MEDI-CAL
MAY 2007
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2006-07 and 2007-08

OTHER ADMINISTRATION

Fiscal Forecasting and Data Management Branch
State Department of Health Services
1501 Capitol Avenue
Sacramento, CA 95814
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OTHER ADMINISTRATION
POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2006-07 TOTAL FUNDS	FISCAL YEAR 2006-07 STATE FUNDS	FISCAL YEAR 2007-08 TOTAL FUNDS	FISCAL YEAR 2007-08 STATE FUNDS
	CDHS				
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	$279,615,000	$0	$338,334,000	$0
2	CCS CASE MANAGEMENT	$110,330,000	$45,235,000	$112,998,000	$46,329,000
3	EPSDT CASE MANAGEMENT	$37,464,000	$13,190,000	$37,464,000	$13,190,000
4	MATERNAL AND CHILD HEALTH	$36,600,000	$0	$36,600,000	$0
5	POSTAGE & PRINTING	$22,047,000	$10,504,400	$22,047,000	$10,504,400
6	CHILDREN'S OUTREACH INITIATIVE	$8,125,000	$3,524,000	$34,575,000	$15,049,100
7	CLPP CASE MANAGEMENT SERVICES	$4,200,000	$0	$4,200,000	$0
8	FAMILY PACT MIP AND I&E PROGRAMS	$2,877,000	$0	$824,000	$0
9	MIS/DSS CONTRACT	$2,916,000	$729,000	$21,422,000	$4,608,100
10	MMA - ELIGIBILITY SYSTEMS CHANGE	$2,175,000	$217,500	$533,000	$53,300
11	POSTAGE AND PRINTING - THIRD PARTY LIAB.	$2,156,000	$1,078,000	$2,131,000	$1,065,500
12	L.A. COUNTY MEDICAID DEMONSTRATION PROJ.	$2,400,000	$0	$1,000,000	$0
13	FAMILY PACT WAIVER DEMO EVALUATION	$1,684,000	$250,000	$1,434,000	$0
14	PERINATAL HIV TESTING PROJECT	$1,614,000	$0	$1,614,000	$0
15	MIS/DSS INTERIM OPERATIONS	$1,000,000	$250,000	$1,340,000	$335,000
16	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,520,000	$760,000	$1,580,000	$790,000
17	MMA – BENEFICIARY OUTREACH	$367,000	$183,500	$1,101,000	$550,500
18	IMMUNIZATION REGISTRY	$1,260,000	$0	$1,260,000	$0
19	MMA - DSH ANNUAL INDEPENDENT AUDIT	$0	$0	$1,200,000	$600,000
20	SPD EDUCATION AND OUTREACH	$161,000	$80,500	$1,039,000	$519,500
21	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	$950,000	$950,000	$950,000	$950,000
22	FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTREACH	$2,268,000	$0	$2,268,000	$0
23	MEDI-CAL VS. MEDICARE RATE STUDY	$600,000	$300,000	$0	$0
24	MITA ASSESSMENT	$125,000	$12,500	$625,000	$62,500
25	TAR POSTAGE	$410,000	$205,000	$410,000	$205,000

OTHER ADMINISTRATION
POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2006-07 TOTAL FUNDS	FISCAL YEAR 2006-07 STATE FUNDS	FISCAL YEAR 2007-08 TOTAL FUNDS	FISCAL YEAR 2007-08 STATE FUNDS
	CDHS				
26	SB 437 - SELF-CERTIFICATION EVALUATION	$285,000	$142,500	$800,000	$400,000
28	CONTINUOUS NURSING CARE PILOT PROJECT	$125,000	$62,500	$125,000	$62,500
29	SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROGRAMS F	$210,000	$105,000	$418,000	$209,000
30	CHDP GATEWAY ELECTRONIC APPLICATION FSR	$195,000	$97,500	$195,000	$97,500
31	MIS/DSS OVERSIGHT CONTRACT	$103,000	$16,300	$286,000	$34,000
32	EPOCRATES	$40,000	$20,000	$158,000	$79,000
33	COORDINATED CARE MANAGEMENT PILOT	$0	$0	$1,350,000	$675,000
34	COHS REBATE RECONCILIATION	$137,000	$34,300	$332,000	$83,000
35	MMA SYSTEM-GENERATED NOTICE OF ACTION	$991,000	$495,500	$991,000	$495,500
36	DISEASE MANAGEMENT PROGRAM	$500,000	$250,000	$7,300,000	$3,650,000
59	MEDS REPLACEMENT CONTRACTOR	$0	$0	$1,600,000	$400,000
60	HEALTH CARE COVERAGE INITIATIVE - ADMIN COSTS	$17,000,000	$0	$64,000,000	$0
	CDHS SUBTOTAL	**$542,450,000**	**$78,692,900**	**$704,504,000**	**$100,997,300**
	OTHER DEPARTMENTS				
37	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS	$433,804,000	$0	$151,308,000	$0
38	PERSONAL CARE SERVICES	$153,997,000	$0	$159,194,000	$0
39	HEALTH RELATED ACTIVITIES/TITLE XIX	$114,264,000	$0	$113,649,000	$0
40	CDDS ADMINISTRATIVE COSTS	$31,337,000	$0	$32,923,000	$0
41	PUBLIC HEALTH NURSES FOR FOSTER CARE	$17,499,000	$0	$17,499,000	$0
42	DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS	$5,596,000	$0	$5,066,000	$0
43	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$4,080,000	$0	$3,928,000	$0
44	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$3,391,000	$0	$3,630,000	$0
45	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	$2,202,000	$0	$2,472,000	$0
46	OUTREACH - CHILDREN	$1,967,000	$650,000	$2,496,000	$650,000
47	BABY WELCOME KITS	$1,906,000	$0	$2,102,000	$0

OTHER ADMINISTRATION
POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2006-07 TOTAL FUNDS	FISCAL YEAR 2006-07 STATE FUNDS	FISCAL YEAR 2007-08 TOTAL FUNDS	FISCAL YEAR 2007-08 STATE FUNDS
	OTHER DEPARTMENTS				
48	VETERANS BENEFITS	$956,000	$0	$956,000	$0
49	AGENCY HIPAA FUNDING	$700,000	$0	$700,000	$0
50	STATE HOSPITAL ELIGIBILITY ACTIVITIES	$245,000	$0	$245,000	$0
51	MERIT SYSTEM SERVICES FOR COUNTIES	$209,000	$104,500	$225,000	$112,500
52	HEALTH-E APP	$0	$0	$278,000	$0
53	SB 437 WIC STAFF FOR WIC GATEWAY FSR	$0	$0	$172,000	$0
54	CA-MMIS REPLACEMENT--CDPH STAFF	$0	$0	$147,000	$0
55	COMM LIVING SUPPORT BENEFIT (AB 2968)--CDPH STAFF	$0	$0	$58,000	$0
56	ADHC PROGRAM RESTRUCTURING (SB 1755)--CDPH STAFI	$0	$0	$50,000	$0
57	ICF/DD CONTINOUS NURSING PILOT--CDPH STAFF	$0	$0	$49,000	$0
58	PIA EYEWEAR COURIER SERVICE	$646,000	$323,000	$639,000	$319,500
62	DEPT OF PUBLIC HEALTH (CDPH) ADMIN COSTS	$0	$0	$9,092,000	$0
	OTHER DEPARTMENTS SUBTOTAL	**$772,799,000**	**$1,077,500**	**$506,878,000**	**$1,082,000**
	GRAND TOTAL	**$1,315,249,000**	**$79,770,400**	**$1,211,382,000**	**$102,079,300**

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2007 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2006 ESTIMATE
FISCAL YEAR 2006-07

NOV.	MAY		2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		MAY 2007 EST. FOR 2006-07		DIFFERENCE MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
PC #	PC #	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
		CDHS										
1	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	$282,900,000	$0	$205,136,000	$0	$279,615,000	$0	-$3,285,000	$0	$74,479,000	$0
2	2	CCS CASE MANAGEMENT	$113,160,000	$46,396,000	$107,824,000	$44,208,000	$110,330,000	$45,235,000	-$2,830,000	-$1,161,000	$2,506,000	$1,027,000
3	3	EPSDT CASE MANAGEMENT	$37,464,000	$13,190,000	$37,464,000	$13,190,000	$37,464,000	$13,190,000	$0	$0	$0	$0
4	4	MATERNAL AND CHILD HEALTH	$36,600,000	$0	$36,600,000	$0	$36,600,000	$0	$0	$0	$0	$0
5	5	POSTAGE & PRINTING	$22,047,000	$10,480,350	$22,047,000	$10,504,350	$22,047,000	$10,504,350	$0	$24,000	$0	$0
6	6	CHILDREN'S OUTREACH INITIATIVE	$19,935,000	$8,621,400	$19,935,000	$8,621,400	$8,125,000	$3,524,000	-$11,810,000	-$5,097,400	-$11,810,000	-$5,097,400
7	7	CLPP CASE MANAGEMENT SERVICES	$4,200,000	$0	$4,200,000	$0	$4,200,000	$0	$0	$0	$0	$0
8	8	FAMILY PACT MIP AND I&E PROGRAMS	$4,200,000	$0	$4,200,000	$0	$2,877,000	$0	-$1,323,000	$0	-$1,323,000	$0
9	9	MIS/DSS CONTRACT	$9,950,000	$2,487,500	$2,916,000	$729,000	$2,916,000	$729,000	-$7,034,000	-$1,758,500	$0	$0
10	10	MMA - ELIGIBILITY SYSTEMS CHANGE	$2,708,000	$270,800	$2,508,000	$250,800	$2,175,000	$217,500	-$533,000	-$53,300	-$333,000	-$33,300
11	11	POSTAGE AND PRINTING - THIRD PARTY LIAB.	$2,001,000	$1,000,500	$2,156,000	$1,078,000	$2,156,000	$1,078,000	$155,000	$77,500	$0	$0
12	12	L.A. COUNTY MEDICAID DEMONSTRATION PROJ.	$2,000,000	$0	$2,000,000	$0	$2,400,000	$0	$400,000	$0	$400,000	$0
13	13	FAMILY PACT WAIVER DEMO EVALUATION	$1,684,000	$250,000	$1,684,000	$250,000	$1,684,000	$250,000	$0	$0	$0	$0
14	14	PERINATAL HIV TESTING PROJECT	$1,614,000	$0	$1,614,000	$0	$1,614,000	$0	$0	$0	$0	$0
15	15	MIS/DSS INTERIM OPERATIONS	$0	$0	$1,590,000	$397,500	$1,000,000	$250,000	$1,000,000	$250,000	-$590,000	-$147,500
16	16	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,460,000	$730,000	$1,520,000	$760,000	$1,520,000	$760,000	$60,000	$30,000	$0	$0
17	17	MMA – BENEFICIARY OUTREACH	$0	$0	$1,468,000	$734,000	$367,000	$183,500	$367,000	$183,500	-$1,101,000	-$550,500
18	18	IMMUNIZATION REGISTRY	$1,260,000	$0	$1,260,000	$0	$1,260,000	$0	$0	$0	$0	$0
19		MMA DSH ANNUAL INDEPENDENT AUDIT	$1,200,000	$600,000	$1,200,000	$600,000	$0	$0	-$1,200,000	-$600,000	-$1,200,000	-$600,000
20	20	SPD EDUCATION AND OUTREACH	$1,100,000	$550,000	$1,100,000	$550,000	$161,000	$80,500	-$939,000	-$469,500	-$939,000	-$469,500
21	21	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	$950,000	$475,000	$950,000	$950,000	$950,000	$950,000	$0	$475,000	$0	$0
22	22	FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTRE	$945,000	$0	$945,000	$0	$2,268,000	$0	$1,323,000	$0	$1,323,000	$0
23	23	MEDI-CAL VS. MEDICARE RATE STUDY	$0	$0	$600,000	$300,000	$600,000	$300,000	$600,000	$300,000	$0	$0
24	24	MITA ASSESSMENT	$0	$0	$500,000	$50,000	$125,000	$12,500	$125,000	$12,500	-$375,000	-$37,500
25	25	TAR POSTAGE	$418,000	$209,000	$410,000	$205,000	$410,000	$205,000	-$8,000	-$4,000	$0	$0
26	26	SB 437 - SELF-CERTIFICATION EVALUATION	$0	$0	$285,000	$142,500	$285,000	$142,500	$285,000	$142,500	$0	$0
27		HIPAA PRIVACY AND SECURITY MEDS ASSESSMEN	$0	$0	$250,000	$62,500	$0	$0	$0	$0	-$250,000	-$62,500
28	28	CONTINUOUS NURSING CARE PILOT PROJECT	$250,000	$125,000	$250,000	$125,000	$125,000	$62,500	-$125,000	-$62,500	-$125,000	-$62,500
29	29	SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROG	$0	$0	$210,000	$88,250	$210,000	$105,000	$210,000	$105,000	$0	$16,750
30	30	CHDP GATEWAY ELECTRONIC APPLICATION FSR	$0	$0	$195,000	$72,500	$195,000	$97,500	$195,000	$97,500	$0	$25,000
31	31	MIS/DSS OVERSIGHT CONTRACT	$255,000	$63,750	$191,000	$47,750	$103,000	$16,300	-$152,000	-$47,450	-$88,000	-$31,450
32	32	EPOCRATES	$0	$0	$118,000	$59,000	$40,000	$20,000	$40,000	$20,000	-$78,000	-$39,000
34	34	COHS REBATE RECONCILIATION	$212,000	$53,000	$212,000	$53,000	$137,000	$34,250	-$75,000	-$18,750	-$75,000	-$18,750
35	35	MMA SYSTEM-GENERATED NOTICE OF ACTION	$1,469,000	$734,500	$672,000	$336,000	$991,000	$495,500	-$478,000	-$239,000	$319,000	$159,500
36	36	DISEASE MANAGEMENT PROGRAM	$5,500,000	$2,750,000	$3,816,000	$1,908,000	$500,000	$250,000	-$5,000,000	-$2,500,000	-$3,316,000	-$1,658,000
	60	HEALTH CARE COVERAGE INITIATIVE - ADMIN COS	$0	$0	$0	$0	$17,000,000	$0	$17,000,000	$0	$17,000,000	$0

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2007 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2006 ESTIMATE
FISCAL YEAR 2006-07

NOV.	MAY		2006-07 APPROPRIATION		NOV. 2006 EST. FOR 2006-07		MAY 2007 EST. FOR 2006-07		DIFFERENCE MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
PC #	PC #	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
		CDHS										
		CDHS SUBTOTAL	**$555,482,000**	**$88,986,800**	**$468,026,000**	**$86,272,550**	**$542,450,000**	**$78,692,900**	**-$13,032,000**	**-$10,293,900**	**$74,424,000**	**-$7,579,650**
		OTHER DEPARTMENTS										
37	37	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS	$141,152,000	$0	$433,804,000	$0	$433,804,000	$0	$292,652,000	$0	$0	$0
38	38	PERSONAL CARE SERVICES	$175,136,000	$0	$154,684,000	$0	$153,997,000	$0	-$21,139,000	$0	-$687,000	$0
39	39	HEALTH RELATED ACTIVITIES/TITLE XIX	$96,882,000	$0	$111,011,000	$0	$114,264,000	$0	$17,382,000	$0	$3,253,000	$0
40	40	CDDS ADMINISTRATIVE COSTS	$27,496,000	$0	$29,860,000	$0	$31,337,000	$0	$3,841,000	$0	$1,477,000	$0
41	41	PUBLIC HEALTH NURSES FOR FOSTER CARE	$17,499,000	$0	$16,451,000	$0	$17,499,000	$0	$0	$0	$1,048,000	$0
42	42	DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS	$4,797,000	$0	$5,596,000	$0	$5,596,000	$0	$799,000	$0	$0	$0
43	43	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$3,522,000	$0	$3,903,000	$0	$4,080,000	$0	$558,000	$0	$177,000	$0
44	44	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$3,555,000	$0	$3,397,000	$0	$3,391,000	$0	-$164,000	$0	-$6,000	$0
45	45	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	$2,215,000	$0	$2,160,000	$0	$2,202,000	$0	-$13,000	$0	$42,000	$0
46	46	OUTREACH - CHILDREN	$2,631,000	$650,000	$2,075,000	$650,000	$1,967,000	$650,000	-$664,000	$0	-$108,000	$0
47	47	BABY WELCOME KITS	$1,453,000	$0	$1,906,000	$0	$1,906,000	$0	$453,000	$0	$0	$0
48	48	VETERANS BENEFITS	$956,000	$0	$956,000	$0	$956,000	$0	$0	$0	$0	$0
49	49	AGENCY HIPAA FUNDING	$700,000	$0	$700,000	$0	$700,000	$0	$0	$0	$0	$0
50	50	STATE HOSPITAL ELIGIBILITY ACTIVITIES	$245,000	$0	$245,000	$0	$245,000	$0	$0	$0	$0	$0
51	51	MERIT SYSTEM SERVICES FOR COUNTIES	$209,000	$104,500	$209,000	$104,500	$209,000	$104,500	$0	$0	$0	$0
58	58	PIA EYEWEAR COURIER SERVICE	$400,000	$200,000	$646,000	$323,000	$646,000	$323,000	$246,000	$123,000	$0	$0
		HEALTH-E APP	$288,000	$0	$0	$0	$0	$0	-$288,000	$0	$0	$0
		OTHER DEPARTMENTS SUBTOTAL	**$479,136,000**	**$954,500**	**$767,603,000**	**$1,077,500**	**$772,799,000**	**$1,077,500**	**$293,663,000**	**$123,000**	**$5,196,000**	**$0**
		OTHER ADMINISTRATION SUBTOTAL	**$1,034,618,000**	**$89,941,300**	**$1,235,629,000**	**$87,350,050**	**$1,315,249,000**	**$79,770,400**	**$280,631,000**	**-$10,170,900**	**$79,620,000**	**-$7,579,650**
		GRAND TOTAL ALL ADMIN. ADJUSTMENTS	**$1,407,106,000**	**$240,897,150**	**$1,463,657,000**	**$166,526,150**	**$1,515,514,000**	**$144,818,400**	**$108,408,000**	**-$96,078,750**	**$51,857,000**	**-$21,707,750**

(1) - If no PC # listed at all then dollars were in Appropriation only.

