

MEDI-CAL
MAY 2021
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2020-21 *and* 2021-22



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**MEDI-CAL
MAY 2021
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2020-21 and 2021-22**

Fiscal Forecasting Division
State Department of Health Care Services
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MAY 2021 MEDI-CAL APPROPRIATION ESTIMATE

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The May 2021 Medi-Cal Local Assistance Appropriation Estimate is organized into several sections, listed below. Only those sections and items updated after the May 2021 Revise for the Appropriation Estimate are included.

REFERENCE DOCUMENTS

The following resources are included immediately following this table of contents, before the Management Summary section:

- Alphabetical List of Appropriation Policy Changes
- Guide to Key Features of Regular Policy Changes

FUNDING SUMMARY

The funding summary section of the Medi-Cal Local Assistance Estimate provides an overview of projected expenditures by fund the budget year.

BUDGET YEAR

The Budget Year section provides a summary of medical assistance benefits (base and regular policy change) expenditures for the budget year. It highlights expenditures by service category, compares current year data to the previous appropriation estimate, and provides an overview of the current year cost per eligible expenditures.

CASELOAD

The Caseload section provides the estimated average monthly certified eligible counts for prior, current, and budget years.

REGULAR POLICY CHANGES

The Regular Policy Changes section provides detailed benefits expenditures information by policy according to program area. This section includes new program policies and other estimated expenditures that are not captured in the base expenditures. See the Guide to Key Features of Regular Policy Changes in the pages that follow for more information on how to interpret the information in Regular Policy Changes.

OTHER ADMINISTRATION

The Other Administration section provides a detailed overview of estimated expenditures required to administer the Medi-Cal program for the budget year. This section includes both Local Assistance Administrative (other than County Administration) costs and Fiscal Intermediary (FI) costs associated with processing of claims.

May 2021 Medi-Cal Appropriation Estimate
Alphabetic List of Policy Changes

To aid in locating programmatic Policy Changes (PC) in this document, the following is a listing of all PC's revised for the Appropriation Estimate by PC Name, PC Number, Estimate Section, and page number.

<u>PC</u>		<u>Estimate</u>	
<u>Number</u>	<u>PC Name</u>	<u>Section</u>	<u>Page</u>
284	ALAMEDA WELLNESS CAMPUS	Regular PC	38
249	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE	Regular PC	12
89	BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM	Other Admin	24
228	CALAIM - MANAGED CARE SMHS CARVE-OUT	Regular PC	10
272	CALHOPE STUDENT SUPPORT	Regular PC	19
279	CLINICAL LAB REIMBURSEMENT RATES	Regular PC	29
280	COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES	Regular PC	31
281	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	Regular PC	33
271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS	Regular PC	17
283	FREE CLINICS AUGMENTATION	Regular PC	37
278	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.	Regular PC	28
276	MLK JR. HOSPITAL IMPROVEMENT	Regular PC	25
11	OTLIP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	Other Admin	18
285	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	Regular PC	39
277	RAPID WHOLE GENOME SEQUENCING	Regular PC	26
91	RECONCILIATION	Other Admin	26
286	RECONCILIATION	Regular PC	40
63	RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN	Other Admin	22
109	RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES	Regular PC	8
273	SCHOOL BH CAPACITY AND INFRASTRUCTURE	Regular PC	21
282	TELEHEALTH	Regular PC	35
275	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	Regular PC	23
270	UNFREEZE ICF/DD AND FS-PSA RATES	Regular PC	14

MAY 2021 MEDI-CAL APPROPRIATION ESTIMATE GUIDE TO KEY FEATURES OF REGULAR POLICY CHANGES

This document is intended to aid in interpreting the information included in Regular Policy Changes.

PROP 56 - DEVELOPMENTAL SCREENINGS

Typically, this represents an accrual amount, before application of cash lags. (In some cases, complex policy changes require lags to be applied at this stage. In these cases, cash amounts are displayed.)

PC numbers are updated each November Estimate as items are re-sorted by category and dollar value.

REGULAR POLICY CHANGE NUMBER:
IMPLEMENTATION DATE:
ANALYST:
FISCAL REFERENCE NUMBER:

154
1/2020
Joel Singh
2171

Date of first fiscal impact, not the policy effective date.

Permanent reference number, does not change each November.

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$53,308,000	\$61,960,000
- STATE FUNDS	\$20,954,890	\$25,877,550
PAYMENT LAG	0.9984	1.0000
% REFLECTED IN BASE	6.73 %	7.68 %
APPLIED TO BASE		
TOTAL FUNDS	\$49,640,800	\$57,201,500
STATE FUNDS	\$19,513,350	\$23,890,150
FEDERAL FUNDS	\$30,127,460	\$33,311,320

If Full Year Cost is an accrual number, this adjusts an accrual estimate downward to account for payments that will fall outside of each fiscal year, resulting in a cash estimate. A lag of 1.0000 represents no adjustment.

To avoid double counting impacts of policy changes, this row identifies the portion of the cash impact that is estimated to be included in base data and in base trends. 0.00% represents no impact estimated in the base.

These are the amounts added to the Medi-Cal budget for this item after adjusting downward to remove costs estimated to already be reflected in the base data/trends.

Purpose:

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

Authority:

AB 74 (Chapter 23, Statute of 2019)
Families First Coronavirus Response Act (FFCRA)
AB 80 (Chapter 12, Statutes of 2020)

Interdependent Policy Changes:

Proposition 56 Funds Transfer

Policy changes that may change if this policy change is revised.

Background:

On November 8, 2016, California voters passed the California Healthcare, Research and

Medi-Cal Funding Summary
May 2021 Estimate Compared to FY 2021-22 Appropriation
Fiscal Year 2021 - 2022

TOTAL FUNDS

	May 2021 Estimate	FY 2021-22 Appropriation	Difference Incr./(Decr.)
MEDI-CAL Benefits:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$95,144,611,000	\$95,557,524,000	\$412,913,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Svc. Acct.	\$97,987,000	\$97,987,000	\$0
4260-101-0233 Prop 99 Physician Svc. Acct	\$27,831,000	\$27,831,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$49,196,000	\$49,196,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$4,351,000	\$4,351,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$803,065,000	\$803,065,000	\$0
4260-101-3366 Electronic Cigarette Product Tax	\$0	\$0	\$0
4260-101-3375 Prop 56 Loan Repayment Program	\$28,477,000	\$28,477,000	\$0
4260-102-0001/0890 Capital Debt	\$71,005,000	\$71,005,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$150,613,000	\$150,613,000	\$0
4260-104-0001 NDPH Hosp Supp	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$891,000	\$891,000	\$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	\$143,647,000	\$143,647,000	\$0
4260-698-3097 Private Hosp Suppl (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$13,663,000	\$13,663,000	\$0
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$3,934,264,000	\$3,936,394,000	\$2,130,000
4260-162-8506 Coronavirus Fiscal Recovery Fund of 2021	\$745,000,000	\$300,000,000	(\$445,000,000)
4260-601-0942142 Local Trauma Centers	\$68,225,000	\$68,225,000	\$0
4260-601-0942 Health Homes Program Account	\$10,453,000	\$10,453,000	\$0
4260-601-0995 Reimbursements	\$1,149,691,000	\$1,149,691,000	\$0
4260-601-3156 MCO Tax Fund	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$550,334,000	\$550,334,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$64,328,000	\$64,328,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,474,916,000	\$1,474,916,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,517,458,000	\$2,517,458,000	\$0
4260-601-7502 Demonstration DSH Fund	\$273,781,000	\$273,781,000	\$0
4260-601-7503 Health Care Support Fund	\$434,000	\$434,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$297,649,000	\$297,649,000	\$0
4260-601-8108 Global Payment Program Fund	\$1,518,616,000	\$1,518,616,000	\$0
4260-601-8113 DPH GME Special Fund	\$188,599,000	\$188,599,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$14,694,000	\$14,694,000	\$0
4260-605-0001 SNF Quality & Accountability	\$47,523,000	\$47,523,000	\$0
4260-605-3167 SNF Quality & Accountability(Non-GF) Only	(\$13,750,000)	(\$13,750,000)	\$0
4260-605-3167 SNF Quality & Accountability	\$42,000,000	\$42,000,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$47,523,000)	(\$47,523,000)	\$0
4260-606-0834 SB 1100 DSH	\$105,495,000	\$105,495,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$8,660,067,000	\$8,660,067,000	\$0
TOTAL MEDI-CAL Benefits	\$118,138,507,000	\$118,108,550,000	(\$29,957,000)
COUNTY ADMINISTRATION:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$5,014,681,000	\$5,024,678,000	\$9,997,000
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-106-0890 Money Follow Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$73,129,000	\$73,129,000	\$0
4260-117-0001/0890 HIPAA	\$11,972,000	\$11,972,000	\$0
4260-162-8506 Coronavirus Fiscal Recovery Fund of 2021	\$83,000,000	\$0	(\$83,000,000)
4260-601-0942 Health Homes Program Account	\$162,000	\$162,000	\$0
4260-601-0995 Reimbursements	\$13,917,000	\$13,917,000	\$0
4260-602-3311 Healthcare Svc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$4,007,000	\$4,007,000	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$100,000	\$100,000	\$0
TOTAL COUNTY ADMIN.	\$5,201,308,000	\$5,128,305,000	(\$73,003,000)
FISCAL INTERMEDIARY:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$403,295,000	\$403,295,000	\$0
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$21,999,000	\$21,999,000	\$0
4260-117-0001/0890 HIPAA	\$1,373,000	\$1,373,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
TOTAL FISCAL INTERMEDIARY	\$426,667,000	\$426,667,000	\$0
GRAND TOTAL - ALL FUNDS	\$123,766,482,000	\$123,663,522,000	(\$102,960,000)

Medi-Cal Funding Summary
May 2021 Estimate Compared to FY 2021-22 Appropriation
Fiscal Year 2021 - 2022

STATE FUNDS

Benefits:	May 2021 Estimate	FY 2021-22 Appropriation	Difference Incr./((Decr.))
4260-101-0001 Medi-Cal General Fund*	\$25,354,481,000	\$25,697,027,000	\$342,546,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$97,987,000	\$97,987,000	\$0
4260-101-0233 Prop 99 Physician Srvc. Acct	\$27,831,000	\$27,831,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$49,196,000	\$49,196,000	\$0
4260-101-3168 Emergency Air Transportation Fund	\$4,351,000	\$4,351,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$803,065,000	\$803,065,000	\$0
4260-101-3366 Electronic Cigarette Product Tax	\$0	\$0	\$0
4260-101-3375 Prop 56 Loan Repayment Program	\$28,477,000	\$28,477,000	\$0
4260-102-0001 Capital Debt *	\$19,575,000	\$19,575,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$150,613,000	\$150,613,000	\$0
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$891,000	\$891,000	\$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	\$143,647,000	\$143,647,000	\$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 *	\$1,033,283,000	\$1,050,029,000	\$16,746,000
4260-601-0942142 Local Trauma Centers	\$68,225,000	\$68,225,000	\$0
4260-601-0942 Health Homes Program Account	\$10,453,000	\$10,453,000	\$0
4260-601-0995 Reimbursements	\$1,149,691,000	\$1,149,691,000	\$0
4260-601-3156 MCO Tax Fund	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$550,334,000	\$550,334,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$64,328,000	\$64,328,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,474,916,000	\$1,474,916,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,517,458,000	\$2,517,458,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$297,649,000	\$297,649,000	\$0
4260-601-8108 Global Payment Program Fund	\$1,518,616,000	\$1,518,616,000	\$0
4260-601-8113 DPH GME Special Fund	\$188,599,000	\$188,599,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$14,694,000	\$14,694,000	\$0
4260-605-0001 SNF Quality & Accountability *	\$47,523,000	\$47,523,000	\$0
4260-605-3167 SNF Quality & Accountability (Non-GF) Only	(\$13,750,000)	(\$13,750,000)	\$0
4260-605-3167 SNF Quality & Accountability	\$42,000,000	\$42,000,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$47,523,000)	(\$47,523,000)	\$0
4260-606-0834 SB 1100 DSH	\$105,495,000	\$105,495,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$3,240,401,000	\$3,240,401,000	\$0
Total Benefits	\$38,943,422,000	\$39,302,714,000	\$359,292,000
Total Benefits General Fund *	\$26,575,162,000	\$26,934,454,000	\$359,292,000
County Administration:			
4260-101-0001 Medi-Cal General Fund *	\$862,319,000	\$872,651,000	\$10,332,000
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$15,313,000	\$15,313,000	\$0
4260-117-0001 HIPAA *	\$2,078,000	\$2,078,000	\$0
4260-601-0942 Health Homes Program Account	\$162,000	\$162,000	\$0
4260-601-0995 Reimbursements	\$13,917,000	\$13,917,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$4,007,000	\$4,007,000	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$100,000	\$100,000	\$0
Total County Administration	\$897,896,000	\$908,228,000	\$10,332,000
Total County Administration General Fund *	\$879,710,000	\$890,042,000	\$10,332,000
Fiscal Intermediary:			
4260-101-0001 Medi-Cal General Fund *	\$145,875,000	\$145,875,000	\$0
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$6,459,000	\$6,459,000	\$0
4260-117-0001 HIPAA *	\$294,000	\$294,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
Total Fiscal Intermediary	\$152,628,000	\$152,628,000	\$0
Total Fiscal Intermediary General Fund *	\$152,628,000	\$152,628,000	\$0
Grand Total - State Funds	\$39,993,946,000	\$40,363,570,000	\$369,624,000
Grand Total - General Fund*	\$27,607,500,000	\$27,977,124,000	\$369,624,000

Medi-Cal Funding Summary
May 2021 Estimate Compared to FY 2021-22 Appropriation
Fiscal Year 2021 - 2022

FEDERAL FUNDS

	May 2021 Estimate	FY 2021-22 Appropriation	Difference Incr./Decr.
Benefits:			
4260-101-0890	\$69,790,130,000	\$69,860,497,000	\$70,367,000
4260-102-0890 Capital Debt	\$51,430,000	\$51,430,000	\$0
4260-106-0890 Money Follows Person Federal Grant	\$13,663,000	\$13,663,000	\$0
4260-113-0890 Childrens Health Insurance Program *	\$2,900,981,000	\$2,886,365,000	(\$14,616,000)
4260-162-8506 Coronavirus Fiscal Recovery Fund of 2021	\$745,000,000	\$300,000,000	(\$445,000,000)
4260-601-7502 Demonstration DSH Fund	\$273,781,000	\$273,781,000	\$0
4260-601-7503 Health Care Support Fund	\$434,000	\$434,000	\$0
4260-611-0890 Hospital Quality Assurance	\$5,419,666,000	\$5,419,666,000	\$0
Total Benefits	<u>\$79,195,085,000</u>	<u>\$78,805,836,000</u>	<u>(\$389,249,000)</u>
County Administration:			
4260-101-0890	\$4,152,362,000	\$4,152,027,000	(\$335,000)
4260-106-0890 Money Follows Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0890 Healthy Families	\$57,816,000	\$57,816,000	\$0
4260-117-0890 HIPAA	\$9,894,000	\$9,894,000	\$0
4260-162-8506 Coronavirus Fiscal Recovery Fund of 2021	\$83,000,000	\$0	(\$83,000,000)
Total County Administration	<u>\$4,303,412,000</u>	<u>\$4,220,077,000</u>	<u>(\$83,335,000)</u>
Fiscal Intermediary:			
4260-101-0890	\$257,420,000	\$257,420,000	\$0
4260-113-0890 Healthy Families	\$15,540,000	\$15,540,000	\$0
4260-117-0890 HIPAA	\$1,079,000	\$1,079,000	\$0
Total Fiscal Intermediary	<u>\$274,039,000</u>	<u>\$274,039,000</u>	<u>\$0</u>
Grand Total - Federal Funds	<u>\$83,772,536,000</u>	<u>\$83,299,952,000</u>	<u>(\$472,584,000)</u>

MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2021-22

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
I. BASE ESTIMATES				
A. B/Y FFS BASE	\$18,378,266,720	\$9,189,133,360	\$9,189,133,360	\$0
B. B/Y BASE POLICY CHANGES	\$52,160,672,000	\$34,441,093,680	\$17,576,303,320	\$143,275,000
C. BASE ADJUSTMENTS	(\$1,235,276,000)	(\$882,523,500)	(\$352,752,500)	\$0
D. ADJUSTED BASE	\$69,303,662,720	\$42,747,703,530	\$26,412,684,180	\$143,275,000
II. REGULAR POLICY CHANGES				
A. ELIGIBILITY	\$576,913,980	(\$702,801,910)	\$1,277,609,900	\$2,106,000
B. AFFORDABLE CARE ACT	\$5,791,898,000	\$5,843,123,800	(\$51,225,800)	\$0
C. BENEFITS	\$2,360,504,380	\$1,681,908,000	\$653,584,370	\$25,012,000
D. PHARMACY	(\$1,699,546,720)	(\$1,688,997,610)	(\$1,485,465,110)	\$1,474,916,000
E. DRUG MEDI-CAL	\$733,825,540	\$660,942,690	\$72,882,850	\$0
F. MENTAL HEALTH	\$839,195,000	\$341,860,500	\$497,134,500	\$200,000
G. WAIVER--MH/UCD & BTR	\$4,636,751,190	\$2,485,945,750	\$334,540,440	\$1,816,265,000
H. MANAGED CARE	\$8,929,256,610	\$4,793,205,260	\$676,550,750	\$3,459,500,600
I. PROVIDER RATES	\$993,197,400	\$1,001,162,550	(\$642,010,630)	\$634,045,480
J. SUPPLEMENTAL PMNTS.	\$13,692,108,870	\$9,554,529,310	\$290,867,060	\$3,846,712,500
K. COVID-19	\$11,015,263,340	\$10,121,306,490	\$893,956,860	\$0
L. STATE ONLY CLAIMING	(\$8,414,000)	(\$188,843,000)	\$180,429,000	\$0
M. OTHER DEPARTMENTS	(\$52,264,000)	(\$53,025,000)	\$761,000	\$0
N. OTHER	\$996,195,590	\$2,207,814,940	(\$2,177,845,350)	\$966,226,000
O. TOTAL CHANGES	\$48,804,885,190	\$36,058,131,780	\$521,769,840	\$12,224,983,580
III. TOTAL MEDI-CAL ESTIMATE	\$118,108,547,910	\$78,805,835,310	\$26,934,454,020	\$12,368,258,580

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>ELIGIBILITY</u>					
1	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$215,004,000	\$107,502,000	\$107,502,000	\$0
2	MEDI-CAL STATE INMATE PROGRAMS	\$76,467,000	\$70,967,000	\$5,500,000	\$0
3	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$79,734,590	\$25,819,200	\$53,915,400	\$0
4	BREAST AND CERVICAL CANCER TREATMENT	\$62,792,000	\$37,917,800	\$24,874,200	\$0
6	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$0	(\$477,600)	\$477,600	\$0
8	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$1,616,000	(\$1,308,000)	\$2,924,000	\$0
10	MEDICARE PART B DISREGARD	\$1,677,090	\$0	\$1,677,090	\$0
11	PROVISIONAL POSTPARTUM CARE EXTENSION	\$11,544,000	\$0	\$11,544,000	\$0
12	MEDI-CAL COUNTY INMATE PROGRAMS	\$15,001,100	\$14,424,340	\$576,760	\$0
13	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	\$0	(\$1,824,000)	\$1,824,000
14	NON-OTLIPC CHIP	\$0	\$85,404,600	(\$85,404,600)	\$0
15	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	(\$1,203,709,750)	\$1,203,709,750	\$0
16	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$72,795,100	(\$72,795,100)	\$0
18	CS3 PROXY ADJUSTMENT	\$0	\$54,544,700	(\$54,544,700)	\$0
19	REFUGEE MEDICAL ASSISTANCE	\$0	\$0	(\$282,000)	\$282,000
21	CHIP PREMIUMS	(\$59,106,000)	(\$38,418,900)	(\$20,687,100)	\$0
22	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	\$0	\$0	\$0	\$0
251	ACCELERATED ENROLLMENT FOR ADULTS	\$14,347,200	\$7,173,600	\$7,173,600	\$0
262	POSTPARTUM CARE EXTENSION	\$90,546,000	\$45,273,000	\$45,273,000	\$0
275	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$67,291,000	\$19,291,000	\$48,000,000	\$0
	ELIGIBILITY SUBTOTAL	\$576,913,980	(\$702,801,910)	\$1,277,609,900	\$2,106,000
<u>AFFORDABLE CARE ACT</u>					
23	COMMUNITY FIRST CHOICE OPTION	\$5,776,465,000	\$5,776,465,000	\$0	\$0
25	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$15,448,000	\$15,448,000	\$0	\$0
26	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	\$47,732,800	(\$47,732,800)	\$0
27	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$3,493,000	(\$3,493,000)	\$0
28	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$15,000)	(\$15,000)	\$0	\$0
	AFFORDABLE CARE ACT SUBTOTAL	\$5,791,898,000	\$5,843,123,800	(\$51,225,800)	\$0
<u>BENEFITS</u>					
30	BEHAVIORAL HEALTH TREATMENT	\$1,075,439,000	\$590,856,150	\$484,582,850	\$0
31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$501,857,000	\$501,857,000	\$0	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>BENEFITS</u>					
32	FAMILY PACT PROGRAM	\$371,255,000	\$282,830,100	\$88,424,900	\$0
33	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$96,256,000	\$96,256,000	\$0	\$0
34	LEA EXPANSION	\$57,109,000	\$57,109,000	\$0	\$0
36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	\$10,743,000	(\$10,743,000)	\$20,232,000
37	CCS DEMONSTRATION PROJECT	\$7,503,000	\$3,913,800	\$3,589,200	\$0
38	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$13,812,000	\$8,500,000	\$5,312,000	\$0
39	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	\$4,933,000	(\$4,780,000)	\$4,780,000
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$10,600,000	\$0	\$10,600,000	\$0
42	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$3,040,150	\$1,941,430	\$1,098,710	\$0
43	MEDICAL INTERPRETERS PILOT PROJECT	\$2,000,000	\$0	\$2,000,000	\$0
44	CCT FUND TRANSFER TO CDSS	\$173,000	\$173,000	\$0	\$0
45	DIABETES PREVENTION PROGRAM	\$1,077,930	\$693,550	\$384,370	\$0
46	HEARING AID COVERAGE	\$8,830,000	\$0	\$8,830,000	\$0
233	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$4,888,300	\$3,577,410	\$1,310,890	\$0
238	CALAIM - ORGAN TRANSPLANT	\$4,656,000	\$3,300,850	\$1,355,150	\$0
239	REMOTE PATIENT MONITORING	\$94,785,420	\$61,639,470	\$33,145,950	\$0
256	COMMUNITY HEALTH WORKER	\$16,323,000	\$10,168,700	\$6,154,300	\$0
261	MFP/CCT SUPPLEMENTAL FUNDING	\$5,000,000	\$5,000,000	\$0	\$0
265	DOULA BENEFIT	\$402,580	\$250,540	\$152,040	\$0
277	RAPID WHOLE GENOME SEQUENCING	\$6,000,000	\$3,000,000	\$3,000,000	\$0
282	TELEHEALTH	\$54,332,000	\$35,165,000	\$19,167,000	\$0
	BENEFITS SUBTOTAL	\$2,360,504,380	\$1,681,908,010	\$653,584,370	\$25,012,000
<u>PHARMACY</u>					
48	MEDI-CAL DRUG REBATE FUND	\$0	\$0	(\$1,474,916,000)	\$1,474,916,000
49	BCCTP DRUG REBATES	(\$4,706,000)	(\$4,706,000)	\$0	\$0
51	FAMILY PACT DRUG REBATES	(\$11,041,000)	(\$11,041,000)	\$0	\$0
52	OTC ADULT ACETAMINOPHEN & COUGH/COLD PRODUCTS	\$0	\$0	\$0	\$0
53	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	(\$6,104,220)	(\$3,963,830)	(\$2,140,380)	\$0
54	MEDICAL SUPPLY REBATES	(\$15,078,000)	(\$7,539,000)	(\$7,539,000)	\$0
55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$6,629,000)	(\$4,304,700)	(\$2,324,300)	\$0
56	STATE SUPPLEMENTAL DRUG REBATES	(\$96,437,000)	(\$96,437,000)	\$0	\$0
57	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$239,901,000	\$167,303,150	\$72,597,850	\$0
58	FEDERAL DRUG REBATES	(\$1,608,901,000)	(\$1,608,901,000)	\$0	\$0
232	PHARMACY RETROACTIVE ADJUSTMENTS	(\$203,147,000)	(\$127,584,900)	(\$75,562,100)	\$0

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>PHARMACY</u>					
250	MEDICATION THERAPY MANAGEMENT PROGRAM	\$12,595,500	\$8,176,670	\$4,418,830	\$0
	PHARMACY SUBTOTAL	(\$1,699,546,720)	(\$1,688,997,610)	(\$1,485,465,110)	\$1,474,916,000
<u>DRUG MEDI-CAL</u>					
59	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$732,479,000	\$659,743,950	\$72,735,050	\$0
63	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$962,580	\$887,340	\$75,240	\$0
64	DRUG MEDI-CAL MAT BENEFIT	\$383,960	\$311,400	\$72,560	\$0
	DRUG MEDI-CAL SUBTOTAL	\$733,825,540	\$660,942,690	\$72,882,850	\$0
<u>MENTAL HEALTH</u>					
69	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$21,335,000	\$10,727,000	\$10,608,000	\$0
71	PATHWAYS TO WELL-BEING	\$1,027,000	\$1,027,000	\$0	\$0
73	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	\$0	(\$200,000)	\$200,000
75	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	(\$1,795,000)	\$1,795,000	\$0
76	CHART REVIEW	(\$396,000)	(\$396,000)	\$0	\$0
231	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$21,750,000	\$0	\$21,750,000	\$0
240	MHP COSTS FOR FFPSA - QUALIFIED INDIVIDUAL	\$14,580,000	\$9,958,000	\$4,622,000	\$0
241	MHP COSTS FOR FFPSA - AFTERCARE SERVICES	\$19,889,000	\$13,584,000	\$6,305,000	\$0
249	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM	\$743,499,000	\$300,000,000	\$443,499,000	\$0
255	OUT OF STATE YOUTH - SMHS	\$17,511,000	\$8,755,500	\$8,755,500	\$0
	MENTAL HEALTH SUBTOTAL	\$839,195,000	\$341,860,500	\$497,134,500	\$200,000
<u>WAIVER--MH/UCD & BTR</u>					
78	GLOBAL PAYMENT PROGRAM	\$3,276,280,000	\$1,757,664,000	\$0	\$1,518,616,000
80	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$679,564,000	\$381,915,000	\$0	\$297,649,000
81	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$145,056,190	\$78,224,250	\$66,831,940	\$0
82	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$434,000	\$434,000	\$0	\$0
225	CALAIM ECM-ILOS-PLAN INCENTIVES	\$535,417,000	\$267,708,500	\$267,708,500	\$0
	WAIVER--MH/UCD & BTR SUBTOTAL	\$4,636,751,190	\$2,485,945,750	\$334,540,440	\$1,816,265,000
<u>MANAGED CARE</u>					
89	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$2,565,371,000	\$1,632,995,750	\$932,375,250	\$0
90	CCI-MANAGED CARE PAYMENTS	\$2,784,988,610	\$1,392,494,300	\$1,392,494,300	\$0
91	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,208,317,000	\$897,398,260	\$310,918,740	\$0

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>MANAGED CARE</u>					
92	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,061,465,000	\$733,702,350	\$327,762,650	\$0
93	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$962,754,000	\$739,514,500	\$223,239,500	\$0
96	RETRO MC RATE ADJUSTMENTS	\$175,676,000	(\$22,893,450)	\$198,569,450	\$0
98	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$118,180,000	\$87,336,400	\$20,391,000	\$10,452,600
102	CCI-QUALITY WITHHOLD REPAYMENTS	\$16,822,000	\$8,411,000	\$8,411,000	\$0
105	CAPITATED RATE ADJUSTMENT FOR FY 2021-22	\$1,056,330,000	\$692,394,450	\$363,935,550	\$0
106	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	(\$1,645,922,000)	\$1,645,922,000
107	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	\$0	(\$871,536,000)	\$871,536,000
108	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	\$0	(\$931,590,000)	\$931,590,000
110	COORDINATED CARE INITIATIVE RISK MITIGATION	(\$111,260,000)	(\$55,630,000)	(\$55,630,000)	\$0
112	MANAGED CARE EFFICIENCIES	(\$304,653,000)	(\$204,443,700)	(\$100,209,300)	\$0
114	MANAGED CARE DRUG REBATES	(\$1,672,917,000)	(\$1,672,917,000)	\$0	\$0
234	CALAIM - MSSP CARVE-OUT OF CCI	\$1,600,000	\$800,000	\$800,000	\$0
235	CALAIM - TRANSITIONING POPULATIONS	\$401,597,000	\$226,837,400	\$174,759,600	\$0
242	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$76,000,000	\$42,712,000	\$33,288,000	\$0
248	INCREASE ACCESS TO STUDENT BEHAVIORAL HEALTH SRVS.	\$388,986,000	\$194,493,000	\$194,493,000	\$0
268	CALAIM – MEDI-CAL PATH	\$200,000,000	\$100,000,000	\$100,000,000	\$0
	MANAGED CARE SUBTOTAL	\$8,929,256,610	\$4,793,205,260	\$676,550,750	\$3,459,500,600
<u>PROVIDER RATES</u>					
115	DPH INTERIM RATE GROWTH	\$241,109,000	\$120,554,500	\$120,554,500	\$0
116	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$174,235,570	\$122,064,680	(\$12,156,660)	\$64,327,560
117	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$169,731,960	\$104,501,110	\$65,230,850	\$0
118	DPH INTERIM & FINAL RECONS	(\$123,313,000)	(\$123,313,000)	\$0	\$0
119	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$39,016,000	\$39,016,000	\$0	\$0
120	AB 1629 ANNUAL RATE ADJUSTMENTS	\$302,293,900	\$151,146,950	\$151,146,950	\$0
121	PROP 56 - HOME HEALTH RATE INCREASE	\$0	\$0	\$0	\$0
122	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$36,935,000	\$22,740,300	\$14,194,700	\$0
123	LTC RATE ADJUSTMENT	\$57,162,720	\$28,581,360	\$28,581,360	\$0
124	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$9,500,000	\$6,327,000	(\$1,178,000)	\$4,351,000
125	HOSPICE RATE INCREASES	\$11,086,010	\$5,543,000	\$5,543,000	\$0
126	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$0	\$0

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>PROVIDER RATES</u>					
127	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$4,635,700	\$2,317,850	\$2,317,850	\$0
128	DPH INTERIM RATE	\$0	\$485,916,300	(\$485,916,300)	\$0
129	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	\$0	(\$550,334,000)	\$550,334,000
130	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$1,336,530)	(\$759,820)	(\$576,710)	\$0
131	REDUCTION TO RADIOLOGY RATES	(\$12,069,090)	(\$6,034,540)	(\$6,034,540)	\$0
132	10% PROVIDER PAYMENT REDUCTION	(\$8,310,750)	(\$4,155,380)	(\$4,155,380)	\$0
133	LABORATORY RATE METHODOLOGY CHANGE	(\$34,315,420)	(\$17,157,710)	(\$17,157,710)	\$0
254	GEMT IGT PROGRAM	\$45,393,330	\$31,036,950	(\$676,550)	\$15,032,920
270	UNFREEZE ICF/DD and FS-PSA RATES	\$45,443,000	\$23,837,000	\$21,606,000	\$0
279	CLINICAL LAB REIMBURSEMENT RATES	\$32,000,000	\$7,000,000	\$25,000,000	\$0
280	COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES	\$4,000,000	\$2,000,000	\$2,000,000	\$0
PROVIDER RATES SUBTOTAL		\$993,197,400	\$1,001,162,550	(\$642,010,630)	
<u>SUPPLEMENTAL PMNTS.</u>					
134	HOSPITAL QAF - FFS PAYMENTS	\$2,822,293,000	\$1,932,195,000	\$0	\$890,098,000
135	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,797,400,000	\$1,274,015,000	\$0	\$523,385,000
136	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$3,278,824,000	\$2,213,456,000	\$0	\$1,065,368,000
137	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$640,258,000	\$461,135,000	\$0	\$179,123,000
138	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,171,414,390	\$779,587,520	\$391,826,870	\$0
139	PRIVATE HOSPITAL DSH REPLACEMENT	\$841,759,000	\$451,253,500	\$390,505,500	\$0
140	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$44,146,510	\$27,662,720	\$16,483,800	\$0
141	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$365,477,000	\$248,151,250	\$117,325,750	\$0
142	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$316,789,000	\$173,142,000	\$118,400,000	\$25,247,000
143	DSH PAYMENT	\$508,989,000	\$401,384,000	\$26,360,000	\$81,245,000
144	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$245,815,000	\$245,815,000	\$0	\$0
145	DPH PHYSICIAN & NON-PHYS. COST	\$328,488,000	\$328,488,000	\$0	\$0
146	FFP FOR LOCAL TRAUMA CENTERS	\$169,584,000	\$101,359,000	\$0	\$68,225,000
147	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$116,728,000	\$69,828,000	\$0	\$46,900,000
148	CAPITAL PROJECT DEBT REIMBURSEMENT	\$89,046,000	\$69,471,000	\$19,575,000	\$0
149	NDPH IGT SUPPLEMENTAL PAYMENTS	\$60,518,000	\$38,676,500	(\$2,408,000)	\$24,249,500
150	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$56,500,000	\$42,000,000	\$33,773,000	(\$19,273,000)
151	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$96,334,000	\$96,334,000	\$0	\$0

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>SUPPLEMENTAL PMNTS.</u>					
152	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$85,772,000	\$85,772,000	\$0	\$0
153	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$52,500,000	\$26,250,000	\$26,250,000	\$0
154	PROP 56 - DEVELOPMENTAL SCREENINGS	\$60,752,050	\$35,642,520	\$25,109,540	\$0
155	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$29,310,600	\$15,698,360	\$13,612,240	\$0
156	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$47,171,970	\$28,859,530	\$18,312,440	\$0
157	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$12,327,000	\$12,327,000	\$0	\$0
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,310,000	\$4,690,000	\$0
159	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,248,000	\$3,752,000	\$0
160	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$7,401,100	\$4,025,000	\$3,376,100	\$0
161	PROP 56 - MEDI-CAL FAMILY PLANNING	\$415,770,480	\$374,193,430	\$41,577,050	\$0
162	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$4,792,520	\$3,972,860	\$819,660	\$0
163	NDPH SUPPLEMENTAL PAYMENT	\$4,206,000	\$3,315,000	\$1,900,000	(\$1,009,000)
165	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$1,742,240	\$962,120	\$780,110	\$0
166	PROPOSITION 56 FUNDS TRANSFER	\$0	\$0	(\$953,678,000)	\$953,678,000
167	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$0	\$0	\$0	\$0
169	IGT ADMIN. & PROCESSING FEE	\$0	\$0	(\$9,476,000)	\$9,476,000
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$0	\$0	\$0	\$0
283	FREE CLINICS AUGMENTATION	\$2,000,000	\$0	\$2,000,000	\$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$13,692,108,870	\$9,554,529,310	\$290,867,060	\$3,846,712,500
<u>COVID-19</u>					
172	COVID-19 CASELOAD IMPACT	\$9,388,858,000	\$6,861,273,200	\$2,527,584,800	\$0
173	COVID-19 BEHAVIORAL HEALTH	\$73,683,000	\$69,569,150	\$4,113,850	\$0
174	COVID-19 FFS REIMBURSEMENT RATES	\$192,813,610	\$96,406,800	\$96,406,800	\$0
175	COVID-19 BASE RECOVERIES	\$35,172,000	\$20,363,050	\$14,808,950	\$0
176	COVID-19 ELIGIBILITY	\$595,730	\$180,820	\$414,910	\$0
177	COVID-19 - SICK LEAVE BENEFITS	\$8,337,000	\$8,286,500	\$50,500	\$0
178	COVID-19 INCREASED FMAP - DHCS	(\$197,141,000)	\$2,070,853,000	(\$2,267,994,000)	\$0
179	COVID-19 UTILIZATION CHANGE	(\$99,270,000)	(\$48,015,450)	(\$51,254,550)	\$0
247	COVID-19 VACCINE ADMINISTRATION	\$730,444,000	\$718,054,000	\$12,390,000	\$0
252	COVID-19 FFS DME RESPIRATORY RATES	\$6,305,000	\$3,367,260	\$2,937,740	\$0
258	COVID-19 TESTING IN SCHOOLS	\$575,466,000	\$336,968,150	\$238,497,850	\$0
271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS	\$300,000,000	\$0	\$300,000,000	\$0

