

FAMILY HEALTH
MAY 2022
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2021-22 *and* 2022-23



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
MAY 2022
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2021-22 and 2022-23**

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

Management Summary

May 2022 Estimate

This document is intended to provide the user with a high-level overview of the May 2022 Family Health Local Assistance Estimate (Estimate).

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

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

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

Following is a brief description of each program:

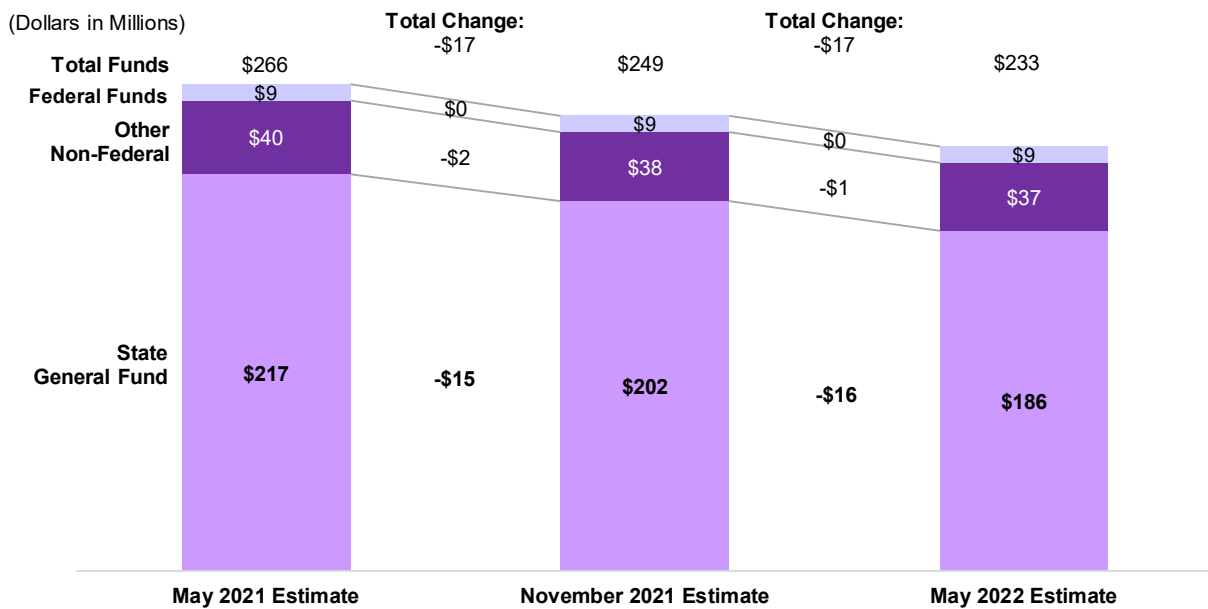
- California Children's Services (CCS): The CCS program, established in 1927, is one of the oldest public health care programs in the nation and is administered in partnership with county health departments. The CCS State Only program provides health care services to children up to age 21 who have a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

The Department of Health Care Services (DHCS) estimates Family Health spending to be \$233.1 million total funds (\$186.4 million General Fund) in Fiscal Year (FY) 2021-22 and \$265.3 million total funds (\$227 million General Fund) in FY 2022-23. This does not include Certified Public Expenditures of local governments or General Fund expenditures in other state Departments.

This document is divided into several sections to provide additional transparency and usability of the information. The sections include the following:

- FY 2021-22 Comparison
- FY 2022-23 Comparison
- FY 2021-22 to FY 2022-23 Year-Over-Year Comparison
- Caseload Projections
- Base Expenditures Projections
- Detail Table

FY 2021-22 Fiscal Year Comparison



The May 2022 Family Health Estimate for FY 2021-22 projects a \$17 million decrease in total funding (a \$16 million decrease in General Fund spending) compared to the November 2021 Estimate. This reflects a 6.4 percent decrease in estimated total funds spending and a 7.9 percent decrease in estimated General Fund spending.

Compared to the Budget Act of 2021, the May 2022 Estimate is down by \$33 million total funds and down by \$31 million General Fund.

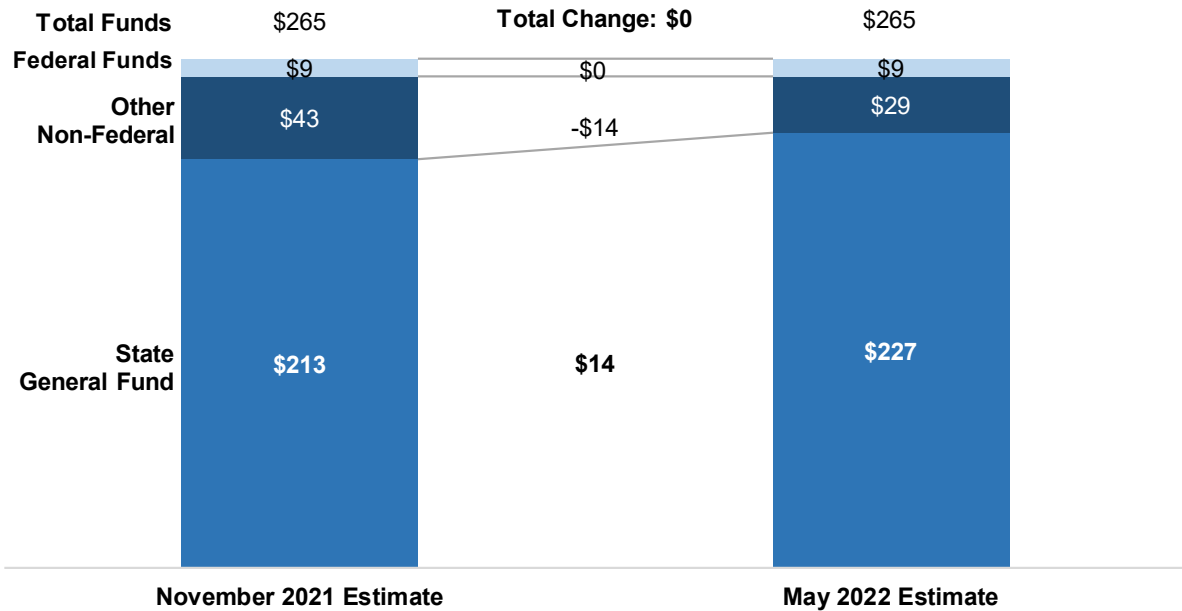
The major drivers of the change in estimated General Fund spending in FY 2021-22 between the November 2021 Estimate and the May 2022 Estimate are listed below:

FY 2021-22 Fiscal Year Comparison – Major Drivers of Changes in Estimated General Fund Spending

- **CCS County Administration Costs.** County administration costs are higher than previously projected based on prior year actual expenditures.
- **GHPP Base Expenditures.** GHPP base expenditures are down approximately 14 percent from the prior estimate due to FY 2021-22 actual expenditures not experiencing the same level of one-time high costs usually associated with this population and overall costs being consistently lower in the first six months of the fiscal year. Projections have been brought in line with this lower historical trend.
- **Blood Factor Drug Rebates (GHPP).** The change for FY 2021-22, from the prior estimate, is an increase due to updated rebate collections.
- **GHPP Non-Blood Factor Rebates.** A decrease of \$3.3 million in General Fund savings is estimated in FY 2021-22 due to updated rebate collections and estimated transfers.
- **EWC Base Expenditures.** EWC base expenditures are lower than the prior estimate due to the inclusion of additional months of actual expenditures reflecting COVID-19 impacts in FY 2021-22.
- **EWC COVID-19 Caseload Impacts.** The change for FY 2021-22 is a decrease due to actual expenditures coming in lower than projected.

FY 2022-23 Fiscal Year Comparison

(Dollars in Millions)



For FY 2022-23, the May 2022 Family Health Estimate projects no change in total funding and a \$14 million increase in General Fund spending compared to the November 2021 Estimate. This reflects a 6.6 percent increase in estimated General Fund spending.

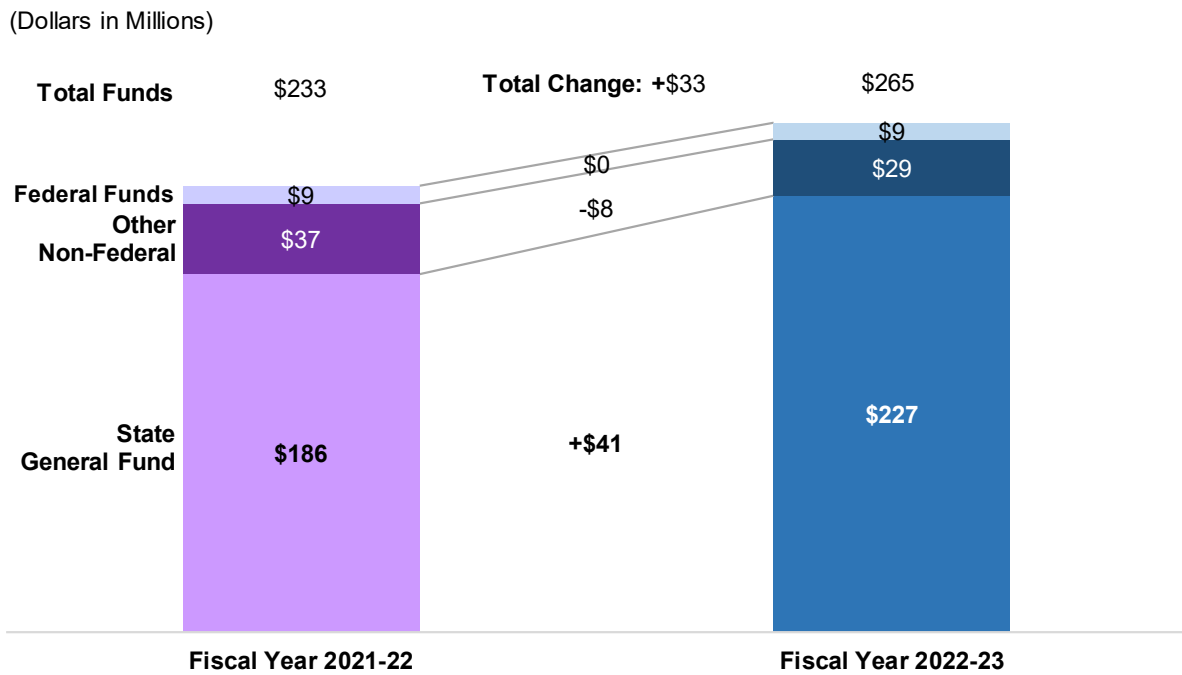
The major drivers of the change in estimated General Fund spending in FY 2022-23 between the November 2021 Estimate and the May 2022 Estimate are listed below:

FY 2022-23 Fiscal Year Comparison – Major Drivers of Changes in Estimated General Fund Spending

- CCS COVID-19 Caseload Impact.** FY 2022-23 COVID-19 caseload projections have been revised for the May 2022 estimate to assume a 12-month redetermination period, through October 2023, following the end of the public health emergency.
- CCS County Administration Costs.** County administration costs are higher than previously projected based on prior year actual expenditures and increased caseload following the end of the public health emergency.
- GHPP Base Expenditures.** GHPP base expenditures are down approximately 4.4 percent from the prior estimate due to FY 2021-22 actual expenditures not experiencing the same level of one time high costs usually associated with this population and overall costs being consistently lower. Projections have been brought in line with this lower historical trend.

- **Blood Factor Drug Rebates (GHPP).** The change for FY 2022-23, from the prior estimate, is a decrease due to rebate collections ending in FY 2021-22.
- **GHPP Non-Blood Factor Rebates.** The change in FY 2022-23, from the prior estimate, is a net decrease in GF savings due to shifting a portion of prior year collections to be transferred in FY 2022-23, and no longer assuming rebate collections for periods after December 31, 2020 until federal approvals are obtained.

FY 2021-22 to FY 2022-23 Year-Over-Year Comparison



Family Health spending is estimated to increase by \$33 million total funds (an increase of \$41 million General Fund) between FY 2021-22 and FY 2022-23. This reflects a 14.2 percent increase in total funds spending and a 22 percent increase in General Fund spending.

The major factors that drive the increase in state General Fund costs are listed below:

FY 2021-22 to FY 2022-23 Year over Year Comparison – Major Drivers of Changes in Estimated General Fund Spending

- **CCS Base Expenditures.** CCS State Only beneficiaries began shifting to Medi-Cal in late FY 2019-20 due to the economic impact of the COVID-19 public health emergency and continued to shift through the end of prior year resulting in lower CCS expenditures. CCS base expenditure projections have been returned to pre-COVID-19 levels and are expected to increase in FY 2022-23 based on the historical trend.

- **End of the COVID-19 Public Health Emergency.** Following the end of the continuous coverage requirement, eligibility will be redetermined over a period of 12 months, for individuals not discontinued under the continuous coverage requirement, resulting in eligibles returning to state only programs and the impact of the public health emergency on state only expenditures to diminish.
 - *CCS COVID-19 Caseload Impact*
 - *CCS County Administration Costs*
 - *EWC COVID-19 Caseload Impacts*

- **GHPP Non-Blood Factor Rebates.** The change from FY 2021-22 to FY 2022-23 is a decrease due to less prior year rebate collections are remaining to be transferred in FY 2022-23.

- **GHPP Base Expenditures.** GHPP base expenditures are projected to increase in FY 2022-23 based on the historical trend.

- **EWC Base Expenditures.** Base expenditure projections have been returned to pre-COVID-19 levels and are expected to increase in FY 2022-23 based on the historical trend.

Caseload

California Children’s Services

CCS State Only	PY	CY	BY	Change from	
	FY 2020-21	FY 2021-22	FY 2022-23	PY to CY	CY to BY
May 2022	10,032	9,206	12,812	-8.23%	39.17%
November 2021	10,032	9,311	11,687		
Change from November 2021	-	(105)	1,125		
% Change from November 2021	0.00%	-1.13%	9.63%		

- CCS caseload is based on average quarterly beneficiaries.
- Beneficiaries began shifting to Medi-Cal in late FY 2019-20 due to the economic impact of the COVID-19 public health emergency and continued to shift through the end of FY 2020-21. Additional months of enrollment remained relatively flat through December 2021.
- Base caseload projections have been returned to pre-COVID-19 levels. The impact from the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change and included in the average quarterly caseload in the table above.
- FY 2022-23 COVID-19 Caseload projections have been revised for the May 2022 estimate to assume a 12-month redetermination period through October 2023, following the end of the public health emergency.

Genetically Handicapped Persons Program

GHPP State Only	PY	CY	BY	Change from	
	FY 2020-21	FY 2021-22	FY 2022-23	PY to CY	CY to BY
May 2022	580	652	655	12.41%	0.46%
November 2021	580	647	649		
Change from November 2021	-	5	6		
% Change from November 2021	0.00%	0.77%	0.92%		

- GHPP caseload is based on average monthly beneficiaries.
- In early FY 2020-21 GHPP cases were closed due to an effort on the part of the Department to address outstanding renewals and applications. The closed cases were subsequently re-opened, extended through the end of the public health emergency.
- Caseload projections are expected to remain relatively flat between fiscal years.

Every Woman Counts

EWC	PY	CY	BY	Change from	
	FY 2020-21	FY 2021-22	FY 2022-23	PY to CY	CY to BY
May 2022	20,895	23,899	24,321	14.38%	1.77%
November 2021	20,895	24,103	27,405		
Change from November 2021	-	(204)	(3,084)		
% Change from November 2021	0.00%	-0.85%	-11.25%		

- EWC caseload is based on average monthly users by date of payment.
- Base caseload projections have been returned to pre-COVID-19 levels. The impact from the public health emergency is estimated in the EWC COVID-19 Caseload Impact policy change and included in the average monthly caseload in the table above.
- There is a slight decrease in users from the November 2021 Estimate for FY 2021-22 and FY 2022-23 due actuals coming in lower than initially projected.
- The projected users for FY 2022-23 estimated absent COVID-19 impact and retroactive reprocessing, as FY 2020-21 and FY 2021-22 include reprocessing of claims.

Base Expenditures

California Children’s Services

(In thousands)

CCS Base	FY 2021-22, TF	FY 2022-23, TF	CY to BY	As a %
May 2022	\$ 73,186	\$ 74,779	\$ 1,593	2.2%
November 2021	\$ 73,254	\$ 74,747		
Change from November 2021	(\$68)	\$32		
% Change	-0.1%	0.0%		

	CY to BY	change from Nov 2021			
		FY 2021-22	FY 2022-23		
CCS Treatment	\$ 998 25.3%	\$ (989) -20.0%	\$ 9 0.2%		
CCS Therapy	\$ 595 0.9%	\$ 921 1.3%	\$ 23 0.0%		
Net Change	\$ 1,593 2.2%	(\$68) -0.1%	\$32 0.0%		

- CCS State Only beneficiaries began shifting to Medi-Cal in late FY 2019-20 due to the economic impact of the COVID-19 public health emergency and have continued to shift through the end of FY 2020-21 resulting in lower CCS expenditures.
- CCS base expenditure projections have been returned to pre-COVID-19 levels and are expected to increase in FY 2022-23 based on the historical trend.

- The impact from the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change.

Genetically Handicapped Persons Program

(In thousands)

GHPP Base	FY 2021-22, TF	FY 2022-23, TF	CY to BY	As a %
May 2022	\$ 117,030	\$ 135,464	\$18,434	15.8%
November 2021	\$ 136,008	\$ 141,705		
Change from November 2021	(\$18,978)	(\$6,241)		
% Change	-14.0%	-4.4%		

- GHPP expenditures have been consistently lower than the prior estimate, reducing projections for both FY 2021-22 and FY 2022-23.
- FY 2021-22 actual expenditures include one month of paid claims processed after the transition to the Medi-Cal Rx system for adjudication. This month includes two rather than four weeks of paid claims and reflecting lower costs. Projections have been returned to the historical trend and are expected to increase in FY 2022-23.

Every Woman Counts

(In thousands)

EWC Base	FY 2021-22, TF	FY 2022-23, TF	CY to BY	As a %
May 2022	\$ 33,066	\$ 37,474	\$ 4,408	13.3%
November 2021	\$ 37,254	\$ 37,474		
Change from November 2021	(\$4,188)	\$0		
% Change	-11.2%	0.0%		

- EWC FY 2021-22 expenditures are lower than the prior estimate due to the inclusion of additional months of actual expenditures reflecting COVID-19 impacts.
- Projections have been returned to pre-COVID-19 levels and are expected to increase in FY 2022-23 based on the historical trends.
- The ongoing impact from the public health emergency is estimated in the EWC COVID-19 Caseload Impacts policy change.