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE
FISCAL YEAR 2007-08

NOV.	MAY		NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
PC #	PC #	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
		CDHS						
1	1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	$248,215,000	$0	$338,334,000	$0	$90,119,000	$0
2	2	CCS CASE MANAGEMENT	$110,867,000	$45,455,000	$112,998,000	$46,329,000	$2,131,000	$874,000
3	3	EPSDT CASE MANAGEMENT	$37,464,000	$13,190,000	$37,464,000	$13,190,000	$0	$0
4	4	MATERNAL AND CHILD HEALTH	$36,600,000	$0	$36,600,000	$0	$0	$0
5	5	POSTAGE & PRINTING	$22,047,000	$10,504,350	$22,047,000	$10,504,350	$0	$0
6	6	CHILDREN'S OUTREACH INITIATIVE	$30,185,000	$13,184,800	$34,575,000	$15,049,050	$4,390,000	$1,864,250
7	7	CLPP CASE MANAGEMENT SERVICES	$4,200,000	$0	$4,200,000	$0	$0	$0
8	8	FAMILY PACT MIP AND I&E PROGRAMS	$4,200,000	$0	$824,000	$0	-$3,376,000	$0
9	9	MIS/DSS CONTRACT	$21,422,000	$5,355,500	$21,422,000	$4,608,050	$0	-$747,450
10	10	MMA - ELIGIBILITY SYSTEMS CHANGE	$200,000	$20,000	$533,000	$53,300	$333,000	$33,300
11	11	POSTAGE AND PRINTING - THIRD PARTY LIAB.	$2,131,000	$1,065,500	$2,131,000	$1,065,500	$0	$0
13	13	FAMILY PACT WAIVER DEMO EVALUATION	$1,434,000	$0	$1,434,000	$0	$0	$0
14	14	PERINATAL HIV TESTING PROJECT	$1,614,000	$0	$1,614,000	$0	$0	$0
16	16	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,580,000	$790,000	$1,580,000	$790,000	$0	$0
17	17	MMA – BENEFICIARY OUTREACH	$1,101,000	$550,500	$1,101,000	$550,500	$0	$0
18	18	IMMUNIZATION REGISTRY	$1,260,000	$0	$1,260,000	$0	$0	$0
19	19	MMA - DSH ANNUAL INDEPENDENT AUDIT	$1,200,000	$600,000	$1,200,000	$600,000	$0	$0
20	20	SPD EDUCATION AND OUTREACH	$1,100,000	$550,000	$1,039,000	$519,500	-$61,000	-$30,500
21	21	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	$950,000	$950,000	$950,000	$950,000	$0	$0
22	22	FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTRE	$945,000	$0	$2,268,000	$0	$1,323,000	$0
25	25	TAR POSTAGE	$410,000	$205,000	$410,000	$205,000	$0	$0
26	26	SB 437 - SELF-CERTIFICATION EVALUATION	$525,000	$262,500	$800,000	$400,000	$275,000	$137,500
27		HIPAA PRIVACY AND SECURITY MEDS ASSESSMEN	$250,000	$62,500	$0	$0	-$250,000	-$62,500
29	29	SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROG	$418,000	$175,750	$418,000	$209,000	$0	$33,250
30	30	CHDP GATEWAY ELECTRONIC APPLICATION FSR	$195,000	$72,500	$195,000	$97,500	$0	$25,000
31	31	MIS/DSS OVERSIGHT CONTRACT	$250,000	$62,500	$286,000	$34,000	$36,000	-$28,500
32	32	EPOCRATES	$158,000	$79,000	$158,000	$79,000	$0	$0
33	33	COORDINATED CARE MANAGEMENT PILOT	$2,700,000	$1,350,000	$1,350,000	$675,000	-$1,350,000	-$675,000
34	34	COHS REBATE RECONCILIATION	$28,000	$7,000	$332,000	$83,000	$304,000	$76,000
35	35	MMA SYSTEM-GENERATED NOTICE OF ACTION	$672,000	$336,000	$991,000	$495,500	$319,000	$159,500

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE
FISCAL YEAR 2007-08

NOV.	MAY		NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
PC #	PC #	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
		CDHS						
36	36	DISEASE MANAGEMENT PROGRAM	$8,648,000	$4,324,000	$7,300,000	$3,650,000	-$1,348,000	-$674,000
	12	L.A. COUNTY MEDICAID DEMONSTRATION PROJ.	$0	$0	$1,000,000	$0	$1,000,000	$0
	15	MIS/DSS INTERIM OPERATIONS	$0	$0	$1,340,000	$335,000	$1,340,000	$335,000
	24	MITA ASSESSMENT	$0	$0	$625,000	$62,500	$625,000	$62,500
	28	CONTINUOUS NURSING CARE PILOT PROJECT	$0	$0	$125,000	$62,500	$125,000	$62,500
	59	MEDS REPLACEMENT CONTRACTOR	$0	$0	$1,600,000	$400,000	$1,600,000	$400,000
	60	HEALTH CARE COVERAGE INITIATIVE - ADMIN COS	$0	$0	$64,000,000	$0	$64,000,000	$0
		CDHS SUBTOTAL	**$542,969,000**	**$99,152,400**	**$704,504,000**	**$100,997,250**	**$161,535,000**	**$1,844,850**
		OTHER DEPARTMENTS						
37	37	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS	$158,232,000	$0	$151,308,000	$0	-$6,924,000	$0
38	38	PERSONAL CARE SERVICES	$159,047,000	$0	$159,194,000	$0	$147,000	$0
39	39	HEALTH RELATED ACTIVITIES/TITLE XIX	$110,476,000	$0	$113,649,000	$0	$3,173,000	$0
40	40	CDDS ADMINISTRATIVE COSTS	$31,840,000	$0	$32,923,000	$0	$1,083,000	$0
41	41	PUBLIC HEALTH NURSES FOR FOSTER CARE	$15,425,000	$0	$17,499,000	$0	$2,074,000	$0
42	42	DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS	$5,078,000	$0	$5,066,000	$0	-$12,000	$0
43	43	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$3,247,000	$0	$3,928,000	$0	$681,000	$0
44	44	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$3,607,000	$0	$3,630,000	$0	$23,000	$0
45	45	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	$2,223,000	$0	$2,472,000	$0	$249,000	$0
46	46	OUTREACH - CHILDREN	$2,493,000	$650,000	$2,496,000	$650,000	$3,000	$0
47	47	BABY WELCOME KITS	$1,906,000	$0	$2,102,000	$0	$196,000	$0
48	48	VETERANS BENEFITS	$956,000	$0	$956,000	$0	$0	$0
49	49	AGENCY HIPAA FUNDING	$700,000	$0	$700,000	$0	$0	$0
50	50	STATE HOSPITAL ELIGIBILITY ACTIVITIES	$245,000	$0	$245,000	$0	$0	$0
51	51	MERIT SYSTEM SERVICES FOR COUNTIES	$225,000	$112,500	$225,000	$112,500	$0	$0
52	52	HEALTH-E APP	$320,000	$0	$278,000	$0	-$42,000	$0
53	53	SB 437 WIC STAFF FOR WIC GATEWAY FSR	$172,000	$0	$172,000	$0	$0	$0
54	54	CA-MMIS REPLACEMENT--CDPH STAFF	$147,000	$0	$147,000	$0	$0	$0
55	55	COMM LIVING SUPPORT BENEFIT (AB 2968)--CDPH	$58,000	$0	$58,000	$0	$0	$0

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2007 ESTIMATE COMPARED TO NOVEMBER 2006 ESTIMATE
FISCAL YEAR 2007-08

NOV.	MAY		NOV. 2006 EST. FOR 2007-08		MAY 2007 EST. FOR 2007-08		DIFFERENCE	
PC #	PC #	POLICY CHANGE TITLE	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
		OTHER DEPARTMENTS						
56	56	ADHC PROGRAM RESTRUCTURING (SB 1755)--CDP	$50,000	$0	$50,000	$0	$0	$0
57	57	ICF/DD CONTINOUS NURSING PILOT--CDPH STAFF	$49,000	$0	$49,000	$0	$0	$0
58	58	PIA EYEWEAR COURIER SERVICE	$481,000	$240,500	$639,000	$319,500	$158,000	$79,000
	62	DEPT OF PUBLIC HEALTH (CDPH) ADMIN COSTS	$0	$0	$9,092,000	$0	$9,092,000	$0
		OTHER DEPARTMENTS SUBTOTAL	**$496,977,000**	**$1,003,000**	**$506,878,000**	**$1,082,000**	**$9,901,000**	**$79,000**
		OTHER ADMINISTRATION SUBTOTAL	**$1,039,946,000**	**$100,155,400**	**$1,211,382,000**	**$102,079,250**	**-$888,521,000**	**-$53,538,400**
		GRAND TOTAL ALL ADMIN. ADJUSTMENTS	**$1,338,406,000**	**$213,821,200**	**$1,491,515,000**	**$202,918,750**	**$153,109,000**	**-$10,902,450**

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2006-07 AND 2007-08

MAY PC#	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07 TOTAL FUNDS	MAY 2007 EST. FOR 2006-07 STATE FUNDS	MAY 2007 EST. FOR 2007-08 TOTAL FUNDS	MAY 2007 EST. FOR 2007-08 STATE FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE STATE FUNDS
	CDHS						
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES	$279,615,000	$0	$338,334,000	$0	$58,719,000	$0
2	CCS CASE MANAGEMENT	$110,330,000	$45,235,000	$112,998,000	$46,329,000	$2,668,000	$1,094,000
3	EPSDT CASE MANAGEMENT	$37,464,000	$13,190,000	$37,464,000	$13,190,000	$0	$0
4	MATERNAL AND CHILD HEALTH	$36,600,000	$0	$36,600,000	$0	$0	$0
5	POSTAGE & PRINTING	$22,047,000	$10,504,350	$22,047,000	$10,504,350	$0	$0
6	CHILDREN'S OUTREACH INITIATIVE	$8,125,000	$3,524,000	$34,575,000	$15,049,050	$26,450,000	$11,525,050
7	CLPP CASE MANAGEMENT SERVICES	$4,200,000	$0	$4,200,000	$0	$0	$0
8	FAMILY PACT MIP AND I&E PROGRAMS	$2,877,000	$0	$824,000	$0	-$2,053,000	$0
9	MIS/DSS CONTRACT	$2,916,000	$729,000	$21,422,000	$4,608,050	$18,506,000	$3,879,050
10	MMA - ELIGIBILITY SYSTEMS CHANGE	$2,175,000	$217,500	$533,000	$53,300	-$1,642,000	-$164,200
11	POSTAGE AND PRINTING - THIRD PARTY LIAB.	$2,156,000	$1,078,000	$2,131,000	$1,065,500	-$25,000	-$12,500
12	L.A. COUNTY MEDICAID DEMONSTRATION PROJ.	$2,400,000	$0	$1,000,000	$0	-$1,400,000	$0
13	FAMILY PACT WAIVER DEMO EVALUATION	$1,684,000	$250,000	$1,434,000	$0	-$250,000	-$250,000
14	PERINATAL HIV TESTING PROJECT	$1,614,000	$0	$1,614,000	$0	$0	$0
15	MIS/DSS INTERIM OPERATIONS	$1,000,000	$250,000	$1,340,000	$335,000	$340,000	$85,000
16	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,520,000	$760,000	$1,580,000	$790,000	$60,000	$30,000
17	MMA – BENEFICIARY OUTREACH	$367,000	$183,500	$1,101,000	$550,500	$734,000	$367,000
18	IMMUNIZATION REGISTRY	$1,260,000	$0	$1,260,000	$0	$0	$0
19	MMA - DSH ANNUAL INDEPENDENT AUDIT	$0	$0	$1,200,000	$600,000	$1,200,000	$600,000
20	SPD EDUCATION AND OUTREACH	$161,000	$80,500	$1,039,000	$519,500	$878,000	$439,000
21	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	$950,000	$950,000	$950,000	$950,000	$0	$0
22	FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTREAC	$2,268,000	$0	$2,268,000	$0	$0	$0
23	MEDI-CAL VS. MEDICARE RATE STUDY	$600,000	$300,000	$0	$0	-$600,000	-$300,000
24	MITA ASSESSMENT	$125,000	$12,500	$625,000	$62,500	$500,000	$50,000
25	TAR POSTAGE	$410,000	$205,000	$410,000	$205,000	$0	$0
26	SB 437 - SELF-CERTIFICATION EVALUATION	$285,000	$142,500	$800,000	$400,000	$515,000	$257,500
28	CONTINUOUS NURSING CARE PILOT PROJECT	$125,000	$62,500	$125,000	$62,500	$0	$0

