

FAMILY HEALTH
November 2018
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2018-19 *and* 2019-20



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
November 2018
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2018-19 and 2019-20**

Fiscal Forecasting Division
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Family Health Local Assistance Estimate Management Summary November 2018 Estimate

The Family Health Local Assistance Estimate forecasts the current and budget year expenditures for four of the Department's state-only programs; California Children's Services, Child Health and Disability Prevention, Genetically Handicapped Persons Program, and Every Woman Counts. These programs assist families and individuals by providing services for low-income children and adults with special health care needs who do not qualify for enrollment in the Medi-Cal program. Costs for individuals with these special health care needs who qualify for Medi-Cal are included in the Medi-Cal Local Assistance Estimate.

The Family Health Local Assistance Estimate is categorized into four separate state-only programs. Each category includes estimated expenditures for benefits, administration, and fiscal intermediary costs:

- Benefits: Expenditures for the care of the individuals enrolled in the program, including estimated base expenditures and those added through a policy change.
- Administration: Expenditures to determine program eligibility and the costs to administer the program.
- Fiscal Intermediary: Expenditures associated with the processing of medical claims.

The following is a brief description of each program.

- California Children's Services (CCS): The CCS program, established in 1927, is one of the oldest public health care programs in the nation and administered in partnership with county health departments. The CCS state-only program provides health care services to children up to age 21 who have a CCS-eligible condition, such as: cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, or traumatic injury. Either children enrolled in the CCS state-only program do not qualify for full-scope Medi-Cal or their families cannot afford the catastrophic health care costs for the child's care.
- Child Health and Disability Prevention (CHDP): The CHDP program, established in 1973 provides complete health assessments (screens) and immunizations for children at or under 18 years of age whose family income is at or below 200% of the Federal Poverty Level (FPL) and who are not eligible for Medi-Cal. Children with limited scope emergency Medi-Cal receiving health assessments and immunizations are also covered by the State-Only CHDP benefit (Health & Safety Code 104395 & 124090).

This program also administers the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Fee-For-Service Medi-Cal recipients. Beginning in 2019-20, CHDP program expenditures are reflected in the Medi-Cal Local Assistance Estimate.

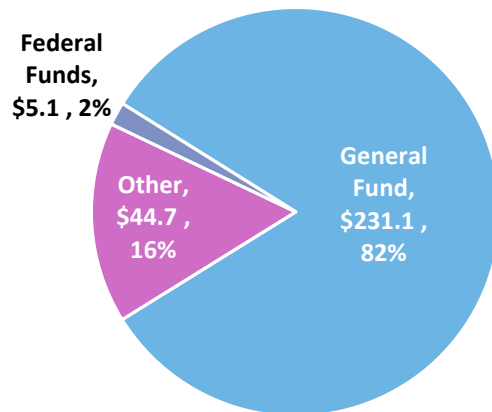
- Genetically Handicapped Persons Program (GHPP): The GHPP program, established in 1975, provides medically necessary services and administrative case management for individuals age 21 and over with a GHPP-eligible condition, such as cystic fibrosis, hemophilia, sickle cell, Huntington's, or metabolic diseases. The GHPP state-only program is for those individuals who do not qualify for full scope Medi-Cal.

- Every Woman Counts (EWC) Program: The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured Californians who do not qualify for Medi-Cal. In prior Family Health Estimates, program benefits and administrative costs were budgeted on an accrual basis, while other programs in the Family Health Estimate are budgeted on a cash basis. Beginning with FY 2017-18, the EWC program benefits and administrative costs transitioned from an accrual basis to budgeting on a cash basis.

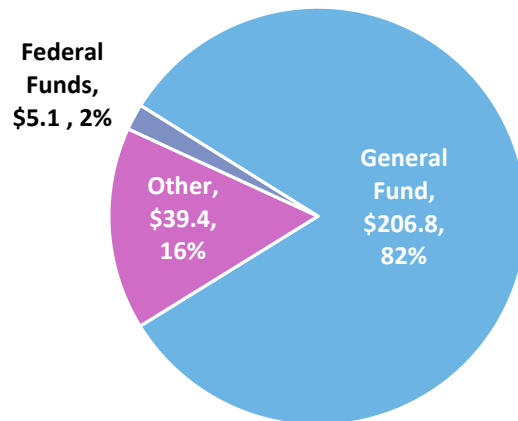
Family Health estimated program expenditures are \$251 million in FY 2018-19 and \$257 million in FY 2019-20. This does not include funds spent by county health departments on these programs.

FY 2018-19

Appropriation
Dollars in Millions
\$280.9 Million Total Funds



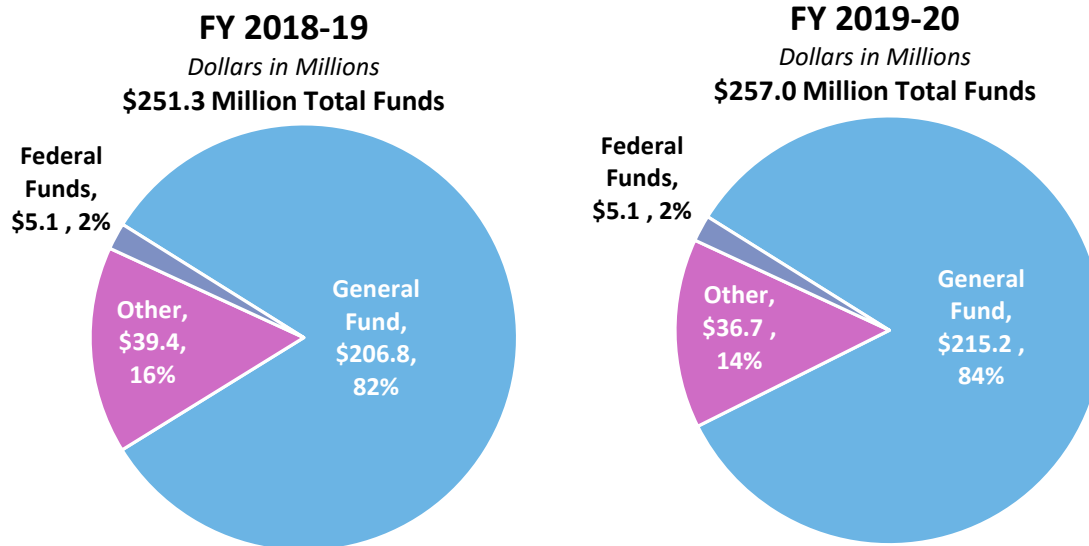
November 2018
Dollars in Millions
\$251.3 Million Total Funds



The November 2018 Family Health Estimate for FY 2018-19 is \$24.3 million less in General Fund costs than the FY 2018-19 Budget Appropriation.

FY 2018-19, General Fund				
	Appropriation	November 2018	Change	
<u>Fund 4260-111-0001</u>				
California Children’s Services (CCS)	\$ 87.25	\$ 78.36	\$	(8.90)
Child Health and Disability Prevention Program (CHDP)	\$ 0.003	\$ 0.003	\$	0.000
Genetically Handicapped Persons Program (GHPP)	\$ 138.23	\$ 112.31	\$	(25.91)
<u>Total Fund 4260-111-0001</u>	<u>\$ 225.48</u>	<u>\$ 190.67</u>	<u>\$</u>	<u>(34.81)</u>
<u>Fund 4260-114-0001</u>				
Every Woman Counts Program (EWC)	\$ 5.61	\$ 16.11	\$	10.50
<u>Total Fund 4260-114-0001</u>	<u>\$ 5.61</u>	<u>\$ 16.11</u>	<u>\$</u>	<u>10.50</u>
Total General Fund	\$ 231.09	\$ 206.78	\$	(24.31)
<i>(Dollars in Millions, Rounded)</i>				

November 2018



The Family Health General Fund costs are estimated to increase by \$8.4 million between FY 2018-19 and FY 2019-20.

November 2018, General Fund						
	FY 2018-19		FY 2019-20	Change		
<u>Fund 4260-111-0001</u>						
California Children’s Services (CCS)	\$	78.36	\$	80.32	\$	1.96
Child Health and Disability Prevention Program (CHDP)	\$	0.003	\$	0.000	\$	(0.003)
Genetically Handicapped Persons Program (GHPP)	\$	112.31	\$	118.15	\$	5.84
<u>Total Fund 4260-111-0001</u>	\$	190.67	\$	198.47	\$	7.80
<u>Fund 4260-114-0001</u>						
Every Woman Counts Program (EWC)	\$	16.11	\$	16.74	\$	0.63
<u>Total Fund 4260-114-0001</u>	\$	16.11	\$	16.74	\$	0.63
Total General Fund	\$	206.78	\$	215.21	\$	8.43
<i>(Dollars in Millions, Rounded)</i>						

Caseload**CCS**

CCS State-Only caseload is projected to be approximately 15,000 beneficiaries for both FY 2018-19 and FY 2019-20.

CHDP

CHDP caseload is projected to be approximately 22 screens for FY 2018-19. Projected FY 2019-20 CHDP caseload and expenditures have moved to the Medi-Cal Local Assistance Estimate.

GHPP

A delay in processing GHPP enrollment applications resulted in a temporary backlog of enrollment determinations. The pending determinations are now resolved, resulting in an increase in enrollment. GHPP State-Only caseload is projected to be approximately 780 beneficiaries for both FY 2018-19 and FY 2019-20.

EWC

EWC Caseload is based on average monthly users by date of payment. Estimated caseload has increased from the Appropriation Estimate based on recent data showing an increase in users. EWC caseload is projected to be approximately 27,000 beneficiaries for both FY 2018-19 and FY 2019-20.

Significant Items*Dollars in Millions*

		Change from Appropriation		Change from FY 2018-19	
		FY 2018-19		FY 2019-20	
Name	PC	TF	GF	TF	GF
Home Health Rate Increase	CCS 10	-\$3.82	-\$3.82	\$0.55	\$0.55
Effective for dates of services on and after July 1, 2018, the Department will increase rates for certain fee-for-service (FFS) home health agency and Private Duty Nursing (PDN) services by 50%. This policy change estimates the CCS State-Only costs for the rate increases. In the current estimate, the FY 2018-19 estimate was revised to reflect a funding split between the GF and County Funds. The change from FY 2018-19 to FY 2019-20, is an increase due to the full year implementation of the rate increases in FY 2019-20.					
Pediatric Day Health Care Rate Increase	CCS 11	-\$0.74	-\$0.74	\$0.18	\$0.18
Effective for dates of services on and after July 1, 2018, the Department will increase Pediatric Day Health Care (PDHC) services rates by 50%. This policy change estimates the CCS State-Only costs for the PDHC rate increases. In the current estimate, the FY 2018-19 estimate was revised to reflect a funding split between GF and County Funds and updated utilization. The change from FY 2018-19 to FY 2019-20, is an increase due to the full year implementation of the rate increases in FY 2019-20.					
GHPP Base Treatment Expenditures	-	\$15.2	\$15.2	\$3.2	\$3.2
Estimated treatment expenditures increased due to additional expenditures incurred during the delay in processing GHPP enrollment applications. In the Appropriation Estimate, these expenditures were projected separately from the base treatment expenditures in the GHPP Treatment Costs Adjustment policy change. In the November 2018 Estimate, a portion of these expenditures are reflected in the GHPP base treatment expenditures.					
Blood Factor Drug Rebates	GHPP 3	\$0	\$5.26	\$0	\$2.70
For FY 2018-19, actual data shows a decline in drug rebate collections resulting in additional General Fund costs. For FY 2019-20, the increase is due to the continued trending of fewer rebates.					
GHPP Treatment Costs Adjustment	GHPP 7	-\$42.88	-\$42.88	-\$0.99	-\$0.99
This policy change projects the GHPP expenditures incurred by beneficiaries whose enrollment applications were pending determination due to a delay in processing. The delay is resolved and the FY 2018-19 estimate has been revised to reflect the expenditure trend for these beneficiaries. A portion of these costs are now reflected in the GHPP Base Treatment Expenditures.					
EWC Base Treatment Expenditures	-	\$11.4	\$11.4	\$0	\$0
For FY 2018-19, the increase from the previous estimate is due to higher expenditures, specifically in the 50+ breast cancer population.					

WA State V. Breast Cancer Prevention Fund Settlement	EWC 7	\$-0.63	\$-0.63	\$0.63	\$0.63
This is a new policy change that estimates the payment made to the EWC program by the Washington State Attorney General's Office as part of a lawsuit settlement against the Breast Cancer Prevention Fund. This one-time payment only occurs in FY 2018-19.					

Management Summary**Fiscal Year 2018-19****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2018-19	Nov. 18 Est. FY 2018-19	Chg Approp - Nov. 2018 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 87,254,000	\$ 78,356,000	\$ (8,898,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 83,629,000	\$ 84,124,000	\$ 495,000
TOTAL CCS	\$ 92,707,000	\$ 83,809,000	\$ (8,898,000)
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 3,000	\$ 3,000	\$ 0
TOTAL CHDP	\$ 3,000	\$ 3,000	\$ 0
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 138,227,000	\$ 112,315,000	\$ (25,912,000)
4260-611-0995 (Enrollment Fees)	\$ 478,000	\$ 462,000	\$ (16,000)
4260-601-3079 (Rebates Special Fund)	\$ 16,259,000	\$ 11,000,000	\$ (5,259,000)
TOTAL GHPP	\$ 154,964,000	\$ 123,777,000	\$ (31,187,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 5,608,000	\$ 16,105,000	\$ 10,497,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 33,240,000	\$ 43,737,000	\$ 10,497,000
GRAND TOTAL - ALL FUNDS	\$ 280,914,000	\$ 251,326,000	\$ (29,588,000)
4260-111-0001*	\$ 225,484,000	\$ 190,674,000	\$ (34,810,000)
4260-114-0001	\$ 5,608,000	\$ 16,105,000	\$ 10,497,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,931,000	\$ 5,915,000	\$ (16,000)
4260-601-3079	\$ 16,259,000	\$ 11,000,000	\$ (5,259,000)
County Funds ¹	\$ 83,629,000	\$ 84,124,000	\$ 495,000

¹ County Funds are not included in Total Funds. They are shown for display only.

* As of the November 2018 estimate cycle, projected CHDP expenditures for FY 2019-20 have moved to the Medi-Cal Local Assistance Estimate.

Management Summary**Fiscal Year 2018-19 Compared to Fiscal Year 2019-20**

	Nov. 18 Est. FY 2018-19	Nov. 18 Est. FY 2019-20	Difference Incr./(Decr.)
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 78,356,000	\$ 80,318,000	\$ 1,962,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 84,124,000	\$ 86,088,000	\$ 1,964,000
TOTAL CCS	\$ 83,809,000	\$ 85,771,000	\$ 1,962,000
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 3,000	\$ 0	\$ (3,000)
TOTAL CHDP	\$ 3,000	\$ 0	\$ (3,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 112,315,000	\$ 118,146,000	\$ 5,831,000
4260-611-0995 (Enrollment Fees)	\$ 462,000	\$ 462,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 11,000,000	\$ 8,300,000	\$ (2,700,000)
TOTAL GHPP	\$ 123,777,000	\$ 126,908,000	\$ 3,131,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 16,105,000	\$ 16,737,000	\$ 632,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 43,737,000	\$ 44,369,000	\$ 632,000
GRAND TOTAL - ALL FUNDS	\$ 251,326,000	\$ 257,048,000	\$ 5,722,000
4260-111-0001*	\$ 190,674,000	\$ 198,464,000	\$ 7,790,000
4260-114-0001	\$ 16,105,000	\$ 16,737,000	\$ 632,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,915,000	\$ 5,915,000	\$ 0
4260-601-3079	\$ 11,000,000	\$ 8,300,000	\$ (2,700,000)
County Funds ¹	\$ 84,124,000	\$ 86,088,000	\$ 1,964,000

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* As of the November 2018 estimate cycle, projected CHDP expenditures for FY 2019-20 have moved to the Medi-Cal Local Assistance Estimate.

Management Summary**Fiscal Year 2019-20****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2018-19	Nov. 18 Est. FY 2019-20	Chg Approp - Nov. 2018 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 87,254,000	\$ 80,318,000	\$ (6,936,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 83,629,000	\$ 86,088,000	\$ 2,459,000
TOTAL CCS	\$ 92,707,000	\$ 85,771,000	\$ (6,936,000)
<u>Child Health and Disability Prevention Program</u>			
4260-111-0001 (General Fund)	\$ 3,000	\$ 0	\$ (3,000)
TOTAL CHDP	\$ 3,000	\$ 0	\$ (3,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 138,227,000	\$ 118,146,000	\$ (20,081,000)
4260-611-0995 (Enrollment Fees)	\$ 478,000	\$ 462,000	\$ (16,000)
4260-601-3079 (Rebates Special Fund)	\$ 16,259,000	\$ 8,300,000	\$ (7,959,000)
TOTAL GHPP	\$ 154,964,000	\$ 126,908,000	\$ (28,056,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 5,608,000	\$ 16,737,000	\$ 11,129,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 33,240,000	\$ 44,369,000	\$ 11,129,000
GRAND TOTAL - ALL FUNDS	\$ 280,914,000	\$ 257,048,000	\$ (23,866,000)
4260-111-0001*	\$ 225,484,000	\$ 198,464,000	\$ (27,020,000)
4260-114-0001	\$ 5,608,000	\$ 16,737,000	\$ 11,129,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,931,000	\$ 5,915,000	\$ (16,000)
4260-601-3079	\$ 16,259,000	\$ 8,300,000	\$ (7,959,000)
County Funds ¹	\$ 83,629,000	\$ 86,088,000	\$ 2,459,000

¹ County Funds are not included in Total Funds. They are shown for display only.