Policy Change Detail Chart

PC # Policy Change Title		May 2022 Estimated Amount (In Thousands)				Change from November 2021 Estimate (In Thousands)				May 2022 Estimate Year-over-Year Change (In Thousands)	
		2021-22 (CY)		2022-23 (BY)		2021-22 (CY)		2022-23 (BY)		2021-22 to 2022-23	
		TF	GF	TF	GF	TF	GF	TF	GF	TF	GF
California Children's Services											
2	COUNTY ADMINISTRATION COSTS	12,740	12,740	17,731	17,731	3,476	3,476	6,103	6,103	4,991	4,991
11	CCS COVID-19 CASELOAD IMPACT	(6,829)	(6,829)	(2,301)	(2,301)	(528)	(528)	1,173	1,173	4,528	4,528
Totals		5,911	5,911	15,430	15,430	2,948	2,948	7,276	7,276	9,519	9,519
Genetically Handicapped Persons Program											
3	BLOOD FACTOR DRUG REBATES	-	(8,363)	-	-	-	(2,648)	-	7,135	-	8,363
6	GHPP NON-BLOOD FACTOR REBATES	-	(6,000)	-	(5,762)	-	3,337	-	7,438	-	238
Totals		-	(14,363)	-	(5,762)	-	689	-	14,573	-	8,601
Every Woman Counts											
8	EWC COVID-19 CASELOAD IMPACTS	(3,111)	(3,111)	(1,556)	(1,556)	2,046	2,046	(1,556)	(1,556)	1,555	1,555
Totals		(3,111)	(3,111)	(1,556)	(1,556)	2,046	2,046	(1,556)	(1,556)	1,555	1,555

Management Summary

Fiscal Year 2021-22

Comparison of Appropriation, November 2021, and May 2022 Estimates

	Appropriation FY 2021-22	Nov. 21 Est. FY 2021-22	May 22 Est. FY 2021-22	Chg Approp - May 22 Est.	Chg Nov. 21 - May 22 Est.
<u>California Children's Services</u>					
4260-111-0001 (General Fund)	\$ 80,366,000	\$ 68,918,000	\$ 73,211,000	\$ (7,155,000)	\$ 4,293,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 3,992,000	\$ 0	\$ 0
County Funds ¹	\$ 83,493,000	\$ 71,839,000	\$ 76,317,000	\$ (7,176,000)	\$ 4,478,000
TOTAL CCS	\$ 84,358,000	\$ 72,910,000	\$ 77,203,000	\$ (7,155,000)	\$ 4,293,000
<u>Genetically Handicapped Persons Program</u>					
4260-111-0001 (General Fund)	\$ 119,636,000	\$ 120,728,000	\$ 102,897,000	\$ (16,739,000)	\$ (17,831,000)
4260-611-0995 (Enrollment Fees)	\$ 503,000	\$ 453,000	\$ 360,000	\$ (143,000)	\$ (93,000)
4260-601-3079 (Rebates Special Fund)	\$ 17,448,000	\$ 15,052,000	\$ 14,363,000	\$ (3,085,000)	\$ (689,000)
TOTAL GHPP	\$ 137,587,000	\$ 136,233,000	\$ 117,620,000	\$ (19,967,000)	\$ (18,613,000)
<u>Every Woman Counts Program</u>					
4260-114-0001 (General Fund)	\$ 16,805,000	\$ 11,944,000	\$ 10,246,000	\$ (6,559,000)	\$ (1,698,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
TOTAL EWC	\$ 44,437,000	\$ 39,576,000	\$ 37,878,000	\$ (6,559,000)	\$ (1,698,000)
GRAND TOTAL - ALL FUNDS	\$ 266,382,000	\$ 248,719,000	\$ 232,701,000	\$ (33,681,000)	\$ (16,018,000)
4260-111-0001	\$ 200,002,000	\$ 189,646,000	\$ 176,108,000	\$ (23,894,000)	\$ (13,538,000)
4260-114-0001	\$ 16,805,000	\$ 11,944,000	\$ 10,246,000	\$ (6,559,000)	\$ (1,698,000)
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
4260-611-0995	\$ 4,495,000	\$ 4,445,000	\$ 4,352,000	\$ (143,000)	\$ (93,000)
4260-601-3079	\$ 17,448,000	\$ 15,052,000	\$ 14,363,000	\$ (3,085,000)	\$ (689,000)
County Funds ¹	\$ 83,493,000	\$ 71,839,000	\$ 76,317,000	\$ (7,176,000)	\$ 4,478,000

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

Management Summary**Fiscal Year 2021-22 Compared to Fiscal Year 2022-23**

	May 22 Est. FY 2021-22	May 22 Est. FY 2022-23	Difference Incr./((Decr.))
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 73,211,000	\$ 82,961,000	\$ 9,750,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 0
County Funds ¹	\$ 76,317,000	\$ 86,103,000	\$ 9,786,000
TOTAL CCS	\$ 77,203,000	\$ 86,953,000	\$ 9,750,000
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 102,897,000	\$ 129,107,000	\$ 26,210,000
4260-611-0995 (Enrollment Fees)	\$ 360,000	\$ 425,000	\$ 65,000
4260-601-3079 (Rebates Special Fund)	\$ 14,363,000	\$ 5,762,000	\$ (8,601,000)
TOTAL GHPP	\$ 117,620,000	\$ 135,294,000	\$ 17,674,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 10,246,000	\$ 14,962,000	\$ 4,716,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
TOTAL EWC	\$ 37,878,000	\$ 42,594,000	\$ 4,716,000
GRAND TOTAL - ALL FUNDS	\$ 232,701,000	\$ 264,841,000	\$ 32,140,000
4260-111-0001	\$ 176,108,000	\$ 212,068,000	\$ 35,960,000
4260-114-0001	\$ 10,246,000	\$ 14,962,000	\$ 4,716,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 4,352,000	\$ 4,417,000	\$ 65,000
4260-601-3079	\$ 14,363,000	\$ 5,762,000	\$ (8,601,000)
County Funds ¹	\$ 76,317,000	\$ 86,103,000	\$ 9,786,000

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

Management Summary

Fiscal Year 2022-23

Comparison of Appropriation, November 2021, and May 2022 Estimates

	<u>Approp Est. FY 2021-22</u>	<u>Nov. 21 Est. FY 2022-23</u>	<u>May 22 Est. FY 2022-23</u>	<u>Chg Approp - May 22 Est.</u>	<u>Chg Nov. 21 - May 22 Est.</u>
<u>California Children's Services</u>					
4260-111-0001 (General Fund)	\$ 80,366,000	\$ 75,578,000	\$ 82,961,000	\$ 2,595,000	\$ 7,383,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 3,992,000	\$ 0	\$ 0
County Funds ¹	\$ 83,493,000	\$ 78,576,000	\$ 86,103,000	\$ 2,610,000	\$ 7,527,000
TOTAL CCS	\$ 84,358,000	\$ 79,570,000	\$ 86,953,000	\$ 2,595,000	\$ 7,383,000
<u>Genetically Handicapped Persons Program</u>					
4260-111-0001 (General Fund)	\$ 119,636,000	\$ 120,956,000	\$ 129,107,000	\$ 9,471,000	\$ 8,151,000
4260-611-0995 (Enrollment Fees)	\$ 503,000	\$ 453,000	\$ 425,000	\$ (78,000)	\$ (28,000)
4260-601-3079 (Rebates Special Fund)	\$ 17,448,000	\$ 20,335,000	\$ 5,762,000	\$ (11,686,000)	\$ (14,573,000)
TOTAL GHPP	\$ 137,587,000	\$ 141,744,000	\$ 135,294,000	\$ (2,293,000)	\$ (6,450,000)
<u>Every Woman Counts Program</u>					
4260-114-0001 (General Fund)	\$ 16,805,000	\$ 16,717,000	\$ 14,962,000	\$ (1,843,000)	\$ (1,755,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
TOTAL EWC	\$ 44,437,000	\$ 44,349,000	\$ 42,594,000	\$ (1,843,000)	\$ (1,755,000)
GRAND TOTAL - ALL FUNDS	\$ 266,382,000	\$ 265,663,000	\$ 264,841,000	\$ (1,541,000)	\$ (822,000)
4260-111-0001	\$ 200,002,000	\$ 196,534,000	\$ 212,068,000	\$ 12,066,000	\$ 15,534,000
4260-114-0001	\$ 16,805,000	\$ 16,717,000	\$ 14,962,000	\$ (1,843,000)	\$ (1,755,000)
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
4260-611-0995	\$ 4,495,000	\$ 4,445,000	\$ 4,417,000	\$ (78,000)	\$ (28,000)
4260-601-3079	\$ 17,448,000	\$ 20,335,000	\$ 5,762,000	\$ (11,686,000)	\$ (14,573,000)
County Funds ¹	\$ 83,493,000	\$ 78,576,000	\$ 86,103,000	\$ 2,610,000	\$ 7,527,000

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

CALIFORNIA CHILDREN'S SERVICES**Funding Summary****Fiscal Years 2021-22 and 2022-23 Compared to November Estimate****FY 2021-22, May 2022 Estimate Compared to November 2021 Estimate**

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./((Decr.))
CCS State-Only Caseload:	9,311	9,206	(105)
State Funds			
State Only General Fund (4260-111-0001)	\$ 68,918,000	\$ 73,211,200	\$ 4,293,200
Total State Fund	\$ 68,918,000	\$ 73,211,200	\$ 4,293,200
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 72,910,000	\$ 77,203,200	\$ 4,293,200

FY 2022-23, May 2022 Estimate Compared to November 2021 Estimate

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./((Decr.))
CCS State-Only Caseload:	11,687	12,812	1,125
State Funds			
State Only General Fund (4260-111-0001)	\$ 75,578,000	\$ 82,960,500	\$ 7,382,500
Total State Fund	\$ 75,578,000	\$ 82,960,500	\$ 7,382,500
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 79,570,000	\$ 86,952,500	\$ 7,382,500

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23

	May 2022 Est. FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./((Decr.))
CCS State-Only Caseload:	9,206	12,812	3,607
State Funds			
State Only General Fund (4260-111-0001)	\$ 73,211,200	\$ 82,960,500	\$ 9,749,300
Total State Fund	\$ 73,211,200	\$ 82,960,500	\$ 9,749,300
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 77,203,200	\$ 86,952,500	\$ 9,749,300

CALIFORNIA CHILDREN'S SERVICES
Funding Summary
Fiscal Years 2021-22 and 2022-23 Compared to Appropriation

FY 2021-22, May 2022 Estimate Compared to Appropriation			
	Appropriation FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./((Decr.))
CCS State-Only Caseload:	14,601	9,206	(5,395)
State Funds			
State Only General Fund (4260-111-0001)	\$ 80,365,500	\$ 73,211,200	\$ (7,154,300)
Total State Fund	\$ 80,365,500	\$ 73,211,200	\$ (7,154,300)
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 84,357,500	\$ 77,203,200	\$ (7,154,300)

May 2022 Estimate for FY 2022-23 Compared to FY 2021-22 Appropriation			
	Appropriation FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./((Decr.))
CCS State-Only Caseload:	14,601	12,812	(1,789)
State Funds			
State Only General Fund (4260-111-0001)	\$ 80,365,500	\$ 82,960,500	\$ 2,595,000
Total State Fund	\$ 80,365,500	\$ 82,960,500	\$ 2,595,000
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 84,357,500	\$ 86,952,500	\$ 2,595,000

CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2021-22
Funding Sources By Program

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services					
1. Treatment Costs					
Treatment Base 1/	3,423,000	3,423,000	-	-	2,923,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	<u>400,000</u>	<u>400,000</u>	-	-	<u>(400,000)</u>
Total Treatment Base	3,948,000	3,948,000	-	-	2,398,000
2. Therapy Costs					
Therapy Base	72,506,000	72,506,000	-	-	72,505,000
MTU Medi-Cal Offset 4/	(4,079,000)	(4,079,000)	-	-	(1,360,000)
AB3632 5/	<u>811,000</u>	<u>811,000</u>	-	-	<u>(811,000)</u>
Total Therapy Base	69,238,000	69,238,000	-	-	70,334,000
3. Enroll/Assess Fees	(48,000)	(48,000)	-	-	(48,000)
4. Benefits Policy Changes	<u>(9,106,800)</u>	<u>(9,106,800)</u>	-	-	<u>(9,106,800)</u>
	\$ 64,031,200	\$ 64,031,200	\$ 0	\$ 0	\$ 63,577,200
B. State Only Admin.					
1. County Admin.	12,740,000	8,748,000	3,992,000	-	12,740,000
2. Fiscal Inter.	305,000	305,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	<u>126,000</u>	<u>126,000</u>	-	-	-
	\$ 13,172,000	\$ 9,180,000	\$ 3,992,000	\$ 0	\$ 12,740,000
Total CCS State Only	\$ 77,203,200	\$ 73,211,200	\$ 3,992,000	\$ 0	\$ 76,317,200
GRAND TOTAL	\$ 77,203,200	\$ 73,211,200	\$ 3,992,000	\$ 0	\$ 76,317,200

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

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

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

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

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

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

CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2022-23
Funding Sources By Program

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
A. State Only Services					
1. Treatment Costs					
Treatment Base 1/	4,421,000	4,421,000	-	-	3,921,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	<u>400,000</u>	<u>400,000</u>	<u>-</u>	<u>-</u>	<u>(400,000)</u>
Total Treatment Base	4,946,000	4,946,000	-	-	3,396,000
2. Therapy Costs					
Therapy Base	73,380,000	73,380,000	-	-	73,379,000
MTU Medi-Cal Offset 4/	(4,414,000)	(4,414,000)	-	-	(1,471,000)
AB3632 5/	<u>867,000</u>	<u>867,000</u>	<u>-</u>	<u>-</u>	<u>(867,000)</u>
Total Therapy Base	69,833,000	69,833,000	-	-	71,041,000
3. Enroll/Assess Fees	(48,000)	(48,000)	-	-	(48,000)
4. Benefits Policy Changes	<u>(6,017,000)</u>	<u>(6,017,000)</u>	<u>-</u>	<u>-</u>	<u>(6,017,000)</u>
	\$ 68,714,000	\$ 68,714,000	\$ 0	\$ 0	\$ 68,372,000
B. State Only Admin.					
1. County Admin.	17,730,500	13,738,500	3,992,000	-	17,730,500
2. Fiscal Inter.	322,000	322,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	<u>185,000</u>	<u>185,000</u>	<u>-</u>	<u>-</u>	<u>-</u>
	\$ 18,238,500	\$ 14,246,500	\$ 3,992,000	\$ 0	\$ 17,730,500
Total CCS State Only	\$ 86,952,500	\$ 82,960,500	\$ 3,992,000	\$ 0	\$ 86,102,500
GRAND TOTAL	\$ 86,952,500	\$ 82,960,500	\$ 3,992,000	\$ 0	\$ 86,102,500

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

- 1/ Treatment base includes costs for services rendered out-of-state. There is no county share for these costs.
- 2/ An estimated \$250,000 in certain bone marrow transplant costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$125,000 is shifted from County to General Fund.
- 3/ An estimated \$800,000 in catastrophic small county services costs are included in the treatment base regressions at 50% GF, 50% County funds. Since they are funded by 100% GF, \$400,000 is shifted from County to General Fund.
- 4/ Medical Therapy Unit (MTU) costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF/50% County funds. The costs that are reimbursed by Medi-Cal reduce program costs 75% GF, 25% County funds.
- 5/ AB3632 costs are included in the therapy costs used in the base regressions, and are therefore included in the therapy base at 50% GF, 50% County funds. Since they are funded by 100% GF, 50% of the total AB3632 costs are shifted from County to General Fund.

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2021-22

May 2022 Estimate Compared to November 2021 Estimate, Total Funds

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./((Decr.))
A. Total CCS State Only Services	<u>\$ 63,191,000</u>	<u>\$ 64,031,200</u>	<u>\$ 840,200</u>
1. Treatment Services	4,937,000	3,948,000	(989,000)
2. Medical Therapy Program	68,317,000	69,238,000	921,000
3. Benefits Policy Changes	(10,016,000)	(9,106,800)	909,200
4. Enroll/Assessment Fees	(47,000)	(48,000)	(1,000)
B. CCS Administration			
1. County Administration	9,264,000	12,740,000	3,476,000
2. Fiscal Intermediary	455,000	432,000	(23,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 72,910,000</u>	<u>\$ 77,203,200</u>	<u>\$ 4,293,200</u>
 TOTAL CCS PROGRAM	<u>\$ 72,910,000</u>	<u>\$ 77,203,200</u>	<u>\$ 4,293,200</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2021-22

May 2022 Estimate Compared to November 2021 Estimate, State Funds

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 63,191,000</u>	<u>\$ 64,031,200</u>	<u>\$ 840,200</u>
1. Treatment Services	4,937,000	3,948,000	(989,000)
2. Medical Therapy Program	68,317,000	69,238,000	921,000
3. Benefits Policy Changes	(10,016,000)	(9,106,800)	909,200
4. Enroll/Assessment Fees	(47,000)	(48,000)	(1,000)
B. CCS Administration			
1. County Administration	5,272,000	8,748,000	3,476,000
2. Fiscal Intermediary	455,000	432,000	(23,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 68,918,000</u>	<u>\$ 73,211,200</u>	<u>\$ 4,293,200</u>
TOTAL CCS PROGRAM	<u>\$ 68,918,000</u>	<u>\$ 73,211,200</u>	<u>\$ 4,293,200</u>

May 2022 Estimate Compared to November 2021 Estimate, Federal Funds

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./(Decr.)
A. Total CCS Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
1. Benefits Policy Changes	-	-	-
B. CCS State-Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds****Fiscal Year 2021-22****May 2022 Estimate Compared to Appropriation, Total Funds**

	Appropriation	May 2022 Est.	Difference
	FY 2021-22	FY 2021-22	Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 69,571,000</u>	<u>\$ 64,031,200</u>	<u>\$ (5,539,800)</u>
1. Treatment Services	5,322,000	3,948,000	(1,374,000)
2. Medical Therapy Program	68,060,000	69,238,000	1,178,000
3. Benefits Policy Changes	(3,763,000)	(9,106,800)	(5,343,800)
4. Enroll/Assessment Fees	(48,000)	(48,000)	-
B. CCS Administration			
1. County Administration	14,249,500	12,740,000	(1,509,500)
2. Fiscal Intermediary	537,000	432,000	(105,000)
TOTAL CCS STATE ONLY PROGRAM	\$ 84,357,500	\$ 77,203,200	\$ (7,154,300)
TOTAL CCS PROGRAM	\$ 84,357,500	\$ 77,203,200	\$ (7,154,300)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2021-22