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2006-07 AND 2007-08

MAY PC#	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07 TOTAL FUNDS	MAY 2007 EST. FOR 2006-07 STATE FUNDS	MAY 2007 EST. FOR 2007-08 TOTAL FUNDS	MAY 2007 EST. FOR 2007-08 STATE FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE STATE FUNDS
	CDHS						
29	SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROGRAI	$210,000	$105,000	$418,000	$209,000	$208,000	$104,000
30	CHDP GATEWAY ELECTRONIC APPLICATION FSR	$195,000	$97,500	$195,000	$97,500	$0	$0
31	MIS/DSS OVERSIGHT CONTRACT	$103,000	$16,300	$286,000	$34,000	$183,000	$17,700
32	EPOCRATES	$40,000	$20,000	$158,000	$79,000	$118,000	$59,000
33	COORDINATED CARE MANAGEMENT PILOT	$0	$0	$1,350,000	$675,000	$1,350,000	$675,000
34	COHS REBATE RECONCILIATION	$137,000	$34,250	$332,000	$83,000	$195,000	$48,750
35	MMA SYSTEM-GENERATED NOTICE OF ACTION	$991,000	$495,500	$991,000	$495,500	$0	$0
36	DISEASE MANAGEMENT PROGRAM	$500,000	$250,000	$7,300,000	$3,650,000	$6,800,000	$3,400,000
59	MEDS REPLACEMENT CONTRACTOR	$0	$0	$1,600,000	$400,000	$1,600,000	$400,000
60	HEALTH CARE COVERAGE INITIATIVE - ADMIN COSTS	$17,000,000	$0	$64,000,000	$0	$47,000,000	$0
	CDHS SUBTOTAL	**$542,450,000**	**$78,692,900**	**$704,504,000**	**$100,997,250**	**$162,054,000**	**$22,304,350**
	OTHER DEPARTMENTS						
37	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS	$433,804,000	$0	$151,308,000	$0	-$282,496,000	$0
38	PERSONAL CARE SERVICES	$153,997,000	$0	$159,194,000	$0	$5,197,000	$0
39	HEALTH RELATED ACTIVITIES/TITLE XIX	$114,264,000	$0	$113,649,000	$0	-$615,000	$0
40	CDDS ADMINISTRATIVE COSTS	$31,337,000	$0	$32,923,000	$0	$1,586,000	$0
41	PUBLIC HEALTH NURSES FOR FOSTER CARE	$17,499,000	$0	$17,499,000	$0	$0	$0
42	DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS	$5,596,000	$0	$5,066,000	$0	-$530,000	$0
43	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$4,080,000	$0	$3,928,000	$0	-$152,000	$0
44	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$3,391,000	$0	$3,630,000	$0	$239,000	$0
45	SINGLE POINT OF ENTRY - MEDI-CAL/HFP	$2,202,000	$0	$2,472,000	$0	$270,000	$0
46	OUTREACH - CHILDREN	$1,967,000	$650,000	$2,496,000	$650,000	$529,000	$0
47	BABY WELCOME KITS	$1,906,000	$0	$2,102,000	$0	$196,000	$0
48	VETERANS BENEFITS	$956,000	$0	$956,000	$0	$0	$0
49	AGENCY HIPAA FUNDING	$700,000	$0	$700,000	$0	$0	$0
50	STATE HOSPITAL ELIGIBILITY ACTIVITIES	$245,000	$0	$245,000	$0	$0	$0

COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2006-07 AND 2007-08

MAY PC#	POLICY CHANGE TITLE	MAY 2007 EST. FOR 2006-07 TOTAL FUNDS	MAY 2007 EST. FOR 2006-07 STATE FUNDS	MAY 2007 EST. FOR 2007-08 TOTAL FUNDS	MAY 2007 EST. FOR 2007-08 STATE FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE STATE FUNDS
	OTHER DEPARTMENTS						
51	MERIT SYSTEM SERVICES FOR COUNTIES	$209,000	$104,500	$225,000	$112,500	$16,000	$8,000
52	HEALTH-E APP	$0	$0	$278,000	$0	$278,000	$0
53	SB 437 WIC STAFF FOR WIC GATEWAY FSR	$0	$0	$172,000	$0	$172,000	$0
54	CA-MMIS REPLACEMENT--CDPH STAFF	$0	$0	$147,000	$0	$147,000	$0
55	COMM LIVING SUPPORT BENEFIT (AB 2968)--CDPH STA	$0	$0	$58,000	$0	$58,000	$0
56	ADHC PROGRAM RESTRUCTURING (SB 1755)--CDPH S	$0	$0	$50,000	$0	$50,000	$0
57	ICF/DD CONTINOUS NURSING PILOT--CDPH STAFF	$0	$0	$49,000	$0	$49,000	$0
58	PIA EYEWEAR COURIER SERVICE	$646,000	$323,000	$639,000	$319,500	-$7,000	-$3,500
62	DEPT OF PUBLIC HEALTH (CDPH) ADMIN COSTS	$0	$0	$9,092,000	$0	$9,092,000	$0
	OTHER DEPARTMENTS SUBTOTAL	**$772,799,000**	**$1,077,500**	**$506,878,000**	**$1,082,000**	**-$265,921,000**	**$4,500**
	OTHER ADMINISTRATION SUBTOTAL	**$1,315,249,000**	**$79,770,400**	**$1,211,382,000**	**$102,079,250**	**-$103,867,000**	**$22,308,850**
	GRAND TOTAL COUNTY AND OTHER ADMIN.	**$1,515,514,000**	**$144,818,400**	**$1,491,515,000**	**$202,918,750**	**-$23,999,000**	**$58,100,350**

MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	CDHS
1	MEDI-CAL ADMINISTRATIVE ACTIVITIES
2	CCS CASE MANAGEMENT
3	EPSDT CASE MANAGEMENT
4	MATERNAL AND CHILD HEALTH
5	POSTAGE & PRINTING
6	CHILDREN'S OUTREACH INITIATIVE
7	CLPP CASE MANAGEMENT SERVICES
8	FAMILY PACT MIP AND I&E PROGRAMS
9	MIS/DSS CONTRACT
10	MMA - ELIGIBILITY SYSTEMS CHANGE
11	POSTAGE AND PRINTING - THIRD PARTY LIAB.
12	L.A. COUNTY MEDICAID DEMONSTRATION PROJ.
13	FAMILY PACT WAIVER DEMO EVALUATION
14	PERINATAL HIV TESTING PROJECT
15	MIS/DSS INTERIM OPERATIONS
16	SSA COSTS FOR HEALTH COVERAGE INFO.
17	MMA – BENEFICIARY OUTREACH
18	IMMUNIZATION REGISTRY
19	MMA - DSH ANNUAL INDEPENDENT AUDIT
20	SPD EDUCATION AND OUTREACH
21	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES
22	FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTREACH
23	MEDI-CAL VS. MEDICARE RATE STUDY
24	MITA ASSESSMENT
25	TAR POSTAGE
26	SB 437 - SELF-CERTIFICATION EVALUATION
28	CONTINUOUS NURSING CARE PILOT PROJECT
29	SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROGRAMS FSR
30	CHDP GATEWAY ELECTRONIC APPLICATION FSR
31	MIS/DSS OVERSIGHT CONTRACT
32	EPOCRATES
33	COORDINATED CARE MANAGEMENT PILOT
34	COHS REBATE RECONCILIATION
35	MMA SYSTEM-GENERATED NOTICE OF ACTION
36	DISEASE MANAGEMENT PROGRAM
59	MEDS REPLACEMENT CONTRACTOR

MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	CDHS
60	HEALTH CARE COVERAGE INITIATIVE - ADMIN COSTS
	OTHER DEPARTMENTS
37	DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS
38	PERSONAL CARE SERVICES
39	HEALTH RELATED ACTIVITIES/TITLE XIX
40	CDDS ADMINISTRATIVE COSTS
41	PUBLIC HEALTH NURSES FOR FOSTER CARE
42	DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS
43	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
44	DEPARTMENT OF AGING ADMINISTRATIVE COSTS
45	SINGLE POINT OF ENTRY - MEDI-CAL/HFP
46	OUTREACH - CHILDREN
47	BABY WELCOME KITS
48	VETERANS BENEFITS
49	AGENCY HIPAA FUNDING
50	STATE HOSPITAL ELIGIBILITY ACTIVITIES
51	MERIT SYSTEM SERVICES FOR COUNTIES
52	HEALTH-E APP
53	SB 437 WIC STAFF FOR WIC GATEWAY FSR
54	CA-MMIS REPLACEMENT--CDPH STAFF
55	COMM LIVING SUPPORT BENEFIT (AB 2968)--CDPH STAFF
56	ADHC PROGRAM RESTRUCTURING (SB 1755)--CDPH STAFF
57	ICF/DD CONTINOUS NURSING PILOT--CDPH STAFF
58	PIA EYEWEAR COURIER SERVICE
62	DEPT OF PUBLIC HEALTH (CDPH) ADMIN COSTS

MEDI-CAL ADMINISTRATIVE ACTIVITIES

OTHER ADMIN. POLICY CHANGE NUMBER:	1
IMPLEMENTATION DATE:	7/1992
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	235

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$279,615,000	$338,334,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$279,615,000	$338,334,000

DESCRIPTION

AB 2377 (Chapter 147, Statutes of 1994) authorized the State to implement the Medi-Cal Administrative Activities (MAA) claiming process. The Medi-Cal program will submit claims on behalf of local government agencies (LGA) to obtain FFP for Medicaid administrative activities.

Section 105 of AB 2780 (Chapter 310, Statutes of 1998), allows school districts the option of claiming MAA through their local education consortium (LEC) or through the LGA.

SB 308 (Chapter 253, Statutes of 2003) redefined LGAs to include Native American Indian tribes. This allows these tribes to participate in MAA and Targeted Case Management programs. With the augmentation of staff in July 2005, the Department has requested Federal approval to implement this program.

These activities ensure that assistance is provided to Medi-Cal eligible individuals and their families to facilitate the receipt of Medi-Cal services. Each year the number of participating LGAs and LECs has increased.

Cash Basis	**FY 2006-07**	**FY 2007-08**
Claims	**$279,615,000**	**$338,334,000**

CCS CASE MANAGEMENT

OTHER ADMIN. POLICY CHANGE NUMBER:	2
IMPLEMENTATION DATE:	7/1999
ANALYST:	Terry Childress
FISCAL REFERENCE NUMBER:	230

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$110,330,000	$112,998,000
STATE FUNDS	$45,235,000	$46,329,000
FEDERAL FUNDS	$65,095,000	$66,669,000

DESCRIPTION

The CCS case management budget is allocated to individual counties. Estimated county administrative expenditures for FY 2005-06 were used as a base for estimating the current and budget years.

FY 2005-06 Estimated Costs	$104,138,000
FY 2006-07 Estimated Costs	$109,397,000
FY 2007-08 Estimated Costs	$112,044,000

County data processing costs associated with CMS Net are estimated to be $933,000 in FY 2006-07 and $954,000 FY 2007-08.

	FY 2006-07	FY 2007-08
CCS Case Management	$109,397,000	$112,044,000
CMS Net	$933,000	$954,000
Total	**$110,330,000**	**$112,998,000**

EPSDT CASE MANAGEMENT

OTHER ADMIN. POLICY CHANGE NUMBER:	3
IMPLEMENTATION DATE:	7/1996
ANALYST:	Jeanne Rickelton
FISCAL REFERENCE NUMBER:	229

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$37,464,000	$37,464,000
STATE FUNDS	$13,190,000	$13,190,000
FEDERAL FUNDS	$24,274,000	$24,274,000

DESCRIPTION

The EPSDT case management budget is allocated to individual counties and controlled on an accrual basis. The set allocation amount is $37,464,000 ($13,190,000 GF) and is based on a formula that was calculated by the CHDP program.

These funds match General Funds which are budgeted in Item 4260-111-001.

MATERNAL AND CHILD HEALTH

OTHER ADMIN. POLICY CHANGE NUMBER:	4
IMPLEMENTATION DATE:	7/1992
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	234

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$36,600,000	$36,600,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$36,600,000	$36,600,000

DESCRIPTION

This policy change reflects the Title XIX federal matching funds for costs of the Maternal and Child Health (MCH) programs described below.

1. Black Infant Health (BIH): Reduction of high death rate for African American infants.

2. Comprehensive Perinatal Services Program (CPSP): Recruitment and technical assistance for providers of Medi-Cal eligible women.

3. Prenatal Care Guidance (PCG): Case management and follow-up for improved access to early obstetrical care for Medi-Cal eligible pregnant women.

4. Scope of Work (SOW) Local Program Activities: Perinatal education, services, and referral provided to Medi-Cal eligible women.

5. Adolescent Family Life Program (AFLP): Case management for pregnant teens, education and prevention of subsequent pregnancies.

	FY 2006-07	FY 2007-08
BIH	$4,800,000	$ 4,800,000
CPSP, PCG & SOW	24,000,000	24,000,000
AFLP	7,800,000	7,800,000
Total	**$36,600,000**	**$36,600,000**

These funds match GF budgeted in Item 4260-111-0001 in FY 2006-07. Beginning July 1, 2007, the Maternal and Child Health program's GF will be in the California Department of Public Health budget.

POSTAGE & PRINTING

OTHER ADMIN. POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/1993
ANALYST: Betty Lai
FISCAL REFERENCE NUMBER: 231

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$22,047,000	$22,047,000
STATE FUNDS	$10,504,350	$10,504,350
FEDERAL FUNDS	$11,542,650	$11,542,650

DESCRIPTION

Postage and printing costs may be charged to local assistance for items sent to or used by Medi-Cal beneficiaries.

FY 2006-07	Printing	Mailing	Total
Mass Mailings	$0	$5,400,000	$5,400,000
Eligibility:Appl.Design/Dev./Trans.	$5,000,000	$0	$5,000,000
Distribution	$0	$2,000,000	$2,000,000
Routine Forms	$2,000,000	$400,000	$2,400,000
HF/MCC App.Revision	$2,400,000	$0	$2,400,000 *
HF/MCC App.Distr.	$0	$1,750,000	$1,750,000 *
Toll-Free Postage	$13,200	$1,162,100	$1,175,300 *
Benefits	$27,100	$0	$27,100
BCCTP	$0	$4,500	$4,500
HIPAA:Privacy Notices-Medi-Cal	$400,000	$1,200,000	$1,600,000 #
FPACT	$150,000	$100,000	$250,000 #
BCCTP	$30,000	$10,000	$40,000 #
TOTAL	$10,020,300	$12,026,600	**$22,046,900**

FY 2007-08			
Mass Mailings	$0	$5,400,000	$5,400,000
Eligibility:Appl.Design/Dev./Trans.	$5,000,000	$0	$5,000,000
Distribution	$0	$2,000,000	$2,000,000
Routine Forms	$2,000,000	$400,000	$2,400,000
HF/MCC App.Revision	$2,400,000	$0	$2,400,000 *
HF/MCC App.Distr.	$0	$1,750,000	$1,750,000 *
Toll-Free Postage	$13,200	$1,162,100	$1,175,300 *
Benefits	$27,100	$0	$27,100
BCCTP	$0	$4,500	$4,500
HIPAA:Privacy Notices-Medi-Cal	$400,000	$1,200,000	$1,600,000 #
FPACT	$150,000	$100,000	$250,000 #
BCCTP	$30,000	$10,000	$40,000 #
TOTAL	$10,020,300	$12,026,600	**$22,046,900**

*65% budgeted in Title XXI.

POSTAGE & PRINTING

OTHER ADMIN. POLICY CHANGE NUMBER: 5

FY06-07: 4260-113-0001 ($1,211,506) + 4260-113-0890 ($2,249,939) = $3,461,445.
FY07-08: 4260-113-0001 ($1,211,506) + 4260-113-0890 ($2,249,939) = $3,461,445.

#HIPAA costs.
FY06-07: 4260-117-0001 ($945,000) + 4260-117-0890 ($945,000) = $1,890,000.
FY07-08: 4260-117-0001 ($945,000) + 4260-117-0890 ($945,000) = $1,890,000.

CHILDREN'S OUTREACH INITIATIVE

OTHER ADMIN. POLICY CHANGE NUMBER:	6
IMPLEMENTATION DATE:	5/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1061

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$8,125,000	$34,575,000
STATE FUNDS	$3,524,000	$15,049,050
FEDERAL FUNDS	$4,601,000	$19,525,950

DESCRIPTION

The Department will engage in two activities to increase the participation of children in Medi-Cal and the Healthy Families Program:

1. County Allocations: The Department will allocate funding to 20 counties (Level 1) with the greatest number of uninsured children and the highest Medi-Cal and Healthy Families caseload to partner with public and private community organizations for outreach, streamlining enrollment, retention of health coverage, and appropriate utilization of health care; and to 12 other counties (Level 2) that have established community networks and infrastructures. Below are the county allocations for FY 2006-07 through FY 2008-09 on an accrual basis:

	FY 2006-07	FY 2007-08	FY 2008-09	Total
Level 1	$16,685,000	$26,685,000	$26,685,000	$70,055,000
Level 2	$2,810,000	$3,000,000	$3,000,000	$8,810,000
FY Total	$19,495,000	$29,685,000	$29,685,000	$78,865,000

Counties will be submitting their invoices to the Department approximately 7 weeks after the end of each quarter. Payments are expected to begin in May 2007. Below are the costs the Department expects to pay on a cash basis for Medi-Cal and Healthy Families:

FY 2006-07: Medi-Cal: $ 4,285,000 ($2,142,500 GF); HFP*: $ 3,590,000 ($1,256,500 GF)
FY 2007-08: Medi-Cal: $19,152,000 ($9,576,000 GF); HFP*: $14,923,000 ($5,223,050 GF)

2. Toll-free Telephone Line: The Medi-Cal/HFP toll-free line will be augmented to handle the increased volume of calls generated by the county allocation activities.