* As of the November 2018 estimate cycle, projected CHDP expenditures for FY 2019-20 have moved to the Medi-Cal Local Assistance Estimate.

CALIFORNIA CHILDREN'S SERVICES Funding Summary

FY 2018-19, November 2018 Estimate Compared to May 2018 Estimate			
	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./((Decr.))
CCS State-Only Caseload:	14,819	15,131	312
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 87,254,400	\$ 78,356,200	\$ (8,898,200)
Total General Fund	\$ 87,254,400	\$ 78,356,200	\$ (8,898,200)
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Federal Funds	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Funds	\$ 92,707,400	\$ 83,809,200	\$ (8,898,200)

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20			
	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./((Decr.))
CCS State-Only Caseload:	15,131	15,131	0
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 78,356,200	\$ 80,318,000	\$ 1,961,800
Total General Fund	\$ 78,356,200	\$ 80,318,000	\$ 1,961,800
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Federal Funds	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Funds	\$ 83,809,200	\$ 85,771,000	\$ 1,961,800

CALIFORNIA CHILDREN'S SERVICES**Fiscal Year 2018-19****Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>County Funds</u>
A. State Only Services				
1. Treatment Costs				
Treatment Base 1/	5,077,000	5,077,000	-	4,577,000
Bone Marrow Xplant 2/	125,000	125,000	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	(400,000)
Total Treatment Base	5,602,000	5,602,000	-	4,052,000
2. Therapy Costs				
Therapy Base	66,839,000	66,839,000	-	66,838,000
MTU Medi-Cal Offset 4/	(5,384,000)	(5,384,000)	-	(1,795,000)
AB3632 5/	754,000	754,000	-	(754,000)
Total Therapy Base	62,209,000	62,209,000	-	64,289,000
3. Enroll/Assess Fees	(51,500)	(51,500)	-	(51,500)
4. Benefits Policy Changes	4,583,200	4,583,200	-	4,584,100
	\$ 72,342,700	\$ 72,342,700	\$ 0	\$ 72,873,600
B. State Only Admin.				
1. County Admin.	11,250,500	5,797,500	5,453,000	11,250,500
2. Fiscal Inter.	23,000	23,000	-	-
3. FI Dental	1,000	1,000	-	-
4. CMS Net	192,000	192,000	-	-
	\$ 11,466,500	\$ 6,013,500	\$ 5,453,000	\$ 11,250,500
Total CCS State Only	\$ 83,809,200	\$ 78,356,200	\$ 5,453,000	\$ 84,124,100
GRAND TOTAL	\$ 83,809,200	\$ 78,356,200	\$ 5,453,000	\$ 84,124,100

NOTE: County Funds are shown for information only, and are not included in Total Funds.

1/ Treatment base includes costs for services rendered out-of-state. There is no county share for these costs.

2/ An estimated \$250,000 in certain bone marrow transplant costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$125,000 is shifted from County to General Fund.

3/ An estimated \$800,000 in catastrophic small county services costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$400,000 is shifted from County to General Fund.

4/ Medical Therapy Unit (MTU) costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF/50% County funds. The costs that are reimbursed by Medi-Cal reduce program costs 75% GF, 25% County funds.

5/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy.

CALIFORNIA CHILDREN'S SERVICES**Fiscal Year 2019-20****Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>County Funds</u>
A. State Only Services				
1. Treatment Costs				
Treatment Base 1/	5,077,000	5,077,000	-	4,577,000
Bone Marrow Xplant 2/	125,000	125,000	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	(400,000)
Total Treatment Base	5,602,000	5,602,000	-	4,052,000
2. Therapy Costs				
Therapy Base	68,067,000	68,067,000	-	68,067,000
MTU Medi-Cal Offset 4/	(5,384,000)	(5,384,000)	-	(1,795,000)
AB3632 5/	754,000	754,000	-	(754,000)
Total Therapy Base	63,437,000	63,437,000	-	65,518,000
3. Enroll/Assess Fees	(51,500)	(51,500)	-	(51,500)
4. Benefits Policy Changes	5,318,000	5,318,000	-	5,319,000
	\$ 74,305,500	\$ 74,305,500	\$ 0	\$ 74,837,500
B. State Only Admin.				
1. County Admin.	11,250,500	5,797,500	5,453,000	11,250,500
2. Fiscal Inter.	23,000	23,000	-	-
3. FI Dental	2,000	2,000	-	-
4. CMS Net	190,000	190,000	-	-
	\$ 11,465,500	\$ 6,012,500	\$ 5,453,000	\$ 11,250,500
Total CCS State Only	\$ 85,771,000	\$ 80,318,000	\$ 5,453,000	\$ 86,088,000
GRAND TOTAL	\$ 85,771,000	\$ 80,318,000	\$ 5,453,000	\$ 86,088,000

NOTE: County Funds are shown for information only, and are not included in Total Funds.

1/ Treatment base includes costs for services rendered out-of-state. There is no county share for these costs.

2/ An estimated \$250,000 in certain bone marrow transplant costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$125,000 is shifted from County to General Fund.

3/ An estimated \$800,000 in catastrophic small county services costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$400,000 is shifted from County to General Fund.

4/ Medical Therapy Unit (MTU) costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF/50% County funds. The costs that are reimbursed by Medi-Cal reduce program costs 75% GF, 25% County funds.

5/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy.

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2018-19

November 2018 Estimate Compared to May 2018 Estimate, Total Funds

	Appropriation	Nov. 2018 Est.	Difference
	<u>FY 2018-19</u>	<u>FY 2018-19</u>	<u>Incr./ (Decr.)</u>
A. Total CCS State Only Services	<u>\$ 81,245,900</u>	<u>\$ 72,342,700</u>	<u>\$ (8,903,200)</u>
1. Treatment Services	5,547,000	5,602,000	55,000
2. Medical Therapy Program	62,153,000	62,209,000	56,000
3. Benefits Policy Changes	13,597,400	4,583,200	(9,014,200)
4. Enroll/Assessment Fees	(51,500)	(51,500)	-
B. CCS Administration			
1. County Administration	11,250,500	11,250,500	-
2. Fiscal Intermediary	211,000	216,000	5,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 92,707,400</u>	<u>\$ 83,809,200</u>	<u>\$ (8,898,200)</u>
 TOTAL CCS PROGRAM	 <u>\$ 92,707,400</u>	 <u>\$ 83,809,200</u>	 <u>\$ (8,898,200)</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2018-19

November 2018 Estimate Compared to May 2018 Estimate, General Fund

	Appropriation	Nov. 2018 Est.	Difference
	FY 2018-19	FY 2018-19	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 81,245,900</u>	<u>\$ 72,342,700</u>	<u>\$ (8,903,200)</u>
1. Treatment Services	5,547,000	5,602,000	55,000
2. Medical Therapy Program	62,153,000	62,209,000	56,000
3. Benefits Policy Changes	13,597,400	4,583,200	(9,014,200)
4. Enroll/Assessment Fees	(51,500)	(51,500)	-
B. CCS Administration			
1. County Administration	5,797,500	5,797,500	-
2. Fiscal Intermediary	211,000	216,000	5,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 87,254,400</u>	<u>\$ 78,356,200</u>	<u>\$ (8,898,200)</u>
TOTAL CCS PROGRAM	<u>\$ 87,254,400</u>	<u>\$ 78,356,200</u>	<u>\$ (8,898,200)</u>

November 2018 Estimate Compared to May 2018 Estimate, Federal Funds

	Appropriation	Nov. 2018 Est.	Difference
	FY 2018-19	FY 2018-19	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
B. CCS Administration			
1. County Administration	5,453,000	5,453,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds
Budget Year Compared to Current Year****November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, Total Funds**

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 72,342,700</u>	<u>\$ 74,305,500</u>	<u>\$ 1,962,800</u>
1. Treatment Services	5,602,000	5,602,000	-
2. Medical Therapy Program	62,209,000	63,437,000	1,228,000
3. Benefits Policy Changes	4,583,200	5,318,000	734,800
4. Enroll/Assessment Fees	(51,500)	(51,500)	-
B. CCS Administration			
1. County Administration	11,250,500	11,250,500	-
2. Fiscal Intermediary	216,000	215,000	(1,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 83,809,200	\$ 85,771,000	\$ 1,961,800
TOTAL CCS PROGRAM	\$ 83,809,200	\$ 85,771,000	\$ 1,961,800

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Budget Year Compared to Current Year

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, General Fund

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 72,342,700</u>	<u>\$ 74,305,500</u>	<u>\$ 1,962,800</u>
1. Treatment Services	5,602,000	5,602,000	-
2. Medical Therapy Program	62,209,000	63,437,000	1,228,000
3. Benefits Policy Changes	4,583,200	5,318,000	734,800
4. Enroll/Assessment Fees	(51,500)	(51,500)	-
B. CCS Administration			
1. County Administration	5,797,500	5,797,500	-
2. Fiscal Intermediary	216,000	215,000	(1,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 78,356,200</u>	<u>\$ 80,318,000</u>	<u>\$ 1,961,800</u>
TOTAL CCS PROGRAM	<u>\$ 78,356,200</u>	<u>\$ 80,318,000</u>	<u>\$ 1,961,800</u>

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, Federal Funds

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
B. CCS Administration			
1. County Administration	5,453,000	5,453,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>

CALIFORNIA CHILDREN'S SERVICES
Comparison of Assumed Fiscal Impacts of Policy Changes

Fiscal Year 2018-19, November 2018 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>			FY 2018-19 APPROPRIATION		NOVEMBER 2018 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$51,500	-\$51,500	-\$51,500	-\$51,500	\$0	\$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$11,250,500	\$11,250,500	\$11,250,500	\$11,250,500	\$0	\$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$26,000	\$26,000	\$23,000	\$23,000	-\$3,000	-\$3,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$184,000	\$184,000	\$192,000	\$192,000	\$8,000	\$8,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$41,000	-\$41,000	-\$41,000	-\$41,000	\$0	\$0
Benefits	8	NEW HIGH COST TREATMENTS - CCS	\$4,406,500	\$4,406,500	\$0	\$0	-\$4,406,500	-\$4,406,500
Benefits	9	CCS-MTP - SPECIAL EDUCATION	\$54,500	\$54,500	\$0	\$0	-\$54,500	-\$54,500
Benefits	10	HOME HEALTH RATE INCREASE	\$7,613,400	\$7,613,400	\$3,796,700	\$3,796,700	-\$3,816,700	-\$3,816,700
Benefits	11	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$1,564,000	\$1,564,000	\$827,500	\$827,500	-\$736,500	-\$736,500
CCS TOTAL			<u>\$25,007,400</u>	<u>\$19,554,400</u>	<u>\$15,998,200</u>	<u>\$10,545,200</u>	<u>-\$9,009,200</u>	<u>-\$9,009,200</u>

¹ Funds are referenced separately in the CCS Funding Sources pages.

* Dollars shown include payment lag and percent in base.

CALIFORNIA CHILDREN'S SERVICES
Comparison of Assumed Fiscal Impacts of Policy Changes

Fiscal Year 2018-19 Compared to Fiscal Year 2019-20							
<u>POLICY CHG.</u>			Nov. 2018 Est. for FY 2018-19		Nov. 2018 Est. for FY 2019-20		DIFFERENCE, Incr./.(Decr.)
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u> <u>STATE FUNDS</u>
CCS STATE ONLY							
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$51,500	-\$51,500	-\$51,500	-\$51,500	\$0 \$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$11,250,500	\$11,250,500	\$11,250,500	\$11,250,500	\$0 \$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$23,000	\$23,000	\$23,000	\$23,000	\$0 \$0
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$2,000	\$2,000	\$1,000 \$1,000
FI	5	CMS NET	\$192,000	\$192,000	\$190,000	\$190,000	-\$2,000 -\$2,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0 \$0
Benefits	7	CCS DRUG REBATES	-\$41,000	-\$41,000	-\$34,000	-\$34,000	\$7,000 \$7,000
Benefits	8	NEW HIGH COST TREATMENTS - CCS	\$0	\$0	\$0	\$0	\$0 \$0
Benefits	9	CCS-MTP - SPECIAL EDUCATION	\$0	\$0	\$0	\$0	\$0 \$0
Benefits	10	HOME HEALTH RATE INCREASE	\$3,796,700	\$3,796,700	\$4,349,000	\$4,349,000	\$552,300 \$552,300
Benefits	11	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$827,500	\$827,500	\$1,003,000	\$1,003,000	\$175,500 \$175,500
CCS TOTAL			<u>\$15,998,200</u>	<u>\$10,545,200</u>	<u>\$16,732,000</u>	<u>\$11,279,000</u>	<u>\$733,800</u> <u>\$733,800</u>

¹ Funds are referenced separately in the CCS Funding Sources pages.

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Stephanie Hockman

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	-\$51,500	-\$51,500
	- GENERAL FUND	-\$51,500	-\$51,500
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$51,500	-\$51,500
	- GENERAL FUND	-\$51,500	-\$51,500
	- COUNTY FUNDS	-\$51,500	-\$51,500

Purpose:

This policy change estimates the total collected annual assessment fees and enrollment fees from California Children's Services (CCS) clients.

Authority:

Health & Safety Code 123870 and 123900

Interdependent Policy Changes:

Not Applicable

Background:

The CCS program requires an annual assessment fee and an annual enrollment fee. The fees are based on family income and CCS services received. Fees received are split 50/50 between the State and the counties by offsetting the counties' allocated fee revenues against the State's portion of reimbursements to the counties. Clients are evaluated on a case by case basis and not all clients are assessed a fee.

Reason for Change:

There is no change from the prior estimate or between fiscal years in the current estimate.

Methodology:

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for July 2009 - March 2018.

	<u>FY 2018-19</u>	<u>FY 2019-20</u>
Enrollment Fees:	\$91,500	\$91,500
Assessment Fees:	<u>\$11,500</u>	<u>\$11,500</u>
Total:	\$103,000 (\$51,500 GF Offset)	\$103,000 (\$51,500 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMIN. COSTS

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Stephanie Hockman

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$11,250,500	\$11,250,500
	- GENERAL FUND	\$11,250,500	\$11,250,500
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$11,250,500	\$11,250,500
	- GENERAL FUND	\$11,250,500	\$11,250,500
	- COUNTY FUNDS	\$11,250,500	\$11,250,500

Purpose:

This policy change estimates the county administrative costs of California Children's Services (CCS) State Only Program.

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

Beginning in FY 2003-04, a portion of County Administrative Costs are claimed under the CCS State Only Program. The State reimburses counties for 50% of their CCS State Only case management administrative costs.

Reason for Change:

There is no change for FY 2018-19 from the prior estimate or between fiscal years in the current estimate.

Methodology:

1. For FY 2018-19, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2018-19 in the May 2018 Estimate.

FY 2018-19: \$22,501,000 (\$11,250,500 GF) (Includes County Funds)

2. FY 2019-20 is calculated based on the change in caseload between fiscal years in the November 2018 Family Health Estimate. CCS State-Only caseload is expected to remain steady at 15,131 for FY 2018-19 and FY 2019-20.

FY 2019-20: \$22,501,000 (\$11,250,500 GF) (Includes County Funds)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not included in Total Funds

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/1993
ANALYST: Melinda Yegge

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$23,000	\$23,000
	- GENERAL FUND	\$23,000	\$23,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$23,000	\$23,000
	- GENERAL FUND	\$23,000	\$23,000

Purpose:

This policy change estimates the expenditures paid to the medical fiscal intermediary (FI) for the administrative cost of adjudicating California Children's Services (CCS) State Only medical claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

CCS medical claims are paid by the medical FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL).

Reason for Change:

The change from the prior estimate, for FY 2018-19, is a decrease due to updated projected ACLs and updated average costs per ACLs. There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2018-19	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	36,346	\$ 0.59	\$ 21,000
Online ACLs	12,344	\$ 0.17	\$ 2,000
Total			\$ 23,000

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	36,346	\$ 0.59	\$ 21,000
Online ACLs	12,344	\$ 0.17	\$ 2,000
Total			\$ 23,000

Funding:

100% GF (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 8/2003
ANALYST: Matthew Wong

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,000	\$2,000
	- GENERAL FUND	\$1,000	\$2,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,000	\$2,000
	- GENERAL FUND	\$1,000	\$2,000

Purpose:

This policy change estimates the administrative expenditures for the adjudication of California Children's Services (CCS) State Only dental claims.

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

CCS State Only dental claims are adjudicated by the 2016 Delta Administrative Services Organization (ASO) contractor and the 2016 DXC Technology Services (DXC) FI contractor. The administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR). The FI scans documents while the ASO processes ACLs and TARs.

Reason for Change:

There is no change from the prior estimate for FY 2018-19. The change from FY 2018-19 to FY 2019-20, in the current estimate, is an increase due to an updated estimated ACSL/TAR volumes based on actuals.

