

**MEDI-CAL
MAY 2018
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2017-18 and 2018-19**

Fiscal Forecasting Division
State Department of Health Care Services
1501 Capitol Avenue, Suite 6069
Sacramento, CA 95814



EDMUND G. BROWN JR.
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Medi-Cal Funding Summary
May 2018 Estimate Compared to FY 2018-19 Appropriation
Fiscal Year 2018 - 2019

TOTAL FUNDS

	May 2018 Estimate	FY 2018-19 Appropriation	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001/0890(3)	\$75,253,293,000	\$75,311,757,000	\$58,464,000
4260-101-0080 CLPP Funds	\$725,000	\$725,000	\$0
4260-101-0232 Prop 99 Hospital Svc. Acct.	\$73,335,000	\$73,335,000	\$0
4260-101-0233 Prop 99 Physician Svc. Acct	\$22,496,000	\$22,496,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$31,609,000	\$31,609,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$8,525,000	\$8,525,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$854,642,000	\$1,039,038,000	\$184,396,000
4260-102-0001/0890 Capital Debt	\$102,780,000	\$102,780,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$220,000,000	\$220,000,000
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$1,900,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$137,900,000	\$137,900,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$10,173,000	\$10,173,000	\$0
4260-113-0001/0890 Healthy Families	\$2,752,220,000	\$2,752,220,000	\$0
4260-601-0942142 Local Trauma Centers	\$64,207,000	\$64,207,000	\$0
4260-601-0942 Home Health Program Account	\$347,000	\$347,000	\$0
4260-601-0995 Reimbursements	\$1,547,072,000	\$1,547,072,000	\$0
4260-601-3156 MCO Tax Fund	\$21,286,000	\$21,286,000	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$762,447,000	\$762,447,000	\$0
4260-601-3213 LTC QA Fund	\$460,098,000	\$460,098,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$2,520,163,000	\$2,520,163,000	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$60,884,000	\$60,884,000	\$0
4260-601-7502 Demonstration DSH Fund	\$179,295,000	\$179,295,000	\$0
4260-601-7503 Health Care Support Fund	\$337,306,000	\$337,306,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$437,421,000	\$437,421,000	\$0
4260-601-8108 Global Payment Program Fund	\$1,246,043,000	\$1,246,043,000	\$0
4260-601-8113 DPH GME Special Fund	\$568,422,000	\$568,422,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$11,734,000	\$11,734,000	\$0
4260-605-0001 SNF Quality & Accountability *	\$48,310,000	\$48,310,000	\$0
4260-605-3167 SNF Quality & Accountability	\$43,004,000	\$43,004,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$48,310,000)	(\$48,310,000)	\$0
4260-606-0834 SB 1100 DSH	\$151,893,000	\$151,893,000	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$11,382,710,000	\$11,382,710,000	\$0
TOTAL MEDI-CAL Benefits	\$99,043,930,000	\$99,506,790,000	\$462,860,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001/0890(1)	\$4,432,553,000	\$4,489,000,000	\$56,447,000
4260-106-0890(1) Money Follow Person Fed. Grant	\$682,000	\$682,000	\$0
4260-113-0001/0890 Healthy Families	\$62,661,000	\$62,661,000	\$0
4260-117-0001/0890 HIPPA	\$9,612,000	\$9,612,000	\$0
4260-601-0942 Home Health Program Account	\$317,000	\$317,000	\$0
4260-601-0995 Reimbursements	\$568,000	\$568,000	\$0
4260-602-3311 Healthcare Svc. Plans Fines and Penalties Fund	\$1,063,000	\$1,063,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$3,407,000	\$3,407,000	\$0
TOTAL COUNTY ADMIN.	\$4,510,863,000	\$4,567,310,000	\$56,447,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001/0890(2)	\$307,471,000	\$309,524,000	\$2,053,000
4260-113-0001/0890 Healthy Families	\$4,871,000	\$4,871,000	\$0
4260-117-0001/0890 HIPAA	\$13,945,000	\$13,945,000	\$0
TOTAL FISCAL INTERMEDIARY	\$326,287,000	\$328,340,000	\$2,053,000
GRAND TOTAL - ALL FUNDS	\$103,881,080,000	\$104,402,440,000	\$521,360,000

Medi-Cal Funding Summary
May 2018 Estimate Compared to FY 2018-19 Appropriation
Fiscal Year 2018 - 2019

STATE FUNDS

	May 2018 Estimate	FY 2018-19 Appropriation	Difference Incr./(Decr.)
<u>MEDI-CAL Benefits:</u>			
4260-101-0001(3) *	\$21,292,101,000	\$21,308,884,000	\$16,783,000
4260-101-0080 CLPP Funds	\$725,000	\$725,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$73,335,000	\$73,335,000	\$0
4260-101-0233 Prop 99 Physician Srvc. Acct	\$22,496,000	\$22,496,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$31,609,000	\$31,609,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$8,525,000	\$8,525,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$854,642,000	\$1,039,038,000	\$184,396,000
4260-102-0001 Capital Debt *	\$36,635,000	\$36,635,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$220,000,000	\$220,000,000
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$1,900,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$137,900,000	\$137,900,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-113-0001 Healthy Families *	\$108,415,000	\$108,415,000	\$0
4260-601-0942142 Local Trauma Centers	\$64,207,000	\$64,207,000	\$0
4260-601-0942 Home Health Program Account	\$347,000	\$347,000	\$0
4260-601-0995 Reimbursements	\$1,547,072,000	\$1,547,072,000	\$0
4260-601-3156 MCO Tax Fund	\$21,286,000	\$21,286,000	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$762,447,000	\$762,447,000	\$0
4260-601-3213 LTC QA Fund	\$460,098,000	\$460,098,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$2,520,163,000	\$2,520,163,000	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$60,884,000	\$60,884,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$437,421,000	\$437,421,000	\$0
4260-601-8108 Global Payment Program Fund	\$1,246,043,000	\$1,246,043,000	\$0
4260-601-8113 DPH GME Special Fund	\$568,422,000	\$568,422,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$11,734,000	\$11,734,000	\$0
4260-605-0001 SNF Quality & Accountability *	\$48,310,000	\$48,310,000	\$0
4260-605-3167 SNF Quality & Accountability	\$43,004,000	\$43,004,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$48,310,000)	(\$48,310,000)	\$0
4260-606-0834 SB 1100 DSH	\$151,893,000	\$151,893,000	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$4,871,254,000	\$4,871,254,000	\$0
TOTAL MEDI-CAL Benefits	\$35,334,558,000	\$35,755,737,000	\$421,179,000
Total Benefits General Fund *	\$21,605,761,000	\$21,622,544,000	\$16,783,000
<u>COUNTY ADMINISTRATION:</u>			
4260-101-0001(1) *	\$1,212,761,000	\$1,222,511,000	\$9,750,000
4260-113-0001 Healthy Families *	\$5,507,000	\$5,507,000	\$0
4260-117-0001 HIPAA *	\$1,694,000	\$1,694,000	\$0
4260-601-0942 Home Health Program Account	\$317,000	\$317,000	\$0
4260-601-0995 Reimbursements	\$568,000	\$568,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$1,063,000	\$1,063,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$3,407,000	\$3,407,000	\$0
TOTAL COUNTY ADMIN.	\$1,225,317,000	\$1,235,067,000	\$9,750,000
Total Co. Admin. General Fund *	\$1,219,962,000	\$1,229,712,000	\$9,750,000
<u>FISCAL INTERMEDIARY:</u>			
4260-101-0001(2) *	\$109,642,000	\$109,642,000	\$0
4260-113-0001 Healthy Families *	\$585,000	\$585,000	\$0
4260-117-0001 HIPAA *	\$2,549,000	\$2,549,000	\$0
TOTAL FISCAL INTERMEDIARY	\$112,776,000	\$112,776,000	\$0
Total FI General Fund *	\$112,776,000	\$112,776,000	\$0
GRAND TOTAL - STATE FUNDS	\$36,672,651,000	\$37,103,580,000	\$430,929,000
Grand Total General Fund*	\$22,938,499,000	\$22,965,032,000	\$26,533,000

Medi-Cal Funding Summary
May 2018 Estimate Compared to FY 2018-19 Appropriation
Fiscal Year 2018 - 2019

FEDERAL FUNDS

	<u>May 2018</u> <u>Estimate</u>	<u>FY 2018-19</u> <u>Appropriation</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
<u>MEDI-CAL Benefits:</u>			
4260-101-0890(3)	\$53,961,192,000	\$54,002,873,000	\$41,681,000
4260-102-0890 Capital Debt	\$66,145,000	\$66,145,000	\$0
4260-106-0890 Money Follows Person Federal Grant	\$10,173,000	\$10,173,000	\$0
4260-113-0890 Health Families	\$2,643,805,000	\$2,643,805,000	\$0
4260-601-7502 Demonstration DSH Fund	\$179,295,000	\$179,295,000	\$0
4260-601-7503 Health Care Support Fund	\$337,306,000	\$337,306,000	\$0
4260-611-0890 Hospital Quality Assurance	\$6,511,456,000	\$6,511,456,000	\$0
TOTAL MEDI-CAL Benefits	<u>\$63,709,372,000</u>	<u>\$63,751,053,000</u>	<u>\$41,681,000</u>
 <u>COUNTY ADMINISTRATION:</u>			
4260-101-0890(1)	\$3,219,792,000	\$3,266,489,000	\$46,697,000
4260-106-0890(1) Money Follows Person Fed. Grant	\$682,000	\$682,000	\$0
4260-113-0890 Healthy Families	\$57,154,000	\$57,154,000	\$0
4260-117-0890 HIPAA	\$7,918,000	\$7,918,000	\$0
TOTAL COUNTY ADMIN.	<u>\$3,285,546,000</u>	<u>\$3,332,243,000</u>	<u>\$46,697,000</u>
 <u>FISCAL INTERMEDIARY:</u>			
4260-101-0890(2)	\$197,829,000	\$199,882,000	\$2,053,000
4260-113-0890 Healthy Families	\$4,286,000	\$4,286,000	\$0
4260-117-0890 HIPAA	\$11,396,000	\$11,396,000	\$0
TOTAL FISCAL INTERMEDIARY	<u>\$213,511,000</u>	<u>\$215,564,000</u>	<u>\$2,053,000</u>
 GRAND TOTAL - FEDERAL FUNDS	<u>\$67,208,429,000</u>	<u>\$67,298,860,000</u>	<u>\$90,431,000</u>

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2018-19

	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
I. BASE ESTIMATES				
A. B/Y FFS BASE	\$17,738,522,780	\$8,869,261,390	\$8,869,261,390	\$0
B. B/Y BASE POLICY CHANGES	\$47,625,688,980	\$32,416,061,850	\$15,088,880,130	\$120,747,000
C. BASE ADJUSTMENTS	(\$166,359,000)	(\$200,174,150)	(\$1,005,222,850)	\$1,039,038,000
D. ADJUSTED BASE	\$65,197,852,760	\$41,085,149,090	\$22,952,918,670	\$1,159,785,000
II. REGULAR POLICY CHANGES				
A. ELIGIBILITY	(\$154,925,810)	(\$1,229,219,700)	\$1,073,937,890	\$356,000
B. AFFORDABLE CARE ACT	\$1,676,784,000	\$1,617,045,850	\$59,738,150	\$0
C. BENEFITS	\$1,812,384,540	\$1,282,911,350	\$518,917,190	\$10,556,000
D. PHARMACY	(\$1,696,041,010)	(\$1,183,589,680)	(\$512,451,330)	\$0
E. DRUG MEDI-CAL	\$799,705,000	\$651,299,310	\$148,405,690	\$0
F. MENTAL HEALTH	\$203,501,000	\$187,974,000	\$15,327,000	\$200,000
G. WAIVER--MH/UCD & BTR	\$5,563,021,000	\$2,950,569,000	\$166,541,000	\$2,445,911,000
H. MANAGED CARE	\$7,014,654,280	\$4,420,471,690	(\$1,360,897,210)	\$3,955,079,800
I. PROVIDER RATES	\$609,148,150	\$753,728,870	(\$674,087,720)	\$529,507,000
J. SUPPLEMENTAL PMNTS.	\$16,486,537,000	\$10,418,180,500	\$1,343,493,000	\$4,724,863,500
K. OTHER	\$1,994,165,710	\$2,796,531,620	(\$2,109,299,910)	\$1,306,934,000
L. TOTAL CHANGES	\$34,308,933,870	\$22,665,902,830	(\$1,330,376,260)	\$12,973,407,300
III. TOTAL MEDI-CAL ESTIMATE	\$99,506,786,630	\$63,751,051,920	\$21,622,542,410	\$14,133,192,300

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>ELIGIBILITY</u>					
1	MEDI-CAL STATE INMATE PROGRAMS	\$98,931,000	\$98,931,000	\$0	\$0
2	BREAST AND CERVICAL CANCER TREATMENT	\$72,314,000	\$25,813,900	\$46,500,100	\$0
3	MEDI-CAL COUNTY INMATE PROGRAMS	\$90,569,000	\$90,276,390	\$292,610	\$0
8	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	\$0	(\$356,000)	\$356,000
9	NON-OTLICP CHIP	\$0	(\$187,461,280)	\$187,461,280	\$0
10	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	(\$881,430,000)	\$881,430,000	\$0
11	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$56,906,960	(\$56,906,960)	\$0
13	PARIS-VETERANS	(\$12,169,470)	(\$6,084,730)	(\$6,084,730)	\$0
14	OTLICP PREMIUMS	(\$66,373,000)	(\$58,408,240)	(\$7,964,760)	\$0
15	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$296,984,340)	(\$233,545,670)	(\$63,438,660)	\$0
16	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	(\$41,213,000)	(\$134,218,020)	\$93,005,020	\$0
ELIGIBILITY SUBTOTAL		(\$154,925,810)	(\$1,229,219,700)	\$1,073,937,890	\$356,000
<u>AFFORDABLE CARE ACT</u>					
17	COMMUNITY FIRST CHOICE OPTION	\$3,373,170,000	\$3,373,170,000	\$0	\$0
18	HEALTH INSURER FEE	\$287,808,000	\$190,685,850	\$97,122,150	\$0
19	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$15,806,000	\$15,806,000	\$0	\$0
21	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	\$36,043,000	(\$36,043,000)	\$0
22	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$1,341,000	(\$1,341,000)	\$0
23	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0
25	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$2,000,000,000)	(\$2,000,000,000)	\$0	\$0
AFFORDABLE CARE ACT SUBTOTAL		\$1,676,784,000	\$1,617,045,850	\$59,738,150	\$0
<u>BENEFITS</u>					
27	BEHAVIORAL HEALTH TREATMENT	\$544,531,000	\$301,293,700	\$243,237,300	\$0
28	FAMILY PACT PROGRAM	\$322,281,000	\$245,100,700	\$77,180,300	\$0
29	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$278,779,000	\$278,779,000	\$0	\$0
30	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$123,374,000	\$123,374,000	\$0	\$0
31	CCS DEMONSTRATION PROJECT	\$70,982,000	\$39,000,300	\$31,981,700	\$0
32	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$21,112,000	\$10,556,000	\$0	\$10,556,000
33	ANNUAL CONTRACEPTIVE COVERAGE	\$1,620,330	\$1,254,870	\$365,460	\$0
34	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$10,569,000	\$8,890,000	\$1,679,000	\$0
35	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$43,770,000	\$26,868,240	\$16,901,760	\$0
36	FULL RESTORATION OF ADULT DENTAL BENEFITS	\$209,650,000	\$145,981,220	\$63,668,780	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>BENEFITS</u>					
37	DENTAL BENEFICIARY OUTREACH EFFORTS - BENEFITS	\$33,264,000	\$16,632,000	\$16,632,000	\$0
38	YOUTH REGIONAL TREATMENT CENTERS	\$5,140,000	\$4,913,000	\$227,000	\$0
39	PEDIATRIC PALLIATIVE CARE WAIVER	\$781,360	\$427,870	\$353,490	\$0
40	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,600,000	\$0	\$1,600,000	\$0
41	CCT FUND TRANSFER TO CDSS AND CDDS	\$1,283,000	\$1,283,000	\$0	\$0
44	BEHAVIORAL HEALTH TREATMENT - BIS DDS TRANSITION	\$109,231,000	\$60,438,240	\$48,792,760	\$0
45	DIABETES PREVENTION PROGRAM	\$498,150	\$349,410	\$148,740	\$0
46	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINGS	(\$1,536,360)	(\$841,490)	(\$694,870)	\$0
207	MEDI-CAL NONMEDICAL TRANSPORTATION	\$4,220,070	\$2,600,720	\$1,619,350	\$0
209	WHOLE CHILD MODEL IMPLEMENTATION	\$29,235,000	\$16,010,580	\$13,224,420	\$0
230	PROP 56 - CBAS PROGRAMS	\$2,000,000	\$0	\$2,000,000	\$0
	BENEFITS SUBTOTAL	\$1,812,384,550	\$1,282,911,350	\$518,917,190	\$10,556,000
<u>PHARMACY</u>					
47	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS	\$83,439,990	\$45,226,640	\$38,213,350	\$0
49	PHARMACY REIMBURSEMENT & DISPENSING FEE	(\$36,000,000)	(\$21,852,270)	(\$14,147,730)	\$0
51	BCCTP DRUG REBATES	(\$11,951,000)	(\$8,127,950)	(\$3,823,050)	\$0
52	FAMILY PACT DRUG REBATES	(\$20,067,000)	(\$17,405,400)	(\$2,661,600)	\$0
53	MEDICAL SUPPLY REBATES	(\$24,916,000)	(\$12,458,000)	(\$12,458,000)	\$0
54	STATE SUPPLEMENTAL DRUG REBATES	(\$197,608,000)	(\$131,038,760)	(\$66,569,240)	\$0
55	FEDERAL DRUG REBATES	(\$1,559,326,000)	(\$1,086,500,940)	(\$472,825,060)	\$0
225	HEPATITIS C REVISED CLINICAL GUIDELINES	\$70,387,000	\$48,567,000	\$21,820,000	\$0
	PHARMACY SUBTOTAL	(\$1,696,041,010)	(\$1,183,589,680)	(\$512,451,330)	\$0
<u>DRUG MEDI-CAL</u>					
56	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$796,705,000	\$648,399,310	\$148,305,690	\$0
61	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$3,000,000	\$2,900,000	\$100,000	\$0
	DRUG MEDI-CAL SUBTOTAL	\$799,705,000	\$651,299,310	\$148,405,690	\$0
<u>MENTAL HEALTH</u>					
65	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$100,548,000	\$100,548,000	\$0	\$0
66	PATHWAYS TO WELL-BEING	\$14,475,000	\$14,475,000	\$0	\$0
67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$19,894,000	\$9,177,000	\$10,717,000	\$0
68	TRANSITIONAL SMHS CLAIMS	\$544,000	\$0	\$544,000	\$0
69	LATE CLAIMS FOR SMHS	\$25,000	\$0	\$25,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>MENTAL HEALTH</u>					
70	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$1,055,000)	\$855,000	\$200,000
71	CHART REVIEW	(\$670,000)	(\$670,000)	\$0	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$68,685,000	\$65,499,000	\$3,186,000	\$0
	MENTAL HEALTH SUBTOTAL	\$203,501,000	\$187,974,000	\$15,327,000	\$200,000
<u>WAIVER--MH/UCD & BTR</u>					
73	GLOBAL PAYMENT PROGRAM	\$2,492,086,000	\$1,246,043,000	\$0	\$1,246,043,000
74	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$1,524,894,000	\$762,447,000	\$0	\$762,447,000
75	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$874,842,000	\$437,421,000	\$0	\$437,421,000
76	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$155,000,000	\$77,500,000	\$77,500,000	\$0
77	BTR - LIHP - MCE	\$198,363,000	\$198,363,000	\$0	\$0
78	MH/UCD—STABILIZATION FUNDING	\$55,530,000	\$0	\$55,530,000	\$0
79	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$231,547,000	\$231,547,000	\$0	\$0
80	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$369,000	\$369,000	\$0	\$0
81	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$20,678,000	\$20,678,000	\$0	\$0
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	\$75,000,000	(\$75,000,000)	\$0
85	CMS DEFERRALS & NEGATIVE BALANCE REPAYMENT	\$0	(\$108,511,000)	\$108,511,000	\$0
86	MH/UCD—SAFETY NET CARE POOL	\$9,712,000	\$9,712,000	\$0	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$5,563,021,000	\$2,950,569,000	\$166,541,000	\$2,445,911,000
<u>MANAGED CARE</u>					
90	MANAGED CARE RATE RANGE IGTS	\$1,686,877,000	\$1,192,797,000	\$0	\$494,080,000
91	CCI-MANAGED CARE PAYMENTS	\$2,556,818,280	\$1,278,409,140	\$1,278,409,140	\$0
92	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.RATES	\$2,240,199,000	\$1,564,844,550	\$675,354,450	\$0
99	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$1,595,000	\$797,500	\$797,500	\$0
101	CCI-QUALITY WITHHOLD REPAYMENTS	\$11,412,000	\$5,706,000	\$5,706,000	\$0
103	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$49,000	\$9,710	\$39,290	\$0
105	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,461,677,000	\$1,018,200,130	\$443,476,870	\$0
106	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$640,000,000	\$448,576,520	\$191,423,480	\$0
107	CAPITATED RATE ADJUSTMENT FOR FY 2018-19	\$0	\$0	\$0	\$0
108	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$3,468,000	\$3,121,200	\$0	\$346,800
109	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	(\$21,286,000)	\$21,286,000

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>MANAGED CARE</u>					
110	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0
111	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	\$0	(\$125,944,000)	\$125,944,000
112	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$4,981,000	\$0	\$4,981,000	\$0
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	\$0	(\$815,656,000)	\$815,656,000
114	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.	\$0	\$0	(\$669,704,000)	\$669,704,000
115	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	(\$1,850,459,000)	\$1,850,459,000
116	MANAGED CARE DRUG REBATES	(\$2,095,878,000)	(\$1,456,280,420)	(\$639,597,580)	\$0
117	RETRO MC RATE ADJUSTMENTS	\$493,754,000	\$354,823,360	\$171,028,640	(\$32,098,000)
219	HEALTH CARE SERVICES FOR REENTRY PROGRAMS	\$9,702,000	\$0	\$0	\$9,702,000
222	INDIAN HEALTH SERVICES MANAGED CARE PROGRAM	\$0	\$9,467,000	(\$9,467,000)	\$0
MANAGED CARE SUBTOTAL		\$7,014,654,280	\$4,420,471,690	(\$1,360,897,210)	\$3,955,079,800
<u>PROVIDER RATES</u>					
118	DPH INTERIM & FINAL RECONS	\$889,000	\$889,000	\$0	\$0
119	DENTAL RETROACTIVE RATE CHANGES	(\$62,840,000)	(\$41,277,640)	(\$21,562,360)	\$0
120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$164,723,000	\$102,197,500	\$62,525,500	\$0
121	AB 1629 ANNUAL RATE ADJUSTMENTS	\$95,893,930	\$47,946,970	\$47,946,970	\$0
122	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$119,005,430	\$73,833,610	\$45,171,830	\$0
123	LTC RATE ADJUSTMENT	\$36,066,000	\$18,033,000	\$18,033,000	\$0
124	DPH INTERIM RATE GROWTH	\$60,048,640	\$30,024,320	\$30,024,320	\$0
125	HOSPICE RATE INCREASES	\$33,363,060	\$16,681,530	\$16,681,530	\$0
126	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$2,058,030	\$1,029,010	\$1,029,010	\$0
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$12,138,000	\$6,069,000	(\$2,456,000)	\$8,525,000
129	ALAMEDA HOSP & SAN LEANDRO HOSP INTERIM RATE	\$6,502,810	\$12,129,940	(\$5,627,130)	\$0
130	ALTERNATIVE BIRTHING CENTER REIMBURSEMENT	\$52,420	\$26,210	\$26,210	\$0
133	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	\$0	(\$460,098,000)	\$460,098,000
134	DPH INTERIM RATE	\$0	\$384,886,340	(\$384,886,340)	\$0
135	LABORATORY RATE METHODOLOGY CHANGE	(\$22,295,750)	(\$11,147,870)	(\$11,147,870)	\$0
136	REDUCTION TO RADIOLOGY RATES	(\$56,119,230)	(\$28,059,620)	(\$28,059,620)	\$0
137	10% PROVIDER PAYMENT REDUCTION	(\$18,944,900)	(\$9,472,450)	(\$9,472,450)	\$0
204	HOME HEALTH RATE INCREASE	\$56,742,720	\$29,117,030	\$27,625,690	\$0
214	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$167,635,000	\$113,570,000	(\$6,819,000)	\$60,884,000
229	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$14,230,000	\$7,253,000	\$6,977,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
	PROVIDER RATES SUBTOTAL	\$609,148,150	\$753,728,880	(\$674,087,720)	\$529,507,000
	SUPPLEMENTAL PMNTS.				
138	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$5,485,404,000	\$3,836,718,000	\$0	\$1,648,686,000
139	HOSPITAL QAF - FFS PAYMENTS	\$4,938,537,000	\$2,674,738,000	\$0	\$2,263,799,000
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$1,453,448,000	\$921,363,000	\$0	\$532,085,000
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,250,000,000	\$750,000,000	\$500,000,000	\$0
142	PRIVATE HOSPITAL DSH REPLACEMENT	\$581,964,000	\$290,982,000	\$290,982,000	\$0
143	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$414,677,000	\$414,677,000	\$0	\$0
144	DSH PAYMENT	\$401,603,000	\$290,449,000	\$13,504,000	\$97,650,000
145	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$297,172,000	\$159,272,000	\$118,400,000	\$19,500,000
146	NDPH IGT SUPPLEMENTAL PAYMENTS	\$130,216,000	\$83,152,000	(\$7,179,000)	\$54,243,000
147	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$525,000,000	\$315,000,000	\$210,000,000	\$0
148	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$183,302,000	\$134,258,000	\$49,044,000	\$0
149	DPH PHYSICIAN & NON-PHYS. COST	\$205,803,000	\$205,803,000	\$0	\$0
150	CAPITAL PROJECT DEBT REIMBURSEMENT	\$123,280,000	\$86,645,000	\$36,635,000	\$0
151	FFP FOR LOCAL TRAUMA CENTERS	\$134,881,000	\$70,674,000	\$0	\$64,207,000
152	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$117,693,000	\$67,693,000	\$0	\$50,000,000
153	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$86,007,000	\$43,003,500	\$48,310,000	(\$5,306,500)
154	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$37,900,000	\$37,900,000	\$0	\$0
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$59,011,000	\$59,011,000	\$0	\$0
156	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$26,524,000	\$14,251,000	\$12,273,000	\$0
157	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$5,000,000	\$0
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$4,000,000	\$0
159	IGT PAYMENTS FOR HOSPITAL SERVICES	\$273,000	\$273,000	\$0	\$0
160	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$3,400,000	\$3,400,000	\$0
161	NDPH SUPPLEMENTAL PAYMENT	\$4,273,000	\$2,373,000	\$1,900,000	\$0
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$4,769,000	\$4,769,000	\$0	\$0
164	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	(\$57,224,000)	\$57,224,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$16,486,537,000	\$10,418,180,500	\$1,343,493,000	\$4,724,863,500

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
OTHER					
84	CMS DEFERRED CLAIMS	\$0	(\$511,509,000)	\$511,509,000	\$0
170	CCI IHSS RECONCILIATION	\$339,270,000	\$339,270,000	\$0	\$0
171	ARRA HITECH - PROVIDER PAYMENTS	\$231,917,000	\$231,917,000	\$0	\$0
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$82,326,000	\$82,326,000	\$0	\$0
178	INFANT DEVELOPMENT PROGRAM	\$29,676,000	\$29,676,000	\$0	\$0
179	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$14,059,000	\$7,823,000	\$6,236,000	\$0
180	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$42,755,580	\$21,377,790	\$21,377,790	\$0
181	AUDIT SETTLEMENTS	\$0	(\$180,889,000)	\$180,889,000	\$0
182	OVERTIME FOR WPCS PROVIDERS	\$10,119,000	\$5,059,500	\$5,059,500	\$0
184	INDIAN HEALTH SERVICES	\$8,710,000	\$29,523,000	(\$20,813,000)	\$0
185	MEDI-CAL ESTATE RECOVERIES	\$22,954,540	\$11,477,270	\$11,477,270	\$0
186	WPCS WORKERS' COMPENSATION	\$3,322,000	\$1,661,000	\$1,661,000	\$0
191	FUNDING ADJUST.—OTLICP	\$154,000	\$192,643,640	(\$192,489,640)	\$0
193	HEALTH CARE SVCS. PLANS FINES AND PENALTIES FUND	\$0	\$0	\$0	\$0
194	CLPP FUND	\$0	\$0	(\$725,000)	\$725,000
196	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	(\$958,769,000)	\$958,769,000
197	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,912,496,130	(\$1,912,496,130)	\$0
198	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0	\$0
199	IMD ANCILLARY SERVICES	\$0	(\$30,340,000)	\$30,340,000	\$0
200	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	(\$127,440,000)	\$127,440,000
201	INTEGRATION OF THE SF CLSB INTO THE ALW	(\$1,592,000)	(\$796,000)	(\$796,000)	\$0
202	MEDI-CAL RECOVERIES SETTLEMENTS AND LEGAL COSTS	(\$488,900)	(\$244,450)	(\$244,450)	\$0
211	ASSISTED LIVING WAIVER EXPANSION	(\$12,350,520)	(\$6,175,260)	(\$6,175,260)	\$0
212	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	\$4,730,000	\$2,365,000	\$2,365,000	\$0
215	REPAYMENT TO CMS FOR MEDI-CAL RECOVERIES	\$0	(\$25,856,000)	\$25,856,000	\$0
223	HQAF WITHHOLD TRANSFER	\$627,756,000	\$313,878,000	\$313,878,000	\$0
226	RECONCILIATION	\$370,848,000	\$370,848,000	\$0	\$0
228	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$220,000,000	\$0	\$0	\$220,000,000
OTHER SUBTOTAL		\$1,994,165,710	\$2,796,531,620	(\$2,109,299,920)	\$1,306,934,000
GRAND TOTAL		\$34,308,933,870	\$22,665,902,830	(\$1,330,376,260)	\$12,973,407,300

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2018-19

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
PROFESSIONAL	\$8,040,750,790	\$4,907,977,220	\$2,023,635,200	\$1,109,138,370
PHYSICIANS	\$1,379,094,630	\$786,257,470	\$373,264,770	\$219,572,390
OTHER MEDICAL	\$4,296,278,720	\$2,622,260,550	\$1,537,494,090	\$136,524,080
CO. & COMM. OUTPATIENT	\$2,365,377,440	\$1,499,459,200	\$112,876,340	\$753,041,910
PHARMACY	\$2,347,140,750	\$1,386,338,390	\$912,125,640	\$48,676,720
HOSPITAL INPATIENT	\$15,218,343,130	\$9,336,098,970	\$1,955,850,680	\$3,926,393,480
COUNTY INPATIENT	\$3,667,495,890	\$2,276,252,720	\$57,340,860	\$1,333,902,310
COMMUNITY INPATIENT	\$11,550,847,240	\$7,059,846,240	\$1,898,509,820	\$2,592,491,170
LONG TERM CARE	\$3,361,749,480	\$1,710,095,830	\$1,550,982,810	\$100,670,840
NURSING FACILITIES	\$2,912,466,410	\$1,481,341,130	\$1,346,276,300	\$84,848,990
ICF-DD	\$449,283,060	\$228,754,700	\$204,706,520	\$15,821,850
OTHER SERVICES	\$1,286,691,310	\$759,292,890	\$488,102,240	\$39,296,180
MEDICAL TRANSPORTATION	\$148,353,720	\$103,035,340	\$27,134,240	\$18,184,140
OTHER SERVICES	\$864,463,880	\$515,130,380	\$330,046,370	\$19,287,130
HOME HEALTH	\$273,873,710	\$141,127,180	\$130,921,630	\$1,824,900
TOTAL FEE-FOR-SERVICE	\$30,254,675,470	\$18,099,803,300	\$6,930,696,580	\$5,224,175,590
MANAGED CARE	\$47,383,031,560	\$30,331,147,610	\$10,217,119,640	\$6,834,764,310
TWO PLAN MODEL	\$28,300,224,320	\$18,059,773,740	\$6,109,400,520	\$4,131,050,060
COUNTY ORGANIZED HEALTH SYSTEMS	\$11,600,806,850	\$7,536,332,390	\$2,433,857,460	\$1,630,617,000
GEOGRAPHIC MANAGED CARE	\$5,135,089,090	\$3,292,812,170	\$1,100,532,450	\$741,744,480
PHP & OTHER MANAG. CARE	\$776,573,310	\$420,455,110	\$269,306,720	\$86,811,480
REGIONAL MODEL	\$1,570,337,990	\$1,021,774,200	\$304,022,490	\$244,541,290
DENTAL	\$2,070,791,990	\$1,229,203,720	\$777,607,330	\$63,980,940
MENTAL HEALTH	\$3,073,513,840	\$2,894,604,590	(\$16,134,510)	\$195,043,760
AUDITS/ LAWSUITS	\$32,860,810	(\$784,490,110)	\$817,350,930	\$0
EPSDT SCREENS	\$4,956,000	\$2,501,330	\$1,729,670	\$725,000
MEDICARE PAYMENTS	\$5,491,406,000	\$1,557,716,500	\$3,933,689,500	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$155,445,000	\$155,445,000	\$0	\$0
MISC. SERVICES	\$10,358,639,000	\$9,626,990,300	(\$1,082,854,000)	\$1,814,502,700
RECOVERIES	(\$326,854,360)	(\$211,014,180)	(\$115,840,180)	\$0
DRUG MEDI-CAL	\$1,008,321,320	\$849,143,850	\$159,177,460	\$0
GRAND TOTAL MEDI-CAL	\$99,506,786,630	\$63,751,051,920	\$21,622,542,410	\$14,133,192,300

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

SERVICE CATEGORY	MAY 2018 EST. FOR 2017-18	MAY 2018 EST. FOR 2018-19	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$7,655,292,320	\$8,040,750,790	\$385,458,470	5.04%
PHYSICIANS	\$921,265,720	\$1,379,094,630	\$457,828,910	49.70%
OTHER MEDICAL	\$3,989,126,740	\$4,296,278,720	\$307,151,970	7.70%
CO. & COMM. OUTPATIENT	\$2,744,899,850	\$2,365,377,440	(\$379,522,410)	-13.83%
PHARMACY	\$436,729,980	\$2,347,140,750	\$1,910,410,770	437.44%
HOSPITAL INPATIENT	\$14,890,099,210	\$15,218,343,130	\$328,243,930	2.20%
COUNTY INPATIENT	\$3,282,575,780	\$3,667,495,890	\$384,920,110	11.73%
COMMUNITY INPATIENT	\$11,607,523,420	\$11,550,847,240	(\$56,676,180)	-0.49%
LONG TERM CARE	\$3,252,687,930	\$3,361,749,480	\$109,061,550	3.35%
NURSING FACILITIES	\$2,828,228,790	\$2,912,466,410	\$84,237,620	2.98%
ICF-DD	\$424,459,140	\$449,283,060	\$24,823,930	5.85%
OTHER SERVICES	\$1,148,540,600	\$1,286,691,310	\$138,150,710	12.03%
MEDICAL TRANSPORTATION	\$157,285,700	\$148,353,720	(\$8,931,980)	-5.68%
OTHER SERVICES	\$781,056,500	\$864,463,880	\$83,407,380	10.68%
HOME HEALTH	\$210,198,400	\$273,873,710	\$63,675,300	30.29%
TOTAL FEE-FOR-SERVICE	\$27,383,350,040	\$30,254,675,470	\$2,871,325,430	10.49%
MANAGED CARE	\$45,312,331,930	\$47,383,031,560	\$2,070,699,630	4.57%
TWO PLAN MODEL	\$28,129,591,980	\$28,300,224,320	\$170,632,350	0.61%
COUNTY ORGANIZED HEALTH SYSTEMS	\$10,089,828,180	\$11,600,806,850	\$1,510,978,670	14.98%
GEOGRAPHIC MANAGED CARE	\$4,744,227,980	\$5,135,089,090	\$390,861,110	8.24%
PHP & OTHER MANAG. CARE	\$977,165,730	\$776,573,310	(\$200,592,420)	-20.53%
REGIONAL MODEL	\$1,371,518,060	\$1,570,337,990	\$198,819,920	14.50%
DENTAL	\$1,571,135,540	\$2,070,791,990	\$499,656,450	31.80%
MENTAL HEALTH	\$2,928,712,500	\$3,073,513,840	\$144,801,340	4.94%
AUDITS/ LAWSUITS	\$20,613,790	\$32,860,810	\$12,247,030	59.41%
EPSDT SCREENS	\$4,998,000	\$4,956,000	(\$42,000)	-0.84%
MEDICARE PAYMENTS	\$5,328,880,000	\$5,491,406,000	\$162,526,000	3.05%
STATE HOSP./DEVELOPMENTAL CNTRS.	\$175,445,000	\$155,445,000	(\$20,000,000)	-11.40%
MISC. SERVICES	\$9,784,704,000	\$10,358,639,000	\$573,935,000	5.87%
RECOVERIES	(\$351,665,590)	(\$326,854,360)	\$24,811,240	-7.06%
DRUG MEDI-CAL	\$576,139,300	\$1,008,321,320	\$432,182,020	75.01%
GRAND TOTAL MEDI-CAL	\$92,734,644,500	\$99,506,786,630	\$6,772,142,130	7.30%
GENERAL FUNDS	\$18,994,776,560	\$21,622,542,410	\$2,627,765,850	13.83%
OTHER STATE FUNDS	\$17,040,521,500	\$14,133,192,300	(\$2,907,329,200)	-17.06%