FY 2006-07: Medi-Cal: $250,000 ($125,000 GF)
FY 2007-08: Medi-Cal: $500,000 ($250,000 GF)

Total Outreach Expenditures:

	FY 2006-07	FY 2007-08
Medi-Cal	$4,535,000 ($2,267,500 GF)	$19,652,000 ($9,826,000 GF)
HFP*	$3,590,000 ($1,256,500 GF)	$14,923,000 ($5,223,050 GF)
Total	**$8,125,000 ($3,524,000 GF)**	**$34,575,000 ($15,049,050 GF)**

*HFP is a Title XXI program with enhanced FFP of 65.00%.
These costs are budgeted in 4260-113-0001/0890.

CLPP CASE MANAGEMENT SERVICES

OTHER ADMIN. POLICY CHANGE NUMBER:	7
IMPLEMENTATION DATE:	7/1997
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	239

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$4,200,000	$4,200,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$4,200,000	$4,200,000

DESCRIPTION

The Childhood Lead Poisoning Prevention (CLPP) Program provides case management services utilizing revenues collected from fees. The revenues are distributed to county governments which provide the case management services. Some of these services are provided to Medi-Cal eligibles. To the extent that local governments provide case management services to Medi-Cal eligibles, federal matching funds can be claimed.

This policy change reflects the Title XIX federal matching funds for Administrative costs. Benefits costs are in the Base Policy Change, CLPP Case Management Services.

Beginning July 1, 2007, the CLPP Program will be administered by the California Department of Public Health.

FAMILY PACT MIP AND I&E PROGRAMS

OTHER ADMIN. POLICY CHANGE NUMBER:	8
IMPLEMENTATION DATE:	7/2003
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	261

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,877,000	$824,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$2,877,000	$824,000

DESCRIPTION

AB 1762, the Health Trailer Bill of 2003, authorized the Department to require contractors and grantees under the Office of Family Planning (OFP), Male Involvement Program (MIP) and Information and Education (I&E) Program to establish and implement clinical linkages to the Family PACT program effective in FY 2003-04. This linkage includes planning and development of a referral process for program participants to ensure access to family planning, other reproductive health care services, and includes a technical assistance and training and evaluation component for grantees. The MIP and I&E Programs expect to utilize approximately 25% of their funding for this purpose.

Title XIX funding for the Teen Smart Outreach Program which was formerly included in this policy change is now included in the FPACT Provider Support, Provider Educ. & Client Outreach policy change.

This policy change provides the Title XIX 50% federal Medicaid funds. The OFP provides the 50% General Fund match in Item 4260-111-0001 in FY 2006-07. Beginning July 1, 2007, OFP GF will be in the California Department of Public Health budget.

	FY 2006-07	FY 2007-08
MIP	$1,150,000	$287,000
I&E	$1,587,000	$397,000
Evaluation	$140,000	$140,000
Total FFP	**$2,877,000**	**$824,000**

MIS/DSS CONTRACT

OTHER ADMIN. POLICY CHANGE NUMBER:	9
IMPLEMENTATION DATE:	7/2002
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	252

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,916,000	$21,422,000
STATE FUNDS	$729,000	$4,608,050
FEDERAL FUNDS	$2,187,000	$16,813,950

DESCRIPTION

The Management Information System/Decision Support System (MIS/DSS) gathers data from provider, financial, eligibility and managed care/fee-for-service encounters and claims data into an integrated, knowledge-based system that is used by staff in various CDHS units, including the Medi-Cal Managed Care Division in its monitoring of Health Plan performance and Audits and Investigations in its anti-fraud efforts.

The MIS/DSS contract with Medstat expired on January 17, 2007. The Department of General Services (DGS) conducted a competitive procurement, on behalf of CDHS, to award a new MIS/DSS contract. The contract award was protested and the Victims Compensation and Government Claims Board has ruled in the Department's favor. Medstat filed several actions related to this procurement in Superior Court which are currently pending. The Department is proceeding forward with the Bull Services implementation.

A new contract for development of the Next Generation MIS/DSS was executed with Bull Services, Inc. in February 2007. The new contract term is for four years, with three one-year extensions. The winning bid for the seven year contract was for $79,613,600. Bull Services, Inc. has elected not to receive progress payments. As a result, no FY 2006-07 payments are scheduled for this contract. FY 2007-08 expenditures represent one-time and ongoing operations costs associated with system design, development, and implementation.

On December 19, 2006 CMS approved the Next Generation MIS/DSS Implementation Advanced planning Document, including the enhanced funding for this project at 90% FFP for new development and 75% FFP for all other system costs. Bulls Services, Inc. will have six months from February 2007 to design, develop and install a new system.

	FY 2006-07		
	Total	**GF**	**FFP**
Medstat Contract	$2,916,000	$729,000	$2,187,000
New MIS/DSS Contract			
One-time development	$0	$0	$0
Ongoing operations	$0	$0	$0
Total	**$2,916,000**	**$729,000**	**$2,187,000**

MIS/DSS CONTRACT

OTHER ADMIN. POLICY CHANGE NUMBER: 9

	FY 2007-08		
	Total	**GF**	**FFP**
Medstat Contract	$0	$0	$0
New MIS/DSS Contract			
One-time development	$9,996,000	$8,244,000	$1,752,000
Ongoing operations	$11,426,000	$8,569,500	$2,856,500
Total	**$21,422,000**	**$16,813,500**	**$4,608,500**

MMA - ELIGIBILITY SYSTEMS CHANGE

OTHER ADMIN. POLICY CHANGE NUMBER:	10
IMPLEMENTATION DATE:	7/2004
ANALYST:	Karen Fairgrieves
FISCAL REFERENCE NUMBER:	264

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,175,000	$533,000
STATE FUNDS	$217,500	$53,300
FEDERAL FUNDS	$1,957,500	$479,700

DESCRIPTION

The Department entered into contracts for eligibility systems changes, Medicare Part D required data files, paid claims files, and phase-down validation necessary to implement Medicare Part D, as required by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Medi-Cal processing needed to be modified to ensure proper identification, tracking, and reporting of the recipient population to be covered by Medicare Part D. Due to additional CMS requirement changes, the Department entered into additional contracts for enhanced documentation and procedures for MEDS and its subsystems.

System modifications continue to be made to several systems including the Medi-Cal Eligibility Data System (MEDS), Fiscal Intermediary Access to Medi-Cal Eligibility (FAME), claims and data files. CMS requires the State to submit a monthly file of dual eligibles for verification processing and a monthly file of beneficiaries who are likely to become Medicare eligible in the following two months. A new process was developed to capture Medicare Part D eligibility data from MEDS and create the verification file for CMS processing. CMS provides a return file with Part D eligibility and enrollment data.

The above system changes are estimated to cost $4,040,000 (10% GF/90% FFP). The federal government has agreed to fund these costs at 90%. In FY 2005-06, $1,332,000 was paid for these system changes. The remaining $2,708,000 in costs are expected to be incurred during FY 2006-07 and FY 2007-08, with $2,175,000 to be paid in FY 2006-07 and the remaining $533,000 in FY 2007-08.

	Expenditures
FY 2005-06	$1,332,000
FY 2006-07	**$2,175,000**
FY 2007-08	**$533,000**
Total	$4,040,000

POSTAGE AND PRINTING - THIRD PARTY LIAB.

OTHER ADMIN. POLICY CHANGE NUMBER:	11
IMPLEMENTATION DATE:	7/1996
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	240

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,156,000	$2,131,000
STATE FUNDS	$1,078,000	$1,065,500
FEDERAL FUNDS	$1,078,000	$1,065,500

DESCRIPTION

The Third Party Liability Branch uses direct mail and specialized reports to identify Medi-Cal beneficiaries with private health insurance, determine the legal liabilities of third parties to pay for services furnished by Medi-Cal, and insure that Medi-Cal is the payor of last resort. The number of forms/questionnaires printed and mailed and report information received correlates to the Medi-Cal caseload.

FY 2006-07	Postage	Printing	Total
Other Heath Coverage	$287,000	$105,000	$392,000
Personal Injury	$319,000	$51,000	$370,000
Estate Recovery	$672,000	$142,000	$814,000
Medicare Operations	$300,000	$80,000	$380,000
Analysis and Implementation	$2,000	$8,000	$10,000
Cost Avoidance	$73,000	$96,000	$169,000
*AB 155 Invoices	$17,000	$4,000	$21,000
Total	$1,670,000	$486,000	**$2,156,000**

FY 2007-08	Postage	Printing	Total
Other Heath Coverage	$315,000	$115,000	$430,000
Personal Injury	$319,000	$51,000	$370,000
Estate Recovery	$670,000	$139,000	$809,000
Medicare Operations	$200,000	$60,000	$260,000
Analysis and Implementation	$3,000	$8,000	$11,000
Cost Avoidance	$80,000	$150,000	$230,000
*AB 155 Invoices	$17,000	$4,000	$21,000
Total	$1,604,000	$527,000	**$2,131,000**

*AB 155 (Chapter 820/1999) invoices for premiums for the 250% Working Disabled Program.

L.A. COUNTY MEDICAID DEMONSTRATION PROJ.

OTHER ADMIN. POLICY CHANGE NUMBER: 12
IMPLEMENTATION DATE: 7/2006
ANALYST: Stella Bertrand
FISCAL REFERENCE NUMBER: 238

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,400,000	$1,000,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$2,400,000	$1,000,000

DESCRIPTION

The Los Angeles County Medicaid Demonstration Project was designed to address the fiscal crisis at the county level by helping to stabilize county health care systems, and to foster a unique restructuring process that is responsive to the needs of local communities within the evolving health care environment. This policy change provides federal funds for eligible county administrative activities specific to the waiver.

The waiver, which originally was approved for the period of July 1995 through June 2000, was extended by the federal government (Centers for Medicare and Medicaid Services (CMS)) for five years and expired on June 30, 2005. Since the Medi-Cal program is funded on a cash basis and Los Angeles County submits its quarterly administration expense claims after the end of the quarters, federal funds will be needed in FY 2006-07 and FY 2007-08 for expenses incurred by Los Angeles County in FY 2004-05 and FY 2005-06. There are additional costs for audits and evaluations that were required at the end of the project.

	Federal Funds	Los Angeles County Matching Funds
FY 2006-07:	**$2,400,000**	**$2,400,000**
FY 2007-08:	**$1,000,000**	**$1,000,000**

FAMILY PACT WAIVER DEMO EVALUATION

OTHER ADMIN. POLICY CHANGE NUMBER:	13
IMPLEMENTATION DATE:	12/1999
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	247

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,684,000	$1,434,000
STATE FUNDS	$250,000	$0
FEDERAL FUNDS	$1,434,000	$1,434,000

DESCRIPTION

Terms and conditions of the Family PACT Medicaid Waiver Demonstration Project require an evaluation of program effectiveness. The University of California, San Francisco (UCSF) is conducting the program evaluation, which includes analyzing: changes in birth rates; access by target populations; changes in the provider base for target geographical areas; provider compliance; claims analysis; and cost-effectiveness of services.

This policy change provides the Title XIX 50% federal financial participation (FFP) for the evaluation. The Office of Family Planning provides the 50% General Fund (GF) match in Item 4260-111-0001 for the evaluation in FY 2006-07. Beginning in July 1, 2007, the budgeting of the GF will be in the Department of Public Health budget.

This policy change also includes the GF and FFP for a contract to provide data to UCSF for the evaluation. The cost of the contract is $500,000 ($250,000 GF) annually. Beginning July 1, 2007, the budgeting of the GF for this contract will be transferred from Medi-Cal local assistance, Item 4260-101-0001, to OFP local assistance, Item 4260-111-0001 in the Department of Public Health budget.

PERINATAL HIV TESTING PROJECT

OTHER ADMIN. POLICY CHANGE NUMBER:	14
IMPLEMENTATION DATE:	7/1996
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	241

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,614,000	$1,614,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$1,614,000	$1,614,000

DESCRIPTION

The Perinatal HIV Testing Project, administered by the Office of AIDS, develops and disseminates HIV educational materials for pregnant women. The Project also provides prenatal HIV testing information (educational material, technical assistance, training, etc.) to perinatal care providers and clinics, local health jurisdictions, health maintenance organizations, and other organizations that require assistance in preventing perinatal transmission. Technical assistance and training is offered only to prenatal providers who currently treat Medi-Cal patients.

This policy change provides the Title XIX 50% federal Medicaid funds. The Office of AIDS provides the General Fund match in Item 4260-111-0001 in FY 2006-07. Beginning July 1, 2007, the Perinatal HIV Testing Project GF will be in the California Department of Public Health budget.

MIS/DSS INTERIM OPERATIONS

OTHER ADMIN. POLICY CHANGE NUMBER:	15
IMPLEMENTATION DATE:	7/2006
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1128

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,000,000	$1,340,000
STATE FUNDS	$250,000	$335,000
FEDERAL FUNDS	$750,000	$1,005,000

DESCRIPTION

The MIS/DSS contract with Medstat expired on January 17, 2007. The new contractor, Bull Services, Inc., will have six months from contract award in February 2007 to design, develop and install a new system. This six month period is Phase I of system development. To ensure the availability of the critical data in the MIS/DSS database in the interim, the Department hired California Multiple Award Schedule (CMAS) contractors to provide limited access to MIS/DSS data and reports. The temporary updating of the existing database will be completed by CMAS contractors until the new MIS/DSS database is fully available. Interim operations are expected to stay in place till Phase II development is completed. Phase II completion is scheduled for February 2008. This interim operation will only provide status quo operations, and will not implement any of the improvements identified in the DOF-required Independent Assessment of the MIS/DSS (August 2004); nor will this interim operation provide training, Episode Grouping software, Help Desk, or analytical consulting functions.

The previous contractor, Medstat, protested the contract award to Bull Services. While the Victims Compensation and Government Claims Board has ruled in the Department's favor, Medstat filed several actions related to this procurement in Superior Court which are currently pending. The Department is proceeding forward with the Bull Services implementation. Contract implementation will continue unless the Superior Court orders the Department to stop implementation. If the Bull Services implementation is delayed or put on hold by the court, there is a possibility that the Department would have to extend the interim contract.

	FY 2006-07		
	Total	**GF**	**FFP**
Interim Operations (CMAS)	**$1,000,000**	**$250,000**	**$750,000**

	FY 2007-08		
	Total	**GF**	**FFP**
Interim Operations (CMAS)	**$1,340,000**	**$335,000**	**$1,005,000**

SSA COSTS FOR HEALTH COVERAGE INFO.

OTHER ADMIN. POLICY CHANGE NUMBER:	16
IMPLEMENTATION DATE:	1/1989
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	237

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,520,000	$1,580,000
STATE FUNDS	$760,000	$790,000
FEDERAL FUNDS	$760,000	$790,000

DESCRIPTION

The Social Security Administration (SSA) obtains information about health coverage and assignment of rights to medical coverage from SSI/SSP recipients. The Department uses the information to defer medical costs to other payors. SSA bills the Department quarterly for this activity.

Cash Basis	**FY 2006-07**	**FY 2007-08**
SSA Total Funds	**$1,520,000**	**$1,580,000**
General Funds	**$760,000**	**$790,000**

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MMA – BENEFICIARY OUTREACH

OTHER ADMIN. POLICY CHANGE NUMBER:	17
IMPLEMENTATION DATE:	7/2005
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	1041

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$367,000	$1,101,000
STATE FUNDS	$183,500	$550,500
FEDERAL FUNDS	$183,500	$550,500

DESCRIPTION

In FY 2005-06, the Department distributed several mailings to the persons who are Medi-Cal and Medicare (dual) eligible to inform them of the Medicare Part D drug benefit and to instruct the dual eligibles of the need to enroll in a Part D plan. Mailings to notify beneficiaries who are not full-benefit dual eligibles to enroll prior to June 2006 have also been completed.

