

FAMILY HEALTH
NOVEMBER 2019
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2019-20 *and* 2020-21



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
NOVEMBER 2019
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2019-20 and 2020-21**

Fiscal Forecasting Division
State Department of Health Care Services
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Family Health Local Assistance Estimate

Management Summary

November 2019 Estimate

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

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

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

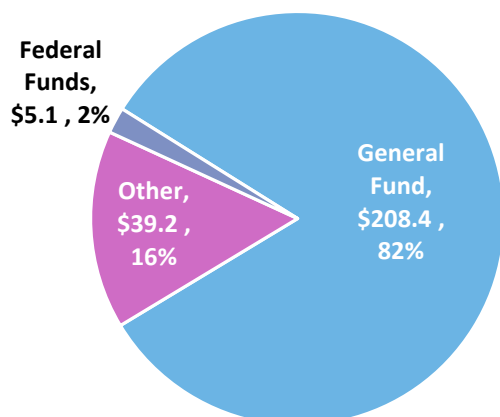
The following is a brief description of each program.

- California Children's Services (CCS): The CCS program, established in 1927, is one of the oldest public health care programs in the nation and is administered in partnership with county health departments. The CCS state-only program provides health care services to children up to age 21 who have a CCS-eligible condition, such as: cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, or traumatic injury. Either children enrolled in the CCS state-only program do not qualify for full-scope Medi-Cal or their families cannot afford the catastrophic health care costs for the child's care.
- Genetically Handicapped Persons Program (GHPP): The GHPP program, established in 1975, provides medically necessary services and administrative case management for individuals age 21 and over with a GHPP-eligible condition, such as cystic fibrosis, hemophilia, sickle cell, Huntington's, or metabolic diseases. The GHPP state-only program is for those individuals who do not qualify for full scope Medi-Cal.
- Every Woman Counts (EWC) Program: The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured Californians who do not qualify for Medi-Cal.

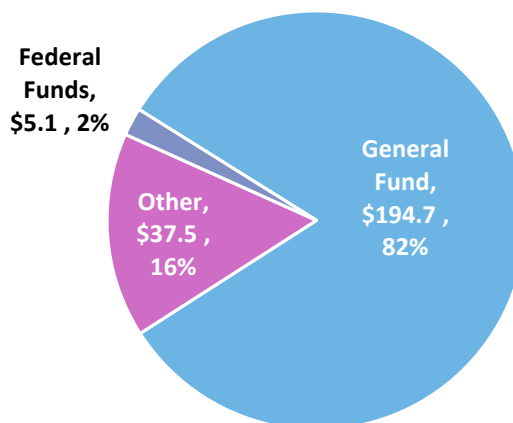
Family Health estimated program expenditures are \$237.3 million in FY 2019-20 and \$237.7 million in FY 2020-21. This does not include funds spent by county health departments on these programs.

FY 2019-20

Appropriation
Dollars in Millions
\$252.7 Million Total Funds



November 2019
Dollars in Millions
\$237.3 Million Total Funds



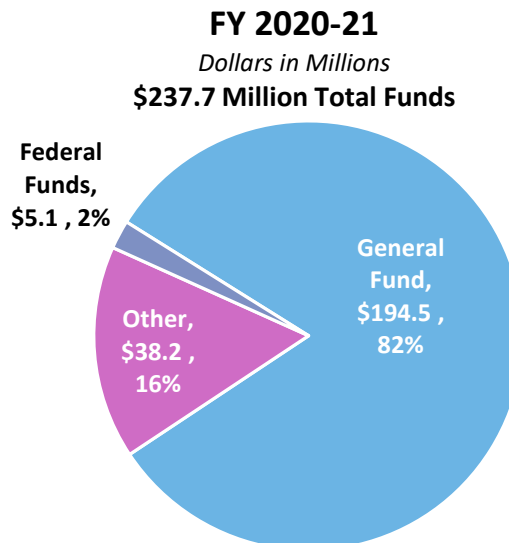
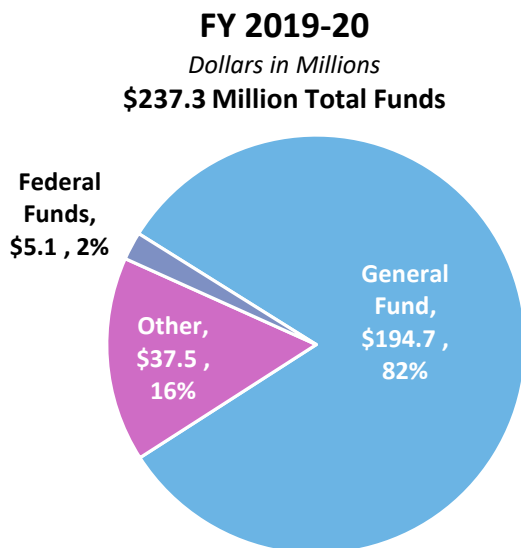
The November 2019 Family Health Estimate for FY 2019-20 is \$13.7 million General Fund less than the 2019-20 Budget Appropriation.

FY 2019-20, General Fund

	Appropriation	November 2019	Change
<u>Fund 4260-111-0001</u>			
California Children's Services (CCS)	\$ 81.15	\$ 76.85	\$ (4.30)
Genetically Handicapped Persons Program (GHPP)	\$ 114.32	\$ 102.70	\$ (11.62)
<u>Total Fund 4260-111-0001</u>	\$ 195.47	\$ 179.56	\$ (15.92)
<u>Fund 4260-114-0001</u>			
Every Woman Counts Program (EWC)	\$ 12.91	\$ 15.12	\$ 2.21
<u>Total Fund 4260-114-0001</u>	\$ 12.91	\$ 15.12	\$ 2.21
Total General Fund	\$ 208.38	\$ 194.68	\$ (13.71)

(Dollars in Millions, Rounded)

November 2019 Estimate



Family Health General Fund costs are not projected to change significantly between FY 2019-20 and FY 2020-21.

November 2019, General Fund			
	FY 2019-20	FY 2020-21	Change
<u>Fund 4260-111-0001</u>			
California Children's Services (CCS)	\$ 76.85	\$ 77.65	\$ 0.79
Genetically Handicapped Persons Program (GHPP)	\$ 102.70	\$ 102.12	\$ (0.59)
Total Fund 4260-111-0001	\$ 179.56	\$ 179.76	\$ 0.21
<u>Fund 4260-114-0001</u>			
Every Woman Counts Program (EWC)	\$ 15.12	\$ 14.69	\$ (0.43)
Total Fund 4260-114-0001	\$ 15.12	\$ 14.69	\$ (0.43)
Total General Fund	\$ 194.68	\$ 194.45	\$ (0.23)

(Dollars in Millions, Rounded)

Caseload

CCS

The November 2019 Family Health Local Assistance Estimate projects a flat trend for CCS State-Only caseload with an estimated average quarterly count of 14,500 for both FY 2019-20 and FY 2020-21.

GHPP

The November 2019 Family Health Local Assistance Estimate projects a flat trend for GHPP State-Only caseload with an estimated average quarterly count of 620 for both FY 2019-20 and FY 2020-21.

EWC

The November 2019 Family Health Local Assistance Estimate projects a slight increase in users from the Appropriation for FY 2019-20 due to reprocessing previously denied claims. FY 2020-21 assumes a steady caseload absent the reprocessing denied claims.

SIGNIFICANT ITEMS

<i>Dollars in Millions</i>		Change from Appropriation		Change from FY 2019-20	
		FY 2019-20		FY 2020-21	
Name	PC	TF	GF	TF	GF
CCS/GHPP Non-Blood Factor Rebates	CCS 12, GHPP 8	\$0.58	\$3.02	(\$0.58)	(\$3.02)
The Department has begun the process of collecting rebates for the non-Blood Factor drugs in the California Children's Services (CCS) State-Only program and Genetically Handicapped Persons Program (GHPP). In the current estimate, the General Fund savings from the rebate collections have been updated to occur in FY 2020-21.					
GHPP Base Treatment Expenditures		(\$11.3)	(\$11.3)	\$0	\$0
The trend in GHPP treatment expenditures has leveled since the Appropriation. The November 2019 Family Health Local Assistance projects a flat trend for these expenditures at approximately \$113M annually.					
EWC Mammography Code Modifications	EWC 7	\$1.00	\$1.00	(\$1.00)	(\$1.00)
This policy change estimates removal of frequency limitations and Treatment Authorization Request (TAR) restrictions for Every Woman Counts (EWC) mammography codes. This is a new policy change for a one-time cost in FY 2019-20 for retroactive payments for the time period October 2017-November 2018; Ongoing costs, beginning November 2018, have been incorporated into the EWC base and trends.					

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

	Approp Est. FY 2019-20	Nov. 19 Est. FY 2019-20	Chg Approp - Nov. 2019 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 81,148,000	\$ 76,851,000	\$ (4,297,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 86,761,000	\$ 82,357,000	\$ (4,404,000)
TOTAL CCS	\$ 86,601,000	\$ 82,304,000	\$ (4,297,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 114,323,000	\$ 102,704,000	\$ (11,619,000)
4260-611-0995 (Enrollment Fees)	\$ 463,000	\$ 457,000	\$ (6,000)
4260-601-3079 (Rebates Special Fund)	\$ 10,748,000	\$ 9,100,000	\$ (1,648,000)
TOTAL GHPP	\$ 125,534,000	\$ 112,261,000	\$ (13,273,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 12,913,000	\$ 15,122,000	\$ 2,209,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 40,545,000	\$ 42,754,000	\$ 2,209,000
GRAND TOTAL - ALL FUNDS	\$ 252,680,000	\$ 237,319,000	\$ (15,361,000)
4260-111-0001*	\$ 195,471,000	\$ 179,555,000	\$ (15,916,000)
4260-114-0001	\$ 12,913,000	\$ 15,122,000	\$ 2,209,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,916,000	\$ 5,910,000	\$ (6,000)
4260-601-3079	\$ 10,748,000	\$ 9,100,000	\$ (1,648,000)
County Funds ¹	\$ 86,761,000	\$ 82,357,000	\$ (4,404,000)

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

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

Management Summary**Fiscal Year 2019-20 Compared to Fiscal Year 2020-21**

	Nov. 19 Est. FY 2019-20	Nov. 19 Est. FY 2020-21	Difference Incr./(Decr.)
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 76,851,000	\$ 77,645,000	\$ 794,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 82,357,000	\$ 83,152,000	\$ 795,000
TOTAL CCS	\$ 82,304,000	\$ 83,098,000	\$ 794,000
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 102,704,000	\$ 102,117,000	\$ (587,000)
4260-611-0995 (Enrollment Fees)	\$ 457,000	\$ 457,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 9,100,000	\$ 9,748,000	\$ 648,000
TOTAL GHPP	\$ 112,261,000	\$ 112,322,000	\$ 61,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 15,122,000	\$ 14,688,000	\$ (434,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 42,754,000	\$ 42,320,000	\$ (434,000)
GRAND TOTAL - ALL FUNDS	\$ 237,319,000	\$ 237,740,000	\$ 421,000
4260-111-0001*	\$ 179,555,000	\$ 179,762,000	\$ 207,000
4260-114-0001	\$ 15,122,000	\$ 14,688,000	\$ (434,000)
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,910,000	\$ 5,910,000	\$ 0
4260-601-3079	\$ 9,100,000	\$ 9,748,000	\$ 648,000
County Funds ¹	\$ 82,357,000	\$ 83,152,000	\$ 795,000

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

Management Summary**Fiscal Year 2020-21****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2019-20	Nov. 19 Est. FY 2020-21	Chg Approp - Nov. 2019 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 81,148,000	\$ 77,645,000	\$ (3,503,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
County Funds ¹	\$ 86,761,000	\$ 83,151,500	\$ (3,609,500)
TOTAL CCS	\$ 86,601,000	\$ 83,098,000	\$ (3,503,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 114,323,000	\$ 102,117,000	\$ (12,206,000)
4260-611-0995 (Enrollment Fees)	\$ 463,000	\$ 457,000	\$ (6,000)
4260-601-3079 (Rebates Special Fund)	\$ 10,748,000	\$ 9,748,000	\$ (1,000,000)
TOTAL GHPP	\$ 125,534,000	\$ 112,322,000	\$ (13,212,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 12,913,000	\$ 14,688,000	\$ 1,775,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 40,545,000	\$ 42,320,000	\$ 1,775,000
GRAND TOTAL - ALL FUNDS	\$ 252,680,000	\$ 237,740,000	\$ (14,940,000)
4260-111-0001*	\$ 195,471,000	\$ 179,762,000	\$ (15,709,000)
4260-114-0001	\$ 12,913,000	\$ 14,688,000	\$ 1,775,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,916,000	\$ 5,910,000	\$ (6,000)
4260-601-3079	\$ 10,748,000	\$ 9,748,000	\$ (1,000,000)
County Funds ¹	\$ 86,761,000	\$ 83,151,500	\$ (3,609,500)