May 2022 Estimate Compared to Appropriation, State Funds

	Appropriation	May 2022 Est.	Difference
	FY 2021-22	FY 2021-22	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 69,571,000</u>	<u>\$ 64,031,200</u>	<u>\$ (5,539,800)</u>
1. Treatment Services	5,322,000	3,948,000	(1,374,000)
2. Medical Therapy Program	68,060,000	69,238,000	1,178,000
3. Benefits Policy Changes	(3,763,000)	(9,106,800)	(5,343,800)
4. Enroll/Assessment Fees	(48,000)	(48,000)	-
B. CCS Administration			
1. County Administration	10,257,500	8,748,000	(1,509,500)
2. Fiscal Intermediary	537,000	432,000	(105,000)
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 80,365,500</u>	<u>\$ 73,211,200</u>	<u>\$ (7,154,300)</u>
TOTAL CCS PROGRAM	<u>\$ 80,365,500</u>	<u>\$ 73,211,200</u>	<u>\$ (7,154,300)</u>

May 2022 Estimate Compared to Appropriation, Federal Funds

	Appropriation	May 2022 Est.	Difference
	FY 2021-22	FY 2021-22	Incr./ (Decr.)
A. Total CCS Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
1. Benefits Policy Changes	-	-	-
B. CCS State-Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds****Fiscal Year 2022-23****May 2022 Estimate Compared to November 2021 Estimate, Total Funds**

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 67,446,000</u>	<u>\$ 68,714,000</u>	<u>\$ 1,268,000</u>
1. Treatment Services	4,937,000	4,946,000	9,000
2. Medical Therapy Program	69,810,000	69,833,000	23,000
3. Benefits Policy Changes	(7,254,000)	(6,017,000)	1,237,000
4. Enroll/Assessment Fees	(47,000)	(48,000)	(1,000)
B. CCS Administration			
1. County Administration	11,628,000	17,730,500	6,102,500
2. Fiscal Intermediary	<u>496,000</u>	<u>508,000</u>	<u>12,000</u>
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 79,570,000</u>	<u>\$ 86,952,500</u>	<u>\$ 7,382,500</u>
TOTAL CCS PROGRAM	<u>\$ 79,570,000</u>	<u>\$ 86,952,500</u>	<u>\$ 7,382,500</u>

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2022-23

May 2022 Estimate Compared to November 2021 Estimate, State Funds

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 67,446,000</u>	<u>\$ 68,714,000</u>	<u>\$ 1,268,000</u>
1. Treatment Services	4,937,000	4,946,000	9,000
2. Medical Therapy Program	69,810,000	69,833,000	23,000
3. Benefits Policy Changes	(7,254,000)	(6,017,000)	1,237,000
4. Enroll/Assessment Fees	(47,000)	(48,000)	(1,000)
B. CCS Administration			
1. County Administration	7,636,000	13,738,500	6,102,500
2. Fiscal Intermediary	496,000	508,000	12,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 75,578,000</u>	<u>\$ 82,960,500</u>	<u>\$ 7,382,500</u>
TOTAL CCS PROGRAM	<u>\$ 75,578,000</u>	<u>\$ 82,960,500</u>	<u>\$ 7,382,500</u>

May 2022 Estimate Compared to November 2021 Estimate, Federal Funds

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./.(Decr.)
A. Total CCS Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
1. Benefits Policy Changes	-	-	-
B. CCS State Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds****Budget Year Compared to Current Year****May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, Total Funds**

	May 2022 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./(Decr.)</u>
A. Total CCS State Only Services	<u>\$ 64,031,200</u>	<u>\$ 68,714,000</u>	<u>\$ 4,682,800</u>
1. Treatment Services	3,948,000	4,946,000	998,000
2. Medical Therapy Program	69,238,000	69,833,000	595,000
3. Benefits Policy Changes	(9,106,800)	(6,017,000)	3,089,800
4. Enroll/Assessment Fees	(48,000)	(48,000)	-
B. CCS Administration			
1. County Administration	12,740,000	17,730,500	4,990,500
2. Fiscal Intermediary	432,000	508,000	76,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 77,203,200</u>	<u>\$ 86,952,500</u>	<u>\$ 9,749,300</u>
TOTAL CCS PROGRAM	<u>\$ 77,203,200</u>	<u>\$ 86,952,500</u>	<u>\$ 9,749,300</u>

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

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, State Funds

	May 2022 Est. FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 64,031,200</u>	<u>\$ 68,714,000</u>	<u>\$ 4,682,800</u>
1. Treatment Services	3,948,000	4,946,000	998,000
2. Medical Therapy Program	69,238,000	69,833,000	595,000
3. Benefits Policy Changes	(9,106,800)	(6,017,000)	3,089,800
4. Enroll/Assessment Fees	(48,000)	(48,000)	-
B. CCS Administration			
1. County Administration	8,748,000	13,738,500	4,990,500
2. Fiscal Intermediary	432,000	508,000	76,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 73,211,200</u>	<u>\$ 82,960,500</u>	<u>\$ 9,749,300</u>
TOTAL CCS PROGRAM	<u>\$ 73,211,200</u>	<u>\$ 82,960,500</u>	<u>\$ 9,749,300</u>

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, Federal Funds

	May 2022 Est. FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./.(Decr.)
A. Total CCS Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
1. Benefits Policy Changes	-	-	-
B. CCS State Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>

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

Fiscal Year 2021-22, Comparison of May 2022 and November 2021 Estimates

POLICY CHG.			NOVEMBER 2021 ESTIMATE		MAY 2022 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$47,000	-\$47,000	-\$48,000	-\$48,000	-\$1,000	-\$1,000
Co. Admin.	2	COUNTY ADMIN. COSTS	\$9,264,000	\$9,264,000	\$12,740,000	\$12,740,000	\$3,476,000	\$3,476,000
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$332,000	\$332,000	\$305,000	\$305,000	-\$27,000	-\$27,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$122,000	\$122,000	\$126,000	\$126,000	\$4,000	\$4,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$3,992,000	\$0	-\$3,992,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$15,000	-\$15,000	-\$42,000	-\$42,000	-\$27,000	-\$27,000
Benefits	8	CCS NON-BLOOD FACTOR REBATES	-\$3,700,000	-\$3,700,000	-\$3,700,000	-\$3,700,000	\$0	\$0
Benefits	10	CCS - CGM REBATES	\$0	\$0	-\$4,000	-\$4,000	-\$4,000	-\$4,000
Benefits	11	CCS COVID-19 CASELOAD IMPACT	-\$6,301,000	-\$6,301,000	-\$5,360,800	-\$5,360,800	\$940,200	\$940,200
CCS TOTAL			<u>-\$344,000</u>	<u>-\$4,336,000</u>	<u>\$4,017,200</u>	<u>\$25,200</u>	<u>\$4,361,200</u>	<u>\$4,361,200</u>

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

* Dollars shown include payment lag and percent in base.

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

Fiscal Year 2022-23, Comparison of May 2022 and November 2021 Estimates								
<u>POLICY CHG.</u>			<u>NOVEMBER 2021 ESTIMATE</u>		<u>MAY 2022 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$47,000	-\$47,000	-\$48,000	-\$48,000	-\$1,000	-\$1,000
Co. Admin.	2	COUNTY ADMIN. COSTS	\$11,628,000	\$11,628,000	\$17,730,500	\$17,730,500	\$6,102,500	\$6,102,500
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$341,000	\$341,000	\$322,000	\$322,000	-\$19,000	-\$19,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$154,000	\$154,000	\$185,000	\$185,000	\$31,000	\$31,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$3,992,000	\$0	-\$3,992,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$20,000	-\$20,000	\$0	\$0	\$20,000	\$20,000
Benefits	8	CCS NON-BLOOD FACTOR REBATES	-\$3,700,000	-\$3,700,000	-\$3,700,000	-\$3,700,000	\$0	\$0
Benefits	10	CCS - CGM REBATES	-\$60,000	-\$60,000	-\$16,000	-\$16,000	\$44,000	\$44,000
Benefits	11	CCS COVID-19 CASELOAD IMPACT	-\$3,474,000	-\$3,474,000	-\$2,301,000	-\$2,301,000	\$1,173,000	\$1,173,000
		CCS TOTAL	<u>\$4,823,000</u>	<u>\$831,000</u>	<u>\$12,173,500</u>	<u>\$8,181,500</u>	<u>\$7,350,500</u>	<u>\$7,350,500</u>

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

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Celine Donaldson

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	-\$48,000	-\$48,000
	- GENERAL FUND	-\$48,000	-\$48,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$48,000	-\$48,000
	- GENERAL FUND	-\$48,000	-\$48,000
	- COUNTY FUNDS	-\$48,000	-\$48,000

Purpose:

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

Authority:

Health & Safety Code 123870 and 123900

Interdependent Policy Changes:

Not Applicable

Background:

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

Based on recent trends for the CCS population, some eligibles enrolled in the state only program shifted to Medi-Cal as a result of the public health emergency and will continue to be enrolled in Medi-Cal through June 2022 due to the FFCRA continuous coverage requirement. The FY 2021-22 decline in caseload and the FY 2022-23 resumption of eligibility redeterminations resulting in eligibles returning to the state only program after the projected end of the public health emergency is estimated in the CCS COVID-10 Caseload Impact policy change.

Reason for Change:

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

Methodology:

1. Enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2012 - January 2021.

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
Enrollment Fees:	\$86,000	\$86,000
Assessment Fees:	\$9,000	\$9,000
Total:	\$96,000 (\$48,000 GF Offset)	\$96,000 (\$48,000 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMIN. COSTS

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Celine Donaldson

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$12,740,000	\$17,730,500
	- GENERAL FUND	\$12,740,000	\$17,730,500
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$12,740,000	\$17,730,500
	- GENERAL FUND	\$12,740,000	\$17,730,500
	- COUNTY FUNDS	\$12,740,000	\$17,730,500

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

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

Based on recent trends for the CCS population, some eligibles enrolled in the state only program shifted to Medi-Cal as a result of the public health emergency and will continue to be enrolled in Medi-Cal through June 2022 due to the FFCRA continuous coverage requirement. The FY 2021-22 decline in caseload and the FY 2022-23 resumption of eligibility redeterminations resulting in eligibles returning to the state only program after the projected end of the public health emergency is estimated in the CCS COVID-10 Caseload Impact policy change.

Reason for Change:

Methodology:

1. Estimated expenditures are based on prior year reported costs.
2. For FY 2021-22, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2021-22 adjusted for the projected decline in caseload as estimated in the CCS COVID-10 Caseload Impact policy change.

FY 2021-22: \$25,480,000 (\$12,740,000 GF) (Includes County Funds)

3. FY 2022-23 is calculated based on the change in caseload between fiscal years in the November 2021 Family Health Estimate. CCS State-Only caseload is expected to increase between FY 2021-22 and FY 2022-23.

FY 2022-23: \$35,461,000 (\$17,350,500 GF) (Includes County Funds)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not included in Total Funds

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/1993
ANALYST: Ryan Chin

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$305,000	\$322,000
- GENERAL FUND	\$305,000	\$322,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$305,000	\$322,000
- GENERAL FUND	\$305,000	\$322,000

Purpose:

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

Authority:

Health & Safety Code 123822
 Governor's Executive Order N-01-19

Interdependent Policy Changes:

Not Applicable

Background:

The CCS State Only program utilizes FIs to adjudicate and pay medical and pharmacy claims. Effective October 1, 2020, the Gainwell Technology Services (GTS) and IBM contractors began processing medical and pharmacy claims.

The implementation of The processing of pharmacy claims was shifted to Medi-Cal Rx with the Assumption of Operations (AOO) which began January 1, 2022.

Between January 1, 2021, and AOO, Medi-Cal Rx provided transitional services and supports to include but not be limited to, Customer Service Center, Clinical Staff Support, Pharmacy Service Portal, as well as Outreach and Education.

Reason for Change:

The change for FY 2021-22 and FY 2022-23, from the prior estimate, is a decrease due updated actual expenditure data. The change from FY 2021-22 to FY 2022-23, in the current estimate, is an increase due to using updated expenditures data for projections.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$295,000 in FY 2021-22 and \$312,000 in FY 2022-23.
2. The estimated Medi-Cal Rx costs are \$10,000 in FY 2021-22 and \$10,000 in FY 2022-23.
3. The total estimated FI costs for CCS are **\$305,000 GF in FY 2021-22** and **\$322,000 GF in FY 2022-23**.

Funding:

100% General Fund (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

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

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$1,000	\$1,000
- GENERAL FUND	\$1,000	\$1,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$1,000	\$1,000
- GENERAL FUND	\$1,000	\$1,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

A Fiscal Intermediary-Dental Business Operations contractor is expected to take over some of the business functions in FY 2022-23.

Reason for Change:

There is no change from the prior estimate for FY 2021-22 and FY 2022-23. There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. The 2016 FI contractor rates for scanning ACL and TAR documents are \$1.04 in FY 2021-22 and \$1.03 in FY 2022-23.

2. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates in FY 2021-22 are \$0.31 and \$13.45, respectively.
3. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates for FY 2022-23 are \$0.32 and \$13.77, respectively.

FI - FY 2021-22	Estimated Claims	Rates	Partial Year Expenditure
ACLs	95	\$ 1.04	\$ 99
TARs	15	\$ 1.04	\$ 16
			\$ 200

ASO - FY 2021-22	Estimated Claims	Rates	Partial Year Expenditure
ACLs	384	\$ 0.31	\$ 119
TARs	15	\$ 13.45	\$ 202
			\$ 400

Total FY 2021-22 **\$ 1,000 GF**

FI - FY 2022-23	Estimated Claims	Rates	Estimated Expenditure
ACLs	95	\$ 1.03	\$ 98
TARs	15	\$ 1.03	\$ 15
			\$ 200

ASO - FY 2022-23	Estimated Documents	Rates	Estimated Expenditure
ACLs	384	\$ 0.32	\$ 123
TARs	15	\$ 13.77	\$ 207
			\$ 400

Total FY 2022-23 **\$ 1,000 GF**

Funding:

100% GF (4260-111-0001)

CMS NET

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2004
ANALYST: Celine Donaldson

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$126,000	\$185,000
	- GENERAL FUND	\$126,000	\$185,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$126,000	\$185,000
	- GENERAL FUND	\$126,000	\$185,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Based on recent trends for the CCS population, some eligibles enrolled in the state only program shifted to Medi-Cal as a result of the public health emergency and will continue to be enrolled in Medi-Cal through June 2022 due to the FFCRA continuous coverage requirement. The FY 2021-22 decline in caseload and the FY 2022-23 resumption of eligibility redeterminations resulting in eligibles returning to the state only program after the projected end of the public health emergency is estimated in the CCS COVID-10 Caseload Impact policy change.

Reason for Change:

There is no significant change for FY 2021-22 and FY 2022-23, from the prior estimate.

The estimated increase in costs between fiscal years is due to the projected end of the public health emergency and the resumption of eligibility redeterminations resulting in eligibles returning to the state only program.

Methodology:

1. CMS Net costs are allocated to the CCS programmatic caseload, based on caseload distribution (CCS State-Only vs. CCS Medi-Cal) as a percentage of the overall CCS caseload.
2. CMS Net system costs for FY 2021-22 are estimated to be \$2,753,000. FY 2022-23 costs are estimated to be \$2,751,000.
3. Based on estimated FY 2021-22 and FY 2022-23 caseload counts, costs for CMS Net are projected to be split:

	FY 2021-22			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	9,206	4.5%	\$	126,000
CCS Medi-Cal	193,370	95.5%	\$	2,627,000
Total	202,576	100%	\$	2,753,000

	FY 2022-23			CMS Net
	<u>Caseload</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	12,812	6.7%	\$	185,000
CCS Medi-Cal	179,561	93.3%	\$	2,566,000
Total	192,373	100%	\$	2,751,000

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

Funding:

100% General Fund (4260-111-0001)

TITLE V REIMBURSEMENT FROM CDPH

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2007
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,992,000	-\$3,992,000
	- FEDERAL FUNDS TITLE V	\$3,992,000	\$3,992,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,992,000	-\$3,992,000
	- FEDERAL FUNDS TITLE V	\$3,992,000	\$3,992,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23, from the prior estimate. There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. The amount expected to be received is \$3,992,000 in FY 2021-22 and FY 2022-23.

Funding:

CDPH Title V Reimbursement (4260-611-0995)

100% General Fund (4260-111-0001)

CCS DRUG REBATES

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 7/2011
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	-\$42,000	\$0
	- GENERAL FUND	-\$42,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$42,000	\$0
	- GENERAL FUND	-\$42,000	\$0
	- COUNTY FUNDS	-\$42,000	\$0

Purpose:

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

Authority:

SB 1100 (Chapter 560, Statutes of 2005)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, Medi-Cal 2020, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool.

CCS was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October – December 2020 paid claims will be the last collected rebates associated under the DSHP designation.

DHCS is exploring the State Pharmaceutical Assistance Program (SPAP) option for collecting the state-only rebates.

Reason for Change:

The change from the prior estimate is an increase for FY 2021-22 due to using updated rebate collection figures. The change from the prior estimate for FY 2022-23, and from FY 2021-22 to FY 2022-23 in the current estimate, is a decrease due rebate collections ending in FY 2021-22.

Methodology:

1. Rebate projections for FY 2021-22 are based on actual collections during FY 2019-20 and FY 2020-21.
2. The Department anticipates collecting the following for CCS rebates in FY 2021-22 and FY 2022-23:

Fiscal Year	TF	GF	CF*
FY 2021-22	(\$42,000)	(\$42,000)	(\$42,000)
FY 2022-23	\$0	\$0	\$0

Funding:

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

100% General Fund (4260-111-0001)

*County Funds

**Not Included in Total Fund

CCS NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 10/2019
ANALYST: Autumn Recce

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	-\$3,700,000	-\$3,700,000
- GENERAL FUND	-\$3,700,000	-\$3,700,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	-\$3,700,000	-\$3,700,000
- GENERAL FUND	-\$3,700,000	-\$3,700,000
- COUNTY FUNDS	-\$3,700,000	-\$3,700,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

The Department began collecting non-BF rebates for the CCS State-Only Program in October 2019 and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4 . Current non-BF rebates were invoiced quarterly for the time period of FY 2019-20 Q1 through FY 2020-21 Q2.

CCS was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The Department is exploring the State Pharmaceutical Assistance Program (SPAP) option for collecting the state-only rebates.

Reason for Change:

There is no change in FY 2021-22 and FY 2022-23, from the prior estimate.

There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. \$41,778,000 TF has been collected for CCS State-Only non-BF rebates as of January 31, 2022.

2. CCS non-BF rebate transfers to the GF are offset against CCS State-Only expenditures and cannot exceed these expenditures. Therefore, only \$3,558,000 was transferred to the GF in FY 2019-20, and \$3,700,000 was transferred to the GF in FY 2020-21.

3. The remaining balance of \$27,262,000 will be carried over and budgeted in FY 2021-22, FY 2022-23, and future fiscal years.

