

MEDI-CAL  
MAY 2020  
LOCAL ASSISTANCE ESTIMATE  
*for*  
FISCAL YEARS  
2019-20 *and* 2020-21



The Great Seal

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES

**MEDI-CAL  
MAY 2020  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2019-20 and 2020-21**

Fiscal Forecasting Division  
State Department of Health Care Services  
1501 Capitol Avenue, Suite 6069  
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GAVIN NEWSOM  
Governor  
State of California

Mark A. Ghaly, MD, MPH  
Secretary  
California Health and Human Services Agency

Will Lightbourne  
Director  
Department of Health Care Services

**Medi-Cal Funding Summary**  
**May 2020 Estimate Compared to FY 2020-21 Appropriation**  
**Fiscal Year 2020 - 2021**

**TOTAL FUNDS**

	<b>May 2020 Estimate</b>	<b>FY 2020-21 Appropriation</b>	<b>Difference Incr./((Decr.))</b>
<b>MEDI-CAL Benefits:</b>			
4260-101-0001/0890(3)	\$80,838,870,000	\$84,311,851,000	\$3,472,981,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$92,170,000	\$92,170,000	\$0
4260-101-0233 Prop 99 Physician Srvc. Acct	\$26,639,000	\$26,639,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$41,848,000	\$41,848,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$6,626,000	\$6,626,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$1,339,836,000	\$863,756,000	(\$476,080,000)
4260-101-3366 Electronic Cigarette Product Tax	\$9,600,000	\$9,600,000	\$0
4260-102-0001/0890 Capital Debt	\$77,555,000	\$77,555,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$15,200,000	\$15,200,000	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$178,281,000	\$178,281,000
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$1,900,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$132,461,000	\$132,461,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$3,319,000	\$3,319,000	\$0
4260-111-0001(3) CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Childrens Health Insurance Program	\$3,893,556,000	\$4,000,566,000	\$107,010,000
4260-601-0942142 Local Trauma Centers	\$81,883,000	\$81,883,000	\$0
4260-601-0942 Home Health Program Account	\$22,749,000	\$22,749,000	\$0
4260-601-0995 Reimbursements	\$1,777,423,000	\$1,777,423,000	\$0
4260-601-3156 MCO Tax Fund	\$100,000,000	\$100,000,000	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$306,000,000	\$306,000,000	\$0
4260-601-3213 LTC QA Fund	\$623,984,000	\$623,984,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$36,552,000	\$36,552,000	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$68,312,000	\$68,312,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,643,642,000	\$1,643,642,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,769,658,000	\$2,769,658,000	\$0
4260-601-7502 Demonstration DSH Fund	\$58,544,000	\$58,544,000	\$0
4260-601-7503 Health Care Support Fund	\$92,553,000	\$92,553,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$335,600,000	\$335,600,000	\$0
4260-601-8108 Global Payment Program Fund	\$876,470,000	\$876,470,000	\$0
4260-601-8113 DPH GME Special Fund	\$378,759,000	\$378,759,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$26,853,000	\$26,853,000	\$0
4260-605-0001 SNF Quality & Accountability	\$46,979,000	\$46,979,000	\$0
4260-605-3167 SNF Quality & Accountability	\$41,000,000	\$41,000,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$46,979,000)	(\$46,979,000)	\$0
4260-606-0834 SB 1100 DSH	\$211,063,000	\$211,063,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$11,137,757,000	\$11,137,757,000	\$0
<b>TOTAL MEDI-CAL Benefits</b>	<b>\$107,069,298,000</b>	<b>\$110,351,490,000</b>	<b>\$3,282,192,000</b>
<b>COUNTY ADMINISTRATION:</b>			
4260-101-0001/0890(1)	\$4,597,380,000	\$4,623,975,000	\$26,595,000
4260-102-3305(1) Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-106-0890(1) Money Follow Person Fed. Grant	\$360,000	\$360,000	\$0
4260-113-0001/0890 Childrens Health Insurance Program	\$72,964,000	\$72,964,000	\$0
4260-117-0001/0890 HIPAA	\$12,772,000	\$12,772,000	\$0
4260-601-0942 Home Health Program Account	\$163,000	\$163,000	\$0
4260-601-0995 Reimbursements	\$189,000	\$189,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$489,000	\$489,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$5,432,000	\$5,432,000	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$100,000	\$100,000	\$0
<b>TOTAL COUNTY ADMIN.</b>	<b>\$4,689,849,000</b>	<b>\$4,716,444,000</b>	<b>\$26,595,000</b>
<b>FISCAL INTERMEDIARY:</b>			
4260-101-0001/0890(2)	\$347,726,000	\$345,960,000	(\$1,766,000)
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Childrens Health Insurance Program	\$3,766,000	\$3,766,000	\$0
4260-117-0001/0890 HIPAA	\$1,001,000	\$1,001,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>TOTAL FISCAL INTERMEDIARY</b>	<b>\$352,493,000</b>	<b>\$350,727,000</b>	<b>(\$1,766,000)</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$112,111,640,000</b>	<b>\$115,418,661,000</b>	<b>\$3,307,021,000</b>

**Medi-Cal Funding Summary**  
**May 2020 Estimate Compared to FY 2020-21 Appropriation**  
**Fiscal Year 2020 - 2021**

**STATE FUNDS**

<b>Benefits:</b>	<b>May 2020 Estimate</b>	<b>FY 2020-21 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
4260-101-0001 Medi-Cal General Fund*	\$20,957,179,000	\$21,438,108,000	\$480,929,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$92,170,000	\$92,170,000	\$0
4260-101-0233 Prop 99 Physician Srvc. Acct	\$26,639,000	\$26,639,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$41,848,000	\$41,848,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$6,626,000	\$6,626,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$1,339,836,000	\$863,756,000	(\$476,080,000)
4260-101-3366 Electronic Cigarette Product Tax	\$9,600,000	\$9,600,000	\$0
4260-102-0001 Capital Debt *	\$26,770,000	\$26,770,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$15,200,000	\$15,200,000	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$178,281,000	\$178,281,000
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$1,900,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$132,461,000	\$132,461,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$973,390,000	\$959,057,000	(\$14,333,000)
4260-601-0942142 Local Trauma Centers	\$81,883,000	\$81,883,000	\$0
4260-601-0942 Home Health Program Account	\$22,749,000	\$22,749,000	\$0
4260-601-0995 Reimbursements	\$1,777,423,000	\$1,777,423,000	\$0
4260-601-3156 MCO Tax Fund	\$100,000,000	\$100,000,000	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$306,000,000	\$306,000,000	\$0
4260-601-3213 LTC QA Fund	\$623,984,000	\$623,984,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$36,552,000	\$36,552,000	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$68,312,000	\$68,312,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,643,642,000	\$1,643,642,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,769,658,000	\$2,769,658,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$335,600,000	\$335,600,000	\$0
4260-601-8108 Global Payment Program Fund	\$876,470,000	\$876,470,000	\$0
4260-601-8113 DPH GME Special Fund	\$378,759,000	\$378,759,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$26,853,000	\$26,853,000	\$0
4260-605-0001 SNF Quality & Accountability *	\$46,979,000	\$46,979,000	\$0
4260-605-3167 SNF Quality & Accountability	\$41,000,000	\$41,000,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$46,979,000)	(\$46,979,000)	\$0
4260-606-0834 SB 1100 DSH	\$211,063,000	\$211,063,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$5,288,065,000	\$5,288,065,000	\$0
<b>Total Benefits</b>	<b>\$38,212,548,000</b>	<b>\$38,381,344,000</b>	<b>\$168,796,000</b>
<b>Total Benefits General Fund *</b>	<b>\$22,124,618,000</b>	<b>\$22,591,213,000</b>	<b>\$466,595,000</b>
<b>County Administration:</b>			
4260-101-0001 Medi-Cal General Fund *	\$886,435,000	\$892,630,000	\$6,195,000
4260-102-3305(1) Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$16,316,000	\$14,316,000	(\$2,000,000)
4260-117-0001 HIPAA *	\$2,226,000	\$2,226,000	\$0
4260-601-0942 Health Homes Program Account	\$163,000	\$163,000	\$0
4260-601-0995 Reimbursements	\$189,000	\$189,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$489,000	\$489,000	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$5,432,000	\$5,432,000	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$100,000	\$100,000	\$0
<b>Total County Administration</b>	<b>\$911,350,000</b>	<b>\$915,545,000</b>	<b>\$4,195,000</b>
<b>Total County Administration General Fund *</b>	<b>\$904,977,000</b>	<b>\$909,172,000</b>	<b>\$4,195,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001(2) *	\$122,724,000	\$122,132,000	(\$592,000)
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	(\$790,000)	\$1,210,000	\$2,000,000
4260-117-0001 HIPAA *	\$198,000	\$198,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$122,132,000</b>	<b>\$123,540,000</b>	<b>\$1,408,000</b>
<b>Total Fiscal Intermediary General Fund *</b>	<b>\$122,132,000</b>	<b>\$123,540,000</b>	<b>\$1,408,000</b>
<b>Grand Total - State Funds</b>	<b>\$39,246,030,000</b>	<b>\$39,420,429,000</b>	<b>\$174,399,000</b>
<b>Grand Total - General Fund*</b>	<b>\$23,151,727,000</b>	<b>\$23,623,925,000</b>	<b>\$472,198,000</b>

**Medi-Cal Funding Summary**  
**May 2020 Estimate Compared to FY 2020-21 Appropriation**  
**Fiscal Year 2020 - 2021**

**FEDERAL FUNDS**

	<b>May 2020 Estimate</b>	<b>FY 2020-21 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
<b><u>Benefits:</u></b>			
4260-101-0890(3)	\$59,881,691,000	\$62,873,743,000	\$2,992,052,000
4260-102-0890 Capital Debt	\$50,785,000	\$50,785,000	\$0
4260-106-0890 Money Follows Person Federal Grant	\$3,319,000	\$3,319,000	\$0
4260-113-0890 Childrens Health Insurance Program	\$2,920,166,000	\$3,041,509,000	\$121,343,000
4260-601-7502 Demonstration DSH Fund	\$58,544,000	\$58,544,000	\$0
4260-601-7503 Health Care Support Fund	\$92,553,000	\$92,553,000	\$0
4260-611-0890 Hospital Quality Assurance	\$5,849,692,000	\$5,849,692,000	\$0
<b>Total Benefits</b>	<b><u>\$68,856,750,000</u></b>	<b><u>\$71,970,145,000</u></b>	<b><u>\$3,113,395,000</u></b>
<b><u>County Administration:</u></b>			
4260-101-0890(1)	\$3,710,945,000	\$3,731,345,000	\$20,400,000
4260-106-0890(1) Money Follows Person Fed. Grant	\$360,000	\$360,000	\$0
4260-113-0890 Childrens Health Insurance Program	\$56,648,000	\$58,648,000	\$2,000,000
4260-117-0890 HIPAA	\$10,546,000	\$10,546,000	\$0
<b>Total County Administration</b>	<b><u>\$3,778,499,000</u></b>	<b><u>\$3,800,899,000</u></b>	<b><u>\$22,400,000</u></b>
<b><u>Fiscal Intermediary:</u></b>			
4260-101-0890(2)	\$225,002,000	\$223,828,000	(\$1,174,000)
4260-113-0890 Childrens Health Insurance Program	\$4,556,000	\$2,556,000	(\$2,000,000)
4260-117-0890 HIPAA	\$803,000	\$803,000	\$0
<b>Total Fiscal Intermediary</b>	<b><u>\$230,361,000</u></b>	<b><u>\$227,187,000</u></b>	<b><u>(\$3,174,000)</u></b>
<b>Grand Total - Federal Funds</b>	<b><u>\$72,865,610,000</u></b>	<b><u>\$75,998,231,000</u></b>	<b><u>\$3,132,621,000</u></b>

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2020-21

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>				
A. B/Y FFS BASE	\$17,897,436,120	\$8,948,718,060	\$8,948,718,060	\$0
B. B/Y BASE POLICY CHANGES	\$49,711,025,010	\$32,655,454,920	\$16,900,324,090	\$155,246,000
C. BASE ADJUSTMENTS	(\$179,703,000)	(\$237,883,080)	\$58,180,080	\$0
<b>D. ADJUSTED BASE</b>	<b>\$67,428,758,130</b>	<b>\$41,366,289,900</b>	<b>\$25,907,222,230</b>	<b>\$155,246,000</b>
<b>II. REGULAR POLICY CHANGES</b>				
A. ELIGIBILITY	\$402,244,990	(\$606,316,980)	\$1,006,045,960	\$2,516,000
B. AFFORDABLE CARE ACT	\$3,929,640,990	\$4,199,275,500	(\$45,815,500)	(\$223,819,000)
C. BENEFITS	\$2,055,345,340	\$1,462,432,560	\$578,384,780	\$14,528,000
D. PHARMACY	(\$2,027,284,570)	(\$1,862,993,250)	(\$1,807,933,320)	\$1,643,642,000
E. DRUG MEDI-CAL	\$397,003,610	\$186,816,720	\$210,186,890	\$0
F. MENTAL HEALTH	(\$28,945,000)	(\$42,182,000)	\$13,037,000	\$200,000
G. WAIVER--MH/UCD & BTR	\$3,658,272,000	\$1,921,558,000	(\$5,175,000)	\$1,741,889,000
H. MANAGED CARE	\$8,488,740,720	\$4,782,819,090	(\$370,538,080)	\$4,076,459,700
I. PROVIDER RATES	\$882,547,780	\$991,691,320	(\$808,065,200)	\$698,921,650
J. SUPPLEMENTAL PMNTS.	\$16,269,970,740	\$9,825,066,740	\$361,016,000	\$6,083,888,000
K. COVID-19	\$8,104,678,000	\$8,257,740,000	(\$153,062,000)	\$0
L. OTHER DEPARTMENTS	\$433,513,000	\$433,096,000	\$417,000	\$0
M. OTHER	\$357,002,380	\$1,054,851,780	(\$2,294,507,400)	\$1,596,658,000
<b>N. TOTAL CHANGES</b>	<b>\$42,922,729,980</b>	<b>\$30,603,855,490</b>	<b>(\$3,316,008,870)</b>	<b>\$15,634,883,350</b>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<b>\$110,351,488,100</b>	<b>\$71,970,145,390</b>	<b>\$22,591,213,360</b>	<b>\$15,790,129,350</b>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>ELIGIBILITY</u></b>					
1	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$335,282,280	\$102,310,420	\$232,971,870	\$0
2	MEDI-CAL STATE INMATE PROGRAMS	\$84,662,000	\$84,662,000	\$0	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$65,865,000	\$24,460,100	\$41,404,900	\$0
7	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$135,468,000	\$67,734,000	\$67,734,000	\$0
8	MEDI-CAL COUNTY INMATE PROGRAMS	\$15,660,960	\$15,001,640	\$659,320	\$0
9	PROVISIONAL POSTPARTUM CARE EXTENSION	\$34,291,000	\$0	\$34,291,000	\$0
10	CS3 PROXY ADJUSTMENT	\$0	\$122,728,680	(\$122,728,680)	\$0
11	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	\$0	(\$2,516,000)	\$2,516,000
13	NON-OTLICP CHIP	\$0	\$101,316,930	(\$101,316,930)	\$0
14	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	(\$969,518,000)	\$969,518,000	\$0
15	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$76,358,720	(\$76,358,720)	\$0
16	CCHIP DELIVERY SYSTEM	(\$3,097,000)	(\$2,127,480)	(\$969,520)	\$0
17	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$14,940,000	(\$12,431,410)	\$27,371,410	\$0
18	CHIP PREMIUMS	(\$62,224,000)	(\$42,234,540)	(\$19,989,460)	\$0
19	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$222,168,260)	(\$174,578,050)	(\$47,590,210)	\$0
216	MEDICARE PART B DISREGARD	\$478,000	\$0	\$478,000	\$0
232	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$2,892,000	\$0	\$2,892,000	\$0
266	HEARING AID COVERAGE - ADMIN	\$195,000	\$0	\$195,000	\$0
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$402,244,990</b>	<b>(\$606,316,980)</b>	<b>\$1,006,045,960</b>	<b>\$2,516,000</b>
<b><u>AFFORDABLE CARE ACT</u></b>					
20	COMMUNITY FIRST CHOICE OPTION	\$4,423,366,000	\$4,423,366,000	\$0	\$0
21	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$12,504,000	\$12,504,000	\$0	\$0
22	HEALTH INSURER FEE	\$284,312,000	\$187,160,260	\$97,151,740	\$0
23	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	\$44,211,240	(\$44,211,240)	\$0
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$3,212,000	(\$3,212,000)	\$0
26	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$69,000)	(\$69,000)	\$0	\$0
27	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$100,000,000)	(\$94,500,000)	(\$5,500,000)	\$0
28	ACA DSH REDUCTION	(\$690,472,000)	(\$376,609,000)	(\$90,044,000)	(\$223,819,000)
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$3,929,641,000</b>	<b>\$4,199,275,500</b>	<b>(\$45,815,500)</b>	<b>(\$223,819,000)</b>
<b><u>BENEFITS</u></b>					
29	BEHAVIORAL HEALTH TREATMENT	\$993,767,000	\$524,402,570	\$469,364,430	\$0
30	FAMILY PACT PROGRAM	\$366,733,000	\$279,395,400	\$87,337,600	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>BENEFITS</u></b>					
31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$388,005,000	\$388,005,000	\$0	\$0
32	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$129,016,000	\$129,016,000	\$0	\$0
33	LEA EXPANSION	\$80,468,000	\$80,468,000	\$0	\$0
34	RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS	\$33,726,250	\$21,810,140	\$11,916,110	\$0
35	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	\$4,933,000	(\$4,933,000)	\$4,933,000
36	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$4,074,000	\$3,144,000	\$930,000	\$0
37	OPTIONAL BENEFITS RESTORATION	\$15,337,270	\$9,917,880	\$5,419,380	\$0
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	\$10,116,000	\$521,000	\$9,595,000
39	CCS DEMONSTRATION PROJECT	\$6,456,000	\$3,429,920	\$3,026,080	\$0
40	MEDI-CAL NONMEDICAL TRANSPORTATION	\$6,959,110	\$4,261,570	\$2,697,540	\$0
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,430,000	\$0	\$1,430,000	\$0
42	YOUTH REGIONAL TREATMENT CENTERS	\$2,203,000	\$2,184,000	\$19,000	\$0
45	CCT FUND TRANSFER TO CDSS	\$175,000	\$175,000	\$0	\$0
46	DIABETES PREVENTION PROGRAM	\$536,740	\$346,820	\$189,920	\$0
48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$1,293,970	\$827,260	\$466,710	\$0
	<b>BENEFITS SUBTOTAL</b>	<b>\$2,055,345,340</b>	<b>\$1,462,432,560</b>	<b>\$578,384,780</b>	<b>\$14,528,000</b>
<b><u>PHARMACY</u></b>					
52	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	(\$132,951,000)	(\$78,380,200)	(\$54,570,800)	\$0
53	MEDI-CAL DRUG REBATE FUND	\$0	\$0	(\$1,643,642,000)	\$1,643,642,000
54	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	(\$35,642,570)	(\$22,575,700)	(\$13,066,870)	\$0
55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$57,381,000)	(\$36,292,400)	(\$21,088,600)	\$0
56	BCCTP DRUG REBATES	(\$5,081,000)	(\$5,081,000)	\$0	\$0
57	FAMILY PACT DRUG REBATES	(\$10,016,000)	(\$10,016,000)	\$0	\$0
59	MEDICAL SUPPLY REBATES	(\$43,098,000)	(\$21,549,000)	(\$21,549,000)	\$0
60	STATE SUPPLEMENTAL DRUG REBATES	(\$114,100,000)	(\$114,100,000)	\$0	\$0
62	FEDERAL DRUG REBATES	(\$1,439,215,000)	(\$1,439,215,000)	\$0	\$0
237	PHARMACY RETROACTIVE ADJUSTMENTS	(\$189,800,000)	(\$135,783,950)	(\$54,016,050)	\$0
	<b>PHARMACY SUBTOTAL</b>	<b>(\$2,027,284,570)</b>	<b>(\$1,862,993,250)</b>	<b>(\$1,807,933,320)</b>	<b>\$1,643,642,000</b>
<b><u>DRUG MEDI-CAL</u></b>					
63	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$394,701,000	\$333,226,940	\$61,474,060	\$0
67	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$1,791,110	\$1,608,790	\$182,330	\$0
69	DRUG MEDI-CAL MAT BENEFIT	\$511,500	\$495,000	\$16,500	\$0

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



## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>DRUG MEDI-CAL</u></b>					
238	DMC & SMHS STATE ONLY CLAIMING ADJUSTMENT	\$0	(\$148,514,000)	\$148,514,000	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$397,003,610</b>	<b>\$186,816,720</b>	<b>\$210,186,890</b>	<b>\$0</b>
<b><u>MENTAL HEALTH</u></b>					
74	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$24,651,000	\$11,444,000	\$13,207,000	\$0
75	PATHWAYS TO WELL-BEING	\$484,000	\$484,000	\$0	\$0
76	LATE CLAIMS FOR SMHS	\$30,000	\$0	\$30,000	\$0
77	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	\$0	(\$200,000)	\$200,000
79	CHART REVIEW	(\$371,000)	(\$371,000)	\$0	\$0
80	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$53,739,000)	(\$53,739,000)	\$0	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>(\$28,945,000)</b>	<b>(\$42,182,000)</b>	<b>\$13,037,000</b>	<b>\$200,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>					
81	GLOBAL PAYMENT PROGRAM	\$2,200,578,000	\$1,100,289,000	\$0	\$1,100,289,000
82	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$612,000,000	\$306,000,000	\$0	\$306,000,000
83	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$671,201,000	\$335,601,000	\$0	\$335,600,000
85	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$174,230,000	\$87,115,000	\$87,115,000	\$0
89	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$263,000	\$263,000	\$0	\$0
243	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	\$92,290,000	(\$92,290,000)	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$3,658,272,000</b>	<b>\$1,921,558,000</b>	<b>(\$5,175,000)</b>	<b>\$1,741,889,000</b>
<b><u>MANAGED CARE</u></b>					
95	CCI-MANAGED CARE PAYMENTS	\$2,954,613,720	\$1,477,306,860	\$1,477,306,860	\$0
96	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,917,686,000	\$1,264,019,180	\$653,666,820	\$0
97	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,541,109,000	\$1,179,547,150	\$361,561,850	\$0
100	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$667,840,000	\$512,918,960	\$154,921,040	\$0
103	RETRO MC RATE ADJUSTMENTS	\$363,335,000	\$152,181,110	\$211,153,890	\$0
104	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$203,895,000	\$181,146,300	\$0	\$22,748,700
107	CCI-QUALITY WITHHOLD REPAYMENTS	\$16,822,000	\$8,411,000	\$8,411,000	\$0
110	CAPITATED RATE ADJUSTMENT FOR FY 2020-21	\$0	\$0	\$0	\$0
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	\$0	(\$1,284,053,000)	\$1,284,053,000
114	COORDINATED CARE INITIATIVE RISK MITIGATION	(\$111,260,000)	(\$55,630,000)	(\$55,630,000)	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>MANAGED CARE</u></b>					
116	MANAGED CARE DRUG REBATES	(\$1,504,444,000)	(\$1,504,444,000)	\$0	\$0
218	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	(\$1,686,645,000)	\$1,686,645,000
219	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	\$0	(\$1,083,013,000)	\$1,083,013,000
220	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$3,177,119,000	\$2,094,106,240	\$1,083,012,760	\$0
234	SAN MATEO HEALTH PLAN REIMBURSEMENT	\$30,000,000	\$0	\$30,000,000	\$0
255	ADJUST MC CAP PAYMENTS FOR JULY 2019-DEC 2020	(\$585,917,000)	(\$403,938,700)	(\$181,978,300)	\$0
258	MANAGED CARE EFFICIENCIES	(\$182,058,000)	(\$122,805,000)	(\$59,253,000)	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$8,488,740,720</b>	<b>\$4,782,819,090</b>	<b>(\$370,538,080)</b>	<b>\$4,076,459,700</b>
<b><u>PROVIDER RATES</u></b>					
117	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$185,402,470	\$123,957,610	(\$6,866,790)	\$68,311,650
118	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$242,308,100	\$149,012,040	\$93,296,060	\$0
119	AB 1629 ANNUAL RATE ADJUSTMENTS	\$96,040,400	\$48,020,200	\$48,020,200	\$0
120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$73,390,000	\$45,132,600	\$28,257,400	\$0
121	PROP 56 - HOME HEALTH RATE INCREASE	\$0	\$0	\$0	\$0
122	DPH INTERIM RATE GROWTH	\$35,388,120	\$17,694,060	\$17,694,060	\$0
123	LTC RATE ADJUSTMENT	\$40,283,380	\$20,141,690	\$20,141,690	\$0
124	DPH INTERIM & FINAL RECONS	\$159,698,000	\$159,698,000	\$0	\$0
125	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$0	\$0
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$10,000,000	\$5,000,000	(\$1,626,000)	\$6,626,000
128	HOSPICE RATE INCREASES	\$7,393,260	\$3,696,630	\$3,696,630	\$0
129	DPH INTERIM RATE	\$0	\$401,766,100	(\$401,766,100)	\$0
130	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	\$0	(\$623,984,000)	\$623,984,000
132	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$2,366,570)	(\$1,276,980)	(\$1,089,590)	\$0
133	LABORATORY RATE METHODOLOGY CHANGE	(\$19,524,430)	(\$9,762,220)	(\$9,762,220)	\$0
134	10% PROVIDER PAYMENT REDUCTION	(\$13,936,310)	(\$6,968,150)	(\$6,968,150)	\$0
136	REDUCTION TO RADIOLOGY RATES	(\$8,688,400)	(\$4,344,200)	(\$4,344,200)	\$0
223	NURSING FACILITY FINANCING REFORM	\$70,171,540	\$36,429,840	\$33,741,700	\$0
226	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$6,988,220	\$3,494,110	\$3,494,110	\$0
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$882,547,780</b>	<b>\$991,691,320</b>	<b>(\$808,065,200)</b>	<b>\$698,921,650</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>					
137	HOSPITAL QAF - FFS PAYMENTS	\$4,989,101,000	\$2,369,045,000	\$0	\$2,620,056,000
138	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$2,326,556,000	\$1,541,906,000	\$0	\$784,650,000

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>					
139	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$2,846,100,000	\$1,938,741,000	\$0	\$907,359,000
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$1,063,771,000	\$713,664,000	\$0	\$350,107,000
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,125,395,500	\$722,895,190	\$402,500,300	\$0
142	PRIVATE HOSPITAL DSH REPLACEMENT	\$608,335,000	\$304,167,500	\$304,167,500	\$0
143	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$522,826,000	\$315,533,850	\$207,292,150	\$0
144	PROP 56 - MEDI-CAL FAMILY PLANNING	\$111,481,460	\$100,333,310	\$11,148,150	\$0
145	DSH PAYMENT	\$495,326,000	\$308,308,000	\$24,952,000	\$162,066,000
146	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$459,503,000	\$281,223,360	\$178,279,640	\$0
147	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$312,824,000	\$163,921,000	\$126,275,000	\$22,628,000
148	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$253,433,000	\$253,433,000	\$0	\$0
149	CAPITAL PROJECT DEBT REIMBURSEMENT	\$94,555,000	\$67,785,000	\$26,770,000	\$0
150	FFP FOR LOCAL TRAUMA CENTERS	\$163,862,000	\$81,978,000	\$0	\$81,884,000
151	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$118,812,000	\$68,812,000	\$0	\$50,000,000
152	NDPH IGT SUPPLEMENTAL PAYMENTS	\$83,684,000	\$40,543,000	(\$5,856,000)	\$48,997,000
153	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$85,239,000	\$85,239,000	\$0	\$0
154	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$82,000,000	\$41,000,000	\$46,979,000	(\$5,979,000)
155	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$80,700,000	\$80,700,000	\$0	\$0
156	PROP 56 - DEVELOPMENTAL SCREENINGS	\$48,838,510	\$26,699,830	\$22,138,680	\$0
157	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$30,992,000	\$15,496,000	\$15,496,000	\$0
158	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$36,781,580	\$21,950,070	\$14,831,510	\$0
159	DPH PHYSICIAN & NON-PHYS. COST	\$224,686,000	\$224,686,000	\$0	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$5,000,000	\$0
161	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$7,935,410	\$4,675,600	\$3,259,810	\$0
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$8,271,000	\$8,271,000	\$0	\$0
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$4,000,000	\$0
164	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$6,090,440	\$3,219,330	\$2,871,110	\$0
165	NDPH SUPPLEMENTAL PAYMENT	\$4,273,000	\$2,373,000	\$1,900,000	\$0
166	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS	\$2,000,000	\$0	\$2,000,000	\$0
167	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$1,809,600	\$982,400	\$827,200	\$0
168	PROPOSITION 56 FUNDS TRANSFER	\$0	\$0	(\$1,042,035,000)	\$1,042,035,000

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>					
169	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$4,289,250	\$3,745,290	\$543,960	\$0
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$0	\$0	\$0	\$0
171	IGT ADMIN. & PROCESSING FEE	\$0	\$0	(\$28,652,000)	\$28,652,000
221	IGT PAYMENTS FOR HOSPITAL SERVICES	\$0	(\$1,510,000)	\$10,077,000	(\$8,567,000)
227	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$52,500,000	\$26,250,000	\$26,250,000	\$0
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$16,269,970,740</b>	<b>\$9,825,066,740</b>	<b>\$361,016,000</b>	<b>\$6,083,888,000</b>
<b><u>COVID-19</u></b>					
245	COVID-19 UNINSURED ELIGIBILITY GROUP	\$10,177,000	\$4,815,000	\$5,362,000	\$0
246	COVID-19 ADDITIONAL IMPACTS	\$286,584,000	\$159,962,000	\$126,622,000	\$0
247	COVID-19 UTILIZATION CHANGE	(\$395,693,000)	(\$248,913,000)	(\$146,780,000)	\$0
248	COVID-19 EMERGENCY FMAP - OTHER DEPTS	\$1,296,027,000	\$1,296,027,000	\$0	\$0
249	COVID-19 BEHAVIORAL HEALTH	\$77,705,000	\$70,053,000	\$7,652,000	\$0
250	COVID-19 EMERGENCY FMAP - DHCS	\$0	\$2,554,167,000	(\$2,554,167,000)	\$0
251	COVID-19 CASELOAD IMPACT	\$6,829,878,000	\$4,421,629,000	\$2,408,249,000	\$0
	<b>COVID-19 SUBTOTAL</b>	<b>\$8,104,678,000</b>	<b>\$8,257,740,000</b>	<b>(\$153,062,000)</b>	<b>\$0</b>
<b><u>OTHER DEPARTMENTS</u></b>					
172	ELECTRONIC VISIT VERIFICATION PHASE II FED PENALTY	(\$5,130,000)	(\$5,547,000)	\$417,000	\$0
267	ADDITIONAL FEDERAL FUNDING TO OTHER DEPT.	\$438,643,000	\$438,643,000	\$0	\$0
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$433,513,000</b>	<b>\$433,096,000</b>	<b>\$417,000</b>	<b>\$0</b>
<b><u>OTHER</u></b>					
178	CCI IHSS RECONCILIATION	\$100,000,000	\$100,000,000	\$0	\$0
181	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$95,060,000	\$95,060,000	\$0	\$0
182	ARRA HITECH - PROVIDER PAYMENTS	\$15,268,000	\$15,268,000	\$0	\$0
188	INFANT DEVELOPMENT PROGRAM	\$32,746,000	\$32,746,000	\$0	\$0
189	PROP 56 - PROVIDER ACES TRAININGS	\$61,924,000	\$30,962,000	\$30,962,000	\$0
190	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$49,175,020	\$24,587,510	\$24,587,510	\$0
191	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$15,797,000	\$8,869,000	\$6,928,000	\$0
192	OVERTIME FOR WPCS PROVIDERS	\$8,444,000	\$4,222,000	\$4,222,000	\$0
193	INDIAN HEALTH SERVICES	\$20,174,000	\$13,415,500	\$6,758,500	\$0
194	WPCS WORKERS' COMPENSATION	\$3,324,000	\$1,662,000	\$1,662,000	\$0
198	FUNDING ADJUST.—OTLICP	\$0	\$109,194,740	(\$109,194,740)	\$0
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$15,200,000	\$0	\$0	\$15,200,000
200	CMS DEFERRED CLAIMS	\$0	(\$350,000,000)	\$350,000,000	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b>OTHER</b>					
201	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	\$13,000,000	(\$13,000,000)	\$0
202	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,824,254,400	(\$1,824,254,400)	\$0
203	CLPP FUND	\$0	\$0	(\$916,000)	\$916,000
204	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	(\$976,000,000)	\$976,000,000
205	AUDIT SETTLEMENTS	\$0	(\$734,000)	\$734,000	\$0
206	IMD ANCILLARY SERVICES	\$0	(\$20,807,000)	\$20,807,000	\$0
207	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	(\$160,657,000)	\$160,657,000
208	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	(\$27,215,000)	(\$13,607,500)	(\$13,607,500)	\$0
210	COUNTY SHARE OF OTLICP-CCS COSTS	(\$22,660,000)	\$0	(\$22,660,000)	\$0
211	ASSISTED LIVING WAIVER EXPANSION	(\$31,440,640)	(\$15,720,320)	(\$15,720,320)	\$0
233	REPAYMENT TO CMS FOR CONTINGENCY FEE OFFSETS	\$0	(\$10,370,000)	\$10,370,000	\$0
236	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$1,576,000	\$1,225,450	\$350,550	\$0
242	SELF-DETERMINATION PROGRAM - CDDS	\$17,139,000	\$17,139,000	\$0	\$0
244	STATE ONLY CLAIMING ADJUSTMENTS	\$0	(\$817,325,000)	\$519,592,000	\$297,733,000
261	FUND 3156 TRANSFER TO THE GENERAL FUND	\$0	\$0	(\$100,000,000)	\$100,000,000
262	FUND 3311 TRANSFER TO THE GENERAL FUND	\$0	\$0	(\$36,552,000)	\$36,552,000
263	ELECTRONIC CIGARETTE PRODUCTS TAX	\$0	\$0	(\$9,600,000)	\$9,600,000
265	RECONCILIATION	\$2,491,000	(\$8,190,000)	\$10,681,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$357,002,380</b>	<b>\$1,054,851,780</b>	<b>(\$2,294,507,400)</b>	<b>\$1,596,658,000</b>
	<b>GRAND TOTAL</b>	<b>\$42,922,729,990</b>	<b>\$30,603,855,500</b>	<b>(\$3,316,008,860)</b>	<b>\$15,634,883,350</b>

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

## MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2020-21

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b>PROFESSIONAL</b>	\$8,355,086,150	\$5,043,043,160	\$2,156,126,710	\$1,155,916,280
PHYSICIANS	\$1,124,228,240	\$791,775,800	\$275,548,460	\$56,903,980
OTHER MEDICAL	\$4,797,309,140	\$2,839,698,840	\$1,810,385,320	\$147,224,980
CO. & COMM. OUTPATIENT	\$2,433,548,770	\$1,411,568,520	\$70,192,930	\$951,787,320
<b>PHARMACY</b>	\$4,452,172,270	\$2,241,097,550	\$497,402,940	\$1,713,671,780
<b>HOSPITAL INPATIENT</b>	\$13,857,015,080	\$8,632,081,060	\$1,612,485,040	\$3,612,448,980
COUNTY INPATIENT	\$3,576,744,770	\$2,347,738,110	\$37,457,630	\$1,191,549,030
COMMUNITY INPATIENT	\$10,280,270,310	\$6,284,342,950	\$1,575,027,410	\$2,420,899,950
<b>LONG TERM CARE</b>	\$3,399,855,600	\$1,999,354,160	\$1,256,908,750	\$143,592,690
NURSING FACILITIES	\$2,906,025,140	\$1,700,768,920	\$1,094,511,800	\$110,744,420
ICF-DD	\$493,830,460	\$298,585,230	\$162,396,950	\$32,848,270
<b>OTHER SERVICES</b>	\$1,633,170,590	\$1,106,144,430	\$491,647,740	\$35,378,420
MEDICAL TRANSPORTATION	\$225,769,070	\$175,332,390	\$42,551,190	\$7,885,490
OTHER SERVICES	\$1,123,792,330	\$763,983,610	\$335,620,290	\$24,188,430
HOME HEALTH	\$283,609,200	\$166,828,430	\$113,476,270	\$3,304,500
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$31,697,299,680</b>	<b>\$19,021,720,350</b>	<b>\$6,014,571,180</b>	<b>\$6,661,008,150</b>
<b>MANAGED CARE</b>	\$55,317,226,190	\$35,576,339,260	\$11,542,137,420	\$8,198,749,510
TWO PLAN MODEL	\$33,242,204,480	\$21,371,069,390	\$6,962,408,110	\$4,908,726,970
COUNTY ORGANIZED HEALTH SYSTEMS	\$13,283,347,610	\$8,644,475,470	\$2,594,656,300	\$2,044,215,830
GEOGRAPHIC MANAGED CARE	\$5,723,858,550	\$3,636,738,120	\$1,189,101,620	\$898,018,810
PHP & OTHER MANAG. CARE	\$1,109,634,160	\$639,779,330	\$439,019,530	\$30,835,300
REGIONAL MODEL	\$1,958,181,400	\$1,284,276,940	\$356,951,860	\$316,952,590
<b>DENTAL</b>	\$1,815,068,960	\$962,727,590	\$739,219,910	\$113,121,450
<b>MENTAL HEALTH</b>	\$3,151,709,200	\$2,620,329,760	\$322,182,150	\$209,197,290
<b>AUDITS/ LAWSUITS</b>	\$32,350,000	(\$334,559,000)	\$366,909,000	\$0
<b>EPSDT SCREENS</b>	\$0	\$0	\$0	\$0
<b>MEDICARE PAYMENTS</b>	\$6,173,798,800	\$2,445,272,750	\$3,728,526,060	\$0
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$33,774,000	\$32,258,510	\$1,515,500	\$0
<b>MISC. SERVICES</b>	\$12,179,412,170	\$11,550,460,510	\$20,898,710	\$608,052,950
<b>RECOVERIES</b>	(\$500,822,280)	(\$287,471,510)	(\$213,350,770)	\$0
<b>DRUG MEDI-CAL</b>	\$451,671,380	\$383,067,180	\$68,604,210	\$0
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$110,351,488,100</b>	<b>\$71,970,145,390</b>	<b>\$22,591,213,360</b>	<b>\$15,790,129,350</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

<u>SERVICE CATEGORY</u>	<u>MAY 2020 EST. FOR 2019-20</u>	<u>MAY 2020 EST. FOR 2020-21</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$7,089,691,180	\$8,355,086,150	\$1,265,394,970	17.85%
PHYSICIANS	\$684,258,770	\$1,124,228,240	\$439,969,470	64.30%
OTHER MEDICAL	\$4,333,213,150	\$4,797,309,140	\$464,095,990	10.71%
CO. & COMM. OUTPATIENT	\$2,072,219,250	\$2,433,548,770	\$361,329,510	17.44%
<b>PHARMACY</b>	\$1,731,588,810	\$4,452,172,270	\$2,720,583,460	157.11%
<b>HOSPITAL INPATIENT</b>	\$12,808,038,540	\$13,857,015,080	\$1,048,976,540	8.19%
COUNTY INPATIENT	\$3,613,857,610	\$3,576,744,770	(\$37,112,840)	-1.03%
COMMUNITY INPATIENT	\$9,194,180,930	\$10,280,270,310	\$1,086,089,380	11.81%
<b>LONG TERM CARE</b>	\$3,294,556,360	\$3,399,855,600	\$105,299,240	3.20%
NURSING FACILITIES	\$2,845,956,590	\$2,906,025,140	\$60,068,550	2.11%
ICF-DD	\$448,599,770	\$493,830,460	\$45,230,690	10.08%
<b>OTHER SERVICES</b>	\$1,323,210,430	\$1,633,170,590	\$309,960,160	23.42%
MEDICAL TRANSPORTATION	\$147,938,520	\$225,769,070	\$77,830,540	52.61%
OTHER SERVICES	\$897,736,900	\$1,123,792,330	\$226,055,430	25.18%
HOME HEALTH	\$277,535,010	\$283,609,200	\$6,074,190	2.19%
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$26,247,085,310</b>	<b>\$31,697,299,680</b>	<b>\$5,450,214,370</b>	<b>20.77%</b>
<b>MANAGED CARE</b>	\$47,387,790,130	\$55,317,226,190	\$7,929,436,060	16.73%
TWO PLAN MODEL	\$28,637,877,130	\$33,242,204,480	\$4,604,327,350	16.08%
COUNTY ORGANIZED HEALTH SYSTEMS	\$11,454,660,220	\$13,283,347,610	\$1,828,687,390	15.96%
GEOGRAPHIC MANAGED CARE	\$4,805,313,990	\$5,723,858,550	\$918,544,560	19.12%
PHP & OTHER MANAG. CARE	\$923,671,620	\$1,109,634,160	\$185,962,540	20.13%
REGIONAL MODEL	\$1,566,267,170	\$1,958,181,400	\$391,914,220	25.02%
<b>DENTAL</b>	\$1,156,799,580	\$1,815,068,960	\$658,269,380	56.90%
<b>MENTAL HEALTH</b>	\$2,911,018,840	\$3,151,709,200	\$240,690,360	8.27%
<b>AUDITS/ LAWSUITS</b>	\$37,712,990	\$32,350,000	(\$5,363,000)	-14.22%
<b>MEDICARE PAYMENTS</b>	\$5,635,187,830	\$6,173,798,800	\$538,610,970	9.56%
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$66,041,760	\$33,774,000	(\$32,267,750)	-48.86%
<b>MISC. SERVICES</b>	\$11,253,686,250	\$12,179,412,170	\$925,725,920	8.23%
<b>RECOVERIES</b>	(\$429,495,970)	(\$500,822,280)	(\$71,326,310)	16.61%
<b>DRUG MEDI-CAL</b>	\$392,958,050	\$451,671,380	\$58,713,340	14.94%
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$94,658,784,770</b>	<b>\$110,351,488,100</b>	<b>\$15,692,703,330</b>	<b>16.58%</b>
<b>GENERAL FUNDS</b>	<b>\$21,608,096,140</b>	<b>\$22,591,213,360</b>	<b>\$983,117,220</b>	<b>4.55%</b>
<b>OTHER STATE FUNDS</b>	<b>\$11,674,432,000</b>	<b>\$15,790,129,350</b>	<b>\$4,115,697,350</b>	<b>35.25%</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

<u>SERVICE CATEGORY</u>	<u>NOV. 2019 EST. FOR 2020-21</u>	<u>MAY 2020 EST. FOR 2020-21</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$8,250,520,560	\$8,355,086,150	\$104,565,590	1.27%
PHYSICIANS	\$1,073,469,300	\$1,124,228,240	\$50,758,940	4.73%
OTHER MEDICAL	\$4,741,078,140	\$4,797,309,140	\$56,231,000	1.19%
CO. & COMM. OUTPATIENT	\$2,435,973,120	\$2,433,548,770	(\$2,424,360)	-0.10%
<b>PHARMACY</b>	\$4,351,778,010	\$4,452,172,270	\$100,394,260	2.31%
<b>HOSPITAL INPATIENT</b>	\$11,005,523,290	\$13,857,015,080	\$2,851,491,790	25.91%
COUNTY INPATIENT	\$3,187,407,730	\$3,576,744,770	\$389,337,040	12.21%
COMMUNITY INPATIENT	\$7,818,115,570	\$10,280,270,310	\$2,462,154,750	31.49%
<b>LONG TERM CARE</b>	\$3,238,044,190	\$3,399,855,600	\$161,811,410	5.00%
NURSING FACILITIES	\$2,785,820,390	\$2,906,025,140	\$120,204,750	4.31%
ICF-DD	\$452,223,800	\$493,830,460	\$41,606,660	9.20%
<b>OTHER SERVICES</b>	\$1,357,626,040	\$1,633,170,590	\$275,544,540	20.30%
MEDICAL TRANSPORTATION	\$198,202,980	\$225,769,070	\$27,566,090	13.91%
OTHER SERVICES	\$879,224,230	\$1,123,792,330	\$244,568,100	27.82%
HOME HEALTH	\$280,198,830	\$283,609,200	\$3,410,360	1.22%
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$28,203,492,090</b>	<b>\$31,697,299,680</b>	<b>\$3,493,807,590</b>	<b>12.39%</b>
<b>MANAGED CARE</b>	\$49,185,990,930	\$55,317,226,190	\$6,131,235,260	12.47%
TWO PLAN MODEL	\$29,576,205,140	\$33,242,204,480	\$3,665,999,340	12.40%
COUNTY ORGANIZED HEALTH SYSTEMS	\$11,823,967,370	\$13,283,347,610	\$1,459,380,240	12.34%
GEOGRAPHIC MANAGED CARE	\$5,168,023,950	\$5,723,858,550	\$555,834,600	10.76%
PHP & OTHER MANAG. CARE	\$962,448,970	\$1,109,634,160	\$147,185,180	15.29%
REGIONAL MODEL	\$1,655,345,500	\$1,958,181,400	\$302,835,900	18.29%
<b>DENTAL</b>	\$1,830,893,210	\$1,815,068,960	(\$15,824,250)	-0.86%
<b>MENTAL HEALTH</b>	\$3,144,771,390	\$3,151,709,200	\$6,937,810	0.22%
<b>AUDITS/ LAWSUITS</b>	\$32,350,000	\$32,350,000	\$0	0.00%
<b>EPSDT SCREENS</b>	\$240,000	\$0	(\$240,000)	-100.00%
<b>MEDICARE PAYMENTS</b>	\$6,055,584,670	\$6,173,798,800	\$118,214,130	1.95%
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$29,476,000	\$33,774,000	\$4,298,000	14.58%
<b>MISC. SERVICES</b>	\$10,156,433,000	\$12,179,412,170	\$2,022,979,170	19.92%
<b>RECOVERIES</b>	(\$558,485,000)	(\$500,822,280)	\$57,662,720	-10.32%
<b>DRUG MEDI-CAL</b>	\$467,926,730	\$451,671,380	(\$16,255,350)	-3.47%
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$98,548,673,010</b>	<b>\$110,351,488,100</b>	<b>\$11,802,815,090</b>	<b>11.98%</b>
<b>GENERAL FUNDS</b>	<b>\$24,884,404,100</b>	<b>\$22,591,213,360</b>	<b>(\$2,293,190,740)</b>	<b>-9.22%</b>
<b>OTHER STATE FUNDS</b>	<b>\$10,848,318,700</b>	<b>\$15,790,129,350</b>	<b>\$4,941,810,650</b>	<b>45.55%</b>



**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>ELIGIBILITY</b>								
1	1	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$331,786,000	\$232,231,000	\$343,844,000	\$238,921,000	\$12,058,000	\$6,690,000
2	2	MEDI-CAL STATE INMATE PROGRAMS	\$62,957,000	\$0	\$84,662,000	\$0	\$21,705,000	\$0
3	3	BREAST AND CERVICAL CANCER TREATMENT	\$66,777,000	\$41,800,900	\$65,865,000	\$41,404,900	(\$912,000)	(\$396,000)
7	7	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$135,862,000	\$67,931,000	\$135,468,000	\$67,734,000	(\$394,000)	(\$197,000)
8	8	MEDI-CAL COUNTY INMATE PROGRAMS	\$150,538,000	\$1,706,400	\$62,295,000	\$2,622,600	(\$88,243,000)	\$916,200
9	9	PROVISIONAL POSTPARTUM CARE EXTENSION	\$45,812,000	\$45,812,000	\$34,291,000	\$34,291,000	(\$11,521,000)	(\$11,521,000)
10	10	CS3 PROXY ADJUSTMENT	\$0	(\$114,362,700)	\$0	(\$122,728,680)	\$0	(\$8,365,980)
11	11	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$1,653,000)	\$0	(\$2,516,000)	\$0	(\$863,000)
13	13	NON-OTLIPC CHIP	\$0	(\$102,413,320)	\$0	(\$101,316,930)	\$0	\$1,096,400
14	14	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$966,354,000	\$0	\$969,518,000	\$0	\$3,164,000
15	15	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$76,385,220)	\$0	(\$76,358,720)	\$0	\$26,500
16	16	CCHIP DELIVERY SYSTEM	(\$2,756,000)	(\$885,360)	(\$3,097,000)	(\$969,520)	(\$341,000)	(\$84,160)
17	17	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	(\$14,154,000)	\$20,081,930	\$14,940,000	\$27,371,410	\$29,094,000	\$7,289,480
18	18	CHIP PREMIUMS	(\$62,613,000)	(\$20,114,460)	(\$62,224,000)	(\$19,989,460)	\$389,000	\$125,000
19	19	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$542,006,000)	(\$122,380,000)	(\$542,006,000)	(\$116,102,000)	\$0	\$6,278,000
216	216	MEDICARE PART B DISREGARD	\$308,000	\$308,000	\$478,000	\$478,000	\$170,000	\$170,000
--	232	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$0	\$0	\$2,892,000	\$2,892,000	\$2,892,000	\$2,892,000
--	266	HEARING AID COVERAGE - ADMIN	\$0	\$0	\$195,000	\$195,000	\$195,000	\$195,000
215	--	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$74,547,000	\$58,337,000	\$0	\$0	(\$74,547,000)	(\$58,337,000)
<b>ELIGIBILITY SUBTOTAL</b>			<b>\$247,058,000</b>	<b>\$996,368,160</b>	<b>\$137,603,000</b>	<b>\$945,446,580</b>	<b>(\$109,455,000)</b>	<b>(\$50,921,580)</b>

