

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



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

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

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



EDMUND G. BROWN JR.
Governor
State of California

Diana Dooley
Secretary
California Health and Human Services Agency

Toby Douglas
Director
Department of Health Care Services

**Family Health Estimate
Management Summary
November 2013 Estimate**

Fiscal Year 2013-14

The November 2013 Family Health Estimate shows a 2013-14 General Fund (GF) surplus of \$6.07 million compared to the FY 2013-14 Budget Appropriation, as explained below (dollars in millions):

2013-14 Budget Appropriation	\$55.60
November 2013 Estimate	<u>\$49.53</u>
GF Change	-\$6.07

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

4260-111-0001	
California Children's Services (CCS)	\$.86
Child Health and Disability Prevention Program (CHDP)	-\$0.01
Genetically Handicapped Persons Program (GHPP)	<u>-\$6.99</u>
GF Change	-\$6.15
4260-114-0001	
Every Woman Counts Program (EWC)	<u>\$.08</u>
GF Change	\$.08

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

CCS

1. Reductions in the Treatment and Therapy Base

The Inpatient Reimbursement methodology change of reimbursing contract hospitals a Medi-Cal interim rate to the Medi-Cal rate has been incorporated into the CCS Treatment Base expenditures. The Inpatient Reimbursement change was a policy change in the May 2013 Medi-Cal Estimate. Base expenditures have also been lower than previously estimated. The November 2013 estimate assumes expenditures will continue at a lower level.

2. Delayed Healthy Families Transition to Medi-Cal

The final phase in the Healthy Families Transition to Medi-Cal was delayed from September 2013 to November 2013. An additional two months of expenditures due to the delay is reflected in the November 2013 Estimate.

GHPP

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

The Appropriation included a one-time funding incorporating the balance of the Special Rebate Funds and an additional \$8 million to be collected in FY 2013-14. The November 2013 estimates that \$5.18 million of the rebates will not be received in time to offset the expenditures of the GHPP program.

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

Restitution of \$10.4 million GF was received from the USA v. Bio-Med lawsuit.

EWC

1. Every Woman Counts Program

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

EWC base costs are expected to slightly grow, by \$0.01 million. Beginning with 2013-14, the EWC estimate GF is budgeted in 4260-114-0001.

Management Summary
Fiscal Year 2013-14
Comparison of Appropriation to November Estimate

	<u>Approp Est.</u> <u>FY 2013-14</u>	<u>Nov. 13 Est.</u> <u>FY 2013-14</u>	<u>Chg Approp -</u> <u>Nov. 2013 Est.</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 11,511,000	\$ 12,371,000	\$ 860,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 83,139,000	\$ (3,620,000)
4260-111-0890 (Federal Title XXI)	\$ 15,378,000	\$ 31,194,000	\$ 15,816,000
County Funds ¹	\$ 101,099,000	\$ 95,487,000	\$ (5,612,000)
TOTAL CCS	\$ 118,910,000	\$ 131,966,000	\$ 13,056,000
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,756,000	\$ (13,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	\$ (15,000)
TOTAL CHDP	\$ 1,795,000	\$ 1,767,000	\$ (28,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 24,339,000	\$ 17,346,000	\$ (6,993,000)
4260-601-7503 (Federal Title XIX HCSF)	\$ 43,868,000	\$ 46,719,000	\$ 2,851,000
4260-601-0995 (Enrollment Fees)	\$ 376,000	\$ 453,000	\$ 77,000
4260-601-3079 (Rebates Special Fund)	\$ 42,158,000	\$ 36,979,000	\$ (5,179,000)
TOTAL GHPP	\$ 110,741,000	\$ 101,497,000	\$ (9,244,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 17,982,000	\$ 18,059,000	\$ 77,000
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 22,081,000	\$ 0
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,644,000	\$ 0
TOTAL EWC	\$ 52,619,000	\$ 52,696,000	\$ 77,000
GRAND TOTAL - ALL FUNDS	\$ 284,065,000	\$ 287,926,000	\$ 3,861,000
4260-111-0001	\$ 37,619,000	\$ 31,473,000	\$ (6,146,000)
4260-111-0080	\$ 26,000	\$ 11,000	\$ (15,000)
4260-111-0890	\$ 15,378,000	\$ 31,194,000	\$ 15,816,000
4260-114-0001	\$ 17,982,000	\$ 18,059,000	\$ 77,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 22,081,000	\$ 22,081,000	\$ 0
4260-114-0890	\$ 4,644,000	\$ 4,644,000	\$ 0
4260-601-0995	\$ 5,638,000	\$ 5,715,000	\$ 77,000
4260-601-3079	\$ 42,158,000	\$ 36,979,000	\$ (5,179,000)
4260-601-7503	\$ 130,627,000	\$ 129,858,000	\$ (769,000)
County Funds ¹	\$ 101,099,000	\$ 95,487,000	\$ (5,612,000)

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

**Family Health Estimate
Management Summary
November 2013 Estimate**

Fiscal Year 2014-15

The Family Health Estimate shows a 2014-15 General Fund increase of \$54.29 million compared to 2013-14 as explained below (dollars in millions):

2013-14	\$49.53
2014-15	<u>\$107.06</u>
GF Change	\$54.29

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

4260-111-0001	
California Children’s Services (CCS)	\$4.64
Child Health and Disability Prevention Program (CHDP)	\$.04
Genetically Handicapped Persons Program (GHPP)	<u>\$46.26</u>
GF Change	\$50.95
4260-114-0001	
Every Woman Counts Program (EWC)	<u>\$3.34</u>
GF Change	\$3.34

The major reasons for the increase in costs in 2014-15 include the following:

CCS

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

The federalization of the GHPP program uses Certified Public Expenditures to obtain federal funds and thereby offset the General Fund. In FY 2014-15, \$11.7 million less federal funds will be claimed due to less CCS expenditures.

2. Transition of CCS HFP Children to Medi-Cal

In FY 2014-15, it is assumed all CCS – Healthy Families beneficiaries will have been transitioned to Medi-Cal. Only residual expenditures are estimated to be paid in FY 2014-15.

GHPP

1. Base: Treatment Costs

GHPP base costs are expected to increase by \$10.98 million GF over FY 2013-14 due to continued growth in expenditures.

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

The Appropriation included a one-time funding shift using the balance of the Special Rebate Funds in FY 2013-14 of \$26.98 million and provided a one-time relief in GF. It is assumed that the balance of the Special Rebate Fund will be depleted and the FY 2014-15 rebates will resume at the annual rebate level.

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

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

EWC

1. Base

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

2. Policy Change 8 – Digital Mammography

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

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

	<u>Nov. 13 Est.</u> <u>FY 2013-14</u>	<u>Nov. 13 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 12,371,000	\$ 17,014,000	\$ 4,643,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 83,139,000	\$ 71,405,000	\$ (11,734,000)
4260-111-0890 (Federal Title XXI)	\$ 31,194,000	\$ 193,000	\$ (31,001,000)
County Funds ¹	\$ 95,487,000	\$ 91,801,000	\$ (3,686,000)
TOTAL CCS	<u>\$ 131,966,000</u>	<u>\$ 93,874,000</u>	<u>\$ (38,092,000)</u>
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,756,000	\$ 1,800,000	\$ 44,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
TOTAL CHDP	<u>\$ 1,767,000</u>	<u>\$ 1,811,000</u>	<u>\$ 44,000</u>
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 17,346,000	\$ 63,609,000	\$ 46,263,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 46,719,000	\$ 48,271,000	\$ 1,552,000
4260-601-0995 (Enrollment Fees)	\$ 453,000	\$ 453,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 36,979,000	\$ 10,000,000	\$ (26,979,000)
TOTAL GHPP	<u>\$ 101,497,000</u>	<u>\$ 122,333,000</u>	<u>\$ 20,836,000</u>
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 18,059,000	\$ 21,403,000	\$ 3,344,000
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
TOTAL EWC	<u>\$ 52,696,000</u>	<u>\$ 59,142,000</u>	<u>\$ 6,446,000</u>
GRAND TOTAL - ALL FUNDS	<u>\$ 287,926,000</u>	<u>\$ 277,160,000</u>	<u>\$ (10,766,000)</u>
4260-111-0001	\$ 31,473,000	\$ 82,423,000	\$ 50,950,000
4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
4260-111-0890	\$ 31,194,000	\$ 193,000	\$ (31,001,000)
4260-114-0001	\$ 18,059,000	\$ 21,403,000	\$ 3,344,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0890	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
4260-601-0995	\$ 5,715,000	\$ 5,715,000	\$ 0
4260-601-3079	\$ 36,979,000	\$ 10,000,000	\$ (26,979,000)
4260-601-7503	\$ 129,858,000	\$ 119,676,000	\$ (10,182,000)
County Funds ¹	\$ 95,487,000	\$ 91,801,000	\$ (3,686,000)

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

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

	<u>Approp Est.</u> <u>FY 2013-14</u>	<u>Nov. 13 Est.</u> <u>FY 2014-15</u>	<u>Chg Approp -</u> <u>Nov. 2013 Est.</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 11,511,000	\$ 17,014,000	\$ 5,503,000
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 71,405,000	\$ (15,354,000)
4260-111-0890 (Federal Title XXI)	\$ 15,378,000	\$ 193,000	\$ (15,185,000)
County Funds ¹	\$ 101,099,000	\$ 91,801,000	\$ (9,298,000)
TOTAL CCS	<u>\$ 118,910,000</u>	<u>\$ 93,874,000</u>	<u>\$ (25,036,000)</u>
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,800,000	\$ 31,000
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	\$ (15,000)
TOTAL CHDP	<u>\$ 1,795,000</u>	<u>\$ 1,811,000</u>	<u>\$ 16,000</u>
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 24,339,000	\$ 63,609,000	\$ 39,270,000
4260-601-7503 (Federal Title XIX HCSF)	\$ 43,868,000	\$ 48,271,000	\$ 4,403,000
4260-601-0995 (Enrollment Fees)	\$ 376,000	\$ 453,000	\$ 77,000
4260-601-3079 (Rebates Special Fund)	\$ 42,158,000	\$ 10,000,000	\$ (32,158,000)
TOTAL GHPP	<u>\$ 110,741,000</u>	<u>\$ 122,333,000</u>	<u>\$ 11,592,000</u>
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 17,982,000	\$ 21,403,000	\$ 3,421,000
4260-114-0236 (Prop 99)	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0009 (Breast Cancer Control Account)	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
TOTAL EWC	<u>\$ 52,619,000</u>	<u>\$ 59,142,000</u>	<u>\$ 6,523,000</u>
GRAND TOTAL - ALL FUNDS	<u>\$ 284,065,000</u>	<u>\$ 277,160,000</u>	<u>\$ (6,905,000)</u>
4260-111-0001	\$ 37,619,000	\$ 82,423,000	\$ 44,804,000
4260-111-0080	\$ 26,000	\$ 11,000	\$ (15,000)
4260-111-0890	\$ 15,378,000	\$ 193,000	\$ (15,185,000)
4260-114-0001	\$ 17,982,000	\$ 21,403,000	\$ 3,421,000
4260-114-0009	\$ 7,912,000	\$ 7,912,000	\$ 0
4260-114-0236	\$ 22,081,000	\$ 25,318,000	\$ 3,237,000
4260-114-0890	\$ 4,644,000	\$ 4,509,000	\$ (135,000)
4260-601-0995	\$ 5,638,000	\$ 5,715,000	\$ 77,000
4260-601-3079	\$ 42,158,000	\$ 10,000,000	\$ (32,158,000)
4260-601-7503	\$ 130,627,000	\$ 119,676,000	\$ (10,951,000)
County Funds ¹	\$ 101,099,000	\$ 91,801,000	\$ (9,298,000)

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CALIFORNIA CHILDREN'S SERVICES
Funding Summary

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

	<u>Appropriation FY 2013-14</u>	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Difference Incr./.(Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	20,062	20,271	209
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 93,245,000	\$ 84,760,000	\$ (8,485,000)
Health Care Support Fund (4260-601-7503)	\$ (86,759,000)	\$ (83,139,000)	\$ 3,620,000
Title XIX- GF Match (4260-111-0001)	\$ 5,025,300	\$ 10,750,100	\$ 5,724,800
Total General Fund	\$ 11,511,300	\$ 12,371,100	\$ 859,800
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 86,759,000	\$ 83,139,000	\$ (3,620,000)
4260-111-0890 (Federal Title XXI)	\$ 15,377,900	\$ 31,193,900	\$ 15,816,000
Total Federal Funds	\$ 107,398,900	\$ 119,594,900	\$ 12,196,000
Total Funds	\$ 118,910,200	\$ 131,966,000	\$ 13,055,800

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

	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Nov. 2013 Est. FY 2014-15</u>	<u>Difference Incr./.(Decr.)</u>
CCS State-Only & CCS-HFP Caseload:	20,271	19,754	(517)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 84,760,000	\$ 87,654,000	\$ 2,894,000
Health Care Support Fund (4260-601-7503)	\$ (83,139,000)	\$ (71,405,000)	\$ 11,734,000
Title XIX- GF Match (4260-111-0001)	\$ 10,750,100	\$ 764,600	\$ (9,985,500)
Total General Fund	\$ 12,371,100	\$ 17,013,600	\$ 4,642,500
Federal Funds			
4260-601-0995 (CDPH Title V Reimbursement)	\$ 5,262,000	\$ 5,262,000	\$ 0
4260-601-7503 (Federal Title XIX HCSF)	\$ 83,139,000	\$ 71,405,000	\$ (11,734,000)
4260-111-0890 (Federal Title XXI)	\$ 31,193,900	\$ 193,400	\$ (31,000,500)
Total Federal Funds	\$ 119,594,900	\$ 76,860,400	\$ (42,734,500)
Total Funds	\$ 131,966,000	\$ 93,874,000	\$ (38,092,000)

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

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base	23,866,000	23,866,000	-	-	-	23,865,000
Bone Marrow Xplant 1/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 2/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	24,391,000	24,391,000	-	-	-	23,340,000
2. Therapy Costs						
Therapy Base	58,363,000	58,363,000	-	-	-	58,363,000
MTU Medi-Cal Offset 3/	(5,551,000)	(5,551,000)	-	-	-	(1,851,000)
AB3632 4/	1,416,000	1,416,000	-	-	-	(1,416,000)
Total Therapy Base	54,228,000	54,228,000	-	-	-	55,096,000
3. Enroll/Assess Fees	(91,000)	(91,000)	-	-	-	(91,000)
4. Benefits Policy Changes	(323,000)	(323,000)	-	-	-	(241,000)
5. HF Safety Net Care Pool	-	(83,139,000)	-	83,139,000	-	-
	\$ 78,205,000	\$ (4,934,000)	\$ 0	\$ 83,139,000	\$ 0	\$ 78,104,000
B. State Only Admin.						
1. County Admin.	11,336,000	6,074,000	5,262,000	-	-	11,336,000
2. Fiscal Inter.	79,000	79,000	-	-	-	-
3. FI Dental	26,000	26,000	-	-	-	-
4. CMS Net	376,000	376,000	-	-	-	-
	\$ 11,817,000	\$ 6,555,000	\$ 5,262,000	\$ 0	\$ 0	\$ 11,336,000
Total CCS State Only	\$ 90,022,000	\$ 1,621,000	\$ 5,262,000	\$ 83,139,000	\$ 0	\$ 89,440,000
C. HFP Services						
1. Treatment Base	204,705,000	49,997,000	-	-	154,708,000	33,307,000
2. Benefits Policy Changes	(163,800,000)	(39,478,000)	-	-	(124,322,000)	(27,463,000)
	\$ 40,905,000	\$ 10,519,000	\$ 0	\$ 0	\$ 30,386,000	\$ 5,844,000
D. HFP Admin.						
1. County Admin.	956,000	203,000	-	-	753,000	203,000
2. Fiscal Inter.	60,000	21,000	-	-	39,000	-
3. FI Dental	4,000	1,100	-	-	2,900	-
4. CMS Net	19,000	6,000	-	-	13,000	-
	\$ 1,039,000	\$ 231,100	\$ 0	\$ 0	\$ 807,900	\$ 203,000
Total HFP	\$ 41,944,000	\$ 10,750,100	\$ 0	\$ 0	\$ 31,193,900	\$ 6,047,000
GRAND TOTAL	\$ 131,966,000	\$ 12,371,100	\$ 5,262,000	\$ 83,139,000	\$ 31,193,900	\$ 95,487,000

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

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

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

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base	24,515,000	24,515,000	-	-	-	24,516,000
Bone Marrow Xplant 1/ Small County Adj. 2	125,000 400,000	125,000 400,000	- -	- -	- -	(125,000) (400,000)
Total Treatment Base	25,040,000	25,040,000	-	-	-	23,991,000
2. Therapy Costs						
Therapy Base	60,444,000	60,444,000	-	-	-	60,444,000
MTU Medi-Cal Offset 3/ AB3632 4	(5,551,000) 1,416,000	(5,551,000) 1,416,000	- -	- -	- -	(1,851,000) (1,416,000)
Total Therapy Base	56,309,000	56,309,000	-	-	-	57,177,000
3. Enroll/Assess Fees	(90,000)	(90,000)	-	-	-	(90,000)
4. Benefits Policy Changes	(443,000)	(443,000)	-	-	-	(217,000)
5. HF Safety Net Care Pool	-	(71,405,000)	-	71,405,000	-	-
	\$ 80,816,000	\$ 9,411,000	\$ 0	\$ 71,405,000	\$ 0	\$ 80,861,000
B. State Only Admin.						
1. County Admin.	11,599,000	6,337,000	5,262,000	-	-	11,599,000
2. Fiscal Inter.	97,000	97,000	-	-	-	-
3. FI Dental	29,000	29,000	-	-	-	-
4. CMS Net	375,000	375,000	-	-	-	-
	\$ 12,100,000	\$ 6,838,000	\$ 5,262,000	\$ 0	\$ 0	\$ 11,599,000
Total CCS State Only	\$ 92,916,000	\$ 16,249,000	\$ 5,262,000	\$ 71,405,000	\$ 0	\$ 92,460,000
C. HFP Services						
1. Treatment Base	204,705,000	49,997,000	-	-	154,708,000	33,307,000
2. Benefits Policy Changes	(203,749,000)	(49,233,000)	-	-	(154,516,000)	(33,966,000)
	\$ 956,000	\$ 764,000	\$ 0	\$ 0	\$ 192,000	\$ (659,000)
D. HFP Admin.						
1. County Admin.	-	-	-	-	-	-
2. Fiscal Inter.	2,000	1,000	-	-	1,000	-
3. FI Dental	-	100	-	-	(100)	-
4. CMS Net	-	(500)	-	-	500	-
	\$ 2,000	\$ 600	\$ 0	\$ 0	\$ 1,400	\$ 0
Total HFP	\$ 958,000	\$ 764,600	\$ 0	\$ 0	\$ 193,400	\$ (659,000)
GRAND TOTAL	\$ 93,874,000	\$ 17,013,600	\$ 5,262,000	\$ 71,405,000	\$ 193,400	\$ 91,801,000

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

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

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

November 2013 Estimate Compared to May 2013 Estimate, Total Funds			
	Appropriation	Nov. 2013 Est.	Difference
	FY 2013-14	FY 2013-14	Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 86,756,000</u>	<u>\$ 78,205,000</u>	<u>\$ (8,551,000)</u>
1. Treatment Services	32,523,000	24,391,000	(8,132,000)
2. Medical Therapy Program	56,517,000	54,228,000	(2,289,000)
3. Benefits Policy Changes	(2,193,000)	(323,000)	1,870,000
4. Enroll/Assessment Fees	(91,000)	(91,000)	-
B. CCS Administration			
1. County Administration	11,336,000	11,336,000	-
2. Fiscal Intermediary	415,000	481,000	66,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 98,507,000</u>	<u>\$ 90,022,000</u>	<u>\$ (8,485,000)</u>
A. Healthy Families Program			
1. Treatment Services	204,705,000	204,705,000	-
2. Benefits Policy Changes	(184,912,800)	(163,800,000)	21,112,800
B. Healthy Families Administration			
1. County Administration	567,000	956,000	389,000
2. Fiscal Intermediary	44,000	83,000	39,000
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 20,403,200</u>	<u>\$ 41,944,000</u>	<u>\$ 21,540,800</u>
TOTAL CCS PROGRAM	<u>\$ 118,910,200</u>	<u>\$ 131,966,000</u>	<u>\$ 13,055,800</u>

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

November 2013 Estimate Compared to May 2013 Estimate, General Fund

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ (3,000)</u>	<u>\$ (4,934,000)</u>	<u>\$ (4,931,000)</u>
1. Treatment Services	32,523,000	24,391,000	(8,132,000)
2. Medical Therapy Program	56,517,000	54,228,000	(2,289,000)
3. Benefits Policy Changes	(2,193,000)	(323,000)	1,870,000
4. Enroll/Assessment Fees	(91,000)	(91,000)	-
5. HF Safety Net Care Pool	(86,759,000)	(83,139,000)	3,620,000
B. CCS Administration			
1. County Administration	6,074,000	6,074,000	-
2. Fiscal Intermediary	415,000	481,000	66,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 6,486,000</u>	<u>\$ 1,621,000</u>	<u>\$ (4,865,000)</u>
A. Healthy Families Program			
1. Treatment Services	49,997,000	49,997,000	-
2. Benefits Policy Changes	(45,107,300)	(39,478,000)	5,629,300
B. Healthy Families Administration			
1. County Administration	120,000	203,000	83,000
2. Fiscal Intermediary	15,600	28,100	12,500
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 5,025,300</u>	<u>\$ 10,750,100</u>	<u>\$ 5,724,800</u>
TOTAL CCS PROGRAM	<u>\$ 11,511,300</u>	<u>\$ 12,371,100</u>	<u>\$ 859,800</u>

November 2013 Estimate Compared to May 2013 Estimate, Federal Funds

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 86,759,000</u>	<u>\$ 83,139,000</u>	<u>\$ (3,620,000)</u>
1. Title XIX Health Care Support Fund	86,759,000	83,139,000	(3,620,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 92,021,000</u>	<u>\$ 88,401,000</u>	<u>\$ (3,620,000)</u>
A. Healthy Families Program - Title XXI			
1. Treatment Services	154,708,000	154,708,000	-
2. Benefits Policy Changes	(139,805,500)	(124,322,000)	15,483,500
B. Healthy Families Administration - Title XXI			
1. County Administration	447,000	753,000	306,000
2. Fiscal Intermediary	28,400	54,900	26,500
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 15,377,900</u>	<u>\$ 31,193,900</u>	<u>\$ 15,816,000</u>
TOTAL CCS PROGRAM	<u>\$ 107,398,900</u>	<u>\$ 119,594,900</u>	<u>\$ 12,196,000</u>

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

November 2013 Estimate, FY 2013-14 Compared to FY 2014-15, Total Funds			
	Nov. 2013 Est.	Nov. 2013 Est.	Difference
	FY 2013-14	FY 2014-15	Incr./((Decr.))
A. Total CCS State Only Services	\$ 78,205,000	\$ 80,816,000	\$ 2,611,000
1. Treatment Services	24,391,000	25,040,000	649,000
2. Medical Therapy Program	54,228,000	56,309,000	2,081,000
3. Benefits Policy Changes	(323,000)	(443,000)	(120,000)
4. Enroll/Assessment Fees	(91,000)	(90,000)	1,000
B. CCS Administration			
1. County Administration	11,336,000	11,599,000	263,000
2. Fiscal Intermediary	481,000	501,000	20,000
TOTAL CCS STATE ONLY PROGRAM	\$ 90,022,000	\$ 92,916,000	\$ 2,894,000
			-
A. Healthy Families Program			-
1. Treatment Services	204,705,000	204,705,000	-
2. Benefits Policy Changes	(163,800,000)	(203,749,000)	(39,949,000)
B. Healthy Families Administration			
1. County Administration	956,000	-	(956,000)
2. Fiscal Intermediary	83,000	2,000	(81,000)
TOTAL HEALTHY FAMILIES PROGRAM	\$ 41,944,000	\$ 958,000	\$ (40,986,000)
TOTAL CCS PROGRAM	\$ 131,966,000	\$ 93,874,000	\$ (38,092,000)