4. CCS State-Only non-BF drug rebate transfers to the GF for FY 2021-22 and FY 2022-23 are estimated to be:

FY 2021-22	TF	GF	CF*
CCS Retroactive Non-BF Rebates	(\$3,700,000)	(\$3,700,000)	(\$3,700,000)

FY 2022-23	TF	GF	CF*
CCS Retroactive Non-BF Rebates	(\$3,700,000)	(\$3,700,000)	(\$3,700,000)

Funding:

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

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

CCS - CGM REBATES

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 9/2022
ANALYST: Joel Singh

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	-\$4,000	-\$16,000
	- GENERAL FUND	-\$4,000	-\$16,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$4,000	-\$16,000
	- GENERAL FUND	-\$4,000	-\$16,000
	- COUNTY FUNDS	-\$4,000	-\$16,000

Purpose

This policy change estimates the product rebates savings for continuous glucose monitoring (CGM) systems and supplies for eligible populations under the age of 21 in the California Children's Services (CCS) program.

Authority

Welfare and Institutions (W&I) Code Section 14132(m)

Interdependent Policy Changes:

Not Applicable

Background

CGM systems take glucose measurements at regular intervals, 24 hours a day, and translate the readings into dynamic data, generating glucose direction and rate of change. Currently, CGM devices are a benefit for all eligible CCS beneficiaries under the age of 21, including those with state-only coverage, through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit with an approved prior authorization establishing medical necessity, which provides comprehensive and preventive health care services for children under age 21.

The Department has rebate agreement(s) with various manufacturers for CGM systems and supplies for CGM paid claims starting on January 1, 2022. Rebates will offset the General Fund (GF) and County costs for some CGMs. CCS providers will bill for the applicable CGM devices and accessories through Medi-Cal.

Reason for Change

This change from the prior estimate, for FY 2021-22, is due to rebate savings for CGM products starting in FY 2021-22 due an updated timeline for rebate claims processing.

The change from the prior estimate, for FY 2022-23, is a net decrease due to a lower projected utilization based on updated data.

The change in the current estimate, from FY 2021-22 to FY 2022-23, is due to FY 2022-23 including a full years savings.

Methodology

1. Assume CGM rebates will be available for claims paid on or after January 1, 2022.
2. Assume 70% of CGMs will qualify for the rebates.
3. Rebates for all CGM manufacturers with rebate agreements will be received beginning April 2022.
5. On a cash basis, total estimated rebate savings in FY 2021-22 and FY 2022-23 are:

CGM Rebate	TF	GF	CF*
FY 2021-22	(\$4,000)	(\$4,000)	(\$4,000)
FY 2022-23	(\$16,000)	(\$16,000)	(\$16,000)

Funding:

100% General Fund (4260-101-0001)

County Funds*

*Not Included in Total Fund

CCS COVID-19 CASELOAD IMPACT

POLICY CHANGE NUMBER: 11
IMPLEMENTATION DATE: 4/2020
ANALYST: Celine Donaldson

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	-\$6,829,000	-\$2,301,000
- GENERAL FUND	-\$6,829,000	-\$2,301,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	21.50%	0.00%
APPLIED TO BASE - TOTAL FUNDS	-\$5,360,800	-\$2,301,000
- GENERAL FUND	-\$5,360,800	-\$2,301,000
- COUNTY FUNDS	-\$5,360,800	-\$2,301,000

Purpose

This policy change estimates the expenditure changes due to a decrease in caseload related to the COVID-19 pandemic.

Authority

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

Interdependent Policy Changes:

CCS County Administration Costs
 CCS Enrollment & Assessment Fees
 CCS CMS Net
 CCS Case Mangement (Medi-Cal Estimate)

Background

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency on January 31, 2020, and a national emergency on March 13, 2020. The public health emergency will be effective for 90 days unless extended. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The effects of the COVID-19 pandemic are unprecedented in modern times from a public health emergency and economic perspective. The pandemic will have fiscal impacts across policy areas and beneficiary populations within the Medi-Cal program.

The increased FMAP is effective January 1, 2020 and extends through the last day of the calendar quarter of the Health and Human Services COVID-19 national public health emergency.

The FFCRA includes a “continuous coverage requirement.” Under the continuous coverage requirement, states must halt most disenrollment of Medicaid eligibles enrolled at the beginning of the enrollment period or who would have enrolled during the emergency period until the end of the month the public health emergency ends in order to receive a temporary increase in the federal medical assistance percentage (FMAP). The Medi-Cal caseload has increased due to reduced disenrollment under the continuous coverage requirement.

Additionally, the COVID-19 pandemic resulted in increased levels of unemployment in California. A portion of the unemployed could potentially qualify for and enroll in Medi-Cal, resulting in a possible increase in Medi-Cal caseload and shifting from state only programs.

There is considerable uncertainty surrounding the magnitude and duration of COVID-19 caseload impacts.

Reason for Change

The increase in savings from the prior estimate for both FY 2021-22 and FY 2022-23 is due to removing the Medical Therapy Unit Medi-Cal Offset COVID-19 impact from the projections based on additional quarters of actual data and the assumption that redeterminations will begin in November 2022.

The estimated increase in costs between fiscal years is due to the projected end of the public health emergency and the resumption of eligibility redeterminations resulting in eligibles returning to the state only program.

Methodology

1. Assume the impact of the continuous coverage requirement begins in April 2020, and continues through the end of the public health emergency.
2. Based on recent trends for the CCS population, some eligibles enrolled in the state only program are shifting to Medi-Cal as a result of the public health emergency and will continue to be enrolled in Medi-Cal through the end of the public health emergency due to the FFCRA continuous coverage requirement. The recent trend in state only eligibles shifting to Medi-Cal is expected to continue through October 2022.

3. Assume that, following the end of the continuous coverage requirement, eligibility will be redetermined over a period of 12 months, through October 2023, for individuals not discontinued under the continuous coverage requirement, resulting in eligibles returning to the CCS state only program.
4. The change in average quarterly eligibles due to the public health emergency and the continuous coverage requirement are as follows. The approximate estimated impact for FY 2021-22 and FY 2022-23 is:

	Average Quarterly Eligibles	
	FY 2021-22	FY 2022-23
CCS State Only	(5,403)	(1,821)
CCS Medi-Cal	23,798	9,219

5. The estimated average quarterly cost of each state only eligible in both FY 2021-22 and FY 2022-23 is \$2,528.
6. The COVID-19 caseload impact on Medi-Cal expenditures for CCS children is budgeted in the Medi-Cal Local Assistance Estimate.

Fiscal Year	TF	GF	CF*
FY 2021-22	(\$6,829,000)	(\$6,829,000)	(\$6,829,000)
FY 2022-23	(\$2,301,000)	(\$2,301,000)	(\$2,301,000)

Funding:

100% General Fund (4260-101-0001)

County Funds*

*Not Included in Total Fund

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program

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

<u>All Counties</u>	<u>Fiscal Year</u> <u>2020-21</u> ¹	<u>Fiscal Year</u> <u>2021-22</u>	<u>Fiscal Year</u> <u>2022-23</u>	<u>FY 2021-22 -</u> <u>FY 2022-23</u> <u>% Change</u>
CCS State Only	10,032	12,111	14,633	20.82%
Impact of Policy Changes (PCs)	0	-2,905	-1,821	-37%
SUBTOTAL	10,032	9,206	12,812	39.18%

Total Medi-Cal Caseload
(CCS Medi-Cal)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2020-21</u> ¹	<u>Fiscal Year</u> <u>2021-22</u>	<u>Fiscal Year</u> <u>2022-23</u>	<u>FY 2021-22 -</u> <u>FY 2022-23</u> <u>% Change</u>
CCS Medi-Cal ²	176,512	178,295	170,342	-4.46%
Impact of Policy Changes (PCs)	0	15,075	9,219	-39%
SUBTOTAL	176,512	193,370	179,561	-7.14%

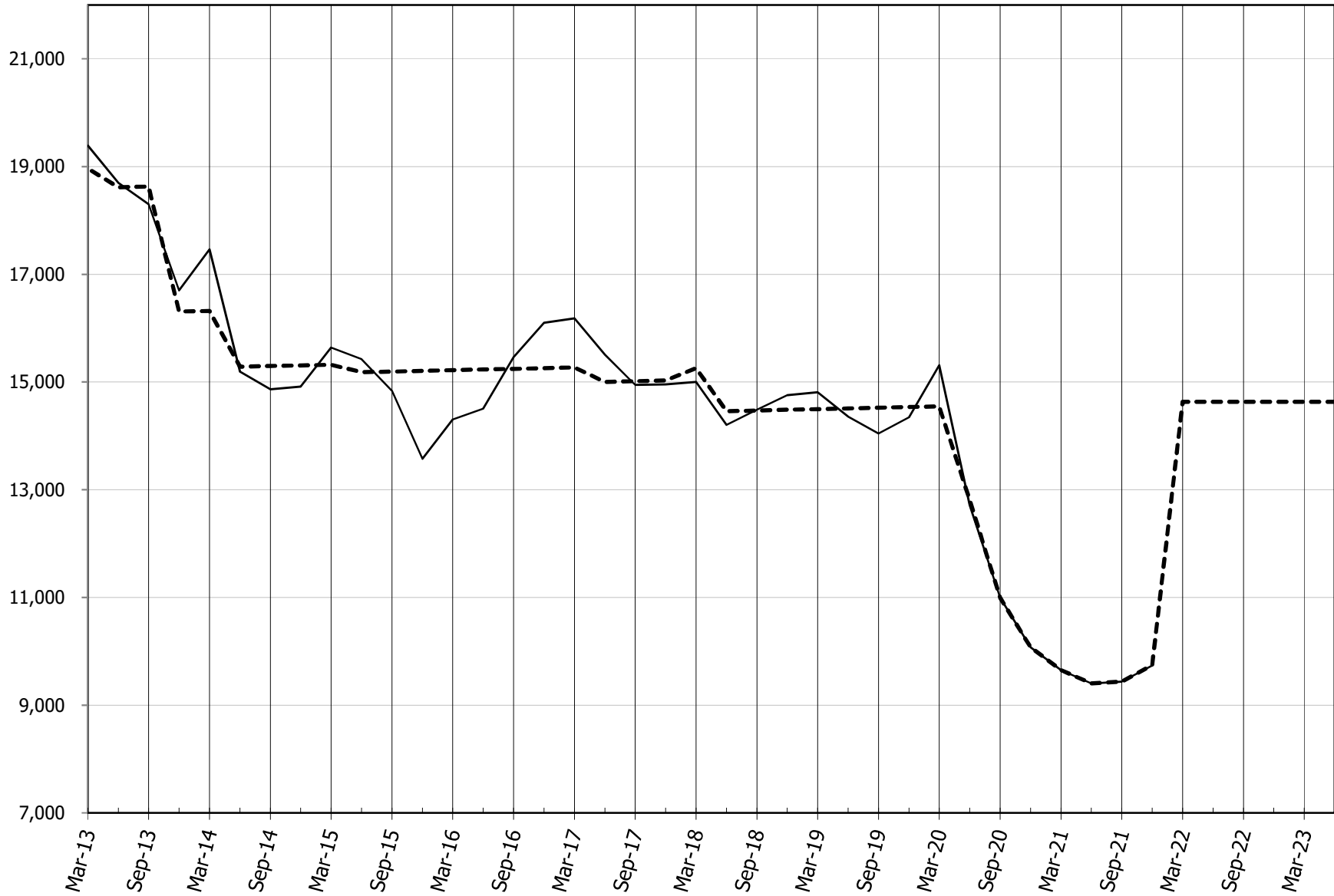
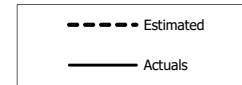
Total Caseload
(CCS State Only and CCS Medi-Cal)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2020-21</u> ¹	<u>Fiscal Year</u> <u>2021-22</u>	<u>Fiscal Year</u> <u>2022-23</u>	<u>FY 2021-22 -</u> <u>FY 2022-23</u> <u>% Change</u>
CCS State Only	10,032	9,206	12,812	39.18%
CCS Medi-Cal	176,512	193,370	179,561	-7.14%
TOTAL	186,544	202,576	192,373	-5.04%

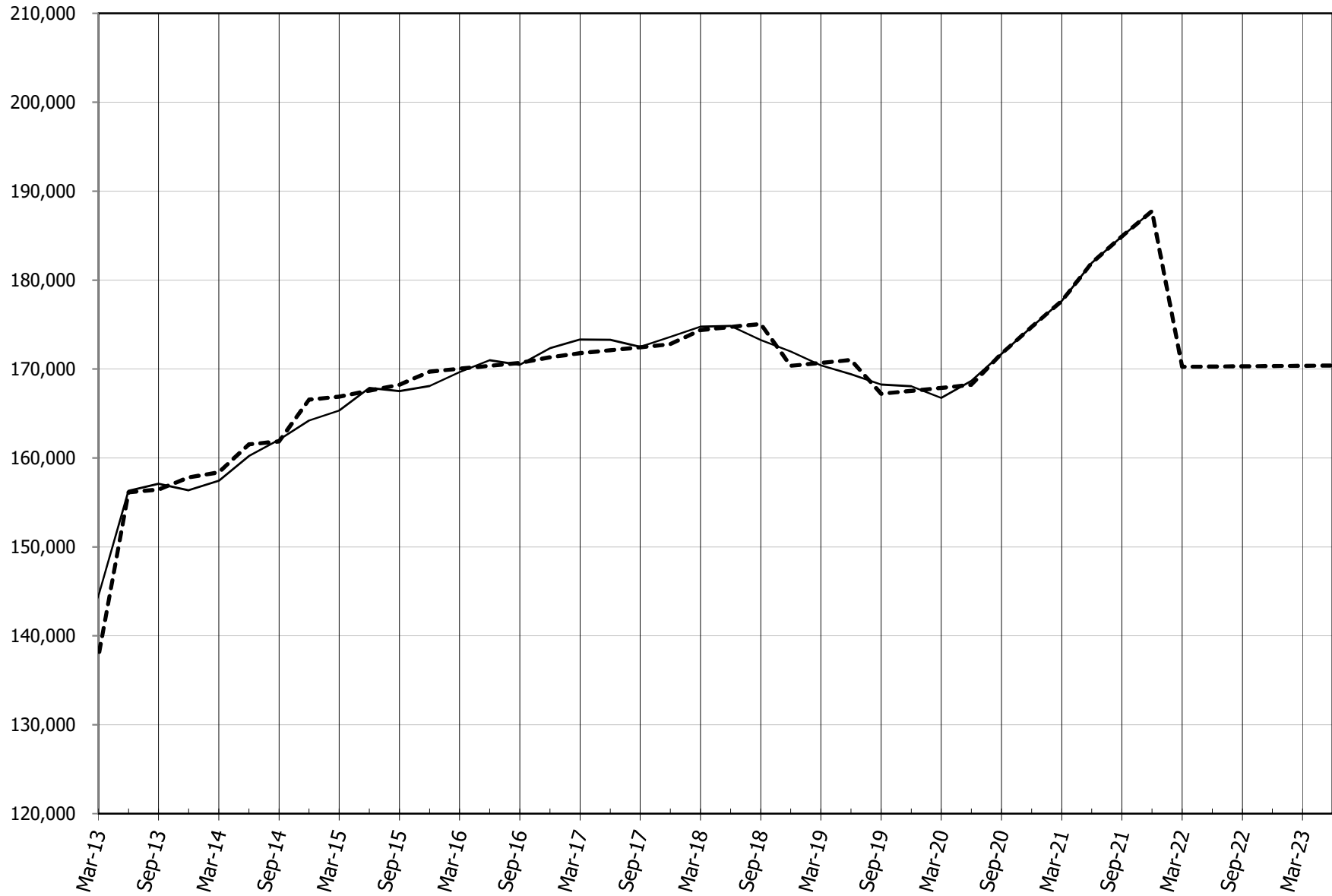
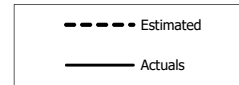
¹ Actual caseload.

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

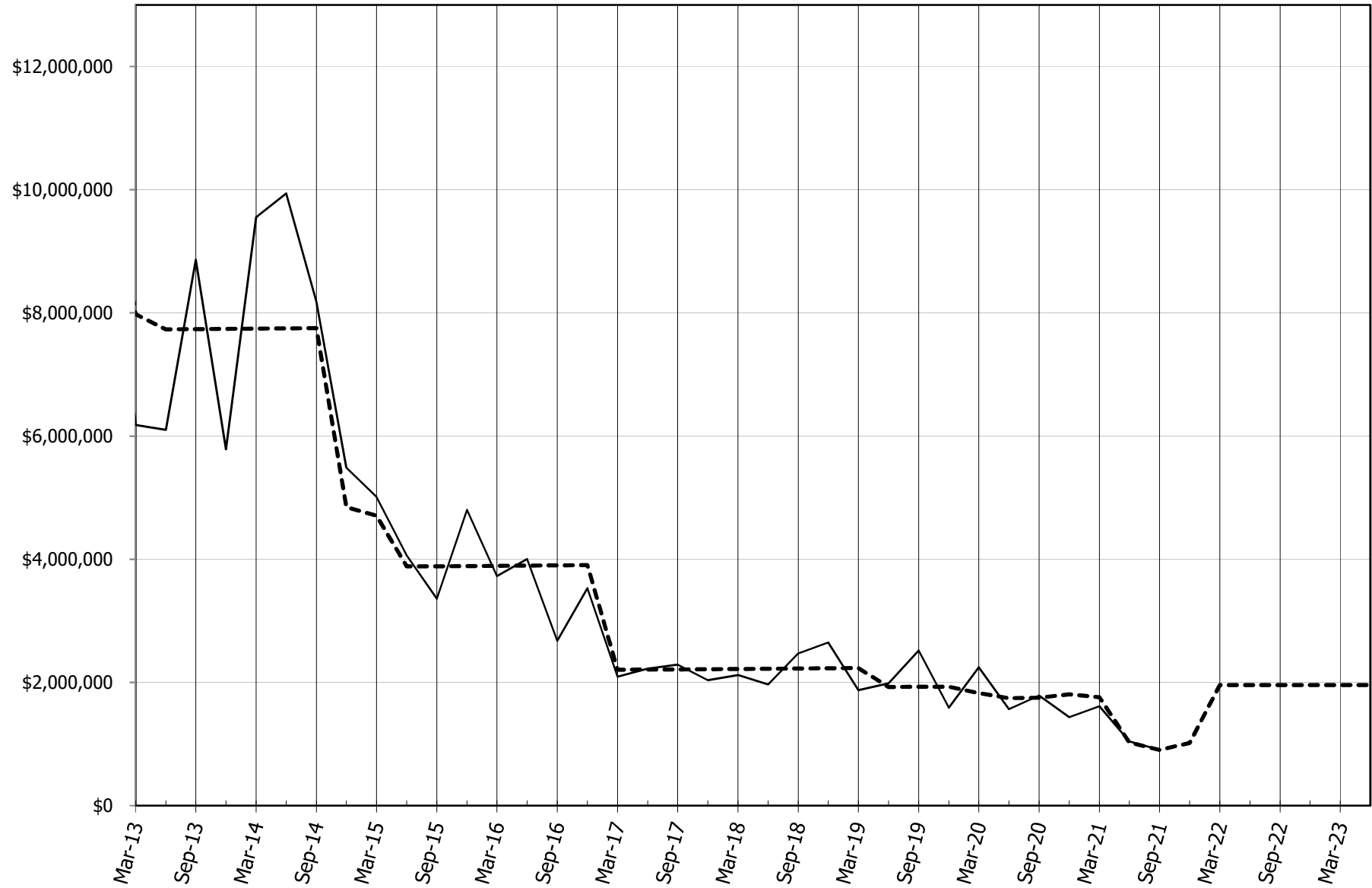
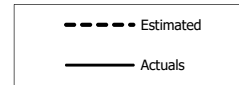
Total Statewide CCS State-Only Caseload