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>								
20	20	COMMUNITY FIRST CHOICE OPTION	\$4,486,094,000	\$0	\$4,423,366,000	\$0	(\$62,728,000)	\$0
21	21	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$10,956,000	\$0	\$12,504,000	\$0	\$1,548,000	\$0
22	22	HEALTH INSURER FEE	\$284,312,000	\$97,525,430	\$284,312,000	\$97,151,740	\$0	(\$373,690)
23	23	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$40,120,400)	\$0	(\$44,211,240)	\$0	(\$4,090,840)
24	24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$3,238,000)	\$0	(\$3,212,000)	\$0	\$26,000
26	26	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$74,000)	\$0	(\$69,000)	\$0	\$5,000	\$0
27	27	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$100,000,000)	(\$5,500,000)	(\$100,000,000)	(\$5,500,000)	\$0	\$0
28	28	ACA DSH REDUCTION	(\$1,354,431,000)	(\$159,871,500)	(\$690,472,000)	(\$90,044,000)	\$663,959,000	\$69,827,500
		<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$3,326,857,000</b>	<b>(\$111,204,470)</b>	<b>\$3,929,641,000</b>	<b>(\$45,815,500)</b>	<b>\$602,784,000</b>	<b>\$65,388,970</b>
<b><u>BENEFITS</u></b>								
29	29	BEHAVIORAL HEALTH TREATMENT	\$948,601,000	\$439,430,260	\$993,767,000	\$469,364,430	\$45,166,000	\$29,934,160
30	30	FAMILY PACT PROGRAM	\$372,154,000	\$87,926,100	\$366,733,000	\$87,337,600	(\$5,421,000)	(\$588,500)
31	31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$371,486,000	\$0	\$388,005,000	\$0	\$16,519,000	\$0
32	32	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$116,127,000	\$0	\$129,016,000	\$0	\$12,889,000	\$0
33	33	LEA EXPANSION	\$80,151,000	\$0	\$80,468,000	\$0	\$317,000	\$0
34	34	RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS	\$58,563,340	\$20,345,090	\$34,913,300	\$12,335,520	(\$23,650,040)	(\$8,009,570)
35	35	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	(\$4,933,000)	\$4,933,000	(\$4,933,000)	\$0	\$0
36	36	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$513,000	\$128,000	\$4,074,000	\$930,000	\$3,561,000	\$802,000
37	37	OPTIONAL BENEFITS RESTORATION	\$39,415,180	\$13,582,320	\$16,202,480	\$5,725,100	(\$23,212,700)	(\$7,857,220)
38	38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	\$521,000	\$20,232,000	\$521,000	\$0	\$0
39	39	CCS DEMONSTRATION PROJECT	\$6,452,000	\$3,030,530	\$6,456,000	\$3,026,080	\$4,000	(\$4,460)

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>BENEFITS</u></b>								
40	40	MEDI-CAL NONMEDICAL TRANSPORTATION	\$24,625,300	\$9,575,730	\$24,625,300	\$9,545,450	\$0	(\$30,270)
41	41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,430,000	\$1,430,000	\$1,430,000	\$1,430,000	\$0	\$0
42	42	YOUTH REGIONAL TREATMENT CENTERS	\$2,203,000	\$19,000	\$2,203,000	\$19,000	\$0	\$0
--	45	CCT FUND TRANSFER TO CDSS	\$0	\$0	\$175,000	\$0	\$175,000	\$0
46	46	DIABETES PREVENTION PROGRAM	\$1,035,240	\$367,100	\$536,740	\$189,920	(\$498,490)	(\$177,180)
48	48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$7,389,200	\$2,533,070	\$1,293,970	\$466,710	(\$6,095,230)	(\$2,066,360)
50	--	WHOLE CHILD MODEL IMPLEMENTATION	\$0	\$0	\$0	\$0	\$0	\$0
230	--	HEARING AID COVERAGE	\$5,000,000	\$5,000,000	\$0	\$0	(\$5,000,000)	(\$5,000,000)
<b>BENEFITS SUBTOTAL</b>			<b>\$2,060,310,260</b>	<b>\$578,955,210</b>	<b>\$2,075,063,800</b>	<b>\$585,957,810</b>	<b>\$14,753,540</b>	<b>\$7,002,600</b>
<b><u>PHARMACY</u></b>								
52	52	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	(\$137,068,000)	(\$55,945,350)	(\$132,951,000)	(\$54,570,800)	\$4,117,000	\$1,374,550
53	53	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,315,885,000)	\$0	(\$1,643,642,000)	\$0	(\$327,757,000)
54	54	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	(\$9,430,000)	(\$3,457,110)	(\$35,642,570)	(\$13,066,870)	(\$26,212,570)	(\$9,609,760)
55	55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$57,381,000)	(\$21,088,600)	(\$57,381,000)	(\$21,088,600)	\$0	\$0
56	56	BCCTP DRUG REBATES	(\$6,078,000)	\$0	(\$5,081,000)	\$0	\$997,000	\$0
57	57	FAMILY PACT DRUG REBATES	(\$11,542,000)	\$0	(\$10,016,000)	\$0	\$1,526,000	\$0
59	59	MEDICAL SUPPLY REBATES	(\$43,098,000)	(\$21,549,000)	(\$43,098,000)	(\$21,549,000)	\$0	\$0
60	60	STATE SUPPLEMENTAL DRUG REBATES	(\$139,806,000)	\$0	(\$114,100,000)	\$0	\$25,706,000	\$0
62	62	FEDERAL DRUG REBATES	(\$1,742,004,000)	\$0	(\$1,439,215,000)	\$0	\$302,789,000	\$0
--	237	PHARMACY RETROACTIVE ADJUSTMENTS	\$0	\$0	(\$189,800,000)	(\$54,016,050)	(\$189,800,000)	(\$54,016,050)
51	--	PHARMACIST-DELIVERED MEDI-CAL SERVICES	\$949,000	\$355,300	\$0	\$0	(\$949,000)	(\$355,300)

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>PHARMACY SUBTOTAL</b>	<b>(\$2,145,458,000)</b>	<b>(\$1,417,569,760)</b>	<b>(\$2,027,284,570)</b>	<b>(\$1,807,933,320)</b>	<b>\$118,173,430</b>	<b>(\$390,363,560)</b>
		<b><u>DRUG MEDI-CAL</u></b>						
63	63	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$426,044,000	\$62,654,400	\$394,701,000	\$61,474,060	(\$31,343,000)	(\$1,180,340)
67	67	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$3,267,860	\$332,650	\$3,267,860	\$332,650	\$0	\$0
69	69	DRUG MEDI-CAL MAT BENEFIT	\$477,000	\$29,920	\$511,500	\$16,500	\$34,500	(\$13,420)
--	238	DMC & SMHS STATE ONLY CLAIMING ADJUSTMENT	\$0	\$0	\$0	\$148,514,000	\$0	\$148,514,000
		<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$429,788,860</b>	<b>\$63,016,970</b>	<b>\$398,480,360</b>	<b>\$210,337,210</b>	<b>(\$31,308,500)</b>	<b>\$147,320,240</b>
		<b><u>MENTAL HEALTH</u></b>						
74	74	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$22,716,000	\$12,194,500	\$24,651,000	\$13,207,000	\$1,935,000	\$1,012,500
75	75	PATHWAYS TO WELL-BEING	\$484,000	\$0	\$484,000	\$0	\$0	\$0
--	76	LATE CLAIMS FOR SMHS	\$0	\$0	\$30,000	\$30,000	\$30,000	\$30,000
77	77	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
79	79	CHART REVIEW	(\$371,000)	\$0	(\$371,000)	\$0	\$0	\$0
--	80	INTERIM AND FINAL COST SETTLEMENTS - SMHS	\$0	\$0	(\$53,739,000)	\$0	(\$53,739,000)	\$0
		<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$22,829,000</b>	<b>\$11,994,500</b>	<b>(\$28,945,000)</b>	<b>\$13,037,000</b>	<b>(\$51,774,000)</b>	<b>\$1,042,500</b>
		<b><u>WAIVER--MH/UCD &amp; BTR</u></b>						
81	81	GLOBAL PAYMENT PROGRAM	\$2,123,375,000	\$0	\$2,200,578,000	\$0	\$77,203,000	\$0
82	82	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$612,000,000	\$0	\$612,000,000	\$0	\$0	\$0
83	83	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$671,758,000	\$0	\$671,201,000	\$0	(\$557,000)	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>								
85	85	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$204,462,000	\$102,231,000	\$174,230,000	\$87,115,000	(\$30,232,000)	(\$15,116,000)
89	89	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$263,000	\$0	\$263,000	\$0	\$0	\$0
--	243	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	\$0	\$0	(\$92,290,000)	\$0	(\$92,290,000)
224	--	HEALTHIER CALIFORNIA FOR ALL - ENHANCED CARE MGMT	\$225,000,000	\$112,500,000	\$0	\$0	(\$225,000,000)	(\$112,500,000)
225	--	HEALTHIER CALIFORNIA FOR ALL - ILOS	\$357,500,000	\$178,750,000	\$0	\$0	(\$357,500,000)	(\$178,750,000)
		<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,194,358,000</b>	<b>\$393,481,000</b>	<b>\$3,658,272,000</b>	<b>(\$5,175,000)</b>	<b>(\$536,086,000)</b>	<b>(\$398,656,000)</b>
<b><u>MANAGED CARE</u></b>								
95	95	CCI-MANAGED CARE PAYMENTS	\$8,483,315,000	\$4,241,657,500	\$8,539,346,000	\$4,269,673,000	\$56,031,000	\$28,015,500
96	96	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,847,087,000	\$628,225,440	\$1,917,686,000	\$653,666,820	\$70,599,000	\$25,441,380
97	97	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,541,109,000	\$360,354,860	\$1,541,109,000	\$361,561,850	\$0	\$1,206,990
100	100	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$667,840,000	\$154,921,240	\$667,840,000	\$154,921,040	\$0	(\$200)
103	103	RETRO MC RATE ADJUSTMENTS	\$252,973,000	\$119,919,000	\$363,335,000	\$211,153,890	\$110,362,000	\$91,234,880
104	104	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$203,895,000	\$0	\$203,895,000	\$0	\$0	\$0
107	107	CCI-QUALITY WITHHOLD REPAYMENTS	\$16,822,000	\$8,411,000	\$16,822,000	\$8,411,000	\$0	\$0
110	110	CAPITATED RATE ADJUSTMENT FOR FY 2020-21	\$668,558,000	\$227,997,870	\$0	\$0	(\$668,558,000)	(\$227,997,870)
113	113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,261,125,000)	\$0	(\$1,284,053,000)	\$0	(\$22,928,000)
114	114	COORDINATED CARE INITIATIVE RISK MITIGATION	(\$65,537,000)	(\$32,768,500)	(\$111,260,000)	(\$55,630,000)	(\$45,723,000)	(\$22,861,500)
116	116	MANAGED CARE DRUG REBATES	(\$1,380,815,000)	\$0	(\$1,504,444,000)	\$0	(\$123,629,000)	\$0
--	218	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	(\$1,686,645,000)	\$0	(\$1,686,645,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>								
--	219	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	\$0	\$0	(\$1,083,013,000)	\$0	(\$1,083,013,000)
--	220	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$0	\$0	\$3,177,119,000	\$1,083,012,760	\$3,177,119,000	\$1,083,012,760
--	234	SAN MATEO HEALTH PLAN REIMBURSEMENT	\$0	\$0	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
--	255	ADJUST MC CAP PAYMENTS FOR JULY 2019-DEC 2020	\$0	\$0	(\$585,917,000)	(\$181,978,300)	(\$585,917,000)	(\$181,978,300)
--	258	MANAGED CARE EFFICIENCIES	\$0	\$0	(\$182,058,000)	(\$59,253,000)	(\$182,058,000)	(\$59,253,000)
217	--	RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES	(\$22,132,000)	(\$8,839,900)	\$0	\$0	\$22,132,000	\$8,839,900
<b>MANAGED CARE SUBTOTAL</b>			<b>\$12,213,115,000</b>	<b>\$4,438,753,520</b>	<b>\$14,073,473,000</b>	<b>\$2,421,828,060</b>	<b>\$1,860,358,000</b>	<b>(\$2,016,925,450)</b>
<b>PROVIDER RATES</b>								
117	117	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$200,129,000	(\$7,697,000)	\$215,459,000	(\$7,980,000)	\$15,330,000	(\$283,000)
118	118	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$259,929,790	\$100,081,410	\$263,435,630	\$101,430,810	\$3,505,850	\$1,349,400
119	119	AB 1629 ANNUAL RATE ADJUSTMENTS	\$180,036,000	\$90,018,000	\$205,698,000	\$102,849,000	\$25,662,000	\$12,831,000
120	120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$69,637,000	\$26,812,500	\$73,390,000	\$28,257,400	\$3,753,000	\$1,444,900
121	121	PROP 56 - HOME HEALTH RATE INCREASE	\$92,754,000	\$45,423,540	\$92,754,000	\$44,971,860	\$0	(\$451,680)
122	122	DPH INTERIM RATE GROWTH	\$83,997,900	\$41,998,950	\$35,388,120	\$17,694,060	(\$48,609,780)	(\$24,304,890)
123	123	LTC RATE ADJUSTMENT	\$46,174,390	\$23,087,190	\$56,443,020	\$28,221,510	\$10,268,630	\$5,134,310
124	124	DPH INTERIM & FINAL RECONS	\$195,615,000	\$0	\$159,698,000	\$0	(\$35,917,000)	\$0
125	125	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$14,246,000	\$6,959,800	\$14,246,000	\$6,959,800	\$0	\$0
127	127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$9,486,000	(\$1,186,000)	\$10,000,000	(\$1,626,000)	\$514,000	(\$440,000)
128	128	HOSPICE RATE INCREASES	\$7,534,290	\$3,767,150	\$7,393,260	\$3,696,630	(\$141,030)	(\$70,510)
129	129	DPH INTERIM RATE	\$0	(\$403,108,900)	\$0	(\$401,766,100)	\$0	\$1,342,800

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>PROVIDER RATES</u></b>								
130	130	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$595,880,000)	\$0	(\$623,984,000)	\$0	(\$28,104,000)
132	132	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$2,564,180)	(\$1,182,520)	(\$2,366,570)	(\$1,089,590)	\$197,610	\$92,930
133	133	LABORATORY RATE METHODOLOGY CHANGE	(\$9,105,040)	(\$4,552,520)	(\$19,524,430)	(\$9,762,220)	(\$10,419,390)	(\$5,209,700)
134	134	10% PROVIDER PAYMENT REDUCTION	(\$171,841,000)	(\$85,920,500)	(\$171,841,000)	(\$85,920,500)	\$0	\$0
136	136	REDUCTION TO RADIOLOGY RATES	(\$5,321,340)	(\$2,660,670)	(\$9,162,080)	(\$4,581,040)	(\$3,840,750)	(\$1,920,370)
223	223	NURSING FACILITY FINANCING REFORM	\$129,335,880	\$62,190,560	\$70,171,540	\$33,741,700	(\$59,164,340)	(\$28,448,860)
226	226	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$7,170,730	\$3,585,370	\$6,988,220	\$3,494,110	(\$182,510)	(\$91,250)
<b>PROVIDER RATES SUBTOTAL</b>			<b>\$1,107,214,420</b>	<b>(\$698,263,650)</b>	<b>\$1,008,170,710</b>	<b>(\$765,392,580)</b>	<b>(\$99,043,710)</b>	<b>(\$67,128,930)</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
137	137	HOSPITAL QAF - FFS PAYMENTS	\$3,564,664,000	\$0	\$4,989,101,000	\$0	\$1,424,437,000	\$0
138	138	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$2,326,556,000	\$0	\$2,326,556,000	\$0	\$0	\$0
139	139	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$2,846,100,000	\$0	\$2,846,100,000	\$0	\$0	\$0
140	140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$920,264,000	\$0	\$1,063,771,000	\$0	\$143,507,000	\$0
141	141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,191,399,000	\$406,821,910	\$1,191,399,000	\$426,106,610	\$0	\$19,284,700
142	142	PRIVATE HOSPITAL DSH REPLACEMENT	\$609,832,000	\$304,916,000	\$608,335,000	\$304,167,500	(\$1,497,000)	(\$748,500)
143	143	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$532,873,000	\$210,878,040	\$522,826,000	\$207,292,150	(\$10,047,000)	(\$3,585,890)
144	144	PROP 56 - MEDI-CAL FAMILY PLANNING	\$399,166,000	\$39,916,600	\$394,485,000	\$39,448,500	(\$4,681,000)	(\$468,100)
145	145	DSH PAYMENT	\$434,887,000	\$22,500,000	\$495,326,000	\$24,952,000	\$60,439,000	\$2,452,000
146	146	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$388,837,000	\$178,624,600	\$459,503,000	\$178,279,640	\$70,666,000	(\$344,960)
147	147	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$311,839,000	\$118,400,000	\$312,824,000	\$126,275,000	\$985,000	\$7,875,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
148	148	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$243,936,000	\$0	\$253,433,000	\$0	\$9,497,000	\$0
149	149	CAPITAL PROJECT DEBT REIMBURSEMENT	\$108,697,000	\$30,129,500	\$94,555,000	\$26,770,000	(\$14,142,000)	(\$3,359,500)
150	150	FFP FOR LOCAL TRAUMA CENTERS	\$162,283,000	\$0	\$163,862,000	\$0	\$1,579,000	\$0
151	151	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$117,484,000	\$0	\$118,812,000	\$0	\$1,328,000	\$0
152	152	NDPH IGT SUPPLEMENTAL PAYMENTS	\$141,726,000	(\$9,145,000)	\$83,684,000	(\$5,856,000)	(\$58,042,000)	\$3,289,000
153	153	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$76,444,000	\$0	\$85,239,000	\$0	\$8,795,000	\$0
154	154	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$82,000,000	\$46,979,000	\$82,000,000	\$46,979,000	\$0	\$0
155	155	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$47,509,000	\$0	\$80,700,000	\$0	\$33,191,000	\$0
156	156	PROP 56 - DEVELOPMENTAL SCREENINGS	\$49,435,890	\$23,610,940	\$49,039,570	\$22,229,820	(\$396,320)	(\$1,381,110)
157	157	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$30,992,000	\$15,496,000	\$30,992,000	\$15,496,000	\$0	\$0
158	158	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$37,721,110	\$13,101,790	\$37,593,600	\$15,158,940	(\$127,500)	\$2,057,150
159	159	DPH PHYSICIAN & NON-PHYS. COST	\$271,208,000	\$0	\$224,686,000	\$0	(\$46,522,000)	\$0
160	160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
161	161	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$11,223,000	\$4,610,410	\$7,935,410	\$3,259,810	(\$3,287,590)	(\$1,350,600)
162	162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$8,621,000	\$0	\$8,271,000	\$0	(\$350,000)	\$0
163	163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
164	164	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$32,041,000	\$15,052,260	\$31,394,000	\$14,799,530	(\$647,000)	(\$252,730)
165	165	NDPH SUPPLEMENTAL PAYMENT	\$4,274,000	\$1,900,000	\$4,273,000	\$1,900,000	(\$1,000)	\$0
166	166	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
167	167	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$8,870,000	\$4,072,760	\$9,048,000	\$4,135,980	\$178,000	\$63,220
168	168	PROPOSITION 56 FUNDS TRANSFER	\$0	(\$1,027,770,000)	\$0	(\$1,042,035,000)	\$0	(\$14,265,000)
169	169	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$201,168,000	\$27,713,500	\$211,293,000	\$26,796,000	\$10,125,000	(\$917,500)
170	170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$3,400,000	\$6,800,000	\$3,400,000	\$0	\$0
171	171	IGT ADMIN. & PROCESSING FEE	\$0	(\$21,098,000)	\$0	(\$28,652,000)	\$0	(\$7,554,000)
--	221	IGT PAYMENTS FOR HOSPITAL SERVICES	\$0	\$0	\$0	\$10,077,000	\$0	\$10,077,000
227	227	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$52,500,000	\$26,250,000	\$52,500,000	\$26,250,000	\$0	\$0
<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>			<b>\$15,241,350,000</b>	<b>\$447,360,300</b>	<b>\$16,866,336,590</b>	<b>\$458,230,490</b>	<b>\$1,624,986,580</b>	<b>\$10,870,180</b>
<b><u>COVID-19</u></b>								
--	245	COVID-19 UNINSURED ELIGIBILITY GROUP	\$0	\$0	\$10,177,000	\$5,362,000	\$10,177,000	\$5,362,000
--	246	COVID-19 ADDITIONAL IMPACTS	\$0	\$0	\$286,584,000	\$126,622,000	\$286,584,000	\$126,622,000
--	247	COVID-19 UTILIZATION CHANGE	\$0	\$0	(\$395,693,000)	(\$146,780,000)	(\$395,693,000)	(\$146,780,000)
--	248	COVID-19 EMERGENCY FMAP - OTHER DEPTS	\$0	\$0	\$1,296,027,000	\$0	\$1,296,027,000	\$0
--	249	COVID-19 BEHAVIORAL HEALTH	\$0	\$0	\$77,705,000	\$7,652,000	\$77,705,000	\$7,652,000
--	250	COVID-19 EMERGENCY FMAP - DHCS	\$0	\$0	\$0	(\$2,554,167,000)	\$0	(\$2,554,167,000)
--	251	COVID-19 CASELOAD IMPACT	\$0	\$0	\$6,829,878,000	\$2,408,249,000	\$6,829,878,000	\$2,408,249,000
<b>COVID-19 SUBTOTAL</b>			<b>\$0</b>	<b>\$0</b>	<b>\$8,104,678,000</b>	<b>(\$153,062,000)</b>	<b>\$8,104,678,000</b>	<b>(\$153,062,000)</b>
<b><u>OTHER DEPARTMENTS</u></b>								
172	172	ELECTRONIC VISIT VERIFICATION PHASE II FED PENALTY	(\$5,130,000)	\$417,000	(\$5,130,000)	\$417,000	\$0	\$0
--	267	ADDITIONAL FEDERAL FUNDING TO OTHER DEPT.	\$0	\$0	\$438,643,000	\$0	\$438,643,000	\$0

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>(\$5,130,000)</b>	<b>\$417,000</b>	<b>\$433,513,000</b>	<b>\$417,000</b>	<b>\$438,643,000</b>	<b>\$0</b>
		<b>OTHER</b>						
--	178	CCI IHSS RECONCILIATION	\$0	\$0	\$100,000,000	\$0	\$100,000,000	\$0
181	181	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$60,362,000	\$0	\$95,060,000	\$0	\$34,698,000	\$0
182	182	ARRA HITECH - PROVIDER PAYMENTS	\$18,454,000	\$0	\$15,268,000	\$0	(\$3,186,000)	\$0
188	188	INFANT DEVELOPMENT PROGRAM	\$33,381,000	\$0	\$32,746,000	\$0	(\$635,000)	\$0
189	189	PROP 56 - PROVIDER ACES TRAININGS	\$60,000,000	\$30,000,000	\$61,924,000	\$30,962,000	\$1,924,000	\$962,000
190	190	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$51,639,260	\$25,819,630	\$50,193,960	\$25,096,980	(\$1,445,300)	(\$722,650)
191	191	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$10,681,000	\$4,888,000	\$15,797,000	\$6,928,000	\$5,116,000	\$2,040,000
192	192	OVERTIME FOR WPCS PROVIDERS	\$7,839,000	\$3,919,500	\$8,444,000	\$4,222,000	\$605,000	\$302,500
193	193	INDIAN HEALTH SERVICES	\$15,622,000	\$0	\$20,174,000	\$6,758,500	\$4,552,000	\$6,758,500
194	194	WPCS WORKERS' COMPENSATION	\$3,324,000	\$1,662,000	\$3,324,000	\$1,662,000	\$0	\$0
198	198	FUNDING ADJUST.—OTLIPC	\$144,000	(\$107,849,980)	\$0	(\$109,194,740)	(\$144,000)	(\$1,344,760)
199	199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$15,200,000	\$0	\$15,200,000	\$0	\$0	\$0
200	200	CMS DEFERRED CLAIMS	\$0	\$200,000,000	\$0	\$350,000,000	\$0	\$150,000,000
201	201	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$13,000,000)	\$0	(\$13,000,000)	\$0	\$0
202	202	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,887,884,000)	\$0	(\$1,824,254,400)	\$0	\$63,629,600
203	203	CLPP FUND	\$0	(\$725,000)	\$0	(\$916,000)	\$0	(\$191,000)
204	204	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$913,500,000)	\$0	(\$976,000,000)	\$0	(\$62,500,000)
--	205	AUDIT SETTLEMENTS	\$0	\$0	\$0	\$734,000	\$0	\$734,000
206	206	IMD ANCILLARY SERVICES	\$0	\$13,392,000	\$0	\$20,807,000	\$0	\$7,415,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>						
207	207	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$173,639,000)	\$0	(\$160,657,000)	\$0	\$12,982,000
208	208	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	(\$18,032,000)	(\$9,016,000)	(\$27,215,000)	(\$13,607,500)	(\$9,183,000)	(\$4,591,500)
210	210	COUNTY SHARE OF OTLICP-CCS COSTS	(\$22,660,000)	(\$22,660,000)	(\$22,660,000)	(\$22,660,000)	\$0	\$0
211	211	ASSISTED LIVING WAIVER EXPANSION	(\$59,140,000)	(\$29,570,000)	(\$56,144,000)	(\$28,072,000)	\$2,996,000	\$1,498,000
--	233	REPAYMENT TO CMS FOR CONTINGENCY FEE OFFSETS	\$0	\$0	\$0	\$10,370,000	\$0	\$10,370,000
--	236	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$0	\$0	\$1,576,000	\$350,550	\$1,576,000	\$350,550
--	242	SELF-DETERMINATION PROGRAM - CDDS	\$0	\$0	\$17,139,000	\$0	\$17,139,000	\$0
--	244	STATE ONLY CLAIMING ADJUSTMENTS	\$0	\$0	\$0	\$519,592,000	\$0	\$519,592,000
--	261	FUND 3156 TRANSFER TO THE GENERAL FUND	\$0	\$0	\$0	(\$100,000,000)	\$0	(\$100,000,000)
--	262	FUND 3311 TRANSFER TO THE GENERAL FUND	\$0	\$0	\$0	(\$36,552,000)	\$0	(\$36,552,000)
--	263	ELECTRONIC CIGARETTE PRODUCTS TAX	\$0	\$0	\$0	(\$9,600,000)	\$0	(\$9,600,000)
--	265	RECONCILIATION	\$0	\$0	\$2,491,000	\$10,681,000	\$2,491,000	\$10,681,000
229	--	HEALTHIER CALIFORNIA FOR ALL - DENTAL BENEFITS	\$112,500,000	\$56,250,000	\$0	\$0	(\$112,500,000)	(\$56,250,000)
		<b>OTHER SUBTOTAL</b>	<b>\$289,314,260</b>	<b>(\$2,821,912,850)</b>	<b>\$333,317,960</b>	<b>(\$2,306,349,610)</b>	<b>\$44,003,700</b>	<b>\$515,563,240</b>
		<b>GRAND TOTAL</b>	<b>\$36,981,606,790</b>	<b>\$1,881,395,930</b>	<b>\$48,962,319,840</b>	<b>(\$448,473,850)</b>	<b>\$11,980,713,040</b>	<b>(\$2,329,869,780)</b>

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>ELIGIBILITY</u></b>							
1	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$109,842,000	\$77,398,000	\$343,844,000	\$238,921,000	\$234,002,000	\$161,523,000
2	MEDI-CAL STATE INMATE PROGRAMS	\$62,206,000	\$0	\$84,662,000	\$0	\$22,456,000	\$0
3	BREAST AND CERVICAL CANCER TREATMENT	\$65,373,000	\$41,133,350	\$65,865,000	\$41,404,900	\$492,000	\$271,550
7	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$0	\$0	\$135,468,000	\$67,734,000	\$135,468,000	\$67,734,000
8	MEDI-CAL COUNTY INMATE PROGRAMS	\$45,042,000	\$2,201,580	\$62,295,000	\$2,622,600	\$17,253,000	\$421,020
9	PROVISIONAL POSTPARTUM CARE EXTENSION	\$0	\$0	\$34,291,000	\$34,291,000	\$34,291,000	\$34,291,000
10	CS3 PROXY ADJUSTMENT	\$0	(\$316,999,420)	\$0	(\$122,728,680)	\$0	\$194,270,730
11	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$1,952,000)	\$0	(\$2,516,000)	\$0	(\$564,000)
12	CDCR RETRO REPAYMENT	\$0	\$1,466,000	\$0	\$0	\$0	(\$1,466,000)
13	NON-OTLICP CHIP	\$0	(\$170,168,730)	\$0	(\$101,316,930)	\$0	\$68,851,800
14	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$987,242,000	\$0	\$969,518,000	\$0	(\$17,724,000)
15	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$90,190,810)	\$0	(\$76,358,720)	\$0	\$13,832,080
16	CCHIP DELIVERY SYSTEM	(\$1,921,000)	(\$451,440)	(\$3,097,000)	(\$969,520)	(\$1,176,000)	(\$518,090)
17	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	(\$42,464,000)	\$71,483,650	\$14,940,000	\$27,371,410	\$57,404,000	(\$44,112,240)
18	CHIP PREMIUMS	(\$62,286,000)	(\$12,846,540)	(\$62,224,000)	(\$19,989,460)	\$62,000	(\$7,142,920)
19	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$270,996,000)	(\$51,763,000)	(\$542,006,000)	(\$116,102,000)	(\$271,010,000)	(\$64,339,000)
216	MEDICARE PART B DISREGARD	\$0	\$0	\$478,000	\$478,000	\$478,000	\$478,000
232	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$2,892,000	\$5,870,000	\$2,892,000	\$2,892,000	\$0	(\$2,978,000)
266	HEARING AID COVERAGE - ADMIN	\$0	\$0	\$195,000	\$195,000	\$195,000	\$195,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>(\$92,312,000)</b>	<b>\$542,422,640</b>	<b>\$137,603,000</b>	<b>\$945,446,580</b>	<b>\$229,915,000</b>	<b>\$403,023,940</b>
<b><u>AFFORDABLE CARE ACT</u></b>							
20	COMMUNITY FIRST CHOICE OPTION	\$3,718,574,000	\$0	\$4,423,366,000	\$0	\$704,792,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
21	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$28,134,000	\$0	\$12,504,000	\$0	(\$15,630,000)	\$0
22	HEALTH INSURER FEE	\$0	\$0	\$284,312,000	\$97,151,740	\$284,312,000	\$97,151,740
23	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$44,894,710)	\$0	(\$44,211,240)	\$0	\$683,470
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$3,225,000)	\$0	(\$3,212,000)	\$0	\$13,000
25	ACA MAGI SAVINGS	\$0	\$0	\$0	\$0	\$0	\$0
26	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$120,000)	\$0	(\$69,000)	\$0	\$51,000	\$0
27	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$381,343,000)	(\$9,533,600)	(\$100,000,000)	(\$5,500,000)	\$281,343,000	\$4,033,600
28	ACA DSH REDUCTION	\$0	\$0	(\$690,472,000)	(\$90,044,000)	(\$690,472,000)	(\$90,044,000)
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$3,365,245,000</b>	<b>(\$57,653,310)</b>	<b>\$3,929,641,000</b>	<b>(\$45,815,500)</b>	<b>\$564,396,000</b>	<b>\$11,837,810</b>
<b><u>BENEFITS</u></b>							
29	BEHAVIORAL HEALTH TREATMENT	\$863,002,000	\$392,228,710	\$993,767,000	\$469,364,430	\$130,765,000	\$77,135,720
30	FAMILY PACT PROGRAM	\$371,873,000	\$88,561,700	\$366,733,000	\$87,337,600	(\$5,140,000)	(\$1,224,100)
31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$356,323,000	\$0	\$388,005,000	\$0	\$31,682,000	\$0
32	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$130,696,000	\$0	\$129,016,000	\$0	(\$1,680,000)	\$0
33	LEA EXPANSION	\$0	\$0	\$80,468,000	\$0	\$80,468,000	\$0
34	RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS	\$12,134,160	\$4,299,350	\$34,913,300	\$12,335,520	\$22,779,140	\$8,036,170
35	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	(\$4,933,000)	\$4,933,000	(\$4,933,000)	\$0	\$0
36	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$28,189,000	\$6,379,000	\$4,074,000	\$930,000	(\$24,115,000)	(\$5,449,000)
37	OPTIONAL BENEFITS RESTORATION	\$6,805,680	\$2,411,300	\$16,202,480	\$5,725,100	\$9,396,800	\$3,313,800
38	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	(\$9,074,000)	\$20,232,000	\$521,000	\$0	\$9,595,000
39	CCS DEMONSTRATION PROJECT	\$11,122,000	\$5,074,480	\$6,456,000	\$3,026,080	(\$4,666,000)	(\$2,048,410)
40	MEDI-CAL NONMEDICAL TRANSPORTATION	\$9,030,200	\$3,439,010	\$24,625,300	\$9,545,450	\$15,595,100	\$6,106,440

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>BENEFITS</u></b>							
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$2,500,000	\$2,500,000	\$1,430,000	\$1,430,000	(\$1,070,000)	(\$1,070,000)
42	YOUTH REGIONAL TREATMENT CENTERS	\$2,061,000	\$16,000	\$2,203,000	\$19,000	\$142,000	\$3,000
43	PEDIATRIC PALLIATIVE CARE WAIVER	\$1,033,000	\$1,033,000	\$0	\$0	(\$1,033,000)	(\$1,033,000)
44	FREE CLINIC OF SIMI VALLEY	\$700,000	\$700,000	\$0	\$0	(\$700,000)	(\$700,000)
45	CCT FUND TRANSFER TO CDSS	\$175,000	\$0	\$175,000	\$0	\$0	\$0
46	DIABETES PREVENTION PROGRAM	\$0	\$0	\$536,740	\$189,920	\$536,740	\$189,920
47	ASTHMA MITIGATION PROJECT	\$15,000,000	\$15,000,000	\$0	\$0	(\$15,000,000)	(\$15,000,000)
48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$0	\$0	\$1,293,970	\$466,710	\$1,293,970	\$466,710
49	MEDICAL INTERPRETERS PILOT PROJECT	\$5,000,000	\$5,000,000	\$0	\$0	(\$5,000,000)	(\$5,000,000)
50	WHOLE CHILD MODEL IMPLEMENTATION	(\$7,323,000)	(\$3,372,260)	\$0	\$0	\$7,323,000	\$3,372,260
	<b>BENEFITS SUBTOTAL</b>	<b>\$1,833,486,040</b>	<b>\$509,263,290</b>	<b>\$2,075,063,800</b>	<b>\$585,957,810</b>	<b>\$241,577,760</b>	<b>\$76,694,520</b>
<b><u>PHARMACY</u></b>							
52	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$0	\$0	(\$132,951,000)	(\$54,570,800)	(\$132,951,000)	(\$54,570,800)
53	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,364,798,000)	\$0	(\$1,643,642,000)	\$0	(\$278,844,000)
54	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	\$0	\$0	(\$35,642,570)	(\$13,066,870)	(\$35,642,570)	(\$13,066,870)
55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	\$0	\$0	(\$57,381,000)	(\$21,088,600)	(\$57,381,000)	(\$21,088,600)
56	BCCTP DRUG REBATES	(\$4,464,000)	\$0	(\$5,081,000)	\$0	(\$617,000)	\$0
57	FAMILY PACT DRUG REBATES	(\$22,612,000)	\$0	(\$10,016,000)	\$0	\$12,596,000	\$0
58	LITIGATION SETTLEMENTS	(\$302,000)	(\$302,000)	\$0	\$0	\$302,000	\$302,000
59	MEDICAL SUPPLY REBATES	(\$20,024,000)	(\$10,012,000)	(\$43,098,000)	(\$21,549,000)	(\$23,074,000)	(\$11,537,000)
60	STATE SUPPLEMENTAL DRUG REBATES	(\$101,891,000)	\$0	(\$114,100,000)	\$0	(\$12,209,000)	\$0
62	FEDERAL DRUG REBATES	(\$1,554,560,000)	\$0	(\$1,439,215,000)	\$0	\$115,345,000	\$0
237	PHARMACY RETROACTIVE ADJUSTMENTS	\$0	\$0	(\$189,800,000)	(\$54,016,050)	(\$189,800,000)	(\$54,016,050)
	<b>PHARMACY SUBTOTAL</b>	<b>(\$1,703,853,000)</b>	<b>(\$1,375,112,000)</b>	<b>(\$2,027,284,570)</b>	<b>(\$1,807,933,320)</b>	<b>(\$323,431,570)</b>	<b>(\$432,821,320)</b>

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DRUG MEDI-CAL</u></b>							
63	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$341,222,000	\$47,646,880	\$394,701,000	\$61,474,060	\$53,479,000	\$13,827,190
67	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$0	\$0	\$3,267,860	\$332,650	\$3,267,860	\$332,650
69	DRUG MEDI-CAL MAT BENEFIT	\$0	\$0	\$511,500	\$16,500	\$511,500	\$16,500
70	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	(\$162,000)	\$0	\$0	\$0	\$162,000	\$0
238	DMC & SMHS STATE ONLY CLAIMING ADJUSTMENT	\$0	\$0	\$0	\$148,514,000	\$0	\$148,514,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$341,060,000</b>	<b>\$47,646,880</b>	<b>\$398,480,360</b>	<b>\$210,337,210</b>	<b>\$57,420,360</b>	<b>\$162,690,340</b>
<b><u>MENTAL HEALTH</u></b>							
73	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$125,573,000	\$0	\$0	\$0	(\$125,573,000)	\$0
74	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$24,184,000	\$12,973,500	\$24,651,000	\$13,207,000	\$467,000	\$233,500
75	PATHWAYS TO WELL-BEING	\$448,000	\$0	\$484,000	\$0	\$36,000	\$0
76	LATE CLAIMS FOR SMHS	\$535,000	\$535,000	\$30,000	\$30,000	(\$505,000)	(\$505,000)
77	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
79	CHART REVIEW	(\$1,107,000)	\$0	(\$371,000)	\$0	\$736,000	\$0
80	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$54,623,000)	\$4,559,000	(\$53,739,000)	\$0	\$884,000	(\$4,559,000)
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$95,010,000</b>	<b>\$17,867,500</b>	<b>(\$28,945,000)</b>	<b>\$13,037,000</b>	<b>(\$123,955,000)</b>	<b>(\$4,830,500)</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
81	GLOBAL PAYMENT PROGRAM	\$2,477,024,000	\$0	\$2,200,578,000	\$0	(\$276,446,000)	\$0
82	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$1,721,309,000	\$0	\$612,000,000	\$0	(\$1,109,309,000)	\$0
83	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$936,711,000	\$0	\$671,201,000	\$0	(\$265,510,000)	\$0
84	BTR - LIHP - MCE	\$189,824,000	\$0	\$0	\$0	(\$189,824,000)	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
85	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$196,179,000	\$98,089,500	\$174,230,000	\$87,115,000	(\$21,949,000)	(\$10,974,500)
86	MH/UCD—STABILIZATION FUNDING	\$117,101,000	\$117,101,000	\$0	\$0	(\$117,101,000)	(\$117,101,000)
87	WHOLE PERSON CARE HOUSING SERVICES	\$100,000,000	\$100,000,000	\$0	\$0	(\$100,000,000)	(\$100,000,000)
88	MH/UCD—SAFETY NET CARE POOL	\$73,784,000	\$0	\$0	\$0	(\$73,784,000)	\$0
89	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$531,000	\$0	\$263,000	\$0	(\$268,000)	\$0
90	MH/UCD—HEALTH CARE COVERAGE INITIATIVE	\$1,003,000	\$0	\$0	\$0	(\$1,003,000)	\$0
91	BTR - LOW INCOME HEALTH PROGRAM - HCCI	(\$51,369,000)	\$0	\$0	\$0	\$51,369,000	\$0
243	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	\$0	\$0	(\$92,290,000)	\$0	(\$92,290,000)
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$5,762,097,000</b>	<b>\$315,190,500</b>	<b>\$3,658,272,000</b>	<b>(\$5,175,000)</b>	<b>(\$2,103,825,000)</b>	<b>(\$320,365,500)</b>
<b><u>MANAGED CARE</u></b>							
95	CCI-MANAGED CARE PAYMENTS	\$8,071,755,000	\$4,035,877,500	\$8,539,346,000	\$4,269,673,000	\$467,591,000	\$233,795,500
96	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,821,706,000	\$585,232,940	\$1,917,686,000	\$653,666,820	\$95,980,000	\$68,433,880
97	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,476,865,000	\$337,837,010	\$1,541,109,000	\$361,561,850	\$64,244,000	\$23,724,840
100	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$640,000,000	\$144,674,650	\$667,840,000	\$154,921,040	\$27,840,000	\$10,246,390
101	MCO ENROLLMENT TAX MGD. CARE PLANS- INCR. CAP.RATES	\$187,991,000	\$58,472,830	\$0	\$0	(\$187,991,000)	(\$58,472,830)
103	RETRO MC RATE ADJUSTMENTS	\$148,805,000	\$14,412,540	\$363,335,000	\$211,153,890	\$214,530,000	\$196,741,350
104	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$94,637,000	\$0	\$203,895,000	\$0	\$109,258,000	\$0
107	CCI-QUALITY WITHHOLD REPAYMENTS	\$8,260,000	\$4,130,000	\$16,822,000	\$8,411,000	\$8,562,000	\$4,281,000
108	GENERAL FUND REIMBURSEMENTS FROM DPHS	\$4,981,000	\$4,981,000	\$0	\$0	(\$4,981,000)	(\$4,981,000)
110	CAPITATED RATE ADJUSTMENT FOR FY 2020-21	\$0	\$0	\$0	\$0	\$0	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>							
111	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.	\$0	(\$58,473,000)	\$0	\$0	\$0	\$58,473,000
112	MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$582,257,000)	\$0	\$0	\$0	\$582,257,000
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,177,522,000)	\$0	(\$1,284,053,000)	\$0	(\$106,531,000)
114	COORDINATED CARE INITIATIVE RISK MITIGATION	\$0	\$0	(\$111,260,000)	(\$55,630,000)	(\$111,260,000)	(\$55,630,000)
115	RECOUPMENT OF UNALLOWED CAPITATION PAYMENTS	(\$68,245,000)	(\$24,478,640)	\$0	\$0	\$68,245,000	\$24,478,640
116	MANAGED CARE DRUG REBATES	(\$1,667,150,000)	\$0	(\$1,504,444,000)	\$0	\$162,706,000	\$0
218	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	\$0	(\$1,686,645,000)	\$0	(\$1,686,645,000)
219	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	\$0	\$0	(\$1,083,013,000)	\$0	(\$1,083,013,000)
220	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$0	\$0	\$3,177,119,000	\$1,083,012,760	\$3,177,119,000	\$1,083,012,760
234	SAN MATEO HEALTH PLAN REIMBURSEMENT	\$0	\$0	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
255	ADJUST MC CAP PAYMENTS FOR JULY 2019-DEC 2020	\$0	\$0	(\$585,917,000)	(\$181,978,300)	(\$585,917,000)	(\$181,978,300)
258	MANAGED CARE EFFICIENCIES	\$0	\$0	(\$182,058,000)	(\$59,253,000)	(\$182,058,000)	(\$59,253,000)
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$10,719,605,000</b>	<b>\$3,342,887,840</b>	<b>\$14,073,473,000</b>	<b>\$2,421,828,060</b>	<b>\$3,353,868,000</b>	<b>(\$921,059,770)</b>
<b>PROVIDER RATES</b>							
117	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$242,858,000	(\$15,076,000)	\$215,459,000	(\$7,980,000)	(\$27,399,000)	\$7,096,000
118	RATE INCREASE FOR FQHCS/RHCS/CBRC	\$258,811,860	\$98,534,610	\$263,435,630	\$101,430,810	\$4,623,770	\$2,896,210
119	AB 1629 ANNUAL RATE ADJUSTMENTS	\$185,265,060	\$92,632,530	\$205,698,000	\$102,849,000	\$20,432,940	\$10,216,470
120	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$92,591,000	\$35,251,520	\$73,390,000	\$28,257,400	(\$19,201,000)	(\$6,994,120)
121	PROP 56 - HOME HEALTH RATE INCREASE	\$113,501,000	\$54,378,440	\$92,754,000	\$44,971,860	(\$20,747,000)	(\$9,406,590)
122	DPH INTERIM RATE GROWTH	\$2,648,890	\$1,324,440	\$35,388,120	\$17,694,060	\$32,739,230	\$16,369,620

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>PROVIDER RATES</u></b>							
123	LTC RATE ADJUSTMENT	\$29,709,030	\$14,854,510	\$56,443,020	\$28,221,510	\$26,733,990	\$13,366,990
124	DPH INTERIM & FINAL RECONS	\$220,014,000	\$0	\$159,698,000	\$0	(\$60,316,000)	\$0
125	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$15,190,000	\$7,313,780	\$14,246,000	\$6,959,800	(\$944,000)	(\$353,990)
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$10,992,000	(\$1,803,000)	\$10,000,000	(\$1,626,000)	(\$992,000)	\$177,000
128	HOSPICE RATE INCREASES	\$2,989,820	\$1,494,910	\$7,393,260	\$3,696,630	\$4,403,440	\$2,201,720
129	DPH INTERIM RATE	\$0	(\$362,258,460)	\$0	(\$401,766,100)	\$0	(\$39,507,640)
130	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$508,693,000)	\$0	(\$623,984,000)	\$0	(\$115,291,000)
131	AB 97-RELATED ADJUSTMENT	\$0	\$40,508,000	\$0	\$0	\$0	(\$40,508,000)
132	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$350,300)	(\$161,160)	(\$2,366,570)	(\$1,089,590)	(\$2,016,270)	(\$928,430)
133	LABORATORY RATE METHODOLOGY CHANGE	(\$8,568,170)	(\$4,284,080)	(\$19,524,430)	(\$9,762,220)	(\$10,956,260)	(\$5,478,130)
134	10% PROVIDER PAYMENT REDUCTION	(\$171,841,000)	(\$85,920,500)	(\$171,841,000)	(\$85,920,500)	\$0	\$0
135	DENTAL RETROACTIVE RATE CHANGES	(\$11,368,000)	(\$4,335,140)	\$0	\$0	\$11,368,000	\$4,335,140
136	REDUCTION TO RADIOLOGY RATES	(\$54,303,000)	(\$27,151,500)	(\$9,162,080)	(\$4,581,040)	\$45,140,920	\$22,570,460
223	NURSING FACILITY FINANCING REFORM	\$0	\$0	\$70,171,540	\$33,741,700	\$70,171,540	\$33,741,700
226	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$6,988,220	\$3,494,110	\$6,988,220	\$3,494,110
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$928,140,180</b>	<b>(\$663,390,100)</b>	<b>\$1,008,170,710</b>	<b>(\$765,392,580)</b>	<b>\$80,030,530</b>	<b>(\$102,002,480)</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
137	HOSPITAL QAF - FFS PAYMENTS	\$4,045,622,000	\$0	\$4,989,101,000	\$0	\$943,479,000	\$0
138	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$2,100,000,000	\$0	\$2,326,556,000	\$0	\$226,556,000	\$0
139	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,897,400,000	\$0	\$2,846,100,000	\$0	\$948,700,000	\$0
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$545,042,000	\$0	\$1,063,771,000	\$0	\$518,729,000	\$0