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SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>COVID-19</u>					
281	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	(\$16,000,000)	\$16,000,000	\$0
	COVID-19 SUBTOTAL	\$11,015,263,340	\$10,121,306,490	\$893,956,860	\$0
<u>STATE ONLY CLAIMING</u>					
221	STATE ONLY CLAIMING ADJUSTMENTS	\$0	(\$164,573,000)	\$164,573,000	\$0
244	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$4,640,000)	(\$20,496,000)	\$15,856,000	\$0
245	STATE ONLY CLAIMING ADJUSTMENTS - TCM	(\$3,774,000)	(\$3,774,000)	\$0	\$0
	STATE ONLY CLAIMING SUBTOTAL	(\$8,414,000)	(\$188,843,000)	\$180,429,000	\$0
<u>OTHER DEPARTMENTS</u>					
180	ELECTRONIC VISIT VERIFICATION FED PENALTIES	(\$52,264,000)	(\$53,025,000)	\$761,000	\$0
	OTHER DEPARTMENTS SUBTOTAL	(\$52,264,000)	(\$53,025,000)	\$761,000	\$0
<u>OTHER</u>					
187	CCI IHSS RECONCILIATION	\$100,000,000	\$100,000,000	\$0	\$0
188	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$66,896,000	\$66,896,000	\$0	\$0
190	PROP 56 - PROVIDER ACES TRAININGS	\$56,592,000	\$28,296,000	\$28,296,000	\$0
193	INFANT DEVELOPMENT PROGRAM	\$33,121,000	\$33,121,000	\$0	\$0
194	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$64,467,670	\$32,233,830	\$32,233,830	\$0
196	SELF-DETERMINATION PROGRAM - CDDS	\$15,616,000	\$15,616,000	\$0	\$0
197	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,015,000	\$5,976,000	\$5,039,000	\$0
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$28,477,000	\$0	\$0	\$28,477,000
200	INDIAN HEALTH SERVICES	\$23,020,000	\$15,308,500	\$7,711,500	\$0
201	ARRA HITECH - PROVIDER PAYMENTS	\$8,806,000	\$8,806,000	\$0	\$0
202	QAF WITHHOLD TRANSFER	\$44,938,000	\$26,021,000	\$18,917,000	\$0
203	CCS SAR EPC	\$6,166,000	\$0	\$5,897,000	\$269,000
204	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$220,690,810	\$110,345,400	\$110,345,400	\$0
205	WPCS WORKERS' COMPENSATION	\$3,325,000	\$1,662,500	\$1,662,500	\$0
206	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$13,652,020	\$10,107,560	\$3,544,460	\$0
209	AUDIT SETTLEMENTS	\$0	(\$9,427,000)	\$9,427,000	\$0
210	IMD ANCILLARY SERVICES	\$0	(\$19,642,000)	\$19,642,000	\$0
211	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	(\$175,014,000)	\$175,014,000
212	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,875,918,800	(\$1,875,918,800)	\$0
213	FUNDING ADJUST.—OTLICP	\$0	\$91,946,850	(\$91,946,850)	\$0
214	CMS DEFERRED CLAIMS	\$0	(\$254,060,000)	\$254,060,000	\$0

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

SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2021-22

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>OTHER</u>					
215	CLPP FUND	\$0	\$0	(\$916,000)	\$916,000
216	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	(\$761,550,000)	\$761,550,000
218	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	\$11,062,500	(\$11,062,500)	\$0
222	ASSISTED LIVING WAIVER EXPANSION	(\$4,030,900)	(\$2,015,450)	(\$2,015,450)	\$0
223	COUNTY SHARE OF OTLICP-CCS COSTS	(\$25,466,000)	\$0	(\$25,466,000)	\$0
226	CALAIM - DENTAL PREVENTIVE SERVICES	\$59,547,000	\$29,773,500	\$29,773,500	\$0
227	CALAIM - DENTAL CARIES RISK ASSESSMENT	\$12,104,000	\$7,146,450	\$4,957,550	\$0
229	CALAIM - DENTAL SILVER DIAMINE FLUORIDE	\$1,071,000	\$559,950	\$511,050	\$0
230	CALAIM - DENTAL CONTINUITY OF CARE	\$43,491,000	\$21,745,500	\$21,745,500	\$0
253	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$697,000	\$416,050	\$280,950	\$0
272	CALHOPE STUDENT SUPPORT	\$45,000,000	\$0	\$45,000,000	\$0
273	SCHOOL BH PARTNERSHIPS AND CAPACITY	\$100,000,000	\$0	\$100,000,000	\$0
276	MLK JR. HOSPITAL IMPROVEMENT	\$10,000,000	\$0	\$10,000,000	\$0
278	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.	\$30,000,000	\$0	\$30,000,000	\$0
284	ALAMEDA WELLNESS CAMPUS	\$15,000,000	\$0	\$15,000,000	\$0
285	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$12,000,000	\$0	\$12,000,000	\$0
286	RECONCILIATION	\$0	\$0	\$0	\$0
	OTHER SUBTOTAL	\$996,195,590	\$2,207,814,940	(\$2,177,845,350)	
	GRAND TOTAL	\$48,804,885,190	\$36,058,131,780	\$521,769,830	

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

MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2021-22

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
PROFESSIONAL	\$9,767,219,580	\$6,289,575,400	\$2,734,696,760	\$742,947,420
PHYSICIANS	\$1,325,573,200	\$949,658,400	\$318,186,780	\$57,728,010
OTHER MEDICAL	\$6,567,572,080	\$4,039,954,530	\$2,334,447,140	\$193,170,400
CO. & COMM. OUTPATIENT	\$1,874,074,300	\$1,299,962,470	\$82,062,830	\$492,049,000
PHARMACY	\$5,466,291,690	\$3,072,417,980	\$814,822,230	\$1,579,051,470
HOSPITAL INPATIENT	\$14,648,754,130	\$9,747,171,310	\$2,233,620,110	\$2,667,962,720
COUNTY INPATIENT	\$4,459,174,110	\$2,846,705,210	\$79,262,320	\$1,533,206,580
COMMUNITY INPATIENT	\$10,189,580,020	\$6,900,466,100	\$2,154,357,790	\$1,134,756,140
LONG TERM CARE	\$3,433,044,170	\$1,948,599,280	\$1,333,642,960	\$150,801,940
NURSING FACILITIES	\$2,977,483,880	\$1,706,571,280	\$1,145,688,120	\$125,224,490
ICF-DD	\$455,560,290	\$242,028,000	\$187,954,840	\$25,577,450
OTHER SERVICES	\$1,875,957,550	\$1,104,151,400	\$711,027,390	\$60,778,760
MEDICAL TRANSPORTATION	\$228,352,180	\$181,261,810	\$42,483,990	\$4,606,380
OTHER SERVICES	\$1,375,367,300	\$769,887,880	\$556,321,520	\$49,157,900
HOME HEALTH	\$272,238,060	\$153,001,700	\$112,221,870	\$7,014,490
TOTAL FEE-FOR-SERVICE	\$35,191,267,120	\$22,161,915,370	\$7,827,809,440	\$5,201,542,310
MANAGED CARE	\$57,434,093,740	\$37,205,318,400	\$13,443,875,170	\$6,784,900,170
TWO PLAN MODEL	\$34,518,984,740	\$22,472,507,560	\$7,980,204,680	\$4,066,272,500
COUNTY ORGANIZED HEALTH SYSTEMS	\$13,755,159,230	\$8,869,189,530	\$3,188,655,770	\$1,697,313,930
GEOGRAPHIC MANAGED CARE	\$6,048,185,240	\$3,913,386,310	\$1,402,190,310	\$732,608,610
PHP & OTHER MANAG. CARE	\$1,171,363,750	\$652,163,240	\$497,193,380	\$22,007,120
REGIONAL MODEL	\$1,940,400,780	\$1,298,071,750	\$375,631,030	\$266,698,000
DENTAL	\$2,009,978,060	\$1,265,507,700	\$672,867,410	\$71,602,950
MENTAL HEALTH	\$3,368,948,380	\$3,139,287,380	\$34,183,180	\$195,477,820
AUDITS/ LAWSUITS	\$32,350,000	(\$247,312,000)	\$279,662,000	\$0
EPSDT SCREENS	\$0	\$0	\$0	\$0
MEDICARE PAYMENTS	\$6,289,902,090	\$2,076,886,180	\$4,213,015,900	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$37,454,500	\$37,997,870	(\$543,370)	\$0
MISC. SERVICES	\$13,355,960,850	\$12,701,940,840	\$539,284,680	\$114,735,330
RECOVERIES	(\$364,642,000)	(\$213,419,050)	(\$151,222,950)	\$0
DRUG MEDI-CAL	\$753,235,170	\$677,712,630	\$75,522,540	\$0
GRAND TOTAL MEDI-CAL	\$118,108,547,910	\$78,805,835,310	\$26,934,454,020	\$12,368,258,580

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

<u>SERVICE CATEGORY</u>	<u>MAY 2021 EST. FOR 2020-21</u>	<u>MAY 2021 EST. FOR 2021-22</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$8,193,848,650	\$9,767,219,580	\$1,573,370,930	19.20%
PHYSICIANS	\$1,041,164,680	\$1,325,573,200	\$284,408,520	27.32%
OTHER MEDICAL	\$4,937,541,310	\$6,567,572,080	\$1,630,030,770	33.01%
CO. & COMM. OUTPATIENT	\$2,215,142,660	\$1,874,074,300	(\$341,068,360)	-15.40%
PHARMACY	\$2,081,226,490	\$5,466,291,690	\$3,385,065,190	162.65%
HOSPITAL INPATIENT	\$13,745,269,140	\$14,648,754,130	\$903,485,000	6.57%
COUNTY INPATIENT	\$3,049,245,700	\$4,459,174,110	\$1,409,928,410	46.24%
COMMUNITY INPATIENT	\$10,696,023,430	\$10,189,580,020	(\$506,443,410)	-4.73%
LONG TERM CARE	\$3,210,815,860	\$3,433,044,170	\$222,228,310	6.92%
NURSING FACILITIES	\$2,745,406,400	\$2,977,483,880	\$232,077,480	8.45%
ICF-DD	\$465,409,460	\$455,560,290	(\$9,849,180)	-2.12%
OTHER SERVICES	\$1,567,357,730	\$1,875,957,550	\$308,599,820	19.69%
MEDICAL TRANSPORTATION	\$125,725,270	\$228,352,180	\$102,626,920	81.63%
OTHER SERVICES	\$1,075,168,860	\$1,375,367,300	\$300,198,440	27.92%
HOME HEALTH	\$366,463,600	\$272,238,060	(\$94,225,540)	-25.71%
TOTAL FEE-FOR-SERVICE	\$28,798,517,870	\$35,191,267,120	\$6,392,749,250	22.20%
MANAGED CARE	\$58,087,058,180	\$57,434,093,740	(\$652,964,430)	-1.12%
TWO PLAN MODEL	\$35,514,570,080	\$34,518,984,740	(\$995,585,340)	-2.80%
COUNTY ORGANIZED HEALTH SYSTEMS	\$13,502,430,410	\$13,755,159,230	\$252,728,820	1.87%
GEOGRAPHIC MANAGED CARE	\$6,091,935,430	\$6,048,185,240	(\$43,750,190)	-0.72%
PHP & OTHER MANAG. CARE	\$1,063,315,510	\$1,171,363,750	\$108,048,240	10.16%
REGIONAL MODEL	\$1,914,806,750	\$1,940,400,780	\$25,594,030	1.34%
DENTAL	\$1,279,488,920	\$2,009,978,060	\$730,489,140	57.09%
MENTAL HEALTH	\$3,065,260,180	\$3,368,948,380	\$303,688,210	9.91%
AUDITS/ LAWSUITS	\$25,798,990	\$32,350,000	\$6,551,000	25.39%
MEDICARE PAYMENTS	\$5,688,590,820	\$6,289,902,090	\$601,311,270	10.57%
STATE HOSP./DEVELOPMENTAL CNTRS.	\$39,510,380	\$37,454,500	(\$2,055,870)	-5.20%
MISC. SERVICES	\$13,274,510,730	\$13,355,960,850	\$81,450,130	0.61%
RECOVERIES	(\$336,551,840)	(\$364,642,000)	(\$28,090,160)	8.35%
DRUG MEDI-CAL	\$573,745,700	\$753,235,170	\$179,489,460	31.28%
GRAND TOTAL MEDI-CAL	\$110,495,929,930	\$118,108,547,910	\$7,612,617,980	6.89%
GENERAL FUNDS	\$20,777,035,440	\$26,934,454,020	\$6,157,418,580	29.64%
OTHER STATE FUNDS	\$15,053,591,380	\$12,368,258,580	(\$2,685,332,800)	-17.84%

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

<u>SERVICE CATEGORY</u>	<u>NOV. 2020 EST. FOR 2021-22</u>	<u>MAY 2021 EST. FOR 2021-22</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
PROFESSIONAL	\$9,542,302,720	\$9,767,219,580	\$224,916,850	2.36%
PHYSICIANS	\$1,363,859,720	\$1,325,573,200	(\$38,286,520)	-2.81%
OTHER MEDICAL	\$6,129,728,420	\$6,567,572,080	\$437,843,660	7.14%
CO. & COMM. OUTPATIENT	\$2,048,714,580	\$1,874,074,300	(\$174,640,290)	-8.52%
PHARMACY	\$8,601,445,350	\$5,466,291,690	(\$3,135,153,670)	-36.45%
HOSPITAL INPATIENT	\$11,443,300,890	\$14,648,754,130	\$3,205,453,250	28.01%
COUNTY INPATIENT	\$3,295,571,680	\$4,459,174,110	\$1,163,602,430	35.31%
COMMUNITY INPATIENT	\$8,147,729,200	\$10,189,580,020	\$2,041,850,820	25.06%
LONG TERM CARE	\$4,136,783,630	\$3,433,044,170	(\$703,739,450)	-17.01%
NURSING FACILITIES	\$3,609,663,390	\$2,977,483,880	(\$632,179,500)	-17.51%
ICF-DD	\$527,120,240	\$455,560,290	(\$71,559,950)	-13.58%
OTHER SERVICES	\$1,919,967,090	\$1,875,957,550	(\$44,009,540)	-2.29%
MEDICAL TRANSPORTATION	\$189,004,960	\$228,352,180	\$39,347,220	20.82%
OTHER SERVICES	\$1,425,737,990	\$1,375,367,300	(\$50,370,690)	-3.53%
HOME HEALTH	\$305,224,140	\$272,238,060	(\$32,986,070)	-10.81%
TOTAL FEE-FOR-SERVICE	\$35,643,799,680	\$35,191,267,120	(\$452,532,560)	-1.27%
MANAGED CARE	\$55,678,309,730	\$57,434,093,740	\$1,755,784,010	3.15%
TWO PLAN MODEL	\$33,399,711,560	\$34,518,984,740	\$1,119,273,180	3.35%
COUNTY ORGANIZED HEALTH SYSTEMS	\$13,320,167,570	\$13,755,159,230	\$434,991,660	3.27%
GEOGRAPHIC MANAGED CARE	\$5,884,638,990	\$6,048,185,240	\$163,546,250	2.78%
PHP & OTHER MANAG. CARE	\$1,193,731,530	\$1,171,363,750	(\$22,367,780)	-1.87%
REGIONAL MODEL	\$1,880,060,090	\$1,940,400,780	\$60,340,690	3.21%
DENTAL	\$2,296,796,950	\$2,009,978,060	(\$286,818,890)	-12.49%
MENTAL HEALTH	\$3,971,063,840	\$3,368,948,380	(\$602,115,460)	-15.16%
AUDITS/ LAWSUITS	\$32,350,000	\$32,350,000	\$0	0.00%
MEDICARE PAYMENTS	\$7,301,129,740	\$6,289,902,090	(\$1,011,227,650)	-13.85%
STATE HOSP./DEVELOPMENTAL CNTRS.	\$42,963,300	\$37,454,500	(\$5,508,800)	-12.82%
MISC. SERVICES	\$12,095,947,740	\$13,355,960,850	\$1,260,013,110	10.42%
RECOVERIES	(\$397,986,990)	(\$364,642,000)	\$33,344,990	-8.38%
DRUG MEDI-CAL	\$484,722,280	\$753,235,170	\$268,512,890	55.40%
GRAND TOTAL MEDI-CAL	\$117,149,096,270	\$118,108,547,910	\$959,451,640	0.82%
GENERAL FUNDS	\$27,622,056,190	\$26,934,454,020	(\$687,602,170)	-2.49%
OTHER STATE FUNDS	\$12,013,746,200	\$12,368,258,580	\$354,512,380	2.95%

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
ELIGIBILITY								
1	1	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$208,596,000	\$104,298,000	\$215,004,000	\$107,502,000	\$6,408,000	\$3,204,000
2	2	MEDI-CAL STATE INMATE PROGRAMS	\$47,603,000	\$0	\$76,467,000	\$5,500,000	\$28,864,000	\$5,500,000
3	3	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$323,031,000	\$218,868,000	\$329,618,000	\$222,883,000	\$6,587,000	\$4,015,000
4	4	BREAST AND CERVICAL CANCER TREATMENT	\$64,135,000	\$25,332,150	\$62,792,000	\$24,874,200	(\$1,343,000)	(\$457,950)
6	6	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$0	\$489,600	\$0	\$477,600	\$0	(\$12,000)
--	8	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$0	\$0	\$1,616,000	\$2,924,000	\$1,616,000	\$2,924,000
10	10	MEDICARE PART B DISREGARD	\$1,911,000	\$1,911,000	\$1,911,000	\$1,911,000	\$0	\$0
11	11	PROVISIONAL POSTPARTUM CARE EXTENSION	\$27,058,000	\$27,058,000	\$11,544,000	\$11,544,000	(\$15,514,000)	(\$15,514,000)
12	12	MEDI-CAL COUNTY INMATE PROGRAMS	\$59,632,000	\$2,457,000	\$54,058,000	\$2,078,400	(\$5,574,000)	(\$378,600)
13	13	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$2,428,000)	\$0	(\$1,824,000)	\$0	\$604,000
14	14	NON-OTLICP CHIP	\$0	(\$83,603,400)	\$0	(\$85,404,600)	\$0	(\$1,801,200)
15	15	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$1,007,093,250	\$0	\$1,203,709,750	\$0	\$196,616,500
16	16	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$71,624,150)	\$0	(\$72,795,100)	\$0	(\$1,170,950)
18	18	CS3 PROXY ADJUSTMENT	\$0	(\$57,816,200)	\$0	(\$54,544,700)	\$0	\$3,271,500
19	19	REFUGEE MEDICAL ASSISTANCE	\$0	(\$282,000)	\$0	(\$282,000)	\$0	\$0
21	21	CHIP PREMIUMS	(\$64,270,000)	(\$22,494,500)	(\$59,106,000)	(\$20,687,100)	\$5,164,000	\$1,807,400
22	22	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$887,216,000)	(\$206,430,000)	(\$383,381,000)	(\$80,290,500)	\$503,835,000	\$126,139,500
--	251	ACCELERATED ENROLLMENT FOR ADULTS	\$0	\$0	\$14,347,200	\$7,173,600	\$14,347,200	\$7,173,600
--	262	POSTPARTUM CARE EXTENSION	\$0	\$0	\$90,546,000	\$45,273,000	\$90,546,000	\$45,273,000
--	275	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$0	\$0	\$67,291,000	\$48,000,000	\$67,291,000	\$48,000,000
ELIGIBILITY SUBTOTAL			(\$219,520,000)	\$942,828,750	\$482,707,200	\$1,368,022,550	\$702,227,200	\$425,193,800

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>AFFORDABLE CARE ACT</u>								
23	23	COMMUNITY FIRST CHOICE OPTION	\$5,587,467,000	\$0	\$5,776,465,000	\$0	\$188,998,000	\$0
25	25	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$14,820,000	\$0	\$15,448,000	\$0	\$628,000	\$0
26	26	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$43,987,480)	\$0	(\$47,732,800)	\$0	(\$3,745,320)
27	27	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$3,568,000)	\$0	(\$3,493,000)	\$0	\$75,000
28	28	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$32,000)	\$0	(\$15,000)	\$0	\$17,000	\$0
29	--	ACA DSH REDUCTION	(\$1,568,421,000)	(\$188,754,500)	\$0	\$0	\$1,568,421,000	\$188,754,500
		AFFORDABLE CARE ACT SUBTOTAL	\$4,033,834,000	(\$236,309,980)	\$5,791,898,000	(\$51,225,800)	\$1,758,064,000	\$185,084,180
<u>BENEFITS</u>								
30	30	BEHAVIORAL HEALTH TREATMENT	\$1,118,481,000	\$537,337,350	\$1,075,439,000	\$484,582,850	(\$43,042,000)	(\$52,754,500)
31	31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$445,897,000	\$0	\$501,857,000	\$0	\$55,960,000	\$0
32	32	FAMILY PACT PROGRAM	\$379,437,000	\$90,386,000	\$371,255,000	\$88,424,900	(\$8,182,000)	(\$1,961,100)
33	33	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$113,749,000	\$0	\$96,256,000	\$0	(\$17,493,000)	\$0
34	34	LEA EXPANSION	\$60,489,000	\$0	\$57,109,000	\$0	(\$3,380,000)	\$0
36	36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	(\$10,116,000)	\$20,232,000	(\$10,743,000)	\$0	(\$627,000)
37	37	CCS DEMONSTRATION PROJECT	\$6,908,000	\$3,303,850	\$7,503,000	\$3,589,200	\$595,000	\$285,350
38	38	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$13,798,000	\$5,907,000	\$13,812,000	\$5,312,000	\$14,000	(\$595,000)
39	39	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	(\$4,933,000)	\$4,933,000	(\$4,780,000)	\$0	\$153,000
41	41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,300,000	\$1,300,000	\$10,600,000	\$10,600,000	\$9,300,000	\$9,300,000
42	42	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$1,729,000	\$621,700	\$3,040,150	\$1,098,710	\$1,311,150	\$477,010
43	43	MEDICAL INTERPRETERS PILOT PROJECT	\$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 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>BENEFITS</u>								
44	44	CCT FUND TRANSFER TO CDSS	\$196,000	\$0	\$173,000	\$0	(\$23,000)	\$0
45	45	DIABETES PREVENTION PROGRAM	\$1,276,660	\$452,050	\$1,077,930	\$384,370	(\$198,730)	(\$67,670)
46	46	HEARING AID COVERAGE	\$8,830,000	\$8,830,000	\$8,830,000	\$8,830,000	\$0	\$0
233	233	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$10,941,050	\$3,797,180	\$4,888,300	\$1,310,890	(\$6,052,750)	(\$2,486,280)
238	238	CALAIM - ORGAN TRANSPLANT	\$4,656,000	\$1,355,150	\$4,656,000	\$1,355,150	\$0	\$0
239	239	REMOTE PATIENT MONITORING	\$94,785,420	\$33,987,890	\$94,785,420	\$33,145,950	\$0	(\$841,940)
--	256	COMMUNITY HEALTH WORKER	\$0	\$0	\$16,323,000	\$6,154,300	\$16,323,000	\$6,154,300
--	261	MFP/CCT SUPPLEMENTAL FUNDING	\$0	\$0	\$5,000,000	\$0	\$5,000,000	\$0
--	265	DOULA BENEFIT	\$0	\$0	\$402,580	\$152,040	\$402,580	\$152,040
--	277	RAPID WHOLE GENOME SEQUENCING	\$0	\$0	\$6,000,000	\$3,000,000	\$6,000,000	\$3,000,000
--	282	TELEHEALTH	\$0	\$0	\$54,332,000	\$19,167,000	\$54,332,000	\$19,167,000
35	--	RESTORATION OF ADULT OPTICIAN & OPTICAL LAB SVCS	\$35,481,000	\$12,814,500	\$0	\$0	(\$35,481,000)	(\$12,814,500)
40	--	OPTIONAL BENEFITS RESTORATION	\$17,519,000	\$6,327,100	\$0	\$0	(\$17,519,000)	(\$6,327,100)
BENEFITS SUBTOTAL			\$2,342,638,120	\$693,370,760	\$2,360,504,380	\$653,584,370	\$17,866,260	(\$39,786,390)
<u>PHARMACY</u>								
48	48	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,542,198,000)	\$0	(\$1,474,916,000)	\$0	\$67,282,000
49	49	BCCTP DRUG REBATES	(\$4,578,000)	\$0	(\$4,706,000)	\$0	(\$128,000)	\$0
51	51	FAMILY PACT DRUG REBATES	(\$11,432,000)	\$0	(\$11,041,000)	\$0	\$391,000	\$0
52	52	OTC ADULT ACETAMINOPHEN & COUGH/COLD PRODUCTS	(\$21,000,000)	(\$7,777,200)	(\$6,051,000)	(\$2,241,100)	\$14,949,000	\$5,536,100
53	53	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	(\$37,797,000)	(\$13,532,750)	(\$37,797,000)	(\$13,253,150)	\$0	\$279,600
54	54	MEDICAL SUPPLY REBATES	(\$90,973,000)	(\$45,486,500)	(\$15,078,000)	(\$7,539,000)	\$75,895,000	\$37,947,500
55	55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$37,818,000)	(\$13,540,550)	(\$6,629,000)	(\$2,324,300)	\$31,189,000	\$11,216,250
56	56	STATE SUPPLEMENTAL DRUG REBATES	(\$118,242,000)	\$0	(\$96,437,000)	\$0	\$21,805,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>PHARMACY</u>								
57	57	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	(\$297,336,000)	(\$125,031,300)	\$239,901,000	\$72,597,850	\$537,237,000	\$197,629,150
58	58	FEDERAL DRUG REBATES	(\$1,577,341,000)	\$0	(\$1,608,901,000)	\$0	(\$31,560,000)	\$0
232	232	PHARMACY RETROACTIVE ADJUSTMENTS	(\$74,078,000)	(\$33,332,590)	(\$203,147,000)	(\$75,562,100)	(\$129,069,000)	(\$42,229,510)
--	250	MEDICATION THERAPY MANAGEMENT PROGRAM	\$0	\$0	\$12,595,500	\$4,418,830	\$12,595,500	\$4,418,830
236	--	MEDI-CAL RX- ADDITIONAL SUPPLEMENTAL REBATES	(\$396,988,000)	(\$132,833,250)	\$0	\$0	\$396,988,000	\$132,833,250
PHARMACY SUBTOTAL			(\$2,667,583,000)	(\$1,913,732,140)	(\$1,737,290,500)	(\$1,498,818,970)	\$930,292,500	\$414,913,170
<u>DRUG MEDI-CAL</u>								
59	59	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$404,190,000	\$44,646,700	\$732,479,000	\$72,735,050	\$328,289,000	\$28,088,350
63	63	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$1,595,600	\$137,470	\$962,580	\$75,240	(\$633,020)	(\$62,230)
64	64	DRUG MEDI-CAL MAT BENEFIT	\$360,200	\$76,510	\$383,960	\$72,560	\$23,770	(\$3,950)
DRUG MEDI-CAL SUBTOTAL			\$406,145,800	\$44,860,680	\$733,825,540	\$72,882,850	\$327,679,740	\$28,022,170
<u>MENTAL HEALTH</u>								
69	69	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$21,862,000	\$11,090,500	\$21,335,000	\$10,608,000	(\$527,000)	(\$482,500)
71	71	PATHWAYS TO WELL-BEING	\$1,006,000	\$0	\$1,027,000	\$0	\$21,000	\$0
73	73	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
75	75	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	\$3,375,000	\$0	\$1,795,000	\$0	(\$1,580,000)
76	76	CHART REVIEW	(\$396,000)	\$0	(\$396,000)	\$0	\$0	\$0
231	231	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$21,750,000	\$21,750,000	\$21,750,000	\$21,750,000	\$0	\$0
240	240	MHP COSTS FOR FFPSA - QUALIFIED INDIVIDUAL	\$21,356,000	\$10,678,000	\$14,580,000	\$4,622,000	(\$6,776,000)	(\$6,056,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>MENTAL HEALTH</u>								
241	241	MHP COSTS FOR FFPSA - AFTERCARE SERVICES	\$1,284,000	\$0	\$19,889,000	\$6,305,000	\$18,605,000	\$6,305,000
249	249	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM	\$750,000,000	\$750,000,000	\$743,499,000	\$443,499,000	(\$6,501,000)	(\$306,501,000)
--	255	OUT OF STATE YOUTH - SMHS	\$0	\$0	\$17,511,000	\$8,755,500	\$17,511,000	\$8,755,500
MENTAL HEALTH SUBTOTAL			\$816,862,000	\$796,693,500	\$839,195,000	\$497,134,500	\$22,333,000	(\$299,559,000)
<u>WAIVER--MH/UCD & BTR</u>								
78	78	GLOBAL PAYMENT PROGRAM	\$2,387,038,000	\$0	\$3,276,280,000	\$0	\$889,242,000	\$0
80	80	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$600,000,000	\$0	\$679,564,000	\$0	\$79,564,000	\$0
81	81	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$205,358,000	\$102,679,000	\$185,186,000	\$85,321,000	(\$20,172,000)	(\$17,358,000)
82	82	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$316,000	\$0	\$434,000	\$0	\$118,000	\$0
225	225	CALAIM ECM-ILOS-PLAN INCENTIVES	\$535,417,000	\$267,708,500	\$535,417,000	\$267,708,500	\$0	\$0
83	--	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	(\$158,900,000)	\$0	\$0	\$0	\$158,900,000
WAIVER--MH/UCD & BTR SUBTOTAL			\$3,728,129,000	\$211,487,500	\$4,676,881,000	\$353,029,500	\$948,752,000	\$141,542,000
<u>MANAGED CARE</u>								
89	89	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$2,528,944,000	\$927,812,450	\$2,565,371,000	\$932,375,250	\$36,427,000	\$4,562,800
90	90	CCI-MANAGED CARE PAYMENTS	\$8,798,756,000	\$4,399,378,000	\$8,624,926,000	\$4,312,463,000	(\$173,830,000)	(\$86,915,000)
91	91	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,208,317,000	\$403,446,780	\$1,208,317,000	\$310,918,740	\$0	(\$92,528,040)
92	92	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,061,465,000	\$369,493,650	\$1,061,465,000	\$327,762,650	\$0	(\$41,731,000)
93	93	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$962,754,000	\$246,967,500	\$962,754,000	\$223,239,500	\$0	(\$23,728,000)
96	96	RETRO MC RATE ADJUSTMENTS	\$174,899,000	\$82,301,950	\$175,676,000	\$198,569,450	\$777,000	\$116,267,500

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MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
MANAGED CARE								
98	98	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$98,780,000	\$13,958,000	\$118,180,000	\$20,391,000	\$19,400,000	\$6,433,000
102	102	CCI-QUALITY WITHHOLD REPAYMENTS	\$16,822,000	\$8,411,000	\$16,822,000	\$8,411,000	\$0	\$0
105	105	CAPITATED RATE ADJUSTMENT FOR FY 2021-22	\$1,185,484,000	\$407,117,700	\$1,056,330,000	\$363,935,550	(\$129,154,000)	(\$43,182,150)
106	106	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,598,111,000)	\$0	(\$1,645,922,000)	\$0	(\$47,811,000)
107	107	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	(\$919,347,000)	\$0	(\$871,536,000)	\$0	\$47,811,000
108	108	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,113,935,000)	\$0	(\$931,590,000)	\$0	\$182,345,000
110	110	COORDINATED CARE INITIATIVE RISK MITIGATION	(\$111,260,000)	(\$55,630,000)	(\$111,260,000)	(\$55,630,000)	\$0	\$0
112	112	MANAGED CARE EFFICIENCIES	(\$481,443,000)	(\$155,548,750)	(\$304,653,000)	(\$100,209,300)	\$176,790,000	\$55,339,450
114	114	MANAGED CARE DRUG REBATES	(\$1,415,902,000)	\$0	(\$1,672,917,000)	\$0	(\$257,015,000)	\$0
234	234	CALAIM - MSSP CARVE-OUT OF CCI	\$1,600,000	\$800,000	\$1,600,000	\$800,000	\$0	\$0
235	235	CALAIM - TRANSITIONING POPULATIONS	\$401,597,000	\$174,759,600	\$401,597,000	\$174,759,600	\$0	\$0
242	242	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$76,000,000	\$35,644,000	\$76,000,000	\$33,288,000	\$0	(\$2,356,000)
248	248	INCREASE ACCESS TO STUDENT BEHAVIORAL HEALTH SRVS.	\$388,986,000	\$194,493,000	\$388,986,000	\$194,493,000	\$0	\$0
--	268	CALAIM – MEDI-CAL PATH	\$0	\$0	\$200,000,000	\$100,000,000	\$200,000,000	\$100,000,000
228	--	CALAIM - MANAGED CARE SMHS CARVE-OUT	(\$4,773,000)	(\$2,290,300)	\$0	\$0	\$4,773,000	\$2,290,300
MANAGED CARE SUBTOTAL			\$14,891,026,000	\$3,419,721,580	\$14,769,194,000	\$3,596,519,440		\$176,797,860
PROVIDER RATES								
115	115	DPH INTERIM RATE GROWTH	\$257,252,000	\$128,626,000	\$241,109,000	\$120,554,500	(\$16,143,000)	(\$8,071,500)
116	116	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$223,616,000	(\$7,493,000)	\$204,310,000	(\$14,255,000)	(\$19,306,000)	(\$6,762,000)
117	117	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$170,610,380	\$65,568,460	\$180,681,250	\$69,438,850	\$10,070,860	\$3,870,380

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
PROVIDER RATES								
118	118	DPH INTERIM & FINAL RECONS	(\$123,313,000)	\$0	(\$123,313,000)	\$0	\$0	\$0
119	119	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$11,249,000	\$0	\$39,016,000	\$0	\$27,767,000	\$0
120	120	AB 1629 ANNUAL RATE ADJUSTMENTS	\$390,199,260	\$195,099,630	\$511,236,080	\$255,618,040	\$121,036,820	\$60,518,410
121	121	PROP 56 - HOME HEALTH RATE INCREASE	\$92,754,000	\$43,338,200	\$92,754,000	\$43,332,500	\$0	(\$5,700)
122	122	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$44,908,000	\$17,258,800	\$36,935,000	\$14,194,700	(\$7,973,000)	(\$3,064,100)
123	123	LTC RATE ADJUSTMENT	\$85,582,710	\$42,791,350	\$93,940,380	\$46,970,190	\$8,357,680	\$4,178,840
124	124	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$8,539,000	(\$408,000)	\$9,500,000	(\$1,178,000)	\$961,000	(\$770,000)
125	125	HOSPICE RATE INCREASES	\$15,537,590	\$7,768,800	\$20,389,930	\$10,194,970	\$4,852,340	\$2,426,170
126	126	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$14,246,000	\$6,655,550	\$14,246,000	\$6,655,150	\$0	(\$400)
127	127	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$2,776,000	\$1,388,000	\$4,635,700	\$2,317,850	\$1,859,700	\$929,850
128	128	DPH INTERIM RATE	\$0	(\$461,715,700)	\$0	(\$485,916,300)	\$0	(\$24,200,600)
129	129	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$532,752,000)	\$0	(\$550,334,000)	\$0	(\$17,582,000)
130	130	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$2,942,670)	(\$1,363,640)	(\$2,762,000)	(\$1,191,800)	\$180,670	\$171,850
131	131	REDUCTION TO RADIOLOGY RATES	(\$12,410,060)	(\$6,205,030)	(\$12,873,690)	(\$6,436,850)	(\$463,630)	(\$231,810)
132	132	10% PROVIDER PAYMENT REDUCTION	(\$171,841,000)	(\$85,920,500)	(\$166,215,000)	(\$83,107,500)	\$5,626,000	\$2,813,000
133	133	LABORATORY RATE METHODOLOGY CHANGE	(\$39,187,650)	(\$19,593,830)	(\$34,315,420)	(\$17,157,710)	\$4,872,230	\$2,436,120
--	254	GEMT IGT PROGRAM	\$0	\$0	\$45,393,330	(\$676,550)	\$45,393,330	(\$676,550)
--	270	UNFREEZE ICF/DD and FS-PSA RATES	\$0	\$0	\$45,443,000	\$21,606,000	\$45,443,000	\$21,606,000
--	279	CLINICAL LAB REIMBURSEMENT RATES	\$0	\$0	\$32,000,000	\$25,000,000	\$32,000,000	\$25,000,000
--	280	COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES	\$0	\$0	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000
PROVIDER RATES SUBTOTAL			\$967,575,560	(\$606,956,910)	\$1,236,110,560	(\$542,370,950)	\$268,535,000	\$64,585,950