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

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

CALIFORNIA CHILDREN'S SERVICES Funding Summary

FY 2019-20, November 2019 Estimate Compared to May 2019 Estimate			
	Appropriation FY 2019-20	Nov. 2019 Est. FY 2019-20	Difference Incr./((Decr.))
CCS State-Only Caseload:	14,639	14,497	(142)
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 81,147,900	\$ 76,850,500	\$ (4,297,400)
Total General Fund	\$ 81,147,900	\$ 76,850,500	\$ (4,297,400)
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Federal Funds	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Funds	\$ 86,600,900	\$ 82,303,500	\$ (4,297,400)

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21			
	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./((Decr.))
CCS State-Only Caseload:	14,497	14,497	0
4260-111-0001 (General Fund)			
State Only General Fund (4260-111-0001)	\$ 76,850,500	\$ 77,644,500	\$ 794,000
Total General Fund	\$ 76,850,500	\$ 77,644,500	\$ 794,000
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Federal Funds	\$ 5,453,000	\$ 5,453,000	\$ 0
Total Funds	\$ 82,303,500	\$ 83,097,500	\$ 794,000

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

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>County Funds</u>
A. State Only Services				
1. Treatment Costs				
Treatment Base 1/	5,235,000	5,235,000	-	4,735,000
Bone Marrow Xplant 2/	125,000	125,000	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	(400,000)
Total Treatment Base	5,760,000	5,760,000	-	4,210,000
2. Therapy Costs				
Therapy Base	68,524,000	68,524,000	-	68,524,000
MTU Medi-Cal Offset 4/	(5,392,000)	(5,392,000)	-	(1,798,000)
AB3632 5/	890,000	890,000	-	(890,000)
Total Therapy Base	64,022,000	64,022,000	-	65,836,000
3. Enroll/Assess Fees	(52,500)	(52,500)	-	(52,500)
4. Benefits Policy Changes	(45,000)	(45,000)	-	(45,000)
	\$ 69,684,500	\$ 69,684,500	\$ 0	\$ 69,948,500
B. State Only Admin.				
1. County Admin.	12,408,000	6,955,000	5,453,000	12,408,000
2. Fiscal Inter.	20,000	20,000	-	-
3. FI Dental	1,000	1,000	-	-
4. CMS Net	190,000	190,000	-	-
	\$ 12,619,000	\$ 7,166,000	\$ 5,453,000	\$ 12,408,000
Total CCS State Only	\$ 82,303,500	\$ 76,850,500	\$ 5,453,000	\$ 82,356,500
GRAND TOTAL	\$ 82,303,500	\$ 76,850,500	\$ 5,453,000	\$ 82,356,500

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

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

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

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

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

5/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF, 50% County funds. Since they are funded by 100% GF, 50% of the total AB3632 costs are shifted from County to General Fund.

CALIFORNIA CHILDREN'S SERVICES**Fiscal Year 2020-21****Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>County Funds</u>
A. State Only Services				
1. Treatment Costs				
Treatment Base 1/	5,235,000	5,235,000	-	4,735,000
Bone Marrow Xplant 2/	125,000	125,000	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	(400,000)
Total Treatment Base	5,760,000	5,760,000	-	4,210,000
2. Therapy Costs				
Therapy Base	69,890,000	69,890,000	-	69,891,000
MTU Medi-Cal Offset 4/	(5,392,000)	(5,392,000)	-	(1,798,000)
AB3632 5/	890,000	890,000	-	(890,000)
Total Therapy Base	65,388,000	65,388,000	-	67,203,000
3. Enroll/Assess Fees	(52,500)	(52,500)	-	(52,500)
4. Benefits Policy Changes	(617,000)	(617,000)	-	(617,000)
	\$ 70,478,500	\$ 70,478,500	\$ 0	\$ 70,743,500
B. State Only Admin.				
1. County Admin.	12,408,000	6,955,000	5,453,000	12,408,000
2. Fiscal Inter.	20,000	20,000	-	-
3. FI Dental	1,000	1,000	-	-
4. CMS Net	190,000	190,000	-	-
	\$ 12,619,000	\$ 7,166,000	\$ 5,453,000	\$ 12,408,000
Total CCS State Only	\$ 83,097,500	\$ 77,644,500	\$ 5,453,000	\$ 83,151,500
GRAND TOTAL	\$ 83,097,500	\$ 77,644,500	\$ 5,453,000	\$ 83,151,500

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

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

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

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

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

5/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF, 50% County funds. Since they are funded by 100% GF, 50% of the total AB3632 costs are shifted from County to General Fund.

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2019-20

November 2019 Estimate Compared to May 2019 Estimate, Total Funds

	Appropriation	Nov. 2019 Est.	Difference
	<u>FY 2019-20</u>	<u>FY 2019-20</u>	<u>Incr./ (Decr.)</u>
A. Total CCS State Only Services	<u>\$ 75,133,400</u>	<u>\$ 69,684,500</u>	<u>\$ (5,448,900)</u>
1. Treatment Services	6,830,000	5,760,000	(1,070,000)
2. Medical Therapy Program	63,644,000	64,022,000	378,000
3. Benefits Policy Changes	4,711,900	(45,000)	(4,756,900)
4. Enroll/Assessment Fees	(52,500)	(52,500)	-
B. CCS Administration			
1. County Administration	11,256,500	12,408,000	1,151,500
2. Fiscal Intermediary	211,000	211,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 86,600,900</u>	<u>\$ 82,303,500</u>	<u>\$ (4,297,400)</u>
 TOTAL CCS PROGRAM	 <u>\$ 86,600,900</u>	 <u>\$ 82,303,500</u>	 <u>\$ (4,297,400)</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, General Fund and Federal Funds
Fiscal Year 2019-20

November 2019 Estimate Compared to May 2019 Estimate, General Fund

	Appropriation	Nov. 2019 Est.	Difference
	FY 2019-20	FY 2019-20	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 75,133,400</u>	<u>\$ 69,684,500</u>	<u>\$ (5,448,900)</u>
1. Treatment Services	6,830,000	5,760,000	(1,070,000)
2. Medical Therapy Program	63,644,000	64,022,000	378,000
3. Benefits Policy Changes	4,711,900	(45,000)	(4,756,900)
4. Enroll/Assessment Fees	(52,500)	(52,500)	-
B. CCS Administration			
1. County Administration	5,803,500	6,955,000	1,151,500
2. Fiscal Intermediary	211,000	211,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 81,147,900</u>	<u>\$ 76,850,500</u>	<u>\$ (4,297,400)</u>
TOTAL CCS PROGRAM	<u>\$ 81,147,900</u>	<u>\$ 76,850,500</u>	<u>\$ (4,297,400)</u>

November 2019 Estimate Compared to May 2019 Estimate, Federal Funds

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

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds
Budget Year Compared to Current Year****November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds**

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 69,684,500</u>	<u>\$ 70,478,500</u>	<u>\$ 794,000</u>
1. Treatment Services	5,760,000	5,760,000	-
2. Medical Therapy Program	64,022,000	65,388,000	1,366,000
3. Benefits Policy Changes	(45,000)	(617,000)	(572,000)
4. Enroll/Assessment Fees	(52,500)	(52,500)	-
B. CCS Administration			
1. County Administration	12,408,000	12,408,000	-
2. Fiscal Intermediary	211,000	211,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 82,303,500</u>	<u>\$ 83,097,500</u>	<u>\$ 794,000</u>
TOTAL CCS PROGRAM	<u>\$ 82,303,500</u>	<u>\$ 83,097,500</u>	<u>\$ 794,000</u>

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

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 69,684,500</u>	<u>\$ 70,478,500</u>	<u>\$ 794,000</u>
1. Treatment Services	5,760,000	5,760,000	-
2. Medical Therapy Program	64,022,000	65,388,000	1,366,000
3. Benefits Policy Changes	(45,000)	(617,000)	(572,000)
4. Enroll/Assessment Fees	(52,500)	(52,500)	-
B. CCS Administration			
1. County Administration	6,955,000	6,955,000	-
2. Fiscal Intermediary	211,000	211,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 76,850,500</u>	<u>\$ 77,644,500</u>	<u>\$ 794,000</u>
TOTAL CCS PROGRAM	<u>\$ 76,850,500</u>	<u>\$ 77,644,500</u>	<u>\$ 794,000</u>

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, Federal Funds

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
B. CCS Administration			
1. County Administration	5,453,000	5,453,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 5,453,000</u>	<u>\$ 5,453,000</u>	<u>\$ 0</u>

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

Fiscal Year 2019-20, November 2019 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>			FY 2019-20 APPROPRIATION		NOVEMBER 2019 ESTIMATE		DIFFERENCE, Incr./((Decr.))	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$52,500	-\$52,500	-\$52,500	-\$52,500	\$0	\$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$11,256,500	\$11,256,500	\$12,408,000	\$12,408,000	\$1,151,500	\$1,151,500
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$19,000	\$19,000	\$20,000	\$20,000	\$1,000	\$1,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$2,000	\$2,000	\$1,000	\$1,000	-\$1,000	-\$1,000
FI	5	CMS NET	\$190,000	\$190,000	\$190,000	\$190,000	\$0	\$0
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$34,000	-\$34,000	-\$45,000	-\$45,000	-\$11,000	-\$11,000
Benefits	10	HOME HEALTH RATE INCREASE	\$4,349,000	\$4,349,000	\$0	\$0	-\$4,349,000	-\$4,349,000
Benefits	11	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$972,900	\$972,900	\$0	\$0	-\$972,900	-\$972,900
Benefits	12	CCS NON-BLOOD FACTOR REBATES	-\$576,000	-\$576,000	\$0	\$0	\$576,000	\$576,000
CCS TOTAL			<u>\$16,126,900</u>	<u>\$10,673,900</u>	<u>\$12,521,500</u>	<u>\$7,068,500</u>	<u>-\$3,605,400</u>	<u>-\$3,605,400</u>

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

* Dollars shown include payment lag and percent in base.

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

Fiscal Year 2019-20 Compared to Fiscal Year 2020-21							
<u>POLICY CHG.</u>			Nov. 2019 Est. for FY 2019-20		Nov. 2019 Est. for FY 2020-21		DIFFERENCE, Incr./.(Decr.)
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u> <u>STATE FUNDS</u>
CCS STATE ONLY							
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$52,500	-\$52,500	-\$52,500	-\$52,500	\$0 \$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$12,408,000	\$12,408,000	\$12,408,000	\$12,408,000	\$0 \$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$20,000	\$20,000	\$20,000	\$20,000	\$0 \$0
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0 \$0
FI	5	CMS NET	\$190,000	\$190,000	\$190,000	\$190,000	\$0 \$0
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0 \$0
Benefits	7	CCS DRUG REBATES	-\$45,000	-\$45,000	-\$41,000	-\$41,000	\$4,000 \$4,000
Benefits	10	HOME HEALTH RATE INCREASE	\$0	\$0	\$0	\$0	\$0 \$0
Benefits	11	PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$0	\$0	\$0 \$0
Benefits	12	CCS NON-BLOOD FACTOR REBATES	\$0	\$0	-\$576,000	-\$576,000	-\$576,000 -\$576,000
CCS TOTAL			<u>\$12,521,500</u>	<u>\$7,068,500</u>	<u>\$11,949,500</u>	<u>\$6,496,500</u>	<u>-\$572,000</u> <u>-\$572,000</u>

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

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	-\$52,500	-\$52,500
	- GENERAL FUND	-\$52,500	-\$52,500
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$52,500	-\$52,500
	- GENERAL FUND	-\$52,500	-\$52,500
	- COUNTY FUNDS	-\$52,500	-\$52,500

Purpose:

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

Authority:

Health & Safety Code 123870 and 123900

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

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

Methodology:

1. The enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2010 - March 2019.

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
Enrollment Fees:	\$94,000	\$94,000
Assessment Fees:	<u>\$10,000</u>	<u>\$10,000</u>
Total:	\$105,000 (\$52,500 GF Offset)	\$105,000 (\$52,500 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMIN. COSTS

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$12,408,000	\$12,408,000
	- GENERAL FUND	\$12,408,000	\$12,408,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$12,408,000	\$12,408,000
	- GENERAL FUND	\$12,408,000	\$12,408,000
	- COUNTY FUNDS	\$12,408,000	\$12,408,000

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

Estimated expenditures are based on prior year reported costs. The change for FY 2019-20 from the prior estimate is due to increased FY 2018-19 expenditures. There is no change between FY 2019-20 and FY 2020-21 in the current estimate.

