

SAWS

COUNTY ADMIN. POLICY CHANGE NUMBER: 1
 IMPLEMENTATION DATE: 7/1987
 ANALYST: Terry Quinn
 FISCAL REFERENCE NUMBER: 214

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$62,783,000	\$0	\$76,624,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$62,783,000	\$0	\$76,624,000	\$0
STATE FUNDS	\$6,429,000	\$0	\$9,207,000	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$62,783,000	\$0	\$76,624,000	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$62,783,000	\$0	\$76,624,000	\$0
STATE FUNDS	\$6,429,000	\$0	\$9,207,000	\$0

DESCRIPTION

The Statewide Automated Welfare System (SAWS) is expected to improve the eligibility determination functions and reduce error rates. These functions include Automated Eligibility Determination (Intake and Continuing), Automated Benefit Computation (share of cost), Case Management and Management Information System (MIS).

This policy change reflects the Medi-Cal Federal and General Fund share of expenses for Los Angeles Eligibility Automated Determination Evaluation and Reporting System (LEADER). The California Department of Social Services (CDSS) budgets the General Fund portion of Statewide Project Management (SPM), Interim Statewide Automated Welfare Systems (ISAWS), Welfare Client Data Systems (WCDS), California Child Support Automated System (CCSAS) and Consortia IV, in their budget, so only the Federal Fund portion is reflected in this policy change.

	FY 2006-07	FY 2007-08
LA County LEADER M&O	\$12,858,000	\$18,413,000
	(\$6,429,000 GF)	(\$9,207,000 GF)
LEADER Replacement	\$465,000	\$607,000
ISAWS Migration	\$682,000	\$9,489,000
SPM	\$1,802,000	\$1,765,000
ISAWS	\$8,918,000	\$9,025,000
WCDS	\$26,039,000	\$24,617,000
CCSAS	\$519,000	\$652,000
Consortia IV	\$11,500,000	\$12,056,000
TOTAL	\$62,783,000	\$76,624,000

ELIGIBLE GROWTH

COUNTY ADMIN. POLICY CHANGE NUMBER: 2
 IMPLEMENTATION DATE: 7/1992
 ANALYST: Rocky Evans
 FISCAL REFERENCE NUMBER: 216

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$41,963,000	\$0	\$34,619,000
TOTAL FUNDS	\$0	\$41,963,000	\$0	\$34,619,000
STATE FUNDS	\$0	\$20,981,500	\$0	\$17,309,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$41,963,000	\$0	\$34,619,000
TOTAL FUNDS	\$0	\$41,963,000	\$0	\$34,619,000
STATE FUNDS	\$0	\$20,981,500	\$0	\$17,309,500

DESCRIPTION

The county administration base estimate does not include costs anticipated due to the growth in Medi-Cal eligibles. This item shows the cost impact of expected growth in the average number of monthly certified Medi-Cal only eligibles. It presumes that counties will hire staff to process the new applications and maintain the cases.

ELIGIBLE GROWTH COST CALCULATIONS:

1. There were 3,885,606 average monthly Medi-Cal Only certified eligibles in FY 2004-05. Costs for these eligibles are included in the county administration base for FY 2006-07.
2. In FY 2005-06 there were an estimated 3,967,074 average monthly Medi-Cal Only certified eligibles. Costs for these eligibles are included in the administration base for FY 2007-08.
3. In FY 2006-07 there will be an estimated 4,029,807 average monthly eligibles (before adding the impact of policy changes).
4. For FY 2007-08 there will be an estimated 4,079,474 average monthly base eligibles (before adding the impact of policy changes).
5. The county administrative budgeted base for FY 2006-07 is \$1,107,275,418, plus \$24,253,374 for the Cost of Doing Business as identified in County Administration Policy Change 4, for a total of \$1,131,528,792.
6. The county administrative budgeted base for FY 2007-08 is \$1,221,438,535.