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>SUPPLEMENTAL PMNTS.</u>						
134	134	HOSPITAL QAF - FFS PAYMENTS	\$3,302,291,000	\$0	\$2,822,293,000	\$0	(\$479,998,000)	\$0
135	135	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,897,400,000	\$0	\$1,797,400,000	\$0	(\$100,000,000)	\$0
136	136	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$3,278,824,000	\$0	\$3,278,824,000	\$0	\$0	\$0
137	137	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$416,860,000	\$0	\$640,258,000	\$0	\$223,398,000	\$0
138	138	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,275,228,000	\$426,760,950	\$1,237,366,000	\$413,887,050	(\$37,862,000)	(\$12,873,900)
139	139	PRIVATE HOSPITAL DSH REPLACEMENT	\$623,212,000	\$311,606,000	\$841,759,000	\$390,505,500	\$218,547,000	\$78,899,500
140	140	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$514,291,000	\$193,051,600	\$456,059,000	\$170,287,150	(\$58,232,000)	(\$22,764,450)
141	141	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$364,207,000	\$119,865,650	\$365,477,000	\$117,325,750	\$1,270,000	(\$2,539,900)
142	142	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$308,193,000	\$118,400,000	\$316,789,000	\$118,400,000	\$8,596,000	\$0
143	143	DSH PAYMENT	\$427,503,000	\$24,993,000	\$508,989,000	\$26,360,000	\$81,486,000	\$1,367,000
144	144	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$246,989,000	\$0	\$245,815,000	\$0	(\$1,174,000)	\$0
145	145	DPH PHYSICIAN & NON-PHYS. COST	\$349,662,000	\$0	\$328,488,000	\$0	(\$21,174,000)	\$0
146	146	FFP FOR LOCAL TRAUMA CENTERS	\$168,229,000	\$0	\$169,584,000	\$0	\$1,355,000	\$0
147	147	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$115,461,000	\$0	\$116,728,000	\$0	\$1,267,000	\$0
148	148	CAPITAL PROJECT DEBT REIMBURSEMENT	\$97,169,000	\$22,865,000	\$89,046,000	\$19,575,000	(\$8,123,000)	(\$3,290,000)
149	149	NDPH IGT SUPPLEMENTAL PAYMENTS	\$44,983,000	(\$1,933,000)	\$60,518,000	(\$2,408,000)	\$15,535,000	(\$475,000)
150	150	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$81,000,000	\$46,979,000	\$56,500,000	\$33,773,000	(\$24,500,000)	(\$13,206,000)
151	151	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$92,298,000	\$0	\$96,334,000	\$0	\$4,036,000	\$0
152	152	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$35,470,000	\$0	\$85,772,000	\$0	\$50,302,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>SUPPLEMENTAL PMNTS.</u>								
153	153	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$105,000,000	\$52,500,000	\$52,500,000	\$26,250,000	(\$52,500,000)	(\$26,250,000)
154	154	PROP 56 - DEVELOPMENTAL SCREENINGS	\$61,960,000	\$25,877,550	\$61,765,000	\$25,528,200	(\$195,000)	(\$349,350)
155	155	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$30,753,000	\$14,284,500	\$29,337,000	\$13,624,500	(\$1,416,000)	(\$660,000)
156	156	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$47,682,000	\$18,217,150	\$47,978,000	\$18,625,350	\$296,000	\$408,200
157	157	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$10,706,000	\$0	\$12,327,000	\$0	\$1,621,000	\$0
158	158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$4,690,000	\$0	(\$310,000)
159	159	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$3,752,000	\$0	(\$248,000)
160	160	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$25,925,000	\$11,781,900	\$26,273,000	\$11,984,750	\$348,000	\$202,850
161	161	PROP 56 - MEDI-CAL FAMILY PLANNING	\$431,072,000	\$43,107,200	\$438,022,000	\$43,802,200	\$6,950,000	\$695,000
162	162	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$163,957,000	\$22,595,000	\$93,604,000	\$16,009,000	(\$70,353,000)	(\$6,586,000)
163	163	NDPH SUPPLEMENTAL PAYMENT	\$4,201,000	\$1,900,000	\$4,206,000	\$1,900,000	\$5,000	\$0
165	165	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$8,943,000	\$4,084,850	\$8,817,000	\$3,947,950	(\$126,000)	(\$136,900)
166	166	PROPOSITION 56 FUNDS TRANSFER	\$0	(\$717,883,000)	\$0	(\$953,678,000)	\$0	(\$235,795,000)
167	167	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$7,925,000	\$3,892,450	\$7,925,000	\$3,895,150	\$0	\$2,700
169	169	IGT ADMIN. & PROCESSING FEE	\$0	(\$9,893,000)	\$0	(\$9,476,000)	\$0	\$417,000
170	170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$3,189,000	\$6,800,000	\$3,189,000	\$0	\$0
--	283	FREE CLINICS AUGMENTATION	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
		SUPPLEMENTAL PMNTS. SUBTOTAL	\$14,562,194,000	\$745,241,800	\$14,323,553,000	\$503,749,550	(\$238,641,000)	(\$241,492,250)
<u>COVID-19</u>								
172	172	COVID-19 CASELOAD IMPACT	\$13,531,559,000	\$4,336,085,610	\$9,388,858,000	\$2,527,584,800	(\$4,142,701,000)	(\$1,808,500,810)

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>COVID-19</u>								
173	173	COVID-19 BEHAVIORAL HEALTH	\$497,815,000	\$28,137,600	\$73,683,000	\$4,113,850	(\$424,132,000)	(\$24,023,750)
174	174	COVID-19 FFS REIMBURSEMENT RATES	\$251,076,000	\$125,538,000	\$192,813,610	\$96,406,800	(\$58,262,390)	(\$29,131,200)
175	175	COVID-19 BASE RECOVERIES	(\$34,000,000)	(\$14,315,300)	\$35,172,000	\$14,808,950	\$69,172,000	\$29,124,250
176	176	COVID-19 ELIGIBILITY	\$17,277,000	\$12,251,000	\$30,087,590	\$20,955,120	\$12,810,590	\$8,704,120
177	177	COVID-19 - SICK LEAVE BENEFITS	\$18,450,000	\$50,500	\$8,337,000	\$50,500	(\$10,113,000)	\$0
178	178	COVID-19 INCREASED FMAP - DHCS	(\$50,094,000)	(\$782,920,000)	(\$197,141,000)	(\$2,267,994,000)	(\$147,047,000)	(\$1,485,074,000)
179	179	COVID-19 UTILIZATION CHANGE	(\$22,141,000)	(\$8,925,500)	(\$99,270,000)	(\$51,254,550)	(\$77,129,000)	(\$42,329,050)
247	247	COVID-19 VACCINE ADMINISTRATION	\$315,744,000	\$107,353,000	\$730,444,000	\$12,390,000	\$414,700,000	(\$94,963,000)
--	252	COVID-19 FFS DME RESPIRATORY RATES	\$0	\$0	\$6,305,000	\$2,937,740	\$6,305,000	\$2,937,740
--	258	COVID-19 TESTING IN SCHOOLS	\$0	\$0	\$575,466,000	\$238,497,850	\$575,466,000	\$238,497,850
--	271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS	\$0	\$0	\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000
--	281	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	\$0	\$0	\$16,000,000	\$0	\$16,000,000
246	--	COVID-19 INCREASED FMAP EXTENSION - DHCS	\$513,836,000	(\$1,433,282,000)	\$0	\$0	(\$513,836,000)	\$1,433,282,000
COVID-19 SUBTOTAL			\$15,039,522,000	\$2,369,972,910	\$11,044,755,200	\$914,497,070		(\$1,455,475,840)
<u>STATE ONLY CLAIMING</u>								
221	221	STATE ONLY CLAIMING ADJUSTMENTS	\$145,571,000	\$260,102,000	\$0	\$164,573,000	(\$145,571,000)	(\$95,529,000)
244	244	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$6,339,000)	\$15,057,000	(\$4,640,000)	\$15,856,000	\$1,699,000	\$799,000
245	245	STATE ONLY CLAIMING ADJUSTMENTS - TCM	\$0	\$3,958,000	(\$3,774,000)	\$0	(\$3,774,000)	(\$3,958,000)
STATE ONLY CLAIMING SUBTOTAL			\$139,232,000	\$279,117,000	(\$8,414,000)	\$180,429,000		(\$98,688,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>OTHER DEPARTMENTS</u>								
180	180	ELECTRONIC VISIT VERIFICATION FED PENALTIES	(\$21,517,000)	\$417,000	(\$52,264,000)	\$761,000	(\$30,747,000)	\$344,000
		OTHER DEPARTMENTS SUBTOTAL	(\$21,517,000)	\$417,000	(\$52,264,000)	\$761,000	(\$30,747,000)	\$344,000
<u>OTHER</u>								
187	187	CCI IHSS RECONCILIATION	\$100,000,000	\$0	\$100,000,000	\$0	\$0	\$0
188	188	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$63,974,000	\$0	\$66,896,000	\$0	\$2,922,000	\$0
190	190	PROP 56 - PROVIDER ACES TRAININGS	\$41,712,000	\$20,856,000	\$56,592,000	\$28,296,000	\$14,880,000	\$7,440,000
193	193	INFANT DEVELOPMENT PROGRAM	\$35,974,000	\$0	\$33,121,000	\$0	(\$2,853,000)	\$0
194	194	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$65,722,980	\$32,861,490	\$65,722,980	\$32,861,490	\$0	\$0
196	196	SELF-DETERMINATION PROGRAM - CDDS	\$10,424,000	\$0	\$15,616,000	\$0	\$5,192,000	\$0
197	197	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$11,039,000	\$5,041,000	\$11,015,000	\$5,039,000	(\$24,000)	(\$2,000)
199	199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$29,092,000	\$0	\$28,477,000	\$0	(\$615,000)	\$0
200	200	INDIAN HEALTH SERVICES	\$18,436,000	\$6,176,000	\$23,020,000	\$7,711,500	\$4,584,000	\$1,535,500
201	201	ARRA HITECH - PROVIDER PAYMENTS	\$5,101,000	\$0	\$8,806,000	\$0	\$3,705,000	\$0
202	202	QAF WITHHOLD TRANSFER	\$47,076,000	\$19,729,000	\$44,938,000	\$18,917,000	(\$2,138,000)	(\$812,000)
203	203	CCS SAR EPC	\$6,166,000	\$3,222,240	\$6,166,000	\$5,897,000	\$0	\$2,674,760
204	204	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$154,044,000	\$77,022,000	\$289,203,000	\$144,601,500	\$135,159,000	\$67,579,500
205	205	WPCS WORKERS' COMPENSATION	\$3,325,000	\$1,662,500	\$3,325,000	\$1,662,500	\$0	\$0
206	206	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$12,827,000	\$3,330,300	\$13,652,020	\$3,544,460	\$825,020	\$214,160
209	209	AUDIT SETTLEMENTS	\$0	\$69,588,000	\$0	\$9,427,000	\$0	(\$60,161,000)
210	210	IMD ANCILLARY SERVICES	\$0	\$12,322,000	\$0	\$19,642,000	\$0	\$7,320,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER						
211	211	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$131,870,000)	\$0	(\$175,014,000)	\$0	(\$43,144,000)
212	212	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,948,043,200)	\$0	(\$1,875,918,800)	\$0	\$72,124,400
213	213	FUNDING ADJUST.—OTLICP	\$0	(\$90,361,050)	\$0	(\$91,946,850)	\$0	(\$1,585,800)
214	214	CMS DEFERRED CLAIMS	\$0	\$200,000,000	\$0	\$254,060,000	\$0	\$54,060,000
215	215	CLPP FUND	\$0	(\$916,000)	\$0	(\$916,000)	\$0	\$0
216	216	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$761,550,000)	\$0	(\$761,550,000)	\$0	\$0
218	218	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$13,000,000)	\$0	(\$11,062,500)	\$0	\$1,937,500
222	222	ASSISTED LIVING WAIVER EXPANSION	(\$58,075,000)	(\$29,037,500)	(\$45,291,000)	(\$22,645,500)	\$12,784,000	\$6,392,000
223	223	COUNTY SHARE OF OTLICP-CCS COSTS	(\$25,748,000)	(\$25,748,000)	(\$25,466,000)	(\$25,466,000)	\$282,000	\$282,000
226	226	CALAIM - DENTAL PREVENTIVE SERVICES	\$59,384,000	\$29,692,000	\$59,547,000	\$29,773,500	\$163,000	\$81,500
227	227	CALAIM - DENTAL CARIES RISK ASSESSMENT	\$8,991,000	\$4,495,500	\$12,104,000	\$4,957,550	\$3,113,000	\$462,050
229	229	CALAIM - DENTAL SILVER DIAMINE FLUORIDE	\$1,637,000	\$818,500	\$1,071,000	\$511,050	(\$566,000)	(\$307,450)
230	230	CALAIM - DENTAL CONTINUITY OF CARE	\$43,485,000	\$21,742,500	\$43,491,000	\$21,745,500	\$6,000	\$3,000
--	253	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$0	\$0	\$697,000	\$280,950	\$697,000	\$280,950
--	272	CALHOPE STUDENT SUPPORT	\$0	\$0	\$45,000,000	\$45,000,000	\$45,000,000	\$45,000,000
--	273	SCHOOL BH PARTNERSHIPS AND CAPACITY	\$0	\$0	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
--	276	MLK JR. HOSPITAL IMPROVEMENT	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
--	278	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.	\$0	\$0	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
--	284	ALAMEDA WELLNESS CAMPUS	\$0	\$0	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000
--	285	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$0	\$0	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		OTHER						
--	286	RECONCILIATION	\$0	\$0	\$0	\$0	\$0	\$0
		OTHER SUBTOTAL	\$634,586,980	(\$2,491,966,720)	\$1,024,702,990	(\$2,163,591,650)	\$390,116,020	\$328,375,070
		GRAND TOTAL	<u>\$54,653,125,460</u>	<u>\$4,254,745,740</u>	<u>\$55,485,358,370</u>	<u>\$3,884,602,460</u>	<u>\$832,232,910</u>	<u>(\$370,143,280)</u>

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 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
ELIGIBILITY							
1	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$103,202,000	\$51,601,000	\$215,004,000	\$107,502,000	\$111,802,000	\$55,901,000
2	MEDI-CAL STATE INMATE PROGRAMS	\$54,011,000	\$0	\$76,467,000	\$5,500,000	\$22,456,000	\$5,500,000
3	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$270,982,000	\$186,331,000	\$329,618,000	\$222,883,000	\$58,636,000	\$36,552,000
4	BREAST AND CERVICAL CANCER TREATMENT	\$62,368,000	\$24,711,200	\$62,792,000	\$24,874,200	\$424,000	\$163,000
6	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$22,747,000	\$28,063,470	\$0	\$477,600	(\$22,747,000)	(\$27,585,870)
8	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$1,616,000	\$2,924,000	\$1,616,000	\$2,924,000	\$0	\$0
10	MEDICARE PART B DISREGARD	\$1,115,000	\$1,115,000	\$1,911,000	\$1,911,000	\$796,000	\$796,000
11	PROVISIONAL POSTPARTUM CARE EXTENSION	\$0	\$0	\$11,544,000	\$11,544,000	\$11,544,000	\$11,544,000
12	MEDI-CAL COUNTY INMATE PROGRAMS	\$37,199,000	\$1,979,500	\$54,058,000	\$2,078,400	\$16,859,000	\$98,900
13	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$1,833,000)	\$0	(\$1,824,000)	\$0	\$9,000
14	NON-OTLIPC CHIP	\$0	(\$102,356,120)	\$0	(\$85,404,600)	\$0	\$16,951,520
15	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$1,262,781,870	\$0	\$1,203,709,750	\$0	(\$59,072,120)
16	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$89,134,800)	\$0	(\$72,795,100)	\$0	\$16,339,700
17	CDCR RETRO REPAYMENT	\$0	\$410,000	\$0	\$0	\$0	(\$410,000)
18	CS3 PROXY ADJUSTMENT	\$0	(\$148,515,680)	\$0	(\$54,544,700)	\$0	\$93,970,980
19	REFUGEE MEDICAL ASSISTANCE	\$0	(\$376,000)	\$0	(\$282,000)	\$0	\$94,000
21	CHIP PREMIUMS	(\$59,106,000)	(\$18,987,740)	(\$59,106,000)	(\$20,687,100)	\$0	(\$1,699,360)
22	MINIMUM WAGE INCREASE - CASELOAD SAVINGS	(\$383,381,000)	(\$80,290,500)	(\$383,381,000)	(\$80,290,500)	\$0	\$0
251	ACCELERATED ENROLLMENT FOR ADULTS	\$0	\$0	\$14,347,200	\$7,173,600	\$14,347,200	\$7,173,600
257	LONG TERM CARE SHARE OF COST ADJUSTMENT	\$0	\$766,000	\$0	\$0	\$0	(\$766,000)
262	POSTPARTUM CARE EXTENSION	\$0	\$0	\$90,546,000	\$45,273,000	\$90,546,000	\$45,273,000
275	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$0	\$0	\$67,291,000	\$48,000,000	\$67,291,000	\$48,000,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	ELIGIBILITY SUBTOTAL	\$110,753,000	\$1,119,189,180	\$482,707,200	\$1,368,022,550	\$371,954,200	
	<u>AFFORDABLE CARE ACT</u>						
23	COMMUNITY FIRST CHOICE OPTION	\$5,781,253,000	\$0	\$5,776,465,000	\$0	(\$4,788,000)	\$0
24	HEALTH INSURER FEE	\$256,764,000	\$87,976,840	\$0	\$0	(\$256,764,000)	(\$87,976,840)
25	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$22,129,000	\$0	\$15,448,000	\$0	(\$6,681,000)	\$0
26	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$47,182,880)	\$0	(\$47,732,800)	\$0	(\$549,920)
27	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$5,213,000)	\$0	(\$3,493,000)	\$0	\$1,720,000
28	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$17,000)	\$0	(\$15,000)	\$0	\$2,000	\$0
237	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$33,750,000)	(\$1,856,250)	\$0	\$0	\$33,750,000	\$1,856,250
	AFFORDABLE CARE ACT SUBTOTAL	\$6,026,379,000	\$33,724,710	\$5,791,898,000	(\$51,225,800)	(\$234,481,000)	
	<u>BENEFITS</u>						
30	BEHAVIORAL HEALTH TREATMENT	\$912,144,000	\$381,699,960	\$1,075,439,000	\$484,582,850	\$163,295,000	\$102,882,890
31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$573,908,000	\$0	\$501,857,000	\$0	(\$72,051,000)	\$0
32	FAMILY PACT PROGRAM	\$280,364,000	\$66,777,100	\$371,255,000	\$88,424,900	\$90,891,000	\$21,647,800
33	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$96,455,000	\$0	\$96,256,000	\$0	(\$199,000)	\$0
34	LEA EXPANSION	\$33,900,000	\$0	\$57,109,000	\$0	\$23,209,000	\$0
36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$20,232,000	(\$11,370,000)	\$20,232,000	(\$10,743,000)	\$0	\$627,000
37	CCS DEMONSTRATION PROJECT	\$11,678,000	\$5,533,830	\$7,503,000	\$3,589,200	(\$4,175,000)	(\$1,944,630)
38	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$27,756,000	\$4,799,000	\$13,812,000	\$5,312,000	(\$13,944,000)	\$513,000
39	MSSP SUPPLEMENTAL PAYMENTS	\$4,933,000	(\$4,627,000)	\$4,933,000	(\$4,780,000)	\$0	(\$153,000)
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$1,740,000	\$1,740,000	\$10,600,000	\$10,600,000	\$8,860,000	\$8,860,000
42	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$95,280	\$34,380	\$3,040,150	\$1,098,710	\$2,944,870	\$1,064,340

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>BENEFITS</u>							
43	MEDICAL INTERPRETERS PILOT PROJECT	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
44	CCT FUND TRANSFER TO CDSS	\$186,000	\$0	\$173,000	\$0	(\$13,000)	\$0
45	DIABETES PREVENTION PROGRAM	\$92,740	\$32,970	\$1,077,930	\$384,370	\$985,190	\$351,400
46	HEARING AID COVERAGE	\$0	\$0	\$8,830,000	\$8,830,000	\$8,830,000	\$8,830,000
233	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$0	\$0	\$4,888,300	\$1,310,890	\$4,888,300	\$1,310,890
238	CALAIM - ORGAN TRANSPLANT	\$0	\$0	\$4,656,000	\$1,355,150	\$4,656,000	\$1,355,150
239	REMOTE PATIENT MONITORING	\$0	\$0	\$94,785,420	\$33,145,950	\$94,785,420	\$33,145,950
256	COMMUNITY HEALTH WORKER	\$0	\$0	\$16,323,000	\$6,154,300	\$16,323,000	\$6,154,300
261	MFP/CCT SUPPLEMENTAL FUNDING	\$0	\$0	\$5,000,000	\$0	\$5,000,000	\$0
265	DOULA BENEFIT	\$0	\$0	\$402,580	\$152,040	\$402,580	\$152,040
277	RAPID WHOLE GENOME SEQUENCING	\$0	\$0	\$6,000,000	\$3,000,000	\$6,000,000	\$3,000,000
282	TELEHEALTH	\$0	\$0	\$54,332,000	\$19,167,000	\$54,332,000	\$19,167,000
	BENEFITS SUBTOTAL	\$1,963,484,010	\$444,620,240	\$2,360,504,380	\$653,584,370	\$397,020,360	\$208,964,130
<u>PHARMACY</u>							
48	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,240,421,000)	\$0	(\$1,474,916,000)	\$0	(\$234,495,000)
49	BCCTP DRUG REBATES	(\$5,316,000)	\$0	(\$4,706,000)	\$0	\$610,000	\$0
50	LITIGATION SETTLEMENTS	(\$19,432,000)	(\$19,432,000)	\$0	\$0	\$19,432,000	\$19,432,000
51	FAMILY PACT DRUG REBATES	(\$9,152,000)	\$0	(\$11,041,000)	\$0	(\$1,889,000)	\$0
52	OTC ADULT ACETAMINOPHEN & COUGH/COLD PRODUCTS	(\$6,038,900)	(\$2,236,620)	(\$6,051,000)	(\$2,241,100)	(\$12,100)	(\$4,480)
53	BLOOD FACTOR REIMBURSEMENT METHODOLOGY	(\$35,907,150)	(\$12,534,990)	(\$37,797,000)	(\$13,253,150)	(\$1,889,850)	(\$718,160)
54	MEDICAL SUPPLY REBATES	(\$20,044,000)	(\$10,022,000)	(\$15,078,000)	(\$7,539,000)	\$4,966,000	\$2,483,000
55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	\$0	\$0	(\$6,629,000)	(\$2,324,300)	(\$6,629,000)	(\$2,324,300)
56	STATE SUPPLEMENTAL DRUG REBATES	(\$88,057,000)	\$0	(\$96,437,000)	\$0	(\$8,380,000)	\$0
57	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$0	\$0	\$239,901,000	\$72,597,850	\$239,901,000	\$72,597,850

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
PHARMACY							
58	FEDERAL DRUG REBATES	(\$1,602,785,000)	\$0	(\$1,608,901,000)	\$0	(\$6,116,000)	\$0
232	PHARMACY RETROACTIVE ADJUSTMENTS	\$23,164,000	\$23,164,000	(\$203,147,000)	(\$75,562,100)	(\$226,311,000)	(\$98,726,100)
250	MEDICATION THERAPY MANAGEMENT PROGRAM	\$0	\$0	\$12,595,500	\$4,418,830	\$12,595,500	\$4,418,830
	PHARMACY SUBTOTAL	(\$1,763,568,050)	(\$1,261,482,610)	(\$1,737,290,500)	(\$1,498,818,970)	\$26,277,550	(\$237,336,360)
DRUG MEDI-CAL							
59	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	\$555,096,000	\$52,446,390	\$732,479,000	\$72,735,050	\$177,383,000	\$20,288,660
63	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$445,500	\$34,720	\$962,580	\$75,240	\$517,080	\$40,520
64	DRUG MEDI-CAL MAT BENEFIT	\$397,540	\$67,510	\$383,960	\$72,560	(\$13,580)	\$5,050
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	(\$100,000)	(\$17,000)	\$0	\$0	\$100,000	\$17,000
	DRUG MEDI-CAL SUBTOTAL	\$555,839,040	\$52,531,620	\$733,825,540	\$72,882,850	\$177,986,500	\$20,351,230
MENTAL HEALTH							
69	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$23,165,000	\$11,310,000	\$21,335,000	\$10,608,000	(\$1,830,000)	(\$702,000)
70	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT	\$26,906,000	\$0	\$0	\$0	(\$26,906,000)	\$0
71	PATHWAYS TO WELL-BEING	\$981,000	\$0	\$1,027,000	\$0	\$46,000	\$0
72	LATE CLAIMS FOR SMHS	\$51,000	\$51,000	\$0	\$0	(\$51,000)	(\$51,000)
73	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
75	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	\$0	\$0	\$1,795,000	\$0	\$1,795,000
76	CHART REVIEW	(\$41,000)	\$0	(\$396,000)	\$0	(\$355,000)	\$0
77	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$133,697,000)	\$656,000	\$0	\$0	\$133,697,000	(\$656,000)
231	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$0	\$0	\$21,750,000	\$21,750,000	\$21,750,000	\$21,750,000

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>MENTAL HEALTH</u>							
240	MHP COSTS FOR FFPSA - QUALIFIED INDIVIDUAL	\$0	\$0	\$14,580,000	\$4,622,000	\$14,580,000	\$4,622,000
241	MHP COSTS FOR FFPSA - AFTERCARE SERVICES	\$0	\$0	\$19,889,000	\$6,305,000	\$19,889,000	\$6,305,000
249	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM	\$0	\$0	\$743,499,000	\$443,499,000	\$743,499,000	\$443,499,000
255	OUT OF STATE YOUTH - SMHS	\$4,776,000	\$2,388,000	\$17,511,000	\$8,755,500	\$12,735,000	\$6,367,500
	MENTAL HEALTH SUBTOTAL	(\$77,859,000)	\$14,205,000	\$839,195,000	\$497,134,500	\$917,054,000	\$482,929,500
<u>WAIVER--MH/UCD & BTR</u>							
78	GLOBAL PAYMENT PROGRAM	\$1,775,449,000	\$0	\$3,276,280,000	\$0	\$1,500,831,000	\$0
79	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL	\$1,040,222,000	\$0	\$0	\$0	(\$1,040,222,000)	\$0
80	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$956,361,000	\$0	\$679,564,000	\$0	(\$276,797,000)	\$0
81	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$218,173,000	\$95,559,500	\$185,186,000	\$85,321,000	(\$32,987,000)	(\$10,238,500)
82	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$400,000	\$0	\$434,000	\$0	\$34,000	\$0
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	(\$206,281,000)	\$0	\$0	\$0	\$206,281,000
84	BTR - LIHP - MCE	(\$7,214,000)	\$0	\$0	\$0	\$7,214,000	\$0
85	MH/UCD—SAFETY NET CARE POOL	(\$26,021,000)	\$0	\$0	\$0	\$26,021,000	\$0
225	CALAIM ECM-ILOS-PLAN INCENTIVES	\$0	\$0	\$535,417,000	\$267,708,500	\$535,417,000	\$267,708,500
	WAIVER--MH/UCD & BTR SUBTOTAL	\$3,957,370,000	(\$110,721,500)	\$4,676,881,000	\$353,029,500	\$719,511,000	\$463,751,000
<u>MANAGED CARE</u>							
89	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$3,180,440,000	\$1,140,837,980	\$2,565,371,000	\$932,375,250	(\$615,069,000)	(\$208,462,720)
90	CCI-MANAGED CARE PAYMENTS	\$8,416,468,000	\$4,208,234,000	\$8,624,926,000	\$4,312,463,000	\$208,458,000	\$104,229,000
91	MANAGED CARE PUBLIC HOSPITAL EPP	\$2,517,179,000	\$540,765,290	\$1,208,317,000	\$310,918,740	(\$1,308,862,000)	(\$229,846,550)

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CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	MANAGED CARE						
92	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,928,567,000	\$618,058,360	\$1,061,465,000	\$327,762,650	(\$867,102,000)	(\$290,295,710)
93	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$1,324,714,000	\$307,196,480	\$962,754,000	\$223,239,500	(\$361,960,000)	(\$83,956,980)
96	RETRO MC RATE ADJUSTMENTS	\$453,112,000	\$207,617,880	\$175,676,000	\$198,569,450	(\$277,436,000)	(\$9,048,440)
97	EXTENDED FILE CORRECTION	\$300,000,000	\$335,205,360	\$0	\$0	(\$300,000,000)	(\$335,205,360)
98	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$161,817,000	\$0	\$118,180,000	\$20,391,000	(\$43,637,000)	\$20,391,000
101	SAN MATEO HEALTH PLAN REIMBURSEMENT	\$30,000,000	\$30,000,000	\$0	\$0	(\$30,000,000)	(\$30,000,000)
102	CCI-QUALITY WITHHOLD REPAYMENTS	\$19,450,000	\$9,725,000	\$16,822,000	\$8,411,000	(\$2,628,000)	(\$1,314,000)
105	CAPITATED RATE ADJUSTMENT FOR FY 2021-22	\$0	\$0	\$1,056,330,000	\$363,935,550	\$1,056,330,000	\$363,935,550
106	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,761,584,000)	\$0	(\$1,645,922,000)	\$0	\$115,662,000
107	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	(\$1,008,073,000)	\$0	(\$871,536,000)	\$0	\$136,537,000
108	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,586,792,000)	\$0	(\$931,590,000)	\$0	\$655,202,000
110	COORDINATED CARE INITIATIVE RISK MITIGATION	\$0	\$0	(\$111,260,000)	(\$55,630,000)	(\$111,260,000)	(\$55,630,000)
111	RECOUPMENT OF UNALLOWED CAPITATION PAYMENTS	(\$1,166,000)	(\$457,650)	\$0	\$0	\$1,166,000	\$457,650
112	MANAGED CARE EFFICIENCIES	(\$217,609,000)	(\$71,577,950)	(\$304,653,000)	(\$100,209,300)	(\$87,044,000)	(\$28,631,350)
113	ADJUST MC CAP PAYMENTS FOR JULY 2019-DEC 2020	(\$598,756,000)	(\$185,466,060)	\$0	\$0	\$598,756,000	\$185,466,060
114	MANAGED CARE DRUG REBATES	(\$1,763,846,000)	\$0	(\$1,672,917,000)	\$0	\$90,929,000	\$0
234	CALAIM - MSSP CARVE-OUT OF CCI	\$0	\$0	\$1,600,000	\$800,000	\$1,600,000	\$800,000
235	CALAIM - TRANSITIONING POPULATIONS	\$0	\$0	\$401,597,000	\$174,759,600	\$401,597,000	\$174,759,600
242	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$38,000,000	\$16,644,000	\$76,000,000	\$33,288,000	\$38,000,000	\$16,644,000
248	INCREASE ACCESS TO STUDENT BEHAVIORAL HEALTH SRVS.	\$0	\$0	\$388,986,000	\$194,493,000	\$388,986,000	\$194,493,000

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
MANAGED CARE							
268	CALAIM – MEDI-CAL PATH	\$0	\$0	\$200,000,000	\$100,000,000	\$200,000,000	\$100,000,000
	MANAGED CARE SUBTOTAL	\$15,788,370,000	\$2,800,333,700	\$14,769,194,000	\$3,596,519,440	(\$1,019,176,000)	\$796,185,750
PROVIDER RATES							
115	DPH INTERIM RATE GROWTH	\$184,183,170	\$92,091,580	\$241,109,000	\$120,554,500	\$56,925,830	\$28,462,920
116	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$226,861,000	\$0	\$204,310,000	(\$14,255,000)	(\$22,551,000)	(\$14,255,000)
117	RATE INCREASE FOR FQHCS/RHCS/CBRC	\$157,132,330	\$60,388,530	\$180,681,250	\$69,438,850	\$23,548,920	\$9,050,310
118	DPH INTERIM & FINAL RECONS	\$136,099,000	\$0	(\$123,313,000)	\$0	(\$259,412,000)	\$0
119	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$74,180,000	\$0	\$39,016,000	\$0	(\$35,164,000)	\$0
120	AB 1629 ANNUAL RATE ADJUSTMENTS	\$368,974,850	\$184,487,420	\$511,236,080	\$255,618,040	\$142,261,230	\$71,130,620
121	PROP 56 - HOME HEALTH RATE INCREASE	\$272,909,000	\$122,216,260	\$92,754,000	\$43,332,500	(\$180,155,000)	(\$78,883,760)
122	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$73,687,000	\$28,319,100	\$36,935,000	\$14,194,700	(\$36,752,000)	(\$14,124,400)
123	LTC RATE ADJUSTMENT	\$53,772,380	\$26,886,190	\$93,940,380	\$46,970,190	\$40,168,000	\$20,084,000
124	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$13,966,000	(\$2,210,000)	\$9,500,000	(\$1,178,000)	(\$4,466,000)	\$1,032,000
125	HOSPICE RATE INCREASES	\$12,097,450	\$6,048,730	\$20,389,930	\$10,194,970	\$8,292,480	\$4,146,240
126	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$20,752,000	\$9,056,600	\$14,246,000	\$6,655,150	(\$6,506,000)	(\$2,401,460)
127	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$4,635,700	\$2,317,850	\$4,635,700	\$2,317,850
128	DPH INTERIM RATE	\$0	(\$470,555,100)	\$0	(\$485,916,300)	\$0	(\$15,361,200)
129	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$510,756,000)	\$0	(\$550,334,000)	\$0	(\$39,578,000)
130	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$1,870,000)	(\$781,840)	(\$2,762,000)	(\$1,191,800)	(\$892,000)	(\$409,950)
131	REDUCTION TO RADIOLOGY RATES	(\$2,688,660)	(\$1,344,330)	(\$12,873,690)	(\$6,436,850)	(\$10,185,040)	(\$5,092,520)
132	10% PROVIDER PAYMENT REDUCTION	(\$166,215,000)	(\$83,107,500)	(\$166,215,000)	(\$83,107,500)	\$0	\$0
133	LABORATORY RATE METHODOLOGY CHANGE	(\$14,947,770)	(\$7,473,890)	(\$34,315,420)	(\$17,157,710)	(\$19,367,650)	(\$9,683,820)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>PROVIDER RATES</u>							
254	GEMT IGT PROGRAM	\$0	\$0	\$45,393,330	(\$676,550)	\$45,393,330	(\$676,550)
270	UNFREEZE ICF/DD and FS-PSA RATES	\$0	\$0	\$45,443,000	\$21,606,000	\$45,443,000	\$21,606,000
279	CLINICAL LAB REIMBURSEMENT RATES	\$0	\$0	\$32,000,000	\$25,000,000	\$32,000,000	\$25,000,000
280	COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES	\$0	\$0	\$4,000,000	\$2,000,000	\$4,000,000	\$2,000,000
	PROVIDER RATES SUBTOTAL	\$1,408,892,750	(\$546,734,240)	\$1,236,110,560	(\$542,370,950)	(\$172,782,190)	\$4,363,290
<u>SUPPLEMENTAL PMNTS.</u>							
134	HOSPITAL QAF - FFS PAYMENTS	\$4,608,182,000	\$0	\$2,822,293,000	\$0	(\$1,785,889,000)	\$0
135	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$2,846,100,000	\$0	\$1,797,400,000	\$0	(\$1,048,700,000)	\$0
136	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$2,326,556,000	\$0	\$3,278,824,000	\$0	\$952,268,000	\$0
137	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$1,119,578,000	\$0	\$640,258,000	\$0	(\$479,320,000)	\$0
138	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,260,399,000	\$395,466,040	\$1,237,366,000	\$413,887,050	(\$23,033,000)	\$18,421,020
139	PRIVATE HOSPITAL DSH REPLACEMENT	\$603,601,000	\$264,284,500	\$841,759,000	\$390,505,500	\$238,158,000	\$126,221,000
140	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES	\$460,212,000	\$159,278,260	\$456,059,000	\$170,287,150	(\$4,153,000)	\$11,008,900
141	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$364,624,000	\$110,818,800	\$365,477,000	\$117,325,750	\$853,000	\$6,506,950
142	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$431,480,000	\$126,275,000	\$316,789,000	\$118,400,000	(\$114,691,000)	(\$7,875,000)
143	DSH PAYMENT	\$259,914,000	\$16,884,500	\$508,989,000	\$26,360,000	\$249,075,000	\$9,475,500
144	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$259,211,000	\$0	\$245,815,000	\$0	(\$13,396,000)	\$0
145	DPH PHYSICIAN & NON-PHYS. COST	\$251,058,000	\$0	\$328,488,000	\$0	\$77,430,000	\$0
146	FFP FOR LOCAL TRAUMA CENTERS	\$137,702,000	\$0	\$169,584,000	\$0	\$31,882,000	\$0
147	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$122,686,000	\$3,520,000	\$116,728,000	\$0	(\$5,958,000)	(\$3,520,000)
148	CAPITAL PROJECT DEBT REIMBURSEMENT	\$91,294,000	\$21,021,000	\$89,046,000	\$19,575,000	(\$2,248,000)	(\$1,446,000)

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SUPPLEMENTAL PMNTS.							
149	NDPH IGT SUPPLEMENTAL PAYMENTS	\$50,936,000	(\$6,841,000)	\$60,518,000	(\$2,408,000)	\$9,582,000	\$4,433,000
150	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$82,000,000	\$61,273,000	\$56,500,000	\$33,773,000	(\$25,500,000)	(\$27,500,000)
151	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$56,525,000	\$0	\$96,334,000	\$0	\$39,809,000	\$0
152	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$11,028,000	\$0	\$85,772,000	\$0	\$74,744,000	\$0
153	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$0	\$0	\$52,500,000	\$26,250,000	\$52,500,000	\$26,250,000
154	PROP 56 - DEVELOPMENTAL SCREENINGS	\$53,032,330	\$20,615,520	\$61,765,000	\$25,528,200	\$8,732,670	\$4,912,680
155	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$40,691,000	\$17,464,500	\$29,337,000	\$13,624,500	(\$11,354,000)	(\$3,840,000)
156	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$41,995,080	\$15,087,850	\$47,978,000	\$18,625,350	\$5,982,920	\$3,537,500
157	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$16,746,000	\$0	\$12,327,000	\$0	(\$4,419,000)	\$0
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$4,380,000	\$10,000,000	\$4,690,000	\$0	\$310,000
159	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$3,504,000	\$8,000,000	\$3,752,000	\$0	\$248,000
160	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$26,120,000	\$11,173,240	\$26,273,000	\$11,984,750	\$153,000	\$811,510
161	PROP 56 - MEDI-CAL FAMILY PLANNING	\$434,883,000	\$43,488,300	\$438,022,000	\$43,802,200	\$3,139,000	\$313,900
162	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$74,741,000	\$13,478,000	\$93,604,000	\$16,009,000	\$18,863,000	\$2,531,000
163	NDPH SUPPLEMENTAL PAYMENT	\$4,261,000	\$1,900,000	\$4,206,000	\$1,900,000	(\$55,000)	\$0
164	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS	\$4,000,000	\$1,752,000	\$0	\$0	(\$4,000,000)	(\$1,752,000)
165	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$8,994,000	\$3,756,620	\$8,817,000	\$3,947,950	(\$177,000)	\$191,320
166	PROPOSITION 56 FUNDS TRANSFER	\$0	(\$970,463,000)	\$0	(\$953,678,000)	\$0	\$16,785,000
167	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$7,925,000	\$3,666,800	\$7,925,000	\$3,895,150	\$0	\$228,340
168	IGT PAYMENTS FOR HOSPITAL SERVICES	\$0	\$10,077,000	\$0	\$0	\$0	(\$10,077,000)
169	IGT ADMIN. & PROCESSING FEE	\$0	(\$18,334,000)	\$0	(\$9,476,000)	\$0	\$8,858,000