Methodology:

1. For FY 2019-20, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2019-20.

FY 2019-20: \$24,816,000 (\$12,408,000 GF) (Includes County Funds)

2. FY 2020-21 is calculated based on the change in caseload between fiscal years in the November 2019 Family Health Estimate. CCS State-Only caseload is expected to remain steady at 14,497 in FY 2019-20 and FY 2020-21.

FY 2020-21: \$24,816,000 (\$12,408,000 GF) (Includes County Funds)

Funding:

General Fund (4260-111-0001)

County Funds*

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/1993
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$20,000	\$20,000
	- GENERAL FUND	\$20,000	\$20,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$20,000	\$20,000
	- GENERAL FUND	\$20,000	\$20,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change from the prior estimate, for FY 2019-20, is an increase due to updated projected ACLs and updated average costs per ACLs. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	31,014	\$ 0.57	\$ 18,000
Online ACLs	9,717	\$ 0.16	\$ 2,000
Total			\$ 20,000

FY 2020-21	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	31,014	\$ 0.58	\$ 18,000
Online ACLs	9,717	\$ 0.16	\$ 2,000
Total			\$ 20,000

Funding:

100% GF (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,000	\$1,000
	- GENERAL FUND	\$1,000	\$1,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,000	\$1,000
	- GENERAL FUND	\$1,000	\$1,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change from the prior estimate, for FY 2019-20, is a decreased due to updated actuals. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. The 2016 DXC FI contractor rates for scanning ACL and TAR documents are \$0.28 in FY 2019-20 and \$0.27 in FY 2020-21.
2. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates in FY 2019-20 are \$0.15 and \$5.81, respectively.

3. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates for FY 2020-21 are \$0.16 and \$4.95, respectively.

FI - FY 2019-20	Estimated Claims	Rates	Partial Year Expenditure
ACLs	362	\$ 0.28	\$ 101
TARs	96	\$ 0.28	\$ 27
			\$ 200

ASO - FY 2019-20	Estimated Claims	Rates	Partial Year Expenditure
ACLs	1,556	\$ 0.15	\$ 233
TARs	96	\$ 5.81	\$ 558
			\$ 800

Total FY 2019-20 **\$ 1,000 GF**

FI - FY 2020-21	Estimated Claims	Rates	Estimated Expenditure
ACLs	362	\$ 0.27	\$ 98
TARs	96	\$ 0.27	\$ 26
			\$ 200

ASO - FY 2020-21	Estimated Documents	Rates	Estimated Expenditure
ACLs	1,556	\$ 0.16	\$ 249
TARs	96	\$ 4.95	\$ 475
			\$ 800

Total FY 2020-21 **\$ 1,000 GF**

Funding:

100% GF (4260-111-0001)

CMS NET

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$190,000	\$190,000
	- GENERAL FUND	\$190,000	\$190,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$190,000	\$190,000
	- GENERAL FUND	\$190,000	\$190,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

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

Methodology:

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

2. CMS Net system costs for FY 2019-20 are estimated to be \$2,503,000. FY 2020-21 costs are estimated to be \$2,501,000.
3. Based on estimated FY 2019-20 and FY 2020-21 caseload counts, costs for CMS Net are projected to be split:

	FY 2019-20			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	14,497	7.8%	\$	190,000
CCS Medi-Cal*	171,551	92.2%	\$	2,313,000
Total	186,048	100%	\$	2,503,000

	FY 2020-21			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	14,497	7.8%	\$	190,000
CCS Medi-Cal*	172,526	92.2%	\$	2,311,000
Total	187,023	100%	\$	2,501,000

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

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

Funding:

100% General Fund (4260-111-0001)

TITLE V REIMBURSEMENT FROM CDPH

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2007
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

There is no change for FY 2019-20 from the prior estimate, and there is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. For FY 2019-20 and FY 2020-21, the amount expected to be received is \$5,453,000.

Funding:

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2011
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	-\$45,000	-\$41,000
	- GENERAL FUND	-\$45,000	-\$41,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$45,000	-\$41,000
	- GENERAL FUND	-\$45,000	-\$41,000
	- COUNTY FUNDS	-\$45,000	-\$41,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change for FY 2019-20, from the previous estimate, is an increase due to an increase in actual drug rebate collections in FY 2018-19. The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to the continued trending of fewer rebates.

Methodology:

1. Rebate projections for FY 2019-20 and FY 2020-21 are based on actual collections during FY 2017-18 and FY 2018-19.
2. Assume \$45,000 will be collected in FY 2019-20.
3. For FY 2020-21, assume a continuance of an overall declining trend of collected rebates is applied to the estimated amount for FY 2019-20
4. CCS drug rebate collections, for FY 2019-20 and FY 2020-21, are estimated to be:

Fiscal Year	TF	GF	CF*
FY 2019-20	(\$45,000)	(\$45,000)	(\$45,000)
FY 2020-21	(\$41,000)	(\$41,000)	(\$41,000)

Funding:

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

100% General Fund (4260-101-0001)

County Funds*

*Not Included in Total Fund

CCS NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 12
IMPLEMENTATION DATE: 10/2019
ANALYST: Julie Chan

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	-\$576,000
	- GENERAL FUND	\$0	-\$576,000
PAYMENT LAG		0.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	-\$576,000
	- GENERAL FUND	\$0	-\$576,000
	- COUNTY FUNDS	\$0	-\$576,000

Purpose:

This policy change estimates the non-blood factor drug (non-BF) rebate collections for the California Children's Services (CCS).

Authority:

Omnibus Budget Reconciliation Act (OBRA) of 1990, Title IV, sec. 4401(a)(3), 104 Stat.
 Title XIX, Section 1927 of the Social Security Act (SSA)
 Medi-Cal Hospital Uninsured Care Section 1115(a) Medicaid Demonstration
 Bridge to Reform Section 1115(a) Medicaid Demonstration
 Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

Interdependent Policy Changes:

Not Applicable

Background:

The Department will begin collection non-BF rebates for the CCS State-Only Program in October 2019.

Reason for Change:

The change from the prior estimate for FY 2019-20, and from FY 2019-20 to FY 2020-21 in the current estimate, is due to estimating the savings impact occurring in FY 2020-21.

Methodology:

1. Assume \$576,000 will be collected in FY 2020-21.

2. CCS non-BF drug rebate collections for FY 2020-21 are estimated to be:

FY 2020-21	TF	GF	CF*
CCS Non-Blood Factor Rebates	(\$576,000)	(\$576,000)	(\$576,000)

Funding:

100% General Fund (4260-101-0001)

County Funds*

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program

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

<u>All Counties</u>	<u>Fiscal Year 2018-19 ¹</u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS State Only	14,603	14,497	14,497	0.00%
SUBTOTAL	14,603	14,497	14,497	0.00%

**Total Medi-Cal Caseload
(CCS Medi-Cal)**

<u>All Counties</u>	<u>Fiscal Year 2018-19 ¹</u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS Medi-Cal ²	171,269	171,551	172,526	0.57%
Changes (PCs)		0	0	0%
SUBTOTAL	171,269	171,551	172,526	0.57%

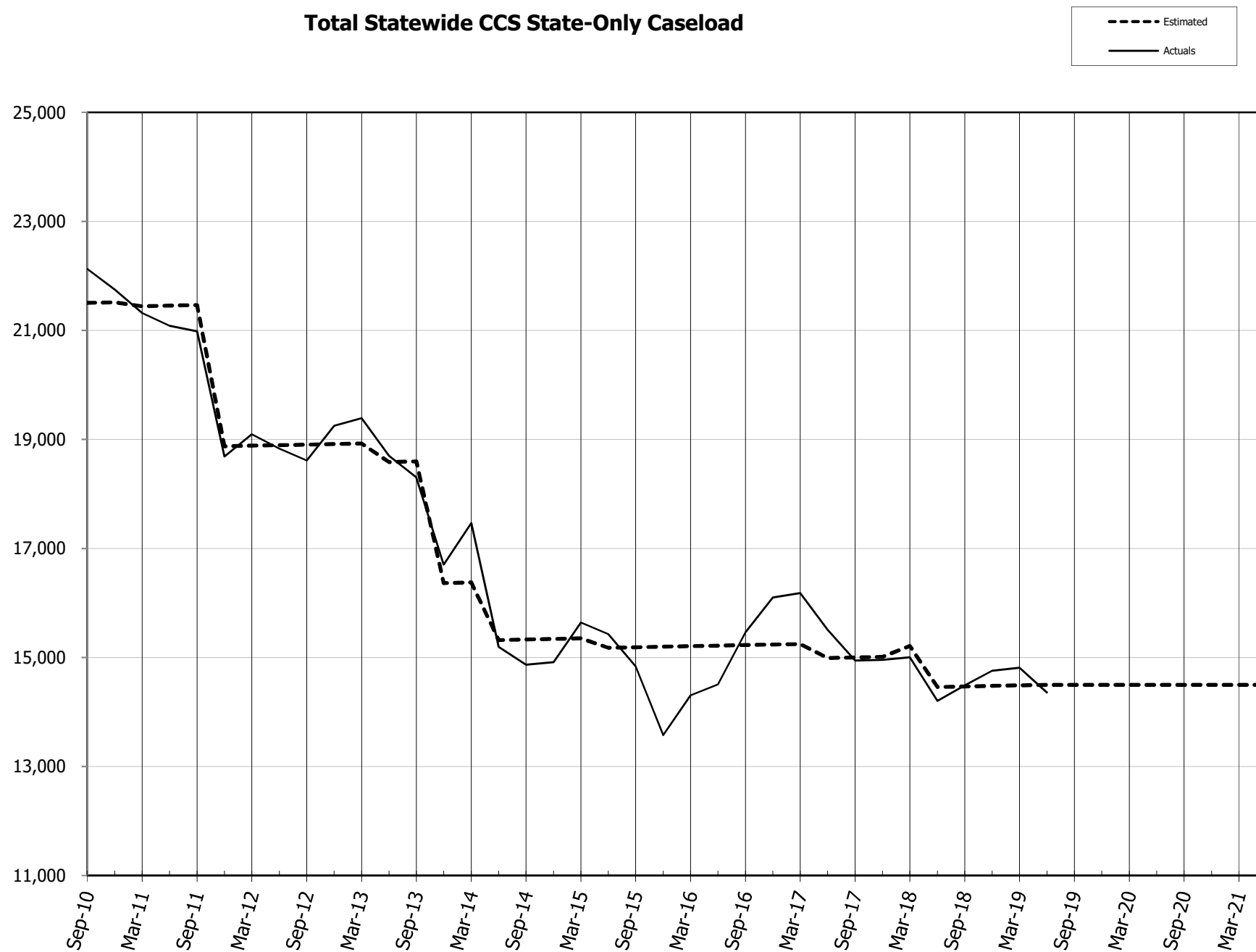
**Total Caseload
(CCS State Only and CCS Medi-Cal)**

<u>All Counties</u>	<u>Fiscal Year 2018-19 ¹</u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS State Only	14,603	14,497	14,497	0.00%
CCS Medi-Cal	171,269	171,551	172,526	0.57%
TOTAL	185,872	186,048	187,023	0.52%