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

November 2013 Estimate, FY 2013-14 Compared to FY 2014-15, General Fund			
	Nov. 2013 Est. FY 2013-14	Nov. 2013 Est. FY 2014-15	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ (4,934,000)</u>	<u>\$ 9,411,000</u>	<u>\$ 14,345,000</u>
1. Treatment Services	24,391,000	25,040,000	649,000
2. Medical Therapy Program	54,228,000	56,309,000	2,081,000
3. Benefits Policy Changes	(323,000)	(443,000)	(120,000)
4. Enroll/Assessment Fees	(91,000)	(90,000)	1,000
5. HF Safety Net Care Pool	(83,139,000)	(71,405,000)	11,734,000
B. CCS Administration			
1. County Administration	6,074,000	6,337,000	263,000
2. Fiscal Intermediary	481,000	501,000	20,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 1,621,000</u>	<u>\$ 16,249,000</u>	<u>\$ 14,628,000</u>
A. Healthy Families Program			
1. Treatment Services	49,997,000	49,997,000	-
2. Benefits Policy Changes	(39,478,000)	(49,233,000)	(9,755,000)
B. Healthy Families Administration			
1. County Administration	203,000	-	(203,000)
2. Fiscal Intermediary	28,100	600	(27,500)
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 10,750,100</u>	<u>\$ 764,600</u>	<u>\$ (9,985,500)</u>
TOTAL CCS PROGRAM	<u>\$ 12,371,100</u>	<u>\$ 17,013,600</u>	<u>\$ 4,642,500</u>

November 2013 Estimate, FY 2013-14 Compared to FY 2014-15, Federal Funds			
	Nov. 2013 Est. FY 2013-14	Nov. 2013 Est. FY 2014-15	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 83,139,000</u>	<u>\$ 71,405,000</u>	<u>\$ (11,734,000)</u>
1. Title XIX Health Care Support Fund	83,139,000	71,405,000	(11,734,000)
B. CCS Administration			
1. County Administration	5,262,000	5,262,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 88,401,000</u>	<u>\$ 76,667,000</u>	<u>\$ (11,734,000)</u>
A. Healthy Families Program - Title XXI			
1. Treatment Services	154,708,000	154,708,000	-
2. Benefits Policy Changes	(124,322,000)	(154,516,000)	(30,194,000)
B. Healthy Families Administration - Title XXI			
1. County Administration	753,000	-	(753,000)
2. Fiscal Intermediary	54,900	1,400	(53,500)
TOTAL HEALTHY FAMILIES PROGRAM	<u>\$ 31,193,900</u>	<u>\$ 193,400</u>	<u>\$ (31,000,500)</u>
TOTAL CCS PROGRAM	<u>\$ 119,594,900</u>	<u>\$ 76,860,400</u>	<u>\$ (42,734,500)</u>

CALIFORNIA CHILDREN'S SERVICES
Total State-Only Program Services by County

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

<u>Counties</u>	<u>Appropriation FY 2013-14</u>	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Dollar Change</u>	<u>Percent Change</u>
Alameda	\$ 7,440,000	\$ 6,985,000	\$ (455,000)	-6.12%
Contra Costa	\$ 6,162,000	6,235,000	73,000	1.18%
Fresno	\$ 3,519,000	3,550,000	31,000	0.88%
Los Angeles	\$ 38,769,000	34,136,000	(4,633,000)	-11.95%
Monterey	\$ 2,798,000	2,289,000	(509,000)	-18.19%
Orange	\$ 19,598,000	17,457,000	(2,141,000)	-10.92%
Riverside	\$ 13,007,000	10,856,000	(2,151,000)	-16.54%
Sacramento	\$ 2,712,000	2,623,000	(89,000)	-3.28%
San Bernardino	\$ 10,685,000	8,293,000	(2,392,000)	-22.39%
San Diego	\$ 13,046,000	11,890,000	(1,156,000)	-8.86%
San Francisco	\$ 4,339,000	3,670,000	(669,000)	-15.42%
Santa Clara	\$ 9,520,000	8,822,000	(698,000)	-7.33%
Other Independent Dependent	\$ 32,096,000 \$ 9,572,000	30,968,000 8,535,000	(1,128,000) (1,037,000)	-3.51% -10.83%
TOTAL	\$ 173,263,000	\$ 156,309,000	\$ (16,954,000)	-9.79%

FY 2012-13 Through FY 2014-15

<u>Counties</u>	<u>May 13 Est. FY 2012-13</u>	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Nov. 2013 Est. FY 2014-15</u>
Alameda	\$ 5,643,000	\$ 6,985,000	\$ 7,313,000
Contra Costa	\$ 4,818,000	\$ 6,235,000	\$ 6,458,000
Fresno	\$ 2,084,000	\$ 3,550,000	\$ 3,700,000
Los Angeles	\$ 27,100,000	\$ 34,136,000	\$ 34,475,000
Monterey	\$ 1,903,000	\$ 2,289,000	\$ 2,376,000
Orange	\$ 13,265,000	\$ 17,457,000	\$ 18,274,000
Riverside	\$ 7,383,000	\$ 10,856,000	\$ 11,535,000
Sacramento	\$ 1,829,000	\$ 2,623,000	\$ 2,685,000
San Bernardino	\$ 6,643,000	\$ 8,293,000	\$ 8,711,000
San Diego	\$ 8,543,000	\$ 11,890,000	\$ 12,048,000
San Francisco	\$ 3,517,000	\$ 3,670,000	\$ 3,946,000
Santa Clara	\$ 7,051,000	\$ 8,822,000	\$ 9,069,000
Other Independent Dependent	\$ 24,065,000 \$ 5,590,000	\$ 30,968,000 \$ 8,535,000	\$ 32,197,000 \$ 8,890,000
TOTAL	\$ 119,434,000	\$ 156,309,000	\$ 161,677,000

Note: County expenditure estimates include the impact of policy changes.
Both tables exclude HFP expenditures

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

Fiscal Year 2013-14, November 2013 Estimate Compared to Appropriation								
POLICY CHG.		FY 2013-14 APPROPRIATION		NOVEMBER 2013 ESTIMATE		DIFFERENCE, Incr./.(Decr.)		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$91,000	-\$91,000	-\$91,000	-\$91,000	\$0	\$0
Co. Admin.	2A	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,336,000	\$11,336,000	\$11,336,000	\$11,336,000	\$0	\$0
	FI	3A FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$84,000	\$84,000	\$79,000	\$79,000	-\$5,000	-\$5,000
	FI	4A FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$53,000	\$53,000	\$26,000	\$26,000	-\$27,000	-\$27,000
	FI	5A CMS NET - CCS STATE ONLY	\$278,000	\$278,000	\$376,000	\$376,000	\$98,000	\$98,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,262,000	\$0	-\$5,262,000	\$0	\$0
Benefits	8A	CCS DRUG REBATES	-\$200,000	-\$200,000	-\$241,000	-\$241,000	-\$41,000	-\$41,000
Benefits	12A	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$144,000	-\$144,000	-\$82,000	-\$82,000	\$62,000	\$62,000
Benefits	-	CCS STATE ONLY INPATIENT REIMBURSEMENT	-\$1,849,000	-\$1,849,000	\$0	\$0	\$1,849,000	\$1,849,000
			\$9,467,000	\$4,205,000	\$11,403,000	\$6,141,000	\$1,936,000	\$1,936,000
CCS-HFP								
Co. Admin.	2B	COUNTY ADMINISTRATIVE COSTS - CCS-HFP	\$23,638,000	\$5,014,000	\$23,638,000	\$5,014,000	\$0	\$0
	FI	3B FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$102,000	\$36,000	\$102,000	\$36,000	\$0	\$0
	FI	4B FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$63,000	\$22,100	\$63,000	\$22,100	\$0	\$0
	FI	5B CMS NET - CCS-HFP	\$339,000	\$118,500	\$472,000	\$165,000	\$133,000	\$46,500
Benefits	8B	CCS-HFP DRUG REBATES	-\$453,800	-\$96,300	-\$454,000	-\$96,000	-\$200	\$300
Benefits	9B	CCS-HFP INPATIENT REIMBURSEMENT	-\$15,515,000	-\$3,291,000	-\$15,515,000	-\$3,291,000	\$0	\$0
Benefits	10	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL	-\$168,730,000	-\$41,675,000	-\$147,617,000	-\$36,046,000	\$21,113,000	\$5,629,000
Co. Admin.	11	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN	-\$23,071,000	-\$4,894,000	-\$22,682,000	-\$4,811,000	\$389,000	\$83,000
Benefits	12B	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$214,000	-\$45,000	-\$214,000	-\$45,000	\$0	\$0
	FI	13 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES	-\$90,000	-\$31,000	-\$42,000	-\$15,000	\$48,000	\$16,000
	FI	14 TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES (DENTAL)	-\$40,000	-\$14,000	-\$59,000	-\$21,000	-\$19,000	-\$7,000
	FI	15 TRANSITION OF CCS-HFP TO MEDI-CAL - CMS NET	-\$330,000	-\$116,000	-\$453,000	-\$159,000	-\$123,000	-\$43,000
			-\$184,301,800	-\$44,971,700	-\$162,761,000	-\$39,246,900	\$21,540,800	\$5,724,800
		CCS TOTAL	-\$174,834,800	-\$40,766,700	-\$151,358,000	-\$33,105,900	\$23,476,800	\$7,660,800

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

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

Fiscal Year 2013-14 Compared to Fiscal Year 2014-15								
POLICY CHG. TYPE	NO.	DESCRIPTION	Nov. 2013 Est. for FY 2013-14		Nov. 2013 Est. for FY 2014-15		DIFFERENCE, Incr./((Decr.))	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$91,000	-\$91,000	-\$90,000	-\$90,000	\$1,000	\$1,000
Co. Admin.	2A	COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY	\$11,336,000	\$11,336,000	\$11,599,000	\$11,599,000	\$263,000	\$263,000
FI	3A	FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY	\$79,000	\$79,000	\$97,000	\$97,000	\$18,000	\$18,000
FI	4A	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY	\$26,000	\$26,000	\$29,000	\$29,000	\$3,000	\$3,000
FI	5A	CMS NET - CCS STATE ONLY	\$376,000	\$376,000	\$375,000	\$375,000	-\$1,000	-\$1,000
Other	6	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Co. Admin.	7	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,262,000	\$0	-\$5,262,000	\$0	\$0
Benefits	8A	CCS DRUG REBATES	-\$241,000	-\$241,000	-\$217,000	-\$217,000	\$24,000	\$24,000
Benefits	12A	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$82,000	-\$82,000	-\$226,000	-\$226,000	-\$144,000	-\$144,000
Benefits	-	CCS STATE ONLY INPATIENT REIMBURSEMENT	\$0	\$0	\$0	\$0	\$0	\$0
			\$11,403,000	\$6,141,000	\$11,567,000	\$6,305,000	\$164,000	\$164,000
CCS-HFP								
Co. Admin.	2B	COUNTY ADMINISTRATIVE COSTS - CCS-HFP	\$23,638,000	\$5,014,000	\$23,638,000	\$5,014,000	\$0	\$0
FI	3B	FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP	\$102,000	\$36,000	\$102,000	\$36,000	\$0	\$0
FI	4B	FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP	\$63,000	\$22,100	\$63,000	\$22,100	\$0	\$0
FI	5B	CMS NET - CCS-HFP	\$472,000	\$165,000	\$470,000	\$164,500	-\$2,000	-\$500
Benefits	8B	CCS-HFP DRUG REBATES	-\$454,000	-\$96,000	-\$454,000	-\$96,000	\$0	\$0
Benefits	9B	CCS-HFP INPATIENT REIMBURSEMENT	-\$15,515,000	-\$3,291,000	-\$15,515,000	-\$3,291,000	\$0	\$0
Benefits	10	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL	-\$147,617,000	-\$36,046,000	-\$187,566,000	-\$45,801,000	-\$39,949,000	-\$9,755,000
Co. Admin.	11	TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN	-\$22,682,000	-\$4,811,000	-\$23,638,000	-\$5,014,000	-\$956,000	-\$203,000
Benefits	12B	DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY	-\$214,000	-\$45,000	-\$214,000	-\$45,000	\$0	\$0
FI	13	TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES	-\$42,000	-\$15,000	-\$100,000	-\$35,000	-\$58,000	-\$20,000
FI	14	TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES (DENTAL)	-\$59,000	-\$21,000	-\$63,000	-\$22,000	-\$4,000	-\$1,000
FI	15	TRANSITION OF CCS-HFP TO MEDI-CAL - CMS NET	-\$453,000	-\$159,000	-\$470,000	-\$165,000	-\$17,000	-\$6,000
			-\$162,761,000	-\$39,246,900	-\$203,747,000	-\$49,232,400	-\$40,986,000	-\$9,985,500
		CCS TOTAL	-\$151,358,000	-\$33,105,900	-\$192,180,000	-\$42,927,400	-\$40,822,000	-\$9,821,500

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

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Yumie Park

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$91,000	-\$90,000
	- GENERAL FUND	-\$91,000	-\$90,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$91,000	-\$90,000
	- GENERAL FUND	-\$91,000	-\$90,000
	- COUNTY FUNDS	-\$91,000	-\$90,000

Purpose:

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

Authority:

Budget Act Control Provision

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Enrollment Fees:	\$127,000	\$127,000
Assessment Fees:	\$ 56,000	\$ 53,000
Total:	\$183,000 (\$91,000 GF Offset)	\$180,000 (\$90,000 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMINISTRATIVE COSTS - CCS STATE ONLY

POLICY CHANGE NUMBER: 2A
IMPLEMENTATION DATE: 7/2003
ANALYST: Yumie Park

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,336,000	\$11,599,000
	- GENERAL FUND	\$11,336,000	\$11,599,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,336,000	\$11,599,000
	- GENERAL FUND	\$11,336,000	\$11,599,000
	- COUNTY FUNDS	\$11,336,000	\$11,599,000

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Additional CCS Caseload data available.

Methodology:

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

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

2. Based on the November 2013 Family Health Estimate, caseload is expected to increase by 2.32% from FY 2013-14 to FY 2014-15.

$$\$22,672,000 \times 2.32\% = \$525,000$$

$$\$22,672,000 + \$525,000 = \$23,197,000$$

FY 2014-15 : \$23,197,000 (\$11,599,000 GF) (Includes County Funds)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not included in Total Funds

COUNTY ADMINISTRATIVE COSTS - CCS-HFP

POLICY CHANGE NUMBER: 2B
IMPLEMENTATION DATE: 7/2003
ANALYST: Yumie Park

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

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

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

Background:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. For FY 2013-14 and FY 2014-15, the CCS-HFP base county administration reimbursement level is based on budgeted county expenditures for FY 2013-14 in the May 2013 Estimate:

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

FY 2014-15 : \$28,652,000 (\$5,014,000 GF) (Includes County Funds)

Funding:

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

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

FISCAL INTERMEDIARY EXPENDITURES - CCS STATE ONLY

POLICY CHANGE NUMBER: 3A
IMPLEMENTATION DATE: 7/1993
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$79,000	\$97,000
	- GENERAL FUND	\$79,000	\$97,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$79,000	\$97,000
	- GENERAL FUND	\$79,000	\$97,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. Based on estimated caseload counts for FY 2012-13, the costs for FI expenditures are split 45% CCS State Only and 55% CCS-Healthy Families Program (HFP).

2. The estimated medical FI administrative costs are:

FY 2013-14	<u>Estimated ACLs</u>	<u>Ave Cost per</u>	<u>Estimated ACL</u>
		<u>ACLs</u>	<u>Expenditure</u>
General ACLs	227,760	\$ 0.66	\$ 150,000
Online ACLs	58,933	\$ 0.41	\$ 24,000
Total FY 2013-14			\$ 174,000
CCS-State Only Split			x 45%
Total FY 2013-14			\$ 79,000 (\$79,000 GF)
FY 2014-15			
General ACLs	234,126	\$ 0.77	\$ 180,000
Online ACLs	60,581	\$ 0.58	\$ 35,000
Total FY 2014-15			\$ 215,000
CCS-State Only Split			x 45%
Total FY 2014-15			\$ 97,000 (\$97,000 GF)

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - CCS-HFP

POLICY CHANGE NUMBER: 3B
IMPLEMENTATION DATE: 7/2003
ANALYST: Randolph Alarcio

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$102,000	\$102,000
- GENERAL FUND	\$36,000	\$36,000
- FEDERAL FUNDS TITLE XXI	\$66,000	\$66,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$102,000	\$102,000
- GENERAL FUND	\$36,000	\$36,000
- FEDERAL FUNDS TITLE XXI	\$66,000	\$66,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. Based on estimated caseload counts for FY 2012-13, the costs for FI expenditures are split 45% CCS State Only and 55% CCS-Healthy Families Program (HFP).

2. The estimated medical FI administrative costs are:

FY 2013-14	<u>Estimated ACLs</u>	<u>Ave Cost per</u>	<u>ACLs</u>	<u>Estimated ACL</u>	
				<u>Expenditure</u>	
General ACLs	225,283	\$	0.74	\$	162,000
Online ACLs	58,751	\$	0.42	\$	24,000
Total FY 2013-14				\$	186,000
CCS-HFP Split				x	55%
Total FY 2013-14				\$	102,000 (\$36,000 GF)
FY 2014-15					
General ACLs	225,283	\$	0.74	\$	162,000
Online ACLs	58,751	\$	0.42	\$	24,000
Total FY 2014-15				\$	186,000
CCS-HFP Split				x	55%
Total FY 2014-15				\$	102,000 (\$36,000 GF)

Funding:

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

FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS STATE ONLY

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

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$26,000	\$29,000
	- GENERAL FUND	\$26,000	\$29,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$26,000	\$29,000
	- GENERAL FUND	\$26,000	\$29,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

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

Methodology:

1. Assume CCS State Only dental ACLs & TARs rates are \$1.35 and \$7.87, respectively.
2. Assume the indirect cost per ACLs & TARs are \$1.12 and \$1.17, respectively, and will be included in the rate.

	<u>Estimated</u>			<u>Estimated</u>	
FY 2013-14	<u>Claims</u>		<u>Rates</u>	<u>Expenditure</u>	
ACLs	8,198	\$	2.47	\$ 20,000	
TARs	666	\$	9.04	\$ 6,000	
Total FY 2013-14				<u>\$ 26,000</u>	(\$26,000 GF)
 FY 2014-15					
ACLs	9,073	\$	2.47	\$ 22,000	
TARs	730	\$	9.04	\$ 7,000	
Total FY 2014-15				<u>\$ 29,000</u>	(\$29,000 GF)

Funding:

State Only GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES (Dental) - CCS-HFP

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

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$63,000	\$63,000
- GENERAL FUND	\$22,100	\$22,100
- FEDERAL FUNDS TITLE XXI	\$41,000	\$41,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$63,000	\$63,000
- GENERAL FUND	\$22,100	\$22,100
- FEDERAL FUNDS TITLE XXI	\$41,000	\$41,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

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

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. Assume CCS-HFP dental ACLs & TARs rates are \$1.35 and \$7.87, respectively.
2. Assume the indirect cost per ACLs & TARs are \$1.12 and \$1.17, respectively, and will be included in the rate.
3. The transition to HFP is reflected in Transition of CCS-HFP to Medi-Cal - FI Expenditures (Dental) policy change

	<u>Estimated</u>		<u>Rates</u>		<u>Estimated</u>	
FY 2013-14	<u>Claims</u>				<u>Expenditure</u>	
ACLs	18,002	\$	2.47	\$	44,000	
TARs	2,082	\$	9.04	\$	19,000	
Total FY 2013-14				\$	63,000	(\$22,100 GF)
FY 2014-15						
ACLs	18,002	\$	2.47	\$	44,000	
TARs	2,082	\$	9.04	\$	19,000	
Total FY 2014-15				\$	63,000	(\$22,100 GF)

Funding:

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

CMS NET - CCS STATE ONLY

POLICY CHANGE NUMBER: 5A
IMPLEMENTATION DATE: 7/2004
ANALYST: Yumie Park

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$376,000	\$375,000
	- GENERAL FUND	\$376,000	\$375,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$376,000	\$375,000
	- GENERAL FUND	\$376,000	\$375,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated CMS Net estimated expenditures for FY 2013-14.

Methodology:

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

2. Based on actual caseload counts through FY 2012-13, costs for CMS Net are projected to be split:

	<u>Caseload</u>	<u>Percentage</u>
CCS Medi-Cal	136,656	76.0%
CCS State-Only	18,988	10.6%
CCS TLICP/HFP	<u>23,818</u>	<u>13.3%</u>
Total	179,462	100.0%

3. Data processing estimated costs are based on:
- system utilization;
 - system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - the Stephen P. Teale Data Center base rates, including increasing licensing fees.
4. CCS State Only costs for CMS Net are 100% General Fund.
5. CCS FY 2013-14 data processing cost is estimated to be \$3,557,000, and FY 2014-15 is \$3,542,000. The estimated program allocated costs are:

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
CCS Medi-Cal	\$ 2,704,000	\$ 2,694,000
CCS State-Only	\$ 376,000	\$ 375,000
CCS TLICP/HFP	<u>\$ 472,000</u>	<u>\$ 470,000</u>
Total	\$ 3,557,000	\$ 3,542,000

Funding:

General Fund (4260-111-0001)

CMS NET - CCS-HFP

POLICY CHANGE NUMBER: 5B
IMPLEMENTATION DATE: 7/2004
ANALYST: Yumie Park

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$472,000	\$470,000
- GENERAL FUND	\$165,000	\$164,500
- FEDERAL FUNDS TITLE XXI	\$307,000	\$305,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$472,000	\$470,000
- GENERAL FUND	\$165,000	\$164,500
- FEDERAL FUNDS TITLE XXI	\$307,000	\$305,500

Purpose:

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

Authority:

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

Interdependent Policy Changes:

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

Background:

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

Reason for Change from Prior Estimate:

Updated CMS Net estimated expenditures for FY 2013-14.

Methodology:

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

2. Based on actual caseload counts through FY 2012-13, costs for CMS Net are projected to be split:

	<u>Caseload</u>	<u>Percentage</u>
CCS Medi-Cal	136,656	76.0%
CCS State-Only	18,988	10.6%
CCS TLICP/HFP	<u>23,818</u>	<u>13.3%</u>
Total	179,462	100.0%

3. Data processing estimated costs are based on:
- system utilization;
 - system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - the Stephen P. Teale Data Center base rates, including increasing licensing fees.
4. CCS-HFP costs for CMS Net are 65% Title XXI FFP and 35% GF.
5. CCS FY 2013-14 data processing cost is estimated to be \$3,557,000, and FY 2014-15 is \$3,542,000. The estimated program allocated costs are:

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
CCS Medi-Cal	\$ 2,704,000	\$ 2,694,000
CCS State-Only	\$ 376,000	\$ 375,000
CCS TLICP/HFP	<u>\$ 472,000</u>	<u>\$ 470,000</u>
Total	\$ 3,557,000	\$ 3,542,000

Funding:

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

MH/UCD & BTR - SAFETY NET CARE POOL

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

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

The change is due to updated program expenditures.

Methodology:

1. Total eligible expenditures have been reduced by 17.79% under the MH/UCD and 13.95% under the BTR to adjust for services provided to undocumented persons. The FFP received for CCS will be deposited in the Health Care Support Fund, Item 4260-601-7503. These funds are transferred to the Family Health Estimate. The GF savings is reflected in the Family Health Estimate. The GF savings created will be used to support safety net hospitals under the MH/UCD and BTR.
2. Under the American Recovery and Reinvestment Act of 2009 (ARRA), California's Federal Medical Assistance Percentage (FMAP) increased from 50% to 61.59% for October 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 added six additional months of increased FMAP. California's FMAP was 58.77% for January 1, 2011 through March 31, 2011, and 56.88% for April 1, 2011 through June 30, 2011. Because of the increased FMAP, the annual SNCP federal funds allotment will increase for expenditures incurred from October 1, 2008 to August 31, 2010, resulting in additional \$423.769 million federal funds available in the SNCP. The Department claims these funds using certified public expenditures. This policy change budgets those federal funds that are claimed using CPEs from the CCS program.
3. The Department will conduct the final reconciliations for Demonstration Year (DY) 2010-11 in FY 2013-14 and estimates that the Department will claim an additional \$4.366 million in federal funds in FY 2013-14.
4. The final reconciliation for DY 2011-12 is anticipated to be completed in FY 2014-15. The Department estimates that it will have to repay the federal government \$7.368 million in federal funds in FY 2014-15. The CCS federal reimbursements are reduced by the final reconciliation amounts in this policy change.

(Dollars in Thousands)

	<u>CCS</u>	<u>GHPP</u>	<u>Total</u>
FY 2013-14			
DSHP-BTR (DY 2013-14)	\$ 78,773	\$ 44,438	\$ 123,211
DY 2010-11 Final Reconciliation	\$ 4,366	\$ 2,281	\$ 6,647
FY 2013-14	\$ 83,139	\$ 46,719	\$ 129,858
FY 2014-15			
DSHP-BTR (DY 2014-15)	\$ 78,773	\$ 44,438	\$ 123,211
DY 2011-12 Final Reconciliation	\$ (7,368)	\$ 3,833	\$ (3,535)
FY 2014-15	\$ 71,405	\$ 48,271	\$ 119,676

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: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

Funding:

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 8A
IMPLEMENTATION DATE: 7/2011
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$241,000	-\$217,000
	- GENERAL FUND	-\$241,000	-\$217,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$241,000	-\$217,000
	- GENERAL FUND	-\$241,000	-\$217,000
	- COUNTY FUNDS	-\$241,000	-\$217,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Collections were higher due to manufacturers catching up with prior year invoices.