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 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>SUPPLEMENTAL PMNTS.</u>							
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS	\$6,800,000	\$2,978,000	\$6,800,000	\$3,189,000	\$0	\$211,000
283	FREE CLINICS AUGMENTATION	\$0	\$0	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	\$16,081,274,420	\$316,504,930	\$14,323,553,000	\$503,749,550	(\$1,757,721,420)	\$187,244,620
<u>COVID-19</u>							
172	COVID-19 CASELOAD IMPACT	\$4,170,469,000	\$1,089,901,900	\$9,388,858,000	\$2,527,584,800	\$5,218,389,000	\$1,437,682,900
173	COVID-19 BEHAVIORAL HEALTH	\$135,633,000	\$7,013,680	\$73,683,000	\$4,113,850	(\$61,950,000)	(\$2,899,820)
174	COVID-19 FFS REIMBURSEMENT RATES	\$428,281,150	\$214,140,580	\$192,813,610	\$96,406,800	(\$235,467,540)	(\$117,733,770)
175	COVID-19 BASE RECOVERIES	\$157,919,000	\$66,491,250	\$35,172,000	\$14,808,950	(\$122,747,000)	(\$51,682,300)
176	COVID-19 ELIGIBILITY	\$33,325,880	\$23,361,630	\$30,087,590	\$20,955,120	(\$3,238,290)	(\$2,406,500)
177	COVID-19 - SICK LEAVE BENEFITS	\$26,555,000	\$101,000	\$8,337,000	\$50,500	(\$18,218,000)	(\$50,500)
178	COVID-19 INCREASED FMAP - DHCS	(\$66,540,000)	(\$2,308,717,000)	(\$197,141,000)	(\$2,267,994,000)	(\$130,601,000)	\$40,723,000
179	COVID-19 UTILIZATION CHANGE	(\$979,812,000)	(\$559,248,120)	(\$99,270,000)	(\$51,254,550)	\$880,542,000	\$507,993,580
247	COVID-19 VACCINE ADMINISTRATION	\$104,097,000	\$21,819,300	\$730,444,000	\$12,390,000	\$626,347,000	(\$9,429,300)
252	COVID-19 FFS DME RESPIRATORY RATES	\$226,010	\$105,830	\$6,305,000	\$2,937,740	\$6,078,990	\$2,831,910
258	COVID-19 TESTING IN SCHOOLS	\$209,645,000	\$84,470,750	\$575,466,000	\$238,497,850	\$365,821,000	\$154,027,100
271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS	\$0	\$0	\$300,000,000	\$300,000,000	\$300,000,000	\$300,000,000
281	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	\$0	\$0	\$16,000,000	\$0	\$16,000,000
	COVID-19 SUBTOTAL	\$4,219,799,050	(\$1,360,559,220)	\$11,044,755,200	\$914,497,070	\$6,824,956,150	\$2,275,056,290
<u>STATE ONLY CLAIMING</u>							
221	STATE ONLY CLAIMING ADJUSTMENTS	\$0	(\$444,792,000)	\$0	\$164,573,000	\$0	\$609,365,000
244	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$2,320,000)	\$131,277,000	(\$4,640,000)	\$15,856,000	(\$2,320,000)	(\$115,421,000)
245	STATE ONLY CLAIMING ADJUSTMENTS - TCM	(\$1,887,000)	\$42,787,000	(\$3,774,000)	\$0	(\$1,887,000)	(\$42,787,000)
	STATE ONLY CLAIMING SUBTOTAL	(\$4,207,000)	(\$270,728,000)	(\$8,414,000)	\$180,429,000	(\$4,207,000)	\$451,157,000

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 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>OTHER DEPARTMENTS</u>							
180	ELECTRONIC VISIT VERIFICATION FED PENALTIES	(\$20,042,000)	\$417,000	(\$52,264,000)	\$761,000	(\$32,222,000)	\$344,000
	OTHER DEPARTMENTS SUBTOTAL	(\$20,042,000)	\$417,000	(\$52,264,000)	\$761,000	(\$32,222,000)	\$344,000
<u>OTHER</u>							
187	CCI IHSS RECONCILIATION	\$142,263,000	\$0	\$100,000,000	\$0	(\$42,263,000)	\$0
188	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$95,047,000	\$0	\$66,896,000	\$0	(\$28,151,000)	\$0
190	PROP 56 - PROVIDER ACES TRAININGS	\$47,044,000	\$23,522,000	\$56,592,000	\$28,296,000	\$9,548,000	\$4,774,000
193	INFANT DEVELOPMENT PROGRAM	\$45,646,000	\$0	\$33,121,000	\$0	(\$12,525,000)	\$0
194	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$49,915,890	\$24,957,940	\$65,722,980	\$32,861,490	\$15,807,090	\$7,903,540
196	SELF-DETERMINATION PROGRAM - CDDS	\$8,319,000	\$0	\$15,616,000	\$0	\$7,297,000	\$0
197	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$15,875,000	\$7,280,000	\$11,015,000	\$5,039,000	(\$4,860,000)	(\$2,241,000)
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$13,184,000	\$0	\$28,477,000	\$0	\$15,293,000	\$0
200	INDIAN HEALTH SERVICES	\$9,525,000	\$3,191,000	\$23,020,000	\$7,711,500	\$13,495,000	\$4,520,500
201	ARRA HITECH - PROVIDER PAYMENTS	\$16,950,000	\$0	\$8,806,000	\$0	(\$8,144,000)	\$0
202	QAF WITHHOLD TRANSFER	\$12,352,000	(\$1,481,000)	\$44,938,000	\$18,917,000	\$32,586,000	\$20,398,000
203	CCS SAR EPC	\$6,166,000	\$5,692,000	\$6,166,000	\$5,897,000	\$0	\$205,000
204	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$245,619,000	\$122,809,500	\$289,203,000	\$144,601,500	\$43,584,000	\$21,792,000
205	WPCS WORKERS' COMPENSATION	\$3,324,000	\$1,662,000	\$3,325,000	\$1,662,500	\$1,000	\$500
206	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$1,454,600	\$377,550	\$13,652,020	\$3,544,460	\$12,197,410	\$3,166,910
209	AUDIT SETTLEMENTS	\$0	\$109,933,000	\$0	\$9,427,000	\$0	(\$100,506,000)
210	IMD ANCILLARY SERVICES	\$0	\$25,860,000	\$0	\$19,642,000	\$0	(\$6,218,000)
211	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$160,657,000)	\$0	(\$175,014,000)	\$0	(\$14,357,000)
212	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,934,582,000)	\$0	(\$1,875,918,800)	\$0	\$58,663,200

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
213	FUNDING ADJUST.—OTLICP	\$0	(\$97,869,540)	\$0	(\$91,946,850)	\$0	\$5,922,680
214	CMS DEFERRED CLAIMS	\$0	\$390,616,000	\$0	\$254,060,000	\$0	(\$136,556,000)
215	CLPP FUND	\$0	(\$916,000)	\$0	(\$916,000)	\$0	\$0
216	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$1,151,905,000)	\$0	(\$761,550,000)	\$0	\$390,355,000
217	REPAYMENT TO CMS FOR CONTINGENCY FEE OFFSETS	\$0	\$10,370,000	\$0	\$0	\$0	(\$10,370,000)
218	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$9,288,000)	\$0	(\$11,062,500)	\$0	(\$1,774,500)
219	FUND 3156 TRANSFER TO THE GENERAL FUND	\$0	(\$100,000,000)	\$0	\$0	\$0	\$100,000,000
220	FUND 3311 TRANSFER TO THE GENERAL FUND	\$0	(\$20,000,000)	\$0	\$0	\$0	\$20,000,000
222	ASSISTED LIVING WAIVER EXPANSION	(\$39,034,000)	(\$19,517,000)	(\$45,291,000)	(\$22,645,500)	(\$6,257,000)	(\$3,128,500)
223	COUNTY SHARE OF OTLICP-CCS COSTS	(\$22,168,000)	(\$22,168,000)	(\$25,466,000)	(\$25,466,000)	(\$3,298,000)	(\$3,298,000)
226	CALAIM - DENTAL PREVENTIVE SERVICES	\$0	\$0	\$59,547,000	\$29,773,500	\$59,547,000	\$29,773,500
227	CALAIM - DENTAL CARIES RISK ASSESSMENT	\$0	\$0	\$12,104,000	\$4,957,550	\$12,104,000	\$4,957,550
229	CALAIM - DENTAL SILVER DIAMINE FLUORIDE	\$0	\$0	\$1,071,000	\$511,050	\$1,071,000	\$511,050
230	CALAIM - DENTAL CONTINUITY OF CARE	\$0	\$0	\$43,491,000	\$21,745,500	\$43,491,000	\$21,745,500
253	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$0	\$0	\$697,000	\$280,950	\$697,000	\$280,950
272	CALHOPE STUDENT SUPPORT	\$0	\$0	\$45,000,000	\$45,000,000	\$45,000,000	\$45,000,000
273	SCHOOL BH PARTNERSHIPS AND CAPACITY	\$0	\$0	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
276	MLK JR. HOSPITAL IMPROVEMENT	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
278	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.	\$0	\$0	\$30,000,000	\$30,000,000	\$30,000,000	\$30,000,000
284	ALAMEDA WELLNESS CAMPUS	\$0	\$0	\$15,000,000	\$15,000,000	\$15,000,000	\$15,000,000
285	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$0	\$0	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000
286	RECONCILIATION	\$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 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER SUBTOTAL	\$651,482,490	(\$2,792,112,550)	\$1,024,702,990	(\$2,163,591,650)	\$373,220,500	\$628,520,890
	GRAND TOTAL	<u>\$48,897,967,710</u>	<u>(\$1,560,811,740)</u>	<u>\$55,485,358,370</u>	<u>\$3,884,602,460</u>	<u>\$6,587,390,660</u>	<u>\$5,445,414,200</u>

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

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

SERVICE CATEGORY	PA-OAS	NEWLY	PA-ATD	PA-AFDC	LT-OAS	H-PE
PHYSICIANS	\$9,085,070	\$197,855,820	\$86,818,750	\$56,738,800	\$1,761,730	\$61,795,010
OTHER MEDICAL	\$128,866,930	\$1,632,396,240	\$592,813,920	\$430,711,650	\$4,186,260	\$44,579,220
CO. & COMM. OUTPATIENT	\$4,223,260	\$178,180,470	\$124,788,730	\$29,162,190	\$454,170	\$55,648,370
PHARMACY	\$11,841,490	\$2,073,486,540	\$1,632,108,640	\$182,544,790	\$5,468,630	\$21,948,470
COUNTY INPATIENT	\$2,728,140	\$664,121,820	\$19,959,170	\$13,967,470	\$1,897,720	\$57,722,010
COMMUNITY INPATIENT	\$53,945,580	\$1,604,395,730	\$521,701,360	\$229,815,470	\$16,294,370	\$389,542,440
NURSING FACILITIES	\$209,504,250	\$231,354,740	\$549,315,780	\$3,474,600	\$1,173,003,780	\$1,535,060
ICF-DD	\$1,881,040	\$14,587,520	\$176,254,730	\$917,260	\$61,385,880	\$1,320
MEDICAL TRANSPORTATION	\$5,001,960	\$54,418,080	\$20,565,040	\$4,159,650	\$2,008,380	\$11,502,340
OTHER SERVICES	\$132,202,100	\$42,203,450	\$552,791,400	\$43,221,710	\$69,877,440	\$1,956,460
HOME HEALTH	\$3,245,260	\$2,469,210	\$133,517,820	\$6,463,220	\$36,850	\$199,650
FFS SUBTOTAL	\$562,525,080	\$6,695,469,630	\$4,410,635,350	\$1,001,176,790	\$1,336,375,220	\$646,430,340
DENTAL	\$39,803,000	\$481,159,970	\$99,654,780	\$153,696,740	\$8,041,600	\$1,701,160
MENTAL HEALTH	\$10,380,910	\$466,877,640	\$1,068,745,640	\$742,115,530	\$597,380	\$8,749,160
TWO PLAN MODEL	\$1,621,862,040	\$10,689,701,480	\$4,815,149,580	\$1,277,142,990	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$320,550,570	\$4,365,455,500	\$1,428,889,950	\$327,991,570	\$681,556,570	\$0
GEOGRAPHIC MANAGED CARE	\$209,343,990	\$1,805,226,280	\$956,053,280	\$191,458,100	\$0	\$0
PHP & OTHER MANAG. CARE	\$328,008,020	\$32,970,800	\$233,018,900	\$14,466,040	\$13,143,080	\$0
MEDICARE PAYMENTS	\$1,832,398,740	\$0	\$1,671,563,630	\$0	\$137,511,790	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,821,170	\$0	\$3,976,610	\$4,222,040	\$143,810	\$0
MISC. SERVICES	\$1,058,890,160	\$1,458,700	\$8,261,277,300	\$7,275,660	\$220	\$0
DRUG MEDI-CAL	\$20,406,710	\$235,418,390	\$48,012,360	\$53,621,120	\$2,647,730	\$7,060
REGIONAL MODEL	\$15,068,670	\$640,157,740	\$290,138,760	\$69,250,700	\$0	\$0
NON-FFS SUBTOTAL	\$5,458,533,970	\$18,718,426,490	\$18,876,480,790	\$2,841,240,480	\$843,642,180	\$10,457,370
TOTAL DOLLARS (1)	\$6,021,059,050	\$25,413,896,120	\$23,287,116,140	\$3,842,417,270	\$2,180,017,400	\$656,887,710
ELIGIBLES ***	407,700	4,612,600	889,400	980,400	33,100	37,800
ANNUAL \$/ELIGIBLE	\$14,768	\$5,510	\$26,183	\$3,919	\$65,862	\$17,378
AVG. MO. \$/ELIGIBLE	\$1,231	\$459	\$2,182	\$327	\$5,488	\$1,448

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

SERVICE CATEGORY	LT-ATD	POV 250	MN-OAS	MN-ATD	MN-AFDC	MI-C
PHYSICIANS	\$1,388,540	\$24,798,720	\$29,505,350	\$13,074,000	\$193,639,470	\$43,319,370
OTHER MEDICAL	\$2,926,010	\$314,592,950	\$239,276,020	\$112,636,420	\$1,646,914,000	\$163,892,790
CO. & COMM. OUTPATIENT	\$370,220	\$28,613,010	\$23,047,310	\$16,098,050	\$154,995,940	\$13,395,380
PHARMACY	\$6,496,560	\$163,229,430	\$62,962,950	\$113,962,780	\$791,934,690	\$108,524,750
COUNTY INPATIENT	\$1,250,890	\$2,713,390	\$41,311,810	\$8,673,830	\$118,682,920	\$7,585,910
COMMUNITY INPATIENT	\$9,833,300	\$89,752,410	\$161,625,660	\$57,817,350	\$997,120,150	\$88,208,390
NURSING FACILITIES	\$240,272,330	\$3,579,080	\$228,103,750	\$65,809,090	\$35,995,670	\$9,711,790
ICF-DD	\$178,510,490	\$150,530	\$1,969,770	\$13,416,250	\$2,184,520	\$2,702,940
MEDICAL TRANSPORTATION	\$873,460	\$763,840	\$12,005,090	\$8,135,170	\$12,895,730	\$3,206,060
OTHER SERVICES	\$10,378,780	\$27,484,060	\$150,991,790	\$135,434,670	\$106,782,340	\$26,111,790
HOME HEALTH	\$2,140	\$16,547,270	\$2,540,850	\$50,678,290	\$20,824,330	\$17,123,530
FFS SUBTOTAL	\$452,302,720	\$672,224,690	\$953,340,350	\$595,735,900	\$4,081,969,770	\$483,782,690
DENTAL	\$2,658,090	\$267,555,010	\$47,898,710	\$20,713,370	\$496,578,250	\$19,100,800
MENTAL HEALTH	\$1,759,980	\$77,253,600	\$16,326,950	\$103,645,290	\$721,680,340	\$76,800,680
TWO PLAN MODEL	\$0	\$652,063,460	\$2,192,959,350	\$730,936,140	\$4,346,710,610	\$28,961,820
COUNTY ORGANIZED HEALTH SYSTEMS	\$187,616,000	\$310,774,690	\$588,165,330	\$388,551,070	\$1,882,975,140	\$27,371,560
GEOGRAPHIC MANAGED CARE	\$0	\$109,338,310	\$293,426,430	\$156,751,330	\$766,229,880	\$3,543,700
PHP & OTHER MANAG. CARE	\$611,140	\$4,209,100	\$446,260,870	\$43,529,530	\$9,867,160	\$7,365,740
MEDICARE PAYMENTS	\$0	\$0	\$1,834,081,500	\$658,548,150	\$153,013,820	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$42,720	\$0	\$2,572,010	\$813,090	\$19,211,700	\$671,090
MISC. SERVICES	\$560	(\$51,456,170)	\$1,880,997,640	\$1,873,588,550	\$26,947,520	\$981,740
DRUG MEDI-CAL	\$598,330	\$48,902,400	\$36,347,830	\$13,207,930	\$203,427,830	\$7,164,730
REGIONAL MODEL	\$0	\$36,523,710	\$48,849,770	\$45,113,880	\$297,254,560	\$1,039,170
NON-FFS SUBTOTAL	\$193,286,820	\$1,455,164,110	\$7,387,886,400	\$4,035,398,320	\$8,923,896,820	\$173,001,030
TOTAL DOLLARS (1)	\$645,589,540	\$2,127,388,800	\$8,341,226,750	\$4,631,134,220	\$13,005,866,590	\$656,783,720
ELIGIBLES ***	9,400	905,000	682,100	210,000	3,966,200	147,300
ANNUAL \$/ELIGIBLE	\$68,680	\$2,351	\$12,229	\$22,053	\$3,279	\$4,459
AVG. MO. \$/ELIGIBLE	\$5,723	\$196	\$1,019	\$1,838	\$273	\$372

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

SERVICE CATEGORY	MI-A	REFUGEE	OBRA	POV 185	POV 133	POV 100
PHYSICIANS	\$396,680	\$68,980	\$34,510	\$129,939,830	\$24,287,690	\$9,757,450
OTHER MEDICAL	\$639,270	\$397,150	\$28,050	\$398,708,680	\$339,346,740	\$156,508,980
CO. & COMM. OUTPATIENT	\$128,750	\$60,360	\$7,750	\$32,831,760	\$18,170,060	\$14,162,450
PHARMACY	\$1,489,430	\$295,710	\$93,070	\$51,898,980	\$129,376,270	\$81,397,390
COUNTY INPATIENT	\$1,204,450	\$1,670	\$25,480	\$72,230,270	\$2,141,760	\$1,451,110
COMMUNITY INPATIENT	\$1,340,920	\$174,070	\$104,780	\$893,811,660	\$97,478,010	\$37,392,190
NURSING FACILITIES	\$24,860,090	\$0	\$3,977,960	\$1,285,050	\$11,020,170	\$1,444,010
ICF-DD	\$1,270,530	\$0	\$44,190	\$21,850	\$259,390	\$130
MEDICAL TRANSPORTATION	\$100,550	\$9,980	\$3,090	\$2,593,450	\$1,112,410	\$240,030
OTHER SERVICES	\$522,080	\$3,480	\$2,950	\$14,697,710	\$23,569,220	\$12,364,760
HOME HEALTH	\$270	\$0	\$0	\$4,507,510	\$10,582,170	\$2,781,240
FFS SUBTOTAL	\$31,953,010	\$1,011,390	\$4,321,820	\$1,602,526,740	\$657,343,900	\$317,499,750
DENTAL	\$115,850	\$72,770	\$14,550	\$9,716,870	\$218,375,680	\$78,544,930
MENTAL HEALTH	\$0	\$181,980	\$1,820,800	\$2,470,880	\$31,725,940	\$42,057,680
TWO PLAN MODEL	\$14,690	\$433,370	\$0	\$268,954,000	\$647,202,690	\$310,957,450
COUNTY ORGANIZED HEALTH SYSTEMS	\$254,820	\$62,380	\$21,300	\$146,878,010	\$249,987,750	\$128,050,010
GEOGRAPHIC MANAGED CARE	\$3,960	\$319,750	\$0	\$52,675,320	\$107,195,460	\$50,973,060
PHP & OTHER MANAG. CARE	\$7,375,080	\$0	\$0	\$9,904,460	\$9,884,450	\$8,562,280
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$27,870	\$0	\$440	\$1,942,710	\$0	\$2,009,240
MISC. SERVICES	\$4,488,050	\$0	\$0	\$108,510	\$5,882,970	\$3,113,800
DRUG MEDI-CAL	\$155,470	\$33,220	\$0	\$17,079,550	\$43,517,940	\$23,084,330
REGIONAL MODEL	\$0	\$5,490	\$0	\$18,829,120	\$34,693,330	\$15,895,570
NON-FFS SUBTOTAL	\$12,435,790	\$1,108,960	\$1,857,100	\$528,559,430	\$1,348,466,220	\$663,248,360
TOTAL DOLLARS (1)	\$44,388,800	\$2,120,350	\$6,178,920	\$2,131,086,170	\$2,005,810,110	\$980,748,100
ELIGIBLES ***	3,200	600	100	337,800	849,100	420,200
ANNUAL \$/ELIGIBLE	\$13,872	\$3,534	\$61,789	\$6,309	\$2,362	\$2,334
AVG. MO. \$/ELIGIBLE	\$1,156	\$294	\$5,149	\$526	\$197	\$195

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	\$884,265,770
OTHER MEDICAL	\$6,209,421,280
CO. & COMM. OUTPATIENT	\$694,338,220
PHARMACY	\$5,439,060,570
COUNTY INPATIENT	\$1,017,669,820
COMMUNITY INPATIENT	\$5,250,353,830
NURSING FACILITIES	\$2,794,247,190
ICF-DD	\$455,558,350
MEDICAL TRANSPORTATION	\$139,594,300
OTHER SERVICES	\$1,350,596,190
HOME HEALTH	\$271,519,590
FFS SUBTOTAL	\$24,506,625,120
DENTAL	\$1,945,402,140
MENTAL HEALTH	\$3,373,190,390
TWO PLAN MODEL	\$27,583,049,690
COUNTY ORGANIZED HEALTH SYSTEMS	\$11,035,152,220
GEOGRAPHIC MANAGED CARE	\$4,702,538,830
PHP & OTHER MANAG. CARE	\$1,169,176,630
MEDICARE PAYMENTS	\$6,287,117,640
STATE HOSP./DEVELOPMENTAL CNTRS.	\$37,454,500
MISC. SERVICES	\$13,073,555,200
DRUG MEDI-CAL	\$753,632,920
REGIONAL MODEL	\$1,512,820,480
NON-FFS SUBTOTAL	\$71,473,090,630
TOTAL DOLLARS (1)	\$95,979,715,750
ELIGIBLES ***	14,492,000
ANNUAL \$/ELIGIBLE	\$6,623
AVG. MO. \$/ELIGIBLE	\$552

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

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

Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

EXCLUDED POLICY CHANGES: 92

4	BREAST AND CERVICAL CANCER TREATMENT
5	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
6	MEDICARE OPTIONAL EXPANSION ADJUSTMENT
7	CHILDREN'S HEALTH INSURANCE PROGRAM
8	DISABLED ADULT CHILDREN PROGRAM CLEANUP
9	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL
10	MEDICARE PART B DISREGARD
14	NON-OTLICP CHIP
18	CS3 PROXY ADJUSTMENT
27	1% FMAP INCREASE FOR PREVENTIVE SERVICES
32	FAMILY PACT PROGRAM
46	HEARING AID COVERAGE
50	LITIGATION SETTLEMENTS
51	FAMILY PACT DRUG REBATES
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
70	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
73	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
78	GLOBAL PAYMENT PROGRAM
79	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
80	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
82	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
84	BTR - LIHP - MCE
85	MH/UCD—SAFETY NET CARE POOL
89	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.
104	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)
106	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS
107	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ
108	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
116	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF
124	EMERGENCY MEDICAL AIR TRANSPORTATION ACT
129	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
134	HOSPITAL QAF - FFS PAYMENTS
135	HOSPITAL QAF - MANAGED CARE PAYMENTS

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

EXCLUDED POLICY CHANGES: 92

136	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS
137	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
138	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS
139	PRIVATE HOSPITAL DSH REPLACEMENT
141	PROP 56 - VALUE-BASED PAYMENT PROGRAM
142	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
143	DSH PAYMENT
144	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
145	DPH PHYSICIAN & NON-PHYS. COST
146	FFP FOR LOCAL TRAUMA CENTERS
147	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
148	CAPITAL PROJECT DEBT REIMBURSEMENT
149	NDPH IGT SUPPLEMENTAL PAYMENTS
150	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
151	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
152	GEMT SUPPLEMENTAL PAYMENT PROGRAM
157	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
159	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
160	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS
161	PROP 56 - MEDI-CAL FAMILY PLANNING
162	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
163	NDPH SUPPLEMENTAL PAYMENT
164	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS
165	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS
166	PROPOSITION 56 FUNDS TRANSFER
167	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS
168	IGT PAYMENTS FOR HOSPITAL SERVICES
169	IGT ADMIN. & PROCESSING FEE
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS
175	COVID-19 BASE RECOVERIES
176	COVID-19 ELIGIBILITY
190	PROP 56 - PROVIDER ACES TRAININGS
191	MEDI-CAL TCM PROGRAM

FISCAL YEAR 2021-22 COST PER ELIGIBLE BASED ON MAY 2021 ESTIMATE

EXCLUDED POLICY CHANGES: 92

192	LAWSUITS/CLAIMS
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG
201	ARRA HITECH - PROVIDER PAYMENTS
209	AUDIT SETTLEMENTS
211	CIGARETTE AND TOBACCO SURTAX FUNDS
214	CMS DEFERRED CLAIMS
215	CLPP FUND
216	HOSPITAL QAF - CHILDREN'S HEALTH CARE
221	STATE ONLY CLAIMING ADJUSTMENTS
224	BASE RECOVERIES
225	CALAIM ECM-ILOS-PLAN INCENTIVES
226	CALAIM - DENTAL PREVENTIVE SERVICES
244	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC
245	STATE ONLY CLAIMING ADJUSTMENTS - TCM
248	INCREASE ACCESS TO STUDENT BEHAVIORAL HEALTH SRVS.
268	CALAIM – MEDI-CAL PATH
271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS
272	CALHOPE STUDENT SUPPORT
273	SCHOOL BH PARTNERSHIPS AND CAPACITY
276	MLK JR. HOSPITAL IMPROVEMENT
278	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.
283	FREE CLINICS AUGMENTATION
284	ALAMEDA WELLNESS CAMPUS
285	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES

**Estimated Average Monthly Certified Eligibles
May 2021 Estimate
Fiscal Years 2019-2020, 2020-2021 & 2021-22**

*(With Estimated Impact of Eligibility Policy Changes)****

	2019-2020	2020-2021	2021-2022	19-20 To 20-21 % Change	20-21 To 21-22 % Change
Public Assistance	2,350,000	2,326,000	2,277,500	-1.02%	-2.09%
Seniors	420,900	414,200	407,700	-1.59%	-1.57%
Persons with Disabilities	914,500	897,300	889,400	-1.88%	-0.88%
Families ¹	1,014,600	1,014,500	980,400	-0.01%	-3.36%
Long Term	54,300	48,100	42,500	-11.42%	-11.64%
Seniors	44,100	38,400	33,100	-12.93%	-13.80%
Persons with Disabilities	10,200	9,700	9,400	-4.90%	-3.09%
Medically Needy	4,036,500	4,455,200	4,843,700	10.37%	8.72%
Seniors	535,200	610,600	673,300	14.09%	10.27%
Persons with Disabilities	191,200	203,900	204,200	6.64%	0.15%
Families ¹	3,310,100	3,640,700	3,966,200	9.99%	8.94%
Medically Indigent	153,000	147,500	150,500	-3.59%	2.03%
Children	149,200	144,400	147,300	-3.22%	2.01%
Adults	3,800	3,100	3,200	-18.42%	3.23%
Other	6,103,200	6,624,300	7,182,300	8.54%	8.42%
Refugees	700	500	600	-28.57%	20.00%
OBRA ²	300	0	100	-100.00%	n/a
185% Poverty ³	326,800	327,700	337,800	0.28%	3.08%
133% Poverty	731,000	788,700	849,100	7.89%	7.66%
100% Poverty	391,200	400,200	420,200	2.30%	5.00%
Opt. Targeted Low Income Children	906,900	892,700	905,000	-1.57%	1.38%
ACA Optional Expansion	3,693,700	4,159,200	4,612,600	12.60%	10.90%
Hospital PE	32,900	36,500	37,800	10.94%	3.56%
Medi-Cal Access Program	5,500	4,200	4,500	-23.64%	7.14%
QMB	14,200	14,600	14,600	2.82%	0.00%
GRAND TOTAL ⁴	12,697,000	13,601,100	14,496,500	7.12%	6.58%
Seniors	1,000,200	1,063,200	1,114,100	6.30%	4.79%
Persons with Disabilities	1,115,900	1,110,900	1,103,000	-0.45%	-0.71%
Families and Children ⁵	6,829,800	7,208,900	7,606,000	5.55%	5.51%
ACA Optional Expansion	3,693,700	4,159,200	4,612,600	12.60%	10.90%

Note: Graphs of eligibles represent base projections only and do not reflect estimated impact of policy changes.

***** See CL Page B reflecting impact of Policy Changes.**

¹ The 1931(b) category of eligibility is included in MN-Families and PA-Families.

² OBRA includes aid codes 55 & 58. Aid codes 55 & 58 include Medically Needy & Medically Indigent; however, this is not a full count of Unverified Persons in Medi-Cal. All other unverified persons are included in the category for which they are eligible.

³ Includes the following presumptive eligibility for pregnant women program eligibles:

	<u>2019-2020</u>	<u>2020-2021</u>	<u>2021-2022</u>
Presumptive Eligibility	36,400	33,000	36,800

⁴ The following Medi-Cal special program eligibles (average monthly during FY 2016-17 shown in parenthesis) are not included above: BCCTP (6,794), Tuberculosis (81), Dialysis (154), TPN (2). Family PACT eligibles are also not included above.

⁵ Includes Public Assistance Families, Medically Needy Families, Medically Indigent Children, 185% Poverty, 133% Poverty, 100% Poverty, and Optional Targeted LowIncome Children categories.

**Caseload Changes Identified in Policy Changes
(Portion not in the base estimate)**

<u>Policy Change</u>	<u>Budget Aid Category</u>	Caseload Change Average Monthly Eligibles not in the Base Estimate		
		2019-20	2020-21	2021-22
PC 2 Medi-Cal State Inmates	LT Seniors	7	10	10
	MN Seniors	35	35	35
	MN Persons with Disabilities	7	7	7
	MI Children	3	4	4
	185% Poverty	2	2	2
	ACA Optional Expansion	261	243	243
	Total	315	302	302
	PC 4 Medi-Cal Access Program Mothers 213-322%	MCAP Mothers	4,676	2,996
Total		4,676	2,996	3,300
PC 6 Medi-Cal Access Program Infants 266-322%	MCAP Infants	869	1,155	1,155
	Total	869	1,155	1,155
PC 172 COVID-19 Caseload Impact	PA Seniors		(4,024)	(13,348)
	PA Persons with Disabilities		(7,040)	(21,081)
	PA Families		(706)	(21,803)
	LT Seniors		(3,451)	(11,319)
	LT Persons with Disabilities		(207)	(662)
	MN Seniors		20,821	60,586
	MN Persons with Disabilities		0	0
	MN Families		223,713	720,202
	185% Poverty		12,707	30,539
	133% Poverty		42,660	134,933
	100% Poverty		10,247	35,148
	OTLICP		0	0
	ACA Optional Expansion		335,044	1,046,343
	Total		629,764	1,959,539
<i>Estimate impacts reflects the net effect of the base adjustment and total COVID-19 caseload impact that are both described in the COVID-19 Caseload impact policy change.</i>				
PC 3 Undocumented Young Adults Full Scope Expansion	MN Families		3,470	8,791
	185% Poverty		185	469
	ACA Optional Expansion		3,080	7,804
	Total		6,735	17,064
PC 275 Undocumented Older Californians Expansion	MN Families		0	33
	MN Seniors		0	12
	ACA Optional Expansion		0	30
	Total		0	75
PC 1 FPL Increase for Aged And Disabled Persons	MN Seniors		12,230	29,645
	MN Persons with Disabilities		3,375	8,180
	Total		15,605	37,825
Total by Aid Category	<u>Budget Aid Category</u>	2019-20	2020-21	2021-22
	PA Seniors	0	(4,024)	(13,348)
	PA Persons with Disabilities	0	(7,040)	(21,081)
	PA Families	0	(706)	(21,803)
	LT Seniors	7	(3,441)	(11,309)
	LT Persons with Disabilities	0	(207)	(662)
	MN Seniors	35	33,086	90,278
	MN Persons with Disabilities	7	3,382	8,187
	MN Families	0	227,183	729,026
	MI Children	3	4	4
	MI Adults	0	0	0
	Undocumented Persons	0	0	0
	185% Poverty	2	12,894	31,010
	133% Poverty	0	42,660	134,933
	100% Poverty	0	10,247	35,148
	OTLICP	0	0	0
	ACA Optional Expansion	261	338,367	1,054,420
	MCAP Infants	869	1,155	1,155
	MCAP Mothers	4,676	2,996	3,300
	Total	5,860	656,556	2,019,260

**Comparison of Average Monthly Certified Eligibles
May 2021 Estimate
Fiscal Year 2020-21**

(With Estimated Impact of Eligibility Policy Changes)

	Appropriation 2020-2021	Nov 2020 2020-2021	May 2021 2020-2021	Appropriation to Nov % Change	Nov to May % Change
Public Assistance	2,541,500	2,389,400	2,326,000	-5.98%	-8.48%
Seniors	421,800	425,800	414,200	0.95%	-2.72%
Persons with Disabilities	914,800	917,300	897,300	0.27%	-2.18%
Families	1,204,900	1,046,300	1,014,500	-13.16%	-3.04%
Long Term	54,600	61,600	48,100	12.82%	-11.90%
Seniors	44,400	50,200	38,400	13.06%	-23.51%
Persons with Disabilities	10,200	11,400	9,700	11.76%	-14.91%
Medically Needy	4,775,900	4,608,600	4,455,200	-3.50%	-6.71%
Seniors	556,800	665,500	610,600	19.52%	-8.25%
Persons with Disabilities	318,400	234,800	203,900	-26.26%	-13.16%
Families	3,900,700	3,708,300	3,640,700	-4.93%	-1.82%
Medically Indigent	155,800	149,500	147,500	-4.04%	-5.33%
Children	152,700	146,300	144,400	-4.19%	-1.30%
Adults	3,100	3,200	3,100	3.23%	-3.13%
Other	6,713,800	6,761,700	6,624,300	0.71%	-1.33%
Refugees	500	600	500	20.00%	-16.67%
OBRA	300	0	0	-100.00%	n/a
185% Poverty	394,400	333,500	327,700	-15.44%	-1.74%
133% Poverty	855,200	811,700	788,700	-5.09%	-2.83%
100% Poverty	466,300	432,600	400,200	-7.23%	-7.49%
Opt. Targeted Low Income Children	1,083,500	960,300	892,700	-11.37%	-7.04%
ACA Optional Expansion	3,850,900	4,166,900	4,159,200	8.21%	-0.18%
Hospital PE	43,100	36,500	36,500	-15.31%	0.00%
Medi-Cal Access Program	5,700	5,000	4,200	-12.28%	-16.00%
QMB	13,900	14,600	14,600	5.04%	0.00%
GRAND TOTAL	14,241,600	13,970,800	13,601,100	-1.90%	-4.50%
Seniors	1,023,000	1,141,500	1,063,200	11.58%	3.93%
Persons with Disabilities	1,243,400	1,163,500	1,110,900	-6.43%	-10.66%
Families and Children	8,057,700	7,439,000	7,208,900	-7.68%	-10.53%
ACA Optional Expansion	3,850,900	4,166,900	4,159,200	8.21%	8.01%

**Comparison of Average Monthly Certified Eligibles
May 2021 Estimate
Fiscal Year 2021-22**

(With Estimated Impact of Eligibility Policy Changes)

	November 2020 2021-2022	May 2021 2021-2022	% Change
Public Assistance	2,465,900	2,277,500	-7.64%
Seniors	431,100	407,700	-5.43%
Persons with Disabilities	924,300	889,400	-3.78%
Families	1,110,500	980,400	-11.72%
Long Term	68,900	42,500	-38.32%
Seniors	56,200	33,100	-41.10%
Persons with Disabilities	12,700	9,400	-25.98%
Medically Needy	5,271,300	4,843,700	-8.11%
Seniors	765,800	673,300	-12.08%
Persons with Disabilities	270,600	204,200	-24.54%
Families	4,234,900	3,966,200	-6.34%
Medically Indigent	149,700	150,500	0.53%
Children	146,400	147,300	0.61%
Adults	3,300	3,200	-3.03%
Other	7,648,000	7,182,300	-6.09%
Refugees	700	600	-14.29%
OBRA	0	100	n/a
185% Poverty	361,900	337,800	-6.66%
133% Poverty	923,700	849,100	-8.08%
100% Poverty	489,900	420,200	-14.23%
Opt. Targeted Low Income Children	1,037,800	905,000	-12.80%
ACA Optional Expansion	4,777,600	4,612,600	-3.45%
Hospital PE	36,800	37,800	2.72%
Medi-Cal Access Program	5,000	4,500	-10.00%
QMB	14,600	14,600	0.00%
GRAND TOTAL	15,603,800	14,496,500	-7.10%
Seniors	1,253,100	1,114,100	-11.09%
Persons with Disabilities	1,207,600	1,103,000	-8.66%
Families and Children	8,305,100	7,606,000	-8.42%
ACA Optional Expansion	4,777,600	4,612,600	-3.45%

**Estimated Average Monthly Certified Eligibles
May 2021 Estimate
Fiscal Years 2019-2020, 2020-2021 & 2021-22**

Managed Care¹					
(With Estimated Impact of Eligibility Policy Changes)^{***}					
	2019-2020	2020-2021	2021-2022	19-20 To 20-21 % Change	20-21 To 21-22 % Change
Public Assistance	2,032,530	2,020,913	1,967,103	-0.57%	-2.66%
Seniors	322,022	317,882	313,358	-1.29%	-1.42%
Persons with Disabilities	789,802	777,603	767,256	-1.54%	-1.33%
Families	920,706	925,428	886,488	0.51%	-4.21%
Long Term	30,675	26,080	19,784	-14.98%	-24.14%
Seniors	25,257	21,038	15,141	-16.70%	-28.03%
Persons with Disabilities	5,419	5,042	4,643	-6.96%	-7.90%
Medically Needy	3,150,205	3,551,168	3,913,679	12.73%	10.21%
Seniors	387,740	450,649	508,166	16.22%	12.76%
Persons with Disabilities	136,387	147,208	148,324	7.93%	0.76%
Families	2,626,079	2,953,311	3,257,189	12.46%	10.29%
Medically Indigent	47,099	48,419	49,018	2.80%	1.24%
Children	47,043	48,360	48,958	2.80%	1.24%
Adults	56	59	61	4.91%	2.99%
Other	5,143,377	5,707,690	6,246,974	10.97%	9.45%
Refugees	421	393	424	-6.60%	7.87%
OBRA	0	0	8	n/a	n/a
185% Poverty	185,401	199,387	207,767	7.54%	4.20%
133% Poverty	690,031	748,530	804,050	8.48%	7.42%
100% Poverty	375,909	387,703	407,657	3.14%	5.15%
Opt. Targeted Low Income Children	848,472	841,133	849,072	-0.87%	0.94%
ACA Optional Expansion	3,037,789	3,526,652	3,973,800	16.09%	12.68%
Medi-Cal Access Program	5,354	3,893	4,197	-27.29%	7.82%
GRAND TOTAL ¹	10,403,887	11,354,270	12,196,558	9.13%	7.42%
Percent of Statewide	81.94%	83.48%	84.13%		
Seniors	735,018	789,569	836,665	7.42%	5.96%
Persons with Disabilities	931,607	929,852	920,224	-0.19%	-1.04%
Families and Children	5,693,642	6,103,853	6,461,180	7.20%	5.85%
ACA Optional Expansion	3,037,789	3,526,652	3,973,800	16.09%	12.68%

*** See Attached Chart reflecting impact of Policy Changes.

¹ Eligibles enrolled or estimated to be enrolled in a medical Managed Care plan.