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CURRENT YEAR COMPARED TO BUDGET YEAR  
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NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,194,089,000	\$404,388,880	\$1,191,399,000	\$426,106,610	(\$2,690,000)	\$21,717,730
142	PRIVATE HOSPITAL DSH REPLACEMENT	\$592,134,000	\$296,067,000	\$608,335,000	\$304,167,500	\$16,201,000	\$8,100,500
143	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$564,521,000	\$213,513,640	\$522,826,000	\$207,292,150	(\$41,695,000)	(\$6,221,490)
144	PROP 56 - MEDI-CAL FAMILY PLANNING	\$363,906,000	\$36,390,600	\$394,485,000	\$39,448,500	\$30,579,000	\$3,057,900
145	DSH PAYMENT	\$318,440,000	\$24,184,000	\$495,326,000	\$24,952,000	\$176,886,000	\$768,000
146	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$310,065,000	\$102,975,940	\$459,503,000	\$178,279,640	\$149,438,000	\$75,303,700
147	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$313,011,000	\$120,094,000	\$312,824,000	\$126,275,000	(\$187,000)	\$6,181,000
148	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$247,723,000	\$0	\$253,433,000	\$0	\$5,710,000	\$0
149	CAPITAL PROJECT DEBT REIMBURSEMENT	\$111,082,000	\$28,352,000	\$94,555,000	\$26,770,000	(\$16,527,000)	(\$1,582,000)
150	FFP FOR LOCAL TRAUMA CENTERS	\$131,604,000	\$9,652,000	\$163,862,000	\$0	\$32,258,000	(\$9,652,000)
151	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$118,278,000	(\$270,750)	\$118,812,000	\$0	\$534,000	\$270,750
152	NDPH IGT SUPPLEMENTAL PAYMENTS	\$94,555,000	(\$2,215,000)	\$83,684,000	(\$5,856,000)	(\$10,871,000)	(\$3,641,000)
153	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$82,304,000	\$0	\$85,239,000	\$0	\$2,935,000	\$0
154	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$88,000,000	\$46,979,000	\$82,000,000	\$46,979,000	(\$6,000,000)	\$0
155	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$3,272,000	\$0	\$80,700,000	\$0	\$77,428,000	\$0
156	PROP 56 - DEVELOPMENTAL SCREENINGS	\$34,811,090	\$14,755,250	\$49,039,570	\$22,229,820	\$14,228,480	\$7,474,570
157	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$30,992,000	\$15,496,000	\$30,992,000	\$15,496,000	\$0	\$0
158	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$25,485,910	\$9,748,350	\$37,593,600	\$15,158,940	\$12,107,690	\$5,410,590
159	DPH PHYSICIAN & NON-PHYS. COST	\$14,471,000	\$0	\$224,686,000	\$0	\$210,215,000	\$0
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
161	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$6,458,880	\$2,619,590	\$7,935,410	\$3,259,810	\$1,476,540	\$640,220

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CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$5,331,000	\$0	\$8,271,000	\$0	\$2,940,000	\$0
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
164	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$32,713,000	\$15,278,100	\$31,394,000	\$14,799,530	(\$1,319,000)	(\$478,570)
165	NDPH SUPPLEMENTAL PAYMENT	\$4,299,000	\$1,900,000	\$4,273,000	\$1,900,000	(\$26,000)	\$0
166	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
167	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$9,013,000	\$4,084,410	\$9,048,000	\$4,135,980	\$35,000	\$51,570
168	PROPOSITION 56 FUNDS TRANSFER	\$0	(\$921,343,000)	\$0	(\$1,042,035,000)	\$0	(\$120,692,000)
169	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$216,918,000	\$27,305,000	\$211,293,000	\$26,796,000	(\$5,625,000)	(\$509,000)
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$3,400,000	\$6,800,000	\$3,400,000	\$0	\$0
171	IGT ADMIN. & PROCESSING FEE	\$0	(\$13,626,000)	\$0	(\$28,652,000)	\$0	(\$15,026,000)
221	IGT PAYMENTS FOR HOSPITAL SERVICES	\$0	\$118,000	\$0	\$10,077,000	\$0	\$9,959,000
227	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$0	\$0	\$52,500,000	\$26,250,000	\$52,500,000	\$26,250,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$13,526,340,880</b>	<b>\$448,847,010</b>	<b>\$16,866,336,590</b>	<b>\$458,230,490</b>	<b>\$3,339,995,710</b>	<b>\$9,383,480</b>
<b><u>COVID-19</u></b>							
245	COVID-19 UNINSURED ELIGIBILITY GROUP	\$17,931,000	\$9,546,000	\$10,177,000	\$5,362,000	(\$7,754,000)	(\$4,184,000)
246	COVID-19 ADDITIONAL IMPACTS	\$233,424,000	\$95,504,000	\$286,584,000	\$126,622,000	\$53,160,000	\$31,118,000
247	COVID-19 UTILIZATION CHANGE	(\$652,397,000)	(\$229,029,000)	(\$395,693,000)	(\$146,780,000)	\$256,704,000	\$82,249,000
248	COVID-19 EMERGENCY FMAP - OTHER DEPTS	\$257,717,000	\$0	\$1,296,027,000	\$0	\$1,038,310,000	\$0
249	COVID-19 BEHAVIORAL HEALTH	\$135,303,000	\$13,324,000	\$77,705,000	\$7,652,000	(\$57,598,000)	(\$5,672,000)
250	COVID-19 EMERGENCY FMAP - DHCS	\$0	(\$775,000,000)	\$0	(\$2,554,167,000)	\$0	(\$1,779,167,000)
251	COVID-19 CASELOAD IMPACT	\$898,603,000	\$318,951,000	\$6,829,878,000	\$2,408,249,000	\$5,931,275,000	\$2,089,298,000
	<b>COVID-19 SUBTOTAL</b>	<b>\$890,581,000</b>	<b>(\$566,704,000)</b>	<b>\$8,104,678,000</b>	<b>(\$153,062,000)</b>	<b>\$7,214,097,000</b>	<b>\$413,642,000</b>

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CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>OTHER DEPARTMENTS</u></b>							
172	ELECTRONIC VISIT VERIFICATION PHASE II FED PENALTY	\$0	\$0	(\$5,130,000)	\$417,000	(\$5,130,000)	\$417,000
267	ADDITIONAL FEDERAL FUNDING TO OTHER DEPT.	\$0	\$0	\$438,643,000	\$0	\$438,643,000	\$0
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$433,513,000</b>	<b>\$417,000</b>	<b>\$433,513,000</b>	<b>\$417,000</b>
<b><u>OTHER</u></b>							
178	CCI IHSS RECONCILIATION	\$142,263,000	\$0	\$100,000,000	\$0	(\$42,263,000)	\$0
180	QAF WITHHOLD TRANSFER	\$98,871,000	\$49,435,500	\$0	\$0	(\$98,871,000)	(\$49,435,500)
181	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$84,915,000	\$0	\$95,060,000	\$0	\$10,145,000	\$0
182	ARRA HITECH - PROVIDER PAYMENTS	\$49,029,000	\$0	\$15,268,000	\$0	(\$33,761,000)	\$0
186	PAYMENT FOR REPROCESSED CLAIMS FOR FQHC/RHC	\$7,300,000	\$3,650,000	\$0	\$0	(\$7,300,000)	(\$3,650,000)
188	INFANT DEVELOPMENT PROGRAM	\$40,739,000	\$0	\$32,746,000	\$0	(\$7,993,000)	\$0
189	PROP 56 - PROVIDER ACES TRAININGS	\$16,470,000	\$8,235,000	\$61,924,000	\$30,962,000	\$45,454,000	\$22,727,000
190	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$33,905,130	\$16,952,560	\$50,193,960	\$25,096,980	\$16,288,830	\$8,144,420
191	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$14,316,000	\$6,440,000	\$15,797,000	\$6,928,000	\$1,481,000	\$488,000
192	OVERTIME FOR WPCS PROVIDERS	\$8,031,000	\$4,015,500	\$8,444,000	\$4,222,000	\$413,000	\$206,500
193	INDIAN HEALTH SERVICES	\$10,584,000	\$3,545,500	\$20,174,000	\$6,758,500	\$9,590,000	\$3,213,000
194	WPCS WORKERS' COMPENSATION	\$3,323,000	\$1,661,500	\$3,324,000	\$1,662,000	\$1,000	\$500
198	FUNDING ADJUST.—OTLICP	\$0	(\$171,066,160)	\$0	(\$109,194,740)	\$0	\$61,871,420
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$1,700,000	\$0	\$15,200,000	\$0	\$13,500,000	\$0
200	CMS DEFERRED CLAIMS	\$0	\$52,385,000	\$0	\$350,000,000	\$0	\$297,615,000
201	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$13,000,000)	\$0	(\$13,000,000)	\$0	\$0
202	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,816,431,580)	\$0	(\$1,824,254,400)	\$0	(\$7,822,820)
203	CLPP FUND	\$0	(\$916,000)	\$0	(\$916,000)	\$0	\$0
204	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$391,441,000)	\$0	(\$976,000,000)	\$0	(\$584,559,000)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b>OTHER</b>						
205	AUDIT SETTLEMENTS	\$0	\$77,697,000	\$0	\$734,000	\$0	(\$76,963,000)
206	IMD ANCILLARY SERVICES	\$0	\$9,685,000	\$0	\$20,807,000	\$0	\$11,122,000
207	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$231,554,000)	\$0	(\$160,657,000)	\$0	\$70,897,000
208	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER RENEWAL	(\$12,731,000)	(\$6,365,500)	(\$27,215,000)	(\$13,607,500)	(\$14,484,000)	(\$7,242,000)
210	COUNTY SHARE OF OTLICP-CCS COSTS	(\$14,917,000)	(\$14,917,000)	(\$22,660,000)	(\$22,660,000)	(\$7,743,000)	(\$7,743,000)
211	ASSISTED LIVING WAIVER EXPANSION	(\$31,012,680)	(\$15,506,340)	(\$56,144,000)	(\$28,072,000)	(\$25,131,320)	(\$12,565,660)
213	PURE PREMIUM FUND CLOSEOUT	(\$501,725,000)	(\$142,907,390)	\$0	\$0	\$501,725,000	\$142,907,390
233	REPAYMENT TO CMS FOR CONTINGENCY FEE OFFSETS	\$0	\$0	\$0	\$10,370,000	\$0	\$10,370,000
236	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$0	\$0	\$1,576,000	\$350,550	\$1,576,000	\$350,550
242	SELF-DETERMINATION PROGRAM - CDDS	\$0	\$0	\$17,139,000	\$0	\$17,139,000	\$0
244	STATE ONLY CLAIMING ADJUSTMENTS	\$0	\$0	\$0	\$519,592,000	\$0	\$519,592,000
261	FUND 3156 TRANSFER TO THE GENERAL FUND	\$0	\$0	\$0	(\$100,000,000)	\$0	(\$100,000,000)
262	FUND 3311 TRANSFER TO THE GENERAL FUND	\$0	\$0	\$0	(\$36,552,000)	\$0	(\$36,552,000)
263	ELECTRONIC CIGARETTE PRODUCTS TAX	\$0	\$0	\$0	(\$9,600,000)	\$0	(\$9,600,000)
265	RECONCILIATION	\$0	\$0	\$2,491,000	\$10,681,000	\$2,491,000	\$10,681,000
	<b>OTHER SUBTOTAL</b>	<b>(\$48,939,550)</b>	<b>(\$2,570,402,410)</b>	<b>\$333,317,960</b>	<b>(\$2,306,349,610)</b>	<b>\$382,257,510</b>	<b>\$264,052,800</b>
	<b>GRAND TOTAL</b>	<b>\$35,616,460,550</b>	<b>(\$9,136,170)</b>	<b>\$48,962,319,840</b>	<b>(\$448,473,850)</b>	<b>\$13,345,859,290</b>	<b>(\$439,337,680)</b>

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

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>NEWLY</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>H-PE</b>
PHYSICIANS	\$8,037,200	\$185,305,380	\$78,811,860	\$60,905,590	\$2,137,190	\$54,846,810
OTHER MEDICAL	\$101,274,260	\$1,258,274,670	\$454,144,300	\$336,167,430	\$5,718,150	\$44,661,340
CO. & COMM. OUTPATIENT	\$4,211,560	\$175,840,560	\$118,970,840	\$32,012,290	\$630,230	\$55,131,250
PHARMACY	\$10,297,160	\$1,733,430,640	\$1,372,235,350	\$188,002,220	\$5,689,820	\$21,604,250
COUNTY INPATIENT	\$6,453,860	\$617,028,830	\$37,124,280	\$34,781,700	\$3,726,670	\$66,760,630
COMMUNITY INPATIENT	\$51,481,690	\$1,350,967,410	\$484,467,640	\$264,560,810	\$16,892,520	\$309,394,450
NURSING FACILITIES	\$196,704,700	\$187,479,220	\$479,919,110	\$3,413,390	\$1,278,961,050	\$1,317,470
ICF-DD	\$1,747,540	\$12,320,060	\$172,392,840	\$987,400	\$66,844,840	\$2,170
MEDICAL TRANSPORTATION	\$4,088,330	\$50,673,020	\$17,226,680	\$4,944,810	\$2,270,610	\$9,922,520
OTHER SERVICES	\$80,726,430	\$44,874,210	\$359,187,560	\$47,303,710	\$70,634,950	\$1,450,840
HOME HEALTH	\$2,980,380	\$2,433,510	\$133,673,140	\$8,380,270	\$32,420	\$178,130
<b>FFS SUBTOTAL</b>	<b>\$468,003,140</b>	<b>\$5,618,627,520</b>	<b>\$3,708,153,600</b>	<b>\$981,459,610</b>	<b>\$1,453,538,450</b>	<b>\$565,269,860</b>
DENTAL	\$108,692,490	\$498,811,010	\$124,219,990	\$139,568,290	\$15,680,640	\$0
MENTAL HEALTH	\$9,291,350	\$381,658,280	\$965,672,250	\$826,334,090	\$702,250	\$8,041,420
TWO PLAN MODEL	\$1,643,401,260	\$9,760,774,950	\$5,006,620,220	\$1,530,890,530	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$310,572,680	\$3,804,896,780	\$1,404,009,290	\$400,644,290	\$805,762,840	\$0
GEOGRAPHIC MANAGED CARE	\$218,793,310	\$1,601,817,600	\$1,004,680,390	\$231,181,200	\$0	\$0
PHP & OTHER MANAG. CARE	\$393,180,630	\$29,606,420	\$190,421,190	\$17,560,110	\$19,481,220	\$0
MEDICARE PAYMENTS	\$1,861,276,190	\$0	\$1,719,759,710	\$0	\$173,589,740	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,678,550	\$0	\$3,670,000	\$4,819,910	\$175,390	\$0
MISC. SERVICES	\$927,101,640	\$137,560	\$6,826,713,710	\$9,232,900	\$12,580	\$0
DRUG MEDI-CAL	\$13,553,490	\$143,059,130	\$41,730,040	\$34,868,810	\$1,354,040	\$18,140
REGIONAL MODEL	\$15,663,820	\$610,864,130	\$317,758,340	\$89,015,080	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$5,503,205,410</b>	<b>\$16,831,625,860</b>	<b>\$17,605,255,130</b>	<b>\$3,284,115,200</b>	<b>\$1,016,758,700</b>	<b>\$8,059,570</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$5,971,208,550</b>	<b>\$22,450,253,380</b>	<b>\$21,313,408,730</b>	<b>\$4,265,574,810</b>	<b>\$2,470,297,150</b>	<b>\$573,329,430</b>
<b>ELIGIBLES ***</b>	<b>421,800</b>	<b>3,850,900</b>	<b>914,800</b>	<b>1,204,900</b>	<b>44,400</b>	<b>43,100</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$14,156</b>	<b>\$5,830</b>	<b>\$23,298</b>	<b>\$3,540</b>	<b>\$55,637</b>	<b>\$13,302</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,180</b>	<b>\$486</b>	<b>\$1,942</b>	<b>\$295</b>	<b>\$4,636</b>	<b>\$1,109</b>

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

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

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>POV 250</b>	<b>MN-OAS</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$1,438,290	\$27,457,400	\$24,173,140	\$14,831,550	\$155,556,450	\$44,809,000
OTHER MEDICAL	\$3,574,070	\$236,071,360	\$198,736,690	\$96,568,380	\$1,035,149,250	\$112,323,320
CO. & COMM. OUTPATIENT	\$423,400	\$34,344,290	\$19,585,110	\$12,820,530	\$137,415,850	\$15,449,310
PHARMACY	\$6,884,170	\$94,047,930	\$48,148,260	\$94,705,630	\$575,084,690	\$95,150,070
COUNTY INPATIENT	\$1,324,090	\$4,370,210	\$71,307,300	\$19,579,440	\$173,277,900	\$12,208,730
COMMUNITY INPATIENT	\$10,945,180	\$107,658,130	\$147,802,470	\$70,421,700	\$841,045,350	\$85,318,520
NURSING FACILITIES	\$225,140,450	\$4,365,720	\$198,666,130	\$59,885,190	\$30,579,120	\$10,383,480
ICF-DD	\$177,173,820	\$214,820	\$2,355,310	\$13,455,970	\$1,674,160	\$3,059,050
MEDICAL TRANSPORTATION	\$807,260	\$836,200	\$9,413,100	\$7,724,940	\$11,695,950	\$3,501,080
OTHER SERVICES	\$10,137,670	\$31,962,650	\$79,727,060	\$71,871,490	\$93,897,020	\$22,379,190
HOME HEALTH	\$9,980	\$19,199,130	\$1,904,490	\$60,782,300	\$17,381,200	\$18,111,490
<b>FFS SUBTOTAL</b>	<b>\$437,858,370</b>	<b>\$560,527,830</b>	<b>\$801,819,050</b>	<b>\$522,647,120</b>	<b>\$3,072,756,940</b>	<b>\$422,693,240</b>
DENTAL	\$15,680,640	\$162,533,880	\$15,773,700	\$17,692,240	\$474,162,820	\$17,446,040
MENTAL HEALTH	\$1,656,600	\$85,868,930	\$13,441,900	\$108,012,100	\$596,736,940	\$83,726,010
TWO PLAN MODEL	\$0	\$789,956,230	\$1,995,162,170	\$813,376,970	\$3,958,613,270	\$31,615,210
COUNTY ORGANIZED HEALTH SYSTEMS	\$179,662,380	\$359,044,050	\$511,107,280	\$428,807,530	\$1,719,065,770	\$310,460,000
GEOGRAPHIC MANAGED CARE	\$0	\$134,566,670	\$268,318,910	\$174,776,400	\$693,946,230	\$4,041,320
PHP & OTHER MANAG. CARE	\$618,790	\$5,279,290	\$344,293,170	\$54,770,100	\$9,224,350	\$8,925,690
MEDICARE PAYMENTS	\$0	\$0	\$1,553,122,540	\$724,356,490	\$141,694,130	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$41,460	\$0	\$2,208,300	\$877,910	\$16,016,390	\$724,590
MISC. SERVICES	\$3,580	(\$51,763,480)	\$1,168,235,530	\$1,362,821,740	\$30,608,330	\$1,386,520
DRUG MEDI-CAL	\$322,600	\$27,836,150	\$17,788,830	\$7,374,240	\$112,767,850	\$4,864,670
REGIONAL MODEL	\$0	\$46,925,240	\$46,072,710	\$53,303,690	\$286,898,690	\$1,252,010
<b>NON-FFS SUBTOTAL</b>	<b>\$197,986,030</b>	<b>\$1,560,246,970</b>	<b>\$5,935,525,060</b>	<b>\$3,746,169,410</b>	<b>\$8,039,734,770</b>	<b>\$464,442,070</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$635,844,400</b>	<b>\$2,120,774,800</b>	<b>\$6,737,344,110</b>	<b>\$4,268,816,540</b>	<b>\$11,112,491,710</b>	<b>\$887,135,310</b>
<b>ELIGIBLES ***</b>	<b>10,200</b>	<b>1,083,500</b>	<b>565,100</b>	<b>324,000</b>	<b>3,900,700</b>	<b>152,700</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$62,338</b>	<b>\$1,957</b>	<b>\$11,922</b>	<b>\$13,175</b>	<b>\$2,849</b>	<b>\$5,810</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$5,195</b>	<b>\$163</b>	<b>\$994</b>	<b>\$1,098</b>	<b>\$237</b>	<b>\$484</b>

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

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Refer to page following for listing of excluded policy changes.



**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$405,800	\$51,040	\$128,240	\$122,409,070	\$17,795,390	\$8,479,180
OTHER MEDICAL	\$856,740	\$441,180	\$70,590	\$250,999,110	\$193,762,000	\$96,941,990
CO. & COMM. OUTPATIENT	\$171,700	\$37,370	\$37,810	\$28,311,020	\$15,016,160	\$12,483,900
PHARMACY	\$1,794,010	\$94,260	\$241,510	\$42,735,910	\$70,455,950	\$59,783,800
COUNTY INPATIENT	\$3,943,100	\$170	\$77,920	\$108,687,240	\$4,031,340	\$1,779,100
COMMUNITY INPATIENT	\$1,048,620	\$56,920	\$393,690	\$772,390,140	\$87,545,940	\$41,828,370
NURSING FACILITIES	\$18,302,490	\$0	\$4,038,890	\$1,570,560	\$11,107,620	\$1,250,370
ICF-DD	\$1,102,520	\$0	\$149,650	\$199,930	\$813,150	\$5,590
MEDICAL TRANSPORTATION	\$119,920	\$5,440	\$29,380	\$2,518,220	\$662,050	\$326,500
OTHER SERVICES	\$548,270	\$190	\$25,750	\$10,702,870	\$19,985,840	\$11,419,580
HOME HEALTH	\$560	\$0	\$0	\$4,983,760	\$10,372,820	\$2,789,470
<b>FFS SUBTOTAL</b>	<b>\$28,293,730</b>	<b>\$686,570</b>	<b>\$5,193,440</b>	<b>\$1,345,507,810</b>	<b>\$431,548,260</b>	<b>\$237,087,860</b>
DENTAL	\$15,527,500	\$15,680,640	\$15,680,640	\$17,788,940	\$104,676,210	\$52,338,110
MENTAL HEALTH	\$0	\$158,310	\$1,583,380	\$1,999,480	\$26,162,160	\$39,767,190
TWO PLAN MODEL	\$12,880	\$337,760	\$0	\$251,741,320	\$570,887,650	\$310,467,530
COUNTY ORGANIZED HEALTH SYSTEMS	\$227,780	\$81,330	\$28,670	\$136,277,890	\$217,786,430	\$127,019,810
GEOGRAPHIC MANAGED CARE	\$5,600	\$318,550	\$0	\$47,363,720	\$92,840,650	\$51,536,460
PHP & OTHER MANAG. CARE	\$7,455,750	\$0	\$0	\$9,184,450	\$8,922,320	\$8,922,320
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$25,110	\$0	\$400	\$1,667,460	\$0	\$1,868,550
MISC. SERVICES	\$6,180,030	\$0	\$0	\$99,840	\$6,783,330	\$3,566,520
DRUG MEDI-CAL	\$194,700	\$18,460	\$0	\$10,832,290	\$22,889,510	\$12,151,440
REGIONAL MODEL	\$0	\$11,120	\$0	\$18,840,850	\$31,996,780	\$16,320,820
<b>NON-FFS SUBTOTAL</b>	<b>\$29,629,350</b>	<b>\$16,606,170</b>	<b>\$17,293,090</b>	<b>\$495,796,240</b>	<b>\$1,082,945,050</b>	<b>\$623,958,750</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$57,923,080</b>	<b>\$17,292,740</b>	<b>\$22,486,530</b>	<b>\$1,841,304,060</b>	<b>\$1,514,493,310</b>	<b>\$861,046,610</b>
<b>ELIGIBLES ***</b>	<b>3,100</b>	<b>500</b>	<b>300</b>	<b>394,400</b>	<b>855,200</b>	<b>466,300</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$18,685</b>	<b>\$34,585</b>	<b>\$74,955</b>	<b>\$4,669</b>	<b>\$1,771</b>	<b>\$1,847</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,557</b>	<b>\$2,882</b>	<b>\$6,246</b>	<b>\$389</b>	<b>\$148</b>	<b>\$154</b>

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

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

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$807,578,590
OTHER MEDICAL	\$4,425,734,840
CO. & COMM. OUTPATIENT	\$662,893,170
PHARMACY	\$4,420,385,650
COUNTY INPATIENT	\$1,166,462,520
COMMUNITY INPATIENT	\$4,644,219,540
NURSING FACILITIES	\$2,713,084,960
ICF-DD	\$454,498,820
MEDICAL TRANSPORTATION	\$126,766,010
OTHER SERVICES	\$956,835,270
HOME HEALTH	\$283,213,050
<b>FFS SUBTOTAL</b>	<b>\$20,661,672,420</b>
DENTAL	\$1,811,953,780
MENTAL HEALTH	\$3,150,812,640
TWO PLAN MODEL	\$26,663,857,950
COUNTY ORGANIZED HEALTH SYSTEMS	\$10,715,454,810
GEOGRAPHIC MANAGED CARE	\$4,524,187,020
PHP & OTHER MANAG. CARE	\$1,107,845,800
MEDICARE PAYMENTS	\$6,173,798,800
STATE HOSP./DEVELOPMENTAL CNTRS.	\$33,774,000
MISC. SERVICES	\$10,291,120,350
DRUG MEDI-CAL	\$451,624,410
REGIONAL MODEL	\$1,534,923,280
<b>NON-FFS SUBTOTAL</b>	<b>\$66,459,352,840</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$87,121,025,260</b>
<b>ELIGIBLES ***</b>	<b>14,235,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$6,120</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$510</b>

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

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

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

EXCLUDED POLICY CHANGES: 90

3	BREAST AND CERVICAL CANCER TREATMENT
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL
10	CS3 PROXY ADJUSTMENT
13	NON-OTLICP CHIP
17	MEDICARE OPTIONAL EXPANSION ADJUSTMENT
24	1% FMAP INCREASE FOR PREVENTIVE SERVICES
25	ACA MAGI SAVINGS
28	ACA DSH REDUCTION
30	FAMILY PACT PROGRAM
44	FREE CLINIC OF SIMI VALLEY
57	FAMILY PACT DRUG REBATES
58	LITIGATION SETTLEMENTS
70	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
73	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
77	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
81	GLOBAL PAYMENT PROGRAM
82	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
83	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
84	BTR - LIHP - MCE
86	MH/UCD—STABILIZATION FUNDING
87	WHOLE PERSON CARE HOUSING SERVICES
88	MH/UCD—SAFETY NET CARE POOL
89	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
90	MH/UCD—HEALTH CARE COVERAGE INITIATIVE
91	BTR - LOW INCOME HEALTH PROGRAM - HCCI
108	GENERAL FUND REIMBURSEMENTS FROM DPHS
109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)
111	MCO ENROLLMENT TAX MGD. CARE PLANS-FUNDING ADJ.
112	MCO ENROLLMENT TAX MANAGED CARE PLANS
113	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
117	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF
127	EMERGENCY MEDICAL AIR TRANSPORTATION ACT

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

EXCLUDED POLICY CHANGES: 90

130	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
135	DENTAL RETROACTIVE RATE CHANGES
137	HOSPITAL QAF - FFS PAYMENTS
138	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS
139	HOSPITAL QAF - MANAGED CARE PAYMENTS
140	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
141	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS
142	PRIVATE HOSPITAL DSH REPLACEMENT
144	PROP 56 - MEDI-CAL FAMILY PLANNING
145	DSH PAYMENT
146	PROP 56 - VALUE-BASED PAYMENT PROGRAM
147	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
148	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
149	CAPITAL PROJECT DEBT REIMBURSEMENT
150	FFP FOR LOCAL TRAUMA CENTERS
151	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
152	NDPH IGT SUPPLEMENTAL PAYMENTS
153	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
154	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
155	GEMT SUPPLEMENTAL PAYMENT PROGRAM
159	DPH PHYSICIAN & NON-PHYS. COST
160	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
161	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS
162	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
163	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
164	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS
165	NDPH SUPPLEMENTAL PAYMENT
166	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS
167	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS
168	PROPOSITION 56 FUNDS TRANSFER
169	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS
171	IGT ADMIN. & PROCESSING FEE
182	ARRA HITECH - PROVIDER PAYMENTS

**FISCAL YEAR 2020-21 COST PER ELIGIBLE BASED ON MAY 2020 ESTIMATE**

## EXCLUDED POLICY CHANGES: 90

184	MEDI-CAL TCM PROGRAM
187	LAWSUITS/CLAIMS
189	PROP 56 - PROVIDER ACES TRAININGS
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG
200	CMS DEFERRED CLAIMS
203	CLPP FUND
204	HOSPITAL QAF - CHILDREN'S HEALTH CARE
205	AUDIT SETTLEMENTS
207	CIGARETTE AND TOBACCO SURTAX FUNDS
212	BASE RECOVERIES
213	PURE PREMIUM FUND CLOSEOUT
216	MEDICARE PART B DISREGARD
218	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS
219	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ
220	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.
221	IGT PAYMENTS FOR HOSPITAL SERVICES
232	DISABLED ADULT CHILDREN PROGRAM CLEANUP
243	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
244	STATE ONLY CLAIMING ADJUSTMENTS
245	COVID-19 UNINSURED ELIGIBILITY GROUP
248	COVID-19 EMERGENCY FMAP - OTHER DEPTS
265	RECONCILIATION

### **Medi-Cal Base Policy Changes**

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

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

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

#### **Base Policy Change Service Categories:**

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

## SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2019-20

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>ELIGIBILITY</u></b>					
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$68,082,000	\$48,702,000	\$0	\$19,380,000
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$21,443,000	\$18,348,080	\$3,094,920	\$0
6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	\$3,948,000	\$3,133,610	\$814,390	\$0
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$93,473,000</b>	<b>\$70,183,770</b>	<b>\$3,909,300</b>	<b>\$19,380,000</b>
<b><u>DRUG MEDI-CAL</u></b>					
64	NARCOTIC TREATMENT PROGRAM	\$22,127,000	\$21,058,210	\$1,068,790	\$0
65	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$3,746,000	\$3,522,790	\$223,210	\$0
66	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$1,638,000	\$1,167,770	\$470,230	\$0
68	RESIDENTIAL TREATMENT SERVICES	\$399,000	\$386,420	\$12,580	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$27,910,000</b>	<b>\$26,135,190</b>	<b>\$1,774,810</b>	<b>\$0</b>
<b><u>MENTAL HEALTH</u></b>					
71	SMHS FOR ADULTS	\$1,462,846,000	\$1,332,017,190	\$56,720,810	\$74,108,000
72	SMHS FOR CHILDREN	\$1,196,776,000	\$1,099,672,770	\$51,100,230	\$46,003,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$2,659,622,000</b>	<b>\$2,431,689,960</b>	<b>\$107,821,040</b>	<b>\$120,111,000</b>
<b><u>MANAGED CARE</u></b>					
92	TWO PLAN MODEL	\$20,037,588,000	\$13,535,544,540	\$6,502,043,460	\$0
93	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,565,819,000	\$5,717,515,340	\$2,848,303,660	\$0
94	GEOGRAPHIC MANAGED CARE	\$3,602,517,000	\$2,423,301,040	\$1,179,215,960	\$0
98	REGIONAL MODEL	\$1,237,347,000	\$848,640,260	\$388,706,740	\$0
99	PACE (Other M/C)	\$682,939,000	\$341,469,500	\$341,469,500	\$0
102	DENTAL MANAGED CARE (Other M/C)	\$106,947,000	\$64,861,400	\$42,085,600	\$0
105	SENIOR CARE ACTION NETWORK (Other M/C)	\$70,176,000	\$35,088,000	\$35,088,000	\$0
106	AIDS HEALTHCARE CENTERS (Other M/C)	\$15,424,000	\$7,712,000	\$7,712,000	\$0
109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,427,000	\$713,500	\$713,500	\$0
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$34,320,184,000</b>	<b>\$22,974,845,570</b>	<b>\$11,345,338,430</b>	<b>\$0</b>
<b><u>OTHER</u></b>					
173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,403,315,000	\$1,596,441,500	\$1,806,873,500	\$0
174	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,213,849,000	\$0	\$2,213,849,000	\$0
175	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$2,270,028,000	\$2,270,028,000	\$0	\$0
176	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,938,182,000	\$1,938,182,000	\$0	\$0
177	DENTAL SERVICES	\$1,002,205,000	\$618,176,920	\$384,028,080	\$0
179	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$247,737,000	\$247,737,000	\$0	\$0

**SUMMARY OF BASE POLICY CHANGES  
FISCAL YEAR 2019-20**

<b>NO.</b>	<b>POLICY CHANGE TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>GENERAL FUNDS</b>	<b>OTHER STATE FUNDS</b>
	<b><u>OTHER</u></b>				
183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$65,300,000	\$65,300,000	\$0	\$0
184	MEDI-CAL TCM PROGRAM	\$44,549,000	\$44,549,000	\$0	\$0
185	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$47,030,000	\$23,515,000	\$23,515,000	\$0
187	LAWSUITS/CLAIMS	\$38,015,000	\$19,007,500	\$19,007,500	\$0
195	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$2,160,000	\$2,160,000	\$0	\$0
196	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$744,000	\$372,000	\$372,000	\$0
212	BASE RECOVERIES	(\$427,966,000)	(\$235,357,000)	(\$192,609,000)	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$10,845,148,000</b>	<b>\$6,590,111,920</b>	<b>\$4,255,036,080</b>	<b>\$0</b>
	<b>GRAND TOTAL</b>	<b>\$47,946,337,000</b>	<b>\$32,092,966,330</b>	<b>\$15,713,879,670</b>	<b>\$139,491,000</b>



## SUMMARY OF BASE POLICY CHANGES FISCAL YEAR 2020-21

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>ELIGIBILITY</u></b>					
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$68,383,000	\$41,530,000	\$0	\$26,853,000
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$8,769,000	\$5,936,520	\$2,832,480	\$0
6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	\$3,967,000	\$2,692,630	\$1,274,370	\$0
<b>ELIGIBILITY SUBTOTAL</b>		<b>\$81,119,000</b>	<b>\$50,159,150</b>	<b>\$4,106,850</b>	<b>\$26,853,000</b>
<b><u>DRUG MEDI-CAL</u></b>					
64	NARCOTIC TREATMENT PROGRAM	\$30,087,000	\$28,301,100	\$1,785,900	\$0
65	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$3,828,000	\$3,559,300	\$268,700	\$0
66	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$1,531,000	\$1,097,700	\$433,300	\$0
68	RESIDENTIAL TREATMENT SERVICES	\$533,000	\$514,000	\$19,000	\$0
<b>DRUG MEDI-CAL SUBTOTAL</b>		<b>\$35,979,000</b>	<b>\$33,472,100</b>	<b>\$2,506,900</b>	<b>\$0</b>
<b><u>MENTAL HEALTH</u></b>					
71	SMHS FOR ADULTS	\$1,544,652,000	\$1,390,055,810	\$77,135,190	\$77,461,000
72	SMHS FOR CHILDREN	\$1,208,875,000	\$1,096,988,970	\$60,954,030	\$50,932,000
<b>MENTAL HEALTH SUBTOTAL</b>		<b>\$2,753,527,000</b>	<b>\$2,487,044,780</b>	<b>\$138,089,220</b>	<b>\$128,393,000</b>
<b><u>MANAGED CARE</u></b>					
92	TWO PLAN MODEL	\$20,578,936,000	\$13,615,948,030	\$6,962,987,970	\$0
93	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,865,094,000	\$5,786,779,960	\$3,078,314,040	\$0
94	GEOGRAPHIC MANAGED CARE	\$3,685,633,000	\$2,428,140,520	\$1,257,492,480	\$0
98	REGIONAL MODEL	\$1,275,951,000	\$861,143,600	\$414,807,400	\$0
99	PACE (Other M/C)	\$878,983,000	\$439,491,500	\$439,491,500	\$0
102	DENTAL MANAGED CARE (Other M/C)	\$109,892,000	\$65,787,160	\$44,104,840	\$0
105	SENIOR CARE ACTION NETWORK (Other M/C)	\$60,230,000	\$30,115,000	\$30,115,000	\$0
106	AIDS HEALTHCARE CENTERS (Other M/C)	\$16,544,000	\$8,272,000	\$8,272,000	\$0
109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,655,000	(\$2,309,000)	\$3,964,000	\$0
<b>MANAGED CARE SUBTOTAL</b>		<b>\$35,472,918,000</b>	<b>\$23,233,368,770</b>	<b>\$12,239,549,230</b>	<b>\$0</b>
<b><u>OTHER</u></b>					
173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,624,292,000	\$1,699,966,000	\$1,924,326,000	\$0
174	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,365,613,000	\$0	\$2,365,613,000	\$0
175	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$2,312,584,000	\$2,312,584,000	\$0	\$0
176	PERSONAL CARE SERVICES (Misc. Svcs.)	\$2,153,343,000	\$2,153,343,000	\$0	\$0
177	DENTAL SERVICES	\$1,015,986,000	\$606,526,620	\$409,459,380	\$0
179	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$248,594,000	\$248,594,000	\$0	\$0

**SUMMARY OF BASE POLICY CHANGES  
FISCAL YEAR 2020-21**

<b>NO.</b>	<b>POLICY CHANGE TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>GENERAL FUNDS</b>	<b>OTHER STATE FUNDS</b>
	<b><u>OTHER</u></b>				
183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$29,476,000	\$29,476,000	\$0	\$0
184	MEDI-CAL TCM PROGRAM	\$32,950,000	\$32,950,000	\$0	\$0
185	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$48,467,000	\$24,233,500	\$24,233,500	\$0
187	LAWSUITS/CLAIMS	\$32,350,000	\$16,175,000	\$16,175,000	\$0
195	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$1,028,000	\$0	\$0
196	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$672,000	\$336,000	\$336,000	\$0
212	BASE RECOVERIES	(\$497,873,000)	(\$273,802,000)	(\$224,071,000)	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$11,367,482,000</b>	<b>\$6,851,410,120</b>	<b>\$4,516,071,880</b>	<b>\$0</b>
	<b>GRAND TOTAL</b>	<b>\$49,711,025,000</b>	<b>\$32,655,454,920</b>	<b>\$16,900,324,080</b>	<b>\$155,246,000</b>

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>ELIGIBILITY</b>												
4	4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$62,128,000	\$0	\$40,054,000	\$0	\$68,082,000	\$0	\$5,954,000	\$0	\$28,028,000	\$0
5	5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$20,144,000	\$4,354,220	\$23,943,000	\$3,682,420	\$21,443,000	\$3,094,920	\$1,299,000	(\$1,259,310)	(\$2,500,000)	(\$587,500)
6	6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	\$4,036,000	\$832,420	\$4,422,000	\$912,100	\$3,948,000	\$814,390	(\$88,000)	(\$18,040)	(\$474,000)	(\$97,700)
<b>ELIGIBILITY SUBTOTAL</b>			<b>\$86,308,000</b>	<b>\$5,186,650</b>	<b>\$68,419,000</b>	<b>\$4,594,510</b>	<b>\$93,473,000</b>	<b>\$3,909,300</b>	<b>\$7,165,000</b>	<b>(\$1,277,340)</b>	<b>\$25,054,000</b>	<b>(\$685,200)</b>
<b>DRUG MEDI-CAL</b>												
64	64	NARCOTIC TREATMENT PROGRAM	\$85,833,000	\$4,607,510	\$31,133,000	\$1,656,140	\$22,127,000	\$1,068,790	(\$63,706,000)	(\$3,538,720)	(\$9,006,000)	(\$587,350)
65	65	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$9,813,000	\$535,330	\$3,427,000	\$203,320	\$3,746,000	\$223,210	(\$6,067,000)	(\$312,120)	\$319,000	\$19,890
66	66	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$3,275,000	\$865,680	\$1,191,000	\$298,380	\$1,638,000	\$470,230	(\$1,637,000)	(\$395,440)	\$447,000	\$171,850
68	68	RESIDENTIAL TREATMENT SERVICES	\$681,000	\$19,210	\$575,000	\$18,700	\$399,000	\$12,580	(\$282,000)	(\$6,630)	(\$176,000)	(\$6,120)
<b>DRUG MEDI-CAL SUBTOTAL</b>			<b>\$99,602,000</b>	<b>\$6,027,720</b>	<b>\$36,326,000</b>	<b>\$2,176,540</b>	<b>\$27,910,000</b>	<b>\$1,774,810</b>	<b>(\$71,692,000)</b>	<b>(\$4,252,920)</b>	<b>(\$8,416,000)</b>	<b>(\$401,730)</b>
<b>MENTAL HEALTH</b>												
71	71	SMHS FOR ADULTS	\$1,707,213,000	\$69,236,320	\$1,631,316,000	\$64,662,210	\$1,462,846,000	\$56,720,810	(\$244,367,000)	(\$12,515,510)	(\$168,470,000)	(\$7,941,400)
72	72	SMHS FOR CHILDREN	\$1,323,716,000	\$51,625,910	\$1,293,454,000	\$51,216,690	\$1,196,776,000	\$51,100,230	(\$126,940,000)	(\$525,680)	(\$96,678,000)	(\$116,460)
<b>MENTAL HEALTH SUBTOTAL</b>			<b>\$3,030,929,000</b>	<b>\$120,862,230</b>	<b>\$2,924,770,000</b>	<b>\$115,878,900</b>	<b>\$2,659,622,000</b>	<b>\$107,821,040</b>	<b>(\$371,307,000)</b>	<b>(\$13,041,190)</b>	<b>(\$265,148,000)</b>	<b>(\$8,057,860)</b>
<b>MANAGED CARE</b>												
92	92	TWO PLAN MODEL	\$20,590,375,000	\$6,685,944,180	\$20,338,170,000	\$6,644,767,700	\$20,037,588,000	\$6,502,043,460	(\$552,787,000)	(\$183,900,720)	(\$300,582,000)	(\$142,724,240)
93	93	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,987,519,000	\$2,929,776,560	\$8,762,451,000	\$2,949,009,660	\$8,565,819,000	\$2,848,303,660	(\$421,700,000)	(\$81,472,900)	(\$196,632,000)	(\$100,706,000)
94	94	GEOGRAPHIC MANAGED CARE	\$3,703,087,000	\$1,199,152,890	\$3,667,740,000	\$1,207,203,160	\$3,602,517,000	\$1,179,215,960	(\$100,570,000)	(\$19,936,930)	(\$65,223,000)	(\$27,987,200)
98	98	REGIONAL MODEL	\$1,254,534,000	\$397,654,070	\$1,259,524,000	\$397,039,360	\$1,237,347,000	\$388,706,740	(\$17,187,000)	(\$8,947,320)	(\$22,177,000)	(\$8,332,610)
99	99	PACE (Other M/C)	\$615,165,000	\$307,582,500	\$655,171,000	\$327,585,500	\$682,939,000	\$341,469,500	\$67,774,000	\$33,887,000	\$27,768,000	\$13,884,000
102	102	DENTAL MANAGED CARE (Other M/C)	\$109,541,000	\$42,446,460	\$101,635,000	\$39,980,170	\$106,947,000	\$42,085,600	(\$2,594,000)	(\$360,860)	\$5,312,000	\$2,105,430
105	105	SENIOR CARE ACTION NETWORK (Other M/C)	\$72,769,000	\$36,384,500	\$71,861,000	\$35,930,500	\$70,176,000	\$35,088,000	(\$2,593,000)	(\$1,296,500)	(\$1,685,000)	(\$842,500)
106	106	AIDS HEALTHCARE CENTERS (Other M/C)	\$15,471,000	\$7,735,500	\$15,766,000	\$7,883,000	\$15,424,000	\$7,712,000	(\$47,000)	(\$23,500)	(\$342,000)	(\$171,000)
109	109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,776,000	\$888,000	\$1,599,000	\$4,129,000	\$1,427,000	\$713,500	(\$349,000)	(\$174,500)	(\$172,000)	(\$3,415,500)

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>MANAGED CARE SUBTOTAL</b>	<b>\$35,350,237,000</b>	<b>\$11,607,564,660</b>	<b>\$34,873,917,000</b>	<b>\$11,613,528,040</b>	<b>\$34,320,184,000</b>	<b>\$11,345,338,430</b>	<b>(\$1,030,053,000)</b>	<b>(\$262,226,230)</b>	<b>(\$553,733,000)</b>	<b>(\$268,189,620)</b>
		<b>OTHER</b>										
173	173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,422,979,000	\$1,820,256,500	\$3,403,297,000	\$1,806,653,000	\$3,403,315,000	\$1,806,873,500	(\$19,664,000)	(\$13,383,000)	\$18,000	\$220,500
174	174	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,264,285,000	\$2,264,285,000	\$2,217,032,000	\$2,217,032,000	\$2,213,849,000	\$2,213,849,000	(\$50,436,000)	(\$50,436,000)	(\$3,183,000)	(\$3,183,000)
175	175	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	\$2,020,293,000	\$0	\$2,252,480,000	\$0	\$2,270,028,000	\$0	\$249,735,000	\$0	\$17,548,000	\$0
176	176	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,623,590,000	\$0	\$1,674,023,000	\$0	\$1,938,182,000	\$0	\$314,592,000	\$0	\$264,159,000	\$0
177	177	DENTAL SERVICES	\$462,552,000	\$200,482,630	\$976,819,000	\$371,069,140	\$1,002,205,000	\$384,028,080	\$539,653,000	\$183,545,460	\$25,386,000	\$12,958,950
179	179	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$245,441,000	\$0	\$245,721,000	\$0	\$247,737,000	\$0	\$2,296,000	\$0	\$2,016,000	\$0
183	183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$65,300,000	\$0	\$65,300,000	\$0	\$65,300,000	\$0	\$0	\$0	\$0	\$0
184	184	MEDI-CAL TCM PROGRAM	\$25,540,000	\$0	\$50,333,000	\$2,693,000	\$44,549,000	\$0	\$19,009,000	\$0	(\$5,784,000)	(\$2,693,000)
185	185	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$47,774,000	\$22,976,000	\$43,065,000	\$21,532,500	\$47,030,000	\$23,515,000	(\$744,000)	\$539,000	\$3,965,000	\$1,982,500
187	187	LAWSUITS/CLAIMS	\$32,350,000	\$16,175,000	\$34,612,000	\$17,306,000	\$38,015,000	\$19,007,500	\$5,665,000	\$2,832,500	\$3,403,000	\$1,701,500
195	195	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$0	\$2,160,000	\$0	\$2,160,000	\$0	\$1,132,000	\$0	\$0	\$0
196	196	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$1,252,000	\$626,000	\$844,000	\$422,000	\$744,000	\$372,000	(\$508,000)	(\$254,000)	(\$100,000)	(\$50,000)
212	212	BASE RECOVERIES	(\$368,304,000)	(\$161,241,000)	(\$455,650,000)	(\$205,068,000)	(\$427,966,000)	(\$192,609,000)	(\$59,662,000)	(\$31,368,000)	\$27,684,000	\$12,459,000
197	--	EPSDT SCREENS	\$121,000	\$59,680	\$240,000	\$113,420	\$0	\$0	(\$121,000)	(\$59,680)	(\$240,000)	(\$113,420)
		<b>OTHER SUBTOTAL</b>	<b>\$9,844,201,000</b>	<b>\$4,163,619,810</b>	<b>\$10,510,276,000</b>	<b>\$4,231,753,060</b>	<b>\$10,845,148,000</b>	<b>\$4,255,036,080</b>	<b>\$1,000,947,000</b>	<b>\$91,416,280</b>	<b>\$334,872,000</b>	<b>\$23,283,030</b>
		<b>GRAND TOTAL</b>	<b>\$48,411,277,000</b>	<b>\$15,903,261,080</b>	<b>\$48,413,708,000</b>	<b>\$15,967,931,050</b>	<b>\$47,946,337,000</b>	<b>\$15,713,879,670</b>	<b>(\$464,940,000)</b>	<b>(\$189,381,400)</b>	<b>(\$467,371,000)</b>	<b>(\$254,051,380)</b>

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>ELIGIBILITY</u></b>								
4	4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	\$40,080,000	\$0	\$68,383,000	\$0	\$28,303,000	\$0
5	5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$9,382,000	\$3,014,020	\$8,769,000	\$2,832,480	(\$613,000)	(\$181,540)
6	6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	\$4,423,000	\$1,420,980	\$3,967,000	\$1,274,370	(\$456,000)	(\$146,600)
<b>ELIGIBILITY SUBTOTAL</b>			<b>\$53,885,000</b>	<b>\$4,435,000</b>	<b>\$81,119,000</b>	<b>\$4,106,850</b>	<b>\$27,234,000</b>	<b>(\$328,150)</b>
<b><u>DRUG MEDI-CAL</u></b>								
64	64	NARCOTIC TREATMENT PROGRAM	\$32,538,000	\$2,017,400	\$30,087,000	\$1,785,900	(\$2,451,000)	(\$231,500)
65	65	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$3,703,000	\$260,000	\$3,828,000	\$268,700	\$125,000	\$8,700
66	66	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$1,270,000	\$330,000	\$1,531,000	\$433,300	\$261,000	\$103,300
68	68	RESIDENTIAL TREATMENT SERVICES	\$639,000	\$24,600	\$533,000	\$19,000	(\$106,000)	(\$5,600)
<b>DRUG MEDI-CAL SUBTOTAL</b>			<b>\$38,150,000</b>	<b>\$2,632,000</b>	<b>\$35,979,000</b>	<b>\$2,506,900</b>	<b>(\$2,171,000)</b>	<b>(\$125,100)</b>
<b><u>MENTAL HEALTH</u></b>								
71	71	SMHS FOR ADULTS	\$1,782,550,000	\$91,918,190	\$1,544,652,000	\$77,135,190	(\$237,898,000)	(\$14,783,000)
72	72	SMHS FOR CHILDREN	\$1,326,426,000	\$60,887,660	\$1,208,875,000	\$60,954,030	(\$117,551,000)	\$66,370
<b>MENTAL HEALTH SUBTOTAL</b>			<b>\$3,108,976,000</b>	<b>\$152,805,850</b>	<b>\$2,753,527,000</b>	<b>\$138,089,220</b>	<b>(\$355,449,000)</b>	<b>(\$14,716,630)</b>
<b><u>MANAGED CARE</u></b>								
92	92	TWO PLAN MODEL	\$20,515,234,000	\$6,902,187,340	\$20,578,936,000	\$6,962,987,970	\$63,702,000	\$60,800,620
93	93	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,859,239,000	\$3,080,184,200	\$8,865,094,000	\$3,078,314,040	\$5,855,000	(\$1,870,150)
94	94	GEOGRAPHIC MANAGED CARE	\$3,692,172,000	\$1,251,594,840	\$3,685,633,000	\$1,257,492,480	(\$6,539,000)	\$5,897,640
98	98	REGIONAL MODEL	\$1,274,790,000	\$413,713,920	\$1,275,951,000	\$414,807,400	\$1,161,000	\$1,093,480
99	99	PACE (Other M/C)	\$818,499,000	\$409,249,500	\$878,983,000	\$439,491,500	\$60,484,000	\$30,242,000
102	102	DENTAL MANAGED CARE (Other M/C)	\$104,250,000	\$41,830,340	\$109,892,000	\$44,104,840	\$5,642,000	\$2,274,500