Methodology:

1. Assume a 65% collection rate from eight quarters of invoices from July 2011 to June 2013
2. CCS drug rebate collections, through June 2013, are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>CF*</u>
FY 2013-14	(\$241,000)	(\$241,000)	(\$241,000)
FY 2014-15	(\$217,000)	(\$217,000)	(\$217,000)

Funding:

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

*Not Included in Total Fund

CCS-HFP DRUG REBATES

POLICY CHANGE NUMBER: 8B
IMPLEMENTATION DATE: 7/2011
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$454,000	-\$454,000
	- GENERAL FUND	-\$96,000	-\$96,000
	- FEDERAL FUNDS TITLE XXI	-\$358,000	-\$358,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$454,000	-\$454,000
	- GENERAL FUND	-\$96,000	-\$96,000
	- FEDERAL FUNDS TITLE XXI	-\$358,000	-\$358,000
	- COUNTY FUNDS	-\$96,000	-\$96,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. Assume a 65% collection rate from eight quarters of invoices from July 2011 to June 2013.
2. CCS-HFP drug rebate collections, through June 2013, are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
FY 2013-14	(\$454,000)	(\$96,000)	(\$358,000)	(\$96,000)
FY 2014-15	(\$454,000)	(\$96,000)	(\$358,000)	(\$96,000)

Funding:

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

*Not Included in Total Fund

CCS-HFP INPATIENT REIMBURSEMENT

POLICY CHANGE NUMBER: 9B
IMPLEMENTATION DATE: 01/2011
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$15,515,000	-\$15,515,000
	- GENERAL FUND	-\$3,291,000	-\$3,291,000
	- FEDERAL TITLE XXI	-\$12,224,000	-\$12,224,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$15,515,000	-\$15,515,000
	- GENERAL FUND	-\$3,291,000	-\$3,291,000
	- FEDERAL FUNDS	-\$12,224,000	-\$12,224,000
	- COUNTY FUNDS	-\$3,291,000	-\$3,291,000

Purpose:

This policy change estimates the savings resulting in the change in reimbursement methodology for inpatient services for California Children Services (CCS)-Healthy Family Program (HFP).

Authority:

Welfare & Institutions (W&I) Code 14105.18

Interdependent Policy Changes:

Not Applicable

Background:

Prior to January 1, 2011, the CCS-HFP programs reimbursed contract hospitals for inpatient services rendered to CCS-HFP clients at the Medi-Cal interim rates as required in Section 14105.18 of the W&I Code. This provision ended on January 1, 2011. The W&I Code requires rates of payment to hospitals for CCS, Genetically Handicapped Persons Program (GHPP), and other programs to be identical to the Medi-Cal rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program. The provisions of this section became operative on January 1, 2011. Payments to contract hospitals are determined through negotiations with the Office of the Selective Provider Contracting Program. System modifications for the erroneous payment correction (EPC) to recover CCS inpatient reimbursement overpayments made between January 2011 and May 2012 are currently in process.

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The estimated savings is based on contract hospital claims from January 1 – December 31, 2009.
2. The annual savings is estimated to be \$15,515,000.

	(In Thousands)			
	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
FY 2013-14 Savings	(\$15,515)	(\$3,291)	(\$12,224)	(\$3,291)
FY 2014-15 Savings	(\$15,515)	(\$3,291)	(\$12,224)	(\$3,291)

Funding:

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

* Not included in Total Fund

TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 01/2013
ANALYST: Ryan Witz

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$147,617,000	-\$187,566,000
	- GENERAL FUND	-\$36,046,000	-\$45,801,000
	- FEDERAL TITLE XXI	-\$111,571,000	-\$141,765,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$147,617,000	-\$187,566,000
	- GENERAL FUND	-\$36,046,000	-\$45,801,000
	- FEDERAL FUNDS	-\$111,571,000	-\$141,765,000
	- COUNTY FUNDS	-\$24,031,000	-\$30,534,000

Purpose:

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

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

In May, the final Phase was scheduled to transition in September. Now due to delays, some of the Phase 4 counties are scheduled to transition in November.

Methodology:

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

2. Benefit savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>	<u>CF*</u>
FY 2013-14	(\$147,617,000)	(\$36,046,000)	(\$111,571,000)	(\$24,031,000)
FY 2014-15	(\$187,566,000)	(\$45,801,000)	(\$141,765,000)	(\$30,534,000)

Funding:

65% Title XXI FFP / 21% GF (4260-111-0001/0890)

14% County Funds*

* Not included in Total Fund

TRANSITION OF CCS HFP CHILDREN TO MEDI-CAL - ADMIN

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 01/2013
ANALYST: Ryan Witz

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$22,682,000	-\$23,638,000
	- GENERAL FUND	-\$4,811,000	-\$5,014,000
	- FEDERAL TITLE XXI	-\$17,871,000	-\$18,624,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$22,682,000	-\$23,638,000
	- GENERAL FUND	-\$4,811,000	-\$5,014,000
	- FEDERAL FUNDS	-\$17,871,000	-\$18,624,000
	- COUNTY FUNDS	-\$4,811,000	-\$5,014,000

Purpose:

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

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

In May, the final Phase was scheduled to transition in September. Now due to delays, some of the Phase 4 counties are scheduled to transition in November.

Methodology:

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

2. Administrative savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>	<u>CF*</u>
FY 2013-14	(\$22,682,000)	(\$4,811,000)	(\$17,871,000)	(\$4,811,000)
FY 2014-15	(\$23,638,000)	(\$5,014,000)	(\$18,624,000)	(\$5,014,000)

Funding:

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

17.5% County Funds*

* Not included in Total Fund

DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY

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

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$121,000	-\$273,000
	- GENERAL FUND	-\$121,000	-\$273,000
PAYMENT LAG		0.7380	0.8594
% REFLECTED IN BASE		8.56%	3.78%
APPLIED TO BASE	- TOTAL FUNDS	-\$82,000	-\$226,000
	- GENERAL FUND	-\$82,000	-\$226,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

AB 1467 (Chapter 23, Statutes of 2012) changed the NDPH reimbursement methodology to a certified public expenditure (CPE) methodology and eliminated NDPH supplemental payments. The Department submitted a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS), which was later withdrawn by the Department. NDPHs will continue to receive payments under the current methodology through December 31, 2013. These hospitals will transition to a DRG payment system on January 1, 2014.

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

Reason for Change from Prior Estimate:

The change is due to updated payment data and the inclusion of NDPH savings.

Methodology:

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

Annual	<u>TF</u>	<u>GF</u>
FY 2013-14	(\$121,000)	(\$121,000)
Annual	<u>TF</u>	<u>GF</u>
FY 2014-15	(\$273,000)	(\$273,000)

Funding:

100% General Fund (4260-111-0001)

DRG - INPATIENT HOSPITAL REIMBURSEMENT METHODOLOGY

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

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$281,000	-\$281,000
	- GENERAL FUND	-\$60,000	-\$60,000
	- FEDERAL TITLE XXI	-\$222,000	-\$222,000
PAYMENT LAG		0.7610	0.7610
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$214,000	-\$214,000
	- GENERAL FUND	-\$45,000	-\$45,000
	- FEDERAL FUNDS	-\$169,000	-\$169,000
	- COUNTY FUNDS	-\$45,000	-\$45,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

PC 10 Transition of CCS HFP Children to Medi-Cal

Background:

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

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

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

AB 1467 (Chapter 23, Statutes of 2012) changed the NDPH reimbursement methodology to a certified public expenditure (CPE) methodology and eliminated NDPH supplemental payments. The Department submitted a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS), which was later withdrawn by the Department. NDPHs will continue to receive payments under the current methodology through December 31, 2013. These hospitals will transition to a DRG payment system on January 1, 2014.

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

Annual	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
FY 2013-14	(\$281,000)	(\$60,000)	(\$222,000)	(\$60,000)
Annual	<u>TF</u>	<u>GF</u>	<u>FF</u>	<u>CF*</u>
FY 2014-15	(\$281,000)	(\$60,000)	(\$222,000)	(\$60,000)

* Not included in Total Fund

Funding:

17.5% GF/ 65% Title XXI FF (4260-111-0001/0890)
 17.5 County Funds*

TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES

POLICY CHANGE NUMBER: 13
IMPLEMENTATION DATE: 01/2013
ANALYST: Ryan Witz

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$42,000	-\$100,000
	- GENERAL FUND	-\$15,000	-\$35,000
	- FEDERAL TITLE XXI	-\$27,000	-\$65,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$42,000	-\$100,000
	- GENERAL FUND	-\$15,000	-\$35,000
	- FEDERAL FUNDS	-\$27,000	-\$65,000

Purpose:

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

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

In May, the final Phase was scheduled to transition in September. Now due to delays, some of the Phase 4 counties are scheduled to transition in November.

Methodology:

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

2. FI savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>
FY 2013-14	(\$42,000)	(\$15,000)	(\$27,000)
FY 2014-15	(\$100,000)	(\$35,000)	(\$65,000)

Funding:

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

TRANSITION OF CCS-HFP TO MEDI-CAL - FI EXPENDITURES (DENTAL)

POLICY CHANGE NUMBER: 14
IMPLEMENTATION DATE: 01/2013
ANALYST: Ryan Witz

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$59,000	-\$63,000
	- GENERAL FUND	-\$21,000	-\$22,000
	- FEDERAL TITLE XXI	-\$38,000	-\$41,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$59,000	-\$63,000
	- GENERAL FUND	-\$21,000	-\$22,000
	- FEDERAL FUNDS	-\$38,000	-\$41,000

Purpose:

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

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

In May, the final Phase was scheduled to transition in September. Now due to delays, some of the Phase 4 counties are scheduled to transition in November.

Methodology:

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

2. FI Dental savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>
FY 2013-14	(\$59,000)	(\$21,000)	(\$38,000)
FY 2014-15	(\$63,000)	(\$22,000)	(\$41,000)

Funding:

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

TRANSITION OF CCS-HFP TO MEDI-CAL - CMS NET

POLICY CHANGE NUMBER: 15
IMPLEMENTATION DATE: 01/2013
ANALYST: Ryan Witz

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$453,000	-\$470,000
	- GENERAL FUND	-\$159,000	-\$165,000
	- FEDERAL TITLE XXI	-\$294,000	-\$305,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$453,000	-\$470,000
	- GENERAL FUND	-\$159,000	-\$165,000
	- FEDERAL FUNDS	-\$294,000	-\$305,000

Purpose:

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

Authority:

AB 1494 (Chapter 28, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

In May, the final Phase was scheduled to transition in September. Now due to delays, some of the Phase 4 counties are scheduled to transition in November.

Methodology:

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

2. CMS Net savings are estimated to be:

	<u>TF</u>	<u>GF</u>	<u>FFP</u>
FY 2013-14	(\$453,000)	(\$159,000)	(\$294,000)
FY 2014-15	(\$470,000)	(\$165,000)	(\$305,000)

Funding:

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

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload
(CCS State Only / CCS HFP AND CCS Medi-Cal / TLICP)

□
Fiscal Year 2013-14

<u>Counties</u>	<u>Base Estimate CCS State Only Caseload</u>	<u>Base Estimate CCS HF Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Estimated Total Non-Medi-Cal Caseload</u>	<u>Estimated Medi-Cal Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Estimated Total Medi-Cal Caseload</u>	<u>Estimated Total Caseload After Policy Changes</u>
Alameda	867	16	(11)	872	4,994	11	5,005	5,877
Contra Costa	671	11	(7)	675	3,087	7	3,094	3,769
Fresno	747	58	(39)	766	7,938	39	7,977	8,743
Los Angeles	5,602	218	(146)	5,674	43,815	146	43,961	49,635
Monterey	117	41	(28)	130	2,549	28	2,577	2,707
Orange	1,533	213	(143)	1,603	11,183	143	11,326	12,929
Riverside	1,077	180	(121)	1,136	10,594	121	10,715	11,851
Sacramento	381	15	(10)	386	5,852	10	5,862	6,248
San Bernardino	874	111	(75)	910	11,425	75	11,500	12,410
San Diego	1,333	159	(107)	1,385	11,083	107	11,190	12,575
San Francisco	150	12	(8)	154	1,509	8	1,517	1,671
Santa Clara	915	15	(10)	920	5,282	10	5,292	6,212
Other Independent Dependent	3,235 1,805	862 1,026	(579) (689)	3,518 2,142	28,607 12,004	579 689	29,186 12,693	32,704 14,835
TOTAL	19,307	2,937	(1,973)	20,271	159,922	1,973	161,895	182,166

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload
(CCS State Only / CCS HFP AND CCS Medi-Cal / TLICP)

Fiscal Year 2014-15

<u>Counties</u>	<u>Base Estimate CCS State Only Caseload</u>	<u>Base Estimate CCS HF Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Estimated Total Non-Medi-Cal Caseload</u>	<u>Estimated Medi-Cal Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Estimated Total Medi-Cal Caseload</u>	<u>Estimated Total Caseload After Policy Changes</u>
Alameda	909	17	(17)	909	5,108	17	5,125	6,034
Contra Costa	666	12	(12)	666	3,133	12	3,145	3,811
Fresno	787	70	(70)	787	8,197	70	8,267	9,054
Los Angeles	5,602	218	(218)	5,602	44,173	218	44,391	49,993
Monterey	114	41	(41)	114	2,585	41	2,626	2,740
Orange	1,600	213	(213)	1,600	11,398	213	11,611	13,211
Riverside	1,076	238	(238)	1,076	11,027	238	11,265	12,341
Sacramento	378	35	(35)	378	5,930	35	5,965	6,343
San Bernardino	933	111	(111)	933	11,436	111	11,547	12,480
San Diego	1,338	159	(159)	1,338	11,388	159	11,547	12,885
San Francisco	149	12	(12)	149	1,510	12	1,522	1,671
Santa Clara	940	15	(15)	940	5,350	15	5,365	6,305
Other Independent	3,346	924	(924)	3,346	29,501	924	30,425	33,771
Dependent	1,916	1,027	(1,027)	1,916	12,379	1,027	13,406	15,322
TOTAL	19,754	3,092	(3,092)	19,754	163,115	3,092	166,207	185,961

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Base Caseload
(CCS State Only / CCS HFP and CCS Medi-Cal / TLICP)

<u>Counties</u>	Fiscal Year	Fiscal Year	FY 2013-14 -
	<u>2013-14</u>	<u>2014-15</u>	<u>FY 2014-15</u> <u>% Change</u>
Alameda	5,877	6,034	2.67%
Contra Costa	3,769	3,811	1.11%
Fresno	8,743	9,054	3.56%
Los Angeles	49,635	49,993	0.72%
Monterey	2,707	2,740	1.22%
Orange	12,929	13,211	2.18%
Riverside	11,851	12,341	4.13%
Sacramento	6,248	6,343	1.52%
San Bernardino	12,410	12,480	0.56%
San Diego	12,575	12,885	2.47%
San Francisco	1,671	1,671	0.00%
Santa Clara	6,212	6,305	1.50%
Other Independent	32,704	33,771	3.26%
Dependent	14,835	15,322	3.28%
TOTAL	182,166	185,961	2.08%

CALIFORNIA CHILDREN'S SERVICES**Average Quarterly Base Caseload****CCS Medi-Cal / TLICP**

<u>Counties</u>	Fiscal Year	Fiscal Year	FY 2013-14 -
	<u>2013-14</u>	<u>2014-15</u>	<u>FY 2014-15</u> <u>% Change</u>
Alameda	5,005	5,125	2.40%
Contra Costa	3,094	3,145	1.65%
Fresno	7,977	8,267	3.64%
Los Angeles	43,961	44,391	0.98%
Monterey	2,577	2,626	1.90%
Orange	11,326	11,611	2.52%
Riverside	10,715	11,265	5.13%
Sacramento	5,862	5,965	1.76%
San Bernardino	11,500	11,547	0.41%
San Diego	11,190	11,547	3.19%
San Francisco	1,517	1,522	0.33%
Santa Clara	5,292	5,365	1.38%
Other Independent	29,186	30,425	4.25%
Dependent	12,693	13,406	5.62%
TOTAL	161,895	166,207	2.66%

CALIFORNIA CHILDREN'S SERVICES**Average Quarterly Base Caseload
CCS State Only Funded**

<u>Counties</u>	<u>Fiscal Year 2013-14</u>	<u>Fiscal Year 2014-15</u>	<u>FY 2013-14 - FY 2014-15 % Change</u>
Alameda	867	909	4.84%
Contra Costa	671	666	-0.75%
Fresno	747	787	5.35%
Los Angeles	5,602	5,602	0.00%
Monterey	117	114	-2.56%
Orange	1,533	1,600	4.37%
Riverside	1,077	1,076	-0.09%
Sacramento	381	378	-0.79%
San Bernardino	874	933	6.75%
San Diego	1,333	1,338	0.38%
San Francisco	150	149	-0.67%
Santa Clara	915	940	2.73%
Other Independent	3,235	3,346	3.43%
Dependent	1,805	1,916	6.15%
TOTAL	19,307	19,754	2.32%

**Comparison of Average Quarterly Total Base Caseload
Fiscal Year 2013-14
CCS State Only Funded**

<u>Counties</u>	<u>FY 2013-14 Appropriation Estimate</u>	<u>Nov 13 Est FY 2013-14</u>	<u>Approp. vs Nov 2013 % Change</u>
Alameda	812	867	6.77%
Contra Costa	667	671	0.60%
Fresno	644	747	15.99%
Los Angeles	5,112	5,602	9.59%
Monterey	130	117	-10.00%
Orange	1,685	1,533	-9.02%
Riverside	1,130	1,077	-4.69%
Sacramento	426	381	-10.56%
San Bernardino	1,051	874	-16.84%
San Diego	1,487	1,333	-10.36%
San Francisco	167	150	-10.18%
Santa Clara	1,193	915	-23.30%
Other Independent	3,490	3,235	-7.31%
Dependent	1,782	1,805	1.29%
TOTAL	19,776	19,307	-2.37%

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

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

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS State Only	19,307	19,754	2.32%
CCS HFP	964	0	-100.00%
SUBTOTAL	20,271	19,754	-2.55%

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

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS Medi-Cal	136,058	136,120	0.05%
CCS TLICP	25,837	30,087	16.45%
SUBTOTAL	161,895	166,207	2.66%

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

<u>All Counties</u>	Fiscal Year <u>2013-14</u>	Fiscal Year <u>2014-15</u>	FY 2013-14 - FY 2014-15 <u>% Change</u>
CCS State Only	19,307	19,754	2.32%
CCS HFP	964	0	-100.00%
CCS Medi-Cal	136,058	136,120	0.05%
CCS TLICP	25,837	30,087	16.45%
TOTAL	182,166	185,961	2.08%

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

TOTAL ALL COUNTIES

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 24,926,108	\$ 0	\$ 24,926,108
Dec 2010	\$ 27,290,288	\$ 30,155,086	\$ 57,445,374
Mar 2011	\$ 26,230,066	\$ 12,197,945	\$ 38,428,011
Jun 2011	\$ 29,260,090	\$ 17,243,078	\$ 46,503,168
2010-11	\$ 107,706,553	\$ 59,596,109	\$ 167,302,662
Sep 2011	\$ 25,835,315	\$ 13,717,323	\$ 39,552,638
Dec 2011	\$ 27,335,322	\$ 16,353,512	\$ 43,688,833
Mar 2012	\$ 27,244,690	\$ 18,415,145	\$ 45,659,835
Jun 2012	\$ 29,732,599	\$ 9,640,085	\$ 39,372,684
2011-12	\$ 110,147,926	\$ 58,126,065	\$ 168,273,991
Sep 2012	\$ 25,387,010	\$ 11,310,950	\$ 36,697,960
Dec 2012	\$ 27,429,570	\$ 10,637,712	\$ 38,067,282
Mar 2013	\$ 27,505,609	\$ 6,181,741	\$ 33,687,350
Jun 2013	\$ 28,898,342	\$ 6,101,563	\$ 34,999,905
2012-13	\$ 109,220,531	\$ 34,231,966	\$ 143,452,497
Sep 2013	\$ 28,453,563	\$ 12,083,867	\$ 40,537,430
Dec 2013	\$ 29,113,594	\$ 11,843,483	\$ 40,957,077
Mar 2014	\$ 29,220,003	\$ 12,098,396	\$ 41,318,399
Jun 2014	\$ 29,938,771	\$ 11,705,021	\$ 41,643,792
2013-14	\$ 116,725,931	\$ 47,730,767	\$ 164,456,698
Sep 2014	\$ 29,493,992	\$ 12,408,982	\$ 41,902,974
Dec 2014	\$ 30,154,020	\$ 12,168,602	\$ 42,322,622
Mar 2015	\$ 30,260,435	\$ 12,423,510	\$ 42,683,945
Jun 2015	\$ 30,979,199	\$ 12,030,137	\$ 43,009,336
2014-15	\$ 120,887,646	\$ 49,031,231	\$ 169,918,877

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

ALAMEDA COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,008,369	\$ 0	\$ 1,008,369
Dec 2010	\$ 1,180,160	\$ 762,583	\$ 1,942,743
Mar 2011	\$ 1,243,360	\$ 273,225	\$ 1,516,585
Jun 2011	\$ 1,784,987	\$ 381,844	\$ 2,166,831
2010-11	\$ 5,216,876	\$ 1,417,653	\$ 6,634,529
Sep 2011	\$ 1,280,494	\$ 388,174	\$ 1,668,668
Dec 2011	\$ 1,334,638	\$ 560,539	\$ 1,895,177
Mar 2012	\$ 1,475,527	\$ 330,705	\$ 1,806,232
Jun 2012	\$ 1,526,445	\$ 413,719	\$ 1,940,164
2011-12	\$ 5,617,104	\$ 1,693,137	\$ 7,310,241
Sep 2012	\$ 1,194,718	\$ 298,039	\$ 1,492,757
Dec 2012	\$ 1,253,335	\$ 207,941	\$ 1,461,276
Mar 2013	\$ 1,495,881	\$ 317,350	\$ 1,813,231
Jun 2013	\$ 1,696,295	\$ 165,344	\$ 1,861,639
2012-13	\$ 5,640,229	\$ 988,674	\$ 6,628,903
Sep 2013	\$ 1,302,286	\$ 330,745	\$ 1,633,031
Dec 2013	\$ 1,526,293	\$ 330,745	\$ 1,857,038
Mar 2014	\$ 1,489,368	\$ 330,745	\$ 1,820,113
Jun 2014	\$ 1,781,351	\$ 330,745	\$ 2,112,096
2013-14	\$ 6,099,298	\$ 1,322,980	\$ 7,422,278
Sep 2014	\$ 1,387,343	\$ 330,745	\$ 1,718,088
Dec 2014	\$ 1,611,349	\$ 330,745	\$ 1,942,094
Mar 2015	\$ 1,574,425	\$ 330,745	\$ 1,905,170
Jun 2015	\$ 1,866,408	\$ 330,745	\$ 2,197,153
2014-15	\$ 6,439,525	\$ 1,322,980	\$ 7,762,505

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

CONTRA COSTA COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 981,858	\$ 0	\$ 981,858
Dec 2010	\$ 991,754	\$ 918,953	\$ 1,910,707
Mar 2011	\$ 989,194	-\$ 115,856	\$ 873,338
Jun 2011	\$ 984,565	\$ 618,574	\$ 1,603,139
2010-11	\$ 3,947,371	\$ 1,421,670	\$ 5,369,041
Sep 2011	\$ 957,346	\$ 679,040	\$ 1,636,386
Dec 2011	\$ 977,963	\$ 749,795	\$ 1,727,758
Mar 2012	\$ 1,097,894	\$ 678,305	\$ 1,776,199
Jun 2012	\$ 1,066,997	\$ 81,077	\$ 1,148,074
2011-12	\$ 4,100,200	\$ 2,188,217	\$ 6,288,417
Sep 2012	\$ 993,717	\$ 471,633	\$ 1,465,350
Dec 2012	\$ 1,023,988	\$ 616,823	\$ 1,640,811
Mar 2013	\$ 1,026,398	\$ 333,167	\$ 1,359,565
Jun 2013	\$ 1,057,648	\$ 403,088	\$ 1,460,736
2012-13	\$ 4,101,751	\$ 1,824,711	\$ 5,926,462
Sep 2013	\$ 1,066,499	\$ 548,649	\$ 1,615,148
Dec 2013	\$ 1,075,351	\$ 553,967	\$ 1,629,318
Mar 2014	\$ 1,084,203	\$ 559,285	\$ 1,643,488
Jun 2014	\$ 1,093,055	\$ 564,603	\$ 1,657,658
2013-14	\$ 4,319,108	\$ 2,226,504	\$ 6,545,612
Sep 2014	\$ 1,101,907	\$ 569,920	\$ 1,671,827
Dec 2014	\$ 1,110,759	\$ 575,238	\$ 1,685,997
Mar 2015	\$ 1,119,611	\$ 580,556	\$ 1,700,167
Jun 2015	\$ 1,128,463	\$ 585,874	\$ 1,714,337
2014-15	\$ 4,460,740	\$ 2,311,588	\$ 6,772,328