ELIGIBLE GROWTH

COUNTY ADMIN. POLICY CHANGE NUMBER: 2

FY 2006-07 Growth Cost: $\$1,131,528,792 / 3,885,606$ eligibles = \$291 average cost per eligible $4,029,807 - 3,885,606 = 144,201$ eligibles not funded in the base $144,201 \times \$291 = \mathbf{\$41,962,491}$ **FY 2007-08 Growth Cost:** $\$1,221,438,535 / 3,967,074$ eligibles = \$308 average cost per eligible $4,079,474 - 3,967,074 = 112,400$ eligibles not funded in the base $112,400 \times \$308 = \mathbf{\$34,619,200}$

CalWORKs APPLICATIONS

COUNTY ADMIN. POLICY CHANGE NUMBER: 3
 IMPLEMENTATION DATE: 7/1998
 ANALYST: Terry Quinn
 FISCAL REFERENCE NUMBER: 217

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$49,953,000	\$0	\$49,335,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$49,953,000	\$0	\$49,335,000
STATE FUNDS	\$0	\$24,976,500	\$0	\$24,667,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$49,953,000	\$0	\$49,335,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$49,953,000	\$0	\$49,335,000
STATE FUNDS	\$0	\$24,976,500	\$0	\$24,667,500

DESCRIPTION

The Legislature in 1998 directed the Department to share in the costs for CalWORKS applications with the California Department of Social Services (CDSS). CDSS has amended the claim forms and time study documents completed by the counties to allow CalWORKS application costs that are also necessary for Medi-Cal and Food Stamps eligibility to be shared between the three programs. Based on the claims of FY 2005-06, CDSS has identified current year costs of \$49,953,000 that can be considered Medi-Cal costs. Budget year costs are also projected to be \$49,335,000. The TANF (federal) funds in the CDSS budget will be reduced by this amount.

FY 2006-07 COST OF DOING BUSINESS

COUNTY ADMIN. POLICY CHANGE NUMBER: 4
 IMPLEMENTATION DATE: 7/2006
 ANALYST: Diana Lee
 FISCAL REFERENCE NUMBER: 1028

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$24,253,000	\$0	\$24,253,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$24,253,000	\$0	\$24,253,000
STATE FUNDS	\$0	\$12,126,500	\$0	\$12,126,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	100.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$24,253,000	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$24,253,000	\$0	\$0
STATE FUNDS	\$0	\$12,126,500	\$0	\$0

DESCRIPTION

Based on the Medi-Cal county cost control plan, allowable increases in Medi-Cal worker salaries are limited to actual salary increases up to a maximum of the increase in the California Necessities Index (CNI) or state worker salary increases, whichever is greater. For FY 2006-07, the CNI of 4.17% is greater.

\$1,107,275,418 Medi-Cal County Admin. Base With No Salary and Overhead Increases
 \$1,131,528,792 Medi-Cal County Admin. Base With Cost Control Plan Allowable Increases
 \$ 24,253,000 (\$12,126,000 GF) Allowable Salary and Overhead Increase

For FY 2007-08 the funding of \$24,253,000 has been included in the base.

LOS ANGELES COUNTY HOSPITAL INTAKES

COUNTY ADMIN. POLICY CHANGE NUMBER: 5
 IMPLEMENTATION DATE: 7/1994
 ANALYST: Linette Kleinsasser
 FISCAL REFERENCE NUMBER: 213

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$19,737,000	\$0	\$19,984,000
TOTAL FUNDS	\$0	\$19,737,000	\$0	\$19,984,000
STATE FUNDS	\$0	\$3,868,500	\$0	\$3,992,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$19,737,000	\$0	\$19,984,000
TOTAL FUNDS	\$0	\$19,737,000	\$0	\$19,984,000
STATE FUNDS	\$0	\$3,868,500	\$0	\$3,992,000

DESCRIPTION

Los Angeles County uses patient financial services workers (PFSWs) to process Medi-Cal applications taken in Los Angeles County hospitals. Welfare and Institutions Code Section 14154 limits the reimbursement amount for PFSW intakes to the amount paid to Los Angeles County Department of Social Services eligibility workers for regular Medi-Cal intakes.