Methodology:

1. The 2016 DXC FI contractor rates for scanning ACL and TAR documents are \$0.31 in FY 2018-19 and \$0.28 in FY 2019-20.
2. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates in FY 2018-19 are \$0.15 and \$4.28, respectively.

3. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates for FY 2019-20 are \$0.15 and \$5.81, respectively.

FI		<u>Estimated</u>			<u>Partial Year</u>
FY 2018-19		<u>Claims</u>	<u>Rates</u>		<u>Expenditure</u>
	ACLs	353	\$ 0.31	\$	109
	TARs	128	\$ 0.31	\$	40
				\$	<u>200</u>

ASO		<u>Estimated</u>			<u>Partial Year</u>
FY 2018-19		<u>Claims</u>	<u>Rates</u>		<u>Expenditure</u>
	ACLs	1,382	\$ 0.15	\$	207
	TARs	128	\$ 4.28	\$	548
				\$	<u>800</u>

Total FY 2018-19 **\$ 1,000 (\$1,000 GF)**

FI		<u>Estimated</u>			<u>Estimated</u>
FY 2019-20		<u>Claims</u>	<u>Rates</u>		<u>Expenditure</u>
	ACLs	355	\$ 0.28	\$	99
	TARs	129	\$ 0.28	\$	36
				\$	<u>200</u>

ASO		<u>Estimated</u>			<u>Estimated</u>
FY 2019-20		<u>Documents</u>	<u>Rates</u>		<u>Expenditure</u>
	ACLs	1,391	\$ 0.15	\$	209
	TARs	129	\$ 5.81	\$	749
				\$	<u>1,000</u>

Total FY 2019-20 **\$ 2,000 (\$2,000 GF)**

Funding:

100% GF (4260-111-0001)

CMS NET

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2004
ANALYST: Stephanie Hockman

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$192,000	\$190,000
	- GENERAL FUND	\$192,000	\$190,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$192,000	\$190,000
	- GENERAL FUND	\$192,000	\$190,000

Purpose:

This policy change estimates the costs for Children's Medical Services Network (CMS Net).

Authority:

AB 442 (Chapter 1161, Statutes of 2002)
 Health & Safety Code 123800 et seq.

Interdependent Policy Changes:

Not Applicable

Background:

The California Children's Services (CCS) program utilizes the CMS Net automated system to support case management activities such as patient registration, medical and financial eligibility determination, letter generation, and authorization of services. CMS Net was implemented in 1992 for the State regional offices and several small counties. In 2004, CMS Net was expanded to all 58 CCS counties, the three State CCS regional offices, and the Genetically Handicapped Persons Program.

Reason for Change:

There is no significant change from the prior estimate or between FY 2018-19 and FY 2019-20 in the current estimate.

Methodology:

1. CMS Net costs are allocated to the CCS programmatic caseload, based on caseload distribution (CCS State-Only vs. CCS Medi-Cal) as a percentage of the overall CCS caseload.

2. CMS Net system costs for FY 2018-19 are estimated to be \$2,517,000. FY 2019-20 costs are estimated to be \$2,503,000.
3. Based on estimated FY 2018-19 and FY 2019-20 caseload counts, costs for CMS Net are projected to be split:

	FY 2018-19			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	15,131	7.9%	\$	192,000
CCS Medi-Cal*	176,591	92.1%	\$	2,325,000
Total	191,722	100%	\$	2,517,000

	FY 2019-20			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	15,131	7.8%	\$	190,000
CCS Medi-Cal*	178,371	92.2%	\$	2,313,000
Total	193,502	100%	\$	2,503,000

*Allocation includes additional hardware and ongoing costs to integrate the Medi-Cal Whole Child Model into CMS Net.

4. Data processing estimated costs are based on:
 - a) system utilization;
 - b) system functionality, including the Health Insurance Portability and Accountability Act (HIPAA) compliance and disaster recovery; and
 - c) the Stephen P. Teale Data Center base rates, including increasing licensing fees.
5. CCS State Only costs for CMS Net are 100% General Fund.

Funding:

100% General Fund (4260-111-0001)

TITLE V REIMBURSEMENT FROM CDPH

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2007
ANALYST: Melinda Yegge

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000

Purpose:

This policy change estimates the Title V grant authorized for the California Children's Services (CCS) program.

Authority:

Social Security Act 501 & 505 (42 USC 701 & 705)

Interdependent Policy Changes:

Not Applicable

Background:

The federal Title V Maternal and Child Health Program provides funding for preventive and primary care services for children; infant and mothers; and children and youth with special health care needs (CYSHCN). The CCS program is California's designated CYSHCN program and, therefore, receives a portion of California's Title V funds. The California Department of Public Health, as the single state agency for Title V, administers the Title V grant. The Title V federal funding for the CCS program is shown as a reimbursement in the Department's Family Health Estimate.

Effective May 1, 2016, the Medi-Cal expansion provided full scope Medi-Cal coverage to children and adolescents under the age of 19 with undocumented immigration status. The administration costs have transitioned to Medi-Cal and will no longer be accounted as savings to CCS State Only.

Reason for Change:

There is no change from the prior estimate for FY 2018-19. There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. For FY 2018-19 and FY 2019-20, the amount expected to be received is \$5,453,000.

Funding:

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2011
ANALYST: Melinda Yegge

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	-\$41,000	-\$34,000
	- GENERAL FUND	-\$41,000	-\$34,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$41,000	-\$34,000
	- GENERAL FUND	-\$41,000	-\$34,000
	- COUNTY FUNDS	-\$41,000	-\$34,000

Purpose:

This policy change estimates the savings for California Children's Services (CCS) drug rebates.

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, Medi-Cal 2020, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled CCS to participate in the Medi-Cal blood factor drug rebates.

Reason for Change:

There is no change from the prior estimate for FY 2018-19. The change from FY 2018-19 to FY 2019-20, in the current estimate, is due to the continued trending of fewer rebates.

Methodology:

1. Rebate projections for FY 2018-19 and FY 2019-20 are based on actual collections during FY 2016-17 and FY 2017-18.
2. Assume \$41,000 will be collected in FY 2018-19.
3. For FY 2019-20, assume the percentage change from FY 2016-17 to FY 2017-18 is applied to the estimated amount for FY 2018-19.
4. CCS drug rebate collections, for FY 2018-19 and FY 2019-20, are estimated to be:

Fiscal Year	TF	GF	CF*
FY 2018-19	(\$41,000)	(\$41,000)	(\$41,000)
FY 2019-20	(\$34,000)	(\$34,000)	(\$34,000)

Funding:

Children's Medical Services Rebates Fund (4260-601-3079)

100% General Fund (4260-101-0001)

County Funds*

*Not Included in Total Fund

HOME HEALTH RATE INCREASE

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 1/2019
ANALYST: Sharisse DeLeon

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$4,349,000	\$4,349,000
	- GENERAL FUND	\$4,349,000	\$4,349,000
PAYMENT LAG		0.8730	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,796,700	\$4,349,000
	- GENERAL FUND	\$3,796,700	\$4,349,000
	- COUNTY FUNDS	\$3,797,600	\$4,350,000

Purpose:

This policy change estimates the California Children's Services (CCS) State-Only costs of a rate increase for fee-for-service (FFS) home health agency and private duty nursing (PDN) services, effective July 1, 2018.

Authority:

SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

Home health and PDN services can be provided by home health agencies or individual nurse providers (INPs). Home health agencies hire health professionals such as Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and Certified Home Health Aids to provide skilled nursing services to a client in their home. INP providers are independent contractors that perform home health services to Medi-Cal beneficiaries. INPs can be RNs or LVNs.

Pursuant to SB 856, the Department shall develop the structure and parameters for rate increases to be made for home health providers of medically necessary in-home services for children and adults in the Medi-Cal fee-for-service system or through home and community-based service waivers.

Reason for Change:

There is no change, from the prior estimate, for FY 2018-19. However, the funding source has been updated to reflect 50% General Fund and 50% County Funds.

There is no change, in the current estimate, from FY 2018-19 to FY 2019-20.

Methodology:

1. The Department will increase certain FFS and Home and Community-Based (HCBS) waiver home health agency and PDN services rates by 50%, effective for dates of service on and after July 1, 2018. Providers in the Medi-Cal FFS delivery systems, as well as the impacted HCBS waivers will receive these rate increases.
2. The rate adjustments are estimated to be implemented in January 2019. The Erroneous Payment Correction (EPC) for the retroactive period from July 2018 to December 2018 is estimated to occur in April 2019.

Fiscal Year	TF	GF	CF*
FY 2018-19	\$4,349,000	\$4,349,000	\$4,350,000
FY 2019-20	\$4,349,000	\$4,349,000	\$4,350,000

Funding:

100% GF (4260-111-0001)

*County Funds (CF), not included in total funds

PEDIATRIC DAY HEALTH CARE RATE INCREASE

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 1/2019
ANALYST: Sharisse DeLeon

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,003,000	\$1,003,000
	- GENERAL FUND	\$1,003,000	\$1,003,000
PAYMENT LAG		0.8250	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$827,500	\$1,003,000
	- GENERAL FUND	\$827,500	\$1,003,000
	- COUNTY FUNDS	\$827,500	\$1,003,000

Purpose:

This policy change estimates the California Children's Services (CCS) State-Only costs of a rate increase for fee-for-service (FFS) Pediatric Day Health Care (PDHC) facilities, effective July 1, 2018.

Authority:

SB 840 (Chapter 29, Statutes of 2018)
 SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

PDHC is an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service when rendered by a PDHC facility licensed by the Department. PDHC is a day program of less than 24 hours that is individualized and family-centered, with developmentally appropriate activities of play, learning, and social interaction, designed to optimize the individuals medical status and developmental functioning so that he or she can remain within the family.

Pursuant to SB 840 and SB 856, the Department shall develop the structure and parameters for a rate increase in 2018-19 for PDHC facilities.

Reason for Change:

The change in FY 2018-19, in the current estimate, is an increase due to revised utilization based on updated data. Additionally, the funding for the non-federal share have been revised to reflect 50% General Funds and 50% County Funds.

There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. The current Medi-Cal FFS reimbursement rate for PDHC services is \$29.41 per hour.
2. The Department will increase the reimbursement rate for certain FFS PDHC facilities by 50%, effective July 1, 2018.
3. The rate increase is expected to be implemented in January 2019. An Erroneous Payment Correction (EPC) for the retroactive period of July 2018 through December 2018 is expected to be implemented in April 2019.

FY 2018-19	TF	GF	CF*
Rate Increase	\$501,500	\$501,500	\$501,500
Retro Rate Increase	\$501,500	\$501,500	\$501,500
Total	\$1,003,000	\$1,003,000	\$1,003,000

FY 2019-20	TF	GF	CF*
Rate Increase	\$1,003,000	\$1,003,000	\$1,003,000

Funding:

100% GF (4260-111-0001)

*County Funds (CF), not included in total funds

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program

Total Non-Medi-Cal Caseload
(CCS State Only)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2017-18</u> ¹	<u>Fiscal Year</u> <u>2018-19</u>	<u>Fiscal Year</u> <u>2019-20</u>	FY 2018-19 - FY 2019-20 % Change
CCS State Only	14,776	15,131	15,131	0.00%
SUBTOTAL	14,776	15,131	15,131	0.00%

Total Medi-Cal Caseload
(CCS Medi-Cal)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2017-18</u> ¹	<u>Fiscal Year</u> <u>2018-19</u>	<u>Fiscal Year</u> <u>2019-20</u>	FY 2018-19 - FY 2019-20 % Change
CCS Medi-Cal ²	173,931	176,591	178,371	1.01%
SUBTOTAL	173,931	176,591	178,371	1.01%

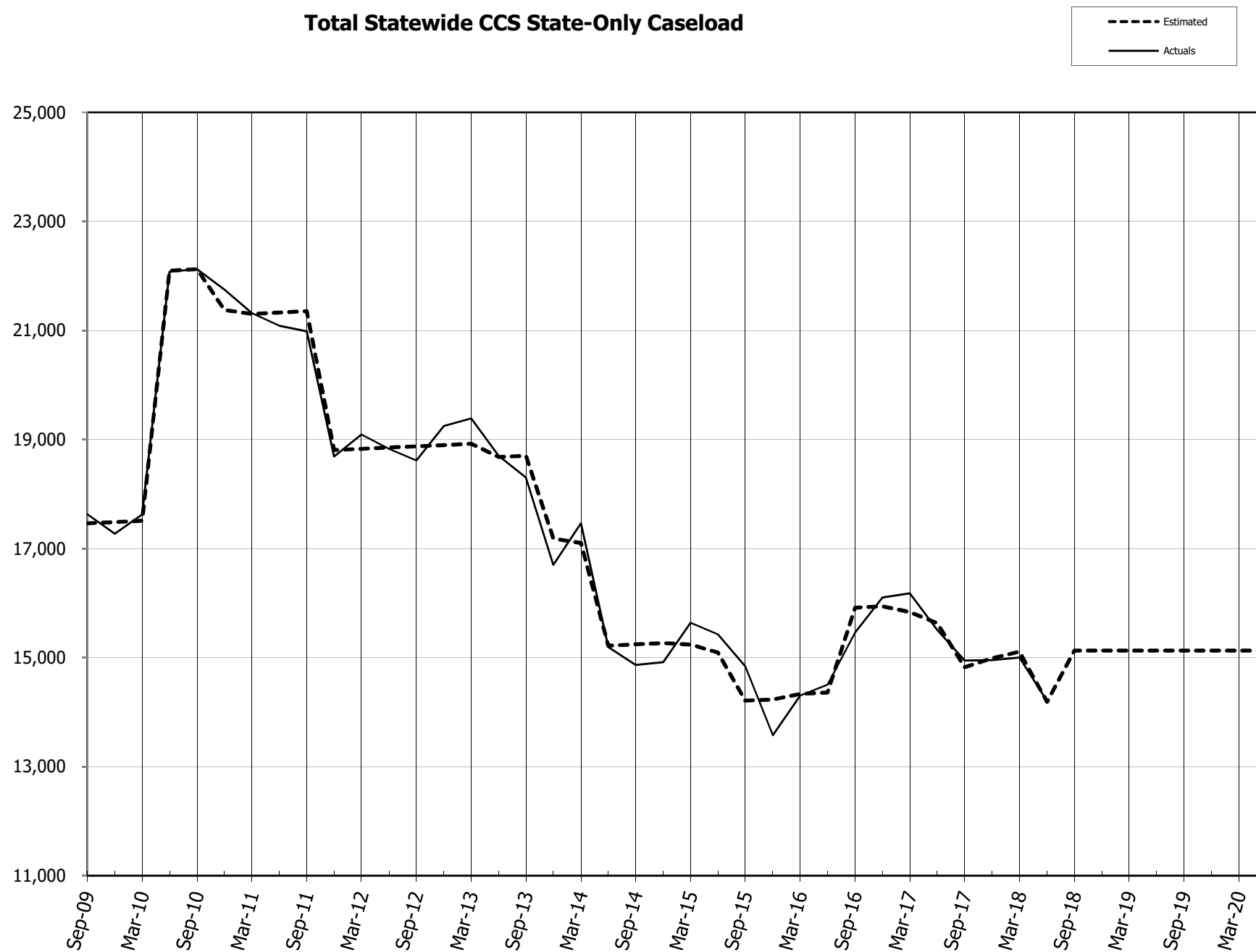
Total Caseload
(CCS State Only and CCS Medi-Cal)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2017-18</u> ¹	<u>Fiscal Year</u> <u>2018-19</u>	<u>Fiscal Year</u> <u>2019-20</u>	FY 2018-19 - FY 2019-20 % Change
CCS State Only	14,776	15,131	15,131	0.00%
CCS Medi-Cal	173,931	176,591	178,371	1.01%
TOTAL	188,707	191,722	193,502	0.93%

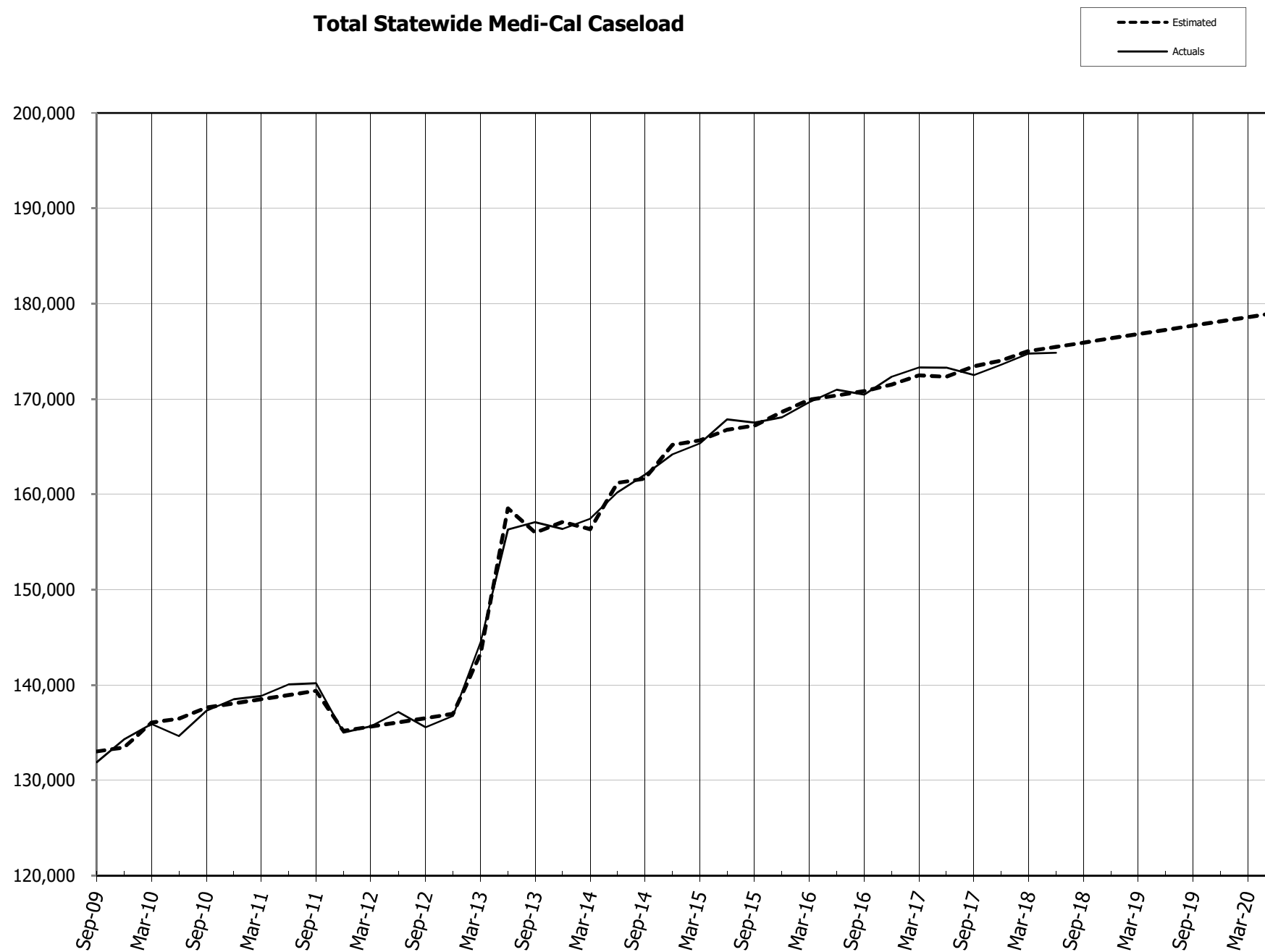
¹ Actual caseload.