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

FRESNO COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 543,549	\$ 0	\$ 543,549
Dec 2010	\$ 512,260	\$ 941,739	\$ 1,453,999
Mar 2011	\$ 508,360	\$ 177,576	\$ 685,936
Jun 2011	\$ 606,637	-\$ 89,330	\$ 517,307
2010-11	\$ 2,170,806	\$ 1,029,985	\$ 3,200,791
Sep 2011	\$ 635,167	\$ 232,847	\$ 868,014
Dec 2011	\$ 539,596	\$ 410,920	\$ 950,516
Mar 2012	\$ 593,345	\$ 484,501	\$ 1,077,846
Jun 2012	\$ 529,378	\$ 226,995	\$ 756,373
2011-12	\$ 2,297,486	\$ 1,355,263	\$ 3,652,749
Sep 2012	\$ 610,026	\$ 427,963	\$ 1,037,989
Dec 2012	\$ 567,734	\$ 200,595	\$ 768,329
Mar 2013	\$ 665,293	\$ 149,990	\$ 815,283
Jun 2013	\$ 629,474	\$ 82,644	\$ 712,118
2012-13	\$ 2,472,527	\$ 861,192	\$ 3,333,719
Sep 2013	\$ 639,414	\$ 283,690	\$ 923,104
Dec 2013	\$ 649,354	\$ 283,690	\$ 933,044
Mar 2014	\$ 659,295	\$ 283,690	\$ 942,985
Jun 2014	\$ 669,235	\$ 283,690	\$ 952,925
2013-14	\$ 2,617,298	\$ 1,134,760	\$ 3,752,058
Sep 2014	\$ 679,175	\$ 283,690	\$ 962,865
Dec 2014	\$ 689,115	\$ 283,690	\$ 972,805
Mar 2015	\$ 699,056	\$ 283,690	\$ 982,746
Jun 2015	\$ 708,996	\$ 283,690	\$ 992,686
2014-15	\$ 2,776,342	\$ 1,134,760	\$ 3,911,102

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

LOS ANGELES COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 5,731,830	\$ 0	\$ 5,731,830
Dec 2010	\$ 5,625,803	\$ 9,023,547	\$ 14,649,350
Mar 2011	\$ 5,781,229	\$ 4,298,486	\$ 10,079,716
Jun 2011	\$ 6,458,373	\$ 3,735,032	\$ 10,193,405
2010-11	\$ 23,597,235	\$ 17,057,065	\$ 40,654,301
Sep 2011	\$ 5,547,314	\$ 3,843,438	\$ 9,390,752
Dec 2011	\$ 5,793,669	\$ 5,112,224	\$ 10,905,893
Mar 2012	\$ 5,671,539	\$ 5,335,747	\$ 11,007,286
Jun 2012	\$ 6,574,096	\$ 2,666,706	\$ 9,240,802
2011-12	\$ 23,586,618	\$ 16,958,115	\$ 40,544,733
Sep 2012	\$ 5,704,624	\$ 3,067,208	\$ 8,771,832
Dec 2012	\$ 5,718,228	\$ 1,993,857	\$ 7,712,085
Mar 2013	\$ 5,668,759	\$ 1,935,124	\$ 7,603,883
Jun 2013	\$ 5,985,897	\$ 2,007,504	\$ 7,993,401
2012-13	\$ 23,077,508	\$ 9,003,693	\$ 32,081,201
Sep 2013	\$ 6,006,985	\$ 2,878,573	\$ 8,885,558
Dec 2013	\$ 6,028,073	\$ 2,806,798	\$ 8,834,871
Mar 2014	\$ 6,049,161	\$ 3,053,134	\$ 9,102,295
Jun 2014	\$ 6,070,249	\$ 3,053,134	\$ 9,123,383
2013-14	\$ 24,154,468	\$ 11,791,639	\$ 35,946,107
Sep 2014	\$ 6,091,337	\$ 2,878,573	\$ 8,969,910
Dec 2014	\$ 6,112,425	\$ 2,806,798	\$ 8,919,223
Mar 2015	\$ 6,133,513	\$ 3,053,134	\$ 9,186,647
Jun 2015	\$ 6,154,601	\$ 3,053,134	\$ 9,207,735
2014-15	\$ 24,491,876	\$ 11,791,639	\$ 36,283,515

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

MONTEREY COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 484,221	\$ 0	\$ 484,221
Dec 2010	\$ 596,014	\$ 713,222	\$ 1,309,236
Mar 2011	\$ 490,728	\$ 129,257	\$ 619,985
Jun 2011	\$ 552,733	\$ 125,360	\$ 678,093
2010-11	\$ 2,123,696	\$ 967,839	\$ 3,091,535
Sep 2011	\$ 467,050	\$ 201,384	\$ 668,434
Dec 2011	\$ 524,143	\$ 423,033	\$ 947,176
Mar 2012	\$ 471,421	\$ 121,079	\$ 592,500
Jun 2012	\$ 545,121	\$ 68,013	\$ 613,134
2011-12	\$ 2,007,735	\$ 813,509	\$ 2,821,244
Sep 2012	\$ 460,229	\$ 15,448	\$ 475,677
Dec 2012	\$ 508,529	\$ 203,277	\$ 711,806
Mar 2013	\$ 445,161	\$ 26,695	\$ 471,856
Jun 2013	\$ 533,848	\$ 71,388	\$ 605,236
2012-13	\$ 1,947,767	\$ 316,808	\$ 2,264,575
Sep 2013	\$ 472,952	\$ 95,354	\$ 568,306
Dec 2013	\$ 524,438	\$ 98,508	\$ 622,946
Mar 2014	\$ 488,584	\$ 101,662	\$ 590,246
Jun 2014	\$ 542,262	\$ 104,815	\$ 647,077
2013-14	\$ 2,028,236	\$ 400,339	\$ 2,428,575
Sep 2014	\$ 481,366	\$ 107,969	\$ 589,335
Dec 2014	\$ 532,852	\$ 111,123	\$ 643,975
Mar 2015	\$ 496,998	\$ 114,276	\$ 611,274
Jun 2015	\$ 550,676	\$ 117,430	\$ 668,106
2014-15	\$ 2,061,892	\$ 450,798	\$ 2,512,690

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

ORANGE COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 3,066,093	\$ 0	\$ 3,066,093
Dec 2010	\$ 2,914,800	\$ 2,568,777	\$ 5,483,577
Mar 2011	\$ 3,482,950	\$ 2,372,515	\$ 5,855,465
Jun 2011	\$ 3,338,987	\$ 1,778,886	\$ 5,117,873
2010-11	\$ 12,802,830	\$ 6,720,178	\$ 19,523,008
Sep 2011	\$ 3,041,036	\$ 1,260,547	\$ 4,301,583
Dec 2011	\$ 2,882,446	\$ 1,370,715	\$ 4,253,161
Mar 2012	\$ 3,508,022	\$ 1,691,508	\$ 5,199,530
Jun 2012	\$ 3,210,399	\$ 921,554	\$ 4,131,953
2011-12	\$ 12,641,903	\$ 5,244,324	\$ 17,886,227
Sep 2012	\$ 3,039,115	\$ 1,014,892	\$ 4,054,007
Dec 2012	\$ 2,967,372	\$ 1,118,612	\$ 4,085,984
Mar 2013	\$ 3,464,672	\$ 651,543	\$ 4,116,215
Jun 2013	\$ 3,386,387	\$ 279,572	\$ 3,665,959
2012-13	\$ 12,857,546	\$ 3,064,620	\$ 15,922,166
Sep 2013	\$ 3,423,006	\$ 1,108,101	\$ 4,531,107
Dec 2013	\$ 3,459,626	\$ 1,123,541	\$ 4,583,167
Mar 2014	\$ 3,496,245	\$ 1,138,982	\$ 4,635,227
Jun 2014	\$ 3,532,865	\$ 1,154,422	\$ 4,687,287
2013-14	\$ 13,911,742	\$ 4,525,046	\$ 18,436,788
Sep 2014	\$ 3,569,484	\$ 1,169,863	\$ 4,739,347
Dec 2014	\$ 3,606,103	\$ 1,185,304	\$ 4,791,407
Mar 2015	\$ 3,642,723	\$ 1,200,744	\$ 4,843,467
Jun 2015	\$ 3,679,342	\$ 1,216,185	\$ 4,895,527
2014-15	\$ 14,497,652	\$ 4,772,096	\$ 19,269,748

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

RIVERSIDE COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,489,394	\$ 0	\$ 1,489,394
Dec 2010	\$ 1,617,896	\$ 1,384,761	\$ 3,002,656
Mar 2011	\$ 1,546,329	\$ 1,110,230	\$ 2,656,559
Jun 2011	\$ 1,529,570	\$ 1,047,701	\$ 2,577,270
2010-11	\$ 6,183,189	\$ 3,542,691	\$ 9,725,880
Sep 2011	\$ 1,537,790	\$ 1,335,314	\$ 2,873,104
Dec 2011	\$ 1,789,127	\$ 1,499,090	\$ 3,288,217
Mar 2012	\$ 1,711,284	\$ 1,125,504	\$ 2,836,788
Jun 2012	\$ 1,752,025	\$ 1,067,243	\$ 2,819,268
2011-12	\$ 6,790,226	\$ 5,027,151	\$ 11,817,377
Sep 2012	\$ 1,530,810	\$ 664,313	\$ 2,195,123
Dec 2012	\$ 1,674,430	\$ 373,046	\$ 2,047,476
Mar 2013	\$ 1,666,865	\$ 223,176	\$ 1,890,041
Jun 2013	\$ 1,802,970	\$ 571,081	\$ 2,374,051
2012-13	\$ 6,675,075	\$ 1,831,616	\$ 8,506,691
Sep 2013	\$ 1,833,629	\$ 950,171	\$ 2,783,800
Dec 2013	\$ 1,864,287	\$ 963,081	\$ 2,827,368
Mar 2014	\$ 1,894,946	\$ 975,992	\$ 2,870,938
Jun 2014	\$ 1,925,604	\$ 988,902	\$ 2,914,506
2013-14	\$ 7,518,466	\$ 3,878,146	\$ 11,396,612
Sep 2014	\$ 1,956,263	\$ 1,001,812	\$ 2,958,075
Dec 2014	\$ 1,986,922	\$ 1,014,722	\$ 3,001,644
Mar 2015	\$ 2,017,580	\$ 1,027,632	\$ 3,045,212
Jun 2015	\$ 2,048,239	\$ 1,040,543	\$ 3,088,782
2014-15	\$ 8,009,004	\$ 4,084,709	\$ 12,093,713

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

SACRAMENTO COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 484,963	\$ 0	\$ 484,963
Dec 2010	\$ 559,754	\$ 366,592	\$ 926,346
Mar 2011	\$ 491,134	\$ 98,215	\$ 589,349
Jun 2011	\$ 551,929	\$ 154,943	\$ 706,872
2010-11	\$ 2,087,780	\$ 619,749	\$ 2,707,529
Sep 2011	\$ 517,156	\$ 161,379	\$ 678,535
Dec 2011	\$ 541,203	\$ 85,186	\$ 626,389
Mar 2012	\$ 559,295	\$ 93,416	\$ 652,711
Jun 2012	\$ 555,991	\$ 106,660	\$ 662,651
2011-12	\$ 2,173,645	\$ 446,641	\$ 2,620,286
Sep 2012	\$ 508,955	\$ 146,933	\$ 655,888
Dec 2012	\$ 493,784	\$ 233,706	\$ 727,490
Mar 2013	\$ 537,362	\$ 77,690	\$ 615,052
Jun 2013	\$ 520,226	\$ 25,362	\$ 545,588
2012-13	\$ 2,060,327	\$ 483,692	\$ 2,544,019
Sep 2013	\$ 520,226	\$ 168,210	\$ 688,436
Dec 2013	\$ 520,226	\$ 171,788	\$ 692,014
Mar 2014	\$ 520,226	\$ 175,365	\$ 695,591
Jun 2014	\$ 520,226	\$ 178,943	\$ 699,169
2013-14	\$ 2,080,904	\$ 694,306	\$ 2,775,210
Sep 2014	\$ 520,226	\$ 182,520	\$ 702,746
Dec 2014	\$ 520,226	\$ 186,098	\$ 706,324
Mar 2015	\$ 520,226	\$ 189,675	\$ 709,901
Jun 2015	\$ 520,226	\$ 193,253	\$ 713,479
2014-15	\$ 2,080,904	\$ 751,546	\$ 2,832,450

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

SAN BERNARDINO COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,393,903	\$ 0	\$ 1,393,903
Dec 2010	\$ 1,581,029	\$ 1,698,367	\$ 3,279,395
Mar 2011	\$ 1,463,550	\$ 370,834	\$ 1,834,384
Jun 2011	\$ 1,845,496	\$ 1,805,970	\$ 3,651,466
2010-11	\$ 6,283,978	\$ 3,875,170	\$ 10,159,148
Sep 2011	\$ 1,481,205	\$ 1,147,586	\$ 2,628,791
Dec 2011	\$ 1,698,049	\$ 824,441	\$ 2,522,490
Mar 2012	\$ 1,551,138	\$ 563,066	\$ 2,114,204
Jun 2012	\$ 1,908,151	\$ 302,607	\$ 2,210,758
2011-12	\$ 6,638,543	\$ 2,837,700	\$ 9,476,244
Sep 2012	\$ 1,487,376	\$ 257,768	\$ 1,745,144
Dec 2012	\$ 1,774,666	\$ 540,874	\$ 2,315,540
Mar 2013	\$ 1,533,401	\$ 298,849	\$ 1,832,250
Jun 2013	\$ 1,767,617	\$ 66,241	\$ 1,833,858
2012-13	\$ 6,563,060	\$ 1,163,732	\$ 7,726,792
Sep 2013	\$ 1,792,721	\$ 532,810	\$ 2,325,531
Dec 2013	\$ 1,817,825	\$ 349,719	\$ 2,167,544
Mar 2014	\$ 1,842,929	\$ 439,296	\$ 2,282,225
Jun 2014	\$ 1,868,033	\$ 167,908	\$ 2,035,941
2013-14	\$ 7,321,508	\$ 1,489,733	\$ 8,811,241
Sep 2014	\$ 1,893,137	\$ 541,252	\$ 2,434,389
Dec 2014	\$ 1,918,241	\$ 358,160	\$ 2,276,401
Mar 2015	\$ 1,943,345	\$ 447,737	\$ 2,391,082
Jun 2015	\$ 1,968,449	\$ 176,349	\$ 2,144,798
2014-15	\$ 7,723,172	\$ 1,523,498	\$ 9,246,670

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

SAN DIEGO COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,958,231	\$ 0	\$ 1,958,231
Dec 2010	\$ 2,266,369	\$ 2,897,844	\$ 5,164,213
Mar 2011	\$ 1,876,657	\$ 494,203	\$ 2,370,860
Jun 2011	\$ 2,091,756	\$ 1,277,217	\$ 3,368,973
2010-11	\$ 8,193,013	\$ 4,669,264	\$ 12,862,277
Sep 2011	\$ 2,096,456	\$ 770,066	\$ 2,866,522
Dec 2011	\$ 2,212,933	\$ 730,766	\$ 2,943,699
Mar 2012	\$ 1,896,973	\$ 1,974,127	\$ 3,871,100
Jun 2012	\$ 2,260,252	\$ 615,047	\$ 2,875,299
2011-12	\$ 8,466,614	\$ 4,090,006	\$ 12,556,620
Sep 2012	\$ 1,902,865	\$ 730,005	\$ 2,632,870
Dec 2012	\$ 2,317,753	\$ 1,006,322	\$ 3,324,075
Mar 2013	\$ 2,083,020	\$ 254,620	\$ 2,337,640
Jun 2013	\$ 2,084,410	\$ 356,714	\$ 2,441,124
2012-13	\$ 8,388,048	\$ 2,347,662	\$ 10,735,710
Sep 2013	\$ 2,187,061	\$ 1,135,145	\$ 3,322,206
Dec 2013	\$ 2,161,218	\$ 1,055,109	\$ 3,216,327
Mar 2014	\$ 2,146,262	\$ 942,855	\$ 3,089,117
Jun 2014	\$ 2,122,857	\$ 762,185	\$ 2,885,042
2013-14	\$ 8,617,398	\$ 3,895,294	\$ 12,512,692
Sep 2014	\$ 2,225,508	\$ 1,135,145	\$ 3,360,653
Dec 2014	\$ 2,199,666	\$ 1,055,109	\$ 3,254,775
Mar 2015	\$ 2,184,709	\$ 942,855	\$ 3,127,564
Jun 2015	\$ 2,161,304	\$ 762,185	\$ 2,923,489
2014-15	\$ 8,771,187	\$ 3,895,294	\$ 12,666,481

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

SAN FRANCISCO COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 574,336	\$ 0	\$ 574,336
Dec 2010	\$ 730,878	\$ 275,897	\$ 1,006,775
Mar 2011	\$ 606,231	\$ 120,621	\$ 726,852
Jun 2011	\$ 806,046	\$ 118,320	\$ 924,366
2010-11	\$ 2,717,491	\$ 514,838	\$ 3,232,329
Sep 2011	\$ 617,193	\$ 202,504	\$ 819,697
Dec 2011	\$ 767,784	\$ 662,525	\$ 1,430,309
Mar 2012	\$ 673,348	\$ 547,159	\$ 1,220,507
Jun 2012	\$ 840,635	\$ 240,052	\$ 1,080,687
2011-12	\$ 2,898,960	\$ 1,652,240	\$ 4,551,200
Sep 2012	\$ 431,812	\$ 303,922	\$ 735,734
Dec 2012	\$ 802,386	\$ 50,494	\$ 852,880
Mar 2013	\$ 698,454	\$ 138,202	\$ 836,656
Jun 2013	\$ 762,051	\$ 126,124	\$ 888,175
2012-13	\$ 2,694,703	\$ 618,742	\$ 3,313,445
Sep 2013	\$ 780,006	\$ 165,499	\$ 945,505
Dec 2013	\$ 797,962	\$ 165,499	\$ 963,461
Mar 2014	\$ 815,917	\$ 165,499	\$ 981,416
Jun 2014	\$ 833,872	\$ 165,499	\$ 999,371
2013-14	\$ 3,227,757	\$ 661,996	\$ 3,889,753
Sep 2014	\$ 851,827	\$ 165,499	\$ 1,017,326
Dec 2014	\$ 869,782	\$ 165,499	\$ 1,035,281
Mar 2015	\$ 887,738	\$ 165,499	\$ 1,053,237
Jun 2015	\$ 905,693	\$ 165,499	\$ 1,071,192
2014-15	\$ 3,515,040	\$ 661,996	\$ 4,177,036

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

SANTA CLARA COUNTY

CCS State-Only Program Expenditures

<u>Quarter</u>	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,415,942	\$ 0	\$ 1,415,942
Dec 2010	\$ 1,485,253	\$ 1,671,796	\$ 3,157,049
Mar 2011	\$ 1,424,673	\$ 668,964	\$ 2,093,637
Jun 2011	\$ 1,416,200	\$ 1,299,158	\$ 2,715,358
2010-11	\$ 5,742,068	\$ 3,639,918	\$ 9,381,986
Sep 2011	\$ 1,528,386	\$ 515,154	\$ 2,043,540
Dec 2011	\$ 1,417,762	\$ 889,199	\$ 2,306,961
Mar 2012	\$ 1,435,130	\$ 1,142,874	\$ 2,578,004
Jun 2012	\$ 1,490,119	\$ 354,951	\$ 1,845,070
2011-12	\$ 5,871,397	\$ 2,902,177	\$ 8,773,574
Sep 2012	\$ 1,540,886	\$ 1,033,390	\$ 2,574,276
Dec 2012	\$ 1,648,319	\$ 310,614	\$ 1,958,933
Mar 2013	\$ 1,558,458	\$ 174,008	\$ 1,732,466
Jun 2013	\$ 1,580,904	\$ 197,726	\$ 1,778,630
2012-13	\$ 6,328,567	\$ 1,715,737	\$ 8,044,304
Sep 2013	\$ 1,596,913	\$ 700,437	\$ 2,297,350
Dec 2013	\$ 1,612,922	\$ 700,437	\$ 2,313,359
Mar 2014	\$ 1,628,931	\$ 700,437	\$ 2,329,368
Jun 2014	\$ 1,644,940	\$ 700,437	\$ 2,345,377
2013-14	\$ 6,483,706	\$ 2,801,748	\$ 9,285,454
Sep 2014	\$ 1,660,949	\$ 700,437	\$ 2,361,386
Dec 2014	\$ 1,676,958	\$ 700,437	\$ 2,377,395
Mar 2015	\$ 1,692,966	\$ 700,437	\$ 2,393,403
Jun 2015	\$ 1,708,975	\$ 700,437	\$ 2,409,412
2014-15	\$ 6,739,848	\$ 2,801,748	\$ 9,541,596

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

CCS TREND REPORT

OTHER INDEPENDENT COUNTIES

CCS State-Only Program Expenditures			
<u>Quarter</u>	<u>Therapy</u>	<u>Treatment</u>	<u>Total</u>
	<u>Dollars</u>	<u>Dollars</u>	<u>Dollars</u>
Sep 2010	\$ 4,706,623	\$ 0	\$ 4,706,623
Dec 2010	\$ 5,873,400	\$ 5,152,445	\$ 11,025,845
Mar 2011	\$ 5,116,121	\$ 1,423,282	\$ 6,539,402
Jun 2011	\$ 5,847,411	\$ 3,102,572	\$ 8,949,983
2010-11	\$ 21,543,555	\$ 9,678,299	\$ 31,221,854
Sep 2011	\$ 4,996,140	\$ 2,405,939	\$ 7,402,078
Dec 2011	\$ 5,615,311	\$ 2,348,454	\$ 7,963,765
Mar 2012	\$ 5,334,999	\$ 2,902,465	\$ 8,237,465
Jun 2012	\$ 6,248,120	\$ 2,084,065	\$ 8,332,185
2011-12	\$ 22,194,570	\$ 9,740,923	\$ 31,935,493
Sep 2012	\$ 4,934,535	\$ 2,163,581	\$ 7,098,116
Dec 2012	\$ 5,549,657	\$ 2,761,359	\$ 8,311,016
Mar 2013	\$ 5,456,266	\$ 948,132	\$ 6,404,398
Jun 2013	\$ 5,832,339	\$ 1,214,311	\$ 7,046,650
2012-13	\$ 21,772,797	\$ 7,087,383	\$ 28,860,180
Sep 2013	\$ 5,592,860	\$ 2,302,681	\$ 7,895,541
Dec 2013	\$ 5,806,684	\$ 2,331,619	\$ 8,138,303
Mar 2014	\$ 5,830,765	\$ 2,360,553	\$ 8,191,318
Jun 2014	\$ 6,025,960	\$ 2,389,491	\$ 8,415,451
2013-14	\$ 23,256,269	\$ 9,384,344	\$ 32,640,613
Sep 2014	\$ 5,786,480	\$ 2,418,426	\$ 8,204,906
Dec 2014	\$ 6,000,302	\$ 2,447,362	\$ 8,447,664
Mar 2015	\$ 6,024,386	\$ 2,476,298	\$ 8,500,684
Jun 2015	\$ 6,219,581	\$ 2,505,234	\$ 8,724,815
2014-15	\$ 24,030,749	\$ 9,847,320	\$ 33,878,069