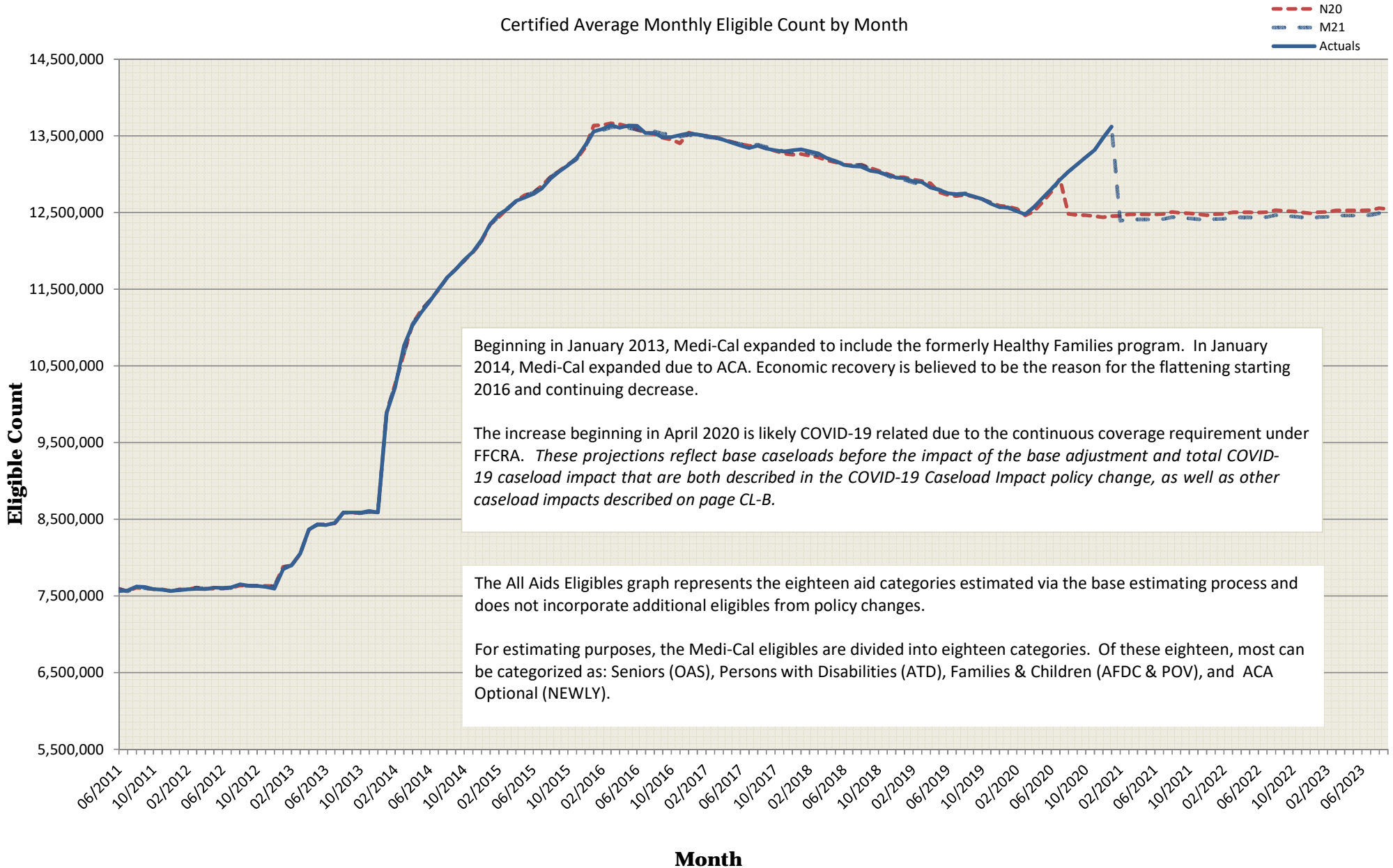
**Estimated Average Monthly Certified Eligibles
May 2021 Estimate
Fiscal Years 2019-2020, 2020-2021 & 2021-22**

Fee-For-Service <i>(With Estimated Impact of Eligibility Policy Changes)***</i>					
	2019-2020	2020-2021	2021-2022	19-20 To 20-21 % Change	20-21 To 21-22 % Change
Public Assistance	317,470	305,087	310,397	-3.90%	1.74%
Seniors	98,878	96,318	94,342	-2.59%	-2.05%
Persons with Disabilities	124,698	119,697	122,144	-4.01%	2.04%
Families	93,894	89,072	93,912	-5.13%	5.43%
Long Term	23,625	22,020	22,716	-6.79%	3.16%
Seniors	18,843	17,362	17,959	-7.86%	3.44%
Persons with Disabilities	4,781	4,658	4,757	-2.57%	2.11%
Medically Needy	886,295	904,032	930,021	2.00%	2.87%
Seniors	147,461	159,951	165,134	8.47%	3.24%
Persons with Disabilities	54,813	56,692	55,876	3.43%	-1.44%
Families	684,021	687,389	709,011	0.49%	3.15%
Medically Indigent	105,901	99,081	101,482	-6.44%	2.42%
Children	102,158	96,040	98,342	-5.99%	2.40%
Adults	3,744	3,041	3,139	-18.77%	3.23%
Other	959,823	916,610	935,326	-4.50%	2.04%
Refugees	280	107	176	-61.62%	64.41%
OBRA	300	0	92	-100.00%	n/a
185% Poverty	141,399	128,313	130,033	-9.25%	1.34%
133% Poverty	40,969	40,170	45,050	-1.95%	12.15%
100% Poverty	15,291	12,497	12,543	-18.27%	0.37%
Opt. Targeted Low Income Children	58,428	51,567	55,928	-11.74%	8.46%
ACA Optional Expansion	655,911	632,548	638,800	-3.56%	0.99%
Hospital PE	32,900	36,500	37,800	10.94%	3.56%
Medi-Cal Access Program	146	307	303	110.08%	-1.44%
QMB	14,200	14,600	14,600	2.82%	0.00%
GRAND TOTAL	2,293,113	2,246,830	2,299,942	-2.02%	2.36%
Percent of Statewide	18.06%	16.52%	15.87%		
Seniors	265,182	273,631	277,435	3.19%	1.39%
Persons with Disabilities	184,293	181,048	182,776	-1.76%	0.95%
Families and Children	1,136,158	1,105,047	1,144,820	-2.74%	3.60%
ACA Optional Expansion	655,911	632,548	638,800	-3.56%	0.99%

*** See Attached Chart reflecting impact of Policy Changes.

Statewide Expanded Eligible for Aid Category: All Aids

Certified Average Monthly Eligible Count by Month



Beginning in January 2013, Medi-Cal expanded to include the formerly Healthy Families program. In January 2014, Medi-Cal expanded due to ACA. Economic recovery is believed to be the reason for the flattening starting 2016 and continuing decrease.

The increase beginning in April 2020 is likely COVID-19 related due to the continuous coverage requirement under FFCRA. *These projections reflect base caseloads before the impact of the base adjustment and total COVID-19 caseload impact that are both described in the COVID-19 Caseload Impact policy change, as well as other caseload impacts described on page CL-B.*

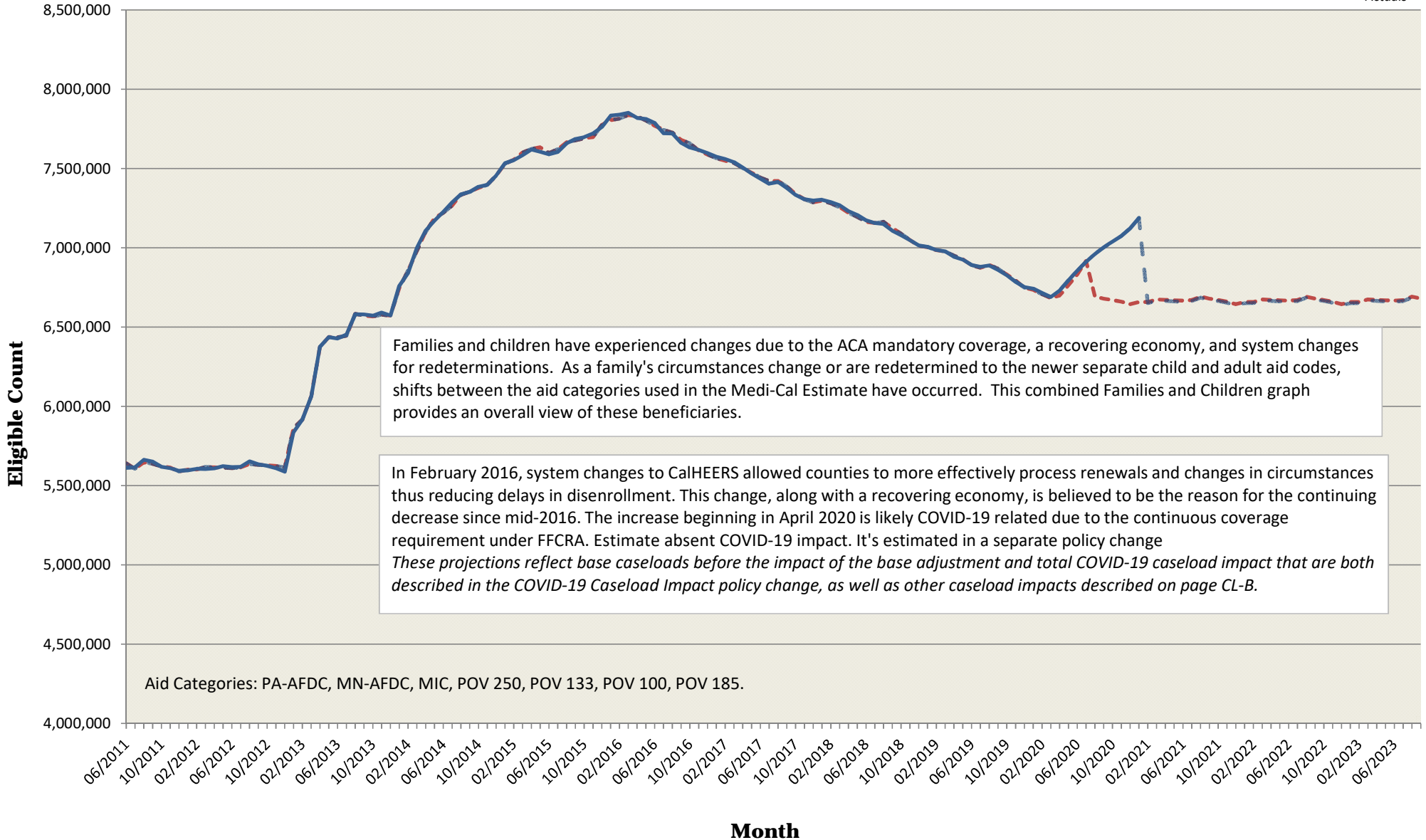
The All Aids Eligibles graph represents the eighteen aid categories estimated via the base estimating process and does not incorporate additional eligibles from policy changes.

For estimating purposes, the Medi-Cal eligibles are divided into eighteen categories. Of these eighteen, most can be categorized as: Seniors (OAS), Persons with Disabilities (ATD), Families & Children (AFDC & POV), and ACA Optional (NEWLY).

Statewide Expanded Eligible for Aid Category: Families and Children (including Pregnant Women)

Certified Average Monthly Eligible Count by Month

--- N20
--- M21
— Actuals



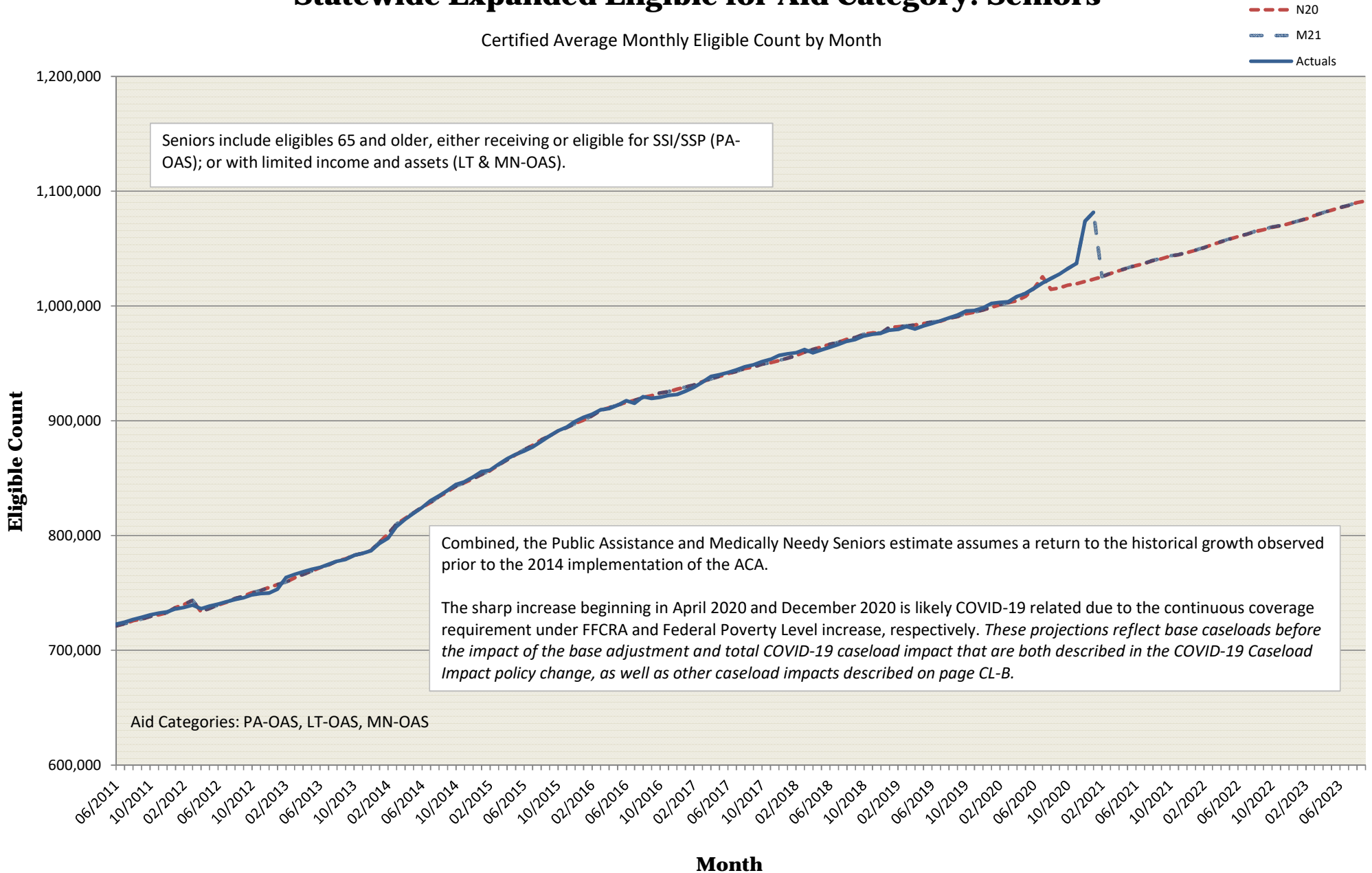
Families and children have experienced changes due to the ACA mandatory coverage, a recovering economy, and system changes for redeterminations. As a family's circumstances change or are redetermined to the newer separate child and adult aid codes, shifts between the aid categories used in the Medi-Cal Estimate have occurred. This combined Families and Children graph provides an overall view of these beneficiaries.

In February 2016, system changes to CalHEERS allowed counties to more effectively process renewals and changes in circumstances thus reducing delays in disenrollment. This change, along with a recovering economy, is believed to be the reason for the continuing decrease since mid-2016. The increase beginning in April 2020 is likely COVID-19 related due to the continuous coverage requirement under FFCRA. Estimate absent COVID-19 impact. It's estimated in a separate policy change *These projections reflect base caseloads before the impact of the base adjustment and total COVID-19 caseload impact that are both described in the COVID-19 Caseload Impact policy change, as well as other caseload impacts described on page CL-B.*

Aid Categories: PA-AFDC, MN-AFDC, MIC, POV 250, POV 133, POV 100, POV 185.

Statewide Expanded Eligible for Aid Category: Seniors

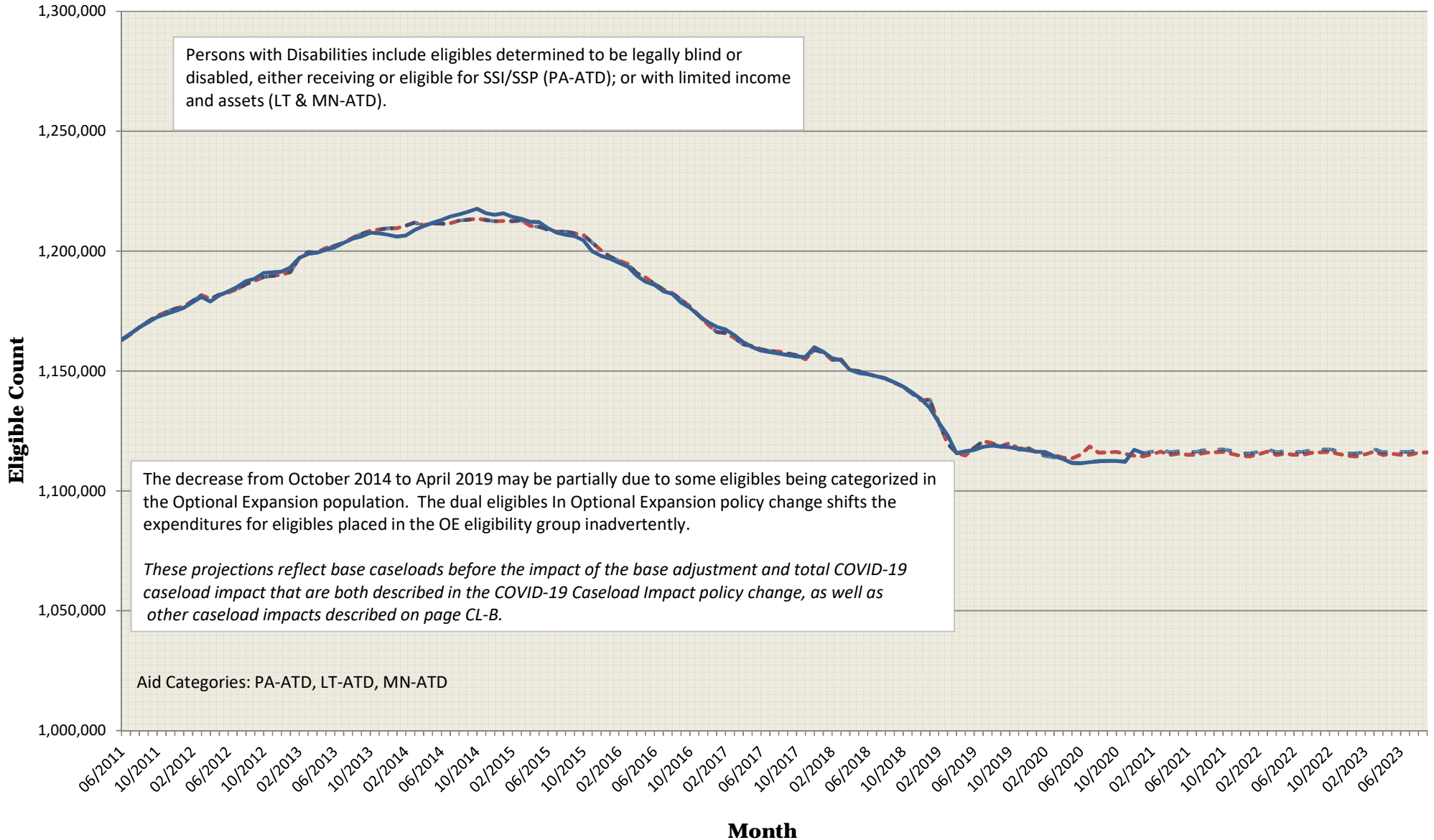
Certified Average Monthly Eligible Count by Month



Statewide Expanded Eligible for Aid Category: Persons with Disabilities

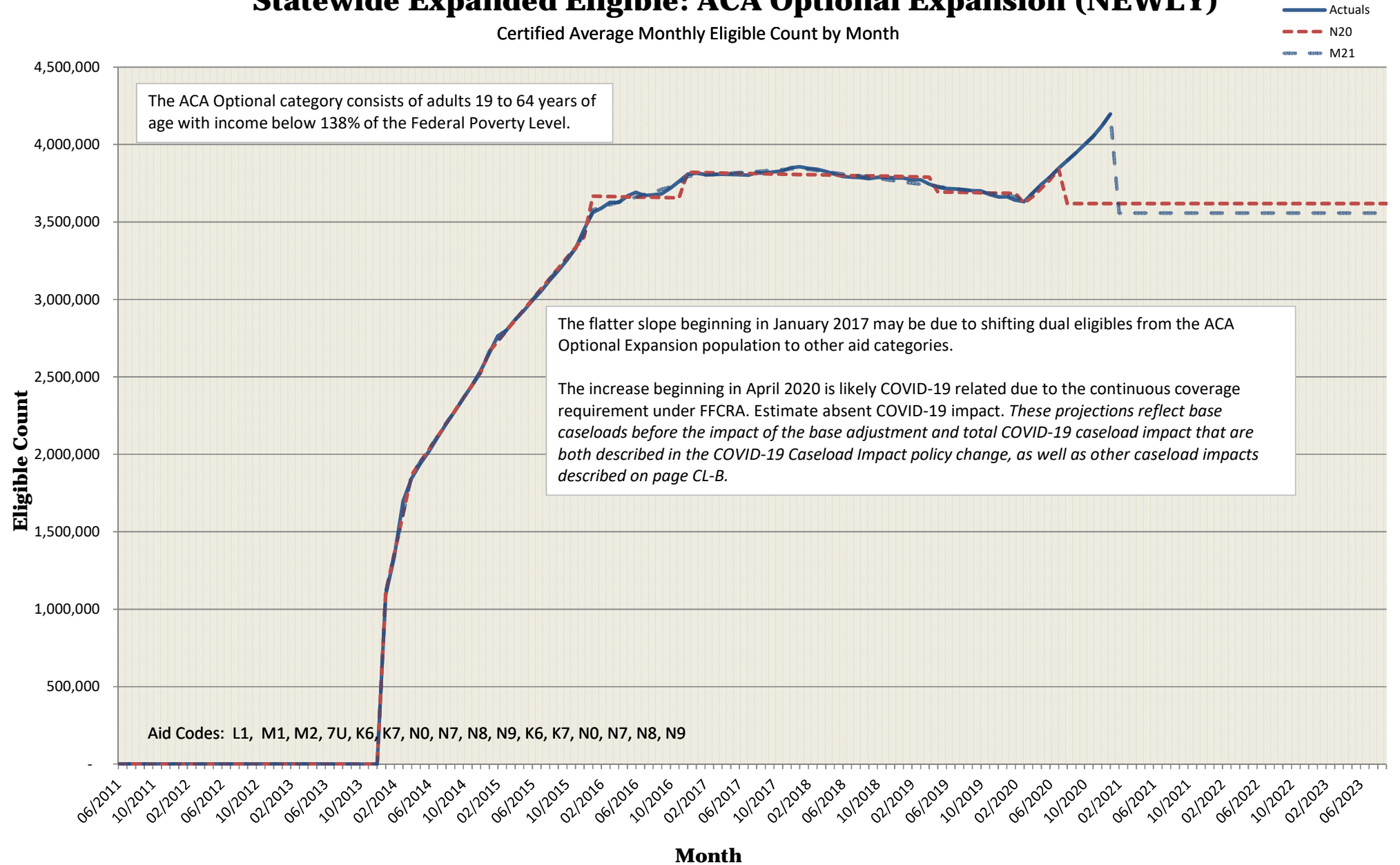
Certified Average Monthly Eligible Count by Month

--- N20
 --- M21
 — Actuals



Statewide Expanded Eligible: ACA Optional Expansion (NEWLY)

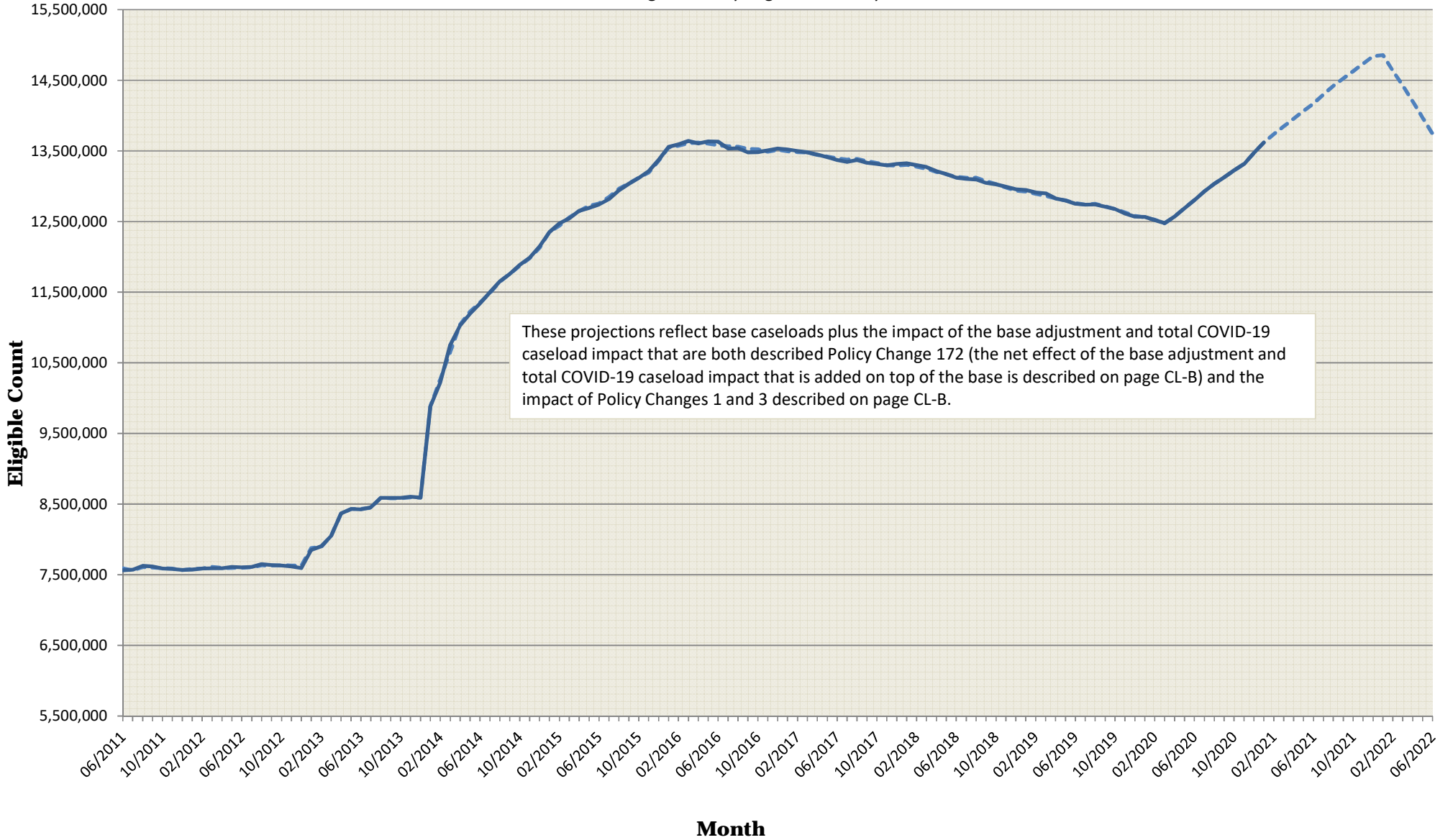
Certified Average Monthly Eligible Count by Month



Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: All Aids

Certified Average Monthly Eligible Count by Month

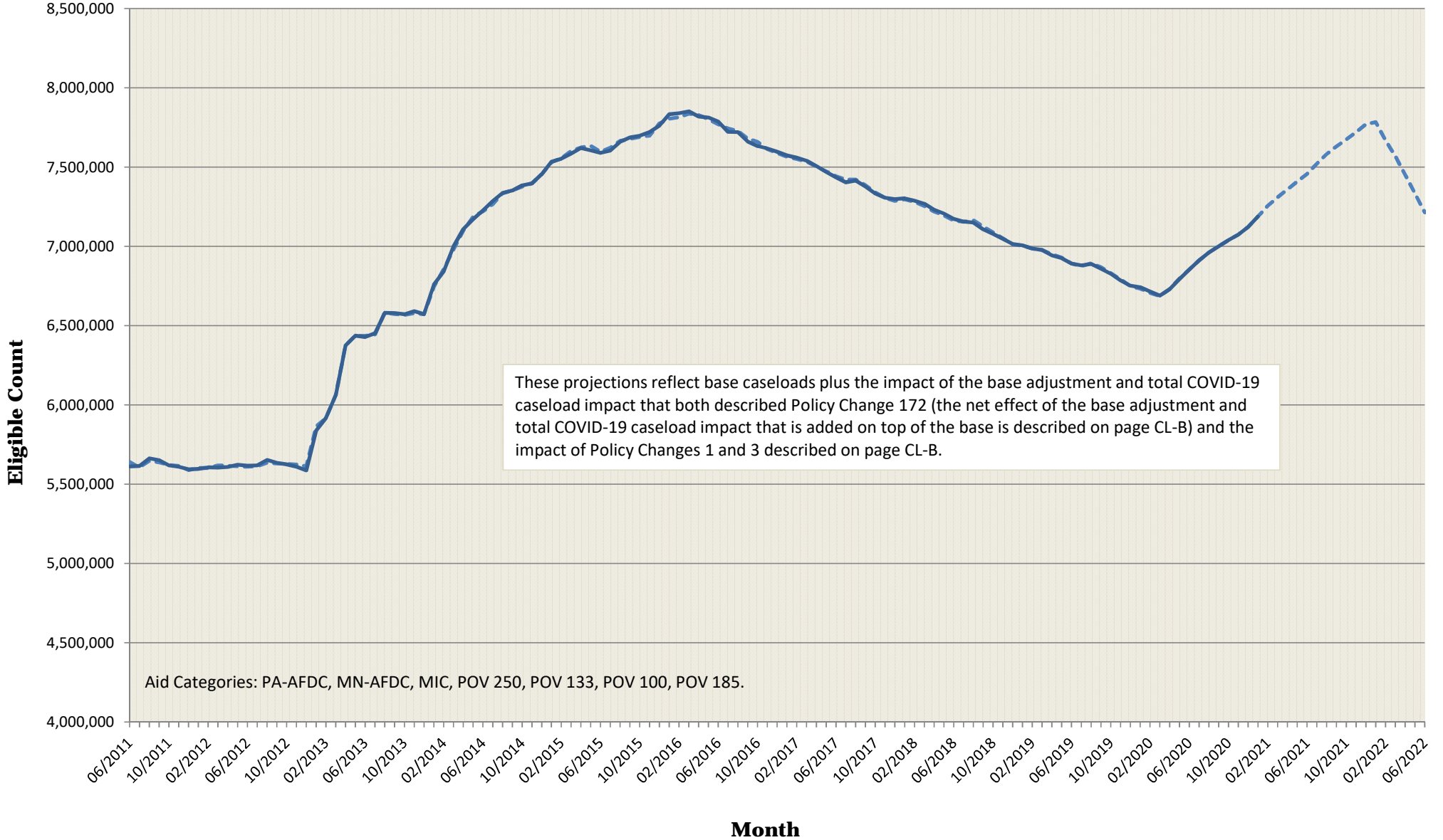
M21
Actuals



Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: Families and Children (including Pregnant Women)

Certified Average Monthly Eligible Count by Month

M21
Actuals



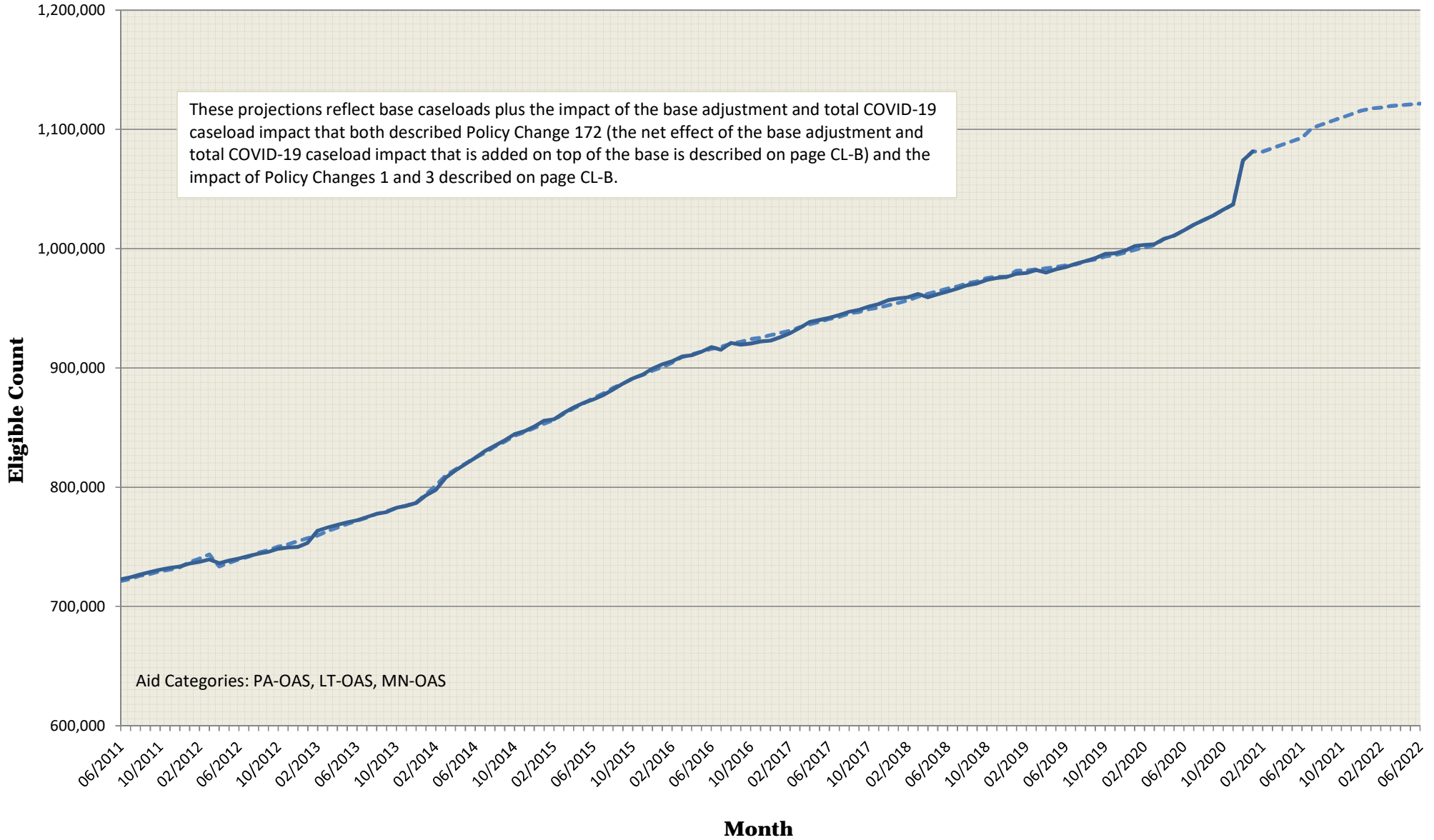
These projections reflect base caseloads plus the impact of the base adjustment and total COVID-19 caseload impact that both described Policy Change 172 (the net effect of the base adjustment and total COVID-19 caseload impact that is added on top of the base is described on page CL-B) and the impact of Policy Changes 1 and 3 described on page CL-B.