² CCS Medi-Cal includes beneficiaries eligible through the Medi-Cal OTLIC Program.

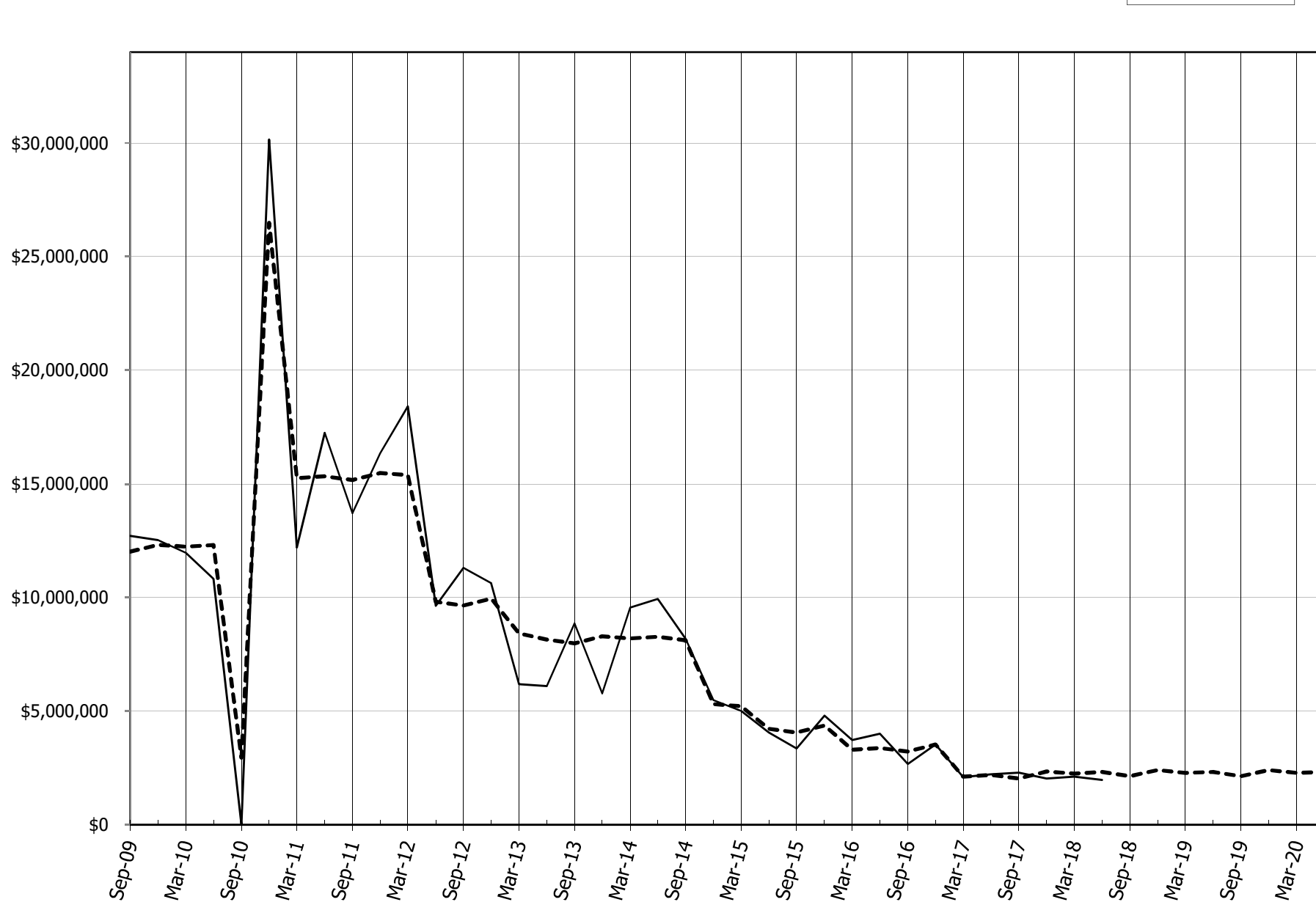
Total Statewide CCS State-Only Caseload



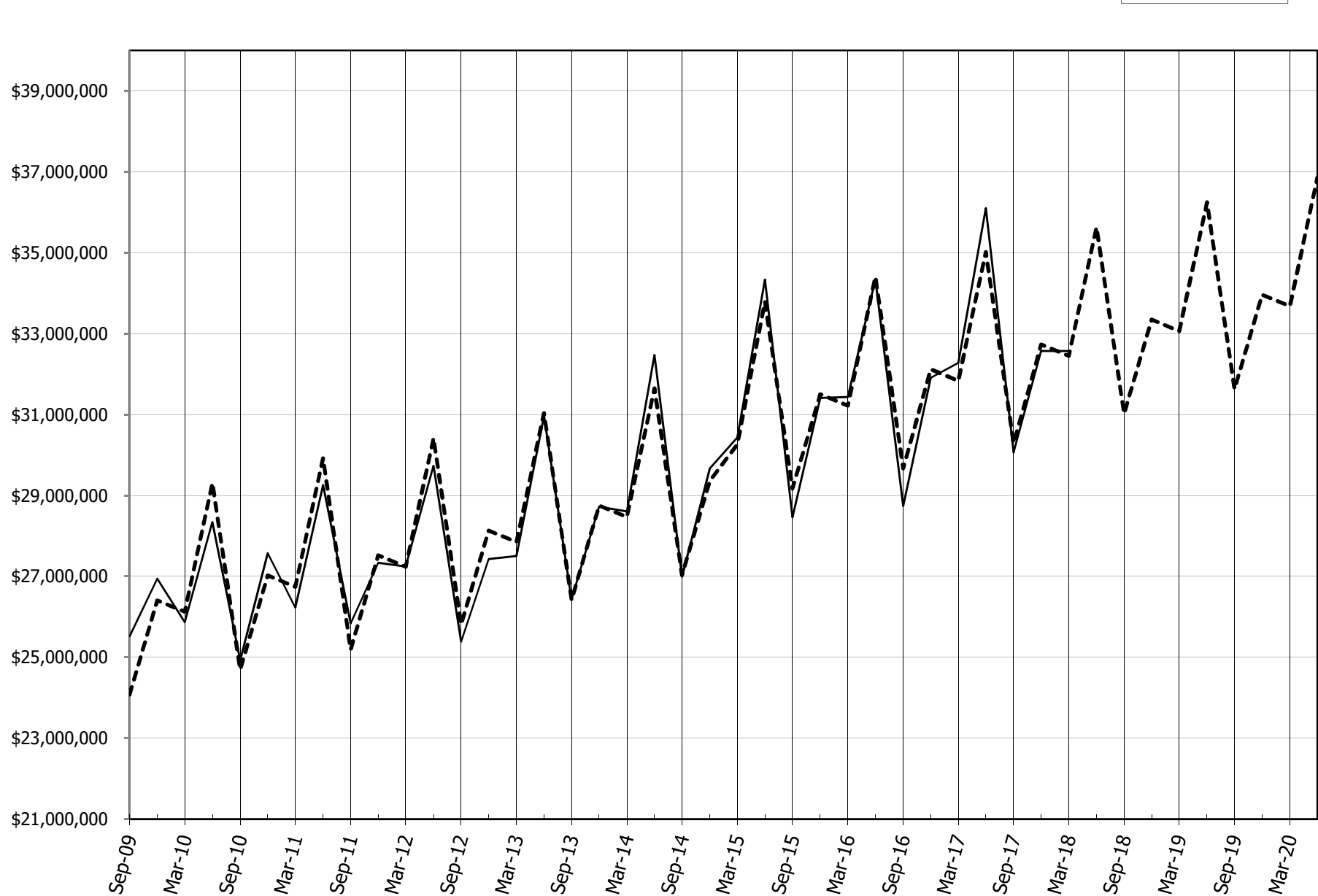
Total Statewide Medi-Cal Caseload



Total CCS Quarterly Treatment Dollars (State Only Services)
--Includes County Funds--



Total CCS Quarterly Therapy Dollars (State Only Services)
--Includes County Funds--



CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**Funding Sources by Component****Comparison of Fiscal Years 2018-19 And 2019-20**

FY 2018-19, November 2018 Estimate Compared to Appropriation			
	Appropriation FY 2018-19	Nov. 18 Est. FY 2018-19	Difference Incr./.(Decr.)
Annual Screens *	22	22	0
Program Expenditures			
A. CHDP Services	\$ 2,000	\$ 2,000	\$ 0
B. CHDP Administration			
1. Fiscal Intermediary	\$ 1,000	\$ 1,000	\$ 0
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 3,000	\$ 3,000	\$ 0
Funding			
A. General Fund 4260-111-0001	\$ 3,000	\$ 3,000	\$ 0

November 2018 Estimate, Fiscal Year 2018-19 Compared to Fiscal Year 2019-20			
	Nov. 18 Est. FY 2018-19	Nov. 18 Est. FY 2019-20	Difference Incr./.(Decr.)
Annual Screens *	22	0	(22)
Program Expenditures			
A. CHDP Services	\$ 2,000	\$ 0	(\$ 2,000)
B. CHDP Administration			
1. Fiscal Intermediary	\$ 1,000	\$ 0	(\$ 1,000)
C. Benefit Policy Change	\$ 0	\$ 0	\$ 0
Total CHDP Program	\$ 3,000	\$ 0	(\$ 3,000)
Funding			
A. General Fund 4260-111-0001	\$ 3,000	\$ 0	(\$ 3,000)
Average \$/Screen			
Total CHDP	\$ 85.56	\$ 0.00	(\$ 85.56)

Projected CHDP expenditures for FY 2019-20 have moved to the Medi-Cal Local Assistance Estimate.

Note: The average cost per screen amounts above are calculated using expenditures that have been rounded to the nearest \$1,000.

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary

FY 2018-19, November 2018 Estimate Compared to May 2018 Estimate

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./ (Decr.)
State-Only Caseload:	<u>721</u>	<u>783</u>	<u>62</u>
Net Dollars:			
4260-111-0001 (General Fund)	\$138,227,100	\$112,314,600	(\$25,912,500)
4260-611-0995 (Enrollment Fees)	\$477,600	\$462,300	(\$15,300)
4260-601-3079 (Rebate Special Fund)	<u>\$16,259,000</u>	<u>\$11,000,000</u>	<u>(\$5,259,000)</u>
Total	<u>\$154,963,700</u>	<u>\$123,776,900</u>	<u>(\$31,186,800)</u>

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./ (Decr.)
State-Only Caseload:	<u>783</u>	<u>785</u>	<u>2</u>
Net Dollars:			
4260-111-0001 (General Fund)	\$112,314,600	\$118,145,700	\$5,831,100
4260-611-0995 (Enrollment Fees)	\$462,300	\$462,300	\$0
4260-601-3079 (Rebates Special Fund)	<u>\$11,000,000</u>	<u>\$8,300,000</u>	<u>(\$2,700,000)</u>
Total	<u>\$123,776,900</u>	<u>\$126,908,000</u>	<u>\$3,131,100</u>

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2018-19

November 2018 Estimate Compared to May 2018 Estimate, Total Funds

	Appropriation <u>FY 2018-19</u>	Nov. 2018 Est. <u>FY 2018-19</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 92,649,000	\$ 107,824,000	\$ 15,175,000
2. Policy Changes	\$ 62,282,700	\$ 15,918,900	\$ (46,363,800)
Total for Services	\$ 154,931,700	\$ 123,742,900	\$ (31,188,800)
Fiscal Intermediary	\$ 32,000	\$ 34,000	\$ 2,000
Total GHPP Program	\$ 154,963,700	\$ 123,776,900	\$ (31,186,800)

November 2018 Estimate Compared to May 2018 Estimate, General Fund

	Appropriation <u>FY 2018-19</u>	Nov. 2018 Est. <u>FY 2018-19</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 92,649,000	\$ 107,824,000	\$ 15,175,000
2. Policy Changes	\$ 45,546,100	\$ 4,456,600	\$ (41,089,500)
Total for Services	\$ 138,195,100	\$ 112,280,600	\$ (25,914,500)
Fiscal Intermediary	\$ 32,000	\$ 34,000	\$ 2,000
Total GHPP Program	\$ 138,227,100	\$ 112,314,600	\$ (25,912,500)

November 2018 Estimate Compared to May 2018 Estimate, Federal Funds

	Appropriation <u>FY 2018-19</u>	Nov. 2018 Est. <u>FY 2018-19</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Current Year vs Budget Year

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, Total Funds

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
1. Base Expenditure Estimate	\$ 107,824,000	\$ 111,014,000	\$ 3,190,000
2. Policy Changes	\$ 15,918,900	\$ 15,860,000	\$ (58,900)
Total for Services	\$ 123,742,900	\$ 126,874,000	\$ 3,131,100
Fiscal Intermediary	\$ 34,000	\$ 34,000	\$ 0
Total GHPP Program	\$ 123,776,900	\$ 126,908,000	\$ 3,131,100

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, General Fund

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
1. Base Expenditure Estimate	\$ 107,824,000	\$ 111,014,000	\$ 3,190,000
2. Policy Changes	\$ 4,456,600	\$ 7,097,700	\$ 2,641,100
Total for Services	\$ 112,280,600	\$ 118,111,700	\$ 5,831,100
Fiscal Intermediary	\$ 34,000	\$ 34,000	\$ 0
Total GHPP Program	\$ 112,314,600	\$ 118,145,700	\$ 5,831,100

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20, Federal Funds

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2017-18	Hemophilia	306	\$ 289,500	\$ 88,575,000
Actuals	Cystic Fibrosis	259	39,100	10,121,000
	Sickle Cell	71	7,600	538,000
	Huntington's	45	2,600	116,000
	Metabolic 2/	34	2,500	84,000
		715	\$ 139,100	\$ 99,434,000
2018-19	Hemophilia	333	\$ 283,100	\$ 94,285,000
Estimate	Cystic Fibrosis	279	45,600	12,722,000
	Sickle Cell	81	5,900	475,000
	Huntington's	52	1,000	52,000
	Metabolic 2/	38	7,600	290,000
		783	\$ 137,700	\$ 107,824,000
2019-20	Hemophilia	333	\$ 293,200	\$ 97,631,000
Estimate	Cystic Fibrosis	281	44,700	12,565,000
	Sickle Cell	81	6,100	493,000
	Huntington's	52	1,000	52,000
	Metabolic 2/	38	7,200	273,000
		785	\$ 141,400	\$ 111,014,000

 1/ Actual expenditure data is complete through July 2018.

