



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

September 16, 2014

PPL:14-001

TO: ARTICLE 13 COUNTY ADMINISTRATIVE OFFICERS
ARTICLE 13 COUNTY HEALTH EXECUTIVES

SUBJECT: AB 85 (as amended by SB 98) FY 2015-16 Interim Redirection Data Request – Article 13 Counties

Purpose

This policy and procedure letter is to provide guidance to the Article 13 counties regarding the submission of the county's FY 2015-16 projected data for use by DHCS to calculate the county's interim redirection amount to meet the provisions specified in Assembly Bill (AB) 85 as amended by Senate Bill (SB) 98 (Chapter 24, Statutes of 2013).

The Article 13 counties referred to in this letter are the counties of Fresno, Merced, Orange, San Diego, San Luis Obispo, Santa Cruz, and Tulare.

Background

AB 85 requires that the Department calculate an interim redirection amount for each county under subdivision (b) of the section 17613.3 by the January immediately prior to the start of the fiscal year. Enclosed are the following documents:

- Article 13 Interim 2015-2016 Data Submission Form
- Article 13 Interim 2015-2016 Data Submission Guide
- Article 13 Interim 2015-2016 Certification Form

The Data Submission Guide will provide guidance to counties on how to complete the Data Submission Form that will be used by DHCS to determine the FY 2015-16 interim redirection amount.

The county may choose, in the County Certification Form, to use the historical realignment percentage to project the county's FY 2015-16 interim redirection amount or the formula option by selecting the corresponding box.

All counties must review sections 1 and 2 of the data submission form to ensure that the applicable amounts and percentages are correct. Counties that choose the formula option must review and submit the entire data submission form.

This form is to be completed and signed by an appropriate county official on behalf of the county. The data submission form and county certification form must be submitted by September 22, 2014.

Please complete and return the forms to:

Department of Health Care Services
Realignment Unit, MS 4519
P.O. Box 997436
Sacramento, CA 95899-7436

Thank you for your collaboration on this data submission effort. Please email all submissions to AB85@dhcs.ca.gov.

DHCS is available to meet with counties who need additional guidance or answer any questions. Please contact Brie-Anne Sebastien, Chief of the Realignment Unit at (916) 552-8494 or AB85@dhcs.ca.gov.

Thank you,

John Mendoza, Chief
Safety Net Financing Division

Enclosures:

- Article 13 Interim 2015-2016 Data Submission Form
- Article 13 Interim 2015-2016 Data Submission Guide
- Article 13 Interim 2015-2016 Certification Form

cc's: On next page

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