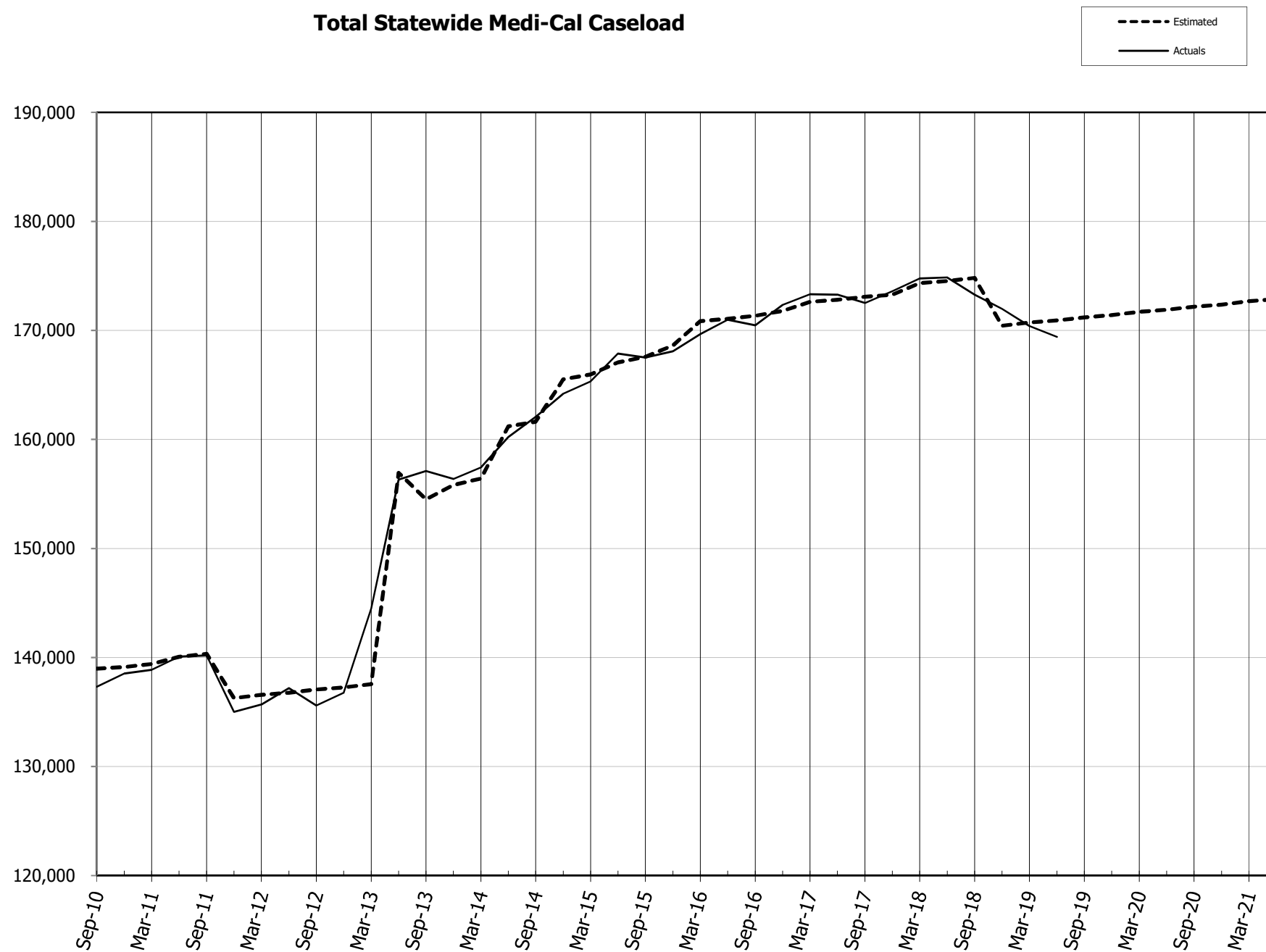
¹ Actual caseload.

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

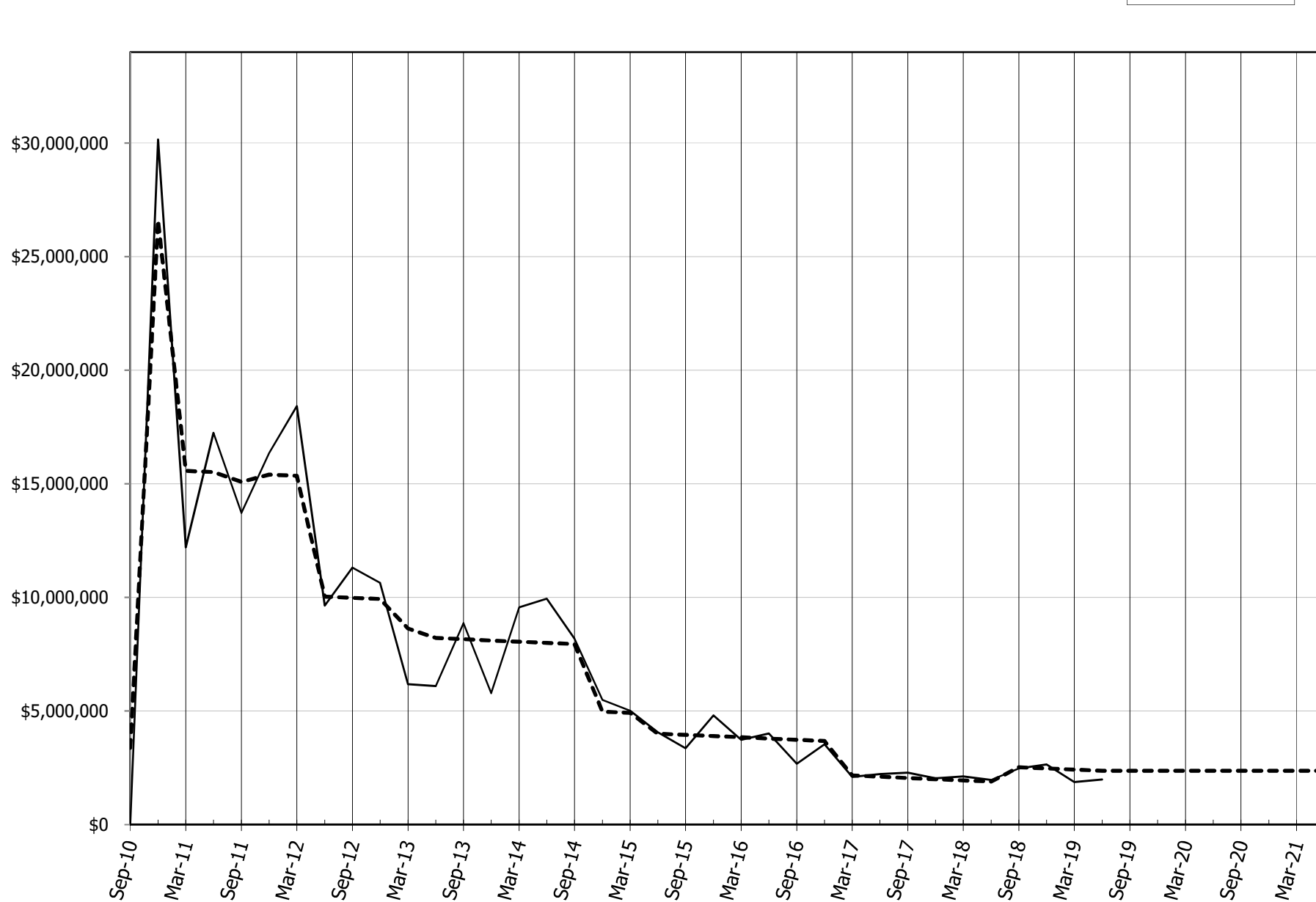
Total Statewide CCS State-Only Caseload



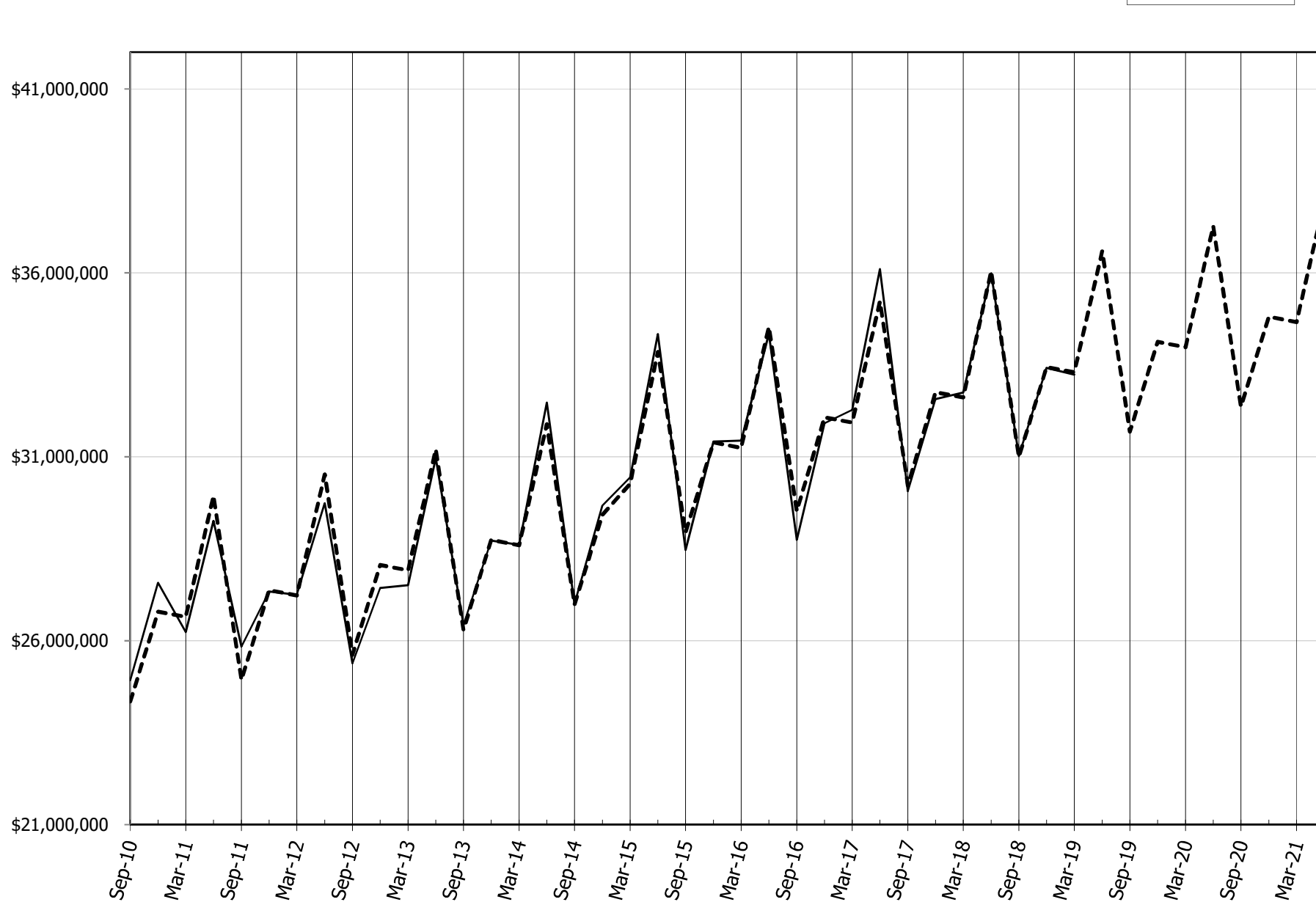
Total Statewide Medi-Cal Caseload



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



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



GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary

FY 2019-20, November 2019 Estimate Compared to May 2019 Estimate

	Appropriation FY 2019-20	Nov. 2019 Est. FY 2019-20	Difference Incr./.(Decr.)
State-Only Caseload:	<u>631</u>	<u>622</u>	<u>(9)</u>
Net Dollars:			
4260-111-0001 (General Fund)	\$114,323,000	\$102,704,200	(\$11,618,800)
4260-611-0995 (Enrollment Fees)	\$462,500	\$457,000	(\$5,500)
4260-601-3079 (Rebate Special Fund)	<u>\$10,748,000</u>	<u>\$9,100,000</u>	<u>(\$1,648,000)</u>
Total	<u>\$125,533,500</u>	<u>\$112,261,200</u>	<u>(\$13,272,300)</u>

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
State-Only Caseload:	<u>622</u>	<u>623</u>	<u>1</u>
Net Dollars:			
4260-111-0001 (General Fund)	\$102,704,200	\$102,117,300	(\$586,900)
4260-611-0995 (Enrollment Fees)	\$457,000	\$457,000	\$0
4260-601-3079 (Rebates Special Fund)	<u>\$9,100,000</u>	<u>\$9,748,000</u>	<u>\$648,000</u>
Total	<u>\$112,261,200</u>	<u>\$112,322,300</u>	<u>\$61,100</u>

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2019-20

November 2019 Estimate Compared to May 2019 Estimate, Total Funds

	Appropriation <u>FY 2019-20</u>	Nov. 2019 Est. <u>FY 2019-20</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 123,866,000	\$ 112,559,000	\$ (11,307,000)
2. Policy Changes	\$ 1,639,500	\$ (326,800)	\$ (1,966,300)
	-----	-----	-----
Total for Services	\$ 125,505,500	\$ 112,232,200	\$ (13,273,300)
Fiscal Intermediary	\$ 28,000	\$ 29,000	\$ 1,000
	-----	-----	-----
Total GHPP Program	\$ 125,533,500	\$ 112,261,200	\$ (13,272,300)