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

SERVICE CATEGORY	NOV. 2017 EST. FOR 2018-19	MAY 2018 EST. FOR 2018-19	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	\$6,608,380,200	\$8,040,750,790	\$1,432,370,600	21.68%
PHYSICIANS	\$834,278,430	\$1,379,094,630	\$544,816,200	65.30%
OTHER MEDICAL	\$4,081,815,280	\$4,296,278,720	\$214,463,430	5.25%
CO. & COMM. OUTPATIENT	\$1,692,286,490	\$2,365,377,440	\$673,090,960	39.77%
PHARMACY	\$1,190,935,830	\$2,347,140,750	\$1,156,204,920	97.08%
HOSPITAL INPATIENT	\$13,419,123,280	\$15,218,343,130	\$1,799,219,860	13.41%
COUNTY INPATIENT	\$3,578,995,880	\$3,667,495,890	\$88,500,020	2.47%
COMMUNITY INPATIENT	\$9,840,127,400	\$11,550,847,240	\$1,710,719,840	17.39%
LONG TERM CARE	\$3,155,912,760	\$3,361,749,480	\$205,836,720	6.52%
NURSING FACILITIES	\$2,707,904,310	\$2,912,466,410	\$204,562,110	7.55%
ICF-DD	\$448,008,450	\$449,283,060	\$1,274,610	0.28%
OTHER SERVICES	\$1,183,895,510	\$1,286,691,310	\$102,795,800	8.68%
MEDICAL TRANSPORTATION	\$119,322,330	\$148,353,720	\$29,031,390	24.33%
OTHER SERVICES	\$782,854,380	\$864,463,880	\$81,609,500	10.42%
HOME HEALTH	\$281,718,800	\$273,873,710	(\$7,845,090)	-2.78%
TOTAL FEE-FOR-SERVICE	\$25,558,247,570	\$30,254,675,470	\$4,696,427,900	18.38%
MANAGED CARE	\$49,176,558,660	\$47,383,031,560	(\$1,793,527,100)	-3.65%
TWO PLAN MODEL	\$29,881,172,190	\$28,300,224,320	(\$1,580,947,870)	-5.29%
COUNTY ORGANIZED HEALTH SYSTEMS	\$11,716,269,090	\$11,600,806,850	(\$115,462,240)	-0.99%
GEOGRAPHIC MANAGED CARE	\$5,136,186,290	\$5,135,089,090	(\$1,097,200)	-0.02%
PHP & OTHER MANAG. CARE	\$901,830,930	\$776,573,310	(\$125,257,620)	-13.89%
REGIONAL MODEL	\$1,541,100,160	\$1,570,337,990	\$29,237,830	1.90%
DENTAL	\$2,018,956,460	\$2,070,791,990	\$51,835,530	2.57%
MENTAL HEALTH	\$2,782,736,470	\$3,073,513,840	\$290,777,360	10.45%
AUDITS/ LAWSUITS	\$32,856,240	\$32,860,810	\$4,580	0.01%
EPSDT SCREENS	\$29,832,550	\$4,956,000	(\$24,876,550)	-83.39%
MEDICARE PAYMENTS	\$5,569,587,000	\$5,491,406,000	(\$78,181,000)	-1.40%
STATE HOSP./DEVELOPMENTAL CNTRS.	\$207,330,000	\$155,445,000	(\$51,885,000)	-25.03%
MISC. SERVICES	\$10,519,906,740	\$10,358,639,000	(\$161,267,740)	-1.53%
RECOVERIES	(\$347,616,560)	(\$326,854,360)	\$20,762,210	-5.97%
DRUG MEDI-CAL	\$1,258,863,210	\$1,008,321,320	(\$250,541,890)	-19.90%
GRAND TOTAL MEDI-CAL	\$96,807,258,330	\$99,506,786,630	\$2,699,528,300	2.79%
GENERAL FUNDS	\$20,388,692,460	\$21,622,542,410	\$1,233,849,950	6.05%
OTHER STATE FUNDS	\$12,767,374,400	\$14,133,192,300	\$1,365,817,900	10.70%

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>ELIGIBILITY</u>						
1	1	MEDI-CAL STATE INMATE PROGRAMS	\$88,722,000	\$0	\$98,931,000	\$0	\$10,209,000	\$0
2	2	BREAST AND CERVICAL CANCER TREATMENT	\$67,765,000	\$36,631,600	\$72,314,000	\$46,500,100	\$4,549,000	\$9,868,500
3	3	MEDI-CAL COUNTY INMATE PROGRAMS	\$194,515,000	\$19,057,200	\$90,569,000	\$292,610	(\$103,946,000)	(\$18,764,590)
8	8	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$16,334,000)	\$0	(\$356,000)	\$0	\$15,978,000
9	9	NON-OTLICP CHIP	\$0	(\$224,486,110)	\$0	\$187,461,280	\$0	\$411,947,390
10	10	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$895,842,000	\$0	\$881,430,000	\$0	(\$14,412,000)
11	11	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$65,092,720)	\$0	(\$56,906,960)	\$0	\$8,185,760
13	13	PARIS-VETERANS	(\$32,119,330)	(\$16,059,670)	(\$32,109,420)	(\$16,054,710)	\$9,920	\$4,960
14	14	OTLICP PREMIUMS	(\$65,750,000)	(\$7,890,000)	(\$66,373,000)	(\$7,964,760)	(\$623,000)	(\$74,760)
15	15	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$363,381,000)	(\$77,661,010)	(\$363,996,000)	(\$77,752,990)	(\$615,000)	(\$91,980)
16	16	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	(\$91,985,000)	\$94,625,300	(\$41,213,000)	\$93,005,020	\$50,772,000	(\$1,620,280)
7	--	STATE-ONLY BCCTP COVERAGE EXTENSION	\$1,686,000	\$1,686,000	\$0	\$0	(\$1,686,000)	(\$1,686,000)
		ELIGIBILITY SUBTOTAL	(\$200,547,330)	\$640,318,590	(\$241,877,420)	\$1,049,653,590	(\$41,330,080)	\$409,335,000
		<u>AFFORDABLE CARE ACT</u>						
17	17	COMMUNITY FIRST CHOICE OPTION	\$3,814,981,000	\$0	\$3,373,170,000	\$0	(\$441,811,000)	\$0
18	18	HEALTH INSURER FEE	\$308,165,000	\$104,903,820	\$287,808,000	\$97,122,150	(\$20,357,000)	(\$7,781,670)
19	19	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$14,130,000	\$0	\$15,806,000	\$0	\$1,676,000	\$0
21	21	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$31,519,250)	\$0	(\$36,043,000)	\$0	(\$4,523,750)
22	22	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$1,264,000)	\$0	(\$1,341,000)	\$0	(\$77,000)
23	23	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
25	25	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$264,900,000)	\$0	(\$2,000,000,000)	\$0	(\$1,735,100,000)	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>AFFORDABLE CARE ACT</u>						
24	--	TITLE XXI FEDERAL MATCH REDUCTION	(\$155,838,000)	\$590,209,670	\$0	\$0	\$155,838,000	(\$590,209,670)
26	--	ACA DSH REDUCTION	(\$547,222,000)	(\$57,756,500)	\$0	\$0	\$547,222,000	\$57,756,500
		AFFORDABLE CARE ACT SUBTOTAL	\$3,169,316,000	\$604,573,740	\$1,676,784,000	\$59,738,150	(\$1,492,532,000)	(\$544,835,590)
		<u>BENEFITS</u>						
27	27	BEHAVIORAL HEALTH TREATMENT	\$377,323,000	\$165,071,480	\$544,531,000	\$243,237,300	\$167,208,000	\$78,165,820
28	28	FAMILY PACT PROGRAM	\$344,391,000	\$82,917,000	\$322,281,000	\$77,180,300	(\$22,110,000)	(\$5,736,700)
29	29	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$262,906,000	\$0	\$278,779,000	\$0	\$15,873,000	\$0
30	30	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$125,020,000	\$0	\$123,374,000	\$0	(\$1,646,000)	\$0
31	31	CCS DEMONSTRATION PROJECT	\$78,459,000	\$35,490,680	\$70,982,000	\$31,981,700	(\$7,477,000)	(\$3,508,980)
32	32	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$39,778,000	\$0	\$21,112,000	\$0	(\$18,666,000)	\$0
33	33	ANNUAL CONTRACEPTIVE COVERAGE	\$35,637,860	\$8,038,130	\$33,827,260	\$7,629,640	(\$1,810,600)	(\$408,490)
34	34	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$8,048,000	\$1,860,000	\$10,569,000	\$1,679,000	\$2,521,000	(\$181,000)
35	35	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$9,231,000	\$4,615,500	\$43,770,000	\$16,901,760	\$34,539,000	\$12,286,260
36	36	FULL RESTORATION OF ADULT DENTAL BENEFITS	\$21,224,000	\$10,612,000	\$209,650,000	\$63,668,780	\$188,426,000	\$53,056,780
37	37	DENTAL BENEFICIARY OUTREACH EFFORTS - BENEFITS	\$9,228,000	\$4,614,000	\$117,707,000	\$58,853,500	\$108,479,000	\$54,239,500
38	38	YOUTH REGIONAL TREATMENT CENTERS	\$4,853,000	\$25,000	\$5,140,000	\$227,000	\$287,000	\$202,000
39	39	PEDIATRIC PALLIATIVE CARE WAIVER	\$3,488,940	\$1,578,210	\$3,211,530	\$1,452,900	(\$277,410)	(\$125,310)
40	40	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$2,000,000	\$2,000,000	\$1,600,000	\$1,600,000	(\$400,000)	(\$400,000)
41	41	CCT FUND TRANSFER TO CDSS AND CDDS	\$191,000	\$0	\$1,283,000	\$0	\$1,092,000	\$0
44	44	BEHAVIORAL HEALTH TREATMENT - BIS DDS TRANSITION	\$94,006,000	\$41,125,920	\$109,231,000	\$48,792,760	\$15,225,000	\$7,666,840

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>BENEFITS</u>						
45	45	DIABETES PREVENTION PROGRAM	\$315,560	\$122,590	\$498,150	\$148,740	\$182,580	\$26,150
46	46	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINGS	(\$4,751,070)	(\$2,149,070)	(\$1,536,360)	(\$694,870)	\$3,214,710	\$1,454,210
207	207	MEDI-CAL NONMEDICAL TRANSPORTATION	\$4,220,070	\$1,619,350	\$4,220,070	\$1,619,350	\$0	\$0
209	209	WHOLE CHILD MODEL IMPLEMENTATION	\$45,369,000	\$21,291,420	\$29,235,000	\$13,224,420	(\$16,134,000)	(\$8,067,000)
--	230	PROP 56 - CBAS PROGRAMS	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
42	--	END OF LIFE SERVICES	\$140,000	\$140,000	\$0	\$0	(\$140,000)	(\$140,000)
		BENEFITS SUBTOTAL	\$1,461,078,360	\$378,972,210	\$1,931,464,640	\$569,502,280	\$470,386,280	\$190,530,080
		<u>PHARMACY</u>						
47	47	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS	\$111,136,930	\$50,271,520	\$86,880,460	\$39,788,990	(\$24,256,480)	(\$10,482,520)
49	49	PHARMACY REIMBURSEMENT & DISPENSING FEE	(\$66,000,000)	(\$26,611,730)	(\$36,000,000)	(\$14,147,730)	\$30,000,000	\$12,464,000
51	51	BCCTP DRUG REBATES	(\$8,765,000)	(\$2,756,600)	(\$11,951,000)	(\$3,823,050)	(\$3,186,000)	(\$1,066,450)
52	52	FAMILY PACT DRUG REBATES	(\$18,073,000)	(\$2,247,900)	(\$20,067,000)	(\$2,661,600)	(\$1,994,000)	(\$413,700)
53	53	MEDICAL SUPPLY REBATES	(\$24,916,000)	(\$12,458,000)	(\$24,916,000)	(\$12,458,000)	\$0	\$0
54	54	STATE SUPPLEMENTAL DRUG REBATES	(\$217,046,000)	(\$68,240,500)	(\$197,608,000)	(\$66,569,240)	\$19,438,000	\$1,671,260
55	55	FEDERAL DRUG REBATES	(\$2,411,486,000)	(\$785,546,840)	(\$1,559,326,000)	(\$472,825,060)	\$852,160,000	\$312,721,780
--	225	HEPATITIS C REVISED CLINICAL GUIDELINES	\$0	\$0	\$70,387,000	\$21,820,000	\$70,387,000	\$21,820,000
		PHARMACY SUBTOTAL	(\$2,635,149,070)	(\$847,590,050)	(\$1,692,600,540)	(\$510,875,690)	\$942,548,520	\$336,714,370
		<u>DRUG MEDI-CAL</u>						
56	56	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$1,039,568,000	\$209,807,530	\$796,705,000	\$148,305,690	(\$242,863,000)	(\$61,501,840)
--	61	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$0	\$0	\$3,000,000	\$100,000	\$3,000,000	\$100,000
		DRUG MEDI-CAL SUBTOTAL	\$1,039,568,000	\$209,807,530	\$799,705,000	\$148,405,690	(\$239,863,000)	(\$61,401,840)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>MENTAL HEALTH</u>						
--	65	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$0	\$0	\$100,548,000	\$0	\$100,548,000	\$0
66	66	PATHWAYS TO WELL-BEING	\$13,419,000	\$0	\$14,475,000	\$0	\$1,056,000	\$0
67	67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$15,616,000	\$8,577,500	\$19,894,000	\$10,717,000	\$4,278,000	\$2,139,500
--	68	TRANSITIONAL SMHS CLAIMS	\$0	\$0	\$544,000	\$544,000	\$544,000	\$544,000
--	69	LATE CLAIMS FOR SMHS	\$0	\$0	\$25,000	\$25,000	\$25,000	\$25,000
70	70	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	\$855,000	\$0	\$1,055,000
71	71	CHART REVIEW	(\$867,000)	\$0	(\$670,000)	\$0	\$197,000	\$0
--	72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	\$68,685,000	\$3,186,000	\$68,685,000	\$3,186,000
		MENTAL HEALTH SUBTOTAL	\$28,168,000	\$8,377,500	\$203,501,000	\$15,327,000	\$175,333,000	\$6,949,500
		<u>WAIVER--MH/UCD & BTR</u>						
73	73	GLOBAL PAYMENT PROGRAM	\$2,487,459,000	\$0	\$2,492,086,000	\$0	\$4,627,000	\$0
74	74	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$1,520,000,000	\$0	\$1,524,894,000	\$0	\$4,894,000	\$0
75	75	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$646,730,000	\$0	\$874,842,000	\$0	\$228,112,000	\$0
76	76	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$159,630,000	\$79,815,000	\$155,000,000	\$77,500,000	(\$4,630,000)	(\$2,315,000)
77	77	BTR - LIHP - MCE	\$198,363,000	\$0	\$198,363,000	\$0	\$0	\$0
78	78	MH/UCD—STABILIZATION FUNDING	\$55,530,000	\$55,530,000	\$55,530,000	\$55,530,000	\$0	\$0
79	79	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$231,547,000	\$0	\$231,547,000	\$0	\$0	\$0
80	80	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$376,000	\$0	\$369,000	\$0	(\$7,000)	\$0
81	81	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$20,678,000	\$0	\$20,678,000	\$0	\$0	\$0
83	83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	(\$75,000,000)	\$0	(\$75,000,000)	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>WAIVER--MH/UCD & BTR</u>						
85	85	CMS DEFERRALS & NEGATIVE BALANCE REPAYMENT	\$0	\$139,386,000	\$0	\$108,511,000	\$0	(\$30,875,000)
86	86	MH/UCD—SAFETY NET CARE POOL	\$9,712,000	\$0	\$9,712,000	\$0	\$0	\$0
		WAIVER--MH/UCD & BTR SUBTOTAL	\$5,330,025,000	\$199,731,000	\$5,563,021,000	\$166,541,000	\$232,996,000	(\$33,190,000)
		<u>MANAGED CARE</u>						
90	90	MANAGED CARE RATE RANGE IGTS	\$143,781,000	\$0	\$1,686,877,000	\$0	\$1,543,096,000	\$0
91	91	CCI-MANAGED CARE PAYMENTS	\$7,769,067,000	\$3,884,533,500	\$7,835,790,000	\$3,917,895,000	\$66,723,000	\$33,361,500
92	92	MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.RATES	\$2,246,407,000	\$654,341,330	\$2,240,199,000	\$675,354,450	(\$6,208,000)	\$21,013,120
--	99	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$0	\$0	\$1,595,000	\$797,500	\$1,595,000	\$797,500
101	101	CCI-QUALITY WITHHOLD REPAYMENTS	\$11,412,000	\$5,706,000	\$11,412,000	\$5,706,000	\$0	\$0
103	103	PALLIATIVE CARE SERVICES IMPLEMENTATION	(\$122,000)	(\$46,210)	\$49,000	\$39,290	\$171,000	\$85,500
105	105	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,515,011,000	\$454,545,260	\$1,461,677,000	\$443,476,870	(\$53,334,000)	(\$11,068,390)
106	106	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$640,000,000	\$186,654,920	\$640,000,000	\$191,423,480	\$0	\$4,768,560
107	107	CAPITATED RATE ADJUSTMENT FOR FY 2018-19	\$381,976,000	\$180,904,240	\$0	\$0	(\$381,976,000)	(\$180,904,240)
108	108	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$13,384,000	\$1,338,000	\$3,468,000	\$0	(\$9,916,000)	(\$1,338,000)
--	109	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	\$0	\$0	(\$21,286,000)	\$0	(\$21,286,000)
--	110	MCO TAX MANAGED CARE PLANS	\$0	\$0	\$0	\$0	\$0	\$0
111	111	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	(\$32,103,000)	\$0	(\$125,944,000)	\$0	(\$93,841,000)
--	112	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	\$0	\$4,981,000	\$4,981,000	\$4,981,000	\$4,981,000
113	113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,274,187,000)	\$0	(\$815,656,000)	\$0	\$458,531,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>MANAGED CARE</u>						
114	114	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.	\$0	(\$643,334,000)	\$0	(\$669,704,000)	\$0	(\$26,370,000)
115	115	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,875,880,000)	\$0	(\$1,850,459,000)	\$0	\$25,421,000
116	116	MANAGED CARE DRUG REBATES	(\$1,913,660,000)	(\$624,990,980)	(\$2,095,878,000)	(\$639,597,580)	(\$182,218,000)	(\$14,606,600)
117	117	RETRO MC RATE ADJUSTMENTS	\$87,972,000	\$45,463,000	\$493,754,000	\$171,028,640	\$405,782,000	\$125,565,640
--	219	HEALTH CARE SERVICES FOR REENTRY PROGRAMS	\$0	\$0	\$9,702,000	\$0	\$9,702,000	\$0
--	222	INDIAN HEALTH SERVICES MANAGED CARE PROGRAM	\$0	\$0	\$0	(\$9,467,000)	\$0	(\$9,467,000)
104	--	MANAGED CARE PUBLIC HOSPITAL DIRECTED PAYMENTS	\$1,569,000,000	\$457,596,400	\$0	\$0	(\$1,569,000,000)	(\$457,596,400)
		MANAGED CARE SUBTOTAL	\$12,464,228,000	\$1,420,541,460	\$12,293,626,000	\$1,278,588,650	(\$170,602,000)	(\$141,952,810)
		<u>PROVIDER RATES</u>						
118	118	DPH INTERIM & FINAL RECONS	\$240,730,000	\$0	\$889,000	\$0	(\$239,841,000)	\$0
--	119	DENTAL RETROACTIVE RATE CHANGES	\$0	\$0	(\$62,840,000)	(\$21,562,360)	(\$62,840,000)	(\$21,562,360)
120	120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$161,794,000	\$61,413,350	\$164,723,000	\$62,525,500	\$2,929,000	\$1,112,150
121	121	AB 1629 ANNUAL RATE ADJUSTMENTS	\$117,343,730	\$58,671,870	\$95,903,520	\$47,951,760	(\$21,440,210)	(\$10,720,100)
122	122	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$202,003,490	\$76,676,450	\$156,647,930	\$59,460,080	(\$45,355,550)	(\$17,216,360)
123	123	LTC RATE ADJUSTMENT	\$31,325,170	\$15,662,590	\$36,066,000	\$18,033,000	\$4,740,830	\$2,370,410
124	124	DPH INTERIM RATE GROWTH	\$79,089,610	\$39,544,800	\$76,030,180	\$38,015,090	(\$3,059,430)	(\$1,529,710)
125	125	HOSPICE RATE INCREASES	\$43,790,730	\$21,895,370	\$36,462,360	\$18,231,180	(\$7,328,380)	(\$3,664,190)
126	126	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$7,875,440	\$3,937,720	\$7,918,530	\$3,959,260	\$43,090	\$21,550
127	127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$12,138,000	(\$2,456,000)	\$12,138,000	(\$2,456,000)	\$0	\$0
129	129	ALAMEDA HOSP & SAN LEANDRO HOSP INTERIM RATE	\$4,907,410	(\$3,969,690)	\$6,502,810	(\$5,627,130)	\$1,595,400	(\$1,657,440)
130	130	ALTERNATIVE BIRTHING CENTER REIMBURSEMENT	\$50,640	\$25,320	\$52,420	\$26,210	\$1,770	\$890

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>PROVIDER RATES</u>						
133	133	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$504,609,000)	\$0	(\$460,098,000)	\$0	\$44,511,000
134	134	DPH INTERIM RATE	\$0	(\$408,504,510)	\$0	(\$384,886,340)	\$0	\$23,618,170
135	135	LABORATORY RATE METHODOLOGY CHANGE	(\$22,610,000)	(\$11,305,000)	(\$28,948,000)	(\$14,474,000)	(\$6,338,000)	(\$3,169,000)
136	136	REDUCTION TO RADIOLOGY RATES	(\$50,604,900)	(\$25,302,450)	(\$56,119,230)	(\$28,059,620)	(\$5,514,340)	(\$2,757,170)
137	137	10% PROVIDER PAYMENT REDUCTION	(\$199,420,000)	(\$99,710,000)	(\$199,420,000)	(\$99,710,000)	\$0	\$0
204	204	HOME HEALTH RATE INCREASE	\$64,475,000	\$0	\$56,742,720	\$27,625,690	(\$7,732,280)	\$27,625,690
--	214	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$0	\$0	\$167,635,000	(\$6,819,000)	\$167,635,000	(\$6,819,000)
--	229	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$14,230,000	\$6,977,000	\$14,230,000	\$6,977,000
128	--	GDSP PRENATAL SCREENING FEE INCREASE	\$2,749,450	\$1,374,730	\$0	\$0	(\$2,749,450)	(\$1,374,730)
		PROVIDER RATES SUBTOTAL	\$695,637,780	(\$776,654,460)	\$484,614,240	(\$740,887,670)	(\$211,023,540)	\$35,766,790
		<u>SUPPLEMENTAL PMNTS.</u>						
138	138	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$3,636,684,000	\$0	\$5,485,404,000	\$0	\$1,848,720,000	\$0
139	139	HOSPITAL QAF - FFS PAYMENTS	\$3,526,939,000	\$0	\$4,938,537,000	\$0	\$1,411,598,000	\$0
140	140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$999,744,000	\$0	\$1,453,448,000	\$0	\$453,704,000	\$0
141	141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,338,039,000	\$0	\$1,250,000,000	\$500,000,000	(\$88,039,000)	\$500,000,000
142	142	PRIVATE HOSPITAL DSH REPLACEMENT	\$571,519,000	\$285,759,500	\$581,964,000	\$290,982,000	\$10,445,000	\$5,222,500
143	143	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$379,083,000	\$0	\$414,677,000	\$0	\$35,594,000	\$0
144	144	DSH PAYMENT	\$425,460,000	\$13,554,000	\$401,603,000	\$13,504,000	(\$23,857,000)	(\$50,000)
145	145	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$297,963,000	\$118,400,000	\$297,172,000	\$118,400,000	(\$791,000)	\$0
146	146	NDPH IGT SUPPLEMENTAL PAYMENTS	\$125,874,000	(\$4,643,000)	\$130,216,000	(\$7,179,000)	\$4,342,000	(\$2,536,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>SUPPLEMENTAL PMNTS.</u>						
147	147	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$461,501,000	\$0	\$525,000,000	\$210,000,000	\$63,499,000	\$210,000,000
148	148	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$183,259,000	\$0	\$183,302,000	\$49,044,000	\$43,000	\$49,044,000
149	149	DPH PHYSICIAN & NON-PHYS. COST	\$123,573,000	\$0	\$205,803,000	\$0	\$82,230,000	\$0
150	150	CAPITAL PROJECT DEBT REIMBURSEMENT	\$123,280,000	\$41,398,000	\$123,280,000	\$36,635,000	\$0	(\$4,763,000)
151	151	FFP FOR LOCAL TRAUMA CENTERS	\$135,868,000	\$0	\$134,881,000	\$0	(\$987,000)	\$0
152	152	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$116,910,000	\$0	\$117,693,000	\$0	\$783,000	\$0
153	153	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$86,242,000	\$48,928,000	\$86,007,000	\$48,310,000	(\$235,000)	(\$618,000)
154	154	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$37,900,000	\$0	\$37,900,000	\$0	\$0	\$0
155	155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$59,590,000	\$0	\$59,011,000	\$0	(\$579,000)	\$0
156	156	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$35,616,000	\$0	\$26,524,000	\$12,273,000	(\$9,092,000)	\$12,273,000
157	157	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
158	158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
159	159	IGT PAYMENTS FOR HOSPITAL SERVICES	\$271,000	\$0	\$273,000	\$0	\$2,000	\$0
160	160	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$0	\$6,800,000	\$3,400,000	\$0	\$3,400,000
161	161	NDPH SUPPLEMENTAL PAYMENT	\$4,315,000	\$1,900,000	\$4,273,000	\$1,900,000	(\$42,000)	\$0
162	162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$4,614,000	\$0	\$4,769,000	\$0	\$155,000	\$0
--	164	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	\$0	\$0	\$57,224,000	\$0	\$57,224,000
163	--	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$2,100,000,000	\$0	\$0	\$0	(\$2,100,000,000)	\$0
		SUPPLEMENTAL PMNTS. SUBTOTAL	\$14,799,044,000	\$514,296,500	\$16,486,537,000	\$1,343,493,000	\$1,687,493,000	\$829,196,500

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER						
84	84	CMS DEFERRED CLAIMS	\$0	\$6,364,000	\$0	\$511,509,000	\$0	\$505,145,000
--	170	CCI IHSS RECONCILIATION	\$0	\$0	\$339,270,000	\$0	\$339,270,000	\$0
171	171	ARRA HITECH - PROVIDER PAYMENTS	\$240,392,000	\$0	\$231,917,000	\$0	(\$8,475,000)	\$0
174	174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$63,133,000	\$0	\$82,326,000	\$0	\$19,193,000	\$0
178	178	INFANT DEVELOPMENT PROGRAM	\$29,439,000	\$0	\$29,676,000	\$0	\$237,000	\$0
179	179	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,106,000	\$5,082,000	\$14,059,000	\$6,236,000	\$2,953,000	\$1,154,000
180	180	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$42,755,580	\$21,377,790	\$42,755,580	\$21,377,790	\$0	\$0
--	181	AUDIT SETTLEMENTS	\$0	\$0	\$0	\$180,889,000	\$0	\$180,889,000
182	182	OVERTIME FOR WPCS PROVIDERS	\$10,128,000	\$5,064,000	\$10,119,000	\$5,059,500	(\$9,000)	(\$4,500)
184	184	INDIAN HEALTH SERVICES	\$5,592,000	(\$21,891,000)	\$8,710,000	(\$20,813,000)	\$3,118,000	\$1,078,000
185	185	MEDI-CAL ESTATE RECOVERIES	\$21,719,000	\$10,859,500	\$38,906,000	\$19,453,000	\$17,187,000	\$8,593,500
186	186	WPCS WORKERS' COMPENSATION	\$3,322,000	\$1,661,000	\$3,322,000	\$1,661,000	\$0	\$0
191	191	FUNDING ADJUST.—OTLICP	\$133,000	(\$189,235,320)	\$154,000	(\$192,489,640)	\$21,000	(\$3,254,320)
193	193	HEALTH CARE SVCS. PLANS FINES AND PENALTIES FUND	\$0	\$0	\$0	\$0	\$0	\$0
194	194	CLPP FUND	\$0	(\$725,000)	\$0	(\$725,000)	\$0	\$0
196	196	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$884,850,000)	\$0	(\$958,769,000)	\$0	(\$73,919,000)
197	197	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,777,687,280)	\$0	(\$1,912,496,130)	\$0	(\$134,808,850)
198	198	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	(\$9,343,000)	\$0	\$0	\$0	\$9,343,000
199	199	IMD ANCILLARY SERVICES	\$0	\$12,675,000	\$0	\$30,340,000	\$0	\$17,665,000
200	200	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$127,234,000)	\$0	(\$127,440,000)	\$0	(\$206,000)
201	201	INTEGRATION OF THE SF CLSB INTO THE ALW	(\$1,527,000)	(\$763,500)	(\$1,592,000)	(\$796,000)	(\$65,000)	(\$32,500)
202	202	MEDI-CAL RECOVERIES SETTLEMENTS AND LEGAL COSTS	(\$1,730,000)	(\$865,000)	(\$1,730,000)	(\$865,000)	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER						
211	211	ASSISTED LIVING WAIVER EXPANSION	(\$12,350,520)	(\$6,175,260)	(\$12,350,520)	(\$6,175,260)	\$0	\$0
212	212	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	\$986,040	\$493,020	\$4,730,000	\$2,365,000	\$3,743,960	\$1,871,980
--	215	REPAYMENT TO CMS FOR MEDI-CAL RECOVERIES	\$0	\$0	\$0	\$25,856,000	\$0	\$25,856,000
--	223	HQAF WITHHOLD TRANSFER	\$0	\$0	\$627,756,000	\$313,878,000	\$627,756,000	\$313,878,000
--	226	RECONCILIATION	\$0	\$0	\$370,848,000	\$0	\$370,848,000	\$0
--	228	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$0	\$0	\$220,000,000	\$0	\$220,000,000	\$0
		OTHER SUBTOTAL	\$413,098,100	(\$2,955,193,050)	\$2,008,876,070	(\$2,101,944,740)	\$1,595,777,960	\$853,248,310
		GRAND TOTAL	\$36,564,466,840	(\$602,819,030)	\$39,513,650,990	\$1,277,541,270	\$2,949,184,140	\$1,880,360,300

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>ELIGIBILITY</u>						
1	MEDI-CAL STATE INMATE PROGRAMS	\$87,912,000	\$0	\$98,931,000	\$0	\$11,019,000	\$0
2	BREAST AND CERVICAL CANCER TREATMENT	\$63,458,000	\$38,027,200	\$72,314,000	\$46,500,100	\$8,856,000	\$8,472,900
3	MEDI-CAL COUNTY INMATE PROGRAMS	\$12,760,000	\$550,440	\$90,569,000	\$292,610	\$77,809,000	(\$257,830)
8	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$413,000)	\$0	(\$356,000)	\$0	\$57,000
9	NON-OTLICP CHIP	\$0	(\$399,525,300)	\$0	\$187,461,280	\$0	\$586,986,580
10	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$886,724,000	\$0	\$881,430,000	\$0	(\$5,294,000)
11	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$60,722,640)	\$0	(\$56,906,960)	\$0	\$3,815,680
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN	\$0	\$14,677,000	\$0	\$0	\$0	(\$14,677,000)
13	PARIS-VETERANS	(\$19,672,760)	(\$9,836,380)	(\$32,109,420)	(\$16,054,710)	(\$12,436,660)	(\$6,218,330)
14	OTLICP PREMIUMS	(\$66,265,000)	(\$7,951,800)	(\$66,373,000)	(\$7,964,760)	(\$108,000)	(\$12,960)
15	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$141,564,000)	(\$29,483,020)	(\$363,996,000)	(\$77,752,990)	(\$222,432,000)	(\$48,269,970)
16	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	(\$328,018,000)	\$245,167,990	(\$41,213,000)	\$93,005,020	\$286,805,000	(\$152,162,970)
	ELIGIBILITY SUBTOTAL	(\$391,389,760)	\$677,214,490	(\$241,877,420)	\$1,049,653,590	\$149,512,340	\$372,439,100
	<u>AFFORDABLE CARE ACT</u>						
17	COMMUNITY FIRST CHOICE OPTION	\$3,355,870,000	\$0	\$3,373,170,000	\$0	\$17,300,000	\$0
18	HEALTH INSURER FEE	\$72,808,000	\$23,915,630	\$287,808,000	\$97,122,150	\$215,000,000	\$73,206,520
19	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$17,200,000	\$0	\$15,806,000	\$0	(\$1,394,000)	\$0
20	PAYMENTS TO PRIMARY CARE PHYSICIANS	\$6,320,000	\$0	\$0	\$0	(\$6,320,000)	\$0
21	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$36,866,840)	\$0	(\$36,043,000)	\$0	\$823,840
22	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$1,093,000)	\$0	(\$1,341,000)	\$0	(\$248,000)
23	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
25	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	\$0	\$0	(\$2,000,000,000)	\$0	(\$2,000,000,000)	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	AFFORDABLE CARE ACT SUBTOTAL	\$3,452,198,000	(\$14,044,210)	\$1,676,784,000	\$59,738,150	(\$1,775,414,000)	\$73,782,360
	<u>BENEFITS</u>						
27	BEHAVIORAL HEALTH TREATMENT	\$498,218,000	\$222,550,040	\$544,531,000	\$243,237,300	\$46,313,000	\$20,687,260
28	FAMILY PACT PROGRAM	\$319,115,000	\$76,422,800	\$322,281,000	\$77,180,300	\$3,166,000	\$757,500
29	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$329,907,000	\$0	\$278,779,000	\$0	(\$51,128,000)	\$0
30	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$118,256,000	\$0	\$123,374,000	\$0	\$5,118,000	\$0
31	CCS DEMONSTRATION PROJECT	\$40,718,000	\$18,313,080	\$70,982,000	\$31,981,700	\$30,264,000	\$13,668,620
32	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$21,112,000	\$0	\$21,112,000	\$0	\$0	\$0
33	ANNUAL CONTRACEPTIVE COVERAGE	\$29,131,070	\$6,570,430	\$33,827,260	\$7,629,640	\$4,696,190	\$1,059,210
34	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$36,021,000	\$2,142,000	\$10,569,000	\$1,679,000	(\$25,452,000)	(\$463,000)
35	DENTAL TRANSFORMATION INITIATIVE UTILIZATION	\$18,018,000	\$7,200,360	\$43,770,000	\$16,901,760	\$25,752,000	\$9,701,400
36	FULL RESTORATION OF ADULT DENTAL BENEFITS	\$87,398,000	\$26,344,960	\$209,650,000	\$63,668,780	\$122,252,000	\$37,323,820
37	DENTAL BENEFICIARY OUTREACH EFFORTS - BENEFITS	\$56,097,000	\$28,048,500	\$117,707,000	\$58,853,500	\$61,610,000	\$30,805,000
38	YOUTH REGIONAL TREATMENT CENTERS	\$2,240,000	(\$184,000)	\$5,140,000	\$227,000	\$2,900,000	\$411,000
39	PEDIATRIC PALLIATIVE CARE WAIVER	\$2,557,730	\$1,343,850	\$3,211,530	\$1,452,900	\$653,800	\$109,050
40	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,000,000	\$1,000,000	\$1,600,000	\$1,600,000	\$600,000	\$600,000
41	CCT FUND TRANSFER TO CDSS AND CDDS	\$2,808,000	\$0	\$1,283,000	\$0	(\$1,525,000)	\$0
43	SF COMMUNITY-LIVING SUPPORT BENEFIT WAIVER	\$52,000	\$0	\$0	\$0	(\$52,000)	\$0
44	BEHAVIORAL HEALTH TREATMENT - BIS DDS TRANSITION	\$0	\$0	\$109,231,000	\$48,792,760	\$109,231,000	\$48,792,760
45	DIABETES PREVENTION PROGRAM	\$0	\$0	\$498,150	\$148,740	\$498,150	\$148,740

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

		MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>BENEFITS</u>							
46	PEDIATRIC PALLIATIVE CARE EXPANSION AND SAVINGS	(\$582,420)	(\$263,070)	(\$1,536,360)	(\$694,870)	(\$953,940)	(\$431,800)
207	MEDI-CAL NONMEDICAL TRANSPORTATION	\$0	\$0	\$4,220,070	\$1,619,350	\$4,220,070	\$1,619,350
209	WHOLE CHILD MODEL IMPLEMENTATION	\$0	\$0	\$29,235,000	\$13,224,420	\$29,235,000	\$13,224,420
230	PROP 56 - CBAS PROGRAMS	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
BENEFITS SUBTOTAL		\$1,562,066,380	\$389,488,950	\$1,931,464,640	\$569,502,280	\$369,398,260	\$180,013,330
<u>PHARMACY</u>							
47	NEW HIGH COST TREATMENTS FOR SPECIFIC CONDITIONS	\$42,078,870	\$19,291,950	\$86,880,460	\$39,788,990	\$44,801,580	\$20,497,040
48	DRUG REBATES PRIOR YEAR FUNDING ADJUSTMENT	(\$60,286,000)	\$256,603,830	\$0	\$0	\$60,286,000	(\$256,603,830)
49	PHARMACY REIMBURSEMENT & DISPENSING FEE	\$0	\$0	(\$36,000,000)	(\$14,147,730)	(\$36,000,000)	(\$14,147,730)
50	LITIGATION SETTLEMENTS	(\$18,133,000)	(\$18,133,000)	\$0	\$0	\$18,133,000	\$18,133,000
51	BCCTP DRUG REBATES	(\$10,759,000)	(\$3,322,200)	(\$11,951,000)	(\$3,823,050)	(\$1,192,000)	(\$500,850)
52	FAMILY PACT DRUG REBATES	(\$42,415,000)	(\$5,155,700)	(\$20,067,000)	(\$2,661,600)	\$22,348,000	\$2,494,100
53	MEDICAL SUPPLY REBATES	(\$24,916,000)	(\$12,458,000)	(\$24,916,000)	(\$12,458,000)	\$0	\$0
54	STATE SUPPLEMENTAL DRUG REBATES	(\$146,024,000)	(\$97,754,270)	(\$197,608,000)	(\$66,569,240)	(\$51,584,000)	\$31,185,030
55	FEDERAL DRUG REBATES	(\$2,957,871,000)	(\$447,616,020)	(\$1,559,326,000)	(\$472,825,060)	\$1,398,545,000	(\$25,209,040)
225	HEPATITIS C REVISED CLINICAL GUIDELINES	\$0	\$0	\$70,387,000	\$21,820,000	\$70,387,000	\$21,820,000
PHARMACY SUBTOTAL		(\$3,218,325,130)	(\$308,543,410)	(\$1,692,600,540)	(\$510,875,690)	\$1,525,724,580	(\$202,332,280)
<u>DRUG MEDI-CAL</u>							
56	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$377,920,000	\$76,054,760	\$796,705,000	\$148,305,690	\$418,785,000	\$72,250,930
61	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$0	\$0	\$3,000,000	\$100,000	\$3,000,000	\$100,000
DRUG MEDI-CAL SUBTOTAL		\$377,920,000	\$76,054,760	\$799,705,000	\$148,405,690	\$421,785,000	\$72,350,930