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>								
105	105	SENIOR CARE ACTION NETWORK (Other M/C)	\$64,486,000	\$32,243,000	\$60,230,000	\$30,115,000	(\$4,256,000)	(\$2,128,000)
106	106	AIDS HEALTHCARE CENTERS (Other M/C)	\$16,854,000	\$8,427,000	\$16,544,000	\$8,272,000	(\$310,000)	(\$155,000)
109	109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,595,000	\$1,595,000	\$1,655,000	\$3,964,000	\$60,000	\$2,369,000
<b>MANAGED CARE SUBTOTAL</b>			<b>\$35,347,119,000</b>	<b>\$12,141,025,140</b>	<b>\$35,472,918,000</b>	<b>\$12,239,549,230</b>	<b>\$125,799,000</b>	<b>\$98,524,090</b>
<b>OTHER</b>								
173	173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,624,701,000	\$1,924,224,500	\$3,624,292,000	\$1,924,326,000	(\$409,000)	\$101,500
174	174	MEDICARE PAYMENTS - PART D PHASED-DOWN	\$2,379,052,000	\$2,379,052,000	\$2,365,613,000	\$2,365,613,000	(\$13,439,000)	(\$13,439,000)
175	175	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	\$2,287,880,000	\$0	\$2,312,584,000	\$0	\$24,704,000	\$0
176	176	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,909,418,000	\$0	\$2,153,343,000	\$0	\$243,925,000	\$0
177	177	DENTAL SERVICES	\$985,240,000	\$394,582,140	\$1,015,986,000	\$409,459,380	\$30,746,000	\$14,877,240
179	179	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$227,503,000	\$0	\$248,594,000	\$0	\$21,091,000	\$0
183	183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$29,476,000	\$0	\$29,476,000	\$0	\$0	\$0
184	184	MEDI-CAL TCM PROGRAM	\$32,374,000	\$0	\$32,950,000	\$0	\$576,000	\$0
185	185	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$44,660,000	\$22,330,000	\$48,467,000	\$24,233,500	\$3,807,000	\$1,903,500
187	187	LAWSUITS/CLAIMS	\$32,350,000	\$16,175,000	\$32,350,000	\$16,175,000	\$0	\$0
195	195	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$1,028,000	\$0	\$1,028,000	\$0	\$0	\$0
196	196	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$886,000	\$443,000	\$672,000	\$336,000	(\$214,000)	(\$107,000)
212	212	BASE RECOVERIES	(\$558,485,000)	(\$251,350,000)	(\$497,873,000)	(\$224,071,000)	\$60,612,000	\$27,279,000

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>						
197	--	EPSDT SCREENS	\$240,000	\$116,410	\$0	\$0	(\$240,000)	(\$116,410)
		<b>OTHER SUBTOTAL</b>	<b>\$10,996,323,000</b>	<b>\$4,485,573,060</b>	<b>\$11,367,482,000</b>	<b>\$4,516,071,880</b>	<b>\$371,159,000</b>	<b>\$30,498,820</b>
		<b>GRAND TOTAL</b>	<b>\$49,544,453,000</b>	<b>\$16,786,471,040</b>	<b>\$49,711,025,000</b>	<b>\$16,900,324,080</b>	<b>\$166,572,000</b>	<b>\$113,853,040</b>

**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>ELIGIBILITY</u></b>							
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213 -322% FPL	\$68,082,000	\$0	\$68,383,000	\$0	\$301,000	\$0
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)	\$21,443,000	\$3,094,920	\$8,769,000	\$2,832,480	(\$12,674,000)	(\$262,440)
6	MEDI-CAL ACCESS INFANT PROGRAM 266- 322% FPL	\$3,948,000	\$814,390	\$3,967,000	\$1,274,370	\$19,000	\$459,980
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$93,473,000</b>	<b>\$3,909,300</b>	<b>\$81,119,000</b>	<b>\$4,106,850</b>	<b>(\$12,354,000)</b>	<b>\$197,540</b>
<b><u>DRUG MEDI-CAL</u></b>							
64	NARCOTIC TREATMENT PROGRAM	\$22,127,000	\$1,068,790	\$30,087,000	\$1,785,900	\$7,960,000	\$717,110
65	OUTPATIENT DRUG FREE TREATMENT SERVICES	\$3,746,000	\$223,210	\$3,828,000	\$268,700	\$82,000	\$45,490
66	INTENSIVE OUTPATIENT TREATMENT SERVICES	\$1,638,000	\$470,230	\$1,531,000	\$433,300	(\$107,000)	(\$36,930)
68	RESIDENTIAL TREATMENT SERVICES	\$399,000	\$12,580	\$533,000	\$19,000	\$134,000	\$6,420
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$27,910,000</b>	<b>\$1,774,810</b>	<b>\$35,979,000</b>	<b>\$2,506,900</b>	<b>\$8,069,000</b>	<b>\$732,090</b>
<b><u>MENTAL HEALTH</u></b>							
71	SMHS FOR ADULTS	\$1,462,846,000	\$56,720,810	\$1,544,652,000	\$77,135,190	\$81,806,000	\$20,414,380
72	SMHS FOR CHILDREN	\$1,196,776,000	\$51,100,230	\$1,208,875,000	\$60,954,030	\$12,099,000	\$9,853,800
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$2,659,622,000</b>	<b>\$107,821,040</b>	<b>\$2,753,527,000</b>	<b>\$138,089,220</b>	<b>\$93,905,000</b>	<b>\$30,268,180</b>
<b><u>MANAGED CARE</u></b>							
92	TWO PLAN MODEL	\$20,037,588,000	\$6,502,043,460	\$20,578,936,000	\$6,962,987,970	\$541,348,000	\$460,944,500
93	COUNTY ORGANIZED HEALTH SYSTEMS	\$8,565,819,000	\$2,848,303,660	\$8,865,094,000	\$3,078,314,040	\$299,275,000	\$230,010,380
94	GEOGRAPHIC MANAGED CARE	\$3,602,517,000	\$1,179,215,960	\$3,685,633,000	\$1,257,492,480	\$83,116,000	\$78,276,520
98	REGIONAL MODEL	\$1,237,347,000	\$388,706,740	\$1,275,951,000	\$414,807,400	\$38,604,000	\$26,100,650
99	PACE (Other M/C)	\$682,939,000	\$341,469,500	\$878,983,000	\$439,491,500	\$196,044,000	\$98,022,000
102	DENTAL MANAGED CARE (Other M/C)	\$106,947,000	\$42,085,600	\$109,892,000	\$44,104,840	\$2,945,000	\$2,019,240
105	SENIOR CARE ACTION NETWORK (Other M/C)	\$70,176,000	\$35,088,000	\$60,230,000	\$30,115,000	(\$9,946,000)	(\$4,973,000)



**COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>							
106	AIDS HEALTHCARE CENTERS (Other M/C)	\$15,424,000	\$7,712,000	\$16,544,000	\$8,272,000	\$1,120,000	\$560,000
109	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)	\$1,427,000	\$713,500	\$1,655,000	\$3,964,000	\$228,000	\$3,250,500
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$34,320,184,000</b>	<b>\$11,345,338,430</b>	<b>\$35,472,918,000</b>	<b>\$12,239,549,230</b>	<b>\$1,152,734,000</b>	<b>\$894,210,800</b>
<b>OTHER</b>							
173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	\$3,403,315,000	\$1,806,873,500	\$3,624,292,000	\$1,924,326,000	\$220,977,000	\$117,452,500
174	MEDICARE PAYMENTS - PART D PHASED- DOWN	\$2,213,849,000	\$2,213,849,000	\$2,365,613,000	\$2,365,613,000	\$151,764,000	\$151,764,000
175	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	\$2,270,028,000	\$0	\$2,312,584,000	\$0	\$42,556,000	\$0
176	PERSONAL CARE SERVICES (Misc. Svcs.)	\$1,938,182,000	\$0	\$2,153,343,000	\$0	\$215,161,000	\$0
177	DENTAL SERVICES	\$1,002,205,000	\$384,028,080	\$1,015,986,000	\$409,459,380	\$13,781,000	\$25,431,300
179	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	\$247,737,000	\$0	\$248,594,000	\$0	\$857,000	\$0
183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	\$65,300,000	\$0	\$29,476,000	\$0	(\$35,824,000)	\$0
184	MEDI-CAL TCM PROGRAM	\$44,549,000	\$0	\$32,950,000	\$0	(\$11,599,000)	\$0
185	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	\$47,030,000	\$23,515,000	\$48,467,000	\$24,233,500	\$1,437,000	\$718,500
187	LAWSUITS/CLAIMS	\$38,015,000	\$19,007,500	\$32,350,000	\$16,175,000	(\$5,665,000)	(\$2,832,500)
195	CLPP CASE MANAGEMENT SERVICES (Misc. Svcs.)	\$2,160,000	\$0	\$1,028,000	\$0	(\$1,132,000)	\$0
196	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	\$744,000	\$372,000	\$672,000	\$336,000	(\$72,000)	(\$36,000)
212	BASE RECOVERIES	(\$427,966,000)	(\$192,609,000)	(\$497,873,000)	(\$224,071,000)	(\$69,907,000)	(\$31,462,000)
	<b>OTHER SUBTOTAL</b>	<b>\$10,845,148,000</b>	<b>\$4,255,036,080</b>	<b>\$11,367,482,000</b>	<b>\$4,516,071,880</b>	<b>\$522,334,000</b>	<b>\$261,035,800</b>
	<b>GRAND TOTAL</b>	<b>\$47,946,337,000</b>	<b>\$15,713,879,670</b>	<b>\$49,711,025,000</b>	<b>\$16,900,324,080</b>	<b>\$1,764,688,000</b>	<b>\$1,186,444,410</b>

## MEDI-CAL PROGRAM BASE POLICY CHANGE INDEX

<u>POLICY CHANGE NUMBER</u>	<u>POLICY CHANGE TITLE</u>
	<b><u>ELIGIBILITY</u></b>
4	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
5	COUNTY HEALTH INITIATIVE MATCHING (CHIM)
6	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL
	<b><u>DRUG MEDI-CAL</u></b>
64	NARCOTIC TREATMENT PROGRAM
65	OUTPATIENT DRUG FREE TREATMENT SERVICES
66	INTENSIVE OUTPATIENT TREATMENT SERVICES
68	RESIDENTIAL TREATMENT SERVICES
	<b><u>MENTAL HEALTH</u></b>
71	SMHS FOR ADULTS
72	SMHS FOR CHILDREN
	<b><u>MANAGED CARE</u></b>
92	TWO PLAN MODEL
93	COUNTY ORGANIZED HEALTH SYSTEMS
94	GEOGRAPHIC MANAGED CARE
98	REGIONAL MODEL
99	PACE (OTHER M/C)
102	DENTAL MANAGED CARE (OTHER M/C)
105	SENIOR CARE ACTION NETWORK (OTHER M/C)
106	AIDS HEALTHCARE CENTERS (OTHER M/C)
109	FAMILY MOSAIC CAPITATED CASE MGMT. (OTH. M/C)
	<b><u>OTHER</u></b>
173	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS
174	MEDICARE PAYMENTS - PART D PHASED-DOWN
175	HOME & COMMUNITY-BASED SVCS.-CDDS (MISC.)
176	PERSONAL CARE SERVICES (MISC. SVCS.)
177	DENTAL SERVICES
179	TARGETED CASE MGMT. SVCS. - CDDS (MISC. SVCS.)
183	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC
184	MEDI-CAL TCM PROGRAM
185	WAIVER PERSONAL CARE SERVICES (MISC. SVCS.)
187	LAWSUITS/CLAIMS
195	CLPP CASE MANAGEMENT SERVICES (MISC. SVCS.)
196	HIPP PREMIUM PAYOUTS (MISC. SVCS.)

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

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**POLICY CHANGE TITLE**

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**OTHER**

212

BASE RECOVERIES

## FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)

**BASE POLICY CHANGE NUMBER:** 109  
**IMPLEMENTATION DATE:** 3/2018  
**ANALYST:** Latoya Brown  
**FISCAL REFERENCE NUMBER:** 66

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$1,427,000	\$1,655,000
- STATE FUNDS	\$713,500	\$3,964,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$1,427,000	\$1,655,000
STATE FUNDS	\$713,500	\$3,964,000
FEDERAL FUNDS	\$713,500	-\$2,309,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost of the contract with the Family Mosaic Project.

**Authority:**

Welfare & Institutions Code 14087.3

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department's contract with the Family Mosaic Project was effective January 1, 2008. The Family Mosaic Project, located in San Francisco, case manages children diagnoses with emotional disturbance who are at risk for out-of-home placement.

Family Mosaic has historical served a small population, due to the small size of the population, actuarial sound capitation rates are unable to be developed pursuant to actuarial standards. In order to obtain federal funding, capitation rates must be actuarially sound and approved by the Centers for Medicaid and Medicare (CMS).

It has been determined Family Mosaic capitation rates for FY 2014-15 to current are not compliant with actuarial standards, therefore, federal funding is unable to be claimed for this program retroactive back to FY 2014-15. DHCS historically claimed federal funding for all capitation payments issued for this program, therefore, State General Fund will be used to pay back the previously claimed federal funding for 2014-15 through FY 2018-19. FY 2019-20 capitation rates will be funded solely by State General Fund.

DHCS will continue to calculate annual capitation rates for this program; however, annually developed rates will be unable to be actuarially certified and will not be submitted to CMS for review and approval.

**FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)**

BASE POLICY CHANGE NUMBER: 109

**Reason for Change:**

The change from the prior estimate, for FY 2019-20, is a decrease in GF and TF due to a decrease in actual member months and the retroactive federal funding payback for the period of FY 2014-15 through FY 2018-19 now occurring in FY 2020-21. Federal funding is not obtainable since developed capitation rates are not actuarially certifiable due to the small population size.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to retroactive payments anticipated to occur in FY 2020-21.

**Methodology:**

1) The Family Mosaic member months are assumed to be the following:

- 413 in FY 2018-19
- 413 in FY 2019-20
- 413 in FY 2020-21

2) The Family Mosaic capitation rates are assumed to be:

- \$3,558.41 in FY 2018-19
- \$3,665.17 for July 1, 2019 through December 31, 2020 (Bridge Period)
- \$3,775.12 in Calendar Year 2021

3) The retroactive federal funding payback is estimated to be a total of \$2,530,000 for the periods FY 2014-15 through FY 2018-19. The FY 2017-18 rate was paid through the FY 2018-19 and FY 2019-20 service periods.

4) A retroactive rate adjustment for FY 2018-19 and the Bridge Period are expected to be made in FY 2020-21.

5) Anticipated costs on a cash basis are:

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
FY 2018-19 (Retro)	\$119,000	\$60,000	\$59,000
FY 2019-20	\$1,308,000	\$654,000	\$654,000
<b>Total FY 2019-20</b>	<b>\$1,427,000</b>	<b>\$714,000</b>	<b>\$713,000</b>

One month of FY 2018-19 capitation pays in FY 2019-20

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Prior Years Retro	\$443,000	\$221,000	\$222,000
2014/15 to 2018/19 FFP Payback	\$0	\$2,530,000	(\$2,530,000)
Rating Period 2020/21	\$1,212,000	\$1,212,000	\$0
<b>Total FY 2020-21</b>	<b>\$1,655,000</b>	<b>\$3,963,000</b>	<b>(\$2,308,000)</b>

One month of FY 2019-20 capitation paying in FY 2020-21

\*Totals may differ due to rounding.

**Funding:**

100% State GF (4260-101-0001)

100% Federal Funds (4260-101-0890)

## WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)

**BASE POLICY CHANGE NUMBER:** 185  
**IMPLEMENTATION DATE:** 4/2000  
**ANALYST:** Randolph Alarcio  
**FISCAL REFERENCE NUMBER:** 32

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$47,030,000	\$48,467,000
- STATE FUNDS	\$23,515,000	\$24,233,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$47,030,000	\$48,467,000
STATE FUNDS	\$23,515,000	\$24,233,500
FEDERAL FUNDS	\$23,515,000	\$24,233,500

### DESCRIPTION

**Purpose:**

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

**Authority:**

AB 668 (Chapter 896, Statutes of 1998)  
 Interagency Agreement (IA) 19-96360  
 AB 1811 (Chapter 35, Statutes of 2018)

**Interdependent Policy Changes:**

California Community Transitions (CCT) Costs

**Background:**

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

The IHO Waiver ended on December 31, 2019. IHO Waiver beneficiaries were provided the option to transition into the HCBA Waiver, which covers all services they received on the IHO Waiver.

**WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)****BASE POLICY CHANGE NUMBER: 185**

On January 1, 2019, the minimum wage increased from \$11.00 to \$12.00 per hour. On January 1, 2020, the minimum wage increased from \$12.00 to \$13.00 per hour. Beginning January 1, 2021, the minimum wage will increase from \$13.00 to \$14.00 per hour.

Beginning FY 2018-19, the county, or the public authority or nonprofit consortium, as defined, deems to be the employer to meet and confer in good faith regarding wages, benefits, and other terms and conditions of employment of individuals providing WPCS. For service dates on or after the effective date of federal approval obtained by the Department, wages, benefits, and all other terms and conditions of employment for individuals providing WPCS would be required to be equal to the wages, benefits, and other terms and conditions of employment in the respective county for the individual provider mode of services in the IHSS program. If eligibility for benefits requires a provider to work a threshold number of hours, eligibility would be required to be determined based on the aggregate number of monthly hours worked between IHSS and WPCS. Beginning FY 2019-20, WPCS care providers will be able to access sick leave time.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20 and FY 2020-21, is an increase due to higher projected hours than initially expected based on FY 2018-19 actual data. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to anticipated minimum wage increases each calendar year through 2022.

**Methodology:**

1. Assume the number of current HCBA waiver beneficiaries using WPCS is estimated at 1,514 per month in FY 2019-20 and FY 2020-21.
2. Assume the number of IHO beneficiaries using WPCS is estimated at 40 per month through December 31, 2019.
3. The Department's CCT Demonstration Project expects to transition 195 beneficiaries out of inpatient extended health care facilities in FY 2019-20 and FY 2020-21. Based on actual data from July 2017 through June 2018, the Department assumes 3.43% of CCT beneficiaries will use WPCS in CY 2019, CY 2020, and CY 2021.
4. Assume the Department of Social Services will pay approximately 66% of benefit costs for providers that use IHSS and WPCS hours to qualify for benefits.
5. The average cost/hour is \$13.02 for FY 2019-20 and \$13.69 FY 2020-21.
6. The chart below displays the estimate on an accrual basis.

<b>FY 2019-20</b>	<b>Total Hours</b>	<b>Cost/Hour</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
HCBA Waiver	3,541,724	\$13.02	\$46,113,000	\$23,057,000	\$23,056,000
IHO Waiver	70,080	\$13.02	\$912,000	\$456,000	\$456,000
<b>Total</b>			<b>\$47,025,000</b>	<b>\$23,513,000</b>	<b>\$23,512,000</b>

**WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)**

BASE POLICY CHANGE NUMBER: 185

<b>FY 2020-21</b>	<b>Total Hours</b>	<b>Cost/Hour</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
HCBA Waiver	3,541,724	\$13.69	\$48,486,000	\$24,243,000	\$24,243,000
<b>Total</b>			<b>\$48,486,000</b>	<b>\$24,243,000</b>	<b>\$24,243,000</b>

7. The chart below is adjusted on a cash basis.

(Dollars in Thousands)	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>FY 2019-20 Total</b>	<b>\$47,030</b>	<b>\$23,515</b>	<b>\$23,515</b>
<b>FY 2020-21 Total</b>	<b>\$48,467</b>	<b>\$24,234</b>	<b>\$24,233</b>

**Funding:**

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



## HIPP PREMIUM PAYOUTS (Misc. Svcs.)

**BASE POLICY CHANGE NUMBER:** 196  
**IMPLEMENTATION DATE:** 7/2019  
**ANALYST:** Cang Ly  
**FISCAL REFERENCE NUMBER:** 91

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$744,000	\$672,000
- STATE FUNDS	\$372,000	\$336,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$744,000	\$672,000
STATE FUNDS	\$372,000	\$336,000
FEDERAL FUNDS	\$372,000	\$336,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost of the payouts for the Department's Health Insurance Premium Payment (HIPP) program.

**Authority:**

Welfare & Institutions Code 14124.91  
 Social Security Act 1905(a), 1906(a)(3), 1906A(e), and 1916(e)  
 Title 22 California Code of Regulations 50778 (Chapter 2, Article 15)  
 State Plan Amendment 19-0045

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The HIPP program is a voluntary program for full-scope Medi-Cal beneficiaries who have a high cost medical condition. Under the HIPP program, the Department pays for premiums, coinsurance, deductibles, and other cost sharing obligations when it is cost effective. HIPP program costs are budgeted separately from other Medi-Cal benefits since these are paid outside of the regular Medi-Cal claims payment procedures. The Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) 19-0045 allowing the Department to revise the methodology for determining cost effectiveness and introduce new eligibility criteria for the HIPP program. The Department will begin operating under the new methodology beginning January 2021.

**Reason for Change:**

The change in FY 2019-20, from the prior estimate, is based on a decrease of actual expenditures from July 2019 to January 2020 and reduced program enrollment.

The decrease in FY 2020-21, from the prior estimate, is due to the new eligibility criteria that will limit the number of program enrollments starting January 2021.

## HIPP PREMIUM PAYOUTS (Misc. Svcs.)

BASE POLICY CHANGE NUMBER: 196

The decrease from FY 2019-20 to FY 2020-21, in the current estimate, is due to the new eligibility criteria that will limit the number of program enrollments starting January 2021.

### Methodology:

1. HIPP premium costs are determined by:

- Actual premium expense for the first half of FY 2019-20,
- Projected premium expense for the remainder of FY 2019-20,
- The average monthly per member per month (PMPM) premium amount,
- Current member count, and
- The assumption that premium costs will increase by 5% each fiscal year based on historical trends.

2. The average monthly PMPM premium cost including ancillary costs is estimated to be \$443 in FY 2019-20 and \$465 in FY 2020-21.

3. The average monthly HIPP enrollment is estimated to be 140 in FY 2019-20. Due to the new eligibility criteria beginning in January 2021, program enrollment is expected to decrease by 95% over the course of the 2021 calendar year (CY). As a result, it is estimated there will be a decline of 8% per month from January 2021 through June 2021 (95% / 12 months = 7.92% monthly, rounded to 8%).

4. Costs for FY 2019-20 and FY 2020-21 are estimated to be:

**FY 2019-20:** \$372,000 (actuals for July to December 2019) + \$372,000 (projection for January to June 2020) = **\$744,000 TF (\$372,000 GF)**

**FY 2020-21:** \$390,600 (projection for July to December 2020) + \$281,000 (projection for January to June 2021) = **\$672,000 TF (\$336,000 GF)**

### Funding:

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

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**MEDI-CAL PROGRAM REGULAR  
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NUMBER****POLICY CHANGE TITLE**

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## FPL INCREASE FOR AGED AND DISABLED PERSONS

REGULAR POLICY CHANGE NUMBER: 7  
 IMPLEMENTATION DATE: 9/2020  
 ANALYST: Jedidiah Warren  
 FISCAL REFERENCE NUMBER: 2140

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$135,468,000
- STATE FUNDS	\$0	\$67,734,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$135,468,000
STATE FUNDS	\$0	\$67,734,000
FEDERAL FUNDS	\$0	\$67,734,000

### DESCRIPTION

**Purpose:**

This policy change estimates the benefit and premium costs to disregard countable income up to 138% of the Federal Poverty Level (FPL) for the Aged, Blind, and Disabled (ABD) FPL program.

**Authority:**

SB 104 (Chapter 67, Statutes of 2019)  
 SPA 19-005

**Interdependent Policy Changes:**

Not Applicable

**Background:**

State law requires the Department to exercise its option under federal law to implement a program for aged and disabled persons. The law requires an individual under these provisions to satisfy certain financial eligibility requirements, including, among other things, that the individual's countable income does not exceed an income standard equal to 100% of the applicable FPL, plus an income disregard of \$230 for an individual, or \$310 in the case of a couple, except that the income standard determined shall not be less than the Supplemental Security Income/State Supplementary Payment level for a disabled individual or couple, as applicable.

SB 104 requires, upon receipt of federal approval, all countable income over 100% and up to 138% of the FPL to be disregarded after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons.

On September 30, 2019, the Department submitted State Plan Amendment 19-0050 to the Centers for Medicare & Medicaid Services (CMS) to obtain approval for program implementation. The Department received CMS approval on December 20, 2019. Formal guidance was published on January 31, 2020, and the Statewide Automated Welfare Systems begun system changes for the program updates.

## FPL INCREASE FOR AGED AND DISABLED PERSONS

REGULAR POLICY CHANGE NUMBER: 7

### Reason for Change:

There is no change from the prior estimate for FY 2019-20. The change for FY 2020-21, in the current estimate, is a slight decrease due to a slight change in projected eligibles and their costs. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase as the program is scheduled to implement no sooner than FY 2020-21.

### Methodology:

1. Assume program implementation no sooner than FY 2020-21.
2. Assume beneficiaries with incomes between 124%-138% FPL who have met their share of cost (SOC) will shift into aid codes without a SOC requirement.
3. Assume the Department will pay Medicare Part B premiums for dual eligibles.
4. Assume an estimated cost of **\$135,468,000 (\$67,734,000 GF)** in FY 2020-21 for premiums and benefits.

### Funding:

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

## PROVISIONAL POSTPARTUM CARE EXTENSION

REGULAR POLICY CHANGE NUMBER: 9  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Jedidiah Warren  
 FISCAL REFERENCE NUMBER: 2141

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$34,291,000
- STATE FUNDS	\$0	\$34,291,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$34,291,000
STATE FUNDS	\$0	\$34,291,000
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the benefit costs associated with allowing beneficiaries who receive pregnancy-related services, and are diagnosed with a mental health condition, to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of the pregnancy.

**Authority:**

SB 104 (Chapter 67, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

For those that qualify, Medi-Cal offers coverage for pregnancy and pregnancy-related services as well as postpartum care. Services include prenatal care, labor, delivery, care after delivery, family planning services, care related to pregnancy loss and services for conditions that might complicate the pregnancy. Additionally, mental health services are also included in the coverage. Due to income limitations and other factors, postpartum care may terminate 60 days after the last day of pregnancy.

SB 104 allows an eligible individual who is receiving pregnancy-related services and is diagnosed with a mental health condition to remain eligible for Medi-Cal postpartum care for up to 12 months after the last day of the pregnancy.

**Reason for Change:**

There is no change from the prior estimate for FY 2019-20. The change from the prior estimate, for FY 2020-21, is a decrease due to updated projected enrollment into the program. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to the program implementing in FY 2020-21.

## PROVISIONAL POSTPARTUM CARE EXTENSION

REGULAR POLICY CHANGE NUMBER: 9

### Methodology:

1. Assume this population would have otherwise not been eligible to receive services after the 60 day postpartum period.
2. Assume these eligibles will receive services for up to an additional 10 months for a max coverage term of 12 months postpartum care.
3. Assume implementation no sooner than July 1, 2020.
4. Assume an estimated cost of **\$34,291,000 General Fund** in **FY 2020-21**.

### Funding:

100% GF (4260-101-0001)

## RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS

REGULAR POLICY CHANGE NUMBER: 34  
 IMPLEMENTATION DATE: 1/2020  
 ANALYST: Autumn Recce  
 FISCAL REFERENCE NUMBER: 2121

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$17,740,000	\$35,481,000
- STATE FUNDS	\$6,285,600	\$12,536,100
PAYMENT LAG	0.6840	0.9840
% REFLECTED IN BASE	5.73 %	3.40 %
APPLIED TO BASE		
TOTAL FUNDS	\$11,438,900	\$33,726,300
STATE FUNDS	\$4,053,000	\$11,916,120
FEDERAL FUNDS	\$7,385,880	\$21,810,140

### DESCRIPTION

**Purpose:**

This policy change estimates the Fee-for-Service (FFS) cost of restoring optician and optical lab services for individuals age 21 and over.

**Authority:**

SB 97 (Chapter 52, Statute of 2017)  
 SB 78 (Chapter 38 Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

ABX3 5 (Chapter 20, Statutes of 2009) excluded several optional benefits, including optician and optical lab services, from coverage under the Medi-Cal program for beneficiaries 21 years of age and older, effective July 1, 2009.

SB 97 restored the provision of optician services including services provided by a fabricating optical laboratory January 1, 2020, contingent upon an act from the Legislature. This allowed for the provision of eyeglasses, contact lenses, low vision devices and materials to correct visual impairments for individuals over the age of 21.

SB 78 reinstated coverage for audiology, optician and optical lab, incontinence cream and washes, podiatry, and speech therapy in the Medi-Cal program, on January 1, 2020. See the Optional Benefits Restoration policy change for the audiology, incontinence creams and washes, podiatry, and speech therapy restoration costs.

**Reason for Change:**

The change from the prior estimate for FY 2019-20 is a decrease due to removing the estimated costs for managed care plans as these costs are now included in the managed care base capitation rates.

**RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS**

REGULAR POLICY CHANGE NUMBER: 34

The change from the prior estimate for FY 2020-21 is a decrease due to removing the estimated costs for managed care plans as these costs are now included in the managed care base capitation rates.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to adding the estimated full year of FFS costs in FY 2020-21.

**Methodology:**

1. Adult optician and optical lab services were restored, effective January 1, 2020.
2. FFS annual costs are estimated at \$35.4 million TF (\$12.5 million GF); this includes the managed care costs for fabricating lenses which are carved-out and paid in FFS.

(Dollars in Thousands)

<b>ANNUAL</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Total	\$35,481	\$12,536	\$22,945

3. FFS costs are estimated beginning January 1, 2020.
4. The FY 2019-20 and FY 2020-21 FFS costs are estimated to be:

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>	<b>ACA FF</b>
<b>Total</b>	<b>\$17,740</b>	<b>\$6,286</b>	<b>\$5,639</b>	<b>\$5,815</b>

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>	<b>ACA FF</b>
<b>Total</b>	<b>\$35,481</b>	<b>\$12,536</b>	<b>\$11,235</b>	<b>\$11,710</b>

**Funding:**

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

90% Title XIX / 10% GF (4260-101-0001/0890)

## OPTIONAL BENEFITS RESTORATION

REGULAR POLICY CHANGE NUMBER: 37  
 IMPLEMENTATION DATE: 1/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2150

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$8,102,000	\$16,297,000
- STATE FUNDS	\$2,870,600	\$5,758,500
PAYMENT LAG	0.8400	0.9942
% REFLECTED IN BASE	9.18 %	5.34 %
APPLIED TO BASE		
TOTAL FUNDS	\$6,180,900	\$15,337,300
STATE FUNDS	\$2,189,950	\$5,419,380
FEDERAL FUNDS	\$3,990,970	\$9,917,880

### DESCRIPTION

**Purpose:**

This policy change estimates the Fee-for-Service (FFS) costs for the optional benefits restoration for audiology, incontinence creams and washes, podiatry and speech therapy.

**Authority:**

AB 74 (Chapter 23, Statutes of 2019)  
 State Plan Amendment (SPA) 19-0046

**Interdependent Policy Changes:**

Not Applicable

**Background:**

ABX3 5 (Chapter 20, Statutes of 2009), excluded specified optional benefits from coverage under the Medi-Cal program, effective July 1, 2009.

AB 74 reinstated coverage for audiology, optician and optical lab, incontinence creams and washes, podiatry, and speech therapy in the Medi-Cal program, no sooner than January 1, 2020. The optional benefits restoration for optician and optical lab is budgeted in the Restoration of Adult Optician and Optical Lab Svcs policy change. Managed care costs are budgeted in the managed care base capitation rates.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20 and FY 2020-21, is a net decrease due to the following:

- Managed care costs were removed because optional benefits restoration costs are now included in the managed care base capitation rates.
- Fee-for-Service (FFS) costs increased due to updated caseload.

The change in the current estimate, from FY 2019-20 to FY 2020-21 is due to including a full year of FFS costs in FY 2020-21.



**OPTIONAL BENEFITS RESTORATION**

REGULAR POLICY CHANGE NUMBER: 37

**Methodology:**

1. The specified optional benefits were reinstated effective January 1, 2020.
2. The estimated FFS cost for the audiology, incontinence creams and washes, podiatry, and speech therapy restoration are:

(Dollars in Thousands)

<b>Optional Benefits Restoration</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
<b>FY 2019-20</b>	<b>\$8,102</b>	<b>\$2,871</b>	<b>\$5,231</b>
<b>FY 2020-21</b>	<b>\$16,297</b>	<b>\$5,758</b>	<b>\$10,539</b>

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$5,151,000	\$2,576,000	\$2,575,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$2,951,000	\$295,000	\$2,656,000
<b>Total</b>	<b>\$8,102,000</b>	<b>\$2,871,000</b>	<b>\$5,231,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$10,322,000	\$5,161,000	\$5,161,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$5,975,000	\$597,000	\$5,378,000
<b>Total</b>	<b>\$16,297,000</b>	<b>\$5,758,000</b>	<b>\$10,539,000</b>

## MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA

REGULAR POLICY CHANGE NUMBER: 38  
 IMPLEMENTATION DATE: 7/2019  
 ANALYST: Manvir Lallian  
 FISCAL REFERENCE NUMBER: 28

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$20,232,000	\$20,232,000
- STATE FUNDS	\$10,116,000	\$10,116,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$20,232,000	\$20,232,000
STATE FUNDS	\$10,116,000	\$10,116,000
FEDERAL FUNDS	\$10,116,000	\$10,116,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost of the Multipurpose Senior Services Program (MSSP) and the General Fund (GF) reimbursement to the Department.

**Authority:**

Welfare & Institutions Code 9560-9568  
 Welfare & Institutions Code 14132.275  
 Welfare & Institutions Code 14186  
 SB 1008 (Chapter 33, Statutes of 2012)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The MSSP provides social and health care management and purchases supplemental services to assist persons aged 65 and older who are "at risk" of needing nursing facility placement but who wish to remain in the community. The program provides services under a federal 1915(c) home and community-based services waiver for up to 11,370 participants in 9,283 participant slots in FY 2019-20 and FY 2020-21. The Coordinated Care Initiative (CCI) was previously scheduled to transition MSSP to a managed care benefit effective January 1, 2023. However, as of the development of this estimate, MSSP would no longer be transitioned to Managed Care and will be carved out of CCI, effective January 1, 2021. (Subsequent to the development of this estimate, the timeline for MSSP to be carved out of CCI has been delayed. Future estimates will reflect an updated assumption.) MSSP will operate as a waiver benefit in all CCI demonstration counties, as it did prior to the implementation of CCI in 2014.

The California Legislature approved a one-time appropriation, spread over a three-year period, to allow for a supplemental payment for MSSP Care Management and Care Management Support services, effective July 1, 2019. The supplemental payment is budgeted in the MSSP Supplemental Payment policy change.

**MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA**

REGULAR POLICY CHANGE NUMBER: 38

The total MSSP reimbursement (both for fee-for-service and managed care) is budgeted in this policy change. The reimbursement for CCI activities are budgeted in the CCI-Administrative Costs policy change. The reimbursement is estimated to be \$20,232,000 TF for FY 2019-20 and FY 2020-21.

**Reason for Change:**

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

**Methodology:**

1. The estimates below were provided by CDA on a cash basis.

Total MSSP	FY 2019-20	FY 2020-21
Total MSSP	\$39,422,000	\$29,827,000
MSSP Costs in CCI	(\$19,190,000)	(\$9,595,000)
<b>Total MSSP in this PC</b>	<b>\$20,232,000</b>	<b>\$20,232,000</b>

FY 2019-20	TF	GF	FF	GF Reimb.
<b>MSSP in this PC</b>	\$20,232,000	\$10,116,000	\$10,116,000	\$0
<b>Total Reimb.</b>	\$0	(\$19,190,000)	\$0	\$19,190,000
<b>Total</b>	<b>\$20,232,000</b>	<b>(\$9,074,000)</b>	<b>\$10,116,000</b>	<b>\$19,190,000</b>

FY 2020-21	TF	GF	FF	GF Reimb.
<b>MSSP in this PC</b>	\$20,232,000	\$10,116,000	\$10,116,000	\$0
<b>Total Reimb.</b>	\$0	(\$9,595,000)	\$0	\$9,595,000
<b>Total</b>	<b>\$20,232,000</b>	<b>\$521,000</b>	<b>\$10,116,000</b>	<b>\$9,595,000</b>

**Funding:**

50% Title XIX FF / 50% GF (4260-101-0890/0001)  
Reimbursement (4260-610-0995)

## DIABETES PREVENTION PROGRAM

REGULAR POLICY CHANGE NUMBER: 46  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2056

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$676,000
- STATE FUNDS	\$0	\$239,200
PAYMENT LAG	1.0000	0.7940
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$536,700
STATE FUNDS	\$0	\$189,920
FEDERAL FUNDS	\$0	\$346,820

### DESCRIPTION

**Purpose:**

This policy change estimates the Fee-for-Service (FFS) costs associated with developing and implementing the Diabetes Prevention Program (DPP).

**Authority:**

SB 97 (Chapter 52, Statutes of 2017)  
 AB 1810 (Chapter 34, Statutes of 2018)  
 Welfare & Institutions Code, Section 14149.9

**Interdependent Policy Changes:**

Not Applicable

**Background:**

AB 1810 required the Department to establish the DPP as a Medi-Cal covered benefit in FFS and managed care. The new DPP benefit was established on January 1, 2019 consistent with the Centers for Disease Control and Prevention's (CDC) guidelines. The program incorporated many components of the Centers for Medicare and Medicaid Services' (CMS) DPP in Medicare. The DPP is an evidence-based, lifestyle change program designed to prevent or delay Type 2 diabetes among people who have prediabetes and women with a previous diagnosis of gestational diabetes.

Medi-Cal providers choosing to offer DPP services must comply with CDC guidance and obtain CDC recognition in connection with the National Diabetes Prevention Recognition Program (DPRP). DPP services will be provided through trained peer coaches who use a CDC-approved curriculum. The CDC's DPP curriculum promotes realistic lifestyle changes, emphasizing weight loss through exercise, healthy eating and behavior modification.

Medi-Cal's DPP benefit consists of the following:

- Core Sessions (Months 1-6) – The Core Sessions consist of at least 16 sessions over the first six months. Payments for the core sessions are attendance and performance based.

## DIABETES PREVENTION PROGRAM

### REGULAR POLICY CHANGE NUMBER: 46

- Core Maintenance Sessions (Months 7-12) – The Core Maintenance Sessions include two intervals of two-monthly sessions; Payments for these sessions are performance based, depending on whether the required weight loss was achieved.
- Ongoing Maintenance Sessions (Months 13-24) – consists of up to four intervals of 3-monthly ongoing maintenance sessions offered during months 13 through 24 of the DPP services period.

Managed care costs for DPP are included in base capitation rates, and currently budgeted in the following policy changes: County Organized Health Systems, Two Plan Model, Regional Model, and Geographic Managed Care.

#### Reason for Change:

The change from the prior estimate, for FY 2019-20 and FY 2020-21, is a decrease due to no expected payments until July 2020 due to provider enrollment delays, and no Ongoing Maintenance costs incurring in FY 2020-21.

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to no costs incurring in FY 2019-20 as a result of implementation delays.

#### Methodology:

1. Assume DPP payments will start July 1, 2020.
2. Total annual cost for the Core Sessions is estimated to be \$907,000 TF.
 

Core Sessions – Attendance:	\$634,000 TF
Core Sessions – Performance:	\$273,000 TF
3. Assume a six-month phase-in for beneficiary participation in the Core Sessions beginning July 1, 2020. Assume Performance payments will be phased-in over a six-month period and will be paid at the end of Core Sessions, beginning January 1, 2021, on a six-month phase in basis.
4. Total annual cost for the Core Maintenance Sessions is estimated to be \$323,000 TF.
5. Assume Core Maintenance Sessions will start January 1, 2021, and will be phased-in over a six-month period.
6. Total annual cost for the Ongoing Maintenance Sessions is estimated to be \$170,000 TF.
7. Assume Ongoing Maintenance Sessions will start July 1, 2021, and will be phased-in over a six-month period.
8. Total estimated payments are:

DPP	Annual	FY 2020-21
Core Sessions – Attendance	\$634,000	\$502,000
Core Sessions – Performance	\$273,000	\$80,000
Core Maintenance	\$323,000	\$94,000
Ongoing Maintenance	\$170,000	\$0
<b>Total</b>	<b>\$1,400,000</b>	<b>\$676,000</b>

**DIABETES PREVENTION PROGRAM**

REGULAR POLICY CHANGE NUMBER: 46

**Funding:**

<b>DPP</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$429,000	\$214,000	\$215,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$247,000	\$25,000	\$222,000
<b>Total</b>	<b>\$676,000</b>	<b>\$239,000</b>	<b>\$437,000</b>

## EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES

REGULAR POLICY CHANGE NUMBER: 48  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2158

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$1,559,000
- STATE FUNDS	\$0	\$562,300
PAYMENT LAG	1.0000	0.8300
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$1,294,000
STATE FUNDS	\$0	\$466,710
FEDERAL FUNDS	\$0	\$827,260

### DESCRIPTION

**Purpose:**

This policy change estimates the cost to provide screenings for additional substances in primary care settings to beneficiaries over 21 years of age.

**Authority:**

SB 78 (Chapter 38, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department currently screens Medi-Cal beneficiaries for alcohol misuse per the United States Preventive Services Task Force (USPSTF) recommendation. The Department is adding screening for additional substances (i.e., drug use and abuse) as a Medi-Cal benefit for beneficiaries over age 21. Medi-Cal children, ages 0-21 years old, are screened for alcohol and drug use under the American Academy of Pediatrics (AAP) Bright Futures Health tobacco, alcohol, and drug use assessments.

SB 78 requires the Department to expand the Medi-Cal benefit for adult Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care to include screening for additional substances (i.e., opioids and other drugs). In addition, in June 2020, the USPSTF assigned a "B" rating to "Unhealthy Drug Use Screening" for adults ages 18 and older, making it a mandatory benefit under the Preventive Services component (Item 13(c)) of the Department's approved Medicaid State Plan. Adding this benefit will identify, reduce, and prevent problematic use, abuse, and dependence on drugs.

Managed care costs for the screenings are included in base capitation rates, and currently budgeted in the following policy changes: County Organized Health Systems, Two Plan Model, Regional Model, and Geographic Managed Care.

## EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES

REGULAR POLICY CHANGE NUMBER: 48

### Reason for Change:

The change from the prior estimate, for FY 2020-21, is a decrease due to removing managed care costs because screening costs for additional substances are now included in the managed care base capitation rates.

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to no costs incurring in FY 2019-20.

### Methodology:

1. Assume expansion to screening for additional substances will be implemented July 1, 2020.
2. Total estimated payments for the screenings are:

FY 2020-21	TF	GF	Title XIX
Additional Substances Screening	\$1,559,000	\$562,000	\$997,000

### Funding:

FY 2020-21	TF	GF	FFP
50% Title XIX / 50% GF (4260-101-0001/0890)	\$1,016,000	\$508,000	\$508,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$543,000	\$54,000	\$489,000
<b>Total</b>	<b>\$1,559,000</b>	<b>\$562,000</b>	<b>\$997,000</b>



## MEDICAL INTERPRETERS PILOT PROJECT

REGULAR POLICY CHANGE NUMBER: 49  
 IMPLEMENTATION DATE: 6/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 1989

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

### DESCRIPTION

**Purpose:**

This policy change estimates the costs for establishing a medical interpreters pilot project.

**Authority:**

SB 165 (Chapter 365, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

SB 165 appropriated \$5 million General Fund (GF) for the support of medical interpreters pilot projects through June 30, 2024. Pilot projects will be awarded to up to four contracts to deliver language assistance services to patients/clients who are unserved or underserved because they are limited English proficient.

Per SB 165, the Department will work with the stakeholders to conduct a study to identify current requirements for medical interpretation services as well as education, training, and licensure requirements, analyze other state Medicaid programs, and make recommendations on strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are limited English proficient (LEP), in compliance with applicable state and federal requirements.

**Reason for Change:**

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

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to payments being allocated in FY 2019-20.

**MEDICAL INTERPRETERS PILOT PROJECT**

REGULAR POLICY CHANGE NUMBER: 49

**Methodology:**

1. Assume payments for the one-time pilot project will be completed in June 2020.

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>
Medical Interpreters Pilot Project	<b>\$5,000,000</b>	<b>\$5,000,000</b>

**Funding:**

100% General Fund (4260-101-0001)

## PHARMACIST-DELIVERED MEDI-CAL SERVICES

REGULAR POLICY CHANGE NUMBER: 51  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Autumn Recce  
 FISCAL REFERENCE NUMBER: 2120

	FY 2019-20	FY 2020-21
FULL YEAR COST - TOTAL FUNDS	\$0	-\$949,000
- STATE FUNDS	\$0	-\$355,300
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$949,000
STATE FUNDS	\$0	-\$355,300
FEDERAL FUNDS	\$0	-\$593,700

### DESCRIPTION

**Purpose:**

This policy change estimates the savings for the elimination of reimbursing pharmacies for certain pharmacist-delivered services under Medi-Cal.

**Authority:**

Proposed Trailer Bill Language

**Interdependent Policy Changes:**

Not Applicable

**Background:**

AB 1114 (Chapter 602, Statutes of 2016) required the Department to allow the following services as a pharmacy benefit under the Medi-Cal program, subject to the Centers for Medicare and Medicaid Services (CMS) approval:

- Furnish travel medications;
- Furnish naloxone hydrochloride;
- Furnish self-administered hormonal contraception;
- Administer immunizations; and,
- Provide tobacco cessation counseling and furnishing nicotine replacement therapy.

The Department reimburses pharmacies for the provision of the services listed above, allowable under Medi-Cal, and the reimbursement rate is 85% of the physician fee schedule. The Board of Pharmacy requires pharmacists to be trained and certified to provide these services. Pharmacies bill the Department for these services using three physician procedure codes.

A State Plan Amendment (SPA) for the services and the new payment methodology was approved by CMS on November 26, 2018. AB 1114 mandates the Department to adopt new regulations by July 1, 2021. The SPA and new payment methodology became effective April 1, 2019.

Effective no sooner than July 1, 2020, the Department proposes to eliminate this benefit.

**PHARMACIST-DELIVERED MEDI-CAL SERVICES**

REGULAR POLICY CHANGE NUMBER: 51

**Reason for Change:**

The change from the prior estimate for FY 2019-20 is due to the costs are fully captured in the FFS base. The change in FY 2020-21, from the prior estimate, is due to eliminating this benefit. The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to eliminating this benefit.

**Methodology:**

1. Assume this benefit is eliminated effective no sooner than July 1, 2020.
2. On a cash basis, the savings is estimated to be:

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF	(\$651,000)	(\$325,000)	(\$326,000)
90% Title XIX/ 10% GF	(\$298,000)	(\$30,000)	(\$268,000)
<b>Total</b>	<b>(\$949,000)</b>	<b>(\$355,000)</b>	<b>(\$594,000)</b>

**Funding:**

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

90% Title XIX / 10% GF (4260-101-0001/0890)

## CCI-MANAGED CARE PAYMENTS

REGULAR POLICY CHANGE NUMBER: 95  
 IMPLEMENTATION DATE: 4/2014  
 ANALYST: Shannon Hoerner  
 FISCAL REFERENCE NUMBER: 1766

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$8,071,755,000	\$8,539,346,000
- STATE FUNDS	\$4,035,877,500	\$4,269,673,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	67.04 %	65.40 %
APPLIED TO BASE		
TOTAL FUNDS	\$2,660,450,400	\$2,954,613,700
STATE FUNDS	\$1,330,225,220	\$1,477,306,860
FEDERAL FUNDS	\$1,330,225,220	\$1,477,306,860

### DESCRIPTION

**Purpose:**

This policy change estimates the capitation payments for dual eligible (beneficiaries on Medi-Cal and Medicare) and Medi-Cal only beneficiaries transitioning from fee-for-service into Medi-Cal managed care health plans for their Medi-Cal Long Term Care (LTC) institutional and community-based services and supports benefits.