Aid Categories: PA-AFDC, MN-AFDC, MIC, POV 250, POV 133, POV 100, POV 185.

Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: Seniors

Certified Average Monthly Eligible Count by Month

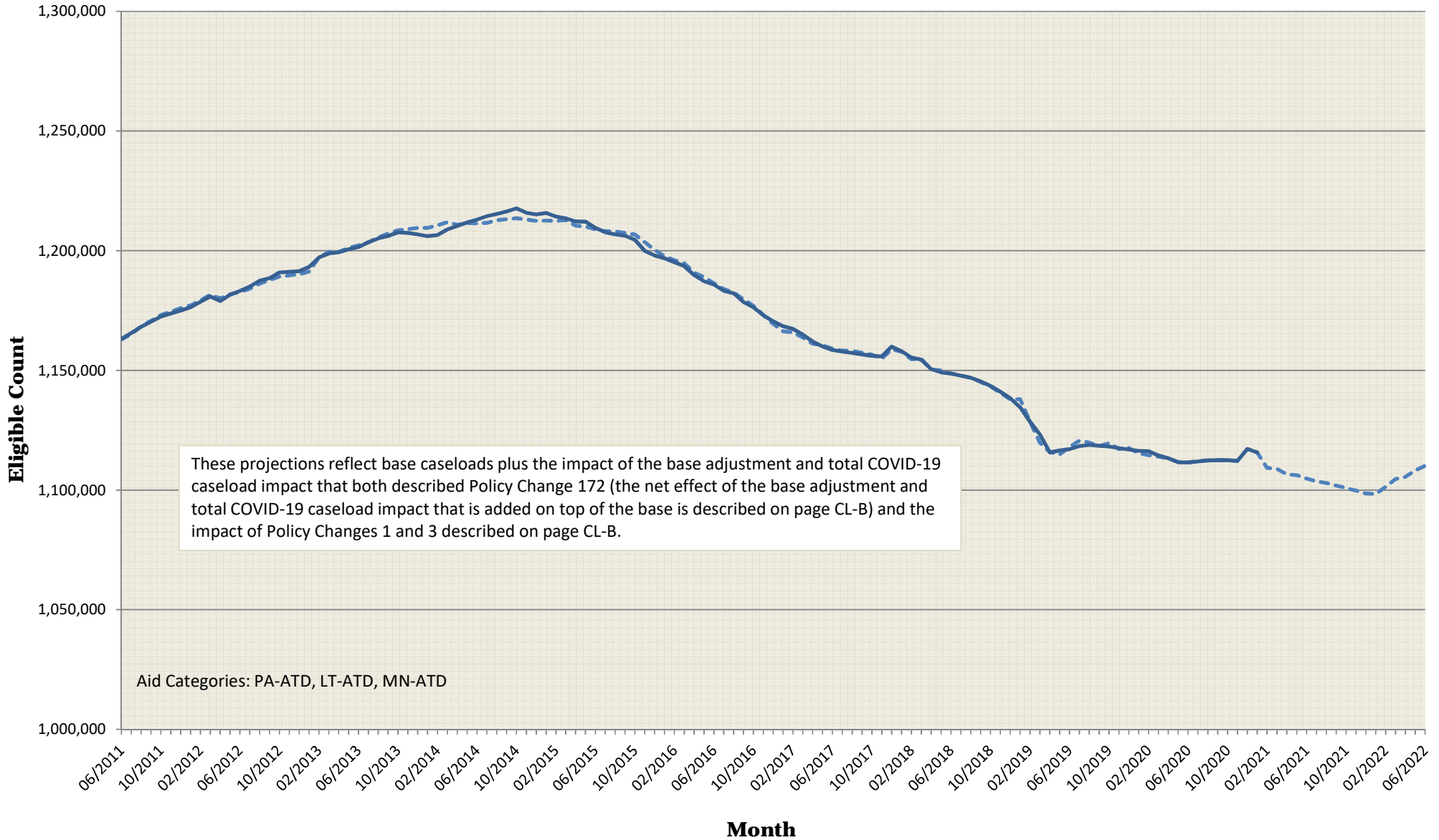
M21
Actuals



Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: Persons with Disabilities

Certified Average Monthly Eligible Count by Month

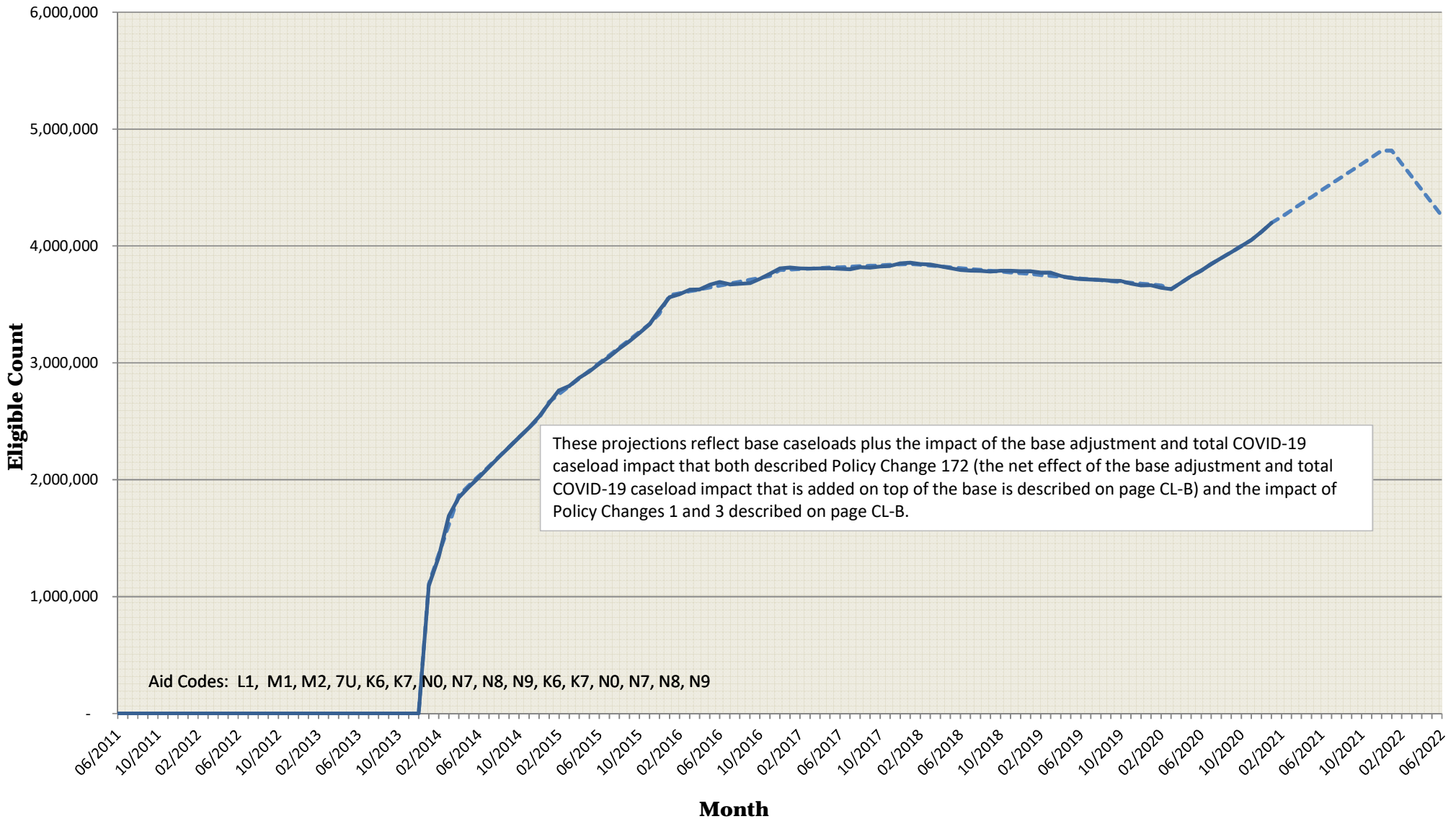
M21
Actuals



Statewide Expanded Eligible, Including Impact of Select Policy Changes: ACA Optional Expansion (NEWLY)

Certified Average Monthly Eligible Count by Month

M21
Actuals



These projections reflect base caseloads plus the impact of the base adjustment and total COVID-19 caseload impact that both described Policy Change 172 (the net effect of the base adjustment and total COVID-19 caseload impact that is added on top of the base is described on page CL-B) and the impact of Policy Changes 1 and 3 described on page CL-B.

Aid Codes: L1, M1, M2, 7U, K6, K7, N0, N7, N8, N9, K6, K7, N0, N7, N8, N9

MEDI-CAL AID CATEGORY DEFINITIONS

Aid Category	Aid Codes
Seniors	10, 16, 1E, 13, D2, D3 J5, J6, 14, 17, 1H, 1U, 1X, 1Y, C1, C2
Disabled	20, 26, 2E, 36, 60, 66, 6A, 6C, 6E, 6N, 6P, 23, 63, D4, D5, D6, D7, J7, J8, 24, 27, 2H, 64, 67, 6G, 6H, 6S, 6U, 6V, 6W, 6X, 6Y, 8G, C3, C4, C7, C8, K8, K9, L6, L7
Families and Children (Including Pregnant Women)	2S, 2T, 2U, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 49, 4F, 4G, 4H, 4N, 4S, 4T, 4W, 5L, K1, R1, 34, 37, 39, 3D, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 6J, 6R, 7J, 7K, 7S, 7W, C5, C6, M3, M4, P5, P6, 7A, 7C, 8R, 8T, M5, M6, 72, 74, 8N, 8P, P7, P8, 44, 47, 48, 5F, 69, 76, 7F, 7G, 8U, 8V, D8, D9, M0, M7, M8, M9, P0, P9, 5C, 5D, 8X, E6, H1, H2, H3, H4, H5, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9, 03, 04, 06, 07, 2A, 2P, 2R, 45, 46, 4A, 4L, 4M, 5E, 5K, 7M, 7N, 7P, 7R, 7T, 82, 83, 8E, 8W, C9, D1, G5, G6, G7, G8
Newly	7U, K6, K7, L1, M1, M2, N0, N7, N8, N9
HP-E	4E, H0, H6, H7, H8, H9, P1, P2, P3, P4, 7D
All Others	53, 81, 86, 87, 8L, F3, F4, G3, G4, J1, J2, J3, J4, 01, 02, 08, 0A, 55, 58

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>ELIGIBILITY</u>
1	FPL INCREASE FOR AGED AND DISABLED PERSONS
2	MEDI-CAL STATE INMATE PROGRAMS
3	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION
4	BREAST AND CERVICAL CANCER TREATMENT
6	MEDICARE OPTIONAL EXPANSION ADJUSTMENT
8	DISABLED ADULT CHILDREN PROGRAM CLEANUP
10	MEDICARE PART B DISREGARD
11	PROVISIONAL POSTPARTUM CARE EXTENSION
12	MEDI-CAL COUNTY INMATE PROGRAMS
13	MEDI-CAL COUNTY INMATE REIMBURSEMENT
14	NON-OTLICP CHIP
15	NON-EMERGENCY FUNDING ADJUSTMENT
16	SCHIP FUNDING FOR PRENATAL CARE
17	CDCR RETRO REPAYMENT
18	CS3 PROXY ADJUSTMENT
19	REFUGEE MEDICAL ASSISTANCE
21	CHIP PREMIUMS
22	MINIMUM WAGE INCREASE - CASELOAD SAVINGS
251	ACCELERATED ENROLLMENT FOR ADULTS
257	LONG TERM CARE SHARE OF COST ADJUSTMENT
262	POSTPARTUM CARE EXTENSION
275	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION
	<u>AFFORDABLE CARE ACT</u>
23	COMMUNITY FIRST CHOICE OPTION
24	HEALTH INSURER FEE
25	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS
26	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.
27	1% FMAP INCREASE FOR PREVENTIVE SERVICES
28	PAYMENTS TO PRIMARY CARE PHYSICIANS
237	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR
	<u>BENEFITS</u>
30	BEHAVIORAL HEALTH TREATMENT
31	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS
32	FAMILY PACT PROGRAM
33	LOCAL EDUCATION AGENCY (LEA) PROVIDERS
34	LEA EXPANSION

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>BENEFITS</u>
36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA
37	CCS DEMONSTRATION PROJECT
38	CALIFORNIA COMMUNITY TRANSITIONS COSTS
39	MSSP SUPPLEMENTAL PAYMENTS
41	MEDICALLY TAILORED MEALS PILOT PROGRAM
42	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES
43	MEDICAL INTERPRETERS PILOT PROJECT
44	CCT FUND TRANSFER TO CDSS
45	DIABETES PREVENTION PROGRAM
46	HEARING AID COVERAGE
233	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT
238	CALAIM - ORGAN TRANSPLANT
239	REMOTE PATIENT MONITORING
256	COMMUNITY HEALTH WORKER
261	MFP/CCT SUPPLEMENTAL FUNDING
265	DOULA BENEFIT
277	RAPID WHOLE GENOME SEQUENCING
282	TELEHEALTH
	<u>PHARMACY</u>
48	MEDI-CAL DRUG REBATE FUND
49	BCCTP DRUG REBATES
50	LITIGATION SETTLEMENTS
51	FAMILY PACT DRUG REBATES
52	OTC ADULT ACETAMINOPHEN & COUGH/COLD PRODUCTS
53	BLOOD FACTOR REIMBURSEMENT METHODOLOGY
54	MEDICAL SUPPLY REBATES
55	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS
56	STATE SUPPLEMENTAL DRUG REBATES
57	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS
58	FEDERAL DRUG REBATES
232	PHARMACY RETROACTIVE ADJUSTMENTS
250	MEDICATION THERAPY MANAGEMENT PROGRAM
	<u>DRUG MEDI-CAL</u>
59	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER
63	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT
64	DRUG MEDI-CAL MAT BENEFIT

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>DRUG MEDI-CAL</u>
66	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
	<u>MENTAL HEALTH</u>
69	MHP COSTS FOR CONTINUUM OF CARE REFORM
70	SPECIALTY MENTAL HEALTH SVCS SUPP REIMBURSEMENT
71	PATHWAYS TO WELL-BEING
72	LATE CLAIMS FOR SMHS
73	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
75	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS
76	CHART REVIEW
77	INTERIM AND FINAL COST SETTLEMENTS - SMHS
231	CALAIM - BH QUALITY IMPROVEMENT PROGRAM
240	MHP COSTS FOR FFPSA - QUALIFIED INDIVIDUAL
241	MHP COSTS FOR FFPSA - AFTERCARE SERVICES
249	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM
255	OUT OF STATE YOUTH - SMHS
	<u>WAIVER--MH/UCD & BTR</u>
78	GLOBAL PAYMENT PROGRAM
79	PUBLIC HOSPITAL REDESIGN & INCENTIVES IN MEDI-CAL
80	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
81	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE
82	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
83	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
84	BTR - LIHP - MCE
85	MH/UCD—SAFETY NET CARE POOL
225	CALAIM ECM-ILOS-PLAN INCENTIVES
	<u>MANAGED CARE</u>
89	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.
90	CCI-MANAGED CARE PAYMENTS
91	MANAGED CARE PUBLIC HOSPITAL EPP
92	MANAGED CARE HEALTH CARE FINANCING PROGRAM
93	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL
96	RETRO MC RATE ADJUSTMENTS
97	EXTENDED FILE CORRECTION
98	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS
101	SAN MATEO HEALTH PLAN REIMBURSEMENT

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
<u>MANAGED CARE</u>	
102	CCI-QUALITY WITHHOLD REPAYMENTS
105	CAPITATED RATE ADJUSTMENT FOR FY 2021-22
106	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS
107	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ
108	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
110	COORDINATED CARE INITIATIVE RISK MITIGATION
111	RECOUPMENT OF UNALLOWED CAPITATION PAYMENTS
112	MANAGED CARE EFFICIENCIES
113	ADJUST MC CAP PAYMENTS FOR JULY 2019-DEC 2020
114	MANAGED CARE DRUG REBATES
234	CALAIM - MSSP CARVE-OUT OF CCI
235	CALAIM - TRANSITIONING POPULATIONS
242	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM
248	INCREASE ACCESS TO STUDENT BEHAVIORAL HEALTH SRVS.
268	CALAIM – MEDI-CAL PATH
<u>PROVIDER RATES</u>	
115	DPH INTERIM RATE GROWTH
116	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF
117	RATE INCREASE FOR FQHCS/RHCS/CBRCS
118	DPH INTERIM & FINAL RECONS
119	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST
120	AB 1629 ANNUAL RATE ADJUSTMENTS
121	PROP 56 - HOME HEALTH RATE INCREASE
122	FQHC/RHC/CBRC RECONCILIATION PROCESS
123	LTC RATE ADJUSTMENT
124	EMERGENCY MEDICAL AIR TRANSPORTATION ACT
125	HOSPICE RATE INCREASES
126	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE
127	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE
128	DPH INTERIM RATE
129	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
130	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT
131	REDUCTION TO RADIOLOGY RATES
132	10% PROVIDER PAYMENT REDUCTION
133	LABORATORY RATE METHODOLOGY CHANGE
254	GEMT IGT PROGRAM
270	UNFREEZE ICF/DD AND FS-PSA RATES

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>PROVIDER RATES</u>
279	CLINICAL LAB REIMBURSEMENT RATES
280	COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES
	<u>SUPPLEMENTAL PMNTS.</u>
134	HOSPITAL QAF - FFS PAYMENTS
135	HOSPITAL QAF - MANAGED CARE PAYMENTS
136	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS
137	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
138	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS
139	PRIVATE HOSPITAL DSH REPLACEMENT
140	PROP 56-SUPPLEMENTAL PAYMENTS FOR DENTAL SERVICES
141	PROP 56 - VALUE-BASED PAYMENT PROGRAM
142	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
143	DSH PAYMENT
144	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
145	DPH PHYSICIAN & NON-PHYS. COST
146	FFP FOR LOCAL TRAUMA CENTERS
147	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
148	CAPITAL PROJECT DEBT REIMBURSEMENT
149	NDPH IGT SUPPLEMENTAL PAYMENTS
150	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
151	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
152	GEMT SUPPLEMENTAL PAYMENT PROGRAM
153	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS
154	PROP 56 - DEVELOPMENTAL SCREENINGS
155	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS
156	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS
157	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
158	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
159	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
160	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS
161	PROP 56 - MEDI-CAL FAMILY PLANNING
162	PROP 56-WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
163	NDPH SUPPLEMENTAL PAYMENT
164	PROP 56 - HOSP-BASED PEDIATRIC PHYS SUPPL PYMTS
165	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS
166	PROPOSITION 56 FUNDS TRANSFER
167	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>SUPPLEMENTAL PMNTS.</u>
168	IGT PAYMENTS FOR HOSPITAL SERVICES
169	IGT ADMIN. & PROCESSING FEE
170	PROP 56-AIDS WAIVER SUPPLEMENTAL PAYMENTS
283	FREE CLINICS AUGMENTATION
	<u>COVID-19</u>
172	COVID-19 CASELOAD IMPACT
173	COVID-19 BEHAVIORAL HEALTH
174	COVID-19 FFS REIMBURSEMENT RATES
175	COVID-19 BASE RECOVERIES
176	COVID-19 ELIGIBILITY
177	COVID-19 - SICK LEAVE BENEFITS
178	COVID-19 INCREASED FMAP - DHCS
179	COVID-19 UTILIZATION CHANGE
247	COVID-19 VACCINE ADMINISTRATION
252	COVID-19 FFS DME RESPIRATORY RATES
258	COVID-19 TESTING IN SCHOOLS
271	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS
281	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE
	<u>STATE ONLY CLAIMING</u>
221	STATE ONLY CLAIMING ADJUSTMENTS
244	STATE ONLY CLAIMING ADJUSTMENTS - SMHS AND DMC
245	STATE ONLY CLAIMING ADJUSTMENTS - TCM
	<u>OTHER DEPARTMENTS</u>
180	ELECTRONIC VISIT VERIFICATION FED PENALTIES
	<u>OTHER</u>
187	CCI IHSS RECONCILIATION
188	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDSS
190	PROP 56 - PROVIDER ACES TRAININGS
193	INFANT DEVELOPMENT PROGRAM
194	MINIMUM WAGE INCREASE FOR HCBS WAIVERS
196	SELF-DETERMINATION PROGRAM - CDSS
197	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDSS
199	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG
200	INDIAN HEALTH SERVICES

MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>OTHER</u>
201	ARRA HITECH - PROVIDER PAYMENTS
202	QAF WITHHOLD TRANSFER
203	CCS SAR EPC
204	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER
205	WPCS WORKERS' COMPENSATION
206	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER
209	AUDIT SETTLEMENTS
210	IMD ANCILLARY SERVICES
211	CIGARETTE AND TOBACCO SURTAX FUNDS
212	FUNDING ADJUST.—ACA OPT. EXPANSION
213	FUNDING ADJUST.—OTLICP
214	CMS DEFERRED CLAIMS
215	CLPP FUND
216	HOSPITAL QAF - CHILDREN'S HEALTH CARE
217	REPAYMENT TO CMS FOR CONTINGENCY FEE OFFSETS
218	INDIAN HEALTH SERVICES FUNDING SHIFT
219	FUND 3156 TRANSFER TO THE GENERAL FUND
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223	COUNTY SHARE OF OTLICP-CCS COSTS
226	CALAIM - DENTAL PREVENTIVE SERVICES
227	CALAIM - DENTAL CARIES RISK ASSESSMENT
229	CALAIM - DENTAL SILVER DIAMINE FLUORIDE
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253	HPSM DENTAL INTEGRATION PILOT PROGRAM
272	CALHOPE STUDENT SUPPORT
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276	MLK JR. HOSPITAL IMPROVEMENT
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286	RECONCILIATION

RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES

REGULAR POLICY CHANGE NUMBER: 109
IMPLEMENTATION DATE: 1/2022
ANALYST: Matt Wong
FISCAL REFERENCE NUMBER: 2028

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$21,960,000
- STATE FUNDS	\$0	-\$8,694,600
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$21,960,000
STATE FUNDS	\$0	-\$8,694,600
FEDERAL FUNDS	\$0	-\$13,265,400

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:

COVID-19 Increased FMAP – DHCS

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, 2022.

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.

Reason for Change:

This policy change was introduced in the November 2019 Medi-Cal Estimate and not included in the May 2020 and November 2020 Medi-Cal Estimates. The change from the November 2019 Medi-Cal Estimate, for FY 2020-21, is a loss of savings due the transition being delayed one year. The change in the current estimate, for FY 2021-22, is an increase in savings due to updated rates and data. The change in the current estimate, from FY 2020-21 to FY 2021-22, is due to the payment lag in transitioning to a FFS delivery system starting January 1, 2022.

RESTORATION OF DENTAL FFS IN SAC AND LA COUNTIES

REGULAR POLICY CHANGE NUMBER: 109

Methodology:

1. DMC savings are based on the estimated capitated payments for January 2022 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.

FY 2021-22	TF	GF	FF
DMC	(\$66,453,000)	(\$26,313,000)	(\$40,140,000)
FFS	\$44,493,000	\$17,618,000	\$26,875,000
Total	(\$21,960,000)	(\$8,694,000)	(\$13,266,000)

*Totals may not add due to rounding

Funding:

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

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

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

COVID-19 funding through December 31, 2021, is identified in the COVID-19 Increased FMAP – DHCS policy change

CALAIM - MANAGED CARE SMHS CARVE-OUT

REGULAR POLICY CHANGE NUMBER: 228
IMPLEMENTATION DATE: 1/2022
ANALYST: Julie Chan
FISCAL REFERENCE NUMBER: 2200

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	-\$4,773,000
- STATE FUNDS	\$0	-\$2,290,300
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	-\$4,773,000
STATE FUNDS	\$0	-\$2,290,300
FEDERAL FUNDS	\$0	-\$2,482,700

Purpose:

This policy change estimates the savings from carving out Specialty Mental Health Services (SMHS) from managed care plans (MCP) for Partnership members in Solano who are sub-delegated to Kaiser and for Sacramento Kaiser members (direct).

Authority:

California Advancing and Innovating Medi-Cal (CalAIM) Initiative

Interdependent Policy Changes:

Not Applicable

Background:

Under the CalAIM initiative, the Department is proposing to standardize the benefits provided through Medi-Cal managed care plans statewide. Regardless of the beneficiary's county of residence or the plan they are enrolled in, they will have the same set of benefits delivered through their Medi-Cal managed care plan as they would in another county or plan.

Effective January 1, 2022 the SMHS benefits that are currently within the scope of the Medi-Cal managed care plans will be carved out from their responsibility and be provided through the Fee-For-Service (FFS) delivery system. The carve-outs will occur for Partnership members in Solano who are sub-delegated to Kaiser and Kaiser members in Sacramento.

Reason for Change:

There is no change from the prior estimate for FY 2020-21 and FY 2021-22. The change from FY 2020-21 and FY 2021-22, in the current estimate, is due to the carve-out of SMHS benefits from Partnership members in Solano sub-delegated to Kaiser and Kaiser members in Sacramento, scheduled to begin in FY 2021-22.

Methodology:

1. The estimated savings for managed care annually on an accrual basis is estimated to be \$16,712,000 TF to remove SMHS from the capitated payments to the Solano and Sacramento Kaiser MCP. Beginning January 1, 2022, the estimated savings for five months, on a cash basis is estimated to be \$6,963,000 TF for FY 2021-22.

CALAIM - MANAGED CARE SMHS CARVE-OUT

REGULAR POLICY CHANGE NUMBER: 228

2. It is assumed that the services would shift to be paid through the SMHS County Mental Health Plans at the same level, \$16,712,000 TF annual costs. In FY 2021-22, six months of costs totaling \$8,356,000 are assumed from January 2022 to June 2022. Applying a 38% lag to FY 2021-22 claims, \$3,175,000 TF costs are assumed on a cash basis for FY 2021-22. Assume the SMHS funding as follows:
- Reimbursements at Title XIX 50% CF/50% FF and Title XXI 65% FF/35% CF.
 - ACA newly funding assumes 90% Title XIX FF/ 10% GF.

(Dollars in Thousands)

Managed Care SMHS Carve-Out	Annual TF	FY 2021-22 TF
Managed Care	(\$16,712)	(\$6,963)
SMHS	\$16,712	\$3,175
Total	\$0	(\$3,788)

3. The net savings assumed in FY 2021-22, not including County Funds, are estimated to be \$4,773,000 TF savings:

(Dollars in Thousands)

FY 2021-22	TF	GF	FF	CF
Managed Care SMHS Carve-Out	(\$6,963)	(\$2,398)	(\$4,565)	\$0
SMHS	\$3,175	\$108	\$2,082	\$985
Total	(\$3,788)	(\$2,290)	(\$2,483)	\$985

Funding:

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
50% Title XIX / 50% GF (4260-101-0001/0890)	(\$3,706)	(\$1,853)	(\$1,853)
65% Title XXI / 35% GF (4260-113-0001/0890)	(\$880)	(\$308)	(\$572)
ACA 90% FFP / 10% GF (2020)	(\$1,293)	(\$129)	(\$1,164)
100% Title XIX FF (4260-101-0890)	\$845	\$0	\$845
100% Title XXI FF (4260-113-0890)	\$261	\$0	\$261
Total	(\$4,773)	(\$2,290)	(\$2,483)

BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM

REGULAR POLICY CHANGE NUMBER: 249
IMPLEMENTATION DATE: 7/2021
ANALYST: Julie Chan
FISCAL REFERENCE NUMBER: 2262

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$743,499,000
- STATE FUNDS	\$0	\$443,499,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$743,499,000
STATE FUNDS	\$0	\$443,499,000
FEDERAL FUNDS	\$0	\$300,000,000

Purpose:

This policy change estimates the funding available for competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The Department aims to reduce homelessness, incarceration, unnecessary hospitalizations, and inpatient days and improve outcomes for people with behavioral health conditions by expanding access to community-based treatment. These resources would expand the continuum of services by increasing capacity for short-term crisis stabilization, acute and sub-acute care, crisis residential, community-based mental health residential treatment, substance use disorder residential treatment, peer respite, mobile crisis, community and outpatient behavioral health services, and other clinically enriched longer-term treatment and rehabilitation opportunities for persons with behavioral health disorders in the least restrictive and least costly setting.

The FY 2021-22 budget includes a total of \$743.5 million, (\$443.5 million General Fund (GF) and \$300 million Coronavirus Fiscal Recovery Fund (CFRF) of 2021), of which \$150 million is dedicated to mobile crisis units.

The goals of the broad behavioral health continuum services are to ensure Medi-Cal beneficiaries have access to sufficient treatment resources across the continuum of care, prioritizing community-based, non-institutional treatment options to address needs in crisis and for longer-term residential treatment.

BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM

REGULAR POLICY CHANGE NUMBER: 249

The American Rescue Plan Act (ARPA) includes funding to state and local governments. The funds are distributed to states, tribes, and territories based on a formula that considers the state's share of the nation's unemployment. The ARPA funds can be used for specific purposes including addressing public health impacts, negative economic impacts, and water, sewer, and broadband. State and local governments have until December 31, 2024 to expend the funds. Specified ARPA funds to California are deposited into the CFRF.

Reason for Change:

The change from the prior estimate for FY 2021-22 is due to carving out \$6,501,000 GF for state operations costs related to behavioral health continuum, and adding CFRF funding.

The change between FY 2020-21 and FY 2021-22, in the current estimate, is due to the implementation beginning in FY 2021-22.

Methodology:

1. Assume \$743,499,000 TF will be available for qualified entities to expand resources beginning FY 2021-22.
 - Of these funds, \$443,499,000 GF will be available for expenditure or encumbrance until June 30, 2026. In addition, of this amount, \$150,000,000 is available to support mobile crisis infrastructure.
 - The remaining \$300,000,000 CFRF will be available for expenditure until June 30, 2024 unless otherwise specified by the proposed Control Section 11.96.
2. Funding would be made available via a competitive application process.

(Dollars in Thousands)

FY 2021-22	TF	GF	CFRF
Behavioral Health Continuum Infrastructure Program Funding	\$743,499	\$443,499	\$300,000
Total	\$743,499	\$443,499	\$300,000

Funding:

General Fund (4260-101-0001)

Coronavirus Fiscal Recovery Fund of 2021 (4260-162-8506)

UNFREEZE ICF/DD and FS-PSA RATES

REGULAR POLICY CHANGE NUMBER: 270
IMPLEMENTATION DATE: 7/2021
ANALYST: Cang Ly
FISCAL REFERENCE NUMBER: 2287

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$45,443,000
- STATE FUNDS	\$0	\$21,606,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$45,443,000
STATE FUNDS	\$0	\$21,606,000
FEDERAL FUNDS	\$0	\$23,837,000

Purpose:

This policy change estimates the costs of eliminating the AB 97 (Chapter 3, Statutes of 2011) rate freeze for Intermediate Care Facilities for the Developmentally Disabled (ICF/DDs), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N), Continuous Nursing Care (ICF/DD-CNC) and Freestanding Pediatric Subacute facilities (FS-PSA) facilities.

Authority:

AB 133 (Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

Prior to rate year (RY) 2009-10, Medi-Cal rates for ICF/DDs and FS-PSA facilities were adjusted based on an annual rate study for specified provider types. ABX4 5 (Chapter 5, Statutes of 2009) froze rates for RY 2009-10 and every year thereafter at the 2008-09 levels.

Effective June 1, 2011, AB 97 required the Department to freeze rates and reduce payments by up to 10% for the facilities enjoined from the original rate freeze, which was required by ABX4 5 and included ICF/DD and FS-PSA facilities. The Department received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a rate freeze on and to reduce the payments by 10%.

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

ABX1 19 (Chapter 4, Statutes of 2011) requires FS-PSA facilities to pay a QA fee (QAF) beginning January 1, 2012. Effective October 1, 2011, the QA fee cap is 6% of total gross revenues. The fee is used to draw down Federal Financial Participation (FFP).

UNFREEZE ICF/DD and FS-PSA RATES

REGULAR POLICY CHANGE NUMBER: 270

Effective August 1, 2016, ABX2 1 (Chapter 3, Statutes of 2016) requires the Department to reimburse ICF/DD facilities at the 2008-09 levels, increased by 3.7%.

AB 119 (Chapter 17, Statutes of 2015) extended the FS Pediatric Subacute Facilities QAF sunset from July 31, 2015 to July 31, 2020. Pursuant to AB 81 (Chapter 13, Statutes of 2020), FS/PSA are exempt from the QA fee as of the rating period ending July 31, 2020.

The health omnibus bill of 2021, AB 133, eliminates the rate freezes and enhancements to, in conjunction with existing Proposition 56 supplemental payments, effectively restore ICF/DD and FS-PSA facility rates.

This policy change reflects statutory language that removes the rate freeze and limitations imposed by AB 97 and related legislation. Beginning with RY 2021-22, ICF/DD and ICF/DD-CNC facilities shall receive an unfrozen reimbursement rate inclusive of any Proposition 56 supplemental payments. However, for RY 2021-22, the reimbursement rate may not be less than the rate authorized by the California Medicaid State Plan, inclusive of the temporary increased Medicaid payments associated with the COVID-19 Public Health Emergency, plus any Proposition 56 supplemental payment, in effect for that facility on July 31, 2021.

For FS-PSAs, as defined in Section 51215.8 of Title 22 of the California Code of Regulations, reimbursement rates shall be determined without applying the rate freeze and limitations imposed by AB 97 and related legislation. Beginning with RY 2021-22, the unfrozen reimbursement rates for these facilities shall be inclusive of any Proposition 56 supplemental payments.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume unfrozen rates will be effective with the start of RY 2021-22, August 1, 2021, for ICF/DDs and FS-PSA facilities.
2. On an annual basis the impact of the unfrozen rates over Proposition 56 supplemental payments budgeted in the Prop 56 – ICF-DD Supplemental Payments policy change is estimated to be:

(Dollars in Thousands)

ANNUAL	TF	GF	FF
ICF/DD	\$20,992	\$9,576	\$11,416
FS-PSA	\$5,673	\$2,540	\$3,133
Total	\$26,665	\$12,116	\$14,549

3. The RY for ICF/DDs and FS-PSAs begin on August 1; therefore, assume 11/12 of the annual impact will occur in FY 2021-22, for both facility types.
4. In addition, assume that the cost of the transitional rate floor for ICF/DDs in RY 2021-22 is \$21,000,000 TF (\$10,500,000 GF).
5. The total FY 2021-22 impact is estimated to be:

UNFREEZE ICF/DD and FS-PSA RATES
REGULAR POLICY CHANGE NUMBER: 270

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
ICF/DD	\$40,242	\$19,278	\$20,964
FS-PSA	\$5,201	\$2,328	\$2,873
Total	\$45,443	\$21,606	\$23,837

Funding:

100% GF (4260-101-0001)

100% Title XIX (4260-101-0890)

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

DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS

REGULAR POLICY CHANGE NUMBER: 271
IMPLEMENTATION DATE: 7/2021
ANALYST: Elena Susbilla
FISCAL REFERENCE NUMBER: 2290

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$300,000,000
- STATE FUNDS	\$0	\$300,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$300,000,000
STATE FUNDS	\$0	\$300,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the General Fund (GF) available to Designated Public Hospitals (DPH).

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

During the COVID-19 pandemic, DPHs have been integral to the public health response effort, including their efforts to increase surge capacity, rapidly expand and deploy testing, assist in the development and distribution of vaccines, and serve vulnerable populations and communities of color.

DPHs play an essential role in the Medi-Cal program, providing care to a disproportionate share of the number of the state's most vulnerable patients, including nearly 40% of the state's uninsured and 35% of Medi-Cal patients in their communities. The strength of these essential health care systems and hospitals is of critical importance to the health and welfare of the people of California.

The Department estimates to pay direct grants to DPHs in support of their health care expenditures.

Reason for Change:

This is a new policy change.

DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS
REGULAR POLICY CHANGE NUMBER: 271**Methodology:**

1. Assume \$300,000,000 GF will be provided to DPHs in FY 2021-22.

(Dollars in Thousands)

Fiscal Year	TF	GF
FY 2021-22	\$300,000	\$300,000

Funding:

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

CALHOPE STUDENT SUPPORT

REGULAR POLICY CHANGE NUMBER: 272
IMPLEMENTATION DATE: 7/2021
ANALYST: Julie Chan
FISCAL REFERENCE NUMBER: 2291

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$45,000,000
- STATE FUNDS	\$0	\$45,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$45,000,000
STATE FUNDS	\$0	\$45,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the General Fund (GF) available to provide training, technical assistance, technology and tools to build and enhance positive social-emotional learning environments in California schools.