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>MENTAL HEALTH</u>						
65	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$80,086,000	\$0	\$100,548,000	\$0	\$20,462,000	\$0
66	PATHWAYS TO WELL-BEING	\$11,734,000	\$0	\$14,475,000	\$0	\$2,741,000	\$0
67	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$6,499,000	\$4,019,500	\$19,894,000	\$10,717,000	\$13,395,000	\$6,697,500
68	TRANSITIONAL SMHS CLAIMS	\$0	\$0	\$544,000	\$544,000	\$544,000	\$544,000
69	LATE CLAIMS FOR SMHS	\$4,000	\$4,000	\$25,000	\$25,000	\$21,000	\$21,000
70	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	\$855,000	\$0	\$1,055,000
71	CHART REVIEW	(\$1,743,000)	\$0	(\$670,000)	\$0	\$1,073,000	\$0
72	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$11,740,000	\$20,710,000	\$68,685,000	\$3,186,000	\$56,945,000	(\$17,524,000)
	MENTAL HEALTH SUBTOTAL	\$108,320,000	\$24,533,500	\$203,501,000	\$15,327,000	\$95,181,000	(\$9,206,500)
	<u>WAIVER--MH/UCD & BTR</u>						
73	GLOBAL PAYMENT PROGRAM	\$2,275,272,000	\$0	\$2,492,086,000	\$0	\$216,814,000	\$0
74	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$1,765,728,000	\$0	\$1,524,894,000	\$0	(\$240,834,000)	\$0
75	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$353,709,000	\$0	\$874,842,000	\$0	\$521,133,000	\$0
76	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$107,000,000	\$53,500,000	\$155,000,000	\$77,500,000	\$48,000,000	\$24,000,000
77	BTR - LIHP - MCE	\$104,616,000	\$0	\$198,363,000	\$0	\$93,747,000	\$0
78	MH/UCD—STABILIZATION FUNDING	\$55,400,000	\$55,400,000	\$55,530,000	\$55,530,000	\$130,000	\$130,000
79	BTR - LOW INCOME HEALTH PROGRAM - HCCI	\$36,060,000	\$0	\$231,547,000	\$0	\$195,487,000	\$0
80	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$1,170,000	\$0	\$369,000	\$0	(\$801,000)	\$0
81	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$1,262,000	\$0	\$20,678,000	\$0	\$19,416,000	\$0
82	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP	\$0	(\$6,205,000)	\$0	\$0	\$0	\$6,205,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>WAIVER--MH/UCD & BTR</u>						
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	(\$75,000,000)	\$0	(\$75,000,000)	\$0	\$0
85	CMS DEFERRALS & NEGATIVE BALANCE REPAYMENT	\$0	\$0	\$0	\$108,511,000	\$0	\$108,511,000
86	MH/UCD—SAFETY NET CARE POOL	(\$6,723,000)	\$0	\$9,712,000	\$0	\$16,435,000	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$4,693,494,000	\$27,695,000	\$5,563,021,000	\$166,541,000	\$869,527,000	\$138,846,000
	<u>MANAGED CARE</u>						
90	MANAGED CARE RATE RANGE IGTS	\$1,968,917,000	\$0	\$1,686,877,000	\$0	(\$282,040,000)	\$0
91	CCI-MANAGED CARE PAYMENTS	\$9,901,568,000	\$4,950,784,000	\$7,835,790,000	\$3,917,895,000	(\$2,065,778,000)	(\$1,032,889,000)
92	MCO ENROLLMENT TAX MGD. CARE PLANS- INCR. CAP.RATES	\$2,505,200,000	\$915,363,760	\$2,240,199,000	\$675,354,450	(\$265,001,000)	(\$240,009,310)
93	MANAGED CARE PUBLIC HOSPITAL IGTS	\$1,713,379,000	\$0	\$0	\$0	(\$1,713,379,000)	\$0
96	HQAF RATE RANGE INCREASES	\$294,669,000	\$0	\$0	\$0	(\$294,669,000)	\$0
99	MCO TAX MGD. CARE PLANS - INCR. CAP. RATES	\$114,090,000	\$87,880,000	\$1,595,000	\$797,500	(\$112,495,000)	(\$87,082,500)
101	CCI-QUALITY WITHHOLD REPAYMENTS	\$3,317,000	\$1,658,500	\$11,412,000	\$5,706,000	\$8,095,000	\$4,047,500
103	PALLIATIVE CARE SERVICES IMPLEMENTATION	\$1,875,000	\$875,200	\$49,000	\$39,290	(\$1,826,000)	(\$835,910)
105	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$0	\$0	\$1,461,677,000	\$443,476,870	\$1,461,677,000	\$443,476,870
106	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$0	\$0	\$640,000,000	\$191,423,480	\$640,000,000	\$191,423,480
107	CAPITATED RATE ADJUSTMENT FOR FY 2018-19	\$0	\$0	\$0	\$0	\$0	\$0
108	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$0	\$0	\$3,468,000	\$0	\$3,468,000	\$0
109	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT	\$0	(\$87,881,000)	\$0	(\$21,286,000)	\$0	\$66,595,000
110	MCO TAX MANAGED CARE PLANS	\$0	(\$300,000,000)	\$0	\$0	\$0	\$300,000,000
111	MANAGED CARE IGT ADMIN. & PROCESSING FEE	\$0	(\$158,945,000)	\$0	(\$125,944,000)	\$0	\$33,001,000

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>MANAGED CARE</u>						
112	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$0	(\$158,606,000)	\$4,981,000	\$4,981,000	\$4,981,000	\$163,587,000
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	\$0	\$0	(\$815,656,000)	\$0	(\$815,656,000)
114	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.	\$0	(\$809,823,000)	\$0	(\$669,704,000)	\$0	\$140,119,000
115	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,552,053,000)	\$0	(\$1,850,459,000)	\$0	(\$298,406,000)
116	MANAGED CARE DRUG REBATES	(\$1,752,995,000)	(\$534,107,630)	(\$2,095,878,000)	(\$639,597,580)	(\$342,883,000)	(\$105,489,950)
117	RETRO MC RATE ADJUSTMENTS	(\$3,863,906,000)	\$421,086,000	\$493,754,000	\$171,028,640	\$4,357,660,000	(\$250,057,360)
219	HEALTH CARE SERVICES FOR REENTRY PROGRAMS	\$0	\$0	\$9,702,000	\$0	\$9,702,000	\$0
222	INDIAN HEALTH SERVICES MANAGED CARE PROGRAM	\$29,962,000	\$2,910,000	\$0	(\$9,467,000)	(\$29,962,000)	(\$12,377,000)
	MANAGED CARE SUBTOTAL	\$10,916,076,000	\$2,779,141,830	\$12,293,626,000	\$1,278,588,650	\$1,377,550,000	(\$1,500,553,180)
	<u>PROVIDER RATES</u>						
118	DPH INTERIM & FINAL RECONS	\$237,459,000	\$0	\$889,000	\$0	(\$236,570,000)	\$0
119	DENTAL RETROACTIVE RATE CHANGES	\$137,467,000	\$50,839,080	(\$62,840,000)	(\$21,562,360)	(\$200,307,000)	(\$72,401,440)
120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$160,320,000	\$60,410,010	\$164,723,000	\$62,525,500	\$4,403,000	\$2,115,490
121	AB 1629 ANNUAL RATE ADJUSTMENTS	\$146,497,660	\$73,248,830	\$95,903,520	\$47,951,760	(\$50,594,130)	(\$25,297,070)
122	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$145,818,430	\$54,945,380	\$156,647,930	\$59,460,080	\$10,829,510	\$4,514,700
123	LTC RATE ADJUSTMENT	\$20,932,410	\$10,466,200	\$36,066,000	\$18,033,000	\$15,133,590	\$7,566,800
124	DPH INTERIM RATE GROWTH	\$20,000,670	\$10,000,330	\$76,030,180	\$38,015,090	\$56,029,510	\$28,014,760
125	HOSPICE RATE INCREASES	\$6,993,600	\$3,496,800	\$36,462,360	\$18,231,180	\$29,468,760	\$14,734,380
126	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$19,540,630	\$9,770,310	\$7,918,530	\$3,959,260	(\$11,622,100)	(\$5,811,050)
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$10,868,000	(\$2,395,000)	\$12,138,000	(\$2,456,000)	\$1,270,000	(\$61,000)
129	ALAMEDA HOSP & SAN LEANDRO HOSP INTERIM RATE	\$34,280	(\$30,230)	\$6,502,810	(\$5,627,130)	\$6,468,540	(\$5,596,900)

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>PROVIDER RATES</u>						
130	ALTERNATIVE BIRTHING CENTER REIMBURSEMENT	\$7,460	\$3,730	\$52,420	\$26,210	\$44,960	\$22,480
131	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS	\$0	\$1,298,000	\$0	\$0	\$0	(\$1,298,000)
133	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$440,934,000)	\$0	(\$460,098,000)	\$0	(\$19,164,000)
134	DPH INTERIM RATE	\$0	(\$359,764,050)	\$0	(\$384,886,340)	\$0	(\$25,122,290)
135	LABORATORY RATE METHODOLOGY CHANGE	(\$12,783,400)	(\$6,391,700)	(\$28,948,000)	(\$14,474,000)	(\$16,164,600)	(\$8,082,300)
136	REDUCTION TO RADIOLOGY RATES	(\$8,622,210)	(\$4,311,110)	(\$56,119,230)	(\$28,059,620)	(\$47,497,020)	(\$23,748,510)
137	10% PROVIDER PAYMENT REDUCTION	(\$203,884,000)	(\$101,942,000)	(\$199,420,000)	(\$99,710,000)	\$4,464,000	\$2,232,000
204	HOME HEALTH RATE INCREASE	\$0	\$0	\$56,742,720	\$27,625,690	\$56,742,720	\$27,625,690
214	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$0	\$0	\$167,635,000	(\$6,819,000)	\$167,635,000	(\$6,819,000)
229	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$14,230,000	\$6,977,000	\$14,230,000	\$6,977,000
	PROVIDER RATES SUBTOTAL	\$680,649,510	(\$641,289,400)	\$484,614,240	(\$740,887,670)	(\$196,035,270)	(\$99,598,270)
	<u>SUPPLEMENTAL PMNTS.</u>						
138	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$5,093,271,000	\$0	\$5,485,404,000	\$0	\$392,133,000	\$0
139	HOSPITAL QAF - FFS PAYMENTS	\$7,114,270,000	\$0	\$4,938,537,000	\$0	(\$2,175,733,000)	\$0
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$0	\$0	\$1,453,448,000	\$0	\$1,453,448,000	\$0
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$355,918,000	\$0	\$1,250,000,000	\$500,000,000	\$894,082,000	\$500,000,000
142	PRIVATE HOSPITAL DSH REPLACEMENT	\$576,179,000	\$288,089,500	\$581,964,000	\$290,982,000	\$5,785,000	\$2,892,500
143	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$442,461,000	\$0	\$414,677,000	\$0	(\$27,784,000)	\$0
144	DSH PAYMENT	\$400,444,000	\$14,939,000	\$401,603,000	\$13,504,000	\$1,159,000	(\$1,435,000)
145	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$319,693,000	\$118,400,000	\$297,172,000	\$118,400,000	(\$22,521,000)	\$0
146	NDPH IGT SUPPLEMENTAL PAYMENTS	\$124,176,000	(\$1,415,000)	\$130,216,000	(\$7,179,000)	\$6,040,000	(\$5,764,000)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>SUPPLEMENTAL PMNTS.</u>						
147	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$247,520,000	\$0	\$525,000,000	\$210,000,000	\$277,480,000	\$210,000,000
148	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$158,167,000	\$0	\$183,302,000	\$49,044,000	\$25,135,000	\$49,044,000
149	DPH PHYSICIAN & NON-PHYS. COST	\$83,855,000	\$0	\$205,803,000	\$0	\$121,948,000	\$0
150	CAPITAL PROJECT DEBT REIMBURSEMENT	\$154,173,000	\$25,634,000	\$123,280,000	\$36,635,000	(\$30,893,000)	\$11,001,000
151	FFP FOR LOCAL TRAUMA CENTERS	\$132,319,000	\$0	\$134,881,000	\$0	\$2,562,000	\$0
152	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$134,634,000	\$219,700	\$117,693,000	\$0	(\$16,941,000)	(\$219,700)
153	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$86,007,000	\$48,310,000	\$86,007,000	\$48,310,000	\$0	\$0
154	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$76,182,000	\$0	\$37,900,000	\$0	(\$38,282,000)	\$0
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$75,732,000	\$0	\$59,011,000	\$0	(\$16,721,000)	\$0
156	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$21,682,000	\$0	\$26,524,000	\$12,273,000	\$4,842,000	\$12,273,000
157	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
159	IGT PAYMENTS FOR HOSPITAL SERVICES	\$5,801,000	\$0	\$273,000	\$0	(\$5,528,000)	\$0
160	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$5,474,000	\$0	\$6,800,000	\$3,400,000	\$1,326,000	\$3,400,000
161	NDPH SUPPLEMENTAL PAYMENT	\$5,277,000	\$1,900,000	\$4,273,000	\$1,900,000	(\$1,004,000)	\$0
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$5,098,000	\$0	\$4,769,000	\$0	(\$329,000)	\$0
164	DP-NF CAPITAL PROJECT DEBT REPAYMENT	\$0	\$0	\$0	\$57,224,000	\$0	\$57,224,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$15,636,333,000	\$505,077,200	\$16,486,537,000	\$1,343,493,000	\$850,204,000	\$838,415,800
	<u>OTHER</u>						
84	CMS DEFERRED CLAIMS	\$0	\$509,238,000	\$0	\$511,509,000	\$0	\$2,271,000
170	CCI IHSS RECONCILIATION	\$0	\$0	\$339,270,000	\$0	\$339,270,000	\$0

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NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
171	ARRA HITECH - PROVIDER PAYMENTS	\$130,515,000	\$0	\$231,917,000	\$0	\$101,402,000	\$0
174	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$102,041,000	\$0	\$82,326,000	\$0	(\$19,715,000)	\$0
178	INFANT DEVELOPMENT PROGRAM	\$42,313,000	\$0	\$29,676,000	\$0	(\$12,637,000)	\$0
179	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$17,176,000	\$7,659,000	\$14,059,000	\$6,236,000	(\$3,117,000)	(\$1,423,000)
180	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$16,823,860	\$8,411,930	\$42,755,580	\$21,377,790	\$25,931,730	\$12,965,860
181	AUDIT SETTLEMENTS	\$0	\$13,928,000	\$0	\$180,889,000	\$0	\$166,961,000
182	OVERTIME FOR WPCS PROVIDERS	\$9,961,000	\$4,998,500	\$10,119,000	\$5,059,500	\$158,000	\$61,000
184	INDIAN HEALTH SERVICES	\$3,903,000	(\$20,813,000)	\$8,710,000	(\$20,813,000)	\$4,807,000	\$0
185	MEDI-CAL ESTATE RECOVERIES	\$17,176,000	\$8,588,000	\$38,906,000	\$19,453,000	\$21,730,000	\$10,865,000
186	WPCS WORKERS' COMPENSATION	\$3,026,000	\$1,513,000	\$3,322,000	\$1,661,000	\$296,000	\$148,000
190	CDDS DENTAL SERVICES	\$712,000	\$0	\$0	\$0	(\$712,000)	\$0
191	FUNDING ADJUST.—OTLICP	\$122,000	(\$184,775,000)	\$154,000	(\$192,489,640)	\$32,000	(\$7,714,640)
193	HEALTH CARE SVCS. PLANS FINES AND PENALTIES FUND	\$0	(\$48,025,000)	\$0	\$0	\$0	\$48,025,000
194	CLPP FUND	\$0	(\$725,000)	\$0	(\$725,000)	\$0	\$0
195	CCI-TRANSFER OF IHSS COSTS TO DHCS	\$0	(\$1,343,703,000)	\$0	\$0	\$0	\$1,343,703,000
196	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$1,328,946,000)	\$0	(\$958,769,000)	\$0	\$370,177,000
197	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,808,695,810)	\$0	(\$1,912,496,130)	\$0	(\$103,800,320)
198	COUNTY SHARE OF OTLICP-CCS COSTS	\$0	\$0	\$0	\$0	\$0	\$0
199	IMD ANCILLARY SERVICES	\$0	\$3,714,000	\$0	\$30,340,000	\$0	\$26,626,000
200	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$182,960,000)	\$0	(\$127,440,000)	\$0	\$55,520,000
201	INTEGRATION OF THE SF CLSB INTO THE ALW	(\$1,553,000)	(\$776,500)	(\$1,592,000)	(\$796,000)	(\$39,000)	(\$19,500)
202	MEDI-CAL RECOVERIES SETTLEMENTS AND LEGAL COSTS	(\$1,730,000)	(\$865,000)	(\$1,730,000)	(\$865,000)	\$0	\$0
211	ASSISTED LIVING WAIVER EXPANSION	(\$8,680)	(\$4,340)	(\$12,350,520)	(\$6,175,260)	(\$12,341,840)	(\$6,170,920)
212	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	\$1,592,060	\$796,030	\$4,730,000	\$2,365,000	\$3,137,940	\$1,568,970

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>OTHER</u>						
215	REPAYMENT TO CMS FOR MEDI-CAL RECOVERIES	\$0	\$0	\$0	\$25,856,000	\$0	\$25,856,000
223	HQAF WITHHOLD TRANSFER	\$261,429,000	\$130,714,500	\$627,756,000	\$313,878,000	\$366,327,000	\$183,163,500
226	RECONCILIATION	\$0	\$0	\$370,848,000	\$0	\$370,848,000	\$0
228	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$0	\$0	\$220,000,000	\$0	\$220,000,000	\$0
	OTHER SUBTOTAL	\$603,498,240	(\$4,230,727,690)	\$2,008,876,070	(\$2,101,944,740)	\$1,405,377,830	\$2,128,782,960
	GRAND TOTAL	<u>\$34,420,840,240</u>	<u>(\$715,398,980)</u>	<u>\$39,513,650,990</u>	<u>\$1,277,541,270</u>	<u>\$5,092,810,740</u>	<u>\$1,992,940,250</u>

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

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	\$9,963,100	\$132,793,470	\$88,938,300	\$45,888,210	\$2,242,110	\$40,447,260
OTHER MEDICAL	\$75,109,860	\$1,115,482,660	\$409,629,510	\$315,537,680	\$5,531,970	\$41,487,110
CO. & COMM. OUTPATIENT	\$4,875,300	\$137,747,920	\$118,633,030	\$28,326,220	\$734,700	\$47,971,170
PHARMACY	\$5,901,680	\$734,345,380	\$936,984,100	\$93,756,260	\$3,352,980	\$19,531,050
COUNTY INPATIENT	\$4,019,580	\$512,613,110	\$32,052,180	\$21,265,100	\$2,102,280	\$51,360,160
COMMUNITY INPATIENT	\$65,009,850	\$1,280,829,010	\$725,566,890	\$296,959,050	\$14,423,120	\$228,108,180
NURSING FACILITIES	\$217,745,460	\$146,689,590	\$545,466,640	\$3,838,770	\$1,201,592,720	\$1,606,950
ICF-DD	\$1,081,620	\$5,960,660	\$185,306,320	\$210,280	\$45,430,850	\$0
MEDICAL TRANSPORTATION	\$6,468,060	\$20,994,570	\$22,486,730	\$2,879,790	\$3,266,000	\$3,098,640
OTHER SERVICES	\$91,332,990	\$33,748,420	\$312,980,230	\$40,463,210	\$57,711,440	\$1,186,770
HOME HEALTH	\$1,647,670	\$2,245,130	\$155,899,650	\$5,669,400	\$8,600	\$86,200
FFS SUBTOTAL	\$483,155,190	\$4,123,449,930	\$3,533,943,580	\$854,793,970	\$1,336,396,760	\$434,883,470
DENTAL	\$58,869,910	\$510,205,850	\$156,986,410	\$196,233,020	\$19,623,300	\$0
MENTAL HEALTH	\$9,551,210	\$277,936,860	\$1,090,670,590	\$748,241,280	\$780,800	\$0
TWO PLAN MODEL	\$1,812,038,680	\$8,008,593,770	\$5,348,650,630	\$1,322,877,010	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$325,793,640	\$3,446,890,370	\$1,462,716,980	\$356,794,940	\$761,390,090	\$0
GEOGRAPHIC MANAGED CARE	\$241,513,450	\$1,471,300,200	\$1,078,793,370	\$240,824,000	\$0	\$0
PHP & OTHER MANAG. CARE	\$217,724,630	\$35,166,480	\$145,543,720	\$21,616,660	\$9,652,000	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$856,720	\$0	\$0
MEDICARE PAYMENTS	\$1,758,671,280	\$0	\$1,649,714,250	\$2,920,640	\$166,160,730	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$8,905,380	\$0	\$19,755,100	\$24,182,660	\$846,500	\$0
MISC. SERVICES	\$800,624,380	\$0	\$5,464,752,290	\$6,546,590	\$0	\$0
DRUG MEDI-CAL	\$33,690,570	\$294,447,430	\$74,783,670	\$94,093,940	\$3,215,850	\$0
REGIONAL MODEL	\$13,664,740	\$493,501,490	\$343,297,600	\$72,174,480	\$0	\$0
NON-FFS SUBTOTAL	\$5,281,047,880	\$14,538,042,450	\$16,835,664,600	\$3,087,361,930	\$961,669,290	\$0
TOTAL DOLLARS (1)	\$5,764,203,070	\$18,661,492,380	\$20,369,608,180	\$3,942,155,900	\$2,298,066,050	\$434,883,470
ELIGIBLES ***	442,900	3,850,100	982,500	1,202,700	42,100	30,900
ANNUAL \$/ELIGIBLE	\$13,015	\$4,847	\$20,732	\$3,278	\$54,586	\$14,074
AVG. MO. \$/ELIGIBLE	\$1,085	\$404	\$1,728	\$273	\$4,549	\$1,173

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$2,047,640	\$16,961,750	\$24,390,440	\$9,300,790	\$146,833,820	\$23,758,930
OTHER MEDICAL	\$3,387,820	\$156,293,750	\$141,380,740	\$72,124,720	\$880,329,740	\$85,711,180
CO. & COMM. OUTPATIENT	\$578,810	\$18,973,430	\$15,419,130	\$9,415,600	\$115,421,210	\$10,694,100
PHARMACY	\$5,351,710	\$41,934,500	\$20,026,550	\$39,022,530	\$199,804,240	\$47,729,380
COUNTY INPATIENT	\$5,414,540	\$3,154,980	\$58,368,870	\$17,468,650	\$115,864,200	\$4,751,680
COMMUNITY INPATIENT	\$15,078,860	\$98,890,630	\$165,842,880	\$46,026,980	\$810,579,130	\$76,966,980
NURSING FACILITIES	\$237,244,550	\$2,188,200	\$239,570,750	\$42,136,760	\$23,189,110	\$5,057,700
ICF-DD	\$166,621,220	\$23,630	\$2,380,530	\$8,948,800	\$1,106,430	\$2,363,790
MEDICAL TRANSPORTATION	\$1,182,550	\$735,920	\$12,036,480	\$8,945,290	\$8,414,560	\$1,461,590
OTHER SERVICES	\$11,356,080	\$6,747,140	\$83,451,060	\$61,819,630	\$92,617,650	\$11,347,200
HOME HEALTH	\$6,740	\$9,323,250	\$1,063,580	\$60,271,180	\$10,064,050	\$13,691,290
FFS SUBTOTAL	\$448,270,520	\$355,227,210	\$763,930,990	\$375,480,930	\$2,404,224,140	\$283,533,830
DENTAL	\$19,623,300	\$122,076,130	\$58,869,910	\$19,623,300	\$569,075,750	\$34,878,900
MENTAL HEALTH	\$2,287,930	\$68,235,920	\$11,076,500	\$109,758,900	\$523,249,580	\$77,935,360
TWO PLAN MODEL	\$0	\$729,705,710	\$1,754,953,550	\$558,142,840	\$3,063,701,870	\$36,765,260
COUNTY ORGANIZED HEALTH SYSTEMS	\$207,392,500	\$448,076,600	\$481,916,370	\$358,136,830	\$1,346,795,250	\$46,513,700
GEOGRAPHIC MANAGED CARE	\$0	\$163,816,140	\$228,970,660	\$118,877,240	\$577,697,560	\$5,866,740
PHP & OTHER MANAG. CARE	\$326,160	\$9,117,230	\$221,518,390	\$22,272,240	\$36,512,190	\$2,607,350
EPSDT SCREENS	\$0	\$659,680	\$0	\$0	\$2,497,450	\$116,270
MEDICARE PAYMENTS	\$16,175,870	\$0	\$1,252,072,240	\$533,320,310	\$112,370,670	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$225,200	\$0	\$9,952,950	\$3,341,780	\$69,863,690	\$3,239,230
MISC. SERVICES	\$0	(\$49,247,880)	\$888,401,070	\$912,357,420	\$18,807,060	\$931,910
DRUG MEDI-CAL	\$872,220	\$69,588,250	\$37,384,250	\$12,142,870	\$270,313,390	\$13,376,160
REGIONAL MODEL	\$0	\$51,362,300	\$39,412,330	\$34,568,260	\$204,938,080	\$1,291,000
NON-FFS SUBTOTAL	\$246,903,190	\$1,613,390,100	\$4,984,528,220	\$2,682,541,980	\$6,795,822,530	\$223,521,890
TOTAL DOLLARS (1)	\$695,173,710	\$1,968,617,310	\$5,748,459,200	\$3,058,022,910	\$9,200,046,660	\$507,055,720
ELIGIBLES ***	11,200	926,100	503,300	171,700	3,474,600	161,100
ANNUAL \$/ELIGIBLE	\$62,069	\$2,126	\$11,422	\$17,810	\$2,648	\$3,147
AVG. MO. \$/ELIGIBLE	\$5,172	\$177	\$952	\$1,484	\$221	\$262

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$892,800	\$109,660	\$95,400	\$120,410,280	\$12,915,060	\$197,483,630
OTHER MEDICAL	\$2,367,840	\$1,109,220	\$156,040	\$242,923,020	\$157,029,200	\$83,124,640
CO. & COMM. OUTPATIENT	\$582,940	\$57,470	\$37,160	\$27,192,650	\$11,136,740	\$9,896,380
PHARMACY	\$3,191,640	\$206,040	\$445,800	\$21,095,660	\$17,217,580	\$30,706,800
COUNTY INPATIENT	\$101,070	\$12,720	\$133,790	\$63,389,220	\$2,280,750	\$1,617,350
COMMUNITY INPATIENT	\$3,731,820	\$392,240	\$203,680	\$867,658,410	\$74,859,760	\$40,729,430
NURSING FACILITIES	\$24,416,050	\$20	\$7,766,070	\$2,284,530	\$6,573,170	\$52,350
ICF-DD	\$1,145,970	\$0	\$253,100	\$225,790	\$569,400	\$30
MEDICAL TRANSPORTATION	\$180,350	\$2,990	\$69,750	\$3,433,880	\$730,590	\$225,030
OTHER SERVICES	\$683,000	\$18,100	\$11,420	\$9,821,040	\$15,889,900	\$10,585,040
HOME HEALTH	\$1,690	\$0	\$0	\$2,554,780	\$3,141,670	\$1,223,170
FFS SUBTOTAL	\$37,295,180	\$1,908,470	\$9,172,220	\$1,360,989,260	\$302,343,830	\$375,643,850
DENTAL	\$19,623,300	\$19,623,300	\$19,623,300	\$58,869,910	\$98,116,510	\$88,869,910
MENTAL HEALTH	\$18,160	\$54,490	\$348,220	\$7,404,210	\$16,670,750	\$28,837,250
TWO PLAN MODEL	\$25,880	\$745,190	\$0	\$203,826,740	\$659,070,950	\$406,587,770
COUNTY ORGANIZED HEALTH SYSTEMS	\$106,230	\$122,530	\$34,400	\$98,242,330	\$320,400,670	\$200,869,210
GEOGRAPHIC MANAGED CARE	\$6,040	\$476,280	\$0	\$37,754,330	\$126,431,450	\$79,795,980
PHP & OTHER MANAG. CARE	\$1,302,470	\$0	\$0	\$3,907,400	\$6,512,330	\$3,907,400
EPSDT SCREENS	\$0	\$0	\$0	\$0	\$548,860	\$277,020
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$307,640	\$0	\$8,040	\$7,053,530	\$0	\$7,763,300
MISC. SERVICES	\$180	\$0	\$0	\$51,590	\$3,803,670	\$1,847,720
DRUG MEDI-CAL	\$91,010	\$142,410	\$0	\$26,621,770	\$46,087,670	\$28,616,510
REGIONAL MODEL	\$0	\$5,080	\$0	\$14,560,600	\$42,782,140	\$24,122,980
NON-FFS SUBTOTAL	\$21,480,910	\$21,169,280	\$20,013,970	\$458,292,400	\$1,320,425,010	\$871,495,050
TOTAL DOLLARS (1)	\$58,776,080	\$23,077,750	\$29,186,180	\$1,819,281,660	\$1,622,768,840	\$1,247,138,910
ELIGIBLES ***	15,300	1,200	400	350,800	770,500	386,100
ANNUAL \$/ELIGIBLE	\$3,842	\$19,231	\$72,965	\$5,186	\$2,106	\$3,230
AVG. MO. \$/ELIGIBLE	\$320	\$1,603	\$6,080	\$432	\$176	\$269

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$875,472,660
OTHER MEDICAL	\$3,788,716,720
CO. & COMM. OUTPATIENT	\$557,693,970
PHARMACY	\$2,220,603,890
COUNTY INPATIENT	\$895,970,240
COMMUNITY INPATIENT	\$4,811,856,930
NURSING FACILITIES	\$2,707,419,370
ICF-DD	\$421,628,410
MEDICAL TRANSPORTATION	\$96,612,780
OTHER SERVICES	\$841,770,320
HOME HEALTH	\$266,898,050
FFS SUBTOTAL	\$17,484,643,330
DENTAL	\$2,070,792,000
MENTAL HEALTH	\$2,973,058,000
TWO PLAN MODEL	\$23,905,685,860
COUNTY ORGANIZED HEALTH SYSTEMS	\$9,862,192,640
GEOGRAPHIC MANAGED CARE	\$4,372,123,430
PHP & OTHER MANAG. CARE	\$737,686,650
EPSDT SCREENS	\$4,956,000
MEDICARE PAYMENTS	\$5,491,406,000
STATE HOSP./DEVELOPMENTAL CNTRS.	\$155,445,000
MISC. SERVICES	\$8,048,876,000
DRUG MEDI-CAL	\$1,005,468,000
REGIONAL MODEL	\$1,335,681,080
NON-FFS SUBTOTAL	\$59,963,370,660
TOTAL DOLLARS (1)	\$77,448,013,990
ELIGIBLES ***	13,323,500
ANNUAL \$/ELIGIBLE	\$5,813
AVG. MO. \$/ELIGIBLE	\$484

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

EXCLUDED POLICY CHANGES: 78

	PROPOSITION 56 FUNDS TRANSFER
2	BREAST AND CERVICAL CANCER TREATMENT
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL
9	NON-OTLICP CHIP
12	CHIPRA - M/C FOR CHILDREN & PREGNANT WOMEN
16	MEDICARE OPTIONAL EXPANSION ADJUSTMENT
22	1% FMAP INCREASE FOR PREVENTIVE SERVICES
23	ACA MAGI SAVINGS
28	FAMILY PACT PROGRAM
52	FAMILY PACT DRUG REBATES
61	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
65	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
68	TRANSITIONAL SMHS CLAIMS
70	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
73	GLOBAL PAYMENT PROGRAM
74	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
75	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
77	BTR - LIHP - MCE
78	MH/UCD—STABILIZATION FUNDING
79	BTR - LOW INCOME HEALTH PROGRAM - HCCI
80	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
81	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
82	MH/UCD—FEDERAL FLEX. & STABILIZATION-SNCP
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
84	CMS DEFERRED CLAIMS
85	CMS DEFERRALS & NEGATIVE BALANCE REPAYMENT
86	MH/UCD—SAFETY NET CARE POOL
102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)
103	PALLIATIVE CARE SERVICES IMPLEMENTATION
109	MCO TAX MGD. CARE PLANS - FUNDING ADJUSTMENT
110	MCO TAX MANAGED CARE PLANS
111	MANAGED CARE IGT ADMIN. & PROCESSING FEE

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

EXCLUDED POLICY CHANGES: 78

112	GENERAL FUND REIMBURSEMENTS FROM DPHS
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
114	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.
115	MCO ENROLLMENT TAX MANAGED CARE PLANS
119	DENTAL RETROACTIVE RATE CHANGES
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT
131	DP/NF-B RETROACTIVE RECOUPMENT FORGIVENESS
133	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
138	HOSPITAL QAF - MANAGED CARE PAYMENTS
139	HOSPITAL QAF - FFS PAYMENTS
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS
142	PRIVATE HOSPITAL DSH REPLACEMENT
143	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
144	DSH PAYMENT
145	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
146	NDPH IGT SUPPLEMENTAL PAYMENTS
148	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
149	DPH PHYSICIAN & NON-PHYS. COST
150	CAPITAL PROJECT DEBT REIMBURSEMENT
151	FFP FOR LOCAL TRAUMA CENTERS
153	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
154	GEMT SUPPLEMENTAL PAYMENT PROGRAM
155	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
156	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS
157	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
159	IGT PAYMENTS FOR HOSPITAL SERVICES
160	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS
161	NDPH SUPPLEMENTAL PAYMENT
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
164	DP-NF CAPITAL PROJECT DEBT REPAYMENT
171	ARRA HITECH - PROVIDER PAYMENTS
176	MEDI-CAL TCM PROGRAM

FISCAL YEAR 2018-19 COST PER ELIGIBLE BASED ON MAY 2018 ESTIMATE

EXCLUDED POLICY CHANGES: 78

181	AUDIT SETTLEMENTS
190	CDDS DENTAL SERVICES
193	HEALTH CARE SVCS. PLANS FINES AND PENALTIES FUND
194	CLPP FUND
195	CCI-TRANSFER OF IHSS COSTS TO DHCS
196	HOSPITAL QAF - CHILDREN'S HEALTH CARE
200	CIGARETTE AND TOBACCO SURTAX FUNDS
215	REPAYMENT TO CMS FOR MEDI-CAL RECOVERIES
219	HEALTH CARE SERVICES FOR REENTRY PROGRAMS
226	RECONCILIATION
230	PROP 56 - CBAS PROGRAMS

Medi-Cal Base Policy Changes

The Medi-Cal base estimate consists of projections of expenditures based on recent trends of actual data. The base estimate does not include the impact of future program changes, which are added to the base estimate through regular policy changes as displayed in the Regular Policy Change section.

The base estimate consists of two types. The first type, the Fee-for-Service Base Estimate, is described and summarized in the previous section (FFS Base).

The second type of base estimate, which had traditionally been called the Non-Fee-for-Service (Non-FFS) Base Estimate, is displayed in this section. Because some of these base estimates include services paid on a fee-for-service basis, that name is technically not correct. As a result, this second type of base estimate will be called Base Policy Changes because as in the past they are entered into the Medi-Cal Estimate and displayed using the policy change format. These Base Policy Changes form the base estimates for the last 14 service categories (Managed Care through Drug Medi-Cal) as displayed in most tables throughout this binder and listed below. The data used for these projections come from a variety of sources, such as other claims processing systems, managed care enrollments, and other payment data. Also, some of the projections in this group come directly from other State departments.