**Authority:**

SB 1008 (Chapter 33, Statutes of 2012)  
 SB 1036 (Chapter 45, Statutes of 2012)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

In coordination with Federal and State Government, the Coordinated Care Initiative (CCI) provides the benefits of coordinated care models to persons eligible for Medi-Cal. By enrolling these eligibles into coordinated care delivery models, the CCI aligns financial incentives, streamlines beneficiary-centered care delivery, and rebalances the current health care system away from avoidable institutionalized services.

The CCI mandatorily enrolls dual and Medi-Cal only eligibles into managed care for their Medi-Cal benefits. Those benefits include LTC institutional services, Community-Based Adult Services (CBAS), Multi-Purpose Senior Services Program (MSSP) services, and other Home and Community-Based Services (HCBS). Savings are generated from a reduction in inpatient and LTC institutional services.

The CCI has been implemented in seven pilot counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The 2017 Budget Act discontinued the CCI program effective January 1, 2018. Based on lessons learned from the CCI demonstration project, the 2017 Budget extended the Cal MediConnect program and the mandatory enrollment of dual eligibles and integration of long-term services and support,

**CCI-MANAGED CARE PAYMENTS****REGULAR POLICY CHANGE NUMBER: 95**

except In-Home Supportive Services (IHSS), into managed care. IHSS has been removed from capitation rate payments as of January 1, 2018.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20, is a slight decrease due to updated rate payment timing, an increase in Institutional eligibles, and an overall decrease in CY 2019 Full Dual rates. The change from the prior estimate, for FY 2020-21, is a slight increase due to updated rate payment timing, an increase in Institutional eligibles, and updated CY 2020 budget rates. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to updated budget rates, plus a growth factor resulting in an increase in rates from CY to BY.

**Methodology:**

1. All dual eligibles have phased in to the CCI as of July 2016.
2. Medi-Cal only eligibles and individuals receiving partial Medicare coverage had their LTC and community-based services included in Medi-Cal managed care no later than July 1, 2014, except for Orange County. Orange County began July 1, 2015.
3. Paid rates vary throughout the fiscal year depending on the most recently available approved rates. CY 2018, FY 2018-19, CY 2019, and FY 2019-20 rates will be paid in FY 2019-20, while FY 2019-20, CY 2020, and CY 2021 rates will be paid in FY 2020-21.
4. Estimated below is the overall impact of the CCI demonstration in FY 2019-20 and FY 2020-21.

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>	<b>Reimb</b>	<b>HTF</b>
<b>CCI-Managed Care Payments:</b>					
Base managed care payments	\$8,073,907	\$4,035,878	\$4,036,954	\$0	\$1,076
Prop 56 - ICF/DD Supplemental Payments	(\$2,151)		(\$1,076)		(\$1,076)
<b>Total Managed Care Payments</b>	<b>\$8,071,755</b>	<b>\$4,035,878</b>	<b>\$4,035,878</b>	<b>\$0</b>	<b>\$0</b>
<b>CCI-Savings and Deferral :</b>					
Total Savings (In the Base)	(\$8,113,397)	(\$4,056,699)	(\$4,056,699)	\$0	
CCI-Admin Costs, HCO Costs	\$12,223	\$6,112	\$6,112	\$0	
Retro MC Rate Adjustments	\$82,845	\$41,422	\$41,422	\$0	\$0
CCI-Quality Withhold Repayments	\$8,260	\$4,130	\$4,130	\$0	
Health Insurer Fee	\$0	\$0	\$0	\$0	
<b>Total of CCI PCs including pass through</b>	<b>\$61,686</b>	<b>\$30,843</b>	<b>\$30,843</b>	<b>\$0</b>	

\*Totals may differ due to rounding.

(Dollars in Thousands)

**CCI-MANAGED CARE PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 95

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>	<b>Reimb</b>	<b>HTF</b>
CCI-Managed Care Payments:					
Base managed care payments	\$8,541,186	\$4,269,673	\$4,270,593	\$0	\$920
Prop 56 - ICF/DD Supplemental Payments	(\$1,841)		(\$920)		(\$920)
<b>Total Managed Care Payments</b>	<b>\$8,539,346</b>	<b>\$4,269,673</b>	<b>\$4,269,673</b>	<b>\$0</b>	<b>\$0</b>
CCI-Savings and Deferral :					
Total Savings (In the Base)	(\$8,586,075)	(\$4,293,038)	(\$4,293,038)	\$0	
CCI-Admin Costs	\$12,223	\$6,112	\$6,112	\$0	
Retro MC Rate Adjustments	\$107,075	\$52,974	\$54,101	\$0	
CCI-Quality Withhold Repayments	\$16,822	\$8,411	\$8,411	\$0	
Health Insurer Fee	\$924	\$462	\$462	\$0	
Total of CCI PCs including pass through	\$90,314	\$46,386	\$43,929	\$0	\$0

\*Totals may differ due to rounding.

**Funding:**

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

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

## RETRO MC RATE ADJUSTMENTS

REGULAR POLICY CHANGE NUMBER: 103  
 IMPLEMENTATION DATE: 1/2016  
 ANALYST: Andrew Yoo  
 FISCAL REFERENCE NUMBER: 1788

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$148,805,000	\$363,335,000
- STATE FUNDS	\$14,412,540	\$211,153,890
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$148,805,000	\$363,335,000
STATE FUNDS	\$14,412,540	\$211,153,890
FEDERAL FUNDS	\$134,392,460	\$152,181,110

### DESCRIPTION

**Purpose:**

This policy change estimates retroactive managed care capitation rate adjustments.

**Authority:**

Welfare & Institutions Code, section 14087.3

**Interdependent Policy Changes:**

Not applicable

**Background:**

This policy change accounts for retroactive:

- Martin Luther King, Jr. (MLK) Pass Through rate adjustments,
- Managed Care Pass Through payments,
- Coordinated Care Initiative (CCI) full dual payments,
- State-only benefit recoupments, and
- Wire transfer plan recoupment dollars

The MLK pass-through rate adjustment and associated payments will sunset as of June 30, 2020 service period.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20, is an increase due to:

- Updating the CY 2019 Full Dual rates based on updated plan reported base data,
- Incorporating actual State-only benefit recoupment amounts, and
- The inclusion of net costs from wire transfer recoupments.

The change from the prior estimate, for FY 2020-21, is a net increase due to:

- Updated payment timing for the CY 2020 CCI Full Duals,
- The application of the final actuarially developed rates to pass-through payment rates,
- An increase to MLK due to the application of the final actuarially developed rates for SFY 2019-20; Future MLK pass-through payments have been eliminated beginning FY 2020-21, and



**RETRO MC RATE ADJUSTMENTS**

REGULAR POLICY CHANGE NUMBER: 103

- Rate corrections for CY 2017 and CY 2018 CCI Full Duals.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to:

- A payment timing shift of the CY 2020 Full Duals,
- Inclusion of rate corrections for CY 2017 and CY 2018 CCI Full Duals in FY 2020-21, and
- The application of the final actuarially developed rates for FY 2019-20 MLK pass-through payments.

**Methodology:**

1. The Department estimates the following retroactive managed care capitation rate adjustments in FY 2019-20 and FY 2020-21:

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
MLK Pass-Through Payments (FY 2018-19)	\$16,786	\$5,431	\$11,355
State-Only Benefit Recoupment	(\$110,374)	(\$110,374)	\$0
Retro Pass-Through Payments (FY 2018-19)	\$143,904	\$70,110	\$73,794
CCI Full Duals (CY 2019) - CMC	\$10,576	\$5,288	\$5,288
CCI Full Duals (CY 2019) - MLTSS	\$72,269	\$36,135	\$36,134
Prop 56 ICF-DD Retro	\$96	\$48	\$48
Wire Transfer Plan Recoupment	\$15,548	\$7,774	\$7,774
<b>Total FY 2019-20</b>	<b>\$148,805</b>	<b>\$14,412</b>	<b>\$134,393</b>

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
MLK Pass Through Payments (Bridge Period)	\$40,627	\$13,208	\$27,420
Retro Pass Through Payments (Bridge Period)	\$215,826	\$145,069	\$70,757
CCI Full Duals (CY 2020, 6 mons.)			
CMC	\$7,781	\$3,891	\$3,890
MLTSS	\$98,074	\$49,037	\$49,037
CCI Full Duals (CY 2017)			
CMC	\$7,328	\$3,664	\$3,664
CMC Reimb.	(\$411)	(\$411)	\$0
MLTSS	(\$7,281)	(\$3,640)	(\$3,640)
MLTSS Reimb.	(\$716)	(\$716)	\$0
CCI Full Duals (CY 2018)			
CMC	\$9,529	\$4,764	\$4,765
MLTSS	(\$7,230)	(\$3,615)	(\$3,615)
Prop 56 ICF-DD Retro	(\$194)	(\$97)	(\$97)
<b>Total FY 2021-21</b>	<b>\$363,335</b>	<b>\$211,154</b>	<b>\$152,181</b>

## RETRO MC RATE ADJUSTMENTS

REGULAR POLICY CHANGE NUMBER: 103

**Funding:**

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

88% Title XXI FF / 12% GF (4260-113-0001/0890)

ACA 94/6 (2018) (4260-101-0890)

ACA 93/7 (2019) (4260-101-0890)

ACA 90/10 (2019) (4260-101-0890)

## PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS

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

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$1,194,089,000	\$1,191,399,000
- STATE FUNDS	\$404,388,880	\$426,106,610
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	5.52 %	5.54 %
APPLIED TO BASE		
TOTAL FUNDS	\$1,128,175,300	\$1,125,395,500
STATE FUNDS	\$382,066,610	\$402,500,300
FEDERAL FUNDS	\$746,108,670	\$722,895,190

### DESCRIPTION

**Purpose:**

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

**Authority:**

AB 120 (Chapter 22, Statutes of 2017)  
 Title 42, Code of Federal Regulations (CFR) 447(f)  
 State Plan Amendment (SPA) 17-030  
 SPA 18-0033  
 SB 856 (Chapter 30, Statutes of 2018)  
 SPA 19-0021  
 AB 74 (Chapter 23, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), passed by the voters in November 2016, increased the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

In accordance with AB 120, the Department developed the structure of the supplemental payments. AB 120 includes up to \$325 million Proposition 56 funds for supplemental payments to new patient and established patient office/outpatient visits, psychiatric diagnostic evaluations, psychiatric diagnostic evaluations with medical services, and psychiatric pharmacological management services.

## PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 141

SB 856 authorized supplemental payments for certain physician services in FY 2018-19. The Centers for Medicare and Medicaid Services (CMS) approved SPA 18-0033 for the FY 2018-19 Fee-for-Service (FFS) supplemental payments. Pursuant to AB 74, the CMS approved SPA 19-0021 for the extension of the supplemental payments for the period of July 1, 2019, through December 31, 2021.

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

For the managed care delivery system, the Department has obtained approval of an allowable directed plan for the managed care supplemental payments for FY 2017-18, FY 2018-19, and July 1, 2019, through December 31, 2020 (Bridge Period). It is anticipated that the supplemental payments will continue in Calendar Year (CY) 2021 for managed care.

### Managed Care Physician Directed Payments

CMS instituted the Medicaid Managed Care Final Rule in May 2016, which modernized Medicaid managed care regulations. The result is changes in the usage of managed care delivery systems, 42 CFR section 438.6(c) provides State's flexibility to implement delivery system and provider payment initiatives under Medicaid managed care plans (MCPs) contracts based on allowable directed payments.

Beginning with the July 1, 2017 rating period, the state has directed MCPs to make enhanced supplemental payments to eligible provider types for the above referenced CPT codes upon approval from CMS and receipt of funding. The enhanced supplemental payment is contingent upon the MCPs' receipt of providers' actual utilization for these codes reported through encounter data for FY 2017-18 through FY 2020-21.

Prior to implementation of a directed payment program, CMS requires states to seek pre-approval of any requested directed payment program through the standard CMS "pre-print" form. This "pre-print" is typically submitted on an annual basis. On June 30, 2019, the Department submitted pre-print requesting program continuation and approval for the July 1, 2019, through December 31, 2020, rating period. On May 5, 2020, the Department received approval from CMS.

This policy change identifies the use of the General Fund for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

### **Reason for Change:**

There is no change in the total funds for FY 2019-20 or FY 2020-21, from the prior estimate; however, the funding splits were revised based on updated actual FFS and managed care data.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is a decrease based on lower managed care payments expected in FY 2020-21.

### **Methodology:**

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

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

FFS Physician Supplemental Payments

3. The FY 2017-18 FFS supplemental payments were implemented on December 5, 2017. These supplemental payments were effective from July 1, 2017, through June 30, 2018.
4. The FY 2018-19 FFS supplemental payments were implemented on September 24, 2018. The EPC for the retroactive period of July 1, 2018, through September 23, 2018, was implemented on October 26, 2018.
5. Assume the FFS supplemental payments, on an accrual basis, are approximately \$65,965,000 TF for FY 2018-19 dates of service and ongoing.
6. The FFS physician supplemental payments are expected to continue for dates of service from July 1, 2019, through December 31, 2021.

Managed Care Physician Directed Payments

7. Assume that the annual estimated value of enhanced capitation rate increases for MCPs to fund the supplemental rate increase, on an accrual basis, is \$1,157,712,000 TF in FY 2018-19, \$1,125,434,000 TF in FY 2019-20, and \$1,125,434,000 TF in FY 2020-21.
8. A risked-based capitation rate will be issued to MCPs based on anticipated utilization of the 23 CPT codes.
9. One month of the FY 2018-19 capitation rate increases and 11 months of the FY 2019-20 capitation rate increases are expected to occur in FY 2019-20.
10. One month of the FY 2019-20 capitation rate increases and 11 months of the FY 2020-21 capitation rate increases are expected to occur in FY 2020-21.
11. Funds allocated for the supplemental payments are as follows:

<b>FY 2019-20</b>	<b>TF</b>	<b>SF</b>	<b>Title XXI FF</b>	<b>Title XIX FF</b>	<b>ACA FF</b>
FFS Pmts (ongoing)	\$65,965,000	\$25,821,000	\$11,832,000	\$22,176,000	\$6,136,000
Mgd Care Pmts	\$1,128,124,000	\$378,568,000	\$102,499,000	\$324,513,000	\$322,544,000
<b>Total</b>	<b>\$1,194,089,000</b>	<b>\$404,389,000</b>	<b>\$114,331,000</b>	<b>\$346,689,000</b>	<b>\$328,680,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>SF</b>	<b>Title XXI FF</b>	<b>Title XIX FF</b>	<b>ACA FF</b>
FFS Pmts (ongoing)	\$65,965,000	\$27,635,000	\$10,118,000	\$22,176,000	\$6,036,000
Mgd Care Pmts	\$1,125,434,000	\$398,471,000	\$87,597,000	\$323,739,000	\$315,627,000
<b>Total</b>	<b>\$1,191,399,000</b>	<b>\$426,106,000</b>	<b>\$97,715,000</b>	<b>\$345,915,000</b>	<b>\$321,663,000</b>

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

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX 50% FF / 50% GF (4260-101-0001 / 0890)	\$693,378,000	\$346,689,000	\$346,689,000
93% Title XIX FF / 7% GF (4260-101-0001 / 0890)	\$208,764,000	\$14,613,000	\$194,151,000
90% Title XIX FF / 10% GF (4260-101-0001 / 0890)	\$149,477,000	\$14,948,000	\$134,529,000
88% Title XXI FF / 12% GF (4260-113-0001 / 0890)	\$46,450,000	\$5,574,000	\$40,876,000
76.5% Title XXI FF / 23.5% GF (4260-113-0001 / 0890)	\$96,020,000	\$22,565,000	\$73,455,000
<b>Total</b>	<b>\$1,194,089,000</b>	<b>\$404,389,000</b>	<b>\$789,700,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX 50% FF / 50% GF (4260-101-0001 / 0890)	\$691,830,000	\$345,915,000	\$345,915,000
90% Title XIX FF / 10% GF (4260-101-0001 / 0890)	\$357,403,000	\$35,740,000	\$321,663,000
76.5% Title XXI FF / 23.5% GF (4260-113-0001 / 0890)	\$46,146,000	\$10,844,000	\$35,302,000
65% Title XXI FF / 35% GF (4260-113-0001 / 0890)	\$96,020,000	\$33,607,000	\$62,413,000
<b>Total</b>	<b>\$1,191,399,000</b>	<b>\$426,106,000</b>	<b>\$765,293,000</b>

## PROP 56 - MEDI-CAL FAMILY PLANNING

REGULAR POLICY CHANGE NUMBER: 144  
 IMPLEMENTATION DATE: 1/2020  
 ANALYST: Sabrina Blank  
 FISCAL REFERENCE NUMBER: 2130

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$363,906,000	\$394,485,000
- STATE FUNDS	\$36,390,600	\$39,448,500
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	76.55 %	71.74 %
APPLIED TO BASE		
TOTAL FUNDS	\$85,336,000	\$111,481,500
STATE FUNDS	\$8,533,600	\$11,148,150
FEDERAL FUNDS	\$76,802,360	\$100,333,320

### DESCRIPTION

**Purpose:**

This policy change estimates the cost for providing supplemental payments for family planning services in both Medi-Cal fee-for-service (FFS) and Managed Care (MC).

**Authority:**

AB 74 (Chapter 23, Statutes of 2019)  
 State Plan Amendment (SPA)19-0027

**Interdependent Policy Changes:**

Proposition 56 Funds Transfer

**Background:**

On November 8, 2016, California voters approved the California Healthcare, Research, and Prevention Tobacco Tax Act, Proposition 56, to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a specified portion of the tobacco tax revenue is allocated to the Department for use as the non-federal share of health care expenditures in accordance with the annual state budget process. SB 104, the Budget Act of 2019, appropriated Proposition 56 funds for specified Department health care expenditures during FY 2019-20.

On August 20, 2019, the Centers for Medicare & Medicaid Services (CMS) approved SPA 19-0027. SPA 19-0027 allows the Department to implement time-limited supplemental payments for specific family planning services delivered in the Medi-Cal FFS delivery system from July 1, 2019, through December 31, 2021. The FFS supplemental payment implemented in January 2020. In FY 2019-20, an Erroneous Payment Correction will deploy to retroactively apply supplemental payments to July 1, 2019.

In the Medi-Cal managed care delivery system, the Department has proposed to implement these payments as directed payments to eligible providers. Prior to implementation of a directed payment program, CMS requires states to seek pre-approval of any requested directed payment program through the standard CMS "pre-print" form. This "pre-print" is typically submitted on an annual basis. On June 30, 2019, the Department submitted the directed payment pre-print required by CMS, seeking

## PROP 56 - MEDI-CAL FAMILY PLANNING

REGULAR POLICY CHANGE NUMBER: 144

to obtain managed care directed payment approval. On May 5, 2020, the Department received approval from CMS.

These supplemental payments for Medi-Cal family planning services are intended to help support the larger Medi-Cal population in accessing and using family planning services as well as the providers delivering such services in the Medi-Cal program. This policy change identifies the use of the General Fund (GF) for these Proposition 56 funded payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

### Reason for Change:

The change in FY 2019-20, from the prior estimate, is a decrease due to using more recent FFS and MC data to project expenditures for FY 2019-20. The change in FY 2020-21, from the prior estimate, is a decrease due to using revised FY 2019-20 projections to estimate FFS and MC payments for FY 2020-21. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to projected full year of implementation occurring in FY 2020-21.

### Methodology:

1. Assume an effective date of July 1, 2019.
2. The supplemental payments are paid in both FFS and MC for family planning office visits billed under specified procedure codes for service periods beginning July 1, 2019.
3. Expenditures are estimated to be:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2019-20	\$363,906	\$36,391	\$327,515
FY 2020-21	\$394,485	\$39,448	\$355,036

\*Totals may differ due to rounding.

### Funding:

90% Title XIX / 10% GF (4260-101-0890/0001)



## PROP 56 - VALUE-BASED PAYMENT PROGRAM

REGULAR POLICY CHANGE NUMBER: 146  
 IMPLEMENTATION DATE: 4/2020  
 ANALYST: Latoya Brown  
 FISCAL REFERENCE NUMBER: 2128

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$310,065,000	\$459,503,000
- STATE FUNDS	\$102,975,940	\$178,279,640
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$310,065,000	\$459,503,000
STATE FUNDS	\$102,975,940	\$178,279,640
FEDERAL FUNDS	\$207,089,060	\$281,223,360

### DESCRIPTION

**Purpose:**

This policy change estimates payments to providers made through increased capitation to Managed Care Plans (MCPs) who meet the Department requirements in the Value-Based Payment (VBP) program.

**Authority:**

FY 2019-20 Budget Bill  
 Trailer Bill Language

**Interdependent Policy Changes:**

None

**Background:**

On November 8, 2016, California voters passed the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a portion of the tobacco tax revenue is allocated to the Department for use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

The VBP program will require MCPs to make value-based enhanced payments to eligible network providers for specific events tied to performance on 17 core measures across the following four domains:

- Prenatal/postpartum care
- Early childhood preventive care
- Chronic disease management
- Behavioral health care

The VBP program is intended to incentivize Medi-Cal managed care network provider behaviors and improvements in individual providers' standards of practice related to the delivery of care in the four specified domains. This program also incentivizes improved data quality and completeness.

## PROP 56 - VALUE-BASED PAYMENT PROGRAM

REGULAR POLICY CHANGE NUMBER: 146

MCPs will be required to participate in the VBP program through a directed payment program. Prior to implementation of a directed payment program, Centers for Medicare and Medicaid Services (CMS) requires states to seek pre-approval of any requested directed payment program through the standard CMS "pre-print" form. On June 30, 2019, the Department submitted the CMS required pre-print form for the VBP program, seeking to obtain managed care directed payment approval. On May 5, 2020, the Department received approval from CMS.

To address health disparities, this arrangement will also direct MCPs to make enhanced payments for events tied to beneficiaries diagnosed with a substance use disorder or serious mental illness, or who are homeless.

The Behavioral Health Integration (BHI) Incentive program was intended to incentivize physical and behavioral health outcomes within the Medi-Cal Managed Care program and improve evidence-based medical and behavioral health integration practices.

Proposition 56 funding, along with federal funds, will be used to make these payments. This policy change identifies the use of the General Fund (GF) for these Proposition 56 funded payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

### Reason for Change:

The change from the prior estimate, for FY 2019-20 and FY 2020-21 is based on revised estimated timing of payments.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is based on payments for BHI beginning in FY 2020-21.

### Methodology:

1. On a cash basis, the total directed payments are estimated to be:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2019-20	\$310,065	\$102,976	\$207,089
FY 2020-21	\$459,503	\$178,280	\$281,223

\*Totals may differ due to rounding

### Funding:

50% Title XIX FF / 50% SF (4260-101-0001 / 0890)  
 76.5% Title XXI FF / 23.5% GF (4260-113-0890/0001)  
 88% Title XXI FF / 12% GF (4260-113-0890/0001)  
 ACA 93% FFP / 7% GF (2019)  
 ACA 90% FFP / 10% GF (2020)

## PROP 56 - DEVELOPMENTAL SCREENINGS

REGULAR POLICY CHANGE NUMBER: 156  
 IMPLEMENTATION DATE: 1/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2171

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$35,733,000	\$49,128,000
- STATE FUNDS	\$15,146,020	\$22,269,910
PAYMENT LAG	0.9742	0.9982
% REFLECTED IN BASE	0.34 %	0.41 %
APPLIED TO BASE		
TOTAL FUNDS	\$34,692,700	\$48,838,500
STATE FUNDS	\$14,705,080	\$22,138,680
FEDERAL FUNDS	\$19,987,650	\$26,699,820

### DESCRIPTION

**Purpose:**

This policy change estimates the cost for providing Proposition 56 funded payments for developmental screenings.

**Authority:**

AB 74 (Chapter 23, Statute of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On November 8, 2016, California voters passed the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a portion of the tobacco tax revenue is allocated to the Department for use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

The Department has proposed to begin providing Proposition 56 funded payments for clinically appropriate developmental screening services for children, starting January 1, 2020. In the Medi-Cal managed care delivery system, the Department has proposed to implement these payments as directed payments to eligible providers. On June 30, 2019, the Department submitted the directed payment pre-print (proposal) required by the Centers for Medicare and Medicaid Services, seeking to obtain managed care directed payment approval.

Developmental screening is the use of a standardized set of questions to see if a child's motor, language, cognitive, social, and emotional development are on track for their age. National guidelines recommend a developmental screening for all children at 9 months, 18 months, and 30 months of age. Repeated and regular screening is necessary to ensure timely identification of problems and early intervention, especially in later-developing skills such as language.

**PROP 56 - DEVELOPMENTAL SCREENINGS****REGULAR POLICY CHANGE NUMBER: 156**

This policy change identifies the use of the General Fund for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20 and FY 2020-21, is a net decrease due to updated Fee-for-Service (FFS) caseload and managed care capitation.

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to FY 2020-21 including a full year of cost.

**Methodology:**

1. Fee -for-Service (FFS) and managed care implementation for developmental screenings began January 1, 2020.
2. Developmental screenings are recommended at three specific times in early childhood (9 months, 18 months, and 30 months).
3. Assume, in any given year, there are approximately 25,000 children age 9 months each month, 29,000 children age 18 months each month, and 29,000 children age 30 months each month.
4. Total estimated payments in FY 2019-20 and FY 2020-21:

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>Title XIX</b>	<b>Title XXI</b>
Fee-for-Service	\$2,970,000	\$1,428,000	\$1,377,000	\$165,000
Managed Care	\$32,763,000	\$13,718,000	\$12,261,000	\$6,784,000
<b>Total</b>	<b>\$35,733,000</b>	<b>\$15,146,000</b>	<b>\$13,638,000</b>	<b>\$6,949,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>Title XIX</b>	<b>Title XXI</b>
Fee-for-Service	\$5,940,000	\$2,893,000	\$2,754,000	\$293,000
Managed Care	\$43,188,000	\$19,377,000	\$16,156,000	\$7,655,000
<b>Total</b>	<b>\$49,128,000</b>	<b>\$22,270,000</b>	<b>\$18,910,000</b>	<b>\$7,948,000</b>

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$26,666,000	\$13,333,000	\$13,333,000
76.5% Title XXI / 23.5% GF (4260-113-0001/0890)	\$6,410,000	\$1,506,000	\$4,904,000
88% Title XXI / 12% GF (4260-113-0001/0890)	\$2,323,000	\$279,000	\$2,044,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$151,000	\$15,000	\$136,000
93% ACA Title XIX FF / 7% GF (4260-101-0001/0890)	\$183,000	\$13,000	\$170,000
<b>Total</b>	<b>\$35,733,000</b>	<b>\$15,146,000</b>	<b>\$20,587,000</b>

**PROP 56 - DEVELOPMENTAL SCREENINGS**

REGULAR POLICY CHANGE NUMBER: 156

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$37,027,000	\$18,514,000	\$18,513,000
76.5% Title XXI / 23.5% GF (4260-113-0001/0890)	\$3,206,000	\$753,000	\$2,453,000
65% Title XXI / 35% GF (4260-113-0001/0890)	\$8,454,000	\$2,959,000	\$5,495,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$441,000	\$44,000	\$397,000
<b>Total</b>	<b>\$49,128,000</b>	<b>\$22,270,000</b>	<b>\$26,858,000</b>

## PROP 56 - CBAS SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 157  
 IMPLEMENTATION DATE: 3/2020  
 ANALYST: Randolph Alarcio  
 FISCAL REFERENCE NUMBER: 2145

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$30,992,000	\$30,992,000
- STATE FUNDS	\$15,496,000	\$15,496,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$30,992,000	\$30,992,000
STATE FUNDS	\$15,496,000	\$15,496,000
FEDERAL FUNDS	\$15,496,000	\$15,496,000

### DESCRIPTION

**Purpose:**

This policy change estimates the expenditures related to providing supplemental payments for Community-Based Adult Services (CBAS).

**Authority:**

AB 74 (Chapter 23, Statutes 2019)

**Interdependent Policy Changes:**

Proposition 56 Funds Transfer

**Background:**

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

Pursuant to the Budget Act of 2019, the Department shall develop the structure and parameters for supplemental payments for CBAS in FY 2019-20.

This policy change identifies the use of the General Fund (GF) for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

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

**Methodology:**

1. The Budget Act of 2019 provides for supplemental payments for CBAS in FY 2019-20 and FY 2020-21.

**PROP 56 - CBAS SUPPLEMENTAL PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 157

2. Estimated supplemental payments are as follows:

<b>Fiscal Year</b>	<b>TF</b>	<b>FF</b>	<b>GF</b>
<b>FY 2019-20</b>	<b>\$30,992,000</b>	<b>\$15,496,000</b>	<b>\$15,496,000</b>
<b>FY 2020-21</b>	<b>\$30,992,000</b>	<b>\$15,496,000</b>	<b>\$15,496,000</b>

**Funding:**

100% GF (4260-101-0001)

## PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS

REGULAR POLICY CHANGE NUMBER: 158  
 IMPLEMENTATION DATE: 1/2020  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2129

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$26,726,000	\$37,958,000
- STATE FUNDS	\$10,222,680	\$15,305,880
PAYMENT LAG	0.9536	0.9904
% REFLECTED IN BASE	0.62 %	2.16 %
APPLIED TO BASE		
TOTAL FUNDS	\$25,327,900	\$36,781,600
STATE FUNDS	\$9,687,910	\$14,831,510
FEDERAL FUNDS	\$15,639,990	\$21,950,070

### DESCRIPTION

**Purpose:**

This policy change estimates the cost for providing Adverse Childhood Experiences (ACEs) screenings.

**Authority:**

AB 74 (Chapter 23, Statute of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On November 8, 2016, California voters passed the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a portion of the tobacco tax revenue is allocated to the Department for use as the nonfederal share of health care expenditures in accordance with the annual state budget process.

The Department has proposed to begin providing Proposition 56 funded payments for clinically appropriate ACEs services for children and adults, starting January 1, 2020. In the Medi-Cal managed care delivery system, the Department has proposed to implement these payments as directed payments to eligible providers. On June 30, 2019, the Department submitted the directed payment pre-print (proposal) required by the Centers for Medicare and Medicaid Services, seeking to obtain managed care directed payment approval.

Trauma informed care is an organizational transformation process to provide a model of care intended to promote healing and reduce risk for re-traumatization. ACEs evaluates children and adults for trauma that occurred during the first 18 years of life. Early identification of trauma and providing the appropriate treatment is a critical tool for reducing long-term health care costs for both children and adults.



**PROP 56 - ADVERSE CHILDHOOD EXPERIENCES  
SCREENINGS  
REGULAR POLICY CHANGE NUMBER: 158**

The following Healthcare Common Procedure Coding System (HCPCS) codes are eligible for the Proposition 56 funded payments:

HCPCS Code	Description	Notes
G9919	Screening performed – results positive and provision of recommendations provided	Providers must bill this code when the patient's ACE score is 4 or greater (high risk).
G9920	Screening performed – results negative	Providers must bill this code when the patient's ACE score is between 0 and 3 (lower risk).

This policy change identifies the use of the General Fund (GF) for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20 and FY 2020-21, is a net increase due to updated Fee-for-Service (FFS) caseload and managed care capitation.

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to FY 2020-21 including a full year of cost.

**Methodology:**

1. Fee-for-Service (FFS) and managed care implementation for ACEs began January 1, 2020.
2. Assume all children and adults under age 65 will be initially screened within 3 years. One-third of both the child and adult population will receive an initial screening in each year for 3 years.
3. Providers will be able to bill for children to receive periodic rescreening as determined appropriate and applicable, not more often than once a year and no less often than every 3 years.
4. Assume that 20% of those initially screened would require a complex assessment.
5. Total estimated payments in FY 2019-20 and FY 2020-21 are:

FY 2019-20	TF	GF	Title XIX	Title XXI
Fee-for-Service	\$4,000,000	\$1,516,000	\$2,413,000	\$71,000
Managed Care	\$22,726,000	\$8,707,000	\$10,248,000	\$3,771,000
<b>Total</b>	<b>\$26,726,000</b>	<b>\$10,223,000</b>	<b>\$12,661,000</b>	<b>\$3,842,000</b>

FY 2020-21	TF	GF	Title XIX	Title XXI
Fee-for-Service	\$8,001,000	\$3,048,000	\$4,827,000	\$126,000
Managed Care	\$29,957,000	\$12,258,000	\$13,444,000	\$4,255,000
<b>Total</b>	<b>\$37,958,000</b>	<b>\$15,306,000</b>	<b>\$18,271,000</b>	<b>\$4,381,000</b>

**PROP 56 - ADVERSE CHILDHOOD EXPERIENCES  
SCREENINGS  
REGULAR POLICY CHANGE NUMBER: 158**

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$17,740,000	\$8,870,000	\$8,870,000
76.5% Title XXI / 23.5% GF (4260-113-0001/0890)	\$3,537,000	\$831,000	\$2,706,000
88% Title XXI / 12% GF (4260-113-0001/0890)	\$1,291,000	\$155,000	\$1,136,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$2,517,000	\$252,000	\$2,265,000
93% ACA Title XIX FF / 7% GF (4260-101-0001/0890)	\$1,641,000	\$115,000	\$1,526,000
<b>Total</b>	<b>\$26,726,000</b>	<b>\$10,223,000</b>	<b>\$16,503,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX / 50% GF (4260-101-0001/0890)	\$25,266,000	\$12,633,000	\$12,633,000
76.5% Title XXI / 23.5% GF (4260-113-0001/0890)	\$1,768,000	\$416,000	\$1,352,000
65% Title XXI / 35% GF (4260-113-0001/0890)	\$4,660,000	\$1,631,000	\$3,029,000
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)	\$6,264,000	\$626,000	\$5,638,000
<b>Total</b>	<b>\$37,958,000</b>	<b>\$15,306,000</b>	<b>\$22,652,000</b>

## PROP 56 - NEMT SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 161  
 IMPLEMENTATION DATE: 3/2020  
 ANALYST: Sharisse DeLeon  
 FISCAL REFERENCE NUMBER: 2139

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$7,925,000	\$7,937,000
- STATE FUNDS	\$3,214,220	\$3,260,460
PAYMENT LAG	0.8150	0.9998
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$6,458,900	\$7,935,400
STATE FUNDS	\$2,619,580	\$3,259,810
FEDERAL FUNDS	\$3,839,290	\$4,675,600

### DESCRIPTION

**Purpose:**

This policy change estimates the expenditures related to providing supplemental payments for non-emergency medical transportation (NEMT) services.

**Authority:**

AB 74 (Chapter 23, Statutes of 2019)  
 SPA 19-0044

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

Pursuant to AB 74, the Department shall develop the structure and parameters for supplemental payments for NEMT providers in FY 2019-20. On November 19, 2019, the Department received federal approval for SPA 19-0044 to establish a time-limited supplemental payment program for NEMT services, effective July 1, 2019, through December 31, 2021. The Department will submit SPA 20-0007 in March 2020 to clarify the services eligible for the NEMT supplemental payment.

The supplemental payment amounts will be fixed amounts. In addition to the base rates for each eligible NEMT service, the supplemental payment amounts will be distributed on a per claim basis. The supplemental payment amounts will be equivalent to a 10% increase of the current rates for Medi-Cal Fee-for-Service (FFS) NEMT services, except for codes A0130 and A0380, which will receive the equivalent of a 25% increase. Ground Medical Transportation and Air Medical Transportation providers will be eligible for the supplemental payments.

**PROP 56 - NEMT SUPPLEMENTAL PAYMENTS****REGULAR POLICY CHANGE NUMBER: 161**

This policy change identifies the use of the General Fund (GF) for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

The change in FY 2019-20, from the prior estimate, is a decrease due to revising the supplemental payment annual estimate for payments effective July 2019 based on updated data on the NEMT services, and delayed implementation of the rate from January 2020 to March 2020.

The change in FY 2020-21, from the prior estimate, is a net decrease due to a lower estimated annual impact of the supplemental payments effective July 2019, and including additional codes eligible for supplemental payments effective January 2020.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to including additional codes eligible for supplemental payments effective January 2020 and the retroactive payments for January 2020 occurring in FY 2020-21.

**Methodology:**

1. The FFS supplemental payments will be provided for services beginning July 1, 2019, through December 31, 2021. No managed care impact is assumed.
2. The FFS supplemental payments for 17 codes were implemented in March 2020. The retroactive payment for July 2019 through February 2020, is expected to occur in May 2020.
3. The FFS supplemental payments for 3 additional codes will be provided for services beginning January 1, 2020, through December 31, 2021. These payments are expected to be implemented in July 2020. The retroactive payment for January 1, 2020, through June 30, 2020, is expected to occur in November 2020.
4. Funds allocated for the supplemental payments are as follows:

<b>Fiscal Year</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
<b>FY 2019-20</b>	<b>\$7,925,000</b>	<b>\$3,214,000</b>	<b>\$4,711,000</b>
<b>FY 2020-21</b>	<b>\$7,937,000</b>	<b>\$3,260,000</b>	<b>\$4,677,000</b>

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX/ 50% GF	\$6,102,000	\$3,051,000	\$3,051,000
93% Title XIX / 7% GF ACA	\$984,000	\$69,000	\$915,000
90% Title XIX / 10% GF ACA	\$737,000	\$73,000	\$664,000
88% Title XXI / 12% GF	\$29,000	\$4,000	\$25,000
76.5% Title XXI / 23.5% GF	\$73,000	\$17,000	\$56,000
<b>Total</b>	<b>\$7,925,000</b>	<b>\$3,214,000</b>	<b>\$4,711,000</b>

**PROP 56 - NEMT SUPPLEMENTAL PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 161

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
50% Title XIX/ 50% GF	\$6,110,000	\$3,055,000	\$3,055,000
90% Title XIX / 10% GF ACA	\$1,724,000	\$172,000	\$1,552,000
76.5% Title XXI / 23.5% GF	\$26,000	\$6,000	\$20,000
65% Title XXI / 35% GF	\$77,000	\$27,000	\$50,000
<b>Total</b>	<b>\$7,937,000</b>	<b>\$3,260,000</b>	<b>\$4,677,000</b>

## PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 164  
 IMPLEMENTATION DATE: 4/2018  
 ANALYST: Sharisse DeLeon  
 FISCAL REFERENCE NUMBER: 2045

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$32,713,000	\$31,394,000
- STATE FUNDS	\$15,278,100	\$14,799,530
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	77.35 %	80.60 %
APPLIED TO BASE		
TOTAL FUNDS	\$7,409,500	\$6,090,400
STATE FUNDS	\$3,460,490	\$2,871,110
FEDERAL FUNDS	\$3,949,000	\$3,219,330

### DESCRIPTION

**Purpose:**

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

**Authority:**

AB 120 (Chapter 22, Statutes of 2017)  
 SB 856 (Chapter 30, Statutes of 2018)  
 SPA 17-028  
 SPA 18-0029  
 CA-0139.R05.01 HCBA Waiver Amendment

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), passed by the voters in November 2016, increased the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased by \$2.00 from 87 cents to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

AB 120 allocated Proposition 56 funds for supplemental payments for ICF/DDs, ICF/DD-H facilities, ICF/DD-N facilities, and ICF-DD Continuous Nursing Care (CNC) facilities. The Centers for Medicare and Medicaid Services (CMS) approved SPA 17-028 for these supplemental payments. Additionally, CMS approved a 1915c Waiver amendment authorizing supplemental payments for ICF/DD-CNCs under the Home and Community-Based Alternatives (HCBA) Waiver.

SB 856 authorized the Department to extend the supplemental payments through FY 2018-19. The CMS approved SPA 18-0029 for the extension of the supplemental payments for the period of August 1, 2018, through July 31, 2019.

## PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 164

AB 74 authorized the Department to extend supplemental payments for the period of August 1, 2019, through December 31, 2021. The CMS approved SPA 19-0022 for the extension of the supplemental payments for this period.

ICF/DDs will receive a supplemental payment based on the difference between the frozen rate at the 2008-09 65th percentile, increased by 3.7%; and the 2017-18 unfrozen rate. The resulting supplemental payment per diem amounts are as reflected by facility peer group below:

Facility Peer Group	Amount
ICF/DD (1-59 beds)	\$15.47
ICF/DD (60+ beds)	\$0.00
ICF/DD-H (4-6 beds)	\$10.75
ICF/DD-H (7-15 beds)	\$0.00
ICF/DD-N (4-6 beds)	\$12.47
ICF/DD-N (7-15 beds)	\$22.30

This policy change identifies the use of the General Fund for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

### Reason for Change:

The change for FY 2019-20, from the prior estimate, is an increase due to revised CCI and managed care costs based on updated expenditure estimates. The FFS Total Fund (TF) impact remained the same; however, the funding splits were updated based on revised FFS utilization data.

The change for FY 2020-21, from the prior estimate, is a decrease due to revised CCI and managed care costs based on updated expenditure estimates. The FFS Total Fund (TF) impact remained the same; however, the funding splits were updated based on revised FFS utilization data.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to more CCI payments and managed care payments expected in FY 2020-21.

### Methodology:

1. Payments will be made via FFS supplemental payments and increased managed care capitation payments.
2. This policy is effective August 1, 2017, through December 31, 2021.

### Fee-for-Service Supplemental Payments

3. The FFS supplemental payments were implemented June 25, 2018.
4. The FFS supplemental payments for ICF/DD, ICF/DD-H, and ICF-DD/N facilities are expected to be \$24.886 million TF annually. The FFS supplemental payments for ICF/DD CNC facilities are expected to be \$417,000 annually.

### Managed Care Supplemental Payments

5. One month of the FY 2018-19 managed care payments will be paid in FY 2019-20.

**PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS****REGULAR POLICY CHANGE NUMBER: 164**

6. The managed care supplemental payments, including CCI, are estimated to be \$7.41 million TF in FY 2019-20 and \$6.09 million TF in FY 2020-21.
7. For non-CCI managed care payments:
- Assume 11 months of the FY 2019-20 capitation rate increases are expected to occur in FY 2019-20.
  - Assume one month of the FY 2019-20 capitation rate increases and 11 months of the FY 2020-21 capitation rate increases are expected to occur in FY 2020-21.
8. For CCI managed care payments:
- Assume payments for Calendar Year (CY) 2018 and 2019 will be paid in FY 2019-20.
  - Assume payments will continue in FY 2020-21 at the same level.
9. Funds allocated for the supplemental payments are as follows:

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>Title XXI FF</b>	<b>Title XIX FF</b>	<b>ACA FF</b>
FFS Payments (ICF/DD, ICF/DD-H, ICF/DD-N)	\$24,886,000	\$12,256,000	\$0	\$12,218,000	\$412,000
FFS Payments (ICF/DD-CNC)	\$417,000	\$200,000	\$0	\$199,000	\$18,000
CCI Payments	\$2,247,000	\$1,124,000	\$0	\$1,123,000	\$0
Managed Care Pmts	\$5,163,000	\$1,698,000	\$122,000	\$1,517,000	\$1,826,000
<b>Total</b>	<b>\$32,713,000</b>	<b>\$15,278,000</b>	<b>\$122,000</b>	<b>\$15,057,000</b>	<b>\$2,256,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>Title XXI FF</b>	<b>Title XIX FF</b>	<b>ACA FF</b>
FFS Payments (ICF/DD, ICF/DD-H, ICF/DD-N)	\$24,886,000	\$12,263,000	\$0	\$12,218,000	\$406,000
FFS Payments (ICF/DD-CNC)	\$417,000	\$201,000	\$0	\$199,000	\$17,000
CCI Payments	\$1,646,000	\$823,000	\$0	\$823,000	\$0
Managed Care Pmts	\$4,444,000	\$1,513,000	\$82,000	\$1,309,000	\$1,540,000
<b>Total</b>	<b>\$31,394,000</b>	<b>\$14,800,000</b>	<b>\$82,000</b>	<b>\$14,549,000</b>	<b>\$1,963,000</b>

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX 50% FF / 50% GF (4260-101-0001 / 0890)	\$30,114,000	\$15,057,000	\$15,057,000
93% Title XIX FF / 7% GF (4260-101-0001 / 0890)	\$1,386,000	\$97,000	\$1,289,000
90% Title XIX FF / 10% GF (4260-101-0001 / 0890)	\$1,074,000	\$107,000	\$967,000
88% Title XXI FF / 12% GF (4260-113-0001 / 0890)	\$139,000	\$17,000	\$122,000
<b>Total</b>	<b>\$32,713,000</b>	<b>\$15,278,000</b>	<b>\$17,435,000</b>



**PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 164

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX 50% FF / 50% GF (4260-101-0001 / 0890)	\$29,098,000	\$14,549,000	\$14,549,000
90% Title XIX FF / 10% GF (4260-101-0001 / 0890)	\$2,181,000	\$218,000	\$1,963,000
76.5% Title XXI FF / 23.5% GF (4260-113-0001 / 0890)	\$68,000	\$16,000	\$52,000
65% Title XXI FF / 35% GF (4260-113-0001 / 0890)	\$47,000	\$17,000	\$30,000
<b>Total</b>	<b>\$31,394,000</b>	<b>\$14,800,000</b>	<b>\$16,594,000</b>

## PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS

REGULAR POLICY CHANGE NUMBER: 166  
 IMPLEMENTATION DATE: 5/2021  
 ANALYST: Sharisse DeLeon  
 FISCAL REFERENCE NUMBER: 2147

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$2,000,000
- STATE FUNDS	\$0	\$2,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$2,000,000
STATE FUNDS	\$0	\$2,000,000
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the expenditures related to providing supplemental payments to hospital-based pediatric physician services.

**Authority:**

AB 74 (Chapter 23, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

Pursuant to AB 74, the Department shall develop the structure and parameters for supplemental payments for hospital-based pediatric physician services in FY 2019-20.

This policy change identifies the use of the General Fund for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

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

The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to payments expected to occur in FY 2020-21.

**PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS**

REGULAR POLICY CHANGE NUMBER: 166

**Methodology:**

1. AB 74 provides \$2,000,000 TF for supplemental payments for hospital-based pediatric physician services. Payments are expected to occur in FY 2020-21.
2. Funds allocated for the supplemental payments are as follows:

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>
Supplemental Payments	<b>\$2,000,000</b>	<b>\$2,000,000</b>

**Funding:**

100% GF (4260-101-0001)

## PROPOSITION 56 FUNDS TRANSFER

REGULAR POLICY CHANGE NUMBER: 168  
 IMPLEMENTATION DATE: 7/2018  
 ANALYST: Sabrina Blank  
 FISCAL REFERENCE NUMBER: 2102

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change budgets the transfer from the Proposition 56 fund to the appropriate General Fund.

**Authority:**

California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56)

**Interdependent Policy Changes:**

See Funding Chart Below

**Background:**

Effective April 2017, Proposition 56 (Prop 56) increased taxes imposed on distributors of cigarettes and tobacco products and allocates a specified percentage of those revenues to increase funding for existing health care programs under the Medi-Cal program.

**Reason for Change:**

The change for FY 2019-20 and FY 2020-21, from the prior estimate, is based on updated expenditure data for various policy changes. The change from FY 2019-20 to FY 2020-21, in the current estimate, is based on updated expenditure data for various policy changes.

**Methodology:**

- To allow for proper cash flow timing, Prop 56 items are initially treated as General Fund costs. Subsequently, this policy change transfers the dollars from the Prop 56 fund to the General Fund.