Actual caseload data is complete through July 2018.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Base Estimate Comparisons for Fiscal Years 2018-19 and 2019-20****FY 2018-19, November 2018 Estimate Compared to Appropriation**

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./Decr.)
Hemophilia	\$ 82,128,000	\$ 94,285,000	\$ 12,157,000
Cystic Fibrosis	9,638,000	12,722,000	3,084,000
Sickle Cell	518,000	475,000	(43,000)
Huntington's	188,000	52,000	(136,000)
Metabolic	177,000	290,000	113,000
TOTAL	\$ 92,649,000	\$ 107,824,000	\$ 15,175,000

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
Hemophilia	\$ 94,285,000	\$ 97,631,000	\$ 3,346,000
Cystic Fibrosis	12,722,000	12,565,000	(157,000)
Sickle Cell	475,000	493,000	18,000
Huntington's	52,000	52,000	-
Metabolic	290,000	273,000	(17,000)
TOTAL	\$ 107,824,000	\$ 111,014,000	\$ 3,190,000

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate**

Fiscal Year 2018-19

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	673	340	333
Cystic Fibrosis	494	215	279
Sickle Cell	312	231	81
Huntington's	137	85	52
Metabolic	<u>155</u>	<u>117</u>	<u>38</u>
Total	1,771	988	783

Fiscal Year 2019-20

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	687	354	333
Cystic Fibrosis	498	217	281
Sickle Cell	314	233	81
Huntington's	137	85	52
Metabolic	<u>158</u>	<u>120</u>	<u>38</u>
Total	1,794	1,009	785

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

FY 2018-19, November 2018 Estimate Compared to May 2018 Estimate

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./ (Decr.)
Hemophilia	302	333	31
Cystic Fibrosis	262	279	17
Sickle Cell	78	81	3
Huntington's	46	52	6
Metabolic	33	38	5
Total	721	783	62

Fiscal Year 2018-19 Compared to Fiscal Year 2019-20
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	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./ (Decr.)
Hemophilia	333	333	0
Cystic Fibrosis	279	281	2
Sickle Cell	81	81	0
Huntington's	52	52	0
Metabolic	38	38	0
Total	783	785	2

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Medi-Cal Caseload Comparison**

FY 2018-19, November 2018 Estimate Compared to May 2018 Estimate

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./ (Decr.)
Hemophilia	351	340	(11)
Cystic Fibrosis	220	215	(5)
Sickle Cell	231	231	0
Huntington's	90	85	(5)
Metabolic	<u>119</u>	<u>117</u>	<u>(2)</u>
Total	1,011	988	(23)

Fiscal Year 2018-19 Compared to Fiscal Year 2019-20

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./ (Decr.)
Hemophilia	340	354	14
Cystic Fibrosis	215	217	2
Sickle Cell	231	233	2
Huntington's	85	85	0
Metabolic	<u>117</u>	<u>120</u>	<u>3</u>
Total	988	1,009	21

GENETICALLY HANDICAPPED PERSONS PROGRAM
Comparison of Assumed Fiscal Impacts of Policy Changes

Fiscal Year 2018-19, November 2018 Estimate Compared to Appropriation							
<u>POLICY CHG.</u>			<u>FY 2018-19 APPROPRIATION</u>		<u>NOVEMBER 2018 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$32,000	\$32,000	\$34,000	\$34,000	\$2,000
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$56,000	\$56,000	\$25,000	\$25,000	-\$31,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$566,400	-\$566,400	-\$27,700	-\$27,700	\$538,700
Benefits	6	NEW HIGH COST TREATMENTS - GHPP	\$2,793,100	\$2,793,100	\$0	\$0	-\$2,793,100
Benefits	7	GHPP TREATMENT COSTS ADJUSTMENT	\$60,000,000	\$60,000,000	\$15,921,600	\$15,921,600	-\$44,078,400
GHPP TOTAL			\$62,314,700	\$62,314,700	\$15,952,900	\$15,952,900	-\$46,361,800

Fiscal Year 2018-19 Compared to Fiscal Year 2019-20							
<u>POLICY CHG.</u>			<u>Nov. 2018 Est. for FY 2018-19</u>		<u>Nov. 2018 Est. for FY 2019-20</u>		<u>DIFFERENCE, Incr./(Decr.)</u>
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$34,000	\$34,000	\$34,000	\$34,000	\$0
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$25,000	\$25,000	\$29,000	\$29,000	\$4,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$27,700	-\$27,700	-\$297,000	-\$297,000	-\$269,300
Benefits	6	NEW HIGH COST TREATMENTS - GHPP	\$0	\$0	\$0	\$0	\$0
Benefits	7	GHPP TREATMENT COSTS ADJUSTMENT	\$15,921,600	\$15,921,600	\$16,128,000	\$16,128,000	\$206,400
GHPP TOTAL			\$15,952,900	\$15,952,900	\$15,894,000	\$15,894,000	-\$58,900

¹ Funds are referenced separately in the GHPP Funding Summary pages.

ENROLLMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Melissa Bustos

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$462,300	-\$462,300
	- ENROLLMENT FEES FUND	\$462,300	\$462,300
PAYMENT LAG			
		1.0000	1.0000
% REFLECTED IN BASE			
		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$462,300	-\$462,300
	- ENROLLMENT FEES FUND	\$462,300	\$462,300

Purpose:

The policy change estimates the Genetically Handicapped Persons Program (GHPP) enrollment fees.

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

Families receiving GHPP services may be assessed enrollment fees. Collection of enrollment fees occur on the client's enrollment anniversary date.

GHPP enrollment fees are assessed based on a sliding scale. Effective December 1, 2009, the Department increased GHPP enrollment fees to 1.5% of Adjusted Gross Income (AGI) for families with incomes between 200% and 299% of the Federal Poverty Level (FPL), and 3% of AGI for families with incomes 300% or greater than the FPL.

Reason for Change:

Enrollment fees collected through June 2018 are lower than previously projected, resulting in a decrease in estimated expenditures for Fiscal Year (FY) 2018-19 and FY 2019-20 from the prior estimate. There is no change between FY 2018-19 and FY 2019-20 in the current estimate.

Methodology:

1. Enrollment fees of \$472,548 were collected in FY 2016-17 and \$452,106 have been collected through June of FY 2017-18. Averaging the fees collected in these 24 months, the estimated enrollment fees for FY 2018-19 and FY 2019-20 are \$462,300.

FY 2018-19: $$(472,548 + 452,106) \div 24 \times 12 = \$462,327$ (\$462,300 GF)

FY 2019-20: $$(472,548 + 452,106) \div 24 \times 12 = \$462,327$ (\$462,300 GF)

Funding:

100% GF (4260-111-0001)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Melinda Yegge

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$34,000	\$34,000
	- GENERAL FUND	\$34,000	\$34,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$34,000	\$34,000
	- GENERAL FUND	\$34,000	\$34,000

Purpose:

This policy change estimates the expenditures paid to the fiscal intermediary (FI) for the administrative cost of adjudicating Genetically Handicapped Persons Program (GHPP) medical and dental claims.

Authority:

Health & Safety Code 125130

Interdependent Policy Changes:

Not Applicable

Background:

GHPP medical and dental claims are paid by the FI. Administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Requests (TARs).

Reason for Change:

The change from the prior estimate, for FY 2018-19, is due to a higher volume of ACLs, both general and online. There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2018-19	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	39,601	\$ 0.59	\$ 23,000
Online ACLs	50,729	\$ 0.17	\$ 9,000
Total			\$ 32,000

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	39,702	\$ 0.59	\$ 23,000
Online ACLs	50,859	\$ 0.18	\$ 9,000
Total			\$ 32,000

2. The estimated dental FI administrative costs are:

FY 2018-19	Estimated Claims	Rates	Estimated Expenditure
ACLs	147	\$ 0.31	\$ 1,000
TARs	22	\$ 4.28	\$ 1,000
Total			\$ 2,000

FY 2019-20	Estimated Claims	Rates	Estimated Expenditure
ACLs	148	\$ 0.28	\$ 1,000
TARs	22	\$ 5.81	\$ 1,000
Total			\$ 2,000

Type	FY 2018-19	FY 2019-20
Medical	\$ 32,000	\$ 32,000
Dental	\$ 2,000	\$ 2,000
Total	\$ 34,000	\$ 34,000

Funding:

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Melinda Yegge

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000,000	-\$8,300,000
	- REBATE SPECIAL FUND	\$11,000,000	\$8,300,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$11,000,000	-\$8,300,000
	- REBATE SPECIAL FUND	\$11,000,000	\$8,300,000

Purpose:

This policy change estimates the savings for Genetically Handicapped Persons Program (GHPP) drug rebates.

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled GHPP to participate in the Medi-Cal factor rebates.

Reason for Change:

The change from the prior estimate, for FY 2018-19, is a decrease due to a decline in actual drug rebate collections in FY 2017-18. The change from FY 2018-19 to FY 2019-20, in the current estimate, is due to the continued trending of fewer rebates.

Methodology:

1. Rebate projections for FY 2018-19 and FY 2019-20 are based on actual collections during FY 2016-17 and FY 2017-18.
2. The percentage change from FY 2016-17 to FY 2017-18 was used to determine the estimated amount for FY 2018-19.
3. For FY 2019-20, assume the percentage change from FY 2016-17 to FY 2017-18 is applied to the estimated amount for FY 2018-19.
4. The Department anticipates to collect \$11,000,000 in FY 2018-19 and \$8,300,000 in FY 2019-20 for GHPP rebates.

Funding:

Children's Medical Services Rebate Fund (4260-601-3079)
100% GF (4260-111-0001)

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 12/2009
ANALYST: Melissa Bustos

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$25,000	\$29,000
	- GENERAL FUND	\$25,000	\$29,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$25,000	\$29,000
	- GENERAL FUND	\$25,000	\$29,000

Purpose:

This policy change estimates the cost of the premium payments for the Genetically Handicapped Persons Program (GHPP) clients who enroll in a commercial insurance plan.

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance plans. The program reimburses GHPP clients for commercial insurance premium payments that cover the client's full range of health care services. Program savings for GHPP clients who enroll in a commercial insurance plan are budgeted in the GHPP Premium Savings policy.

The Department may, when it determines that it is cost effective, pay the premium for, or otherwise subsidize the subscriber cost-sharing obligation for third-party health coverage.

Reason for Change:

The change in overall costs for FY 2018-19 is due to two clients discontinuing the premium payments program from the prior year and only one client, rather than five, is projected to enroll, an overall decrease of 76 member months. The change between FY 2018-19 and FY 2019-20 in the current estimate is due to the projected enrollment of one additional client in FY 2019-20.

Methodology:

1. Assume the monthly premium costs are \$850 per Sickle Cell enrollee, based on current enrollment, and \$160 per Hemophilia enrollee, and \$550 per Cystic Fibrosis enrollee, based on prior year premiums. No clients with Hemophilia or Cystic Fibrosis are enrolled in the premium payment program at this time.
2. As of June 2018, two clients are participating in the program. The total member months for clients enrolled during FY 2018-19 are:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	0
Cystic Fibrosis	0	0
Sickle Cell	24	24

3. Assume one new client will enroll in FY 2018-19. The estimated member months for additional clients are:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	0
Cystic Fibrosis	8	12
Sickle Cell	0	0

4. Assume one new client will enroll in FY 2019-20. The estimated member months for additional clients are:

	Member Months	
	FY 2019-20	
Hemophilia		11
Cystic Fibrosis		0
Sickle Cell		0

5. Total Member Months:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	11
Cystic Fibrosis	8	12
Sickle Cell	24	24
Total	32	47

6. Projected Premium Payments (Rounded):

	FY 2018-19	FY 2019-20
Total Funds	\$ 25,000	\$ 29,000
General Funds	\$ 25,000	\$ 29,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 12/2009
ANALYST: Melissa Bustos

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	-\$42,000	-\$326,000
	- GENERAL FUND	-\$42,000	-\$326,000
PAYMENT LAG		0.9401	0.9485
% REFLECTED IN BASE		29.74%	3.95%
APPLIED TO BASE	- TOTAL FUNDS	-\$27,700	-\$297,000
	- GENERAL FUND	-\$27,700	-\$297,000

Purpose:

This policy change estimates the program savings for the Genetically Handicapped Persons Program (GHPP) clients covered by a commercial insurance plan.

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

Effective December 1, 2009, GHPP implemented a health insurance premium reimbursement program for GHPP clients, who are eligible to enroll in or are enrolled in commercial insurance plans. The program reimburses GHPP clients for commercial insurance premium payments that cover the client's full range of health care services.

Reason for Change:

Savings for FY 2018-19 decreased due to two clients discontinuing the premium payments program from the prior year and only one client, rather than five, is projected to enroll, an overall decrease of 76 member months. The decrease in enrollment is offset by increases in the estimated annual cost per case. The change between FY 2018-19 and FY 2019-20 in the current estimate is due to the projected enrollment of one additional client in FY 2019-20.

Methodology:

1. As of June 2018, two clients are participating in the program. The total member months for clients enrolled during FY 2018-19 are shown on the next page:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	0
Cystic Fibrosis	0	0
Sickle Cell	24	24

2. Assume one new client will enroll in FY 2018-19. The estimated member months for additional clients are:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	0
Cystic Fibrosis	8	12
Sickle Cell	0	0

3. Assume one new client will enroll in FY 2019-20. The estimated member months for additional clients are:

	Member Months	
	FY 2019-20	
Hemophilia	11	
Cystic Fibrosis	0	
Sickle Cell	0	

4. Total Member Months:

	Member Months	
	FY 2018-19	FY 2019-20
Hemophilia	0	11
Cystic Fibrosis	8	12
Sickle Cell	24	24
Total	32	47

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2018 Family Health Estimate:

	FY 2018-19	FY 2019-20
Hemophilia	\$ 283,100	\$ 293,200
Cystic Fibrosis	\$ 45,600	\$ 44,700
Sickle Cell	\$ 5,900	\$ 6,100

6. Projected Savings (Rounded):

	FY 2018-19	FY 2019-20
Total Funds	\$ 42,000	\$ 326,000
General Funds	\$ 42,000	\$ 326,000

Funding:

100% GF (4260-111-0001)

GHPP TREATMENT COSTS ADJUSTMENT

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 2/2018
ANALYST: Celine Donaldson

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$17,120,000	\$16,128,000
	- GENERAL FUND	\$17,120,000	\$16,128,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		7.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$15,921,600	\$16,128,000
	- GENERAL FUND	\$15,921,600	\$16,128,000

Purpose

This policy change estimates the cost of retroactive payments for treatment expenditures resulting from delayed enrollment processing.

Authority

Health & Safety Code 12125-125191

Interdependent Policy Changes:

Not Applicable

Background

Starting August 2017, the Department has experienced a delay in processing enrollment applications for GHPP clients resulting in a decline in treatment expenditures for FY 2017-18. The processing of these pending applications was completed in July 2018. The Department anticipates an increase in treatment expenditures incurred while client applications were pending determination.

Reason for Change

The FY 2018-19 estimate has been revised to reflect the difference between FY 2017-18 actual expenditures and estimated base treatment expenditures for the same fiscal year from the November 2017 Family Health Local Assistance Estimate. The change between FY 2018-19 and FY 2019-20 in the current estimate are based on the historical trend.

Methodology

1. GHPP base treatment expenditures for the November 2018 Estimate are current through July 2018.

2. Expenditures are projected to return to the November 2017 GHPP base treatment estimate level prior to the delay in enrollment determinations.
3. Assume additional expenditures of \$17,120,000 in FY 2018-19 and \$16,128,000 in FY 2019-20 to return overall treatment expenditures to the November 2017 Estimate

Fiscal Year	TF	GF
FY 2018-19	\$17,120,000	\$17,120,000
FY 2019-20	\$16,128,000	\$16,128,000

Funding:

100% General Fund (4260-111-0001)

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Total Caseload	Medi-Cal Caseload	GHPP Only Caseload	Total GHPP Only Payments
1	1,909	970	939	\$ 32,219,544
2	1,922	986	936	28,800,301
3	1,949	999	950	27,241,322
4	1,756	1,008	748	27,899,487
2016-17	1,885	990	895	\$ 116,160,000
1	1,668	996	672	\$ 22,092,590
2	1,693	991	702	22,862,554
3	1,714	981	733	25,601,894
4	1,734	974	760	28,875,939
2017-18	1,700	985	715	\$ 99,434,000
1	1,760	978	782	\$ 26,594,938
2	1,768	985	783	26,882,846
3	1,773	990	783	27,076,288
4	1,779	996	783	27,269,729
2018-19	1,771	988	783	\$ 107,824,000
1	1,785	1,001	784	\$ 27,463,171
2	1,793	1,007	786	27,656,612
3	1,797	1,012	785	27,850,054
4	1,802	1,017	785	28,043,495
2019-20	1,794	1,009	785	\$ 111,014,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2018-19 reflects actuals and projected base estimate values.
 3) FY 2019-20 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Hemophilia

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	678	306	372	\$ 29,643,757
2	689	316	373	26,202,574
3	702	323	379	23,895,827
4	646	331	315	24,855,943
2016-17	679	319	360	\$ 104,598,000
1	626	332	294	\$ 19,421,733
2	638	337	301	20,565,718
3	647	339	308	22,710,776
4	653	332	321	25,876,280
2017-18	641	335	306	\$ 88,575,000
1	667	334	333	\$ 23,093,056
2	671	338	333	23,537,204
3	675	342	333	23,730,646
4	678	345	333	23,924,087
2018-19	673	340	333	\$ 94,285,000
1	682	349	333	\$ 24,117,529
2	685	352	333	24,310,970
3	689	356	333	24,504,412
4	692	359	333	24,697,853
2019-20	687	354	333	\$ 97,631,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2018-19 reflects actuals and projected base estimate values.
3) FY 2019-20 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	564	221	343	\$ 2,430,406
2	558	223	335	2,360,433
3	567	229	338	3,071,635
4	499	228	271	2,766,736
2016-17	547	225	322	\$ 10,629,000
1	466	221	245	\$ 2,397,702
2	472	219	253	2,149,652
3	480	214	266	2,758,359
4	487	213	274	2,815,195
2017-18	476	217	259	\$ 10,121,000
1	492	215	277	\$ 3,298,471
2	493	215	278	3,141,261
3	494	215	279	3,141,261
4	496	216	280	3,141,261
2018-19	494	215	279	\$ 12,722,000
1	496	216	280	\$ 3,141,261
2	498	217	281	3,141,261
3	498	217	281	3,141,261
4	499	217	282	3,141,261
2019-20	498	217	281	\$ 12,565,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.