Base Policy Change Service Categories:

Two Plan Model
County Organized Health Systems
Geographic Managed Care
PHP & Other Managed Care (Other M/C)
Regional Model
Dental
Mental Health
Audits/Lawsuits
EPSDT Screens
Medicare Payments
State Hospital/Developmental Centers
Miscellaneous Services (Misc. Svcs.)
Recoveries
Drug Medi-Cal

SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2017-18

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>ELIGIBILITY</u>					
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$69,611,000	\$52,322,000	\$0	\$17,289,000
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$7,863,000	\$6,919,440	\$943,560	\$0
6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL	\$3,412,000	\$3,002,560	\$409,440	\$0
	ELIGIBILITY SUBTOTAL	\$80,886,000	\$62,244,000	\$1,353,000	\$17,289,000
<u>DRUG MEDI-CAL</u>					
57	NARCOTIC TREATMENT PROGRAM	\$167,560,000	\$160,994,830	\$6,565,170	\$0
58	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$22,178,000	\$21,376,200	\$801,800	\$0
60	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$8,423,000	\$7,158,710	\$1,264,290	\$0
62	RESIDENTIAL TREATMENT SERVICES	\$1,195,000	\$1,152,340	\$42,660	\$0
	DRUG MEDI-CAL SUBTOTAL	\$199,356,000	\$190,682,080	\$8,673,920	\$0
<u>MENTAL HEALTH</u>					
63	SMHS FOR ADULTS	\$1,520,088,000	\$1,422,273,750	\$27,881,250	\$69,933,000
64	SMHS FOR CHILDREN	\$1,305,357,000	\$1,266,640,370	\$1,611,630	\$37,105,000
	MENTAL HEALTH SUBTOTAL	\$2,825,445,000	\$2,688,914,120	\$29,492,880	\$107,038,000
<u>MANAGED CARE</u>					
87	TWO PLAN MODEL	\$19,903,403,000	\$13,743,185,720	\$5,650,217,280	\$510,000,000
88	COUNTY ORGANIZED HEALTH SYSTEMS	\$7,769,831,000	\$5,419,911,900	\$2,239,919,100	\$110,000,000
89	GEOGRAPHIC MANAGED CARE	\$3,707,278,000	\$2,600,746,640	\$1,046,531,360	\$60,000,000
94	REGIONAL MODEL	\$1,189,296,000	\$837,135,480	\$349,760,520	\$2,400,000
95	PACE (Other M/C)	\$507,561,000	\$253,780,500	\$225,014,500	\$28,766,000
97	DENTAL MANAGED CARE (Other M/C)	\$114,161,000	\$71,941,020	\$42,219,980	\$0
98	SENIOR CARE ACTION NETWORK (Other M/C)	\$52,098,000	\$26,049,000	\$26,049,000	\$0
100	AIDS HEALTHCARE CENTERS (Other M/C)	\$17,090,000	\$8,545,000	\$8,545,000	\$0
102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$3,056,000	\$1,528,000	\$1,528,000	\$0
	MANAGED CARE SUBTOTAL	\$33,263,774,000	\$22,962,823,260	\$9,589,784,740	\$711,166,000
<u>OTHER</u>					
165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,233,313,000	\$1,509,806,000	\$1,723,507,000	\$0
166	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,095,567,000	\$0	\$2,095,567,000	\$0
167	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$1,779,095,000	\$1,779,095,000	\$0	\$0
168	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,796,201,000	\$1,796,201,000	\$0	\$0
169	DENTAL SERVICES	\$1,097,804,000	\$722,614,380	\$375,189,620	\$0
172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$175,445,000	\$175,445,000	\$0	\$0

SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2017-18

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<u>OTHER</u>					
173	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$222,014,000	\$222,014,000	\$0	\$0
175	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$40,990,000	\$20,495,000	\$20,495,000	\$0
176	MEDI-CAL TCM PROGRAM	\$45,447,000	\$45,141,000	\$306,000	\$0
177	EPSDT SCREENS	\$4,998,000	\$2,596,660	\$2,401,340	\$0
187	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,485,000	\$1,485,000	\$0	\$0
188	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,150,000	\$575,000	\$575,000	\$0
203	BASE RECOVERIES	(\$356,599,000)	(\$200,483,000)	(\$156,116,000)	\$0
208	LAWSUITS/CLAIMS	\$38,787,000	\$19,393,500	\$19,393,500	\$0
	OTHER SUBTOTAL	\$10,175,697,000	\$6,094,378,540	\$4,081,318,460	\$0
	GRAND TOTAL	\$46,545,158,000	\$31,999,042,000	\$13,710,623,000	\$835,493,000

SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>ELIGIBILITY</u>					
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$47,497,000	\$35,763,000	\$0	\$11,734,000
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$7,401,000	\$6,512,880	\$888,120	\$0
6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL	\$3,412,000	\$3,002,560	\$409,440	\$0
	ELIGIBILITY SUBTOTAL	\$58,310,000	\$45,278,440	\$1,297,560	\$11,734,000
<u>DRUG MEDI-CAL</u>					
57	NARCOTIC TREATMENT PROGRAM	\$176,249,000	\$168,129,470	\$8,119,530	\$0
58	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$22,788,000	\$21,832,010	\$955,990	\$0
60	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$8,444,000	\$7,132,410	\$1,311,590	\$0
62	RESIDENTIAL TREATMENT SERVICES	\$1,282,000	\$1,228,360	\$53,640	\$0
	DRUG MEDI-CAL SUBTOTAL	\$208,763,000	\$198,322,250	\$10,440,750	\$0
<u>MENTAL HEALTH</u>					
63	SMHS FOR ADULTS	\$1,560,148,000	\$1,440,274,380	\$49,335,620	\$70,538,000
64	SMHS FOR CHILDREN	\$1,310,501,000	\$1,268,853,640	\$3,172,360	\$38,475,000
	MENTAL HEALTH SUBTOTAL	\$2,870,649,000	\$2,709,128,020	\$52,507,980	\$109,013,000
<u>MANAGED CARE</u>					
87	TWO PLAN MODEL	\$20,309,108,000	\$13,893,166,730	\$6,415,941,270	\$0
88	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,190,098,000	\$5,673,699,040	\$2,516,398,960	\$0
89	GEOGRAPHIC MANAGED CARE	\$3,648,659,000	\$2,505,303,930	\$1,143,355,070	\$0
94	REGIONAL MODEL	\$1,212,883,000	\$833,221,670	\$379,661,330	\$0
95	PACE (Other M/C)	\$509,658,000	\$251,829,000	\$257,829,000	\$0
97	DENTAL MANAGED CARE (Other M/C)	\$123,429,000	\$77,554,010	\$45,874,990	\$0
98	SENIOR CARE ACTION NETWORK (Other M/C)	\$41,482,000	\$20,741,000	\$20,741,000	\$0
100	AIDS HEALTHCARE CENTERS (Other M/C)	\$17,325,000	\$8,662,500	\$8,662,500	\$0
102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,131,000	\$565,500	\$565,500	\$0
	MANAGED CARE SUBTOTAL	\$34,053,773,000	\$23,264,743,380	\$10,789,029,620	\$0
<u>OTHER</u>					
165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,333,500,000	\$1,557,716,500	\$1,775,783,500	\$0
166	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,157,906,000	\$0	\$2,157,906,000	\$0
167	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$1,836,141,000	\$1,836,141,000	\$0	\$0
168	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,895,965,000	\$1,895,965,000	\$0	\$0
169	DENTAL SERVICES	\$1,074,108,000	\$660,678,750	\$413,429,250	\$0
172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$155,445,000	\$155,445,000	\$0	\$0

SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2018-19

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<u>OTHER</u>					
173	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$209,741,000	\$209,741,000	\$0	\$0
175	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$45,515,000	\$23,459,500	\$22,055,500	\$0
176	MEDI-CAL TCM PROGRAM	\$35,254,000	\$35,254,000	\$0	\$0
177	EPSDT SCREENS	\$4,956,000	\$2,574,520	\$2,381,480	\$0
187	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$1,028,000	\$0	\$0
188	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,090,000	\$545,000	\$545,000	\$0
203	BASE RECOVERIES	(\$349,320,000)	(\$196,391,000)	(\$152,929,000)	\$0
208	LAWSUITS/CLAIMS	\$32,865,000	\$16,432,500	\$16,432,500	\$0
	OTHER SUBTOTAL	\$10,434,194,000	\$6,198,589,770	\$4,235,604,230	\$0
	GRAND TOTAL	\$47,625,689,000	\$32,416,061,860	\$15,088,880,140	\$120,747,000

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>ELIGIBILITY</u>										
4	4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$29,170,000	\$0	\$32,243,000	\$0	\$69,611,000	\$0	\$40,441,000	\$0	\$37,368,000	\$0
5	5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$7,144,000	\$857,280	\$17,047,000	\$2,045,640	\$7,863,000	\$943,560	\$719,000	\$86,280	(\$9,184,000)	(\$1,102,080)
6	6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL	\$2,755,000	\$330,600	\$3,399,000	\$407,880	\$3,412,000	\$409,440	\$657,000	\$78,840	\$13,000	\$1,560
		ELIGIBILITY SUBTOTAL	\$39,069,000	\$1,187,880	\$52,689,000	\$2,453,520	\$80,886,000	\$1,353,000	\$41,817,000	\$165,120	\$28,197,000	(\$1,100,520)
		<u>DRUG MEDI-CAL</u>										
57	57	NARCOTIC TREATMENT PROGRAM	\$158,571,000	\$5,326,150	\$172,279,000	\$5,966,460	\$167,560,000	\$6,565,170	\$8,989,000	\$1,239,020	(\$4,719,000)	\$598,710
58	58	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$24,330,000	\$772,510	\$25,342,000	\$840,740	\$22,178,000	\$801,800	(\$2,152,000)	\$29,290	(\$3,164,000)	(\$38,940)
60	60	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$9,458,000	\$1,419,370	\$9,697,000	\$1,404,560	\$8,423,000	\$1,264,290	(\$1,035,000)	(\$155,080)	(\$1,274,000)	(\$140,270)
62	62	RESIDENTIAL TREATMENT SERVICES	\$1,505,000	\$49,000	\$1,316,000	\$38,410	\$1,195,000	\$42,660	(\$310,000)	(\$6,340)	(\$121,000)	\$4,250
		DRUG MEDI-CAL SUBTOTAL	\$193,864,000	\$7,567,030	\$208,634,000	\$8,250,170	\$199,356,000	\$8,673,920	\$5,492,000	\$1,106,890	(\$9,278,000)	\$423,750
		<u>MENTAL HEALTH</u>										
63	63	SMHS FOR ADULTS	\$1,425,027,000	\$41,156,000	\$1,510,777,000	\$28,030,050	\$1,520,088,000	\$27,881,250	\$95,061,000	(\$13,274,750)	\$9,311,000	(\$148,800)
64	64	SMHS FOR CHILDREN	\$1,127,659,000	\$2,266,660	\$1,224,732,000	\$1,639,570	\$1,305,357,000	\$1,611,630	\$177,698,000	(\$655,030)	\$80,625,000	(\$27,940)
		MENTAL HEALTH SUBTOTAL	\$2,552,686,000	\$43,422,660	\$2,735,509,000	\$29,669,620	\$2,825,445,000	\$29,492,880	\$272,759,000	(\$13,929,780)	\$89,936,000	(\$176,740)
		<u>MANAGED CARE</u>										
87	87	TWO PLAN MODEL	\$20,478,370,000	\$5,606,509,640	\$20,429,116,000	\$5,852,920,190	\$19,903,403,000	\$5,650,217,280	(\$574,967,000)	\$43,707,640	(\$525,713,000)	(\$202,702,910)
88	88	COUNTY ORGANIZED HEALTH SYSTEMS	\$7,985,671,000	\$2,275,153,800	\$7,914,399,000	\$2,283,870,510	\$7,769,831,000	\$2,239,919,100	(\$215,840,000)	(\$35,234,700)	(\$144,568,000)	(\$43,951,410)
89	89	GEOGRAPHIC MANAGED CARE	\$3,798,337,000	\$995,254,430	\$3,760,382,000	\$1,058,794,910	\$3,707,278,000	\$1,046,531,360	(\$91,059,000)	\$51,276,930	(\$53,104,000)	(\$12,263,550)
94	94	REGIONAL MODEL	\$1,219,782,000	\$338,889,950	\$1,195,203,000	\$347,702,860	\$1,189,296,000	\$349,760,520	(\$30,486,000)	\$10,870,570	(\$5,907,000)	\$2,057,660
95	95	PACE (Other M/C)	\$421,796,000	\$182,132,000	\$515,861,000	\$229,164,500	\$507,561,000	\$225,014,500	\$85,765,000	\$42,882,500	(\$8,300,000)	(\$4,150,000)
97	97	DENTAL MANAGED CARE (Other M/C)	\$133,170,000	\$46,959,170	\$118,197,000	\$40,822,620	\$114,161,000	\$42,219,980	(\$19,009,000)	(\$4,739,190)	(\$4,036,000)	\$1,397,360
98	98	SENIOR CARE ACTION NETWORK (Other M/C)	\$65,050,000	\$32,525,000	\$56,327,000	\$28,163,500	\$52,098,000	\$26,049,000	(\$12,952,000)	(\$6,476,000)	(\$4,229,000)	(\$2,114,500)
100	100	AIDS HEALTHCARE CENTERS (Other M/C)	\$19,750,000	\$9,875,000	\$18,930,000	\$9,465,000	\$17,090,000	\$8,545,000	(\$2,660,000)	(\$1,330,000)	(\$1,840,000)	(\$920,000)
102	102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$3,117,000	\$1,558,500	\$3,051,000	\$1,525,500	\$3,056,000	\$1,528,000	(\$61,000)	(\$30,500)	\$5,000	\$2,500

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		MANAGED CARE SUBTOTAL	\$34,125,043,000	\$9,488,857,490	\$34,011,466,000	\$9,852,429,590	\$33,263,774,000	\$9,589,784,740	(\$861,269,000)	\$100,927,250	(\$747,692,000)	(\$262,644,850)
		OTHER										
165	165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,270,379,000	\$1,751,636,500	\$3,251,287,000	\$1,732,257,000	\$3,233,313,000	\$1,723,507,000	(\$37,066,000)	(\$28,129,500)	(\$17,974,000)	(\$8,750,000)
166	166	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,125,280,000	\$2,125,280,000	\$2,111,200,000	\$2,111,200,000	\$2,095,567,000	\$2,095,567,000	(\$29,713,000)	(\$29,713,000)	(\$15,633,000)	(\$15,633,000)
167	167	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	\$1,736,805,000	\$0	\$1,741,895,000	\$0	\$1,779,095,000	\$0	\$42,290,000	\$0	\$37,200,000	\$0
168	168	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,464,250,000	\$0	\$1,353,962,000	\$0	\$1,796,201,000	\$0	\$331,951,000	\$0	\$442,239,000	\$0
169	169	DENTAL SERVICES	\$1,171,505,000	\$401,821,340	\$1,232,658,000	\$434,901,050	\$1,097,804,000	\$375,189,620	(\$73,701,000)	(\$26,631,720)	(\$134,854,000)	(\$59,711,430)
172	172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$207,330,000	\$0	\$207,330,000	\$0	\$175,445,000	\$0	(\$31,885,000)	\$0	(\$31,885,000)	\$0
173	173	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$194,996,000	\$0	\$219,679,000	\$0	\$222,014,000	\$0	\$27,018,000	\$0	\$2,335,000	\$0
175	175	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$46,068,000	\$23,034,000	\$45,900,000	\$22,950,000	\$40,990,000	\$20,495,000	(\$5,078,000)	(\$2,539,000)	(\$4,910,000)	(\$2,455,000)
176	176	MEDI-CAL TCM PROGRAM	\$30,063,000	\$0	\$41,615,000	\$306,000	\$45,447,000	\$306,000	\$15,384,000	\$306,000	\$3,832,000	\$0
177	177	EPSDT SCREENS	\$34,832,000	\$16,675,000	\$30,984,000	\$14,921,620	\$4,998,000	\$2,401,340	(\$29,834,000)	(\$14,273,660)	(\$25,986,000)	(\$12,520,280)
187	187	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$0	\$1,485,000	\$0	\$1,485,000	\$0	\$457,000	\$0	\$0	\$0
188	188	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,307,000	\$653,500	\$1,452,000	\$726,000	\$1,150,000	\$575,000	(\$157,000)	(\$78,500)	(\$302,000)	(\$151,000)
203	203	BASE RECOVERIES	(\$352,303,000)	(\$169,305,000)	(\$371,809,000)	(\$173,772,000)	(\$356,599,000)	(\$156,116,000)	(\$4,296,000)	\$13,189,000	\$15,210,000	\$17,656,000
208	208	LAWSUITS/CLAIMS	\$0	\$0	\$38,760,000	\$19,380,000	\$38,787,000	\$19,393,500	\$38,787,000	\$19,393,500	\$27,000	\$13,500
--	--	LAWSUITS/CLAIMS	\$2,013,000	\$1,080,500	\$0	\$0	\$0	\$0	(\$2,013,000)	(\$1,080,500)	\$0	\$0
		OTHER SUBTOTAL	\$9,933,553,000	\$4,150,875,840	\$9,906,398,000	\$4,162,869,670	\$10,175,697,000	\$4,081,318,460	\$242,144,000	(\$69,557,380)	\$269,299,000	(\$81,551,210)
		GRAND TOTAL	\$46,844,215,000	\$13,691,910,900	\$46,914,696,000	\$14,055,672,570	\$46,545,158,000	\$13,710,623,000	(\$299,057,000)	\$18,712,100	(\$369,538,000)	(\$345,049,570)

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>ELIGIBILITY</u>						
4	4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$46,553,000	\$0	\$47,497,000	\$0	\$944,000	\$0
5	5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$16,872,000	\$2,024,640	\$7,401,000	\$888,120	(\$9,471,000)	(\$1,136,520)
6	6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL	\$3,399,000	\$407,880	\$3,412,000	\$409,440	\$13,000	\$1,560
		ELIGIBILITY SUBTOTAL	\$66,824,000	\$2,432,520	\$58,310,000	\$1,297,560	(\$8,514,000)	(\$1,134,960)
		<u>DRUG MEDI-CAL</u>						
57	57	NARCOTIC TREATMENT PROGRAM	\$181,477,000	\$8,216,250	\$176,249,000	\$8,119,530	(\$5,228,000)	(\$96,720)
58	58	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$26,848,000	\$1,161,720	\$22,788,000	\$955,990	(\$4,060,000)	(\$205,730)
60	60	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$9,876,000	\$1,502,820	\$8,444,000	\$1,311,590	(\$1,432,000)	(\$191,230)
62	62	RESIDENTIAL TREATMENT SERVICES	\$1,397,000	\$53,580	\$1,282,000	\$53,640	(\$115,000)	\$60
		DRUG MEDI-CAL SUBTOTAL	\$219,598,000	\$10,934,370	\$208,763,000	\$10,440,750	(\$10,835,000)	(\$493,620)
		<u>MENTAL HEALTH</u>						
63	63	SMHS FOR ADULTS	\$1,559,573,000	\$49,449,350	\$1,560,148,000	\$49,335,620	\$575,000	(\$113,730)
64	64	SMHS FOR CHILDREN	\$1,196,328,000	\$2,896,050	\$1,310,501,000	\$3,172,360	\$114,173,000	\$276,310
		MENTAL HEALTH SUBTOTAL	\$2,755,901,000	\$52,345,400	\$2,870,649,000	\$52,507,980	\$114,748,000	\$162,580
		<u>MANAGED CARE</u>						
87	87	TWO PLAN MODEL	\$20,636,578,000	\$6,295,925,240	\$20,309,108,000	\$6,415,941,270	(\$327,470,000)	\$120,016,030
88	88	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,048,854,000	\$2,395,404,980	\$8,190,098,000	\$2,516,398,960	\$141,244,000	\$120,993,980
89	89	GEOGRAPHIC MANAGED CARE	\$3,817,381,000	\$1,142,332,300	\$3,648,659,000	\$1,143,355,070	(\$168,722,000)	\$1,022,770
94	94	REGIONAL MODEL	\$1,222,082,000	\$362,275,200	\$1,212,883,000	\$379,661,330	(\$9,199,000)	\$17,386,130
95	95	PACE (Other M/C)	\$487,954,000	\$243,977,000	\$509,658,000	\$257,829,000	\$21,704,000	\$13,852,000
97	97	DENTAL MANAGED CARE (Other M/C)	\$104,176,000	\$37,020,060	\$123,429,000	\$45,874,990	\$19,253,000	\$8,854,930

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>MANAGED CARE</u>						
98	98	SENIOR CARE ACTION NETWORK (Other M/C)	\$54,439,000	\$27,219,500	\$41,482,000	\$20,741,000	(\$12,957,000)	(\$6,478,500)
100	100	AIDS HEALTHCARE CENTERS (Other M/C)	\$19,069,000	\$9,534,500	\$17,325,000	\$8,662,500	(\$1,744,000)	(\$872,000)
102	102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,092,000	\$546,000	\$1,131,000	\$565,500	\$39,000	\$19,500
		MANAGED CARE SUBTOTAL	\$34,391,625,000	\$10,514,234,780	\$34,053,773,000	\$10,789,029,620	(\$337,852,000)	\$274,794,840
		<u>OTHER</u>						
165	165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,347,632,000	\$1,782,553,000	\$3,333,500,000	\$1,775,783,500	(\$14,132,000)	(\$6,769,500)
166	166	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,221,955,000	\$2,221,955,000	\$2,157,906,000	\$2,157,906,000	(\$64,049,000)	(\$64,049,000)
167	167	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$1,816,555,000	\$0	\$1,836,141,000	\$0	\$19,586,000	\$0
168	168	PERSONAL CARE SERVICES (Misc. Svcs.)	\$2,001,165,000	\$0	\$1,895,965,000	\$0	(\$105,200,000)	\$0
169	169	DENTAL SERVICES	\$1,364,464,000	\$485,090,200	\$1,074,108,000	\$413,429,250	(\$290,356,000)	(\$71,660,950)
172	172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$207,330,000	\$0	\$155,445,000	\$0	(\$51,885,000)	\$0
173	173	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$208,970,000	\$0	\$209,741,000	\$0	\$771,000	\$0
175	175	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$48,275,000	\$24,137,500	\$45,515,000	\$22,055,500	(\$2,760,000)	(\$2,082,000)
176	176	MEDI-CAL TCM PROGRAM	\$33,555,000	\$0	\$35,254,000	\$0	\$1,699,000	\$0
177	177	EPSDT SCREENS	\$30,857,000	\$14,860,400	\$4,956,000	\$2,381,480	(\$25,901,000)	(\$12,478,920)
187	187	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$0	\$1,028,000	\$0	\$0	\$0
188	188	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,448,000	\$724,000	\$1,090,000	\$545,000	(\$358,000)	(\$179,000)
203	203	BASE RECOVERIES	(\$367,663,000)	(\$171,834,000)	(\$349,320,000)	(\$152,929,000)	\$18,343,000	\$18,905,000

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>OTHER</u>						
208	208	LAWSUITS/CLAIMS	\$32,865,000	\$16,432,500	\$32,865,000	\$16,432,500	\$0	\$0
		OTHER SUBTOTAL	\$10,948,436,000	\$4,373,918,600	\$10,434,194,000	\$4,235,604,230	(\$514,242,000)	(\$138,314,370)
		GRAND TOTAL	\$48,382,384,000	\$14,953,865,670	\$47,625,689,000	\$15,088,880,140	(\$756,695,000)	\$135,014,470

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>ELIGIBILITY</u>						
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$69,611,000	\$0	\$47,497,000	\$0	(\$22,114,000)	\$0
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$7,863,000	\$943,560	\$7,401,000	\$888,120	(\$462,000)	(\$55,440)
6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL	\$3,412,000	\$409,440	\$3,412,000	\$409,440	\$0	\$0
	ELIGIBILITY SUBTOTAL	\$80,886,000	\$1,353,000	\$58,310,000	\$1,297,560	(\$22,576,000)	(\$55,440)
	<u>DRUG MEDI-CAL</u>						
57	NARCOTIC TREATMENT PROGRAM	\$167,560,000	\$6,565,170	\$176,249,000	\$8,119,530	\$8,689,000	\$1,554,360
58	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$22,178,000	\$801,800	\$22,788,000	\$955,990	\$610,000	\$154,190
60	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$8,423,000	\$1,264,290	\$8,444,000	\$1,311,590	\$21,000	\$47,300
62	RESIDENTIAL TREATMENT SERVICES	\$1,195,000	\$42,660	\$1,282,000	\$53,640	\$87,000	\$10,980
	DRUG MEDI-CAL SUBTOTAL	\$199,356,000	\$8,673,920	\$208,763,000	\$10,440,750	\$9,407,000	\$1,766,830
	<u>MENTAL HEALTH</u>						
63	SMHS FOR ADULTS	\$1,520,088,000	\$27,881,250	\$1,560,148,000	\$49,335,620	\$40,060,000	\$21,454,370
64	SMHS FOR CHILDREN	\$1,305,357,000	\$1,611,630	\$1,310,501,000	\$3,172,360	\$5,144,000	\$1,560,730
	MENTAL HEALTH SUBTOTAL	\$2,825,445,000	\$29,492,880	\$2,870,649,000	\$52,507,980	\$45,204,000	\$23,015,100
	<u>MANAGED CARE</u>						
87	TWO PLAN MODEL	\$19,903,403,000	\$5,650,217,280	\$20,309,108,000	\$6,415,941,270	\$405,705,000	\$765,723,990
88	COUNTY ORGANIZED HEALTH SYSTEMS	\$7,769,831,000	\$2,239,919,100	\$8,190,098,000	\$2,516,398,960	\$420,267,000	\$276,479,860
89	GEOGRAPHIC MANAGED CARE	\$3,707,278,000	\$1,046,531,360	\$3,648,659,000	\$1,143,355,070	(\$58,619,000)	\$96,823,710
94	REGIONAL MODEL	\$1,189,296,000	\$349,760,520	\$1,212,883,000	\$379,661,330	\$23,587,000	\$29,900,810
95	PACE (Other M/C)	\$507,561,000	\$225,014,500	\$509,658,000	\$257,829,000	\$2,097,000	\$32,814,500
97	DENTAL MANAGED CARE (Other M/C)	\$114,161,000	\$42,219,980	\$123,429,000	\$45,874,990	\$9,268,000	\$3,655,010
98	SENIOR CARE ACTION NETWORK (Other M/C)	\$52,098,000	\$26,049,000	\$41,482,000	\$20,741,000	(\$10,616,000)	(\$5,308,000)

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>MANAGED CARE</u>						
100	AIDS HEALTHCARE CENTERS (Other M/C)	\$17,090,000	\$8,545,000	\$17,325,000	\$8,662,500	\$235,000	\$117,500
102	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$3,056,000	\$1,528,000	\$1,131,000	\$565,500	(\$1,925,000)	(\$962,500)
	MANAGED CARE SUBTOTAL	\$33,263,774,000	\$9,589,784,740	\$34,053,773,000	\$10,789,029,620	\$789,999,000	\$1,199,244,880
	<u>OTHER</u>						
165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,233,313,000	\$1,723,507,000	\$3,333,500,000	\$1,775,783,500	\$100,187,000	\$52,276,500
166	MEDICARE PAYMENTS - PART D PHASED- DOWN	\$2,095,567,000	\$2,095,567,000	\$2,157,906,000	\$2,157,906,000	\$62,339,000	\$62,339,000
167	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	\$1,779,095,000	\$0	\$1,836,141,000	\$0	\$57,046,000	\$0
168	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,796,201,000	\$0	\$1,895,965,000	\$0	\$99,764,000	\$0
169	DENTAL SERVICES	\$1,097,804,000	\$375,189,620	\$1,074,108,000	\$413,429,250	(\$23,696,000)	\$38,239,630
172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$175,445,000	\$0	\$155,445,000	\$0	(\$20,000,000)	\$0
173	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$222,014,000	\$0	\$209,741,000	\$0	(\$12,273,000)	\$0
175	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$40,990,000	\$20,495,000	\$45,515,000	\$22,055,500	\$4,525,000	\$1,560,500
176	MEDI-CAL TCM PROGRAM	\$45,447,000	\$306,000	\$35,254,000	\$0	(\$10,193,000)	(\$306,000)
177	EPSDT SCREENS	\$4,998,000	\$2,401,340	\$4,956,000	\$2,381,480	(\$42,000)	(\$19,860)
187	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,485,000	\$0	\$1,028,000	\$0	(\$457,000)	\$0
188	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,150,000	\$575,000	\$1,090,000	\$545,000	(\$60,000)	(\$30,000)
203	BASE RECOVERIES	(\$356,599,000)	(\$156,116,000)	(\$349,320,000)	(\$152,929,000)	\$7,279,000	\$3,187,000
208	LAWSUITS/CLAIMS	\$38,787,000	\$19,393,500	\$32,865,000	\$16,432,500	(\$5,922,000)	(\$2,961,000)
	OTHER SUBTOTAL	\$10,175,697,000	\$4,081,318,460	\$10,434,194,000	\$4,235,604,230	\$258,497,000	\$154,285,770
	GRAND TOTAL	\$46,545,158,000	\$13,710,623,000	\$47,625,689,000	\$15,088,880,140	\$1,080,531,000	\$1,378,257,140

MEDI-CAL PROGRAM BASE POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>ELIGIBILITY</u>
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
6	MEDI-CAL ACCESS PROGRAM INFANTS 266-322% FPL
	<u>DRUG MEDI-CAL</u>
57	NARCOTIC TREATMENT PROGRAM
58	OUTPATIENT DRUG FREE TREATMENT SERVICES
60	INTENSIVE OUTPATIENT TREATMENT SERVICES
62	RESIDENTIAL TREATMENT SERVICES
	<u>MENTAL HEALTH</u>
63	SMHS FOR ADULTS
64	SMHS FOR CHILDREN
	<u>MANAGED CARE</u>
87	TWO PLAN MODEL
88	COUNTY ORGANIZED HEALTH SYSTEMS
89	GEOGRAPHIC MANAGED CARE
94	REGIONAL MODEL
95	PACE (OTHER M/C)
97	DENTAL MANAGED CARE (OTHER M/C)
98	SENIOR CARE ACTION NETWORK (OTHER M/C)
100	AIDS HEALTHCARE CENTERS (OTHER M/C)
102	FAMILY MOSAIC CAPITATED CASE MGMT. (OTH. M/C)
	<u>OTHER</u>
165	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS
166	MEDICARE PAYMENTS - PART D PHASED-DOWN
167	HOME & COMMUNITY-BASED SVCS.-CDDS (MISC.)
168	PERSONAL CARE SERVICES (MISC. SVCS.)
169	DENTAL SERVICES
172	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC
173	TARGETED CASE MGMT. SVCS. - CDDS (MISC. SVCS.)
175	WAIVER PERSONAL CARE SERVICES (MISC. SVCS.)
176	MEDI-CAL TCM PROGRAM
177	EPSDT SCREENS
187	CLPP CASE MANAGEMENT SERVICES (MISC. SVCS.)
188	HIPP PREMIUM PAYOUTS (MISC. SVCS.)

**MEDI-CAL PROGRAM BASE
POLICY CHANGE INDEX**

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>OTHER</u>
203	BASE RECOVERIES
208	LAWSUITS/CLAIMS

TWO PLAN MODEL

BASE POLICY CHANGE NUMBER: 87
 IMPLEMENTATION DATE: 7/2000
 ANALYST: Andrew Yoo
 FISCAL REFERENCE NUMBER: 56

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$19,903,403,000	\$20,309,108,000
- STATE FUNDS	\$6,160,217,280	\$6,415,941,270
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$19,903,403,000	\$20,309,108,000
STATE FUNDS	\$6,160,217,280	\$6,415,941,270
FEDERAL FUNDS	\$13,743,185,720	\$13,893,166,730

DESCRIPTION

Purpose:

This policy change estimates the managed care capitation costs for the Two-Plan model.

Authority:

Welfare & Institutions Code 14087.3
 AB 120 (Chapter 22, Statutes of 2017)

Interdependent Policy Changes:

PC 107 Capitated Rate Adjustment for FY 2018-19

Background:

Under the Two-Plan model, each designated county has two managed care plans, a local initiative and a commercial plan, which provide medically necessary services to Medi-Cal beneficiaries residing within the county. There are 14 counties in the Two Plan Model: Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare.

In addition to the changes specified above, another change is the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for new growth in expenditures as compared to the 2016 Budget Act for this policy change. Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increases by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

TWO PLAN MODEL

BASE POLICY CHANGE NUMBER: 87

Reason for Change:

The change from the prior estimate, for FY 2017-18, is a decrease due to:

- Lower Hepatitis C costs due to lower than previously expected utilization growth and costs, and
- Incorporating FY 2017-18 weighted final rates.

The change from the prior estimate, for FY 2018-19, is a decrease due to:

- Lower Hepatitis C costs due to lower than previously expected utilization growth and costs, and
- Incorporating FY 2018-19 weighted draft rates.

The change from FY 2017-18 to FY 2018-19, is an increase in the current estimate due to higher eligible months.

Methodology:

1. Capitation rates are rebased annually. Federal rules require that the rates be developed according to generally accepted actuarial principles and must be certified by an actuary as actuarially sound in order to ensure federal financial participation. The rates are implemented based on the rate year of the managed care model types. The rebasing process includes refreshed data and adjustments to trends.
2. FY 2017-18 final weighted rates have been updated from the previous estimate. FY 2018-19 draft weighted rates are budgeted in FY 2018-19.
3. Services provided through the shift of non-specialty mental health into managed care are included in the rates. Costs of \$299,473,000 for FY 2017-18 and \$269,000,000 for FY 2018-19 were included in the rates.
4. The savings from AB 97 are included in the rates. Savings of \$264,479,000 for FY 2017-18 and \$241,000,000 for FY 2018-19 were included in the rates.
5. Services provided through the LA Mobile Vision Pilot Project are included in the base rates.
6. Acupuncture services are included in the rates as of July 1, 2016.
7. Indian Health Services were removed from the base rates as of January 1, 2018.
8. Non-Medical Transportation (NMT) for covered Managed Care services are included in the base rate as of July 1, 2017. NMT for non-covered Managed Care services are included in the base rate as of October 1, 2017.
9. Capitation rate increases due to the MCO Enrollment Tax are initially paid from the General Fund (GF). The GF is then reimbursed in arrears through a funding adjustment from the tax fund on a quarterly basis. The reimbursement is budgeted in the MCO Enrollment Tax Mgd. Care Plans - Funding Adjustment policy changes.
10. The Department receives federal reimbursement of 90% for family planning services.
11. Costs for the Optional Targeted Low Income Children Program (OTLICP) are budgeted in the managed care model policy changes. Beginning October 1, 2015, a FMAP of 88/12 was budgeted for OTLICP.

TWO PLAN MODEL

BASE POLICY CHANGE NUMBER: 87

12. Of the nonfederal share for this policy change in FY 2017-18, \$510.0 million in new growth as compared to the 2016 Budget Act will be funded with Proposition 56 revenue. Of the nonfederal share for this policy change in FY 2018-19, \$217.7 million in new growth as compared to the 2016 Budget Act will be funded with Proposition 56 revenue.

13. Two Plan Model costs on an accrual basis are:

(Dollars in Thousands)

FY 2017-18	Eligible Months	Total
Alameda	3,930,698	\$1,010,962
Contra Costa	2,534,266	\$655,561
Kern	3,901,548	\$824,074
Los Angeles	36,761,898	\$8,636,619
Riverside	8,305,274	\$1,895,512
San Bernardino	8,428,711	\$1,928,526
San Francisco	1,848,784	\$568,920
San Joaquin	2,901,679	\$660,530
Santa Clara	3,998,928	\$922,295
Stanislaus	2,445,649	\$614,616
Tulare	2,506,426	\$478,104
Fresno	4,933,829	\$1,173,203
Kings	569,511	\$115,804
Madera	669,969	\$137,800
Total	83,737,169	\$19,622,526
Hepatitis C Adjustment		\$319,191
Total FY 2017-18		\$19,941,717

(Dollars in Thousands)

Included in the Above Dollars	FY 2017-18
Mental Health	\$299,473
AB 97	(\$264,479)

TWO PLAN MODEL

BASE POLICY CHANGE NUMBER: 87

(Dollars in Thousands)

FY 2018-19	Eligible Months	Total
Alameda	3,921,701	\$1,055,754
Contra Costa	2,539,119	\$687,058
Kern	3,927,974	\$876,010
Los Angeles	36,981,049	\$8,881,699
Riverside	8,331,648	\$1,959,373
San Bernardino	8,431,053	\$1,997,729
San Francisco	1,848,245	\$598,963
San Joaquin	2,901,806	\$667,361
Santa Clara	3,987,181	\$902,278
Stanislaus	2,457,874	\$622,194
Tulare	2,510,528	\$452,671
Fresno	4,958,410	\$1,140,092
Kings	574,421	\$117,225
Madera	672,976	\$129,623
Total	84,043,987	\$20,088,030
Hepatitis C Adjustment		\$254,477
Total FY 2018-19		\$20,342,507

(Dollars in Thousands)

Included in the Above Dollars	FY 2018-19
Mental Health	\$269,000
AB 97	(\$241,000)

TWO PLAN MODEL

BASE POLICY CHANGE NUMBER: 87

Funding: The dollars below account for a one month payment deferral:

(Dollars in Thousands)

FY 2017-18	TF	GF	FF	SF
Title XIX 50/50	\$10,194,370	\$5,097,185	\$5,097,185	\$0
State GF	\$32,923	\$32,923	\$0	\$0
ACA 94/6 GF	\$3,245,239	\$194,714	\$3,050,525	\$0
ACA 95/5 GF	\$4,589,152	\$229,458	\$4,359,694	\$0
Family Planning 90/10 GF	\$133,447	\$13,345	\$120,103	\$0
Title XXI 88/12 GF	\$688,272	\$82,593	\$605,679	\$0
Healthcare Treatment Fund	\$510,000	\$0	\$0	\$510,000
Title XIX 100%	\$510,000	\$0	\$510,000	\$0
Total	\$19,903,403	\$5,650,218	\$13,743,186	\$510,000

(Dollars in Thousands)

FY 2018-19	TF	GF	FF	SF
Title XIX 50/50	\$11,110,284	\$5,555,142	\$5,555,142	\$0
State GF	\$40,110	\$40,110	\$0	\$0
ACA 93/7 GF	\$3,290,013	\$230,301	\$3,059,712	\$0
ACA 94/6 GF	\$4,597,064	\$275,824	\$4,321,240	\$0
Family Planning 90/10 GF	\$133,018	\$13,302	\$119,716	\$0
Title XXI 88/12 GF	\$696,206	\$83,545	\$612,661	\$0
Healthcare Treatment Fund	\$217,718	\$0	\$0	\$217,718
Title XIX 100%	\$224,695	\$0	\$224,695	\$0
Total	\$20,309,108	\$6,198,224	\$13,893,166	\$217,718

PACE (Other M/C)

BASE POLICY CHANGE NUMBER: 95
 IMPLEMENTATION DATE: 7/1992
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 62

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$507,561,000	\$509,658,000
- STATE FUNDS	\$253,780,500	\$257,829,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$507,561,000	\$509,658,000
STATE FUNDS	\$253,780,500	\$257,829,000
FEDERAL FUNDS	\$253,780,500	\$251,829,000

DESCRIPTION

Purpose:

This policy change estimates the capitation payments under the Program of All-Inclusive Care for the Elderly (PACE).