PFSWs have been processing 2,579 intakes per month. These intakes are reported separately to the Department and are not included in the base estimate. The average reimbursement rate is for current year \$250 and \$258 for budget year.

FY 2006-07: $2,579 \times \$250 \times 12 = \$7,737,000$ (\$3,868,000 GF)

FY 2007-08: $2,579 \times \$258 \times 12 = \$7,984,500$ (\$3,992,000 GF)

This policy change also reflects an estimated four calendar quarters of additional federal fund pass-through for each fiscal year in the amount of \$12,000,000.

Total cost for **FY 2006-07**: $\$7,737,000 + \$12,000,000 = \mathbf{\$19,737,000}$

Total cost for **FY 2007-08**: $\$7,984,000 + \$12,000,000 = \mathbf{\$19,984,000}$

IHSS COUNTY ADMINISTRATION COSTS

COUNTY ADMIN. POLICY CHANGE NUMBER: 6
 IMPLEMENTATION DATE: 7/2006
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 226

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$9,550,000	\$0	\$9,902,000
TOTAL FUNDS	\$0	\$9,550,000	\$0	\$9,902,000
STATE FUNDS	\$0	\$4,775,000	\$0	\$4,951,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	100.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$9,550,000	\$0	\$0
TOTAL FUNDS	\$0	\$9,550,000	\$0	\$0
STATE FUNDS	\$0	\$4,775,000	\$0	\$0

DESCRIPTION

Federal regulations require that Medicaid eligibility be determined by Medicaid eligibility workers (EWs). The Department reminded counties by an All-County Welfare Directors' Letter (ACWDL) that Medi-Cal eligibility and share-of-cost is to be determined by Medi-Cal eligibility workers. The personal care needs assessment for the personal care applicants can then be completed by the social service workers. County welfare departments not in compliance with the requirement were expected to change their procedures and have Medi-Cal EWs determine the Medi-Cal eligibility starting in July 2005. The redeterminations were completed in January 2006.

CASELOAD:

Ongoing Costs

1. According to MEDS data, there were 26,696 IHSS cases that need to have their Medi-Cal eligibility determined by Medi-Cal workers.
2. The continuing cost per case is \$29.81 in FY 2006-07 and \$30.91 in FY 2007-08.
3. Assume that all cases were approved for ongoing Medi-Cal.
4. There will be 26,696 average monthly continuing cases in FY 2006-07 and FY 2007-08.

$$26,696 \times 12 = 320,352 \text{ case-months}$$

IHSS COUNTY ADMINISTRATION COSTS**COUNTY ADMIN. POLICY CHANGE NUMBER: 6**

5. The ongoing continuing case costs will be:

FY 2006-07	320,352 x \$29.81 = \$9,550,000
FY 2007-08	320,352 x \$30.91 = \$9,902,000

SAVE

COUNTY ADMIN. POLICY CHANGE NUMBER: 7
 IMPLEMENTATION DATE: 10/1988
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 215

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$8,244,000	\$0	\$8,244,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$8,244,000	\$0	\$8,244,000
STATE FUNDS	\$0	\$0	\$0	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$8,244,000	\$0	\$8,244,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$8,244,000	\$0	\$8,244,000
STATE FUNDS	\$0	\$0	\$0	\$0

DESCRIPTION

The Immigration Reform and Control Act (IRCA) of 1986 required states to begin using the Systematic Alien Verification for Entitlements (SAVE) system to verify alien status for Medi-Cal applicants beginning in October 1988. Costs associated with this system are funded with 100% federal funds. The counties time study eligibility worker and supervisor time spent on SAVE verifications.