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

CALIFORNIA CHILDREN'S SERVICES

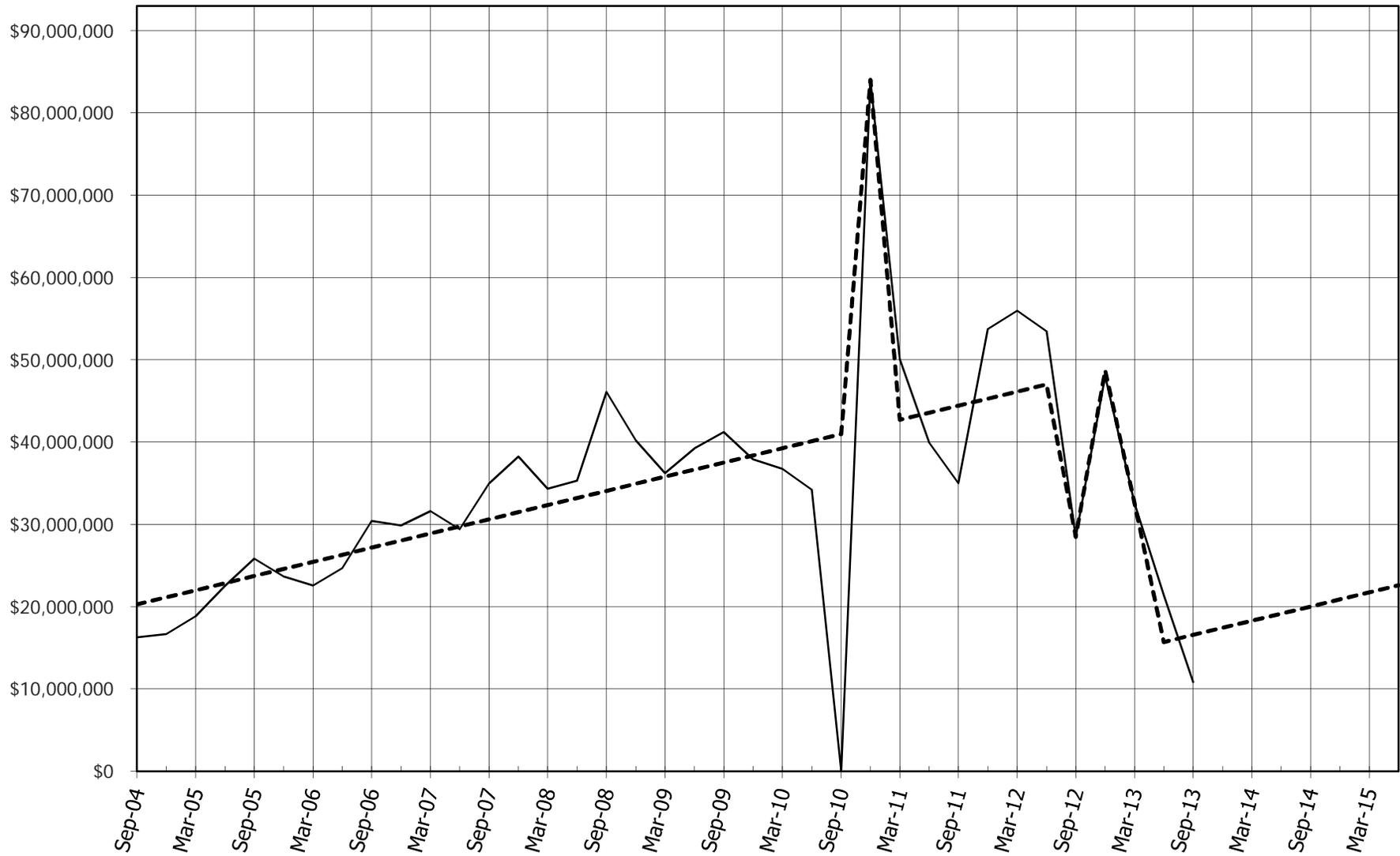
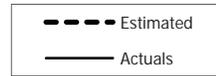
CCS TREND REPORT

OTHER - DEPENDENT COUNTIES

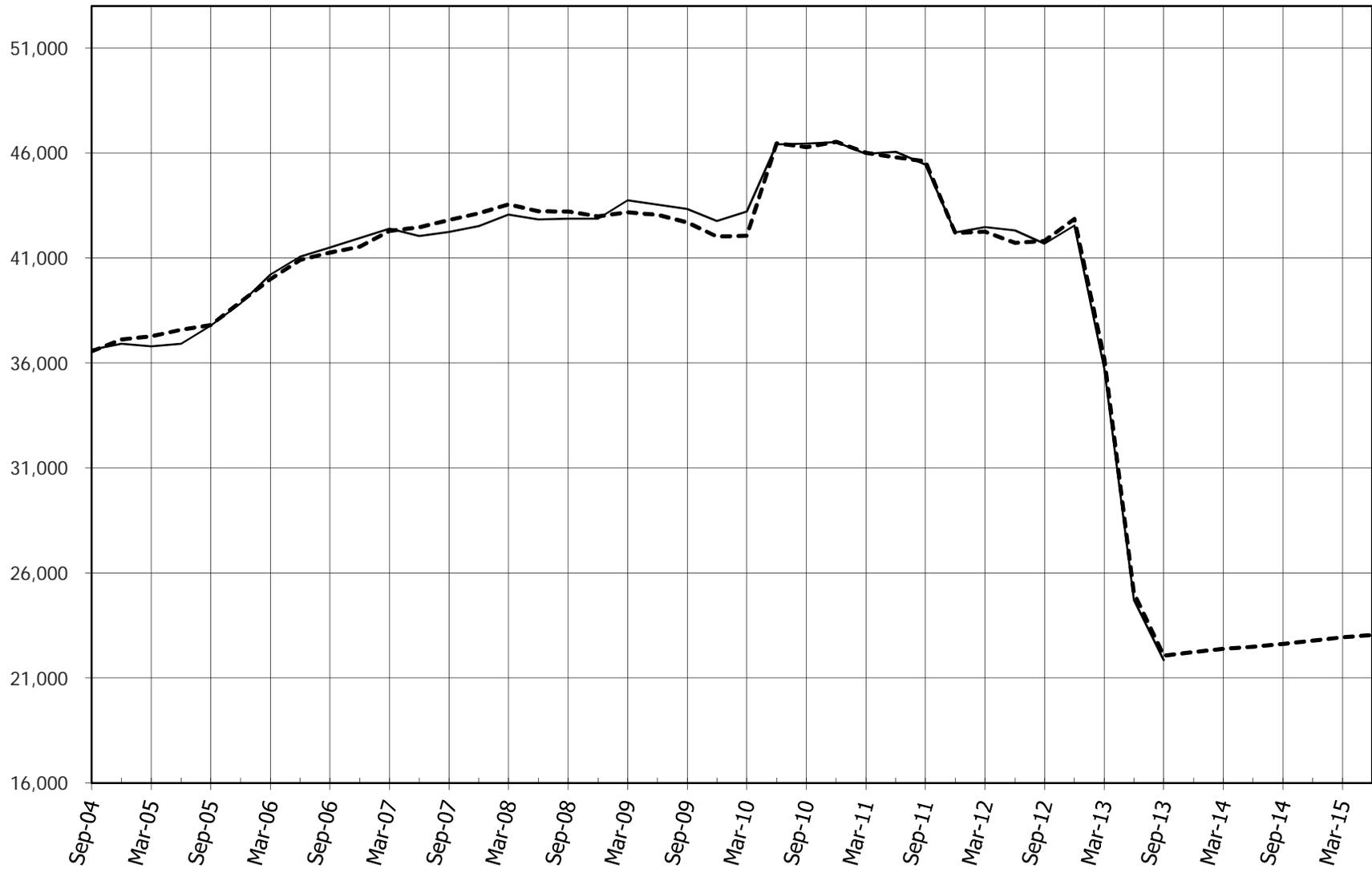
<u>Quarter</u>	CCS State-Only Program Expenditures		
	<u>Therapy Dollars</u>	<u>Treatment Dollars</u>	<u>Total Dollars</u>
Sep 2010	\$ 1,086,796	\$ 0	\$ 1,086,796
Dec 2010	\$ 1,354,919	\$ 1,778,563	\$ 3,133,482
Mar 2011	\$ 1,209,550	\$ 776,393	\$ 1,985,944
Jun 2011	\$ 1,445,401	\$ 1,886,831	\$ 3,332,232
2010-11	\$ 5,096,666	\$ 4,441,788	\$ 9,538,454
Sep 2011	\$ 1,132,582	\$ 573,953	\$ 1,706,535
Dec 2011	\$ 1,240,698	\$ 686,626	\$ 1,927,323
Mar 2012	\$ 1,264,775	\$ 1,424,689	\$ 2,689,463
Jun 2012	\$ 1,224,870	\$ 491,395	\$ 1,716,265
2011-12	\$ 4,862,925	\$ 3,176,662	\$ 8,039,587
Sep 2012	\$ 1,047,342	\$ 715,855	\$ 1,763,197
Dec 2012	\$ 1,129,389	\$ 1,020,191	\$ 2,149,580
Mar 2013	\$ 1,205,619	\$ 653,195	\$ 1,858,814
Jun 2013	\$ 1,258,276	\$ 534,464	\$ 1,792,740
2012-13	\$ 4,640,626	\$ 2,923,706	\$ 7,564,332
Sep 2013	\$ 1,239,005	\$ 883,802	\$ 2,122,807
Dec 2013	\$ 1,269,335	\$ 908,982	\$ 2,178,317
Mar 2014	\$ 1,273,171	\$ 870,901	\$ 2,144,072
Jun 2014	\$ 1,308,262	\$ 860,247	\$ 2,168,509
2013-14	\$ 5,089,773	\$ 3,523,932	\$ 8,613,705
Sep 2014	\$ 1,288,990	\$ 923,131	\$ 2,212,121
Dec 2014	\$ 1,319,320	\$ 948,317	\$ 2,267,637
Mar 2015	\$ 1,323,159	\$ 910,232	\$ 2,233,391
Jun 2015	\$ 1,358,246	\$ 899,579	\$ 2,257,825
2014-15	\$ 5,289,715	\$ 3,681,259	\$ 8,970,974

Notes: All expenditure amounts include County funding.
Due to rounding, annual caseload averages may differ from Caseload pages.

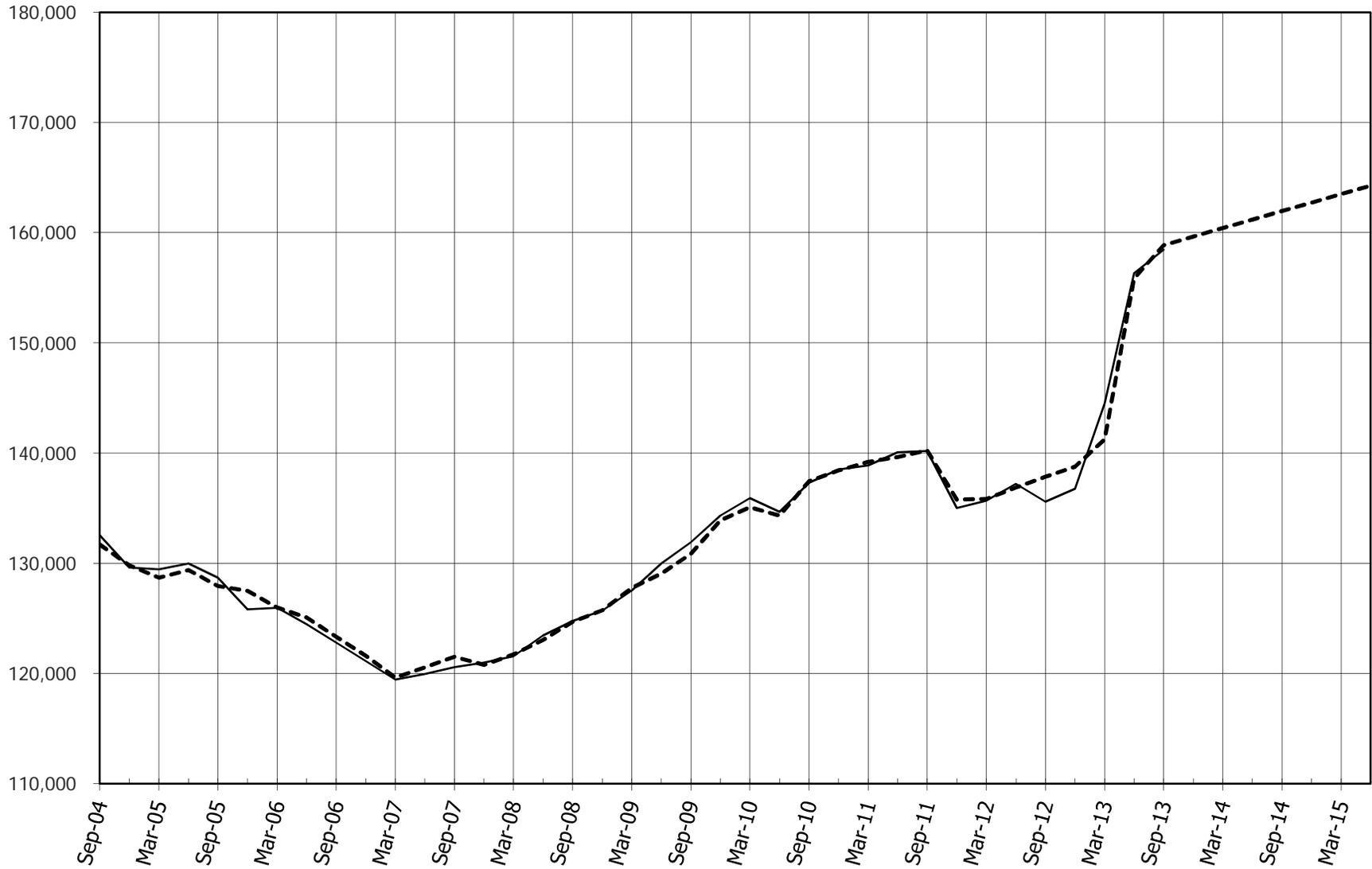
CCS Healthy Families Quarterly Expenditures
--Includes County Funds--



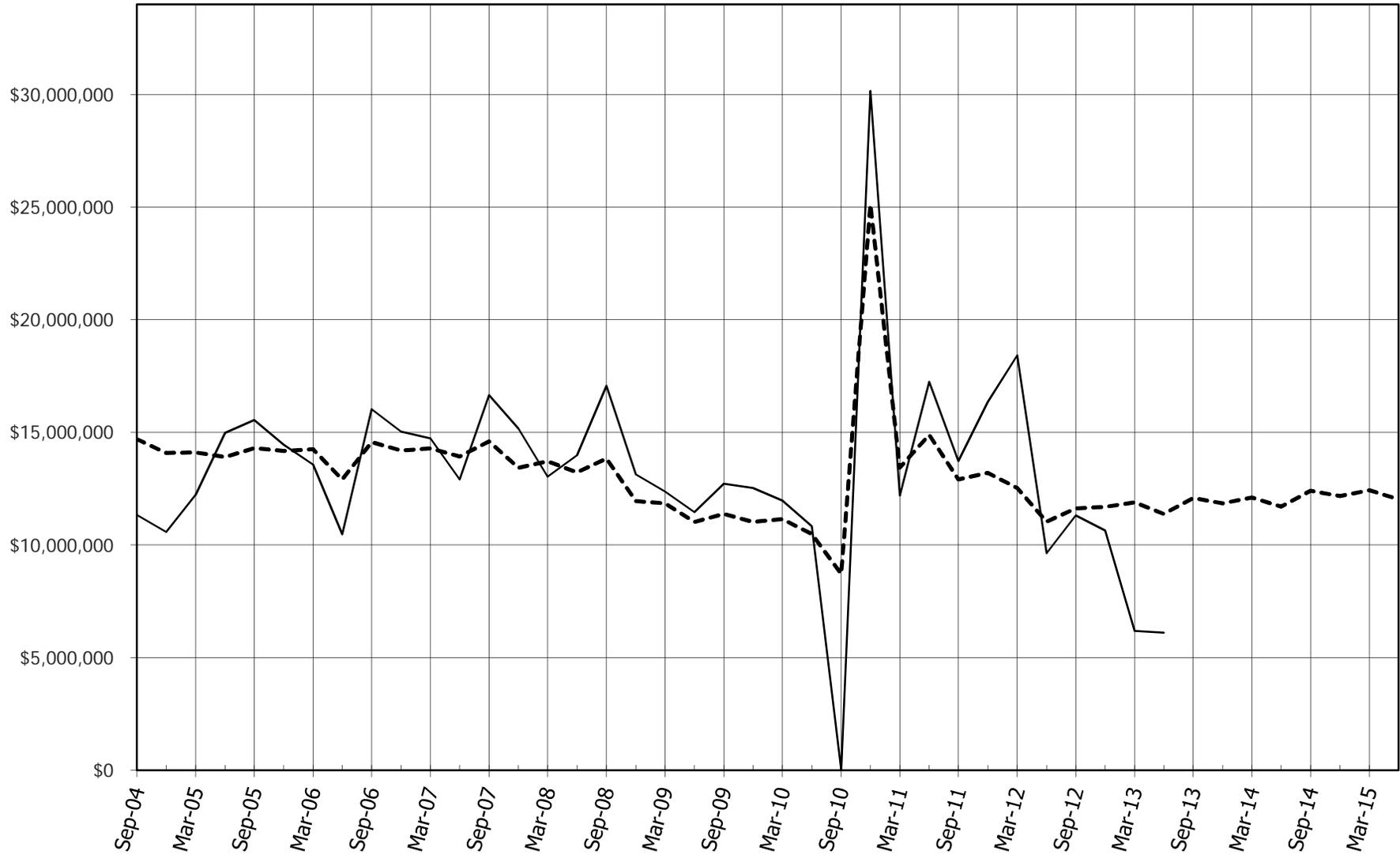
Total Statewide CCS-Only and CCS-HF Caseload



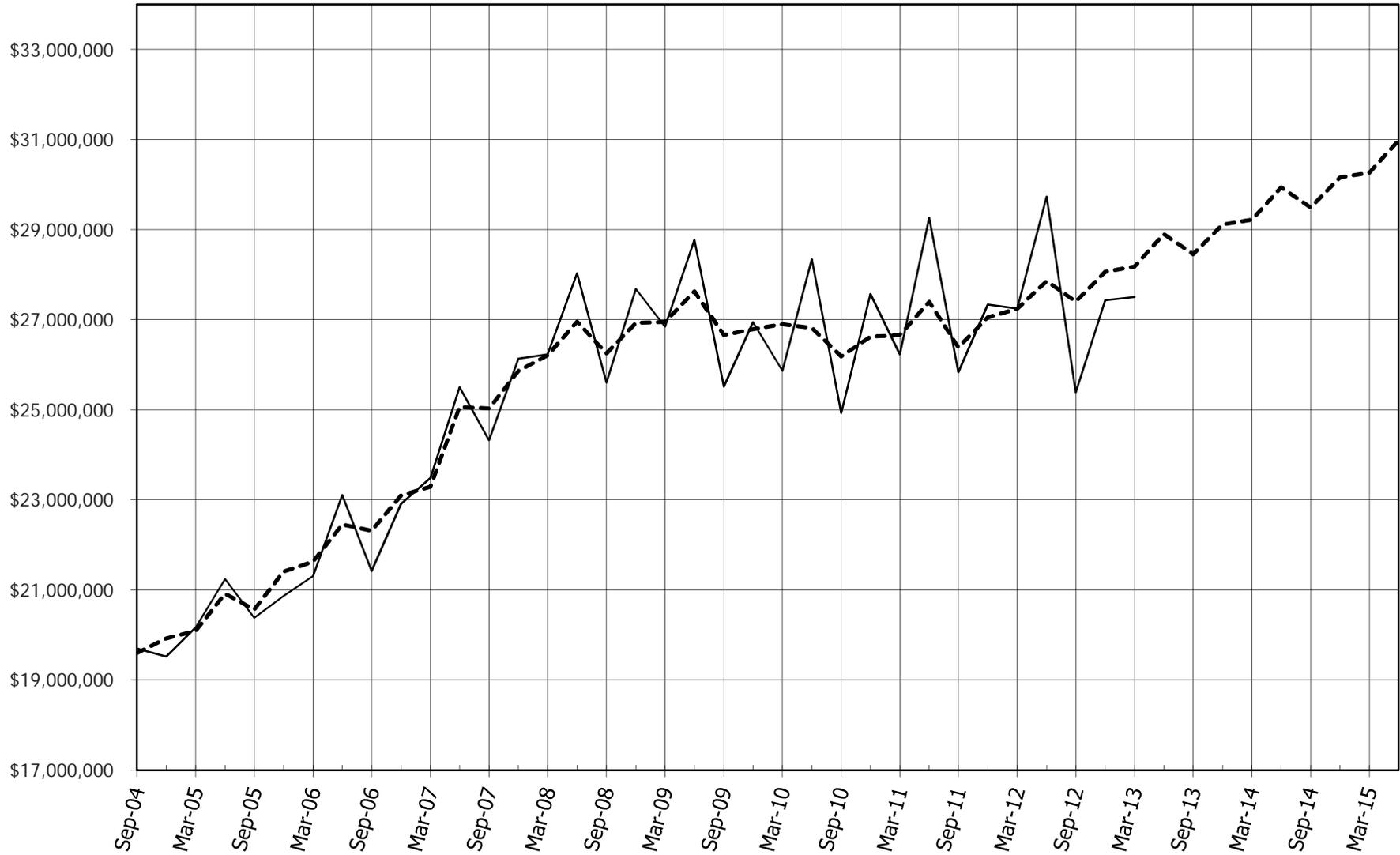
Total Statewide Medi-Cal Caseload



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 2013-14 and 2014-15 Compared to May 2013 Estimate

FY 2013-14, Comparison of November 2013 Estimate to Appropriation

	<u>Appropriation FY 2013-14</u>	<u>Nov. 13 Est. FY 2013-14</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens:	26,547	26,039	(508)
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,769,000	\$ 1,756,000	(\$ 13,000)
4260-111-0080 (CLPP Funds)	\$ 26,000	\$ 11,000	(\$ 15,000)
Total Funds	\$ 1,795,000	\$ 1,767,000	(\$ 28,000)

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

	<u>Nov. 13 Est. FY 2013-14</u>	<u>Nov. 13 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
State-Only Screens:	26,039	26,546	507
Net Dollars:			
4260-111-0001 (General Fund)	\$ 1,756,000	\$ 1,800,000	\$ 44,000
4260-111-0080 (CLPP Funds)	\$ 11,000	\$ 11,000	\$ 0
Total Funds	\$ 1,767,000	\$ 1,811,000	\$ 44,000

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

FY 2013-14, November 2013 Estimate Compared to Appropriation			
	<u>Appropriation FY 2013-14</u>	<u>Nov. 13 Est. FY 2013-14</u>	<u>Difference Incr./((Decr.)</u>
Annual Screens	26,547	26,039	(508)
Program Expenditures			
A. CHDP Services	\$ 1,452,000	\$ 1,439,000	(\$ 13,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 99,000	\$ 84,000	(\$ 15,000)
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,795,000	\$ 1,767,000	(\$ 28,000)
Funding			
A. General Fund 4260-111-0001	\$ 1,769,000	\$ 1,756,000	(\$ 13,000)
B. CLPP Funds 4260-111-0080	\$ 26,000	\$ 11,000	(\$ 15,000)

November 2013 Estimate, Fiscal Year 2013-14 Compared to Fiscal Year 2014-15			
	<u>Nov. 13 Est. FY 2013-14</u>	<u>Nov. 13 Est. FY 2014-15</u>	<u>Difference Incr./((Decr.)</u>
Annual Screens	26,039	26,546	507
Program Expenditures			
A. CHDP Services	\$ 1,439,000	\$ 1,467,000	\$ 28,000
B. CHDP Administration			
1. Fiscal Intermediary	\$ 84,000	\$ 100,000	\$ 16,000
2. CHDP Program Allocation	\$ 244,000	\$ 244,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 1,767,000	\$ 1,811,000	\$ 44,000
Funding			
A. General Fund 4260-111-0001	\$ 1,756,000	\$ 1,800,000	\$ 44,000
B. CLPP Funds 4260-111-0080	\$ 11,000	\$ 11,000	\$ 0
Average \$/Screen			
Total CHDP	\$ 55.26	\$ 55.26	\$ 0.00

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

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

<u>QUARTER</u>	<u>SCREENS</u>	<u>WEIGHTED AVG TOTAL FEE</u>	<u>TOTAL COST</u>
1	8,413	\$ 62.47	\$ 525,595
2	9,048	\$ 57.82	\$ 523,185
3	7,876	\$ 56.36	\$ 443,886
4	5,527	\$ 60.67	\$ 335,337
2009-10	30,864	\$ 59.23	\$ 1,828,003
1	1,047	\$ 62.19	\$ 65,110
2	17,408	\$ 62.94	\$ 1,095,651
3	7,170	\$ 59.61	\$ 427,384
4	9,398	\$ 59.26	\$ 556,900
2010-11	35,023	\$ 61.25	\$ 2,145,044
1	14,273	\$ 61.29	874,813
2	11,690	\$ 55.94	653,918
3	7,467	\$ 51.89	387,453
4	6,929	\$ 53.13	368,114
2011-12	40,359	\$ 56.59	\$ 2,284,297
1	7,051	\$ 55.19	389,156
2	6,945	\$ 59.59	391,128
3	5,696	\$ 54.26	309,039
4	6,080	\$ 53.64	326,119
2012-13	25,772	\$ 54.90	\$ 1,415,441
1*	7,472	\$ 56.57	\$ 422,673
2*	6,997	\$ 55.30	\$ 386,964
3*	5,422	\$ 53.94	\$ 292,469
4*	6,148	\$ 54.87	\$ 337,318
2013-14	26,039	\$ 55.26	\$ 1,439,424
1*	7,978	\$ 56.45	\$ 450,413
2*	6,997	\$ 55.30	\$ 386,964
3*	5,422	\$ 53.94	\$ 292,469
4*	6,148	\$ 54.87	\$ 337,318
2014-15	26,546	\$ 55.26	\$ 1,467,164

* Includes estimated values

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

Fiscal Year 2013-14, November 2013 Estimate Compared to Appropriation

<u>POLICY CHG.</u> TYPE	NO.	DESCRIPTION	FY 2013-14 APPROPRIATION		NOVEMBER 2013 ESTIMATE		DIFFERENCE, Incr./((Decr.))	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES	\$99,000	\$99,000	\$84,000	\$84,000	-\$15,000	-\$15,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
CHDP TOTAL			\$99,000	\$99,000	\$84,000	\$84,000	-\$15,000	-\$15,000

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

<u>POLICY CHG.</u> TYPE	NO.	DESCRIPTION	Nov. 2013 Est. for FY 2013-14		Nov. 2013 Est. for FY 2014-15		DIFFERENCE, Incr./((Decr.))	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES	\$84,000	\$84,000	\$100,000	\$100,000	\$16,000	\$16,000
Benefits	2	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
CHDP TOTAL			\$84,000	\$84,000	\$100,000	\$100,000	\$16,000	\$16,000

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2002
ANALYST: Randolph Alarcio

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST - TOTAL FUNDS	\$84,000	\$100,000
- GENERAL FUND	\$84,000	\$100,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$84,000	\$100,000
- GENERAL FUND	\$84,000	\$100,000

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 Program (CHDP) medical claims.