Authority:

Welfare & Institutions Code 14591-14594
 Balanced Budget Act of 1997 (BBA)
 SB 870 (Chapter 40, Statutes 2014)
 SB 840 (Chapter 29, Statutes 2018)

Interdependent Policy Changes:

Not Applicable

Background:

The PACE program is a capitated benefit that provides a comprehensive medical/social delivery system. Services are provided in a PACE center to older adults who would otherwise reside in nursing facilities. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by the Department, and be able to live safely in their home or community at the time of enrollment. PACE providers assume full financial risk for participants' care without limits on amount, duration, or scope of services.

The Department currently has eleven contracts with PACE Organizations for risk-based capitated lifetime care for the frail elderly. PACE rates are based upon Medi-Cal fee-for-service (FFS) expenditures for comparable populations and by law must be set at no less than 95% of the FFS Upper Payment Limits (UPL), pursuant to SB 870.

The Department worked with PACE Organizations to support passage of the PACE Modernization Act through the FY 2016-17 budget, authorizing changes to current law to transition from a FFS based methodology to a PACE experience based rate methodology. The Department has engaged a rate workgroup with the PACE Organizations, the California PACE Association, and their contracted actuaries to revise the existing UPL methodology and develop the new experience-based rate

PACE (Other M/C)

BASE POLICY CHANGE NUMBER: 95

methodology. The legislation requires that the effective date for implementation of the new rate methodology will be no sooner than July 1, 2017. The Department anticipates the implementation of the new rate methodology to occur January 1, 2018. PACE rates are set on a calendar year basis to coincide with the time period of the contracts.

Below is a list of PACE organizations:

PACE Organization	County	Operational
On Lok Lifeways	San Francisco	November 1, 1983
	Alameda	July 1, 2002
	Santa Clara	January 1, 2009
Centers for Elders' Independence	Alameda	June 1, 1992
	Contra Costa	June 1, 1992
Sutter Senior Care	Sacramento	August 1, 1992
AltaMed Senior BuenaCare	Los Angeles	January 1, 1996
St. Paul's PACE	San Diego	February 1, 2008
Los Angeles Jewish Home	Los Angeles	February 1, 2013
CalOptima PACE	Orange	September 1, 2013
InnovAge	San Bernardino	April 1, 2014
	Riverside	April 1, 2014
Central Valley Medical Svs.	Fresno	August 1, 2014
Redwood Coast	Humboldt	September 1, 2014
San Ysidro	San Diego	April 1, 2015
Stockton PACE	San Joaquin	July 1, 2018
	Stanislaus	July 1, 2018
Gary & MarcyWest	San Diego	February 1, 2019

Reason for Change:

The change from the prior estimate, for FY 2017-18, is a decrease due to the redetermination of rates using experienced-based data for rates from January through December 2018. The change from the prior estimate, for FY 2018-19, is an increase due to a 2018 rate repayment. The change from FY 2017-18 to FY 2018-19, is a net increase due to additional Proposition 56 funding.

Methodology:

1. Assume the January 2017 through December 2017 rates are calculated using the existing comparable population FFS Amount That Would Have Otherwise Been Paid (AWOP) methodology.
2. Assume the January 2018 through December 2018 rates are calculated using plan specific experienced-based data to build actuarially sound prospective rates.
3. FY 2017-18 and FY 2018-19 estimated funding is based on pending CMS approval of calendar year (CY) 2017 rates and projected CY 2018 and CY 2019 rates.
4. Assume enrollment will increase based on past enrollment in PACE organizations by county and plan and the impact of the CCI demonstration as experienced to date.
5. The Department worked with PACE Organizations to support legislation authorizing changes to current law to transition from an AWOP-based methodology to an actuarially sound

PACE (Other M/C)

BASE POLICY CHANGE NUMBER: 95

experienced-based methodology. The legislation requires that the effective date for implementation of the new rate methodology will be no sooner than July 1, 2017. The Department anticipates the implementation of the new rate methodology to occur retroactive to January 1, 2018, based upon CMS approval.

6. The Department received CMS approval of contract amendments implementing 2016 rates in March 2017, retroactive to January 2016. This resulted in an adjustment of \$42,424,000 for the increase of Non-dual and Dual rates that were paid at 2016 PACE rates from January 2016 to September 2017. The adjustment occurred during the October 2017 capitation cycle.
7. The Department submitted CY 2017 rates to CMS on January 31, 2018 with a projected approval date by CMS in March 2018, retroactive to January 2017. This will result in an adjustment of approximately \$20,863,000 to the PACE plans. The adjustment is expected to occur during the May 2018 capitation cycle.
8. The Department plans to submit CY 2018 rates to CMS in April 2018 with a projected approval date by CMS in July 2018, retroactive to January 2018. This will result in an adjustment of approximately \$12,057,000 to the PACE plans. The adjustment is expected to occur during the September 2018 capitation cycle.
9. Of the non-federal share for this policy change in FY 2017-18, \$28.8 million in new growth as compared to the 2016 Budget Act will be funded with Proposition 56 revenue.
10. FY 2018-19 includes \$6 million Proposition 56 revenue for qualifying organizations as determined by Department-developed criteria. This criteria shall include, but are not limited to, administrative and licensing delays or the need for one-time funds while new rate methodologies are implemented.

FY 2017-18	TF Cost (Rounded)	Eligible Months	Avg. Monthly Enrollment
Centers for Elders' Independence (Alameda and Contra Costa)	\$45,673,000	8,403	700
Sutter Senior Care	\$15,979,000	3,348	279
AltaMed Senior BuenaCare	\$141,853,000	28,968	2,414
OnLok (SF, Alameda and Santa Clara)	\$102,088,000	17,147	1,429
St. Paul's PACE	\$39,000,000	8,200	683
Los Angeles Jewish Homes	\$12,254,000	2,633	219
CalOptima PACE	\$15,464,000	2,921	243
InnovAge (San Bernardino and Riverside)	\$26,061,000	5,196	433
Redwood Coast	\$7,177,000	1,620	135
Central Valley Medical Services	\$23,131,000	4,626	386
San Ysidro San Diego	\$15,594,000	2,995	250
Total Capitation Payments	\$444,274,000	86,057	7,171
2016 Rate Adjustment	\$42,424,000		
2017 Rate Adjustment	\$20,863,000		
Total FY 2017-18	\$507,561,000		

*Totals may differ due to rounding.

PACE (Other M/C)

BASE POLICY CHANGE NUMBER: 95

FY 2018-19	TF Cost (Rounded)	Eligible Months	Avg. Monthly Enrollment
Centers for Elders' Independence (Alameda and Contra Costa)	\$47,269,000	8,370	698
Sutter Senior Care	\$17,126,000	3,415	285
AltaMed Senior BuenaCare	\$152,048,000	30,059	2,505
OnLok (SF, Alameda and Santa Clara)	\$108,411,000	17,172	1,431
St. Paul's PACE	\$43,075,000	8,851	738
Los Angeles Jewish Homes	\$13,318,000	2,655	221
CalOptima PACE	\$21,205,000	3,755	313
InnovAge (San Bernardino and Riverside)	\$27,296,000	5,131	428
Redwood Coast	\$7,994,000	1,703	142
Central Valley Medical Services	\$25,028,000	4,837	403
San Ysidro San Diego	\$21,968,000	3,906	326
Stockton PACE (San Joaquin and Stanislaus)	\$6,624,000	1,248	104
Gary & Mary West	\$239,000	44	9
Total Capitation Payments	\$491,601,000	91,146	7,603
2018 Rate Adjustment	\$12,057,000		
Prop 56 Funding	\$6,000,000		
Total FY 2018-19	\$509,658,000		

*Totals may differ due to rounding.

Funding:

FY 2017-18: 50% Title XIX / 50% GF (4260-101-0001/0890)	\$450,029,000
Healthcare Treatment Fund (4260-101-3305)	\$ 28,766,000
Title XIX 100% FFP (4260-101-0890)	\$ 28,766,000
FY 2018-19: 50% Title XIX / 50% GF (4260-101-0001/0890)	\$503,658,000
Healthcare Treatment Fund (4260-101-3305)	\$6,000,000

WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)

BASE POLICY CHANGE NUMBER: 175
 IMPLEMENTATION DATE: 4/2000
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 32

	FY 2017-18	FY 2018-19
FULL YEAR COST - TOTAL FUNDS	\$40,990,000	\$45,515,000
- STATE FUNDS	\$20,495,000	\$22,055,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$40,990,000	\$45,515,000
STATE FUNDS	\$20,495,000	\$22,055,500
FEDERAL FUNDS	\$20,495,000	\$23,459,500

DESCRIPTION

Purpose:

This policy change estimates the costs associated with adding personal care services (PCS) to the Home and Community-Based Alternatives (HCBA) and In Home Operations (IHO) Waivers.

Authority:

AB 668 (Chapter 896, Statutes of 1998)
 Interagency Agreement (IA) 03-75898
 AB 1811 (Chapter 35, Statutes of 2018)

Interdependent Policy Changes:

PC 34 California Community Transitions (CCT) Costs

Background:

AB 668 authorized additional hours on behalf of eligible PCS program recipients if they needed more than the monthly hours allowed under the In-Home Supportive Services Program (IHSS) and qualified for the Medi-Cal Skilled NF Level of Care Home and Community Based Services (HCBS) Waiver program. NF Level A/B, NF Subacute (SA), and In-Home Medical Care Waivers were merged into two waivers called the HCBA Waiver and the In-Home Operations (IHO) Waiver. These waivers provide HCBS to Medi-Cal eligible waiver participants using specific Level Of Care (LOC) criteria. Waiver Personal Care Services (WPCS) under these two waivers include services that differ from those in the State Plan which allow beneficiaries to remain at home. Although there is no longer a requirement that waiver consumers receive a maximum of 283 hours of IHSS prior to receiving WPCS, waiver consumers must first utilize authorized State Plan IHSS hours prior to accessing this waiver service. These services are provided by the counties' IHSS program providers and paid via an IA with the Department or will be provided by home health agencies and other qualified HCBS waiver provider types paid via the Medi-Cal fiscal intermediary.

AB 10 set the minimum wage in California to \$10.00 an hour after January 1, 2016. SB 3 requires the Department to create a schedule for a phased increase in the minimum wage from \$10.50 per hour to \$15.00 per hour by January 1, 2022, or January 1, 2023, depending on the size of the employer and general economic conditions, and link the minimum wage to the U.S. Consumer Price Index (CPI)

WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)

BASE POLICY CHANGE NUMBER: 175

once the minimum wage reaches \$15.00 per hour. Beginning January 1, 2017, the minimum wage increased from \$10.00 to \$10.50 per hour for providers living in counties that pay below \$10.50 per hour. Beginning January 1, 2018, the minimum wage increased from \$10.50 to \$11.00 per hour. Beginning January 1, 2019, the minimum wage will increase from \$11.00 to \$12.00 per hour.

Beginning FY 2018-19, the county, or the public authority or nonprofit consortium, as defined, deems to be the employer to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment of individuals providing WPCS. For service dates on or after the effective date of federal approval obtained by the Department, wages, benefits, and all other terms and conditions of employment for individuals providing WPCS would require to be equal to the wages, benefits, and other terms and conditions of employment in the respective county for the individual provider mode of services in the IHSS program. If eligibility for benefits requires a provider to work a threshold number of hours, eligibility would be required to be determined based on the aggregate number of monthly hours worked between IHSS and WPCS.

Reason for Change:

The change from the prior estimate, for FY 2017-18 and FY 2018-19, is a decrease based on actual expenditures from January through June 2017. The additional six months of actual data decreased the average monthly hours projected for both fiscal years. The change from FY 2017-18 to FY 2018-19, in the current estimate, is an increase due to anticipated minimum wage increases each year through 2022 and a slight increase in projected hours in the HCBA waiver and the additional cost of WPCS parity.

Methodology:

1. Assume the number of current HCBA waiver beneficiaries using WPCS is estimated to increase by an average of four per month in FY 2017-18 and FY 2018-19.
2. Assume the number of current IHO beneficiaries using WPCS is estimated to increase by an average of one per month in FY 2017-18 and FY 2018-19.
3. The Department's CCT Demonstration Project transferred 397 beneficiaries in FY 2016-17. The CCT Demonstration Project expects to transition 498 beneficiaries out of inpatient extended health care facilities in FY 2017-18 and 219 in FY 2018-19. Based on actual data from July 2015 through June 2016, the Department assumes 3% of CCT beneficiaries will use WPCS in FY 2017-18 and assumes 5% of CCT beneficiaries will use WPCS in FY 2018-19.
4. The average cost/hour is \$11.27 for FY 2017-18 and \$11.49 FY 2018-19.
5. The chart below displays the estimate on an accrual basis.

FY 2017-18	Total Hours	Cost/Hour	TF	GF	FF
HCBA Waiver	3,430,770	\$11.27	\$38,665,000	\$19,333,000	\$19,332,000
IHO Waiver	142,916	\$11.27	\$1,611,000	\$805,000	\$806,000
Total			\$40,276,000	\$20,138,000	\$20,138,000

FY 2018-19	Total Hours	Cost/Hour	TF	GF	FF
HCBA Waiver	3,469,159	\$11.49	\$39,861,000	\$19,931,000	\$19,930,000
IHO Waiver	142,916	\$11.49	\$1,642,000	\$821,000	\$821,000
Total			\$41,503,000	\$20,752,000	\$20,751,000

WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)

BASE POLICY CHANGE NUMBER: 175

6. The chart below is adjusted on a cash basis. Costs include WPCS parity for FY 2018-19.

(Dollars in Thousands)	TF	GF	FF
FY 2017-18	\$40,990	\$20,495	\$20,495
FY 2018-19	\$41,299	\$20,650	\$20,649
WPCS Parity	\$4,216	\$1,406	\$2,810
FY 2018-19 Total	\$45,515	\$22,056	\$23,459

Funding:

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

100% State GF

Title XIX 100% FF

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BREAST AND CERVICAL CANCER TREATMENT

REGULAR POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 1/2002
ANALYST: Shannon Hoerner
FISCAL REFERENCE NUMBER: 3

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$63,458,000	\$72,314,000
- STATE FUNDS	\$38,027,200	\$46,500,100
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$63,458,000	\$72,314,000
STATE FUNDS	\$38,027,200	\$46,500,100
FEDERAL FUNDS	\$25,430,800	\$25,813,900

DESCRIPTION

Purpose:

This policy change estimates the fee-for-service (FFS) costs of the Breast and Cervical Cancer Treatment Program (BCCTP).

Authority:

AB 430 (Chapter 171, Statutes of 2001)
 AB 1810 (Chapter 34, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

AB 430 authorized the BCCTP effective January 1, 2002, for individuals at or below 200% of the federal poverty level. Enhanced Title XIX Medicaid funds (65% FFP/35% GF) may be claimed under the federal Medicaid Breast and Cervical Cancer Treatment Act of 2000 (P.L. 106-354) for cancer treatment and full scope Medi-Cal benefits for individuals under 65 years of age who are citizens or legal immigrants with no other health coverage.

A State-Only program covers women 65 years of age or older regardless of immigration status, individuals who are underinsured, undocumented women, and males for breast cancer treatment only. In FY 2017-18 the coverage term is 18 months for breast cancer and 24 months for cervical cancer, however, coverage limits are removed through AB 1810 beginning in FY 2018-19. Estimated State-Only costs include undocumented individuals' non-emergency services during cancer treatment. With the implementation of the Affordable Care Act (ACA) in January 2014, some BCCTP beneficiaries now have other coverage options available through Covered California and the Individual Insurance Market.

Beneficiaries are screened through Every Woman Counts and Family Planning, Access, Care, and Treatment (Family PACT) providers.

Reason for Change:

The change from the prior estimate, for FY 2017-18, is a decrease due to a decrease in eligibles, and

BREAST AND CERVICAL CANCER TREATMENT**REGULAR POLICY CHANGE NUMBER: 2**

an increase for FY 2018-19 due to the removal of coverage limits in AB 1810. The change from FY 2017-18 to FY 2018-19, in the current estimate, is an increase due to updated expenditure data from July 2017 through December 2017, predicting a slight increase in expenditures, and the removal of coverage limits in FY 2018-19.

Methodology:

1. There were 4,191 FFS and 1,893 managed care eligibles as of October 2017 (total of 6,084). 2,143 of the FFS eligibles were eligible for State-Only services.
2. 149 of the FFS eligibles were in accelerated enrollment as of October 2017.
3. Assume the State will pay Medicare and other health coverage premiums for an average of 482 beneficiaries monthly in FY 2017-18 and FY 2018-19. Assume an average monthly premium cost per beneficiary of \$149.61.
 FY 2017-18: $482 \times \$149.61 \times 12 \text{ months} = \$865,000$ TF (\$865,000 GF)
 FY 2018-19: $482 \times \$149.61 \times 12 \text{ months} = \$865,000$ TF (\$865,000 GF)
4. Assume 45% of eligibles will require a third year of treatment, and 20% of those eligibles will require a fourth year of treatment.
5. FFS costs are estimated as follows:
 (Dollars in Thousands)

FFS Costs	FY 2017-18		FY 2018-19	
	TF	GF	TF	GF
Full Scope Costs	\$39,494	\$14,063	\$40,094	\$14,280
State-Only Services	\$23,099	\$23,099	\$31,355	\$31,355
State-Only Premiums	\$865	\$865	\$865	\$865
Total	\$63,458	\$38,027	\$72,314	\$46,500

6. Managed Care costs associated with the BCCTP are budgeted in the Two-Plan, County Organized Health Systems, Geographic Managed Care, and Regional Model policy changes.
7. In FY 2017-18, AB 1795 increases State-Only BCCTP coverage necessary for the treatment of breast/cervical cancer recurrences with coverage limits of 18 to 24 months.
8. In FY 2018-19, AB 1810 removed the coverage limits for State-Only BCCTP.

Funding:

(Dollars in Thousands)

FY 2017-18	TF	GF	FF
General Fund 4260-101-001	\$ 23,964	\$ 23,964	\$ -
50 Title XIX FFP / 50 GF (4260-101-0001/0890)	\$ 1,602	\$ 801	\$ 801
Title XIX 65/35 FFP4260-101-0001/0890	\$ 37,892	\$ 13,262	\$ 24,630
Total	\$ 63,458	\$ 38,027	\$ 25,431

FY 2018-19	TF	GF	FF
General Fund 4260-101-001	\$ 32,220	\$ 32,220	\$ -
50 Title XIX FFP / 50 GF (4260-101-0001/0890)	\$ 1,648	\$ 824	\$ 824
Title XIX 65/35 FFP4260-101-0001/0890	\$ 38,446	\$ 13,456	\$ 24,990
Total	\$ 72,314	\$ 46,500	\$ 25,814

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123
 IMPLEMENTATION DATE: 8/2007
 ANALYST: Sharisse DeLeon
 FISCAL REFERENCE NUMBER: 1046

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$22,316,000	\$36,066,000
- STATE FUNDS	\$11,158,000	\$18,033,000
 PAYMENT LAG	 0.9380	 1.0000
% REFLECTED IN BASE	80.36 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$4,111,100	\$36,066,000
STATE FUNDS	\$2,055,560	\$18,033,000
FEDERAL FUNDS	\$2,055,560	\$18,033,000

DESCRIPTION

Purpose:

This policy change estimates the annual long-term care (LTC) rate adjustment for Nursing Facility-As (NF-A), Distinct Part (DP) Nursing Facility-Bs (DP/NF-Bs), Rural Swing Beds, DP Adult Subacute, DP Pediatric Subacute, Freestanding Pediatric Subacute, Intermediate Care Facility – Developmentally Disabled (ICF/DD), Intermediate Care Facility – Habilitative (ICF/DD-H), and Intermediate Care Facility – Nursing (ICF/DD-N) facilities. Additionally, it estimates the rate increases due to the assessment of Quality Assurance (QA) fees for ICF-DDs and Freestanding (FS) Pediatric Subacute facilities. It also estimates the additional reimbursement for the projected Medi-Cal costs of complying with new State or federal mandates, referred to as “add-ons.”

Authority:

ABX4 5 (Chapter 5, Statutes of 2009)
 AB 97 (Chapter 3, Statutes of 2011)
 ABX1 19 (Chapter 4, Statutes of 2011)
 SB 239 (Chapter 657, Statutes of 2013)
 AB 119 (Chapter 17, Statutes of 2015)
 ABX2 1 (Chapter 3, Statutes of 2016)
 SB 3 (Chapter 4, Statutes of 2016)
 SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

PC 197 Funding Adjust. – ACA Opt. Expansion
 PC 191 Funding Adjust. – OTLICP

Background:

Pursuant to the State Plan requirements, Medi-Cal rates for LTC facilities are adjusted after completion of an annual rate study.

ABX4 5 froze rates for rate year 2009-10 and every year thereafter at the 2008-09 levels. On February 24, 2010, in the case of *CHA v. David Maxwell-Jolly*, the court enjoined the Department from

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123

continuing to implement the freeze in reimbursement at the 2008-09 rate levels for DP/NF-Bs, Rural Swing Beds, DP Adult Subacute, and DP Pediatric Subacute facilities.

Effective June 1, 2011, AB 97 required the Department to freeze rates and reduce payments by up to 10% for the facilities enjoined from the original rate freeze, which was required by ABX4 5. In addition, AB 97 extends this requirement to the other LTC facility types. The Department received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a rate freeze on NF-As and DP/NF-Bs and to reduce the payments by 10%.

As a result of AB 97, the Department revised the reimbursement rate methodology for the ICF/DD, ICF/DD-H, and ICF/DD-N providers. Each rate year, individual provider costs are rebased using cost data applicable for the rate year. Each ICF/DD, ICF/DD-H, and ICF/DD-N provider will receive the lower of its projected costs plus 5% or the 65th percentile established in 2008-2009, with none receiving a rate no lower than 90% of the 2008-2009 65th percentile.

CMS also approved the rate freeze on the Rural Swing Bed rate. However, due to access concerns, payments applicable to the Rural Swing Bed rates will not be reduced.

Effective September 1, 2013, Rural Swing Beds in DP/NF-B facilities located in designated rural and frontier areas are exempted from the rate freeze.

The Department also received CMS approval to exempt DP Adult Subacute and DP Pediatric Subacute facilities from the rate freeze based on access and utilization analyses.

The California Hospital Association (CHA) filed a lawsuit challenging the 10% payment reduction and rate freeze at the 2008-2009 levels, required by AB 97, with respect to DP/NF-Bs facilities. On December 28, 2011, the federal court issued a preliminary injunction.

On June 25, 2013, the United States Court of Appeals for the Ninth Circuit vacated the injunctions. As a result, the Department was to implement the AB 97 payment reductions and rate freezes retroactive to June 1, 2011. On December 20, 2013, CMS approved the Department's request to exempt:

- DP/NF-B facilities located in rural and frontier areas from the rate freeze at the 2008-09 levels and the 10% payment reduction, effective September 1, 2013, and
- Non rural and frontier DP/NF-B facilities from the rate freeze at the 2008-09 levels and 10% payment reduction, effective October 1, 2013.

Effective August 1, 2016, ABX2 1 requires the Department to forgo the AB 97 retroactive recoupment for the rate reduction and rate freeze that would have been applied to the reimbursement for services provided by DP/NF-Bs between June 1, 2011 and September 30, 2013. Additionally, effective August 1, 2016, ABX2 1 requires the Department to reimburse ICF/DD facilities at the 2008-09 levels, increased by 3.7%, for which the Department obtained CMS approval on July 5, 2016.

This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for supplemental payments to FS Pediatric Subacute Facilities.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123

Pursuant to SB 856, the Department shall develop the structure and parameters for supplemental payments to be made for FS Pediatric Subacute facilities for 2018-19.

Reason for Change:

The change from the prior estimate, for FY 2017-18, is due to:

- Revised FFS utilization based on data through January 2018,
- RY 2017-18 rates were finalized, and updated,
- Updated RY 2017-18 add-ons,
- Delays in the RY 2017-18 prospective implementation dates, and
- RY 2017-18 retroactive Erroneous Payment Correction (EPC) implementation dates for the DP Pediatric Subacute and FS Pediatric Subacute facilities, are now budgeted in FY 2018-19.

The change from the prior estimate, for FY 2018-19, is due to:

- Revised FFS utilization based on data through January 2018,
- Updated FY 2018-19 rates based on applying inflation factors in rate development,
- Updated RY 2018-19 add-ons,
- RY 2018-19 retroactive EPC implementation dates for more LTC facilities are now budgeted in FY 2018-19, and
- Including supplemental payments for FS Pediatric Subacute facilities through Proposition 56 funds.

The change from FY 2017-18 to FY 2018-19, in the current estimate, is an increase due to including:

- A full year of the RY 2017-18 rate adjustments in FY 2018-19,
- Eight months of RY 2018-19 rate adjustments for DP/NF-Bs, Rural Swing Beds, DP Adult Subacute, NF-As, and ICF/DDs in FY 2018-19,
- Ten months of the RY 2018-19 rate adjustments for DP Pediatric Subacute and FS Pediatric Subacute facilities, and
- The inclusion of supplemental payments for FS Pediatric Subacute facilities.

Methodology:

1. The effective date for the rate adjustments is August 1st of each rate year. The RY 2017-18 and 2018-19 implementation dates are as follows:

Facility	Rate Year 2017-18	Rate Year 2018-19
DP/NF-B	12/26/2017	11/1/2018
Rural Swing Beds (non-exempt)	1/22/2018	11/1/2018
Rural Swing Beds (exempt)	1/22/2018	11/1/2018
DP Adult Subacute	12/26/2017	11/1/2018
NF-A	12/26/2017	11/1/2018
ICF/DDs	1/3/2018	11/1/2018
DP Pediatric Subacute	1/25/2018	9/1/2018
FS Pediatric Subacute	1/25/2018	9/1/2018

2. Payments in FY 2017-18 include retroactive payments for 2016-17 and 2017-18. Payments for FY 2018-19 include retroactive payments for 2017-18 and 2018-19.

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123

3. Add-ons reflect costs associated with new mandates that have yet to be captured within the audited cost reports used to compute facility specific reimbursement rates. These new mandated costs are negotiated on an annual basis and take two years to be reflected in the regular facility specific reimbursement rates, with the exception of DP Adult Subacute facilities, which take three years for add-ons to be reflected in their rates.
4. Assume add-ons remain in place for ongoing costs for providers' rates impacted by a rate freeze.
5. **DP Adult Subacute and DP Pediatric Subacute facilities:** These two facilities will not be subject to any rate reductions. The Department completed a "Monitoring Access to Medi-Cal Covered Services" study that determined reducing or freezing reimbursement rates for these two facilities would negatively impact access to care. Therefore, the Department will be increasing reimbursement rates for these facility types under the "normal" rate setting process.
6. **DP/NF-B facilities:** Effective August 1, 2016, ABX2 1 requires the Department to forgo the AB 97 retroactive recoupment for the rate reduction and rate freeze that would have been applied to the reimbursement for services provided by DP/NF-Bs between June 1, 2011 and September 30, 2013. The repayment of federal funds for the lost savings is budgeted in the DP/NF-B Retroactive Recoupment Forgiveness policy change.
7. **Rural Swing Bed Rates:** The impact of the rate freeze and exemption for Rural Swing Beds in DP/NF-B facilities located in designated rural and frontier areas is captured in the FFS base trends.
8. **ICF/DD, ICF/DD-H, and ICF/DD-N facilities:** Effective August 1, 2016, ABX2 1 requires the Department to restore the AB 97 payment reduction and reimburse ICF/DDs at the 2008-09 rate levels, increased by 3.7%.

Restore AB 97	Increase 3.7%	Total
\$5,791,000	\$19,330,000	\$25,121,000

9. ABX1 19 requires FS Pediatric Subacute Care facilities to pay a QA fee (QAF) beginning January 1, 2012. Effective October 1, 2011, the QA fee cap is 6% of total gross revenues. The fee is used to draw down Federal Financial Participation (FFP) and fund rate increases.
10. AB 119 extends the FS Pediatric Subacute Facilities QAF sunset from July 31, 2015 to July 31, 2020.
11. SB 856 provides \$8,000,000 TF (\$4,000,000 SF) for supplemental payments for FS Pediatric Subacute facilities in RY 2018-19.
12. The estimated managed care rate adjustment impacts for rate year 2017-18 and rate year 2018-19 are included in the managed care capitation rates.

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13. The add-on descriptions are listed below:

Add-On	Rate Year 2017-18	Rate Year 2018-19
FUTA – 2015-16: Effective August 1, 2015, the FUTA add-on increases annually and provides LTC facilities FUTA tax credit.	\$0.05 - \$0.06	
FUTA – 2016-17: Effective August 1, 2016, the FUTA add-on increases annually and provides LTC facilities FUTA tax credit.	\$0.05 - \$0.06	
FUTA – 2017-18: Effective August 1, 2017, and ending in January 1, 2018, the FUTA add-on increases are prorated by 5 months and provides LTC facilities FUTA tax credit.	\$0.05 - \$0.06	
Minimum wage: Effective January 1, 2016, AB 10 (Chapter 351, Statutes of 2013) increases the minimum wage, to not less than \$10.00 per hour.	\$0.15 - \$7.73	\$0.35 - \$7.73
2015 ACA employer mandate: Effective January 1, 2015, the ACA Employer Mandate requires Skilled Nursing Facility employers to offer health care coverage to 70% of their full time employees in 2015 and 95% in 2016 and beyond.	\$0.11 - \$0.85	\$0.04 - \$0.85
2016 ACA employer mandate: Effective January 1, 2016, for facilities that became Applicable Large Employers, the ACA Employer Mandate requires Skilled Nursing Facility employers to offer health care coverage to 70% of their full time employees in 2016 and 95% in 2017 and beyond.	\$0.01 - \$0.03	\$0.01 - \$0.03
Paid sick leave: Effective July 1, 2015, AB 1522 (Chapter 317, Statutes of 2014) requires employers to provide employees paid sick days of no less than one hour for every 30 hours worked. Employees are limited to using 24 hours of sick leave during each year of employment.	\$1.72 - \$4.17	\$1.72 - \$4.17
ACA reporting requirements: Effective January 1, 2015, the United States Department of Health and Human Services issued regulations pursuant to the ACA, mandating new reporting requirements for monthly tracking of employee health insurance coverage.	\$0.17 - \$0.54	\$0.17 - \$0.54
Minimum wage: Effective January 1, 2017, SB 3 (Chapter 4, Statutes of 2016) increases the minimum wage to \$10.50 per hour for any employer who employs 26 or more employees.	\$0.17 - \$3.92	\$0.07 - \$3.92
Minimum wage: Effective January 1, 2018, SB 3 (Chapter 4, Statutes of 2016) increases the minimum wage to \$11.00 per hour for any employer who employs 26 or more employees.	\$0.66 - \$1.13	\$0.80 - \$1.94
Minimum wage: Effective January 1, 2019, SB 3 (Chapter 4, Statutes of 2016) increases the minimum wage to \$12.00 per hour for any employer who employs 26 or more employees.		\$1.07 - \$2.21
Payroll-Based Journal: Effective July 1, 2016, CMS requires facilities to submit direct care staffing information based on payroll data.	\$0.13 - \$0.26	\$0.13
Standards of Participation: Effective November 28, 2016, CMS required SNFs and NF-As to meet new health and safety standards in order to participate in the Medicare and Medicaid programs.	\$0.04	\$0.04

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123

14. The costs below reflect the incremental rate adjustments and add-ons for each facility type:

Fee-for-Service	FY 2017-18	FY 2018-19
Rate Adjustment (16-17)		
DP/NF-B	\$15,633,000	\$0
Rural Swing Beds (non-exempt)	(\$1,000)	\$0
Rural Swing Beds (exempt)	(\$161,000)	\$0
DP Adult Subacute	\$1,089,000	\$0
NF-A	(\$228,000)	\$0
DP Pediatric Subacute	\$387,000	\$0
FS Pediatric Subacute	(\$10,000)	\$0
Rate Adjustment (17-18)		
DP/NF-B	(\$220,000)	(\$441,000)
Rural Swing Beds (non-exempt)	\$1,000	\$2,000
Rural Swing Beds (exempt)	\$104,000	\$250,000
DP Adult Subacute	\$2,308,000	\$4,616,000
NF-A	\$29,000	\$57,000
ICF/DDs	\$3,079,000	\$6,159,000
DP Pediatric Subacute	\$144,000	\$345,000
FS Pediatric Subacute	\$1,000	\$2,000
Rate Adjustment (18-19)		
DP/NF-B	\$0	\$6,237,000
Rural Swing Beds (non-exempt)	\$0	\$3,000
Rural Swing Beds (exempt)	\$0	\$54,000
DP Adult Subacute	\$0	\$1,589,000
NF-A	\$0	\$98,000
ICF/DDs	\$0	\$3,645,000
DP Pediatric Subacute	\$0	\$311,000
FS Pediatric Subacute	\$0	\$52,000
Retro Rate Adjustments		
DP/NF-B	\$0	\$2,155,000
Rural Swing Beds (non-exempt)	\$0	\$1,000
Rural Swing Beds (exempt)	\$0	\$68,000
DP Adult Subacute	\$0	\$2,519,000
NF-A	\$0	\$28,000
ICF/DDs	\$0	\$2,943,000
DP Pediatric Subacute	\$161,000	\$204,000
FS Pediatric Subacute	\$0	\$6,000
Total FFS	\$22,316,000	\$30,903,000
Managed care	\$0	\$0
Sub-Total Cost	\$22,316,000	\$30,903,000
Sub-Total Lagged, After % in Base	\$4,111,000	\$28,066,000
Proposition 56 Supplemental Payments	\$0	\$8,000,000
Total Cost	\$4,111,000	\$36,066,000

LTC RATE ADJUSTMENT

REGULAR POLICY CHANGE NUMBER: 123

Funding:

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

Healthcare Treatment Fund Prop. 56 (4260-101-3305)

ACA Optional Expansion funding identified in PC 197 Funding Adjust. – ACA Opt. Expansion

OTLICP funding identified in PC 191 Funding Adjust. – OTLICP

PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 141
 IMPLEMENTATION DATE: 1/2018
 ANALYST: Sharisse DeLeon
 FISCAL REFERENCE NUMBER: 2048

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$355,918,000	\$1,250,000,000
- STATE FUNDS	\$110,768,000	\$500,000,000
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$355,918,000	\$1,250,000,000
STATE FUNDS	\$110,768,000	\$500,000,000
FEDERAL FUNDS	\$245,150,000	\$750,000,000

DESCRIPTION

Purpose:

This policy change estimates the expenditures related to providing supplemental payments for physician services.

Authority:

AB 120 (Chapter 22, Statutes of 2017)
 Title 42, Code of Federal Regulations (CFR) 447(f)
 State Plan Amendment (SPA) 17-030
 SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for supplemental payments for physician services.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

In accordance with AB 120 (Chapter 22, Statutes of 2017) the Department of Health Care Services shall develop the structure of the supplemental payments. AB 120 includes up to \$325 million Proposition 56 funds for supplemental payments to new patient and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluations with medical services, and psychiatric pharmacological management services.

Pursuant to SB 856, the Department shall develop the structure and parameters for supplemental provider payments for physician services of up to \$500 million Proposition 56 funds in 2018-19.

**PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL
PAYMENTS**
REGULAR POLICY CHANGE NUMBER: 141

The Department has proposed supplemental payments for physician services in both Medi-Cal fee-for-service (FFS) and Medi-Cal managed care delivery systems. Providers who are eligible to provide and bill for the following Current Procedural Terminology (CPT) codes will receive the associated supplemental payment identified, in addition to whatever other payment they receive from the State in FFS or from the health plan as a network provider in managed care:

CPT	Supplemental Payment
99201	\$10.00
99202	\$15.00
99203	\$25.00
99204	\$25.00
99205	\$50.00
99211	\$10.00
99212	\$15.00
99213	\$15.00
99214	\$25.00
99215	\$25.00
90791	\$35.00
90792	\$35.00
90863	\$5.00

The Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) 17-030 for the FFS delivery system supplemental payments. For the managed care delivery system, the Department has obtained approval of an allowable directed plan for the managed care supplemental payments for FY 2017-18.

Managed Care Physician Directed Payments

CMS instituted the Medicaid Managed Care Final Rule in May 2016, which modernized Medicaid managed care regulations. The result is changes in the usage of managed care delivery systems, 42 CFR section 438.6(c) provides State's flexibility to implement delivery system and provider payment initiatives under Medicaid managed care plans (MCPs) contracts based on allowable directed payments. The Department received federal approval to implement managed care capitation rate increases to fund MCPs to make supplemental payments for 13 CPT codes for FY 2017-18.