PROCEDURAL:

Ongoing:

- The actual Medi-Cal costs for SAVE reported over the last five years by the counties were:

FY 2001-02	\$5,765,845
FY 2002-03	\$7,993,410
FY 2003-04	\$8,105,351
FY 2004-05	\$7,487,742
FY 2005-06	\$6,599,438

- Over the 20 quarters ending December 2006, an average of 18 county welfare departments, including the Los Angeles County Department of Public Social Services, have not claimed any costs. Based on claims through December 2006, and assuming that the same level of reporting will continue, it is estimated that the costs that can be charged as 100% federal funds will be:

FY 2006-07	\$8,244,000
FY 2007-08	\$8,244,000

REDETERMINATION FORM SIMPLIFICATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 8
 IMPLEMENTATION DATE: 5/2006
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 1063

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$2,667,000	\$0	\$4,554,000
TOTAL FUNDS	\$0	\$2,667,000	\$0	\$4,554,000
STATE FUNDS	\$0	\$1,333,500	\$0	\$2,277,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$2,667,000	\$0	\$4,554,000
TOTAL FUNDS	\$0	\$2,667,000	\$0	\$4,554,000
STATE FUNDS	\$0	\$1,333,500	\$0	\$2,277,000

DESCRIPTION

The Medi-Cal annual redetermination form (MC 210 RV) has been revised to make it more user friendly, shorter, and easier for beneficiaries to complete. As a result of the changes, more cases will remain eligible because more beneficiaries, who would have otherwise not completed the form and therefore would no longer be eligible, will now complete the annual redetermination process (RV) and maintain coverage.

CASELOAD:

Ongoing Costs:

- Using data input from 7 CWDs, with a combined statewide Medi-Cal caseload of 65.2%, assume that the percentage of RVs approved per month is 3% of the number of beneficiaries.
- Assume that the average Medi-Cal only monthly beneficiaries is 3,652,556, excluding those in long-term care aid codes. The monthly beneficiaries subject to RVs is:
 $3,652,556 \times 3\% = 109,577$
- Assume that 2% more of the beneficiaries will complete the RV.
 $109,577 \times 2\% = 2,192$
- Assuming that there is an average of 2.5 beneficiaries per case, the additional cases per month in the current year will number:
 $2,192 / 2.5 = 877$
- Assume that the average monthly cost of a continuing case is \$29.81 in FY 2006-07 and \$30.91.

REDETERMINATION FORM SIMPLIFICATION**COUNTY ADMIN. POLICY CHANGE NUMBER: 8**

6. Assume that the use of the revised form will have its first impact on the number of cases in the month of May 2006.

\$26,143 (877 x \$29.81) X 2 months from FY 2005-06 X 12 months =	\$628,000	
\$26,143 X 78 (12, 11, 10...) =	\$2,039,000	
FY 2006-07 county administration cost	\$2,667,000	(\$1,333,500 GF)

\$27,108 (877 X \$30.91) X 14 months growth X 12 months =	\$4,554,000	
FY 2007-08 county administration cost	\$4,554,000	(\$2,277,000 GF)

MEDI-CAL /HF BRIDGE PERFORMANCE STANDARDS

COUNTY ADMIN. POLICY CHANGE NUMBER: 9
 IMPLEMENTATION DATE: 1/2007
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 1005

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$267,000	\$0	\$553,000
TOTAL FUNDS	\$0	\$267,000	\$0	\$553,000
STATE FUNDS	\$0	\$133,500	\$0	\$276,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$267,000	\$0	\$553,000
TOTAL FUNDS	\$0	\$267,000	\$0	\$553,000
STATE FUNDS	\$0	\$133,500	\$0	\$276,500

DESCRIPTION

To ensure that all children who are discontinued from Medi-Cal due to increased income have the opportunity to apply for the Healthy Families program, the Department will implement county performance standards for compliance with the Medi-Cal Bridge to Healthy Families Program (aid code 7X), effective January 2007.

