

**County Administration Estimate**  
FY 2011-12 and FY 2012-13  
May 2012

The county administration estimated allocation consists of two components: (1) the base and (2) policy changes. The base estimate reflects the allocation to the counties utilizing recent workload data, county expenditure data and other county-submitted information. Policy changes provide adjustments to base costs and reflect the estimated fiscal impact on eligibility costs of recent changes or other functions not incorporated in the base allocation.

**BASE ESTIMATE**

The base estimate consists of the costs identified for three sub-categories: (1) staff costs (2) staff development, and (3) support costs.

The following paragraphs summarize the essential elements of each. The sharing ratio is 50 percent federal funds and 50 percent General Funds.

**1. Staff Costs**

This amount includes the estimated costs for staff in three staff categories: eligibility workers and supervisors, clerical support staff, and administrative staff. The staff costs for each of the three categories will be allocated to individual counties to fund all Medi-Cal eligibility determination activities.

**2. Support Costs**

Support costs are a combination of two types of expenditures: operating support costs and electronic data processing costs. These two types of expenditures are further divided into allocated costs and direct costs.

- a. Allocated costs are those that are shared across all programs and distributed to individual programs based on a ratio developed from the total expenditures for each program.
- b. Direct costs are specific to the Medi-Cal program only.

**3. Staff Development**

Staff development costs are the costs of training Medi-Cal eligibility workers. The amount in this item includes:

- a. Trainers' salaries and benefits.
- b. Operating costs related to training.
- c. Trainees' salaries and benefits.
- d. Travel, per diem, supplies and tuition.
- e. Purchase of contracted training services.

4. The base allocation for county administration of the Medi-Cal program for FY 2011-12 was capped at an amount no higher than the total budget allocation for each county in FY 2010-11.

5. The base allocation for county administration of the Medi-Cal program for FY 2012-13 is assumed to be the same as FY 2011-12. The Department is currently engaged in a process working with county staff and their representatives to design a new methodology for calculating the base allocation.

**POLICY CHANGES**

Policy changes consist of items such as recent changes in the Medi-Cal Program, and their effect on eligibility determinations, Los Angeles County Hospital Intakes, audit settlements from state and federal audits, court cases, costs of automated projects, and special funding categories.