Beginning July 1, 2017 rating period, the state has directed MCPs to make enhanced supplemental payments to eligible provider types for the above referenced CPT codes upon approval from CMS and receipt of funding. The enhanced supplemental payment is contingent upon the MCPs receipt of provider's actual utilization for these codes reported through encounter data for rating period FY 2017-18 and FY 2018-19.

Reason for Change:

The change from the prior estimate for FY 2017-18 and FY 2018-19 is due to:

- Decreased managed care payments based on the FY 2017-18 capitation rates;
- FFS supplemental payments were implemented one month earlier in January 2018;
- The Erroneous Payment Correction (EPC) for FY 2017-18 FFS supplemental payments began earlier and was implemented in February 2018; and

PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 141

- Updating the managed care supplemental payments to account for 10 months of County Organized Health System (COHS) model payments and 11 months of Non-COHS models payments in FY 2017-18 with the remaining payments in FY 2018-19.

The change from the prior estimate for FY 2018-19 is due to including additional supplemental payments for physician services through Proposition 56 funds in 2018-19.

The change from FY 2017-18 to FY 2018-19, in the current estimate, is due to:

- Including two months of COHS model FY 2017-18 and one month of the Non-COHS models managed care directed payments in FY 2018-19,
- Including additional supplemental payments for physician services through Proposition 56 funds.

Methodology:

1. Payments will be made via supplemental payments.
2. This policy is effective July 1, 2017 and payments began January 2018.

FFS Physician Supplemental Payments

3. Assume the annual FFS supplemental payments are approximately \$24.2 million TF, on an accrual basis.
4. Assume the FY 2017-18 FFS supplemental payments was implemented in January 2018.
5. The Erroneous Payment Correction (EPC) for the July 2017 to January 2018 retroactive period was implemented in February 2018.
6. Assume the FFS supplemental payments continue for FY 2018-19. SB 856 provides \$1,250,000,000 TF (\$500,000,000 SF) for supplemental payments for physician services in 2018-19.

Managed Care Physician Directed Payments

7. Assume that the estimated value of enhanced capitation rate increases for MCPs to fund the supplemental rate increase for FY 2017-18 and FY 2018-19 is \$373.3 million TF on an accrual basis.
8. A risk-based capitation rate will be issued to MCPs based on anticipated utilization of the 13 CPT codes.
9. 10 months of the COHS model payments and 11 months of the Non-COHS model FY 2017-18 capitation rate increases are anticipated to occur in FY 2017-18. Two months of the COHS model and one month of the Non-COHS models FY 2017-18 capitation rate increases are anticipated to be made at the beginning of FY 2018-19.
10. Additional FY 2018-19 capitation rate increases are anticipated to occur in FY 2018-19.
11. Funds allocated for the supplemental payments are as follows:

PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 141

(Dollars in Thousands)

FY 2017-18	TF	SF	Title XXI FF	Title XIX FF	ACA FF
FFS Physician Supplemental FY 2017-18 (Lagged)	\$10,079	\$4,459	\$252	\$4,360	\$1,008
Managed Care Directed Payments FY 2017-18	\$335,760	\$101,861	\$11,021	\$93,885	\$128,993
Retro FFS Physician Supplemental FY 2017-18	\$10,079	\$4,448	\$252	\$4,360	\$1,019
Total	\$355,918	\$110,768	\$11,525	\$102,605	\$131,020

(Dollars in Thousands)

FY 2018-19	TF	SF	Title XIX FF
Physician Supplemental FY 2018-19	\$1,250,000	\$500,000	\$750,000
Total	\$1,250,000	\$500,000	\$750,000

Funding:

(Dollars in Thousands)

FY 2017-18	TF	SF	FF
Healthcare Treatment Fund Prop. 56 (4260-101-3305)	\$110,768	\$110,768	\$0
ACA Title XIX FF (4260-101-0890)	\$131,020	\$0	\$131,020
Title XIX FF (4260-101-0890)	\$102,605	\$0	\$102,605
Title XXI FF (4260-113-0890)	\$11,525	\$0	\$11,525
Total	\$355,918	\$110,768	\$245,150

(Dollars in Thousands)

FY 2018-19	TF	SF	FF
Healthcare Treatment Fund Prop. 56 (4260-101-3305)	\$500,000	\$500,000	\$0
Title XIX FF (4260-101-0890)	\$750,000	\$0	\$750,000
Total	\$1,250,000	\$500,000	\$750,000

PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES

REGULAR POLICY CHANGE NUMBER: 147
 IMPLEMENTATION DATE: 1/2018
 ANALYST: Ila Zapanta
 FISCAL REFERENCE NUMBER: 2049

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$247,520,000	\$525,000,000
- STATE FUNDS	\$86,207,000	\$210,000,000
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$247,520,000	\$525,000,000
STATE FUNDS	\$86,207,000	\$210,000,000
FEDERAL FUNDS	\$161,313,000	\$315,000,000

DESCRIPTION

Purpose:

This policy change estimates the expenditures related to providing supplemental payments for specific dental services.

Authority:

AB 120 (Chapter 22, Statutes of 2017)
 SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

Effective April 2017, the California Healthcare, Research, and Prevention Tobacco Tax Act of 2016, or Proposition 56, increased taxes imposed on distributors of cigarettes and tobacco products and allocates a specified percentage of those revenues to increase funding for existing health care programs under the Medi-Cal program. AB 120 appropriates from Proposition 56 revenues \$140 million in Proposition 56 funds to provide supplemental payments for specific dental services. Existing law establishes the Health Care Treatment Fund for this purpose. These supplemental payments for specific dental categories include restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services. For FY 2017-18, the supplemental payment is at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) for the specified codes. For FY 2018-19, the supplemental payment rates for the existing categories will remain at a rate equal to 40 percent of the SMA. Additionally, for the top 26 utilized dental services, including general anesthesia, periodontal and orthodontia, the supplemental payments will either reflect a specific dollar increase per the identified code or will be a percentage increase above the existing SMA. Supplemental payments will be issued for dates of service during the period of July 1, 2017 through June 30, 2019.

Reason for Change:

The change from the prior estimate for FY 2017-18 and FY 2018-19 is an increase due to updated methodology that incorporates updated rates information and updated payment timing information. The increase from FY 2017-18 to FY 2018-19, in the current estimate, is due to timing of retro payments

PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES

REGULAR POLICY CHANGE NUMBER: 147

and rates payment timing, as well as, the addition of services that may receive a supplemental payment.

Methodology:

1. Payments are made via supplemental payments.
2. This policy was effective on July 1, 2017, but payments began in February 2018.
3. Supplemental payments are 40% of the Dental SMA for dental services including restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, and visits and diagnostic services.
4. For FY 2018-19 services, the top 26 utilized dental services, including general anesthesia, periodontal and orthodontia, the supplemental payments will either reflect a specific dollar increase per the identified code or will be a percentage increase above the existing Medi-Cal SMA rate.
5. Funds allocated for the supplemental payments are as follows:

Funding:

FY 2017-18	TF	SF*	FF
50% Title XIX / 50% GF	\$159,172,000	\$79,586,000	\$79,586,000
100% State GF	\$44,000	\$44,000	\$0
ACA 95% FFP/5% GF (2017)	\$39,112,000	\$1,956,000	\$37,156,000
ACA 94% FFP/6% GF (2018)	\$21,421,000	\$1,285,000	\$20,136,000
Title 21 88% FFP/12% GF	\$27,753,000	\$3,330,000	\$24,423,000
65% Title XIX / 35% GF	\$18,000	\$6,000	\$12,000
Total	\$247,520,000	\$86,207,000	\$161,313,000

FY 2018-19	TF	SF	FF
Healthcare Treatment Fund	\$210,000,000	\$210,000,000	\$0
Title XIX FF	\$315,000,000	\$0	\$315,000,000
Total	\$525,000,000	\$210,000,000	\$315,000,000

*Healthcare Treatment Fund Prop 56

PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 148
 IMPLEMENTATION DATE: 12/2017
 ANALYST: Katy Clay
 FISCAL REFERENCE NUMBER: 2044

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$158,167,000	\$183,302,000
- STATE FUNDS	\$42,540,000	\$49,044,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$158,167,000	\$183,302,000
STATE FUNDS	\$42,540,000	\$49,044,000
FEDERAL FUNDS	\$115,627,000	\$134,258,000

DESCRIPTION

Purpose:

This policy estimates the expenditures related to time-limited supplemental reimbursements under the Family Planning, Access, Care, Treatment (Family PACT) program for the Evaluation and Management (E&M) portion of office visits and medical pregnancy termination services.

Authority:

AB 120 (Chapter 22, Statutes of 2017)
 Proposition 56 (2016)

Interdependent Policy Changes:

Not Applicable

Background:

On November 8, 2016, California voters approved the California Healthcare, Research, and Prevention Tobacco Tax Act, Proposition 56, to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a specified portion of the tobacco tax revenue is allocated to the Department for use as the nonfederal share of health care expenditures in accordance with the annual state budget process. AB 120 amends the Budget Act of 2017 to appropriate proposition 56 funds for specified Department health care expenditures during the 2017-18 state fiscal year.

CMS approved State Plan Amendment (SPA) 17-029 on November 30, 2017. The SPA allocated \$40 million for time-limited supplemental reimbursements, at a rate equal to 150 percent of the current Family PACT rates, to Family PACT providers for E&M office visits rendered for comprehensive family planning services. The effective date for this SPA is July 1, 2017, with an end date of June 30, 2018.

A total of \$50 million was appropriated for FY 2017-18; \$40 million for comprehensive family planning services, and \$10 million for time-limited supplemental payments for medical pregnancy termination.

Reason for Change:

The change from the previous estimate, for FY 2017-18, resulted in a slight decrease due to updated actual service category expenditures. The change from the previous estimate, for FY 2018-19 resulted

PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS**REGULAR POLICY CHANGE NUMBER: 148**

in a slight increase due to updated medical pregnancy termination expenditures. The change from FY 2017-18 to FY 2018-19 in the current estimate is due to twelve months of implementation in FY 2018-19.

Methodology:

1. Payments will be made via supplemental payments.
2. This policy is effective July 1, 2017; however payments began for pregnancy termination supplemental payments in December 2017, and for E&M office visit supplemental payments in January 2018.
3. Funds allocated for the supplemental payments are as follows:

(Dollars in Thousands)

FY 2017-18	TF	SF	FF
E&M Office Visits	\$ 149,302	\$ 33,675	\$ 115,627
Medical Pregnancy Termination	\$ 8,865	\$ 8,865	\$ -
Total	\$ 158,167	\$ 42,540	\$ 115,627

FY 2018-19	TF	SF	FF
E&M Office Visits	\$ 173,359	\$ 39,101	\$ 134,258
Medical Pregnancy Termination	\$ 9,943	\$ 9,943	\$ -
Total	\$ 183,302	\$ 49,044	\$ 134,258

Funding:

Healthcare Treatment Fund (4260-101-3305)
100% Title XIX (4260-101-0890)

PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 156
 IMPLEMENTATION DATE: 4/2018
 ANALYST: Sharisse DeLeon
 FISCAL REFERENCE NUMBER: 2045

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$21,682,000	\$26,524,000
- STATE FUNDS	\$9,993,000	\$12,273,000
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$21,682,000	\$26,524,000
STATE FUNDS	\$9,993,000	\$12,273,000
FEDERAL FUNDS	\$11,689,000	\$14,251,000

DESCRIPTION

Purpose:

This policy change estimates the expenditures related to providing supplemental payments to Intermediate Care Facilities for the Developmentally Disabled (ICF/DD).

Authority:

AB 120 (Chapter 22, Statutes of 2017)
 SB 856 (Chapter 30, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for supplemental payments to ICF/DDs.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

AB 120 (Chapter 22, Statutes of 2017) allocated up to \$27,000,000 Proposition 56 funds for supplemental payments to ICF/DDs. The Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) 17-028 for these supplemental payments.

Pursuant to SB 856, in 2018-19, supplemental payments for ICF/DDs have been extended to facilities providing continuous skilled nursing care to developmentally disabled individuals pursuant to the pilot project established by Section 14132.20 of the Welfare and Institutions Code.

ICF/DDs will receive a supplemental payment based on the difference between the frozen rate at the 2008-09 65th percentile, increased by 3.7%; and the 2017-18 unfrozen rate.

PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 156

Reason for Change:

The change for FY 2017-18 and FY 2018-19, from the prior estimate, is due to:

- Delayed system implementation of the fee-for-service (FFS) supplemental payments to April 2018,
- The Erroneous Payment Correction (EPC) for the retroactive FY 2017-18 FFS payments is expected to be implemented earlier in May 2018 instead of August 2018, and
- Updated FFS and managed care payments.

The change for FY 2018-19, from the prior estimate, is due to including additional supplemental payments for ICF-DDs through Proposition 56 funds in 2018-19.

The change from FY 2017-18 to FY 2018-19, in the current estimate, is due to:

- Two months of the FY 2017-18 County Organized Health Systems (COHS) and one month of the Non-COHS managed care payments will be paid in FY 2018-19;
- One month of the FY 2017-18 FFS supplemental payment and 11 months of the FY 2018-19 FFS supplemental payments occurring in FY 2018-19;
- 10 months of the COHS and 11 months of the Non-COHS FY 2018-19 managed care payments occurring in FY 2018-19; and
- Including additional supplemental payments for ICF-DDs through Proposition 56 funds.

Methodology:

1. Payments will be made via FFS supplemental payments and increased managed care capitation payments.
2. This policy is effective August 1, 2017, to July 31, 2018. Assume the supplemental payments will continue in FY 2018-19.
3. The ICF/DD supplemental payments are estimated to total \$26.066 million TF, on an accrual basis. Of that total, the FFS supplemental payments are estimated to be \$21.137 million TF and the managed care payments are estimated to be \$4.929 million TF, respectively.
4. Assume the FY 2017-18 FFS supplemental payments will be implemented in April 2018 for 3 months in FY 2017-18. The EPC for the retroactive period from August 2017 to March 2018 is estimated to be implemented in May 2018. The July 2018 month of FFS payments occur in FY 2018-19.
5. Assume FFS supplemental payments will continue in FY 2018-19. SB 856 provides additional supplemental payments for ICF-DDs in 2018-19.
6. The managed care payments are expected to begin in April 2018:
 - Assume 10 months of the FY 2017-18 managed care payments for the County Organized Health Systems (COHS) model will be paid in FY 2017-18 and 2 months will be paid in FY 2018-19.
 - Assume 11 months of the FY 2017-18 managed care payments for Non-COHS models will be paid in FY 2017-18 and 1 month will be paid in FY 2018-19.
7. Assume 10 months of the COHS payments and 11 months of Non-COHS payments continue to be paid in FY 2018-19.

PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS**REGULAR POLICY CHANGE NUMBER: 156**

8. Funds allocated for the supplemental payments are as follows:

(Dollars in Thousands)

FY 2017-18	TF	SF	Title XXI FF	Title XIX FF	ACA FF
FFS ICF/DD Supplemental FY 2017-18 (Lagged)	\$4,782	\$2,382	\$0	\$2,381	\$19
FFS ICF/DD Retro 17-18	\$12,752	\$6,353	\$0	\$6,350	\$49
Managed Care Payments FY 2017-18	\$4,148	\$1,258	\$136	\$1,160	\$1,594
Total	\$21,682	\$9,993	\$136	\$9,891	\$1,662

(Dollars in Thousands)

FY 2018-19	TF	SF	Title XIX FF
ICF/DD Supplemental FY 2018-19	\$26,524	\$12,273	\$14,251
Total	\$26,524	\$12,273	\$14,251

Funding:

(Dollars in Thousands)

FY 2017-18	TF	SF	FF
Healthcare Treatment Fund Prop. 56 (4260-101-3305)	\$9,993	\$9,993	\$0
ACA Title XIX FF (4260-101-0890)	\$1,662	\$0	\$1,662
Title XIX FF (4260-101-0890)	\$9,891	\$0	\$9,891
Title XXI FF (4260-113-0890)	\$136	\$0	\$136
Total	\$21,682	\$9,993	\$11,689

(Dollars in Thousands)

FY 2018-19	TF	SF	FF
Healthcare Treatment Fund Prop. 56 (4260-101-3305)	\$12,273	\$12,273	\$0
Title XIX FF (4260-101-0890)	\$14,251	\$0	\$14,251
Total	\$26,524	\$12,273	\$14,251

PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 160
 IMPLEMENTATION DATE: 11/2017
 ANALYST: Randolph Alarcio
 FISCAL REFERENCE NUMBER: 2050

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$6,800,000	\$6,800,000
- STATE FUNDS	\$3,400,000	\$3,400,000
PAYMENT LAG	0.8050	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$5,474,000	\$6,800,000
STATE FUNDS	\$2,737,000	\$3,400,000
FEDERAL FUNDS	\$2,737,000	\$3,400,000

DESCRIPTION

Purpose:

This policy change estimates the expenditures related to providing supplemental payments for specific AIDS Waiver services.

Authority:

AB 120 (Chapter 22, Statutes of 2017)
 Proposition 56 (2016)

Interdependent Policy Changes:

Not Applicable

Background:

AB 120 appropriates up to \$4 million from Proposition 56 revenues to provide supplemental payments for specific AIDS waiver services.

This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for the AIDS Waiver Supplemental Payment Program.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

In accordance with Chapter 22, Statutes of 2017 (AB 120), the Department of Health Care Services developed the structure of the supplemental payments and posted those parameters on its Internet Web site on July 31, 2017. The supplemental payments shall not be available until all of the following conditions have been satisfied: (1) The director of the Department of Health Care Services seeks all necessary federal approvals; and (2) All necessary federal approvals have been obtained. The supplemental payment shall be implemented only to the extent the department determines federal financial participation is available and is not otherwise jeopardized. Additionally, the supplemental

PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 160

payment program is available only to the extent federal Medicaid policy does not reduce federal financial participation as projected in the annual budget act as determined by the Department of Finance.

The Department received approval of a waiver amendment to incorporate the allocation from AB 120 and increase specific AIDS waiver rates on September 22, 2017, retroactive to July 1, 2017.

In FY 2017-18, the Department appropriated \$4,000,000 in Proposition 56 funding to provide supplemental payments for specific AIDS Waiver services.

Reason for Change:

There is no change from the prior estimate for FY 2017-18 and FY 2018-19. There is no change from FY 2017-18 to FY 2018-19 in the current estimate.

Methodology:

1. Payments will be made via supplemental payments.
2. This policy is effective July 1, 2017; however payments began on November 27, 2017.
3. Supplemental payments were based on CY 2015 actual expenditure data.
4. Assume rates will increase by 90%, excluding administration and care management services.
5. Assume administration rates will increase by 45% and 59% for care management services.
6. Funds allocated for the supplemental payments are as follows:

(Dollars in Thousands)

FY 2017-18	TF	SF	FF
Healthcare Treatment Fund Prop. 56	\$3,400	\$3,400	\$0
100% Title XIX	\$3,400	\$0	\$3,400
Total	\$6,800	\$3,400	\$3,400
FY 2018-19	TF	SF	FF
Healthcare Treatment Fund Prop. 56	\$3,400	\$3,400	\$0
100% Title XIX	\$3,400	\$0	\$3,400
Total	\$6,800	\$3,400	\$3,400

Funding:

Healthcare Treatment Fund (4260-101-3305)
100% Title XIX (4260-101-0890)

HOME HEALTH RATE INCREASE

REGULAR POLICY CHANGE NUMBER: 204
IMPLEMENTATION DATE: 1/2019
ANALYST: Sharisse DeLeon
FISCAL REFERENCE NUMBER: 2077

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$64,834,000
- STATE FUNDS	\$0	\$31,565,000
 PAYMENT LAG	 1.0000	 0.8752
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$0	\$56,742,700
STATE FUNDS	\$0	\$27,625,690
FEDERAL FUNDS	\$0	\$29,117,030

DESCRIPTION

Purpose:

This policy change estimates the 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 services encompass a range of health care services to children and adults that can be provided in home, and are generally less expensive, more convenient, and equally effective as the care received in a hospital or skilled nursing facility (SNF). Home health services include:

- Wound care;
- IV therapy;
- Administering oral medications;
- Insertion of gastronomy and nasogastric tube feedings; and
- Monitoring serious illnesses and unstable health conditions that no longer require a higher level of care.

PDN is the care of clients by professionals who provide private care on a one-on-one basis in a client's home.

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.

HOME HEALTH RATE INCREASE

REGULAR POLICY CHANGE NUMBER: 204

Home health and PDN services are an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Section 1905(a) of the Social Security Act defines the EPSDT benefit to include a comprehensive array of preventive, diagnostic and treatment services for low-income infants, children and adolescents under 21 years of age, which includes in-home PDN services. States are required to provide any Medicaid covered service listed in Section 1905(a) of the SSA that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.

States can also choose to make these benefits available through 1915(c) Home and Community-Based Services (HCBS) waivers. California has included these benefits in its Home and Community-Based Alternatives (HCBA) Waiver, In-Home Operations (IHO) Waiver, Pediatric Palliative Care (PPC) Waiver, and the HIV/AIDS Waiver.

Additionally, the Department must maintain compliance with federal requirements to ensure payments are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.

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 FFS system or through HCBS waivers.

Reason for Change:

The change for FY 2018-19 from the prior estimate is a decrease due to removing the estimated California Children's Services (CCS) State-Only costs from this policy change to be budgeted in the Family Health Local Assistance Estimate.

Methodology:

1. This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for the home health agency rate increases.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

2. The Department will increase certain FFS and 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.
3. 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.

HOME HEALTH RATE INCREASE**REGULAR POLICY CHANGE NUMBER: 204**

4. The total annual costs are budgeted in the Medi-Cal and Family Health Estimates and are estimated to be:

Annual	TF	GF	SF	FF
Medi-Cal	\$64,834,000	\$0	\$31,565,000	\$33,269,000
CCS-State Only	\$8,699,000	\$8,699,000	\$0	\$0
Total	\$73,533,000	\$8,699,000	\$31,565,000	\$33,269,000

5. The Medi-Cal costs in this policy change are as follows:

FY 2018-19	TF	SF	Title XIX FF	Title XXI FF	ACA FF
Home Health Rate Increase	\$64,834,000	\$31,565,000	\$31,302,000	\$1,900,000	\$67,000

Funding:

FY 2018-19	TF	SF	FF
50% Title XIX / 50% SF (4260-101-3305 / 0890)	\$62,604,000	\$31,302,000	\$31,302,000
94% Title XIX / 6% SF (4260-101-3305 / 0890)	\$36,000	\$2,000	\$34,000
93% Title XIX / 7% SF (4260-101-3305 / 0890)	\$35,000	\$2,000	\$33,000
88% Title XXI / 12% SF (4260-101-3305 / 4260-113-0890)	\$2,159,000	\$259,000	\$1,900,000
Total FY 2018-19	\$64,834,000	\$31,565,000	\$33,269,000

RECONCILIATION

REGULAR POLICY CHANGE NUMBER: 226
IMPLEMENTATION DATE: 7/2018
ANALYST: Karen Fairgrievies
FISCAL REFERENCE NUMBER: 1700

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$370,848,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$370,848,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$370,848,000

DESCRIPTION

This policy change reconciles the May 2018 Medi-Cal Estimate to the Budget Act for 2018.

	<u>TF</u>	<u>GF</u>	<u>FFP</u>
4260-101 (Title XIX)	\$253,413,000	\$ 0	\$253,413,000
4260-113 (Title XXI)	\$117,435,000	\$ 0	\$117,435,000
Total	\$370,848,000	\$ 0	\$370,848,000

PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG

REGULAR POLICY CHANGE NUMBER: 228
 IMPLEMENTATION DATE: 1/2019
 ANALYST: Matt Wong
 FISCAL REFERENCE NUMBER: 2097

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$220,000,000
- STATE FUNDS	\$0	\$220,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$220,000,000
STATE FUNDS	\$0	\$220,000,000
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

Purpose:

This policy change estimates the cost of the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program.

Authority:

SB 849 (Chapter 47, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

SB 849 amends Proposition 56 and establishes the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which will be developed by the State Department of Health Care Services to provide loan assistance payments to qualifying, recent graduate physicians and dentists that serve beneficiaries of Medi-Cal and other specified health care programs using moneys from the Healthcare Treatment Fund.

The Department will administer separate payment pools for participating physicians and dentists, and will develop the eligibility criteria to be used to evaluate applicant physicians and dentists, including the minimum number of years a participating physician or dentist shall be a Medi-Cal enrolled provider to be eligible for loan assistance.

Reason for Change:

This is a new policy change.

Methodology:

1. \$190 million is allocated for repayment of loans for physicians.
2. \$30 million is allocated for repayment of loans for dentists.

**PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT
PROG****REGULAR POLICY CHANGE NUMBER: 228**

Fiscal Year	TF	SF
FY 2018-19	\$220,000,000	\$220,000,000

Funding:

100% Prop 56 Loan Forgiveness Program (4260-102-3305)

PEDIATRIC DAY HEALTH CARE RATE INCREASE

REGULAR POLICY CHANGE NUMBER: 229
IMPLEMENTATION DATE: 7/2018
ANALYST: Sharisse DeLeon
FISCAL REFERENCE NUMBER: 2098

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$14,230,000
- STATE FUNDS	\$0	\$6,977,000
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$0	\$14,230,000
STATE FUNDS	\$0	\$6,977,000
FEDERAL FUNDS	\$0	\$7,253,000

DESCRIPTION

Purpose:

This policy change estimates the 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) supplemental skilled nursing services 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.

This policy change includes the use of California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) revenue as a funding source for supplemental payments to PDHC facilities.

Proposition 56, passed by the voters in November 2016, increases the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

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.

PEDIATRIC DAY HEALTH CARE RATE INCREASE**REGULAR POLICY CHANGE NUMBER: 229****Reason for Change:**

This is a new policy change.

Methodology:

1. The current Medi-Cal FFS reimbursement rate for PDHC services is \$29.41 per hour.
2. The Department proposed State Plan Amendment (SPA) 18-0037 to increase reimbursement rates by 50 percent for certain PDHC services, effective July 1, 2018.
3. SB 840 provides \$14,230,000 TF (\$6,977,000 SF) Proposition 56 revenue funds for a rate increase for PDHC facilities in 2018-19.
4. The total annual costs are budgeted in the Medi-Cal and Family Health Estimates and are estimated to be:

Annual	TF	GF	SF	FF
Medi-Cal	\$14,230,000	\$0	\$6,977,000	\$7,253,000
CCS-State Only	\$1,564,000	\$1,564,000	\$0	\$0
Total	\$15,794,000	\$1,564,000	\$6,977,000	\$7,253,000

5. The Medi-Cal costs in this policy change are as follows:

FY 2018-19	TF	SF	Title XIX FF
PDHC Rate Increase	\$14,230,000	\$6,977,000	\$7,253,000

Funding:

Title XIX FF (4260-101-0890)

Health Care Treatment Fund Prop. 56 (4260-101-3305)

PROP 56 - CBAS PROGRAMS

REGULAR POLICY CHANGE NUMBER: 230
IMPLEMENTATION DATE: 7/2018
ANALYST: Randolph Alarcio
FISCAL REFERENCE NUMBER: 2099

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$2,000,000
- STATE FUNDS	\$0	\$2,000,000
 PAYMENT LAG	 1.0000	 1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
 APPLIED TO BASE		
TOTAL FUNDS	\$0	\$2,000,000
STATE FUNDS	\$0	\$2,000,000
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

Purpose:

This policy change estimates the costs for providing qualifying Community-Based Adult Services (CBAS) Programs.

Authority:

SB 856 (Chapter 30, Statutes of 2017-18)

Interdependent Policy Changes:

Not Applicable

Background:

SB 856 appropriates funding for qualifying Community-Based Adult Services programs based upon criteria that include, but are not limited to, the need for one-time funds based on operating costs in high cost areas of the state.

Reason for Change:

This is a new policy change.

Methodology:

1. \$2 million is allocated for the funding of CBAS programs.

Fiscal Year	TF	SF
FY 2018-19	\$2,000,000	\$2,000,000

Funding:

Prop 56 Health Care Treatment Fund

May 2018 Medi-Cal Estimate**OTHER ADMINISTRATION
FUNDING SUMMARY**

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

<u>FY 2017-2018 Estimate:</u>	<u>Total Funds</u>	<u>Federal Funds</u>	<u>State Funds</u>
OTHER ADMINISTRATION			
County Administration	\$1,871,853,000	\$1,678,033,540	\$193,819,460
Fiscal Intermediary	\$413,153,000	\$267,640,000	\$145,513,000
Total Other Administration Tab	\$2,285,006,000	\$1,945,673,540	\$339,332,460

Management Summary:

COUNTY ADMINISTRATION	\$4,103,098,000	\$2,887,258,000	\$1,215,840,000
Shown in Other Administration Tab	\$1,871,853,000	\$1,678,033,540	\$193,819,460
Shown in County Administration Tab	\$2,231,245,000	\$1,209,224,460	\$1,022,020,540
FISCAL INTERMEDIARY	\$413,153,000	\$267,640,000	\$145,513,000
Shown in Other Administration Tab	\$413,153,000	\$267,640,000	\$145,513,000

<u>FY 2018-2019 Estimate:</u>	<u>Total Funds</u>	<u>Federal Funds</u>	<u>State Funds</u>
OTHER ADMINISTRATION			
County Administration	\$2,249,050,000	\$1,892,812,670	\$356,237,330
Fiscal Intermediary	\$328,339,000	\$215,565,000	\$112,774,000
Total Other Administration Tab	\$2,577,389,000	\$2,108,377,670	\$469,011,330

Management Summary:

COUNTY ADMINISTRATION	\$4,567,310,000	\$3,332,243,000	\$1,235,067,000
Shown in Other Administration Tab	\$2,249,050,000	\$1,892,812,670	\$356,237,330
Shown in County Administration Tab	\$2,318,260,000	\$1,439,430,330	\$878,829,670
FISCAL INTERMEDIARY	\$328,340,000	\$215,565,000	\$112,775,000
Shown in Other Administration Tab	\$328,339,000	\$215,565,000	\$112,774,000

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2017-18

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>DHCS-OTHER</u>					
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$149,215,000	\$140,348,000	\$8,867,000	\$0
2	CCS CASE MANAGEMENT	\$194,938,000	\$128,275,790	\$66,662,210	\$0
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$126,718,000	\$126,718,000	\$0	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$110,634,000	\$110,623,000	\$11,000	\$0
6	EPSDT CASE MANAGEMENT	\$33,962,000	\$22,005,000	\$11,957,000	\$0
7	OTLCP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$26,726,000	\$20,959,200	\$5,766,800	\$0
8	SMH MAA	\$31,851,000	\$31,851,000	\$0	\$0
9	ARRA HITECH INCENTIVE PROGRAM	\$17,596,000	\$15,996,000	\$0	\$1,600,000
10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$5,801,000	\$3,868,000	\$1,933,000	\$0
11	SMHS COUNTY UR & QA ADMIN	\$25,855,000	\$25,590,000	\$265,000	\$0
13	PAVE SYSTEM	\$14,587,000	\$10,713,900	\$3,873,100	\$0
14	POSTAGE & PRINTING	\$20,586,000	\$10,165,000	\$10,421,000	\$0
15	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$16,872,000	\$8,436,000	\$8,119,000	\$317,000
16	PASRR	\$11,783,000	\$8,837,250	\$2,945,750	\$0
17	MIS/DSS CONTRACT	\$11,379,000	\$8,365,250	\$3,013,750	\$0
18	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$5,606,500	\$0
19	SURS AND MARS SYSTEM REPLACEMENT	\$10,090,000	\$8,287,950	\$1,802,050	\$0
20	MEDI-CAL RECOVERY CONTRACTS	\$9,475,000	\$7,106,250	\$2,368,750	\$0
21	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$4,990,000	\$0
22	NEWBORN HEARING SCREENING PROGRAM	\$7,700,000	\$3,850,000	\$3,850,000	\$0
23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$6,677,000	\$5,007,750	\$1,669,250	\$0
24	DMC COUNTY UR & QA ADMIN	\$190,000	\$190,000	\$0	\$0
25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,000,000	\$3,325,500	\$1,328,500	\$346,000
26	CLINICAL DATA COLLECTION	\$3,094,000	\$2,740,800	\$353,200	\$0
27	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$6,356,000	\$6,087,000	\$269,000	\$0
28	MEDICARE BENEFICIARY IDENTIFIER	\$1,862,000	\$1,675,800	\$186,200	\$0
29	ELECTRONIC ASSET VERIFICATION PROGRAM	\$1,164,000	\$582,000	\$582,000	\$0
30	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$1,162,500	\$0
31	CA-MMIS MEDCOMPASS SOLUTION	\$2,252,000	\$1,924,500	\$327,500	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2017-18

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
	<u>DHCS-OTHER</u>				
32	MITA	\$2,772,000	\$2,494,800	\$277,200	\$0
33	MEDS MODERNIZATION	\$2,015,000	\$1,748,250	\$266,750	\$0
34	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,120,000	\$1,060,000	\$1,060,000	\$0
35	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,272,000	\$1,272,000	\$0	\$0
36	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$603,500	\$0
37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$0	\$950,000	\$0
38	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$888,000	\$444,000	\$444,000	\$0
39	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$375,000	\$0
40	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$728,000	\$364,000	\$364,000	\$0
41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$340,000	\$170,000	\$170,000	\$0
42	T-MSIS	\$418,000	\$313,500	\$104,500	\$0
43	VENDOR FOR AAC RATE STUDY	\$386,000	\$193,000	\$193,000	\$0
44	CCT OUTREACH - ADMINISTRATIVE COSTS	\$342,000	\$342,000	\$0	\$0
45	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$100,000	\$50,000	\$50,000	\$0
46	STATE CONTROLLER'S OFFICE INTERAGENCY AGREEMENT	\$4,000	\$3,000	\$1,000	\$0
47	DENTAL PAPD PROJECT MANAGER	\$161,000	\$120,750	\$40,250	\$0
48	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$100,000	\$0	\$0
49	TAR POSTAGE	\$32,000	\$16,000	\$16,000	\$0
50	ENROLLMENT ASSIST FOR BHT INSTITUTIONALLY DEEMED	\$43,000	\$21,500	\$21,500	\$0
55	INTERIM AND FINAL COST SETTLEMENTS-SMHS	(\$2,688,000)	(\$2,688,000)	\$0	\$0
	DHCS-OTHER SUBTOTAL	\$887,821,000	\$732,291,240	\$153,266,760	\$2,263,000
	<u>DHCS-MEDICAL FI</u>				
56	MEDICAL FI OPERATIONS	\$79,012,000	\$53,610,500	\$25,401,500	\$0
57	MEDICAL FI COST REIMBURSEMENT	\$42,390,000	\$31,321,950	\$11,068,050	\$0
58	MEDICAL FI HOURLY REIMBURSEMENT	\$27,546,000	\$21,559,500	\$5,986,500	\$0
59	MEDICAL FI OTHER ESTIMATED COSTS	\$11,080,000	\$7,860,000	\$3,220,000	\$0
60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,445,000	\$1,677,750	\$767,250	\$0
61	MEDICAL FI CHANGE ORDERS	\$536,000	\$402,000	\$134,000	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2017-18

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>DHCS-MEDICAL FI</u>					
111	MEDICAL FI SRP RELEASE 1 HOSTING	\$7,042,000	\$6,018,300	\$1,023,700	\$0
114	MEDICAL FI TURNOVER	\$600,000	\$406,500	\$193,500	\$0
	DHCS-MEDICAL FI SUBTOTAL	\$170,651,000	\$122,856,500	\$47,794,500	\$0
<u>DHCS-HEALTH CARE OPT</u>					
63	HCO COST REIMBURSEMENT	\$44,189,000	\$22,934,680	\$21,254,320	\$0
64	HCO OPERATIONS	\$29,179,000	\$15,142,020	\$14,036,980	\$0
65	HCO - ENROLLMENT CONTRACTOR COSTS	\$17,990,000	\$9,336,620	\$8,653,380	\$0
66	HCO ESR HOURLY REIMBURSEMENT	\$15,580,000	\$8,086,020	\$7,493,980	\$0
67	HCO CCI - CAL MEDICONNECT AND MLTSS	\$15,269,000	\$7,634,500	\$7,634,500	\$0
68	HCO TAKEOVER	\$2,769,000	\$1,384,500	\$1,384,500	\$0
69	HCO TURNOVER	\$522,000	\$261,000	\$261,000	\$0
	DHCS-HEALTH CARE OPT SUBTOTAL	\$125,498,000	\$64,779,340	\$60,718,660	\$0
<u>DHCS-DENTAL FI</u>					
73	DENTAL FI OPERATIONS	\$57,261,000	\$37,348,750	\$19,912,250	\$0
74	DENTAL FI TAKEOVER 2016 CONTRACT	\$23,424,000	\$17,568,000	\$5,856,000	\$0
75	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$12,303,000	\$7,750,750	\$4,552,250	\$0
76	DENTAL FI HOURLY REIMBURSEMENT	\$6,604,000	\$4,953,000	\$1,651,000	\$0
77	DENTAL FI COST REIMBURSEMENT	\$7,492,000	\$3,842,000	\$3,650,000	\$0
78	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$6,794,000	\$4,994,000	\$1,800,000	\$0
79	DENTAL ASO TAKEOVER 2016 CONTRACT	\$3,756,000	\$2,817,000	\$939,000	\$0
80	DENTAL FI CD-MMIS COSTS	\$656,000	\$492,000	\$164,000	\$0
81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$1,893,000	\$946,500	\$946,500	\$0
83	DENTAL FI FEDERAL RULE - REVALIDATION	\$200,000	\$100,000	\$100,000	\$0
84	DENTAL FI FEDERAL RULE - DATABASE CHECKS	\$215,000	\$107,500	\$107,500	\$0
85	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA	\$196,000	\$98,000	\$98,000	\$0
86	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESSMENT	\$167,000	\$125,250	\$41,750	\$0
	DHCS-DENTAL FI SUBTOTAL	\$120,961,000	\$81,142,750	\$39,818,250	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2017-18

