

**MEDI-CAL**  
**May 2016**  
**LOCAL ASSISTANCE ESTIMATE**  
for  
**FISCAL YEARS**  
**2015-16 and 2016-17**

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



EDMUND G. BROWN JR.  
Governor  
State of California

Diana Dooley  
Secretary  
California Health and Human Services Agency

Jennifer Kent  
Director  
Department of Health Care Services

**Medi-Cal Funding Summary**  
**May 2016 Estimate Compared to FY 2016-17 Appropriation**  
**Fiscal Year 2016 - 2017**

**TOTAL FUNDS**

	<b>May 2016 Estimate</b>	<b>FY 2016-17 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
<b>MEDI-CAL Benefits:</b>			
4260-101-0001/0890(3)	\$63,082,489,000	\$63,268,665,000	\$186,176,000
4260-101-0080 CLPP Funds	\$725,000	\$725,000	\$0
4260-101-0232 Prop 99 Hospital Svc. Acct.	\$112,172,000	\$112,172,000	\$0
4260-101-0233 Prop 99 Physician Svc. Acct	\$28,463,000	\$28,463,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$57,925,000	\$57,925,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$8,982,000	\$8,982,000	\$0
4260-101-3213 LTC QA Fund	\$491,075,000	\$0	(\$491,075,000)
4260-601-3213 LTC QA Fund	\$0	\$491,075,000	\$491,075,000
4260-102-0001/0890 Capital Debt	\$82,282,000	\$82,282,000	\$0
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$2,356,000	\$2,356,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$130,197,000	\$130,197,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$22,517,000	\$22,517,000	\$0
4260-113-0001/0890 Healthy Families	\$3,511,008,000	\$3,511,008,000	\$0
4260-601-0942142 Local Trauma Centers	\$56,278,000	\$56,278,000	\$0
4260-601-0942 Home Health Program Account	\$137,000	\$137,000	\$0
4260-601-3156 MCO Tax Fund	\$271,214,000	\$271,214,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$1,785,223,000	\$1,737,918,000	(\$47,305,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$800,000,000	\$800,000,000	\$0
4260-601-7503 Health Care Support Fund	\$63,050,000	\$63,050,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$12,759,000	\$12,759,000	\$0
4260-101-0313 Major Risk Medical Ins Fund	\$0	\$2,016,000	\$2,016,000
4260-603-0313 Major Risk Medical Ins Fund	\$2,016,000	\$0	(\$2,016,000)
4260-605-0001 SNF Quality & Accountability *	\$48,928,000	\$48,928,000	\$0
4260-605-3167 SNF Quality & Accountability	\$44,069,000	\$44,069,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$48,928,000)	(\$48,928,000)	\$0
4260-606-0834 SB 1100 DSH	\$1,377,911,000	\$1,377,911,000	\$0
4260-610-0995 Reimbursements	\$5,892,571,000	\$5,892,571,000	\$0
4260-611-3201 LIHP MCE Out-of-Network ER Svcs.	\$116,249,000	\$116,249,000	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$7,675,580,000	\$7,675,580,000	\$0
<b>TOTAL MEDI-CAL Benefits</b>	<b>\$85,627,248,000</b>	<b>\$85,766,119,000</b>	<b>\$138,871,000</b>
<b>COUNTY ADMINISTRATION:</b>			
4260-101-0001/0890(1)	\$4,076,303,000	\$4,087,253,000	\$10,950,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$708,000	\$708,000	\$0
4260-107-0890 Prevention of Chronic Disease (MICPD)	\$80,000	\$80,000	\$0
4260-113-0001/0890 Healthy Families	\$64,558,000	\$64,558,000	\$0
4260-117-0001/0890 HIPAA	\$7,037,000	\$7,037,000	\$0
4260-601-0942285 Hlthcare Outreach & Medi-Cal Enroll. Acct.	\$3,153,000	\$3,153,000	\$0
4260-601-0942 Home Health Program Account	\$0	\$0	\$0
4260-602-0313 Major Risk Medical Ins Fund	\$2,049,000	\$2,049,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$3,560,000	\$3,560,000	\$0
4260-610-0995 Reimbursements	\$660,000	\$660,000	\$0
<b>TOTAL COUNTY ADMIN.</b>	<b>\$4,158,108,000</b>	<b>\$4,169,058,000</b>	<b>\$10,950,000</b>
<b>FISCAL INTERMEDIARY:</b>			
4260-101-0001/0890(2)	\$346,468,000	\$346,468,000	\$0
4260-113-0001/0890 Healthy Families	\$5,475,000	\$5,475,000	\$0
4260-117-0001/0890 HIPAA	\$15,190,000	\$15,190,000	\$0
4260-610-0995 Reimbursements	\$0	\$0	\$0
<b>TOTAL FISCAL INTERMEDIARY</b>	<b>\$367,133,000</b>	<b>\$367,133,000</b>	<b>\$0</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$90,152,489,000</b>	<b>\$90,302,310,000</b>	<b>\$149,821,000</b>

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

**Medi-Cal Funding Summary**  
**May 2016 Estimate Compared to FY 2016-17 Appropriation**  
**Fiscal Year 2016 - 2017**

**STATE FUNDS**

	<b>May 2016 Estimate</b>	<b>FY 2016-17 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
<b>MEDI-CAL Benefits:</b>			
4260-101-0001(3) *	\$16,007,227,000	\$16,097,892,000	\$90,665,000
4260-101-0080 CLPP Funds	\$725,000	\$725,000	\$0
4260-101-0232 Prop 99 Hospital Svc. Acct.	\$112,172,000	\$112,172,000	\$0
4260-101-0233 Prop 99 Physician Svc. Acct	\$28,463,000	\$28,463,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$57,925,000	\$57,925,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$8,982,000	\$8,982,000	\$0
4260-101-3213 LTC QA Fund	\$491,075,000	\$0	(\$491,075,000)
4260-601-3213 LTC QA Fund	\$0	\$491,075,000	\$491,075,000
4260-102-0001 Capital Debt *	\$41,141,000	\$41,141,000	\$0
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$2,356,000	\$2,356,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$130,197,000	\$130,197,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-113-0001 Healthy Families *	\$478,392,000	\$478,392,000	\$0
4260-601-0942142 Local Trauma Centers	\$56,278,000	\$56,278,000	\$0
4260-601-0942 Home Health Program Account	\$137,000	\$137,000	\$0
4260-601-3156 MCO Tax Fund	\$271,214,000	\$271,214,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$1,785,223,000	\$1,737,918,000	(\$47,305,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$800,000,000	\$800,000,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$12,759,000	\$12,759,000	\$0
4260-101-0313 Major Risk Medical Ins Fund	\$0	\$2,016,000	\$2,016,000
4260-603-0313 Major Risk Medical Ins Fund	\$2,016,000	\$0	(\$2,016,000)
4260-605-0001 SNF Quality & Accountability *	\$48,928,000	\$48,928,000	\$0
4260-605-3167 SNF Quality & Accountability	\$44,069,000	\$44,069,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$48,928,000)	(\$48,928,000)	\$0
4260-606-0834 SB 1100 DSH	\$1,377,911,000	\$1,377,911,000	\$0
4260-610-0995 Reimbursements	\$5,892,571,000	\$5,892,571,000	\$0
4260-611-3201 LIHP MCE Out-of-Network ER Svcs.	\$116,249,000	\$116,249,000	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$3,792,518,000	\$3,792,518,000	\$0
<b>TOTAL MEDI-CAL Benefits</b>	<b>\$31,509,600,000</b>	<b>\$31,552,960,000</b>	<b>\$43,360,000</b>
<b>Total Benefits General Fund *</b>	<b>\$16,695,988,000</b>	<b>\$16,786,653,000</b>	<b>\$90,665,000</b>
<b>COUNTY ADMINISTRATION:</b>			
4260-101-0001(1) *	\$850,803,000	\$853,803,000	\$3,000,000
4260-113-0001 Healthy Families *	\$6,353,000	\$6,353,000	\$0
4260-117-0001 HIPAA *	\$1,287,000	\$1,287,000	\$0
4260-601-0942285 Hlthcare Outreach & Medi-Cal Enroll. Acct.	\$3,153,000	\$3,153,000	\$0
4260-602-0313 Major Risk Medical Ins Fund	\$2,049,000	\$2,049,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$3,560,000	\$3,560,000	\$0
4260-610-0995 Reimbursements	\$660,000	\$660,000	\$0
<b>TOTAL COUNTY ADMIN.</b>	<b>\$867,865,000</b>	<b>\$870,865,000</b>	<b>\$3,000,000</b>
<b>Total Co. Admin. General Fund *</b>	<b>\$858,443,000</b>	<b>\$861,443,000</b>	<b>\$3,000,000</b>
<b>FISCAL INTERMEDIARY:</b>			
4260-101-0001(2) *	\$103,087,000	\$103,087,000	\$0
4260-113-0001 Healthy Families *	\$657,000	\$657,000	\$0
4260-117-0001 HIPAA *	\$3,118,000	\$3,118,000	\$0
4260-610-0995 Reimbursements	\$0	\$0	\$0
<b>TOTAL FISCAL INTERMEDIARY</b>	<b>\$106,862,000</b>	<b>\$106,862,000</b>	<b>\$0</b>
<b>Total FI General Fund *</b>	<b>\$106,862,000</b>	<b>\$106,862,000</b>	<b>\$0</b>
<b>GRAND TOTAL - STATE FUNDS</b>	<b>\$32,484,327,000</b>	<b>\$32,530,687,000</b>	<b>\$46,360,000</b>
<b>Grand Total General Fund*</b>	<b>\$17,661,293,000</b>	<b>\$17,754,958,000</b>	<b>\$93,665,000</b>

Note: Proposition 99 funding is from the Cigarette and Tobacco Products Surtax Fund accounts as shown above.

**Medi-Cal Funding Summary**  
**May 2016 Estimate Compared to FY 2016-17 Appropriation**  
**Fiscal Year 2016 - 2017**

**FEDERAL FUNDS**

	<b>May 2016 Estimate</b>	<b>FY 2016-17 Appropriation</b>	<b>Difference Incr./.(Decr.)</b>
<b><u>MEDI-CAL Benefits:</u></b>			
4260-101-0890(3)	\$47,075,262,000	\$47,170,775,000	\$95,513,000
4260-102-0890 Capital Debt	\$41,141,000	\$41,141,000	\$0
4260-106-0890 Money Follows Person Federal Grant	\$22,517,000	\$22,517,000	\$0
4260-113-0890 Health Families	\$3,032,616,000	\$3,032,616,000	\$0
4260-601-7503 Health Care Support Fund	\$63,050,000	\$63,050,000	\$0
4260-611-0890 Hospital Quality Assurance	\$3,883,062,000	\$3,883,062,000	\$0
<b>TOTAL MEDI-CAL Benefits</b>	<b><u>\$54,117,648,000</u></b>	<b><u>\$54,213,161,000</u></b>	<b><u>\$95,513,000</u></b>
<b><u>COUNTY ADMINISTRATION:</u></b>			
4260-101-0890(1)	\$3,225,500,000	\$3,233,450,000	\$7,950,000
4260-106-0890(1) Money Follows Person Fed. Grant	\$708,000	\$708,000	\$0
4260-107-0890 Prevention of Chronic Disease (MIPCD)	\$80,000	\$80,000	\$0
4260-113-0890 Healthy Families	\$58,205,000	\$58,205,000	\$0
4260-117-0890 HIPAA	\$5,750,000	\$5,750,000	\$0
<b>TOTAL COUNTY ADMIN.</b>	<b><u>\$3,290,243,000</u></b>	<b><u>\$3,298,193,000</u></b>	<b><u>\$7,950,000</u></b>
<b><u>FISCAL INTERMEDIARY:</u></b>			
4260-101-0890(2)	\$243,381,000	\$243,381,000	\$0
4260-113-0890 Healthy Families	\$4,818,000	\$4,818,000	\$0
4260-117-0890 HIPAA	\$12,072,000	\$12,072,000	\$0
<b>TOTAL FISCAL INTERMEDIARY</b>	<b><u>\$260,271,000</u></b>	<b><u>\$260,271,000</u></b>	<b><u>\$0</u></b>
<b>GRAND TOTAL - FEDERAL FUNDS</b>	<b><u>\$57,668,162,000</u></b>	<b><u>\$57,771,625,000</u></b>	<b><u>\$103,463,000</u></b>

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2016-17

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>			
A. B/Y FFS BASE	\$17,571,764,030	\$8,785,882,020	\$8,785,882,020
B. B/Y BASE POLICY CHANGES	\$44,160,067,000	\$30,778,771,190	\$13,381,295,810
C. BASE ADJUSTMENTS	-\$157,248,000	-\$190,839,900	\$33,591,900
D. ADJUSTED BASE	<u>\$61,574,583,030</u>	<u>\$39,373,813,310</u>	<u>\$22,200,769,730</u>
<b>II. REGULAR POLICY CHANGES</b>			
A. ELIGIBILITY	\$997,047,990	\$541,920,160	\$455,127,830
B. AFFORDABLE CARE ACT	\$3,624,917,000	\$3,541,729,980	\$83,187,020
C. BENEFITS	\$954,425,400	\$733,114,570	\$221,310,830
D. PHARMACY	-\$2,399,140,890	-\$1,492,557,790	-\$906,583,090
E. DRUG MEDI-CAL	\$44,661,000	\$32,276,500	\$12,384,500
F. MENTAL HEALTH	\$472,345,950	\$461,911,950	\$10,434,000
G. WAIVER--MH/UCD & BTR	\$4,605,390,000	\$2,432,126,500	\$2,173,263,500
H. MANAGED CARE	\$5,002,140,610	\$65,892,190	\$4,936,248,430
I. PROVIDER RATES	\$947,637,440	\$763,841,430	\$183,796,010
J. SUPPLEMENTAL PMNTS.	\$9,451,947,000	\$5,466,961,110	\$3,984,985,890
K. OTHER	\$490,162,930	\$2,292,129,850	-\$1,801,966,930
L. TOTAL CHANGE	<u>\$24,191,534,420</u>	<u>\$14,839,346,440</u>	<u>\$9,352,187,980</u>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<u><u>\$85,766,117,450</u></u>	<u><u>\$54,213,159,750</u></u>	<u><u>\$31,552,957,710</u></u>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>ELIGIBILITY</u></b>				
1	FAMILY PACT PROGRAM	\$414,876,000	\$312,112,500	\$102,763,500
2	MEDI-CAL ADULT INMATE PROGRAMS	\$272,397,000	\$272,397,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$85,914,000	\$43,232,800	\$42,681,200
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INM/	\$63,016,000	\$63,016,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-13i	\$0	\$0	\$0
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSI	\$243,880,000	\$55,680,500	\$188,199,500
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$6,232,000	\$5,484,160	\$747,840
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	\$365,023,930	-\$365,023,930
13	NEW QUALIFIED IMMIGRANTS	\$0	-\$633,813,000	\$633,813,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$118,174,320	-\$118,174,320
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$14,801,360	-\$14,801,360
16	INCARCERATION VERIFICATION PROGRAM	-\$13,090,070	-\$8,161,720	-\$4,928,350
17	PARIS-VETERANS	-\$1,819,950	-\$909,970	-\$909,970
18	OTLCP PREMIUMS	-\$70,919,000	-\$62,408,720	-\$8,510,280
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	-\$3,438,000	-\$2,709,000	-\$729,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$997,047,990</b>	<b>\$541,920,160</b>	<b>\$455,127,830</b>
<b><u>AFFORDABLE CARE ACT</u></b>				
19	COMMUNITY FIRST CHOICE OPTION	\$1,884,200,000	\$1,884,200,000	\$0
20	ACA OPTIONAL EXPANSION	\$1,309,663,000	\$1,268,878,650	\$40,784,350
21	HEALTH INSURER FEE	\$246,342,000	\$163,650,500	\$82,691,500
22	ACA MANDATORY EXPANSION	\$140,760,000	\$82,067,280	\$58,692,720
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$10,000,000	\$10,000,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$6,363,000	-\$6,363,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	-\$349,000	\$349,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJ	\$0	\$92,623,550	-\$92,623,550
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$688,000	-\$344,000	-\$344,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMEN	\$34,640,000	\$34,640,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$3,624,917,000</b>	<b>\$3,541,729,980</b>	<b>\$83,187,020</b>
<b><u>BENEFITS</u></b>				
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$286,516,000	\$286,516,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$126,049,000	\$126,049,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$213,974,000	\$121,639,800	\$92,334,200
36	CCS DEMONSTRATION PROJECT PILOTS	\$40,958,000	\$22,358,860	\$18,599,140
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,778,000	\$19,889,000	\$19,889,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$6,871,000	\$3,957,620	\$2,913,380
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$36,080,000	\$30,809,000	\$5,271,000

Costs shown include application of payment lag and percent reflected in base calculation.

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>				
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FO	\$12,996,800	\$6,850,470	\$6,146,320
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,298,000	\$5,277,000	\$21,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$5,107,000	\$5,107,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$201,000	\$100,500	\$100,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$1,163,000	\$613,040	\$549,960
45	CHDP PROGRAM DENTAL REFERRAL	\$234,000	\$123,460	\$110,540
46	BENEFICIARY OUTREACH AND EDUCATION PROGR/	\$448,000	\$224,000	\$224,000
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$159,000	\$159,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$154,000	\$154,000	\$0
49	WOMEN'S HEALTH SERVICES	-\$6,367,000	-\$4,935,300	-\$1,431,700
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVI	-\$6,203,000	-\$3,269,460	-\$2,933,540
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$27,106,000	-\$13,553,000	-\$13,553,000
199	END OF LIFE SERVICES	\$1,275,010	\$0	\$1,275,010
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICE	-\$843,000	-\$421,500	-\$421,500
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$313,590	\$165,190	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION CC	\$203,683,000	\$115,789,400	\$87,893,600
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$1,512,000	\$1,000,490	\$511,510
233	ACUPUNCTURE SERVICES RESTORATION	\$12,174,000	\$8,511,000	\$3,663,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$954,425,400</b>	<b>\$733,114,570</b>	<b>\$221,310,830</b>
<b><u>PHARMACY</u></b>				
52	ORKAMBI BENEFIT	\$40,246,620	\$20,693,870	\$19,552,750
53	ADAP RYAN WHITE MEDS DATA MATCH	\$0	\$0	\$0
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$387,600	\$193,800	\$193,800
55	NON FFP DRUGS	\$0	-\$269,500	\$269,500
56	BCCTP DRUG REBATES	-\$13,349,000	-\$8,676,850	-\$4,672,150
57	MEDICAL SUPPLY REBATES	-\$26,514,000	-\$15,650,050	-\$10,863,950
59	FAMILY PACT DRUG REBATES	-\$30,337,000	-\$26,531,700	-\$3,805,300
60	STATE SUPPLEMENTAL DRUG REBATES	-\$148,506,000	-\$89,939,850	-\$58,566,150
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$181,710,000	-\$118,290,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,593,279,000	-\$992,944,480	-\$600,334,520
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY	-\$327,790,110	-\$197,723,030	-\$130,067,070
	<b>PHARMACY SUBTOTAL</b>	<b>-\$2,399,140,890</b>	<b>-\$1,492,557,790</b>	<b>-\$906,583,100</b>
<b><u>DRUG MEDI-CAL</u></b>				
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$39,059,000	\$26,709,600	\$12,349,400
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$3,036,000	\$0
69	ANNUAL RATE ADJUSTMENT	\$2,566,000	\$2,530,900	\$35,100
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$44,661,000</b>	<b>\$32,276,500</b>	<b>\$12,384,500</b>

Costs shown include application of payment lag and percent reflected in base calculation.

