Recommended Uniform Screening Panel (RUSP). 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.

Additional clinical protocols to test mothers, as well as older siblings, of newborns identified with the ALD mutation are currently in development. These clinical protocols will identify a small but unknown number of additional children and adults needing a varying degree of medical management and genetic counseling. Costs for these additional protocols are unknown at this time.

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, Statutes 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 bill requires the Department to collect a minimum of 7,500 Pink Ribbon license plate pre-order applications and fees within a 12-month period in order for the DMV to manufacture the license plates. If the minimum number of license plate pre-orders is not met, the fees would either be refunded or the collection date would be extended for another 12 months.

The Department began accepting the pre-orders on September 4, 2015 and the deadline to reach the minimum number of orders was July 20, 2016. On July 15, 2016, the DMV granted the Department's request to extend the collection date for another 12 months or

July 21, 2017. To comply with Vehicle Code 5156(b)(2), the Department sent out an e-mail on August 24, 2016, to all consumers, who pre-ordered the California Pink Ribbon License Plate, notifying them of the new pre-order deadline of July 21, 2017, and reminding consumers of their option to cancel their pre-orders.

As of December 2016, the Department has received 5,147 pre-paid license plate orders. Once the minimum number of orders are reached, DMV will begin to manufacture the California Pink Ribbon License Plate, and revenue generated by license plate sales will go into the Breast Cancer Control Account (BCCA), which will continue to support breast cancer awareness and breast cancer early detection efforts that include outreach, education, screening, diagnostic services, and treatment referral for California women.

2. Correction of Denied Provider Claims

The Every Woman Count (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate medical claims. EWC and the FI are working on system and policy related issues that resulted in denied provider claims. Approximately six Problem Statements (PS) have been recorded for claim denials that range from office visit to various screenings and services. These PS impact EWC providers who provided breast and cervical cancer screening and diagnostic services for EWC women only. The FI has determined that system changes are required to correctly adjudicate claims. System changes are costly and can take from 90 days to up one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to adjudicate denied claims. These system changes and EPCs will impact EWC's funding. At this time, the number of affected providers, claims and cost for the system changes are indeterminate.

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

PC 11 Undocumented Children Full Scope Expansion

CHDP

GHPP

EWC

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

CHDP

GHPP

EWC

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

CHDP

GHPP

EWC