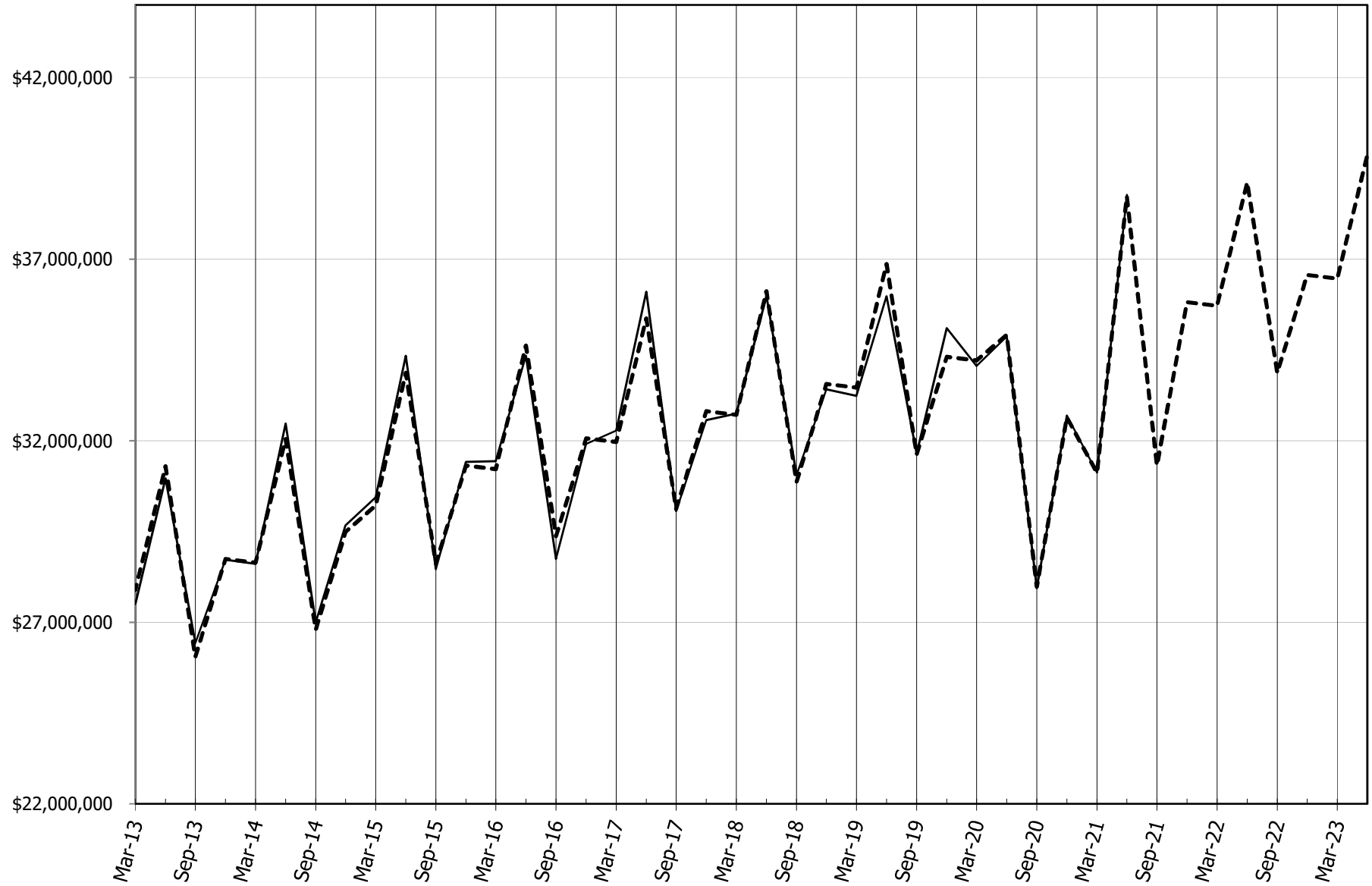
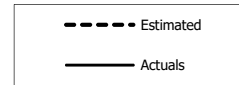
Total Statewide Medi-Cal Caseload



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



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



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

FY 2021-22, May 2022 Estimate Compared to November 2021 Estimate

	<u>Nov. 2021 Est. FY 2021-22</u>	<u>May 2022 Est. FY 2021-22</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	647	652	5
Net Dollars:			
4260-111-0001 (General Fund)	\$120,728,000	\$102,896,500	(\$17,831,500)
4260-611-0995 (Enrollment Fees)	\$453,000	\$360,100	(\$92,900)
4260-601-3079 (Rebate Special Fund)	\$15,052,000	\$14,363,000	(\$689,000)
Total	<u>\$136,233,000</u>	<u>\$117,619,600</u>	<u>(\$18,613,400)</u>

FY 2022-23, May 2022 Estimate Compared to November 2021 Estimate

	<u>Nov. 2021 Est. FY 2022-23</u>	<u>May 2022 Est. FY 2022-23</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	649	655	6
Net Dollars:			
4260-111-0001 (General Fund)	\$120,956,300	\$129,106,600	\$8,150,300
4260-611-0995 (Enrollment Fees)	\$453,000	\$425,000	(\$28,000)
4260-601-3079 (Rebates Special Fund)	\$20,335,000	\$5,762,000	(\$14,573,000)
Total	<u>\$141,744,300</u>	<u>\$135,293,600</u>	<u>(\$6,450,700)</u>

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23

	<u>May 2022 Est. FY 2021-22</u>	<u>May 2022 Est. FY 2022-23</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	652	655	3
Net Dollars:			
4260-111-0001 (General Fund)	\$102,896,500	\$129,106,600	\$26,210,100
4260-611-0995 (Enrollment Fees)	\$360,100	\$425,000	\$64,900
4260-601-3079 (Rebates Special Fund)	\$14,363,000	\$5,762,000	(\$8,601,000)
Total	<u>\$117,619,600</u>	<u>\$135,293,600</u>	<u>\$17,674,000</u>

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary
Fiscal Years 2021-22 and 2022-23 Compared to Appropriation

FY 2021-22, May 2022 Estimate Compared to Appropriation

	Appropriation FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./(Decr.)
State-Only Caseload:	670	652	(18)
Net Dollars:			
4260-111-0001 (General Fund)	\$119,635,900	\$102,896,500	(\$16,739,400)
4260-611-0995 (Enrollment Fees)	\$502,700	\$360,100	(\$142,600)
4260-601-3079 (Rebates Special Fund)	\$17,448,000	\$14,363,000	-\$3,085,000
Total	\$137,586,600	\$117,619,600	(\$19,967,000)

May 2022 Estimate for FY 2022-23 Compared to FY 2021-22 Appropriation

	Appropriation FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
State-Only Caseload:	670	655	(15)
Net Dollars:			
4260-111-0001 (General Fund)	\$119,635,900	\$129,106,600	\$9,470,700
4260-611-0995 (Enrollment Fees)	\$502,700	\$425,000	(\$77,700)
4260-601-3079 (Rebates Special Fund)	\$17,448,000	\$5,762,000	-\$11,686,000
Total	\$137,586,600	\$135,293,600	(\$2,293,000)

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2021-22**

May 2022 Estimate Compared to November 2021 Estimate, Total Funds

	Nov. 2021 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2021-22</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 136,008,000	\$ 117,030,000	\$ (18,978,000)
2. Policy Changes	\$ (540,000)	\$ (112,400)	\$ 427,600
	-----	-----	-----
Total for Services	\$ 135,468,000	\$ 116,917,600	\$ (18,550,400)
Fiscal Intermediary	\$ 765,000	\$ 702,000	\$ (63,000)
	-----	-----	-----
Total GHPP Program	\$ 136,233,000	\$ 117,619,600	\$ (18,613,400)

May 2022 Estimate Compared to November 2021 Estimate, General Fund

	Nov. 2021 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2021-22</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 136,008,000	\$ 117,030,000	\$ (18,978,000)
2. Policy Changes	\$ (16,045,000)	\$ (14,835,500)	\$ 1,209,500
	-----	-----	-----
Total for Services	\$ 119,963,000	\$ 102,194,500	\$ (17,768,500)
Fiscal Intermediary	\$ 765,000	\$ 702,000	\$ (63,000)
	-----	-----	-----
Total GHPP Program	\$ 120,728,000	\$ 102,896,500	\$ (17,831,500)

May 2022 Estimate Compared to November 2021 Estimate, Federal Funds

	Nov. 2021 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2021-22</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
	-----	-----	-----
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
	-----	-----	-----
Total GHPP Program	\$ 0	\$ 0	\$ 0

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2022-23**

May 2022 Estimate Compared to November 2021 Estimate, Total Funds

	Nov. 2021 Est. <u>FY 2022-23</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	\$ 141,705,000	\$ 135,464,000	\$ (6,241,000)
2. Policy Changes	\$ (749,700)	\$ (913,400)	\$ (163,700)
	-----	-----	-----
Total	\$ 140,955,300	\$ 134,550,600	\$ (6,404,700)
Fiscal Intermediary	\$ 789,000	\$ 743,000	\$ (46,000)
	-----	-----	-----
Total GHPP Program	\$ 141,744,300	\$ 135,293,600	\$ (6,450,700)

May 2022 Estimate Compared to November 2021 Estimate, General Fund

	Nov. 2021 Est. <u>FY 2022-23</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	\$ 141,705,000	\$ 135,464,000	\$ (6,241,000)
2. Policy Changes	\$ (21,537,700)	\$ (7,100,400)	\$ 14,437,300
	-----	-----	-----
Total for Services	\$ 120,167,300	\$ 128,363,600	\$ 8,196,300
Fiscal Intermediary	\$ 789,000	\$ 743,000	\$ (46,000)
	-----	-----	-----
Total GHPP Program	\$ 120,956,300	\$ 129,106,600	\$ 8,150,300

May 2022 Estimate Compared to November 2021 Estimate, Federal Funds

	Nov. 2021 Est. <u>FY 2022-23</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./((Decr.))</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
	-----	-----	-----
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
	-----	-----	-----
Total GHPP Program	\$ 0	\$ 0	\$ 0

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

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, Total Funds

	<u>May 2022 Est.</u> <u>FY 2021-22</u>	<u>May 2022 Est.</u> <u>FY 2022-23</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 117,030,000	\$ 135,464,000	\$ 18,434,000
2. Policy Changes	\$ (112,400)	\$ (913,400)	\$ (801,000)
Total for Services	\$ 116,917,600	\$ 134,550,600	\$ 17,633,000
Fiscal Intermediary	\$ 702,000	\$ 743,000	\$ 41,000
Total GHPP Program	\$ 117,619,600	\$ 135,293,600	\$ 17,674,000

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, General Fund

	<u>May 2022 Est.</u> <u>FY 2021-22</u>	<u>May 2022 Est.</u> <u>FY 2022-23</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 117,030,000	\$ 135,464,000	\$ 18,434,000
2. Policy Changes	\$ (14,835,500)	\$ (7,100,400)	\$ 7,735,100
Total for Services	\$ 102,194,500	\$ 128,363,600	\$ 26,169,100
Fiscal Intermediary	\$ 702,000	\$ 743,000	\$ 41,000
Total GHPP Program	\$ 102,896,500	\$ 129,106,600	\$ 26,210,100

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, Federal Funds

	<u>May 2022 Est.</u> <u>FY 2021-22</u>	<u>May 2022 Est.</u> <u>FY 2022-23</u>	<u>Difference</u> <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2020-21 Actuals	Hemophilia	274	\$ 420,300	\$ 115,159,000
	Cystic Fibrosis	204	58,000	11,833,000
	Sickle Cell	57	4,500	256,000
	Huntington's	26	-	-
	Metabolic 2/	19	4,300	81,000
		580	\$ 219,500	\$ 127,329,000
2021-22 Estimate	Hemophilia	306	\$ 342,000	\$ 104,663,000
	Cystic Fibrosis	219	55,600	12,178,000
	Sickle Cell	73	2,200	163,000
	Huntington's	28	300	8,000
	Metabolic 2/	26	700	18,000
		652	\$ 179,500	\$ 117,030,000
2022-23 Estimate	Hemophilia	306	\$ 402,500	\$ 123,171,000
	Cystic Fibrosis	222	54,400	12,084,000
	Sickle Cell	73	2,300	171,000
	Huntington's	28	600	18,000
	Metabolic 2/	26	800	20,000
		655	\$ 206,800	\$ 135,464,000

1/ Actual expenditure data is complete through January 2022.

Actual caseload data is complete through January 2022.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Estimate Comparisons for Fiscal Years 2021-22 and 2022-23

FY 2021-22, May 2022 Estimate Compared to November 2021 Estimate

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./(Decr.)
Hemophilia	\$ 123,077,000	\$ 104,663,000	\$ (18,414,000)
Cystic Fibrosis	12,579,000	12,178,000	(401,000)
Sickle Cell	280,000	163,000	(117,000)
Huntington's	18,000	8,000	(10,000)
Metabolic	54,000	18,000	(36,000)
TOTAL	\$ 136,008,000	\$ 117,030,000	\$ (18,978,000)

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23

	May 2022 Est. FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
Hemophilia	\$ 104,663,000	\$ 123,171,000	\$ 18,508,000
Cystic Fibrosis	12,178,000	12,084,000	(94,000)
Sickle Cell	163,000	171,000	8,000
Huntington's	8,000	18,000	10,000
Metabolic	18,000	20,000	2,000
TOTAL	\$ 117,030,000	\$ 135,464,000	\$ 18,434,000

FY 2022-23, May 2022 Estimate Compared to November 2021 Estimate

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
Hemophilia	\$ 128,902,000	\$ 123,171,000	\$ (5,731,000)
Cystic Fibrosis	12,441,000	12,084,000	(357,000)
Sickle Cell	286,000	171,000	(115,000)
Huntington's	20,000	18,000	(2,000)
Metabolic	56,000	20,000	(36,000)
TOTAL	\$ 141,705,000	\$ 135,464,000	\$ (6,241,000)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Current and Budget Year Base Estimates Compared to Appropriation

FY 2021-22, May 2022 Estimate Compared to Appropriation

	Appropriation FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./((Decr.))
Hemophilia	\$ 124,427,000	\$ 104,663,000	(\$ 19,764,000)
Cystic Fibrosis	13,293,000	12,178,000	(1,115,000)
Sickle Cell	247,000	163,000	(84,000)
Huntington's	18,000	8,000	(10,000)
Metabolic	104,000	18,000	(86,000)
TOTAL	\$ 138,089,000	\$ 117,030,000	(\$ 21,059,000)

May 2022 Estimate for FY 2022-23 Compared to FY 2021-22 Appropriation

	Appropriation FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./((Decr.))
Hemophilia	\$ 124,427,000	\$ 123,171,000	(\$ 1,256,000)
Cystic Fibrosis	13,293,000	12,084,000	(1,209,000)
Sickle Cell	247,000	171,000	(76,000)
Huntington's	18,000	18,000	-
Metabolic	104,000	20,000	(84,000)
TOTAL	\$ 138,089,000	\$ 135,464,000	(\$ 2,625,000)

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

Fiscal Year 2021-22

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	657	351	306
Cystic Fibrosis	409	190	219
Sickle Cell	207	134	73
Huntington's	70	42	28
Metabolic	<u>114</u>	<u>88</u>	<u>26</u>
Total	1,457	805	652

Fiscal Year 2022-23

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	610	304	306
Cystic Fibrosis	388	166	222
Sickle Cell	195	122	73
Huntington's	66	38	28
Metabolic	<u>112</u>	<u>86</u>	<u>26</u>
Total	1,371	716	655

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Average Monthly State-Only Caseload Comparison**

FY 2021-22, May 2022 Estimate Compared to November 2021 Estimate

	Nov. 2021 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2021-22</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	304	306	2
Cystic Fibrosis	219	219	0
Sickle Cell	71	73	2
Huntington's	28	28	0
Metabolic	<u>25</u>	<u>26</u>	<u>1</u>
Total	647	652	5

Fiscal Year 2021-22 Compared to Fiscal Year 2022-23

	May 2022 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	306	306	0
Cystic Fibrosis	219	222	3
Sickle Cell	73	73	0
Huntington's	28	28	0
Metabolic	<u>26</u>	<u>26</u>	<u>0</u>
Total	652	655	3

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

FY 2021-22, May 2022 Estimate Compared to November 2021 Estimate

	Nov. 2021 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2021-22</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	303	351	48
Cystic Fibrosis	169	190	21
Sickle Cell	122	134	12
Huntington's	38	42	4
Metabolic	<u>85</u>	<u>88</u>	<u>3</u>
Total	717	805	88

Fiscal Year 2021-22 Compared to Fiscal Year 2022-23

	May 2022 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./(Decr.)</u>
Hemophilia	351	304	(47)
Cystic Fibrosis	190	166	(24)
Sickle Cell	134	122	(12)
Huntington's	42	38	(4)
Metabolic	<u>88</u>	<u>86</u>	<u>(2)</u>
Total	805	716	(89)

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

Fiscal Year 2021-22, Comparison of May 2022 and November 2021 Estimates								
<u>POLICY CHG.</u>			<u>NOVEMBER 2021 ESTIMATE</u>		<u>MAY 2022 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$765,000	\$765,000	\$702,000	\$702,000	-\$63,000	-\$63,000
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$132,000	\$132,000	\$146,000	\$146,000	\$14,000	\$14,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$672,000	-\$672,000	-\$258,400	-\$258,400	\$413,600	\$413,600
Benefits	6	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			\$225,000	\$225,000	\$589,600	\$589,600	\$364,600	\$364,600

Fiscal Year 2022-23, Comparison of May 2022 and November 2021 Estimates								
<u>POLICY CHG.</u>			<u>NOVEMBER 2021 ESTIMATE</u>		<u>MAY 2022 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$789,000	\$789,000	\$743,000	\$743,000	-\$46,000	-\$46,000
Benefits	3	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	GHPP PREMIUM COSTS	\$154,000	\$154,000	\$174,000	\$174,000	\$20,000	\$20,000
Benefits	5	GHPP PREMIUM SAVINGS	-\$903,700	-\$903,700	-\$1,087,400	-\$1,087,400	-\$183,700	-\$183,700
Benefits	6	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			\$39,300	\$39,300	-\$170,400	-\$170,400	-\$209,700	-\$209,700

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

Enrollment Fees

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Sasha Jetton

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$360,100	-\$425,000
	- ENROLLMENT FEES FUND	\$360,100	\$425,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$360,100	-\$425,000
	- ENROLLMENT FEES FUND	\$360,100	\$425,000

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

GHPP enrollment fees for some beneficiaries are being waived due to the COVID-19 Public Health Emergency (PHE), resulting in a decrease in projected fee collections for FY 2021-22 and FY 2022-23.