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>MENTAL HEALTH</u></b>				
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURS	\$407,835,000	\$407,835,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$34,455,960	\$34,455,960	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$28,516,120	\$28,516,120	\$0
75	KATIE A. V. DIANA BONTA	\$24,855,870	\$24,855,870	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$25,500,000	\$25,500,000	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPA	\$0	-\$270,000	\$270,000
80	CHART REVIEW	-\$1,148,000	-\$1,148,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$63,306,000	-\$64,047,000	\$741,000
198	LATE CLAIMS FOR SMHS	\$3,598,000	\$952,000	\$2,646,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$12,039,000	\$5,262,000	\$6,777,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$472,345,950</b>	<b>\$461,911,950</b>	<b>\$10,434,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>				
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SV	\$232,498,000	\$116,249,000	\$116,249,000
89	BTR - LIHP - MCE	\$141,648,000	\$141,648,000	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	-\$12,363,000	-\$12,363,000	\$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	-\$48,958,000	\$48,958,000
96	MH/UCD—SAFETY NET CARE POOL	\$8,186,000	\$8,186,000	\$0
98	MH/UCD—STABILIZATION FUNDING	\$11,298,000	\$0	\$11,298,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HI	\$1,764,000	\$1,764,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$1,921,000	-\$1,921,000
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MED	\$1,600,000,000	\$800,000,000	\$800,000,000
206	GLOBAL PAYMENT PROGRAM	\$1,917,088,000	\$958,544,000	\$958,544,000
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGF	\$0	\$112,500,000	-\$112,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$600,000,000	\$300,000,000	\$300,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATI	\$105,271,000	\$52,635,500	\$52,635,500
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,605,390,000</b>	<b>\$2,432,126,500</b>	<b>\$2,173,263,500</b>
<b><u>MANAGED CARE</u></b>				
32	MANAGED CARE DRUG REBATES	-\$694,758,000	-\$413,461,310	-\$281,296,690
108	CCI-MANAGED CARE PAYMENTS	\$3,655,426,060	\$1,827,713,030	\$1,827,713,030
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,776,709,000	\$0	\$2,776,709,000
112	MANAGED CARE RATE RANGE IGTS	\$883,801,000	\$491,813,000	\$391,988,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$1,082,601,000	\$541,301,000	\$541,300,000
115	HQAF RATE RANGE INCREASES	\$273,000,000	\$136,500,000	\$136,500,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEI	\$1,372,000	\$1,234,800	\$137,200
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$0	\$2,000,000
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0

Costs shown include application of payment lag and percent reflected in base calculation.

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>MANAGED CARE</u></b>				
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMEI	\$0	\$0	\$0
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0
132	CCI-SAVINGS AND DEFERRAL	-\$1,826,283,440	-\$913,141,720	-\$913,141,720
133	RETRO MC RATE ADJUSTMENTS	-\$3,139,097,000	-\$2,914,182,800	-\$224,914,200
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$915,000	\$457,500	\$457,500
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$0	\$0	\$0
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. C,	\$1,938,526,000	\$1,260,041,690	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDIN	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$624,000	\$312,000	\$312,000
232	RECONCILIATION WITH BUDGET ACT	\$47,305,000	\$47,305,000	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$5,002,140,610</b>	<b>\$65,892,190</b>	<b>\$4,936,248,430</b>
<b><u>PROVIDER RATES</u></b>				
85	DPH INTERIM & FINAL RECONS	\$21,588,000	\$21,588,000	\$0
92	DPH INTERIM RATE GROWTH	\$28,805,380	\$14,402,690	\$14,402,690
102	DPH INTERIM RATE	\$0	\$351,104,600	-\$351,104,600
134	MEDICARE PART B PREMIUM INCREASE	\$48,229,000	\$21,336,500	\$26,892,500
135	DENTAL RETROACTIVE RATE CHANGES	\$75,601,000	\$49,849,160	\$25,751,840
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$197,970,080	\$121,290,360	\$76,679,710
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PA	\$88,137,000	\$44,068,500	\$44,068,500
138	LTC RATE ADJUSTMENT	\$126,871,150	\$63,435,580	\$63,435,580
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$410,561,270	\$205,280,640	\$205,280,640
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$14,500,000	\$7,250,000	\$7,250,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$23,909,820	\$14,648,570	\$9,261,260
142	HOSPICE RATE INCREASES	\$11,675,610	\$5,837,800	\$5,837,800
143	GDSP NEWBORN SCREENING PROGRAM FEE INCRE	\$3,096,840	\$1,548,420	\$1,548,420
144	LONG TERM CARE QUALITY ASSURANCE FUND EXP	\$0	\$0	\$0
147	LABORATORY RATE METHODOLOGY CHANGE	-\$41,362,430	-\$20,681,220	-\$20,681,220
148	10% PROVIDER PAYMENT REDUCTION	-\$24,022,620	-\$12,011,310	-\$12,011,310
149	REDUCTION TO RADIOLOGY RATES	-\$39,794,280	-\$19,897,140	-\$19,897,140
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENES	\$0	-\$106,279,000	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$1,871,630	\$1,069,280	\$802,340
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$947,637,440</b>	<b>\$763,841,430</b>	<b>\$183,796,010</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
82	DSH PAYMENT	\$767,903,000	\$383,951,500	\$383,951,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$560,664,000	\$280,332,000	\$280,332,000
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$260,393,000	\$130,196,500	\$130,196,500

Costs shown include application of payment lag and percent reflected in base calculation.

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2016-17

POLICY CHG. NO.	CATEGORY & TITLE	TOTAL FUNDS	FEDERAL FUNDS	STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>				
91	DPH PHYSICIAN & NON-PHYS. COST	\$100,693,000	\$100,693,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$4,712,000	\$2,356,000	\$2,356,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$6,643,733,000	\$3,746,562,000	\$2,897,171,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$254,275,000	\$254,275,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$83,672,000	\$0	\$83,672,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENT	\$194,489,000	\$194,489,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$100,498,000	\$53,811,000	\$46,687,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$72,005,000	\$72,005,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL P	\$141,495,000	\$89,293,610	\$52,201,390
157	FFP FOR LOCAL TRAUMA CENTERS	\$112,556,000	\$56,278,000	\$56,278,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,317,000	\$61,176,500	\$41,140,500
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$26,880,000	\$26,880,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSI	\$10,000,000	\$5,000,000	\$5,000,000
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$4,000,000	\$2,000,000	\$2,000,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRI	\$8,000,000	\$4,000,000	\$4,000,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMEN	\$3,662,000	\$3,662,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$9,451,947,000</b>	<b>\$5,466,961,110</b>	<b>\$3,984,985,890</b>
<b><u>OTHER</u></b>				
170	ARRA HITECH - PROVIDER PAYMENTS	\$186,216,000	\$186,216,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- C	\$117,245,000	\$117,245,000	\$0
173	CCI IHSS RECONCILIATION	\$62,300,000	\$62,300,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMEN	\$50,929,000	\$25,464,500	\$25,464,500
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDC	\$19,146,000	\$13,704,000	\$5,442,000
179	INDIAN HEALTH SERVICES	\$26,153,000	\$40,498,150	-\$14,345,150
180	WPCS WORKERS' COMPENSATION	\$4,764,000	\$2,382,000	\$2,382,000
181	OVERTIME FOR WPCS PROVIDERS	\$6,632,930	\$3,316,460	\$3,316,460
186	CDDS DENTAL SERVICES	\$984,000	\$0	\$984,000
187	AUDIT SETTLEMENTS	\$10,771,000	\$0	\$10,771,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$449,000	\$224,500	\$224,500
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,725,221,850	-\$1,725,221,850
190	FUNDING ADJUST.—OTLICP	\$0	\$140,873,890	-\$140,873,890
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0
210	FFP REPAYMENT FOR CDDS COSTS	\$0	-\$27,603,000	\$27,603,000

Costs shown include application of payment lag and percent reflected in base calculation.

**SUMMARY OF REGULAR POLICY CHANGES  
FISCAL YEAR 2016-17**

<u>POLICY CHG. NO.</u>	<u>CATEGORY &amp; TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
	<b><u>OTHER</u></b>			
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$8,150,000	\$4,075,000	\$4,075,000
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECC	-\$15,000,000	-\$7,500,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REV	\$0	\$0	\$0
235	MEDI-CAL ESTATE RECOVERIES	\$11,423,000	\$5,711,500	\$5,711,500
	<b>OTHER SUBTOTAL</b>	<b>\$490,162,930</b>	<b>\$2,292,129,850</b>	<b>-\$1,801,966,930</b>
	<b>GRAND TOTAL</b>	<b>\$24,191,534,420</b>	<b>\$14,839,346,450</b>	<b>\$9,352,187,980</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
FISCAL YEAR 2016-17**

<u>SERVICE CATEGORY</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>STATE FUNDS</u>
<b>PROFESSIONAL</b>	\$6,359,903,380	\$4,179,314,580	\$2,180,588,800
PHYSICIANS	\$913,097,040	\$590,150,100	\$322,946,940
OTHER MEDICAL	\$3,667,493,030	\$2,452,864,690	\$1,214,628,340
CO. & COMM. OUTPATIENT	\$1,779,313,320	\$1,136,299,790	\$643,013,520
<b>PHARMACY</b>	\$1,422,397,240	\$973,400,340	\$448,996,910
<b>HOSPITAL INPATIENT</b>	\$12,390,766,510	\$7,785,626,320	\$4,605,140,190
COUNTY INPATIENT	\$2,892,704,090	\$1,910,186,720	\$982,517,360
COMMUNITY INPATIENT	\$9,498,062,420	\$5,875,439,600	\$3,622,622,830
<b>LONG TERM CARE</b>	\$3,032,374,150	\$1,498,192,080	\$1,534,182,070
NURSING FACILITIES	\$2,674,442,300	\$1,312,767,180	\$1,361,675,120
ICF-DD	\$357,931,850	\$185,424,900	\$172,506,950
<b>OTHER SERVICES</b>	\$951,719,630	\$590,565,140	\$361,154,480
MEDICAL TRANSPORTATION	\$119,263,680	\$77,536,820	\$41,726,870
OTHER SERVICES	\$627,433,150	\$406,676,940	\$220,756,210
HOME HEALTH	\$205,022,800	\$106,351,390	\$98,671,400
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$24,157,160,910</b>	<b>\$15,027,098,460</b>	<b>\$9,130,062,440</b>
<b>MANAGED CARE</b>	\$44,477,241,000	\$27,007,369,160	\$17,469,871,850
TWO PLAN MODEL	\$26,721,682,180	\$16,108,379,080	\$10,613,303,100
COUNTY ORGANIZED HEALTH SYS	\$10,836,533,950	\$6,575,395,660	\$4,261,138,290
GEOGRAPHIC MANAGED CARE	\$4,833,858,410	\$3,039,077,990	\$1,794,780,420
PHP & OTHER MANAG. CARE	\$768,858,190	\$415,582,510	\$353,275,680
REGIONAL MODEL	\$1,316,308,270	\$868,933,920	\$447,374,360
<b>DENTAL</b>	\$1,201,347,430	\$778,370,650	\$422,976,780
<b>MENTAL HEALTH</b>	\$3,011,514,210	\$2,861,431,890	\$150,082,320
<b>AUDITS/ LAWSUITS</b>	\$14,684,000	\$956,500	\$13,727,500
<b>EPSDT SCREENS</b>	\$55,189,800	\$31,141,580	\$24,048,220
<b>MEDICARE PAYMENTS</b>	\$4,959,576,000	\$1,397,545,000	\$3,562,031,000
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$207,330,000	\$179,727,000	\$27,603,000
<b>MISC. SERVICES</b>	\$7,796,886,110	\$6,903,089,010	\$893,797,090
<b>RECOVERIES</b>	-\$298,270,000	-\$142,323,500	-\$155,946,500
<b>DRUG MEDI-CAL</b>	\$183,458,000	\$168,754,000	\$14,704,000
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$85,766,117,450</b>	<b>\$54,213,159,750</b>	<b>\$31,552,957,710</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

<u>SERVICE CATEGORY</u>	<u>MAY 2016 EST. FOR 2015-16</u>	<u>MAY 2016 EST. FOR 2016-17</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$6,522,312,890	\$6,359,903,380	-\$162,409,510	-2.49
PHYSICIANS	\$994,620,160	\$913,097,040	-\$81,523,120	-8.20
OTHER MEDICAL	\$3,459,937,440	\$3,667,493,030	\$207,555,580	6.00
CO. & COMM. OUTPATIENT	\$2,067,755,290	\$1,779,313,320	-\$288,441,970	-13.95
<b>PHARMACY</b>	\$1,509,322,000	\$1,422,397,240	-\$86,924,760	-5.76
<b>HOSPITAL INPATIENT</b>	\$12,698,142,230	\$12,390,766,510	-\$307,375,720	-2.42
COUNTY INPATIENT	\$2,683,313,620	\$2,892,704,090	\$209,390,460	7.80
COMMUNITY INPATIENT	\$10,014,828,610	\$9,498,062,420	-\$516,766,180	-5.16
<b>LONG TERM CARE</b>	\$3,245,220,300	\$3,032,374,150	-\$212,846,150	-6.56
NURSING FACILITIES	\$2,850,066,420	\$2,674,442,300	-\$175,624,120	-6.16
ICF-DD	\$395,153,880	\$357,931,850	-\$37,222,040	-9.42
<b>OTHER SERVICES</b>	\$1,134,353,740	\$951,719,630	-\$182,634,120	-16.10
MEDICAL TRANSPORTATION	\$164,727,240	\$119,263,680	-\$45,463,560	-27.60
OTHER SERVICES	\$720,553,160	\$627,433,150	-\$93,120,010	-12.92
HOME HEALTH	\$249,073,340	\$205,022,800	-\$44,050,550	-17.69
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$25,109,351,160</b>	<b>\$24,157,160,910</b>	<b>-\$952,190,250</b>	<b>-3.79</b>
<b>MANAGED CARE</b>	\$42,780,203,730	\$44,477,241,000	\$1,697,037,270	3.97
TWO PLAN MODEL	\$26,402,754,580	\$26,721,682,180	\$318,927,600	1.21
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,907,509,920	\$10,836,533,950	\$929,024,030	9.38
GEOGRAPHIC MANAGED CARE	\$4,492,700,260	\$4,833,858,410	\$341,158,150	7.59
PHP & OTHER MANAG. CARE	\$575,990,940	\$768,858,190	\$192,867,250	33.48
REGIONAL MODEL	\$1,401,248,040	\$1,316,308,270	-\$84,939,770	-6.06
<b>DENTAL</b>	\$1,187,428,570	\$1,201,347,430	\$13,918,860	1.17
<b>MENTAL HEALTH</b>	\$2,322,230,160	\$3,011,514,210	\$689,284,050	29.68
<b>AUDITS/ LAWSUITS</b>	-\$6,311,000	\$14,684,000	\$20,995,000	-332.67
<b>EPSDT SCREENS</b>	\$41,550,000	\$55,189,800	\$13,639,800	32.83
<b>MEDICARE PAYMENTS</b>	\$4,443,906,000	\$4,959,576,000	\$515,670,000	11.60
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$206,129,000	\$207,330,000	\$1,201,000	0.58
<b>MISC. SERVICES</b>	\$6,906,422,530	\$7,796,886,110	\$890,463,580	12.89
<b>RECOVERIES</b>	-\$306,519,000	-\$298,270,000	\$8,249,000	-2.69
<b>DRUG MEDI-CAL</b>	\$138,402,000	\$183,458,000	\$45,056,000	32.55
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$82,822,793,160</b>	<b>\$85,766,117,450</b>	<b>\$2,943,324,300</b>	<b>3.55</b>
<b>STATE FUNDS</b>	<b>\$28,436,696,980</b>	<b>\$31,552,957,710</b>	<b>\$3,116,260,730</b>	<b>10.96</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

<u>SERVICE CATEGORY</u>	<u>NOV. 2015 EST. FOR 2016-17</u>	<u>MAY 2016 EST. FOR 2016-17</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$6,483,662,290	\$6,359,903,380	-\$123,758,910	-1.91
PHYSICIANS	\$910,104,230	\$913,097,040	\$2,992,810	0.33
OTHER MEDICAL	\$3,774,835,940	\$3,667,493,030	-\$107,342,920	-2.84
CO. & COMM. OUTPATIENT	\$1,798,722,120	\$1,779,313,320	-\$19,408,800	-1.08
<b>PHARMACY</b>	\$1,012,331,800	\$1,422,397,240	\$410,065,440	40.51
<b>HOSPITAL INPATIENT</b>	\$11,810,369,670	\$12,390,766,510	\$580,396,840	4.91
COUNTY INPATIENT	\$3,051,601,710	\$2,892,704,090	-\$158,897,620	-5.21
COMMUNITY INPATIENT	\$8,758,767,960	\$9,498,062,420	\$739,294,460	8.44
<b>LONG TERM CARE</b>	\$2,871,966,080	\$3,032,374,150	\$160,408,070	5.59
NURSING FACILITIES	\$2,504,856,630	\$2,674,442,300	\$169,585,670	6.77
ICF-DD	\$367,109,450	\$357,931,850	-\$9,177,600	-2.50
<b>OTHER SERVICES</b>	\$686,095,800	\$951,719,630	\$265,623,830	38.72
MEDICAL TRANSPORTATION	\$119,243,490	\$119,263,680	\$20,190	0.02
OTHER SERVICES	\$342,900,040	\$627,433,150	\$284,533,110	82.98
HOME HEALTH	\$223,952,270	\$205,022,800	-\$18,929,480	-8.45
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$22,864,425,640</b>	<b>\$24,157,160,910</b>	<b>\$1,292,735,260</b>	<b>5.65</b>
<b>MANAGED CARE</b>	\$41,700,087,680	\$44,477,241,000	\$2,777,153,320	6.66
TWO PLAN MODEL	\$25,893,999,950	\$26,721,682,180	\$827,682,230	3.20
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,224,056,290	\$10,836,533,950	\$1,612,477,660	17.48
GEOGRAPHIC MANAGED CARE	\$4,636,292,360	\$4,833,858,410	\$197,566,050	4.26
PHP & OTHER MANAG. CARE	\$657,945,210	\$768,858,190	\$110,912,980	16.86
REGIONAL MODEL	\$1,287,793,870	\$1,316,308,270	\$28,514,400	2.21
<b>DENTAL</b>	\$1,267,208,980	\$1,201,347,430	-\$65,861,550	-5.20
<b>MENTAL HEALTH</b>	\$2,249,655,710	\$3,011,514,210	\$761,858,500	33.87
<b>AUDITS/ LAWSUITS</b>	\$4,719,000	\$14,684,000	\$9,965,000	211.17
<b>EPSDT SCREENS</b>	\$56,507,000	\$55,189,800	-\$1,317,200	-2.33
<b>MEDICARE PAYMENTS</b>	\$4,932,148,000	\$4,959,576,000	\$27,428,000	0.56
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$207,330,000	\$207,330,000	\$0	0.00
<b>MISC. SERVICES</b>	\$7,247,211,170	\$7,796,886,110	\$549,674,940	7.58
<b>RECOVERIES</b>	-\$289,203,000	-\$298,270,000	-\$9,067,000	3.14
<b>DRUG MEDI-CAL</b>	\$241,248,000	\$183,458,000	-\$57,790,000	-23.95
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$80,481,338,180</b>	<b>\$85,766,117,450</b>	<b>\$5,284,779,270</b>	<b>6.57</b>
<b>STATE FUNDS</b>	<b>\$29,977,049,930</b>	<b>\$31,552,957,710</b>	<b>\$1,575,907,780</b>	<b>5.26</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$460,116,000	\$113,969,400	\$414,876,000	\$102,763,500	-\$45,240,000	-\$11,205,900
2	MEDI-CAL ADULT INMATE PROGRAMS	\$189,301,000	\$0	\$272,397,000	\$0	\$83,096,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$107,444,000	\$50,407,150	\$85,914,000	\$42,681,200	-\$21,530,000	-\$7,725,950
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATE	\$62,482,000	\$0	\$63,016,000	\$0	\$534,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$0	\$0	\$0	\$0	\$0	\$0
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$177,251,000	\$142,815,000	\$243,880,000	\$188,199,500	\$66,629,000	\$45,384,500
9	MEDI-CAL ACCESS PROGRAM 30 WEEK CHANGE	\$6,735,000	\$808,320	\$0	\$0	-\$6,735,000	-\$808,320
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,496,000	\$179,520	\$6,232,000	\$747,840	\$4,736,000	\$568,320
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$221,321,880	\$0	-\$365,023,930	\$0	-\$143,702,050
13	NEW QUALIFIED IMMIGRANTS	\$0	\$383,543,000	\$0	\$633,813,000	\$0	\$250,270,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$115,403,200	\$0	-\$118,174,320	\$0	-\$2,771,120
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$10,928,120	\$0	-\$14,801,360	\$0	-\$3,873,240
16	INCARCERATION VERIFICATION PROGRAM	-\$12,047,000	-\$2,182,650	-\$16,688,000	-\$6,282,950	-\$4,641,000	-\$4,100,300
17	PARIS-VETERANS	-\$16,474,760	-\$8,237,380	-\$10,910,940	-\$5,455,470	\$5,563,810	\$2,781,910
18	OTLICP PREMIUMS	-\$75,084,000	-\$9,010,080	-\$70,919,000	-\$8,510,280	\$4,165,000	\$499,800
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	\$0	\$0	-\$3,438,000	-\$729,000	-\$3,438,000	-\$729,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$901,219,240</b>	<b>\$324,639,080</b>	<b>\$984,359,060</b>	<b>\$449,227,730</b>	<b>\$83,139,810</b>	<b>\$124,588,650</b>
<b>AFFORDABLE CARE ACT</b>							
19	COMMUNITY FIRST CHOICE OPTION	\$1,743,700,000	\$0	\$1,884,200,000	\$0	\$140,500,000	\$0
20	ACA OPTIONAL EXPANSION	\$1,198,736,000	\$29,405,200	\$1,309,663,000	\$40,784,350	\$110,927,000	\$11,379,150
21	HEALTH INSURER FEE	\$140,580,000	\$45,769,930	\$246,342,000	\$82,691,500	\$105,762,000	\$36,921,570
22	ACA MANDATORY EXPANSION	\$161,458,000	\$66,418,200	\$140,760,000	\$58,692,720	-\$20,698,000	-\$7,725,480
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$0	\$0	\$10,000,000	\$0	\$10,000,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$8,904,000	\$0	-\$6,363,000	\$0	\$2,541,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$349,000	\$0	\$349,000