The Department distributed one flyer in FY 2006-07 to notify full-benefit dual eligibles that their Medicare Part D drugs may be covered by the Emergency Drug Benefit if all the appropriate steps have been taken to bill Medicare and Medicare does not pay.

The Department expects to distribute three flyers in FY 2007-08 to full-scope dual eligibles to notify them of CMS changes to Part D and the Low-Income Subsidy.

FY 2006-07		
Cost of each additional flyer	$367,000	
Number of mailings	x 1	
Total cost for flyers	**$367,000**	**($183,500 GF)**
FY 2007-08		
Cost of each additional flyer	$367,000	
Number of mailings	x 3	
Total cost for flyers	**$1,101,000**	**($550,500 GF)**

IMMUNIZATION REGISTRY

OTHER ADMIN. POLICY CHANGE NUMBER:	18
IMPLEMENTATION DATE:	7/2005
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	1077

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,260,000	$1,260,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$1,260,000	$1,260,000

DESCRIPTION

Immunization services are required for Medi-Cal eligibles based on the Title XIX Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provisions. California Health and Safety Code Section 120440 governs the operation of immunization registries, secure databases of childhood vaccination records that allow medical providers to identify and vaccinate all under-immunized children, including those assisted by Medi-Cal and CHDP. CMS has determined that funds to operate immunization registries are eligible for a 50% match for Medi-Cal related activities under Title XIX, Section 1903(a)(7). Therefore, beginning in FY 2005-06, the Department has been claiming Title XIX FFP for the Medi-Cal related costs of operating an immunization registry.

Assumptions:

1. The Department currently allocates $3,500,000 in Local Assistance GF in the 4260-111 Item for the operation of the nine regional registries run by local health departments in FY 2006-07. Beginning July 1, 2007, the immunization registry GF will be in the California Department of Public Health budget. This policy change budgets only the matching Title XIX FFP for costs related to Medi-Cal beneficiaries.

2. 72% of children currently in the registry received their vaccinations from public providers. Nearly all of them are Medi-Cal eligible. Therefore, assume that 72% of the $3,500,000 can be matched by FFP.

Costs eligible for FFP Match:	$3,500,000 x 0.72 =	$2,520,000
FFP to be budgeted:	$2,520,000/2 =	$1,260,000 annually

Cash Basis:

FY 2006-07	**$1,260,000**
FY 2007-08	**$1,260,000**

MMA - DSH ANNUAL INDEPENDENT AUDIT

OTHER ADMIN. POLICY CHANGE NUMBER:	19
IMPLEMENTATION DATE:	7/2007
ANALYST:	Karen Fairgrieves
FISCAL REFERENCE NUMBER:	266

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$1,200,000
STATE FUNDS	$0	$600,000
FEDERAL FUNDS	$0	$600,000

DESCRIPTION

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) required an annual independent certified audit that primarily certifies:

1. The extent to which DSH hospitals (approximately 150+ hospitals) have reduced their uncompensated care costs to reflect the total amount of claimed expenditures.

2. That DSH payment calculations of hospital-specific limits include all payments to DSH hospitals, including supplemental payments.

The audits will be funded with 50% FFP and 50% GF. The audit guideline is being developed by CMS. The Department reviewed the draft criteria and guidance provided by CMS in August 2005, provided comments to CMS in October 2005, and is waiting for the final criteria and guidelines from CMS. The first annual audit will be for FY 2003-04.

Assumptions:

1. The audit guideline will be finalized during FY 2006-07.

2. Each year, the Department will audit one fiscal year.

3. The FY 2003-04 audit will be completed and paid in FY 2007-08.

4. Each fiscal year audit will cost $1,200,000 with 50% FFP and 50% GF.

SPD EDUCATION AND OUTREACH

OTHER ADMIN. POLICY CHANGE NUMBER:	20
IMPLEMENTATION DATE:	6/2007
ANALYST:	Shelley Stankeivicz
FISCAL REFERENCE NUMBER:	1081

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$161,000	$1,039,000
STATE FUNDS	$80,500	$519,500
FEDERAL FUNDS	$80,500	$519,500

DESCRIPTION

The Budget Act of 2006 includes funding to target barriers to enrollment of seniors and persons with disabilities (SPDs) into managed care. The budget includes funding for the Department to enter into an interagency agreement for education and outreach activities to increase the voluntary enrollment of Medi-Cal SPDs in all managed care counties.

Focused resources, a variety of information in alternative and more effective formats, and an increase in application assistors, with an emphasis on outreach efforts within the community, are expected to increase awareness and voluntary enrollments into managed care.

These activities will be performed through an IA with UC Berkeley using both state support and local assistance funds. The total cost of the local assistance portion of the interagency agreement is estimated to be $2,200,000 ($1,100,000 GF), to be paid over the course of FY 2006-07 through FY 2009-10 as follows:

	Expenditures
FY 2006-07	**$161,000**
FY 2007-08	**$1,039,000**
FY 2008-09	$500,000
FY 2009-10	$500,000
Total	$2,200,000

SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES

OTHER ADMIN. POLICY CHANGE NUMBER:	21
IMPLEMENTATION DATE:	7/2002
ANALYST:	Shelley Stankeivicz
FISCAL REFERENCE NUMBER:	258

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$950,000	$950,000
STATE FUNDS	$950,000	$950,000
FEDERAL FUNDS	$0	$0

DESCRIPTION

The County of San Diego provides administrative services for the San Diego Geographic Managed Care program. These administrative activities include the health care options presentations, explaining the enrollment and disenrollment process, customer assistance and problem resolution. For these services, the county bills Medi-Cal for staff and other reimbursable items including postage, printing, data center access, travel, etc.

The contract with San Diego was renewed effective July 1, 2005. The projected annual cost is $950,000 GF.

San Diego Contract #99-86026, FY 2006-07 and FY 2007-08.

	FY 2006-07	FY 2007-08
Administrative Activities	**$950,000**	**$950,000**

FPACT SUPPORT,PROVIDER EDUC.&CLIENT OUTREACH

OTHER ADMIN. POLICY CHANGE NUMBER:	22
IMPLEMENTATION DATE:	12/1999
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	248

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,268,000	$2,268,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$2,268,000	$2,268,000

DESCRIPTION

The Family PACT Medicaid Waiver Demonstration Project has two main objectives. One is to increase access to services in targeted populations of adolescents, males, and medically underserved women. The other is to increase the number of providers who serve these clients. A formal plan for provider recruitment, education, and support is a requirement under the terms and conditions of the waiver. CDHS education and support services are provided to the Family PACT providers and potential providers, as well as clients and potential clients. Services include, but are not limited to: public education, awareness, and direct client outreach (TeenSmart Outreach (TSO)); provider enrollment, recruitment and training; training and technical assistance for medical and non-medical staff; education and counseling services; preventive clinical services; sexually transmitted infection/HIV training and technical assistance services; and the toll-free referral number. The Office of Family Planning (OFP) contracts with a variety of entities to provide these services.

The TSO program which was formerly included in the Family Pact MIP and I&E Programs policy change is now included in this policy change.

$2,268,000 federal Title XIX will be claimed for these activities. This policy change provides the Title XIX 50% federal Medicaid funds. The OFP provides the 50% General Fund match in Item 4260-111-0001 in FY 2006-07. Beginning July 1, 2007, OFP GF will be in the California Department of Public Health budget.

	FY 2006-07	FY 2007-08
Support/Provider Education	$1,355,000	$1,355,000
Client Outreach/TSO	$913,000	$913,000
Total FFP	**$2,268,000**	**$2,268,000**

MEDI-CAL VS. MEDICARE RATE STUDY

OTHER ADMIN. POLICY CHANGE NUMBER:	23
IMPLEMENTATION DATE:	8/2006
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1126

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$600,000	$0
STATE FUNDS	$300,000	$0
FEDERAL FUNDS	$300,000	$0

DESCRIPTION

The Health Trailer Bill of 2006 requires the Department to report to the Legislative fiscal committees the following:

- A percentage comparison of Medi-Cal rates to those of Medicare. Dental, pharmacy, federally qualified health centers, rural health clinics and health facilities services are excluded from this comparison.
- The estimated cost to raise Medi-Cal rates to at least 50% of Medicare rates. The estimate is to include the cost to keep managed care rates comparable.
- For those procedures/services covered only by Medi-Cal, a priority list of procedures/services that may merit adjustment. The estimate is to include the cost to keep managed care rates comparable.

The Department hired a contractor in September 2006 to perform this one-time study.

MITA ASSESSMENT

OTHER ADMIN. POLICY CHANGE NUMBER:	24
IMPLEMENTATION DATE:	4/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1137

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$125,000	$625,000
STATE FUNDS	$12,500	$62,500
FEDERAL FUNDS	$112,500	$562,500

DESCRIPTION

The Centers for Medicare and Medicaid Services (CMS) is requiring the Department to create a framework and technical specifications for the Medicaid Management Information Systems (MMIS) of the future. Through the Medicaid Information Technology Architecture (MITA), the Department will develop the ability to streamline the process to access information from various systems, which will result in cost effectiveness. CMS is requiring the Department to move towards creating flexible systems, which support interactions between the federal government and their state partners. CMS will not approve Advanced Planning Documents (APD) or provide federal funding to the Department without adherence to MITA requirements.

The Department is required to complete the MITA State Self-Assessment (SS-A) of business processes to determine the current and long-term business requirements. The Department will hire a contractor in April 2007, who will use the MITA Maturity Model as they document current business process, workflow, operational procedures, cross-functional integrations, and performance measurement, and extract document business rules from the Department's current legacy systems.

The SS-A is the first of a three-phased transition plan that CMS expects the Department to use to guide their MITA implementation. Each phase may be completed by a different contractor. The second phase, State Medicaid Enterprise Architecture (EA) development will begin in December 2007. The EA phase will be out for bid in the Fall of 2007. The third phase will not be scheduled until completion of the SS-A phase.

This policy change includes costs for phase 1 and 2.

	FY 2006-07	FY 2007-08
Phase 1	$125,000	$375,000
Phase 2	$0	$250,000
Total	**$125,000**	**$625,000**

TAR POSTAGE

OTHER ADMIN. POLICY CHANGE NUMBER:	25
IMPLEMENTATION DATE:	7/2003
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	267

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$410,000	$410,000
STATE FUNDS	$205,000	$205,000
FEDERAL FUNDS	$205,000	$205,000

DESCRIPTION

Postage and printing costs may be charged to local assistance for items sent to or used by Medi-Cal beneficiaries. Postage costs related to mailing treatment authorization request (TAR)-related documents to providers and beneficiaries are budgeted in this policy change.

Assumptions:

1. TAR-related expenditures in FY 2005-06 for Medi-Cal were $419,000. It is assumed that costs will be $410,000 for FY 2006-07.

2. For FY 2007-08, the costs for TAR related postage and the number of TARS are expected to be the same as for FY 2006-07.

SB 437 - SELF-CERTIFICATION EVALUATION

OTHER ADMIN. POLICY CHANGE NUMBER:	26
IMPLEMENTATION DATE:	5/2007
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	1167

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$285,000	$800,000
STATE FUNDS	$142,500	$400,000
FEDERAL FUNDS	$142,500	$400,000

DESCRIPTION

SB 437 (Chapter 328, Statutes of 2006) requires the Department to implement a process that allows applicants and beneficiaries to self-certify the amount and nature of assets and income without the need to submit income and asset documentation. The self-certification process must be implemented on July 1, 2007 in two phases. The first phase is a two-year pilot in two counties. Following this first phase, the Department is required to provide the Legislature with an evaluation of the self-certification process and its impact on the Medi-Cal program. Following submission to the Legislature, the Director, in consultation with the DOF, shall determine whether to implement the self-certification process on a statewide basis, based on the outcome of the evaluation, contingent on an appropriation of funds in the Budget Act or subsequent legislation.

The Department will enter into a contract for the evaluation of the self-certification process. To ensure that the evaluation contractor is prepared with an evaluation plan by July 2007, this contractor will begin work in May 2007. The contractor will research, monitor, provide statistical findings about the outcomes resulting from self-certification, and prepare the report on the evaluation findings. The contractor, under direction of the Department, will develop the evaluation plan, monitor county performance during the two-year pilot based on the plan, and prepare an evaluation of the pilot. The contractor will assess the income and asset review process prior to the implementation for the pilot, measure changes during the pilot resulting from self-certification, and then prepare an evaluation of the impact of the self-certification at the end of the pilot. The evaluation report must evaluate the impacts on the Medi-Cal program, including its impact on enrolling and retaining eligible persons, simplifying the Medi-Cal program, assuring program and fiscal integrity, administrative costs, and its overall cost-benefit to the state.

Total costs for the contract are expected to be $2,300,000 over 32 months. The FY 2006-07 and FY 2007-08 costs are estimated to be:

	TF	GF
FY 2006-07	**$285,000**	**$142,500**
FY 2007-08	**$800,000**	**$400,000**

CONTINUOUS NURSING CARE PILOT PROJECT

OTHER ADMIN. POLICY CHANGE NUMBER:	28
IMPLEMENTATION DATE:	7/2006
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	268

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$125,000	$125,000
STATE FUNDS	$62,500	$62,500
FEDERAL FUNDS	$62,500	$62,500

DESCRIPTION

AB 359 (Chapter 845, Statutes of 1999) requires the Department to establish a Section 1915 (b) waiver pilot program to provide continuous 24-hour nursing care to developmentally disabled individuals in the least restrictive setting. In July 2005, as part of the waiver renewal package, the Department submitted to CMS an independent assessment performed by the California Department of Finance. CMS subsequently approved the waiver renewal, effective October 1, 2005 through September 30, 2007.

The Department is budgeting $125,000 ($62,500 GF) in FY 2006-07 and FY 2007-08 for a final independent assessment to determine the feasibility and cost effectiveness of establishing the Intermediate Care Facility for the Developmentally Disabled-Continuous Nursing as a permanent new provider type.

SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROGRAMS FSR

OTHER ADMIN. POLICY CHANGE NUMBER:	29
IMPLEMENTATION DATE:	4/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1143

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$210,000	$418,000
STATE FUNDS	$105,000	$209,000
FEDERAL FUNDS	$105,000	$209,000

DESCRIPTION

SB 437 (Chapter 328, Statutes of 2006) requires the Department and the Managed Risk Medical Insurance Board (MRMIB) to make several program changes to streamline, simplify and enhance the application process for Medi-Cal and the Healthy Families Program (HFP). The provisions of the bill that require systems changes involve the Women, Infants and Children (WIC) Gateway, and two new Presumptive Eligibility (PE) programs to replace the current Medi-Cal to HFP Bridging process and the HFP Accelerated Enrollment Process (under development). The two new PE programs will be implemented with an internal feasibility study report (FSR).

This policy change includes funding for an FSR for the WIC Gateway of technological requirements to determine the amount and types of systems resources needed for this project, and for two contract staff to provide data processing guidance to stakeholders, Department and MRMIB staff, the counties, and others involved in developing policies and procedures for the implementation of the WIC Gateway, in preparation for the development of the FSR. The SB 437 FSRs include developing and implementing the WIC Gateway and integrating the PE Programs with the WIC Gateway.

Assumptions:

1. It is estimated that the FSR will take nine months to complete.

2. Funding is assumed to be 50% GF / 50% FFP.

3. Assume a one-time cost of $200,000 ($100,000 GF) for a contractor to prepare the FSR.

   $200,000 / 9 = $22,222 per month
   FY 2006-07: $22,222 x 3 months = $67,000 ($33,500 GF)
   FY 2007-08: $22,222 x 6 months = $133,000 ($66,500 GF)

4. Assume a one-time cost of $427,680 ($213,840 GF) for 2 contract staff to provide support to efforts such as stakeholder meetings, policy discussions, development of business requirements, and technical expertise. The contract staff will be needed for nine months.