Enrollment fees are projected to be lower in FY 2021-22 as compared to the prior estimate due to actual collections for the first six months of the year being lower than estimated. Projections have also decreased slightly for FY 2022-23 based on the lower collections in FY 2021-22 and a six-month grace period for fee collection waivers after the end of the PHE.

The projected increase in fees between fiscal years in the current estimate are due to the discontinuation of the fee waiver after the end of the PHE.

Methodology:

1. Enrollment fees of \$389,500 were collected in Fiscal Year (FY) 2020-21, and \$150,700 collected as of December 2021 for FY 2021-22. Averaging the fees collected in these 18 months, the estimated enrollment fees for FY 2021-22 are \$360,000.

$$\text{FY 2021-22: } \$ (389,500 + 150,700) \div 18 \times 12 = \$360,100 \text{ } (\$360,100 \text{ GF})$$

2. FY 2022-23 enrollment fees are calculated based on six months at the projected FY 2021-22 monthly average of \$30,000, plus six months based on pre-PHE average monthly actual collected fees \$40,800. The estimated enrollment fees for FY 2022-23 are \$425,000.

$$\text{FY 2022-23: } \$ (360,100 \div 12 \times 6) + \$ (40,800 \times 6) = \$425,000 \text{ } (\$425,000 \text{ GF})$$

2. Fee collections will no longer be waived after the COVID-19 PHE ends, except in some cases where a six month grace period may apply.

Funding:

100% GF (4260-111-0001)

GHPP Enrollment Fees (4260-611-0995)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$702,000	\$743,000
	- GENERAL FUND	\$702,000	\$743,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$702,000	\$743,000
	- GENERAL FUND	\$702,000	\$743,000

Purpose:

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

Authority:

Health & Safety Code 125130
 Governor's Executive Order N-01-19

Interdependent Policy Changes:

Not Applicable

Background:

The GHPP utilizes FIs to adjudicate and pay medical, pharmacy, and dental claims. Effective October 1, 2020, the Gainwell (GTS) and IBM contractors began processing medical and pharmacy claims. The processing of pharmacy claims was shifted to Medi-Cal Rx with the Assumption of Operations (AOO) which began January 1, 2022.

Between January 1, 2021, and AOO, Medi-Cal Rx provided transitional services and supports to include but not be limited to, Customer Service Center, Clinical Staff Support, Pharmacy Service Portal, as well as Outreach and Education.

Dental claims are adjudicated by the 2016 Delta Administrative Services Organization (ASO) contractor and the 2016 DXC FI contractor. The ASO contract costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR). The FI contract costs are paid based on a cost per document count basis. The FI scans documents while the ASO processes ACLs and TARs.

Reason for Change:

The change in FY 2021-22 and FY 2022-23, from the prior estimate, is a decrease due to decreased FI administrative costs. The change from FY 2021-22 to FY 2022-23, in the current estimate, is an increase due to higher projected FI administrative and Medi-Cal Rx costs.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$662,000 in FY 2021-22 and \$701,000 in FY 2022-23.
2. Based on actual and projected volumes for the current year, the estimated dental FI administrative costs are \$1,000 in FY 2021-22 and FY 2022-23.
3. The estimated Medi-Cal Rx are \$39,000 in FY 2021-22, and \$41,000 in FY 2022-23.
4. The total estimated medical and dental FI administrative costs for GHPP are **\$702,000 GF in FY 2021-22** and **\$743,000 GF in FY 2022-23**.

Funding:

100% General Fund (4260-111-0001)

BLOOD FACTOR DRUG REBATES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/2003
ANALYST: Ryan Chin

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$8,363,000	\$0
- REBATE SPECIAL FUND	\$8,363,000	\$0
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$8,363,000	\$0
- REBATE SPECIAL FUND	\$8,363,000	\$0

Purpose:

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

Authority:

SB 1100 (Chapter 560, Statutes of 2005)

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool.

GHPP was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October – December 2020 paid claims will be the last collected rebates associated under the DSHP designation.

DHCS is exploring the State Pharmaceutical Assistance Program (SPAP) option for collecting the state-only rebates.

Reason for Change:

The change from the prior estimate is an increase for FY 2021-22 due to using updated rebate collection figures. The change from the prior estimate for FY 2022-23, and the change from FY 2021-22 to FY 2022-23 in the current estimate, is a decrease due to rebate collections ending in FY 2021-22.

Methodology:

1. Rebate projections for FY 2021-22 are based on actual collections during FY 2019-20 and FY 2020-21.
2. The percentage change from FY 2019-20 to FY 2020-21 was used to determine the estimated amount for FY 2021-22.
3. The Department anticipates collecting **\$8,363,000** in **FY 2021-22** GHPP rebates.

Funding:

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

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 12/2009
ANALYST: Sasha Jetton

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$146,000	\$174,000
	- GENERAL FUND	\$146,000	\$174,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$146,000	\$174,000
	- GENERAL FUND	\$146,000	\$174,000

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

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

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

Reason for Change:

The increase from the prior estimate for both FY 2021-22 and FY 2022-23 is due to two additional cystic fibrosis and one Hemophilia clients enrolling and participating in the program through December 2021.

The increase between FY 2021-22 and FY 2022-23 in the current estimate is due to the anticipated enrollment of three additional clients in FY 2022-23.

Methodology:

1. Assume the monthly premium costs per enrollee are \$400 for Hemophilia, \$610 for Cystic Fibrosis, \$330 for Sickle Cell, \$270 for Metabolic, and \$390 for Huntington's based on recent premium costs for participants.
2. As of January 2022, 25 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	35	36
Cystic Fibrosis	155	156
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36

3. Assume three new clients will enroll in FY 2021-22. The estimated member months for additional clients are:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	5	12
Cystic Fibrosis	4	24

4. Assume three new clients will enroll in FY 2022-23. The estimated member months for additional clients are:

	Member Months
	FY 2022-23
Hemophilia	11
Cystic Fibrosis	13

5. Total Member Months:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	40	59
Cystic Fibrosis	159	193
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36
Total	295	348

6. Projected Premium Payments (Rounded):

	FY 2021-22	FY 2022-23
Total Funds	\$ 146,000	\$ 174,000
General Funds	\$ 146,000	\$ 174,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 12/2009
ANALYST: Sasha Jetton

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,887,000	-\$2,866,000
	- GENERAL FUND	-\$1,887,000	-\$2,866,000
PAYMENT LAG		0.9767	0.9998
% REFLECTED IN BASE		85.98%	62.05%
APPLIED TO BASE	- TOTAL FUNDS	-\$258,400	-\$1,087,400
	- GENERAL FUND	-\$258,400	-\$1,087,400

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

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

Reason for Change:

There is no significant change from the prior estimate for FY 2021-22 and FY 2022-23.

The increase between FY 2021-22 and FY 2022-23 in the current estimate is due to the anticipated enrollment of three additional clients in FY 2022-23.

Methodology:

1. As of January 2022, 25 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	35	36
Cystic Fibrosis	155	156
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36

2. Assume three new clients will enroll in FY 2021-22. The estimated member months for additional clients are:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	5	12
Cystic Fibrosis	4	24

3. Assume three new clients will enroll in FY 2022-23. The estimated member months for additional clients are:

	Member Months	
		FY 2022-23
Hemophilia		11
Cystic Fibrosis		13

4. Total Member Months:

	Member Months	
	FY 2021-22	FY 2022-23
Hemophilia	40	59
Cystic Fibrosis	159	193
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36
Total	295	348

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the May 2022 Family Health Estimate:

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
Hemophilia	\$ 342,000	\$ 402,500
Cystic Fibrosis	\$ 55,600	\$ 54,400
Sickle Cell	\$ 2,200	\$ 2,300
Metabolic	\$ 700	\$ 800
Huntington's	\$ 300	\$ 600

6. Projected Savings (Rounded):

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
Total Funds	\$ 1,887,000	\$ 2,866,000
General Funds	\$ 1,887,000	\$ 2,866,000

Funding:

100% GF (4260-111-0001)

GHPP NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 10/2019
ANALYST: Autumn Recce

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$6,000,000	-\$5,762,000
- REBATE SPECIAL FUND	\$6,000,000	\$5,762,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$6,000,000	-\$5,762,000
- REBATE SPECIAL FUND	\$6,000,000	\$5,762,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

The Department began collecting non-BF rebates for the GHPP State-Only in October 2019, and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4. Current non-BF rebates were invoiced quarterly for the time period of FY 2019-20 Q1 through FY 2020-21 Q2. The non-BF rebates are deposited into the Children's Medical Services Rebate Fund (4260-601-3079).

GHPP was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. GHPP's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The Department is exploring the State Pharmaceutical Assistance Program (SPAP) option for collecting the state-only rebates.

Reason for Change:

The change in FY 2021-22, from the prior estimate, is due to updating the estimated rebate transfer assumption based on current rebate collections.

The change in FY 2022-23, from the prior estimate, is due to:

- Removing the assumption that rebate invoicing will resume in FY 2021-22 Q3, and
- Assuming the remaining balance of collected rebates will be transferred to the GF.

The change from FY 2021-22 to FY 2022-23, in the current estimate, is due to assuming the remaining balance of collected rebates will be transferred to the GF in FY 2022-23.

Methodology:

1. \$123,041,000 TF has been collected for retroactive and current GHPP non-BF rebates as of December 31, 2021.
2. \$52,715,000 in rebates were transferred to the GF in FY 2019-20, and \$58,564,000 were transferred to the GF in FY 2020-21. The remaining balance of \$11,762,000 in collected rebates will be transferred in FY 2021-22 and FY 2022-23.
3. GHPP State-Only non-BF drug rebate transfers to the GF for FY 2021-22 and FY 2022-23 are estimated to be:

FY 2021-22	TF	GF	Drug Rebates Special Fund
GHPP Non-BF Rebates	\$0	(\$6,000,000)	\$6,000,000

FY 2022-23	TF	GF	Drug Rebates Special Fund
GHPP Non-BF Rebates	\$0	(\$5,762,000)	\$5,762,000

Funding:

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

**GHPP Trend Report
(Includes Actuals & Projected Base Values)**

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,297	665	632	\$ 33,535,996
2	1,327	673	654	34,107,018
3	1,342	685	657	35,936,176
4	1,362	718	644	34,331,131
2019-20	1,333	685	648	\$ 137,911,000
1	1,249	684	565	\$ 32,389,958
2	1,216	678	538	34,284,472
3	1,301	734	567	27,592,108
4	1,487	839	648	33,061,032
2020-21	1,314	734	580	\$ 127,329,000
1	1,513	864	649	\$ 29,761,377
2	1,536	879	657	26,264,404
3	1,417	765	652	27,863,335
4	1,365	710	655	33,141,960
2021-22	1,457	805	652	\$ 117,030,000
1	1,369	714	655	\$ 33,431,699
2	1,370	715	655	33,721,438
3	1,371	716	655	34,011,177
4	1,376	719	657	34,300,917
2022-23	1,371	716	655	\$ 135,464,000

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

2) FY 2021-22 reflects actuals and projected base estimate values.

3) FY 2022-23 reflects projected base estimate values.

**GHPP Trend Report
(Includes Actuals & Projected Base Values)**

Hemophilia

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	573	274	299	\$ 30,705,823
2	586	274	312	30,802,364
3	596	279	317	31,788,753
4	603	300	303	30,898,977
2019-20	590	282	308	\$ 124,196,000
1	563	297	266	\$ 29,066,934
2	559	303	256	31,069,380
3	596	328	268	24,669,533
4	672	368	304	30,352,711
2020-21	598	324	274	\$ 115,159,000
1	685	381	304	\$ 26,690,883
2	700	390	310	22,852,468
3	637	331	306	25,051,466
4	606	300	306	30,068,454
2021-22	657	351	306	\$ 104,663,000
1	608	302	306	\$ 30,358,193
2	609	303	306	30,647,932
3	610	304	306	30,937,671
4	612	306	306	31,227,411
2022-23	610	304	306	\$ 123,171,000

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2021-22 reflects actuals and projected base estimate values.
3) FY 2022-23 reflects projected base estimate values.**

**GHPH Trend Report
(Includes Actuals & Projected Base Values)**

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPH Only Caseload</u>	<u>Total GHPH Only Payments</u>
1	375	160	215	\$ 2,570,999
2	384	166	218	3,186,973
3	386	169	217	4,053,004
4	393	171	222	3,364,906
2019-20	384	166	218	\$ 13,176,000
1	365	163	202	\$ 3,268,247
2	355	162	193	3,133,546
3	376	176	200	2,771,244
4	420	199	221	2,659,809
2020-21	379	175	204	\$ 11,833,000
1	424	206	218	\$ 3,021,984
2	428	209	219	3,370,809
3	399	179	220	2,764,716
4	387	166	221	3,020,982
2021-22	409	190	219	\$ 12,178,000
1	387	166	221	\$ 3,020,982
2	388	166	222	3,020,982
3	388	166	222	3,020,982
4	389	166	223	3,020,982
2022-23	388	166	222	\$ 12,084,000

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

2) FY 2021-22 reflects actuals and projected base estimate values.

3) FY 2022-23 reflects projected base estimate values.

**GHPP Trend Report
(Includes Actuals & Projected Base Values)**

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	180	116	64	\$ 71,533
2	185	119	66	62,938
3	186	120	66	69,803
4	185	121	64	57,310
2019-20	184	119	65	\$ 262,000
1	162	109	53	\$ 49,374
2	154	105	49	74,157
3	169	115	54	91,254
4	208	137	71	40,787
2020-21	174	117	57	\$ 256,000
1	215	140	75	\$ 42,653
2	219	146	73	38,409
3	202	130	72	39,267
4	194	121	73	42,825
2021-22	207	134	73	\$ 163,000
1	195	122	73	\$ 42,825
2	195	122	73	42,825
3	195	122	73	42,825
4	196	123	73	42,825
2022-23	195	122	73	\$ 171,000

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2021-22 reflects actuals and projected base estimate values.
 3) FY 2022-23 reflects projected base estimate values.

**GHPP Trend Report
(Includes Actuals & Projected Base Values)**

Huntington

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	71	37	34	\$ 13,016
2	70	36	34	6,242
3	69	37	32	121
4	71	41	30	168
2019-20	71	38	33	\$ 20,000
1	63	37	26	\$ 0
2	59	35	24	-
3	65	37	28	22
4	71	43	28	-
2020-21	64	38	26	\$ 0
1	72	44	28	\$ 11
2	73	44	29	201
3	68	40	28	3,106
4	66	38	28	4,608
2021-22	70	42	28	\$ 8,000
1	66	38	28	\$ 4,608
2	66	38	28	4,608
3	66	38	28	4,608
4	66	38	28	4,608
2022-23	66	38	28	\$ 18,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2021-22 reflects actuals and projected base estimate values.
 3) FY 2022-23 reflects projected base estimate values.

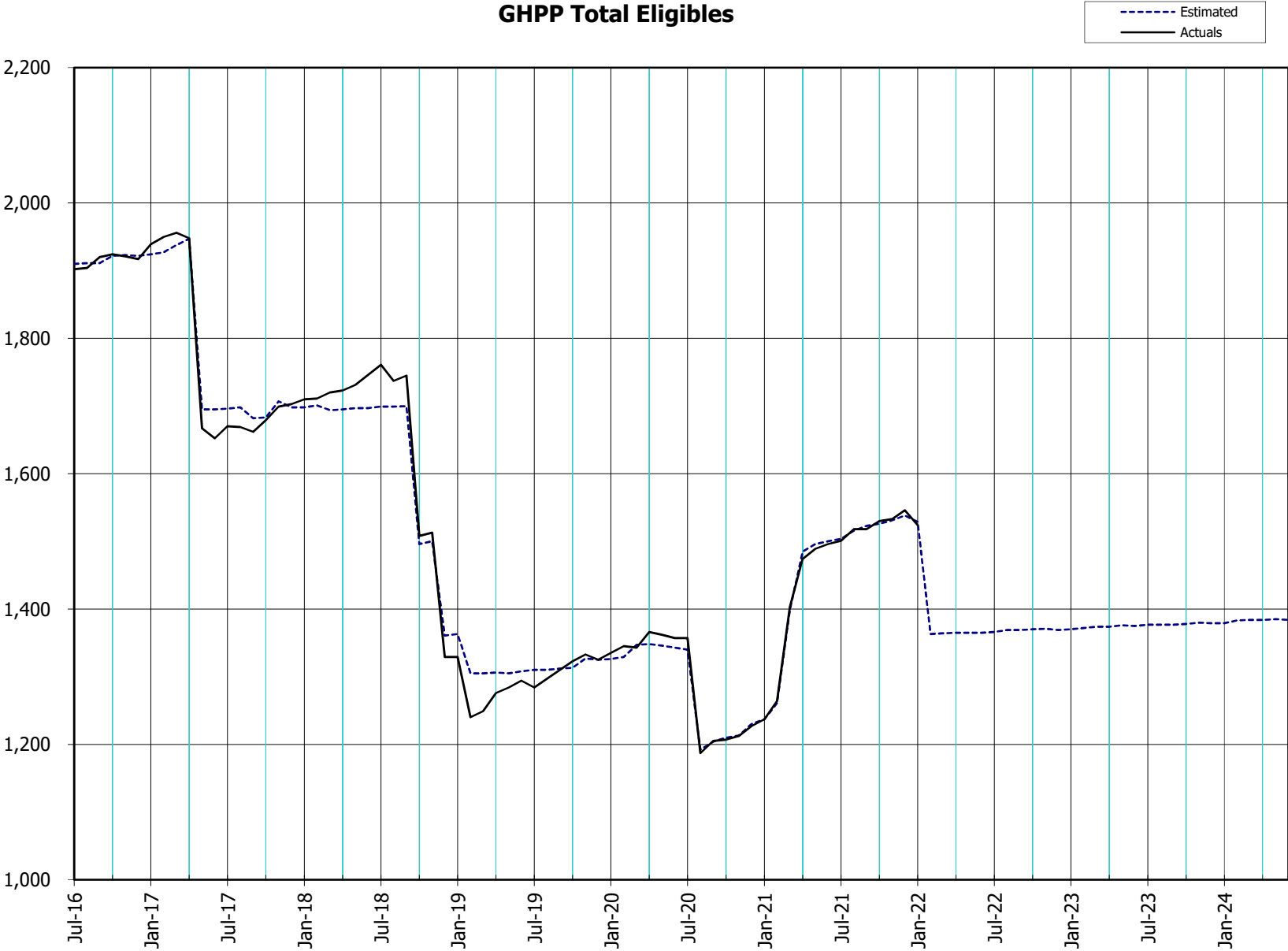
**GHPP Trend Report
(Includes Actuals & Projected Base Values)**