**PROPOSITION 56 FUNDS TRANSFER**

REGULAR POLICY CHANGE NUMBER: 168

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>Total GF to Prop 56</b>
Prop 56 - Home Health Rate Increase	(\$54,378)
Prop 56 - Pediatric Day Health Care Rate Increase	(\$7,313)
Prop 56 - Physician Services Supplemental Payments	(\$404,389)
Prop 56 - Supplemental Payments for Dental Services	(\$213,514)
Prop 56 - Medi-Cal Family Planning	(\$36,391)
Prop 56 - Value-Based Payment Program	(\$102,976)
Prop 56 - Developmental Screenings	(\$15,146)
Prop 56 - CBAS Supplemental Payments	(\$15,496)
Prop 56 - Adverse Childhood Experiences Screenings	(\$10,223)
Prop 56 - NEMT Supplemental Payments	(\$3,215)
Prop 56 - ICF/DD Supplemental Payments	(\$15,278)
Prop 56 - Hosp-Based Ped. Supplemental Payments	\$0
Prop 56 - FS-PSA Supplemental Payments	(\$4,084)
Prop 56 - Women's Health Supplemental Payments	(\$27,305)
Prop 56 - AIDS Waiver Supplement Payments	(\$3,400)
Prop 56 - Provider ACEs Trainings	(\$8,235)
Total of GF dollars in Prop 56 PCs	(\$921,341)
Prop 56 Fund	\$921,341
<b>Grand Total</b>	<b>\$0</b>

**PROPOSITION 56 FUNDS TRANSFER**

REGULAR POLICY CHANGE NUMBER: 168

<b>FY 2020-21</b>	<b>Total GF to Prop 56</b>
Prop 56 - Home Health Rate Increase	(\$45,423)
Prop 56 - Pediatric Day Health Care Rate Increase	(\$6,960)
Prop 56 - Physician Services Supplemental Payments	(\$426,106)
Prop 56 - Supplemental Payments for Dental Services	(\$207,293)
Prop 56 - Medi-Cal Family Planning	(\$39,548)
Prop 56 - Value-Based Payment Program	(\$178,280)
Prop 56 - Developmental Screenings	(\$22,270)
Prop 56 - CBAS Supplemental Payments	(\$15,496)
Prop 56 - Adverse Childhood Experiences Screenings	(\$15,307)
Prop 56 - NEMT Supplemental Payments	(\$3,260)
Prop 56 - ICF/DD Supplemental Payments	(\$14,799)
Prop 56 - Hosp-Based Ped. Supplemental Payments	(\$2,000)
Prop 56 - FS-PSA Supplemental Payments	(\$4,136)
Prop 56 - Women's Health Supplemental Payments	(\$26,796)
Prop 56 - AIDS Waiver Supplement Payments	(\$3,400)
Prop 56 - Provider ACEs Trainings	(\$30,962)
Total of GF dollars in Prop 56 PCs	(\$1,042,036)
Prop 56 Fund	\$1,042,036
<b>Grand Total</b>	<b>\$0</b>

\*Totals may differ due to rounding

**Funding:**

Healthcare Treatment Fund (4260-101-3305)

100% Title XIX GF &amp; 100% Title XXI GF (4260-101-0001/ 4260-113-0001)

## PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 169  
 IMPLEMENTATION DATE: 12/2017  
 ANALYST: Sabrina Blank  
 FISCAL REFERENCE NUMBER: 2044

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$216,918,000	\$211,293,000
- STATE FUNDS	\$27,305,000	\$26,796,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	98.08 %	97.97 %
APPLIED TO BASE		
TOTAL FUNDS	\$4,164,800	\$4,289,200
STATE FUNDS	\$524,260	\$543,960
FEDERAL FUNDS	\$3,640,570	\$3,745,290

### DESCRIPTION

**Purpose:**

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

**Authority:**

AB 120 (Chapter 22, Statutes of 2017)  
 Proposition 56 (2016)  
 SB 856  
 AB 74 (Chapter 23, Budget Act of 2019)

**Interdependent Policy Changes:**

Proposition 56 Funds Transfer

**Background:**

On November 8, 2016, California voters approved the California Healthcare, Research, and Prevention Tobacco Tax Act, Proposition 56, to increase the excise tax rate on cigarettes and tobacco products. Under Proposition 56, a specified portion of the tobacco tax revenue is allocated to the Department for use as the non-federal share of health care expenditures in accordance with the annual state budget process. AB 120 amended the Budget Act of 2017 to appropriate Proposition 56 funds for specified Department health care expenditures during FY 2017-18. SB 856 extends the appropriation of Proposition 56 funds for FY 2018-19. AB 74 extends the appropriation of Proposition 56 funds for FY 2019-20 through FY 2021-22.

The Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA) 17-029 on November 30, 2017. The SPA allocated \$40 million for time-limited supplemental reimbursements, at a rate equal to 150 percent of the current Family PACT rates, to Family PACT providers for E&M office visits rendered for comprehensive family planning services. The effective date for this SPA was July 1, 2017, with an end date of June 30, 2018. On September 5, 2018, CMS approved SPA 18-0031, which extended the supplemental reimbursements under Family PACT for the period of July 1, 2018,

## PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 169

through June 30, 2019. On August 20, 2019, CMS approved SPA 19-0040, which extends the supplemental reimbursements under Family PACT for the period of July 1, 2019, through December 31, 2021.

A total of \$50 million is appropriated; \$40 million for comprehensive family planning services, and \$10 million for time-limited supplemental payments for medical pregnancy termination. This policy change identifies the use of the General Fund (GF) for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

### Reason for Change:

The change for FY 2019-20 and FY 2020-21, from the prior estimate, is a slight increase due using more recent expenditure data for FY 2019-20, and due to using FY 2019-20 expenditure data to project FY 2020-21 expenditures. The change from FY 2019-20 to FY 2020-21, in the current estimate, is a slight decrease due to projecting less clients using these services in FY 2020-21.

### Methodology:

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

(Dollars in Thousands)

FY 2019-20	TF	GF	FF
E&M Office Visits	\$210,681	\$21,068	\$189,613
Medical Pregnancy Termination	\$6,237	\$6,237	\$0
<b>Total</b>	<b>\$216,918</b>	<b>\$27,305</b>	<b>\$189,613</b>

FY 2020-21	TF	GF	FF
E&M Office Visits	\$204,997	\$20,500	\$184,497
Medical Pregnancy Termination	\$6,296	\$6,296	\$0
<b>Total</b>	<b>\$211,293</b>	<b>\$26,796</b>	<b>\$184,497</b>

\*Totals may differ due to rounding.

### Funding:

90% Title XIX / 10% GF (4260-101-0890/0001)



## PROP 56 - PROVIDER ACES TRAININGS

REGULAR POLICY CHANGE NUMBER: 189  
 IMPLEMENTATION DATE: 12/2019  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2138

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$16,470,000	\$61,924,000
- STATE FUNDS	\$8,235,000	\$30,962,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$16,470,000	\$61,924,000
STATE FUNDS	\$8,235,000	\$30,962,000
FEDERAL FUNDS	\$8,235,000	\$30,962,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost to train providers on delivering Adverse Childhood Experiences (ACEs) screenings.

**Authority:**

AB 74 (Chapter 23, Statute of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

The Department proposes to allocate Proposition 56 funds to train providers on delivering trauma screenings in a sensitive and appropriate manner. This policy change identifies the use of the General Fund (GF) for these Proposition 56 payments. See the Proposition 56 Funds Transfer policy change for the Proposition 56 offset to the GF.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20, is due to a decrease in provider ACEs screening training activities because of reduced consultant activities.

The change from the prior estimate, for FY 2020-21, is an increase due to a shift in payments from FY 2019-20 to FY 2020-21, due to invoicing processing delays.

The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to a full year of estimated costs included in FY 2020-21.

**PROP 56 - PROVIDER ACES TRAININGS**

REGULAR POLICY CHANGE NUMBER: 189

**Methodology:**

1. Payments began in December 2019.
2. The provider trainings costs are estimated to be \$16,470,000 TF (\$8,235,000 Prop 56) in FY 2019-20 and \$61,924,000 TF (\$30,962,000 GF) in FY 2020-21.

(Dollars in Thousands)

<b>Provider ACES Training</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
FY 2019-20	<b>\$16,470</b>	<b>\$8,235</b>	<b>\$8,235</b>
FY 2020-21	<b>\$61,924</b>	<b>\$30,962</b>	<b>\$30,962</b>

**Funding:**

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

## MEDICARE PART B DISREGARD

REGULAR POLICY CHANGE NUMBER: 216  
 IMPLEMENTATION DATE: 4/2021  
 ANALYST: Jedidiah Warren  
 FISCAL REFERENCE NUMBER: 2175

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$478,000
- STATE FUNDS	\$0	\$478,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$478,000
STATE FUNDS	\$0	\$478,000
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the cost for eligibles in the Aged, Blind, and Disabled (ABD) program to remain eligible for the program regardless of the state's payment of their Medicare Part B premiums, as long as they meet all other Medi-Cal eligibility requirements.

**Authority:**

AB 1088 (Chapter 450, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department provides Medi-Cal coverage to low-income individuals, seniors and persons with a disability, at no cost through the ABD program. Applicants for the ABD program are entitled to certain deductions from their income when qualifying for Medi Cal, including the deduction for health insurance and/or Medicare premiums self-paid by the individual or their family. This health insurance premium deduction reduces the net countable income. For some applicants and beneficiaries, this deduction can reduce the net countable income to at or below the income threshold for these programs and results in eligibility for no cost Medi-Cal.

The Department operates a state Medicare Buy-in program (state Buy-in program) for full scope Medi-Cal beneficiaries who are eligible for Medicare. Through this state Buy-in program, the Department begins paying the Medicare Part B premium for recipients who qualify for no cost Medi-Cal, and the beneficiary no longer has to pay the premium. As long as the beneficiary is self-paying their Part B premiums, they will receive this health insurance premium deduction. Once the beneficiary qualifies for no cost Medi-Cal and the state begins to pay their Medicare premium (state Buy-in), they no longer receive the deduction, and their countable income for program eligibility purposes increases accordingly. For some beneficiaries, this can result in moving from no cost Medi-Cal to share of cost (SOC) Medi-Cal, solely because of the state Buy-in.

## MEDICARE PART B DISREGARD

REGULAR POLICY CHANGE NUMBER: 216

AB 1088 allows for an ABD beneficiary whose Part B premiums are being paid by the Department to continue to receive Medi-Cal benefits without a SOC, as long as they meet all eligibility requirements.

### Reason for Change:

There is no change from the prior estimate for FY 2019-20. The change from the prior estimate, for FY 2020-21, is an increase due to projected increases in eligibles and the SOC loss. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to the program implementing in FY 2020-21.

### Methodology:

1. The Department must obtain federal approval prior to implementing this policy. Formal policy instructions will be provided to the counties through an All County Welfare Directors Letter (ACWDL). Statewide Automated Welfare Systems changes will be programed after the publication of the ACWDL. Assume this policy will implement no sooner than FY 2020-21.
2. Assume an annual impact for beneficiaries who have a monthly SOC of at least \$672.
3. Assume the Department will continue to pay Part B premiums for this population.
4. Assume an estimated cost of **\$478,000 General Fund** in **FY 2020-21**.

### Funding:

100% GF (4260-101-0001)

## RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES

REGULAR POLICY CHANGE NUMBER: 217  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Matt Wong  
 FISCAL REFERENCE NUMBER: 2028

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$22,253,000
- STATE FUNDS	\$0	-\$8,897,060
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$22,253,000
STATE FUNDS	\$0	-\$8,897,060
FEDERAL FUNDS	\$0	-\$13,355,940

### DESCRIPTION

**Purpose:**

This policy estimates the fiscal impact of eliminating Dental Managed Care and restoring the Dental Fee-For-Service (FFS) delivery system in both Sacramento and Los Angeles counties.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department of Health Care Services (DHCS) is responsible for providing dental services to eligible Medi-Cal beneficiaries, and offers services through two delivery systems, FFS and Dental Managed Care (DMC). FFS was the exclusive and original delivery system offered in California's 58 counties. In 1995, DHCS implemented DMC in Sacramento and Los Angeles Counties, to explore the effectiveness of DMC as a delivery system of dental services. DHCS maintains six DMC contracts with three separate contractors. In Sacramento, enrollment is mandatory, with few exceptions. In Los Angeles, a beneficiary must opt-in to participate in DMC.

DHCS seeks to restore the delivery of Medi-Cal dental services in both Sacramento and Los Angeles counties to a FFS system. DHCS believes that this restoration will result in increased beneficiary utilization of Medi-Cal dental services. This transition will be effective no sooner than January 1, 2021.

The estimated increase in fee-for-service administrative costs are budgeted in the Restoration of Dental Fee-For-Service in Sacramento and Los Angeles Counties Admin policy change.

**RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES**

REGULAR POLICY CHANGE NUMBER: 217

**Reason for Change:**

There is no change from the prior estimate for FY 2019-20. The change from the prior estimate, for FY 2020-21, is a decrease due to a change in Dental Managed Care rates, which affect the amounts estimated to be transitioning between delivery systems. The change in the current estimate, from FY 2019-20 to FY 2020-21, is due to the transition to FFS delivery system starting January 1, 2021.

**Methodology:**

1. DMC savings are based on the estimated capitated payments for January 2021 and forward. The capitated payments includes costs for administration.
2. The FFS benefit costs are assumed to be equal to the DMC benefit with the appropriate payment lags applied.
3. Costs below include Proposition 56 related dollars.

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
DMC	(\$67,923,000)	(\$27,151,000)	(\$40,772,000)
FFS	\$45,670,000	\$18,254,000	\$27,416,000
<b>Total</b>	<b>(\$22,253,000)</b>	<b>(\$8,897,000)</b>	<b>(\$13,356,000)</b>

**Funding:**

65% Title XIX / 35% GF (4260-101-0001/0890)  
 76.5% Title XIX / 23.5% GF (4260-101-0001/0890)  
 50% Title XIX / 50% GF (4260-101-0001/0890)  
 90% Title XIX ACA FF / 10% GF (4260-101-0001/0890)

## NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 227  
 IMPLEMENTATION DATE: 5/2021  
 ANALYST: Autumn Recce  
 FISCAL REFERENCE NUMBER: 2185

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$52,500,000
- STATE FUNDS	\$0	\$26,250,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$52,500,000
STATE FUNDS	\$0	\$26,250,000
FEDERAL FUNDS	\$0	\$26,250,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost of the Non-Hospital 340B Clinics Supplemental Payment Pool.

**Authority:**

Executive Order N-01-19

**Interdependent Policy Change:**

Not Applicable

**Background:**

On January 7, 2019, the Governor issued Executive Order N-01-19, requiring that all Medi-Cal pharmacy services be transitioned from managed care (MC) to fee-for-service (FFS) by January 1, 2021. Transitioning pharmacy services from managed care to Fee-For-Service (FFS) delivery system is referred to as Medi-Cal Rx.

Non-hospital 340B clinics that currently receive reimbursement from managed care plans for pharmacy services will begin billing Medi-Cal at their acquisition cost, which will result in cost savings to the State. To mitigate the revenue impact to these 340B clinics, the Department proposes to create a supplemental payment pool.

Supplemental payments will be provided to non-hospital 340B clinics. These payments will continue to support their overall safety net services that might otherwise be limited or eliminated due to the change in billing to a FFS delivery system.

## NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 227

This policy change (PC) is part of the carve-out effort transitioning MC pharmacy services to FFS delivery system. The PCs related to Medi-Cal Rx are:

### Regular

- Medi-Cal Rx – Managed Care Pharmacy Benefit to FFS
- Medi-Cal Rx – Additional Savings from Maximum Allowable Ingredients Cost (MAIC) to FFS
- Medical Supply Rebates

### Other Admin

Medi-Cal Rx – Administrative Costs

### **Reason for Change:**

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

The change from FY 2019-20 to FY 2020-21 in the current estimate is due to the policy change being implemented in May 2021.

### **Methodology:**

1. The estimated Non-hospital 340B Clinic Supplemental Payment Pool annual cost is \$105,000,000 TF, assuming a January 1, 2021 implementation date.

(Dollars in Thousands)

<b>Annual</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Non-hospital 340B Clinic Supplemental Payments	\$105,000	\$52,500	\$52,500

2. The estimated cost for FY 2020-21 is \$52,500,000 TF, representing January 1, 2021 to June 30, 2021, with payments starting in May 2021.

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>Non-hospital 340B Clinic Supplemental Payments</b>	<b>\$52,500</b>	<b>\$26,250</b>	<b>\$26,250</b>

### **Funding:**

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



## STATE ONLY CLAIMING ADJUSTMENTS

REGULAR POLICY CHANGE NUMBER: 244  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Nikaela Ratliff  
 FISCAL REFERENCE NUMBER: 2210

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$817,325,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$817,325,000
FEDERAL FUNDS	\$0	-\$817,325,000

### DESCRIPTION

**Purpose:**

This policy change estimates the reimbursement to the federal government for claiming for non-emergency or non-pregnancy related services provided to eligible, nonexempt, qualified immigrants with state only full scope Medi-Cal coverage.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

Not Applicable

**Background:**

California provides state only full scope Medi-Cal services to eligible, nonexempt, qualified immigrants. Under the state-only Medi-Cal, for the covered populations, federal financial participation is only available for emergency and pregnancy related services and the nonemergency or non-pregnancy related services covered with state general funds. The Department is required to return the federal funding to the Federal Government that was claimed for ineligible covered benefits. The Department has estimated the amount of funding that must be returned and the portion that is the responsibility of the State.

**Reason for Change:**

This is a new policy change.

**STATE ONLY CLAIMING ADJUSTMENTS****REGULAR POLICY CHANGE NUMBER: 244****Methodology:**

1. Funding adjustments are estimated for Dental Fee-for-Service (FFS), Dental Managed Care (MC), Medi-Cal Managed Care, Pharmacy Rebates, and California Department of Developmental Services (CDDS).
2. Estimates for Dental FFS and Dental Managed Care include retroactive adjustments for the prior ten years.
3. Estimates for CDDS include retroactive adjustments from July 2010 through June 2020.
4. Total adjustments are estimated to be:

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>SF (Reimb)</b>	<b>FF</b>
<b>Total</b>	<b>\$0</b>	<b>\$519,592</b>	<b>\$297,733</b>	<b>(\$817,325)</b>

**Funding:**

100% Title XIX GF (4260-101-0001)  
 100% Title XIX Federal Funds (4260-101-0890)  
 100% Title XXI FF (4260-113-0890)  
 100% Title XXI GF (4260-113-0001)  
 Reimbursement GF (4260-601-0995)

## COVID-19 CASELOAD IMPACT

REGULAR POLICY CHANGE NUMBER: 251  
 IMPLEMENTATION DATE: 4/2020  
 ANALYST: Karen Fairgrievs  
 FISCAL REFERENCE NUMBER: 2218

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$898,603,000	\$6,829,878,000
- STATE FUNDS	\$318,951,000	\$2,408,249,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$898,603,000	\$6,829,878,000
STATE FUNDS	\$318,951,000	\$2,408,249,000
FEDERAL FUNDS	\$579,652,000	\$4,421,629,000

### DESCRIPTION

**Purpose:**

This policy change estimates the expenditure increase due to an increase in caseload related to unemployment/underemployment and suspension of renewals related to the COVID-19 pandemic.

**Authority:**

Families First Coronavirus Response Act (FFCRA)  
 The Coronavirus Aid, Relief, and Economic Security (CARES) Act

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency on January 31, 2020, and a national emergency on March 13, 2020. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation, including the Families First Coronavirus Response Act (FFCRA) and the CARES Act that provide increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The increased FMAP is effective January 1, 2020 and extends through the last day of the calendar quarter of the Health and Human Services COVID-19 national public health emergency. National public health emergencies are effective for 90 days unless extended or terminated. The Secretary of the Health and Human Services extended the COVID-19 national public health emergency on April 21, 2020.

With the stay at home order, nonessential businesses have closed and restaurants have scaled back, Medi-Cal enrollment is expected to significantly increase. A portion of these unemployed/unemployed are expected to apply and qualify for Medi-Cal.

**COVID-19 CASELOAD IMPACT****REGULAR POLICY CHANGE NUMBER: 251**

In addition, the FFCRA required States to halt disenrollment of Medicaid eligibles enrolled at the beginning of the enrollment period or who would have enrolled during the emergency period until the end of the month the public health emergency end as a requirement of receiving the temporary increase in the federal medical assistance percentage (FMAP). To meet this requirement, Medi-Cal is temporarily suspending the annual renewal process.

**Reason for Change:**

This is a new policy change.

**Methodology:**

## 1. Unemployment Impact:

- a. Assume a 1-month lag between unemployment and Medi-Cal enrollment.
- b. Assume a historical correlation between Medi-Cal enrollment and unemployment.
- c. Expenditures include the emergency FMAP.
- d. Average Monthly Eligibles due to the COVID-19 unemployment is:

<b>Time Period</b>	<b>Average Monthly Eligibles</b>
March – June 2020	1,114,200
July 2020 – June 2021	1,466,800

## 2. Suspension of Renewals

- a. Assume 104,000 Medi-Cal eligibles lose eligibility each month and will now continue due to the suspension of renewals.
- b. Assume 80% of the 104,000 Medi-Cal eligibles are included the Unemployment Impact take-up and 20% are included in the Suspension of Renewals.
- c. Assume the suspension of renewals begin in March 2020 and continue through June 2021.
- d. Average Monthly Eligibles due to the Suspension of Renewals is:

<b>Time Period</b>	<b>Average Monthly Eligibles</b>
March – June 2020	52,100
July 2020 – June 2021	194,700

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>Title XIX FF</b>	<b>Title XXI FF</b>
Unemployment Impact	\$846,435	\$298,084	\$526,417	\$21,934
Suspension of Renewals	\$52,168	\$20,867	\$30,049	\$1,252
<b>Total</b>	<b>\$898,603</b>	<b>\$318,951</b>	<b>\$556,466</b>	<b>\$23,186</b>

**COVID-19 CASELOAD IMPACT**

REGULAR POLICY CHANGE NUMBER: 251

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>Title XIX FF</b>	<b>Title XXI FF</b>
Unemployment Impact	\$5,705,770	\$1,935,297	\$3,594,088	\$149,265
Suspension of Renewals	\$1,124,768	\$472,952	\$651,816	\$26,460
<b>Total</b>	<b>\$6,829,878</b>	<b>\$2,408,249</b>	<b>\$4,245,904</b>	<b>\$175,725</b>

**Funding:**

Title XIX FFP/GF (4260-101-0890/0001)

Title XXI FFP/GF (4260-113-0890/0001)

## MEDI-CAL ESTATE RECOVERIES

REGULAR POLICY CHANGE NUMBER: 253  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Davonna McClendon  
 FISCAL REFERENCE NUMBER: 1991

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$33,800,000
- STATE FUNDS	\$0	-\$16,900,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$33,800,000
STATE FUNDS	\$0	-\$16,900,000
FEDERAL FUNDS	\$0	-\$16,900,000

### DESCRIPTION

**Purpose:**

This policy change estimates the savings due to changes in the Medi-Cal Estate Recovery (ER) program.

**Authority:**

Welfare and Institutions Code Section 14009.5  
 Title 42, United States Code, Section 1396p  
 Title 22, California Code of Regulations Sections 50960-50966  
 Proposed Trailer Bill Language

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Medi-Cal ER program is one of several controls to mitigate Medi-Cal costs for care. Upon death of a Medi-Cal beneficiary, the decedent's estate or any recipient of the decedent's estate may have to pay back the costs of services through the ER program. The program has been restored to the federal maximum. These changes increase the number of estates of deceased Medi-Cal members 55 years of age and older (and those of any age who are permanently institutionalized) who are subject to recovery.

The Department proposes to restore Medi-Cal ER to the federal maximum in FY 2020-21.

**Reason for Change:**

This is a new policy change.

**MEDI-CAL ESTATE RECOVERIES**

REGULAR POLICY CHANGE NUMBER: 253

**Methodology:**

1. The estimated savings for restoring ER to the federal maximum is \$33.8 million TF in FY 2020-21.

(Dollars in Thousands)

<b>Estate Recoveries</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>FY 2020-21</b>	<b>(\$33,800)</b>	<b>(\$16,900)</b>	<b>(\$16,900)</b>

**Funding:**

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

DELETED

## ELIMINATE FQHC AND RHC PPS CARVE-OUTS

REGULAR POLICY CHANGE NUMBER: 254  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Randolph Alarcio  
 FISCAL REFERENCE NUMBER: 2220

	FY 2019-20	FY 2020-21
FULL YEAR COST - TOTAL FUNDS	\$0	-\$100,000,000
- STATE FUNDS	\$0	-\$50,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$100,000,000
STATE FUNDS	\$0	-\$50,000,000
FEDERAL FUNDS	\$0	-\$50,000,000

### DESCRIPTION

**Purpose:**

This policy change estimates the savings resulting from eliminating Prospective Payment System (PPS) carve-outs for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

**Authority:**

Benefits Improvement and Protection Act of 2000, Section 702 (BIPA)  
 Social Security Act (SSA), section 1902(bb)  
 SSA, section 1905(a)(2)(C)  
 SSA, section 1905 (a)(2)(B)  
 Welfare and Institutions Code (W&I) 14132.100, (k)

**Interdependent Policy Changes:**

Not applicable

**Background:**

FQHCs and RHCs are federally designated clinics that are required to serve medically underserved populations that provide primary care services. Medi-Cal reimbursement to FQHCs and RHCs is governed by state and federal law. BIPA, the federal law establishing FQHC and RHC Medicaid reimbursement, created SSA, section 1902(bb). This section requires Medicaid programs make payments for FQHC and RHC services in an amount calculated on a per-visit basis that is equal to the reasonable cost of such services documented for a baseline period, with certain adjustments, or to use an alternative payment methodology to pay for FQHC and RHC services. These payments require annual adjustments by an amount equal to the percentage of the federal Medicare Economic Index. BIPA establishes the PPS for payment of services authorized under SSA Sections 1905(a)(2)(C) furnished by FQHCs and 1905 (a)(2)(B) for RHCs. Subsequently, California Welfare and Institutions Code (W&I) 14132.100, paragraph (k), permits FQHCs and RHCs to elect to have pharmacy or dental services to be reimbursed at the fee-for-service rate using the current fee schedule.

Currently, if an FQHC or RHC chooses to carve-out pharmacy or dental services, the costs for those services are adjusted out of the FQHC or RHC base PPS rate using the "scope-of-service change" rate adjustment methodology and then a fee-for-service reimbursement can occur. Therefore, FQHCs



## ELIMINATE FQHC AND RHC PPS CARVE-OUTS

REGULAR POLICY CHANGE NUMBER: 254

and RHCs that carve out these services receive reimbursement outside of the FQHC's or RHC's PPS rate, resulting in a general fund impact beyond federal requirements. This policy will require that all covered Medi-Cal services, including but not limited to pharmacy and dental services, except for Specialty Mental Health (SMH) and Drug Medi-Cal (DMC), provided by an FQHC or RHC, be reimbursed only through the clinic's base PPS rate. This policy will align reimbursement for FQHC and RHC services with federally required reasonable costs.

### Reason for Change:

This is a new policy change.

### Methodology:

1. If the FQHC or RHC base PPS rate was established before pharmacy, dental or other services were carved out, with the exception of SMH and DMC services, the FQHC or RHC will be required to revert to its prior base PPS rate, subject to an increase to account for all Medicare Economic Index (MEI) increases during the intervening time.
2. If the FQHC or RHC is unable to revert to its prior base PPS rate, the costs of pharmacy, dental or other services, except for SMH and DMC, would be adjusted into the FQHC or RHC base PC via a scope of service change.
3. The required scope of service change must be submitted within 90 days of the beginning of any FQHC or RHC fiscal year occurring after the effective date of this change.
4. Assume the option to carve out pharmacy, dental or other services with the exception of SMH and DMC will be eliminated beginning January 1, 2021.
5. The estimated savings from eliminating this option is **\$100,000,000 TF (\$50,000,000 GF)** in FY 2020-21.

### Funding:

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

## OPTIONAL ADULT DENTAL PARTIAL ELIMINATION

REGULAR POLICY CHANGE NUMBER: 256  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Matt Wong  
 FISCAL REFERENCE NUMBER: 2222

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$67,756,000
- STATE FUNDS	\$0	-\$22,909,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$67,756,000
STATE FUNDS	\$0	-\$22,909,000
FEDERAL FUNDS	\$0	-\$44,847,000

### DESCRIPTION

**Purpose:**

The policy change estimates the savings of a partial elimination of optional adult dental services.

**Authority:**

N/A

**Interdependent Policy Changes:**

N/A

**Background:**

Medi-Cal has been providing health and dental care benefits to Californians since 1965. Medi-Cal members access services through Medi-Cal fee-for-service (FFS) and managed care programs.

Medi-Cal is serving approximately 12.8 million Medi-Cal members in FY 2019-20. Approximately eight million are adults 21 years of age or older. With the budget ramifications of COVID19, the Department is seeking to remove full restoration of adult dental services to the levels provided for with the May 2014 partial restoration. The partial restoration of adult dental services is as follows:

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which, if provided by a physician, would be considered physician services and may be provided by either a physician or dentist.
- Emergency dental services.
- Examinations, radiographs/photographic images, prophylaxis, and fluoride treatments.
- Amalgam and composite restorations.
- Stainless steel, resin, and resin window crowns.
- Anterior root canal therapy.
- Complete dentures, including immediate dentures.
- Complete denture adjustments, repairs, and relines.

Full dental benefits remain available for children under 21 who are entitled to Early and Periodic, Screening Diagnostic and Treatment Services, pregnant women, individuals in skilled nursing facility or

**OPTIONAL ADULT DENTAL PARTIAL ELIMINATION**

REGULAR POLICY CHANGE NUMBER: 256

intermediate care facility settings, or when provided under a federally required qualified health center or a rural health center as part of their covered services, as applicable. These changes are subject to federal approval.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. This policy is effective no sooner than July 1, 2020.
2. The savings in FY 2020-21 for dental services is estimated at \$67,756,000 TF (\$22,909,000 GF).

	TF	GF	FF
FY 2020-21	(\$67,756,000)	(\$22,909,000)	(\$44,847,000)

**Funding:**

100% Title XIX GF (4260-101-0001)

100% Title XIX Federal Funds (4260-101-0890)

## DISCONTINUE ADULT OPTIONAL BENEFITS

REGULAR POLICY CHANGE NUMBER: 257  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Joel Singh  
 FISCAL REFERENCE NUMBER: 2223

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$284,200,000
- STATE FUNDS	\$0	-\$125,500,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$284,200,000
STATE FUNDS	\$0	-\$125,500,000
FEDERAL FUNDS	\$0	-\$158,700,000

### DESCRIPTION

**Purpose:**

This policy change estimates the savings as a result of discontinuing specified adult optional benefits in Medi-Cal Fee-for-Service (FFS) and managed care plans.

**Authority:**

Proposed Trailer Bill Language

**Interdependent Policy Changes:**

Not Applicable

**Background:**

ABX3 5 (Chapter 20, Statutes of 2009), excluded specified optional benefits from coverage under the Medi-Cal program, effective July 1, 2009.

AB 74 (Chapter 23, Statutes of 2019) reinstated coverage in both FFS and managed care for the following optional benefits, effective January 1, 2020.

- Audiology
- Optician and optical lab
- Incontinence creams and washes
- Podiatry
- Speech therapy

Costs for restoring these optional benefits in FFS are budgeted in the Optional Benefits Restoration, and Restoration of Adult Optician and Optical Lab Svcs policy changes. Managed care costs are included in the managed care base capitation rates.

## DISCONTINUE ADULT OPTIONAL BENEFITS

REGULAR POLICY CHANGE NUMBER: 257

Effective no sooner than July 1, 2020, the Department proposes to discontinue the optional benefits restored in AB 74, and the following additional optional benefits:

- Acupuncture
- Community-Based Adult Services
- Optometry
- Nurse Anesthetists
- Occupational Therapy
- Physical Therapy
- Dental<sup>1</sup>
- Multipurpose Senior Services Program (MSSP)<sup>2</sup>
- Pharmacist services<sup>3</sup>
- Diabetes Prevention Program (DPP)<sup>4</sup>
- Screening and Brief Intervention for Misuse of Opioids and other Illicit Drugs<sup>5</sup>

These services remain available for children under 21 who are entitled to Early and Periodic, Screening Diagnostic and Treatment Services, pregnant women, individuals in skilled nursing facility or intermediate care facility settings, or when provided under a federally required qualified health center or a rural health center as part of their covered services, as applicable. These changes are subject to federal approval.

The fiscal impact for the elimination of dental, MSSP, pharmacist services, DPP, and Screening and Brief Intervention for Misuse of Opioids and other Illicit Drugs are estimated in separate policy changes noted below or removed from the estimate as noted:

- 1) Refer to the Optional Adult Dental Partial Elimination policy change.
- 2) Refer to the Multipurpose Senior Services Program –CDA policy change.
- 3) Refer to the Pharmacist-Delivered Medi-Cal Services policy change.
- 4) Refer to the Diabetes Prevention Program policy change.
- 5) The previous Expansion to Screening for Additional Substances policy change has been removed from the estimate.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. The specified optional benefits will be discontinued effective no sooner than July 1, 2020.
2. For optometry and nurse anesthetists, FFS savings have been estimated, and managed care savings are to be determined.

**DISCONTINUE ADULT OPTIONAL BENEFITS**

REGULAR POLICY CHANGE NUMBER: 257

3. The estimated savings for discontinuing the adults optional benefits are:

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
<b>Optional Benefits Savings</b>			
Audiology	(\$4,200,000)	(\$1,500,000)	(\$2,700,000)
Incontinence Creams and Washes	(\$9,400,000)	(\$3,300,000)	(\$6,100,000)
Speech Therapy	(\$700,000)	(\$200,000)	(\$500,000)
Podiatry	(\$5,900,000)	(\$2,000,000)	(\$3,900,000)
Optical and Optician Services	(\$44,200,000)	(\$14,500,000)	(\$29,700,000)
Subtotal	(\$64,400,000)	(\$21,500,000)	(\$42,900,000)
-			
<b>Optional Benefits (New) Savings</b>			
Acupuncture	(\$5,600,000)	(\$2,100,000)	(\$3,500,000)
Community-Based Adult Services	(\$191,300,000)	(\$95,200,000)	(\$96,100,000)
Optometry	(\$1,400,000)	(\$600,000)	(\$800,000)
Nurse Anesthetists	(\$300,000)	(\$100,000)	(\$200,000)
Occupational Therapy	(\$1,400,000)	(\$400,000)	(\$1,000,000)
Physical Therapy	(\$19,800,000)	(\$5,600,000)	(\$14,200,000)
Subtotal	(\$219,800,000)	(\$104,000,000)	(\$115,800,000)
<b>Grand Total</b>	<b>(\$284,200,000)</b>	<b>(\$125,500,000)</b>	<b>(\$158,700,000)</b>

**Funding:**

100% GF (4260-101-0001)

100% Title XIX (4260-101-0890)

## MANAGED CARE EFFICIENCIES

REGULAR POLICY CHANGE NUMBER: 258  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Andrew Yoo  
 FISCAL REFERENCE NUMBER: 2224

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$182,058,000
- STATE FUNDS	\$0	-\$59,253,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$182,058,000
STATE FUNDS	\$0	-\$59,253,000
FEDERAL FUNDS	\$0	-\$122,805,000

### DESCRIPTION

**Purpose:**

This policy changes estimates the savings associated with implementing Managed Care rate adjustments and efficiencies as deemed actuarially appropriate.

**Authority:**

42 CFR §438  
 WIC § 14301.1

**Interdependent Policy Changes:**

N/A

**Background:**

The Department will implement the following Managed Care rate adjustments and efficiencies as deemed actuarially appropriate beginning in calendar year (CY) 2021 in an effort to continue to drive Managed Care rate and contracting efficiencies with the goal of preserving the prudent use of federal and State resources:

- Implement new Managed Care efficiency adjustments including but not limited to:
  - Low Acuity Non-Emergent (LANE) Services Efficiency Adjustment - The LANE efficiency adjustment focuses on identifying instances in which an emergency room visit could have been avoided had effective outreach, care coordination, and access to preventive care been available.
  - Healthcare Common Procedure Coding System (HCPCS) Efficiency Adjustment - The HCPCS efficiency adjustment identifies opportunities for Managed Care plan savings, by identifying historical contracting levels that can be reduced in future prospective periods. This efficiency adjustment promotes improved contracting with providers for clinician-administered drugs billed via HCPCS codes.
  
- Implement a reduced Managed Care Underwriting Gain (UG) within the final certified capitation rates. The UG would be reduced from 2 percent to 1.5 percent, resulting in a 0.5 percent reduction.

**MANAGED CARE EFFICIENCIES****REGULAR POLICY CHANGE NUMBER: 258**

- General rate adjustments as determined actuarially appropriate.

The applicability of these adjustments will be evaluated on an annual basis thereafter, to determine the actuarial appropriateness of continuing for future rating periods.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Beginning January 1, 2021 service period, on a cash basis, associated Managed Care rate adjustments and efficiencies savings expected to be realized in FY 2020-21 are:

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>Total</b>	<b>(\$182,058)</b>	<b>(\$59,253)</b>	<b>(\$122,805)</b>

**Funding:**

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

65% Title XXI / 35% GF (4260-113-0001/0890)

90% Title XIX FF / 10% GF (4260-101-0001 / 0890)



## ELIMINATE PROPOSITION 56 SUPPLEMENTAL PAYMENTS

REGULAR POLICY CHANGE NUMBER: 259  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Cang Ly  
 FISCAL REFERENCE NUMBER: 2225

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$2,173,364,000
- STATE FUNDS	\$0	-\$671,964,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$2,173,364,000
STATE FUNDS	\$0	-\$671,964,000
FEDERAL FUNDS	\$0	-\$1,501,400,000

### DESCRIPTION

**Purpose:**

This policy change estimates the savings from eliminating certain Proposition 56 supplemental payments.

**Authority:**

Proposed Budget Bill Language

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), passed by the voters in November 2016, increased the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

The elimination of certain Proposition 56 supplemental payments is estimated in FY 2020-21.

**Reason for Change:**

This is a new policy change.

**ELIMINATE PROPOSITION 56 SUPPLEMENTAL PAYMENTS**

REGULAR POLICY CHANGE NUMBER: 259

**Methodology:**

1. The savings from eliminating certain Proposition 56 supplemental payments is estimated to be:

(Dollars in Thousands)

<b>FY 2020-21</b>	<b>TF</b>	<b>Prop 56</b>	<b>Title XIX FF</b>	<b>Title XXI FF</b>
Prop 56 - Physician Services Supplemental Payments	(\$1,102,630)	(\$389,016)	(\$622,435)	(\$91,179)
Prop 56 - Supplemental Payments for Dental Services	(\$446,853)	(\$183,778)	(\$223,182)	(\$39,893)
Prop 56 - Medi-Cal Family Planning	(\$359,230)	(\$35,923)	(\$323,307)	\$0
Prop 56 - Developmental Screenings	(\$45,139)	(\$20,773)	(\$17,328)	(\$7,038)
Prop 56 - CBAS Supplemental Payments	(\$13,422)	(\$6,711)	(\$6,711)	\$0
Prop 56 - NEMT Supplemental Payments	(\$6,466)	(\$2,656)	(\$3,753)	(\$57)
Prop 56 - ICF/DD Supplemental Payments	(\$25,770)	(\$12,422)	(\$13,315)	(\$33)
Prop 56 - Hosp-Based Pediatric Phys Suppl Pymts	(\$2,000)	(\$2,000)	\$0	\$0
Prop 56 - Women's Health Supplemental Payments	(\$171,854)	(\$18,685)	(\$153,169)	\$0
<b>Total Savings</b>	<b>(\$2,173,364)</b>	<b>(\$671,964)</b>	<b>(\$1,363,200)</b>	<b>(\$138,200)</b>

**Funding:**

Healthcare Treatment Fund (4260-101-3305)

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

100% Title XXI FF (4260-113-0890)

## USE OF PROP 56 TO FUND MEDI-CAL GROWTH

REGULAR POLICY CHANGE NUMBER: 264  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Jerrold Anub  
 FISCAL REFERENCE NUMBER: 2230

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change identifies Proposition 56 dollars that will be used to fund new caseload growth in the Medi-Cal program.

**Authority:**

**Interdependent Policy Changes:**

Not applicable

**Background:**

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), passed by the voters in November 2016, increased the excise tax rate on cigarettes and electronic cigarettes, effective April 1, 2017, and other tobacco products effective July 1, 2017. The excise tax increased to \$2.87 per pack of 20 cigarettes on distributors selling cigarettes in California with an equivalent excise tax rate increase on other tobacco products.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Beginning FY 2020-21, the Department will utilize Proposition 56 dollars to fund new caseload growth in the Medi-Cal Program.
2. The amount of Proposition 56 funds is estimated to be \$1,176,585,000 in FY 2020-21.

## USE OF PROP 56 TO FUND MEDI-CAL GROWTH

REGULAR POLICY CHANGE NUMBER: 264

**Funding:**

Healthcare Treatment Fund Prop 56

DELETED

## RECONCILIATION

REGULAR POLICY CHANGE NUMBER: 265  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Karen Fairgrievies  
 FISCAL REFERENCE NUMBER: 1527

	FY 2019-20	FY 2020-21
FULL YEAR COST - TOTAL FUNDS	\$0	\$2,491,000
- STATE FUNDS	\$0	\$10,681,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$2,491,000
STATE FUNDS	\$0	\$10,681,000
FEDERAL FUNDS	\$0	-\$8,190,000

### DESCRIPTION

**Purpose:** This policy change reconciles the May 2020 Medi-Cal Estimate to the Budget Act of 2020.

This adjustment includes a 2,491,000 TF adjustment to balance to the Budget Act of 2020.

FY 2021	TF	GF	FF
<b>Budget Reconciliation</b>	<b>\$2,491,000</b>	<b>\$10,681,000</b>	<b>-\$8,190,000</b>

## HEARING AID COVERAGE - ADMIN

REGULAR POLICY CHANGE NUMBER: 266  
 IMPLEMENTATION DATE: 4/2021  
 ANALYST: Jedidiah Warren  
 FISCAL REFERENCE NUMBER: 2231

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$195,000
- STATE FUNDS	\$0	\$195,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$195,000
STATE FUNDS	\$0	\$195,000
FEDERAL FUNDS	\$0	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the administrative costs of providing hearing aids and associated services to non-Medi-Cal children who otherwise do not have health insurance coverage for these services and are at or below 600% Federal Poverty Level (FPL).

**Authority:**

Budget Bill Language

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Coverage for hearing aids and associated services is proposed to be offered to non-Medi-Cal children, who otherwise do not have health insurance coverage for these services and are at or below 600% FPL, beginning no sooner than July 1, 2021. Funding for this program will be provided with 100% General Fund (GF).

**Reason for Change:**

This is a new PC.

**Methodology:**

1. Assume costs on a cash basis for FY 2020-21 will be \$195,000 TF (\$195,000 GF).

**Funding:**

100% GF (4260-101-0001)

## ADDITIONAL FEDERAL FUNDING TO OTHER DEPT.

REGULAR POLICY CHANGE NUMBER: 267  
 IMPLEMENTATION DATE: 7/2020  
 ANALYST: Cang Ly  
 FISCAL REFERENCE NUMBER: 2232

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$438,643,000
- STATE FUNDS	\$0	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$438,643,000
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$438,643,000

### DESCRIPTION

**Purpose:**

This policy change estimates the federal match to the California Department of Developmental Services (CDDS) and the California Department of Social Services (CDSS) for conforming changes resulting from the Budget Act of 2020.

**Authority:**

Budget Act of 2020

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Additional federal reimbursements were included to reconcile to the Budget Act of 2020.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. The additional federal reimbursements to CDSS and CDDS in FY 2020-21 were estimated to be:

(Dollars in Thousands)

FY 2020-21	TF	FF
CDSS	\$257,671	\$257,671
CDDS	\$180,972	\$180,972
<b>Total</b>	<b>\$438,643</b>	<b>\$438,643</b>

**Funding:**

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

**SUMMARY OF COUNTY ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2019-20**

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
	<b>OTHER</b>				
1	COUNTY ADMINISTRATION ALLOCATION	\$2,095,604,000	\$1,054,167,500	\$1,041,436,500	\$0
2	SAWS	\$133,723,000	\$132,723,000	\$1,000,000	\$0
3	CaIWORKS APPLICATIONS	\$56,306,000	\$28,153,000	\$28,153,000	\$0
4	CASE MANAGEMENT FOR OTLICP	\$43,541,000	\$21,770,500	\$21,770,500	\$0
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$43,275,000	\$38,514,000	\$4,761,000	\$0
6	ENHANCED FEDERAL FUNDING	\$0	\$514,216,250	(\$514,216,250)	\$0
7	COUNTY ADMINISTRATION CMS DEFERRED CLAIMS	\$0	\$4,021,000	(\$4,021,000)	\$0
8	SAVE	\$0	\$4,000,000	(\$4,000,000)	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$2,372,449,000</b>	<b>\$1,797,565,250</b>	<b>\$574,883,750</b>	<b>\$0</b>
	<b>GRAND TOTAL</b>	<b>\$2,372,449,000</b>	<b>\$1,797,565,250</b>	<b>\$574,883,750</b>	<b>\$0</b>



**MEDI-CAL COUNTY ADMINISTRATION  
POLICY CHANGE COST BREAKDOWN  
FISCAL YEAR 2019-20**

NO.	POLICY CHANGE TITLE	ONE-TIME CHANGES		ON-GOING CHANGES		TOTAL POLICY CHANGES	GENERAL FUNDS
		PROCEDURAL	CASELOAD	PROCEDURAL	CASELOAD		
	<b><u>OTHER</u></b>						
1	COUNTY ADMINISTRATION ALLOCATION	\$0	\$0	\$2,095,604,000	\$0	\$2,095,604,000	\$1,041,436,500
2	SAWS	\$133,723,000	\$0	\$0	\$0	\$133,723,000	\$1,000,000
3	CalWORKS APPLICATIONS	\$0	\$0	\$56,306,000	\$0	\$56,306,000	\$28,153,000
4	CASE MANAGEMENT FOR OTLICP	\$0	\$0	\$0	\$43,541,000	\$43,541,000	\$21,770,500
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$0	\$0	\$0	\$43,275,000	\$43,275,000	\$4,761,000
6	ENHANCED FEDERAL FUNDING	\$0	\$0	\$0	\$0	\$0	(\$514,216,250)
7	COUNTY ADMINISTRATION CMS DEFERRED CLAIMS	\$0	\$0	\$0	\$0	\$0	(\$4,021,000)
8	SAVE	\$0	\$0	\$0	\$0	\$0	(\$4,000,000)
	<b>OTHER SUBTOTAL</b>	<b>\$133,723,000</b>	<b>\$0</b>	<b>\$2,151,910,000</b>	<b>\$86,816,000</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>
	<b>GRAND TOTAL</b>	<b>\$133,723,000</b>	<b>\$0</b>	<b>\$2,151,910,000</b>	<b>\$86,816,000</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>

**SUMMARY OF COUNTY ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2020-21**

<b>NO.</b>	<b>POLICY CHANGE TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>GENERAL FUNDS</b>	<b>OTHER STATE FUNDS</b>
	<b>OTHER</b>				
1	COUNTY ADMINISTRATION ALLOCATION	\$2,150,566,000	\$1,075,283,000	\$1,075,283,000	\$0
2	SAWS	\$120,600,000	\$120,600,000	\$0	\$0
3	CaWORKS APPLICATIONS	\$56,119,000	\$28,059,500	\$28,059,500	\$0
4	CASE MANAGEMENT FOR OTLICP	\$43,498,000	\$21,749,000	\$21,749,000	\$0
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$43,275,000	\$38,514,000	\$4,761,000	\$0
6	ENHANCED FEDERAL FUNDING	\$0	\$517,726,000	(\$517,726,000)	\$0
8	SAVE	\$0	\$4,000,000	(\$4,000,000)	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$2,414,058,000</b>	<b>\$1,805,931,500</b>	<b>\$608,126,500</b>	<b>\$0</b>
	<b>GRAND TOTAL</b>	<b>\$2,414,058,000</b>	<b>\$1,805,931,500</b>	<b>\$608,126,500</b>	<b>\$0</b>

**MEDI-CAL COUNTY ADMINISTRATION  
POLICY CHANGE COST BREAKDOWN  
FISCAL YEAR 2020-21**

NO.	POLICY CHANGE TITLE	ONE-TIME CHANGES		ON-GOING CHANGES		TOTAL POLICY CHANGES	GENERAL FUNDS
		PROCEDURAL	CASELOAD	PROCEDURAL	CASELOAD		
	<b><u>OTHER</u></b>						
1	COUNTY ADMINISTRATION ALLOCATION	\$0	\$0	\$2,150,566,000	\$0	\$2,150,566,000	\$1,075,283,000
2	SAWS	\$120,600,000	\$0	\$0	\$0	\$120,600,000	\$0
3	CalWORKS APPLICATIONS	\$0	\$0	\$56,119,000	\$0	\$56,119,000	\$28,059,500
4	CASE MANAGEMENT FOR OTLICP	\$0	\$0	\$0	\$43,498,000	\$43,498,000	\$21,749,000
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$0	\$0	\$0	\$43,275,000	\$43,275,000	\$4,761,000
6	ENHANCED FEDERAL FUNDING	\$0	\$0	\$0	\$0	\$0	(\$517,726,000)
8	SAVE	\$0	\$0	\$0	\$0	\$0	(\$4,000,000)
	<b>OTHER SUBTOTAL</b>	<b>\$120,600,000</b>	<b>\$0</b>	<b>\$2,206,685,000</b>	<b>\$86,773,000</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>
	<b>GRAND TOTAL</b>	<b>\$120,600,000</b>	<b>\$0</b>	<b>\$2,206,685,000</b>	<b>\$86,773,000</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>

**COMPARISON OF FISCAL IMPACTS OF COUNTY ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>										
1	1	COUNTY ADMINISTRATION ALLOCATION	\$2,082,873,000	\$1,041,436,500	\$2,082,873,000	\$1,041,436,500	\$2,095,604,000	\$1,041,436,500	\$12,731,000	\$0	\$12,731,000	\$0
2	2	SAWS	\$148,600,000	\$0	\$136,200,000	\$1,000,000	\$133,723,000	\$1,000,000	(\$14,877,000)	\$1,000,000	(\$2,477,000)	\$0
3	3	CalWORKS APPLICATIONS	\$56,306,000	\$28,153,000	\$56,306,000	\$28,153,000	\$56,306,000	\$28,153,000	\$0	\$0	\$0	\$0
4	4	CASE MANAGEMENT FOR OTLICP	\$43,868,000	\$21,934,000	\$43,868,000	\$21,934,000	\$43,541,000	\$21,770,500	(\$327,000)	(\$163,500)	(\$327,000)	(\$163,500)
5	5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$42,555,000	\$3,257,500	\$42,555,000	\$3,257,500	\$43,275,000	\$4,761,000	\$720,000	\$1,503,500	\$720,000	\$1,503,500
6	6	ENHANCED FEDERAL FUNDING	\$0	(\$371,685,250)	\$0	(\$496,705,250)	\$0	(\$514,216,250)	\$0	(\$142,531,000)	\$0	(\$17,511,000)
7	7	COUNTY ADMINISTRATION CMS DEFERRED CLAIMS	\$0	\$0	\$0	(\$1,881,000)	\$0	(\$4,021,000)	\$0	(\$4,021,000)	\$0	(\$2,140,000)
8	8	SAVE	\$0	(\$4,000,000)	\$0	(\$4,000,000)	\$0	(\$4,000,000)	\$0	\$0	\$0	\$0
		<b>OTHER SUBTOTAL</b>	<b>\$2,374,202,000</b>	<b>\$719,095,750</b>	<b>\$2,361,802,000</b>	<b>\$593,194,750</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>	<b>(\$1,753,000)</b>	<b>(\$144,212,000)</b>	<b>\$10,647,000</b>	<b>(\$18,311,000)</b>
		<b>COUNTY ADMINISTRATION GRAND TOTAL</b>	<b>\$2,374,202,000</b>	<b>\$719,095,750</b>	<b>\$2,361,802,000</b>	<b>\$593,194,750</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>	<b>(\$1,753,000)</b>	<b>(\$144,212,000)</b>	<b>\$10,647,000</b>	<b>(\$18,311,000)</b>

**COMPARISON OF FISCAL IMPACTS OF COUNTY ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>						
1	1	COUNTY ADMINISTRATION ALLOCATION	\$2,150,566,000	\$1,075,283,000	\$2,150,566,000	\$1,075,283,000	\$0	\$0
2	2	SAWS	\$121,600,000	\$1,000,000	\$120,600,000	\$0	(\$1,000,000)	(\$1,000,000)
3	3	CalWORKS APPLICATIONS	\$56,119,000	\$28,059,500	\$56,119,000	\$28,059,500	\$0	\$0
4	4	CASE MANAGEMENT FOR OTLICP	\$43,451,000	\$21,725,500	\$43,498,000	\$21,749,000	\$47,000	\$23,500
5	5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$42,555,000	\$3,257,500	\$43,275,000	\$4,761,000	\$720,000	\$1,503,500
6	6	ENHANCED FEDERAL FUNDING	\$0	(\$485,738,750)	\$0	(\$517,726,000)	\$0	(\$31,987,250)
8	8	SAVE	\$0	(\$4,000,000)	\$0	(\$4,000,000)	\$0	\$0
		<b>OTHER SUBTOTAL</b>	<b>\$2,414,291,000</b>	<b>\$639,586,750</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>	<b>(\$233,000)</b>	<b>(\$31,460,250)</b>
		<b>COUNTY ADMINISTRATION GRAND TOTAL</b>	<b>\$2,414,291,000</b>	<b>\$639,586,750</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>	<b>(\$233,000)</b>	<b>(\$31,460,250)</b>

**COMPARISON OF FISCAL IMPACTS OF COUNTY ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b>OTHER</b>						
1	COUNTY ADMINISTRATION ALLOCATION	\$2,095,604,000	\$1,041,436,500	\$2,150,566,000	\$1,075,283,000	\$54,962,000	\$33,846,500
2	SAWS	\$133,723,000	\$1,000,000	\$120,600,000	\$0	(\$13,123,000)	(\$1,000,000)
3	CalWORKS APPLICATIONS	\$56,306,000	\$28,153,000	\$56,119,000	\$28,059,500	(\$187,000)	(\$93,500)
4	CASE MANAGEMENT FOR OTLICP	\$43,541,000	\$21,770,500	\$43,498,000	\$21,749,000	(\$43,000)	(\$21,500)
5	LOS ANGELES COUNTY HOSPITAL INTAKES	\$43,275,000	\$4,761,000	\$43,275,000	\$4,761,000	\$0	\$0
6	ENHANCED FEDERAL FUNDING	\$0	(\$514,216,250)	\$0	(\$517,726,000)	\$0	(\$3,509,750)
7	COUNTY ADMINISTRATION CMS DEFERRED CLAIMS	\$0	(\$4,021,000)	\$0	\$0	\$0	\$4,021,000
8	SAVE	\$0	(\$4,000,000)	\$0	(\$4,000,000)	\$0	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>	<b>\$41,609,000</b>	<b>\$33,242,750</b>
	<b>COUNTY ADMINISTRATION GRAND TOTAL</b>	<b>\$2,372,449,000</b>	<b>\$574,883,750</b>	<b>\$2,414,058,000</b>	<b>\$608,126,500</b>	<b>\$41,609,000</b>	<b>\$33,242,750</b>

**MEDI-CAL COUNTY ADMINISTRATION  
POLICY CHANGE INDEX****POLICY CHANGE  
NUMBER****POLICY CHANGE TITLE**

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**OTHER**

1	COUNTY ADMINISTRATION ALLOCATION
2	SAWS
3	CALWORKS APPLICATIONS
4	CASE MANAGEMENT FOR OTLICP
5	LOS ANGELES COUNTY HOSPITAL INTAKES
6	ENHANCED FEDERAL FUNDING
7	COUNTY ADMINISTRATION CMS DEFERRED CLAIMS
8	SAVE

## COUNTY ADMINISTRATION ALLOCATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 1  
 IMPLEMENTATION DATE: 7/2012  
 ANALYST: Sabrina Blank  
 FISCAL REFERENCE NUMBER: 1704

	FY 2019-20		FY 2020-21	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$2,095,604,000	\$0	\$2,150,566,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$2,095,604,000	\$0	\$2,150,566,000
STATE FUNDS	\$0	\$1,041,436,500	\$0	\$1,075,283,000
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$2,095,604,000	\$0	\$2,150,566,000
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$2,095,604,000	\$0	\$2,150,566,000
STATE FUNDS	\$0	\$1,041,436,500	\$0	\$1,075,283,000

### DESCRIPTION

**Purpose:**

This policy change reflects the allocation funded to counties for costs associated with Medi-Cal eligibility determination activities.