November 2019 Estimate Compared to May 2019 Estimate, General Fund

	Appropriation <u>FY 2019-20</u>	Nov. 2019 Est. <u>FY 2019-20</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 123,866,000	\$ 112,559,000	\$ (11,307,000)
2. Policy Changes	\$ (9,571,000)	\$ (9,883,800)	\$ (312,800)
	-----	-----	-----
Total for Services	\$ 114,295,000	\$ 102,675,200	\$ (11,619,800)
Fiscal Intermediary	\$ 28,000	\$ 29,000	\$ 1,000
	-----	-----	-----
Total GHPP Program	\$ 114,323,000	\$ 102,704,200	\$ (11,618,800)

November 2019 Estimate Compared to May 2019 Estimate, Federal Funds

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

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

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds

	Nov. 2019 Est. <u>FY 2019-20</u>	Nov. 2019 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 112,559,000	\$ 112,559,000	\$ 0
2. Policy Changes	\$ (326,800)	\$ (265,700)	\$ 61,100
Total for Services	\$ 112,232,200	\$ 112,293,300	\$ 61,100
Fiscal Intermediary	\$ 29,000	\$ 29,000	\$ 0
Total GHPP Program	\$ 112,261,200	\$ 112,322,300	\$ 61,100

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund

	Nov. 2019 Est. <u>FY 2019-20</u>	Nov. 2019 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 112,559,000	\$ 112,559,000	\$ 0
2. Policy Changes	\$ (9,883,800)	\$ (10,470,700)	\$ (586,900)
Total for Services	\$ 102,675,200	\$ 102,088,300	\$ (586,900)
Fiscal Intermediary	\$ 29,000	\$ 29,000	\$ 0
Total GHPP Program	\$ 102,704,200	\$ 102,117,300	\$ (586,900)

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21, Federal Funds

	Nov. 2019 Est. <u>FY 2019-20</u>	Nov. 2019 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2018-19	Hemophilia	305	\$ 334,500	\$ 102,030,000
Actuals	Cystic Fibrosis	231	47,100	10,876,000
	Sickle Cell	65	5,600	362,000
	Huntington's	33	1,600	53,000
	Metabolic 2/	31	7,100	220,000
		665	\$ 170,700	\$ 113,541,000
2019-20	Hemophilia	294	\$ 345,100	\$ 101,446,000
Estimate	Cystic Fibrosis	219	47,900	10,492,000
	Sickle Cell	60	6,300	379,000
	Huntington's	27	2,000	55,000
	Metabolic 2/	22	8,500	187,000
		622	\$ 181,000	\$ 112,559,000
2020-21	Hemophilia	294	\$ 345,100	\$ 101,446,000
Estimate	Cystic Fibrosis	220	47,700	10,492,000
	Sickle Cell	60	6,300	379,000
	Huntington's	27	2,000	55,000
	Metabolic 2/	22	8,500	187,000
		623	\$ 180,700	\$ 112,559,000

 1/ Actual expenditure data is complete through June 2019.

Actual caseload data is complete through June 2019.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Base Estimate Comparisons for Fiscal Years 2019-20 and 2020-21****FY 2019-20, November 2019 Estimate Compared to Appropriation**

	Appropriation FY 2019-20	Nov. 2019 Est. FY 2019-20	Difference Incr./(Decr.)
Hemophilia	\$ 110,398,000	\$ 101,446,000	\$ (8,952,000)
Cystic Fibrosis	12,692,000	10,492,000	(2,200,000)
Sickle Cell	462,000	379,000	(83,000)
Huntington's	48,000	55,000	7,000
Metabolic	266,000	187,000	(79,000)
TOTAL	\$ 123,866,000	\$ 112,559,000	\$ (11,307,000)

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./(Decr.)
Hemophilia	\$ 101,446,000	\$ 101,446,000	\$ 0
Cystic Fibrosis	10,492,000	10,492,000	-
Sickle Cell	379,000	379,000	-
Huntington's	55,000	55,000	-
Metabolic	187,000	187,000	-
TOTAL	\$ 112,559,000	\$ 112,559,000	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly Caseload Estimate

Fiscal Year 2019-20

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	570	276	294
Cystic Fibrosis	381	162	219
Sickle Cell	176	116	60
Huntington's	61	34	27
Metabolic	<u>104</u>	<u>82</u>	<u>22</u>
Total	1,292	670	622

Fiscal Year 2020-21

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	577	283	294
Cystic Fibrosis	382	162	220
Sickle Cell	177	117	60
Huntington's	61	34	27
Metabolic	<u>107</u>	<u>85</u>	<u>22</u>
Total	1,304	681	623

GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison

FY 2019-20, November 2019 Estimate Compared to May 2019 Estimate

	Appropriation FY 2019-20	Nov. 2019 Est. FY 2019-20	Difference Incr./.(Decr.)
Hemophilia	292	294	2
Cystic Fibrosis	217	219	2
Sickle Cell	57	60	3
Huntington's	33	27	(6)
Metabolic	<u>32</u>	<u>22</u>	<u>(10)</u>
Total	631	622	(9)

Fiscal Year 2019-20 Compared to Fiscal Year 2020-21
--

	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
Hemophilia	294	294	0
Cystic Fibrosis	219	220	1
Sickle Cell	60	60	0
Huntington's	27	27	0
Metabolic	<u>22</u>	<u>22</u>	<u>0</u>
Total	622	623	1

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

FY 2019-20, November 2019 Estimate Compared to May 2019 Estimate

	Appropriation FY 2019-20	Nov. 2019 Est. FY 2019-20	Difference Incr./.(Decr.)
Hemophilia	291	276	(15)
Cystic Fibrosis	176	162	(14)
Sickle Cell	137	116	(21)
Huntington's	36	34	(2)
Metabolic	81	82	1
Total	721	670	(51)

Fiscal Year 2019-20 Compared to Fiscal Year 2020-21
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	Nov. 2019 Est. FY 2019-20	Nov. 2019 Est. FY 2020-21	Difference Incr./.(Decr.)
Hemophilia	276	283	7
Cystic Fibrosis	162	162	0
Sickle Cell	116	117	1
Huntington's	34	34	0
Metabolic	82	85	3
Total	670	681	11

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

Fiscal Year 2019-20, November 2019 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>			<u>FY 2019-20 APPROPRIATION</u>		<u>NOVEMBER 2019 ESTIMATE</u>		<u>DIFFERENCE, Incr./((Decr.))</u>	
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$28,000	\$28,000	\$29,000	\$29,000	\$1,000	\$1,000
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$23,000	\$23,000	\$48,000	\$48,000	\$25,000	\$25,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$383,400	-\$383,400	-\$374,800	-\$374,800	\$8,600	\$8,600
Benefits	7	GHPP TREATMENT COSTS ADJUSTMENT	\$1,999,900	\$1,999,900	\$0	\$0	-\$1,999,900	-\$1,999,900
Benefits	8	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			\$1,667,500	\$1,667,500	-\$297,800	-\$297,800	-\$1,965,300	-\$1,965,300

Fiscal Year 2019-20 Compared to Fiscal Year 2020-21								
<u>POLICY CHG.</u>			<u>Nov. 2019 Est. for FY 2019-20</u>		<u>Nov. 2019 Est. for FY 2020-21</u>		<u>DIFFERENCE, Incr./((Decr.))</u>	
TYPE	NO.	DESCRIPTION	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$29,000	\$29,000	\$29,000	\$29,000	\$0	\$0
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$48,000	\$48,000	\$72,000	\$72,000	\$24,000	\$24,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$374,800	-\$374,800	-\$337,700	-\$337,700	\$37,100	\$37,100
Benefits	7	GHPP TREATMENT COSTS ADJUSTMENT	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	8	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			-\$297,800	-\$297,800	-\$236,700	-\$236,700	\$61,100	\$61,100

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

ENROLLMENT FEES

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$457,000	-\$457,000
	- ENROLLMENT FEES FUND	\$457,000	\$457,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$457,000	-\$457,000
	- ENROLLMENT FEES FUND	\$457,000	\$457,000

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

There is no significant change from the prior estimate for Fiscal Year (FY) 2019-20 and no change between fiscal years in the current estimate.

Methodology:

1. Enrollment fees of \$448,857 were collected in Fiscal Year (FY) 2017-18, and \$465,164 were collected in FY 2018-19. Averaging the fees collected in these 24 months, the estimated enrollment fees for FY 2019-20 and FY 2020-21 are \$457,000.

FY 2019-20: $$(448,857 + 465,164) \div 24 \times 12 = \$457,011$ (\$457,000 GF)

FY 2020-21: $$(448,857 + 465,164) \div 24 \times 12 = \$457,011$ (\$457,000 GF)

Funding:

100% GF (4260-111-0001)

GHPP Enrollment Fees (4260-611-0995)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$29,000	\$29,000
	- GENERAL FUND	\$29,000	\$29,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$29,000	\$29,000
	- GENERAL FUND	\$29,000	\$29,000

Purpose:

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

Authority:

Health & Safety Code 125130

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change from the prior estimate, for FY 2019-20, is an increase due to an increase in estimated ACLs. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	34,360	\$ 0.57	\$ 20,000
Online ACLs	44,545	\$ 0.16	\$ 7,000
Total			\$ 27,000

FY 2020-21	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	34,415	\$ 0.58	\$ 20,000
Online ACLs	44,617	\$ 0.16	\$ 7,000
Total			\$ 27,000

2. The estimated dental FI administrative costs are:

FY 2019-20	Estimated Claims	Average Rates	Estimated Expenditure
ACLs	102	\$ 0.22	\$ 1,000
TARs	17	\$ 3.05	\$ 1,000
Total			\$ 2,000

FY 2020-21	Estimated Claims	Average Rates	Estimated Expenditure
ACLs	102	\$ 0.22	\$ 1,000
TARs	17	\$ 2.61	\$ 1,000
Total			\$ 2,000

Type	FY 2019-20	FY 2020-21
Medical	\$ 27,000	\$ 27,000
Dental	\$ 2,000	\$ 2,000
Total	\$ 29,000	\$ 29,000

Funding:

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$9,100,000	-\$7,300,000
	- REBATE SPECIAL FUND	\$9,100,000	\$7,300,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$9,100,000	-\$7,300,000
	- REBATE SPECIAL FUND	\$9,100,000	\$7,300,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change for FY 2019-20, from the previous estimate, is an increase due to an increase actual drug rebate collections in FY 2018-19. The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to the continued trending of fewer rebates.

Methodology:

1. Rebate projections for FY 2019-20 and FY 2020-21 are based on actual collections during FY 2017-18 and FY 2018-19.
2. The percentage change from FY 2017-18 to FY 2018-19 was used to determine the estimated amount for FY 2019-20.
3. For FY 2020-21, assume the percentage change from FY 2017-18 to FY 2018-19 is applied to the estimated amount for FY 2019-20.
4. The Department anticipates to collect \$9,100,000 in FY 2019-20 and \$7,300,000 in FY 2020-21 for GHPP rebates.

Funding:

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

GHPP PREMIUM COSTS

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$48,000	\$72,000
	- GENERAL FUND	\$48,000	\$72,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$48,000	\$72,000
	- GENERAL FUND	\$48,000	\$72,000

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

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

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

Reason for Change:

The increase from the prior estimate is due to five additional clients enrolled and participating in the program and five more projected in FY 2019-20. The increase between FY 2019-20 and FY 2020-21 in the current estimate is due to an anticipated enrollment of four additional clients in FY 2020-21.

Methodology:

1. Assume the monthly premium costs per enrollee are \$140 for Hemophilia, \$300 for Cystic Fibrosis, \$820 for Sickle Cell, \$270 for Metabolic, and \$250 for Huntington's based on recent premium costs for participants.
2. As of July 2019, 10 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	24
Cystic Fibrosis	72	72
Sickle Cell	12	12
Metabolic	12	12

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

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	0	0
Cystic Fibrosis	21	36
Sickle Cell	0	0
Metabolic	5	12
Huntington's	8	12

4. Assume four new clients will enroll in FY 2020-21. The estimated member months for additional clients are:

	Member Months	
	FY 2020-21	
Hemophilia	2	
Cystic Fibrosis	5	
Sickle Cell	19	

5. Total Member Months:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	26
Cystic Fibrosis	93	113
Sickle Cell	12	31
Metabolic	17	24
Huntington's	8	12
Total	154	206

6. Projected Premium Payments (Rounded):

	FY 2019-20	FY 2020-21
Total Funds	\$ 48,000	\$ 72,000
General Funds	\$ 48,000	\$ 72,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,081,000	-\$1,232,000
	- GENERAL FUND	-\$1,081,000	-\$1,232,000
PAYMENT LAG		0.9922	0.9829
% REFLECTED IN BASE		65.06%	72.11%
APPLIED TO BASE	- TOTAL FUNDS	-\$374,800	-\$337,700
	- GENERAL FUND	-\$374,800	-\$337,700

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

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

Reason for Change:

The increase from the prior estimate is due to five additional clients enrolled and participating in the program and five more projected in FY 2019-20. This is offset by decreases in the projected annual cost per case.