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
26	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUS	\$0	-\$131,140,000	\$0	-\$92,623,550	\$0	\$38,516,450
29	ACA EXPANSION-NEW QUALIFIED IMMIGRANTS	-\$83,925,000	-\$31,764,000	\$0	\$0	\$83,925,000	\$31,764,000
30	RECOVERY AUDIT CONTRACTOR SAVINGS	-\$1,547,000	-\$773,500	-\$688,000	-\$344,000	\$859,000	\$429,500
31	ACA REDETERMINATIONS	-\$796,842,000	-\$333,361,000	\$0	\$0	\$796,842,000	\$333,361,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$0	\$0	\$34,640,000	\$0	\$34,640,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$2,362,160,000</b>	<b>-\$364,349,170</b>	<b>\$3,624,917,000</b>	<b>\$83,187,020</b>	<b>\$1,262,757,000</b>	<b>\$447,536,190</b>
<b><u>BENEFITS</u></b>							
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$286,516,000	\$0	\$286,516,000	\$0	\$0	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$138,135,000	\$0	\$126,049,000	\$0	-\$12,086,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$206,236,000	\$90,524,800	\$213,974,000	\$92,334,200	\$7,738,000	\$1,809,400
36	CCS DEMONSTRATION PROJECT PILOTS	\$41,388,000	\$20,694,000	\$40,958,000	\$18,599,140	-\$430,000	-\$2,094,860
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,464,000	\$20,232,000	\$39,778,000	\$19,889,000	-\$686,000	-\$343,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$21,252,000	\$9,011,000	\$6,871,000	\$2,913,380	-\$14,381,000	-\$6,097,620
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$32,282,000	\$4,303,000	\$36,080,000	\$5,271,000	\$3,798,000	\$968,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$18,236,000	\$8,646,040	\$12,996,800	\$6,146,320	-\$5,239,200	-\$2,499,720
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,298,000	\$21,000	\$5,298,000	\$21,000	\$0	\$0
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,090,000	\$0	\$5,107,000	\$0	\$1,017,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$0	\$0	\$201,000	\$100,500	\$201,000	\$100,500
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$972,000	\$460,920	\$1,163,000	\$549,960	\$191,000	\$89,040
45	CHDP PROGRAM DENTAL REFERRAL	\$808,000	\$400,960	\$234,000	\$110,540	-\$574,000	-\$290,420
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$860,000	\$270,590	\$448,000	\$224,000	-\$412,000	-\$46,590
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$115,000	\$0	\$159,000	\$0	\$44,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$139,000	\$0	\$154,000	\$0	\$15,000	\$0
49	WOMEN'S HEALTH SERVICES	\$339,000	\$76,200	-\$6,367,000	-\$1,431,700	-\$6,706,000	-\$1,507,900

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>							
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVIN	-\$4,512,000	-\$2,139,340	-\$6,203,000	-\$2,933,540	-\$1,691,000	-\$794,200
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$22,518,000	-\$11,259,000	-\$27,106,000	-\$13,553,000	-\$4,588,000	-\$2,294,000
199	END OF LIFE SERVICES	\$2,330,000	\$2,330,000	\$1,275,010	\$1,275,010	-\$1,054,990	-\$1,054,990
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	-\$195,000	-\$97,500	-\$843,000	-\$421,500	-\$648,000	-\$324,000
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$0	\$0	\$313,590	\$148,400	\$313,590	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COS	\$0	\$0	\$203,683,000	\$87,893,600	\$203,683,000	\$87,893,600
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$0	\$0	\$1,512,000	\$511,510	\$1,512,000	\$511,510
233	ACUPUNCTURE SERVICES RESTORATION	\$0	\$0	\$12,174,000	\$3,663,000	\$12,174,000	\$3,663,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$772,235,000</b>	<b>\$143,474,670</b>	<b>\$954,425,400</b>	<b>\$221,310,830</b>	<b>\$182,190,400</b>	<b>\$77,836,160</b>
<b><u>PHARMACY</u></b>							
52	ORKAMBI BENEFIT	\$56,762,000	\$26,894,000	\$45,220,920	\$21,969,380	-\$11,541,080	-\$4,924,620
53	ADAP RYAN WHITE MEDS DATA MATCH	\$627,000	\$313,500	\$2,400,000	\$1,200,000	\$1,773,000	\$886,500
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$2,400,000	\$1,200,000	\$2,400,000	\$1,200,000	\$0	\$0
55	NON FFP DRUGS	\$0	\$19,500	\$0	\$269,500	\$0	\$250,000
56	BCCTP DRUG REBATES	-\$16,000,000	-\$5,600,000	-\$13,349,000	-\$4,672,150	\$2,651,000	\$927,850
57	MEDICAL SUPPLY REBATES	-\$30,923,000	-\$6,756,700	-\$26,514,000	-\$10,863,950	\$4,409,000	-\$4,107,250
59	FAMILY PACT DRUG REBATES	-\$54,989,000	-\$6,897,700	-\$30,337,000	-\$3,805,300	\$24,652,000	\$3,092,400
60	STATE SUPPLEMENTAL DRUG REBATES	-\$233,749,000	-\$97,656,000	-\$148,506,000	-\$58,566,150	\$85,243,000	\$39,089,850
61	AGED AND DISPUTED DRUG REBATES	-\$300,000,000	-\$149,988,000	-\$300,000,000	-\$118,290,000	\$0	\$31,698,000
62	FEDERAL DRUG REBATE PROGRAM	-\$2,047,526,000	-\$780,548,800	-\$1,593,279,000	-\$600,334,520	\$454,247,000	\$180,214,280
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DF	\$0	\$0	-\$327,790,110	-\$130,067,070	-\$327,790,110	-\$130,067,070
	<b>PHARMACY SUBTOTAL</b>	<b>-\$2,623,398,000</b>	<b>-\$1,019,020,200</b>	<b>-\$2,389,754,190</b>	<b>-\$901,960,260</b>	<b>\$233,643,810</b>	<b>\$117,059,940</b>
<b><u>DRUG MEDI-CAL</u></b>							

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>DRUG MEDI-CAL</u></b>							
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$90,892,000	\$32,493,700	\$39,059,000	\$12,349,400	-\$51,833,000	-\$20,144,300
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
69	ANNUAL RATE ADJUSTMENT	\$1,135,000	\$369,000	\$2,566,000	\$35,100	\$1,431,000	-\$333,900
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$95,063,000</b>	<b>\$32,862,700</b>	<b>\$44,661,000</b>	<b>\$12,384,500</b>	<b>-\$50,402,000</b>	<b>-\$20,478,200</b>
<b><u>MENTAL HEALTH</u></b>							
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSE	\$175,544,000	\$0	\$407,835,000	\$0	\$232,291,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$0	\$0	\$78,309,000	\$0	\$78,309,000	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$0	\$0	\$53,804,000	\$0	\$53,804,000	\$0
75	KATIE A. V. DIANA BONTA	\$35,364,000	\$0	\$36,023,000	\$0	\$659,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$25,500,000	\$0	\$25,500,000	\$0	\$0	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$270,000	\$0	\$270,000	\$0	\$0
79	IMD ANCILLARY SERVICES	\$0	\$4,000,000	\$0	\$0	\$0	-\$4,000,000
80	CHART REVIEW	-\$913,000	\$0	-\$1,148,000	\$0	-\$235,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	-\$63,306,000	\$741,000	-\$63,306,000	\$741,000
198	LATE CLAIMS FOR SMHS	\$2,175,000	\$1,970,000	\$3,598,000	\$2,646,000	\$1,423,000	\$676,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$416,000	\$208,000	\$12,039,000	\$6,777,000	\$11,623,000	\$6,569,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$238,086,000</b>	<b>\$6,448,000</b>	<b>\$552,654,000</b>	<b>\$10,434,000</b>	<b>\$314,568,000</b>	<b>\$3,986,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$70,492,000	\$35,246,000	\$232,498,000	\$116,249,000	\$162,006,000	\$81,003,000
89	BTR - LIHP - MCE	\$141,648,000	\$0	\$141,648,000	\$0	\$0	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	-\$12,363,000	\$0	-\$12,363,000	\$0	\$0	\$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$0	\$0	\$0	\$48,958,000	\$0	\$48,958,000
96	MH/UCD—SAFETY NET CARE POOL	\$0	\$0	\$8,186,000	\$0	\$8,186,000	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
98	MH/UCD—STABILIZATION FUNDING	\$0	\$0	\$11,298,000	\$11,298,000	\$11,298,000	\$11,298,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$1,471,000	\$0	\$1,764,000	\$0	\$293,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$12,022,000	\$0	-\$1,921,000	\$0	-\$13,943,000
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	\$1,600,000,000	\$800,000,000	\$1,600,000,000	\$800,000,000	\$0	\$0
206	GLOBAL PAYMENT PROGRAM	\$2,492,584,000	\$1,246,292,000	\$1,917,088,000	\$958,544,000	-\$575,496,000	-\$287,748,000
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAI	\$0	-\$75,000,000	\$0	-\$112,500,000	\$0	-\$37,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$900,000,000	\$450,000,000	\$600,000,000	\$300,000,000	-\$300,000,000	-\$150,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$150,000,000	\$75,000,000	\$105,271,000	\$52,635,500	-\$44,729,000	-\$22,364,500
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,343,832,000</b>	<b>\$2,543,560,000</b>	<b>\$4,605,390,000</b>	<b>\$2,173,263,500</b>	<b>-\$738,442,000</b>	<b>-\$370,296,500</b>
<b><u>MANAGED CARE</u></b>							
32	MANAGED CARE DRUG REBATES	-\$536,400,000	-\$186,229,860	-\$694,758,000	-\$281,296,690	-\$158,358,000	-\$95,066,830
108	CCI-MANAGED CARE PAYMENTS	\$10,319,468,000	\$5,159,734,000	\$10,187,921,000	\$5,093,960,500	-\$131,547,000	-\$65,773,500
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,477,372,000	\$2,477,372,000	\$2,776,709,000	\$2,776,709,000	\$299,337,000	\$299,337,000
112	MANAGED CARE RATE RANGE IGTS	\$871,975,000	\$401,101,000	\$883,801,000	\$391,988,000	\$11,826,000	-\$9,113,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$531,316,000	\$265,658,000	\$1,082,601,000	\$541,300,000	\$551,285,000	\$275,642,000
115	HQAF RATE RANGE INCREASES	\$148,000,000	\$74,000,000	\$273,000,000	\$136,500,000	\$125,000,000	\$62,500,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$207,000,000	\$20,700,000	\$1,372,000	\$137,200	-\$205,628,000	-\$20,562,800
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
132	CCI-SAVINGS AND DEFERRAL	-\$7,716,973,000	-\$3,858,486,500	-\$7,487,837,000	-\$3,743,918,500	\$229,136,000	\$114,568,000
133	RETRO MC RATE ADJUSTMENTS	-\$3,510,424,000	-\$218,680,380	-\$3,139,097,000	-\$224,914,200	\$371,327,000	-\$6,233,820
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$9,364,000	\$4,682,000	\$915,000	\$457,500	-\$8,449,000	-\$4,224,500

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$327,480,000	\$154,660,500	\$0	\$0	-\$327,480,000	-\$154,660,500
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP	\$0	\$0	\$1,938,526,000	\$678,484,310	\$1,938,526,000	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING /	\$0	\$0	\$0	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$0	\$0	\$624,000	\$312,000	\$624,000	\$312,000
232	RECONCILIATION WITH BUDGET ACT	\$0	\$0	\$47,305,000	\$0	\$47,305,000	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$3,130,178,000</b>	<b>\$4,296,510,760</b>	<b>\$5,873,082,000</b>	<b>\$5,371,719,120</b>	<b>\$2,742,904,000</b>	<b>\$1,075,208,360</b>
<b>PROVIDER RATES</b>							
85	DPH INTERIM & FINAL RECONS	-\$218,972,000	\$0	\$21,588,000	\$0	\$240,560,000	\$0
92	DPH INTERIM RATE GROWTH	\$78,635,980	\$39,317,990	\$28,805,380	\$14,402,690	-\$49,830,600	-\$24,915,300
102	DPH INTERIM RATE	\$0	-\$437,269,450	\$0	-\$351,104,600	\$0	\$86,164,850
134	MEDICARE PART B PREMIUM INCREASE	\$356,916,000	\$199,962,500	\$48,229,000	\$26,892,500	-\$308,687,000	-\$173,070,000
135	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	\$75,601,000	\$25,751,840	\$75,601,000	\$25,751,840
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$216,474,550	\$108,237,280	\$209,049,710	\$80,971,190	-\$7,424,840	-\$27,266,090
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	\$0	\$0
138	LTC RATE ADJUSTMENT	\$106,573,880	\$53,286,940	\$137,723,790	\$68,861,890	\$31,149,900	\$15,574,950
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$241,843,320	\$120,921,660	\$410,561,270	\$205,280,640	\$168,717,960	\$84,358,980
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$13,000,000	\$6,500,000	\$14,500,000	\$7,250,000	\$1,500,000	\$750,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,959,040	\$9,586,800	\$28,624,230	\$11,087,340	\$3,665,200	\$1,500,550
142	HOSPICE RATE INCREASES	\$8,261,790	\$4,130,900	\$11,675,610	\$5,837,800	\$3,413,810	\$1,706,910
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$1,940,860	\$970,430	\$3,096,840	\$1,548,420	\$1,155,980	\$577,990
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPEN	\$0	\$0	\$0	\$0	\$0	\$0
145	10% PAYMENT REDUCTION FOR LTC FACILITIES	-\$23,087,000	-\$11,543,500	\$0	\$0	\$23,087,000	\$11,543,500
146	NON-AB 1629 LTC RATE FREEZE	-\$20,839,000	-\$10,419,500	\$0	\$0	\$20,839,000	\$10,419,500
147	LABORATORY RATE METHODOLOGY CHANGE	-\$30,711,260	-\$15,355,630	-\$41,362,430	-\$20,681,220	-\$10,651,170	-\$5,325,590

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>							
148	10% PROVIDER PAYMENT REDUCTION	-\$196,963,000	-\$98,481,500	-\$204,274,000	-\$102,137,000	-\$7,311,000	-\$3,655,500
149	REDUCTION TO RADIOLOGY RATES	-\$52,078,000	-\$26,039,000	-\$53,365,000	-\$26,682,500	-\$1,287,000	-\$643,500
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS	\$0	\$0	\$0	\$106,279,000	\$0	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$0	\$0	\$1,871,630	\$802,340	\$1,871,630	\$802,340
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$594,092,160</b>	<b>-\$12,125,590</b>	<b>\$780,462,020</b>	<b>\$98,428,840</b>	<b>\$186,369,860</b>	<b>\$110,554,430</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
82	DSH PAYMENT	\$34,000,000	\$17,000,000	\$767,903,000	\$383,951,500	\$733,903,000	\$366,951,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$571,258,000	\$285,629,000	\$560,664,000	\$280,332,000	-\$10,594,000	-\$5,297,000
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$258,202,000	\$129,101,000	\$260,393,000	\$130,196,500	\$2,191,000	\$1,095,500
91	DPH PHYSICIAN & NON-PHYS. COST	\$80,844,000	\$0	\$100,693,000	\$0	\$19,849,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$4,712,000	\$2,356,000	\$912,000	\$456,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$7,150,333,000	\$2,831,982,000	\$6,643,733,000	\$2,897,171,000	-\$506,600,000	\$65,189,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$234,312,000	\$0	\$254,275,000	\$0	\$19,963,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$25,661,000	\$25,661,000	\$83,672,000	\$83,672,000	\$58,011,000	\$58,011,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$202,400,000	\$0	\$194,489,000	\$0	-\$7,911,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$100,498,000	\$46,687,000	\$100,498,000	\$46,687,000	\$0	\$0
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$103,366,000	\$0	\$72,005,000	\$0	-\$31,361,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$107,000,000	\$38,996,330	\$141,495,000	\$52,201,390	\$34,495,000	\$13,205,060
157	FFP FOR LOCAL TRAUMA CENTERS	\$80,103,000	\$40,051,500	\$112,556,000	\$56,278,000	\$32,453,000	\$16,226,500
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$102,317,000	\$41,140,500	\$102,317,000	\$41,140,500	\$0	\$0
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$22,782,000	\$0	\$26,880,000	\$0	\$4,098,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$8,333,000	\$4,166,000	\$4,000,000	\$2,000,000	-\$4,333,000	-\$2,166,000
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$3,662,000	\$0	\$3,662,000	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$9,106,871,000</b>	<b>\$3,471,314,330</b>	<b>\$9,451,947,000</b>	<b>\$3,984,985,890</b>	<b>\$345,076,000</b>	<b>\$513,671,560</b>
<b>OTHER</b>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$127,681,000	\$0	\$186,216,000	\$0	\$58,535,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDI	\$59,690,000	\$0	\$117,245,000	\$0	\$57,555,000	\$0
173	CCI IHSS RECONCILIATION	\$0	\$0	\$62,300,000	\$0	\$62,300,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS	\$50,929,000	\$25,464,500	\$50,929,000	\$25,464,500	\$0	\$0
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$10,738,000	\$4,836,000	\$19,146,000	\$5,442,000	\$8,408,000	\$606,000
179	INDIAN HEALTH SERVICES	\$25,289,000	-\$16,340,600	\$26,153,000	-\$14,345,150	\$864,000	\$1,995,450
180	WPCS WORKERS' COMPENSATION	\$2,625,000	\$1,312,500	\$4,764,000	\$2,382,000	\$2,139,000	\$1,069,500
181	OVERTIME FOR WPCS PROVIDERS	\$5,391,000	\$2,695,500	\$6,632,930	\$3,316,460	\$1,241,930	\$620,960
186	CDDS DENTAL SERVICES	\$902,000	\$902,000	\$984,000	\$984,000	\$82,000	\$82,000
187	AUDIT SETTLEMENTS	\$854,000	\$854,000	\$10,771,000	\$10,771,000	\$9,917,000	\$9,917,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$449,000	\$224,500	\$449,000	\$224,500	\$0	\$0
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	-\$1,605,590,850	\$0	-\$1,725,221,850	\$0	-\$119,631,000
190	FUNDING ADJUST.—OTLICP	\$0	-\$122,771,420	\$0	-\$140,873,890	\$0	-\$18,102,470
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0
195	IHSS REDUCTION IN SERVICE HOURS	-\$262,406,000	\$0	\$0	\$0	\$262,406,000	\$0
196	COUNTY SHARE OF OTLICP-CCS COSTS	-\$17,449,000	-\$17,449,000	\$0	\$0	\$17,449,000	\$17,449,000
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$3,800,000	\$0	\$27,603,000	\$0	\$23,803,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$0	\$0	\$8,150,000	\$4,075,000	\$8,150,000	\$4,075,000
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECOV	\$0	\$0	-\$15,000,000	-\$7,500,000	-\$15,000,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REVEN	\$0	\$0	\$0	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2016 ESTIMATE COMPARED TO NOVEMBER 2015 ESTIMATE  
FISCAL YEAR 2016-17**