Authority:

Budget Act of FY 2021-22

Interdependent Policy Changes:

Not Applicable

Background:

The CalHOPE Student Support program launched as part of the Federal Emergency Management Agency (FEMA)/Substance Abuse and Mental Health Services Administration (SAMHSA) Crisis Counseling Program (CCP), in recognition of the challenges and stressors children, youth and families are experiencing: social isolation, lack of school structure, and need to adapt to distance learning. The Department previously partnered with the California Mental Health Services Authority to subcontract with the Sacramento County of Education (SCOE) and provided \$6.8 million to SCOE to establish the CalHOPE Student Support program. These resources will continue and expand this effort over a three year period. A student engagement element will be added.

The CalHOPE Student Support Program was designed to give teachers and staff the skills to prepare a healthy learning environment for children, to be able to easily identify signs of stress and poor functioning, provide support for children and youth, and refer to more intensive services where needed. The training and technical assistance aims to create positive social-emotional learning environments in schools to support children, young people, parents, and school staff, addressing the behavioral health challenges created by social isolation and the stress of the public health emergency.

Reason for Change:

This is a new policy change.

CALHOPE STUDENT SUPPORT
REGULAR POLICY CHANGE NUMBER: 272**Methodology:**

1. Assume \$45,000,000 GF will be provided to a training and technical assistance provider and learning communities in FY 2021-22.

(Dollars in Thousands)

FY 2021-22	TF	GF
CalHOPE Student Support Program	\$45,000	\$45,000

Funding:

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

SCHOOL BH PARTNERSHIPS AND CAPACITY

REGULAR POLICY CHANGE NUMBER: 273
IMPLEMENTATION DATE: 7/2021
ANALYST: Julie Chan
FISCAL REFERENCE NUMBER: 2292

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$100,000,000
- STATE FUNDS	\$0	\$100,000,000
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	\$100,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates funding for direct grants to local educational agencies (LEAs), institutions of higher education, publicly funded childcare and preschools, health care service plans, community-based organizations (CBOs), tribal entities, behavioral health providers, city mental health authorities, and/or counties to build infrastructure, partnerships, and capacity statewide to increase the number of children and youth 25 years of age and younger receiving preventive and early intervention behavioral health services from schools, providers in school, school affiliated CBOs, or school-based health centers.

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

Young people spend many hours in school settings and behavioral health (BH) services should be easily accessible and provided on or near school campuses, through partnerships between schools, commercial health insurance, counties, behavioral health providers and CBOs. This program provides direct grants to LEAs, institutions of higher education, publicly-funded childcare and preschools, health care service plans, CBOs, behavioral health providers, tribal entities, city mental health authorities, and/or counties to support new services to individuals 25 years of age and younger from schools, providers in school, school affiliated CBOs, or school-based health centers.

This program helps expand access to BH school counselors, peer supports, and BH coaches. In addition, the program builds a statewide CBO network by connecting plans, counties, CBOs and schools via data-sharing systems. The 2021 Budget includes \$550,000,000 over two years beginning in FY 2021-22 to build services that are sustainable over time, meeting the long-term needs of children and youth.

Reason for Change:

This is a new policy change.

SCHOOL BH PARTNERSHIPS AND CAPACITY

REGULAR POLICY CHANGE NUMBER: 273

Methodology:

1. Assume \$100,000,000 GF for grants to LEAs, institutions of higher education, publicly funded childcare and preschools, health care service plans, CBOs, behavioral health providers, schools, tribal entities, city mental health authorities, and/or counties in FY 2021-22.
2. Assume \$70,000,000 GF is available for grants focused on individuals in preschool through secondary educational institutions. Assume \$30,000,000 GF is available for grants focused on individuals in institutions of higher education.

(Dollars in Thousands)

FY 2021-22	TF	GF
School BH Partnership and Capacity Grants	\$100,000	\$100,000

Funding:

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

UNDOCUMENTED OLDER CALIFORNIANS EXPANSION

REGULAR POLICY CHANGE NUMBER: 275
IMPLEMENTATION DATE: 5/2022
ANALYST: Jedidiah Warren
FISCAL REFERENCE NUMBER: 2294

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$67,291,000
- STATE FUNDS	\$0	\$48,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$67,291,000
STATE FUNDS	\$0	\$48,000,000
FEDERAL FUNDS	\$0	\$19,291,000

Purpose:

This policy change estimates the benefit costs to expand full-scope Medi-Cal benefits to adults 50 years of age or older, regardless of immigration status.

Authority:

AB 128 Budget Act of FY 2021-22

Interdependent Policy Changes:

Not Applicable

Background:

California provides restricted-scope Medi-Cal coverage (emergency and pregnancy related services only) to low income adults, including undocumented immigrants, who are 19 years of age or older and are not in a satisfactory immigration status, or are unable to verify their citizenship or immigration status, and who are otherwise Medi-Cal eligible. Full-scope coverage expanded to eligible individuals up to age 25, inclusive, regardless of citizenship or immigration status beginning January 1, 2020. Federal financial participation (FFP) is available, regardless of immigration status, for emergency and pregnancy related services.

No sooner than May 1, 2022, individuals who are 50 years of age or older who meet other Medi-Cal eligibility requirements but who do not have satisfactory immigration status or are unable to verify their immigration status or citizenship will be eligible for full-scope Medi-Cal benefits. California will continue to receive FFP for the emergency services provided to this population, however, any non-emergency services provided will be ineligible for FFP, and funded solely by the State's General Fund.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume this policy is effective no sooner than May 1, 2022.
2. Any In-Home Supportive Services (IHSS) will be accounted for in the Department of Social Services' budget. No IHSS costs are assumed in FY 2021-22.

UNDOCUMENTED OLDER CALIFORNIANS EXPANSION
REGULAR POLICY CHANGE NUMBER: 275

3. The Department assumes adults from two populations will transition to full scope benefits in FY 2021-22: (1) current restricted scope adults and (2) a portion of adults that are currently eligible for restricted scope benefits, but have not enrolled into Medi-Cal.
4. Assume offsetting cost savings for current restricted-scope Medi-Cal expenditures.
5. On a cash basis, net expenditures are estimated to be:

(Dollars in Thousands)

Fiscal Years	TF	GF	FF
FY 2020-21	\$0	\$0	\$0
FY 2021-22	\$67,291	\$48,000	\$19,291

Funding:

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

100% GF (4260-101-0001)

MLK JR. HOSPITAL IMPROVEMENT

REGULAR POLICY CHANGE NUMBER: 276
IMPLEMENTATION DATE: 5/2022
ANALYST: Autumn Recce
FISCAL REFERENCE NUMBER: 2295

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$10,000,000
- STATE FUNDS	\$0	\$10,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$10,000,000
STATE FUNDS	\$0	\$10,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the cost of providing additional funding to the private nonprofit hospital, Martin Luther King, Jr. – Los Angeles (MLK-LA) Healthcare Corporation.

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

SB 129 provides for a one-time grant payment to support improvement to the MLK-LA.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume a one-time payment to MLK Jr. Hospital is expected to occur in FY 2021-22 for \$10 million GF.

(Dollars in Thousands)

FY 2021-22	TF	GF
MLK Jr. Payment	\$10,000	\$10,000
Total	\$10,000	\$10,000

Funding:

100% GF (4260-101-0001)

RAPID WHOLE GENOME SEQUENCING

REGULAR POLICY CHANGE NUMBER: 277
IMPLEMENTATION DATE: 1/2022
ANALYST: Joel Singh
FISCAL REFERENCE NUMBER: 2296

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$6,000,000
- STATE FUNDS	\$0	\$3,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$6,000,000
STATE FUNDS	\$0	\$3,000,000
FEDERAL FUNDS	\$0	\$3,000,000

Purpose:

This policy change estimates the cost of adding rapid whole genome sequencing (rWGS), including individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing, as a covered Medi-Cal benefit in Fee-for-Service (FFS) and managed care delivery systems.

Authority:

AB 133 (Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The health omnibus bill of 2021, AB 133, will amend Section 14105.192 of Welfare and Institutions Code (WIC) to add rWGS as a covered benefit in Medi-Cal FFS and managed care delivery systems for children ages one year old and younger who are receiving inpatient hospital services in an intensive care unit. RWGS for children meeting this criteria will include individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing. Tests would be reimbursed under the applicable reimbursement methodology for the hospital – either via Diagnosis Related Group (DRG) or an interim payment in the FFS delivery system or the contracted rate with the health plan in the managed care delivery system.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume the rWGS benefit will be implemented effective January 1, 2022 in both Medi-Cal FFS and managed care delivery systems.

RAPID WHOLE GENOME SEQUENCING
REGULAR POLICY CHANGE NUMBER: 277

2. Total estimated costs for the rWGS benefit, on a cash basis, is as follows:

FY 2021-22	TF	GF	FF
Whole Genome Sequencing	\$6,000,000	\$3,000,000	\$3,000,000
Total	\$6,000,000	\$3,000,000	\$3,000,000

Funding:

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

KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.

REGULAR POLICY CHANGE NUMBER: 278
IMPLEMENTATION DATE: 5/2022
ANALYST: Autumn Recce
FISCAL REFERENCE NUMBER: 2297

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$30,000,000
- STATE FUNDS	\$0	\$30,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$30,000,000
STATE FUNDS	\$0	\$30,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the cost of providing a one-time payment to Kedren Community and Acute Psychiatric Hospital.

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

SB 129 provides for a one-time payment to Kedren Community and Acute Psychiatric Hospital.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume a one-time payment to Kedren Community and Acute Psychiatric Hospital is expected to occur in FY 2021-22 for \$30 million GF:

(Dollars in Thousands)

FY 2021-22	TF	GF
Kedren Community and Acute Psychiatric Hospital Payment	\$30,000	\$30,000
Total	\$30,000	\$30,000

Funding:

100% GF (4260-101-0001)

CLINICAL LAB REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 279
IMPLEMENTATION DATE: 7/2021
ANALYST: George Marley
FISCAL REFERENCE NUMBER: 2298

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$32,000,000
- STATE FUNDS	\$0	\$25,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$32,000,000
STATE FUNDS	\$0	\$25,000,000
FEDERAL FUNDS	\$0	\$7,000,000

Purpose:

This policy change estimates the costs for forgiving retroactive recoupments and delaying the implementation of certain rate adjustments for clinical laboratory or laboratory services.

Authority:

AB 133 (Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA) 20-0003 to adjust the clinical laboratory or laboratory services reimbursement rates in accordance with Welfare and Institutions Code (W&I Code) 14105.22, effective January 1, 2020, which provides that reimbursement for clinical laboratory or laboratory services may not exceed 80% of the lowest maximum allowance established by the federal Medicare program for the same or similar services.

On January 12, 2021, the Department received federal approval for SPA 20-0010 to adjust clinical laboratory or laboratory services reimbursement rates based on the triennial reimbursement methodology, effective July 1, 2020.

The health omnibus bill of 2021 AB 133 will amend Welfare and Institutions Code (W&I Code) 14105.22 and will add W&I Code 14105.222, which requires the Department to implement the below changes to the clinical laboratory reimbursement rates:

- Forgive the retroactive recoupments related to the 2020 annual rate adjustment, effective January 1, 2020 and the 2020 triennial weighted rate adjustment, effective July 1, 2020.
- Establish the reimbursement rates, effective July 1, 2021, at the reimbursement rates in effect on December 31, 2019.
- Effective July 1, 2022, eliminate the 80% rate cap and establish reimbursement rates at 100% of the lowest maximum Medicare rate.

CLINICAL LAB REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 279

Reason for Change:

This is a new policy change.

Methodology:

1. Assume the costs of forgiving the retroactive recoupments related to the 2020 annual rate adjustments are \$18 million TF/GF.
2. Assume the delayed implementation of the 2020 annual rate adjustment will cost \$14 million TF (\$7 million GF).
3. The impact from the elimination of the 80% cap is expected to occur in FY 2022-23.
4. On a cash basis, the FY 2021-22 costs are estimated to be:

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
Forgive 2020 Annual Rate Adjustment Retro	\$18,000	\$18,000	\$0
Delay 2020 Annual Rate Adjustment	\$14,000	\$7,000	\$7,000
Total	\$32,000	\$25,000	\$7,000

Funding:

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

100% GF (4260-101-0001)

COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 280
IMPLEMENTATION DATE: 3/2022
ANALYST: George Marley
FISCAL REFERENCE NUMBER: 2299

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$4,000,000
- 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	\$4,000,000
STATE FUNDS	\$0	\$2,000,000
FEDERAL FUNDS	\$0	\$2,000,000

Purpose:

This policy change estimates the costs of eliminating the 10 percent AB 97 (Chapter 3, Statutes of 2011) provider payment reduction for complex rehabilitation technologies.

Authority:

AB 133 (Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The health omnibus bill of 2021 AB 133 will amend Section 14105.192 of the Welfare and Institutions Code (WIC), increase provider reimbursements for durable medical equipment (DME) complex rehabilitation technology (CRT), including complex rehabilitation technology services by eliminating the 10 percent AB 97 payment reduction to complex rehabilitation technologies providers beginning January 1, 2022.

The Department currently reimburses DME CRT, including CRTS, providers in accordance with the methodologies outlined in WIC section 14105.48 and the California Medicaid State Plan (State Plan) Attachment 4.19-B, pages 3a through 3f. The Department conducts an annual review of rates for DME, including CRT, and adjusts those rates exceeding 80 percent of the Medicare rate (or 100 percent of the Medicare rate for wheelchairs, wheelchair accessories, and speech generating devices) to the applicable percentage of the Medicare rate. In accordance with AB 97 and the State Plan, provider payments for Medi-Cal Fee-For-Service DME services are reduced by 10 percent for dates of service on or after June 1, 2011.

The Department will submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services to exempt DME CRT, as defined in new WIC section 14132.85, from the 10 percent payment reductions, for dates of service on or after January 1, 2022.

Reason for Change:

This is a new policy change.

COMPLEX REHAB TECHNOLOGY REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 280

Methodology:

1. The impact of the AB 97 elimination for these services is estimated to be:

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
Total	\$4,000	\$2,000	\$2,000

Funding:

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

CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE

REGULAR POLICY CHANGE NUMBER: 281
IMPLEMENTATION DATE: 7/2021
ANALYST: Jedidiah Warren
FISCAL REFERENCE NUMBER: 2301

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- STATE FUNDS	\$0	\$16,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$16,000,000
FEDERAL FUNDS	\$0	-\$16,000,000

Purpose:

The purpose of this policy change is to estimate the State General Fund (SGF) impact to provide continuous coverage to individuals enrolled in the state's Title XXI (CHIP) programs during the full duration of the COVID-19 Public Health Emergency (PHE).

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The Centers for Medicare and Medicaid Services (CMS) issued guidance which allowed individuals enrolled in Medicaid to remain in coverage for the duration of the COVID-19 PHE, excluding CHIP populations. To prevent coverage disparities from federal policies as it relates to Medicaid and CHIP populations, the Department issued guidance to maintain continuous coverage for individuals enrolled in the Medi-Cal Access Program (MCAP), Medi-Cal Access for Infants Program (MCAIP), and the County Children Health Initiative Program (CCHIP) during the COVID-19 PHE.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume continuous coverage through the PHE for the MCAP, MCAIP, and CCHIP populations.
2. The PHE is currently assumed to end on December 31, 2021.

CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE
REGULAR POLICY CHANGE NUMBER: 281

(Dollars in Thousands)

Fiscal Years	TF	GF	FF
FY 2020-21	\$0	\$0	\$0
FY 2021-22	\$0	\$16,000	(\$16,000)

Funding:

100% Title XXI GF (4260-113-0001)

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

TELEHEALTH

REGULAR POLICY CHANGE NUMBER: 282
IMPLEMENTATION DATE: 7/2021
ANALYST: Randolph Alarcio
FISCAL REFERENCE NUMBER: 2302

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$54,332,000
- STATE FUNDS	\$0	\$19,167,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$54,332,000
STATE FUNDS	\$0	\$19,167,000
FEDERAL FUNDS	\$0	\$35,165,000

Purpose:

This policy change estimates the costs for telephone/audio-only services at parity.

Authority:

The health omnibus bill of 2021 (AB 133)
Welfare and Institutions Code Section 14124.12

Interdependent Policy Changes:

Not Applicable

Background:

Currently, the Department has been paying at parity for services provided via telephone/audio-only during the COVID-19 public health emergency (PHE) when the service meets all of the conditions of the billing code. The health omnibus bill of 2021 requires the Department to continue the current payment parity policy for telephone/audio-only services, including for clinics, through December 2022. Additionally, the Department plans to hire a one-time consulting resource to assist in convening an advisory group of stakeholders, starting no sooner than July 1, 2021, to provide recommendations to inform the Department in establishing and adopting billing and utilization management protocols for telehealth modalities to increase access and equity and reduce disparities in the Medi-Cal program. Estimated costs for this consultation are \$2 million (\$1 million General Fund) and are budgeted in the Department's State Operations budget.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume implementation will begin on July 1, 2021.

FY 2021-22	TF	GF	FF
100% GF	\$18,421,000	\$18,421,000	\$0
100% Title XIX FFP	\$33,781,000	\$0	\$33,781,000
65% Title XXI / 35% GF	\$2,130,000	\$746,000	\$1,384,000

TELEHEALTH
REGULAR POLICY CHANGE NUMBER: 282

FY 2021-22 Total	\$54,332,000	\$19,167,000	\$35,165,000
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Funding:

100% GF (4260-101-0001)

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

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

FREE CLINICS AUGMENTATION

REGULAR POLICY CHANGE NUMBER: 283
IMPLEMENTATION DATE: 5/2022
ANALYST: Shannon Hoerner
FISCAL REFERENCE NUMBER: 2303

	<u>FY 2020-21</u>	<u>FY 2021-22</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

Purpose:

This policy change estimates the cost of providing funding to support to the California Association of Free and Charitable Clinics (CAFCC).

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The FY 2021-22 Budget provides funding to support free and charitable clinics that are 501(c)(3) tax-exempt organizations, or operate as a program component or affiliate of a 501(c)(3) organization and do not qualify as Medi-Cal providers. The funds shall be distributed to the CAFCC and the amount allocated to each Free Clinic shall be determined through an allocation methodology developed by the CAFCC.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume an ongoing payment of \$2 million GF annually to the CAFCC beginning in FY 2021-22.

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
CAFCC	\$2,000	\$2,000	\$0
Total	\$2,000	\$2,000	\$0

Funding:

100% GF (4260-101-0001)

ALAMEDA WELLNESS CAMPUS

REGULAR POLICY CHANGE NUMBER: 284
IMPLEMENTATION DATE: 5/2022
ANALYST: Randolph Alarcio
FISCAL REFERENCE NUMBER: 2304

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$15,000,000
- STATE FUNDS	\$0	\$15,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$15,000,000
STATE FUNDS	\$0	\$15,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the cost of construction of a medical respite and health clinic building.

Authority:

SB 129 (Chapter 69, Statutes of 2021)

Interdependent Policy Changes:

Not Applicable

Background:

The Department will appropriate direct payments to Alameda Point Collaborative for the construction of a medical respite and health clinic building at the Alameda Wellness Campus to serve unhoused adults and seniors with complex health conditions.

The medical respite will serve homeless adults who are:

- Discharged from local hospitals but are too sick to recover on the streets or a shelter,
- Undergoing intensive outpatient medical treatment such as chemotherapy,
- Identified through street medicine, or
- Seeking hospice care.

Reason for Change:

This is a new policy change.

Methodology:

1. Assume the first payment to Alameda Point Collaborative will occur in FY 2021-22.

Fiscal Year	TF	GF	FF
FY 2021-22	\$15,000,000	\$15,000,000	\$0

Funding:

100% GF (4260-101-0001)

OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES

REGULAR POLICY CHANGE NUMBER: 285
IMPLEMENTATION DATE: 1/2022
ANALYST: Andrew Yoo
FISCAL REFERENCE NUMBER: 2305

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$12,000,000
- STATE FUNDS	\$0	\$12,000,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00 %	0.00 %
APPLIED TO BASE		
TOTAL FUNDS	\$0	\$12,000,000
STATE FUNDS	\$0	\$12,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the costs for eligibility outreach and enrollment for beneficiaries dually eligible for Medicare and Medi-Cal.

Authority:

Budget Act of FY 2021-22

Interdependent Policy Changes:

Not Applicable

Background:

Per the authority in AB 128 Budget Act of FY 2021-22, the Department will contract with a nonprofit agency for Medicare and Medi-Cal eligibility outreach and enrollment efforts, for a total of \$12 million in funding to be available for encumbrance or expenditure until June 30, 2024. The population of focus for this contract is low-income individuals potentially eligible for both Medicare and Medi-Cal. Since the outreach and enrollment efforts will primarily be for Medicare, federal Medicaid funds are not available. The outreach and enrollment would be conducted in coordination with the California Department of Aging and the Health Insurance Counseling and Advocacy Program (HICAP).

Reason for Change:

This is a new policy change.

Methodology:

1. This policy change budgets for a DHCS contract for Medicare outreach and enrollment assistance for dually eligible individuals.

Fiscal Year	TF	GF	FF
FY 2021-22	\$12,000,000	\$12,000,000	\$0

Funding:

100% State General Fund

RECONCILIATION

REGULAR POLICY CHANGE NUMBER: 286
IMPLEMENTATION DATE: 7/2020
ANALYST: Ryan Woolsey
FISCAL REFERENCE NUMBER: 2306

	FY 2020-21	FY 2021-22
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

Purpose:
 This policy change adjusts funding types related to the removal of the Restoration of Dental FFS in Sac and LA Counties policy change, to reconcile the May 2021 Medi-Cal Estimate to the Budget Act of 2021.

Funding:

2021-22	TF	GF	FF
100% State General Fund (4260-101-0001)	\$533,000	\$533,000	\$0
100% State General Fund (4260-113-0001)	-\$533,000	-\$533,000	\$0
100% FFP (4260-101-0890)	\$991,000	\$0	\$991,000
100% FFP (4260-113-0890)	-\$991,000	\$0	-\$991,000
Total	\$0	\$0	\$0

May 2021 Medi-Cal Estimate**OTHER ADMINISTRATION
FUNDING SUMMARY**

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

<u>FY 2020-2021 Estimate:</u>	<u>Total Funds</u>	<u>Federal Funds</u>	<u>General Funds</u>	<u>Other State Funds</u>
OTHER ADMINISTRATION				
County Administration	\$2,254,829,000	\$2,232,725,000	(\$708,000)	\$22,812,000
Fiscal Intermediary	\$374,484,000	\$256,194,000	\$118,290,000	\$0
Total Other Administration Tab	\$2,629,313,000	\$2,488,919,000	\$117,582,000	\$22,812,000

Management Summary:

COUNTY ADMINISTRATION	\$4,704,605,000	\$4,096,862,000	\$584,930,000	\$22,812,000
Shown in Other Administration Tab	\$2,254,829,000	\$2,232,725,000	(\$708,000)	\$22,812,000
Shown in County Administration Tab	\$2,449,776,000	\$1,864,137,000	\$585,638,000	\$0
FISCAL INTERMEDIARY	\$374,484,000	\$256,194,000	\$118,290,000	\$0
Shown in Other Administration Tab	\$374,484,000	\$256,194,000	\$118,290,000	\$0

<u>FY 2021-2022 Estimate:</u>	<u>Total Funds</u>	<u>Federal Funds</u>	<u>General Funds</u>	<u>Other State Funds</u>
OTHER ADMINISTRATION				
County Administration	\$2,608,591,000	\$2,359,515,000	\$230,891,000	\$18,185,000
Fiscal Intermediary	\$426,667,000	\$274,039,000	\$152,628,000	\$0
Total Other Administration Tab	\$3,035,258,000	\$2,633,554,000	\$383,519,000	\$18,185,000

Management Summary:

COUNTY ADMINISTRATION	\$5,128,305,000	\$4,220,077,000	\$890,042,000	\$18,185,000
Shown in Other Administration Tab	\$2,608,591,000	\$2,359,515,000	\$230,891,000	\$18,185,000
Shown in County Administration Tab	\$2,519,714,000	\$1,860,562,000	\$659,151,000	\$0
FISCAL INTERMEDIARY	\$426,667,000	\$274,039,000	\$152,628,000	\$0
Shown in Other Administration Tab	\$426,667,000	\$274,039,000	\$152,628,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES
FISCAL YEAR 2021-22**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
	<u>DHCS-OTHER</u>				
1	CCS CASE MANAGEMENT	\$170,612,000	\$110,768,450	\$59,843,550	\$0
2	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$204,027,000	\$204,027,000	\$0	\$0
3	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$150,159,000	\$150,159,000	\$0	\$0
4	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$119,211,000	\$119,211,000	\$0	\$0
5	SMH MAA	\$48,129,000	\$48,129,000	\$0	\$0
6	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	\$46,847,000	\$42,091,000	\$4,756,000	\$0
7	MIS/DSS SYSTEM AND SURS & MARS SUBSYSTEM	\$27,411,000	\$20,184,000	\$7,227,000	\$0
8	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$76,825,000	\$39,065,100	\$37,759,900	\$0
9	ARRA HITECH INCENTIVE PROGRAM	\$33,560,000	\$33,560,000	\$0	\$0
11	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$37,994,000	\$18,404,350	\$19,589,650	\$0
12	CHDP COUNTY ALLOCATION	\$33,962,000	\$22,005,000	\$11,957,000	\$0
13	SMHS COUNTY UR & QA ADMIN	\$34,079,000	\$33,116,000	\$963,000	\$0
14	HEALTH ENROLLMENT NAVIGATORS	\$44,970,000	\$22,485,000	\$22,485,000	\$0
15	POSTAGE & PRINTING	\$27,044,000	\$13,393,500	\$13,650,500	\$0
16	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$9,871,000	\$9,871,000	\$0	\$0
17	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$39,698,000	\$38,927,000	\$771,000	\$0
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$21,104,000	\$10,552,000	\$10,167,000	\$385,000
19	MANAGED CARE REGULATIONS - MH PARITY	\$19,144,000	\$16,409,000	\$2,735,000	\$0
20	HCBA WAIVER ADMINISTRATIVE COST	\$21,566,000	\$10,783,000	\$10,783,000	\$0
21	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$5,606,500	\$0
22	MITA	\$10,624,000	\$9,230,550	\$1,393,450	\$0
23	PAVE SYSTEM	\$12,711,000	\$9,368,900	\$3,342,100	\$0
24	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$4,990,000	\$0
25	CAPMAN	\$8,904,000	\$6,709,800	\$2,194,200	\$0
26	MEDI-CAL RECOVERY CONTRACTS	\$8,305,000	\$6,228,750	\$2,076,250	\$0
27	PASRR	\$6,056,000	\$4,542,000	\$1,514,000	\$0
28	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$7,405,000	\$4,992,500	\$2,412,500	\$0
29	NEWBORN HEARING SCREENING PROGRAM	\$6,131,000	\$3,065,500	\$3,065,500	\$0
30	PERFORMANCE OUTCOMES SYSTEM	\$4,091,000	\$2,199,000	\$1,892,000	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES
FISCAL YEAR 2021-22**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<u>DHCS-OTHER</u>					
31	ELECTRONIC ASSET VERIFICATION PROGRAM	\$5,621,000	\$2,810,500	\$2,810,500	\$0
32	PACES	\$2,798,000	\$2,374,750	\$423,250	\$0
33	MEDCOMPASS SOLUTION	\$3,081,000	\$2,272,700	\$808,300	\$0
34	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$1,162,500	\$0
35	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,589,000	\$794,500	\$794,500	\$0
36	T-MSIS	\$3,101,000	\$2,659,300	\$441,700	\$0
37	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$1,086,300	\$120,700	\$0
38	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$5,453,000	\$3,732,000	\$1,721,000	\$0
39	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,142,000	\$1,142,000	\$0	\$0
40	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$375,000	\$0
41	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$800,000	\$400,000	\$400,000	\$0
43	CCT OUTREACH - ADMINISTRATIVE COSTS	\$340,000	\$340,000	\$0	\$0
44	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	\$4,407,000	\$2,938,000	\$1,469,000	\$0
45	COVID-19 INCREASED FMAP - OTHER ADMIN	\$0	\$1,904,000	(\$1,904,000)	\$0
46	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	\$30,003,000	(\$30,003,000)	\$0
84	MEDI-CAL NONMEDICAL TRANSPORTATION	\$2,704,000	\$1,977,000	\$727,000	\$0
87	LA COUNTY PUBLIC HEALTH NURSING PILOT	\$16,500,000	\$16,500,000	\$0	\$0
88	CALAIM - POPULATION HEALTH MANAGEMENT	\$300,000,000	\$270,000,000	\$30,000,000	\$0
89	BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM	\$10,000,000	\$0	\$10,000,000	\$0
91	RECONCILIATION	\$0	\$0	\$0	\$0
	DHCS-OTHER SUBTOTAL	\$1,613,451,000	\$1,362,545,450	\$250,520,550	\$385,000
48	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$48,420,000	\$35,693,400	\$12,726,600	\$0
49	MEDICAL FI BO & IT COST REIMBURSEMENT	\$44,717,000	\$31,903,050	\$12,813,950	\$0
50	MEDICAL FI BO & IT CHANGE ORDERS	\$28,753,000	\$21,194,600	\$7,558,400	\$0
51	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$30,681,000	\$22,616,200	\$8,064,800	\$0
52	MEDICAL FI BO OTHER ESTIMATED COSTS	\$19,590,000	\$13,709,050	\$5,880,950	\$0
53	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$13,643,000	\$9,560,400	\$4,082,600	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES
FISCAL YEAR 2021-22**

<u>NO.</u>	<u>POLICY CHANGE TITLE</u>	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<u>DHCS-MEDICAL FI</u>					
54	MEDICAL FI BUSINESS OPERATIONS	\$13,072,000	\$9,637,000	\$3,435,000	\$0
55	MEDICAL FI BO HOURLY REIMBURSEMENT	\$10,498,000	\$7,739,050	\$2,758,950	\$0
56	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$2,468,000	\$1,681,950	\$786,050	\$0
	DHCS-MEDICAL FI SUBTOTAL	\$211,842,000	\$153,734,700	\$58,107,300	\$0
<u>DHCS-HEALTH CARE OPT</u>					
58	HCO OPERATIONS 2017 CONTRACT	\$38,280,000	\$19,427,250	\$18,852,750	\$0
59	HCO COST REIMBURSEMENT 2017 CONTRACT	\$17,820,000	\$9,043,650	\$8,776,350	\$0
60	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$17,160,000	\$8,708,700	\$8,451,300	\$0
	DHCS-HEALTH CARE OPT SUBTOTAL	\$73,260,000	\$37,179,600	\$36,080,400	\$0
<u>DHCS-DENTAL FI</u>					
61	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$42,084,000	\$26,905,250	\$15,178,750	\$0
62	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$20,738,000	\$15,026,250	\$5,711,750	\$0
	DHCS-DENTAL FI SUBTOTAL	\$62,822,000	\$41,931,500	\$20,890,500	\$0
<u>OTHER DEPARTMENTS</u>					
64	PERSONAL CARE SERVICES	\$406,386,000	\$406,386,000	\$0	\$0
65	HEALTH-RELATED ACTIVITIES - CDSS	\$319,690,000	\$319,690,000	\$0	\$0
66	CALHEERS DEVELOPMENT	\$116,948,000	\$85,808,200	\$31,139,800	\$0
67	CDDS ADMINISTRATIVE COSTS	\$63,525,000	\$63,525,000	\$0	\$0
68	MATERNAL AND CHILD HEALTH	\$47,668,000	\$47,668,000	\$0	\$0
69	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$41,379,000	(\$13,793,000)	\$13,793,000
70	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$33,047,000	\$33,047,000	\$0	\$0
71	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$16,908,000	\$12,901,000	\$0	\$4,007,000
72	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,890,000	\$4,890,000	\$0	\$0
73	CLPP CASE MANAGEMENT SERVICES	\$8,964,000	\$8,964,000	\$0	\$0
74	CALIFORNIA SMOKERS' HELPLINE	\$2,400,000	\$2,400,000	\$0	\$0
75	VITAL RECORDS	\$891,000	\$883,000	\$8,000	\$0
76	VETERANS BENEFITS	\$1,100,000	\$1,100,000	\$0	\$0

**SUMMARY OF OTHER ADMINISTRATION POLICY CHANGES
FISCAL YEAR 2021-22**

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<u>OTHER DEPARTMENTS</u>					
77	KIT FOR NEW PARENTS	\$1,702,000	\$1,702,000	\$0	\$0
78	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,036,000	\$1,036,000	\$0	\$0
79	CHHS AGENCY HIPAA FUNDING	\$1,022,000	\$1,022,000	\$0	\$0
80	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	\$5,009,000	\$5,009,000	\$0	\$0
81	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$95,000	\$0
82	CDPH I&E PROGRAM AND EVALUATION	\$187,000	\$187,000	\$0	\$0
83	PIA EYEWEAR COURIER SERVICE	\$941,000	\$470,500	\$470,500	\$0
	OTHER DEPARTMENTS SUBTOTAL	\$1,073,883,000	\$1,038,162,700	\$17,920,300	
	GRAND TOTAL	\$3,035,258,000	\$2,633,553,950	\$383,519,050	

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-OTHER</u>						
1	1	CCS CASE MANAGEMENT	\$175,865,000	\$60,497,650	\$170,612,000	\$59,843,550	(\$5,253,000)	(\$654,100)
2	2	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$188,941,000	\$0	\$204,027,000	\$0	\$15,086,000	\$0
3	3	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$143,285,000	\$0	\$150,159,000	\$0	\$6,874,000	\$0
4	4	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$118,970,000	\$0	\$119,211,000	\$0	\$241,000	\$0
5	5	SMH MAA	\$57,757,000	\$0	\$48,129,000	\$0	(\$9,628,000)	\$0
6	6	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	\$11,343,000	\$1,153,000	\$46,847,000	\$4,756,000	\$35,504,000	\$3,603,000
7	7	MIS/DSS SYSTEM AND SURS & MARS SUBSYSTEM	\$27,411,000	\$7,227,000	\$27,411,000	\$7,227,000	\$0	\$0
8	8	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$84,311,000	\$15,417,850	\$76,825,000	\$37,759,900	(\$7,486,000)	\$22,342,050
9	9	ARRA HITECH INCENTIVE PROGRAM	\$12,930,000	\$0	\$33,560,000	\$0	\$20,630,000	\$0
11	11	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$39,902,000	\$19,656,850	\$37,994,000	\$19,589,650	(\$1,908,000)	(\$67,200)
12	12	CHDP COUNTY ALLOCATION	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0
13	13	SMHS COUNTY UR & QA ADMIN	\$35,030,000	\$964,000	\$34,079,000	\$963,000	(\$951,000)	(\$1,000)
14	14	HEALTH ENROLLMENT NAVIGATORS	\$30,744,000	\$15,372,000	\$44,970,000	\$22,485,000	\$14,226,000	\$7,113,000
15	15	POSTAGE & PRINTING	\$27,600,000	\$13,928,500	\$27,044,000	\$13,650,500	(\$556,000)	(\$278,000)
16	16	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$10,695,000	\$0	\$9,871,000	\$0	(\$824,000)	\$0
17	17	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$21,470,000	\$1,027,000	\$39,698,000	\$771,000	\$18,228,000	(\$256,000)
18	18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$21,104,000	\$10,291,000	\$21,104,000	\$10,167,000	\$0	(\$124,000)
19	19	MANAGED CARE REGULATIONS - MH PARITY	\$19,155,000	\$2,737,000	\$19,144,000	\$2,735,000	(\$11,000)	(\$2,000)
20	20	HCBA WAIVER ADMINISTRATIVE COST	\$15,670,000	\$7,835,000	\$21,566,000	\$10,783,000	\$5,896,000	\$2,948,000
21	21	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
22	22	MITA	\$11,405,000	\$1,492,250	\$10,624,000	\$1,393,450	(\$781,000)	(\$98,800)
23	23	PAVE SYSTEM	\$11,234,000	\$2,953,750	\$12,711,000	\$3,342,100	\$1,477,000	\$388,350

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<u>DHCS-OTHER</u>						
24	24	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
25	25	CAPMAN	\$8,904,000	\$2,194,200	\$8,904,000	\$2,194,200	\$0	\$0
26	26	MEDI-CAL RECOVERY CONTRACTS	\$9,177,000	\$2,294,250	\$8,305,000	\$2,076,250	(\$872,000)	(\$218,000)
27	27	PASRR	\$6,056,000	\$1,514,000	\$6,056,000	\$1,514,000	\$0	\$0
28	28	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$6,139,000	\$1,784,750	\$7,405,000	\$2,412,500	\$1,266,000	\$627,750
29	29	NEWBORN HEARING SCREENING PROGRAM	\$6,131,000	\$3,065,500	\$6,131,000	\$3,065,500	\$0	\$0
30	30	PERFORMANCE OUTCOMES SYSTEM	\$3,270,000	\$1,418,500	\$4,091,000	\$1,892,000	\$821,000	\$473,500
31	31	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,960,000	\$1,980,000	\$5,621,000	\$2,810,500	\$1,661,000	\$830,500
32	32	PACES	\$2,850,000	\$429,700	\$2,798,000	\$423,250	(\$52,000)	(\$6,450)
33	33	MEDCOMPASS SOLUTION	\$2,736,000	\$704,450	\$3,081,000	\$808,300	\$345,000	\$103,850
34	34	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
35	35	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,920,000	\$960,000	\$1,589,000	\$794,500	(\$331,000)	(\$165,500)
36	36	T-MSIS	\$3,349,000	\$472,650	\$3,101,000	\$441,700	(\$248,000)	(\$30,950)
37	37	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$120,700	\$1,207,000	\$120,700	\$0	\$0
38	38	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$981,000	\$285,000	\$5,453,000	\$1,721,000	\$4,472,000	\$1,436,000
39	39	CALIFORNIA HEALTH INTERVIEW SURVEY	\$1,100,000	\$0	\$1,142,000	\$0	\$42,000	\$0
40	40	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
41	41	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$800,000	\$400,000	\$800,000	\$400,000	\$0	\$0
43	43	CCT OUTREACH - ADMINISTRATIVE COSTS	\$360,000	\$0	\$340,000	\$0	(\$20,000)	\$0
44	44	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	\$4,407,000	\$1,469,000	\$4,407,000	\$1,469,000	\$0	\$0
45	45	COVID-19 INCREASED FMAP - OTHER ADMIN	\$0	(\$365,000)	\$0	(\$1,904,000)	\$0	(\$1,539,000)