The increase between FY 2019-20 and FY 2020-21 in the current estimate is due to an anticipated enrollment of four additional clients in FY 2020-21. The annual cost per case is projected to remain relatively flat through the budget year.

Methodology:

1. As of July 2019, 10 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	24
Cystic Fibrosis	72	72
Sickle Cell	12	12
Metabolic	12	12

2. Assume five new clients will enroll in FY 2019-20. The estimated member months for additional clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	0	0
Cystic Fibrosis	21	36
Sickle Cell	0	0
Metabolic	5	12
Huntington's	8	12

3. Assume four new clients will enroll in FY 2020-21. The estimated member months for additional clients are:

	Member Months	
	FY 2020-21	
Hemophilia	2	
Cystic Fibrosis	5	
Sickle Cell	19	

4. Total Member Months:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	26
Cystic Fibrosis	93	113
Sickle Cell	12	31
Metabolic	17	24
Huntington's	8	12
Total	154	206

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2019 Family Health Estimate:

	FY 2019-20	FY 2020-21
Hemophilia	\$ 345,100	\$ 345,100
Cystic Fibrosis	\$ 47,900	\$ 47,700
Sickle Cell	\$ 6,300	\$ 6,300
Metabolic	\$ 8,500	\$ 8,500
Huntington's	\$ 2,000	\$ 2,000

6. Projected Savings (Rounded):

	FY 2019-20	FY 2020-21
Total Funds	\$ 1,081,000	\$ 1,232,000
General Funds	\$ 1,081,000	\$ 1,232,000

Funding:

100% GF (4260-111-0001)

GHPP NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 10/2019
ANALYST: Julie Chan

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	-\$2,448,000
- REBATE SPECIAL FUND	\$0	\$2,448,000
PAYMENT LAG	0.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	-\$2,448,000
- REBATE SPECIAL FUND	\$0	\$2,448,000

Purpose:

This policy change estimates the non-blood factor (non-BF) rebate collections for the Genetically Handicapped Persons Program (GHPP).

Authority:

Omnibus Budget Reconciliation Act (OBRA) of 1990, Title IV, sec. 4401(a)(3), 104 Stat.
 Title XIX, Section 1927 of the Social Security Act (SSA)
 Medi-Cal Hospital Uninsured Care Section 1115(a) Medicaid Demonstration
 Bridge to Reform Section 1115(a) Medicaid Demonstration
 Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

Interdependent Policy Changes:

Not Applicable

Background:

The Department will begin collecting non-BF rebates for the GHPP State-Only in October 2019. The new non-BF rebates will be deposited to the Children's Medical Services Rebate Fund (4260-601-3079).

Reason for Change:

The change from the prior estimate for FY 2019-20, and from FY 2019-20 to FY 2020-21 in the current estimate, is due to estimating the transfer of collections occurring in FY 2020-21.

Methodology:

1. Assume \$2,448,000 will be collected in FY 2020-21.

2. GHPP non-BF drug rebate collections for FY 2020-21 are estimated to be:

FY 2020-21	TF	GF	Drug Rebates
GHPP Non-BF Rebates	\$0	(\$2,448,000)	\$2,448,000

Funding:

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

100% GF (4260-111-0001)

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Total Caseload	Medi-Cal Caseload	GHPP Only Caseload	Total GHPP Only Payments
1	1,668	996	672	\$ 22,092,590
2	1,693	991	702	22,862,554
3	1,714	981	733	25,601,894
4	1,734	974	760	28,875,939
2017-18	1,700	985	715	\$ 99,434,000
1	1,749	982	767	\$ 30,512,255
2	1,450	780	670	28,986,791
3	1,271	668	603	27,143,321
4	1,284	663	621	26,899,066
2018-19	1,439	774	665	\$ 113,541,000
1	1,288	666	622	\$ 28,139,745
2	1,289	668	621	28,139,745
3	1,293	671	622	28,139,745
4	1,296	674	622	28,139,745
2019-20	1,292	670	622	\$ 112,559,000
1	1,301	677	624	\$ 28,139,745
2	1,301	679	622	28,139,745
3	1,307	683	624	28,139,745
4	1,310	686	624	28,139,745
2020-21	1,304	681	623	\$ 112,559,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2019-20 reflects actuals and projected base estimate values.
 3) FY 2020-21 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Hemophilia				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	626	332	294	\$ 19,421,733
2	638	337	301	20,565,718
3	647	339	308	22,710,776
4	653	332	321	25,876,280
2017-18	641	335	306	\$ 88,575,000
1	666	334	332	\$ 26,983,282
2	611	299	312	25,825,791
3	556	273	283	24,455,206
4	568	273	295	24,765,239
2018-19	600	295	305	\$ 102,030,000
1	568	274	294	\$ 25,361,460
2	569	275	294	25,361,460
3	571	277	294	25,361,460
4	573	279	294	25,361,460
2019-20	570	276	294	\$ 101,446,000
1	574	280	294	\$ 25,361,460
2	576	282	294	25,361,460
3	578	284	294	25,361,460
4	580	286	294	25,361,460
2020-21	577	283	294	\$ 101,446,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2019-20 reflects actuals and projected base estimate values.
 3) FY 2020-21 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	466	221	245	\$ 2,397,702
2	472	219	253	2,149,652
3	480	214	266	2,758,359
4	487	213	274	2,815,195
2017-18	476	217	259	\$ 10,121,000
1	483	216	267	\$ 3,341,392
2	417	186	231	2,988,684
3	376	166	210	2,516,183
4	377	162	215	2,030,024
2018-19	414	183	231	\$ 10,876,000
1	380	162	218	\$ 2,622,993
2	381	162	219	2,622,993
3	381	162	219	2,622,993
4	381	162	219	2,622,993
2019-20	381	162	219	\$ 10,492,000
1	382	162	220	\$ 2,622,993
2	382	162	220	2,622,993
3	383	162	221	2,622,993
4	383	162	221	2,622,993
2020-21	382	162	220	\$ 10,492,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2019-20 reflects actuals and projected base estimate values.
3) FY 2020-21 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	298	237	61	\$ 191,757
2	301	229	72	112,426
3	304	229	75	108,458
4	307	229	78	125,057
2017-18	302	231	71	\$ 538,000
1	310	230	80	\$ 90,351
2	224	163	61	94,670
3	177	121	56	93,711
4	178	115	63	83,652
2018-19	222	157	65	\$ 362,000
1	175	115	60	\$ 94,842
2	175	115	60	94,842
3	176	116	60	94,842
4	176	116	60	94,842
2019-20	176	116	60	\$ 379,000
1	177	117	60	\$ 94,842
2	177	117	60	94,842
3	178	118	60	94,842
4	178	118	60	94,842
2020-21	177	117	60	\$ 379,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2019-20 reflects actuals and projected base estimate values.
3) FY 2020-21 reflects projected base estimate values.

GHPP Trend Report
(Includes Actuals & Projected Base Values)

Huntington

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	133	92	41	\$ 69,712
2	135	91	44	25,582
3	134	87	47	12,224
4	137	87	50	8,192
2017-18	134	89	45	\$ 116,000
1	133	87	46	\$ 12,002
2	81	47	34	12,467
3	61	33	28	16,271
4	60	34	26	12,233
2018-19	83	50	33	\$ 53,000
1	61	34	27	\$ 13,698
2	61	34	27	13,698
3	61	34	27	13,698
4	61	34	27	13,698
2019-20	61	34	27	\$ 55,000
1	61	34	27	\$ 13,698
2	61	34	27	13,698
3	61	34	27	13,698
4	61	34	27	13,698
2020-21	61	34	27	\$ 55,000

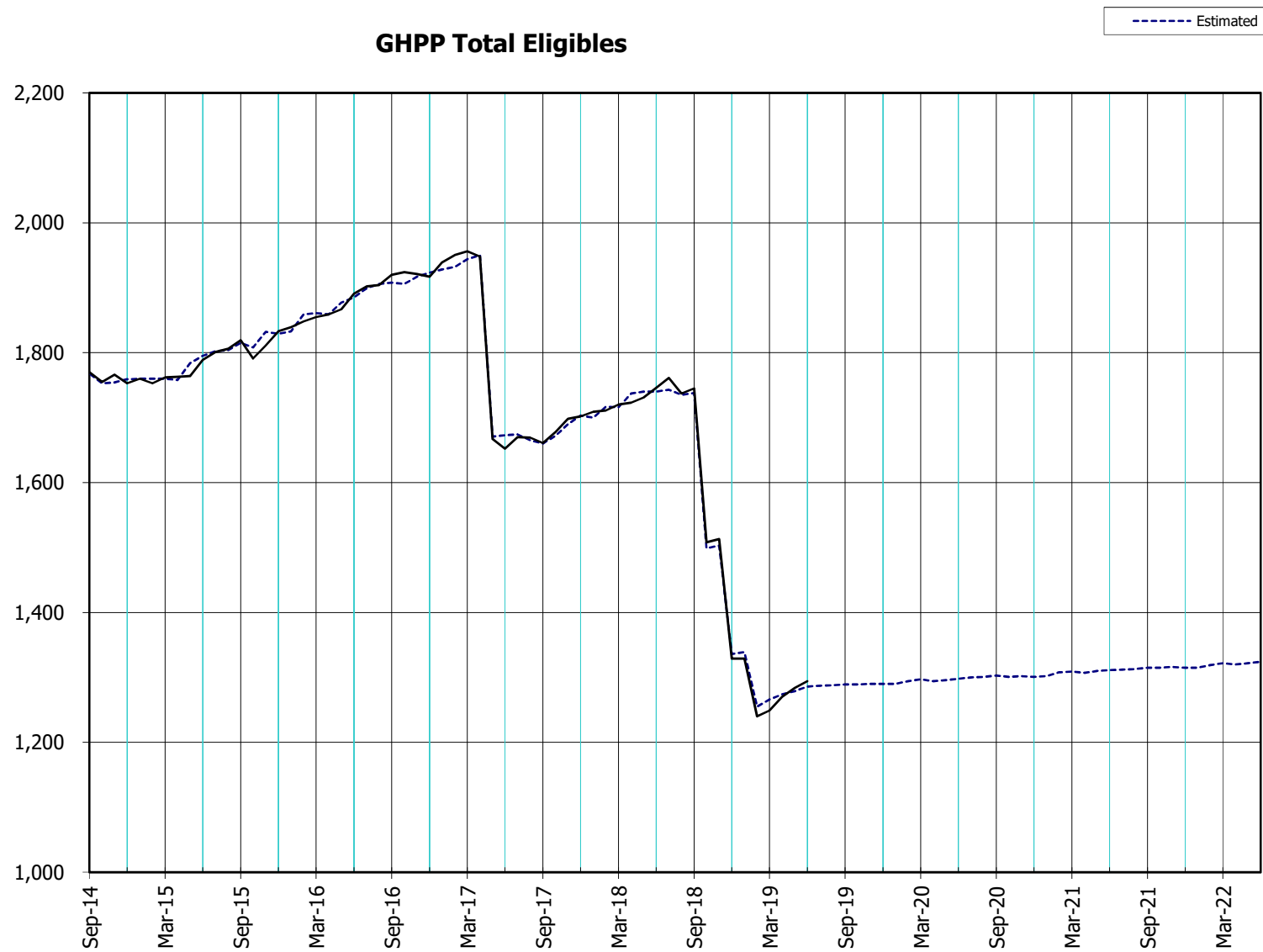
Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2019-20 reflects actuals and projected base estimate values.
3) FY 2020-21 reflects projected base estimate values.