Metabolic

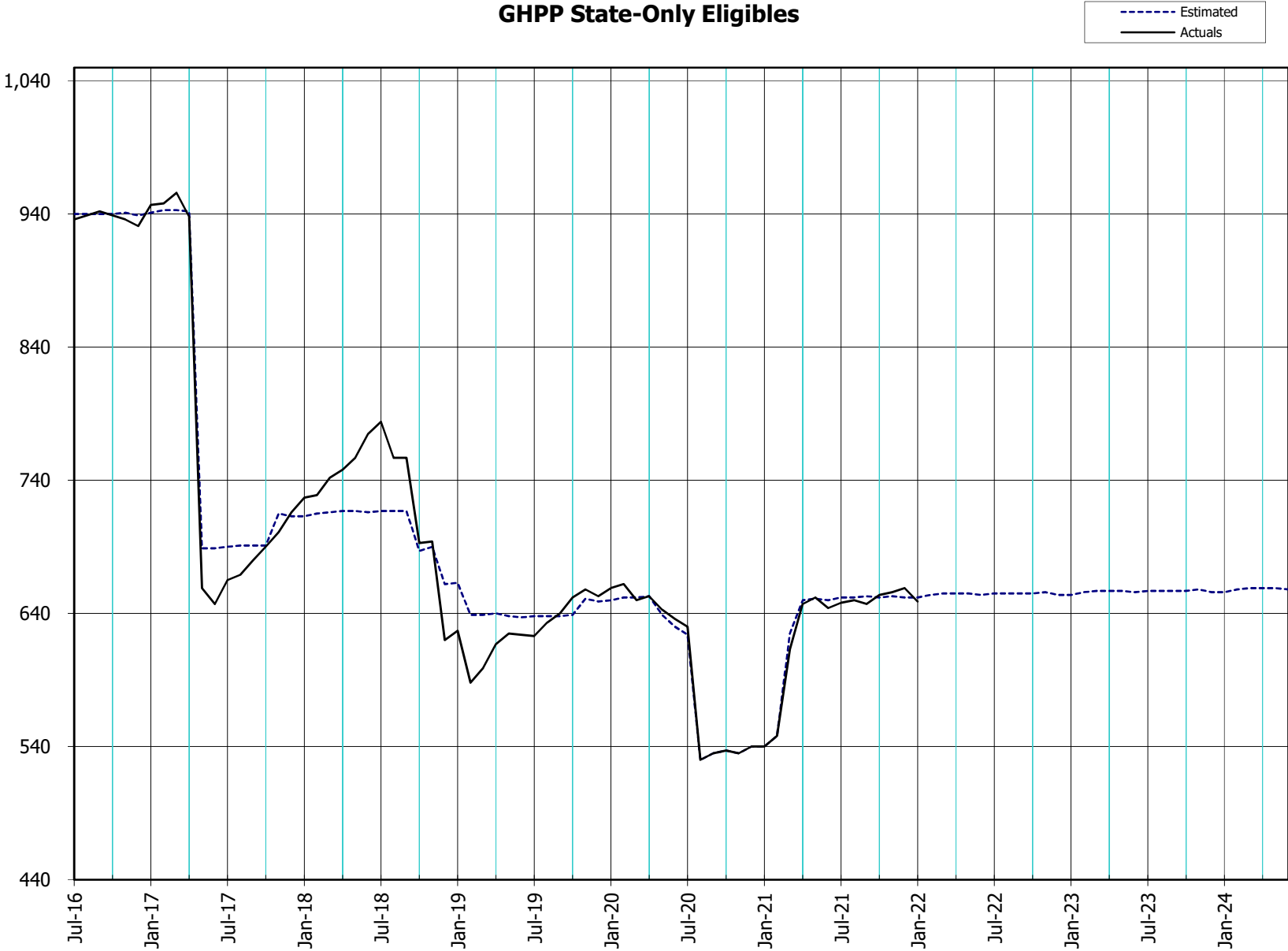
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	98	78	20	\$ 174,625
2	102	78	24	48,501
3	105	80	25	24,495
4	110	85	25	9,770
2019-20	104	80	24	\$ 257,000
1	96	78	18	\$ 5,403
2	89	73	16	7,389
3	95	78	17	60,055
4	116	92	24	7,725
2020-21	99	80	19	\$ 81,000
1	117	93	24	\$ 5,846
2	116	90	26	2,517
3	111	85	26	4,780
4	112	85	27	5,091
2021-22	114	88	26	\$ 18,000
1	113	86	27	\$ 5,091
2	112	86	26	5,091
3	112	86	26	5,091
4	113	86	27	5,091
2022-23	112	86	26	\$ 20,000

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2021-22 reflects actuals and projected base estimate values.
3) FY 2022-23 reflects projected base estimate values.**

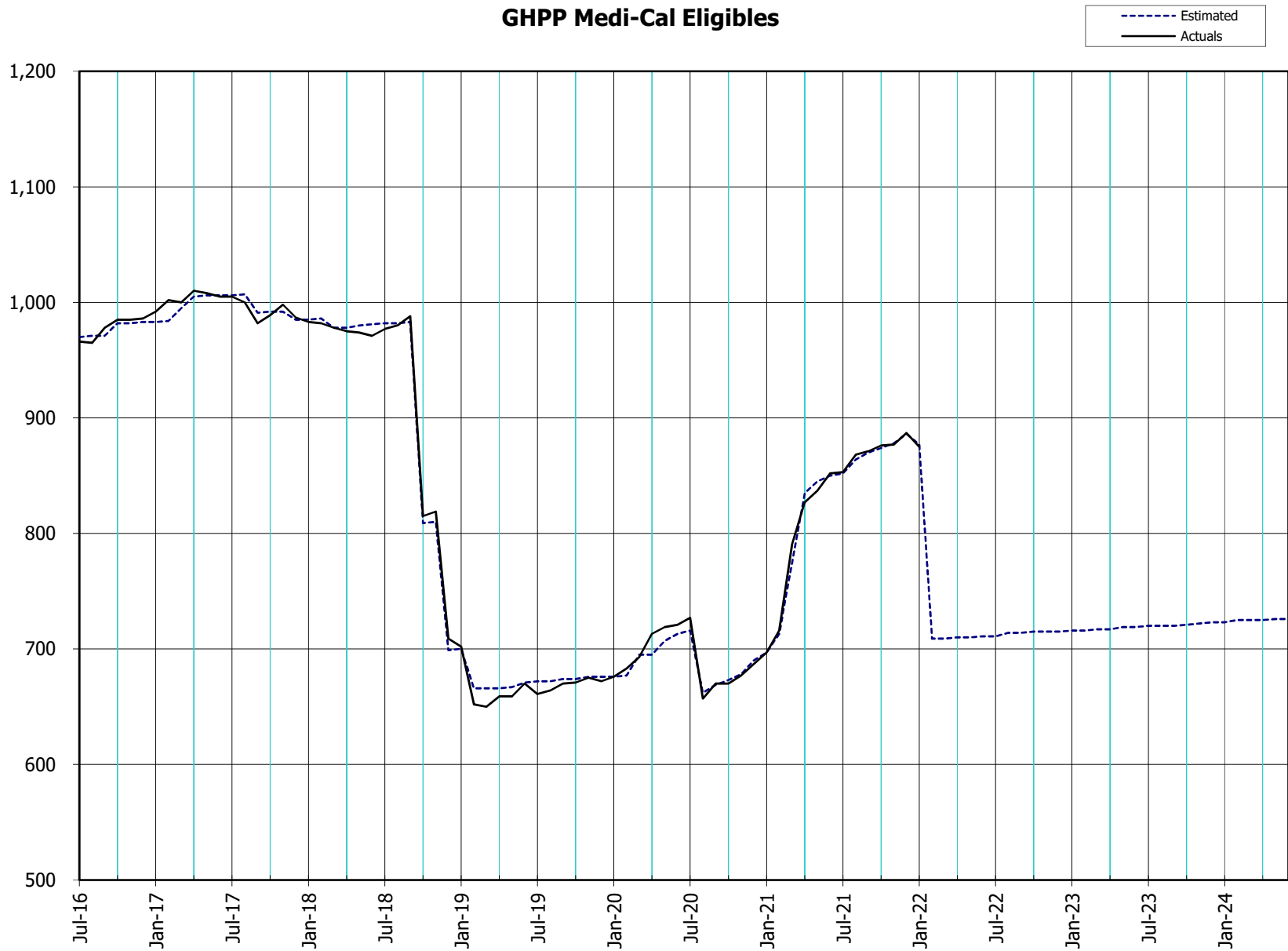
GHPP Total Eligibles



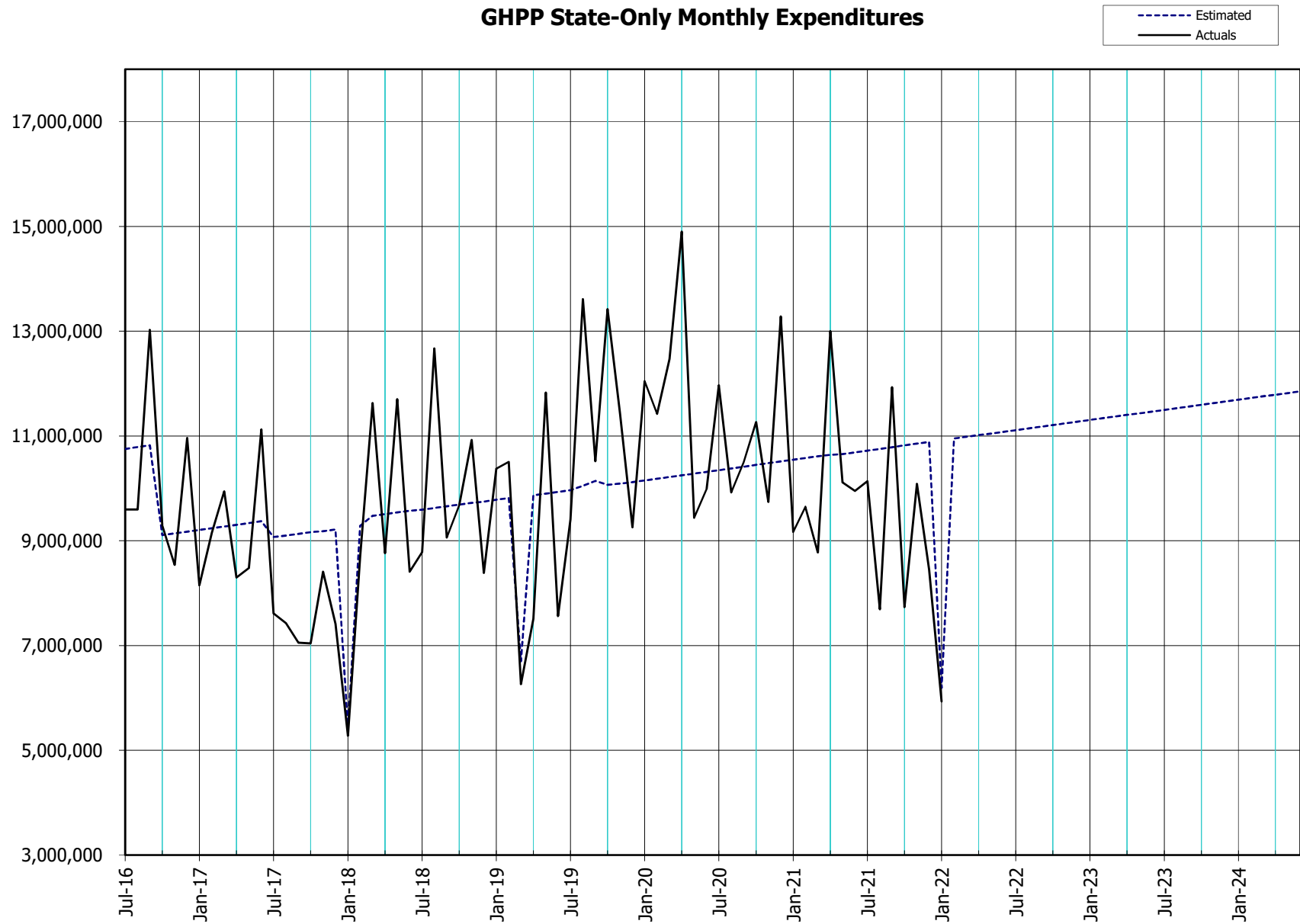
GHPP State-Only Eligibles



GHPP Medi-Cal Eligibles



GHPP State-Only Monthly Expenditures



EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2021-22, November 2021 Estimate Compared to May 2022 Estimate

	Nov. 2021 Est. FY 2021-22	May 2022 Est. FY 2021-22	Difference Incr./(Decr.)
Caseload:	24,103	23,899	(204)
Net Dollars:			
4260-114-0001 (General Fund)	\$11,944,000	\$10,246,000	(\$1,698,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$39,576,000</u>	<u>\$37,878,000</u>	<u>(\$1,698,000)</u>

FY 2022-23, November 2021 Estimate Compared to May 2022 Estimate

	Nov. 2021 Est. FY 2022-23	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
Caseload:	27,405	24,321	(3,084)
Net Dollars:			
4260-114-0001 (General Fund)	\$16,717,000	\$14,962,000	(\$1,755,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$44,349,000</u>	<u>\$42,594,000</u>	<u>(\$1,755,000)</u>

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23

	May 2022 Est. FY 2021-22	May 2022 Est. FY 2022-23	Difference Incr./(Decr.)
Caseload:	23,899	24,321	422
Net Dollars:			
4260-114-0001 (General Fund)	\$10,246,000	\$14,962,000	\$4,716,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$37,878,000</u>	<u>\$42,594,000</u>	<u>\$4,716,000</u>

EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2021-22, May 2022 Estimate Compared to Appropriation

	Appropriation	May 2022 Est.	Difference
	<u>FY 2021-22</u>	<u>FY 2021-22</u>	<u>Incr./(Decr.)</u>
Caseload:	24,602	23,899	(703)
Net Dollars:			
4260-114-0001 (General Fund)	\$16,805,000	\$10,246,000	(\$6,559,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$44,437,000</u>	<u>\$37,878,000</u>	<u>(\$6,559,000)</u>

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23

	Appropriation	May 2022 Est.	Difference
	<u>FY 2021-22</u>	<u>FY 2022-23</u>	<u>Incr./(Decr.)</u>
Caseload:²	24,602	24,321	(281)
Net Dollars:			
4260-114-0001 (General Fund)	\$16,805,000	\$14,962,000	(\$1,843,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
Total	<u>\$44,437,000</u>	<u>\$42,594,000</u>	<u>(\$1,843,000)</u>

² The May 2022 caseload estimate is based on updated data through December 2021.

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

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2021-22

May 2022 Estimate Compared to November 2021 Estimate, Total Funds

	Nov. 2021 Est.	May 2022 Est.	Difference
	<u>FY 2021-22</u>	<u>FY 2021-22</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,254,000	\$ 33,066,000	\$ (4,188,000)
2. Policy Changes	\$ (1,150,400)	\$ 1,586,600	\$ 2,737,000
	-----	-----	-----
Total for Services	\$ 36,103,600	\$ 34,652,600	\$ (1,451,000)
Fiscal Intermediary	\$ 3,472,000	\$ 3,225,000	\$ (247,000)
	-----	-----	-----
Total EWC Program	\$ 39,575,600	\$ 37,877,600	\$ (1,698,000)

May 2022 Estimate Compared to November 2021 Estimate, General Fund

	Nov. 2021 Est.	May 2022 Est.	Difference
	<u>FY 2021-22</u>	<u>FY 2021-22</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,254,000	\$ 33,066,000	\$ (4,188,000)
2. Policy Changes	\$ (28,782,400)	\$ (26,045,400)	\$ 2,737,000
	-----	-----	-----
Total for Services	\$ 8,471,600	\$ 7,020,600	\$ (1,451,000)
Fiscal Intermediary	\$ 3,443,000	\$ 3,225,000	\$ (218,000)
	-----	-----	-----
Total EWC Program	\$ 11,914,600	\$ 10,245,600	\$ (1,669,000)

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2022-23

May 2022 Estimate Compared to November 2021 Estimate, Total Funds

	Nov. 2021 Est.	May 2022 Est.	Difference
	<u>FY 2022-23</u>	<u>FY 2022-23</u>	<u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,474,000	\$ 37,474,000	\$ 0
2. Policy Changes	\$ 3,302,000	\$ 1,738,300	\$ (1,563,700)
	-----	-----	-----
Total for Services	\$ 40,776,000	\$ 39,212,300	\$ (1,563,700)
Fiscal Intermediary	\$ 3,573,000	\$ 3,382,000	\$ (191,000)
	-----	-----	-----
Total EWC Program	\$ 44,349,000	\$ 42,594,300	\$ (1,754,700)

May 2022 Estimate Compared to November 2021 Estimate, General Funds

	Nov. 2021 Est.	May 2022 Est.	Difference
	<u>FY 2022-23</u>	<u>FY 2022-23</u>	<u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,474,000	\$ 37,474,000	\$ 0
2. Policy Changes	\$ (24,330,000)	\$ (25,893,700)	\$ (1,563,700)
	-----	-----	-----
Total for Services	\$ 13,144,000	\$ 11,580,300	\$ (1,563,700)
Fiscal Intermediary	\$ 3,573,000	\$ 3,382,000	\$ (191,000)
	-----	-----	-----
Total EWC Program	\$ 16,717,000	\$ 14,962,300	\$ (1,754,700)

Notes:

1) Projections are based on cash basis.

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

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, Total Funds

	May 2022 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 33,066,000	\$ 37,474,000	\$ 4,408,000
2. Policy Changes	\$ 1,586,600	\$ 1,738,300	\$ 151,700
	-----	-----	-----
Total for Services	\$ 34,652,600	\$ 39,212,300	\$ 4,559,700
Fiscal Intermediary	\$ 3,225,000	\$ 3,382,000	\$ 157,000
	-----	-----	-----
Total EWC Program	\$ 37,877,600	\$ 42,594,300	\$ 4,716,700

May 2022 Estimate, FY 2021-22 Compared to FY 2022-23, General Fund

	May 2022 Est. <u>FY 2021-22</u>	May 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 33,066,000	\$ 37,474,000	\$ 4,408,000
2. Policy Changes	\$ (26,045,400)	\$ (25,893,700)	\$ 151,700
	-----	-----	-----
Total for Services	\$ 7,020,600	\$ 11,580,300	\$ 4,559,700
Fiscal Intermediary	\$ 3,225,000	\$ 3,382,000	\$ 157,000
	-----	-----	-----
Total EWC Program	\$ 10,245,600	\$ 14,962,300	\$ 4,716,700

Notes:

1) Projections are based on cash basis.

