

CALCULATION OF ELIGIBLE MONTHS AND REPORTING AS CASELOAD

In the Plan and Fiscal Guidelines for fiscal year (FY) 2006/07, the terminology for caseload is changed to “eligible months”. However, the word caseload will be seen throughout the Plan and Fiscal Guidelines manual as this is the terminology that is most familiar to the previous users of this manual.

Caseload in FY 2006/07 will now be calculated based upon the months the client was eligible for services. Below are examples of types of cases for which a child would be counted as an eligible month:

- If a child has full scope, no share of cost Medi-Cal in a month, that child has an eligible month as a California Children’s Services (CCS)/Medi-Cal client.
- If a child is a Healthy Families (HF) subscriber on any day in the month, the child has an eligible month as a CCS/HF client. However, HF will only pay for the dates of service in the month for which the child is actually a HF subscriber.
- If a child has CCS only eligibility on any day in the month, then the child has an eligible month as a CCS-only client. However, CCS-only will only pay for a date of service in the month for which the child has CCS-only eligibility.

A Business Objects report is being developed to request “eligible month” information. The eligible month information will need to be processed monthly. At the end of the three month period the total number of “eligible months” from the three combined reports would need to be divided by three to achieve the “average caseload” number for the quarter.

An example would be:

Month One	=	150	eligible months
Month Two	=	148	eligible months
Month Three	=	167	eligible months
TOTAL		465	Eligible Months

465 eligible months ÷ 3 = 155 eligible months/case load for the reporting quarter