Authority:

Health & Safety Code 124033

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
FY 2013-14			
General ACLs	126,426	\$ 0.66	\$ 84,000
Total FY 2013-14			\$ 84,000
FY 2014-15			
General ACLs	128,887	\$ 0.77	\$ 100,000
Total FY 2014-15			\$ 100,000

Funding:

100% GF (4260-111-0001)

CLPP FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 07/2011
ANALYST: Yumie Park

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

Purpose:

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

Authority:

Health & Safety Code 105305, 105310, 124075
 Interagency Agreement (IA)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

The IA has been updated to reflect the estimated cost of the State-Only blood lead testing.

Methodology:

1. CHDP State-Only CLPP is funded by 100% State Funds.
2. The current IA with the Department of Public Health expired at the end of FY 2012-13. It is assumed that the IA will be extended for another three years, and the CLPP funding allocated for FY 2013-14 and FY 2014-15 will be \$11,000.

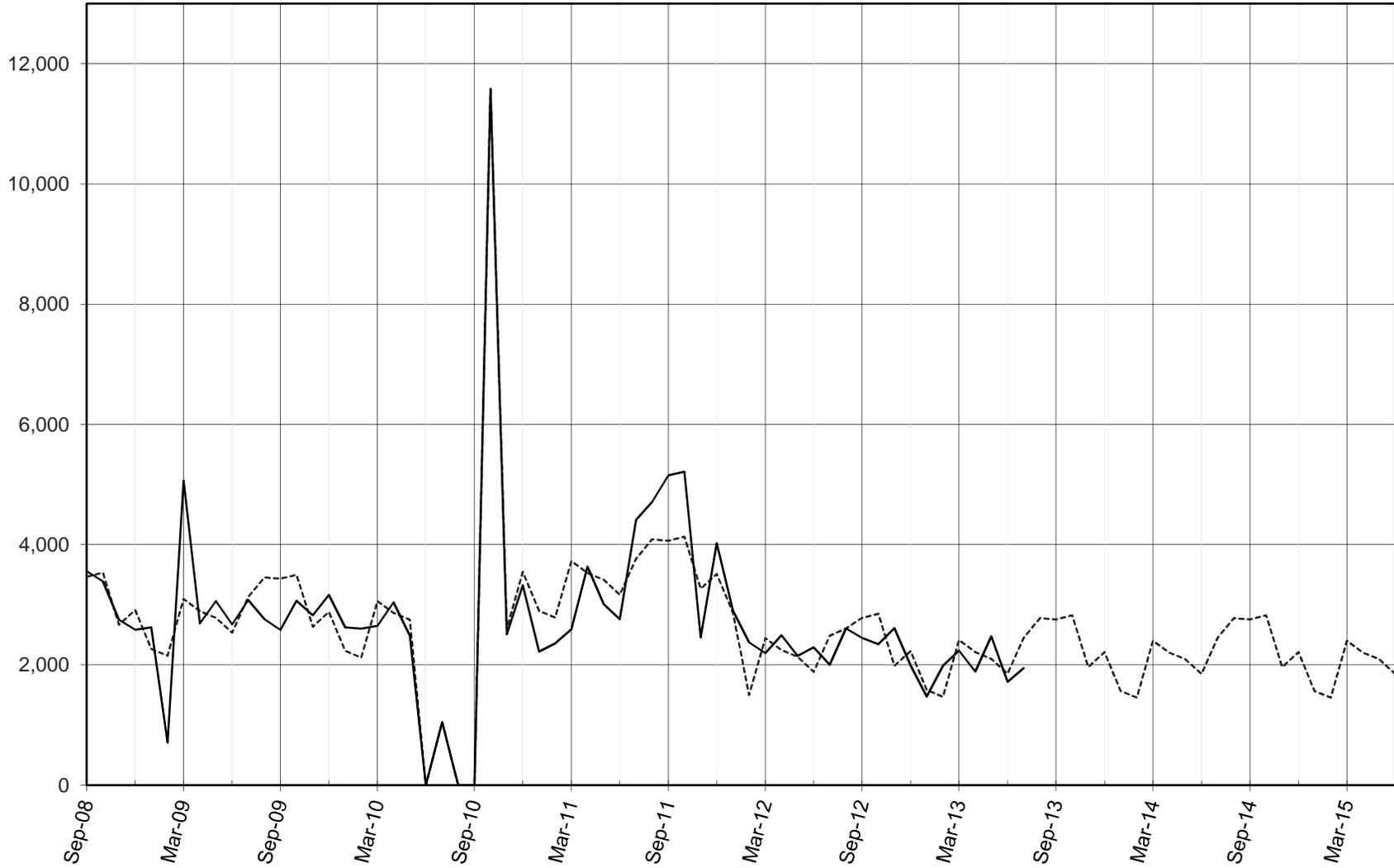
	<u>CLPP Fund</u>
FY 2013-14	\$11,000
FY 2014-15	\$11,000

Funding:

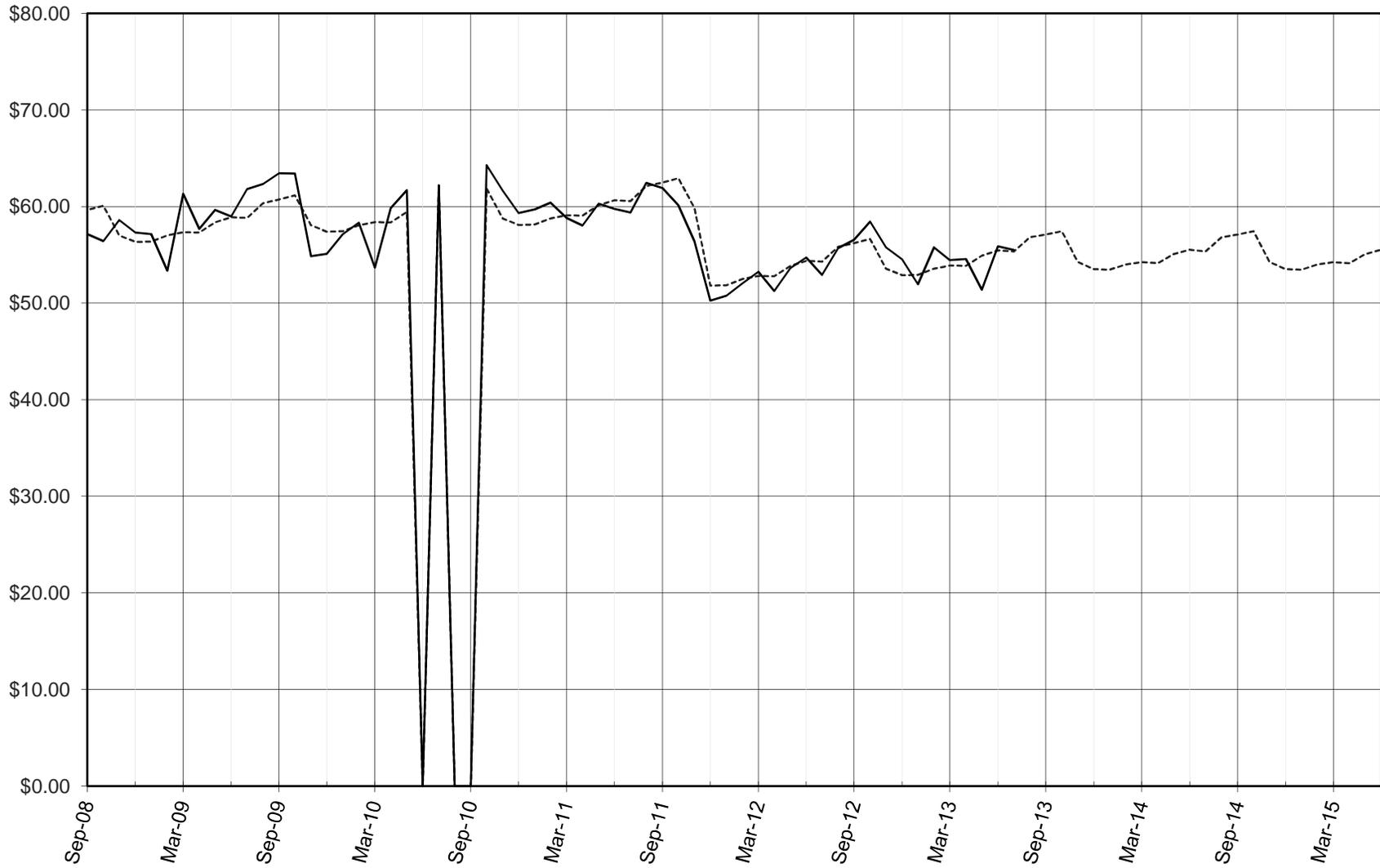
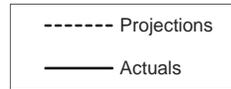
CLPP Fund (4260-111-0080)

GF (4260-111-0001)

CHDP Screens



CHDP Dollars Per Screen



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

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

	<u>Appropriation FY 2013-14</u>	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	944	967	23
Net Dollars:			
4260-111-0001 (General Fund)	\$24,338,800	\$17,345,900	(\$6,992,900)
4260-601-7503 (Federal Title XIX HCSF)	\$43,868,000	\$46,719,000	\$2,851,000
4260-601-0995 (Enrollment Fees)	\$376,000	\$452,700	\$76,700
4260-601-3079 (Rebate Special Fund)	\$42,158,000	\$36,979,000	(\$5,179,000)
Total	\$110,740,800	\$101,496,600	(\$9,244,200)

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

	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Nov. 2013 Est. FY 2014-15</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	967	987	20
Net Dollars:			
4260-111-0001 (General Fund)	\$17,345,900	\$63,609,300	\$46,263,400
4260-601-7503 (Federal Title XIX HCSF)	\$46,719,000	\$48,271,000	\$1,552,000
4260-601-0995 (Enrollment Fees)	\$452,700	\$452,700	\$0
4260-601-3079 (Rebates Special Fund)	\$36,979,000	\$10,000,000	(\$26,979,000)
Total	\$101,496,600	\$122,333,000	\$20,836,400

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

November 2013 Estimate Compared to May 2013 Estimate, Total Funds

	<u>Appropriation</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 112,564,000	\$ 111,985,000	\$ (579,000)
2. Policy Changes	\$ (1,889,200)	\$ (10,561,400)	\$ (8,672,200)
Total for Services	\$ 110,674,800	\$ 101,423,600	\$ (9,251,200)
Fiscal Intermediary	\$ 66,000	\$ 73,000	\$ 7,000
Total GHPP Program	\$ 110,740,800	\$ 101,496,600	\$ (9,244,200)

November 2013 Estimate Compared to May 2013 Estimate, General Fund

	<u>Appropriation</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 112,564,000	\$ 111,985,000	\$ (579,000)
2. Policy Changes	\$ (88,291,200)	\$ (94,712,100)	\$ (6,420,900)
Total for Services	\$ 24,272,800	\$ 17,272,900	\$ (6,999,900)
Fiscal Intermediary	\$ 66,000	\$ 73,000	\$ 7,000
Total GHPP Program	\$ 24,338,800	\$ 17,345,900	\$ (6,992,900)

November 2013 Estimate Compared to May 2013 Estimate, Federal Funds

	<u>Appropriation</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 43,868,000	\$ 46,719,000	\$ 2,851,000
Total for Services	\$ 43,868,000	\$ 46,719,000	\$ 2,851,000
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 43,868,000	\$ 46,719,000	\$ 2,851,000

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

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

	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 111,985,000	\$ 122,960,000	\$ 10,975,000
2. Policy Changes	\$ (10,561,400)	\$ (719,000)	\$ 9,842,400
Total for Services	\$ 101,423,600	\$ 122,241,000	\$ 20,817,400
Fiscal Intermediary	\$ 73,000	\$ 92,000	\$ 19,000
Total GHPP Program	\$ 101,496,600	\$ 122,333,000	\$ 20,836,400

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

	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 111,985,000	\$ 122,960,000	\$ 10,975,000
2. Policy Changes	\$ (94,712,100)	\$ (59,442,700)	\$ 35,269,400
Total for Services	\$ 17,272,900	\$ 63,517,300	\$ 46,244,400
Fiscal Intermediary	\$ 73,000	\$ 92,000	\$ 19,000
Total GHPP Program	\$ 17,345,900	\$ 63,609,300	\$ 46,263,400

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

	<u>Nov. 2013 Est.</u> <u>FY 2013-14</u>	<u>Nov. 2013 Est.</u> <u>FY 2014-15</u>	<u>Difference</u> <u>Incr./Decr.</u>
1. Base Expenditure Estimate	-	-	-
2. Policy Changes	\$ 46,719,000	\$ 48,271,000	\$ 1,552,000
Total for Services	\$ 46,719,000	\$ 48,271,000	\$ 1,552,000
Fiscal Intermediary	-	-	-
Total GHPP Program	\$ 46,719,000	\$ 48,271,000	\$ 1,552,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2012-13 Actuals	Hemophilia	359	\$ 247,300	\$ 88,791,000
	Cystic Fibrosis	317	21,800	6,916,000
	Sickle Cell	124	13,800	1,715,000
	Huntington's	66	5,900	390,000
	Metabolic 2/	40	4,400	177,000
		-----	-----	-----
		906	\$ 108,200	\$ 97,989,000
2013-14 Estimate	Hemophilia	389	\$ 264,500	\$ 102,875,000
	Cystic Fibrosis	332	21,200	7,042,000
	Sickle Cell	130	11,300	1,464,000
	Huntington's	69	4,200	293,000
	Metabolic 2/	47	6,600	311,000
		-----	-----	-----
		967	\$ 115,800	\$ 111,985,000
2014-15 Estimate	Hemophilia	400	\$ 280,600	\$ 112,253,000
	Cystic Fibrosis	334	24,800	8,285,000
	Sickle Cell	132	13,300	1,755,000
	Huntington's	68	4,500	304,000
	Metabolic 2/	53	6,800	363,000
		-----	-----	-----
		987	\$ 124,600	\$ 122,960,000

1/ Actual expenditure data is complete through August 2013.
 Actual caseload data is complete through August 2013.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Base Estimate Comparisons for Fiscal Years 2013-14 and 2014-15****FY 2013-14, November 2013 Estimate Compared to Appropriation**

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./((Decr.))
Hemophilia	\$ 100,633,000	\$ 102,875,000	\$ 2,242,000
Cystic Fibrosis	9,113,000	7,042,000	(2,071,000)
Sickle Cell	2,218,000	1,464,000	(754,000)
Huntington's	307,000	293,000	(14,000)
Metabolic	293,000	311,000	18,000
TOTAL	\$ 112,564,000	\$ 111,985,000	\$ (579,000)

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

	Nov. 13 Est. FY 2013-14	Nov. 2013 Est. FY 2014-15	Difference Incr./((Decr.))
Hemophilia	\$ 102,875,000	\$ 112,253,000	\$ 9,378,000
Cystic Fibrosis	7,042,000	8,285,000	1,243,000
Sickle Cell	1,464,000	1,755,000	291,000
Huntington's	293,000	304,000	11,000
Metabolic	311,000	363,000	52,000
TOTAL	\$ 111,985,000	\$ 122,960,000	\$ 10,975,000

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate

Fiscal Year 2013-14

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	563	174	389
Cystic Fibrosis	506	174	332
Sickle Cell	358	228	130
Huntington's	151	82	69
Metabolic	<u>112</u>	<u>65</u>	<u>47</u>
Total	1,690	723	967

Fiscal Year 2014-15

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	578	178	400
Cystic Fibrosis	518	184	334
Sickle Cell	373	241	132
Huntington's	152	84	68
Metabolic	<u>121</u>	<u>68</u>	<u>53</u>
Total	1,742	755	987

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

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

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./(Decr.)
Hemophilia	374	389	15
Cystic Fibrosis	327	332	5
Sickle Cell	129	130	1
Huntington's	67	69	2
Metabolic	47	47	0
Total	944	967	23

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

	Nov. 2013 Est. FY 2013-14	Nov. 2013 Est. FY 2014-15	Difference Incr./(Decr.)
Hemophilia	389	400	11
Cystic Fibrosis	332	334	2
Sickle Cell	130	132	2
Huntington's	69	68	(1)
Metabolic	47	53	6
Total	967	987	20

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Medi-Cal Caseload Comparison

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

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./(Decr.)
Hemophilia	171	174	3
Cystic Fibrosis	188	174	(14)
Sickle Cell	234	228	(6)
Huntington's	88	82	(6)
Metabolic	<u>67</u>	<u>65</u>	<u>(2)</u>
Total	748	723	(25)

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

	Nov. 2013 Est. FY 2013-14	Nov. 2013 Est. FY 2014-15	Difference Incr./(Decr.)
Hemophilia	174	178	4
Cystic Fibrosis	174	184	10
Sickle Cell	228	241	13
Huntington's	82	84	2
Metabolic	<u>65</u>	<u>68</u>	<u>3</u>
Total	723	755	32

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

Fiscal Year 2013-14, November 2013 Estimate Compared to Appropriation								
POLICY CHG.		FY 2013-14 APPROPRIATION		NOVEMBER 2013 ESTIMATE		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES	\$66,000	\$66,000	\$73,000	\$73,000	\$7,000	\$7,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$95,000	\$95,000	\$76,000	\$76,000	-\$19,000	-\$19,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$243,200	-\$243,200	-\$98,000	-\$98,000	\$145,200	\$145,200
Benefits	7	GHPP INPATIENT REIMBURSEMENT	-\$1,594,000	-\$1,594,000	\$0	\$0	\$1,594,000	\$1,594,000
Benefits	8	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$147,000	-\$147,000	-\$119,400	-\$119,400	\$27,600	\$27,600
Benefits	9	UNITED STATES OF AMERICA V. BIO-MED PLUS, INC.	\$0	\$0	-\$10,420,000	-\$10,420,000	-\$10,420,000	-\$10,420,000
GHPP TOTAL			-\$1,823,200	-\$1,823,200	-\$10,488,400	-\$10,488,400	-\$8,665,200	-\$8,665,200

Fiscal Year 2013-14 Compared to Fiscal Year 2014-15								
POLICY CHG.		Nov. 2013 Est. for FY 2013-14		Nov. 2013 Est. for FY 2014-15		DIFFERENCE, Incr./Decr.)		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES	\$73,000	\$73,000	\$92,000	\$92,000	\$19,000	\$19,000
Benefits	3	BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	MH/UCD & BTR - SAFETY NET CARE POOL	\$0	\$0	\$0	\$0	\$0	\$0
Other	5	GHPP PREMIUM COSTS	\$76,000	\$76,000	\$112,000	\$112,000	\$36,000	\$36,000
Benefits	6	GHPP PREMIUM SAVINGS	-\$98,000	-\$98,000	-\$500,200	-\$500,200	-\$402,200	-\$402,200
Benefits	7	GHPP INPATIENT REIMBURSEMENT	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	8	DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY	-\$119,400	-\$119,400	-\$330,800	-\$330,800	-\$211,400	-\$211,400
Benefits	9	UNITED STATES OF AMERICA V. BIO-MED PLUS, INC.	-\$10,420,000	-\$10,420,000	\$0	\$0	\$10,420,000	\$10,420,000
GHPP TOTAL			-\$10,488,400	-\$10,488,400	-\$627,000	-\$627,000	\$9,861,400	\$9,861,400

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

ENROLLMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Celine Donaldson

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$452,700	-\$452,700
	- ENROLLMENT FEES FUND	\$452,700	\$452,700
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$452,700	-\$452,700
	- ENROLLMENT FEES FUND	\$452,700	\$452,700

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

Increase in collected enrollment fees occurred at the end of FY 2012-13.

Methodology:

1. Based on actual enrollment fees of \$440,113 collected in FY 2012-13, and \$87,990 collected in the first two months of FY 2013-14, base fee collections are estimated to be approximately \$452,700 for FY 2013-14 and FY 2014-15.

FY 2013-14: $\$(440,113 + 87,990) \div 14 \times 12 = \$452,700$ (\$452,700 GF)

FY 2014-15: $\$(440,113 + 87,990) \div 14 \times 12 = \$452,700$ (\$452,700 GF)

Funding:

General Fund (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$73,000	\$92,000
	- GENERAL FUND	\$73,000	\$92,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$73,000	\$92,000
	- GENERAL FUND	\$73,000	\$92,000

Purpose:

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

Authority:

Health & Safety Code 125130

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

Updated data became available for claim months.

Methodology:

1. The estimated medical FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	76,388	\$ 0.66	\$ 50,000
Online ACLs	53,040	\$ 0.41	\$ 22,000
Total FY 2013-14			\$ 72,000

<u>FY 2014-15</u>	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	77,968	\$ 0.77	\$ 60,000
Online ACLs	54,137	\$ 0.58	\$ 31,000
Total FY 2014-15			\$ 91,000

2. The estimated dental FI administrative costs are:

<u>FY 2013-14</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	258	\$ 1.41	\$ 364
TARs	54	\$ 8.28	\$ 447
Total FY 2013-14			\$ 811

<u>FY 2014-15</u>	<u>Estimated Claims</u>	<u>Rates</u>	<u>Estimated Expenditure</u>
ACLs	280	\$ 1.44	\$ 403
TARs	54	\$ 8.45	\$ 456
Total FY 2014-15			\$ 859

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Medical	\$ 72,000	\$ 91,000
Dental	\$ 1,000	\$ 1,000
Total	\$ 73,000	\$ 92,000

Funding:

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES AND CONTRACT SAVINGS

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$36,979,000	-\$10,000,000
	- REBATE SPECIAL FUND	\$36,979,000	\$10,000,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$36,979,000	-\$10,000,000
	- REBATE SPECIAL FUND	\$36,979,000	\$10,000,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

The change is due to an increase in GHPP Expenditures, a reduction in Title V funds, and a reimbursement for California Children's Services county share.

Methodology:

1. The estimate is based on rebates received in FY 2011-12 and FY 2012-13.
2. The Department anticipates to collect \$8,000,000 in FY 2013-14 and \$10,000,000 in FY 2014-15 for GHPP rebates.

Fund Balance as of July 2013	(\$42,291,000)
GHPP Rebates	(\$8,000,000)
FY 2013-14 GHPP Expenditures	\$8,000,000
Federal Reduction of Title V Funds	\$3,112,000
Reimburse CCS County Share	\$1,200,000
Reserve account per Estimate	\$1,000,000
Total Funds for FY 2013-14	(\$36,979,000)

Funding:

Rebates Special Fund (4260-601-3079)

MH/UCD & BTR - SAFETY NET CARE POOL

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

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

The change is due to updated program expenditures.