2) FY 2018-19 reflects actuals and projected base estimate values.

3) FY 2019-20 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	346	246	100	\$ 72,367
2	349	249	100	119,945
3	349	245	104	118,988
4	316	242	74	130,992
2016-17	340	245	95	\$ 442,000
1	298	237	61	\$ 191,757
2	301	229	72	112,426
3	304	229	75	108,458
4	307	229	78	125,057
2017-18	302	231	71	\$ 538,000
1	310	229	81	\$ 105,741
2	312	231	81	123,219
3	312	231	81	123,219
4	313	232	81	123,219
2018-19	312	231	81	\$ 475,000
1	313	232	81	\$ 123,219
2	314	233	81	123,219
3	314	233	81	123,219
4	315	234	81	123,219
2019-20	314	233	81	\$ 493,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2018-19 reflects actuals and projected base estimate values.
 3) FY 2019-20 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Huntington

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	171	95	76	\$ 23,495
2	172	96	76	51,760
3	172	96	76	77,474
4	146	96	50	71,634
2016-17	166	96	70	\$ 224,000
1	133	92	41	\$ 69,712
2	135	91	44	25,582
3	134	87	47	12,224
4	137	87	50	8,192
2017-18	134	89	45	\$ 116,000
1	137	85	52	\$ 12,670
2	137	85	52	12,960
3	137	85	52	12,960
4	137	85	52	12,960
2018-19	137	85	52	\$ 52,000
1	137	85	52	\$ 12,960
2	137	85	52	12,960
3	137	85	52	12,960
4	137	85	52	12,960
2019-20	137	85	52	\$ 52,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2018-19 reflects actuals and projected base estimate values.
 3) FY 2019-20 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

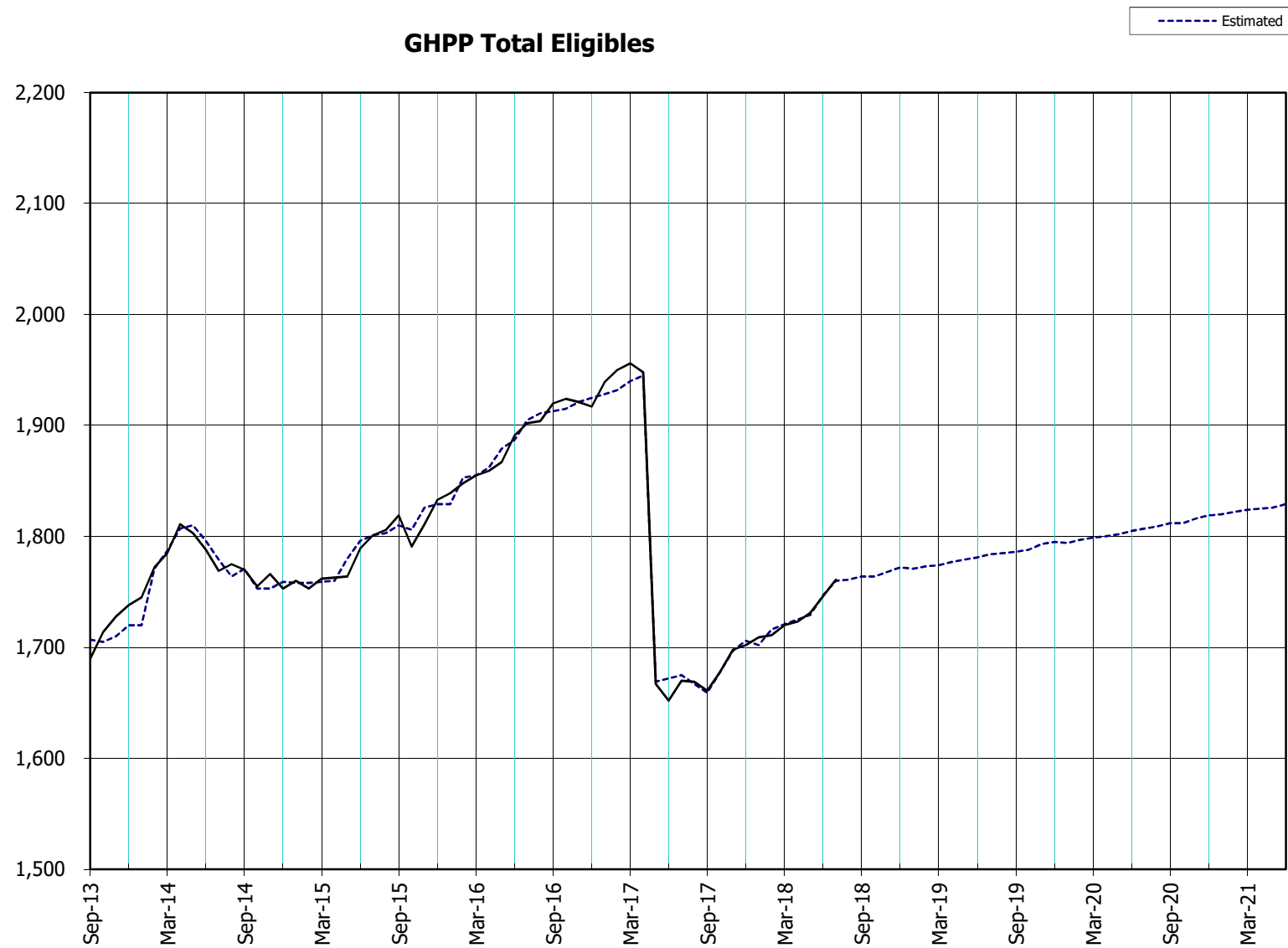
Metabolic

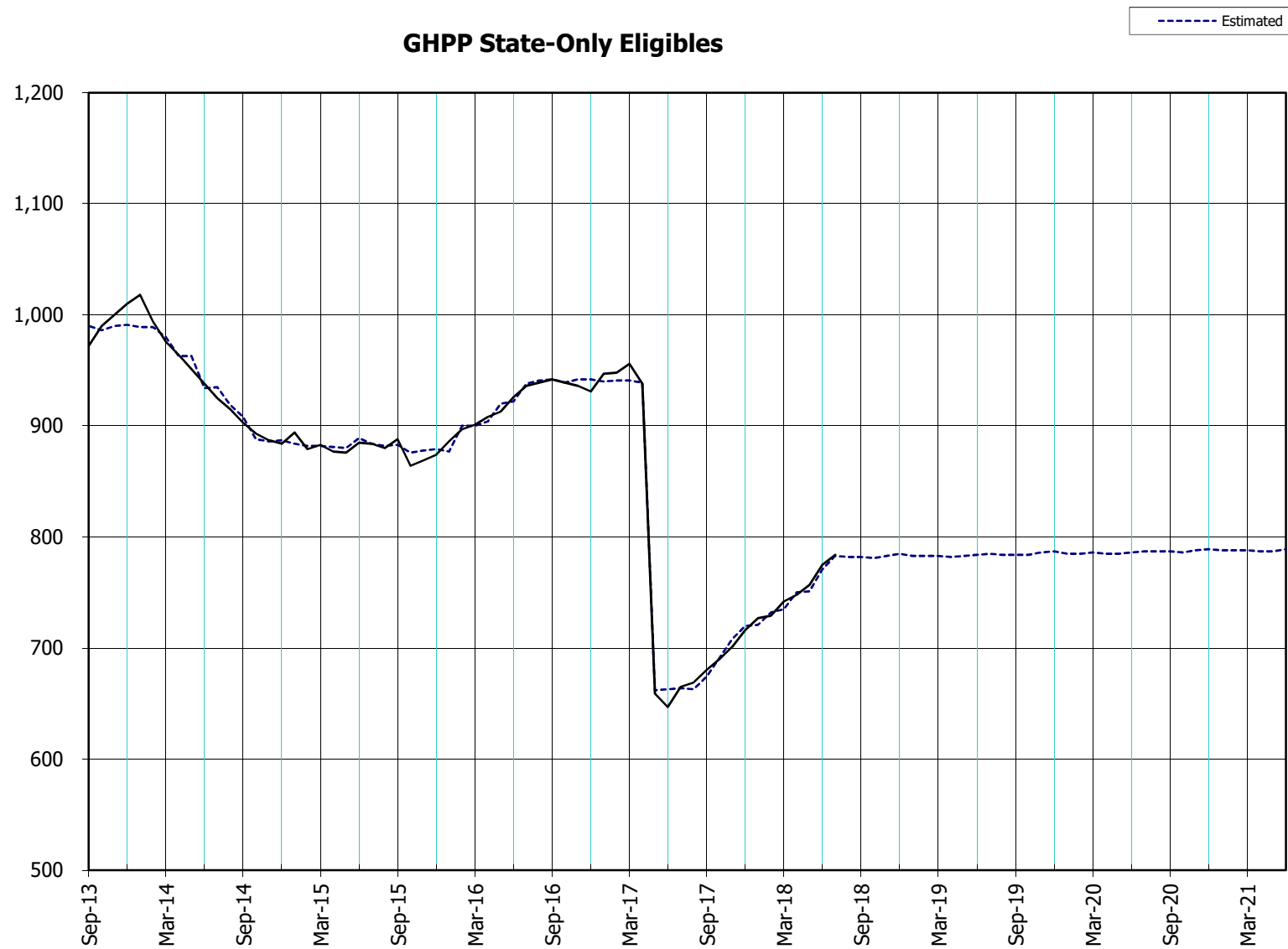
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	150	102	48	\$ 49,519
2	154	102	52	65,589
3	159	106	53	77,398
4	149	111	38	74,182
2016-17	153	105	48	\$ 267,000
1	145	114	31	\$ 11,686
2	147	115	32	9,176
3	149	112	37	12,077
4	150	113	37	51,215
2017-18	147	113	34	\$ 84,000
1	154	115	39	\$ 85,000
2	155	116	39	68,202
3	155	117	38	68,202
4	155	118	37	68,202
2018-19	155	117	38	\$ 290,000
1	157	119	38	\$ 68,202
2	159	120	39	68,202
3	159	121	38	68,202
4	159	122	37	68,202
2019-20	158	120	38	\$ 273,000

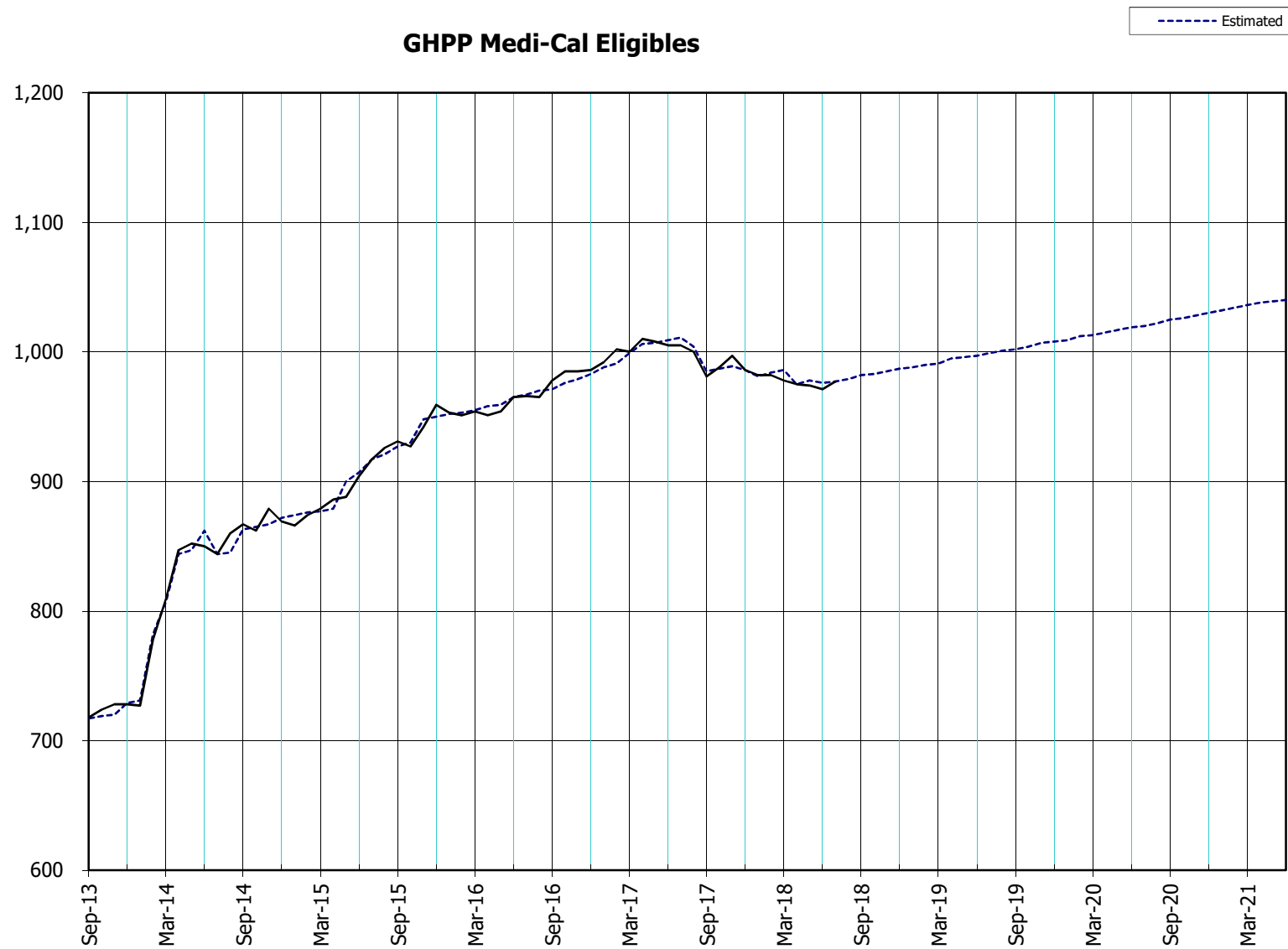
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.

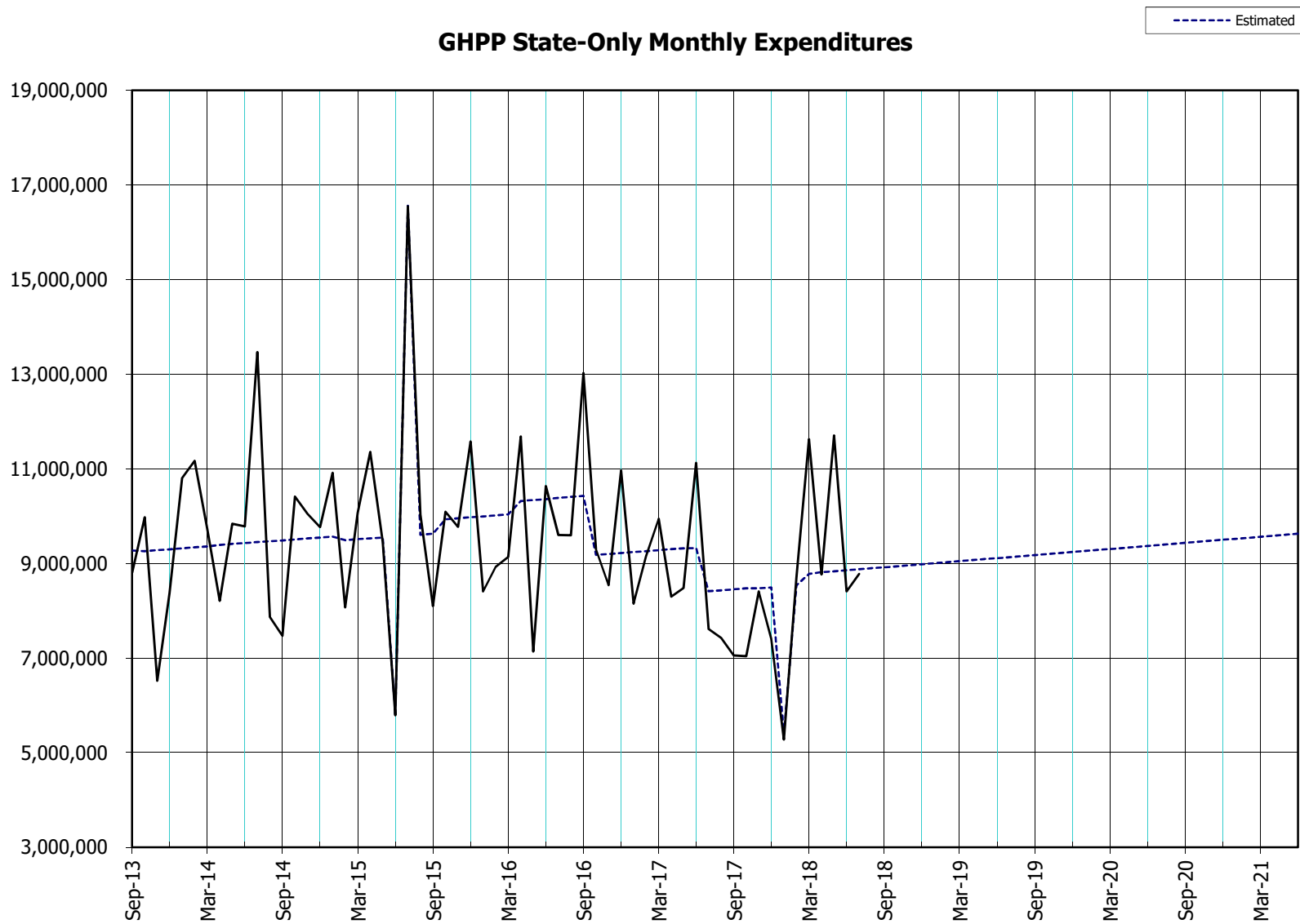
2) FY 2018-19 reflects actuals and projected base estimate values.