NO.	POLICY CHANGE TITLE	NOV. 2015 EST. FOR 2016-17		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
	<b>OTHER</b>						
235	MEDI-CAL ESTATE RECOVERIES	\$0	\$0	\$11,423,000	\$5,711,500	\$11,423,000	\$5,711,500
	<b>OTHER SUBTOTAL</b>	<b>\$4,693,000</b>	<b>-\$1,722,062,870</b>	<b>\$490,162,930</b>	<b>-\$1,801,966,930</b>	<b>\$485,469,930</b>	<b>-\$79,904,060</b>
	<b>GRAND TOTAL</b>	<b>\$19,925,031,400</b>	<b>\$7,701,251,710</b>	<b>\$24,972,306,220</b>	<b>\$9,701,014,230</b>	<b>\$5,047,274,810</b>	<b>\$1,999,762,520</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>ELIGIBILITY</b>							
1	FAMILY PACT PROGRAM	\$421,075,000	\$104,299,100	\$414,876,000	\$102,763,500	-\$6,199,000	-\$1,535,600
2	MEDI-CAL ADULT INMATE PROGRAMS	\$202,922,000	\$0	\$272,397,000	\$0	\$69,475,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$80,529,000	\$40,734,700	\$85,914,000	\$42,681,200	\$5,385,000	\$1,946,500
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMAT	\$47,492,000	\$0	\$63,016,000	\$0	\$15,524,000	\$0
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%	\$26,838,000	\$13,419,000	\$0	\$0	-\$26,838,000	-\$13,419,000
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION	\$29,922,000	\$22,780,000	\$243,880,000	\$188,199,500	\$213,958,000	\$165,419,500
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$1,740,000	\$552,420	\$6,232,000	\$747,840	\$4,492,000	\$195,420
12	RESOURCE DISREGARD - % PROGRAM CHILDREN	\$0	-\$101,821,410	\$0	-\$365,023,930	\$0	-\$263,202,520
13	NEW QUALIFIED IMMIGRANTS	\$0	\$638,428,000	\$0	\$633,813,000	\$0	-\$4,615,000
14	SCHIP FUNDING FOR PRENATAL CARE	\$0	-\$113,092,870	\$0	-\$118,174,320	\$0	-\$5,081,450
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	-\$48,374,310	\$0	-\$14,801,360	\$0	\$33,572,950
16	INCARCERATION VERIFICATION PROGRAM	-\$10,681,000	-\$3,955,500	-\$16,688,000	-\$6,282,950	-\$6,007,000	-\$2,327,450
17	PARIS-VETERANS	-\$9,094,520	-\$4,547,260	-\$10,910,940	-\$5,455,470	-\$1,816,420	-\$908,210
18	OTLICP PREMIUMS	-\$70,513,000	-\$12,516,000	-\$70,919,000	-\$8,510,280	-\$406,000	\$4,005,720
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	\$0	\$0	-\$3,438,000	-\$729,000	-\$3,438,000	-\$729,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$720,229,480</b>	<b>\$535,905,870</b>	<b>\$984,359,060</b>	<b>\$449,227,730</b>	<b>\$264,129,580</b>	<b>-\$86,678,140</b>
<b>AFFORDABLE CARE ACT</b>							
19	COMMUNITY FIRST CHOICE OPTION	\$1,485,413,000	\$0	\$1,884,200,000	\$0	\$398,787,000	\$0
20	ACA OPTIONAL EXPANSION	\$160,359,000	\$51,000	\$1,309,663,000	\$40,784,350	\$1,149,304,000	\$40,733,350
21	HEALTH INSURER FEE	\$220,710,000	\$77,645,850	\$246,342,000	\$82,691,500	\$25,632,000	\$5,045,650
22	ACA MANDATORY EXPANSION	\$7,221,000	\$3,100,040	\$140,760,000	\$58,692,720	\$133,539,000	\$55,592,680
23	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$121,240,000	\$0	\$10,000,000	\$0	-\$111,240,000	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	-\$22,080,000	\$0	-\$6,363,000	\$0	\$15,717,000
25	STATE-ONLY FORMER FOSTER CARE PROGRAM	\$0	\$0	\$0	\$349,000	\$0	\$349,000
26	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUS	\$0	-\$94,998,500	\$0	-\$92,623,550	\$0	\$2,374,950
30	RECOVERY AUDIT CONTRACTOR SAVINGS	\$0	\$0	-\$688,000	-\$344,000	-\$688,000	-\$344,000
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$52,502,000	\$0	\$34,640,000	\$0	-\$17,862,000	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$2,047,445,000</b>	<b>-\$36,281,610</b>	<b>\$3,624,917,000</b>	<b>\$83,187,020</b>	<b>\$1,577,472,000</b>	<b>\$119,468,630</b>
<b><u>BENEFITS</u></b>							
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$273,219,000	\$0	\$286,516,000	\$0	\$13,297,000	\$0
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$128,729,000	\$0	\$126,049,000	\$0	-\$2,680,000	\$0
35	BEHAVIORAL HEALTH TREATMENT	\$89,048,000	\$39,904,120	\$213,974,000	\$92,334,200	\$124,926,000	\$52,430,080
36	CCS DEMONSTRATION PROJECT PILOTS	\$40,958,000	\$18,857,470	\$40,958,000	\$18,599,140	\$0	-\$258,330
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$40,005,000	\$20,003,000	\$39,778,000	\$19,889,000	-\$227,000	-\$114,000
38	DENTAL CHILDREN'S OUTREACH AGES 0-3	\$10,902,000	\$4,747,950	\$6,871,000	\$2,913,380	-\$4,031,000	-\$1,834,570
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$33,380,000	\$4,603,000	\$36,080,000	\$5,271,000	\$2,700,000	\$668,000
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR	\$0	\$0	\$12,996,800	\$6,146,320	\$12,996,800	\$6,146,320
41	YOUTH REGIONAL TREATMENT CENTERS	\$5,126,000	\$22,000	\$5,298,000	\$21,000	\$172,000	-\$1,000
42	CCT FUND TRANSFER TO CDSS AND CDDS	\$4,928,000	\$0	\$5,107,000	\$0	\$179,000	\$0
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT	\$33,000	\$16,500	\$201,000	\$100,500	\$168,000	\$84,000
44	PEDIATRIC PALLIATIVE CARE WAIVER	\$710,000	\$337,920	\$1,163,000	\$549,960	\$453,000	\$212,040
45	CHDP PROGRAM DENTAL REFERRAL	\$176,000	\$83,060	\$234,000	\$110,540	\$58,000	\$27,480
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM	\$56,000	\$28,000	\$448,000	\$224,000	\$392,000	\$196,000
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$118,000	\$0	\$159,000	\$0	\$41,000	\$0
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS	\$156,000	\$0	\$154,000	\$0	-\$2,000	\$0
49	WOMEN'S HEALTH SERVICES	\$1,027,000	\$231,400	-\$6,367,000	-\$1,431,700	-\$7,394,000	-\$1,663,100
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINC	-\$1,469,000	-\$694,600	-\$6,203,000	-\$2,933,540	-\$4,734,000	-\$2,238,940
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS	-\$24,789,000	-\$12,395,000	-\$27,106,000	-\$13,553,000	-\$2,317,000	-\$1,158,000
199	END OF LIFE SERVICES	\$0	\$0	\$1,275,010	\$1,275,010	\$1,275,010	\$1,275,010

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>BENEFITS</u></b>							
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES	\$0	\$0	-\$843,000	-\$421,500	-\$843,000	-\$421,500
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD	\$0	\$0	\$313,590	\$148,400	\$313,590	\$148,400
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COS'	\$16,303,000	\$7,035,060	\$203,683,000	\$87,893,600	\$187,380,000	\$80,858,540
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$0	\$0	\$1,512,000	\$511,510	\$1,512,000	\$511,510
233	ACUPUNCTURE SERVICES RESTORATION	\$0	\$0	\$12,174,000	\$3,663,000	\$12,174,000	\$3,663,000
	<b>BENEFITS SUBTOTAL</b>	<b>\$618,616,000</b>	<b>\$82,779,880</b>	<b>\$954,425,400</b>	<b>\$221,310,830</b>	<b>\$335,809,400</b>	<b>\$138,530,950</b>
<b><u>PHARMACY</u></b>							
52	ORKAMBI BENEFIT	\$12,572,170	\$6,097,980	\$45,220,920	\$21,969,380	\$32,648,750	\$15,871,400
53	ADAP RYAN WHITE MEDS DATA MATCH	\$2,392,800	\$1,196,400	\$2,400,000	\$1,200,000	\$7,200	\$3,600
54	HEPATITIS C REVISED CLINICAL GUIDELINES	\$2,400,000	\$1,200,000	\$2,400,000	\$1,200,000	\$0	\$0
55	NON FFP DRUGS	\$0	\$253,500	\$0	\$269,500	\$0	\$16,000
56	BCCTP DRUG REBATES	-\$13,069,000	-\$4,574,150	-\$13,349,000	-\$4,672,150	-\$280,000	-\$98,000
57	MEDICAL SUPPLY REBATES	-\$25,309,000	-\$10,250,000	-\$26,514,000	-\$10,863,950	-\$1,205,000	-\$613,950
58	LITIGATION SETTLEMENTS	-\$12,495,000	-\$12,495,000	\$0	\$0	\$12,495,000	\$12,495,000
59	FAMILY PACT DRUG REBATES	-\$33,014,000	-\$4,141,400	-\$30,337,000	-\$3,805,300	\$2,677,000	\$336,100
60	STATE SUPPLEMENTAL DRUG REBATES	-\$168,017,000	-\$70,196,710	-\$148,506,000	-\$58,566,150	\$19,511,000	\$11,630,560
61	AGED AND DISPUTED DRUG REBATES	-\$350,000,000	-\$137,935,000	-\$300,000,000	-\$118,290,000	\$50,000,000	\$19,645,000
62	FEDERAL DRUG REBATE PROGRAM	-\$1,846,769,000	-\$723,976,280	-\$1,593,279,000	-\$600,334,520	\$253,490,000	\$123,641,760
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DF	-\$98,903,900	-\$38,864,280	-\$327,790,110	-\$130,067,070	-\$228,886,200	-\$91,202,790
	<b>PHARMACY SUBTOTAL</b>	<b>-\$2,530,211,940</b>	<b>-\$993,684,940</b>	<b>-\$2,389,754,190</b>	<b>-\$901,960,260</b>	<b>\$140,457,750</b>	<b>\$91,724,680</b>
<b><u>DRUG MEDI-CAL</u></b>							
65	RESIDENTIAL TREATMENT SERVICES EXPANSION	\$0	\$0	\$39,059,000	\$12,349,400	\$39,059,000	\$12,349,400
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,036,000	\$0	\$3,036,000	\$0	\$0	\$0
69	ANNUAL RATE ADJUSTMENT	\$0	\$0	\$2,566,000	\$35,100	\$2,566,000	\$35,100
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$3,036,000</b>	<b>\$0</b>	<b>\$44,661,000</b>	<b>\$12,384,500</b>	<b>\$41,625,000</b>	<b>\$12,384,500</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MENTAL HEALTH</b>							
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEI	\$0	\$0	\$407,835,000	\$0	\$407,835,000	\$0
73	ELIMINATION OF STATE MAXIMUM RATES	\$78,309,000	\$0	\$78,309,000	\$0	\$0	\$0
74	TRANSITION OF HFP - SMH SERVICES	\$53,804,000	\$0	\$53,804,000	\$0	\$0	\$0
75	KATIE A. V. DIANA BONTA	\$26,751,000	\$0	\$36,023,000	\$0	\$9,272,000	\$0
76	INVESTMENT IN MENTAL HEALTH WELLNESS	\$24,000,000	\$0	\$25,500,000	\$0	\$1,500,000	\$0
77	HEALTHY FAMILIES - SED	\$5,000	\$0	\$0	\$0	-\$5,000	\$0
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYM	\$0	\$4,412,000	\$0	\$270,000	\$0	-\$4,142,000
80	CHART REVIEW	-\$1,763,000	\$0	-\$1,148,000	\$0	\$615,000	\$0
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS	-\$74,280,000	\$29,877,000	-\$63,306,000	\$741,000	\$10,974,000	-\$29,136,000
198	LATE CLAIMS FOR SMHS	\$0	\$0	\$3,598,000	\$2,646,000	\$3,598,000	\$2,646,000
211	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$0	\$0	\$12,039,000	\$6,777,000	\$12,039,000	\$6,777,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$106,826,000</b>	<b>\$34,289,000</b>	<b>\$552,654,000</b>	<b>\$10,434,000</b>	<b>\$445,828,000</b>	<b>-\$23,855,000</b>
<b>WAIVER--MH/UCD &amp; BTR</b>							
83	BTR—DPH DELIVERY SYSTEM REFORM INCENTIVE PC	\$784,458,000	\$392,229,000	\$0	\$0	-\$784,458,000	-\$392,229,000
87	BTR—SAFETY NET CARE POOL	\$19,667,000	\$0	\$0	\$0	-\$19,667,000	\$0
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS	\$0	\$0	\$232,498,000	\$116,249,000	\$232,498,000	\$116,249,000
89	BTR - LIHP - MCE	\$162,795,000	\$0	\$141,648,000	\$0	-\$21,147,000	\$0
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$126,379,000	\$0	-\$12,363,000	\$0	-\$138,742,000	\$0
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$23,509,000	\$0	\$0	\$0	-\$23,509,000	\$0
94	BTR—DESIGNATED STATE HEALTH PROGRAMS	\$3,458,000	-\$53,422,000	\$0	\$48,958,000	-\$3,458,000	\$102,380,000
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS	\$9,272,000	\$4,636,000	\$0	\$0	-\$9,272,000	-\$4,636,000
96	MH/UCD—SAFETY NET CARE POOL	\$0	\$0	\$8,186,000	\$0	\$8,186,000	\$0
98	MH/UCD—STABILIZATION FUNDING	\$0	\$0	\$11,298,000	\$11,298,000	\$11,298,000	\$11,298,000
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEA	\$1,457,000	\$0	\$1,764,000	\$0	\$307,000	\$0
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	\$0	\$0	-\$1,921,000	\$0	-\$1,921,000

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
101	MH/UCD & BTR—BCCTP	\$0	-\$327,000	\$0	\$0	\$0	\$327,000
103	MH/UCD & BTR—MIA-LTC	\$0	-\$393,000	\$0	\$0	\$0	\$393,000
104	MH/UCD & BTR—CCS AND GHPP	\$17,900,000	\$0	\$0	\$0	-\$17,900,000	\$0
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-C	\$800,000,000	\$400,000,000	\$1,600,000,000	\$800,000,000	\$800,000,000	\$400,000,000
206	GLOBAL PAYMENT PROGRAM	\$1,656,225,000	\$828,112,500	\$1,917,088,000	\$958,544,000	\$260,863,000	\$130,431,500
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAI	\$0	\$0	\$0	-\$112,500,000	\$0	-\$112,500,000
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$0	\$0	\$600,000,000	\$300,000,000	\$600,000,000	\$300,000,000
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$0	\$0	\$105,271,000	\$52,635,500	\$105,271,000	\$52,635,500
<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>		<b>\$3,605,120,000</b>	<b>\$1,570,835,500</b>	<b>\$4,605,390,000</b>	<b>\$2,173,263,500</b>	<b>\$1,000,270,000</b>	<b>\$602,428,000</b>
<b><u>MANAGED CARE</u></b>							
32	MANAGED CARE DRUG REBATES	-\$663,951,000	-\$266,873,210	-\$694,758,000	-\$281,296,690	-\$30,807,000	-\$14,423,480
108	CCI-MANAGED CARE PAYMENTS	\$8,752,739,000	\$4,376,369,500	\$10,187,921,000	\$5,093,960,500	\$1,435,182,000	\$717,591,000
109	CCI-TRANSFER OF IHSS COSTS TO CDSS	\$2,394,978,000	\$2,394,978,000	\$2,776,709,000	\$2,776,709,000	\$381,731,000	\$381,731,000
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,609,742,000	\$474,583,890	\$0	\$0	-\$1,609,742,000	-\$474,583,890
112	MANAGED CARE RATE RANGE IGTS	\$585,048,000	\$271,987,000	\$883,801,000	\$391,988,000	\$298,753,000	\$120,001,000
113	MANAGED CARE PUBLIC HOSPITAL IGTS	\$39,500,000	\$19,750,000	\$1,082,601,000	\$541,300,000	\$1,043,101,000	\$521,550,000
115	HQAF RATE RANGE INCREASES	\$65,077,000	\$30,500,000	\$273,000,000	\$136,500,000	\$207,923,000	\$106,000,000
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEED	\$0	\$0	\$1,372,000	\$137,200	\$1,372,000	\$137,200
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT	\$36,700,000	\$18,350,000	\$0	\$0	-\$36,700,000	-\$18,350,000
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RA	\$183,000	\$91,500	\$0	\$0	-\$183,000	-\$91,500
124	EXTEND GROSS PREMIUM TAX	\$0	\$0	\$0	\$0	\$0	\$0
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMEN'	\$0	\$0	\$0	\$0	\$0	\$0
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	\$0	\$0	\$0	\$0
127	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$0	\$0	\$0	\$0

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>MANAGED CARE</b>							
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
130	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
131	FORMER AGNEWS' BENEFICIARIES RECOUPMENT	-\$5,687,000	-\$2,843,500	\$0	\$0	\$5,687,000	\$2,843,500
132	CCI-SAVINGS AND DEFERRAL	-\$6,315,480,000	-\$3,157,740,000	-\$7,487,837,000	-\$3,743,918,500	-\$1,172,357,000	-\$586,178,500
133	RETRO MC RATE ADJUSTMENTS	-\$1,209,890,000	\$0	-\$3,139,097,000	-\$224,914,200	-\$1,929,207,000	-\$224,914,200
202	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$0	\$0	\$915,000	\$457,500	\$915,000	\$457,500
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17	\$0	\$0	\$0	\$0	\$0	\$0
214	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP	\$0	\$0	\$1,938,526,000	\$678,484,310	\$1,938,526,000	\$678,484,310
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING /	\$0	\$0	\$0	\$0	\$0	\$0
221	CENCAL HEALTH PLAN-ADDITION OF CHDP	\$0	\$0	\$624,000	\$312,000	\$624,000	\$312,000
232	RECONCILIATION WITH BUDGET ACT	\$0	\$0	\$47,305,000	\$0	\$47,305,000	\$0
<b>MANAGED CARE SUBTOTAL</b>		<b>\$5,290,959,000</b>	<b>\$4,161,153,180</b>	<b>\$5,873,082,000</b>	<b>\$5,371,719,120</b>	<b>\$582,123,000</b>	<b>\$1,210,565,940</b>
<b>PROVIDER RATES</b>							
85	DPH INTERIM & FINAL RECONS	\$0	\$0	\$21,588,000	\$0	\$21,588,000	\$0
92	DPH INTERIM RATE GROWTH	\$0	\$0	\$28,805,380	\$14,402,690	\$28,805,380	\$14,402,690
102	DPH INTERIM RATE	\$0	-\$341,091,500	\$0	-\$351,104,600	\$0	-\$10,013,100
134	MEDICARE PART B PREMIUM INCREASE	\$0	\$0	\$48,229,000	\$26,892,500	\$48,229,000	\$26,892,500
135	DENTAL RETROACTIVE RATE CHANGES	\$252,417,000	\$103,750,800	\$75,601,000	\$25,751,840	-\$176,816,000	-\$77,998,960
136	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$199,419,510	\$76,059,140	\$209,049,710	\$80,971,190	\$9,630,210	\$4,912,050
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYM	\$88,137,000	\$44,068,500	\$88,137,000	\$44,068,500	\$0	\$0
138	LTC RATE ADJUSTMENT	\$44,389,110	\$22,194,560	\$137,723,790	\$68,861,890	\$93,334,680	\$46,667,340
139	AB 1629 ANNUAL RATE ADJUSTMENTS	\$68,429,700	\$34,214,850	\$410,561,270	\$205,280,640	\$342,131,570	\$171,065,790
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$18,162,000	\$9,081,000	\$14,500,000	\$7,250,000	-\$3,662,000	-\$1,831,000
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS	\$24,074,260	\$9,182,110	\$28,624,230	\$11,087,340	\$4,549,970	\$1,905,230