**Authority:**

Welfare & Institutions Code 14154

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department is responsible for determining the appropriate allocation for funding county welfare department costs associated with Medi-Cal eligibility determinations. The Department establishes and maintains a cost control plan. The plan provides for the administrative costs that the counties incur for Medi-Cal eligibility determination activities. This estimate reflects the allocation to the counties utilizing recent workload data, county expenditure data, and other county-submitted information.

Beginning in FY 2018-19, the Department includes funding for the implementation of the ACA in this policy change. The Department uses the projected California Consumer Price index (CPI) change to adjust the total dollars available and applies similar adjustments as the county eligibility systems move to a single Statewide Automated Welfare System. With this increase, counties work to place beneficiaries into the correct aid codes based on changes in circumstances, increase the percentage of completed and accurate eligibility determinations and annual redeterminations, and provide timely eligibility and enrollment data and reports to the Department.



## COUNTY ADMINISTRATION ALLOCATION

COUNTY ADMIN. POLICY CHANGE NUMBER: 1

### Reason for Change:

The change from the prior estimate for FY 2019-20 is a FF increase due to the \$12,731,000 GF augmentation provided by Executive Order No. E 19/20 – 135 (EO 19/20 – 135). There is no change from the prior estimate for FY 2020-21.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to the Department increasing the total allocation by 3.25% for the projected California CPI prior to the EO 19/20 – 135 allocation, resulting in a \$68M increase.

### Methodology:

1. EO 19/20 – 135 adds \$12,731,000 GF to cover the impacts of COVID-19 for county administration activities in FY 2019-20. EO 19/20 – 135 GF dollars are not captured in this policy change and are budgeted elsewhere. As such, the total county administration GF allocation is approximately \$1,054,168,000.
2. The total rounded estimated FY 2019-20 and FY 2020-21 county administration costs are:

(Dollars In Thousands)

Total Allocation	TF	GF	FF
FY 2019-20	\$2,095,604	\$1,041,437	\$1,054,167
FY 2020-21	\$2,150,566	\$1,075,283	\$1,075,283

### Funding:

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

Medicaid Management Information Systems Enhanced Funding identified in the Enhanced Federal Funding policy change.

## ENHANCED FEDERAL FUNDING

COUNTY ADMIN. POLICY CHANGE NUMBER: 6  
 IMPLEMENTATION DATE: 1/2015  
 ANALYST: Sabrina Blank  
 FISCAL REFERENCE NUMBER: 1835

	FY 2019-20		FY 2020-21	
	ONE-TIME	ON-GOING	ONE-TIME	ON-GOING
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	-\$514,216,250	\$0	-\$517,726,000	\$0
% IN BASE				
PROCEDURAL	0.00 %	0.00 %	0.00 %	0.00 %
CASELOAD	0.00 %	0.00 %	0.00 %	0.00 %
APPLIED TO BASE				
PROCEDURAL - TOT.	\$0	\$0	\$0	\$0
CASELOAD - TOT.	\$0	\$0	\$0	\$0
TOTAL FUNDS	\$0	\$0	\$0	\$0
STATE FUNDS	-\$514,216,250	\$0	-\$517,726,000	\$0

### DESCRIPTION

**Purpose:**

This policy change estimates the savings from enhanced federal funding for certain eligibility determination functions.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

County Administration Allocation  
 CalWORKS Applications  
 Case Management for OTLICP

**Background:**

Generally, payments to counties for making Medi-Cal eligibility determinations are budgeted at 50% federal funding. However, the Centers for Medicare and Medicaid Services (CMS) published guidance that allows for federal funding at 75% for some of these activities. CMS considers certain eligibility determination-related costs to fall under Medicaid Management Information Systems (MMIS) rules for approval of enhanced funding. The enhanced 75% federal funding is available for costs of the application, on-going case maintenance, and renewal functions. Funding remains at 50% for policy, outreach, and post-eligibility functions.

There are various conditions required of a MMIS to secure the enhanced funding. There are also minimum critical success factors for accepting the new applications, making modified adjusted gross income determinations and coordination with Covered California. The Department submitted an Advanced Planning Document (APD) to secure CMS approval in January 2014, and received approval on September 29, 2014. The Department conducts an annual APD review and submits an update to

## ENHANCED FEDERAL FUNDING

### COUNTY ADMIN. POLICY CHANGE NUMBER: 6

CMS. CMS approved the APD for FFY 2019 on September 26, 2018.

#### Reason for Change:

The change for FY 2019-20, from the previous estimate, is a slight increase in General Fund (GF) due to receiving more quarters of actual, audited, and updated claimed expenditure data from the California Department of Social Services (CDSS), which is used to identify and claim enhanced federal funding.

The change for FY 2020-21, from the previous estimate, is a slight increase in GF due to updated estimated claim funding projections that utilize the expenditure trends from FY 2019-20.

The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase in GF due to assuming the continued expenditure trend in FY 2020-21.

#### Methodology:

1. The effective date for the Department's APD is September 26, 2018.
2. The Department utilizes actual, audited, and claimed expenditure data provided by CDSS to identify and claim Enhanced FFP and to estimate FFP for future quarters.
3. Beginning December 2018, the Department will receive reports from CDSS identifying actual expenditure costs eligible for enhanced funding.
4. In FY 2019-20, the Department will claim payments for FY 2018-19 quarters 3-4 and FY 2019-20 quarters 1-2. In FY 2020-21, the Department will claim payments for FY 2019-20 quarters 3-4 and FY 2020-21 quarters 1-2.
5. The savings are estimated to be:

(Dollars in Thousands)

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX at 50% FFP	(\$2,056,865)	(\$1,028,433)	(\$1,028,432)
Title XIX at 75% FFP	\$2,056,865	\$514,216	\$1,542,649
<b>Total Difference</b>	<b>\$0</b>	<b>(\$514,216)</b>	<b>\$514,216</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX at 50% FFP	(\$2,070,904)	(\$1,035,452)	(\$1,035,452)
Title XIX at 75% FFP	\$2,070,904	\$517,726	\$1,553,178
<b>Total Difference</b>	<b>\$0</b>	<b>(\$517,726)</b>	<b>\$517,726</b>

\*Totals may differ due to rounding.

#### Funding:

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

75% Title XIX FF/ 25% GF (4260-101-0890/0001)

**May 2020 Medi-Cal Estimate****OTHER ADMINISTRATION  
FUNDING SUMMARY**

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

<b><u>FY 2019-2020 Estimate:</u></b>	<b>Total Funds</b>	<b>Federal Funds</b>	<b>General Funds</b>	<b>Other State Funds</b>
<b>OTHER ADMINISTRATION</b>				
County Administration	\$2,082,670,000	\$1,668,177,000	\$409,817,000	\$4,676,000
Fiscal Intermediary	\$380,645,000	\$254,716,000	\$125,929,000	\$0
<b>Total Other Administration Tab</b>	<b>\$2,463,315,000</b>	<b>\$1,922,893,000</b>	<b>\$535,746,000</b>	<b>\$4,676,000</b>

**Management Summary:**

<b>COUNTY ADMINISTRATION</b>	<b>\$4,455,119,000</b>	<b>\$3,465,742,000</b>	<b>\$984,701,000</b>	<b>\$4,676,000</b>
Shown in Other Administration Tab	\$2,082,670,000	\$1,668,177,000	\$409,817,000	\$4,676,000
Shown in County Administration Tab	\$2,372,449,000	\$1,797,565,000	\$574,884,000	\$0
<b>FISCAL INTERMEDIARY</b>	<b>\$380,645,000</b>	<b>\$254,716,000</b>	<b>\$125,929,000</b>	<b>\$0</b>
Shown in Other Administration Tab	\$380,645,000	\$254,716,000	\$125,929,000	\$0

<b><u>FY 2020-2021 Estimate:</u></b>	<b>Total Funds</b>	<b>Federal Funds</b>	<b>General Funds</b>	<b>Other State Funds</b>
<b>OTHER ADMINISTRATION</b>				
County Administration	\$2,302,385,000	\$1,994,966,000	\$301,046,000	\$6,373,000
Fiscal Intermediary	\$350,727,000	\$227,187,000	\$123,540,000	\$0
<b>Total Other Administration Tab</b>	<b>\$2,653,112,000</b>	<b>\$2,222,153,000</b>	<b>\$424,586,000</b>	<b>\$6,373,000</b>

**Management Summary:**

<b>COUNTY ADMINISTRATION</b>	<b>\$4,716,444,000</b>	<b>\$3,800,899,000</b>	<b>\$909,172,000</b>	<b>\$6,373,000</b>
Shown in Other Administration Tab	\$2,302,385,000	\$1,994,966,000	\$301,046,000	\$6,373,000
Shown in County Administration Tab	\$2,414,059,000	\$1,805,933,000	\$608,126,000	\$0
<b>FISCAL INTERMEDIARY</b>	<b>\$350,727,000</b>	<b>\$227,187,000</b>	<b>\$123,540,000</b>	<b>\$0</b>
Shown in Other Administration Tab	\$350,727,000	\$227,187,000	\$123,540,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2019-20**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
	<b><u>DHCS-OTHER</u></b>				
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$135,713,000	\$137,954,000	(\$2,241,000)	\$0
2	CCS CASE MANAGEMENT	\$174,215,000	\$115,687,140	\$58,527,860	\$0
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$168,275,000	\$168,275,000	\$0	\$0
4	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$8,442,000	\$8,442,000	\$0	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$109,924,000	\$109,424,000	\$500,000	\$0
6	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$42,661,000	\$42,661,000	\$0	\$0
7	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$11,197,000	\$10,226,000	\$971,000	\$0
8	ARRA HITECH INCENTIVE PROGRAM	\$11,643,000	\$10,930,000	\$0	\$713,000
9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$38,088,000	\$27,112,990	\$10,975,010	\$0
10	CHDP CASE MANAGEMENT	\$33,962,000	\$22,005,000	\$11,957,000	\$0
11	SMHS COUNTY UR & QA ADMIN	\$31,635,000	\$30,682,000	\$953,000	\$0
12	HEALTH ENROLLMENT NAVIGATORS	\$5,574,000	\$2,787,000	\$2,787,000	\$0
13	SMH MAA	\$47,531,000	\$47,531,000	\$0	\$0
14	POSTAGE & PRINTING	\$26,043,000	\$12,893,000	\$13,150,000	\$0
15	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$981,000	\$696,000	\$285,000	\$0
16	MANAGED CARE REGULATIONS - MH PARITY	\$19,367,000	\$16,600,000	\$2,767,000	\$0
17	PAVE SYSTEM	\$9,063,000	\$4,531,500	\$4,531,500	\$0
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$17,056,000	\$8,528,000	\$8,315,500	\$212,500
19	PERFORMANCE OUTCOMES SYSTEM	\$5,715,000	\$2,920,750	\$2,794,250	\$0
20	SURS AND MARS SYSTEM REPROCUREMENT	\$15,212,000	\$10,866,100	\$4,345,900	\$0
21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM	\$500,000	\$450,000	\$50,000	\$0
22	MEDI-CAL RECOVERY CONTRACTS	\$7,159,000	\$5,369,250	\$1,789,750	\$0
23	MIS/DSS CONTRACT	\$12,716,000	\$9,405,800	\$3,310,200	\$0
24	MITA	\$5,675,000	\$4,994,340	\$680,660	\$0
25	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$5,606,500	\$0
26	PASRR	\$8,964,000	\$6,723,000	\$2,241,000	\$0
27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST	\$9,764,000	\$4,882,000	\$4,882,000	\$0
28	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$4,990,000	\$0
29	NEWBORN HEARING SCREENING PROGRAM	\$7,580,000	\$3,790,000	\$3,790,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2019-20**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>DHCS-OTHER</u></b>					
30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,995,000	\$4,252,000	\$1,743,000	\$0
31	HIPAA CAPMAN	\$5,448,000	\$4,085,410	\$1,362,590	\$0
32	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$4,096,000	\$4,096,000	\$0	\$0
33	PACES	\$2,540,000	\$2,250,360	\$289,640	\$0
34	CA-MMIS MEDCOMPASS SOLUTION	\$2,202,000	\$1,101,000	\$1,101,000	\$0
35	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$1,162,500	\$0
37	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,040,000	\$1,020,000	\$1,020,000	\$0
38	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$1,086,300	\$120,700	\$0
39	LTSS ACTUARIAL STUDY	\$453,000	\$0	\$453,000	\$0
40	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$488,000	\$244,000	\$244,000	\$0
41	MEDICARE BENEFICIARY IDENTIFIER	\$828,000	\$733,820	\$94,180	\$0
42	CALIFORNIA HEALTH INTERVIEW SURVEY	\$933,000	\$933,000	\$0	\$0
43	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$375,000	\$0
44	ELECTRONIC ASSET VERIFICATION PROGRAM	\$659,000	\$329,500	\$329,500	\$0
46	T-MSIS	\$311,000	\$233,250	\$77,750	\$0
47	CCT OUTREACH - ADMINISTRATIVE COSTS	\$290,000	\$290,000	\$0	\$0
66	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	(\$223,428,000)	\$223,428,000	\$0
102	COVID-19 EMERGENCY FMAP - OTHER ADMIN	\$0	\$1,000,000	(\$1,000,000)	\$0
	<b>DHCS-OTHER SUBTOTAL</b>	<b>\$1,016,413,000</b>	<b>\$636,727,500</b>	<b>\$378,760,000</b>	<b>\$925,500</b>
<b><u>DHCS-MEDICAL FI</u></b>					
49	MEDICAL FI OPERATIONS	\$32,340,000	\$22,458,250	\$9,881,750	\$0
50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$24,801,000	\$18,600,750	\$6,200,250	\$0
51	MEDICAL FI BO & IT CHANGE ORDERS	\$25,128,000	\$18,645,250	\$6,482,750	\$0
52	MEDICAL FI BO & IT COST REIMBURSEMENT	\$22,351,000	\$15,703,300	\$6,647,700	\$0
53	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$17,763,000	\$12,716,250	\$5,046,750	\$0
54	MEDICAL FI HOURLY REIMBURSEMENT	\$43,605,000	\$32,618,150	\$10,986,850	\$0
55	MEDICAL FI COST REIMBURSEMENT	\$28,096,000	\$20,230,950	\$7,865,050	\$0
56	MEDICAL FI BO OTHER ESTIMATED COSTS	\$10,873,000	\$7,677,500	\$3,195,500	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2019-20**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>DHCS-MEDICAL FI</u></b>					
57	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$8,161,000	\$5,792,250	\$2,368,750	\$0
58	MEDICAL FI BUSINESS OPERATIONS	\$6,868,000	\$4,778,250	\$2,089,750	\$0
59	MEDICAL FI OTHER ESTIMATED COSTS	\$5,951,000	\$4,238,750	\$1,712,250	\$0
60	MEDICAL FI BO HOURLY REIMBURSEMENT	\$5,364,000	\$4,023,000	\$1,341,000	\$0
61	MEDICAL FI SRP RELEASE 1 HOSTING	\$3,162,000	\$2,702,400	\$459,600	\$0
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$373,000	\$335,700	\$37,300	\$0
63	MEDICAL FI MISCELLANEOUS EXPENSES	\$1,349,000	\$925,250	\$423,750	\$0
64	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$1,037,000	\$714,750	\$322,250	\$0
65	MEDICAL FI CHANGE ORDERS	\$246,000	\$184,500	\$61,500	\$0
97	CMS DEFERRED CLAIMS - FI	\$0	(\$2,235,000)	\$2,235,000	\$0
	<b>DHCS-MEDICAL FI SUBTOTAL</b>	<b>\$237,468,000</b>	<b>\$170,110,250</b>	<b>\$67,357,750</b>	<b>\$0</b>
<b><u>DHCS-HEALTH CARE OPT</u></b>					
67	HCO OPERATIONS 2017 CONTRACT	\$40,872,000	\$21,036,420	\$19,835,580	\$0
68	HCO COST REIMBURSEMENT 2017 CONTRACT	\$20,646,000	\$10,626,150	\$10,019,850	\$0
69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$13,716,000	\$7,059,570	\$6,656,430	\$0
	<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>	<b>\$75,234,000</b>	<b>\$38,722,140</b>	<b>\$36,511,860</b>	<b>\$0</b>
<b><u>DHCS-DENTAL FI</u></b>					
70	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$37,920,000	\$24,563,000	\$13,357,000	\$0
71	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$18,457,000	\$13,190,750	\$5,266,250	\$0
72	DENTAL FI TAKEOVER 2016 CONTRACT	\$7,797,000	\$5,847,750	\$1,949,250	\$0
73	DENTAL FI CD-MMIS COSTS	\$256,000	\$161,250	\$94,750	\$0
74	DENTAL ASO TAKEOVER 2016 CONTRACT	\$940,000	\$705,000	\$235,000	\$0
	<b>DHCS-DENTAL FI SUBTOTAL</b>	<b>\$65,370,000</b>	<b>\$44,467,750</b>	<b>\$20,902,250</b>	<b>\$0</b>
<b><u>OTHER DEPARTMENTS</u></b>					
75	HEALTH-RELATED ACTIVITIES - CDSS	\$281,138,000	\$281,138,000	\$0	\$0
76	PERSONAL CARE SERVICES	\$382,761,000	\$382,761,000	\$0	\$0
77	CALHEERS DEVELOPMENT	\$143,594,000	\$111,726,120	\$31,867,880	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2019-20**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>OTHER DEPARTMENTS</u></b>					
78	MATERNAL AND CHILD HEALTH	\$66,536,000	\$66,536,000	\$0	\$0
79	CDDS ADMINISTRATIVE COSTS	\$86,240,000	\$86,240,000	\$0	\$0
80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$41,379,000	\$0	\$0
81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$26,381,000	\$26,381,000	\$0	\$0
82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$18,314,000	\$14,564,000	\$0	\$3,750,000
83	CLPP CASE MANAGEMENT SERVICES	\$8,507,000	\$8,507,000	\$0	\$0
84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,454,000	\$4,454,000	\$0	\$0
85	CALIFORNIA SMOKERS' HELPLINE	\$3,000,000	\$3,000,000	\$0	\$0
86	KIT FOR NEW PARENTS	\$1,061,000	\$1,061,000	\$0	\$0
87	VITAL RECORDS	\$1,147,000	\$1,141,000	\$6,000	\$0
88	VETERANS BENEFITS	\$1,100,000	\$1,100,000	\$0	\$0
89	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$996,000	\$996,000	\$0	\$0
90	CHHS AGENCY HIPAA FUNDING	\$849,000	\$849,000	\$0	\$0
91	CDPH I&E PROGRAM AND EVALUATION	\$693,000	\$693,000	\$0	\$0
92	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$95,000	\$0
93	PIA EYEWEAR COURIER SERVICE	\$490,000	\$245,000	\$245,000	\$0
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$1,068,830,000</b>	<b>\$1,032,866,120</b>	<b>\$32,213,880</b>	<b>\$3,750,000</b>
	<b>GRAND TOTAL</b>	<b>\$2,463,315,000</b>	<b>\$1,922,893,760</b>	<b>\$535,745,740</b>	<b>\$4,675,500</b>



**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2020-21**

<b>NO.</b>	<b>POLICY CHANGE TITLE</b>	<b>TOTAL FUNDS</b>	<b>FEDERAL FUNDS</b>	<b>GENERAL FUNDS</b>	<b>OTHER STATE FUNDS</b>
	<b><u>DHCS-OTHER</u></b>				
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$141,765,000	\$141,765,000	\$0	\$0
2	CCS CASE MANAGEMENT	\$172,410,000	\$113,741,120	\$58,668,880	\$0
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$170,067,000	\$170,067,000	\$0	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$113,838,000	\$113,838,000	\$0	\$0
6	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$32,100,000	\$32,100,000	\$0	\$0
7	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$23,426,000	\$22,532,000	\$894,000	\$0
8	ARRA HITECH INCENTIVE PROGRAM	\$37,058,000	\$36,380,000	\$0	\$678,000
9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$35,910,000	\$22,521,700	\$13,388,300	\$0
10	CHDP CASE MANAGEMENT	\$33,962,000	\$22,005,000	\$11,957,000	\$0
11	SMHS COUNTY UR & QA ADMIN	\$32,288,000	\$31,335,000	\$953,000	\$0
12	HEALTH ENROLLMENT NAVIGATORS	\$54,426,000	\$27,213,000	\$27,213,000	\$0
13	SMH MAA	\$49,860,000	\$49,860,000	\$0	\$0
14	POSTAGE & PRINTING	\$29,793,000	\$14,768,000	\$15,025,000	\$0
15	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$981,000	\$696,000	\$285,000	\$0
16	MANAGED CARE REGULATIONS - MH PARITY	\$19,367,000	\$16,600,000	\$2,767,000	\$0
17	PAVE SYSTEM	\$10,353,000	\$14,829,750	(\$4,476,750)	\$0
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$17,190,000	\$8,595,000	\$8,332,000	\$263,000
19	PERFORMANCE OUTCOMES SYSTEM	\$4,401,000	\$2,263,750	\$2,137,250	\$0
20	SURS AND MARS SYSTEM REPROCUREMENT	\$14,351,000	\$16,073,250	(\$1,722,250)	\$0
21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM	\$42,620,000	\$38,358,000	\$4,262,000	\$0
22	MEDI-CAL RECOVERY CONTRACTS	\$6,837,000	\$5,127,750	\$1,709,250	\$0
23	MIS/DSS CONTRACT	\$22,943,000	\$17,197,100	\$5,745,900	\$0
24	MITA	\$11,326,000	\$9,854,660	\$1,471,340	\$0
25	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$5,606,500	\$0
26	PASRR	\$10,555,000	\$7,916,250	\$2,638,750	\$0
27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST	\$12,316,000	\$6,158,000	\$6,158,000	\$0
28	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$4,990,000	\$0
29	NEWBORN HEARING SCREENING PROGRAM	\$7,580,000	\$3,790,000	\$3,790,000	\$0
30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$6,139,000	\$4,354,250	\$1,784,750	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2020-21**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>DHCS-OTHER</u></b>					
31	HIPAA CAPMAN	\$8,324,000	\$6,157,460	\$2,166,540	\$0
32	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$3,365,000	\$3,365,000	\$0	\$0
33	PACES	\$3,760,000	\$3,292,300	\$467,700	\$0
34	CA-MMIS MEDCOMPASS SOLUTION	\$3,037,000	\$3,100,000	(\$63,000)	\$0
35	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$1,162,500	\$0
37	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,210,000	\$1,105,000	\$1,105,000	\$0
38	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$1,086,300	\$120,700	\$0
39	LTSS ACTUARIAL STUDY	\$547,000	\$0	\$547,000	\$0
40	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$800,000	\$400,000	\$400,000	\$0
41	MEDICARE BENEFICIARY IDENTIFIER	\$128,000	\$111,640	\$16,360	\$0
42	CALIFORNIA HEALTH INTERVIEW SURVEY	\$977,000	\$977,000	\$0	\$0
43	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$375,000	\$0
44	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,960,000	\$1,980,000	\$1,980,000	\$0
46	T-MSIS	\$2,334,000	\$2,050,500	\$283,500	\$0
47	CCT OUTREACH - ADMINISTRATIVE COSTS	\$360,000	\$360,000	\$0	\$0
48	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$39,230,000	\$20,111,000	\$19,119,000	\$0
66	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	(\$80,000,000)	\$80,000,000	\$0
102	COVID-19 EMERGENCY FMAP - OTHER ADMIN	\$0	\$2,000,000	(\$2,000,000)	\$0
103	RECONCILIATION	(\$13,942,000)	(\$4,568,000)	(\$9,374,000)	\$0
	<b>DHCS-OTHER SUBTOTAL</b>	<b>\$1,194,427,000</b>	<b>\$923,601,780</b>	<b>\$269,884,220</b>	<b>\$941,000</b>
<b><u>DHCS-MEDICAL FI</u></b>					
50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$46,503,000	\$34,877,250	\$11,625,750	\$0
51	MEDICAL FI BO & IT CHANGE ORDERS	\$24,668,000	\$14,081,000	\$10,587,000	\$0
52	MEDICAL FI BO & IT COST REIMBURSEMENT	\$38,460,000	\$26,743,950	\$11,716,050	\$0
53	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$30,627,000	\$21,928,500	\$8,698,500	\$0
56	MEDICAL FI BO OTHER ESTIMATED COSTS	\$21,744,000	\$15,354,000	\$6,390,000	\$0
57	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$16,322,000	\$11,584,500	\$4,737,500	\$0
58	MEDICAL FI BUSINESS OPERATIONS	\$13,737,000	\$9,557,000	\$4,180,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2020-21**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>DHCS-MEDICAL FI</u></b>					
60	MEDICAL FI BO HOURLY REIMBURSEMENT	\$11,407,000	\$8,555,250	\$2,851,750	\$0
64	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$2,468,000	\$1,699,500	\$768,500	\$0
	<b>DHCS-MEDICAL FI SUBTOTAL</b>	<b>\$205,936,000</b>	<b>\$144,380,950</b>	<b>\$61,555,050</b>	<b>\$0</b>
<b><u>DHCS-HEALTH CARE OPT</u></b>					
67	HCO OPERATIONS 2017 CONTRACT	\$40,500,000	\$20,611,940	\$19,888,060	\$0
68	HCO COST REIMBURSEMENT 2017 CONTRACT	\$20,646,000	\$10,507,470	\$10,138,530	\$0
69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$14,171,000	\$7,212,200	\$6,958,800	\$0
	<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>	<b>\$75,317,000</b>	<b>\$38,331,620</b>	<b>\$36,985,380</b>	<b>\$0</b>
<b><u>DHCS-DENTAL FI</u></b>					
70	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$46,692,000	\$28,303,250	\$18,388,750	\$0
71	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$21,744,000	\$15,582,500	\$6,161,500	\$0
	<b>DHCS-DENTAL FI SUBTOTAL</b>	<b>\$68,436,000</b>	<b>\$43,885,750</b>	<b>\$24,550,250</b>	<b>\$0</b>
<b><u>OTHER DEPARTMENTS</u></b>					
75	HEALTH-RELATED ACTIVITIES - CDSS	\$341,958,000	\$341,958,000	\$0	\$0
76	PERSONAL CARE SERVICES	\$392,044,000	\$392,044,000	\$0	\$0
77	CALHEERS DEVELOPMENT	\$131,197,000	\$100,159,710	\$31,037,290	\$0
78	MATERNAL AND CHILD HEALTH	\$64,269,000	\$64,269,000	\$0	\$0
79	CDDS ADMINISTRATIVE COSTS	\$70,757,000	\$70,757,000	\$0	\$0
80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$41,379,000	\$0	\$0
81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$28,236,000	\$28,236,000	\$0	\$0
82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$21,435,000	\$16,003,000	\$0	\$5,432,000
83	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$4,200,000	\$0	\$0
84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,712,000	\$4,712,000	\$0	\$0
85	CALIFORNIA SMOKERS' HELPLINE	\$2,400,000	\$2,400,000	\$0	\$0
86	KIT FOR NEW PARENTS	\$1,061,000	\$1,061,000	\$0	\$0
87	VITAL RECORDS	\$890,000	\$882,000	\$8,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES  
FISCAL YEAR 2020-21**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b><u>OTHER DEPARTMENTS</u></b>					
88	VETERANS BENEFITS	\$1,100,000	\$1,100,000	\$0	\$0
89	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,036,000	\$1,036,000	\$0	\$0
90	CHHS AGENCY HIPAA FUNDING	\$1,004,000	\$1,004,000	\$0	\$0
91	CDPH I&E PROGRAM AND EVALUATION	\$187,000	\$187,000	\$0	\$0
92	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$95,000	\$0
93	PIA EYEWEAR COURIER SERVICE	\$941,000	\$470,500	\$470,500	\$0
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$1,108,996,000</b>	<b>\$1,071,953,210</b>	<b>\$31,610,790</b>	<b>\$5,432,000</b>
	<b>GRAND TOTAL</b>	<b>\$2,653,112,000</b>	<b>\$2,222,153,300</b>	<b>\$424,585,700</b>	<b>\$6,373,000</b>

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>DHCS-OTHER</b>												
1	1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$179,674,000	\$271,000	\$176,538,000	(\$2,241,000)	\$135,713,000	(\$2,241,000)	(\$43,961,000)	(\$2,512,000)	(\$40,825,000)	\$0
2	2	CCS CASE MANAGEMENT	\$174,497,000	\$57,660,840	\$174,158,000	\$58,454,450	\$174,215,000	\$58,527,860	(\$282,000)	\$867,020	\$57,000	\$73,410
3	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$144,676,000	\$0	\$129,399,000	\$0	\$168,275,000	\$0	\$23,599,000	\$0	\$38,876,000	\$0
4	4	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$33,353,000	\$0	\$119,816,000	\$0	\$8,442,000	\$0	(\$24,911,000)	\$0	(\$111,374,000)	\$0
5	5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$112,971,000	\$500,000	\$114,135,000	\$500,000	\$109,924,000	\$500,000	(\$3,047,000)	\$0	(\$4,211,000)	\$0
6	6	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$3,180,000	\$0	\$43,204,000	\$0	\$42,661,000	\$0	\$39,481,000	\$0	(\$543,000)	\$0
7	7	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$26,312,000	\$960,000	\$40,167,000	\$1,295,000	\$11,197,000	\$971,000	(\$15,115,000)	\$11,000	(\$28,970,000)	(\$324,000)
8	8	ARRA HITECH INCENTIVE PROGRAM	\$27,288,000	\$0	\$36,989,000	\$0	\$11,643,000	\$0	(\$15,645,000)	\$0	(\$25,346,000)	\$0
9	9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$28,433,000	\$5,807,230	\$35,952,000	\$10,382,880	\$38,088,000	\$10,975,010	\$9,655,000	\$5,167,780	\$2,136,000	\$592,120
10	10	CHDP CASE MANAGEMENT	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0	\$0	\$0
11	11	SMHS COUNTY UR & QA ADMIN	\$29,858,000	\$983,000	\$31,213,000	\$943,000	\$31,635,000	\$953,000	\$1,777,000	(\$30,000)	\$422,000	\$10,000
12	12	HEALTH ENROLLMENT NAVIGATORS	\$0	\$0	\$29,800,000	\$14,900,000	\$5,574,000	\$2,787,000	\$5,574,000	\$2,787,000	(\$24,226,000)	(\$12,113,000)
13	13	SMH MAA	\$29,139,000	\$0	\$28,261,000	\$0	\$47,531,000	\$0	\$18,392,000	\$0	\$19,270,000	\$0
14	14	POSTAGE & PRINTING	\$26,640,000	\$13,448,500	\$27,185,000	\$13,721,000	\$26,043,000	\$13,150,000	(\$597,000)	(\$298,500)	(\$1,142,000)	(\$571,000)
15	15	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$23,005,000	\$7,667,000	\$21,162,000	\$7,054,000	\$981,000	\$285,000	(\$22,024,000)	(\$7,382,000)	(\$20,181,000)	(\$6,769,000)
16	16	MANAGED CARE REGULATIONS - MH PARITY	\$19,552,000	\$2,793,000	\$19,344,000	\$2,763,000	\$19,367,000	\$2,767,000	(\$185,000)	(\$26,000)	\$23,000	\$4,000
17	17	PAVE SYSTEM	\$19,662,000	(\$1,153,600)	\$16,124,000	\$5,610,400	\$9,063,000	\$4,531,500	(\$10,599,000)	\$5,685,100	(\$7,061,000)	(\$1,078,900)
18	18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$17,055,000	\$8,118,500	\$17,056,000	\$8,119,000	\$17,056,000	\$8,315,500	\$1,000	\$197,000	\$0	\$196,500
19	19	PERFORMANCE OUTCOMES SYSTEM	\$15,855,000	\$6,789,250	\$15,989,000	\$7,060,750	\$5,715,000	\$2,794,250	(\$10,140,000)	(\$3,995,000)	(\$10,274,000)	(\$4,266,500)
20	20	SURS AND MARS SYSTEM REPROCUREMENT	\$10,835,000	\$4,230,700	\$15,212,000	\$4,345,900	\$15,212,000	\$4,345,900	\$4,377,000	\$115,200	\$0	\$0
21	21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM	\$0	\$0	\$14,760,000	\$1,476,000	\$500,000	\$50,000	\$500,000	\$50,000	(\$14,260,000)	(\$1,426,000)
22	22	MEDI-CAL RECOVERY CONTRACTS	\$9,372,000	\$2,343,000	\$10,728,000	\$2,682,000	\$7,159,000	\$1,789,750	(\$2,213,000)	(\$553,250)	(\$3,569,000)	(\$892,250)
23	23	MIS/DSS CONTRACT	\$11,507,000	\$3,049,500	\$12,439,000	\$3,282,500	\$12,716,000	\$3,310,200	\$1,209,000	\$260,700	\$277,000	\$27,700
24	24	MITA	\$6,084,000	\$688,400	\$11,256,000	\$1,205,600	\$5,675,000	\$680,660	(\$409,000)	(\$7,740)	(\$5,581,000)	(\$524,940)
25	25	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>DHCS-OTHER</b>												
26	26	PASRR	\$9,511,000	\$2,377,750	\$10,570,000	\$2,642,500	\$8,964,000	\$2,241,000	(\$547,000)	(\$136,750)	(\$1,606,000)	(\$401,500)
27	27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST	\$0	\$0	\$10,515,000	\$5,257,500	\$9,764,000	\$4,882,000	\$9,764,000	\$4,882,000	(\$751,000)	(\$375,500)
28	28	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0	\$0	\$0
29	29	NEWBORN HEARING SCREENING PROGRAM	\$7,700,000	\$3,850,000	\$7,580,000	\$3,790,000	\$7,580,000	\$3,790,000	(\$120,000)	(\$60,000)	\$0	\$0
30	30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$6,006,000	\$1,739,000	\$5,856,000	\$1,678,750	\$5,995,000	\$1,743,000	(\$11,000)	\$4,000	\$139,000	\$64,250
31	31	HIPAA CAPMAN	\$5,295,000	\$1,323,750	\$5,820,000	\$1,455,000	\$5,448,000	\$1,362,590	\$153,000	\$38,840	(\$372,000)	(\$92,410)
32	32	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$2,029,000	\$0	\$4,096,000	\$0	\$4,096,000	\$0	\$2,067,000	\$0	\$0	\$0
33	33	PACES	\$2,811,000	\$364,950	\$3,104,000	\$385,400	\$2,540,000	\$289,640	(\$271,000)	(\$75,320)	(\$564,000)	(\$95,760)
34	34	CA-MMIS MEDCOMPASS SOLUTION	\$2,686,000	\$390,200	\$2,686,000	\$390,200	\$2,202,000	\$1,101,000	(\$484,000)	\$710,800	(\$484,000)	\$710,800
35	35	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0	\$0	\$0
37	37	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,600,000	\$800,000	\$1,640,000	\$820,000	\$2,040,000	\$1,020,000	\$440,000	\$220,000	\$400,000	\$200,000
38	38	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$603,500	\$1,207,000	\$120,700	\$1,207,000	\$120,700	\$0	(\$482,800)	\$0	\$0
39	39	LTSS ACTUARIAL STUDY	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$453,000	\$453,000	(\$547,000)	(\$547,000)	(\$547,000)	(\$547,000)
40	40	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$1,034,000	\$517,000	\$890,000	\$445,000	\$488,000	\$244,000	(\$546,000)	(\$273,000)	(\$402,000)	(\$201,000)
41	41	MEDICARE BENEFICIARY IDENTIFIER	\$828,000	\$82,800	\$828,000	\$82,800	\$828,000	\$94,180	\$0	\$11,380	\$0	\$11,380
42	42	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,100,000	\$0	\$810,000	\$0	\$933,000	\$0	(\$167,000)	\$0	\$123,000	\$0
43	43	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0	\$0	\$0
44	44	ELECTRONIC ASSET VERIFICATION PROGRAM	\$2,162,000	\$1,081,000	\$659,000	\$329,500	\$659,000	\$329,500	(\$1,503,000)	(\$751,500)	\$0	\$0
46	46	T-MSIS	\$260,000	\$65,000	\$311,000	\$77,750	\$311,000	\$77,750	\$51,000	\$12,750	\$0	\$0
47	47	CCT OUTREACH - ADMINISTRATIVE COSTS	\$0	\$0	\$290,000	\$0	\$290,000	\$0	\$290,000	\$0	\$0	\$0
66	66	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	\$0	\$0	\$142,771,000	\$0	\$223,428,000	\$0	\$223,428,000	\$0	\$80,657,000
--	102	COVID-19 EMERGENCY FMAP - OTHER ADMIN	\$0	\$0	\$0	\$0	\$0	(\$1,000,000)	\$0	(\$1,000,000)	\$0	(\$1,000,000)
--	--	VENDOR FOR AAC RATE STUDY	\$332,000	\$166,000	\$0	\$0	\$0	\$0	(\$332,000)	(\$166,000)	\$0	\$0
--	--	PROP 56 LOAN REPAYMENT ADMIN CONTRACT	\$1,100,000	\$0	\$0	\$0	\$0	\$0	(\$1,100,000)	\$0	\$0	\$0
<b>DHCS-OTHER SUBTOTAL</b>			<b>\$1,053,839,000</b>	<b>\$152,608,270</b>	<b>\$1,256,979,000</b>	<b>\$326,891,580</b>	<b>\$1,016,413,000</b>	<b>\$378,760,000</b>	<b>(\$37,426,000)</b>	<b>\$226,151,720</b>	<b>(\$240,566,000)</b>	<b>\$51,868,410</b>

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>DHCS-MEDICAL FI</b>												
49	49	MEDICAL FI OPERATIONS	\$37,923,000	\$12,147,750	\$38,065,000	\$12,197,500	\$32,340,000	\$9,881,750	(\$5,583,000)	(\$2,266,000)	(\$5,725,000)	(\$2,315,750)
50	50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$21,615,000	\$5,403,750	\$24,801,000	\$6,200,250	\$24,801,000	\$6,200,250	\$3,186,000	\$796,500	\$0	\$0
51	51	MEDICAL FI BO & IT CHANGE ORDERS	\$16,608,000	\$4,152,000	\$24,195,000	\$6,048,750	\$25,128,000	\$6,482,750	\$8,520,000	\$2,330,750	\$933,000	\$434,000
52	52	MEDICAL FI BO & IT COST REIMBURSEMENT	\$15,137,000	\$3,830,850	\$22,351,000	\$6,647,700	\$22,351,000	\$6,647,700	\$7,214,000	\$2,816,850	\$0	\$0
53	53	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$15,593,000	\$3,898,250	\$18,192,000	\$4,548,000	\$17,763,000	\$5,046,750	\$2,170,000	\$1,148,500	(\$429,000)	\$498,750
54	54	MEDICAL FI HOURLY REIMBURSEMENT	\$13,773,000	\$2,993,250	\$41,221,000	\$10,697,250	\$43,605,000	\$10,986,850	\$29,832,000	\$7,993,600	\$2,384,000	\$289,600
55	55	MEDICAL FI COST REIMBURSEMENT	\$18,211,000	\$4,989,550	\$11,213,000	\$3,374,100	\$28,096,000	\$7,865,050	\$9,885,000	\$2,875,500	\$16,883,000	\$4,490,950
56	56	MEDICAL FI BO OTHER ESTIMATED COSTS	\$10,890,000	\$3,174,250	\$10,890,000	\$3,174,250	\$10,873,000	\$3,195,500	(\$17,000)	\$21,250	(\$17,000)	\$21,250
57	57	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$8,161,000	\$2,368,750	\$8,161,000	\$2,368,750	\$8,161,000	\$2,368,750	\$0	\$0	\$0	\$0
58	58	MEDICAL FI BUSINESS OPERATIONS	\$7,132,000	\$1,783,000	\$7,132,000	\$1,783,000	\$6,868,000	\$2,089,750	(\$264,000)	\$306,750	(\$264,000)	\$306,750
59	59	MEDICAL FI OTHER ESTIMATED COSTS	\$5,890,000	\$1,785,000	\$5,890,000	\$1,785,000	\$5,951,000	\$1,712,250	\$61,000	(\$72,750)	\$61,000	(\$72,750)
60	60	MEDICAL FI BO HOURLY REIMBURSEMENT	\$5,364,000	\$1,341,000	\$5,364,000	\$1,341,000	\$5,364,000	\$1,341,000	\$0	\$0	\$0	\$0
61	61	MEDICAL FI SRP RELEASE 1 HOSTING	\$4,225,000	\$614,100	\$4,225,000	\$614,100	\$3,162,000	\$459,600	(\$1,063,000)	(\$154,500)	(\$1,063,000)	(\$154,500)
62	62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$0	\$0	\$1,679,000	\$167,900	\$373,000	\$37,300	\$373,000	\$37,300	(\$1,306,000)	(\$130,600)
63	63	MEDICAL FI MISCELLANEOUS EXPENSES	\$1,467,000	\$462,750	\$1,325,000	\$420,750	\$1,349,000	\$423,750	(\$118,000)	(\$39,000)	\$24,000	\$3,000
64	64	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$4,791,000	\$1,275,000	\$1,250,000	\$383,250	\$1,037,000	\$322,250	(\$3,754,000)	(\$952,750)	(\$213,000)	(\$61,000)
65	65	MEDICAL FI CHANGE ORDERS	\$243,000	\$60,750	\$146,000	\$36,500	\$246,000	\$61,500	\$3,000	\$750	\$100,000	\$25,000
--	97	CMS DEFERRED CLAIMS - FI	\$0	\$0	\$0	\$0	\$0	\$2,235,000	\$0	\$2,235,000	\$0	\$2,235,000
<b>DHCS-MEDICAL FI SUBTOTAL</b>			<b>\$187,023,000</b>	<b>\$50,280,000</b>	<b>\$226,100,000</b>	<b>\$61,788,050</b>	<b>\$237,468,000</b>	<b>\$67,357,750</b>	<b>\$50,445,000</b>	<b>\$17,077,750</b>	<b>\$11,368,000</b>	<b>\$5,569,700</b>
<b>DHCS-HEALTH CARE OPT</b>												
67	67	HCO OPERATIONS 2017 CONTRACT	\$40,873,000	\$19,836,340	\$40,872,000	\$19,835,580	\$40,872,000	\$19,835,580	(\$1,000)	(\$760)	\$0	\$0
68	68	HCO COST REIMBURSEMENT 2017 CONTRACT	\$40,619,000	\$19,712,860	\$20,646,000	\$10,019,850	\$20,646,000	\$10,019,850	(\$19,973,000)	(\$9,693,020)	\$0	\$0
69	69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$13,259,000	\$6,434,720	\$13,716,000	\$6,656,430	\$13,716,000	\$6,656,430	\$457,000	\$221,720	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>	<b>\$94,751,000</b>	<b>\$45,983,920</b>	<b>\$75,234,000</b>	<b>\$36,511,860</b>	<b>\$75,234,000</b>	<b>\$36,511,860</b>	<b>(\$19,517,000)</b>	<b>(\$9,472,060)</b>	<b>\$0</b>	<b>\$0</b>
		<b>DHCS-DENTAL FI</b>										
70	70	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$48,932,000	\$17,221,750	\$45,950,000	\$16,906,000	\$37,920,000	\$13,357,000	(\$11,012,000)	(\$3,864,750)	(\$8,030,000)	(\$3,549,000)
71	71	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$22,729,000	\$6,242,000	\$21,456,000	\$6,125,250	\$18,457,000	\$5,266,250	(\$4,272,000)	(\$975,750)	(\$2,999,000)	(\$859,000)
72	72	DENTAL FI TAKEOVER 2016 CONTRACT	\$0	\$0	\$7,808,000	\$1,952,000	\$7,797,000	\$1,949,250	\$7,797,000	\$1,949,250	(\$11,000)	(\$2,750)
73	73	DENTAL FI CD-MMIS COSTS	\$0	\$0	\$2,738,000	\$715,250	\$256,000	\$94,750	\$256,000	\$94,750	(\$2,482,000)	(\$620,500)
74	74	DENTAL ASO TAKEOVER 2016 CONTRACT	\$0	\$0	\$940,000	\$235,000	\$940,000	\$235,000	\$940,000	\$235,000	\$0	\$0
--	--	DENTAL BENEFICIARY OUTREACH & ED PROGRAM - ADMIN	\$900,000	\$450,000	\$0	\$0	\$0	\$0	(\$900,000)	(\$450,000)	\$0	\$0
		<b>DHCS-DENTAL FI SUBTOTAL</b>	<b>\$72,561,000</b>	<b>\$23,913,750</b>	<b>\$78,892,000</b>	<b>\$25,933,500</b>	<b>\$65,370,000</b>	<b>\$20,902,250</b>	<b>(\$7,191,000)</b>	<b>(\$3,011,500)</b>	<b>(\$13,522,000)</b>	<b>(\$5,031,250)</b>
		<b>OTHER DEPARTMENTS</b>										
75	75	HEALTH-RELATED ACTIVITIES - CDSS	\$470,244,000	\$0	\$289,481,000	\$0	\$281,138,000	\$0	(\$189,106,000)	\$0	(\$8,343,000)	\$0
76	76	PERSONAL CARE SERVICES	\$374,260,000	\$0	\$389,761,000	\$0	\$382,761,000	\$0	\$8,501,000	\$0	(\$7,000,000)	\$0
77	77	CALHEERS DEVELOPMENT	\$127,288,000	\$27,884,460	\$144,027,000	\$31,971,000	\$143,594,000	\$31,867,880	\$16,306,000	\$3,983,420	(\$433,000)	(\$103,110)
78	78	MATERNAL AND CHILD HEALTH	\$55,802,000	\$0	\$66,536,000	\$0	\$66,536,000	\$0	\$10,734,000	\$0	\$0	\$0
79	79	CDDS ADMINISTRATIVE COSTS	\$60,577,000	\$0	\$90,840,000	\$0	\$86,240,000	\$0	\$25,663,000	\$0	(\$4,600,000)	\$0
80	80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$0	\$41,379,000	\$0	\$41,379,000	\$0	\$0	\$0	\$0	\$0
81	81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$23,162,000	\$0	\$25,399,000	\$0	\$26,381,000	\$0	\$3,219,000	\$0	\$982,000	\$0
82	82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$17,146,000	\$0	\$18,534,000	\$0	\$18,314,000	\$0	\$1,168,000	\$0	(\$220,000)	\$0
83	83	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$0	\$8,507,000	\$0	\$8,507,000	\$0	\$4,307,000	\$0	\$0	\$0
84	84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$6,542,000	\$0	\$4,542,000	\$0	\$4,454,000	\$0	(\$2,088,000)	\$0	(\$88,000)	\$0
85	85	CALIFORNIA SMOKERS' HELPLINE	\$2,400,000	\$0	\$3,000,000	\$0	\$3,000,000	\$0	\$600,000	\$0	\$0	\$0
86	86	KIT FOR NEW PARENTS	\$1,223,000	\$0	\$1,223,000	\$0	\$1,061,000	\$0	(\$162,000)	\$0	(\$162,000)	\$0
87	87	VITAL RECORDS	\$677,000	\$11,000	\$1,138,000	\$8,000	\$1,147,000	\$6,000	\$470,000	(\$5,000)	\$9,000	(\$2,000)
88	88	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0	\$0	\$0