   176 hours/month x $135/hour x 9 months x 2 contract staff = $427,680 ($213,840 GF)

   $427,680 / 9 = $47,520 per month
   FY 2006-07: $47,520 x 3 months = $143,000 ($71,500 GF)
   FY 2007-08: $47,520 x 6 months = $285,000 ($142,500 GF)

SB 437 WIC GATEWAY & PRESUMPTIVE ELIG PROGRAMS FSR

OTHER ADMIN. POLICY CHANGE NUMBER: 29

5. Costs for systems development will be budgeted once the FSRs are fully developed.

Total costs:

FY 2006-07: $67,000 + $143,000 = **$210,000 ($105,000 GF)**
FY 2007-08: $133,000 + $285,000 = **$418,000 ($209,000 GF)**

CHDP GATEWAY ELECTRONIC APPLICATION FSR

OTHER ADMIN. POLICY CHANGE NUMBER:	30
IMPLEMENTATION DATE:	4/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1142

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$195,000	$195,000
STATE FUNDS	$97,500	$97,500
FEDERAL FUNDS	$97,500	$97,500

DESCRIPTION

AB 1948 (Chapter 332, Statutes of 2006) requires the Department to conduct or contract for a feasibility study report (FSR) of technological requirements for modifying the CHDP Gateway electronic application to allow simultaneous preenrollment and application for Medi-Cal or the Healthy Families Program over the Internet, without submitting a follow-up paper application. The Department is required to consult with representatives of consumers, counties and medical providers in the development of policies and procedures prior to development of the FSR. The results of the FSR are to be provided to the fiscal and health policy committees of the Legislature by March 1, 2008.

Assumptions:

1. It is estimated that the FSR will take six months to complete.

2. Funding is assumed to be 50% GF / 50% FFP.

3. Assume a one-time cost of $200,000 ($100,000 GF) for a contractor to prepare the FSR.

   $200,000 / 6 = $33,333 per month
   FY 2006-07: $33,333 x 3 months = $100,000 ($50,000 GF)
   FY 2007-08: $33,333 x 3 months = $100,000 ($50,000 GF)

4. Assume a one-time cost of $190,000 ($95,500 GF) for two contract staff to provide support to efforts such as policy discussions, requirements, and technical expertise. The contract staff will be needed for six months.

   176 hours/month x $90/hour x 6 months x 2 contract staff = $190,000 ($95,500 GF)

   $190,080 / 6 = $31,680 per month
   FY 2006-07: $31,680 x 3 months = $95,000 ($47,500 GF)
   FY 2007-08: $31,680 x 3 months = $95,000 ($47,500 GF)

   Total costs:

   FY 2006-07: $100,000 + $95,000 = **$195,000 ($97,500 GF)**
   FY 2007-08: $100,000 + $95,000 = **$195,000 ($97,500 GF)**

MIS/DSS OVERSIGHT CONTRACT

OTHER ADMIN. POLICY CHANGE NUMBER:	31
IMPLEMENTATION DATE:	6/2005
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1050

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$103,000	$286,000
STATE FUNDS	$16,300	$34,000
FEDERAL FUNDS	$86,700	$252,000

DESCRIPTION

The contract with Medstat expired on January 17, 2007. The Department of General Services (DGS), on behalf of CDHS conducted a competitively bid procurement for a new, competitively bid contract to transfer, enhance, operate and maintain the MIS/DSS. The new Next Generation MIS/DSS contract was executed with Bull Services, Inc. in February 2007. The contract execution closes out the procurement effort; however, as required by the Department of Finance's (DOF) Oversight Framework for this high criticality project, the Independent Procurement Oversight Consultant (IPOC) and the Independent Verification and Validation (IV&V) contractor will remain throughout the project implementation phases to provide oversight of the project management and system implementation processes.

On December 19, 2006, CMS approved the Next Generation MIS/DSS Implementation Advanced Planning Document (IAPD), including enhanced funding for this project at 90% FFP for the IV&V contract and 75% FFP for the IPOC. On January 10, 2007, DOF approved the Next Generation MIS/DSS IAPD in lieu of Special Project Report.

	FY 2006-07		
	Total	**GF**	**FFP**
Indep.Proc. Consultant	$32,000	$8,000	$24,000
IV&V Contractor	$63,000	$6,300	$56,700
DGS Proc. Consultant	$8,000	$2,000	$6,000
Total	**$103,000**	**$16,300**	**$86,700**

	FY 2007-08		
	Total	**GF**	**FFP**
Indep.Proc. Consultant	$36,000	$9,000	$27,000
IV&V Contractor	$250,000	$25,000	$225,000
DGS Proc. Consultant	$0	$0	$0
Total	**$286,000**	**$34,000**	**$252,000**

EPOCRATES

OTHER ADMIN. POLICY CHANGE NUMBER:	32
IMPLEMENTATION DATE:	4/2007
ANALYST:	Karen Fairgrieves
FISCAL REFERENCE NUMBER:	1157

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$40,000	$158,000
STATE FUNDS	$20,000	$79,000
FEDERAL FUNDS	$20,000	$79,000

DESCRIPTION

The Department will enter into a contract with Epocrates to place Medi-Cal's Contract Drug List (CDL) and up to 3 other departmental "formularies", for example, Family PACT or AIDS Drug Assistance Program (ADAP), in the Epocrates system for access by subscribers.

Epocrates Rx™ contains important drug list and clinical information for commercial health plans and Medicaid programs throughout the country. More than 20 commercial health plans (including all of the County Organized Health System plans) in California, plus all of the Medicare Part D formularies are available through Epocrates Rx™. It includes over 3,300 monographs with adult and pediatric dosing, drug interactions, contraindications and cautions, and adverse reactions, as well as regional prescription drug list / formulary / information for over 100 health organizations representing 30 million beneficiaries.

Due to the number of inquiries from provider networks, health plans that service Medi-Cal beneficiaries, the California Medical Association (CMA) and the California Healthcare Foundation as to the possibility of making the Medi-Cal Contract Drug List (CDL) available via Epocrates, Medi-Cal met with Epocrates to review product offering, value proposition, and logistics to support the deployment of the Medi-Cal CDL and communication with providers in California.

Epocrates provides the Department with an opportunity to reach a large network of health professionals via a unique point-of-care clinical reference solution for physicians and other health professionals accessible on both handheld devices and Internet based desktop computers. Epocrates supports the CMA in their awareness of the formularies and will assist the Department in announcing and educating health professionals on drug coverage issues.

Providing the Medi-Cal CDL through Epocrates is estimated to cost $158,000 TF annually. The contract began in April 2007 and the estimated cost for FY 2006-07 is $40,000. The information is maintained directly by departmental staff through a password secured Internet webpage.

COORDINATED CARE MANAGEMENT PILOT

OTHER ADMIN. POLICY CHANGE NUMBER:	33
IMPLEMENTATION DATE:	3/2008
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	1125

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$1,350,000
STATE FUNDS	$0	$675,000
FEDERAL FUNDS	$0	$675,000

DESCRIPTION

The Budget Act of 2006 provided authority and funding for staff for the Department to establish and implement a Coordinated Care Management (CCM) Demonstration Project. The key elements of the CCM Project include maintaining access to medically necessary and appropriate services, improving outcomes, and providing care in a more cost-effective manner for two populations enrolled in the Fee for Service Medi-Cal Program who are not on Medicare:

- Seniors and persons with disabilities who have chronic conditions, or who may be seriously ill and near the end of life; and
- Persons with chronic health condition(s) and serious mental illnesses.

The Department will enter into one or more contracts to implement the CCM Demonstration Project. CCM is scheduled to begin implementation January 2008 and payments for services are expected to begin in March 2008.

	TF	GF
FY 2006-07	**$ 0**	**$ 0**
FY 2007-08	**$ 1,350,000**	**$ 675,000**
FY 2008-09	$ 6,750,000	$ 3,375,000
FY 2009-10	$ 8,100,000	$ 4,050,000
FY 2010-11	$ 3,600,000	$ 1,800,000
FY 2011-12	$ 4,500,000	$ 2,250,000
	$24,300,000	$12,150,000

COHS REBATE RECONCILIATION

OTHER ADMIN. POLICY CHANGE NUMBER:	34
IMPLEMENTATION DATE:	7/2006
ANALYST:	Karen Fairgrieves
FISCAL REFERENCE NUMBER:	1101

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$137,000	$332,000
STATE FUNDS	$34,250	$83,000
FEDERAL FUNDS	$102,750	$249,000

DESCRIPTION

To increase drug rebate collections for the seven County Organized Health System (COHS) counties (Health Plan of San Mateo is excluded), the Department will reconcile the counties' Paid Claims files with drug records obtained from the Pharmacy Benefits Manager (PBM) contractors who adjudicate the drug claims for COHS. This reconciliation will improve the COHS' drug data and, thereby, improve the Department's COHS drug rebate collections.

The Department has entered into contracts to analyze edit reports, research cause and correction for critical data errors, develop corrective action plans, track error rates, and monitor improvement efforts. The Department will request permanent State staff positions for FY 2008-09 for the COHS reconciliation.

This effort is considered Maintenance and Operation (M&O) for systems that are required for interfaces with each of the seven existing COHS counties. These systems were last updated via the Managed Care Initiative Project, Project # 1500-122, approved by the Department of Finance on September 7, 1993. Phase III of the project completed in 1994 addressed County Health Initiative (HI) plans now known as COHS. Feasibility Study Report (FSR) requirements are met for M&O and enhancements for approved systems when costs are less than 10% of the original approved project.

These expenditures are expected to be $137,000 for FY 2006-07 and $332,000 for FY 2007-08 and qualify for 75% FFP. Increased rebates due to these system improvements are estimated to be $7.7 million TF annually and will start January 2008 with the collection of CY 2007's Quarter 3 rebate invoices, for an estimated $3.85 million to be collected in FY 2007-08. These increased rebates have been incorporated into the Federal Rebate Program and State Supplemental Program Policy Changes.

Fiscal Year	Expenditures
FY 2006-07	**$137,000**
FY 2007-08	**$332,000**
Total	$469,000

MMA SYSTEM-GENERATED NOTICE OF ACTION

OTHER ADMIN. POLICY CHANGE NUMBER:	35
IMPLEMENTATION DATE:	4/2006
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	1111

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$991,000	$991,000
STATE FUNDS	$495,500	$495,500
FEDERAL FUNDS	$495,500	$495,500

DESCRIPTION

Beginning January 1, 2006, Medi-Cal beneficiaries who are newly entitled to the Medicare Part D prescription drug benefit are notified of the reduction in their Medi-Cal benefits. Medi-Cal expects to pay for prescription drugs until the individual has received a 10-day Notice of Action (NOA.) Due to a lag in the Medicare eligibility determination, it can take up to two months for the dual eligible to be identified and a notice sent.

The Department has a system-generated NOA that was completed by the July 2006 mailing.

Assumptions

1. Based on data from April 2006 through January 2007 mailings, the average monthly number of NOAs sent will be 16,578.

2. The average cost per NOA is $4.98.

New dual eligibles per month	16,578
# of Months	x 12
Estimated new dual eligibles to receive NOAs	**198,936**
Estimated cost per NOA	x $4.98
Annual Cost	**$991,000**

DISEASE MANAGEMENT PROGRAM

OTHER ADMIN. POLICY CHANGE NUMBER:	36
IMPLEMENTATION DATE:	3/2007
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	1002

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$500,000	$7,300,000
STATE FUNDS	$250,000	$3,650,000
FEDERAL FUNDS	$250,000	$3,650,000

DESCRIPTION

W & I Code Section 14132.27 requires the Department to apply for a federal waiver to test the efficacy of providing a disease management benefit to fee-for-service Medi-Cal beneficiaries. Due to the concerns expressed during the development of the program, the Department opted to base the pilot on the administrative model, as opposed to a model that requires a waiver. The effectiveness of this benefit includes demonstration of the cost neutrality of the program. To achieve this goal, the Department has entered into a contract with McKesson Health Solutions on February 1, 2007. This contract will cover the following conditions: Advanced Atherosclerotic Disease Syndrome, Asthma, Coronary Artery Disease, Diabetes and Chronic Obstructive Pulmonary Disease (DM1). A second contract will focus on HIV/AIDS separately (DM2) and is expected to be awarded in June 2007.

Assumptions:

1. The DM contract (DM1) for Advanced Atherosclerotic Disease Syndrome, Asthma, Coronary Artery Disease, Diabetes and Chronic Obstructive Pulmonary Disease was awarded in February 2007. Payments are expected to begin July 1, 2007.

2. Payments for HIV/AIDS (DM2) beneficiary services are expected to begin October 1, 2007.

3. Each contract is capped at $4,000,000 per year for 3 years of beneficiary services (total of $12,000,000 per contract).

4. The assessment is capped at $1,500,000 over the life of project.

5. The assessment start-up costs will begin in March 2007 for the evaluation of both pilots.

Contract	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11
DM1	$0	$4,000,000	$4,000,000	$4,000,000	$0
DM2	$0	$3,000,000	$4,000,000	$4,000,000	$1,000,000
Assessment	$500,000	$300,000	$300,000	$300,000	$100,000
Total	**$500,000**	**$7,300,000**	$8,300,000	$8,300,000	$1,100,000

DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	37
IMPLEMENTATION DATE:	7/1997
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	255

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$433,804,000	$151,308,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$433,804,000	$151,308,000

DESCRIPTION

This policy change includes the administrative costs for the California Department of Mental Health (CDMH) for specialty mental health services provided to Medi-Cal eligibles. This policy change budgets the FFP only. As of FY 2006-07, CDHS no longer budgets the GF for CDMH Medi-Cal related costs. The GF is included in the CDMH budget.

Contract # 02-25271

CASH BASIS

	FY 2006-07	FY 2007-08
EPSDT-TBS Admin.	$106,000	$106,000
Admin. Costs	22,245,000	20,635,000
MC Admin. Activ.	55,979,000	15,927,000
HIPAA (1)	1,104,000	1,128,000
Healthy Families(2)	4,040,000	2,399,000
Quality Assurance	24,700,000	11,000,000
County Admin.	211,000,000	94,000,000
PASRR Lvl II Screens	6,113,000	6,113,000
FY 2003-04 Adjustment (3)	108,517,000	0
Total	**$433,804,000**	**$151,308,000**

	CDHS FFP	CDMH GF	County Match
FY 2006-07	**$433,804,000**	$25,591,000	$260,977,000
FY 2007-08	**$151,308,000**	$24,542,000	$122,250,000

In FY 2006-07, besides the FFP for FY 2006-07, FFP will be claimed for services provided in FY 2004-05 and FY 2005-06 for services provided in MC Admin. Activ. Quality Assurance, and County Admin.

DEPARTMENT OF MENTAL HEALTH ADMIN. COSTS

OTHER ADMIN. POLICY CHANGE NUMBER: 37

*(1) HIPAA FFP costs of $1,104,000 for FY 2006-07 and $1,128,000 for FY 2007-08 are budgeted in Item 4260-117-0890.

*(2) Healthy Families FFP costs of $4,040,000 for FY 2006-07 and $2,399,000 for FY 2007-08 are budgeted in Item 4260-113-0890.

*(3) CMS adjustment to move MC Admin. Activ., Quality Assurance, and County Admin. from benefits to the administrative cost for FY 2003-04. On a cash basis, this will result in a one-time cost of $108,517,000 in FY 2006-07.

PERSONAL CARE SERVICES

OTHER ADMIN. POLICY CHANGE NUMBER:	38
IMPLEMENTATION DATE:	4/1993
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	236

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$153,997,000	$159,194,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$153,997,000	$159,194,000

DESCRIPTION

The California Department of Health Services provides Title XIX federal financial participation (FFP) to the California Department of Social Services (CDSS), via interagency agreements (IAs), for the county cost of administering the In-Home Supportive Services Personal Care Services Program (PCSP). The Medi-Cal program includes PCS in its schedule of benefits.

The estimates below were provided by CDSS.
This policy change reflects FMAP updates.