CASELOAD:

Ongoing costs:

1. Currently, an estimated 82,971 children are expected to receive coverage under the Bridge to the Healthy Families Program in FY 2006-07.
2. Implementation of performance standards is expected to increase the number of children receiving the Bridge by 40% or 34,000 annually.
3. Assuming a January 2007 implementation, there will be an increase of 17,000 beneficiaries in FY 2006-07.
4. An average of 2 children is in Medi-Cal family cases.

17,000 eligibles / 2 = 8,500 cases in FY 2006-07

34,000 eligibles / 2 = 17,000 cases annually

MEDI-CAL /HF BRIDGE PERFORMANCE STANDARDS**COUNTY ADMIN. POLICY CHANGE NUMBER: 9**

5. Assume that it will require 1/2 hour of county eligibility worker (EW) time to send the information to the Managed Risk Medical Insurance Board and to send notification to the beneficiary.
6. The average EW cost per hour is \$62.71 in FY 2006-07 and \$65.03 in FY 2007-08.

FY 2006-07: $8,500 \times \$62.71 \times .5 = \mathbf{\$267,000 (133,500 GF)}$

Annual: $17,000 \times \$65.03 \times .5 = \$553,000 (\$276,500 GF)$

SB 437 - SELF-CERTIFICATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 12
 IMPLEMENTATION DATE: 7/2007
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 1147

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$1,703,000
TOTAL FUNDS	\$0	\$0	\$0	\$1,703,000
STATE FUNDS	\$0	\$0	\$0	\$851,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$1,703,000
TOTAL FUNDS	\$0	\$0	\$0	\$1,703,000
STATE FUNDS	\$0	\$0	\$0	\$851,500

DESCRIPTION

SB 437 (Chapter 328, Statutes of 2006) establishes a process that allows applicants and beneficiaries to self-certify the amount and nature of assets and income without the need to submit income or asset documentation. The first phase will be a pilot program to be implemented in two counties equaling 10% of the Medi-Cal population in July 2007. The second phase will implement statewide in July 2009 provided the evaluation of the pilot shows that the pilot increased enrollment and protected the integrity of the program, and the Legislature appropriates funding for the expansion.

Assumptions:

1. Self-certification applies to Medically Needy Families, including 1931 (b); Medically Indigent Children; 185% Poverty; 133% Poverty; and 100% Poverty; including undocumented eligibles.
2. Based on the projected number of eligibles in these categories, the average monthly number of beneficiaries projected is 3,636,633 in FY 2007-08. Assume 363,663 average monthly will participate in the pilot.
3. Assume that the number of families that will apply and become eligible solely because of self-certification will be 10 percent of the projected pilot county eligibles for FY 2007-08.
4. The rate of new eligibles added due to self-certification is based on phasing in 1/12 of the total projected eligibles each month over a period of 12 months. No approvals are assumed in July 2007, the first month of implementation.

SB 437 - SELF-CERTIFICATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 12

<u>Month</u>	<u>Projected MC Family Eligibles</u>	<u>Pilot - 10% of Eligibles</u>	<u>Rate of New Eligibles</u>	<u>New Eligibles</u>	<u>New Eligible Months</u>
Jul-07	3,620,549	362,055	0%		
Aug-07	3,634,506	363,451	8%	3,029	3,029
Sep-07	3,643,473	364,347	17%	3,044	6,073
Oct-07	3,641,787	364,179	25%	3,032	9,105
Nov-07	3,619,689	361,969	33%	2,961	12,066
Dec-07	3,618,367	361,837	42%	3,011	15,077
Jan-08	3,633,759	363,376	50%	3,092	18,169
Feb-08	3,632,234	363,223	58%	3,019	21,188
Mar-08	3,643,579	364,358	67%	3,103	24,291
Apr-08	3,647,887	364,789	75%	3,068	27,359
May-08	3,651,882	365,188	83%	3,073	30,432
Jun-08	3,651,887	365,189	92%	3,044	33,476
				33,476	200,265
				Total of 2007-08 eligible months	