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>PROVIDER RATES</u></b>							
142	HOSPICE RATE INCREASES	\$2,415,430	\$1,207,710	\$11,675,610	\$5,837,800	\$9,260,180	\$4,630,090
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$3,096,840	\$1,548,420	\$3,096,840	\$1,548,420
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPENSE	\$0	\$0	\$0	\$0	\$0	\$0
147	LABORATORY RATE METHODOLOGY CHANGE	-\$5,494,610	-\$2,747,300	-\$41,362,430	-\$20,681,220	-\$35,867,820	-\$17,933,910
148	10% PROVIDER PAYMENT REDUCTION	-\$187,173,830	-\$93,586,920	-\$204,274,000	-\$102,137,000	-\$17,100,170	-\$8,550,080
149	REDUCTION TO RADIOLOGY RATES	-\$21,057,110	-\$10,528,550	-\$53,365,000	-\$26,682,500	-\$32,307,890	-\$16,153,950
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS	\$0	\$0	\$0	\$106,279,000	\$0	\$106,279,000
225	GDSP PRENATAL SCREENING FEE INCREASE	\$0	\$0	\$1,871,630	\$802,340	\$1,871,630	\$802,340
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$483,718,460</b>	<b>-\$148,195,610</b>	<b>\$780,462,020</b>	<b>\$98,428,840</b>	<b>\$296,743,560</b>	<b>\$246,624,450</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
82	DSH PAYMENT	\$566,095,000	\$240,657,000	\$767,903,000	\$383,951,500	\$201,808,000	\$143,294,500
84	PRIVATE HOSPITAL DSH REPLACEMENT	\$636,447,000	\$318,223,500	\$560,664,000	\$280,332,000	-\$75,783,000	-\$37,891,500
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$280,647,000	\$140,323,500	\$260,393,000	\$130,196,500	-\$20,254,000	-\$10,127,000
91	DPH PHYSICIAN & NON-PHYS. COST	\$87,608,000	\$0	\$100,693,000	\$0	\$13,085,000	\$0
97	NDPH SUPPLEMENTAL PAYMENT	\$3,800,000	\$1,900,000	\$4,712,000	\$2,356,000	\$912,000	\$456,000
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS	\$5,641,276,000	\$2,721,368,000	\$6,643,733,000	\$2,897,171,000	\$1,002,457,000	\$175,803,000
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$180,823,000	\$0	\$254,275,000	\$0	\$73,452,000	\$0
152	HOSPITAL QAF - HOSPITAL PAYMENTS	\$203,511,000	\$110,420,000	\$83,672,000	\$83,672,000	-\$119,839,000	-\$26,748,000
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS	\$0	\$0	\$194,489,000	\$0	\$194,489,000	\$0
154	NDPH IGT SUPPLEMENTAL PAYMENTS	\$161,073,000	\$57,018,000	\$100,498,000	\$46,687,000	-\$60,575,000	-\$10,331,000
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$82,027,000	\$0	\$72,005,000	\$0	-\$10,022,000	\$0
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAY	\$130,427,480	\$60,555,670	\$141,495,000	\$52,201,390	\$11,067,520	-\$8,354,280
157	FFP FOR LOCAL TRAUMA CENTERS	\$69,340,000	\$34,670,000	\$112,556,000	\$56,278,000	\$43,216,000	\$21,608,000
158	CAPITAL PROJECT DEBT REIMBURSEMENT	\$101,887,000	\$40,925,500	\$102,317,000	\$41,140,500	\$430,000	\$215,000
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$57,513,000	\$0	\$26,880,000	\$0	-\$30,633,000	\$0

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>SUPPLEMENTAL PMNTS.</b>							
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
161	IGT PAYMENTS FOR HOSPITAL SERVICES	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000	\$0	\$0
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,004,000	\$4,002,000	\$8,000,000	\$4,000,000	-\$4,000	-\$2,000
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENT:	\$6,063,000	\$0	\$3,662,000	\$0	-\$2,401,000	\$0
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	\$57,224,000	\$0	\$0	\$0	-\$57,224,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$8,230,541,480</b>	<b>\$3,794,287,170</b>	<b>\$9,451,947,000</b>	<b>\$3,984,985,890</b>	<b>\$1,221,405,520</b>	<b>\$190,698,720</b>
<b>OTHER</b>							
170	ARRA HITECH - PROVIDER PAYMENTS	\$139,426,000	\$0	\$186,216,000	\$0	\$46,790,000	\$0
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CD	\$97,703,000	\$0	\$117,245,000	\$0	\$19,542,000	\$0
173	CCI IHSS RECONCILIATION	\$0	\$0	\$62,300,000	\$0	\$62,300,000	\$0
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENT:	\$50,929,000	\$25,464,500	\$50,929,000	\$25,464,500	\$0	\$0
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$13,444,000	\$4,660,000	\$19,146,000	\$5,442,000	\$5,702,000	\$782,000
179	INDIAN HEALTH SERVICES	\$6,211,000	-\$17,735,500	\$26,153,000	-\$14,345,150	\$19,942,000	\$3,390,350
180	WPCS WORKERS' COMPENSATION	\$0	\$0	\$4,764,000	\$2,382,000	\$4,764,000	\$2,382,000
181	OVERTIME FOR WPCS PROVIDERS	\$2,732,880	\$1,366,440	\$6,632,930	\$3,316,460	\$3,900,050	\$1,950,020
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS	\$2,939,000	\$881,500	\$0	\$0	-\$2,939,000	-\$881,500
186	CDDS DENTAL SERVICES	\$984,000	\$984,000	\$984,000	\$984,000	\$0	\$0
187	AUDIT SETTLEMENTS	\$814,000	\$814,000	\$10,771,000	\$10,771,000	\$9,957,000	\$9,957,000
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER	\$325,000	\$162,500	\$449,000	\$224,500	\$124,000	\$62,000
189	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	-\$1,741,241,000	\$0	-\$1,725,221,850	\$0	\$16,019,150
190	FUNDING ADJUST.—OTLICP	\$0	-\$102,977,540	\$0	-\$140,873,890	\$0	-\$37,896,350
191	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
192	CLPP FUND	\$0	\$0	\$0	\$0	\$0	\$0
193	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	\$0	\$0	\$0	\$0	\$0
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	\$0	\$0	\$0	\$0

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2015-16 AND 2016-17**

NO.	POLICY CHANGE TITLE	MAY 2016 EST. FOR 2015-16		MAY 2016 EST. FOR 2016-17		DIFFERENCE	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER</b>							
196	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0	\$0	\$0	\$0
210	FFP REPAYMENT FOR CDDS COSTS	\$0	\$12,986,000	\$0	\$27,603,000	\$0	\$14,617,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$0	\$0	\$8,150,000	\$4,075,000	\$8,150,000	\$4,075,000
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECOV	\$0	\$0	-\$15,000,000	-\$7,500,000	-\$15,000,000	-\$7,500,000
231	MANAGED CARE ADMIN FINES AND PENALTIES REVEN	\$0	\$0	\$0	\$0	\$0	\$0
235	MEDI-CAL ESTATE RECOVERIES	\$0	\$0	\$11,423,000	\$5,711,500	\$11,423,000	\$5,711,500
	<b>OTHER SUBTOTAL</b>	<b>\$315,507,880</b>	<b>-\$1,814,635,100</b>	<b>\$490,162,930</b>	<b>-\$1,801,966,930</b>	<b>\$174,655,050</b>	<b>\$12,668,170</b>
	<b>GRAND TOTAL</b>	<b>\$18,891,787,360</b>	<b>\$7,186,453,340</b>	<b>\$24,972,306,220</b>	<b>\$9,701,014,230</b>	<b>\$6,080,518,850</b>	<b>\$2,514,560,900</b>

Costs shown include application of payment lag factor, but not percent reflected in base calculation.

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>NEWLY</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>H-PE</b>
PHYSICIANS	\$6,395,170	\$122,350,100	\$71,752,480	\$56,842,880	\$1,714,620	\$33,582,810
OTHER MEDICAL	\$44,605,510	\$830,302,150	\$270,834,090	\$285,687,550	\$4,947,050	\$37,296,630
CO. & COMM. OUTPATIENT	\$2,088,720	\$111,620,830	\$86,417,690	\$33,083,390	\$542,480	\$35,962,210
PHARMACY	\$2,168,420	\$471,221,720	\$313,870,850	\$82,911,700	\$1,722,170	\$21,569,790
COUNTY INPATIENT	\$2,915,630	\$481,991,290	\$30,929,770	\$22,416,680	\$1,811,800	\$74,400,600
COMMUNITY INPATIENT	\$46,961,220	\$1,104,536,530	\$552,257,170	\$270,992,570	\$17,172,460	\$188,501,360
NURSING FACILITIES	\$154,652,650	\$124,243,530	\$413,535,520	\$3,982,140	\$1,204,612,380	\$1,821,140
ICF-DD	\$1,153,770	\$2,010,410	\$162,506,180	\$433,700	\$29,080,720	\$0
MEDICAL TRANSPORTATION	\$5,301,500	\$15,287,630	\$23,059,530	\$4,504,970	\$2,752,830	\$3,127,010
OTHER SERVICES	\$44,628,470	\$17,792,560	\$214,563,470	\$40,840,870	\$46,755,480	\$1,953,060
HOME HEALTH	\$1,108,580	\$1,846,180	\$113,369,910	\$5,402,810	\$55,920	\$479,000
<b>FFS SUBTOTAL</b>	<b>\$311,979,650</b>	<b>\$3,283,202,930</b>	<b>\$2,253,096,660</b>	<b>\$807,099,240</b>	<b>\$1,311,167,920</b>	<b>\$398,693,620</b>
DENTAL	\$40,711,410	\$419,946,440	\$93,697,190	\$142,397,560	\$4,088,950	\$0
MENTAL HEALTH	\$8,674,870	\$188,661,150	\$959,350,080	\$695,822,450	\$1,088,360	\$0
TWO PLAN MODEL	\$1,759,805,670	\$8,003,759,600	\$5,371,802,580	\$1,306,007,330	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$561,521,870	\$3,080,838,930	\$1,551,233,870	\$326,292,230	\$757,546,750	\$0
GEOGRAPHIC MANAGED CARE	\$301,827,630	\$1,580,819,170	\$966,637,510	\$230,602,980	\$0	\$0
PHP & OTHER MANAG. CARE	\$205,816,440	\$51,119,040	\$116,194,410	\$26,223,850	\$8,091,810	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$10,181,810	\$0	\$0
MEDICARE PAYMENTS	\$1,609,412,050	\$59,628,430	\$1,517,532,170	\$2,492,510	\$152,897,140	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$10,893,760	\$0	\$25,552,960	\$35,261,120	\$1,065,320	\$0
MISC. SERVICES	\$931,740,830	\$144,440,620	\$2,893,565,420	\$704,750	\$0	\$0
DRUG MEDI-CAL	\$6,114,800	\$46,735,960	\$14,343,200	\$19,792,510	\$597,980	\$0
REGIONAL MODEL	\$4,806,060	\$520,283,180	\$289,940,640	\$69,968,080	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$5,441,325,400</b>	<b>\$14,096,232,520</b>	<b>\$13,799,850,040</b>	<b>\$2,865,747,190</b>	<b>\$925,376,310</b>	<b>\$0</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$5,753,305,050</b>	<b>\$17,379,435,450</b>	<b>\$16,052,946,700</b>	<b>\$3,672,846,430</b>	<b>\$2,236,544,230</b>	<b>\$398,693,620</b>
<b>ELIGIBLES ***</b>	<b>440,700</b>	<b>3,842,200</b>	<b>1,031,400</b>	<b>1,401,700</b>	<b>43,400</b>	<b>26,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$13,055</b>	<b>\$4,523</b>	<b>\$15,564</b>	<b>\$2,620</b>	<b>\$51,533</b>	<b>\$15,334</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,088</b>	<b>\$377</b>	<b>\$1,297</b>	<b>\$218</b>	<b>\$4,294</b>	<b>\$1,278</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 77. Refer to page following report for listing.

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>POV 250</b>	<b>MN-OAS</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$1,566,250	\$18,695,450	\$20,450,590	\$9,541,390	\$201,360,570	\$25,313,590
OTHER MEDICAL	\$3,072,290	\$148,430,220	\$81,981,340	\$63,831,180	\$829,703,810	\$103,002,320
CO. & COMM. OUTPATIENT	\$457,710	\$23,623,730	\$11,810,100	\$10,549,390	\$138,497,120	\$14,992,470
PHARMACY	\$3,245,890	\$123,350,470	\$10,695,410	\$25,798,740	\$183,108,450	\$42,503,440
COUNTY INPATIENT	\$5,725,190	\$5,930,290	\$40,825,710	\$46,554,850	\$141,196,500	\$12,063,810
COMMUNITY INPATIENT	\$15,588,390	\$125,453,900	\$163,034,780	\$76,331,980	\$959,486,700	\$124,081,340
NURSING FACILITIES	\$273,410,720	\$685,600	\$187,545,500	\$47,252,530	\$18,375,360	\$3,567,250
ICF-DD	\$145,444,910	\$13,270	\$994,610	\$8,249,300	\$919,480	\$1,623,790
MEDICAL TRANSPORTATION	\$1,013,780	\$587,800	\$8,903,720	\$10,129,330	\$11,262,100	\$1,622,210
OTHER SERVICES	\$8,281,130	\$7,107,690	\$51,940,100	\$42,353,390	\$97,269,930	\$10,013,030
HOME HEALTH	\$17,190	\$6,840,130	\$855,860	\$44,499,020	\$8,561,450	\$11,298,550
<b>FFS SUBTOTAL</b>	<b>\$457,823,450</b>	<b>\$460,718,530</b>	<b>\$579,037,720</b>	<b>\$385,091,090</b>	<b>\$2,589,741,460</b>	<b>\$350,081,820</b>
DENTAL	\$1,276,780	\$54,819,790	\$33,885,500	\$16,512,400	\$251,276,920	\$25,494,350
MENTAL HEALTH	\$3,521,160	\$46,496,530	\$9,411,110	\$100,216,560	\$467,545,170	\$68,522,020
TWO PLAN MODEL	\$0	\$837,552,350	\$1,444,745,470	\$597,317,920	\$2,693,038,310	\$35,369,860
COUNTY ORGANIZED HEALTH SYSTEMS	\$252,941,800	\$429,472,670	\$587,167,270	\$362,481,090	\$985,305,920	\$31,970,340
GEOGRAPHIC MANAGED CARE	\$0	\$180,853,260	\$218,748,660	\$111,951,490	\$436,697,290	\$5,535,070
PHP & OTHER MANAG. CARE	\$206,790	\$14,061,670	\$171,640,150	\$21,773,690	\$59,030,360	\$3,203,530
EPSDT SCREENS	\$0	\$7,135,150	\$0	\$0	\$29,029,380	\$1,619,380
MEDICARE PAYMENTS	\$14,916,090	\$0	\$1,031,904,270	\$481,659,010	\$89,134,340	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$326,470	\$0	\$10,832,390	\$4,654,030	\$95,945,110	\$5,429,700
MISC. SERVICES	\$0	-\$70,919,000	\$926,492,180	\$878,978,910	\$1,869,470	\$229,350
DRUG MEDI-CAL	\$183,250	\$11,190,440	\$6,080,360	\$2,612,360	\$53,855,200	\$2,319,980
REGIONAL MODEL	\$0	\$52,090,090	\$20,353,290	\$21,149,060	\$172,511,050	\$987,360
<b>NON-FFS SUBTOTAL</b>	<b>\$273,372,340</b>	<b>\$1,562,752,960</b>	<b>\$4,461,260,640</b>	<b>\$2,599,306,500</b>	<b>\$5,335,238,510</b>	<b>\$180,680,950</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$731,195,790</b>	<b>\$2,023,471,490</b>	<b>\$5,040,298,360</b>	<b>\$2,984,397,600</b>	<b>\$7,924,979,980</b>	<b>\$530,762,770</b>
<b>ELIGIBLES ***</b>	<b>12,900</b>	<b>1,007,200</b>	<b>464,500</b>	<b>187,400</b>	<b>3,996,000</b>	<b>224,700</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$56,682</b>	<b>\$2,009</b>	<b>\$10,851</b>	<b>\$15,925</b>	<b>\$1,983</b>	<b>\$2,362</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$4,723</b>	<b>\$167</b>	<b>\$904</b>	<b>\$1,327</b>	<b>\$165</b>	<b>\$197</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 77. Refer to page following report for listing.

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$251,990	\$240,440	\$2,896,160	\$123,155,400	\$11,559,250	\$6,031,360
OTHER MEDICAL	\$289,810	\$1,195,060	\$6,263,600	\$213,122,960	\$136,832,360	\$52,610,990
CO. & COMM. OUTPATIENT	\$58,890	\$118,600	\$2,895,610	\$25,222,080	\$10,930,580	\$6,549,730
PHARMACY	\$1,092,520	\$333,980	\$3,062,660	\$11,607,170	\$9,904,370	\$16,389,520
COUNTY INPATIENT	\$223,690	\$14,600	\$7,781,320	\$84,320,170	\$2,676,400	\$1,857,240
COMMUNITY INPATIENT	\$1,014,550	\$844,210	\$42,780,490	\$719,978,450	\$59,668,520	\$36,797,160
NURSING FACILITIES	\$20,697,590	\$1,970	\$2,731,360	\$1,982,000	\$1,748,070	\$306,260
ICF-DD	\$1,076,060	\$0	\$259,040	\$0	\$0	\$65,020
MEDICAL TRANSPORTATION	\$174,920	\$7,080	\$495,860	\$2,196,300	\$535,220	\$270,690
OTHER SERVICES	\$713,430	\$28,550	\$142,140	\$11,856,150	\$14,092,130	\$7,695,950
HOME HEALTH	\$40	\$20	\$4,490	\$2,644,020	\$3,347,990	\$1,560,100
<b>FFS SUBTOTAL</b>	<b>\$25,593,490</b>	<b>\$2,784,500</b>	<b>\$69,312,730</b>	<b>\$1,196,084,700</b>	<b>\$251,294,880</b>	<b>\$130,134,010</b>
DENTAL	\$87,140	\$157,040	\$18,531,180	\$9,536,650	\$10,898,300	\$14,615,840
MENTAL HEALTH	\$32,010	\$108,970	\$228,240	\$1,164,480	\$5,958,250	\$19,933,050
TWO PLAN MODEL	\$125,060	\$829,760	\$0	\$221,551,380	\$423,510,190	\$238,840,670
COUNTY ORGANIZED HEALTH SYSTEMS	\$177,070	\$193,360	\$1,941,130	\$93,347,590	\$188,509,790	\$107,705,690
GEOGRAPHIC MANAGED CARE	\$25,350	\$176,860	\$0	\$39,246,220	\$81,663,840	\$55,573,050
PHP & OTHER MANAG. CARE	\$8,210	\$0	\$0	\$5,126,720	\$9,412,200	\$4,824,720
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$4,775,930	\$2,448,150
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$14,730	\$0	\$1,175,780	\$8,525,020	\$0	\$7,653,620
MISC. SERVICES	\$120	\$0	\$0	\$70,330	\$99,250	\$105,880
DRUG MEDI-CAL	\$8,270	\$17,910	\$0	\$4,785,200	\$7,488,500	\$4,296,070
REGIONAL MODEL	\$1,000	\$5,270	\$0	\$13,278,100	\$32,038,790	\$15,673,730
<b>NON-FFS SUBTOTAL</b>	<b>\$478,960</b>	<b>\$1,489,160</b>	<b>\$21,876,330</b>	<b>\$396,631,700</b>	<b>\$764,355,040</b>	<b>\$471,670,480</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$26,072,450</b>	<b>\$4,273,670</b>	<b>\$91,189,050</b>	<b>\$1,592,716,400</b>	<b>\$1,015,649,920</b>	<b>\$601,804,490</b>
<b>ELIGIBLES ***</b>	<b>600</b>	<b>1,800</b>	<b>34,300</b>	<b>384,100</b>	<b>670,700</b>	<b>348,100</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$43,454</b>	<b>\$2,374</b>	<b>\$2,659</b>	<b>\$4,147</b>	<b>\$1,514</b>	<b>\$1,729</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$3,621</b>	<b>\$198</b>	<b>\$222</b>	<b>\$346</b>	<b>\$126</b>	<b>\$144</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 77. Refer to page following report for listing.

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$713,700,490
OTHER MEDICAL	\$3,114,008,910
CO. & COMM. OUTPATIENT	\$515,421,350
PHARMACY	\$1,324,557,280
COUNTY INPATIENT	\$963,635,530
COMMUNITY INPATIENT	\$4,505,481,770
NURSING FACILITIES	\$2,461,151,560
ICF-DD	\$353,830,270
MEDICAL TRANSPORTATION	\$91,232,480
OTHER SERVICES	\$618,027,520
HOME HEALTH	\$201,891,250
<b>FFS SUBTOTAL</b>	<b>\$14,862,938,420</b>
DENTAL	\$1,137,933,430
MENTAL HEALTH	\$2,576,734,460
TWO PLAN MODEL	\$22,934,256,160
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,318,647,380
GEOGRAPHIC MANAGED CARE	\$4,210,358,370
PHP & OTHER MANAG. CARE	\$696,733,600
EPSDT SCREENS	\$55,189,800
MEDICARE PAYMENTS	\$4,959,576,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000
MISC. SERVICES	\$5,707,378,110
DRUG MEDI-CAL	\$180,422,000
REGIONAL MODEL	\$1,213,085,710
<b>NON-FFS SUBTOTAL</b>	<b>\$53,197,645,030</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$68,060,583,450</b>
<b>ELIGIBLES ***</b>	<b>14,117,700</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$4,821</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$402</b>

(1) Does not include Audits & Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Excluded policy changes: 77. Refer to page following report for listing.