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>OTHER DEPARTMENTS</u>					
87	PERSONAL CARE SERVICES	\$385,201,000	\$385,201,000	\$0	\$0
88	HEALTH-RELATED ACTIVITIES - CDSS	\$274,418,000	\$274,418,000	\$0	\$0
89	CALHEERS DEVELOPMENT	\$125,682,000	\$99,673,210	\$26,008,790	\$0
90	CDDS ADMINISTRATIVE COSTS	\$53,471,000	\$53,471,000	\$0	\$0
91	MATERNAL AND CHILD HEALTH	\$36,945,000	\$36,945,000	\$0	\$0
92	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$41,379,000	\$0	\$0
93	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$19,640,000	\$19,640,000	\$0	\$0
94	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$14,395,000	\$10,988,000	\$0	\$3,407,000
95	ACA OUTREACH AND ENROLLMENT COUNSELORS	\$11,442,000	\$5,721,000	\$0	\$5,721,000
96	CLPP CASE MANAGEMENT SERVICES	\$5,355,000	\$5,355,000	\$0	\$0
97	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,093,000	\$4,093,000	\$0	\$0
98	VITAL RECORDS DATA	\$1,632,000	\$1,632,000	\$0	\$0
99	CALIFORNIA SMOKERS' HELPLINE	\$1,373,000	\$1,373,000	\$0	\$0
100	KIT FOR NEW PARENTS	\$1,119,000	\$1,119,000	\$0	\$0
101	VETERANS BENEFITS	\$1,100,000	\$1,100,000	\$0	\$0
102	CHHS AGENCY HIPAA FUNDING	\$849,000	\$849,000	\$0	\$0
103	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$813,000	\$813,000	\$0	\$0
104	CDPH I&E PROGRAM AND EVALUATION	\$566,000	\$566,000	\$0	\$0
105	MERIT SYSTEM SERVICES FOR COUNTIES	\$194,000	\$97,000	\$97,000	\$0
106	CDDS DENTAL SERVICES - ADMIN	\$67,000	\$0	\$0	\$67,000
107	PIA EYEWEAR COURIER SERVICE	\$341,000	\$170,500	\$170,500	\$0
OTHER DEPARTMENTS SUBTOTAL		\$980,075,000	\$944,603,710	\$26,276,290	\$9,195,000
GRAND TOTAL		\$2,285,006,000	\$1,945,673,540	\$327,874,460	\$11,458,000

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>DHCS-OTHER</u>					
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$154,118,000	\$17,706,000	\$136,412,000	\$0
2	CCS CASE MANAGEMENT	\$190,884,000	\$127,064,880	\$63,819,120	\$0
3	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$119,816,000	\$119,816,000	\$0	\$0
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$130,354,000	\$130,354,000	\$0	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$95,200,000	\$94,082,000	\$1,118,000	\$0
6	EPSDT CASE MANAGEMENT	\$33,962,000	\$22,005,000	\$11,957,000	\$0
7	OTLCP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$32,835,000	\$24,067,280	\$8,767,720	\$0
8	SMH MAA	\$33,834,000	\$33,834,000	\$0	\$0
9	ARRA HITECH INCENTIVE PROGRAM	\$27,180,000	\$25,895,000	\$0	\$1,285,000
10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$22,507,000	\$15,005,000	\$7,502,000	\$0
11	SMHS COUNTY UR & QA ADMIN	\$28,667,000	\$27,714,000	\$953,000	\$0
12	PERFORMANCE OUTCOMES SYSTEM	\$14,321,000	\$7,906,750	\$6,414,250	\$0
13	PAVE SYSTEM	\$14,511,000	\$6,835,500	\$7,675,500	\$0
14	POSTAGE & PRINTING	\$26,786,000	\$13,265,000	\$13,521,000	\$0
15	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$16,872,000	\$8,436,000	\$8,119,000	\$317,000
16	PASRR	\$12,706,000	\$9,529,500	\$3,176,500	\$0
17	MIS/DSS CONTRACT	\$11,331,000	\$8,326,250	\$3,004,750	\$0
18	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$5,606,500	\$0
19	SURS AND MARS SYSTEM REPLACEMENT	\$9,077,000	\$6,990,750	\$2,086,250	\$0
20	MEDI-CAL RECOVERY CONTRACTS	\$9,339,000	\$7,004,250	\$2,334,750	\$0
21	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$4,990,000	\$0
22	NEWBORN HEARING SCREENING PROGRAM	\$8,225,000	\$4,112,500	\$4,112,500	\$0
23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$5,488,000	\$4,116,000	\$1,372,000	\$0
24	DMC COUNTY UR & QA ADMIN	\$5,811,000	\$5,811,000	\$0	\$0
25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,000,000	\$3,325,500	\$1,328,500	\$346,000
26	CLINICAL DATA COLLECTION	\$2,474,000	\$2,151,600	\$322,400	\$0
27	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$27,767,000	\$27,394,000	\$373,000	\$0
28	MEDICARE BENEFICIARY IDENTIFIER	\$1,636,000	\$1,472,400	\$163,600	\$0
29	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,328,000	\$1,664,000	\$1,664,000	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>DHCS-OTHER</u>					
30	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$1,162,500	\$0
31	CA-MMIS MEDCOMPASS SOLUTION	\$1,576,000	\$1,346,700	\$229,300	\$0
32	MITA	\$5,274,000	\$4,746,600	\$527,400	\$0
34	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,500,000	\$750,000	\$750,000	\$0
35	CALIFORNIA HEALTH INTERVIEW SURVEY	\$8,600,000	\$4,850,000	\$3,750,000	\$0
36	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$603,500	\$0
37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$0	\$950,000	\$0
38	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$926,000	\$463,000	\$463,000	\$0
39	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$375,000	\$0
40	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$696,000	\$348,000	\$348,000	\$0
41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$684,000	\$342,000	\$342,000	\$0
42	T-MSIS	\$276,000	\$207,000	\$69,000	\$0
43	VENDOR FOR AAC RATE STUDY	\$332,000	\$166,000	\$166,000	\$0
44	CCT OUTREACH - ADMINISTRATIVE COSTS	\$342,000	\$342,000	\$0	\$0
45	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$300,000	\$150,000	\$150,000	\$0
48	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$100,000	\$0	\$0
49	TAR POSTAGE	\$32,000	\$16,000	\$16,000	\$0
55	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$26,745,000	\$26,745,000	\$0	\$0
109	MANAGED CARE REGULATIONS - MH PARITY	\$20,799,000	\$17,828,000	\$2,971,000	\$0
115	MOBILE VISION CARE SERVICES	\$1,000,000	\$0	\$1,000,000	\$0
116	RECONCILIATION TO BUDGET ACT	\$0	\$0	\$0	\$0
117	HEALTH INFORMATION EXCHANGE EXPANSION	\$50,000,000	\$45,000,000	\$5,000,000	\$0
DHCS-OTHER SUBTOTAL		\$1,189,636,000	\$872,021,960	\$315,666,040	\$1,948,000
<u>DHCS-MEDICAL FI</u>					
56	MEDICAL FI OPERATIONS	\$77,098,000	\$52,366,250	\$24,731,750	\$0
57	MEDICAL FI COST REIMBURSEMENT	\$36,151,000	\$25,832,000	\$10,319,000	\$0
58	MEDICAL FI HOURLY REIMBURSEMENT	\$27,546,000	\$21,559,500	\$5,986,500	\$0
59	MEDICAL FI OTHER ESTIMATED COSTS	\$11,080,000	\$7,860,000	\$3,220,000	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>DHCS-MEDICAL FI</u>					
60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,392,000	\$1,602,000	\$790,000	\$0
61	MEDICAL FI CHANGE ORDERS	\$544,000	\$408,000	\$136,000	\$0
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$1,679,000	\$1,511,100	\$167,900	\$0
111	MEDICAL FI SRP RELEASE 1 HOSTING	\$8,450,000	\$7,221,300	\$1,228,700	\$0
	DHCS-MEDICAL FI SUBTOTAL	\$164,940,000	\$118,360,150	\$46,579,850	\$0
<u>DHCS-HEALTH CARE OPT</u>					
63	HCO COST REIMBURSEMENT	\$13,582,000	\$7,049,780	\$6,532,220	\$0
64	HCO OPERATIONS	\$9,103,000	\$4,723,640	\$4,379,360	\$0
65	HCO - ENROLLMENT CONTRACTOR COSTS	\$5,638,000	\$2,926,160	\$2,711,840	\$0
66	HCO ESR HOURLY REIMBURSEMENT	\$4,824,000	\$2,503,580	\$2,320,420	\$0
67	HCO CCI - CAL MEDICONNECT AND MLTSS	\$4,816,000	\$2,408,000	\$2,408,000	\$0
68	HCO TAKEOVER	\$5,231,000	\$2,615,500	\$2,615,500	\$0
69	HCO TURNOVER	\$1,436,000	\$718,000	\$718,000	\$0
70	HCO OPERATIONS 2017 CONTRACT	\$27,935,000	\$14,498,360	\$13,436,640	\$0
71	HCO COST REIMBURSEMENT 2017 CONTRACT	\$27,040,000	\$14,033,760	\$13,006,240	\$0
72	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$9,304,000	\$4,828,700	\$4,475,300	\$0
	DHCS-HEALTH CARE OPT SUBTOTAL	\$108,909,000	\$56,305,480	\$52,603,520	\$0
<u>DHCS-DENTAL FI</u>					
74	DENTAL FI TAKEOVER 2016 CONTRACT	\$5,856,000	\$4,392,000	\$1,464,000	\$0
75	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$38,138,000	\$24,305,750	\$13,832,250	\$0
78	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$20,505,000	\$15,066,000	\$5,439,000	\$0
79	DENTAL ASO TAKEOVER 2016 CONTRACT	\$939,000	\$704,250	\$234,750	\$0
80	DENTAL FI CD-MMIS COSTS	\$1,279,000	\$959,250	\$319,750	\$0
81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$1,895,000	\$947,500	\$947,500	\$0
	DHCS-DENTAL FI SUBTOTAL	\$68,612,000	\$46,374,750	\$22,237,250	\$0
<u>OTHER DEPARTMENTS</u>					
87	PERSONAL CARE SERVICES	\$393,693,000	\$393,693,000	\$0	\$0

SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES FISCAL YEAR 2018-19

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
OTHER DEPARTMENTS					
88	HEALTH-RELATED ACTIVITIES - CDSS	\$330,365,000	\$330,365,000	\$0	\$0
89	CALHEERS DEVELOPMENT	\$126,987,000	\$100,684,830	\$26,302,170	\$0
90	CDDS ADMINISTRATIVE COSTS	\$52,686,000	\$52,686,000	\$0	\$0
91	MATERNAL AND CHILD HEALTH	\$37,555,000	\$37,555,000	\$0	\$0
92	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$41,379,000	\$0	\$0
93	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$31,853,000	\$31,853,000	\$0	\$0
94	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$14,195,000	\$10,788,000	\$0	\$3,407,000
96	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$4,200,000	\$0	\$0
97	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,279,000	\$4,279,000	\$0	\$0
98	VITAL RECORDS DATA	\$922,000	\$922,000	\$0	\$0
99	CALIFORNIA SMOKERS' HELPLINE	\$2,200,000	\$2,200,000	\$0	\$0
100	KIT FOR NEW PARENTS	\$1,119,000	\$1,119,000	\$0	\$0
101	VETERANS BENEFITS	\$1,100,000	\$1,100,000	\$0	\$0
102	CHHS AGENCY HIPAA FUNDING	\$849,000	\$849,000	\$0	\$0
103	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$813,000	\$813,000	\$0	\$0
104	CDPH I&E PROGRAM AND EVALUATION	\$562,000	\$562,000	\$0	\$0
105	MERIT SYSTEM SERVICES FOR COUNTIES	\$194,000	\$97,000	\$97,000	\$0
107	PIA EYEWEAR COURIER SERVICE	\$341,000	\$170,500	\$170,500	\$0
OTHER DEPARTMENTS SUBTOTAL		\$1,045,292,000	\$1,015,315,330	\$26,569,670	\$3,407,000
GRAND TOTAL		\$2,577,389,000	\$2,108,377,670	\$463,656,330	\$5,355,000

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		DHCS-OTHER										
1	1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$495,234,000	\$0	\$268,836,000	\$53,242,000	\$149,215,000	\$8,867,000	(\$346,019,000)	\$8,867,000	(\$119,621,000)	(\$44,375,000)
2	2	CCS CASE MANAGEMENT	\$196,000,000	\$66,690,000	\$194,938,000	\$66,662,460	\$194,938,000	\$66,662,210	(\$1,062,000)	(\$27,790)	\$0	(\$250)
4	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$115,824,000	\$121,000	\$103,229,000	\$0	\$126,718,000	\$0	\$10,894,000	(\$121,000)	\$23,489,000	\$0
5	5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$76,169,000	\$0	\$100,730,000	\$11,000	\$110,634,000	\$11,000	\$34,465,000	\$11,000	\$9,904,000	\$0
6	6	EPSDT CASE MANAGEMENT	\$33,962,000	\$12,115,250	\$33,962,000	\$12,115,250	\$33,962,000	\$11,957,000	\$0	(\$158,250)	\$0	(\$158,250)
7	7	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$33,704,000	\$8,166,720	\$30,197,000	\$6,467,560	\$26,726,000	\$5,766,800	(\$6,978,000)	(\$2,399,920)	(\$3,471,000)	(\$700,760)
8	8	SMH MAA	\$32,512,000	\$0	\$29,094,000	\$0	\$31,851,000	\$0	(\$661,000)	\$0	\$2,757,000	\$0
9	9	ARRA HITECH INCENTIVE PROGRAM	\$18,729,000	\$0	\$25,525,000	\$0	\$17,596,000	\$0	(\$1,133,000)	\$0	(\$7,929,000)	\$0
10	10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$27,792,000	\$9,264,000	\$24,005,000	\$8,000,000	\$5,801,000	\$1,933,000	(\$21,991,000)	(\$7,331,000)	(\$18,204,000)	(\$6,067,000)
11	11	SMHS COUNTY UR & QA ADMIN	\$20,876,000	\$415,000	\$23,773,000	\$348,000	\$25,855,000	\$265,000	\$4,979,000	(\$150,000)	\$2,082,000	(\$83,000)
13	13	PAVE SYSTEM	\$18,562,000	\$2,686,150	\$20,588,000	\$7,879,600	\$14,587,000	\$3,873,100	(\$3,975,000)	\$1,186,950	(\$6,001,000)	(\$4,006,500)
14	14	POSTAGE & PRINTING	\$19,820,000	\$10,002,500	\$20,586,000	\$10,421,000	\$20,586,000	\$10,421,000	\$766,000	\$418,500	\$0	\$0
15	15	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$16,872,000	\$8,119,000	\$16,872,000	\$8,119,000	\$16,872,000	\$8,119,000	\$0	\$0	\$0	\$0
16	16	PASRR	\$11,699,000	\$2,924,750	\$12,200,000	\$3,050,000	\$11,783,000	\$2,945,750	\$84,000	\$21,000	(\$417,000)	(\$104,250)
17	17	MIS/DSS CONTRACT	\$11,379,000	\$3,013,750	\$11,379,000	\$3,013,750	\$11,379,000	\$3,013,750	\$0	\$0	\$0	\$0
18	18	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0	\$0	\$0
19	19	SURS AND MARS SYSTEM REPLACEMENT	\$10,790,000	\$1,977,050	\$10,790,000	\$1,977,050	\$10,090,000	\$1,802,050	(\$700,000)	(\$175,000)	(\$700,000)	(\$175,000)
20	20	MEDI-CAL RECOVERY CONTRACTS	\$10,218,000	\$2,554,500	\$10,187,000	\$2,546,750	\$9,475,000	\$2,368,750	(\$743,000)	(\$185,750)	(\$712,000)	(\$178,000)
21	21	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0	\$0	\$0
22	22	NEWBORN HEARING SCREENING PROGRAM	\$7,800,000	\$3,900,000	\$8,845,000	\$4,422,500	\$7,700,000	\$3,850,000	(\$100,000)	(\$50,000)	(\$1,145,000)	(\$572,500)
23	23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$4,931,000	\$1,232,750	\$7,094,000	\$1,773,500	\$6,677,000	\$1,669,250	\$1,746,000	\$436,500	(\$417,000)	(\$104,250)
24	24	DMC COUNTY UR & QA ADMIN	\$6,156,000	\$0	\$6,278,000	\$0	\$190,000	\$0	(\$5,966,000)	\$0	(\$6,088,000)	\$0
25	25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,291,000	\$1,389,750	\$5,000,000	\$1,328,500	\$5,000,000	\$1,328,500	(\$291,000)	(\$61,250)	\$0	\$0
26	26	CLINICAL DATA COLLECTION	\$4,000,000	\$475,000	\$3,531,000	\$409,350	\$3,094,000	\$353,200	(\$906,000)	(\$121,800)	(\$437,000)	(\$56,150)
27	27	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$3,310,000	\$0	\$3,248,000	\$0	\$6,356,000	\$269,000	\$3,046,000	\$269,000	\$3,108,000	\$269,000
28	28	MEDICARE BENEFICIARY IDENTIFIER	\$1,280,000	\$128,000	\$2,618,000	\$261,800	\$1,862,000	\$186,200	\$582,000	\$58,200	(\$756,000)	(\$75,600)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		DHCS-OTHER										
29	29	ELECTRONIC ASSET VERIFICATION PROGRAM	\$2,416,000	\$1,208,000	\$2,416,000	\$1,208,000	\$1,164,000	\$582,000	(\$1,252,000)	(\$626,000)	(\$1,252,000)	(\$626,000)
30	30	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0	\$0	\$0
31	31	CA-MMIS MEDCOMPASS SOLUTION	\$1,803,000	\$262,500	\$2,252,000	\$327,500	\$2,252,000	\$327,500	\$449,000	\$65,000	\$0	\$0
32	32	MITA	\$2,750,000	\$275,000	\$2,206,000	\$220,600	\$2,772,000	\$277,200	\$22,000	\$2,200	\$566,000	\$56,600
33	33	MEDS MODERNIZATION	\$0	\$0	\$2,015,000	\$266,750	\$2,015,000	\$266,750	\$2,015,000	\$266,750	\$0	\$0
34	34	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,500,000	\$750,000	\$1,600,000	\$800,000	\$2,120,000	\$1,060,000	\$620,000	\$310,000	\$520,000	\$260,000
35	35	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,000,000	\$0	\$1,272,000	\$0	\$1,272,000	\$0	\$272,000	\$0	\$0	\$0
36	36	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$0	\$0	\$0	\$0
37	37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000	\$950,000	\$950,000	\$0	\$0	\$0	\$0
38	38	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$899,000	\$449,500	\$888,000	\$444,000	\$888,000	\$444,000	(\$11,000)	(\$5,500)	\$0	\$0
39	39	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0	\$0	\$0
40	40	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$740,000	\$370,000	\$734,000	\$367,000	\$728,000	\$364,000	(\$12,000)	(\$6,000)	(\$6,000)	(\$3,000)
41	41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$1,024,000	\$512,000	\$592,000	\$296,000	\$340,000	\$170,000	(\$684,000)	(\$342,000)	(\$252,000)	(\$126,000)
42	42	T-MSIS	\$334,000	\$83,500	\$431,000	\$107,750	\$418,000	\$104,500	\$84,000	\$21,000	(\$13,000)	(\$3,250)
43	43	VENDOR FOR AAC RATE STUDY	\$325,000	\$162,500	\$390,000	\$195,000	\$386,000	\$193,000	\$61,000	\$30,500	(\$4,000)	(\$2,000)
44	44	CCT OUTREACH - ADMINISTRATIVE COSTS	\$348,000	\$0	\$342,000	\$0	\$342,000	\$0	(\$6,000)	\$0	\$0	\$0
45	45	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$200,000	\$100,000	\$200,000	\$100,000	\$100,000	\$50,000	(\$100,000)	(\$50,000)	(\$100,000)	(\$50,000)
46	46	STATE CONTROLLER'S OFFICE INTERAGENCY AGREEMENT	\$173,000	\$43,250	\$173,000	\$43,250	\$4,000	\$1,000	(\$169,000)	(\$42,250)	(\$169,000)	(\$42,250)
47	47	DENTAL PAPD PROJECT MANAGER	\$125,000	\$31,250	\$125,000	\$31,250	\$161,000	\$40,250	\$36,000	\$9,000	\$36,000	\$9,000
48	48	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0	\$100,000	\$0	\$0	\$0	\$0	\$0
49	49	TAR POSTAGE	\$54,000	\$27,000	\$52,000	\$26,000	\$32,000	\$16,000	(\$22,000)	(\$11,000)	(\$20,000)	(\$10,000)
50	50	ENROLLMENT ASSIST FOR BHT INSTITUTIONALLY DEEMED	\$0	\$0	\$43,000	\$21,500	\$43,000	\$21,500	\$43,000	\$21,500	\$0	\$0
55	55	INTERIM AND FINAL COST SETTLEMENTS-SMHS	(\$25,692,000)	\$0	(\$35,823,000)	\$0	(\$2,688,000)	\$0	\$23,004,000	\$0	\$33,135,000	\$0
3	--	MH/UCD & BTR - LIHP - ADMINISTRATIVE COSTS	\$119,816,000	\$0	\$119,816,000	\$0	\$0	\$0	(\$119,816,000)	\$0	(\$119,816,000)	\$0
12	--	PERFORMANCE OUTCOMES SYSTEM	\$14,952,000	\$6,190,000	\$13,783,000	\$6,227,000	\$0	\$0	(\$14,952,000)	(\$6,190,000)	(\$13,783,000)	(\$6,227,000)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
DHCS-OTHER												
54	--	TITLE XXI FEDERAL MATCH REDUCTION OTHER ADMIN	(\$1,927,000)	\$9,793,000	(\$3,099,000)	\$9,764,570	\$0	\$0	\$1,927,000	(\$9,793,000)	\$3,099,000	(\$9,764,570)
--	--	MEDICAL INTERPRETERS	\$5,205,000	\$2,602,500	\$0	\$0	\$0	\$0	(\$5,205,000)	(\$2,602,500)	\$0	\$0
		DHCS-OTHER SUBTOTAL	\$1,335,480,000	\$171,722,670	\$1,110,438,000	\$226,182,740	\$887,821,000	\$153,266,760	(\$447,659,000)	(\$18,455,910)	(\$222,617,000)	(\$72,915,980)
DHCS-MEDICAL FI												
56	56	MEDICAL FI OPERATIONS	\$93,135,000	\$30,236,000	\$81,248,000	\$26,095,250	\$79,012,000	\$25,401,500	(\$14,123,000)	(\$4,834,500)	(\$2,236,000)	(\$693,750)
57	57	MEDICAL FI COST REIMBURSEMENT	\$35,664,000	\$10,301,500	\$41,090,000	\$10,830,150	\$42,390,000	\$11,068,050	\$6,726,000	\$766,550	\$1,300,000	\$237,900
58	58	MEDICAL FI HOURLY REIMBURSEMENT	\$27,546,000	\$5,986,500	\$27,546,000	\$5,986,500	\$27,546,000	\$5,986,500	\$0	\$0	\$0	\$0
59	59	MEDICAL FI OTHER ESTIMATED COSTS	\$11,280,000	\$3,270,000	\$11,280,000	\$3,270,000	\$11,080,000	\$3,220,000	(\$200,000)	(\$50,000)	(\$200,000)	(\$50,000)
60	60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,075,000	\$674,750	\$2,440,000	\$766,000	\$2,445,000	\$767,250	\$370,000	\$92,500	\$5,000	\$1,250
61	61	MEDICAL FI CHANGE ORDERS	\$515,000	\$128,750	\$464,000	\$116,000	\$536,000	\$134,000	\$21,000	\$5,250	\$72,000	\$18,000
111	111	MEDICAL FI SRP RELEASE 1 HOSTING	\$0	\$0	\$7,042,000	\$1,023,700	\$7,042,000	\$1,023,700	\$7,042,000	\$1,023,700	\$0	\$0
--	114	MEDICAL FI TURNOVER	\$0	\$0	\$0	\$0	\$600,000	\$193,500	\$600,000	\$193,500	\$600,000	\$193,500
--	--	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$804,000	\$80,400	\$0	\$0	\$0	\$0	(\$804,000)	(\$80,400)	\$0	\$0
		DHCS-MEDICAL FI SUBTOTAL	\$171,019,000	\$50,677,900	\$171,110,000	\$48,087,600	\$170,651,000	\$47,794,500	(\$368,000)	(\$2,883,400)	(\$459,000)	(\$293,100)
DHCS-HEALTH CARE OPT												
63	63	HCO COST REIMBURSEMENT	\$44,849,000	\$21,571,400	\$44,189,000	\$21,254,320	\$44,189,000	\$21,254,320	(\$660,000)	(\$317,080)	\$0	\$0
64	64	HCO OPERATIONS	\$40,650,000	\$19,553,980	\$44,074,000	\$21,201,380	\$29,179,000	\$14,036,980	(\$11,471,000)	(\$5,517,000)	(\$14,895,000)	(\$7,164,400)
65	65	HCO - ENROLLMENT CONTRACTOR COSTS	\$16,518,000	\$7,945,120	\$17,990,000	\$8,653,380	\$17,990,000	\$8,653,380	\$1,472,000	\$708,260	\$0	\$0
66	66	HCO ESR HOURLY REIMBURSEMENT	\$14,318,000	\$6,886,920	\$15,580,000	\$7,493,980	\$15,580,000	\$7,493,980	\$1,262,000	\$607,060	\$0	\$0
67	67	HCO CCI - CAL MEDICONNECT AND MLTSS	\$14,200,000	\$7,100,000	\$15,269,000	\$7,634,500	\$15,269,000	\$7,634,500	\$1,069,000	\$534,500	\$0	\$0
68	68	HCO TAKEOVER	\$3,664,000	\$1,832,000	\$2,769,000	\$1,384,500	\$2,769,000	\$1,384,500	(\$895,000)	(\$447,500)	\$0	\$0
69	69	HCO TURNOVER	\$865,000	\$432,500	\$932,000	\$466,000	\$522,000	\$261,000	(\$343,000)	(\$171,500)	(\$410,000)	(\$205,000)
		DHCS-HEALTH CARE OPT SUBTOTAL	\$135,064,000	\$65,321,920	\$140,803,000	\$68,088,060	\$125,498,000	\$60,718,660	(\$9,566,000)	(\$4,603,260)	(\$15,305,000)	(\$7,369,400)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
DHCS-DENTAL FI												
73	73	DENTAL FI OPERATIONS	\$52,000,000	\$17,250,000	\$68,813,000	\$22,755,750	\$57,261,000	\$19,912,250	\$5,261,000	\$2,662,250	(\$11,552,000)	(\$2,843,500)
74	74	DENTAL FI TAKEOVER 2016 CONTRACT	\$15,616,000	\$3,904,000	\$23,424,000	\$5,856,000	\$23,424,000	\$5,856,000	\$7,808,000	\$1,952,000	\$0	\$0
75	75	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$18,953,000	\$6,827,500	\$12,700,000	\$4,642,750	\$12,303,000	\$4,552,250	(\$6,650,000)	(\$2,275,250)	(\$397,000)	(\$90,500)
76	76	DENTAL FI HOURLY REIMBURSEMENT	\$8,004,000	\$2,001,000	\$8,748,000	\$2,187,000	\$6,604,000	\$1,651,000	(\$1,400,000)	(\$350,000)	(\$2,144,000)	(\$536,000)
77	77	DENTAL FI COST REIMBURSEMENT	\$5,638,000	\$2,625,250	\$8,016,000	\$3,839,000	\$7,492,000	\$3,650,000	\$1,854,000	\$1,024,750	(\$524,000)	(\$189,000)
78	78	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$10,598,000	\$2,977,000	\$7,300,000	\$2,019,500	\$6,794,000	\$1,800,000	(\$3,804,000)	(\$1,177,000)	(\$506,000)	(\$219,500)
79	79	DENTAL ASO TAKEOVER 2016 CONTRACT	\$2,947,000	\$736,750	\$4,420,000	\$1,105,000	\$3,756,000	\$939,000	\$809,000	\$202,250	(\$664,000)	(\$166,000)
80	80	DENTAL FI CD-MMIS COSTS	\$2,196,000	\$549,000	\$2,331,000	\$582,750	\$656,000	\$164,000	(\$1,540,000)	(\$385,000)	(\$1,675,000)	(\$418,750)
81	81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$4,133,000	\$2,066,500	\$1,779,000	\$889,500	\$1,893,000	\$946,500	(\$2,240,000)	(\$1,120,000)	\$114,000	\$57,000
83	83	DENTAL FI FEDERAL RULE - REVALIDATION	\$210,000	\$105,000	\$254,000	\$127,000	\$200,000	\$100,000	(\$10,000)	(\$5,000)	(\$54,000)	(\$27,000)
84	84	DENTAL FI FEDERAL RULE - DATABASE CHECKS	\$175,000	\$87,500	\$227,000	\$113,500	\$215,000	\$107,500	\$40,000	\$20,000	(\$12,000)	(\$6,000)
85	85	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA	\$134,000	\$67,000	\$179,000	\$89,500	\$196,000	\$98,000	\$62,000	\$31,000	\$17,000	\$8,500
86	86	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESSMENT	\$137,000	\$34,250	\$174,000	\$43,500	\$167,000	\$41,750	\$30,000	\$7,500	(\$7,000)	(\$1,750)
82	--	DENTAL TREATMENT AUTHORIZATION REQUEST PROCESSING	\$2,044,000	\$874,500	\$1,629,000	\$650,250	\$0	\$0	(\$2,044,000)	(\$874,500)	(\$1,629,000)	(\$650,250)
DHCS-DENTAL FI SUBTOTAL			\$122,785,000	\$40,105,250	\$139,994,000	\$44,901,000	\$120,961,000	\$39,818,250	(\$1,824,000)	(\$287,000)	(\$19,033,000)	(\$5,082,750)
OTHER DEPARTMENTS												
87	87	PERSONAL CARE SERVICES	\$371,080,000	\$0	\$421,326,000	\$0	\$385,201,000	\$0	\$14,121,000	\$0	(\$36,125,000)	\$0
88	88	HEALTH-RELATED ACTIVITIES - CDSS	\$277,756,000	\$0	\$299,589,000	\$0	\$274,418,000	\$0	(\$3,338,000)	\$0	(\$25,171,000)	\$0
89	89	CALHEERS DEVELOPMENT	\$120,477,000	\$23,413,020	\$125,682,000	\$26,008,790	\$125,682,000	\$26,008,790	\$5,205,000	\$2,595,770	\$0	\$0
90	90	CDSS ADMINISTRATIVE COSTS	\$57,301,000	\$0	\$52,239,000	\$0	\$53,471,000	\$0	(\$3,830,000)	\$0	\$1,232,000	\$0
91	91	MATERNAL AND CHILD HEALTH	\$35,201,000	\$0	\$35,201,000	\$0	\$36,945,000	\$0	\$1,744,000	\$0	\$1,744,000	\$0
92	92	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$29,829,000	\$0	\$29,829,000	\$0	\$41,379,000	\$0	\$11,550,000	\$0	\$11,550,000	\$0
93	93	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$28,553,000	\$0	\$37,029,000	\$0	\$19,640,000	\$0	(\$8,913,000)	\$0	(\$17,389,000)	\$0
94	94	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$14,645,000	\$0	\$15,145,000	\$0	\$14,395,000	\$0	(\$250,000)	\$0	(\$750,000)	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2017-18**

NOV.	MAY		2017-18 APPROPRIATION		NOV. 2017 EST. FOR 2017-18		MAY 2018 EST. FOR 2017-18		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
NO.	NO.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER DEPARTMENTS										
95	95	ACA OUTREACH AND ENROLLMENT COUNSELORS	\$11,711,000	\$0	\$11,442,000	\$0	\$11,442,000	\$0	(\$269,000)	\$0	\$0	\$0
96	96	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$0	\$5,355,000	\$0	\$5,355,000	\$0	\$1,155,000	\$0	\$0	\$0
97	97	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,116,000	\$0	\$4,093,000	\$0	\$4,093,000	\$0	(\$23,000)	\$0	\$0	\$0
98	98	VITAL RECORDS DATA	\$961,000	\$0	\$1,668,000	\$0	\$1,632,000	\$0	\$671,000	\$0	(\$36,000)	\$0
99	99	CALIFORNIA SMOKERS' HELPLINE	\$1,000,000	\$0	\$1,321,000	\$0	\$1,373,000	\$0	\$373,000	\$0	\$52,000	\$0
100	100	KIT FOR NEW PARENTS	\$1,119,000	\$0	\$1,119,000	\$0	\$1,119,000	\$0	\$0	\$0	\$0	\$0
101	101	VETERANS BENEFITS	\$956,000	\$0	\$1,100,000	\$0	\$1,100,000	\$0	\$144,000	\$0	\$0	\$0
102	102	CHHS AGENCY HIPAA FUNDING	\$849,000	\$0	\$849,000	\$0	\$849,000	\$0	\$0	\$0	\$0	\$0
103	103	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$813,000	\$0	\$813,000	\$0	\$813,000	\$0	\$0	\$0	\$0	\$0
104	104	CDPH I&E PROGRAM AND EVALUATION	\$558,000	\$0	\$752,000	\$0	\$566,000	\$0	\$8,000	\$0	(\$186,000)	\$0
105	105	MERIT SYSTEM SERVICES FOR COUNTIES	\$194,000	\$97,000	\$194,000	\$97,000	\$194,000	\$97,000	\$0	\$0	\$0	\$0
106	106	CDDS DENTAL SERVICES - ADMIN	\$120,000	\$0	\$62,000	\$0	\$67,000	\$0	(\$53,000)	\$0	\$5,000	\$0
107	107	PIA EYEWEAR COURIER SERVICE	\$341,000	\$170,500	\$341,000	\$170,500	\$341,000	\$170,500	\$0	\$0	\$0	\$0
		OTHER DEPARTMENTS SUBTOTAL	\$961,780,000	\$23,680,520	\$1,045,149,000	\$26,276,290	\$980,075,000	\$26,276,290	\$18,295,000	\$2,595,770	(\$65,074,000)	\$0
		OTHER ADMINISTRATION TOTAL	\$2,726,128,000	\$351,508,260	\$2,607,494,000	\$413,535,690	\$2,285,006,000	\$327,874,460	(\$441,122,000)	(\$23,633,800)	(\$322,488,000)	(\$85,661,230)
		GRAND TOTAL COUNTY AND OTHER ADMINISTRATION	\$4,997,575,000	\$1,115,098,760	\$4,876,682,000	\$1,191,716,690	\$4,516,251,000	\$1,349,895,460	(\$481,324,000)	\$234,796,700	(\$360,431,000)	\$158,178,770

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-OTHER</u>						
1	1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$258,096,000	\$163,399,000	\$154,118,000	\$136,412,000	(\$103,978,000)	(\$26,987,000)
2	2	CCS CASE MANAGEMENT	\$183,544,000	\$60,137,620	\$190,884,000	\$63,819,120	\$7,340,000	\$3,681,500
--	3	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$0	\$0	\$119,816,000	\$0	\$119,816,000	\$0
4	4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$106,250,000	\$0	\$130,354,000	\$0	\$24,104,000	\$0
5	5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$77,066,000	\$0	\$95,200,000	\$1,118,000	\$18,134,000	\$1,118,000
6	6	EPSDT CASE MANAGEMENT	\$33,962,000	\$12,115,250	\$33,962,000	\$11,957,000	\$0	(\$158,250)
7	7	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$35,601,000	\$9,190,840	\$32,835,000	\$8,767,720	(\$2,766,000)	(\$423,120)
8	8	SMH MAA	\$32,293,000	\$0	\$33,834,000	\$0	\$1,541,000	\$0
9	9	ARRA HITECH INCENTIVE PROGRAM	\$11,276,000	\$0	\$27,180,000	\$0	\$15,904,000	\$0
10	10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$22,757,000	\$7,584,000	\$22,507,000	\$7,502,000	(\$250,000)	(\$82,000)
11	11	SMHS COUNTY UR & QA ADMIN	\$26,162,000	\$948,000	\$28,667,000	\$953,000	\$2,505,000	\$5,000
12	12	PERFORMANCE OUTCOMES SYSTEM	\$16,137,000	\$6,953,250	\$14,321,000	\$6,414,250	(\$1,816,000)	(\$539,000)
13	13	PAVE SYSTEM	\$15,988,000	\$7,129,300	\$14,511,000	\$7,675,500	(\$1,477,000)	\$546,200
14	14	POSTAGE & PRINTING	\$21,586,000	\$10,921,000	\$26,786,000	\$13,521,000	\$5,200,000	\$2,600,000
15	15	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$16,872,000	\$8,119,000	\$16,872,000	\$8,119,000	\$0	\$0
16	16	PASRR	\$12,706,000	\$3,176,500	\$12,706,000	\$3,176,500	\$0	\$0
17	17	MIS/DSS CONTRACT	\$11,331,000	\$3,004,750	\$11,331,000	\$3,004,750	\$0	\$0
18	18	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
19	19	SURS AND MARS SYSTEM REPLACEMENT	\$9,077,000	\$2,086,250	\$9,077,000	\$2,086,250	\$0	\$0
20	20	MEDI-CAL RECOVERY CONTRACTS	\$9,884,000	\$2,471,000	\$9,339,000	\$2,334,750	(\$545,000)	(\$136,250)
21	21	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
22	22	NEWBORN HEARING SCREENING PROGRAM	\$7,825,000	\$3,912,500	\$8,225,000	\$4,112,500	\$400,000	\$200,000