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

Fiscal Year 2021-22, Comparison of May 2022 and November 2021 Estimates

POLICY CHG.			NOVEMBER 2021 ESTIMATE		MAY 2022 ESTIMATE		DIFFERENCE, Incr./((Decr.)	
TYPE	NO. DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$3,472,000	\$3,472,000	\$3,225,000	\$3,225,000	-\$247,000	-\$247,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	8	EWC COVID-19 Caseload Impacts	-\$4,297,300	-\$4,297,300	-\$1,555,500	-\$1,555,500	\$2,741,800	\$2,741,800
Benefits	9	DIGITAL BREAST TOMOSYNTHESIS	\$89,900	\$89,900	\$85,100	\$85,100	-\$4,800	-\$4,800
EWC TOTAL			\$2,321,600	-\$2,806,400	\$4,811,600	-\$316,400	\$2,490,000	\$2,490,000

Fiscal Year 2022-23, Comparison of May 2022 and November 2021 Estimates

POLICY CHG.			NOVEMBER 2021 ESTIMATE		MAY 2022 ESTIMATE		DIFFERENCE, Incr./((Decr.)	
TYPE	NO. DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$3,573,000	\$3,573,000	\$3,382,000	\$3,382,000	-\$191,000	-\$191,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	8	EWC COVID-19 Caseload Impacts	\$0	\$0	-\$1,556,000	-\$1,556,000	-\$1,556,000	-\$1,556,000
Benefits	9	DIGITAL BREAST TOMOSYNTHESIS	\$245,000	\$245,000	\$237,300	\$237,300	-\$7,700	-\$7,700
EWC TOTAL			\$6,875,000	\$1,747,000	\$5,120,300	-\$7,700	-\$1,754,700	-\$1,754,700

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

FISCAL INTERMEDIARY EXPENDITURES - EWC

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,225,000	\$3,382,000
	- GENERAL FUND	\$3,225,000	\$3,382,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,225,000	\$3,382,000
	- GENERAL FUND	\$3,225,000	\$3,382,000

Purpose:

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

Authority:

Health & Safety Code 104150(c)

Interdependent Policy Changes:

Not Applicable

Background:

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

Effective October 1, 2019, the DXC Technology Services (DXC) and IBM contractors began processing medical claims.

Reason for Change:

The change for FY 2021-22 and FY 2022-23, from the prior estimate, is a decrease due to using more recent payment data. The change from FY 2021-22 to FY 2022-23, in the current estimate, is an increase due to updated payment projections.

Methodology:

1. The total estimated EWC FI administrative costs are:

Total EWC FI Costs	FY 2021-22	FY 2022-23
Processing Costs	\$2,725,000	\$2,882,000
SDNs	\$500,000	\$500,000
Total	\$3,225,000	\$3,382,000

Funding:

100% General Fund (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Ryan Chin

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$14,515,000	-\$14,515,000
- PROP 99 FUND	\$14,515,000	\$14,515,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$14,515,000	-\$14,515,000
- PROP 99 FUND	\$14,515,000	\$14,515,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23 from the prior estimate. There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$14,515,000 in FY 2021-22 and FY 2022-23.

Funding:

Proposition 99 Unallocated Local Assistance (4260-114-0236)
100% General Fund (4260-114-0001)

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$7,989,000	-\$7,989,000
- BCCA FUND	\$7,989,000	\$7,989,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$7,989,000	-\$7,989,000
- BCCA FUND	\$7,989,000	\$7,989,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Starting July 1, 2018, the Department began receiving revenue from the Department of Motor Vehicles for fees collected from the specialty license plate program in accordance with Assembly Bill 49 (Chapter 351, Statutes of 2014). Funds from the sales of the license plate program are deposited into the BCCA and used to increase breast cancer awareness and screening services for uninsured and underinsured women.

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

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23 from the prior estimate. There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. The EWC program will receive \$7,989,000 of BCCA funds in FY 2021-22 and FY 2022-23. This amount includes revenue received from the specialty license plate program.

Funding:

Breast Cancer Control Account (4260-114-0009)
100% General Fund (4260-114-0001)

CENTERS FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,128,000	-\$5,128,000
	- CDC FUNDS	\$5,128,000	\$5,128,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The program offers funding for:

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

The CDC released a new NBCCEDP Request of Application in November 2021. EWC submitted an application for the five year grant (June 30, 2022 – June 29, 2027) on January 26, 2022, and the anticipated award date is June 30, 2022.

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23 from the prior estimate. There is no change from FY 2021-22 to FY 2022-23 in the current estimate.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2022, through June 29, 2027. The grant for FY 2022-23 will be awarded around June 30, 2022.
2. The Department plans to allocate 64.10% of the grant to local assistance and 35.90% to the support budget.

(Dollars in Thousands)

Funding Type	FY 2021-22	FY 2022-23
Local Assistance	\$5,128	\$5,128
Support	\$2,872	\$2,872
NBCCEDP Grant for EWC	\$8,000	\$8,000

Funding:

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

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2012
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000

Purpose:

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

Authority:

Health & Safety Code 104150(c)
 Revenue & Taxation Code 30461.6
 CA Health Collaborative Contract #16-93229
 Community Health Partnership Contract #16-93232
 Vietnamese American Cancer Foundation Contract #21-10147
 Santa Barbara County Contract #21-10287

Interdependent Policy Changes:

Not Applicable

Background:

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

The objective of each Regional Contractor is to:

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

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

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23, from the prior estimate. There is no change from FY 2021-22 to FY 2022-23, in the current estimate.

Methodology:

1. Effective July 1, 2021, all regional contracts have been extended for another two years.
2. The contracts are funded as follows:

Contracts	FY 2021-22	FY 2022-23
CA Health Collaborative	\$2,129,500	\$2,129,500
Community Health Partnership	\$266,800	\$266,800
Vietnamese American Cancer Foun	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$3,057,000	\$3,057,000

Funding:

100% General Fund (4260-114-0001)

EWC COVID-19 Caseload Impacts

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 04/2020
ANALYST: Ryan Chin

		<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST	- TOTAL FUNDS	-\$3,111,000	-\$1,556,000
	- GENERAL FUND	-\$3,111,000	-\$1,556,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		50.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$1,555,500	-\$1,556,000
	- GENERAL FUND	-\$1,555,500	-\$1,556,000

Purpose:

This policy change estimates Every Woman Counts (EWC) program expenditure changes resulting from a reduction in users due to the Coronavirus disease 2019 (COVID-19) pandemic.

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing COVID-19 pandemic. On March 19, 2020, a statewide stay at home order was introduced (Executive Order N-33-20). The Department issued an Information Notice to EWC Primary Care Providers (PCP) regarding program updates related to the COVID-19 Public Health Emergency (PHE) on April 2, 2020, which included but was not limited to, updated guidance allowing EWC PCPs to postpone breast and cervical cancer screenings for non-essential issues rendered as a part of routine care temporarily. These actions triggered decreases in base caseload and expenditures for the EWC program.

Reason for Change:

The change for FY 2021-22, from the prior estimate, is an decrease due to actual expenditures coming in lower than projected. The change for FY 2021-22 to FY 2022-23 from the prior estimate is a decrease due to the PHE being extended by one quarter into FY 2022-23. The change for FY 2022-23, from the prior estimate, is an decrease due to assuming the PHE is extended by one quarter into FY 2022-23.

Methodology:

1. Assume the PHE period extends through September 30, 2022.
2. Using historical data trends, the following estimate reflects COVID-19 impact on a cash basis for FY 2021-22 and FY 2022-23.
3. For FY 2021-22, total COVID-19 impact reduces EWC caseload by 1,542 users, and expenditures by \$3,111,000.
4. For FY 2022-23, COVID-19 impacts one quarter, reducing EWC caseload by 771 users, and expenditures by \$1,556,000.

Funding:

100% General Fund (4260-114-0001)

DIGITAL BREAST TOMOSYNTHESIS

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 1/1/22
ANALYST: Ryan Chin

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
FULL YEAR COST - TOTAL FUNDS	\$124,000	\$248,000
- GENERAL FUND	\$124,000	\$248,000
PAYMENT LAG	0.7250	0.9880
% REFLECTED IN BASE	5.30%	3.14%
APPLIED TO BASE - TOTAL FUNDS	\$85,100	\$237,300
- GENERAL FUND	\$85,100	\$237,300

Purpose:

This policy change estimates costs to add digital breast tomosynthesis (DBT) benefit to the list of covered procedures for the Every Woman Counts (EWC) program.

Authority:

Welfare & Institution Code Sections 14043.75(b) & 14105.18

Interdependent Policy Changes:

Not Applicable

Background:

DBT, also known as 3-D mammography, is a modification of digital mammography that has greater sensitivity for cancer detection while decreasing the recall rate from screening mammography. DBT allows for increased detection of breast abnormalities, in particular very small invasive cancers; therefore, improving the breast cancer detection rate and the decreasing the necessity of recipients returning for rescreening. DBT is a benefit covered by Medi-Cal and the Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Many breast imaging facilities that provide services to EWC recipients are no longer providing conventional digital (also known as 2D) mammography because they are switching to DBT. Since DBT is not currently a billable code, this creates a barrier for physicians to provide the latest screening and diagnostic services to EWC recipients.

Reason for Change:

There is no change for FY 2021-22 and FY 2022-23, from the prior estimate. There is an increase from FY 2021-22 to FY 2022-23 in the current estimate due to a full year of implementation occurring in FY 2022-23.

Methodology:

1. Assume effective January 1, 2022, EWC providers will be allowed to bill for DBT procedures.
2. The estimated cost for **FY 2021-22** is **\$124,000 GF** and **\$248,000 GF** for **FY 2022-23**.

Funding:

100% General Fund (4260-114-0001)

EWC Trend Report
(Includes Actuals & Projected Base Values)

Total				
<u>Quarter</u>	<u>Base Estimate Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Total Caseload</u>	<u>Total EWC Payments</u>
July-Sept 2017				\$6,097,095 *
Oct-Dec 2017				\$8,140,735 *
Jan-Mar 2018				\$6,136,128 *
April -June 2018				\$9,577,882 *
FY 2017-18	26,914		26,914 *	\$29,952,000
July-Sept 2018				\$9,276,000 *
Oct-Dec 2018				\$9,943,000 *
Jan-Mar 2019				\$7,831,000 *
April -June 2019				\$12,193,000 *
FY 2018-19	31,080		31,080 *	\$39,243,000
July-Sept 2019				\$9,608,934 *
Oct-Dec 2019				\$9,296,035 *
Jan-Mar 2020				\$8,777,510 *
April -June 2020				\$4,761,023 *
FY 2019-20	28,603		28,603 *	\$32,444,000
July-Sept 2020				\$6,241,258 *
Oct-Dec 2020				\$7,096,178 *
Jan-Mar 2021				\$6,317,249 *
April -June 2021				\$7,646,668 *
FY 2020-21	20,895		20,895 *	\$27,301,000
July-Sept 2021				\$7,588,117 *
Oct-Dec 2021				\$6,741,070 *
Jan-Mar 2022				\$9,368,521 **
April -June 2022				\$9,368,521 **
FY 2021-22	25,441	-1,542	23,899 **	\$33,066,000
July-Sept 2022				\$9,368,521 **
Oct-Dec 2022				\$9,368,521 **
Jan-Mar 2023				\$9,368,521 **
April -June 2023				\$9,368,521 **
FY 2022-23	24,321	-771	24,321 **	\$37,474,000

Notes:

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

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
May 2022
FISCAL YEARS 2021-22 & 2022-23

INTRODUCTION

The Family Health Local Assistance Estimate provides information and **State-only** costs for **the** California Children's Services (**CCS**) Program, the Genetically Handicapped Persons Program (**GHPP**), and the Every Woman Counts (**EWC**) Program.

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

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

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

California Children's Services Program

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

Base funding for ~~the State~~ **State-only** CCS Program services and case management is composed of 50% county funds (CF) and 50% State General Fund (GF). Services and case management for **Medi-Cal-eligible** children are funded by a combined 50% match of GF and Title XIX federal financial participation (FFP). Services and case management authorized for children who are enrolled in Medi-Cal's OTLICP are funded by 65% federal Title XXI FFP and a combined 17.5% CF and 17.5% GF. Starting October 2015, Title XXI FFP increased to 88%, reducing the CF/GF split to 6% apiece. Starting October 2019, Title XXI FFP ~~will~~ **decreased** to 76.5%, increasing the CF/GF split to 11.75% apiece. Starting October 2020, Title XXI FFP ~~will~~ **returned** to its historic level of 65%, increasing the CF/GF split to 17.5%. In addition to the

funding streams above, CCS is also supported by a fixed level of Federal Title V Maternal and Child Health (MCH) funding. GF expenditures were reduced by federal funding by the Safety Net Care Pool (SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ended October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.

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

Genetically Handicapped Persons Program

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

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

Every Woman Counts Program

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

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

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

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

BASE ESTIMATES

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

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

Where:

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

California Children's Services Program

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

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

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

Genetically Handicapped Persons Program

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

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

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

Every Woman Counts Program

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

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

INFORMATION ONLY:

CALIFORNIA CHILDREN'S SERVICES

1. CCS Redesign Whole Child Model (WCM) Program

To improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) and to eliminate the fragmentation that exists in the current CCS health care delivery system, the department initiated a CCS Redesign project **implemented the WCM program in 2019 in 21 specific counties.**

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

Starting ~~no sooner than~~ **in July 1, 2018**, ~~subject to successful readiness review by the department~~ the first phase of the WCM incorporated CCS **Program** services into the integrated care systems of most County-Organized Health Systems (COHS). COHS are **county-developed and operated** Medi-Cal managed care plans with strong community ties. These plans are required to demonstrate support from various stakeholders that may include the respective county CCS program, local providers and hospitals, and local families of children with CCS eligible medical conditions or local advocacy groups representing those families. Phase two implemented on January 1, 2019 and Phase three, the final phase, implemented on July 1, 2019.

2. Spinal Muscular Atrophy (SMA) as a CCS Eligible Medical Condition

SB 1095, statutes of 2016, requires that statewide newborn screening be expanded to include Spinal Muscular Atrophy (SMA), now that SMA has been adopted by the federal Recommended Uniform Screening Panel (RUSP). Newborn screening for SMA, which started June 1, 2020, identifies most children with the early onset forms of the genetic disorder. Children identified through the newborn screening program as having, or at risk of having, SMA will require confirmatory testing/diagnostic studies, clinical/medical management, monitoring, and ongoing treatment. Treatment currently consists of pharmacotherapy (to increase protein expression) with better outcomes and gene therapy. There will be a cost to the program due to earlier detection and delivery of high-cost treatment.

4. New High Cost Treatments for Specific Conditions

~~Three high cost treatments are now available for SMA, which is detected earlier due to implementation of newborn screening. The treatments are:~~

- ~~• Onasemnogene abeparvovec (Zolgensma), a gene therapy, approved by the Federal Drug Administration (FDA) on May 24, 2019, at a cost of \$2,100,000 per beneficiary;~~
- ~~• Risdiplam (Evrysdi), an oral medication taken daily, (cost per person per year), and~~
- ~~• Nusinersen, an infusion every four months.~~

~~There are three high cost medications that together cover beneficiaries with Duchenne muscular dystrophy:~~

- ~~• Golodirsen and Viltolarsen which treats individuals with dystrophin mutations amenable to exon 53 skipping, and~~
- ~~• Exondys 51, which treats individuals with dystrophin mutations amenable to exon 51 skipping.~~

~~There are four high cost medications for treatment of cystic fibrosis, specifically cystic fibrosis transmembrane modulators, which treat individuals with amenable mutations in the CFTR protein:~~

- ~~• Trikafta~~
- ~~• Symdeko~~
- ~~• Orkambi~~
- ~~• Kalydeco~~

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

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

4. **State Pharmaceutical Assistance Program (SPAP)**

The CCS State-Only program is considered a federal SPAP program. As an SPAP, the Department is able to negotiate with drug manufactures for rebates. These rebates would be separate from the Medicaid rebates and the Department's State Supplemental rebates approved under California's Medicaid State Plan. SPAP rebates are exempt from Medicaid Best Price. The Department is reviewing the best course toward moving forward with obtaining rebates for the CCS State-Only program.

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. **Health Insurance Premium Reimbursement (HIPR) Program**

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

2. **State Pharmaceutical Assistance Program (SPAP)**

The GHPP State-Only program is considered a federal SPAP program. As an SPAP, the Department is able to negotiate with drug manufactures for rebates. These rebates would be separate from the Medicaid rebates and the Department's State Supplemental rebates approved under California's Medicaid State Plan. SPAP rebates are exempt from Medicaid Best Price. The Department is reviewing the best course toward moving forward with obtaining rebates for the GHPP State-Only program.

EVERY WOMAN COUNTS PROGRAM

1. Correction of Denied Provider Claims

The Every Woman Counts (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate clinical claims. Issues were discovered with the claims adjudication process that resulted in denied clinical claims. Currently three Problem Statements (PS) have been issued for claim denials, resulting from an incorrect system crosswalk from ICD 9 to ICD 10 diagnosis codes. The identified claims adjudication problems are EWC specific. The FI has determined that system changes are required to correctly adjudicate the claims. System changes are costly and can take anywhere from 90 days to up to one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to re-adjudicate denied claims. These system changes and EPCs will impact EWC's budget. See the EWC Erroneous Payment Corrections Policy Change for additional details.

2. Washington State Attorney General's Office

Washington State Attorney General's Office Breast Cancer Prevention Fund (BCPF), a nonprofit, used Legacy Telemarketing, a commercial fundraiser, to raise funds in Washington, California, and Texas, claiming that a majority of the money raised was used to provide mammograms for un- and underinsured women. After investigation, the Attorney General's Office (AGO) filed suit against the trustees of BCPF, finding that less than a fifth of the money raised went to the cause. As part of the settlement agreement, the funds were distributed to organizations that provide low- or no-cost mammograms (or analogous cancer screenings) to un- or underinsured women. WA State V. Breast Cancer Prevention Fund Settlement Policy Change was deactivated after the May 2019 cycle. Every Women Counts program received a check from the Washington State v Breast Cancer Prevention Fund settlement after the Policy Change was deactivated. Washington State anticipates this will be the last check per the bankruptcy Trustee.

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.