CASH BASIS

FY 2006-07	CDHS FFP	CDSS GF	County Match	IA #
EW Time & Health Related	**$153,997,000**	$107,798,000	$46,199,000	03-75676

FY 2007-08	CDHS FFP	CDSS GF	County Match	IA #
EW Time & Health Related	**$159,194,000**	$111,436,000	$47,758,000	03-75676

HEALTH RELATED ACTIVITIES/TITLE XIX

OTHER ADMIN. POLICY CHANGE NUMBER:	39
IMPLEMENTATION DATE:	7/1992
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	233

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$114,264,000	$113,649,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$114,264,000	$113,649,000

DESCRIPTION

The California Department of Health Services provides Title XIX federal financial participation (FFP) to the California Department of Social Services (CDSS), via interagency agreements (IAs), for certain health-related activities provided by county social workers. The services involve helping Medi-Cal eligible adults to access covered medical services or maintain current treatment levels in these program areas: 1) Child Welfare Services (CWS); 2) County Services Block Grant (CSBG); & 3) Adult Protective Services (APS).

The estimates below were provided by CDSS.
This policy change reflects FMAP updates.

CASH BASIS

FY 2006-07	CDHS FFP	CDSS GF	County Match	IA #
CWS	$59,417,000	$41,592,000	$17,825,000	01-15931
CSBG	$13,712,000	$13,898,000	$13,765,000	01-15931
APS	$41,135,000	$61,702,000	$0	01-15931
TOTAL	**$114,264,000**	$117,192,000	$31,590,000	

FY 2007-08	CDHS FFP	CDSS GF	County Match	IA #
CWS	$62,507,000	$43,755,000	$18,752,000	01-15931
CSBG	$13,638,000	$13,823,000	$13,691,000	01-15931
APS	$37,504,000	$56,256,000	$0	01-15931
TOTAL	**$113,649,000**	$113,834,000	$32,443,000	

CDDS ADMINISTRATIVE COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	40
IMPLEMENTATION DATE:	7/1997
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	243

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$31,337,000	$32,923,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$31,337,000	$32,923,000

DESCRIPTION

The Calif. Department of Developmental Services provides the following estimates of its administrative cost components:

1. Developmental Centers' (DC) Medi-Cal Administration
2. Developmental Centers' Medi-Cal Eligibility Contract
3. Home & Community-Based Services (HCBS) Waiver Administration
4. Regional Centers' (RC) Medicaid Administration
5. Regional Centers' Nursing Home Reform
6. Targeted Case Management (TCM)

CASH BASIS

(Dollars in Thousands)

FY 2006-07		CDHS FFP	CDDS GF	IA #
1.	DC/SOSF Medi-Cal Admin.	$5,875	$5,875	03-75282/83
	DC/SOSF HIPAA	$191	$191	03-75282/83
2.	DC/SOSF MC Elig. Contract	$581	$581	01-15378
3.	HCBS Waiver Admin.	$5,965	$5,965	01-15834
4.	RC Medicaid Admin.	$11,939	$4,571	03-75734
5.	RC Nursing Home Reform	$67	$67	03-75285
6.	TCM HQ Admin.	$345	$0	03-75284
	TCM RC Admin.	$4,958	$4,958	03-75284
	TCM HIPAA	$1,416	$1,416	03-75284
	Total	**$31,337**	**$23,624**	

CDDS ADMINISTRATIVE COSTS

OTHER ADMIN. POLICY CHANGE NUMBER: 40

FY 2007-08		CDHS FFP	CDDS GF	IA #
1.	DC/SOSF Medi-Cal Admin.	$6,082	$6,082	03-75282/83
	DC/SOSF HIPAA	$188	$188	
2.	DC/SOSF MC Elig. Contract	$589	$589	01-15378
3.	HCBS Waiver Admin.	$6,332	$6,332	01-15834
4.	RC Medicaid Admin.	$13,714	$4,686	03-75734
5.	RC Nursing Home Reform	$73	$73	03-75285
6.	TCM HQ Admin.	$351	$0	03-75284
	TCM RC Admin.	$4,407	$4,407	03-75284
	TCM HIPAA	$708	$708	03-75284
7.	IPSDSWA	$479	$479	Pending
	Total	**$32,923**	**$23,544**	

HIPAA is budgeted in the Medi-Cal budget item 4260-117-0890.

PUBLIC HEALTH NURSES FOR FOSTER CARE

OTHER ADMIN. POLICY CHANGE NUMBER:	41
IMPLEMENTATION DATE:	7/1999
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	246

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$17,499,000	$17,499,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$17,499,000	$17,499,000

DESCRIPTION

The Budget Act of 1999 authorized the California Department of Social Services (CDSS) to establish a program whereby foster care public health nurses would help foster care children access health-related services. This program is administered by the CDHS Children's Medical Services Branch. The public health nurses are employed by the counties. The General Fund is budgeted in the CDSS budget.

CDHS provides Title XIX federal financial participation to CDSS via Interagency Agreement (IA) #04-35913.

DEPT. OF ALCOHOL AND DRUG ADMIN. COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	42
IMPLEMENTATION DATE:	7/1997
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	254

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$5,596,000	$5,066,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$5,596,000	$5,066,000

DESCRIPTION

This policy change includes the Title XIX funding for the California Department of Alcohol and Drug Programs' (CDADP) administrative costs related to services provided to Medi-Cal beneficiaries.

Following is the cash estimate provided by the CDADP:

CASH BASIS

FY 2006-07	CDHS FFP	CDADP GF	IA #
Support	$4,029,000	$3,753,000	01-15938
HIPAA*	$1,567,000	$1,022,000	01-15938
Total	**$5,596,000**	$4,775,000	

FY 2007-08	CDHS FFP	CDADP GF	IA #
Support	$4,080,000	$4,080,000	01-15938
HIPAA*	$986,000	$869,000	01-15938
Total	**$5,066,000**	$4,949,000	

*HIPAA costs are budgeted in Item 4260-117-0890

DEPARTMENT OF SOCIAL SERVICES ADMIN COST

OTHER ADMIN. POLICY CHANGE NUMBER:	43
IMPLEMENTATION DATE:	7/2002
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	256

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$4,080,000	$3,928,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$4,080,000	$3,928,000

DESCRIPTION

The Department provides Title XIX federal financial participation (FFP) to the California Department of Social Services (CDSS), via interagency agreements (IAs), for the administrative costs related to services provided to Medi-Cal beneficiaries under the In-Home Supportive Services Personal Care Services Program (IHSS PCSP), including costs for the IHSS Case Management & Information Payrolling System (CMIPS). CDSS budgets the matching GF.

The estimates below were provided by CDSS.
This policy change reflects FMAP updates.

CASH BASIS

FY 2006-07	CDHS FFP	CDSS GF	IA #
IHSS PCSP	$2,023,000	$2,023,000	03-75676
IHSS Health Related	$8,000	$8,000	01-15931
IHSS Plus Waiver	$2,049,000	$2,049,000	04-35840
TOTAL	**$4,080,000**	$4,080,000	

FY 2007-08	CDHS FFP	CDSS GF	IA #
IHSS PCSP	$2,125,000	$2,125,000	03-75676
IHSS Health Related	$6,000	$6,000	01-15931
IHSS Plus Waiver	$1,797,000	$1, 797,000	04-35840
TOTAL	**$3,928,000**	$3,928,000	

DEPARTMENT OF AGING ADMINISTRATIVE COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	44
IMPLEMENTATION DATE:	7/1984
ANALYST:	Shelley Stankeivicz
FISCAL REFERENCE NUMBER:	253

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$3,391,000	$3,630,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$3,391,000	$3,630,000

DESCRIPTION

This policy change includes the Title XIX funding for the California Department of Aging's (CDA's) administrative costs related to services provided by the Adult Day Health Care Program and the Multipurpose Senior Services Program to Medi-Cal eligibles.

The estimates below were provided by CDA.

(Dollars in Thousands)	FY 2006-07		FY 2007-08	
	FFP	CDA GF	FFP	CDA GF
ADHC Support				
FY 2004-05 DOS	$5	$5		
FY 2005-06 DOS	$10	$10		
FY 2006-07 DOS	$2,146	$1,795	$239	$200
FY 2007-08 DOS			$2,023	$1,718
Total ADHC	**$2,161**	$1,810	**$2,262**	$1,918
MSSP Support				
FY 2005-06 DOS	$10	$10		
FY 2006-07 DOS	$1,220	$1,062	$136	$118
FY 2007-08 DOS			$1,232	$1,062
Total MSSP	**$1,230**	$1,072	**$1,368**	$1,180
Grand Total	**$3,391**	$2,882	**$3,630**	$3,098

SINGLE POINT OF ENTRY - MEDI-CAL/HFP

OTHER ADMIN. POLICY CHANGE NUMBER:	45
IMPLEMENTATION DATE:	4/1999
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	245

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$2,202,000	$2,472,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$2,202,000	$2,472,000

DESCRIPTION

The California Department of Health Services (CDHS) and Managed Risk Medical Insurance Board (MRMIB) use a joint Medi-Cal and Healthy Families Program (HFP) mail-in application for health coverage. Completed applications are sent to MAXIMUS which, by contract with MRMIB, is the Single Point of Entry (SPE), to screen the applications and send them to county welfare departments (CWDs) for Medi-Cal, or to MRMIB for HFP. MRMIB carries the General Fund cost in its budget. CDHS carries the Title XIX federal funds for the Medi-Cal applications, which MRMIB is reimbursed through an Interagency Agreement with CDHS.

This policy change includes CHDP Gateway application processing. To help ensure that all children have access to medical care, the Child Health & Disability Prevention (CHDP) Gateway program was implemented July 1, 2003. Through this program, children who receive a CHDP screen are preenrolled (PE) in Medi-Cal or HFP. Each PE child's family that indicates a desire for ongoing Medi-Cal/HFP coverage is sent an application. The application is returned to the SPE, then forwarded to the CWD or MRMIB for final eligibility determination.

New data elements on the revised joint Medi-Cal/HFP application will require systems enhancements at the SPE. The additional cost for systems enhancements will be a one-time development cost in FY 2006-07. CDHS will pay for the federal Title XIX share of this cost via an interagency agreement with MRMIB.

Assumptions:

1. This estimate is based on actual usage of the Medi-Cal/HFP application; and actual processing, postage, and vendor contract rates and services.

2. MRMIB estimates the number of applications forwarded to CWDs for Medi-Cal only processing, and the federal funding of ongoing SPE costs for those applications.

3. Telephone and pre-printed application costs are based on the average actual ratio of Medi-Cal to HFP applications in SPE Report #MM-029 as of February 7, 2007 (35% to 65%).

4. MRMIB estimates the one-time development cost for systems enhancements, and the federal funding for this cost.

5. MRMIB estimates an additional 24,739 children discontinued from HFP will be pre-enrolled in Medi-Cal and have their applications forwarded to CWDs due to the elimination of HFP to Medi-Cal Bridge effective July 1, 2007.

SINGLE POINT OF ENTRY - MEDI-CAL/HFP

OTHER ADMIN. POLICY CHANGE NUMBER: 45

	FY 2006-07	FY 2007-08
Applications for M/C processing:	139,942	174,410
FFP for Ongoing SPE Costs:		
Processing/Mailing Applications	$1,338,000	$1,414,000
Telephone Services	$815,000	$838,000
Pre-Printed Applications	$22,000	$24,000
Elimination of HFP to Medi-Cal Bridge:	$0	$196,000
FFP for One-Time SPE Cost:	$27,000	$0
Total FFP	**$2,202,000**	**$2,472,000**

OUTREACH - CHILDREN

OTHER ADMIN. POLICY CHANGE NUMBER:	46
IMPLEMENTATION DATE:	7/1997
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	242

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,967,000	$2,496,000
STATE FUNDS	$650,000	$650,000
FEDERAL FUNDS	$1,317,000	$1,846,000

DESCRIPTION

The Budget Act of 1997 established funding for children's outreach. Activities include advertising, community and school-based outreach, application assistance, materials, toll-free line, etc.

The Budget Act of 2003 limited outreach funding to a toll-free line. MAXIMUS, a contract vendor for MRMIB, began carrying out the toll-free line activity starting in January 2004.

The Budget Act of 2005 included funding for the reinstatement of certified application assistance (CAA) fees. Effective July 1, 2005, the Interagency Agreement with MRMIB has been amended to include the Title XIX federal financial participation (FFP) for Medi-Cal costs for CAA fees for children placed on Medi-Cal accelerated enrollment, and for the Medi-Cal related costs of processing the application assistance payments. The General Fund (GF) is budgeted by MRMIB.

Assumptions:

1. For the toll-free line, CDHS budgets both Title XIX FFP and GF.

   FY 2006-07: $1,300,000 ($650,000 GF)
   FY 2007-08: $1,300,000 ($650,000 GF)

2. MRMIB budgets the GF for the CAA fees and processing costs for Medi-Cal applications. Only Title XIX FFP is reflected in the Medi-Cal budget.

3. CAA fees are $50 for Medi-Cal applications; and $50 plus a $10 premium for Health-e-Applications (HeA). The additional HeA assistance began July 1, 2006. Based on estimates provided by MRMIB, costs are expected to be:

FY 2006-07: 1,402 average mail-in apps/month x $50 x 12 months = $841,200 ($420,600 FFP)
684 average HeA/month x $60 x 12 months = $492,480 ($246,240 FFP)

FY 2007-08: 2,545 average mail-in apps/month x $50 x 12 months = $1,527,000 ($763,500 FFP)
1,201 average HeA/month x $60 x 12 months = $864,720 ($432,360 FFP)

OUTREACH - CHILDREN

OTHER ADMIN. POLICY CHANGE NUMBER: 46

4. Total CDHS budget *(in thousands)*:

	FY 2006-07			FY 2007-08		
	TF	**GF**	**FFP**	**TF**	**GF**	**FFP**
Toll-Free Line	$1,300	$650	$650	$1,300	$650	$650
CAA Fees						
Mail-In Apps	$421	$0	$421	$764	$0	$764
Health-e Apps	$246	$0	$246	$432	$0	$432
Total	**$1,967**	**$650**	**$1,317**	**$2,496**	**$650**	**$1,846**

BABY WELCOME KITS

OTHER ADMIN. POLICY CHANGE NUMBER:	47
IMPLEMENTATION DATE:	7/2001
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	249

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$1,906,000	$2,102,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$1,906,000	$2,102,000

DESCRIPTION

Beginning in November 2001, Title XIX federal financial participation will be claimed for the "Welcome Kits" distributed to parents of Medi-Cal eligible newborns by the California Children and Families Commission (CCFC) (Proposition 10).

The California Department of Health Services has an Interagency Agreement with CCFC to provide federal matching funds. The contract number is 03-76097.

Assumptions:

1. CCFC will distribute 425,000 kits for FY 2006-07 and FY 2007-08.
2. The kit costs $19.50 as of July 1, 2006. Each kit contains six DVD's, a book, and a guide.
3. As of July 1, 2007 the kit will cost $21.50. The new kit contains six DVD's, several books, pamphlets, and a guide.
4. Approximately 46% of the kits are expected to be distributed to Medi-Cal eligible newborns.

FY 2006-07 Calculation

425,000 kits x .46 x $19.50=	$3,812,000	Total Costs
	$1,906,000	FFP Costs

FY 2007-08 Calculation

425,000 kits x .46 x $21.50=	$4,204,000	Total Costs
	$2,102,000	FFP Costs

VETERANS BENEFITS

OTHER ADMIN. POLICY CHANGE NUMBER:	48
IMPLEMENTATION DATE:	12/1988
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	232

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$956,000	$956,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$956,000	$956,000

DESCRIPTION

The California Department of Health Services has an interagency agreement which provides federal matching funds to the California Department of Veterans Affairs (CDVA), subsequently to be distributed to County Veteran Services Offices (CVSO), for identifying veterans with VA benefits. This is a process of avoiding costs for the Medi-Cal program by identifying available VA benefits and referring the veterans to utilize those benefits instead of Medi-Cal.

Payments through the interagency agreement will be for the federal funds. Starting in FY 2004-05, billings and payments occur quarterly.