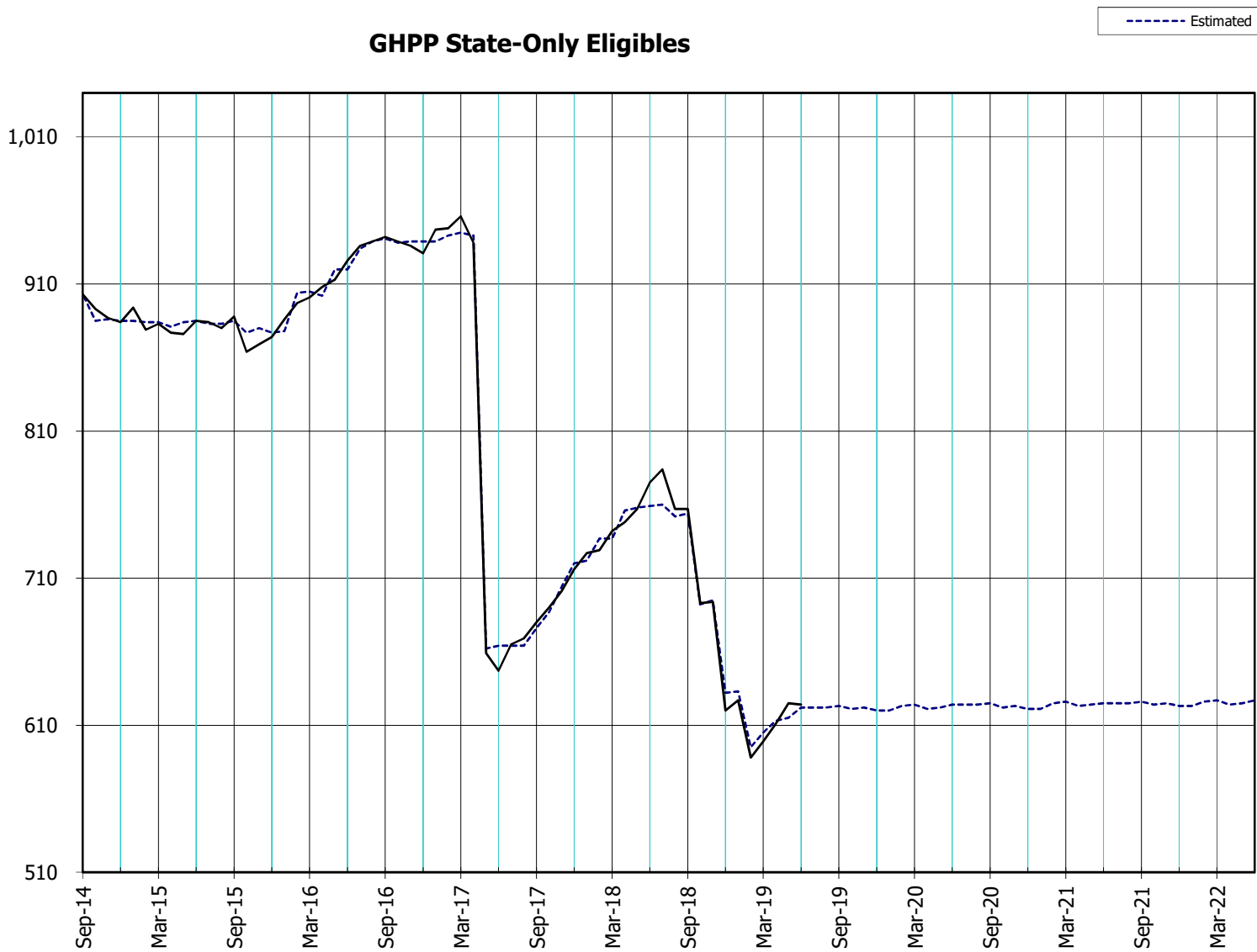
GHPP Trend Report
(Includes Actuals & Projected Base Values)

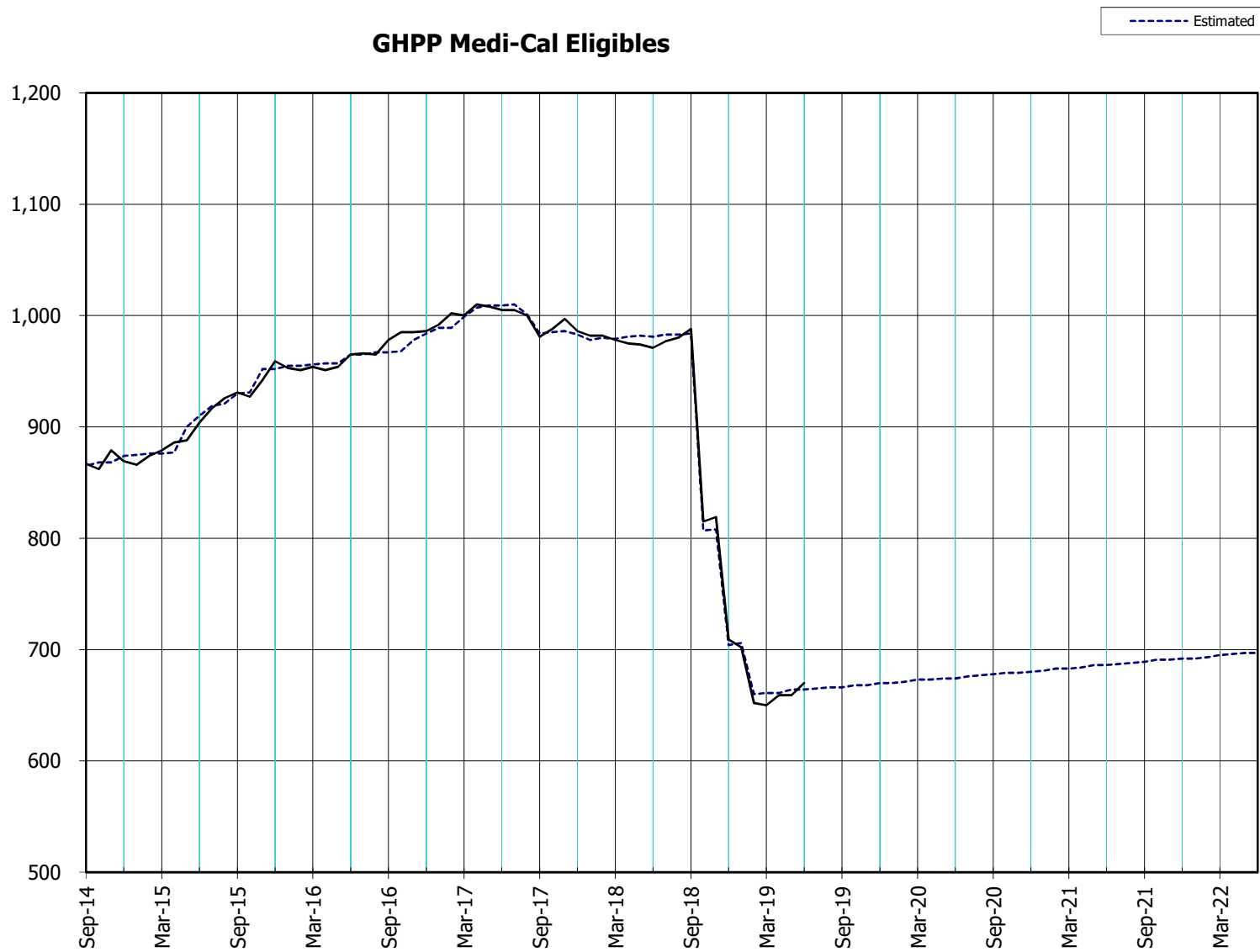
Metabolic

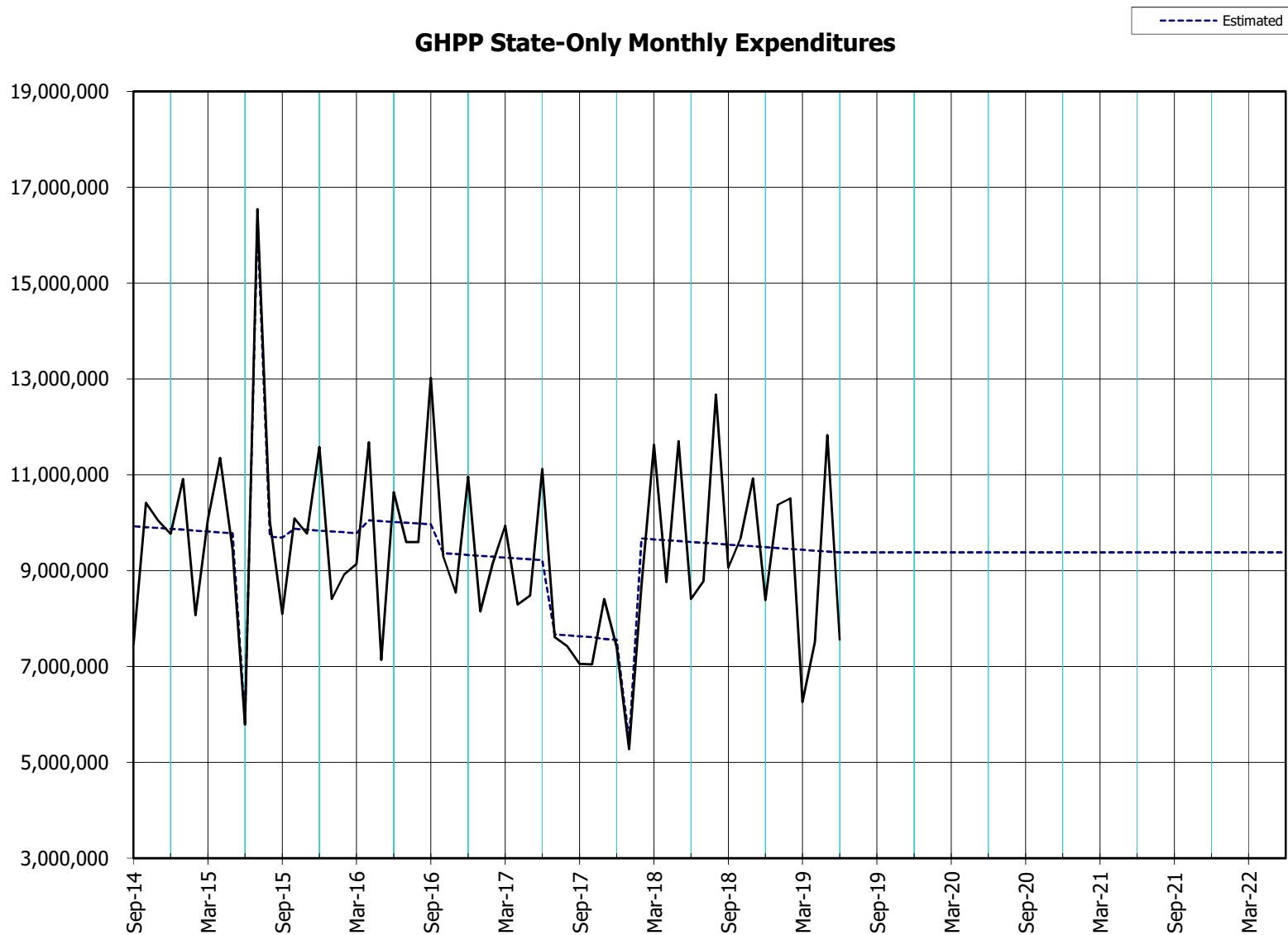
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	145	114	31	\$ 11,686
2	147	115	32	9,176
3	149	112	37	12,077
4	150	113	37	51,215
2017-18	147	113	34	\$ 84,000
1	157	115	42	\$ 85,228
2	117	85	32	65,179
3	101	75	26	61,950
4	101	79	22	7,918
2018-19	120	89	31	\$ 220,000
1	104	81	23	\$ 46,752
2	103	82	21	46,752
3	104	82	22	46,752
4	105	83	22	46,752
2019-20	104	82	22	\$ 187,000
1	107	84	23	\$ 46,752
2	105	84	21	46,752
3	107	85	22	46,752
4	108	86	22	46,752
2020-21	107	85	22	\$ 187,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2019-20 reflects actuals and projected base estimate values.
 3) FY 2020-21 reflects projected base estimate values.









EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2019-20, November 2019 Estimate Compared to Appropriation

	Appropriation <u>FY 2019-20</u>	Nov 2019 Est. <u>FY 2019-20</u>	Difference <u>Incr./ (Decr.)</u>
Caseload:	27,010	27,934	924
Net Dollars:			
4260-114-0001 (General Fund)	\$12,913,000	\$15,122,000	\$2,209,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$40,545,000</u>	<u>\$42,754,000</u>	<u>\$2,209,000</u>

November 2019 Estimate, FY 2019-20 Compared to FY 2020-21

	Nov 2019 Est. <u>FY 2019-20</u>	Nov 2019 Est. <u>FY 2020-21</u>	Difference <u>Incr./ (Decr.)</u>
Caseload:²	27,934	27,719	(215)
Net Dollars:			
4260-114-0001 (General Fund)	\$15,122,000	\$14,688,000	(\$434,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$42,754,000</u>	<u>\$42,320,000</u>	<u>(\$434,000)</u>

² The November 2019 caseload estimate is based on updated data through July 2019.