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>DHCS-OTHER</u>								
46	46	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	(\$216,398,000)	\$0	(\$30,003,000)	\$0	\$186,395,000
84	84	MEDI-CAL NONMEDICAL TRANSPORTATION	\$1,704,000	\$477,000	\$2,704,000	\$727,000	\$1,000,000	\$250,000
--	87	LA COUNTY PUBLIC HEALTH NURSING PILOT	\$0	\$0	\$16,500,000	\$0	\$16,500,000	\$0
--	88	CALAIM - POPULATION HEALTH MANAGEMENT	\$0	\$0	\$300,000,000	\$30,000,000	\$300,000,000	\$30,000,000
--	89	BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
--	91	RECONCILIATION	\$0	\$0	\$0	\$0	\$0	\$0
86	--	COVID-19 INCREASED FMAP EXTENSION - OTHER ADMIN	\$0	(\$1,556,000)	\$0	\$0	\$0	\$1,556,000
DHCS-OTHER SUBTOTAL			\$1,188,103,000	(\$14,105,450)	\$1,613,451,000	\$250,520,550	\$425,348,000	\$264,626,000
<u>DHCS-MEDICAL FI</u>								
48	48	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$45,517,000	\$11,963,700	\$48,420,000	\$12,726,600	\$2,903,000	\$762,900
49	49	MEDICAL FI BO & IT COST REIMBURSEMENT	\$43,739,000	\$12,488,350	\$44,717,000	\$12,813,950	\$978,000	\$325,600
50	50	MEDICAL FI BO & IT CHANGE ORDERS	\$33,028,000	\$8,682,450	\$28,753,000	\$7,558,400	(\$4,275,000)	(\$1,124,050)
51	51	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$29,588,000	\$7,777,150	\$30,681,000	\$8,064,800	\$1,093,000	\$287,650
52	52	MEDICAL FI BO OTHER ESTIMATED COSTS	\$19,400,000	\$5,825,300	\$19,590,000	\$5,880,950	\$190,000	\$55,650
53	53	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$13,509,000	\$4,043,550	\$13,643,000	\$4,082,600	\$134,000	\$39,050
54	54	MEDICAL FI BUSINESS OPERATIONS	\$12,947,000	\$3,403,300	\$13,072,000	\$3,435,000	\$125,000	\$31,700
55	55	MEDICAL FI BO HOURLY REIMBURSEMENT	\$10,309,000	\$2,709,900	\$10,498,000	\$2,758,950	\$189,000	\$49,050
56	56	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$2,468,000	\$786,050	\$2,468,000	\$786,050	\$0	\$0
DHCS-MEDICAL FI SUBTOTAL			\$210,505,000	\$57,679,750	\$211,842,000	\$58,107,300	\$1,337,000	\$427,550

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>DHCS-HEALTH CARE OPT</u>								
58	58	HCO OPERATIONS 2017 CONTRACT	\$40,836,000	\$20,111,700	\$38,280,000	\$18,852,750	(\$2,556,000)	(\$1,258,950)
59	59	HCO COST REIMBURSEMENT 2017 CONTRACT	\$20,646,000	\$10,168,200	\$17,820,000	\$8,776,350	(\$2,826,000)	(\$1,391,850)
60	60	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$14,720,000	\$7,249,600	\$17,160,000	\$8,451,300	\$2,440,000	\$1,201,700
DHCS-HEALTH CARE OPT SUBTOTAL			\$76,202,000	\$37,529,500	\$73,260,000	\$36,080,400		(\$1,449,100)
<u>DHCS-DENTAL FI</u>								
61	61	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$47,467,000	\$16,908,500	\$42,084,000	\$15,178,750	(\$5,383,000)	(\$1,729,750)
62	62	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$21,942,000	\$6,137,000	\$20,738,000	\$5,711,750	(\$1,204,000)	(\$425,250)
DHCS-DENTAL FI SUBTOTAL			\$69,409,000	\$23,045,500	\$62,822,000	\$20,890,500		(\$2,155,000)
<u>OTHER DEPARTMENTS</u>								
64	64	PERSONAL CARE SERVICES	\$404,661,000	\$0	\$406,386,000	\$0	\$1,725,000	\$0
65	65	HEALTH-RELATED ACTIVITIES - CDSS	\$300,852,000	\$0	\$319,690,000	\$0	\$18,838,000	\$0
66	66	CALHEERS DEVELOPMENT	\$116,227,000	\$27,039,340	\$116,948,000	\$31,139,800	\$721,000	\$4,100,460
67	67	CDDS ADMINISTRATIVE COSTS	\$66,507,000	\$0	\$63,525,000	\$0	(\$2,982,000)	\$0
68	68	MATERNAL AND CHILD HEALTH	\$47,668,000	\$0	\$47,668,000	\$0	\$0	\$0
69	69	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	\$0	\$41,379,000	(\$13,793,000)	\$0	(\$13,793,000)
70	70	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$28,378,000	\$0	\$33,047,000	\$0	\$4,669,000	\$0
71	71	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$18,296,000	\$0	\$16,908,000	\$0	(\$1,388,000)	\$0
72	72	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$4,700,000	\$0	\$4,890,000	\$0	\$190,000	\$0
73	73	CLPP CASE MANAGEMENT SERVICES	\$4,200,000	\$0	\$8,964,000	\$0	\$4,764,000	\$0
74	74	CALIFORNIA SMOKERS' HELPLINE	\$2,400,000	\$0	\$2,400,000	\$0	\$0	\$0
75	75	VITAL RECORDS	\$890,000	\$8,000	\$891,000	\$8,000	\$1,000	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
MAY 2021 ESTIMATE COMPARED TO NOVEMBER 2020 ESTIMATE
FISCAL YEAR 2021-22**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2020 EST. FOR 2021-22		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>OTHER DEPARTMENTS</u>								
76	76	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0
77	77	KIT FOR NEW PARENTS	\$912,000	\$0	\$1,702,000	\$0	\$790,000	\$0
78	78	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,036,000	\$0	\$1,036,000	\$0	\$0	\$0
79	79	CHHS AGENCY HIPAA FUNDING	\$1,022,000	\$0	\$1,022,000	\$0	\$0	\$0
80	80	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	\$5,009,000	\$0	\$5,009,000	\$0	\$0	\$0
81	81	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$190,000	\$95,000	\$0	\$0
82	82	CDPH I&E PROGRAM AND EVALUATION	\$187,000	\$0	\$187,000	\$0	\$0	\$0
83	83	PIA EYEWEAR COURIER SERVICE	\$814,000	\$407,000	\$941,000	\$470,500	\$127,000	\$63,500
		OTHER DEPARTMENTS SUBTOTAL	\$1,046,428,000	\$27,549,340	\$1,073,883,000	\$17,920,300	\$27,455,000	(\$9,629,040)
		OTHER ADMINISTRATION TOTAL	\$2,590,647,000	\$131,698,640	\$3,035,258,000	\$383,519,050	\$444,611,000	\$251,820,400
		GRAND TOTAL COUNTY AND OTHER ADMINISTRATION	\$5,025,505,000	\$777,894,140	\$5,554,971,000	\$1,042,670,300	\$529,466,000	\$264,776,160

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-OTHER</u>						
1	CCS CASE MANAGEMENT	\$172,278,000	\$60,089,630	\$170,612,000	\$59,843,550	(\$1,666,000)	(\$246,080)
2	COUNTY SPECIALTY MENTAL HEALTH ADMIN	\$192,776,000	\$0	\$204,027,000	\$0	\$11,251,000	\$0
3	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$146,295,000	(\$65,000)	\$150,159,000	\$0	\$3,864,000	\$65,000
4	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	\$126,083,000	\$0	\$119,211,000	\$0	(\$6,872,000)	\$0
5	SMH MAA	\$42,837,000	\$0	\$48,129,000	\$0	\$5,292,000	\$0
6	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	\$4,403,000	\$474,000	\$46,847,000	\$4,756,000	\$42,444,000	\$4,282,000
7	MIS/DSS SYSTEM AND SURS & MARS SUBSYSTEM	\$38,448,000	\$5,172,560	\$27,411,000	\$7,227,000	(\$11,037,000)	\$2,054,440
8	MEDI-CAL RX - ADMINISTRATIVE COSTS	\$31,657,000	\$14,301,050	\$76,825,000	\$37,759,900	\$45,168,000	\$23,458,850
9	ARRA HITECH INCENTIVE PROGRAM	\$16,466,000	\$0	\$33,560,000	\$0	\$17,094,000	\$0
10	INTERIM AND FINAL COST SETTLEMENTS-SMHS	\$80,492,000	\$0	\$0	\$0	(\$80,492,000)	\$0
11	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	\$28,836,000	\$10,888,610	\$37,994,000	\$19,589,650	\$9,158,000	\$8,701,040
12	CHDP COUNTY ALLOCATION	\$33,962,000	\$11,957,000	\$33,962,000	\$11,957,000	\$0	\$0
13	SMHS COUNTY UR & QA ADMIN	\$33,105,000	\$963,000	\$34,079,000	\$963,000	\$974,000	\$0
14	HEALTH ENROLLMENT NAVIGATORS	\$9,766,000	\$4,883,000	\$44,970,000	\$22,485,000	\$35,204,000	\$17,602,000
15	POSTAGE & PRINTING	\$26,544,000	\$13,400,500	\$27,044,000	\$13,650,500	\$500,000	\$250,000
16	DRUG MEDI-CAL COUNTY UR & QA ADMIN	\$16,254,000	\$0	\$9,871,000	\$0	(\$6,383,000)	\$0
17	DRUG MEDI-CAL COUNTY ADMINISTRATION	\$38,542,000	\$243,000	\$39,698,000	\$771,000	\$1,156,000	\$528,000
18	ACTUARIAL COSTS FOR RATE DEVELOPMENT	\$19,706,000	\$9,434,500	\$21,104,000	\$10,167,000	\$1,398,000	\$732,500
19	MANAGED CARE REGULATIONS - MH PARITY	\$19,144,000	\$2,735,000	\$19,144,000	\$2,735,000	\$0	\$0
20	HCBA WAIVER ADMINISTRATIVE COST	\$14,326,000	\$7,163,000	\$21,566,000	\$10,783,000	\$7,240,000	\$3,620,000
21	CCI-ADMINISTRATIVE COSTS	\$11,213,000	\$5,606,500	\$11,213,000	\$5,606,500	\$0	\$0
22	MITA	\$11,002,000	\$1,427,560	\$10,624,000	\$1,393,450	(\$378,000)	(\$34,120)
23	PAVE SYSTEM	\$10,266,000	(\$3,858,600)	\$12,711,000	\$3,342,100	\$2,445,000	\$7,200,700

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<u>DHCS-OTHER</u>						
24	LITIGATION RELATED SERVICES	\$9,980,000	\$4,990,000	\$9,980,000	\$4,990,000	\$0	\$0
25	CAPMAN	\$8,324,000	\$2,172,940	\$8,904,000	\$2,194,200	\$580,000	\$21,260
26	MEDI-CAL RECOVERY CONTRACTS	\$7,150,000	\$1,787,500	\$8,305,000	\$2,076,250	\$1,155,000	\$288,750
27	PASRR	\$3,441,000	\$860,250	\$6,056,000	\$1,514,000	\$2,615,000	\$653,750
28	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	\$6,190,000	\$1,805,000	\$7,405,000	\$2,412,500	\$1,215,000	\$607,500
29	NEWBORN HEARING SCREENING PROGRAM	\$6,131,000	\$3,065,500	\$6,131,000	\$3,065,500	\$0	\$0
30	PERFORMANCE OUTCOMES SYSTEM	\$6,331,000	\$2,928,000	\$4,091,000	\$1,892,000	(\$2,240,000)	(\$1,036,000)
31	ELECTRONIC ASSET VERIFICATION PROGRAM	\$3,960,000	\$1,980,000	\$5,621,000	\$2,810,500	\$1,661,000	\$830,500
32	PACES	\$2,841,000	\$411,800	\$2,798,000	\$423,250	(\$43,000)	\$11,440
33	MEDCOMPASS SOLUTION	\$2,206,000	(\$364,420)	\$3,081,000	\$808,300	\$875,000	\$1,172,720
34	SDMC SYSTEM M&O SUPPORT	\$2,325,000	\$1,162,500	\$2,325,000	\$1,162,500	\$0	\$0
35	SSA COSTS FOR HEALTH COVERAGE INFO.	\$1,074,000	\$537,000	\$1,589,000	\$794,500	\$515,000	\$257,500
36	T-MSIS	\$335,000	\$88,250	\$3,101,000	\$441,700	\$2,766,000	\$353,450
37	FAMILY PACT PROGRAM ADMIN.	\$1,207,000	\$120,700	\$1,207,000	\$120,700	\$0	\$0
38	MANAGED CARE REGULATIONS - MENTAL HEALTH	\$8,246,000	\$2,565,000	\$5,453,000	\$1,721,000	(\$2,793,000)	(\$844,000)
39	CALIFORNIA HEALTH INTERVIEW SURVEY	\$936,000	\$0	\$1,142,000	\$0	\$206,000	\$0
40	ENCRYPTION OF PHI DATA	\$750,000	\$375,000	\$750,000	\$375,000	\$0	\$0
41	MMA - DSH ANNUAL INDEPENDENT AUDIT	\$522,000	\$261,000	\$800,000	\$400,000	\$278,000	\$139,000
42	LTSS ACTUARIAL STUDY	\$423,000	\$423,000	\$0	\$0	(\$423,000)	(\$423,000)
43	CCT OUTREACH - ADMINISTRATIVE COSTS	\$340,000	\$0	\$340,000	\$0	\$0	\$0
44	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	\$0	\$0	\$4,407,000	\$1,469,000	\$4,407,000	\$1,469,000
45	COVID-19 INCREASED FMAP - OTHER ADMIN	\$0	(\$2,331,000)	\$0	(\$1,904,000)	\$0	\$427,000
46	CMS DEFERRED CLAIMS - OTHER ADMIN	\$0	(\$180,882,000)	\$0	(\$30,003,000)	\$0	\$150,879,000
84	MEDI-CAL NONMEDICAL TRANSPORTATION	\$675,000	\$168,750	\$2,704,000	\$727,000	\$2,029,000	\$558,250
87	LA COUNTY PUBLIC HEALTH NURSING PILOT	\$0	\$0	\$16,500,000	\$0	\$16,500,000	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>DHCS-OTHER</u>							
88	CALAIM - POPULATION HEALTH MANAGEMENT	\$0	\$0	\$300,000,000	\$30,000,000	\$300,000,000	\$30,000,000
89	BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
91	RECONCILIATION	\$0	\$0	\$0	\$0	\$0	\$0
	DHCS-OTHER SUBTOTAL	\$1,197,788,000	(\$13,059,920)	\$1,613,451,000	\$250,520,550	\$415,663,000	\$263,580,470
<u>DHCS-MEDICAL FI</u>							
48	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	\$54,602,000	\$14,073,780	\$48,420,000	\$12,726,600	(\$6,182,000)	(\$1,347,180)
49	MEDICAL FI BO & IT COST REIMBURSEMENT	\$46,365,000	\$13,012,060	\$44,717,000	\$12,813,950	(\$1,648,000)	(\$198,110)
50	MEDICAL FI BO & IT CHANGE ORDERS	\$35,842,000	\$9,236,650	\$28,753,000	\$7,558,400	(\$7,089,000)	(\$1,678,250)
51	MEDICAL FI IT INFRASTRUCTURE SERVICES	\$34,920,000	\$9,001,150	\$30,681,000	\$8,064,800	(\$4,239,000)	(\$936,350)
52	MEDICAL FI BO OTHER ESTIMATED COSTS	\$23,802,000	\$7,012,610	\$19,590,000	\$5,880,950	(\$4,212,000)	(\$1,131,660)
53	MEDICAL FI BO TELEPHONE SERVICE CENTER	\$16,266,000	\$4,784,270	\$13,643,000	\$4,082,600	(\$2,623,000)	(\$701,670)
54	MEDICAL FI BUSINESS OPERATIONS	\$15,642,000	\$4,030,990	\$13,072,000	\$3,435,000	(\$2,570,000)	(\$595,990)
55	MEDICAL FI BO HOURLY REIMBURSEMENT	\$11,030,000	\$2,843,320	\$10,498,000	\$2,758,950	(\$532,000)	(\$84,360)
56	MEDICAL FI BO MISCELLANEOUS EXPENSES	\$2,468,000	\$774,160	\$2,468,000	\$786,050	\$0	\$11,880
57	CMS DEFERRED CLAIMS - FI	\$0	\$833,000	\$0	\$0	\$0	(\$833,000)
	DHCS-MEDICAL FI SUBTOTAL	\$240,937,000	\$65,602,000	\$211,842,000	\$58,107,300	(\$29,095,000)	(\$7,494,700)
<u>DHCS-HEALTH CARE OPT</u>							
58	HCO OPERATIONS 2017 CONTRACT	\$31,937,000	\$15,682,950	\$38,280,000	\$18,852,750	\$6,343,000	\$3,169,800
59	HCO COST REIMBURSEMENT 2017 CONTRACT	\$14,772,000	\$7,253,880	\$17,820,000	\$8,776,350	\$3,048,000	\$1,522,480
60	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT	\$15,045,000	\$7,388,080	\$17,160,000	\$8,451,300	\$2,115,000	\$1,063,220
	DHCS-HEALTH CARE OPT SUBTOTAL	\$61,754,000	\$30,324,900	\$73,260,000	\$36,080,400	\$11,506,000	\$5,755,500

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>DHCS-DENTAL FI</u>							
61	DENTAL ASO ADMINISTRATION 2016 CONTRACT	\$34,100,000	\$12,293,500	\$42,084,000	\$15,178,750	\$7,984,000	\$2,885,250
62	DENTAL FI ADMINISTRATION 2016 CONTRACT	\$20,033,000	\$5,542,500	\$20,738,000	\$5,711,750	\$705,000	\$169,250
	DHCS-DENTAL FI SUBTOTAL	\$54,133,000	\$17,836,000	\$62,822,000	\$20,890,500	\$8,689,000	\$3,054,500
<u>OTHER DEPARTMENTS</u>							
64	PERSONAL CARE SERVICES	\$398,632,000	\$0	\$406,386,000	\$0	\$7,754,000	\$0
65	HEALTH-RELATED ACTIVITIES - CDSS	\$302,557,000	\$0	\$319,690,000	\$0	\$17,133,000	\$0
66	CALHEERS DEVELOPMENT	\$128,609,000	\$30,245,640	\$116,948,000	\$31,139,800	(\$11,661,000)	\$894,160
67	CDDS ADMINISTRATIVE COSTS	\$72,981,000	\$0	\$63,525,000	\$0	(\$9,456,000)	\$0
68	MATERNAL AND CHILD HEALTH	\$51,251,000	\$0	\$47,668,000	\$0	(\$3,583,000)	\$0
69	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN	\$41,379,000	(\$13,793,000)	\$41,379,000	(\$13,793,000)	\$0	\$0
70	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	\$31,821,000	\$0	\$33,047,000	\$0	\$1,226,000	\$0
71	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	\$29,036,000	\$0	\$16,908,000	\$0	(\$12,128,000)	\$0
72	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	\$5,770,000	\$0	\$4,890,000	\$0	(\$880,000)	\$0
73	CLPP CASE MANAGEMENT SERVICES	\$2,300,000	\$0	\$8,964,000	\$0	\$6,664,000	\$0
74	CALIFORNIA SMOKERS' HELPLINE	\$3,293,000	\$0	\$2,400,000	\$0	(\$893,000)	\$0
75	VITAL RECORDS	\$1,313,000	\$5,000	\$891,000	\$8,000	(\$422,000)	\$3,000
76	VETERANS BENEFITS	\$1,100,000	\$0	\$1,100,000	\$0	\$0	\$0
77	KIT FOR NEW PARENTS	\$449,000	\$0	\$1,702,000	\$0	\$1,253,000	\$0
78	MEDI-CAL INPATIENT SERVICES FOR INMATES	\$1,036,000	\$0	\$1,036,000	\$0	\$0	\$0
79	CHHS AGENCY HIPAA FUNDING	\$1,004,000	\$0	\$1,022,000	\$0	\$18,000	\$0
80	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	\$1,050,000	\$0	\$5,009,000	\$0	\$3,959,000	\$0
81	MERIT SYSTEM SERVICES FOR COUNTIES	\$190,000	\$95,000	\$190,000	\$95,000	\$0	\$0

**COMPARISON OF FISCAL IMPACTS OF OTHER ADMINISTRATION POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2020-21 AND 2021-22**

NO.	POLICY CHANGE TITLE	MAY 2021 EST. FOR 2020-21		MAY 2021 EST. FOR 2021-22		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<u>OTHER DEPARTMENTS</u>							
82	CDPH I&E PROGRAM AND EVALUATION	\$277,000	\$0	\$187,000	\$0	(\$90,000)	\$0
83	PIA EYEWEAR COURIER SERVICE	\$653,000	\$326,500	\$941,000	\$470,500	\$288,000	\$144,000
	OTHER DEPARTMENTS SUBTOTAL	\$1,074,701,000	\$16,879,140	\$1,073,883,000	\$17,920,300	(\$818,000)	\$1,041,160
	OTHER ADMINISTRATION TOTAL	\$2,629,313,000	\$117,582,120	\$3,035,258,000	\$383,519,050	\$405,945,000	\$265,936,940
	GRAND TOTAL COUNTY AND OTHER ADMINISTRATION	\$5,079,088,000	\$703,220,120	\$5,554,971,000	\$1,042,670,300	\$475,883,000	\$339,450,180

MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

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

MEDI-CAL OTHER ADMINISTRATION POLICY CHANGE INDEX

POLICY CHANGE NUMBER	POLICY CHANGE TITLE
	<u>DHCS-OTHER</u>
39	CALIFORNIA HEALTH INTERVIEW SURVEY
40	ENCRYPTION OF PHI DATA
41	MMA - DSH ANNUAL INDEPENDENT AUDIT
42	LTSS ACTUARIAL STUDY
43	CCT OUTREACH - ADMINISTRATIVE COSTS
44	DRUG MEDI-CAL PARITY RULE ADMINISTRATION
45	COVID-19 INCREASED FMAP - OTHER ADMIN
46	CMS DEFERRED CLAIMS - OTHER ADMIN
84	MEDI-CAL NONMEDICAL TRANSPORTATION
87	LA COUNTY PUBLIC HEALTH NURSING PILOT
88	CALAIM - POPULATION HEALTH MANAGEMENT
89	BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM
91	RECONCILIATION
	<u>DHCS-MEDICAL FI</u>
48	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES
49	MEDICAL FI BO & IT COST REIMBURSEMENT
50	MEDICAL FI BO & IT CHANGE ORDERS
51	MEDICAL FI IT INFRASTRUCTURE SERVICES
52	MEDICAL FI BO OTHER ESTIMATED COSTS
53	MEDICAL FI BO TELEPHONE SERVICE CENTER
54	MEDICAL FI BUSINESS OPERATIONS
55	MEDICAL FI BO HOURLY REIMBURSEMENT
56	MEDICAL FI BO MISCELLANEOUS EXPENSES
57	CMS DEFERRED CLAIMS - FI
	<u>DHCS-HEALTH CARE OPT</u>
58	HCO OPERATIONS 2017 CONTRACT
59	HCO COST REIMBURSEMENT 2017 CONTRACT
60	HCO ESR HOURLY REIMBURSEMENT 2017 CONTRACT
	<u>DHCS-DENTAL FI</u>
61	DENTAL ASO ADMINISTRATION 2016 CONTRACT
62	DENTAL FI ADMINISTRATION 2016 CONTRACT
	<u>OTHER DEPARTMENTS</u>
64	PERSONAL CARE SERVICES
65	HEALTH-RELATED ACTIVITIES - CDSS

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

<u>POLICY CHANGE NUMBER</u>	<u>POLICY CHANGE TITLE</u>
	<u>OTHER DEPARTMENTS</u>
66	CALHEERS DEVELOPMENT
67	CDDS ADMINISTRATIVE COSTS
68	MATERNAL AND CHILD HEALTH
69	HEALTH OVERSIGHT & COORD. FOR FOSTER CARE CHILDREN
70	DEPARTMENT OF SOCIAL SERVICES ADMIN COST
71	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS
72	DEPARTMENT OF AGING ADMINISTRATIVE COSTS
73	CLPP CASE MANAGEMENT SERVICES
74	CALIFORNIA SMOKERS' HELPLINE
75	VITAL RECORDS
76	VETERANS BENEFITS
77	KIT FOR NEW PARENTS
78	MEDI-CAL INPATIENT SERVICES FOR INMATES
79	CHHS AGENCY HIPAA FUNDING
80	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG
81	MERIT SYSTEM SERVICES FOR COUNTIES
82	CDPH I&E PROGRAM AND EVALUATION
83	PIA EYEWEAR COURIER SERVICE

OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS

OTHER ADMIN. POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 1/2013
ANALYST: Sabrina Blank
FISCAL REFERENCE NUMBER: 1748

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
TOTAL FUNDS	\$28,836,000	\$37,994,000
STATE FUNDS	\$10,888,610	\$19,589,650
FEDERAL FUNDS	\$17,947,390	\$18,404,350

Purpose:

This policy change estimates the contract costs and other administrative vendor services for the Optional Targeted Low Income Children Program (OTLICP), Medi-Cal Access Program (MCAP), and Medi-Cal special populations.

Authority:

AB 1494 (Chapter 28, Statutes of 2012)
 Health Services Advisory Group, Inc. Contract 20-10359
 Maximus Contract 12-89315 A06

Interdependent Policy Changes:

COVID-19 Increased FMAP – Other Admin

Background:

Effective January 1, 2013, the Managed Risk Medical Insurance Board (MRMIB) contracted with MAXIMUS for Single Point of Entry (SPE) application services and other administrative vendor services for the Healthy Families Program (HFP), Access for Infants and Mothers (AIM) and Child Health and Disability Prevention (CHDP) Gateway.

HFP subscribers began transitioning into Medi-Cal as OTLICP starting January 1, 2013. Completed applications were sent to the SPE for screening and forwarded to the county welfare departments (CWD) for a Medi-Cal eligibility determination for the children's percent programs or to the new OTLICP.

The AIM infants above 250% of the federal poverty level began transitioning into Medi-Cal Access Infants Program beginning November 1, 2013, through February 1, 2014. The AIM Program was transitioned from MRMIB to the Department as of July 1, 2014, and renamed MCAP.

The Department instructed MAXIMUS to close out SPE for HFP and CHDP Gateway effective as of January 1, 2014, and to refer applicants to the application portal and toll-free line at Covered California. Maximus completed the shutdown process in FY 2013-14.

Effective July 1, 2014, all MRMIB programs, including the MAXIMUS contract, transitioned to the Department. Since the transition, MAXIMUS has provided administrative vendor services for MCAP and OTLICP. Due to application availability in the community, Maximus forwards any HFP applications it receives to the appropriate CWDs for a determination without the benefit of screening for accelerated enrollment.

OTLIP, MCAP, SPECIAL POPULATIONS ADMIN COSTS

OTHER ADMIN. POLICY CHANGE NUMBER: 11

The Department transitioned the HFP and Children's Health Insurance Program (CHIP) into the Medi-Cal program in September 2013. The Title XXI CHIP program requires the State to contract with an External Quality Review Organization (EQRO) to validate performance measures, evaluate performance improvement projects, conduct focus studies, monitor encounter data activities, conduct an annual survey, and perform other EQRO activities for the duration of the contract. In July 2014, the Department became responsible for having the EQRO conduct the annual survey and other EQRO activities under the terms of the contract.

Administrative vendor services include costs for the following services: application processing, call center rate per minute, transaction forwarding fee, processing letters and notices, printing and courier fees, and implementation costs. Effective January 2017, administrative costs include publication costs for Medi-Cal special populations. Publication costs include developing, editing, updating, and performing readability evaluation of beneficiary materials as well as translation, printing, mailing, shipping, and focus group testing services that were previously budgeted in the HCO Cost Reimbursement policy change. No sooner than July 1, 2022, DHCS will look to include contract support to conduct field testing of Medi-Cal materials into other threshold languages for cultural accuracy and appropriateness.

Effective October 1, 2019, the Department transitioned the administrative functions for the County Children Health Initiative Program (CCHIP) to the state's administrative vendor, MAXIMUS. These administrative functions include case management and premium collection for CCHIP. The additional costs for the increased scope of work is budgeted through the current MAXIMUS contract through this policy change.

The Governor's Proposed Budget (2020-2021) proposes to create a state program to assist families with the cost of hearing aids and related services for children without health insurance coverage for hearing aids in households with incomes up to 600 percent of the federal poverty level. The Department is anticipating on leveraging administrative vendor services through the existing vendor to administer this program.

Reason for Change:

The change in FY 2020-21 and FY 2021-22, from the prior estimate, is a decrease primarily due to an expected decrease in overall contract costs. The change from FY 2020-21 to FY 2021-22, in the current estimate, is an increase due to the addition of the Hearing Aids program and Field Testing Contract Support in FY 2021-22. The increase includes a one-time only startup costs and a projected annual cost for ongoing costs.

Methodology:

1. This estimate is based on an average of actual usage and processing of the applications, postage, and vendor contract rates and services.
2. Contract costs are eligible for Title XXI 76.5/23.5 FMAP, Title XXI 65/35 FMAP, and Title XIX 50/50 FMAP. The EQRO contract cost is eligible for Title XIX 50/50 FMAP only. Hearing Aids costs are eligible for 100% GF.
3. Administrative vendor services costs are eligible for Title XIX 50/50 FMAP.
4. Contract costs and administrative vendor service costs by program are as follows:

OTLIPC, MCAP, SPECIAL POPULATIONS ADMIN COSTS
OTHER ADMIN. POLICY CHANGE NUMBER: 11

(Dollars in Thousands)

Program	FY 2020-21	FY 2021-22
OTLIPC	\$19,311	\$17,882
MCAP	\$2,911	\$4,660
Medi-Cal Special Populations	\$2,196	\$2,500
CCHIP	\$4,418	\$4,241
Hearing Aids	\$0	\$6,711
Field Testing Contract Support	\$0	\$2,000

5. Contract costs and administrative vendor service costs by cost category are as follows:

(Dollars in Thousands)

FY 2020-21	TF	GF	FF
Contract Costs	\$20,475	\$6,708	\$13,767
Applications Processing, Printing and Courier Services, Letters and Notices, Transaction Forwarding Fee	\$2,217	\$1,109	\$1,109
Call Minute Rate per Minute	\$3,948	\$1,974	\$1,974
Implementation Costs	\$0	\$0	\$0
Special Populations Publications	\$2,196	\$1,098	\$1,098
Total	\$28,836	\$10,889	\$17,947

FY 2021-22	TF	GF	FF
Contract Costs	\$19,149	\$6,811	\$12,338
Applications Processing, Printing and Courier Services, Letters and Notices, Transaction Forwarding Fee, Pregnancy Materials	\$1,988	\$994	\$994
Call Minute Rate per Minute	\$3,646	\$1,823	\$1,823
Implementation Costs	\$2,000	\$1,000	\$1,000
Special Populations Publications	\$2,500	\$1,250	\$1,250
Hearing Aids	\$6,711	\$6,711	\$0
Field Testing Contract Support	\$2,000	\$1,000	\$1,000
Total	\$37,994	\$19,589	\$18,405

*Totals may differ due to rounding.

OTLIPC, MCAP, SPECIAL POPULATIONS ADMIN COSTS
OTHER ADMIN. POLICY CHANGE NUMBER: 11

Funding:

(Dollars in Thousands)

FY 2020-21	TF	GF	FF
50% Title XIX / 50% GF (4260-101-0890/0001)	\$9,091	\$4,546	\$4,546
76.5% Title XXI / 23.5% GF (4260-113-0890/0001)	\$4,936	\$1,160	\$3,776
65% Title XXI / 35% GF (4260-113-0890/0001)	\$14,809	\$5,183	\$9,626
Total	\$28,836	\$10,889	\$17,947

FY 2021-22	TF	GF	FF
50% Title XIX / 50% GF (4260-101-0890/0001)	\$12,864	\$6,432	\$6,432
65% Title XXI / 35% GF (4260-113-0890/0001)	\$18,419	\$6,447	\$11,972
100% GF (4260-101-0001)	\$6,711	\$6,711	\$0
Total	\$37,994	\$19,590	\$18,404

*Totals may differ due to rounding.

** COVID-19 funding through December 31, 2021, is identified in the COVID-19 Increased FMAP - Other Admin policy change

RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN

OTHER ADMIN. POLICY CHANGE NUMBER: 63
IMPLEMENTATION DATE: 1/2022
ANALYST: Matt Wong
FISCAL REFERENCE NUMBER: 2179

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
TOTAL FUNDS	\$0	\$2,002,000
STATE FUNDS	\$0	\$667,500
FEDERAL FUNDS	\$0	\$1,334,500

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, 2022.

Reason for Change:

This policy change was introduced in the November 2019 Medi-Cal Estimate and not included in the May 2020 and November 2020 Medi-Cal Estimates. The change from the November 2019 Medi-Cal Estimate, for FY 2020-21, is a loss of savings due the transition being delayed one year. The change in the current estimate, for FY 2021-22, is an increase in savings due to updated rates and data. The change in the current estimate, from FY 2020-21 to FY 2021-22, is an increase due to the transition happening in FY 2021-22.

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 2022 through June 2022.
2. DMC administrative savings are captured in the Restoration of Dental FFS in Sacramento and Los Angeles Counties policy change. Estimated costs are:

RESTORATION OF DENTAL FFS IN SAC AND LA CO ADMIN
OTHER ADMIN. POLICY CHANGE NUMBER: 63

Fiscal Year	TF	GF	FF
FY 2021-22	\$2,002,000	\$667,000	\$1,335,000

Funding:

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

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

DELETED

BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM

OTHER ADMIN. POLICY CHANGE NUMBER: 89
IMPLEMENTATION DATE: 1/2022
ANALYST: Matt Wong
FISCAL REFERENCE NUMBER: 2289

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
TOTAL FUNDS	\$0	\$10,000,000
STATE FUNDS	\$0	\$10,000,000
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change estimates the cost for procuring a business services vendor to implement a statewide, all payer behavioral health (BH) direct services and supports platform to be integrated with screening, clinic-based care, and app-based support services for children and youth 25 and younger.

Authority:

Budget Act of FY 2021-22

Interdependent Policy Changes:

Not applicable

Background:

The Department aims to procure a business services vendor to deliver and monitor BH wellness services and treatments so the most effective, least resource-intensive services and treatments are available to children and youth 25 years of age and younger who may not need individual counseling, but need help managing stress and building resilience, through a direct service, virtual platform.

This direct services and supports platform would support regular automated age appropriate assessments/screenings and self-monitoring tools, and would develop tools to help families navigate how to access help, regardless of payer source. The direct services and supports platform will provide age appropriate and culturally competent support and resources, such as interactive education, self-monitoring tools, app-based games, videos, book suggestions, automated cognitive behavioral therapy and mindfulness exercises, all designed to build skills and enhance well-being. Children and youth 25 years of age and younger with more significant needs would be guided to peers or coaches. Those whose interactions with the platform show they may need clinical services for mental health conditions and/or substance use disorders would be guided to their health plan to set up assessment visits, allowing ongoing, continuous relationships with licensed clinicians through telehealth or in-person. The direct service platform also builds in coverage by licensed clinical social workers, so assessments can be performed to determine which children and youth need ongoing clinical services, and which have needs that can be met by peers or coaches. The direct services and supports platform will also include e-consult and e-referrals, to ensure primary care providers can coordinate care with mental health and substance use disorder specialists (e.g., psychiatrists) and clients may have seamless referrals, where needed. The direct services and supports platform will also be able to be accessed by telephone.

Reason for Change:

This is a new policy change.

BEHAVIORAL HEALTH SERVICES AND SUPPORTS PLATFORM

OTHER ADMIN. POLICY CHANGE NUMBER: 89

Methodology:

1. \$10 million in costs are for planning and development of the BH services and supports platform.
2. Total costs are estimated to be:

Fiscal Year	TF	GF	FF
FY 2021-22	\$10,000,000	\$10,000,000	\$0

Funding:

100% General Fund (4260-101-0001)

RECONCILIATION

OTHER ADMIN. POLICY CHANGE NUMBER: 91
IMPLEMENTATION DATE: 7/2020
ANALYST: Ryan Woolsey
FISCAL REFERENCE NUMBER: 2307

	FY 2020-21	FY 2021-22
TOTAL FUNDS	\$0	\$0
STATE FUNDS	\$0	\$0
FEDERAL FUNDS	\$0	\$0

Purpose:

This policy change adjusts funding types related to the removal of the Restoration of Dental FFS in Sac and LA Co Admin policy change, to reconcile the May 2021 Medi-Cal Estimate to the Budget Act of 2021.

Funding:

2021-22	TF	GF	FF
100% State General Fund – County Admin	-\$668,000	-\$668,000	\$0
100% State General Fund – Fiscal Intermediary	\$668,000	\$668,000	\$0
100% FFP – County Admin	-\$1,335,000	\$0	-\$1,335,000
100% FFP – Fiscal Intermediary	\$1,335,000	\$0	\$1,335,000
Total	\$0	\$0	\$0