5. Assume the costs associated with reviewing and copying income and asset documentation for each case at the time of application or redetermination will be reduced by 15 minutes.
6. Assume there is an average of 3 eligibles per case.
7. Assume the number of new intake cases will be 11,159 (33,476 new eligibles/ 3) and the number of continuing cases will be 55,596 ((200,265 new eligibles monthly/ 3) – 11,159 intakes).
8. Assume that there are 120,685 cases (362,055 eligibles / 3 eligibles per case) as of July 2007. There will be 15 minutes of savings per year for each continuing case.
9. The average cost for 15 minutes of an eligibility worker's time is \$16.26 based on an average hourly cost of an EW of \$65.03. For new cases the intake cost will be reduced from \$190.78 to \$174.52.
10. Assuming a July 2007 implementation date, the estimated FY 2007-08 county administrative costs are as follows:

New Cases Cost			
Intake	11,159 X \$174.52	=	\$1,947,000
Continuing	55,596 X \$30.91	=	\$1,718,000
Continuing Case Savings	120,685 X -\$16.26	=	-\$1,962,000
2007-08 Total Admin Cost		=	\$1,703,000 (\$851,500 GF)

FY 2004-05 RECONCILIATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 15
 IMPLEMENTATION DATE: 4/2007
 ANALYST: Linette Kleinsasser
 FISCAL REFERENCE NUMBER: 1191

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	-\$19,152,000	\$0	\$0
TOTAL FUNDS	\$0	-\$19,152,000	\$0	\$0
STATE FUNDS	\$0	-\$9,576,000	\$0	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	-\$19,152,000	\$0	\$0
TOTAL FUNDS	\$0	-\$19,152,000	\$0	\$0
STATE FUNDS	\$0	-\$9,576,000	\$0	\$0

DESCRIPTION

Two years following the end of the fiscal year, county administration expenditures are reconciled to the county administration allocation for the applicable fiscal year. The county administration budget in FY 2004-05 was reconciled and resulted in the identification of \$19,152,000 (\$9,576,000 GF) in 2004-05 unspent county administration funds to be returned during the current fiscal year.

FY 2004-05 Payments	\$1,118,887,000
FY 2004-05 Expenditures	\$1,099,735,000
Net Due to the State	\$19,152,000

DRA CITIZENSHIP VERIFICATION REQUIREMENTS

COUNTY ADMIN. POLICY CHANGE NUMBER: 16
 IMPLEMENTATION DATE: 8/2007
 ANALYST: Stella Bertrand
 FISCAL REFERENCE NUMBER: 1193

	FY 2006-07		FY 2007-08	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$25,181,000	\$25,181,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$25,181,000	\$25,181,000
STATE FUNDS	\$0	\$0	\$12,590,500	\$12,590,500
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$25,181,000	\$25,181,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$25,181,000	\$25,181,000
STATE FUNDS	\$0	\$0	\$12,590,500	\$12,590,500

DESCRIPTION

Assembly Bill (AB) 1807 (Chapter 74, Statutes of 2006) implements a provision of the federal Deficit Reduction Act of 2005 (DRA) that requires evidence of citizenship and identity as a condition of Medicaid eligibility for individuals who are applying for or currently receiving Medi-Cal benefits and who declare that they are citizens of the United States (U.S.). Under this new provision, applicants are required to show proof of identity and citizenship at the time of application and are not to be determined eligible until the documentation is provided. Current beneficiaries are required to provide documentation at the time of their next annual redetermination. Parents can certify the identity of their children. Beneficiaries remain eligible for full-scope services as long as they are cooperative in obtaining the documentation. This provision does not apply to, or otherwise affect, people who are applying for or receiving Medi-Cal as immigrants, Supplemental Security Income recipients, foster children, Medicare beneficiaries, presumptive eligibles, or CalWORKs applicants or recipients.