Methodology:

1. Total eligible expenditures have been reduced by 17.79% under the MH/UCD and 13.95% under the BTR to adjust for services provided to undocumented persons. The FFP received for GHPP will be deposited in the Health Care Support Fund, Item 4260-601-7503. These funds are transferred to the Family Health Estimate. The GF savings is reflected in the Family Health Estimate. The GF savings created will be used to support safety net hospitals under the MH/UCD and BTR.
2. Under the American Recovery and Reinvestment Act of 2009 (ARRA), California's Financial Medical Assistance Percentage (FMAP) increased from 50% to 61.59% for October 1, 2008 through December 31, 2010. The Education, Jobs and Medicaid Assistance Act of 2010 added six additional months of increased FMAP. California's FMAP was 58.77% for January 1, 2011 through March 31, 2011, and 56.88% for April 1, 2011 through June 30, 2011. Because of the increased FMAP, the annual SNCP federal funds allotment will increase for expenditures incurred from October 1, 2008 to August 31, 2010, resulting in additional \$423.769 million federal funds available in the SNCP. The Department claims these funds using certified public expenditures. This policy change budgets those federal funds that are claimed using CPEs from the GHPP
3. The Department will conduct the final reconciliations for Demonstration Year (DY) 2010-11 in FY 2013-14 and estimates that the Department will claim an additional \$2.281 million in federal funds in FY 2013-14.
4. The final reconciliation for DY 2011-12 is anticipated to be completed in FY 2014-15. The Department estimates that it will claim an additional \$3.833 million in federal funds in FY 2014-15.

(Dollars in Thousands)

	<u>CCS</u>	<u>GHPP</u>	<u>Total</u>
FY 2013-14			
DSHP-BTR (DY 2013-14)	\$ 78,773	\$ 44,438	\$ 123,211
DY 2010-11 Final Reconciliation	\$ 4,366	\$ 2,281	\$ 6,647
FY 2013-14	\$ 83,139	\$ 46,719	\$ 129,858
FY 2014-15			
DSHP-BTR (DY 2014-15)	\$ 78,773	\$ 44,438	\$ 123,211
DY 2011-12 Final Reconciliation	\$ (7,368)	\$ 3,833	\$ (3,535)
FY 2014-15	\$ 71,405	\$ 48,271	\$ 119,676

Funding:

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

100% GF (4260-111-0001)

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 12/2009
ANALYST: Celine Donaldson

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$76,000	\$112,000
	- GENERAL FUND	\$76,000	\$112,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$76,000	\$112,000
	- GENERAL FUND	\$76,000	\$112,000

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

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

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

Reason for Change from Prior Estimate:

The estimated number of beneficiaries enrolled in Fiscal Year 2013-14 is seventeen, three less than the prior estimate. Also, Sickle Cell Disease costs are down \$100 per month.

Methodology:

1. Assume the premium costs are \$600 per Hemophilia enrollee, \$300 per Sickle Cell Disease enrollee and \$400 per Cystic Fibrosis enrollee per month based on prior enrollment records.

2. Fifteen clients were enrolled in FY 2012-13. Thirteen clients remain in the program after the first quarter of FY 2013-14.
3. No clients enrolled in the first quarter of FY 2013-14. Assume four additional clients will enroll in the last two quarters of FY 2013-14, one client with Hemophilia and three clients with Cystic Fibrosis.
4. Assume six clients will enroll in FY 2014-15, two clients with Hemophilia, three clients with Cystic Fibrosis, and one client with Sickle Cell Disease.

	<u>TF</u>	<u>GF</u>
FY 2013-14	\$ 76,000	\$ 76,000
FY 2014-15	\$ 112,000	\$ 112,000

Funding:

General Fund (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 12/2009
ANALYST: Celine Donaldson

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,122,000	-\$1,614,000
	- GENERAL FUND	-\$1,122,000	-\$1,614,000
PAYMENT LAG		0.9809	0.9852
% REFLECTED IN BASE		91.10%	68.54%
APPLIED TO BASE	- TOTAL FUNDS	-\$98,000	-\$500,200
	- GENERAL FUND	-\$98,000	-\$500,200

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

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

Reason for Change from Prior Estimate:

The estimated number of beneficiaries enrolled in Fiscal Year 2013-14 is seventeen, three less than the prior estimate.

Methodology:

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

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

	FY 2013-14	FY 2014-15
Hemophilia	\$ 264,500	\$ 280,600
Cystic Fibrosis	\$ 21,200	\$ 24,800
Sickle Cell	\$ 11,300	\$ 13,300

5. Projected Savings (Rounded):

	FY 2013-14	FY 2014-15
Total Funds	\$ 1,122,000	\$ 1,614,000
General Funds	\$ 1,122,000	\$ 1,614,000

Funding:

General Fund (4260-111-0001)

DRG - INPATIENT HOSPITAL PAYMENT METHODOLOGY

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

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	-\$177,000	-\$400,000
	- GENERAL FUND	-\$177,000	-\$400,000
PAYMENT LAG		0.7380	0.8594
% REFLECTED IN BASE		8.56%	3.78%
APPLIED TO BASE	- TOTAL FUNDS	-\$119,400	-\$330,800
	- GENERAL FUND	-\$119,400	-\$330,800

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

AB 1467 (Chapter 23, Statutes of 2012) changed the NDPH reimbursement methodology to a certified public expenditure (CPE) methodology and eliminated NDPH supplemental payments. The Department submitted a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS), which was later withdrawn by the Department. NDPHs will continue to receive payments under the current methodology through December 31, 2013. These hospitals will transition to a DRG payment system on January 1, 2014.

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

Reason for Change from Prior Estimate:

The change is due to updated payment data and the inclusion of NDPH savings.

Methodology:

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

Annual	<u>TF</u>	<u>GF</u>
FY 2013-14	(\$177,000)	(\$177,000)
Annual	<u>TF</u>	<u>GF</u>
FY 2014-15	(\$400,000)	(\$400,000)

Funding:

100% General Fund (4260-111-0001)

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

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 8/2013
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change from Prior Estimate:

The Department received the restitution in FY 2013-14 instead of FY 2012-13.

Methodology:

Not Applicable

Funding:

100% General Fund (4260-111-0001)

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,601	774	827	\$ 20,831,485
2	1,495	685	810	22,919,037
3	1,528	691	837	20,413,182
4	1,549	710	839	21,752,552
2011-12	1,543	715	828	\$ 85,916,000
1	1,578	723	855	\$ 25,921,301
2	1,621	717	904	23,131,414
3	1,625	706	919	25,807,167
4	1,644	700	944	23,128,148
2012-13	1,617	711	906	\$ 97,989,000
1	1,667	707	960	\$ 25,488,722
2	1,680	718	962	28,286,678
3	1,694	726	968	28,831,842
4	1,707	735	972	29,377,000
2013-14	1,690	723	967	\$ 111,985,000
1	1,721	743	978	\$ 29,922,160
2	1,735	752	983	30,467,317
3	1,749	760	989	31,012,477
4	1,762	769	993	31,557,634
2014-15	1,742	755	987	\$ 122,960,000

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

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Hemophilia

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	498	163	335	\$ 17,743,614
2	480	159	321	19,747,628
3	491	159	332	17,543,139
4	496	164	332	19,214,858
2011-12	491	161	330	\$ 74,249,000
1	506	165	341	\$ 23,256,880
2	525	164	361	21,037,187
3	528	167	361	23,549,035
4	541	168	373	20,948,048
2012-13	525	166	359	\$ 88,791,000
1	556	172	384	\$ 23,781,832
2	561	173	388	25,879,099
3	565	174	391	26,364,471
4	568	175	393	26,849,842
2013-14	563	174	389	\$ 102,875,000
1	572	176	396	\$ 27,335,214
2	575	177	398	27,820,585
3	579	178	401	28,305,957
4	583	180	403	28,791,328
2014-15	578	178	400	\$ 112,253,000

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

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	477	182	295	\$ 2,497,032
2	474	183	291	2,578,745
3	478	182	296	2,220,199
4	483	182	301	1,963,878
2011-12	478	182	296	\$ 9,260,000
1	485	183	302	\$ 2,029,112
2	490	177	313	1,620,111
3	495	171	324	1,703,232
4	496	166	330	1,563,081
2012-13	491	174	317	\$ 6,916,000
1	501	169	332	\$ 1,272,753
2	504	173	331	1,880,637
3	507	175	332	1,922,976
4	510	178	332	1,965,312
2013-14	506	174	332	\$ 7,042,000
1	513	180	333	\$ 2,007,648
2	516	183	333	2,049,984
3	520	186	334	2,092,320
4	522	188	334	2,134,656
2014-15	518	184	334	\$ 8,285,000

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

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	356	251	105	\$ 514,400
2	305	202	103	504,572
3	315	205	110	530,761
4	323	212	111	483,669
2011-12	325	218	107	\$ 2,033,000
1	337	223	114	\$ 482,220
2	350	226	124	356,652
3	349	222	127	461,815
4	350	222	128	413,908
2012-13	347	223	124	\$ 1,715,000
1	352	222	130	\$ 289,532
2	355	226	129	377,986
3	359	229	130	391,507
4	363	233	130	405,027
2013-14	358	228	130	\$ 1,464,000
1	367	236	131	\$ 418,548
2	372	240	132	432,068
3	375	243	132	445,589
4	379	246	133	459,109
2014-15	373	241	132	\$ 1,755,000

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

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Huntington

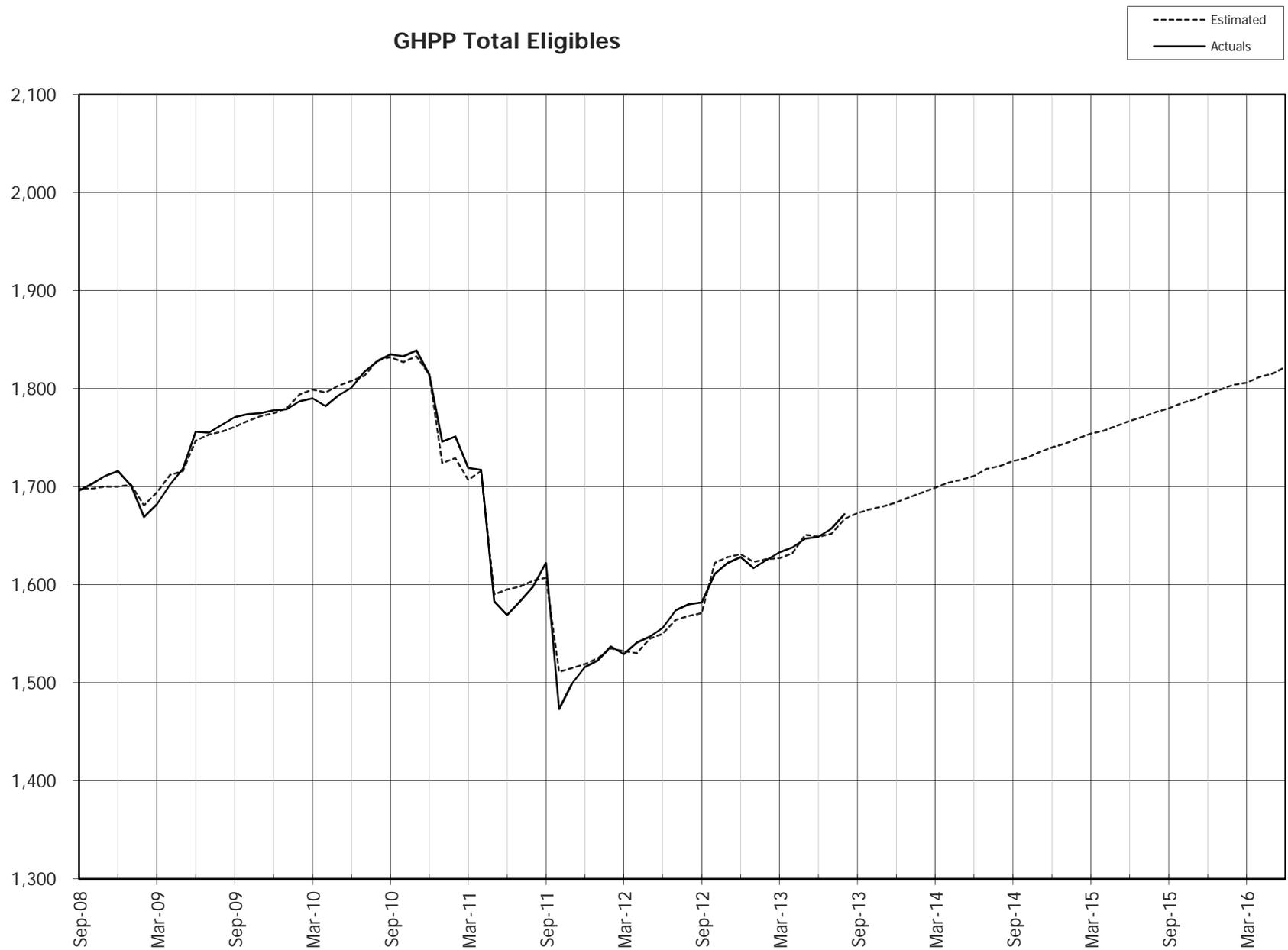
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	156	101	55	\$ 16,713
2	141	80	61	15,490
3	145	84	61	23,750
4	146	88	58	16,142
2011-12	147	88	59	\$ 72,000
1	149	88	61	\$ 137,875
2	153	86	67	70,826
3	150	83	67	82,348
4	150	82	68	98,701
2012-13	151	85	66	\$ 390,000
1	150	80	70	\$ 75,381
2	150	82	68	71,403
3	151	83	68	72,399
4	151	83	68	73,395
2013-14	151	82	69	\$ 293,000
1	152	84	68	\$ 74,392
2	152	84	68	75,388
3	152	84	68	76,385
4	153	85	68	77,381
2014-15	152	84	68	\$ 304,000

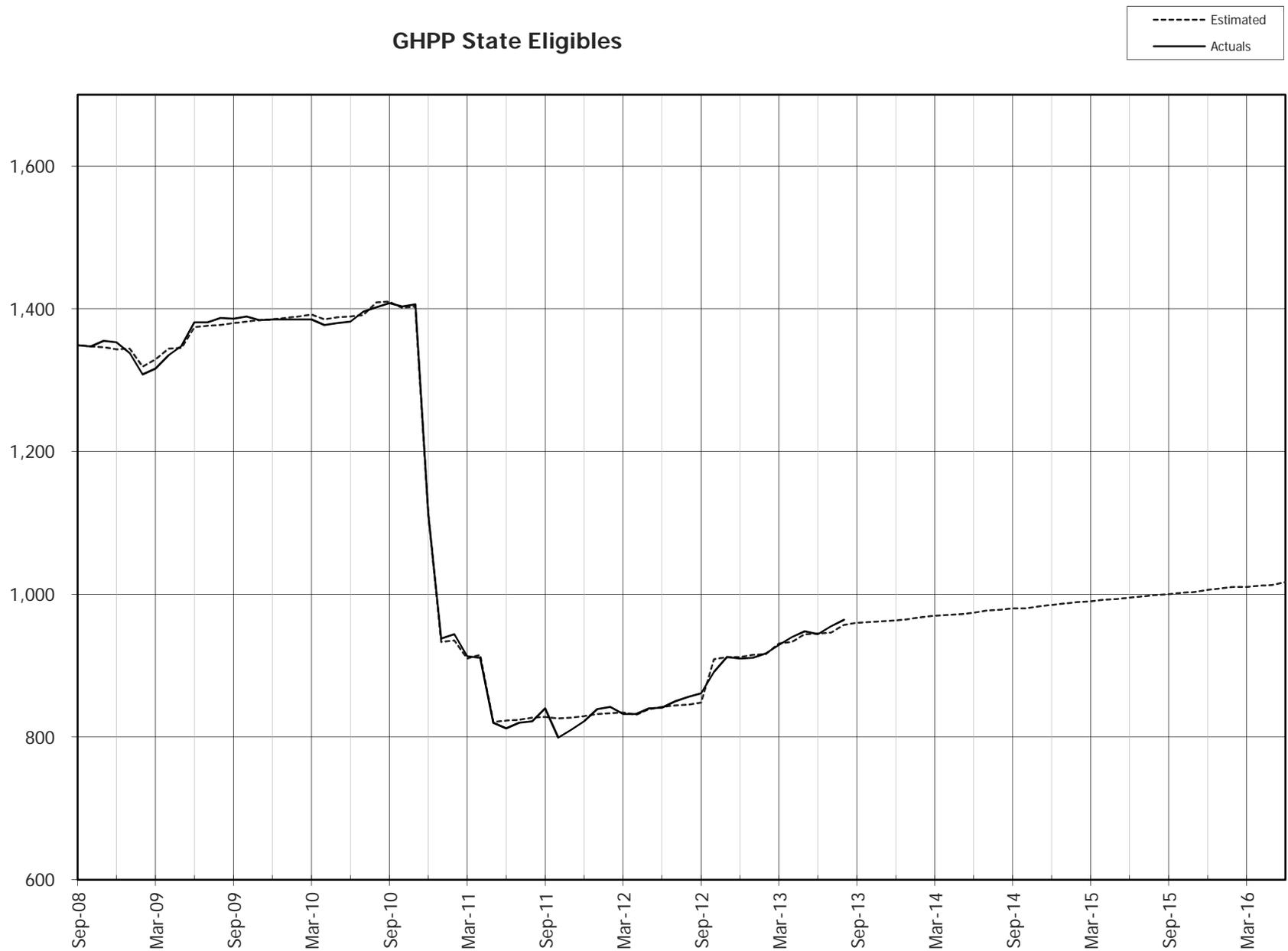
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.

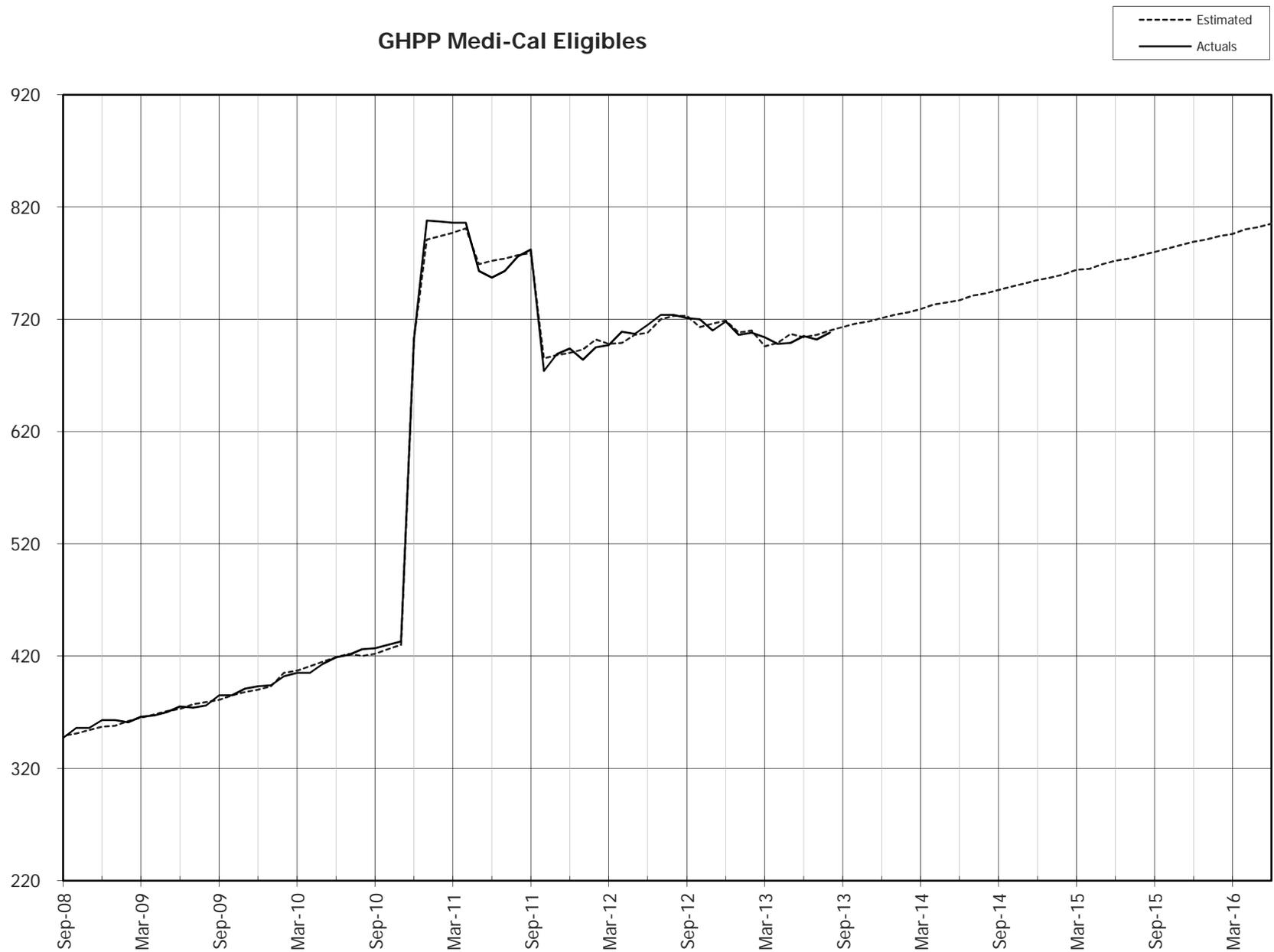
GHPP Trend Report
(Includes Actuals & Projected Base Values)

Metabolic				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	114	77	37	\$ 59,726
2	95	61	34	72,602
3	99	61	38	95,333
4	101	64	37	74,005
2011-12	102	66	36	\$ 302,000
1	101	64	37	\$ 15,214
2	103	64	39	46,638
3	103	63	40	10,737
4	107	62	45	104,410
2012-13	103	63	40	\$ 177,000
1	108	64	44	\$ 69,224
2	110	64	46	77,553
3	112	65	47	80,489
4	115	66	49	83,424
2013-14	112	65	47	\$ 311,000
1	117	67	50	\$ 86,358
2	120	68	52	89,292
3	123	69	54	92,226
4	125	70	55	95,160
2014-15	121	68	53	\$ 363,000

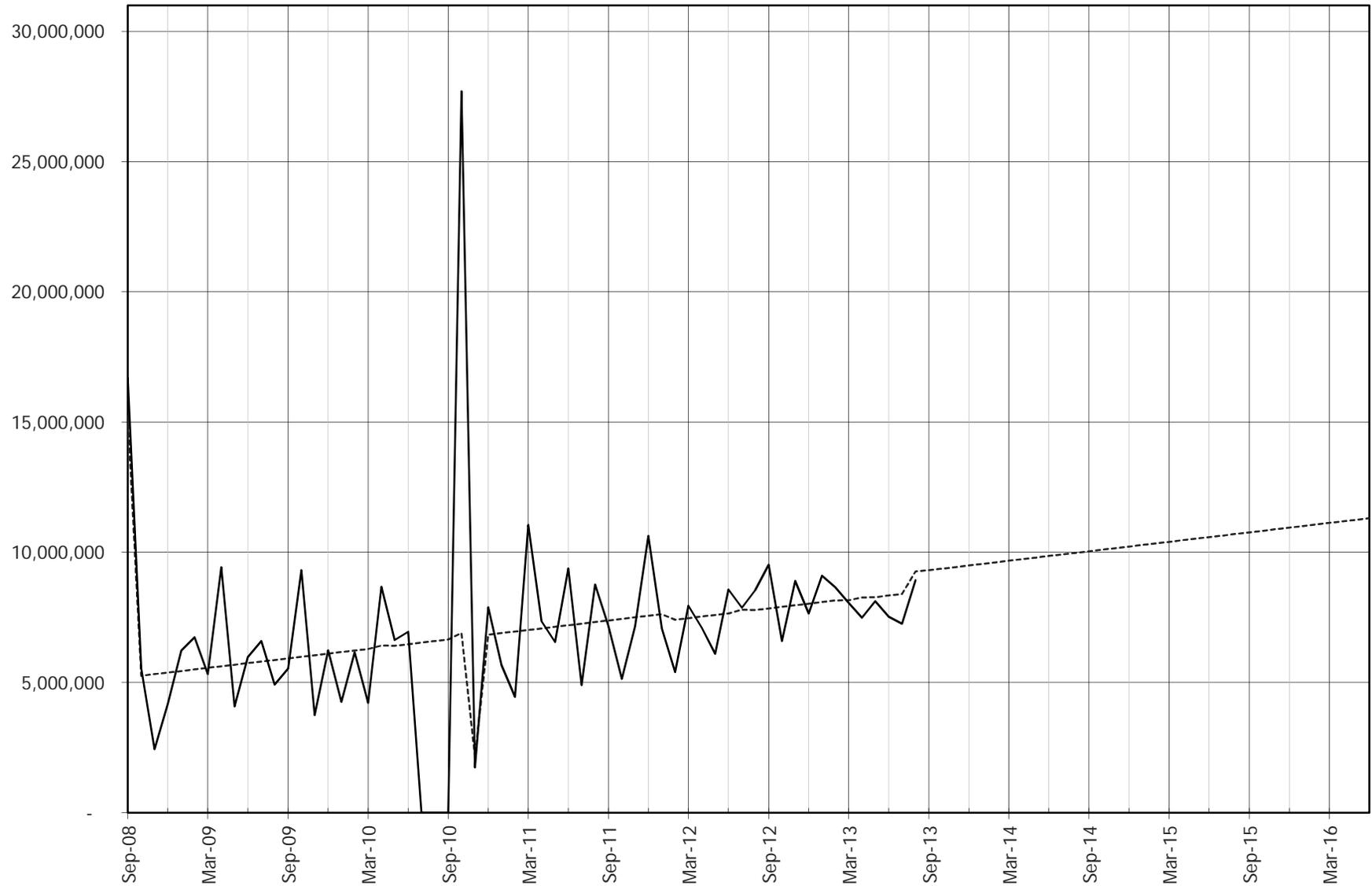
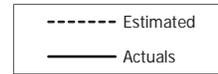
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2013-14 reflects actuals and projected base estimate values.
 3) FY 2014-15 reflects projected base estimate values.