3) FY 2019-20 reflects projected base estimate values.









EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2018-19, November 2018 Estimate Compared to Appropriation

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./ (Decr.)
Caseload:	26,420	26,963	543
Net Dollars:			
4260-114-0001 (General Fund)	\$5,608,000	\$16,105,000	\$10,497,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$33,240,000</u>	<u>\$43,737,000</u>	<u>\$10,497,000</u>

November 2018 Estimate, FY 2018-19 Compared to FY 2019-20

	Nov 2018 Est. FY 2018-19	Nov 2018 Est. FY 2019-20	Difference Incr./ (Decr.)
Caseload:²	26,963	26,963	0
Net Dollars:			
4260-114-0001 (General Fund)	\$16,105,000	\$16,737,000	\$632,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$43,737,000</u>	<u>\$44,369,000</u>	<u>\$632,000</u>

² The November 2018 caseload estimate is based on updated data through July 2018.

Caseload is the average monthly unduplicated users by date of payment.

EVERY WOMAN COUNTS PROGRAM**Funding Sources By Component****Fiscal Year 2018-19****May 2018 Estimate Compared to November 2017 Estimate, Total Funds**

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 28,847,000	\$ 40,292,000	\$ 11,445,000
2. Policy Changes	\$ 3,373,000	\$ 2,441,000	\$ (932,000)
	-----	-----	-----
Total for Services	\$ 32,220,000	\$ 42,733,000	\$ 10,513,000
Fiscal Intermediary	\$ 1,020,000	\$ 1,004,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 33,240,000	\$ 43,737,000	\$ 10,497,000

Appropriation Compared to November 2018 Estimate, General Fund

	Appropriation FY 2018-19	Nov. 2018 Est. FY 2018-19	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 28,847,000	\$ 40,292,000	\$ 11,445,000
2. Policy Changes	\$ (24,259,000)	\$ (25,191,000)	\$ (932,000)
	-----	-----	-----
Total for Services	\$ 4,588,000	\$ 15,101,000	\$ 10,513,000
Fiscal Intermediary	\$ 1,020,000	\$ 1,004,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 5,608,000	\$ 16,105,000	\$ 10,497,000

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Current Year vs Budget Year

Nov. 2018 Estimate, FY 2018-19 Compared to FY 2019-20, Total Funds

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
1. Base Expenditure Estimate	\$ 40,292,000	\$ 40,292,000	\$ 0
2. Policy Changes	\$ 2,441,000	\$ 3,073,000	\$ 632,000
	-----	-----	-----
Total for Services	\$ 42,733,000	\$ 43,365,000	\$ 632,000
Fiscal Intermediary	\$ 1,004,000	\$ 1,004,000	\$ 0
	-----	-----	-----
Total EWC Program	\$ 43,737,000	\$ 44,369,000	\$ 632,000

Nov. 2018 Estimate, FY 2018-19 Compared to FY 2019-20, General Fund

	Nov. 2018 Est. FY 2018-19	Nov. 2018 Est. FY 2019-20	Difference Incr./Decr.)
1. Base Expenditure Estimate	\$ 40,292,000	\$ 40,292,000	\$ 0
2. Policy Changes	\$ (25,191,000)	\$ (24,559,000)	\$ 632,000
	-----	-----	-----
Total for Services	\$ 15,101,000	\$ 15,733,000	\$ 632,000
Fiscal Intermediary	\$ 1,004,000	\$ 1,004,000	\$ 0
	-----	-----	-----
Total EWC Program	\$ 16,105,000	\$ 16,737,000	\$ 632,000

Notes:

1) Projections are based on cash basis.

EVERY WOMAN COUNT PROGRAM
Comparison of Assumed Fiscal Impacts of Policy Changes

Fiscal Year 2018-19, November 2018 Estimate Compared to Appropriation

POLICY CHG.			FY 2018-19 APPROPRIATION		NOVEMBER 2018 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$1,020,000	\$1,020,000	\$1,004,000	\$1,004,000	-\$16,000	-\$16,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE AND ONLINE PROVIDER LOCATOR	\$16,000	\$16,000	\$16,000	\$16,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	7	WA STATE V. BREAST CANCER PREVENTION FUND SETTLEMENT	\$0	\$0	-\$632,000	-\$632,000	-\$632,000	-\$632,000
EWC TOTAL			\$4,093,000	-\$1,035,000	\$3,445,000	-\$1,683,000	-\$648,000	-\$648,000

Fiscal Year 2018-19 Compared to Fiscal Year 2019-20

POLICY CHG.			Nov. 2018 Est. for FY 2018-19		Nov. 2018 Est. for FY 2019-20		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$1,004,000	\$1,004,000	\$1,004,000	\$1,004,000	\$0	\$0
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5	CONSUMER TOLL-FREE LINE AND ONLINE PROVIDER LOCATOR	\$16,000	\$16,000	\$16,000	\$16,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	7	WA STATE V. BREAST CANCER PREVENTION FUND SETTLEMENT	\$0	\$0	\$0	\$0	\$0	\$0

FISCAL INTERMEDIARY EXPENDITURES - EWC

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,004,000	\$1,004,000
	- GENERAL FUND	\$1,004,000	\$1,004,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,004,000	\$1,004,000
	- GENERAL FUND	\$1,004,000	\$1,004,000

Purpose:

This policy change estimates the costs for the Fiscal Intermediary (FI) expenditures related to the Every Woman Counts (EWC) program.

Authority:

Health & Safety Code 104150(c)

Interdependent Policy Changes:

Not Applicable

Background:

The EWC program utilizes the FI to adjudicate medical claims. FI expenditures consist of adjudicated claim line (ACL) costs, system development notices (SDNs), and EWC calls to FI telephone services. The SDNs are used to make improvements to DETEC, the program's web-based enrollment and data collection system, and to add, delete or modify EWC covered procedures in CA-MMIS.

Reason for Change:

The change from the prior estimate, for FY 2018-19, is due to a decrease in the average cost per ACL. There is no change, in the current estimate, from FY 2018-19 to FY 2019-20.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2018-19	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	854,704	\$0.59	\$504,275
Total			\$504,275

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	854,704	\$0.59	\$504,275
Total			\$504,275

2. The EWC program began budgeting on a cash basis as of July 1, 2017.

Total EWC FI Costs	FY 2018-19	FY 2019-20
Processing Costs	\$504,000	\$504,000
SDNs	\$500,000	\$500,000
Total	\$1,004,000	\$1,004,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000

Purpose:

This policy change shifts the Cigarette and Tobacco Products Surtax (CTPS/Proposition 99) funds from the Unallocated Accounts to the General Fund.

Authority:

Revenue & Taxation Code 30124(b)(6)
 California Tobacco Health Education Act of 1988 (Proposition 99)

Interdependent Policy Changes:

Not Applicable

Background:

CTPS/Proposition 99 funds breast and cervical cancer screening and diagnostics for uninsured low-income women in the Every Woman Counts (EWC) program. These restricted funds pay clinical claims expenditures. Services include:

- Office visits and consults,
- Screening mammograms,
- Diagnostic mammograms,
- Diagnostic breast procedures,
- Case management, and
- Other clinical services.

The EWC program began budgeting on a cash basis as of July 1, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2018-19.

There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$14,515,000 in FY 2018-19 and FY 2019-20.

Funding:

Proposition 99 Unallocated Local Assistance (4260-114-0236)

100% General Fund (4260-114-0001)

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,989,000	-\$7,989,000
	- BCCA FUND	\$7,989,000	\$7,989,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,989,000	-\$7,989,000
	- BCCA FUND	\$7,989,000	\$7,989,000

Purpose:

This policy change shifts the Breast Cancer Control Account (BCCA) funds to the General Fund.

Authority:

Revenue & Taxation Code 30461.6
 AB 49 (Chapter 351, Statutes of 2014)

Interdependent Policy Changes:

Not Applicable

Background:

BCCA partially funds the provision of early breast cancer detection services for uninsured and underinsured women in the Every Woman Counts (EWC) program. The BCCA is funded by one cent of a two-cent tobacco tax. BCCA funds may be used for direct services such as:

- Direct services contracts,
- Screening,
- Medical referrals,
- Outreach and health education,
- Clinical claims, and
- Processing costs.

Starting July 1, 2018, the Department shall begin receiving revenue from the Department of Motor Vehicles for fees collected from the specialty license plate program in accordance with Assembly Bill 49 (Chapter 351, Statutes of 2014). Funds from the sales of the specialty license plate program will be deposited into the BCCA and used to

increase breast cancer awareness and screening services for uninsured and underinsured women.

The EWC program began budgeting on a cash basis as of July 1, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2018-19.

There is no change from FY 2018-19 to FY 2019-20, in the current estimate.

Methodology:

1. The EWC program will receive \$7,989,000 of BCCA funds in FY 2018-19 and FY 2019-20. This amount includes \$77,000 estimated revenue received from the specialty license plate program.

Funding:

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

CENTERS FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000

Purpose:

This policy change shifts the grant funding from the Centers for Disease Control and Prevention (CDC) fund to the General Fund.

Authority:

Health & Safety Code 104150(a)(b)
 Affordable Care Act of 2010

Interdependent Policy Changes:

Not Applicable

Background:

The CDC provides federal funding through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) for direct service contracts and clinical claims for the Every Woman Counts (EWC) program. CDC's guidance requires grantees to continue providing screening to priority population while allowing opportunity to expand activities to reach the eligible populations.

The program offers funding for:

- Breast and cervical cancer outreach and screening,
- Education on preventive benefits, and
- Assuring high quality clinical services.

A new multi-year NBCCEDP grant contract began June 30, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2018-19.

There is no change from FY 2018-19 to FY 2019-20, in the current estimate.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2017 through June 29, 2022. The total grant amount is \$10,839,463 for FY 2018-19 and FY 2019-20.

2. The Department receives 71.24% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 28.76%.
(Dollars in Thousands)

Agency	FY 2018-19	FY 2019-20
Department	\$7,722	\$7,722
CDPH	\$3,118	\$3,118
Total CDC Grant Amount	\$10,840	\$10,840

3. The Department will allocate 66.41% of the grant to local assistance and 33.59% to the support budget.
(Dollars in Thousands)

Funding Type	FY 2018-19	FY 2019-20
Local Assistance	\$5,128	\$5,128
Support	\$2,594	\$2,594
NBCCEDP Grant for EWC	\$7,722	\$7,722

Funding:

CDC Federal Fund (4260-114-0890)

100% General Fund (4260-114-0001)

CONSUMER TOLL-FREE LINE AND ONLINE PROVIDER LOCATOR

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$16,000	\$16,000
	- GENERAL FUND	\$16,000	\$16,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$16,000	\$16,000
	- GENERAL FUND	\$16,000	\$16,000

Purpose:

This policy change estimates the contract costs for the Every Woman Counts (EWC) consumer toll-free line automated voice response system (AVRS) and Online Provider Locator (OPL) system.

Authority:

Health & Safety Code 104150(c)
Revenue and Taxation Code 30461.6

Interdependent Policy Changes:

Not Applicable

Background:

The Department contracts with AT&T for the EWC consumer toll-free line AVRS for 24-hour provider referrals. The Department also administers an OPL system developed by the Department's Enterprise Information Technology Services Division.

The EWC program began budgeting on a cash basis as of July 1, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2018-19.
There is no change from FY 2018-19 to FY 2019-20 in the current estimate.

Methodology:

1. AVRS cost for the consumer toll-free line is determined based on the estimated call volume.

2. OPL system cost is determined based on staff programming hours for system maintenance.

	FY 2018-19	FY 2019-20
AVRS	\$11,000	\$11,000
OPL system	\$5,000	\$5,000
Total	\$16,000	\$16,000

Funding:

100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2012
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000

Purpose:

This policy change estimates the Every Woman Counts (EWC) program's Regional Contractor costs.

Authority:

Health & Safety Code 104150(c)
 Revenue & Taxation Code 30461.6
 CA Health Collaborative Contract #16-93229
 Community Health Partnership Contract #16-93232
 County of Orange Contract #16-93230
 Santa Barbara County Contract #16-93231

Interdependent Policy Changes:

Not Applicable

Background:

As required by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) grant, the Department provides tailored health education to priority populations, quality clinical follow-up for recipients, and primary care provider network support. These services are provided through contractors located in 10 geographical regions of California.

The objective of each Regional Contractor is to:

- Promote breast and cervical cancer awareness,
- Increase first time and repeat breast and cervical cancer screening, and
- Promote high quality screening services through management of a regional primary care provider network.

The EWC program began budgeting on a cash basis as of July 1, 2017.

Reason for Change:

There is no change from the prior estimate for FY 2018-19.

There is no change from FY 2018-19 to FY 2019-20, in the current estimate.

Methodology:

1. Effective January 1, 2017, all regional contracts have been extended through June 30, 2019.
2. The contracts are funded as follows:

	FY 2018-19	FY 2019-20
CA Health Collab.	\$2,129,500	\$2,129,500
Community Health Partnership	\$266,800	\$266,800
County of Orange	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$3,057,000	\$3,057,000

Funding:

100% General Fund (4260-114-0001)

WA STATE V. BREAST CANCER PREVENTION FUND SETTLEMENT

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/1/2018
ANALYST: Katy Clay

		<u>FY 2018-19</u>	<u>FY 2019-20</u>
FULL YEAR COST	- TOTAL FUNDS	-\$632,000	\$0
	- GENERAL FUND	-\$632,000	\$0
PAYMENT LAG		1.0000	0.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$632,000	\$0
	- GENERAL FUND	-\$632,000	\$0

Purpose:

This policy change estimates the payment made to the Every Woman Counts (EWC) program by Washington State Attorney General's Office (AGO) as part of a lawsuit settlement against Breast Cancer Prevention Fund (BCPF).

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

BCPF, a nonprofit, used Legacy Telemarketing, a commercial fundraiser, to raise funds in Washington, California, and Texas, claiming that a majority of the money raised was used to provide mammograms for un- and underinsured women. After investigation, the AGO filed suit against the trustees of BCPF, finding that less than a fifth of the money raised went to the cause.

The Bankruptcy Court approved a settlement on November 28, 2017. As part of the settlement agreement, the AGO retained discretion to distribute restitution *pro rata* based on the approximate percentages raised in each state. These funds must be distributed to organizations that provide low- or no-cost mammograms (or analogous cancer screenings) to un- or underinsured women.

Reason for Change:

This is a new policy change.

Methodology

1. The EWC will receive \$632,000 in FY 2018-19.

Funding:

100% GF (4260-114-0001)

EWC Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2014				\$9,205,185 *
Oct-Dec 2014				\$9,596,895 *
Jan-Mar 2015				\$9,988,605 *
April -June 2015				\$10,380,315 *
FY 2014-15	275,219		275,219 *	\$39,171,000
July-Sept 2015				\$5,702,040 *
Oct-Dec 2015				\$5,944,680 *
Jan-Mar 2016				\$6,187,320 *
April -June 2016				\$6,429,960 *
FY 2015-16	161,000		161,000 *	\$24,264,000
July-Sept 2016				\$6,303,405 *
Oct-Dec 2016				\$6,571,635 *
Jan-Mar 2017				\$6,839,865 *
April -June 2017				\$7,108,095 *
FY 2016-17			25,030 *	\$26,823,000
July-Sept 2017				\$6,097,095 *
Oct-Dec 2017				\$8,140,735 *
Jan-Mar 2018				\$6,136,128 *
April -June 2018				\$9,577,882 *
FY 2017-18			26,914 *	\$29,952,000
July-Sept 2018				\$10,073,106 **
Oct-Dec 2018				\$10,073,106 **
Jan-Mar 2019				\$10,073,106 **
April -June 2019				\$10,073,106 **
FY 2018-19			26,963 **	\$40,292,000
July-Sept 2019				\$10,073,106 **
Oct-Dec 2019				\$10,073,106 **
Jan-Mar 2020				\$10,073,106 **
April -June 2020				\$10,073,106 **
FY 2019-20			26,963 **	\$40,292,000

Notes:

- 1) Expenditures up to FY 2016-17 are based on an accrual basis.
- 1) Starting FY 2017-18, expenditures are estimated on a cash basis.
- 2) Caseload now identifies average monthly users by date of payment.