Assumptions:

- It is assumed that counties will implement this requirement by August 2007.
- BCCTP beneficiaries are included in the data match. Counties will verify citizenship and identity for BCCTP beneficiaries and forward the information to the Department.
- The outcome of a February 3, 2007 automated data match between MEDS and State Birth Records provided the following information regarding those beneficiaries for whom verification is required:

1,157,585	Matched Beneficiaries
1,603,975	Unmatched Beneficiaries
2,761,560	Total beneficiaries to be verified
- Based on information from 7 counties with 63% of the caseload, assume 3% of the current impacted caseload will be redetermined each month: $2,761,560 \times 3\% = 82,847$ per month: 34,728 matched ($1,157,585 \times 3\%$) and 48,119 unmatched ($1,603,975 \times 3\%$).

DRA CITIZENSHIP VERIFICATION REQUIREMENTS

COUNTY ADMIN. POLICY CHANGE NUMBER: 16

5. Based on historical data, assume that 3% of the current caseload will be new each month. There will be an average monthly 34,728 matched new cases and 48,119 unmatched new cases, totaling 82,847 new cases.
6. The average cost per hour for an Eligibility Worker (EW) is \$65.03 and for a clerk is \$26.73.
7. Assume that it will take an EW and Clerk 10 minutes each per matched beneficiary to verify information in the eligibility system, copy, and file the information in the case file: $\$15.29 = (\$65.03 + \$26.73) / 60 \times 10$.
8. Assume that some unmatched cases need assistance in obtaining original documentation to establish citizenship/national status. It is expected that 20% of the unmatched cases ($9,624 = 48,119 \times 20\%$) would involve a significant amount of time. Assume that it will take an EW and Clerk an average of 23.5 minutes each per unmatched beneficiary needing significant help to assist them in obtaining original documents that establish U.S. citizenship/national status or assist in completing the request to obtain documents, verify information in the eligibility system, file, copy, and return original documents that establish U.S. citizenship/national status via mail or in person: $\$35.94 = (\$65.03 + \$26.73) / 60 \times 23.5$. Assume the remaining 80% of the unmatched cases ($38,495 = 48,119 \times 80\%$) would require 10 minutes for both the EW and Clerk: $\$15.29 = (\$65.03 + \$26.73) / 60 \times 10$.
9. It is assumed that an EW and Clerk will take 12.5 minutes each to verify identification for adults, since the children will be certified by their parents; copy; and return original documents that verify identification via mail or in person: $\$19.12 = (\$65.03 + \$26.73) / 60 \times 12.5$.
10. Based on MEDS data for calendar year 2006, 52% of the total eligibles are adults and 48% of the eligibles are children.
11. It is assumed that the EW and Clerk would need to verify identification for 43,080 ($(34,728 + 48,119) \times 52\%$) adults.

ONE-TIME COUNTY ADMINISTRATIVE COSTS - REDETERMINATIONS

Document Citizenship for Matched Beneficiaries	34,728 X \$15.29 X 11 mos.	= \$5,841,000
Verify Citizenship for Unmatched Beneficiaries needing assistance	9,624 X \$35.94 X 11 mos.	= \$3,805,000
Verify Citizenship for Unmatched Beneficiaries with no assistance	38,495 X \$15.29 X 11 mos.	= \$6,474,000
Verify Identification for Beneficiaries	43,080 X \$19.12 X 11 mos.	= <u>\$9,061,000</u>
FY 2007-08 Costs		= 25,181,000

ONGOING COUNTY ADMINISTRATIVE COSTS - INTAKES

Document Citizenship for Matched Beneficiaries	34,728 X \$15.29 X 11 mos.	= \$5,841,000
Verify Citizenship for Unmatched Beneficiaries needing assistance	9,624 X \$35.94 X 11 mos.	= \$3,805,000
Verify Citizenship for Unmatched Beneficiaries with no assistance	38,495 X \$15.29 X 11 mos.	= \$6,474,000
Verify Identification for Beneficiaries	43,080 X \$19.12 X 11 mos.	= <u>\$9,061,000</u>
FY 2007-08 Costs		= 25,181,000