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

EXCLUDED POLICY CHANGES: 77

1	FAMILY PACT PROGRAM
3	BREAST AND CERVICAL CANCER TREATMENT
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
8	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
12	RESOURCE DISREGARD - % PROGRAM CHILDREN
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES
26	ACA MAGI SAVINGS
49	WOMEN'S HEALTH SERVICES
55	NON FFP DRUGS
59	FAMILY PACT DRUG REBATES
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
82	DSH PAYMENT
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
84	PRIVATE HOSPITAL DSH REPLACEMENT
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
87	BTR—SAFETY NET CARE POOL
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
89	BTR - LIHP - MCE
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI
91	DPH PHYSICIAN & NON-PHYS. COST
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
94	BTR—DESIGNATED STATE HEALTH PROGRAMS
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
96	MH/UCD—SAFETY NET CARE POOL
97	NDPH SUPPLEMENTAL PAYMENT
98	MH/UCD—STABILIZATION FUNDING
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

EXCLUDED POLICY CHANGES: 77

100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
101	MH/UCD & BTR—BCCTP
103	MH/UCD & BTR—MIA-LTC
104	MH/UCD & BTR—CCS AND GHPP
109	CCI-TRANSFER OF IHSS COSTS TO CDSS
124	EXTEND GROSS PREMIUM TAX
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE
127	GENERAL FUND REIMBURSEMENTS FROM DPHS
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
130	MCO TAX MANAGED CARE PLANS
135	DENTAL RETROACTIVE RATE CHANGES
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
152	HOSPITAL QAF - HOSPITAL PAYMENTS
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
154	NDPH IGT SUPPLEMENTAL PAYMENTS
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
157	FFP FOR LOCAL TRAUMA CENTERS
158	CAPITAL PROJECT DEBT REIMBURSEMENT
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
161	IGT PAYMENTS FOR HOSPITAL SERVICES
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
170	ARRA HITECH - PROVIDER PAYMENTS
175	MEDI-CAL TCM PROGRAM
186	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS

**FISCAL YEAR 2016-17 COST PER ELIGIBLE BASED ON MAY 2016 ESTIMATE**

## EXCLUDED POLICY CHANGES: 77

191	CIGARETTE AND TOBACCO SURTAX FUNDS
192	CLPP FUND
193	CCI-TRANSFER OF IHSS COSTS TO DHCS
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT
202	PALLIATIVE CARE SERVICES IMPLEMENTATION
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
206	GLOBAL PAYMENT PROGRAM
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
214	MCO ENROLLMENT TAX MANAGED CARE PLANS
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS
231	MANAGED CARE ADMIN FINES AND PENALTIES REVENUE
232	RECONCILIATION WITH BUDGET ACT

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>ELIGIBILITY</u></b>	
1	FAMILY PACT PROGRAM
2	MEDI-CAL ADULT INMATE PROGRAMS
3	BREAST AND CERVICAL CANCER TREATMENT
5	MEDI-CAL INPATIENT HOSP. COSTS - JUVENILE INMATES
6	PREGNANT WOMEN FULL SCOPE EXPANSION 60-138%
7	UNDOCUMENTED CHILDREN FULL SCOPE EXPANSION
10	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
12	RESOURCE DISREGARD - % PROGRAM CHILDREN
13	NEW QUALIFIED IMMIGRANTS
14	SCHIP FUNDING FOR PRENATAL CARE
15	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
16	INCARCERATION VERIFICATION PROGRAM
17	PARIS-VETERANS
18	OTLICP PREMIUMS
229	MINIMUM WAGE INCREASE - CASELOAD SAVINGS
<b><u>AFFORDABLE CARE ACT</u></b>	
19	COMMUNITY FIRST CHOICE OPTION
20	ACA OPTIONAL EXPANSION
21	HEALTH INSURER FEE
22	ACA MANDATORY EXPANSION
23	PAYMENTS TO PRIMARY CARE PHYSICIANS
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES
25	STATE-ONLY FORMER FOSTER CARE PROGRAM
26	ACA MAGI SAVINGS
27	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.
30	RECOVERY AUDIT CONTRACTOR SAVINGS
220	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS
<b><u>BENEFITS</u></b>	
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS
34	LOCAL EDUCATION AGENCY (LEA) PROVIDERS
35	BEHAVIORAL HEALTH TREATMENT
36	CCS DEMONSTRATION PROJECT PILOTS

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>BENEFITS</u></b>	
37	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA
38	DENTAL CHILDREN'S OUTREACH AGES 0-3
39	CALIFORNIA COMMUNITY TRANSITIONS COSTS
40	IMPLEMENT AAP BRIGHT FUTURES PERIODICITY FOR EPSDT
41	YOUTH REGIONAL TREATMENT CENTERS
42	CCT FUND TRANSFER TO CDSS AND CDDS
43	ALLIED DENTAL PROFESSIONALS ENROLLMENT
44	PEDIATRIC PALLIATIVE CARE WAIVER
45	CHDP PROGRAM DENTAL REFERRAL
46	BENEFICIARY OUTREACH AND EDUCATION PROGRAM
47	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER
48	QUALITY OF LIFE SURVEYS FOR CCT PARTICIPANTS
49	WOMEN'S HEALTH SERVICES
50	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINGS
51	CALIFORNIA COMMUNITY TRANSITIONS SAVINGS
199	END OF LIFE SERVICES
203	SRP PRIOR AUTH. & PREVENTIVE DENTAL SERVICES
212	MEDICAL MANAGEMENT AND TREATMENT FOR ALD
224	BEHAVIORAL HEALTH TREATMENT - TRANSITION COST
227	DENTAL TRANSFORMATION INITIATIVE UTILIZATION
233	ACUPUNCTURE SERVICES RESTORATION
<b><u>PHARMACY</u></b>	
52	ORKAMBI BENEFIT
53	ADAP RYAN WHITE MEDS DATA MATCH
54	HEPATITIS C REVISED CLINICAL GUIDELINES
55	NON FFP DRUGS
56	BCCTP DRUG REBATES
57	MEDICAL SUPPLY REBATES
58	LITIGATION SETTLEMENTS
59	FAMILY PACT DRUG REBATES
60	STATE SUPPLEMENTAL DRUG REBATES
61	AGED AND DISPUTED DRUG REBATES
62	FEDERAL DRUG REBATE PROGRAM
219	FEDERAL UPPER LIMITS UPDATED FOR PHARMACY DRUGS

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>DRUG MEDI-CAL</u></b>	
65	RESIDENTIAL TREATMENT SERVICES EXPANSION
68	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
69	ANNUAL RATE ADJUSTMENT
<b><u>MENTAL HEALTH</u></b>	
72	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
73	ELIMINATION OF STATE MAXIMUM RATES
74	TRANSITION OF HFP - SMH SERVICES
75	KATIE A. V. DIANA BONTA
76	INVESTMENT IN MENTAL HEALTH WELLNESS
77	HEALTHY FAMILIES - SED
78	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
80	CHART REVIEW
81	INTERIM AND FINAL COST SETTLEMENTS - SMHS
198	LATE CLAIMS FOR SMHS
211	MHP COSTS FOR CONTINUUM OF CARE REFORM
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>	
83	BTR— DPH DELIVERY SYSTEM REFORM INCENTIVE POOL
87	BTR—SAFETY NET CARE POOL
88	LIHP MCE OUT-OF-NETWORK EMERGENCY CARE SVS FUND
89	BTR - LIHP - MCE
90	BTR - LOW INCOME HEALTH PROGRAM - HCCI
93	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
94	BTR—DESIGNATED STATE HEALTH PROGRAMS
95	BTR - LIHP - DSRIP HIV TRANSITION PROJECTS
96	MH/UCD—SAFETY NET CARE POOL
98	MH/UCD—STABILIZATION FUNDING
99	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
100	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
101	MH/UCD & BTR—BCCTP
103	MH/UCD & BTR—MIA-LTC
104	MH/UCD & BTR—CCS AND GHPP
205	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
206	GLOBAL PAYMENT PROGRAM

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

<u>POLICY CHANGE NUMBER</u>	<u>POLICY CHANGE TITLE</u>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>	
207	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
208	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
209	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE
<b><u>MANAGED CARE</u></b>	
32	MANAGED CARE DRUG REBATES
108	CCI-MANAGED CARE PAYMENTS
109	CCI-TRANSFER OF IHSS COSTS TO CDSS
111	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES
112	MANAGED CARE RATE RANGE IGTS
113	MANAGED CARE PUBLIC HOSPITAL IGTS
115	HQAF RATE RANGE INCREASES
118	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS
119	INLAND EMPIRE HEALTH PLAN SETTLEMENT
121	NOTICES OF DISPUTE/ADMINISTRATIVE APPEALS
123	EXTEND GROSS PREMIUM TAX - INCR. CAPITATION RATES
124	EXTEND GROSS PREMIUM TAX
125	EXTEND GROSS PREMIUM TAX-FUNDING ADJUSTMENT
126	MANAGED CARE IGT ADMIN. & PROCESSING FEE
127	GENERAL FUND REIMBURSEMENTS FROM DPHS
129	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
130	MCO TAX MANAGED CARE PLANS
131	FORMER AGNEWS' BENEFICIARIES RECOUPMENT
132	CCI-SAVINGS AND DEFERRAL
133	RETRO MC RATE ADJUSTMENTS
202	PALLIATIVE CARE SERVICES IMPLEMENTATION
204	CAPITATED RATE ADJUSTMENT FOR FY 2016-17
214	MCO ENROLLMENT TAX MANAGED CARE PLANS
215	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.RATES
216	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.
221	CENCAL HEALTH PLAN-ADDITION OF CHDP
232	RECONCILIATION WITH BUDGET ACT
<b><u>PROVIDER RATES</u></b>	
85	DPH INTERIM & FINAL RECONS

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>PROVIDER RATES</u></b>	
92	DPH INTERIM RATE GROWTH
102	DPH INTERIM RATE
134	MEDICARE PART B PREMIUM INCREASE
135	DENTAL RETROACTIVE RATE CHANGES
136	FQHC/RHC/CBRC RECONCILIATION PROCESS
137	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
138	LTC RATE ADJUSTMENT
139	AB 1629 ANNUAL RATE ADJUSTMENTS
140	EMERGENCY MEDICAL AIR TRANSPORTATION ACT
141	ANNUAL MEI INCREASE FOR FQHCS/RHCS
142	HOSPICE RATE INCREASES
143	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE
144	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
147	LABORATORY RATE METHODOLOGY CHANGE
148	10% PROVIDER PAYMENT REDUCTION
149	REDUCTION TO RADIOLOGY RATES
218	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS
225	GDSP PRENATAL SCREENING FEE INCREASE
<b><u>SUPPLEMENTAL PMNTS.</u></b>	
82	DSH PAYMENT
84	PRIVATE HOSPITAL DSH REPLACEMENT
86	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
91	DPH PHYSICIAN & NON-PHYS. COST
97	NDPH SUPPLEMENTAL PAYMENT
150	EXTEND HOSPITAL QAF - HOSPITAL PAYMENTS
151	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
152	HOSPITAL QAF - HOSPITAL PAYMENTS
153	FREESTANDING CLINICS SUPPLEMENTAL PAYMENTS
154	NDPH IGT SUPPLEMENTAL PAYMENTS
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
156	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
157	FFP FOR LOCAL TRAUMA CENTERS
158	CAPITAL PROJECT DEBT REIMBURSEMENT
159	GEMT SUPPLEMENTAL PAYMENT PROGRAM
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>SUPPLEMENTAL PMNTS.</u></b>	
161	IGT PAYMENTS FOR HOSPITAL SERVICES
162	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
163	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
200	DP-NF CAPITAL PROJECT DEBT REPAYMENT
<b><u>OTHER</u></b>	
170	ARRA HITECH - PROVIDER PAYMENTS
172	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS
173	CCI IHSS RECONCILIATION
174	NONCONTRACT HOSP INPATIENT COST SETTLEMENTS
178	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS
179	INDIAN HEALTH SERVICES
180	WPCS WORKERS' COMPENSATION
181	OVERTIME FOR WPCS PROVIDERS
182	REIMBURSEMENT FOR IHS/MOA 638 CLINICS
186	CDDS DENTAL SERVICES
187	AUDIT SETTLEMENTS
188	HOMEMAKER SERVICES - AIDS MEDI-CAL WAIVER
189	FUNDING ADJUST.—ACA OPT. EXPANSION
190	FUNDING ADJUST.—OTLICP
191	CIGARETTE AND TOBACCO SURTAX FUNDS
192	CLPP FUND
193	CCI-TRANSFER OF IHSS COSTS TO DHCS
194	EXTEND HOSPITAL QAF - CHILDREN'S HEALTH CARE
196	COUNTY SHARE OF OTLICP-CCS COSTS
210	FFP REPAYMENT FOR CDDS COSTS
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS
230	MEDICARE BUY-IN QUALITY REVIEW PROJECT RECOVERIES
231	MANAGED CARE ADMIN FINES AND PENALTIES REVENUE
235	MEDI-CAL ESTATE RECOVERIES

## CCI-MANAGED CARE PAYMENTS

REGULAR POLICY CHANGE NUMBER: 108  
 IMPLEMENTATION DATE: 4/2014  
 ANALYST: Candace Epstein  
 FISCAL REFERENCE NUMBER: 1766

	<u>FY 2015-16</u>	<u>FY 2016-17</u>
FULL YEAR COST - TOTAL FUNDS	\$8,752,739,000	\$10,187,921,000
- STATE FUNDS	\$4,376,369,500	\$5,093,960,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	58.98 %	64.12 %
APPLIED TO BASE		
TOTAL FUNDS	\$3,590,373,500	\$3,655,426,100
STATE FUNDS	\$1,795,186,770	\$1,827,713,030
FEDERAL FUNDS	\$1,795,186,770	\$1,827,713,030

### DESCRIPTION

**Purpose:**

This policy changes estimates the capitation payments for dual eligible (beneficiaries on Medi-Cal and Medicare) and Medi-Cal only beneficiaries transitioning from fee-for-service into Medi-Cal managed care health plans for their Medi-Cal Long Term Care (LTC) institutional and community-based services and supports benefits.

**Authority:**

SB 1008 (Chapter 33, Statutes of 2012)  
 SB 1036 (Chapter 45, Statutes of 2012)

**Interdependent Policy Changes:**

PC 109 CCI-Transfer of IHSS Costs to CDSS  
 PC 132 CCI-Savings and Deferral  
 PC 193 CCI-Transfer of IHSS Costs to DHCS  
 PC 111 MCO Tax Mgd. Care Plans - Incr. Cap. Rates  
 PC 129 MCO Tax Mgd. Care Plans - Funding Adjustment  
 PC 130 MCO Tax Managed Care Plans

**Background:**

In coordination with Federal and State government, the Coordinated Care Initiative (CCI) provides the benefits of coordinated care models to persons eligible for both Medicare and Medi-Cal (dual eligibles) and for Medi-Cal only. By enrolling these eligibles into coordinated care delivery models, the CCI aligns financial incentives, streamlines beneficiary-centered care delivery, and rebalances the current health care system away from avoidable institutionalized services.

The CCI mandatorily enrolls dual and Medi-Cal only eligibles into managed care for their Medi-Cal benefits. Those benefits include LTC institutional services, In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), Multi-Purpose Senior Services Program (MSSP) services, and other Home and Community-Based Services (HCBS). Savings are generated from a reduction in inpatient and LTC institutional services.

## CCI-MANAGED CARE PAYMENTS

REGULAR POLICY CHANGE NUMBER: 108

The CCI has been implemented in seven pilot counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

### Reason for Change:

FY 2015-16 costs decreased from the November 2015 estimate due to more eligibles opting out of CCI and lower managed care rates for eligibles in CCI.

FY 2016-17 costs decreased from the November 2015 estimate due to more eligibles opting out of CCI and lower managed care rates for eligibles in CCI.

Costs increased from FY 2015-16 to FY 2016-17 due to planned passive enrollment of newly eligible beneficiaries in September 2016, and an increase in rates for certain categories of beneficiaries.

### Methodology:

1. Dual eligibles in the Medicare fee-for-service (FFS) program receiving LTC institutional and community-based services under the traditional FFS model were passively enrolled into the CCI no later than January 1, 2015, except for Orange. Orange began August 1, 2015. Depending on the county, eligibles will phase-in over 12 months or all at once.
2. Dual eligibles in Medicare Advantage (MA) plans that are also CMC plans passively enrolled into the CCI on January 1, 2015, except for Orange. Orange began August 1, 2015. There is no phase-in assumed for this population.
3. Medi-Cal only eligibles, individuals receiving partial Medicare coverage, and all CCI dual eligibles who are excluded from CMC (including those in non-CMC Dual Eligible Special Needs Plans (D-SNP)) had their LTC and community-based services included in Medi-Cal managed care no later than January 1, 2015, except for Orange. Orange began August 1, 2015. Depending on the county and coverage type, eligibles may phase-in over 12 months or all at once.
4. Assume for participating dual eligibles, there will be an overall average 2.31% savings in FY 2015-16 and 4.35% in FY 2016-17.
5. The Department performs reconciliation of IHSS category of service to actual IHSS expenditures paid out to providers by the California Department of Social Services (CDSS) for the same quarter. The Department will determine the appropriate amount of reimbursement during reconciliation which will identify IHSS over/underpayments to CDSS or the managed care plans. Reconciliation will be operationalized in the capitated payment system in January 2016.
6. The Department re-casted capitation rates for plans participating in the CCI for full-benefit dual eligible beneficiaries. Preliminary data suggests the department will recoup the difference between the paid capitation rate and the re-casted rate from plans participating in CCI. The recoupment of payments in excess of plans re-casted capitation payments is for the period of April 2014 through December 2014. The recasts will continue to occur through the CCI demonstration period, which ends December 31, 2017. The Department anticipates recoupments beginning in July 2016.
7. Assume passive enrollment for newly eligible beneficiaries will begin in September 2016. Assume no phase-in for this enrollment.

**CCI-MANAGED CARE PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 108

8. Estimated below is the overall impact of the CCI demonstration in FY 2015-16 and FY 2016-17.

(Dollars in Thousands)

<b>FY 2015-16</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>	<b>Reimbursement</b>
CCI-Managed Care Payments (PC 108):				
<b>Total Managed Care Payments</b>	<b>\$8,752,739</b>	<b>\$4,376,369</b>	<b>\$4,376,369</b>	<b>\$0</b>
CCI-Savings and Deferral (PC 132):				
Total FFS Savings	(\$6,220,154)	(\$3,110,077)	(\$3,110,077)	\$0
Defer Managed Care Payment	(\$95,326)	(\$47,663)	(\$47,663)	\$0
Total	(\$6,315,480)	(\$3,157,740)	(\$3,157,740)	\$0
IHSS FFS Savings (In the Base)	(\$1,156,994)	\$0	(\$1,156,994)	\$0
Delay 1 Checkwrite (In the Base)	\$16,908	\$8,454	\$8,454	\$0
CCI-Transfer of IHSS Costs to DHCS (PC 193)	\$0	(\$1,156,994)	\$0	\$1,156,994
CCI-Transfer of IHSS Costs to CDSS (PC 109)	\$2,394,978	\$0	\$0	\$2,394,978
CCI-Admin Costs, HCO Costs (OA 15, 18, 65)	\$29,062	\$14,316	\$14,243	\$0
Total of CCI PCs including pass through	\$3,721,212	\$84,404	\$84,331	\$3,551,972

(Dollars in Thousands)

<b>FY 2016-17</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>	<b>Reimbursement</b>
CCI-Managed Care Payments (PC 108):				
<b>Total Managed Care Payments</b>	<b>\$10,066,465</b>	<b>\$5,033,233</b>	<b>\$5,033,233</b>	<b>\$0</b>
CCI-Savings and Deferral (PC 132):				
Total FFS Savings	(\$7,390,954)	(\$3,695,477)	(\$3,695,477)	\$0
Defer Managed Care Payment	(\$96,884)	(\$48,442)	(\$48,442)	\$0
Total	(\$7,487,837)	(\$3,743,919)	(\$3,743,919)	\$0
IHSS FFS Savings (In the Base)	(\$1,341,405)	\$0	(\$1,341,405)	\$0
Delay 1 Checkwrite (In the Base)	\$13,029	\$6,515	\$6,515	\$0
CCI-Transfer of IHSS Costs to DHCS (PC 193)	\$0	(\$1,341,405)	\$0	\$1,341,405
CCI-Transfer of IHSS Costs to CDSS (PC 109)	\$2,776,709	\$0	\$0	\$2,776,709
CCI-Admin Costs, HCO Costs (OA 15, 18, 65)	\$23,888	\$11,944	\$11,944	\$0
CCI IHSS Reconciliation (PC 173)	\$62,300	\$0	\$62,300	\$0
Retro MC Rate Adjustments (PC 133)	(\$548,336)	(\$274,168)	(\$274,168)	\$0
Total of CCI PCs including pass through	\$3,564,813	(\$307,801)	(\$245,501)	\$4,118,114

**Funding:**

50% Title XIX / 50% GF (4260-101-0001/0890)

## LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES

REGULAR POLICY CHANGE NUMBER: 144  
 IMPLEMENTATION DATE: 8/2013  
 ANALYST: Sharisse DeLeon  
 FISCAL REFERENCE NUMBER: 1784

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change budgets the funding adjustment from the Long Term Care Quality Assurance Fund (LTCQAF) to 100% State General Fund (GF).