The actual contract amount for FY 2006-07 is $956,000 and the estimated contract amount for FY 2007-08 is $956,000.

The CDVA contract number for FY 2006-07 is 06-55062.

Cash Basis	**FY 2006-07**	**FY 2007-08**
Administrative	$118,000	$118,000
Workload Units	$838,000	$838,000
Total	**$956,000**	**$956,000**

AGENCY HIPAA FUNDING

OTHER ADMIN. POLICY CHANGE NUMBER:	49
IMPLEMENTATION DATE:	7/2001
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	257

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$700,000	$700,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$700,000	$700,000

DESCRIPTION

In order to meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA) and ensure that its provisions are applied uniformly in the impacted programs, a HIPAA office has been established at the Health and Human Services Agency. Title XIX federal financial participation is available for HIPAA activities related to Medi-Cal. This policy change is 100% FFP.

The federal funds are budgeted in Item 4260-117-0890.

Cash Basis	FY 2006-07	FY 2007-08
Agency HIPAA Funding	$700,000	$700,000

STATE HOSPITAL ELIGIBILITY ACTIVITIES

OTHER ADMIN. POLICY CHANGE NUMBER:	50
IMPLEMENTATION DATE:	7/2000
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	250

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$245,000	$245,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$245,000	$245,000

DESCRIPTION

The Medi-Cal Program is funding administrative activities at Napa State Hospital and Metropolitan State Hospital in order to ensure that patients in the hospital receive any assistance necessary to gather data needed for the determination of Medi-Cal eligibility, and to insure compliance with Medi-Cal requirements.

As of FY 2006-07, CDHS will no longer budget GF for this policy change. The GF will be included in the CDMH budget.

Contract #03-75690 with CDMH-Napa State Hospital: The term of this Agreement began July 1, 2003 and is in effect until cancelled or terminated per W&I Code 14000.03.

Contract #02-25275 with CDMH-Metropolitan State Hospital: The term of this Agreement began July 1, 2002 and is in effect until cancelled or terminated per W&I Code 14000.03.

Cash Basis	**FY 2006-07**	**FY 2007-08**
Napa State Hospital	$115,500	$115,500
Metropolitan State Hospital	$129,500	$129,500
Total FFP	**$245,000**	**$245,000**

MERIT SYSTEM SERVICES FOR COUNTIES

OTHER ADMIN. POLICY CHANGE NUMBER:	51
IMPLEMENTATION DATE:	7/2003
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	263

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$209,000	$225,000
STATE FUNDS	$104,500	$112,500
FEDERAL FUNDS	$104,500	$112,500

DESCRIPTION

Federal regulations require that any government agency that receives federal funds have a civil service exam, classification, and pay process. Many counties do not have a civil service system, so the State established Merit System Services, under the State Personnel Board, to perform as a personnel board for the 30 counties that do not have one. In addition, the Board reviews the merit systems in the other 28 counties to ensure that they meet federal civil service requirements.

The State Personnel Board is reimbursed by the Department via a contract/interagency agreement for Merit System Services. The terms of the contract are that it continues indefinitely, until terminated, or until there is a change in scope of work affecting the cost.

	FY 2006-07	FY 2007-08
Contract # 03-75683	**$209,000 ($104,500 GF)**	**$225,000 ($112,500 GF)**

HEALTH-E APP

OTHER ADMIN. POLICY CHANGE NUMBER:	52
IMPLEMENTATION DATE:	7/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1119

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$278,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$278,000

DESCRIPTION

Health-e App is an electronic, web-based alternative to the traditional paper Medi-Cal/HFP joint application available to enrollment entities in all California counties. MRMIB plans to make system changes to enable the general public to also use the Health-e App. The system changes involve a one-time development cost in FY 2007-08.

CDHS will pay for the federal Title XIX share of this cost via an interagency agreement with MRMIB. MRMIB will budget the federal Title XXI share of the cost. The California Health Care Foundation (CHCF) will grant the matching funds for the federal Title XIX and Title XXI funding.

Assumptions:

1. MRMIB estimates the one-time development cost for system changes, and the federal funding for this cost. Only the Title XIX FFP is included in the Medi-Cal budget.

	CHCF	**XIX FFP**	XXI FFP	TOTAL
FY 2007-08	$696,000	**$278,000**	$776,000	$1,750,000

SB 437 WIC STAFF FOR WIC GATEWAY FSR

OTHER ADMIN. POLICY CHANGE NUMBER:	53
IMPLEMENTATION DATE:	7/2007
ANALYST:	Stella Bertrand
FISCAL REFERENCE NUMBER:	1163

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$172,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$172,000

DESCRIPTION

SB 437 (Chapter 328, Statutes of 2006) requires the Department and the Managed Risk Medical Insurance Board (MRMIB) to make several program changes to streamline, simplify and enhance the application process for Medi-Cal and the Healthy Families Program. Among other changes, SB 437 requires that a system be developed so that children applying for the Women, Infants, and Children (WIC) program can submit a simple electronic application to simultaneously obtain presumptive eligibility for the Medi-Cal and Healthy Families programs.

The WIC program will require three staff positions to implement SB 437. Title XIX federal Medicaid matching funds are available for the positions. However, as the WIC program will be in a separate state department, California Department of Public Health (CDPH), from the Medi-Cal program beginning in July 2007, as interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement. The matching GF will be budgeted in the WIC program in the CDPH.

Assumptions:

1. The three positions (one Associate Governmental Program Analyst and two Staff Information Systems Analysts) will cost approximately $344,000 annually. The federal share will be $172,000 annually.

2. The positions will begin in July 2007.

FY 2007-08 and Annual Costs: $172,000 FFP

CA-MMIS REPLACEMENT--CDPH STAFF

OTHER ADMIN. POLICY CHANGE NUMBER:	54
IMPLEMENTATION DATE:	7/2007
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1171

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$147,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$147,000

DESCRIPTION

The current Fiscal Intermediary (FI) contract with Electronic Data Systems expires June 30, 2010. The next contract will run from July 1, 2010 to July 1, 2015. The California Department of Health Services has requested 24 3-year limited term positions beginning July 1, 2007: 22 for the Department of Health Care Services (DHCS) and two for the Maternal Child Adolescent Health/Office of Family Planning in the California Department of Public Health (CDPH). These positions are to comprise the core team to verify and document the business and policy rules contained within California Medicaid Management Information System (CA-MMIS). This is a first step in an effort to renegotiate the Medi-Cal FI contract, which will include the replacement of CA-MMIS.

Title XIX federal Medicaid matching funds are available for the Maternal Child Adolescent Health/Office of Family Planning positions, as well as the others. Since this program will be in a separate state department, CDPH, from the Medi-Cal program beginning in July 2007, an interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement. The matching General Fund will be budgeted in the Maternal Child Adolescent Health/Office of Family Planning program by CDPH.

Assumptions:

1. The two 3-year limited term positions (one Associate Governmental Program Analyst and one Health Program Specialist I) will cost $196,000 in FY 2007-08 and $192,000 in FY 2008-09 and FY 2009-10. The federal share will be $147,000 in FY 2007-08 and $144,000 in FY 2008-09 and FY 2009-10.

2. The positions will begin in July 2007.

FY 2007-08: $147,000 FFP

COMM LIVING SUPPORT BENEFIT (AB 2968)--CDPH STAFF

OTHER ADMIN. POLICY CHANGE NUMBER:	55
IMPLEMENTATION DATE:	7/2007
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1173

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$58,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$58,000

DESCRIPTION

The Department has requested four limited term (18-month) full-time positions to perform and support the new workload associated with the implementation of AB 2968 (Chapter 830, Statutes of 2006). AB 2968 requires the Department to develop and implement a program to provide a community-living support benefit to Medi-Cal beneficiaries residing in the City and County of San Francisco who would otherwise be homeless, living in shelters, or institutionalized. One of the positions is needed for Licensing and Certification.

Title XIX federal Medicaid matching funds are available for these positions. Since Licensing and Certification will be in a separate state department, the California Department of Public Health (CDPH), from the Medi-Cal program beginning in July 2007, an interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement. The matching special fund will be budgeted in Licensing and Certification by the CDPH.

Assumptions:

1. The one 18-month limited term position (Health Facilities Evaluator Nurse) will cost $115,000 in FY 2007-08 and $65,000 in FY 2008-09. The federal share will be $58,000 in FY 2007-08 and $33,000 in FY 2008-09.

2. The positions will begin July 2007.

FY 2007-08: $58,000 FFP

ADHC PROGRAM RESTRUCTURING (SB 1755)--CDPH STAFF

OTHER ADMIN. POLICY CHANGE NUMBER:	56
IMPLEMENTATION DATE:	7/2007
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1175

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$50,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$50,000

DESCRIPTION

The Department has requested the staffing resources (47 positions) and funding to implement SB 1755 (Chapter 691, Statutes of 2006) and to provide follow-up to the Medi-Cal Payment Error Study (MPES). SB 1755 authorizes the Department to make significant reforms to the Adult Day Health Care (ADHC) program under Medi-Cal. One of these positions is needed for Licensing and Certification.

Title XIX federal Medicaid matching funds are available for these positions. Since Licensing and Certification will be in a separate state department, the California Department of Public Health (CDPH), from the Medi-Cal program beginning in July 2007, an interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement. The matching special fund will be budgeted in Licensing and Certification by the CDPH.

Assumptions:

1. The one permanent position (Associate Governmental Program Analyst) will cost $99,000 in FY 2007-08 and $97,000 in FY 2008-09 and beyond. The federal share will be $50,000 in FY 2007-08 and $49,000 in FY 2008-09 and beyond.

2. The positions will begin in July 2007.

FY 2007-08: $50,000 FFP

ICF/DD CONTINOUS NURSING PILOT--CDPH STAFF

OTHER ADMIN. POLICY CHANGE NUMBER:	57
IMPLEMENTATION DATE:	1/2008
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1174

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$49,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$49,000

DESCRIPTION

The Department has requested the extension of the terms of four limited term ICF/DD-CN positions for an additional two-years, with one of the positions needed for Licensing and Certification.

Title XIX federal Medicaid matching funds are available for these positions. Since Licensing and Certification will be in a separate state department, the California Department of Public Health (CDPH), from the Medi-Cal program beginning in July 2007, an interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement. The matching special fund will be budgeted in Licensing and Certification by CDPH.

Assumptions:

1. The one 2-year limited term position (Health Facilities Evaluator Nurse) will cost $69,000 in FY 2007-08, $117,000 in FY 2008-09 and $69,000 in FY 2009-10. The federal share will be $49,000 in FY 2007-08, $82,000 in FY 2008-09 and $49,000 in FY 2009-10.

2. The funding will begin in January 2008.

FY 2007-08: $49,000 FFP

PIA EYEWEAR COURIER SERVICE

OTHER ADMIN. POLICY CHANGE NUMBER:	58
IMPLEMENTATION DATE:	7/2003
ANALYST:	Julie Chan
FISCAL REFERENCE NUMBER:	1114

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$646,000	$639,000
STATE FUNDS	$323,000	$319,500
FEDERAL FUNDS	$323,000	$319,500

DESCRIPTION

Prison Industries Authority (PIA) fabricates the eyeglasses for Medi-Cal beneficiaries. Since July 2003, the Department has had an Interagency Agreement (IA) with PIA to reimburse them for one-half of the costs of the courier service that delivers orders between the optical providers and PIA. The two-way courier service ensures that beneficiaries have continued access to and no disruption of optical services. PIA began billing the Department for past fiscal year services in FY 2006-07. For FY 2006-07, the Department will be paying for services for FY 2004-05, FY 2005-06, and FY 2006-07. On an ongoing basis, payments are expected to be paid at the end of each quarter. The last quarter of each fiscal year will be paid the following fiscal year. The current IA, which expired January 2007, has been extended to April 2007. A new IA with DHL shipping company became effective January 1, 2007. A 4-month overlap is needed for a seamless transition from the old courier to DHL shipping company.

Assumptions:

1. An estimated 260,000 packages will be shipped between Medi-Cal optical providers and PIA for FY 2006-07 and 2007-08.

2. The Department's cost of shipping each package is $1.25 in FY 2006-07, and $2.86 beginning in FY 2007-08 under the new IA with DHL. The increased cost of shipping is due to changes in fuel costs.

   FY 2006-07: 260,000 x $1.25 = $325,000
   FY 2007-08: 260,000 x $2.86 = $744,000

Cash Basis	FY 2006-07	FY 2007-08	IA #
FY 2004-05 Services	$207,000	$0	06-55363
FY 2005-06 Services	$195,000	$0	06-55363
FY 2006-07 Services	$244,000	$81,000	06-55363
FY 2007-08 Services	$0	$558,000	06-55363
	$646,000	**$639,000**	

MEDS REPLACEMENT CONTRACTOR

OTHER ADMIN. POLICY CHANGE NUMBER:	59
IMPLEMENTATION DATE:	7/2007
ANALYST:	Betty Lai
FISCAL REFERENCE NUMBER:	1179

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$1,600,000
STATE FUNDS	$0	$400,000
FEDERAL FUNDS	$0	$1,200,000

DESCRIPTION

MEDS is the eligibility system used for tracking and maintaining eligibility for the various programs within Medi-Cal. This system has changed considerably over the past 30 years to incorporate new business and legislative requirements and, as a result, MEDS is extremely complex, difficult to maintain, and nearing the end of its useful life cycle. MEDS is a mission critical system that must assure timely and accurate eligibility information for Medi-Cal beneficiaries. Given the business critical nature of MEDS, a detailed assessment was completed by a specialty vendor that recommends modernization of MEDS.

The Department will now contract with a vendor to help analyze the existing functionality of the system and help develop detailed business requirements to provide necessary information for RFP and FSR development. The contract is expected to be for 24 months, beginning July 1, 2007.

HEALTH CARE COVERAGE INITIATIVE - ADMIN COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	60
IMPLEMENTATION DATE:	3/2007
ANALYST:	Karen Fairgrieves
FISCAL REFERENCE NUMBER:	1180

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$17,000,000	$64,000,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$17,000,000	$64,000,000

DESCRIPTION

Under the Special Terms and Conditions of the Medi-Cal Hospital/Uninsured Care Demonstration, $180 million per Demonstration Year 3 – 5 is available for implementing the Health Care Coverage Initiative. SB 1448 requires that these funds be used for only health care services provided through the approved health care coverage programs.

In addition, selected applicants will receive 50% federal reimbursement for their administrative costs associated with the implementation and ongoing administration of their approved health care coverage programs. The Department has submitted the proposed "Health Care Coverage Initiative Administrative Cost Claiming Protocol" to CMS for approval of the administrative cost categories and claiming methodology for administrative costs related to the health care coverage programs.

	FFP
FY 2006-07	**$ 17,000,000**
FY 2007-08	**$ 64,000,000**

DEPT OF PUBLIC HEALTH (CDPH) ADMIN COSTS

OTHER ADMIN. POLICY CHANGE NUMBER:	62
IMPLEMENTATION DATE:	7/2007
ANALYST:	Robert Ducay
FISCAL REFERENCE NUMBER:	1192

	FY 2006-07	FY 2007-08
TOTAL FUNDS	$0	$9,092,000
STATE FUNDS	$0	$0
FEDERAL FUNDS	$0	$9,092,000

DESCRIPTION

SB 162 (Chapter 241, Statutes of 2006) required the reorganization of the Department into two departments, the Department of Health Care Services (DHCS) and the California Department of Public Health (CDPH). This policy change includes the Title XIX federal funding for the CDPH administrative costs related to services provided to Medi-Cal beneficiaries. Because the CDPH will be a separate state department from the Medi-Cal program beginning in July 2007, an interagency agreement between the two departments will be required to allow for the provision of federal funds as a reimbursement to the CDPH. The non-federal matching funds will be budgeted by the CDPH.

Office of Family Planning	$1,846,000
Maternal and Child Health	$ 418,000
Laboratory Field Services	$ 346,000
Office of AIDS	$ 443,000
Center for Health Statistics	$1,112,000
Licensing and Certification	$4,927,000
Total Title XIX FFP	**$9,092,000**