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-OTHER</u>						
23	23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$5,488,000	\$1,372,000	\$5,488,000	\$1,372,000	\$0	\$0
24	24	DMC COUNTY UR & QA ADMIN	\$15,934,000	\$0	\$5,811,000	\$0	(\$10,123,000)	\$0
25	25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,000,000	\$1,328,500	\$5,000,000	\$1,328,500	\$0	\$0
26	26	CLINICAL DATA COLLECTION	\$2,130,000	\$288,000	\$2,474,000	\$322,400	\$344,000	\$34,400
27	27	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$3,248,000	\$0	\$27,767,000	\$373,000	\$24,519,000	\$373,000
28	28	MEDICARE BENEFICIARY IDENTIFIER	\$1,578,000	\$157,800	\$1,636,000	\$163,600	\$58,000	\$5,800
29	29	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,328,000	\$1,664,000	\$3,328,000	\$1,664,000	\$0	\$0
30	30	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
31	31	CA-MMIS MEDCOMPASS SOLUTION	\$1,576,000	\$229,300	\$1,576,000	\$229,300	\$0	\$0
32	32	MITA	\$2,733,000	\$273,300	\$5,274,000	\$527,400	\$2,541,000	\$254,100
34	34	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,500,000	\$750,000	\$1,500,000	\$750,000	\$0	\$0
35	35	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,100,000	\$0	\$8,600,000	\$3,750,000	\$7,500,000	\$3,750,000
36	36	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$0	\$0
37	37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000	\$0	\$0
38	38	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$926,000	\$463,000	\$926,000	\$463,000	\$0	\$0
39	39	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
40	40	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$708,000	\$354,000	\$696,000	\$348,000	(\$12,000)	(\$6,000)
41	41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$432,000	\$216,000	\$684,000	\$342,000	\$252,000	\$126,000
42	42	T-MSIS	\$270,000	\$67,500	\$276,000	\$69,000	\$6,000	\$1,500
43	43	VENDOR FOR AAC RATE STUDY	\$327,000	\$163,500	\$332,000	\$166,000	\$5,000	\$2,500
44	44	CCT OUTREACH - ADMINISTRATIVE COSTS	\$342,000	\$0	\$342,000	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-OTHER</u>						
45	45	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$200,000	\$100,000	\$300,000	\$150,000	\$100,000	\$50,000
48	48	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0	\$0	\$0
49	49	TAR POSTAGE	\$52,000	\$26,000	\$32,000	\$16,000	(\$20,000)	(\$10,000)
--	55	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$0	\$0	\$26,745,000	\$0	\$26,745,000	\$0
109	109	MANAGED CARE REGULATIONS - MH PARITY	\$21,284,000	\$3,040,000	\$20,799,000	\$2,971,000	(\$485,000)	(\$69,000)
--	115	MOBILE VISION CARE SERVICES	\$0	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
--	116	RECONCILIATION TO BUDGET ACT	\$0	\$0	\$0	\$0	\$0	\$0
--	117	HEALTH INFORMATION EXCHANGE EXPANSION	\$0	\$0	\$50,000,000	\$5,000,000	\$50,000,000	\$5,000,000
54	--	TITLE XXI FEDERAL MATCH REDUCTION OTHER ADMIN	(\$3,574,000)	\$12,286,060	\$0	\$0	\$3,574,000	(\$12,286,060)
		DHCS-OTHER SUBTOTAL	\$999,520,000	\$337,614,720	\$1,189,636,000	\$315,666,040	\$190,116,000	(\$21,948,680)
		<u>DHCS-MEDICAL FI</u>						
56	56	MEDICAL FI OPERATIONS	\$79,177,000	\$25,369,500	\$77,098,000	\$24,731,750	(\$2,079,000)	(\$637,750)
57	57	MEDICAL FI COST REIMBURSEMENT	\$36,004,000	\$10,404,750	\$36,151,000	\$10,319,000	\$147,000	(\$85,750)
58	58	MEDICAL FI HOURLY REIMBURSEMENT	\$27,546,000	\$5,986,500	\$27,546,000	\$5,986,500	\$0	\$0
59	59	MEDICAL FI OTHER ESTIMATED COSTS	\$11,280,000	\$3,270,000	\$11,080,000	\$3,220,000	(\$200,000)	(\$50,000)
60	60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,440,000	\$766,000	\$2,392,000	\$790,000	(\$48,000)	\$24,000
61	61	MEDICAL FI CHANGE ORDERS	\$523,000	\$130,750	\$544,000	\$136,000	\$21,000	\$5,250
62	62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$1,679,000	\$167,900	\$1,679,000	\$167,900	\$0	\$0
111	111	MEDICAL FI SRP RELEASE 1 HOSTING	\$8,450,000	\$1,228,700	\$8,450,000	\$1,228,700	\$0	\$0
		DHCS-MEDICAL FI SUBTOTAL	\$167,099,000	\$47,324,100	\$164,940,000	\$46,579,850	(\$2,159,000)	(\$744,250)
		<u>DHCS-HEALTH CARE OPT</u>						
63	63	HCO COST REIMBURSEMENT	\$13,582,000	\$6,532,220	\$13,582,000	\$6,532,220	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-HEALTH CARE OPT</u>						
64	64	HCO OPERATIONS	\$13,686,000	\$6,583,840	\$9,103,000	\$4,379,360	(\$4,583,000)	(\$2,204,480)
65	65	HCO - ENROLLMENT CONTRACTOR COSTS	\$5,638,000	\$2,711,840	\$5,638,000	\$2,711,840	\$0	\$0
66	66	HCO ESR HOURLY REIMBURSEMENT	\$4,824,000	\$2,320,420	\$4,824,000	\$2,320,420	\$0	\$0
67	67	HCO CCI - CAL MEDICONNECT AND MLTSS	\$4,816,000	\$2,408,000	\$4,816,000	\$2,408,000	\$0	\$0
68	68	HCO TAKEOVER	\$5,231,000	\$2,615,500	\$5,231,000	\$2,615,500	\$0	\$0
69	69	HCO TURNOVER	\$2,564,000	\$1,282,000	\$1,436,000	\$718,000	(\$1,128,000)	(\$564,000)
70	70	HCO OPERATIONS 2017 CONTRACT	\$27,935,000	\$13,436,640	\$27,935,000	\$13,436,640	\$0	\$0
71	71	HCO COST REIMBURSEMENT 2017 CONTRACT	\$27,040,000	\$13,006,240	\$27,040,000	\$13,006,240	\$0	\$0
72	72	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$9,248,000	\$4,448,440	\$9,304,000	\$4,475,300	\$56,000	\$26,860
		DHCS-HEALTH CARE OPT SUBTOTAL	\$114,564,000	\$55,345,140	\$108,909,000	\$52,603,520	(\$5,655,000)	(\$2,741,620)
		<u>DHCS-DENTAL FI</u>						
74	74	DENTAL FI TAKEOVER 2016 CONTRACT	\$5,856,000	\$1,464,000	\$5,856,000	\$1,464,000	\$0	\$0
75	75	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$35,620,000	\$13,168,500	\$38,138,000	\$13,832,250	\$2,518,000	\$663,750
78	78	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$18,788,000	\$4,973,500	\$20,505,000	\$5,439,000	\$1,717,000	\$465,500
79	79	DENTAL ASO TAKEOVER 2016 CONTRACT	\$1,105,000	\$276,250	\$939,000	\$234,750	(\$166,000)	(\$41,500)
--	80	DENTAL FI CD-MMIS COSTS	\$0	\$0	\$1,279,000	\$319,750	\$1,279,000	\$319,750
81	81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$1,781,000	\$890,500	\$1,895,000	\$947,500	\$114,000	\$57,000
		DHCS-DENTAL FI SUBTOTAL	\$63,150,000	\$20,772,750	\$68,612,000	\$22,237,250	\$5,462,000	\$1,464,500
		<u>OTHER DEPARTMENTS</u>						
87	87	PERSONAL CARE SERVICES	\$382,359,000	\$0	\$393,693,000	\$0	\$11,334,000	\$0
88	88	HEALTH-RELATED ACTIVITIES - CDSS	\$299,700,000	\$0	\$330,365,000	\$0	\$30,665,000	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2018 ESTIMATE COMPARED TO NOVEMBER 2017 ESTIMATE
FISCAL YEAR 2018-19**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2017 EST. FOR 2018-19		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER DEPARTMENTS						
89	89	CALHEERS DEVELOPMENT	\$126,267,000	\$26,135,040	\$126,987,000	\$26,302,170	\$720,000	\$167,130
90	90	CDDS ADMINISTRATIVE COSTS	\$51,378,000	\$0	\$52,686,000	\$0	\$1,308,000	\$0
91	91	MATERNAL AND CHILD HEALTH	\$37,522,000	\$0	\$37,555,000	\$0	\$33,000	\$0
92	92	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$29,829,000	\$0	\$41,379,000	\$0	\$11,550,000	\$0
93	93	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$36,257,000	\$0	\$31,853,000	\$0	(\$4,404,000)	\$0
94	94	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$14,945,000	\$0	\$14,195,000	\$0	(\$750,000)	\$0
96	96	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$0	\$4,200,000	\$0	\$0	\$0
97	97	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,279,000	\$0	\$4,279,000	\$0	\$0	\$0
98	98	VITAL RECORDS DATA	\$874,000	\$0	\$922,000	\$0	\$48,000	\$0
99	99	CALIFORNIA SMOKERS' HELPLINE	\$2,200,000	\$0	\$2,200,000	\$0	\$0	\$0
100	100	KIT FOR NEW PARENTS	\$1,119,000	\$0	\$1,119,000	\$0	\$0	\$0
101	101	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0
102	102	CHHS AGENCY HIPAA FUNDING	\$849,000	\$0	\$849,000	\$0	\$0	\$0
103	103	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$813,000	\$0	\$813,000	\$0	\$0	\$0
104	104	CDPH I&E PROGRAM AND EVALUATION	\$827,000	\$0	\$562,000	\$0	(\$265,000)	\$0
105	105	MERIT SYSTEM SERVICES FOR COUNTIES	\$194,000	\$97,000	\$194,000	\$97,000	\$0	\$0
107	107	PIA EYEWEAR COURIER SERVICE	\$341,000	\$170,500	\$341,000	\$170,500	\$0	\$0
		OTHER DEPARTMENTS SUBTOTAL	\$995,053,000	\$26,402,540	\$1,045,292,000	\$26,569,670	\$50,239,000	\$167,130
		OTHER ADMINISTRATION TOTAL	\$2,339,386,000	\$487,459,250	\$2,577,389,000	\$463,656,330	\$238,003,000	(\$23,802,920)
		GRAND TOTAL COUNTY AND OTHER ADMINISTRATION	\$4,697,397,000	\$1,200,398,750	\$4,895,649,000	\$1,342,486,830	\$198,252,000	\$142,088,080

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2017-18 AND 2018-19**

NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-OTHER</u>						
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$149,215,000	\$8,867,000	\$154,118,000	\$136,412,000	\$4,903,000	\$127,545,000
2	CCS CASE MANAGEMENT	\$194,938,000	\$66,662,210	\$190,884,000	\$63,819,120	(\$4,054,000)	(\$2,843,090)
3	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$0	\$0	\$119,816,000	\$0	\$119,816,000	\$0
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$126,718,000	\$0	\$130,354,000	\$0	\$3,636,000	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$110,634,000	\$11,000	\$95,200,000	\$1,118,000	(\$15,434,000)	\$1,107,000
6	EPSDT CASE MANAGEMENT	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0
7	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$26,726,000	\$5,766,800	\$32,835,000	\$8,767,720	\$6,109,000	\$3,000,920
8	SMH MAA	\$31,851,000	\$0	\$33,834,000	\$0	\$1,983,000	\$0
9	ARRA HITECH INCENTIVE PROGRAM	\$17,596,000	\$0	\$27,180,000	\$0	\$9,584,000	\$0
10	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$5,801,000	\$1,933,000	\$22,507,000	\$7,502,000	\$16,706,000	\$5,569,000
11	SMHS COUNTY UR & QA ADMIN	\$25,855,000	\$265,000	\$28,667,000	\$953,000	\$2,812,000	\$688,000
12	PERFORMANCE OUTCOMES SYSTEM	\$0	\$0	\$14,321,000	\$6,414,250	\$14,321,000	\$6,414,250
13	PAVE SYSTEM	\$14,587,000	\$3,873,100	\$14,511,000	\$7,675,500	(\$76,000)	\$3,802,400
14	POSTAGE & PRINTING	\$20,586,000	\$10,421,000	\$26,786,000	\$13,521,000	\$6,200,000	\$3,100,000
15	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$16,872,000	\$8,119,000	\$16,872,000	\$8,119,000	\$0	\$0
16	PASRR	\$11,783,000	\$2,945,750	\$12,706,000	\$3,176,500	\$923,000	\$230,750
17	MIS/DSS CONTRACT	\$11,379,000	\$3,013,750	\$11,331,000	\$3,004,750	(\$48,000)	(\$9,000)
18	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
19	SURS AND MARS SYSTEM REPLACEMENT	\$10,090,000	\$1,802,050	\$9,077,000	\$2,086,250	(\$1,013,000)	\$284,200
20	MEDI-CAL RECOVERY CONTRACTS	\$9,475,000	\$2,368,750	\$9,339,000	\$2,334,750	(\$136,000)	(\$34,000)
21	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
22	NEWBORN HEARING SCREENING PROGRAM	\$7,700,000	\$3,850,000	\$8,225,000	\$4,112,500	\$525,000	\$262,500
23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM	\$6,677,000	\$1,669,250	\$5,488,000	\$1,372,000	(\$1,189,000)	(\$297,250)

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NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-OTHER</u>						
24	DMC COUNTY UR & QA ADMIN	\$190,000	\$0	\$5,811,000	\$0	\$5,621,000	\$0
25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,000,000	\$1,328,500	\$5,000,000	\$1,328,500	\$0	\$0
26	CLINICAL DATA COLLECTION	\$3,094,000	\$353,200	\$2,474,000	\$322,400	(\$620,000)	(\$30,800)
27	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$6,356,000	\$269,000	\$27,767,000	\$373,000	\$21,411,000	\$104,000
28	MEDICARE BENEFICIARY IDENTIFIER	\$1,862,000	\$186,200	\$1,636,000	\$163,600	(\$226,000)	(\$22,600)
29	ELECTRONIC ASSET VERIFICATION PROGRAM	\$1,164,000	\$582,000	\$3,328,000	\$1,664,000	\$2,164,000	\$1,082,000
30	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
31	CA-MMIS MEDCOMPASS SOLUTION	\$2,252,000	\$327,500	\$1,576,000	\$229,300	(\$676,000)	(\$98,200)
32	MITA	\$2,772,000	\$277,200	\$5,274,000	\$527,400	\$2,502,000	\$250,200
33	MEDS MODERNIZATION	\$2,015,000	\$266,750	\$0	\$0	(\$2,015,000)	(\$266,750)
34	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,120,000	\$1,060,000	\$1,500,000	\$750,000	(\$620,000)	(\$310,000)
35	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,272,000	\$0	\$8,600,000	\$3,750,000	\$7,328,000	\$3,750,000
36	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$603,500	\$0	\$0
37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES	\$950,000	\$950,000	\$950,000	\$950,000	\$0	\$0
38	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$888,000	\$444,000	\$926,000	\$463,000	\$38,000	\$19,000
39	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
40	POSTAGE AND PRINTING - THIRD PARTY LIAB.	\$728,000	\$364,000	\$696,000	\$348,000	(\$32,000)	(\$16,000)
41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE	\$340,000	\$170,000	\$684,000	\$342,000	\$344,000	\$172,000
42	T-MSIS	\$418,000	\$104,500	\$276,000	\$69,000	(\$142,000)	(\$35,500)
43	VENDOR FOR AAC RATE STUDY	\$386,000	\$193,000	\$332,000	\$166,000	(\$54,000)	(\$27,000)
44	CCT OUTREACH - ADMINISTRATIVE COSTS	\$342,000	\$0	\$342,000	\$0	\$0	\$0
45	MEDICARE BUY-IN QUALITY REVIEW PROJECT	\$100,000	\$50,000	\$300,000	\$150,000	\$200,000	\$100,000
46	STATE CONTROLLER'S OFFICE INTERAGENCY AGREEMENT	\$4,000	\$1,000	\$0	\$0	(\$4,000)	(\$1,000)
47	DENTAL PAPD PROJECT MANAGER	\$161,000	\$40,250	\$0	\$0	(\$161,000)	(\$40,250)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-OTHER</u>						
48	CCS CASE MANAGEMENT SUPPLEMENTAL PAYMENT	\$100,000	\$0	\$100,000	\$0	\$0	\$0
49	TAR POSTAGE	\$32,000	\$16,000	\$32,000	\$16,000	\$0	\$0
50	ENROLLMENT ASSIST FOR BHT INSTITUTIONALLY DEEMED	\$43,000	\$21,500	\$0	\$0	(\$43,000)	(\$21,500)
55	INTERIM AND FINAL COST SETTLEMENTS-SMHS	(\$2,688,000)	\$0	\$26,745,000	\$0	\$29,433,000	\$0
109	MANAGED CARE REGULATIONS - MH PARITY	\$0	\$0	\$20,799,000	\$2,971,000	\$20,799,000	\$2,971,000
115	MOBILE VISION CARE SERVICES	\$0	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
116	RECONCILIATION TO BUDGET ACT	\$0	\$0	\$0	\$0	\$0	\$0
117	HEALTH INFORMATION EXCHANGE EXPANSION	\$0	\$0	\$50,000,000	\$5,000,000	\$50,000,000	\$5,000,000
	DHCS-OTHER SUBTOTAL	\$887,821,000	\$153,266,760	\$1,189,636,000	\$315,666,040	\$301,815,000	\$162,399,280
	<u>DHCS-MEDICAL FI</u>						
56	MEDICAL FI OPERATIONS	\$79,012,000	\$25,401,500	\$77,098,000	\$24,731,750	(\$1,914,000)	(\$669,750)
57	MEDICAL FI COST REIMBURSEMENT	\$42,390,000	\$11,068,050	\$36,151,000	\$10,319,000	(\$6,239,000)	(\$749,050)
58	MEDICAL FI HOURLY REIMBURSEMENT	\$27,546,000	\$5,986,500	\$27,546,000	\$5,986,500	\$0	\$0
59	MEDICAL FI OTHER ESTIMATED COSTS	\$11,080,000	\$3,220,000	\$11,080,000	\$3,220,000	\$0	\$0
60	MEDICAL FI MISCELLANEOUS EXPENSES	\$2,445,000	\$767,250	\$2,392,000	\$790,000	(\$53,000)	\$22,750
61	MEDICAL FI CHANGE ORDERS	\$536,000	\$134,000	\$544,000	\$136,000	\$8,000	\$2,000
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$0	\$0	\$1,679,000	\$167,900	\$1,679,000	\$167,900
111	MEDICAL FI SRP RELEASE 1 HOSTING	\$7,042,000	\$1,023,700	\$8,450,000	\$1,228,700	\$1,408,000	\$205,000
114	MEDICAL FI TURNOVER	\$600,000	\$193,500	\$0	\$0	(\$600,000)	(\$193,500)
	DHCS-MEDICAL FI SUBTOTAL	\$170,651,000	\$47,794,500	\$164,940,000	\$46,579,850	(\$5,711,000)	(\$1,214,650)
	<u>DHCS-HEALTH CARE OPT</u>						
63	HCO COST REIMBURSEMENT	\$44,189,000	\$21,254,320	\$13,582,000	\$6,532,220	(\$30,607,000)	(\$14,722,100)
64	HCO OPERATIONS	\$29,179,000	\$14,036,980	\$9,103,000	\$4,379,360	(\$20,076,000)	(\$9,657,620)

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NO.	POLICY CHANGE TITLE	MAY 2018 EST. FOR 2017-18		MAY 2018 EST. FOR 2018-19		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-HEALTH CARE OPT</u>						
65	HCO - ENROLLMENT CONTRACTOR COSTS	\$17,990,000	\$8,653,380	\$5,638,000	\$2,711,840	(\$12,352,000)	(\$5,941,540)
66	HCO ESR HOURLY REIMBURSEMENT	\$15,580,000	\$7,493,980	\$4,824,000	\$2,320,420	(\$10,756,000)	(\$5,173,560)
67	HCO CCI - CAL MEDICONNECT AND MLTSS	\$15,269,000	\$7,634,500	\$4,816,000	\$2,408,000	(\$10,453,000)	(\$5,226,500)
68	HCO TAKEOVER	\$2,769,000	\$1,384,500	\$5,231,000	\$2,615,500	\$2,462,000	\$1,231,000
69	HCO TURNOVER	\$522,000	\$261,000	\$1,436,000	\$718,000	\$914,000	\$457,000
70	HCO OPERATIONS 2017 CONTRACT	\$0	\$0	\$27,935,000	\$13,436,640	\$27,935,000	\$13,436,640
71	HCO COST REIMBURSEMENT 2017 CONTRACT	\$0	\$0	\$27,040,000	\$13,006,240	\$27,040,000	\$13,006,240
72	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$0	\$0	\$9,304,000	\$4,475,300	\$9,304,000	\$4,475,300
	DHCS-HEALTH CARE OPT SUBTOTAL	\$125,498,000	\$60,718,660	\$108,909,000	\$52,603,520	(\$16,589,000)	(\$8,115,140)
	<u>DHCS-DENTAL FI</u>						
73	DENTAL FI OPERATIONS	\$57,261,000	\$19,912,250	\$0	\$0	(\$57,261,000)	(\$19,912,250)
74	DENTAL FI TAKEOVER 2016 CONTRACT	\$23,424,000	\$5,856,000	\$5,856,000	\$1,464,000	(\$17,568,000)	(\$4,392,000)
75	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$12,303,000	\$4,552,250	\$38,138,000	\$13,832,250	\$25,835,000	\$9,280,000
76	DENTAL FI HOURLY REIMBURSEMENT	\$6,604,000	\$1,651,000	\$0	\$0	(\$6,604,000)	(\$1,651,000)
77	DENTAL FI COST REIMBURSEMENT	\$7,492,000	\$3,650,000	\$0	\$0	(\$7,492,000)	(\$3,650,000)
78	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$6,794,000	\$1,800,000	\$20,505,000	\$5,439,000	\$13,711,000	\$3,639,000
79	DENTAL ASO TAKEOVER 2016 CONTRACT	\$3,756,000	\$939,000	\$939,000	\$234,750	(\$2,817,000)	(\$704,250)
80	DENTAL FI CD-MMIS COSTS	\$656,000	\$164,000	\$1,279,000	\$319,750	\$623,000	\$155,750
81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$1,893,000	\$946,500	\$1,895,000	\$947,500	\$2,000	\$1,000
83	DENTAL FI FEDERAL RULE - REVALIDATION	\$200,000	\$100,000	\$0	\$0	(\$200,000)	(\$100,000)
84	DENTAL FI FEDERAL RULE - DATABASE CHECKS	\$215,000	\$107,500	\$0	\$0	(\$215,000)	(\$107,500)
85	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA	\$196,000	\$98,000	\$0	\$0	(\$196,000)	(\$98,000)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-DENTAL FI</u>						
86	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESSMENT	\$167,000	\$41,750	\$0	\$0	(\$167,000)	(\$41,750)
	DHCS-DENTAL FI SUBTOTAL	\$120,961,000	\$39,818,250	\$68,612,000	\$22,237,250	(\$52,349,000)	(\$17,581,000)
	<u>OTHER DEPARTMENTS</u>						
87	PERSONAL CARE SERVICES	\$385,201,000	\$0	\$393,693,000	\$0	\$8,492,000	\$0
88	HEALTH-RELATED ACTIVITIES - CDSS	\$274,418,000	\$0	\$330,365,000	\$0	\$55,947,000	\$0
89	CALHEERS DEVELOPMENT	\$125,682,000	\$26,008,790	\$126,987,000	\$26,302,170	\$1,305,000	\$293,380
90	CDDS ADMINISTRATIVE COSTS	\$53,471,000	\$0	\$52,686,000	\$0	(\$785,000)	\$0
91	MATERNAL AND CHILD HEALTH	\$36,945,000	\$0	\$37,555,000	\$0	\$610,000	\$0
92	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$0	\$41,379,000	\$0	\$0	\$0
93	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$19,640,000	\$0	\$31,853,000	\$0	\$12,213,000	\$0
94	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$14,395,000	\$0	\$14,195,000	\$0	(\$200,000)	\$0
95	ACA OUTREACH AND ENROLLMENT COUNSELORS	\$11,442,000	\$0	\$0	\$0	(\$11,442,000)	\$0
96	CLPP CASE MANAGEMENT SERVICES	\$5,355,000	\$0	\$4,200,000	\$0	(\$1,155,000)	\$0
97	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,093,000	\$0	\$4,279,000	\$0	\$186,000	\$0
98	VITAL RECORDS DATA	\$1,632,000	\$0	\$922,000	\$0	(\$710,000)	\$0
99	CALIFORNIA SMOKERS' HELPLINE	\$1,373,000	\$0	\$2,200,000	\$0	\$827,000	\$0
100	KIT FOR NEW PARENTS	\$1,119,000	\$0	\$1,119,000	\$0	\$0	\$0
101	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>OTHER DEPARTMENTS</u>						
102	CHHS AGENCY HIPAA FUNDING	\$849,000	\$0	\$849,000	\$0	\$0	\$0
103	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$813,000	\$0	\$813,000	\$0	\$0	\$0
104	CDPH I&E PROGRAM AND EVALUATION	\$566,000	\$0	\$562,000	\$0	(\$4,000)	\$0
105	MERIT SYSTEM SERVICES FOR COUNTIES	\$194,000	\$97,000	\$194,000	\$97,000	\$0	\$0
106	CDDS DENTAL SERVICES - ADMIN	\$67,000	\$0	\$0	\$0	(\$67,000)	\$0
107	PIA EYEWEAR COURIER SERVICE	\$341,000	\$170,500	\$341,000	\$170,500	\$0	\$0
	OTHER DEPARTMENTS SUBTOTAL	\$980,075,000	\$26,276,290	\$1,045,292,000	\$26,569,670	\$65,217,000	\$293,380
	OTHER ADMINISTRATION TOTAL	\$2,285,006,000	\$327,874,460	\$2,577,389,000	\$463,656,330	\$292,383,000	\$135,781,870
	GRAND TOTAL COUNTY AND OTHER ADMINISTRATION	\$4,516,251,000	\$1,349,895,460	\$4,895,649,000	\$1,342,486,830	\$379,398,000	(\$7,408,630)

MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>DHCS-OTHER</u>
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES
2	CCS CASE MANAGEMENT
3	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS
4	COUNTY SPECIALTY MENTAL HEALTH ADMIN
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES
6	EPSDT CASE MANAGEMENT
7	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS
8	SMH MAA
9	ARRA HITECH INCENTIVE PROGRAM
10	MANAGED CARE REGULATIONS - MENTAL HEALTH
11	SMHS COUNTY UR & QA ADMIN
12	PERFORMANCE OUTCOMES SYSTEM
13	PAVE SYSTEM
14	POSTAGE & PRINTING
15	ACTUARIAL COSTS FOR RATE DEVELOPMENT
16	PASRR
17	MIS/DSS CONTRACT
18	CCI-ADMINISTRATIVE COSTS
19	SURS AND MARS SYSTEM REPLACEMENT
20	MEDI-CAL RECOVERY CONTRACTS
21	LITIGATION RELATED SERVICES
22	NEWBORN HEARING SCREENING PROGRAM
23	HIPAA CAPITATION PAYMENT REPORTING SYSTEM
24	DMC COUNTY UR & QA ADMIN
25	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)
26	CLINICAL DATA COLLECTION
27	DRUG MEDI-CAL COUNTY ADMINISTRATION
28	MEDICARE BENEFICIARY IDENTIFIER
29	ELECTRONIC ASSET VERIFICATION PROGRAM
30	SDMC SYSTEM M&O SUPPORT
31	CA-MMIS MEDCOMPASS SOLUTION
32	MITA
33	MEDS MODERNIZATION
34	SSA COSTS FOR HEALTH COVERAGE INFO.
35	CALIFORNIA HEALTH INTERVIEW SURVEY
36	FAMILY PACT PROGRAM ADMIN.
37	SAN DIEGO CO. ADMINISTRATIVE ACTIVITIES
38	MMA - DSH ANNUAL INDEPENDENT AUDIT

MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>DHCS-OTHER</u>
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40	POSTAGE AND PRINTING - THIRD PARTY LIAB.
41	IRS REPORTING FOR MIN. ESSENTIAL COVERAGE
42	T-MSIS
43	VENDOR FOR AAC RATE STUDY
44	CCT OUTREACH - ADMINISTRATIVE COSTS
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58	MEDICAL FI HOURLY REIMBURSEMENT
59	MEDICAL FI OTHER ESTIMATED COSTS
60	MEDICAL FI MISCELLANEOUS EXPENSES
61	MEDICAL FI CHANGE ORDERS
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES
111	MEDICAL FI SRP RELEASE 1 HOSTING
114	MEDICAL FI TURNOVER
	<u>DHCS-HEALTH CARE OPT</u>
63	HCO COST REIMBURSEMENT
64	HCO OPERATIONS
65	HCO - ENROLLMENT CONTRACTOR COSTS
66	HCO ESR HOURLY REIMBURSEMENT
67	HCO CCI - CAL MEDICONNECT AND MLTSS
68	HCO TAKEOVER
69	HCO TURNOVER
70	HCO OPERATIONS 2017 CONTRACT

MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
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74	DENTAL FI TAKEOVER 2016 CONTRACT
75	DENTAL ASO ADMINISTRATION 2016 CONTRACT
76	DENTAL FI HOURLY REIMBURSEMENT
77	DENTAL FI COST REIMBURSEMENT
78	DENTAL FI ADMINISTRATION 2016 CONTRACT
79	DENTAL ASO TAKEOVER 2016 CONTRACT
80	DENTAL FI CD-MMIS COSTS
81	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN
83	DENTAL FI FEDERAL RULE - REVALIDATION
84	DENTAL FI FEDERAL RULE - DATABASE CHECKS
85	DENTAL FI CONLAN, SCHWARZMER, STEVENS V. BONTA
86	DENTAL FI HIPAA ADDENDUM SECURITY RISK ASSESSMENT
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87	PERSONAL CARE SERVICES
88	HEALTH-RELATED ACTIVITIES - CDSS
89	CALHEERS DEVELOPMENT
90	CDDS ADMINISTRATIVE COSTS
91	MATERNAL AND CHILD HEALTH
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**MEDI-CAL OTHER ADMINISTRATION
POLICY CHANGE INDEX**

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CALIFORNIA HEALTH INTERVIEW SURVEY

OTHER ADMIN. POLICY CHANGE NUMBER: 35
IMPLEMENTATION DATE: 7/2015
ANALYST: Katy Clay
FISCAL REFERENCE NUMBER: 1902

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
TOTAL FUNDS	\$1,272,000	\$8,600,000
STATE FUNDS	\$0	\$3,750,000
FEDERAL FUNDS	\$1,272,000	\$4,850,000

DESCRIPTION

Purpose:

This policy change estimates the California Health Interview Survey (CHIS) contract services costs.

Authority:

Interagency Agreement (IA) 15-92271 A01
 SB 856 (Budget Act of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

CHIS is a random-dial telephone survey that asks questions on a wide range of health topics. CHIS is conducted on a continuous basis allowing it to provide a detailed picture of the health and health care needs of California's large and diverse population. The survey provides statewide information on the overall population including many racial and ethnic groups, as well as county-level information for most counties to aid with health planning, priority setting, and to compare health outcomes in numerous ways.

The University of California, Los Angeles (UCLA) Center for Health Policy Research conducts CHIS in collaboration with the California Department of Public Health (CDPH) and the Department. The Department contracts directly with UCLA to utilize CHIS for program needs and performance. The current contract is funded by federal funds (FF); the non-federal share is paid through certified public expenditures (CPEs). The Department's current contract with UCLA is effective from July 1, 2015 and will end on June 30, 2021.

Effective July 20, 2017, the IA contract was amended to increase the maximum amount reimbursable annually from \$1 million to \$1,100,000, to align the contract to updated salary costs and operating expenses for the CHIS contractors.

SB 856 provides additional funding for the collection and analysis of long-term support services data. Additionally, SB 856 authorizes a pilot expansion of children and youth data collection through CHIS.

Reason for Change:

There is no change from the prior estimate to FY 2017-18. The change from the prior estimate to FY 2018-19 resulted from an additional \$7.5M FF (\$3.75M GF) appropriated in SB 856 for long-term services and supports data collection, and a pilot children and youth data collection effort. The Department will pay two quarters of the additional funding in FY 2018-19. The change from FY 2017-18 to FY 2018-19, in the current estimate, results from the additional funds appropriated in SB 856 for FY

CALIFORNIA HEALTH INTERVIEW SURVEY**OTHER ADMIN. POLICY CHANGE NUMBER: 35**

2018-19, as well as retroactive claims for FY 2015-16 being included in FY 2017-18.

Methodology:

1. Assume UCLA will submit documentation of CPEs on the CHIS survey. Expenditures will consist of funds received by UCLA from non-federal sources.
2. In July 2017, the CHIS contract was amended to increase the annual reimbursement amount retroactive to FY 2015-16.
3. On an accrual basis, beginning FY 2015-16, the maximum reimbursable amount for California Health Interview Survey is \$1,100,000 FF annually.
4. On a cash basis, assume two quarters will be paid in the current fiscal year and the remaining two quarters will be paid in the subsequent fiscal year.
5. Beginning in FY 2018-19, SB 856 provides an additional \$6,000,000 TF (\$3,000,000 GF) for the collection and analysis of data on long-term services and supports. Additionally, it provides \$1,500,000 (\$750,000 GF) for a pilot data collection effort on children and youth.
6. UCLA is expected to submit additional invoices for FY 2015-16 and FY 2016-17 for payment in FY 2017-18.
7. The estimated administrative costs reimbursements for FY 2017-18 on a cash basis, and FY 2018-19 on a cash and accrual basis, are:

(Dollars in Thousands)

FY 2017-18	TF	FF
FY 2015-16 Claims	\$79	\$79
FY 2016-17 Claims	\$643	\$643
FY 2017-18 Claims	\$550	\$550
Total for FY 2017-18	\$1,272	\$1,272

FY 2018-19	TF	GF	FF
FY 2017-18 Claims*	\$550	\$0	\$550
FY 2018-19 Claims*	\$8,050	\$3,750	\$4,300
Total for FY 2018-19	\$8,600	\$3,750	\$4,850

Funding:

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

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

MOBILE VISION CARE SERVICES

OTHER ADMIN. POLICY CHANGE NUMBER: 115
IMPLEMENTATION DATE: 7/2018
ANALYST: Cang Ly
FISCAL REFERENCE NUMBER: 2095

	FY 2017-18	FY 2018-19
TOTAL FUNDS	\$0	\$1,000,000
STATE FUNDS	\$0	\$1,000,000
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

Purpose:

This policy change estimates the payments to a contractor providing mobile vision care services.

Authority:

SB 840 (Chapter 29, Statutes of 2018)

Interdependent Policy Changes:

Not Applicable

Background:

SB 840 appropriates \$1,000,000 GF for direct payments to a mobile vision service provider that participated in the pilot program operated pursuant to Section 14087.9730 of the Welfare and Institutions (W&I) Code. The payments will be reimbursements for services previously covered under the pilot program pursuant to W&I Code 14087.9730 and not otherwise reimbursable under the Medi-Cal program for dates of service on or after July 1, 2018 to December 31, 2018.

Reason for Change:

This is a new policy change.

Methodology:

1. Payments will total \$1,000,000 GF in FY 2018-19.

(Dollars in Thousands)

FY 2018-19	TF	GF
Mobile Vision Care Services	\$1,000	1,000

Funding:

100% GF (4260-101-0001)

RECONCILIATION TO BUDGET ACT

OTHER ADMIN. POLICY CHANGE NUMBER: 116
IMPLEMENTATION DATE: 7/2018
ANALYST: Celine Donaldson
FISCAL REFERENCE NUMBER: 2096

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

DESCRIPTION

This policy change reconciles the May 2018 Medi-Cal Estimate to the Budget Act for 2018.

	TF	GF	FFP
4260-101 (Title XIX)	(\$2,054,000)	\$ 0	(\$2,054,000)
4260-101 (FI Title XIX)	\$ 2,054,000	\$ 0	\$ 2,054,000
Total for FY 2018-19	\$ 0	\$ 0	\$ 0

HEALTH INFORMATION EXCHANGE EXPANSION

OTHER ADMIN. POLICY CHANGE NUMBER: 117
IMPLEMENTATION DATE: 7/2018
ANALYST: Katy Clay
FISCAL REFERENCE NUMBER: 2101

	<u>FY 2017-18</u>	<u>FY 2018-19</u>
TOTAL FUNDS	\$0	\$50,000,000
STATE FUNDS	\$0	\$5,000,000
FEDERAL FUNDS	\$0	\$45,000,000

DESCRIPTION

Purpose:

This policy change estimates the cost of the development of a Health Information Exchange to facilitate data sharing of health information between health systems.

Authority:

SB 856 (Budget Act of 2018)
SB 840

Interdependent Policy Changes:

Not Applicable

Background:

The Data Collection and Sharing Initiative, authorized in the Budget Act of 2018, funds the development of a Health Information Exchange. This expands the work budgeted in Other Administration Policy Change 9 ARRA HITECH Incentive Program.

Reason for Change:

This is a new policy change.

Methodology:

The Data Collection and Sharing Initiative is funded by Title XIX at a 90% federal match. The total amount allocated for this initiative in FY 2018-19 is \$50,000,000 TF (\$5,000,000 GF).

Funding:

90% Title XIX Federal Fund (4260-101-0890)