**Authority:**

AB 1467 (Chapter 23, Statutes of 2012)  
 AB 119 (Chapter 17, Statutes of 2015)

**Interdependent Policy Changes:**

PC 111 MCO Tax Mgd. Care Plans - Incr. Cap. Rates  
 PC 129 MCO Tax Mgd. Care Plans - Funding Adjustment  
 PC 130 MCO Tax Managed Care Plans

**Background:**

AB 1762 (Chapter 230, Statutes of 2003) imposed a Quality Assurance (QA) fee for certain Long Term Care (LTC) provider types. AB 1629 (Chapter 875, Statutes of 2004) and ABX1 19 (Chapter 4, Statutes of 2011) imposed a QA fee, in conjunction with a facility specific reimbursement program, for additional LTC providers. The revenue generated from the fee is used to draw down a federal match, offset LTC rate reimbursement payments and may also provide funding for LTC reimbursement rate increases. The following LTC providers are subject to a QA fee:

- Freestanding Nursing Facilities Level-B (FS/NF-Bs)
- Freestanding Subacute Nursing Facilities level-B (FSSA/NF-Bs)
- Intermediate Care Facilities for the Developmentally Disabled (ICF-DDs)
- Freestanding Pediatric Subacute Care Facilities (FS-PEDs)

AB 1467 established the LTCQAF. Effective August 1, 2013, the revenue generated by the LTC QA and ICF-DDs fees collected are deposited into the fund, rather than the state GF, which are used for LTC provider reimbursement rate expenditures.

**LONG TERM CARE QUALITY ASSURANCE FUND  
EXPENDITURES  
REGULAR POLICY CHANGE NUMBER: 144**

AB 119 (Chapter 17, Statutes of 2015) extends the AB 1629 facility-specific rate methodology, QAF, and Quality and Accountability Supplemental Payments (QASP) Program through July 31, 2020. Further, beginning rate-year 2015-16, the annual weighted average rate increase is 3.62%, and the QASP will continue at FY 2014-15 levels, rather than setting aside a portion of the annual rate increase. Additionally, beginning fiscal year 2015-16, the legislation requires the Department to incorporate direct care staff retention as a performance measure to the QASP Program.

**Reason for Change:**

The change in FY 2015-16 and FY 2016-17, from the prior estimate and within the current estimate is due to updated:

- LTC QA fee collections and transfer data, and
- Prior year balances and projections based on fund balance reconciliations.

**Methodology:**

1. Based on the most recent two years of LTC QA fee collection data, the average annual LTC QA fee revenue on a cash basis is \$481,510,000. Based on the most recent four years of FFS utilization data, the average growth rate for ICF-DDs and nursing facilities is 1.60% and 1.84% respectively.
2. Based on FY 2013-14 and FY 2014-15 actual QA fee transfer data, 93.66% of the current year's fee collection is transferred to the GF in the current year. Assume the remaining QA fee balances from prior years will be completely transferred to the GF in the next two fiscal years.
3. The estimated fund adjustment from the LTCQAF to the GF is:

(Dollars in Thousands)

<b>FY 2015-16</b>	<b>TF</b>	<b>GF</b>	<b>LTCQAF</b>
FY 2013-14	\$0	(\$3,361)	\$3,361
FY 2014-15	\$0	(\$43,744)	\$43,744
FY 2015-16	\$0	(\$450,998)	\$450,998
<b>Total</b>	<b>\$0</b>	<b>(\$498,103)</b>	<b>\$498,103</b>

<b>FY 2016-17</b>	<b>TF</b>	<b>GF</b>	<b>LTCQAF</b>
FY 2014-15	\$0	(\$7,856)	\$7,856
FY 2015-16	\$0	(\$25,027)	\$25,027
FY 2016-17	\$0	(\$458,192)	\$458,192
<b>Total</b>	<b>\$0</b>	<b>(\$491,075)</b>	<b>\$491,075</b>

**Funding:**

Long Term Care Quality Assurance Fund (4260-101-3213)

Long Term Care Quality Assurance Fund (4260-601-3213)

100% GF (4260-101-0001)

## MCO ENROLLMENT TAX MANAGED CARE PLANS

REGULAR POLICY CHANGE NUMBER: 214  
 IMPLEMENTATION DATE: 12/2016  
 ANALYST: Andrew Yoo  
 FISCAL REFERENCE NUMBER: 1960

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the transfer of funds collected from the enrollment tax on managed care organizations (MCOs) to the General Fund (GF) to be retained by the Department beginning July 1, 2016.

**Authority:**

SB 2 (Chapter 2, Statutes of 2016)

**Interdependent Policy Changes:**

PC 215: MCO Enrollment Tax Mgd. Care Plans-Incr. Cap. Rates

PC 216: MCO Enrollment Tax Mgd. Care Plans-Funding Adj.

**Background:**

SB 2 was signed by the Governor on March 1, 2016, and provides for a statewide tax on managed care plans based on enrollment into these plans. The tax is tiered based on whether the enrollee is a Medi-Cal, alternate health care service plans, or other enrollee.

The MCO Enrollment tax is effective July 1, 2016 through July 1, 2019. This policy change estimates GF savings resulting from the imposition of the MCO enrollment tax.

**Reason for Change:**

This is a new policy change. FY 2015-16 estimates are lower compared to FY 2016-17 because the MCO Enrollment tax is effective July 1, 2016.

**Methodology:**

1. The MCO Enrollment Tax is based on the cumulative enrollment of health plans.
2. Different rates are assessed to Medi-Cal and non-Medi-Cal health plans. Non-Medi-Cal health plans include Alternate Health Care Service Plans (AHCSPP).

**MCO ENROLLMENT TAX MANAGED CARE PLANS**

REGULAR POLICY CHANGE NUMBER: 214

3. The following taxing tier structure is used to determine the MCO Enrollment Tax for FY 2016-17:

<b>Medi-Cal</b>			
<b>Enrollees</b>	<b>Rate</b>	<b>Average Enrollment/Entity</b>	
0-2,000,000	\$ 40.00	41,161,300	\$1,646,451,000*
2,000,001-4,000,000	\$ 19.00	22,077,579	\$419,474,000
Over 4,000,000	\$ 1.00	48,831,000	\$48,831,000

\*Difference due to rounding.

<b>Non-Medi-Cal (including AHCSF)</b>			
<b>Enrollees</b>	<b>Rate</b>	<b>Average Enrollment/Entity</b>	
0-4,000,000	\$ 7.50	25,648,000	\$192,360,000
4,000,001-8,000,000	\$ 2.50	17,175,200	\$42,938,000
Over 8,000,000	\$ 1.00	30,244,000	\$30,244,000

The total Medi-Cal and Non-Medi-Cal MCO Enrollment Tax is: \$2,283,263,000

4. The impact of the increase in capitation payments related to the tax is included in the MCO Enrollment Tax Mgd. Care Plans-Incr. Cap. Rates policy change.
5. The MCO Enrollment Tax fund transfers to the GF are expected to be:

<b>(Dollars in Thousands)</b>	<b>TF</b>	<b>GF</b>	<b>MCO Tax</b>
<b>FY 2016-17</b>	<b>\$0</b>	<b>(\$1,059,434)</b>	<b>\$1,059,434</b>

**Funding:**

MCO Tax 2016 (Non-GF) (4260-601-3293)

## MANAGED CARE ADMIN FINES AND PENALTIES REVENUE

REGULAR POLICY CHANGE NUMBER: 231  
 IMPLEMENTATION DATE: 7/2016  
 ANALYST: Andrew Yoo  
 FISCAL REFERENCE NUMBER: 1986

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates revenues received from the Managed Care Administrative Fines and Penalties Fund for purposes of funding health care services for children, seniors, persons with disabilities, and dual eligibles in the Medi-Cal program.

**Authority:**

Proposed trailer bill language.

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Managed Care Administrative Fines and Penalties Fund is used to deposit various fines and administrative penalties for the licensing and regulation of health care service plans by the Department of Managed Health Care (DMHC). The Major Risk Medical Insurance Program (MRMIP) is a high risk pool that was originally designed to provide health insurance to Californians unable to obtain coverage in the individual health insurance market because of a pre-existing condition. With the implementation of the Affordable Care Act, individuals may not be denied coverage because of a pre-existing condition. MRMIP caseload has declined from 6,570 in 2013 to 1,794 in 2015. Caseload in Medi-Cal has increased from 9,687,700 to 13,469,500 over the same period.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. The estimated revenues are based on projected fines and penalties assessed by DMHC. Total estimated fines and penalties revenues for FY 2016-17 are \$2,016,000.

**MANAGED CARE ADMIN FINES AND PENALTIES REVENUE**

REGULAR POLICY CHANGE NUMBER: 231

<b>FY 2016-17</b>	
Major Risk Medical Insurance Fund	\$2,016,000
GF	(\$2,016,000)
<b>Net Impact</b>	<b>\$0</b>

**Funding:**

Major Risk Medical Insurance Fund (4260-101-0313)

Title XIX GF (4260-101-0001)

## RECONCILIATION WITH BUDGET ACT

REGULAR POLICY CHANGE NUMBER: 232  
 IMPLEMENTATION DATE: 7/2016  
 ANALYST: Andrew Yoo  
 FISCAL REFERENCE NUMBER: 1987

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$47,305,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$47,305,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$47,305,000

### DESCRIPTION

**Purpose:**

This policy change estimates a technical adjustment required to reconcile with the Budget Act.

**Authority:**

Not Applicable

**Interdependent Policy Change:**

Not Applicable

**Background:**

An adjustment of \$47,305,000 is reported on this policy change to reconcile with the Budget Act. This is a one-time technical adjustment.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. A technical adjustment of \$47,305,000 was made to reconcile with the Budget Act.

(Dollars in Thousands)

TF	GF (MCO Tax)	FF
\$47,305	\$0	\$47,305

**Funding:**

100% Title XIX FFP (4260-101-0890)

## ACUPUNCTURE SERVICES RESTORATION

REGULAR POLICY CHANGE NUMBER: 233  
 IMPLEMENTATION DATE: 7/2016  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 1988

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$12,174,000
- STATE FUNDS	\$0	\$3,663,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$12,174,000
STATE FUNDS	\$0	\$3,663,000
FEDERAL FUNDS	\$0	\$8,511,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost of restoring acupuncture services.

**Authority:**

SB 833 (Chapter 30, Statutes of 2016)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

ABX3 5 (Chapter 20, Statutes of 2009) excluded several optional benefits, including acupuncture services, from coverage under the Medi-Cal program for beneficiaries 21 years of age and older, effective July 1, 2009. SB 833 mandates the Department to restore acupuncture services as a Medi-Cal benefit effective July 1, 2016.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume services restoration will begin on July 1, 2016.
2. The cost for restoring acupuncture services is estimated to be \$13.165 million TF annually:

(Dollars in Thousands)

Annual	TF
Fee-for-Service	\$5,119
Managed Care	\$8,046
Total	\$13,165

**ACUPUNCTURE SERVICES RESTORATION**

REGULAR POLICY CHANGE NUMBER: 233

3. For FY 2016-17, the cost for restoring acupuncture services is estimated to be:

(Dollars in Thousands)

<b>FY 2016-17</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Fee-for-Service (Lagged)	\$4,128	\$1,360	\$2,768
Managed Care	\$8,046	\$2,303	\$5,743
<b>Total</b>	<b>\$12,174</b>	<b>\$3,663</b>	<b>\$8,511</b>

**Funding:**

100% GF (4260-101-0001)

100% Title XIX FF (4260-101-0890)

## MEDI-CAL ESTATE RECOVERIES

REGULAR POLICY CHANGE NUMBER: 235  
 IMPLEMENTATION DATE: 7/2016  
 ANALYST: Ila Zapanta  
 FISCAL REFERENCE NUMBER: 1991

	FY 2015-16	FY 2016-17
FULL YEAR COST - TOTAL FUNDS	\$0	\$11,423,000
- STATE FUNDS	\$0	\$5,711,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$11,423,000
STATE FUNDS	\$0	\$5,711,500
FEDERAL FUNDS	\$0	\$5,711,500

### DESCRIPTION

**Purpose:**

This policy change estimates the cost for the Medi-Cal Estate Recovery program.

**Authority:**

Welfare and Institutions Code 14009.5  
 Title 42, United States Code, Section 1396p  
 Title 22, California Code of Regulations Sections 50960-50966

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Medi-Cal Estate Recovery (ER) program is one of several controls to mitigate Medi-Cal costs for care. Upon death of a Medi-Cal beneficiary, the decedent's estate or any recipient of the decedent's estate may have to pay back the costs of services through the ER program. However, program changes would limit the ER program to the probated estates of deceased Medi-Cal members 55 years of age and older for only federally mandated services (skilled nursing care, home and community-based services, and related services) and also eliminate recovery if a Medi-Cal beneficiary is survived by a spouse/registered domestic partner. The ER program will also repeal language allowing proportionate share recovery when an exemption applies and adds a substantial hardship waiver criterion. The ER program changes will be implemented on January 1, 2017.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. The following projections are based upon the estimated time for estate recoveries and system costs.

**MEDI-CAL ESTATE RECOVERIES**

REGULAR POLICY CHANGE NUMBER: 235

<b>FY 2016-17</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Uncollectable Estate Recoveries	\$11,222,000	\$5,611,000	\$5,611,000
System Costs	\$201,000	\$100,500	\$100,500
<b>Total</b>	<b>\$11,423,000</b>	<b>\$5,711,500</b>	<b>\$5,711,500</b>

**Funding:**

50% Title XIX / 50% GF (4260-101-0001/0890)

## May 2016 Medi-Cal Estimate

### **OTHER ADMINISTRATION FUNDING SUMMARY**

Other Administration Tab contains funding for items under both the County Administration and the Fiscal Intermediary components of the Medi-Cal Estimate (located in the Management Summary Tab). The Fiscal Intermediary Tab of the Medi-Cal Estimate has been moved to the Other Administration Tab. These items continue to be budgeted in the Medi-Cal's Fiscal Intermediary component. The policy changes related to the Fiscal Intermediary can be found under the following subsections: DHCS-MEDICAL FI, DHCS-HEALTH CARE OPTIONS, AND DHCS-DENTAL FI.

<b><u>FY 2015-2016 ESTIMATE:</u></b>	<b><u>Total Funds</u></b>	<b><u>Federal Funds</u></b>	<b><u>State Funds</u></b>
<b>OTHER ADMINISTRATION</b>			
County Administration	\$1,688,148,000	\$1,520,180,800	\$167,967,200
Fiscal Intermediary	\$370,331,000	\$229,748,000	\$140,583,000
<b>Total Other Administration Tab</b>	<b>\$2,058,479,000</b>	<b>\$1,749,928,800</b>	<b>\$308,550,200</b>

**Management Summary:**

<b>COUNTY ADMINISTRATION</b>			
Shown in Other Administration Tab	\$1,688,148,000	\$1,520,180,800	\$167,967,200
Shown in County Administration Tab	\$2,131,883,000	\$1,501,480,200	\$630,402,800
<b>FISCAL INTERMEDIARY</b>			
Shown in Other Administration Tab	\$370,331,000	\$229,748,000	\$140,583,000

<b><u>FY 2016-2017 ESTIMATE:</u></b>	<b><u>Total Funds</u></b>	<b><u>Federal Funds</u></b>	<b><u>State Funds</u></b>
<b>OTHER ADMINISTRATION</b>			
County Administration	\$1,896,616,000	\$1,708,331,500	\$188,284,500
Fiscal Intermediary	\$367,133,000	\$260,270,000	\$106,863,000
<b>Total Other Administration Tab</b>	<b>\$2,263,749,000</b>	<b>\$1,968,601,500</b>	<b>\$295,147,500</b>

**Management Summary:**

<b>COUNTY ADMINISTRATION</b>			
Shown in Other Administration Tab	\$1,896,616,000	\$1,708,331,500	\$188,284,500
Shown in County Administration Tab	\$2,272,442,000	\$1,589,861,500	\$682,580,500
<b>FISCAL INTERMEDIARY</b>			
Shown in Other Administration Tab	\$367,133,000	\$260,270,000	\$106,863,000

## OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2015-16		FISCAL YEAR 2016-17	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>DHCS-OTHER</b>					
1	BTR - LIHP - ADMINISTRATIVE COSTS	\$94,845,000	\$0	\$59,024,000	\$0
2	CCS CASE MANAGEMENT	\$185,001,000	\$63,078,500	\$190,482,000	\$64,871,700
3	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$90,905,000	\$0	\$262,614,000	\$0
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$106,737,000	\$0	\$109,391,000	\$50,000
5	POSTAGE & PRINTING	\$19,387,000	\$9,834,500	\$19,457,000	\$9,870,000
6	OTLICP AND MEDI-CAL ACCESS PROGRAM	\$36,559,000	\$8,200,700	\$28,871,000	\$4,631,900
7	EPSDT CASE MANAGEMENT	\$33,718,000	\$11,871,300	\$33,962,000	\$12,115,300
8	ARRA HITECH INCENTIVE PROGRAM	\$11,344,000	\$673,000	\$24,504,000	\$2,203,000
9	SMHS COUNTY UR & QA ADMIN	\$17,329,000	\$600,000	\$17,120,000	\$215,000
10	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$4,144,000	\$0	\$3,197,000	\$0
11	SMH MAA	\$12,451,000	\$0	\$11,736,000	\$0
12	PAVE SYSTEM	\$15,032,000	\$1,735,000	\$19,566,000	\$2,917,400
13	MIS/DSS CONTRACT	\$12,476,000	\$3,317,000	\$14,481,000	\$3,785,800
14	PASRR	\$10,170,000	\$2,542,500	\$11,151,000	\$2,787,800
15	CCI-ADMINISTRATIVE COSTS	\$9,695,000	\$4,631,500	\$11,213,000	\$5,606,500
16	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000
17	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$124,000	\$0	\$13,177,000	\$0
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$9,075,000	\$4,537,500	\$16,872,000	\$8,436,000
19	NEWBORN HEARING SCREENING PROGRAM	\$7,700,000	\$3,850,000	\$7,700,000	\$3,850,000
20	MEDI-CAL RECOVERY CONTRACTS	\$5,741,000	\$1,435,300	\$5,741,000	\$1,435,300
21	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,039,000	\$1,652,300	\$5,291,000	\$1,734,800
22	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$4,865,000	\$1,216,300	\$4,987,000	\$1,246,800
23	CA-MMIS GO-FORWARD OVERSIGHT	\$4,940,000	\$591,900	\$9,193,000	\$1,167,300
24	PREVENTION OF CHRONIC DISEASE GRANT PROJECT	\$4,539,000	\$0	\$80,000	\$0
25	MEDS MODERNIZATION	\$3,680,000	\$453,500	\$2,915,000	\$377,000

## OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2015-16		FISCAL YEAR 2016-17	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>DHCS-OTHER</b>					
26	CA-MMIS GO-FORWARD STATE TRANSITION	\$1,802,000	\$215,800	\$1,825,000	\$238,400
28	BUSINESS RULES EXTRACTION	\$2,580,000	\$645,000	\$0	\$0
29	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500
30	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,511,000	\$755,500	\$1,800,000	\$900,000
31	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$1,900,000	\$1,900,000	\$950,000	\$950,000
32	MITA	\$1,650,000	\$165,000	\$1,996,000	\$199,600
33	ETL DATA SOLUTION	\$1,144,000	\$260,400	\$387,000	\$61,500
34	HEALTH HOMES PROGRAM - CONTRACTOR COSTS	\$1,225,000	\$612,500	\$0	\$0
35	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500
36	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$799,000	\$399,500	\$948,000	\$474,000
37	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,000,000	\$0	\$1,000,000	\$0
38	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000
39	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$703,000	\$351,500	\$753,000	\$376,500
40	CCT OUTREACH - ADMINISTRATIVE COSTS	\$263,000	\$0	\$360,000	\$0
41	ACA EXPANSION ADMIN COSTS	\$330,000	\$165,000	\$0	\$0
42	VENDOR FOR AAC RATE STUDY	\$405,000	\$202,500	\$645,000	\$322,500
43	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$300,000	\$150,000	\$1,125,000	\$562,500
44	ANNUAL EDP AUDIT CONTRACTOR	\$97,000	\$48,500	\$0	\$0
45	DENTAL PAPD PROJECT MANAGER	\$247,000	\$61,800	\$226,000	\$56,500
46	RECOVERY AUDIT CONTRACTOR COSTS	\$0	\$0	\$138,000	\$69,000
48	EPOCRATES	\$107,000	\$53,500	\$48,000	\$24,000
49	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0
50	Q5i AUTOMATED DATA SYSTEM ACQUISTION	\$6,000	\$3,000	\$0	\$0
51	TAR POSTAGE	\$58,000	\$29,000	\$58,000	\$29,000
52	COORDINATED CARE MANAGEMENT PILOT	\$23,000	\$11,500	\$0	\$0

## OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2015-16		FISCAL YEAR 2016-17	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>DHCS-OTHER</u></b>					
53	DMC COUNTY UR & QA ADMIN	\$0	\$0	\$18,537,000	\$0
98	UNIVERSAL ASSESSMENT TOOL	\$0	\$0	\$250,000	\$0
99	PERFORMANCE OUTCOMES SYSTEM	\$0	\$0	\$13,637,000	\$6,818,500
102	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$85,943,000	\$0	\$58,153,000	\$0
103	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$0	\$0	\$1,400,000	\$700,000
105	CLINICAL DATA COLLECTION	\$0	\$0	\$400,000	\$40,000
107	SURS AND MARS SYSTEM REPLACEMENT	\$0	\$0	\$14,262,000	\$2,935,500
108	CA-MMIS PROCUREMENT CONSULTANTS	\$0	\$0	\$1,832,000	\$273,200
109	CA-MMIS MEDCOMPASS SOLUTION	\$0	\$0	\$5,000,000	\$500,000
110	CASE MANAGEMENT FOR BHT INSTITUTIONALLY DEEMED	\$0	\$0	\$2,200,000	\$1,100,000
112	MEDICAL INTERPRETERS	\$0	\$0	\$6,000,000	\$3,000,000
	<b>DHCS-OTHER SUBTOTAL</b>	<b>\$821,951,000</b>	<b>\$133,381,500</b>	<b>\$1,031,017,000</b>	<b>\$154,062,900</b>
<b><u>DHCS-MEDICAL FI</u></b>					
54	MEDICAL FI OPERATIONS	\$95,262,000	\$30,595,300	\$91,354,000	\$29,677,800
55	MEDICAL FI GO-FORWARD AND CLOSE OUT ACTIVITIES	\$2,000,000	\$200,000	\$5,000,000	\$1,250,000
56	MEDICAL FI COST REIMBURSEMENT	\$32,905,000	\$9,533,400	\$37,843,000	\$11,319,300
57	MEDICAL FI HOURLY REIMBURSEMENT	\$23,077,000	\$5,018,400	\$27,546,000	\$6,135,000
58	MEDICAL FI OTHER ESTIMATED COSTS	\$19,460,000	\$4,693,900	\$9,740,000	\$2,885,000
59	MEDICAL FI ENHANCEMENTS	\$3,302,000	\$395,600	\$0	\$0
60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,657,000	\$958,300	\$2,152,000	\$723,000
61	MEDICAL FI CHANGE ORDERS	\$162,000	\$81,000	\$1,580,000	\$415,000
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$0	\$0	\$804,000	\$80,400
106	CA-MMIS XEROX SETTLEMENT AGREEMENT	-\$61,980,000	-\$15,810,000	-\$41,320,000	-\$41,320,000
	<b>DHCS-MEDICAL FI SUBTOTAL</b>	<b>\$116,845,000</b>	<b>\$35,665,700</b>	<b>\$134,699,000</b>	<b>\$11,165,500</b>
<b><u>DHCS-HEALTH CARE OPT</u></b>					

## OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2015-16		FISCAL YEAR 2016-17	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b><u>DHCS-HEALTH CARE OPT</u></b>					
63	HCO OPERATIONS	\$42,597,000	\$20,613,000	\$39,189,000	\$18,851,600
64	HCO COST REIMBURSEMENT	\$44,574,000	\$21,568,900	\$46,094,000	\$22,170,300
65	HCO CCI - CAL MEDICCONNECT AND MLTSS	\$19,673,000	\$9,836,500	\$11,665,000	\$5,832,500
66	HCO - ENROLLMENT CONTRACTOR COSTS	\$21,039,000	\$10,180,600	\$10,262,000	\$4,936,400
67	HCO ESR HOURLY REIMBURSEMENT	\$15,963,000	\$7,724,000	\$14,013,000	\$6,740,100
68	HCO- SPD TRANSITION TO MANAGED CARE RURAL COUNT	\$727,000	\$363,500	\$0	\$0
<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>		<b>\$144,573,000</b>	<b>\$70,286,600</b>	<b>\$121,223,000</b>	<b>\$58,531,000</b>
<b><u>DHCS-DENTAL FI</u></b>					
69	DENTAL FI OPERATIONS	\$78,723,000	\$25,349,300	\$81,305,000	\$26,183,800
70	DENTAL FI HOURLY REIMBURSEMENT	\$12,334,000	\$3,083,500	\$12,643,000	\$3,160,800
71	DENTAL FI COST REIMBURSEMENT	\$8,424,000	\$4,034,300	\$8,636,000	\$4,135,800
72	DENTAL FI FEDERAL RULE - REVALIDATION	\$1,437,000	\$718,500	\$1,474,000	\$737,000
73	DENTAL FI FEDERAL RULE - DATABASE CHECKS	\$390,000	\$195,000	\$400,000	\$200,000
74	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESME	\$320,000	\$80,000	\$320,000	\$80,000
75	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA	\$205,000	\$102,500	\$205,000	\$102,500
76	DENTAL FI CD-MMIS COSTS	\$70,000	\$17,500	\$1,096,000	\$274,000
100	DENTAL FI -BENEFICIARY OUTREACH & ED PROGRAM-ADM	\$1,043,000	\$452,500	\$3,064,000	\$1,325,000
104	DENTAL TREATMENT AUTHORIZATION REQUEST PROCES	\$0	\$0	\$2,068,000	\$967,500
<b>DHCS-DENTAL FI SUBTOTAL</b>		<b>\$102,946,000</b>	<b>\$34,033,000</b>	<b>\$111,211,000</b>	<b>\$37,166,300</b>
<b><u>OTHER DEPARTMENTS</u></b>					
77	PERSONAL CARE SERVICES	\$298,875,000	\$0	\$298,285,000	\$0
78	HEALTH-RELATED ACTIVITIES - CDSS	\$260,425,000	\$0	\$262,375,000	\$0
79	CALHEERS DEVELOPMENT	\$141,748,000	\$28,586,000	\$133,649,000	\$27,100,900
80	CDDS ADMINISTRATIVE COSTS	\$50,873,000	\$0	\$44,254,000	\$0
81	MATERNAL AND CHILD HEALTH	\$29,965,000	\$0	\$29,893,000	\$0

## OTHER ADMINISTRATION POLICY CHANGE SUMMARY

NO.	POLICY CHANGE TITLE	FISCAL YEAR 2015-16		FISCAL YEAR 2016-17	
		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>OTHER DEPARTMENTS</b>					
82	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$28,266,000	\$0	\$29,976,000	\$0
83	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILD	\$24,879,000	\$0	\$29,829,000	\$0
84	ACA OUTREACH AND ENROLLMENT COUNSELORS	\$4,959,000	\$2,479,500	\$6,305,000	\$3,152,500
85	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COS	\$15,415,000	\$3,560,000	\$15,281,000	\$3,560,000
86	CLPP CASE MANAGEMENT SERVICES	\$5,596,000	\$0	\$4,200,000	\$0
87	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$3,596,000	\$0	\$4,085,000	\$0
88	CHHS AGENCY HIPAA FUNDING	\$1,215,000	\$0	\$849,000	\$0
89	KIT FOR NEW PARENTS	\$1,119,000	\$0	\$1,119,000	\$0
90	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,017,000	\$0	\$1,017,000	\$0
91	TOBACCO QUITLINE ADMINISTRATIVE SERVICES	\$1,000,000	\$0	\$1,000,000	\$0
92	VETERANS BENEFITS	\$956,000	\$0	\$956,000	\$0
93	CDPH I&E PROGRAM AND EVALUATION	\$994,000	\$0	\$946,000	\$0
94	VITAL RECORDS DATA	\$458,000	\$0	\$883,000	\$0
95	CDDS DENTAL SERVICES	\$308,000	\$308,000	\$120,000	\$120,000
96	MERIT SYSTEM SERVICES FOR COUNTIES	\$195,000	\$97,500	\$195,000	\$97,500
97	PIA EYEWEAR COURIER SERVICE	\$305,000	\$152,500	\$382,000	\$191,000
<b>OTHER DEPARTMENTS SUBTOTAL</b>		<b>\$872,164,000</b>	<b>\$35,183,500</b>	<b>\$865,599,000</b>	<b>\$34,221,900</b>
<b>GRAND TOTAL</b>		<b>\$2,058,479,000</b>	<b>\$308,550,200</b>	<b>\$2,263,749,000</b>	<b>\$295,147,500</b>

## MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<b><u>DHCS-OTHER</u></b>	
1	BTR - LIHP - ADMINISTRATIVE COSTS
2	CCS CASE MANAGEMENT
3	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN
5	POSTAGE & PRINTING
6	OTLICP AND MEDI-CAL ACCESS PROGRAM
7	EPSDT CASE MANAGEMENT
8	ARRA HITECH INCENTIVE PROGRAM
9	SMHS COUNTY UR & QA ADMIN
10	DRUG MEDI-CAL COUNTY ADMINISTRATION
11	SMH MAA
12	PAVE SYSTEM
13	MIS/DSS CONTRACT
14	PASRR
15	CCI-ADMINISTRATIVE COSTS
16	LITIGATION RELATED SERVICES
17	INTERIM AND FINAL COST SETTLEMENTS-SMHS
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT
19	NEWBORN HEARING SCREENING PROGRAM
20	MEDI-CAL RECOVERY CONTRACTS
21	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)
22	HIPAA CAPITATION PAYMENT REPORTING SYSTEM
23	CA-MMIS GO-FORWARD OVERSIGHT
24	PREVENTION OF CHRONIC DISEASE GRANT PROJECT
25	MEDS MODERNIZATION
26	CA-MMIS GO-FORWARD STATE TRANSITION
28	BUSINESS RULES EXTRACTION
29	SDMC SYSTEM M&O SUPPORT
30	SSA COSTS FOR HEALTH COVERAGE INFO.
31	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES
32	MITA
33	ETL DATA SOLUTION
34	HEALTH HOMES PROGRAM - CONTRACTOR COSTS
35	FAMILY PACT PROGRAM ADMIN.
36	MMA - DSH ANNUAL INDEPENDENT AUDIT
37	CALIFORNIA HEALTH INTERVIEW SURVEY

**MEDI-CAL OTHER ADMINISTRATION  
POLICY CHANGE INDEX**

<b>POLICY CHANGE NUMBER</b>	<b>POLICY CHANGE TITLE</b>
<b><u>DHCS-OTHER</u></b>	
38	ENCRYPTION OF PHI DATA
39	POSTAGE AND PRINTING - THIRD PARTY LIAB.
40	CCT OUTREACH - ADMINISTRATIVE COSTS
41	ACA EXPANSION ADMIN COSTS
42	VENDOR FOR AAC RATE STUDY
43	MEDICARE BUY-IN QUALITY REVIEW PROJECT
44	ANNUAL EDP AUDIT CONTRACTOR
45	DENTAL PAPD PROJECT MANAGER
46	RECOVERY AUDIT CONTRACTOR COSTS
48	EPOCRATES
49	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT
50	Q5i AUTOMATED DATA SYSTEM ACQUISITION
51	TAR POSTAGE
52	COORDINATED CARE MANAGEMENT PILOT
53	DMC COUNTY UR & QA ADMIN
98	UNIVERSAL ASSESSMENT TOOL
99	PERFORMANCE OUTCOMES SYSTEM
102	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES
103	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE
105	CLINICAL DATA COLLECTION
107	SURS AND MARS SYSTEM REPLACEMENT
108	CA-MMIS PROCUREMENT CONSULTANTS
109	CA-MMIS MEDCOMPASS SOLUTION
110	CASE MANAGEMENT FOR BHT INSTITUTIONALLY DEEMED
112	MEDICAL INTERPRETERS
<b><u>DHCS-MEDICAL FI</u></b>	
54	MEDICAL FI OPERATIONS
55	MEDICAL FI GO-FORWARD AND CLOSE OUT ACTIVITIES
56	MEDICAL FI COST REIMBURSEMENT
57	MEDICAL FI HOURLY REIMBURSEMENT
58	MEDICAL FI OTHER ESTIMATED COSTS
59	MEDICAL FI ENHANCEMENTS
60	MEDICAL FI MISCELLANEOUS EXPENSES
61	MEDICAL FI CHANGE ORDERS
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES

**MEDI-CAL OTHER ADMINISTRATION  
POLICY CHANGE INDEX**

<b>POLICY CHANGE NUMBER</b>	<b>POLICY CHANGE TITLE</b>
	<b><u>DHCS-MEDICAL FI</u></b>
106	CA-MMIS XEROX SETTLEMENT AGREEMENT
	<b><u>DHCS-HEALTH CARE OPT</u></b>
63	HCO OPERATIONS
64	HCO COST REIMBURSEMENT
65	HCO CCI - CAL MEDICCONNECT AND MLTSS
66	HCO - ENROLLMENT CONTRACTOR COSTS
67	HCO ESR HOURLY REIMBURSEMENT
68	HCO- SPD TRANSITION TO MANAGED CARE RURAL COUNTIES
	<b><u>DHCS-DENTAL FI</u></b>
69	DENTAL FI OPERATIONS
70	DENTAL FI HOURLY REIMBURSEMENT
71	DENTAL FI COST REIMBURSEMENT
72	DENTAL FI FEDERAL RULE - REVALIDATION
73	DENTAL FI FEDERAL RULE - DATABASE CHECKS
74	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESSMENT
75	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA
76	DENTAL FI CD-MMIS COSTS
100	DENTAL FI -BENEFICIARY OUTREACH & ED PROGRAM-ADMIN
104	DENTAL TREATMENT AUTHORIZATION REQUEST PROCESSING
	<b><u>OTHER DEPARTMENTS</u></b>
77	PERSONAL CARE SERVICES
78	HEALTH-RELATED ACTIVITIES - CDSS
79	CALHEERS DEVELOPMENT
80	CDDS ADMINISTRATIVE COSTS
81	MATERNAL AND CHILD HEALTH
82	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
83	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN
84	ACA OUTREACH AND ENROLLMENT COUNSELORS
85	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS
86	CLPP CASE MANAGEMENT SERVICES
87	DEPARTMENT OF AGING ADMINISTRATIVE COSTS

**MEDI-CAL OTHER ADMINISTRATION  
POLICY CHANGE INDEX**

<b>POLICY CHANGE NUMBER</b>	<b>POLICY CHANGE TITLE</b>
<b><u>OTHER DEPARTMENTS</u></b>	
88	CHHS AGENCY HIPAA FUNDING
89	KIT FOR NEW PARENTS
90	MEDI-CAL INPATIENT SERVICES FOR INMATES
91	TOBACCO QUITLINE ADMINISTRATIVE SERVICES
92	VETERANS BENEFITS
93	CDPH I&E PROGRAM AND EVALUATION
94	VITAL RECORDS DATA
95	CDDS DENTAL SERVICES
96	MERIT SYSTEM SERVICES FOR COUNTIES
97	PIA EYEWEAR COURIER SERVICE

## HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN

OTHER ADMIN. POLICY CHANGE NUMBER: 83  
 IMPLEMENTATION DATE: 7/1999  
 ANALYST: Shannon Hoerner  
 FISCAL REFERENCE NUMBER: 246

	FY 2015-16	FY 2016-17
TOTAL FUNDS	\$24,879,000	\$29,829,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$24,879,000	\$29,829,000

### DESCRIPTION

**Purpose:**

This policy change budgets the Title XIX federal financial participation (FFP) for the Health Care Program for Children in Foster Care (HCPCFC). The Department of Social Services (CDSS) budgets the amounts for the non-federal share.

**Authority:**

Welfare & Institutions Code, Section 16501.3  
 AB 1111 (Chapter 147, Statutes of 1999)  
 SB 1013 (Chapter 35, Statutes of 2012)  
 SB 238 (Chapter 534, Statutes of 2015)  
 SB 319 (Chapter 534, Statutes of 2015)  
 Interagency Agreement (IA) 15-00650

**Interdependent Policy Change:**

Not Applicable

**Background:**

On January 1, 2010, the Department, in collaboration with CDSS, implemented the following requirements of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008:

- Connect and support relative caregivers,
- Improve the outcome for children in foster care,
- Provide for tribal foster care and adoption access,
- Improve incentives for adoption, and
- Require Title IV-B state and county agencies to develop a plan for ongoing oversight and coordination of health care services for children in foster care.

CDSS and the Department implemented the HCPCFC through the existing Child Health and Disability Prevention (CHDP) program so counties can employ public health nurses to help foster care children access health-related services.

The responsibility for HCPCFC was realigned to the counties in 2011 as part of 2011 Public Safety Realignment. Pursuant to Proposition 30, legislation enacted after September 30, 2012, that has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by 2011 Realignment shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Local agencies are not obligated to provide programs or levels of service required by legislation, above the level for which funding has been provided. Therefore, funding for the remaining non-federal costs for counties is 100% General Funds.

**HEALTH OVERSIGHT & COORD. FOR FOSTER CARE  
CHILDREN**  
OTHER ADMIN. POLICY CHANGE NUMBER: 83

At the request of the National Center for Youth Law and various other organizations, additional funding will be added in FY 2016-17 to meet the requirements of recently passed legislation and to provide additional staffing to ensure appropriate medication case management within the HCPCFC. The increased funding enables the hiring of additional Public Health Nurses to review and monitor psychotropic medication and treatment, assist in scheduling and monitoring appointments, and support court review of treatments.

**Reason for Change:**

The FY 2015-16 amounts were updated to reflect the actual amount provided to the Department through the IA and the corresponding FFP. The reason for change from FY 2015-16 to FY 2016-17, in the current estimate, is due an increase of \$4.95 million FFP (\$1.65 million GF) for additional staffing needs and to the meet requirements of recently passed legislation.

**Methodology:**

1. CDSS provides the annual Local Revenue Fund of \$8,293,000 for FY 2015-16 and \$9,943,000 for FY 2016-17.

(Dollars in Thousands)

<b>FY 2015-16</b>	<b>TF</b>	<b>CDSS GF</b>	<b>DHCS FFP</b>
	\$33,172	\$8,293	<b>\$24,879</b>

<b>FY 2016-17</b>	<b>TF</b>	<b>CDSS GF</b>	<b>DHCS FFP</b>
	\$39,772	\$9,943	<b>\$29,829</b>

**Funding:**

100% Title XIX FFP (4260-101-0890)

## MEDICAL INTERPRETERS

OTHER ADMIN. POLICY CHANGE NUMBER: 112  
 IMPLEMENTATION DATE: 7/2016  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 1990

	FY 2015-16	FY 2016-17
TOTAL FUNDS	\$0	\$6,000,000
STATE FUNDS	\$0	\$3,000,000
FEDERAL FUNDS	\$0	\$3,000,000

### DESCRIPTION

**Purpose:**

This policy change estimates the administrative costs for activities related to establishing a medical interpreter pilot project, study or both to assess the efficacy of current medical interpreter services and identify gaps in access and care.

**Authority:**

SB 826 (Chapter 23, Statutes of 2016)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Medi-Cal beneficiaries are diverse and speak various languages. As a result, existing federal and state law mandate that Medi-Cal providers ensure medical interpretation services are available to eligible Medi-Cal beneficiaries as follows:

- Commercial health plans must assess their members' language preference and provide interpretation and translation services in threshold languages.
- Hospitals are to provide language services, interpreters, and/or bilingual staff, under specified circumstances, and identify and record beneficiary's primary languages in hospital records.
- State and local agencies that provide services to a substantial number of limited English proficiency (LEP) and non-English speaking people are to provide bilingual services.

SB 826 authorizes the Department to establish a multi-county pilot project, study, or both for the support of activities related to medical interpreters for LEP Medi-Cal beneficiaries. The pilot project, study, or both is intended to assess the efficacy of current medical interpretation services and identify any gaps in access or shortcomings in care due to language barriers, which may cause beneficiaries to be misdiagnosed, not get appropriate/timely treatment, and/or cause medical errors that jeopardize safety.

**Reason for Change:**

This is a new policy change.

## MEDICAL INTERPRETERS

OTHER ADMIN. POLICY CHANGE NUMBER: 112

**Methodology:**

1. Subject to provisional requirements in statutes, the Department will develop strategies for the establishment of the medical interpreter pilot project, study, or both.
2. The estimated cost for the pilot project, study, or both is **\$6 million TF (\$3 million GF)**.

**Funding:**

50% Title XIX / 50% GF (4260-101-0001/0890)