GHPP State-Only Monthly Expenditures



EVERY WOMAN COUNTS PROGRAM Funding Summary

FY 2013-14, November 2013 Estimate Compared to Appropriation

	<u>Appropriation FY 2013-14</u>	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Difference Incr./((Decr.)</u>
Caseload:	313,548	292,914	(20,634)
Net Dollars:			
4260-114-0001 (General Fund)	\$17,982,000	\$18,059,000	\$77,000
4260-114-0236 (Prop 99)	\$22,081,000	\$22,081,000	\$0
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,644,000	\$4,644,000	\$0
Total	<u>\$52,619,000</u>	<u>\$52,696,000</u>	<u>\$77,000</u>

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

	<u>Nov. 2013 Est. FY 2013-14</u>	<u>Nov. 2013 Est. FY 2014-15</u>	<u>Difference Incr./((Decr.)</u>
Caseload:	292,914	304,400	11,486
Net Dollars:			
4260-114-0001 (General Fund)	\$18,059,000	\$21,403,000	\$3,344,000
4260-114-0236 (Prop 99)	\$22,081,000	\$25,318,000	\$3,237,000
4260-114-0009 (BCCA)	\$7,912,000	\$7,912,000	\$0
4260-114-0890 (CDC)	\$4,644,000	\$4,509,000	(\$135,000)
Total	<u>\$52,696,000</u>	<u>\$59,142,000</u>	<u>\$6,446,000</u>

¹ Caseload methodology changed within the November 2013 Estimate. The Appropriation caseload estimate was based on data from January 2007 - December 2009 and the November 2013 Estimate is based on data from January 2011 - May 2013.

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

November 2013 Estimate Compared to Appropriation, Total Funds

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 37,258,000	\$ 37,393,000	\$ 135,000
2. Policy Changes	\$ 13,404,000	\$ 13,404,000	\$ 0
	-----	-----	-----
Total for Services	\$ 50,662,000	\$ 50,797,000	\$ 135,000
Fiscal Intermediary	\$ 1,957,000	\$ 1,899,000	\$ (58,000)
	-----	-----	-----
Total EWC Program	\$ 52,619,000	\$ 52,696,000	\$ 77,000

November 2013 Estimate Compared to Appropriation, General Fund

	Appropriation FY 2013-14	Nov. 2013 Est. FY 2013-14	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 37,258,000	\$ 37,393,000	\$ 135,000
2. Policy Changes	\$ (21,233,000)	\$ (21,233,000)	\$ 0
	-----	-----	-----
Total for Services	\$ 16,025,000	\$ 16,160,000	\$ 135,000
Fiscal Intermediary	\$ 1,957,000	\$ 1,899,000	\$ (58,000)
	-----	-----	-----
Total EWC Program	\$ 17,982,000	\$ 18,059,000	\$ 77,000

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

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

	Nov. 2013 Est.	Nov. 2013 Est.	Difference
	<u>FY 2013-14</u>	<u>FY 2014-15</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 39,646,000	\$ 2,253,000
2. Policy Changes	\$ 13,404,000	\$ 17,895,000	\$ 4,491,000
	-----	-----	-----
Total for Services	\$ 50,797,000	\$ 57,541,000	\$ 6,744,000
Fiscal Intermediary	\$ 1,899,000	\$ 1,601,000	\$ (298,000)
	-----	-----	-----
Total EWC Program	\$ 52,696,000	\$ 59,142,000	\$ 6,446,000

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

	Nov. 2013 Est.	Nov. 2013 Est.	Difference
	<u>FY 2013-14</u>	<u>FY 2014-15</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,393,000	\$ 39,646,000	\$ 2,253,000
2. Policy Changes	\$ (21,233,000)	\$ (19,844,000)	\$ 1,389,000
	-----	-----	-----
Total for Services	\$ 16,160,000	\$ 19,802,000	\$ 3,642,000
Fiscal Intermediary	\$ 1,899,000	\$ 1,601,000	\$ (298,000)
	-----	-----	-----
Total EWC Program	\$ 18,059,000	\$ 21,403,000	\$ 3,344,000

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

Fiscal Year 2013-14, November 2013 Estimate Compared to Appropriation

POLICY CHG. TYPE	NO.	DESCRIPTION	FY 2013-14 APPROPRIATION		NOVEMBER 2013 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,957,000	\$1,957,000	\$1,899,000	\$1,899,000	-\$58,000	-\$58,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) FUND	\$0	-\$4,644,000	\$0	-\$4,644,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE	\$806,000	\$806,000	\$806,000	\$806,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	\$2,589,000	\$2,589,000	\$2,589,000	\$2,589,000	\$0	\$0
Benefits	7	SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION	\$300,000	\$300,000	\$300,000	\$300,000	\$0	\$0
Benefits	8	DIGITAL MAMMOGRAPHY RATE CHANGE	\$4,600,000	\$4,600,000	\$4,600,000	\$4,600,000	\$0	\$0
Benefits	9	EWC ENROLLEES SHIFT TO LIHP	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	10	ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT	\$135,000	\$135,000	\$135,000	\$135,000	\$0	\$0
Benefits	11	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING	\$4,974,000	\$4,974,000	\$4,974,000	\$4,974,000	\$0	\$0
EWC TOTAL			\$15,361,000	\$10,717,000	\$15,303,000	\$10,659,000	-\$58,000	-\$58,000

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

POLICY CHG. TYPE	NO.	DESCRIPTION	Nov. 2013 Est. for FY 2013-14		Nov. 2013 Est. for FY 2014-15		DIFFERENCE, Incr./(Decr.)	
			TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
Benefits	1	FISCAL INTERMEDIARY EXPENDITURES	\$1,899,000	\$1,899,000	\$1,601,000	\$1,601,000	-\$298,000	-\$298,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) FUND	\$0	-\$4,644,000	\$0	-\$4,509,000	\$0	\$135,000
Benefits	5	CONSUMER TOLL-FREE LINE	\$806,000	\$806,000	\$832,000	\$832,000	\$26,000	\$26,000
Benefits	6	REGIONAL CONTRACTS	\$2,589,000	\$2,589,000	\$2,589,000	\$2,589,000	\$0	\$0
Benefits	7	SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION	\$300,000	\$300,000	\$300,000	\$300,000	\$0	\$0
Benefits	8	DIGITAL MAMMOGRAPHY RATE CHANGE	\$4,600,000	\$4,600,000	\$9,200,000	\$9,200,000	\$4,600,000	\$4,600,000
Benefits	9	EWC ENROLLEES SHIFT TO LIHP	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	10	ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT	\$135,000	\$135,000	\$0	\$0	-\$135,000	-\$135,000
Benefits	11	DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING	\$4,974,000	\$4,974,000	\$4,974,000	\$4,974,000	\$0	\$0
EWC TOTAL			\$15,303,000	\$10,659,000	\$19,496,000	\$14,987,000	\$4,193,000	\$4,328,000

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

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,899,000	\$1,601,000
	- GENERAL FUND	\$1,899,000	\$1,601,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,899,000	\$1,601,000
	- GENERAL FUND	\$1,899,000	\$1,601,000

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 claims adjudication costs, system development notices (SDNs), and EWC calls to FI telephone services. The SDNs are used to make improvements to DETEC, the program's web-based enrollment and data collection system.

Reason for Change from Prior Estimate:

Updated adjudicated claim line (ACL) data and expenditures slightly reduced.

Methodology:

1. The estimated medical FI administrative costs are:

	<u>Estimated ACLs</u>	<u>Ave Cost per ACLs</u>	<u>Estimated ACL Expenditure</u>
General ACLs	1,361,659	\$ 0.66	\$ 898,695
Online ACLs	13	\$ 0.41	\$ 5
Total FY 2013-14			\$ 898,700
General ACLs	1,429,742	\$ 0.77	\$ 1,100,901
Online ACLs	13	\$ 0.58	\$ 8
Total FY 2014-15			\$ 1,100,909

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

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
Processing Costs	\$899,000	\$1,101,000
SDNs	\$1,000,000	\$500,000
Total	\$1,899,000	\$1,601,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

Funding:

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

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

Revenue & Taxation Code 30461.6

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

Funding:

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

CENTER FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

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

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

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

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

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

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

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

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

Funding:

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

CONSUMER TOLL-FREE LINE

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2012
ANALYST: Randolph Alarcio

		<u>FY 2013-14</u>	<u>FY 2014-15</u>
FULL YEAR COST	- TOTAL FUNDS	\$806,000	\$832,000
	- GENERAL FUND	\$806,000	\$832,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$806,000	\$832,000
	- GENERAL FUND	\$806,000	\$832,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The term of the contract is from January 1, 2011 to December 31, 2013.
2. The maximum amount payable for this contract is \$2,422,272 over three fiscal years.
3. The projected expenditures for FY 2013-14 is \$806,000. The current contract will end on December 31, 2013. The Department is in the process of executing a new contract with CPIC beginning January 1, 2014 and assumes the new contract costs will be higher.

Current contract, ends Dec. 2013	\$390,000
New contract, effective Jan. 2014	\$416,000
Total expenditures in FY 2013-14	\$806,000

Total expenditures in FY 2014-15 \$832,000

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

Funding:

100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2012
ANALYST: Randolph Alarcio

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

Purpose:

This policy change estimates the regional contractor's costs.

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The objective of each contract is to:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. The contracts began on January 1, 2012 and will end on December 31, 2014.
2. Assume the FY 2014-15 contract costs will be the same as the FY 2013-14 costs.
3. The total contract amount for each regional contract is as follows:

	Total Contract Amount
CA Health Collaborative	\$5,044,338
Community Health Partnership	\$660,000
County of Orange	\$778,678
Santa Barbara County	\$922,440

4. The contracts are funded by local assistance.

	<u>FY 2013-14</u>	<u>FY 2014-15</u>
CA Health Collab.	\$1,802,000	\$1,802,000
Community Health Partnership	\$220,000	\$220,000
County of Orange	\$260,000	\$260,000
Santa Barbara County	<u>\$307,000</u>	<u>\$307,000</u>
Total	\$2,589,000	\$2,589,000

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

Funding:

100% General Fund (4260-114-0001)

SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2012
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

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

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

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

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

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

Funding:

100% General Fund (4260-114-0001)

DIGITAL MAMMOGRAPHY RATE CHANGE

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 01/2014
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

3. Below are the analog and digital rates:

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

4. The estimated annual digital mammography counts are:

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

5. The change in rates are:

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

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

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

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

Funding:

100% General Fund (4260-114-0001)

ONE-TIME PREVENTION AND PUBLIC HEALTH GRANT

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 9/2012
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

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

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

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

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

Funding:

100% General Fund (4260-114-0001)

DENSE BREAST NOTIFICATION SUPPLEMENTAL SCREENING

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 4/2013
ANALYST: Randolph Alarcio

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

Purpose:

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

Authority:

SB 1538 (Chapter 458, Statutes of 2012)

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change from Prior Estimate:

There is no change.

Methodology:

1. Implementation began on April 1, 2013.

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

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

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

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

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

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

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

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

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

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

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

Funding:

100% General Fund (4260-114-0001)

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

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

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

* Actuals

** Estimated

FAMILY HEALTH ASSUMPTIONS
November 2013
FISCAL YEARS 2013-14 & 2014-15

TABLE OF CONTENTS

INTRODUCTION..... 1

BASE ESTIMATES..... 4

CALIFORNIA CHILDREN’S SERVICES..... 6

CHILD HEALTH & DISABILITY PREVENTION PROGRAM 12

GENETICALLY HANDICAPPED PERSONS PROGRAM..... 15

EVERY WOMAN COUNTS PROGRAM 19

INFORMATION ONLY..... 23

DISCONTINUED ASSUMPTIONS 24

INTRODUCTION

The Family Health Estimate, which is based upon the Assumptions outlined in the following pages, provides information and state only costs for California Children’s Services, the Child Health and Disability Prevention program, the Genetically Handicapped Persons Program, and the Every Woman Counts Program. The Estimate also includes costs for the Healthy Families Program Title XXI portion of California Children’s Services. Costs for children eligible for Medi-Cal are not included. The Estimate can be segregated into two main components: (1) the base and (2) the adjustments to the base. The base estimate is the anticipated level of program expenditures assuming that there will be no changes in program direction, and is derived from a historical trend analysis of actual expenditure patterns. The policy changes are the estimated fiscal impacts of any program changes which are either anticipated to occur at some point in the future, or have occurred so recently that they are not yet fully reflected in the historical data base. The combination of these two estimate components produces the final Family Health Estimate.

California Children’s Services

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

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

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

Child Health and Disability Prevention

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

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

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

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

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

Genetically Handicapped Persons Program

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

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

Every Woman Counts Program

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

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

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

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

BASE ESTIMATES

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

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

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

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

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

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

CALIFORNIA CHILDREN'S SERVICES

CCS: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

CCS: OLD ASSUMPTIONS

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

CCS: OLD ASSUMPTIONS

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

CCS: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
			Programs (DSHP). The CCS program is included in the list of DSHP.
CCS 7 (PC-7)	X	X	<p><u>Title V Reimbursement from CDPH</u></p> <p>The Maternal, Child, and Adolescent Health Title V grant is included in the CDPH budget Title V federal funding for the CCS Program will be shown as a reimbursement in the Department's budget.</p> <p>The CCS program is California's designated children and youth with special health care needs (CYSHCN) program. Therefore, CCS receives a portion of California's Title V funds.</p>
CCS 8 (PC-8A) (PC-8B)	X	X	<p><u>CCS and CCS-HFP Rebates</u></p> <p>Effective September 1, 2005, CCS began participation in the Medi-Cal blood factor rebates program.</p>
CCS 9 (PC-10A) (PC-10B)	X		<p><u>CCS Inpatient Reimbursement</u></p> <p>This assumption has been moved to the "Time-Limited/No Longer Applicable" section.</p>
CCS 10 (PC-11B) (PC-13B)	X	X	<p><u>Transition of Healthy Families Children to Medi-Cal</u></p> <p>No sooner than January 1, 2013, the HFP will cease to enroll new subscribers and HFP subscribers will transition into Medi-Cal through a phase-in methodology. Coverage of this population under Medicaid programs is permissible pursuant to the federal Social Security Act to provide full scope Medi-Cal benefits to such eligible children who are optional targeted low-income children with family incomes up to and including 200% of the federal poverty level (FPL). Assets will be exempt for these children and an income disregard will be available creating an effective income level not to exceed 250% of the FPL.</p>
CCS 11 (PC-14A) (PC-14B) (PC-FI)	X	X	<p><u>Diagnosis Related Group – Inpatient Hospital Payment Methodology</u></p> <p>SB 853 (Chapter 717, Statutes of 2010) mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon diagnosis related groups (DRGs). The DRG payment methodology will replace replaces the previous payment methods. For contract hospitals, DRGs will replace the per diem rates negotiated under the Selective Provider Contracting Program (SPCP). For non-contract hospitals, DRGs will replace the previous cost-based reimbursement methodology. The DRG implementation is</p>

~~scheduled to begin~~ **was implemented on** July 1, 2013 **for private hospitals and will be implemented on January 1, 2014 for Non-Designated Public Hospitals (NDPHs).**

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

CCS 12
(PC-15)

X X

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

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

CHILD HEALTH & DISABILITY PREVENTION PROGRAM

CHDP: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

CHDP: OLD ASSUMPTIONS

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

GENETICALLY HANDICAPPED PERSONS PROGRAM

GHPP: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

GHPP: OLD ASSUMPTIONS

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

GHPP: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
GHPP 5 (PC-5) (PC-6)	X	X	<p><u>GHPP Premium Payments</u></p> <p>Effective December 1, 2009, GHPP implemented a process for enrolling GHPP clients who are not eligible for employer-sponsored insurance or full-scope no share of cost Medi-Cal or Medicare into commercial insurance plans. The insurance premiums will be funded by the program and will cover the GHPP clients' full range of health care services.</p>
GHPP 6 (PC-8)	X		<p><u>GHPP Inpatient Reimbursement</u></p> <p>This assumption has been moved to the "Time-Limited/No Longer Applicable" section.</p>
GHPP 7 (PC-11)	X		<p><u>United States of America v. Bio-Med Plus, Inc.</u></p> <p>The Department will receive restitution as the result of a federal criminal conviction in an inter-state conspiracy to defraud health insurers including the GHPP and Medi-Cal programs.</p> <p>The 11th Circuit Court of Appeals affirmed the convictions of all defendants on June 29, 2011. In September 2011, the 11th Circuit denied the defendants request for an en banc review. The defendants have filed a petition for a writ of certiorari with the U.S. Supreme Court (SCOTUS). SCOTUS is expected to deny this petition. The United States Attorney's Office in Savannah expects the restitution to be paid in FY 2012-13. <u>On August 8, 2013, the Department collected the restitution.</u></p>
GHPP 8 (PC-10) (PC-FI)	X	X	<p><u>Diagnosis Related Group – Inpatient Hospital Payment Methodology</u></p> <p>SB 853 (Chapter 717, Statutes of 2010) mandated the design and implementation of a new payment methodology for hospital inpatient services provided to Medi-Cal beneficiaries based upon diagnosis related groups (DRGs). The DRG payment methodology will replace <u>replaces</u> the previous payment methods. For contract hospitals, DRGs will replace the per diem rates negotiated under the Selective Provider Contracting Program (SPCP). For non-contract hospitals, DRGs will replace the previous cost-based reimbursement methodology. The DRG implementation is scheduled to begin <u>was implemented on July 1, 2013 for private hospitals and will be implemented on January 1, 2014 for NDPHs.</u></p> <p>The Medi-Cal Fiscal Intermediary, Xerox State Healthcare, LLC (Xerox), will implement <u>implemented</u> California Medicaid Management Information Systems (CA-MMIS) changes to comply with this legislation.</p>

EVERY WOMAN COUNTS PROGRAM

EWC: NEW ASSUMPTIONS

Applicable F/Y
C/Y B/Y

EWC: OLD ASSUMPTIONS

	Applicable F/Y		
	<u>C/Y</u>	<u>B/Y</u>	
EWC 1 (PC-1)	X	X	<p><u>Fiscal Intermediary Expenditures</u></p> <p>The Fiscal Intermediary (FI) contractor adjudicates medical claims for the Every Woman Counts (EWC) program. The funding is based on actual claims and trends.</p>
EWC 2 (PC-2)	X	X	<p><u>Cigarette and Tobacco Products Surtax Fund</u></p> <p>Cigarette and Tobacco Products Surtax (CTPS/Proposition 99) Unallocated Funds are allocated to aid in the funding for the EWC program. The amounts may vary from year to year.</p>
EWC 3 (PC-3)	X	X	<p><u>Breast Cancer Control Account</u></p> <p>Breast Cancer Control Account (BCCA) is funded by a two cent tobacco tax; one cent goes to the BCCA for the EWC program and the other one cent goes to the Breast Cancer Research Account. BCCA funds breast cancer screening and diagnostic services to uninsured women. The amounts may vary from year to year.</p>
EWC 4 (PC-4)	X	X	<p><u>Center for Disease Control and Prevention Fund</u></p> <p>Funding from the Center for Disease Control and Prevention (CDC) began in 1990. The program, known as the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), offers funding to states for cervical and breast cancer outreach, education, early detection, and quality assurance services.</p>
EWC 5 (PC-5)	X	X	<p><u>Consumer Toll-Free Line</u></p> <p>The Department contracts with the Cancer Prevention Institute of California (CPIC) to fund the toll-free line for the EWC program. The consumer toll-free line provides pre-screening, referrals to primary care providers, and takes complaints.</p>
EWC 6 (PC-6)	X	X	<p><u>Regional Contracts</u></p> <p>The Department contracts with regional contractors to provide breast and cervical cancer tailored health education to priority populations, quality clinical follow-up to recipients, and primary care provider network support in 10 geographic regions of California.</p>
EWC 7 (PC-7)	X	X	<p><u>San Diego State University Research Foundation</u></p> <p>The Department has a contract with San Diego State University Research Foundation (SDSURF), a private non-profit organization that is an auxiliary to California State University, San Diego.</p>

EWC: OLD ASSUMPTIONS

Applicable F/Y
C/Y B/Y

The contract provides professional education to California primary care providers regarding breast and cervical cancer screening and diagnostic clinical care guidelines.

EWC 8
(PC-11)

X X

Dense Breast Notification Supplemental Screening

SB 1538 (Chapter 458, Statutes of 2012) would require health facilities administering mammograms to notify patients whose breasts are categorized as being heterogeneously or extremely dense and inform the patients that they may benefit from supplementary screening due to the level of dense breast tissue (DBT) seen on the mammogram. The generated notices will result in patients requesting additional screening tests, such as magnetic resonance imaging (MRIs) and ultrasounds. The provisions of this bill ~~will become~~ **became** operative April 1, 2013 and **will** sunset on January 1, 2019.

EWC 9
(PC-8)

X X

Digital Mammography Rate Change

AB 359 (Chapter 435, Statutes of 2009) requires the EWC program to reimburse providers for breast cancer screening and diagnostic mammograms using digital technology at the Medi-Cal analog mammography rate. This provision will sunset on December 31, 2013.

Effective January 1, 2014, the program will reimburse providers using digital mammography at the current Medi-Cal digital mammography rate, which is higher than the analog mammography rate.

EWC 10
(PC-4)
(PC-10)

X

One-Time Prevention and Public Health Grant Fund

The EWC program received a one-time supplemental grant from the Prevention and Public Health Fund to increase breast and cervical cancer screening and diagnostic services to serve more women in the EWC program. The grant does not allow funds to be used to supplant existing state funding for breast and cervical cancer screening services. Funding is available from September 2012 through September 2013.

INFORMATION ONLY:

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH AND DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. GHPP Caseload Adjustments

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

EVERY WOMAN COUNTS PROGRAM

1. Breast Cancer Awareness License Plates

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

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

DISCONTINUED ASSUMPTIONS

Fully Incorporated Into Base Data/Ongoing

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

EVERY WOMAN COUNTS PROGRAM

DISCONTINUED ASSUMPTIONS

Time-Limited/No Longer Applicable

CALIFORNIA CHILDREN'S SERVICES

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

In June 2012, the Department identified payment problems for CCS State-Only services:

- The system erroneously paid Medi-Cal claims with CCS State-Only GF and matching County funds instead of Medi-Cal funds.
- The system denied claims that should have been approved for payment.

The Department is currently completing the first stage of the Erroneous Payment Correction (EPC) to adjust the funding shift.

2. CCS Inpatient Reimbursement

Prior to January 1, 2011, the CCS State-Only and CCS-HFP program reimbursed contract hospitals for inpatient services rendered to CCS State-Only and CCS-HFP clients at the Medi-Cal interim rates as required in Section 14105.18 of the Welfare and Institutions Code. This provision sunsetted on January 1, 2011. Welfare and Institutions Code Section 14105.18 requires rates of payment to hospitals for CCS, GHPP, and other programs to be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program. The provisions of this Section became operative on January 1, 2011.

System modifications for the erroneous payment correction (EPC) to recover CCS inpatient reimbursement overpayments made between January 2011 and May 2012 are currently in process.

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. GHPP Inpatient Reimbursement

Prior to January 1, 2011, the GHPP State-Only program reimbursed contract hospitals for inpatient services rendered to GHPP State-Only clients at the Medi-Cal interim rates as required in Section 14105.18 of the Welfare and Institutions Code. This provision sunsetted on January 1, 2011. Welfare and Institutions Code Section 14105.18 requires rates of payment to hospitals for CCS, GHPP, and other programs to be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program. The provisions of this Section became operative on January 1, 2011.

System modifications for the erroneous payment correction (EPC) to recover GHPP inpatient reimbursement overpayments made between January 2011 and May 2012 are currently in process.

EVERY WOMAN COUNTS PROGRAM

DISCONTINUED ASSUMPTIONS

Withdrawn

CALIFORNIA CHILDREN'S SERVICES

CHILD HEALTH DISABILITY PREVENTION

GENETICALLY HANDICAPPED PERSONS PROGRAM

EVERY WOMAN COUNTS PROGRAM