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

EVERY WOMAN COUNTS PROGRAM**Funding Sources By Component****Fiscal Year 2019-20****May 2019 Estimate Compared to November 2019 Estimate, Total Funds**

	Appropriation FY 2019-20	Nov 2019 Est. FY 2019-20	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 36,484,000	\$ 37,709,000	\$ 1,225,000
2. Policy Changes	\$ 3,057,000	\$ 4,057,000	\$ 1,000,000
	-----	-----	-----
Total for Services	\$ 39,541,000	\$ 41,766,000	\$ 2,225,000
Fiscal Intermediary	\$ 1,004,000	\$ 988,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 40,545,000	\$ 42,754,000	\$ 2,209,000

Appropriation Compared to November 2019 Estimate, General Fund

	Appropriation FY 2019-20	Nov 2019 Est. FY 2019-20	Difference Incr./Decr.
1. Base Expenditure Estimate	\$ 36,484,000	\$ 37,709,000	\$ 1,225,000
2. Policy Changes	\$ (24,575,000)	\$ (23,575,000)	\$ 1,000,000
	-----	-----	-----
Total for Services	\$ 11,909,000	\$ 14,134,000	\$ 2,225,000
Fiscal Intermediary	\$ 1,004,000	\$ 988,000	\$ (16,000)
	-----	-----	-----
Total EWC Program	\$ 12,913,000	\$ 15,122,000	\$ 2,209,000

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

Nov. 2019 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds

	Nov 2019 Est. FY 2019-20	Nov 2019 Est. FY 2020-21	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 37,709,000	\$ 38,270,000	\$ 561,000
2. Policy Changes	\$ 4,057,000	\$ 3,057,000	\$ (1,000,000)
	-----	-----	-----
Total for Services	\$ 41,766,000	\$ 41,327,000	\$ (439,000)
Fiscal Intermediary	\$ 988,000	\$ 993,000	\$ 5,000
	-----	-----	-----
Total EWC Program	\$ 42,754,000	\$ 42,320,000	\$ (434,000)

Nov. 2019 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund

	Nov 2019 Est. FY 2019-20	Nov 2019 Est. FY 2020-21	Difference Incr./(Decr.)
1. Base Expenditure Estimate	\$ 37,709,000	\$ 38,270,000	\$ 561,000
2. Policy Changes	\$ (23,575,000)	\$ (24,575,000)	\$ (1,000,000)
	-----	-----	-----
Total for Services	\$ 14,134,000	\$ 13,695,000	\$ (439,000)
Fiscal Intermediary	\$ 988,000	\$ 993,000	\$ 5,000
	-----	-----	-----
Total EWC Program	\$ 15,122,000	\$ 14,688,000	\$ (434,000)

Notes:

1) Projections are based on cash basis.

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

Fiscal Year 2019-20, November 2019 Estimate Compared to Appropriation

POLICY CHG.			FY 2019-20 APPROPRIATION		NOVEMBER 2019 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$1,004,000	\$1,004,000	\$988,000	\$988,000	-\$16,000	-\$16,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1 \$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	1 \$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	1 \$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	1 \$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	7	EWC MAMMOGRAPHY CODE MODIFICATIONS	1 \$0	\$0	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
EWC TOTAL			\$4,061,000	-\$1,067,000	\$5,045,000	-\$83,000	\$984,000	\$984,000

Fiscal Year 2019-20 Compared to Fiscal Year 2020-21

POLICY CHG.			Nov. 2019 Est. for FY 2019-20		Nov. 2019 Est. for FY 2020-21		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$988,000	\$988,000	\$993,000	\$993,000	\$5,000	\$5,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1 \$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	1 \$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	1 \$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	6	REGIONAL CONTRACTS	1 \$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	7	EWC MAMMOGRAPHY CODE MODIFICATIONS	1 \$1,000,000	\$1,000,000	\$0	\$0	-\$1,000,000	-\$1,000,000
EWC TOTAL			\$5,045,000	-\$83,000	\$4,050,000	-\$1,078,000	-\$995,000	-\$995,000

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

FISCAL INTERMEDIARY EXPENDITURES - EWC

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Manvir Lallian

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$988,000	\$993,000
- GENERAL FUND	\$988,000	\$993,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$988,000	\$993,000
- GENERAL FUND	\$988,000	\$993,000

Purpose:

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

Authority:

Health & Safety Code 104150(c)

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

The change from FY 2019-20, from the prior estimate, is a decrease due to a decrease in the average cost per ACL. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to an increase in the average cost per ACL from FY 2019-20 to FY 2020-21.

Methodology:

1. The estimated medical FI administrative costs are:

FY 2019-20	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	856,165	\$0.57	\$488,000
Total			\$488,000

FY 2020-21	Estimated ACLs	Ave Cost per ACLs	Estimated ACL Expenditure
General ACLs	849,576	\$0.58	\$493,000
Total			\$493,000

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

Total EWC FI Costs	FY 2019-20	FY 2020-21
Processing Costs	\$488,000	\$493,000
SDNs	\$500,000	\$500,000
Total	\$988,000	\$993,000

Funding:

100% GF (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change:

There is no change from the prior estimate, for FY 2018-19 and FY 2019-20.

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

Methodology:

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

Funding:

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

100% General Fund (4260-114-0001)

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,989,000	-\$7,989,000
	- BCCA FUND	\$7,989,000	\$7,989,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$7,989,000	-\$7,989,000
	- BCCA FUND	\$7,989,000	\$7,989,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

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

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

Reason for Change:

There is no change for FY 2019-20 from the prior estimate.

There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. The EWC program will receive \$7,989,000 of BCCA funds in FY 2019-20 and FY 2020-21. This amount includes \$77,000 estimated revenue received from the specialty license plate program.

Funding:

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

CENTERS FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The program offers funding for:

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

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

Reason for Change:

There is no change for FY 2019-20 from the prior estimate. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2017 through June 29, 2022. The total grant amount is \$10,686,074 for FY 2019-20 and FY 2020-21.
2. The Department receives 70.18% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 28.76%.
(Dollars in Thousands)

Agency	FY 2019-20	FY 2020-21
Department	\$7,500	\$7,500
CDPH	\$3,186	\$3,186
Total CDC Grant Amount	\$10,686	\$10,686

3. The Department will allocate 68.37% of the grant to local assistance and 31.63% to the support budget.
(Dollars in Thousands)

Funding Type	FY 2019-20	FY 2020-21
Local Assistance	\$5,128	\$5,128
Support	\$2,372	\$2,372
NBCCEDP Grant for EWC	\$7,500	\$7,500

Funding:

CDC Federal Fund (4260-114-0890)
100% General Fund (4260-114-0001)

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2012
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The objective of each Regional Contractor is to:

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

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

Reason for Change:

There is no change from the prior estimate for FY 2019-20.

There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

Methodology:

1. Effective January 1, 2019, all regional contracts have been extended for another three years.
2. The contracts are funded as follows:

Contracts	FY 2019-20	FY 2020-21
CA Health Collab.	\$2,129,500	\$2,129,500
Community Health Partnership	\$266,800	\$266,800
County of Orange	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$3,057,000	\$3,057,000

Funding:

100% General Fund (4260-114-0001)

EWC MAMMOGRAPHY CODE MODIFICATIONS

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 10/1/2019
ANALYST: Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,000,000	\$0
	- GENERAL FUND	\$1,000,000	\$0
PAYMENT LAG		1.0000	0.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,000,000	\$0
	- GENERAL FUND	\$1,000,000	\$0

Purpose:

This policy change estimates removal of frequency limitations and Treatment Authorization Request (TAR) restrictions for Every Woman Counts (EWC) mammography codes.

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

The Department removed frequency limitations and approved TAR override for claims containing the 9A aid code and the following Current Procedural Terminology (CPT) codes: 77065, 77066, and 77067. An Erroneous Payment Correction (EPC) was deployed to retroactively implement this policy change effective October 1, 2017.

Reason for Change:

This is a new policy change.

Methodology

1. This retroactive payment affects approximately 350 providers and 18,000 claims, for approximately \$1,000,000 in FY 2019-20 for the time period October 2017 to November 2018. Ongoing costs beginning November 2018 are included in the base data and trends.

Funding:

100% GF (4260-114-0001)

EWC Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2015				\$5,702,040 *
Oct-Dec 2015				\$5,944,680 *
Jan-Mar 2016				\$6,187,320 *
April -June 2016				\$6,429,960 *
FY 2015-16	161,000		161,000 *	\$24,264,000
July-Sept 2016				\$6,303,405 *
Oct-Dec 2016				\$6,571,635 *
Jan-Mar 2017				\$6,839,865 *
April -June 2017				\$7,108,095 *
FY 2016-17			25,030 *	\$26,823,000
July-Sept 2017				\$6,097,095 *
Oct-Dec 2017				\$8,140,735 *
Jan-Mar 2018				\$6,136,128 *
April -June 2018				\$9,577,882 *
FY 2017-18			26,914 *	\$29,952,000
July-Sept 2018				\$9,276,000 *
Oct-Dec 2018				\$9,943,000 *
Jan-Mar 2019				\$7,831,000 *
April -June 2019				\$12,193,000 *
FY 2018-19			31,080 **	\$39,243,000
July-Sept 2019				\$9,006,724 **
Oct-Dec 2019				\$9,567,570 **
Jan-Mar 2020				\$9,567,570 **
April -June 2020				\$9,567,570 **
FY 2019-20			27,934 **	\$37,709,000
July-Sept 2020				\$9,567,570 **
Oct-Dec 2020				\$9,567,570 **
Jan-Mar 2021				\$9,567,570 **
April -June 2021				\$9,567,570 **
FY 2020-21			27,719 **	\$38,270,000

Notes:

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

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
November 2019
FISCAL YEARS 2019-20 & 2020-21

INTRODUCTION

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

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

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

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

California Children's Services

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

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

the CF/GF split to 6% apiece. **Starting October 2019, Title XXI FFP will decrease to 76.5%, increasing the CF/GF split to 11.75% apiece. Starting October 2020, Title XXI FFP will return to its historic level of 65%, increasing the CF/GF split to 17.5%.** In addition to the funding streams above, CCS is also supported by a fixed level of Federal Title V Maternal and Child Health (MCH) funding. GF expenditures were reduced by federal funding by the Safety Net Care Pool (SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ended October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.

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

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

Child Health and Disability Prevention

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

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

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

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

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

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

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

Genetically Handicapped Persons Program

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

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

Every Woman Counts Program

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

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

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

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

BASE ESTIMATES

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

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

Where:

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

California Children's Services

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

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

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

Child Health and Disability Prevention

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

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

Genetically Handicapped Persons Program

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

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

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

Every Woman Counts Program

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

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

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

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

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

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

2. Adrenoleukodystrophy (ALD) as a CCS Eligible Condition

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

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

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

3. New High Cost Treatments for Specific Conditions

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

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

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

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

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

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

4. California Children's Services (CCS) – Medical Therapy Program (MTP) Special Education

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

~~CHILD HEALTH AND DISABILITY PREVENTION~~

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

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. Health Insurance Premium Payment (HIPP) Program

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

EVERY WOMAN COUNTS PROGRAM

1. Correction of Denied Provider Claims

The Every Woman Counts (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate clinical claims. Issues were discovered with the claims adjudication process that resulted in denied clinical claims. Currently six Problem Statements (PS) have been issued for claim denials that range from office visit to various screenings and diagnostic services. Some of the identified claims adjudication problems are EWC specific and some

impact both EWC and Medi-Cal. The FI has determined that system changes are required to correctly adjudicate claims. System changes are costly and can take anywhere from 90 days to up to one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to re-adjudicate denied claims. These system changes and EPCs will impact EWC's budget. At this time, the number of affected providers, claims, and cost for the system changes are undetermined.

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

CCS 10 – Home Health Rate Increase

CCS 11 – Pediatric Day Health Care Rate Increase

~~CHDP~~

GHPP

EWC

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

CHDP

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

GHPP

EWC

PC 7 - WA State v. Breast Cancer Prevention Fund Settlement

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

~~CHDP~~

GHPP

PC 7 – GHPP Treatment Costs Adjustment

EWC