**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO APPROPRIATION AND NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2019-20**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	2019-20 APPROPRIATION		NOV. 2019 EST. FOR 2019-20		MAY 2020 EST. FOR 2019-20		DIFF. MAY TO APPROPRIATION		DIFFERENCE MAY TO NOVEMBER	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>OTHER DEPARTMENTS</b>												
89	89	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$983,000	\$0	\$996,000	\$0	\$996,000	\$0	\$13,000	\$0	\$0	\$0
90	90	CHHS AGENCY HIPAA FUNDING	\$849,000	\$0	\$849,000	\$0	\$849,000	\$0	\$0	\$0	\$0	\$0
91	91	CDPH I&E PROGRAM AND EVALUATION	\$558,000	\$0	\$693,000	\$0	\$693,000	\$0	\$135,000	\$0	\$0	\$0
92	92	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$190,000	\$95,000	\$190,000	\$95,000	\$0	\$0	\$0	\$0
93	93	PIA EYEWEAR COURIER SERVICE	\$394,000	\$197,000	\$667,000	\$333,500	\$490,000	\$245,000	\$96,000	\$48,000	(\$177,000)	(\$88,500)
		<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$1,188,974,000</b>	<b>\$28,187,460</b>	<b>\$1,088,862,000</b>	<b>\$32,407,500</b>	<b>\$1,068,830,000</b>	<b>\$32,213,880</b>	<b>(\$120,144,000)</b>	<b>\$4,026,420</b>	<b>(\$20,032,000)</b>	<b>(\$193,610)</b>
		<b>OTHER ADMINISTRATION TOTAL</b>	<b>\$2,597,148,000</b>	<b>\$300,973,400</b>	<b>\$2,726,067,000</b>	<b>\$483,532,480</b>	<b>\$2,463,315,000</b>	<b>\$535,745,740</b>	<b>(\$133,833,000)</b>	<b>\$234,772,340</b>	<b>(\$262,752,000)</b>	<b>\$52,213,250</b>
		<b>GRAND TOTAL COUNTY AND OTHER ADMINISTRATION</b>	<b>\$4,971,350,000</b>	<b>\$1,020,069,150</b>	<b>\$5,087,869,000</b>	<b>\$1,076,727,240</b>	<b>\$4,835,764,000</b>	<b>\$1,110,629,480</b>	<b>(\$135,586,000)</b>	<b>\$90,560,340</b>	<b>(\$252,105,000)</b>	<b>\$33,902,250</b>

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DHCS-OTHER</u></b>								
1	1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$143,020,000	\$0	\$141,765,000	\$0	(\$1,255,000)	\$0
2	2	CCS CASE MANAGEMENT	\$173,361,000	\$58,959,430	\$172,410,000	\$58,668,880	(\$951,000)	(\$290,550)
3	3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$130,901,000	\$0	\$170,067,000	\$0	\$39,166,000	\$0
5	5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$123,578,000	\$0	\$113,838,000	\$0	(\$9,740,000)	\$0
--	6	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$0	\$0	\$32,100,000	\$0	\$32,100,000	\$0
7	7	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$26,441,000	\$1,114,000	\$23,426,000	\$894,000	(\$3,015,000)	(\$220,000)
8	8	ARRA HITECH INCENTIVE PROGRAM	\$16,993,000	\$0	\$37,058,000	\$0	\$20,065,000	\$0
9	9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$33,800,000	\$12,621,740	\$35,910,000	\$13,388,300	\$2,110,000	\$766,560
10	10	CHDP CASE MANAGEMENT	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0
11	11	SMHS COUNTY UR & QA ADMIN	\$31,843,000	\$943,000	\$32,288,000	\$953,000	\$445,000	\$10,000
12	12	HEALTH ENROLLMENT NAVIGATORS	\$29,800,000	\$14,900,000	\$54,426,000	\$27,213,000	\$24,626,000	\$12,313,000
13	13	SMH MAA	\$30,335,000	\$0	\$49,860,000	\$0	\$19,525,000	\$0
14	14	POSTAGE & PRINTING	\$26,935,000	\$13,596,000	\$29,793,000	\$15,025,000	\$2,858,000	\$1,429,000
15	15	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$21,162,000	\$7,054,000	\$981,000	\$285,000	(\$20,181,000)	(\$6,769,000)
16	16	MANAGED CARE REGULATIONS - MH PARITY	\$19,344,000	\$2,763,000	\$19,367,000	\$2,767,000	\$23,000	\$4,000
17	17	PAVE SYSTEM	\$10,625,000	(\$4,431,750)	\$10,353,000	(\$4,476,750)	(\$272,000)	(\$45,000)
18	18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$17,056,000	\$8,119,000	\$17,190,000	\$8,332,000	\$134,000	\$213,000
19	19	PERFORMANCE OUTCOMES SYSTEM	\$15,516,000	\$6,675,500	\$4,401,000	\$2,137,250	(\$11,115,000)	(\$4,538,250)
20	20	SURS AND MARS SYSTEM REPROCUREMENT	\$8,227,000	(\$2,166,250)	\$14,351,000	(\$1,722,250)	\$6,124,000	\$444,000
21	21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM	\$35,240,000	\$3,524,000	\$42,620,000	\$4,262,000	\$7,380,000	\$738,000
22	22	MEDI-CAL RECOVERY CONTRACTS	\$19,568,000	\$4,892,000	\$6,837,000	\$1,709,250	(\$12,731,000)	(\$3,182,750)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b><u>DHCS-OTHER</u></b>						
23	23	MIS/DSS CONTRACT	\$12,388,000	\$3,244,550	\$22,943,000	\$5,745,900	\$10,555,000	\$2,501,350
24	24	MITA	\$13,389,000	\$1,418,900	\$11,326,000	\$1,471,340	(\$2,063,000)	\$52,440
25	25	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
26	26	PASRR	\$10,296,000	\$2,574,000	\$10,555,000	\$2,638,750	\$259,000	\$64,750
27	27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST	\$12,582,000	\$6,291,000	\$12,316,000	\$6,158,000	(\$266,000)	(\$133,000)
28	28	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
29	29	NEWBORN HEARING SCREENING PROGRAM	\$7,580,000	\$3,790,000	\$7,580,000	\$3,790,000	\$0	\$0
30	30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$6,008,000	\$1,722,250	\$6,139,000	\$1,784,750	\$131,000	\$62,500
31	31	HIPAA CAPMAN	\$5,430,000	\$1,357,500	\$8,324,000	\$2,166,540	\$2,894,000	\$809,040
32	32	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$3,011,000	\$0	\$3,365,000	\$0	\$354,000	\$0
33	33	PACES	\$2,878,000	\$362,800	\$3,760,000	\$467,700	\$882,000	\$104,900
34	34	CA-MMIS MEDCOMPASS SOLUTION	\$2,411,000	\$350,100	\$3,037,000	(\$63,000)	\$626,000	(\$413,100)
35	35	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
37	37	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,640,000	\$820,000	\$2,210,000	\$1,105,000	\$570,000	\$285,000
38	38	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$120,700	\$1,207,000	\$120,700	\$0	\$0
--	39	LTSS ACTUARIAL STUDY	\$0	\$0	\$547,000	\$547,000	\$547,000	\$547,000
40	40	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$800,000	\$400,000	\$800,000	\$400,000	\$0	\$0
41	41	MEDICARE BENEFICIARY IDENTIFIER	\$128,000	\$12,800	\$128,000	\$16,360	\$0	\$3,560
42	42	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,100,000	\$0	\$977,000	\$0	(\$123,000)	\$0
43	43	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
44	44	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,960,000	\$1,980,000	\$3,960,000	\$1,980,000	\$0	\$0
46	46	T-MSIS	\$2,834,000	\$333,500	\$2,334,000	\$283,500	(\$500,000)	(\$50,000)
--	47	CCT OUTREACH - ADMINISTRATIVE COSTS	\$0	\$0	\$360,000	\$0	\$360,000	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DHCS-OTHER</u></b>								
48	48	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$39,230,000	\$19,119,000	\$39,230,000	\$19,119,000	\$0	\$0
--	66	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	\$0	\$0	\$80,000,000	\$0	\$80,000,000
--	102	COVID-19 EMERGENCY FMAP - OTHER ADMIN	\$0	\$0	\$0	(\$2,000,000)	\$0	(\$2,000,000)
--	103	RECONCILIATION	\$0	\$0	(\$13,942,000)	(\$9,374,000)	(\$13,942,000)	(\$9,374,000)
<b>DHCS-OTHER SUBTOTAL</b>			<b>\$1,098,847,000</b>	<b>\$196,551,770</b>	<b>\$1,194,427,000</b>	<b>\$269,884,220</b>	<b>\$95,580,000</b>	<b>\$73,332,450</b>
<b><u>DHCS-MEDICAL FI</u></b>								
50	50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$41,858,000	\$10,464,500	\$46,503,000	\$11,625,750	\$4,645,000	\$1,161,250
51	51	MEDICAL FI BO & IT CHANGE ORDERS	\$24,196,000	\$6,049,000	\$24,668,000	\$10,587,000	\$472,000	\$4,538,000
52	52	MEDICAL FI BO & IT COST REIMBURSEMENT	\$38,460,000	\$11,716,050	\$38,460,000	\$11,716,050	\$0	\$0
53	53	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$31,363,000	\$7,840,750	\$30,627,000	\$8,698,500	(\$736,000)	\$857,750
56	56	MEDICAL FI BO OTHER ESTIMATED COSTS	\$21,780,000	\$6,348,250	\$21,744,000	\$6,390,000	(\$36,000)	\$41,750
57	57	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$16,322,000	\$4,737,500	\$16,322,000	\$4,737,500	\$0	\$0
58	58	MEDICAL FI BUSINESS OPERATIONS	\$14,265,000	\$3,567,000	\$13,737,000	\$4,180,000	(\$528,000)	\$613,000
60	60	MEDICAL FI BO HOURLY REIMBURSEMENT	\$10,728,000	\$2,682,000	\$11,407,000	\$2,851,750	\$679,000	\$169,750
64	64	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$2,505,000	\$767,750	\$2,468,000	\$768,500	(\$37,000)	\$750
<b>DHCS-MEDICAL FI SUBTOTAL</b>			<b>\$201,477,000</b>	<b>\$54,172,800</b>	<b>\$205,936,000</b>	<b>\$61,555,050</b>	<b>\$4,459,000</b>	<b>\$7,382,250</b>
<b><u>DHCS-HEALTH CARE OPT</u></b>								
67	67	HCO OPERATIONS 2017 CONTRACT	\$40,500,000	\$19,888,060	\$40,500,000	\$19,888,060	\$0	\$0
68	68	HCO COST REIMBURSEMENT 2017 CONTRACT	\$20,646,000	\$10,138,530	\$20,646,000	\$10,138,530	\$0	\$0
69	69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$14,171,000	\$6,958,800	\$14,171,000	\$6,958,800	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>	<b>\$75,317,000</b>	<b>\$36,985,380</b>	<b>\$75,317,000</b>	<b>\$36,985,380</b>	<b>\$0</b>	<b>\$0</b>
		<b><u>DHCS-DENTAL FI</u></b>						
70	70	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$44,668,000	\$16,184,250	\$46,692,000	\$18,388,750	\$2,024,000	\$2,204,500
71	71	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$21,531,000	\$6,110,500	\$21,744,000	\$6,161,500	\$213,000	\$51,000
94	--	RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN	\$1,827,000	\$607,750	\$0	\$0	(\$1,827,000)	(\$607,750)
		<b>DHCS-DENTAL FI SUBTOTAL</b>	<b>\$68,026,000</b>	<b>\$22,902,500</b>	<b>\$68,436,000</b>	<b>\$24,550,250</b>	<b>\$410,000</b>	<b>\$1,647,750</b>
		<b><u>OTHER DEPARTMENTS</u></b>						
75	75	HEALTH-RELATED ACTIVITIES - CDSS	\$290,737,000	\$0	\$341,958,000	\$0	\$51,221,000	\$0
76	76	PERSONAL CARE SERVICES	\$389,951,000	\$0	\$392,044,000	\$0	\$2,093,000	\$0
77	77	CALHEERS DEVELOPMENT	\$126,784,000	\$29,767,620	\$131,197,000	\$31,037,290	\$4,413,000	\$1,269,670
78	78	MATERNAL AND CHILD HEALTH	\$64,269,000	\$0	\$64,269,000	\$0	\$0	\$0
79	79	CDDS ADMINISTRATIVE COSTS	\$78,114,000	\$0	\$70,757,000	\$0	(\$7,357,000)	\$0
80	80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$0	\$41,379,000	\$0	\$0	\$0
81	81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$28,236,000	\$0	\$28,236,000	\$0	\$0	\$0
82	82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$18,071,000	\$0	\$21,435,000	\$0	\$3,364,000	\$0
83	83	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$0	\$4,200,000	\$0	\$0	\$0
84	84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,712,000	\$0	\$4,712,000	\$0	\$0	\$0
85	85	CALIFORNIA SMOKERS' HELPLINE	\$2,400,000	\$0	\$2,400,000	\$0	\$0	\$0
86	86	KIT FOR NEW PARENTS	\$1,223,000	\$0	\$1,061,000	\$0	(\$162,000)	\$0
87	87	VITAL RECORDS	\$891,000	\$9,000	\$890,000	\$8,000	(\$1,000)	(\$1,000)
88	88	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
MAY 2020 ESTIMATE COMPARED TO NOVEMBER 2019 ESTIMATE  
FISCAL YEAR 2020-21**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2019 EST. FOR 2020-21		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>OTHER DEPARTMENTS</b>								
89	89	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,036,000	\$0	\$1,036,000	\$0	\$0	\$0
90	90	CHHS AGENCY HIPAA FUNDING	\$896,000	\$0	\$1,004,000	\$0	\$108,000	\$0
91	91	CDPH I&E PROGRAM AND EVALUATION	\$187,000	\$0	\$187,000	\$0	\$0	\$0
92	92	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$190,000	\$95,000	\$0	\$0
93	93	PIA EYEWEAR COURIER SERVICE	\$941,000	\$470,500	\$941,000	\$470,500	\$0	\$0
<b>OTHER DEPARTMENTS SUBTOTAL</b>			<b>\$1,055,317,000</b>	<b>\$30,342,120</b>	<b>\$1,108,996,000</b>	<b>\$31,610,790</b>	<b>\$53,679,000</b>	<b>\$1,268,670</b>
<b>OTHER ADMINISTRATION TOTAL</b>			<b>\$2,498,984,000</b>	<b>\$340,954,580</b>	<b>\$2,653,112,000</b>	<b>\$424,585,700</b>	<b>\$154,128,000</b>	<b>\$83,631,120</b>
<b>GRAND TOTAL COUNTY AND OTHER ADMINISTRATION</b>			<b>\$4,913,275,000</b>	<b>\$980,541,320</b>	<b>\$5,067,170,000</b>	<b>\$1,032,712,200</b>	<b>\$153,895,000</b>	<b>\$52,170,870</b>

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DHCS-OTHER</u></b>							
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$135,713,000	(\$2,241,000)	\$141,765,000	\$0	\$6,052,000	\$2,241,000
2	CCS CASE MANAGEMENT	\$174,215,000	\$58,527,860	\$172,410,000	\$58,668,880	(\$1,805,000)	\$141,020
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$168,275,000	\$0	\$170,067,000	\$0	\$1,792,000	\$0
4	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS	\$8,442,000	\$0	\$0	\$0	(\$8,442,000)	\$0
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$109,924,000	\$500,000	\$113,838,000	\$0	\$3,914,000	(\$500,000)
6	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$42,661,000	\$0	\$32,100,000	\$0	(\$10,561,000)	\$0
7	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$11,197,000	\$971,000	\$23,426,000	\$894,000	\$12,229,000	(\$77,000)
8	ARRA HITECH INCENTIVE PROGRAM	\$11,643,000	\$0	\$37,058,000	\$0	\$25,415,000	\$0
9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$38,088,000	\$10,975,010	\$35,910,000	\$13,388,300	(\$2,178,000)	\$2,413,280
10	CHDP CASE MANAGEMENT	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0
11	SMHS COUNTY UR & QA ADMIN	\$31,635,000	\$953,000	\$32,288,000	\$953,000	\$653,000	\$0
12	HEALTH ENROLLMENT NAVIGATORS	\$5,574,000	\$2,787,000	\$54,426,000	\$27,213,000	\$48,852,000	\$24,426,000
13	SMH MAA	\$47,531,000	\$0	\$49,860,000	\$0	\$2,329,000	\$0
14	POSTAGE & PRINTING	\$26,043,000	\$13,150,000	\$29,793,000	\$15,025,000	\$3,750,000	\$1,875,000
15	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$981,000	\$285,000	\$981,000	\$285,000	\$0	\$0
16	MANAGED CARE REGULATIONS - MH PARITY	\$19,367,000	\$2,767,000	\$19,367,000	\$2,767,000	\$0	\$0
17	PAVE SYSTEM	\$9,063,000	\$4,531,500	\$10,353,000	(\$4,476,750)	\$1,290,000	(\$9,008,250)
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$17,056,000	\$8,315,500	\$17,190,000	\$8,332,000	\$134,000	\$16,500
19	PERFORMANCE OUTCOMES SYSTEM	\$5,715,000	\$2,794,250	\$4,401,000	\$2,137,250	(\$1,314,000)	(\$657,000)
20	SURS AND MARS SYSTEM REPROCUREMENT	\$15,212,000	\$4,345,900	\$14,351,000	(\$1,722,250)	(\$861,000)	(\$6,068,150)
21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM	\$500,000	\$50,000	\$42,620,000	\$4,262,000	\$42,120,000	\$4,212,000
22	MEDI-CAL RECOVERY CONTRACTS	\$7,159,000	\$1,789,750	\$6,837,000	\$1,709,250	(\$322,000)	(\$80,500)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b><u>DHCS-OTHER</u></b>						
23	MIS/DSS CONTRACT	\$12,716,000	\$3,310,200	\$22,943,000	\$5,745,900	\$10,227,000	\$2,435,700
24	MITA	\$5,675,000	\$680,660	\$11,326,000	\$1,471,340	\$5,651,000	\$790,680
25	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
26	PASRR	\$8,964,000	\$2,241,000	\$10,555,000	\$2,638,750	\$1,591,000	\$397,750
27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST	\$9,764,000	\$4,882,000	\$12,316,000	\$6,158,000	\$2,552,000	\$1,276,000
28	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
29	NEWBORN HEARING SCREENING PROGRAM	\$7,580,000	\$3,790,000	\$7,580,000	\$3,790,000	\$0	\$0
30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$5,995,000	\$1,743,000	\$6,139,000	\$1,784,750	\$144,000	\$41,750
31	HIPAA CAPMAN	\$5,448,000	\$1,362,590	\$8,324,000	\$2,166,540	\$2,876,000	\$803,950
32	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$4,096,000	\$0	\$3,365,000	\$0	(\$731,000)	\$0
33	PACES	\$2,540,000	\$289,640	\$3,760,000	\$467,700	\$1,220,000	\$178,070
34	CA-MMIS MEDCOMPASS SOLUTION	\$2,202,000	\$1,101,000	\$3,037,000	(\$63,000)	\$835,000	(\$1,164,000)
35	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
37	SSA COSTS FOR HEALTH COVERAGE INFO.	\$2,040,000	\$1,020,000	\$2,210,000	\$1,105,000	\$170,000	\$85,000
38	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$120,700	\$1,207,000	\$120,700	\$0	\$0
39	LTSS ACTUARIAL STUDY	\$453,000	\$453,000	\$547,000	\$547,000	\$94,000	\$94,000
40	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$488,000	\$244,000	\$800,000	\$400,000	\$312,000	\$156,000
41	MEDICARE BENEFICIARY IDENTIFIER	\$828,000	\$94,180	\$128,000	\$16,360	(\$700,000)	(\$77,830)
42	CALIFORNIA HEALTH INTERVIEW SURVEY	\$933,000	\$0	\$977,000	\$0	\$44,000	\$0
43	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
44	ELECTRONIC ASSET VERIFICATION PROGRAM	\$659,000	\$329,500	\$3,960,000	\$1,980,000	\$3,301,000	\$1,650,500
46	T-MSIS	\$311,000	\$77,750	\$2,334,000	\$283,500	\$2,023,000	\$205,750
47	CCT OUTREACH - ADMINISTRATIVE COSTS	\$290,000	\$0	\$360,000	\$0	\$70,000	\$0
48	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$0	\$0	\$39,230,000	\$19,119,000	\$39,230,000	\$19,119,000
66	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	\$223,428,000	\$0	\$80,000,000	\$0	(\$143,428,000)
102	COVID-19 EMERGENCY FMAP - OTHER ADMIN	\$0	(\$1,000,000)	\$0	(\$2,000,000)	\$0	(\$1,000,000)



**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DHCS-OTHER</u></b>							
103	RECONCILIATION	\$0	\$0	(\$13,942,000)	(\$9,374,000)	(\$13,942,000)	(\$9,374,000)
	<b>DHCS-OTHER SUBTOTAL</b>	<b>\$1,016,413,000</b>	<b>\$378,760,000</b>	<b>\$1,194,427,000</b>	<b>\$269,884,220</b>	<b>\$178,014,000</b>	<b>(\$108,875,780)</b>
<b><u>DHCS-MEDICAL FI</u></b>							
49	MEDICAL FI OPERATIONS	\$32,340,000	\$9,881,750	\$0	\$0	(\$32,340,000)	(\$9,881,750)
50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$24,801,000	\$6,200,250	\$46,503,000	\$11,625,750	\$21,702,000	\$5,425,500
51	MEDICAL FI BO & IT CHANGE ORDERS	\$25,128,000	\$6,482,750	\$24,668,000	\$10,587,000	(\$460,000)	\$4,104,250
52	MEDICAL FI BO & IT COST REIMBURSEMENT	\$22,351,000	\$6,647,700	\$38,460,000	\$11,716,050	\$16,109,000	\$5,068,350
53	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$17,763,000	\$5,046,750	\$30,627,000	\$8,698,500	\$12,864,000	\$3,651,750
54	MEDICAL FI HOURLY REIMBURSEMENT	\$43,605,000	\$10,986,850	\$0	\$0	(\$43,605,000)	(\$10,986,850)
55	MEDICAL FI COST REIMBURSEMENT	\$28,096,000	\$7,865,050	\$0	\$0	(\$28,096,000)	(\$7,865,050)
56	MEDICAL FI BO OTHER ESTIMATED COSTS	\$10,873,000	\$3,195,500	\$21,744,000	\$6,390,000	\$10,871,000	\$3,194,500
57	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$8,161,000	\$2,368,750	\$16,322,000	\$4,737,500	\$8,161,000	\$2,368,750
58	MEDICAL FI BUSINESS OPERATIONS	\$6,868,000	\$2,089,750	\$13,737,000	\$4,180,000	\$6,869,000	\$2,090,250
59	MEDICAL FI OTHER ESTIMATED COSTS	\$5,951,000	\$1,712,250	\$0	\$0	(\$5,951,000)	(\$1,712,250)
60	MEDICAL FI BO HOURLY REIMBURSEMENT	\$5,364,000	\$1,341,000	\$11,407,000	\$2,851,750	\$6,043,000	\$1,510,750
61	MEDICAL FI SRP RELEASE 1 HOSTING	\$3,162,000	\$459,600	\$0	\$0	(\$3,162,000)	(\$459,600)
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES	\$373,000	\$37,300	\$0	\$0	(\$373,000)	(\$37,300)
63	MEDICAL FI MISCELLANEOUS EXPENSES	\$1,349,000	\$423,750	\$0	\$0	(\$1,349,000)	(\$423,750)
64	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$1,037,000	\$322,250	\$2,468,000	\$768,500	\$1,431,000	\$446,250
65	MEDICAL FI CHANGE ORDERS	\$246,000	\$61,500	\$0	\$0	(\$246,000)	(\$61,500)
97	CMS DEFERRED CLAIMS - FI	\$0	\$2,235,000	\$0	\$0	\$0	(\$2,235,000)
	<b>DHCS-MEDICAL FI SUBTOTAL</b>	<b>\$237,468,000</b>	<b>\$67,357,750</b>	<b>\$205,936,000</b>	<b>\$61,555,050</b>	<b>(\$31,532,000)</b>	<b>(\$5,802,700)</b>

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>DHCS-HEALTH CARE OPT</u></b>							
67	HCO OPERATIONS 2017 CONTRACT	\$40,872,000	\$19,835,580	\$40,500,000	\$19,888,060	(\$372,000)	\$52,480
68	HCO COST REIMBURSEMENT 2017 CONTRACT	\$20,646,000	\$10,019,850	\$20,646,000	\$10,138,530	\$0	\$118,680
69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$13,716,000	\$6,656,430	\$14,171,000	\$6,958,800	\$455,000	\$302,360
	<b>DHCS-HEALTH CARE OPT SUBTOTAL</b>	<b>\$75,234,000</b>	<b>\$36,511,860</b>	<b>\$75,317,000</b>	<b>\$36,985,380</b>	<b>\$83,000</b>	<b>\$473,530</b>
<b><u>DHCS-DENTAL FI</u></b>							
70	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$37,920,000	\$13,357,000	\$46,692,000	\$18,388,750	\$8,772,000	\$5,031,750
71	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$18,457,000	\$5,266,250	\$21,744,000	\$6,161,500	\$3,287,000	\$895,250
72	DENTAL FI TAKEOVER 2016 CONTRACT	\$7,797,000	\$1,949,250	\$0	\$0	(\$7,797,000)	(\$1,949,250)
73	DENTAL FI CD-MMIS COSTS	\$256,000	\$94,750	\$0	\$0	(\$256,000)	(\$94,750)
74	DENTAL ASO TAKEOVER 2016 CONTRACT	\$940,000	\$235,000	\$0	\$0	(\$940,000)	(\$235,000)
	<b>DHCS-DENTAL FI SUBTOTAL</b>	<b>\$65,370,000</b>	<b>\$20,902,250</b>	<b>\$68,436,000</b>	<b>\$24,550,250</b>	<b>\$3,066,000</b>	<b>\$3,648,000</b>
<b><u>OTHER DEPARTMENTS</u></b>							
75	HEALTH-RELATED ACTIVITIES - CDSS	\$281,138,000	\$0	\$341,958,000	\$0	\$60,820,000	\$0
76	PERSONAL CARE SERVICES	\$382,761,000	\$0	\$392,044,000	\$0	\$9,283,000	\$0
77	CALHEERS DEVELOPMENT	\$143,594,000	\$31,867,880	\$131,197,000	\$31,037,290	(\$12,397,000)	(\$830,600)
78	MATERNAL AND CHILD HEALTH	\$66,536,000	\$0	\$64,269,000	\$0	(\$2,267,000)	\$0
79	CDDS ADMINISTRATIVE COSTS	\$86,240,000	\$0	\$70,757,000	\$0	(\$15,483,000)	\$0
80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$0	\$41,379,000	\$0	\$0	\$0
81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$26,381,000	\$0	\$28,236,000	\$0	\$1,855,000	\$0
82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$18,314,000	\$0	\$21,435,000	\$0	\$3,121,000	\$0
83	CLPP CASE MANAGEMENT SERVICES	\$8,507,000	\$0	\$4,200,000	\$0	(\$4,307,000)	\$0
84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,454,000	\$0	\$4,712,000	\$0	\$258,000	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2019-20 AND 2020-21**

NO.	POLICY CHANGE TITLE	MAY 2020 EST. FOR 2019-20		MAY 2020 EST. FOR 2020-21		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>OTHER DEPARTMENTS</u></b>							
85	CALIFORNIA SMOKERS' HELPLINE	\$3,000,000	\$0	\$2,400,000	\$0	(\$600,000)	\$0
86	KIT FOR NEW PARENTS	\$1,061,000	\$0	\$1,061,000	\$0	\$0	\$0
87	VITAL RECORDS	\$1,147,000	\$6,000	\$890,000	\$8,000	(\$257,000)	\$2,000
88	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0
89	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$996,000	\$0	\$1,036,000	\$0	\$40,000	\$0
90	CHHS AGENCY HIPAA FUNDING	\$849,000	\$0	\$1,004,000	\$0	\$155,000	\$0
91	CDPH I&E PROGRAM AND EVALUATION	\$693,000	\$0	\$187,000	\$0	(\$506,000)	\$0
92	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$190,000	\$95,000	\$0	\$0
93	PIA EYEWEAR COURIER SERVICE	\$490,000	\$245,000	\$941,000	\$470,500	\$451,000	\$225,500
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$1,068,830,000</b>	<b>\$32,213,880</b>	<b>\$1,108,996,000</b>	<b>\$31,610,790</b>	<b>\$40,166,000</b>	<b>(\$603,100)</b>
	<b>OTHER ADMINISTRATION TOTAL</b>	<b>\$2,463,315,000</b>	<b>\$535,745,740</b>	<b>\$2,653,112,000</b>	<b>\$424,585,700</b>	<b>\$189,797,000</b>	<b>(\$111,160,040)</b>
	<b>GRAND TOTAL COUNTY AND OTHER ADMINISTRATION</b>	<b>\$4,835,764,000</b>	<b>\$1,110,629,480</b>	<b>\$5,067,170,000</b>	<b>\$1,032,712,200</b>	<b>\$231,406,000</b>	<b>(\$77,917,290)</b>

## MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<b><u>DHCS-OTHER</u></b>
1	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES
2	CCS CASE MANAGEMENT
3	COUNTY SPECIALTY MENTAL HEALTH ADMIN
4	MH/UCD & BTR – LIHP – ADMINISTRATIVE COSTS
5	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES
6	INTERIM AND FINAL COST SETTLEMENTS-SMHS
7	DRUG MEDI-CAL COUNTY ADMINISTRATION
8	ARRA HITECH INCENTIVE PROGRAM
9	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS
10	CHDP CASE MANAGEMENT
11	SMHS COUNTY UR & QA ADMIN
12	HEALTH ENROLLMENT NAVIGATORS
13	SMH MAA
14	POSTAGE & PRINTING
15	MANAGED CARE REGULATIONS - MENTAL HEALTH
16	MANAGED CARE REGULATIONS - MH PARITY
17	PAVE SYSTEM
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT
19	PERFORMANCE OUTCOMES SYSTEM
20	SURS AND MARS SYSTEM REPROCUREMENT
21	CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM
22	MEDI-CAL RECOVERY CONTRACTS
23	MIS/DSS CONTRACT
24	MITA
25	CCI-ADMINISTRATIVE COSTS
26	PASRR
27	HCBA WAIVER RENEWAL ADMINISTRATIVE COST
28	LITIGATION RELATED SERVICES
29	NEWBORN HEARING SCREENING PROGRAM
30	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)
31	HIPAA CAPMAN
32	DRUG MEDI-CAL COUNTY UR & QA ADMIN
33	PACES
34	CA-MMIS MEDCOMPASS SOLUTION
35	SDMC SYSTEM M&O SUPPORT
37	SSA COSTS FOR HEALTH COVERAGE INFO.
38	FAMILY PACT PROGRAM ADMIN.
39	LTSS ACTUARIAL STUDY

## MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<b><u>DHCS-OTHER</u></b>
40	MMA - DSH ANNUAL INDEPENDENT AUDIT
41	MEDICARE BENEFICIARY IDENTIFIER
42	CALIFORNIA HEALTH INTERVIEW SURVEY
43	ENCRYPTION OF PHI DATA
44	ELECTRONIC ASSET VERIFICATION PROGRAM
46	T-MSIS
47	CCT OUTREACH - ADMINISTRATIVE COSTS
48	MEDI-CAL RX - ADMINISTRATIVE COSTS
66	CMS DEFERRED CLAIMS - OTHER ADMIN
102	COVID-19 EMERGENCY FMAP - OTHER ADMIN
103	RECONCILIATION
	<b><u>DHCS-MEDICAL FI</u></b>
49	MEDICAL FI OPERATIONS
50	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES
51	MEDICAL FI BO & IT CHANGE ORDERS
52	MEDICAL FI BO & IT COST REIMBURSEMENT
53	MEDICAL FI IT INFRASTRUCTURE SERVICES
54	MEDICAL FI HOURLY REIMBURSEMENT
55	MEDICAL FI COST REIMBURSEMENT
56	MEDICAL FI BO OTHER ESTIMATED COSTS
57	MEDICAL FI BO TELEPHONE SERVICE CENTER
58	MEDICAL FI BUSINESS OPERATIONS
59	MEDICAL FI OTHER ESTIMATED COSTS
60	MEDICAL FI BO HOURLY REIMBURSEMENT
61	MEDICAL FI SRP RELEASE 1 HOSTING
62	MEDICAL FI OPTIONAL CONTRACTUAL SERVICES
63	MEDICAL FI MISCELLANEOUS EXPENSES
64	MEDICAL FI BO MISCELLANEOUS EXPENSES
65	MEDICAL FI CHANGE ORDERS
97	CMS DEFERRED CLAIMS - FI
	<b><u>DHCS-HEALTH CARE OPT</u></b>
67	HCO OPERATIONS 2017 CONTRACT
68	HCO COST REIMBURSEMENT 2017 CONTRACT
69	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT

**MEDI-CAL OTHER ADMINISTRATION  
POLICY CHANGE INDEX**

<b>POLICY CHANGE NUMBER</b>	<b>POLICY CHANGE TITLE</b>
	<b><u>DHCS-DENTAL FI</u></b>
70	DENTAL ASO ADMINISTRATION 2016 CONTRACT
71	DENTAL FI ADMINISTRATION 2016 CONTRACT
72	DENTAL FI TAKEOVER 2016 CONTRACT
73	DENTAL FI CD-MMIS COSTS
74	DENTAL ASO TAKEOVER 2016 CONTRACT
	<b><u>OTHER DEPARTMENTS</u></b>
75	HEALTH-RELATED ACTIVITIES - CDSS
76	PERSONAL CARE SERVICES
77	CALHEERS DEVELOPMENT
78	MATERNAL AND CHILD HEALTH
79	CDDS ADMINISTRATIVE COSTS
80	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN
81	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
82	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS
83	CLPP CASE MANAGEMENT SERVICES
84	DEPARTMENT OF AGING ADMINISTRATIVE COSTS
85	CALIFORNIA SMOKERS' HELPLINE
86	KIT FOR NEW PARENTS
87	VITAL RECORDS
88	VETERANS BENEFITS
89	MEDI-CAL INPATIENT SERVICES FOR INMATES
90	CHHS AGENCY HIPAA FUNDING
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92	MERIT SYSTEM SERVICES FOR COUNTIES
93	PIA EYEWEAR COURIER SERVICE

## CHDP CASE MANAGEMENT

OTHER ADMIN. POLICY CHANGE NUMBER: 10  
 IMPLEMENTATION DATE: 7/1996  
 ANALYST: Sasha Jetton  
 FISCAL REFERENCE NUMBER: 229

	FY 2019-20	FY 2020-21
TOTAL FUNDS	\$33,962,000	\$33,962,000
STATE FUNDS	\$11,957,000	\$11,957,000
FEDERAL FUNDS	\$22,005,000	\$22,005,000

### DESCRIPTION

**Purpose:**

This policy change estimates the county allocation for the Child Health and Disability Prevention Program (CHDP) case management benefit.

**Authority:**

Health & Safety Code 124075(a), 124025-124110  
 Welfare & Institutions Code 10507

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Medi-Cal eligible children are entitled to Title XIX EPSDT provisions, including access to case management services. Most children in MediCal receive these case management services through their MediCal managed care plan. In addition to case management services being available through managed care, children have access to case management services from Fee-for Service providers, CHDP providers, county California Children's Services (CCS) programs, county Health Care Program for Children in Foster Care programs, home and community based service waiver providers and county behavioral health programs.

The CHDP Case Management budget is allocated to individual counties and controlled on an accrual basis.

**Reason for Change:**

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

**Methodology:**

The allocation amount for both FY 2019-20 and FY 2020-21 is \$33,962,000 (\$11,957,000 GF)

**CHDP CASE MANAGEMENT**  
OTHER ADMIN. POLICY CHANGE NUMBER: 10

**Funding:**

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX (50% FF / 50% GF)	\$15,081,000	\$7,540,500	\$7,540,500
Title XIX (75% FF / 25% GF)	\$17,666,000	\$4,416,500	\$13,249,000
Title XIX (100% FF)	\$1,215,000	\$0	\$1,215,000
<b>Total</b>	<b>\$33,962,000</b>	<b>\$11,957,000</b>	<b>\$22,005,000</b>

<b>FY 2020-21</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Title XIX (50% FF / 50% GF)	\$15,081,000	\$7,540,500	\$7,540,500
Title XIX (75% FF / 25% GF)	\$17,666,000	\$4,416,500	\$13,249,000
Title XIX (100% FF)	\$1,215,000	\$0	\$1,215,000
<b>Total</b>	<b>\$33,962,000</b>	<b>\$11,957,000</b>	<b>\$22,005,000</b>



## HEALTH ENROLLMENT NAVIGATORS

OTHER ADMIN. POLICY CHANGE NUMBER: 12  
 IMPLEMENTATION DATE: 7/2019  
 ANALYST: Jedidiah Warren  
 FISCAL REFERENCE NUMBER: 2144

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
TOTAL FUNDS	\$5,574,000	\$54,426,000
STATE FUNDS	\$2,787,000	\$27,213,000
FEDERAL FUNDS	\$2,787,000	\$27,213,000

### DESCRIPTION

**Purpose:**

This policy change estimates the funding provided to counties and community-based organizations (CBOs) for Medi-Cal outreach, enrollment, and retention activities provided through FY 2021-22.

**Authority:**

AB 74 (Chapter 23, Statutes of 2019)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

CBOs play a vital role in assisting counties to reach out to marginalized populations and help eligible individuals apply and successfully complete the health coverage enrollment process, retain coverage, navigate the health care system, and gain timely access to medical care through community-based care management.

Adequate funding for outreach, enrollment, retention, and community-based assistance with utilization and care management is necessary to ensure all Medi-Cal eligible individuals are enrolled in health care coverage and have access to the care they need.

**Reason for Change:**

The change from the prior estimate, for FY 2019-20, is a decrease due to a shift in the implementation date. The change from the prior estimate, for FY 2020-21, is an increase based on expected payment timing for activities provided. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase based on timing of payments for activities provided.

**Methodology:**

1. Assume an implementation date of March 1, 2020.
2. Assume selected counties that partner with local CBOs to conduct outreach, enrollment, and retention in their applicable area shall receive supplemental funding.
3. On a cash basis, assume **\$5,574,000 Total Fund (\$2,787,000 General Fund)** will be paid in FY 2019-20 and **\$54,426,000 Total Fund (\$27,213,000 General Fund)** will be paid in FY 2020-21.

**Funding:**

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

## CA HEALTH INFORMATION EXCHANGES ONBOARDING PROGRAM

OTHER ADMIN. POLICY CHANGE NUMBER: 21  
 IMPLEMENTATION DATE: 6/2020  
 ANALYST: Manvir Lallian  
 FISCAL REFERENCE NUMBER: 2159

	FY 2019-20	FY 2020-21
TOTAL FUNDS	\$500,000	\$42,620,000
STATE FUNDS	\$50,000	\$4,262,000
FEDERAL FUNDS	\$450,000	\$38,358,000

### DESCRIPTION

**Purpose:**

This policy change estimates the cost to administer the California Health Information Exchanges (HIE) Onboarding Program (Cal-HOP) as part of the Medi-Cal Promoting Interoperability Program.

**Authority:**

ARRA of 2009

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On February 29, 2016, the Department received State Medicaid Director Letter 16-003 from the Centers for Medicare and Medicaid Services which provided states updated guidance on additional opportunities to draw down enhanced federal funding to implement activities to promote HIE and encourage the adoption of certified Electronic Health Records. Under this guidance, the Department requested approval to implement the Cal-HOP program, which will support Health Information Organizations (HIOs) to work with Medi-Cal providers and hospitals to onboard to the HIOs as well as establish interfaces between HIOs and the Controlled Substance Utilization Review and Evaluation System. General fund for this program was initially appropriated in FY 2018-19 with a \$5 million augmentation.

On February 25, 2020, the Department received federal approval for the federal fiscal year 2020 Implementation Advanced Planning Document Update, which provided specific approval for the Cal-HOP program.

**Reason for Change:**

The change for FY 2019-20, from the prior estimate, is a decrease due to obtaining federal approvals later than previously anticipated. The change from FY 2019-20 to FY 2020-21, in the current estimate, is an increase due to a full year of program implementation occurring in FY 2020-21.

**Methodology:**

1. Assume the Cal-HOP program implemented in May 2020.
2. The estimated expenditures for the Cal-HOP program are:

**CA HEALTH INFORMATION EXCHANGES ONBOARDING  
PROGRAM**

OTHER ADMIN. POLICY CHANGE NUMBER: 21

<b>Fiscal Year</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>FY 2019-20</b>	<b>\$500,000</b>	<b>\$50,000</b>	<b>\$450,000</b>
<b>FY 2020-21</b>	<b>\$42,620,000</b>	<b>\$4,262,000</b>	<b>\$38,358,000</b>

**Funding:**

100% State GF (4260-101-0001)

100% Title XIX (4260-101-0890)

## RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN

OTHER ADMIN. POLICY CHANGE NUMBER: 94  
 IMPLEMENTATION DATE: 1/2021  
 ANALYST: Matt Wong  
 FISCAL REFERENCE NUMBER: 2179

	FY 2019-20	FY 2020-21
TOTAL FUNDS	\$0	\$1,766,000
STATE FUNDS	\$0	\$591,750
FEDERAL FUNDS	\$0	\$1,174,250

### DESCRIPTION

**Purpose:**

This policy estimates the fee-for-service administrative cost of eliminating Dental Managed Care and restoring the Dental Fee-For-Service (FFS) delivery system in both Sacramento and Los Angeles counties.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department of Health Care Services (DHCS) is responsible for providing dental services to eligible Medi-Cal beneficiaries, and offers services through two delivery systems, FFS and Dental Managed Care (DMC). FFS was the exclusive and original delivery system offered in California's 58 counties. In 1995, DHCS implemented DMC in Sacramento and Los Angeles Counties, to explore the effectiveness of DMC as a delivery system of dental services. DHCS maintains six DMC contracts with three separate contractors. In Sacramento, enrollment is mandatory, with few exceptions. In Los Angeles, a beneficiary must opt-in to participate in DMC.

DHCS seeks to restore the delivery of Medi-Cal dental services in both Sacramento and Los Angeles counties to a FFS system. DHCS believes that this restoration will result in increased beneficiary utilization of Medi-Cal dental services. This transition will be effective no sooner than January 1, 2021.

**Reason for Change:**

There is no change from the prior estimate for FY 2019-20. The change from the prior estimate, for FY 2020-21, is a decrease due to lower updated cost estimates for document processing by the Fiscal Intermediary and Administrative Services Organization. The change in the current estimate from FY 2019-20 to FY 2020-21 is due to the transition happening in FY 2020-21.

**Methodology:**

1. FFS administrative costs are based on the estimated cost per eligible multiplied by the number of DMC beneficiaries transitioning. Costs are for January 2021 through June 2021.
2. DMC administrative savings are captured in the Restoration of Dental FFS in Sacramento and Los Angeles Counties policy change.

**RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN**

OTHER ADMIN. POLICY CHANGE NUMBER: 94

**Funding:**

	TF	GF	FF
<b>FY 2020-21</b>	<b>\$1,766,000</b>	<b>\$592,000</b>	<b>\$1,174,000</b>

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

FI 75% Title XIX / 25% GF (4260-101-0001/0890)

DELETED

## RECONCILIATION

**OTHER ADMIN. POLICY CHANGE NUMBER:** 103  
**IMPLEMENTATION DATE:** 7/2020  
**ANALYST:** Karen Fairgrievies  
**FISCAL REFERENCE NUMBER:** 2096

	FY 2019-20	FY 2020-21
TOTAL FUNDS	\$0	-\$13,942,000
STATE FUNDS	\$0	-\$9,374,000
FEDERAL FUNDS	\$0	-\$4,568,000

### DESCRIPTION

**Purpose:** This policy change reconciles the May 2020 Medi-Cal Estimate to the Budget Act of 2020.

This adjustment includes a -\$13,942,000 TF adjustment to balance to the Budget Act of 2020.

FY 2020-21	TF	GF	FF
Adjustment	\$ (13,942,000)	\$ (9,374,000)	\$ (4,568,000)