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
November 2018
FISCAL YEARS 2018-19 & 2019-20

INTRODUCTION

The Family Health Local Assistance Estimate provides information and State-Only costs for California Children's Services, the Child Health and Disability Prevention program, the Genetically Handicapped Persons Program, and the Every Woman Counts Program. The Estimate also includes estimated expenditures for the Healthy Families Program Title XXI portion of California Children's Services. From January 2013 to November 2013, the Healthy Families Program transitioned to Medi-Cal's Optional Targeted Low Income Children's Program (OTLICP). Costs for children eligible for Medi-Cal, including the new OTLICP are included in the Medi-Cal Local Assistance Estimate.

The Family Health Local Assistance Estimate can be segregated into two main components for each program:

- (1) the base and
- (2) policy changes

The base estimate is the anticipated level of program expenditures assuming no changes in program direction. The base estimates are derived from a historical trend analysis of actual expenditure patterns. The policy changes are the estimated fiscal impacts of any program changes which are either anticipated to occur at some point in the future, have occurred so recently that they are not yet fully reflected in the historical data base, or are estimates of expenditures not included in the base estimate.

California Children's Services

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy health care services to children under 21 years of age with CCS-eligible conditions (e.g., severe genetic diseases, chronic medical conditions, infectious diseases producing major sequelae, and traumatic injuries) from families unable to afford catastrophic health care costs. A child eligible for CCS must be a resident of California, have a CCS-eligible condition, and be in a family with an adjusted gross income of \$40,000 or less in the most recent tax year. Children in families with higher incomes may still be eligible for CCS if the estimated cost of care to the family in one year is expected to exceed 20% of the family's adjusted gross income.

Base funding for the state only CCS program services and case management is composed of 50% county funds (CF) and 50% State General Fund (GF). Services and case management for Medi-Cal eligible children are funded by a combined 50% match of GF and Title XIX federal financial participation (FFP). Services and case management authorized for children who are enrolled in Medi-Cal's OTLICP are funded by 65% federal Title XXI FFP and a combined 17.5% CF and 17.5% GF. Starting October 2015, Title XXI FFP increased to 88%, reducing

the CF/GF split to 6% apiece. **Starting October 2019, Title XXI FFP will decrease to 76.5%, increasing the CF/GF split to 11.75% apiece.** In addition to the funding streams above, CCS is also supported by a fixed level of Federal Title V Maternal and Child Health (MCH) funding. GF expenditures were reduced by federal funding by the Safety Net Care Pool (SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ended October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.

On January 1, 2013, the HFP ceased to enroll new subscribers and HFP subscribers ~~began~~ **the-transitioned** into Medi-Cal's OTLICP through a phase-in methodology.

CCS benefit costs and administrative costs are budgeted on a cash basis.

Child Health and Disability Prevention

The Child Health and Disability Prevention (CHDP) program provides health screens (i.e., well child health assessments) and immunizations to Medi-Cal children under 21 years of age and non-Medi-Cal eligible children at or under 18 years of age whose family income is at or below 200% of the Federal Poverty Level (FPL).

Currently, the CHDP program is funded with a combination of State GF and Childhood Lead Poisoning Prevention (CLPP) funds.

Children from families with incomes at or below 200% of the FPL can pre-enroll in fee-for-service Medi-Cal under the presumptive eligibility for children provisions of the Medicaid program. This pre-enrollment will take place electronically over the Internet at CHDP provider offices at the time children receive health assessments. This process, known as the CHDP Gateway to Medi-Cal, will shift most CHDP costs to the Medi-Cal program. CHDP program funding will continue at a reduced level to cover services for children who are eligible for limited-scope Medi-Cal benefits.

The CHDP program is responsible for the screening component of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit of the Medi-Cal program. The health assessments, immunizations, and laboratory screening procedures for full scope Medi-Cal children are funded SF/FF and for limited scope Medi-Cal children are 100% SF. These screening costs funded through Medi-Cal are identified in the Medi-Cal estimate as EPSDT.

Additionally, Medi-Cal provides only emergency and pregnancy related services to beneficiaries with limited scope Medi-Cal. CHDP provides 100% state funded health assessments for limited scope Medi-Cal beneficiaries who are not enrolled in full scope Medi-Cal in accordance with SB 75 (targeting limited scope Medi-Cal beneficiaries with unsatisfactory immigration status).

CHDP benefit costs and administrative costs are budgeted on a cash basis.

As of the November 2018 estimate cycle, projected CHDP expenditures for FY 2019-20 have moved to the Medi-Cal Local Assistance Estimate.

Genetically Handicapped Persons Program

The Genetically Handicapped Persons Program (GHPP) provides comprehensive health care coverage for persons with specified genetic diseases including: cystic fibrosis; hemophilia; sickle cell disease and thalassemia; chronic degenerative neurological diseases including Huntington's Disease, Friedreich's Ataxia, and Joseph's Disease; and metabolic diseases including phenylketonuria. GHPP also provides access to social support services that may help ameliorate the physical and psychological problems resulting from the client's health condition. To meet eligibility requirements, applicants must reside in California; have a qualifying genetic disease; and pay the annually assessed enrollment fee. GHPP clients with an adjusted gross income between 200% and 299% of the federal income guidelines pay an enrollment fee that is 1.5% of their adjusted gross income; clients/families at an income level of 300% or greater of federal income guidelines pay an enrollment fee equal to 3% of their adjusted gross income.

GHPP benefit and administrative costs are budgeted on a cash basis beginning in FY 2005-06.

Every Woman Counts Program

The Every Woman Counts (EWC) Program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured individuals residing in the State of California with income at or below 200% of the federal poverty level. Breast Cancer screening is available for individuals age 40 and older, as well as, symptomatic individuals regardless of age. Cervical Cancer screening is available for individuals age 21 and older.

EWC covered benefits and categories of service include office visits, screening, diagnostic mammograms, and diagnostic breast procedures, such as ultrasound, fine needle and core biopsy, pap test and HPV co-testing, colposcopy and other cervical cancer diagnostic procedures and case management.

Currently, the EWC program is funded with a combination of Cigarette and Tobacco Products Surtax Unallocated Fund, Breast Cancer Fund, Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program Grant, and General Fund.

The EWC program began budgeting on a cash basis as of July 1, 2017.

BASE ESTIMATES

Historical cost data are used to make the base budget projections using regression equations. The general functional form of the regression equations is:

$$\begin{aligned}\text{CASES} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{EXPENDITURES} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{TREATMENT \$} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM}) \\ \text{MTU \$} &= f(\text{TND}, \text{S.DUM}, \text{O.DUM})\end{aligned}$$

Where:

$$\begin{aligned}\text{TREATMENT \$} &= \text{Total quarterly net treatment expenditures for each county group.} \\ \text{MTU \$} &= \text{Total quarterly medical therapy unit expenditures for each county group.} \\ \text{TND} &= \text{Linear trend variable.} \\ \text{S.DUM} &= \text{Seasonally adjusting dummy variable.} \\ \text{O.DUM} &= \text{Other dummy variables (as appropriate) to reflect exogenous shifts in the expenditure function (e.g. rate increases, price indices, etc.).}\end{aligned}$$

California Children's Services

A nine year data base of summary claim information on CCS treatment services and medical therapy unit expenditures is used to make the base budget projections using regression equations. Independent regressions are run on net treatment services expenditures (TREATMENT \$) and medical therapy unit expenditures (MTU \$). These expenditure categories are estimated separately for Alameda, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, other independent counties, and all other dependent counties as separate groups.

Following the estimation of coefficients for these variables during the base period, the independent variables are extended into the projection period and multiplied by the appropriate coefficients. The quarterly values for each expenditure category are then added together to arrive at quarterly expenditure estimates and summed to annual totals by county.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Child Health and Disability Prevention

The estimate for CHDP screening consists of a base projection using the latest five years of monthly data to forecast average monthly screens and cost per screen. Separate forecasts utilizing multiple regression analysis are made for both screens and cost per screen for the CHDP program.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Genetically Handicapped Persons Program

The most recent five years of actual GHPP caseload and expenditure data are used to make the budget projections using regression equations. The data system for GHPP includes only summary caseload and expenditure data for the base period. Independent regressions are run on each diagnosis category identified as follows: Cystic Fibrosis; Hemophilia; Sickle Cell; Huntington's disease (includes Friedreich's Ataxia, and Joseph's Disease); and Metabolic Conditions.

Estimates for expenditures are based on a history of payment data which is projected into the budget year and a future year.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

Every Woman Counts Program

The most recent three years of actual EWC caseload and expenditure data are used in the regression equations for the base projections.

The net cost/savings for each Policy Change item is applied to the base estimate, after adjustment for the estimated percentage of each item reflected in the base.

INFORMATION ONLY:**CALIFORNIA CHILDREN'S SERVICES****1. CCS Redesign**

To improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) and to eliminate the fragmentation that exists in the current CSS health care delivery system, the department initiated a CCS Redesign project with stakeholder input.

To move incrementally toward a better integrated and coordinated system of care for CCS, the Department has developed a multi-year framework for a "Whole Child" model that builds on existing successful models and delivery systems. This balanced approach will assure maintenance of core CCS provider standards and network of pediatric specialty and subspecialty care providers, by implementing a gradual change in CCS service delivery with an extended phase-in and stringent readiness and monitoring requirements that will ensure continuity of care and continued access to high-quality specialty care. The "Whole Child" model provides an organized delivery system of care for comprehensive, coordinated services through enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers, and counties.

Starting no sooner than July 1, 2018, subject to successful readiness review by the department, the first phase will incorporate CCS into the integrated care systems of most County-Organized Health Systems (COHS). COHS are county developed and operated Medi-Cal managed care plans with strong community ties. These plans will be required to demonstrate support from various stakeholders that may include the respective county CCS program, local providers and hospitals, and local families of children with CCS eligible conditions or local advocacy groups representing those families.

2. Adrenoleukodystrophy (ALD) as a CCS Eligible Condition

AB 1559, statutes of 2014, requires that statewide newborn screening be expanded to include Adrenoleukodystrophy (ALD), now that ALD has been adopted by the federal Recommended Uniform Screening Panel (RUSP). Newborn screening for ALD will identify all children with the genetic disorder. Adrenal insufficiency occurs in 90 percent of males, with onset as early as 6 months of age. Nearly all female carriers develop symptoms in adulthood, so would not typically be age eligible for CCS but may be covered by Medi-Cal.

With universal screening for ALD, the protocols for the medical management of the condition can be expected to evolve quickly as more individuals with the condition are identified. It is likely medical management protocols will place greater emphasis on early monitoring, prevention, and timely diagnosis and treatment in response to the emergence of signs of disease progression. A broad array of services are expected to be used ranging from laboratory, physician, and inpatient services to occupational and physical therapy, durable medical equipment, and bone marrow/stem cell transplant. More case by case research is required to estimate correctly.

Additional clinical protocols to test mothers, as well as older siblings, of newborns identified with the ALD mutation are currently in development. These clinical protocols will identify a small but unknown number of additional children and adults needing a varying degree of medical management and genetic counseling. Costs for these additional protocols are unknown at this time.

3. Non-Blood Factor Rebates

Blood factor CCS and GHPP rebate invoices have been generated and collected quarterly since FY 2009. Non-blood factor CCS and GHPP rebate invoices have never been included in the rebate program. The first non-blood factor invoices will be generated in August 2019. Non-blood factor invoices will include all pharmacy and physician dispensed medication. These invoices will reflect Quarter 3 FY 2006 volume through the current year and quarter in August 2019. Currently there are no volume estimates.

4. New High Cost Treatments for Specific Conditions

There are five additional treatments approved and ready to be phased into use.

Tisagenlecleucel (Kymriah) is a one-time treatment for children and young adults up to 25 years of age with B-Cell acute lymphoblastic Leukemia that is refractory or twice elapsed after treatment. The therapy is administered in a single treatment and less expensive than some bone marrow transplants. The treatment is estimated to be approximately \$475,000 per patient.

~~L-Glutamine oral powder (Endari) is a lifetime treatment to reduce complications of sickle-cell disease in patients 5 years of age and older. The Federal Food and Drug Administration (FDA) approved L-Glutamine oral powder on July 7, 2017, for ages five years and older to reduce complications of this disease.~~

~~Emicizumab-kxwh (Hemlibra) is a lifetime treatment of Hemophilia A (Factor VIII deficiency) with inhibitors. The FDA approved the treatment on November 16, 2017, for children and adult hemophilia patients to bridge the gap between Factor IX and Factor X in the clotting cascade, to bypass the function of Factor VIII.~~

Pegvaliase-pqpz (Palynzio) is a lifetime treatment, approved by the FDA on May 24, 2018 to treat PKU adults who are unable to maintain phenylalanine (Phe) levels (below 600 µmol/L) with current therapy.

Cannabidiol (Epidiolex) is a lifetime treatment, approved by the FDA on June 25, 2018 to treat two rare forms of epilepsy, Lennox-Gastaut Syndrome and Dravet Syndrome, in patients older than 2 years of age.

Axicabtagene ciloleucel (Yescarta) is a one-time treatment for youth and adults, aged 18 and over with refractory or relapsing large B -cell lymphoma. The FDA approved the drug for treatment of individuals with types of refractory or relapsing large B-cell lymphoma (DLBCL), a type of non-Hodgkin lymphoma (NHL) whose cancer has either not responded to or returned after two or more attempts at standard systemic therapy.

Voretigene neparvovec-rzyl (Luxturna) is a proposed one-time treatment for “biallelic RPE65 mutation-associated retinal dystrophy.” The FDA approved this drug on December 19, 2017, as a new gene therapy to treat children and adults with confirmed “biallelic RPE65 mutation-associated retinal dystrophy,” an inherited form of impaired vision that may progress to complete blindness. There is no age restriction; however, there must be “viable retinal cells” remaining to treat.

5. California Children’s Services (CCS) – Medical Therapy Program (MTP) Special Education

The CCS–MTP is required by a precedent setting decision of the California Fifth Appellate District Court to provide educationally necessary PT/OT services without regard to medical necessity for CCS-MTP clients/pupils enrolled in special education who have CCS-MTP PT/OT services included in their Individual Education Program (IEP) as a “related service.” Any proposed change in the level of PT/OT services based on CCS-MTP medical findings can be vetoed by a member of the IEP team, which includes the parent/family. The level of services that will be required under the precedent established by the court exceeds the levels based solely on medical necessity. In addition, because these services are not medically necessary, they are deemed not eligible for federal financial participation. The majority of the children in special education with an IEP are currently being monitored with minimal expenses. Many children will not shift from active therapy to monitoring as they age. Although the risk is ongoing, there have been no cases in the last year where active therapy is maintained without regard to medical necessity.

CHILD HEALTH AND DISABILITY PREVENTION

- 1. FY 2019-20 expenditures for the Child Health and Disability Prevention Program are included in the Medi-Cal Local Assistance Estimate.**

GENETICALLY HANDICAPPED PERSONS PROGRAM

~~1. GHPP Caseload Adjustments~~

~~Caseload counts decreased starting May 2017 due to a renewed effort to review and close cases with expired eligibility and no claim activity for over 180 days.~~

1. Health Insurance Premium Payment (HIPP) Program

The HIPP program is a voluntary program that pays private health insurance premiums for State-Only beneficiaries who have pre-existing medical conditions and meet the program's eligibility requirements. HIPP Program enrollment projections are based on the last five years of actual enrollment data. Letters about the program will be sent to medically eligible beneficiaries with other health coverage by the end of calendar year 2018. The letters may cause an increase to the HIPP enrollment and result in financial savings to the GHPP State-Only expenditures for the upcoming fiscal years. Currently, there is no volume or savings estimates to report.

EVERY WOMAN COUNTS PROGRAM

1. Correction of Denied Provider Claims

The Every Woman Counts (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate clinical claims. Issues were discovered with the claims adjudication process that resulted in denied clinical claims. Currently six Problem Statements (PS) have been issued for claim denials that range from office visit to various screenings and diagnostic services. Some of the identified claims adjudication problems are EWC specific and some impact both EWC and Medi-Cal. The FI has determined that system changes are required to correctly adjudicate claims. System changes are costly and can take anywhere from 90 days to up to one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to re-adjudicate denied claims. These system changes and EPCs will impact EWC's budget. At this time, the number of affected providers, claims, and cost for the system changes are undetermined.

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

PC 8 New High Cost Treatments - CCS

CHDP

GHPP

PC 6 New High Cost Treatments - CCS

EWC

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

CHDP

GHPP

EWC

PC 7 San Diego State University Research Foundation

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

CCS 11 CCS-MTP - Special Education

CHDP

GHPP

EWC