

FAMILY HEALTH
NOVEMBER 2024
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2024-25 *and* 2025-26



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
NOVEMBER 2024
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2024-25 and 2025-26**

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

Management Summary

November 2024

This document is intended to provide a high-level overview of the November 2024 Family Health Local Assistance Estimate (Estimate).

The Department of Health Care Services (DHCS) estimates Family Health spending to be \$269.6 million total funds (\$238.2 million General Fund) in Fiscal Year 2024-25 and \$272.1 million total funds (\$241.4 million General Fund) in 2025-26. This does not include Certified Public Expenditures of local governments or General Fund expenditures in other state departments.

The 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 aged 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.

Document Organization. This document is divided into several sections that provide more detail on estimated funding amounts and the primary factors driving the estimates. These sections include:

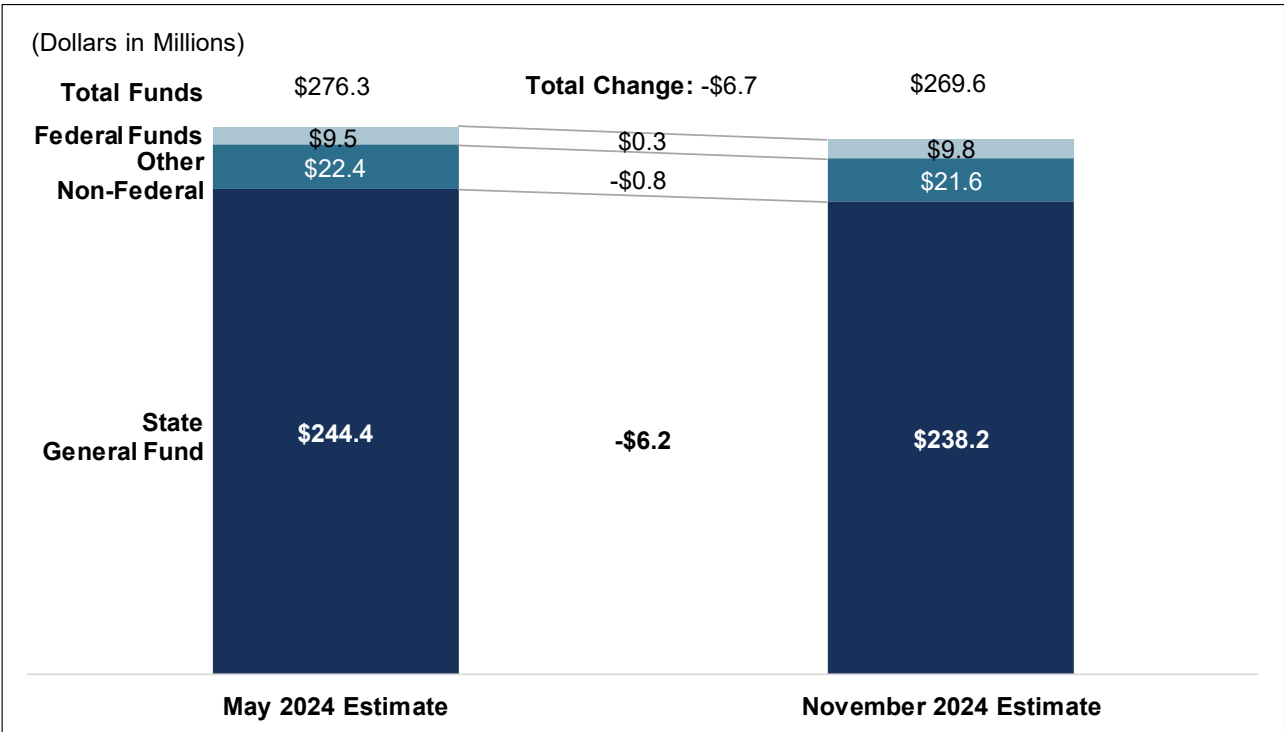
- Summary of Estimate Totals
- Major Drivers of Changes in General Fund Spending
- Caseload Projections
- Base Expenditures Projections

Summary of Estimate Totals

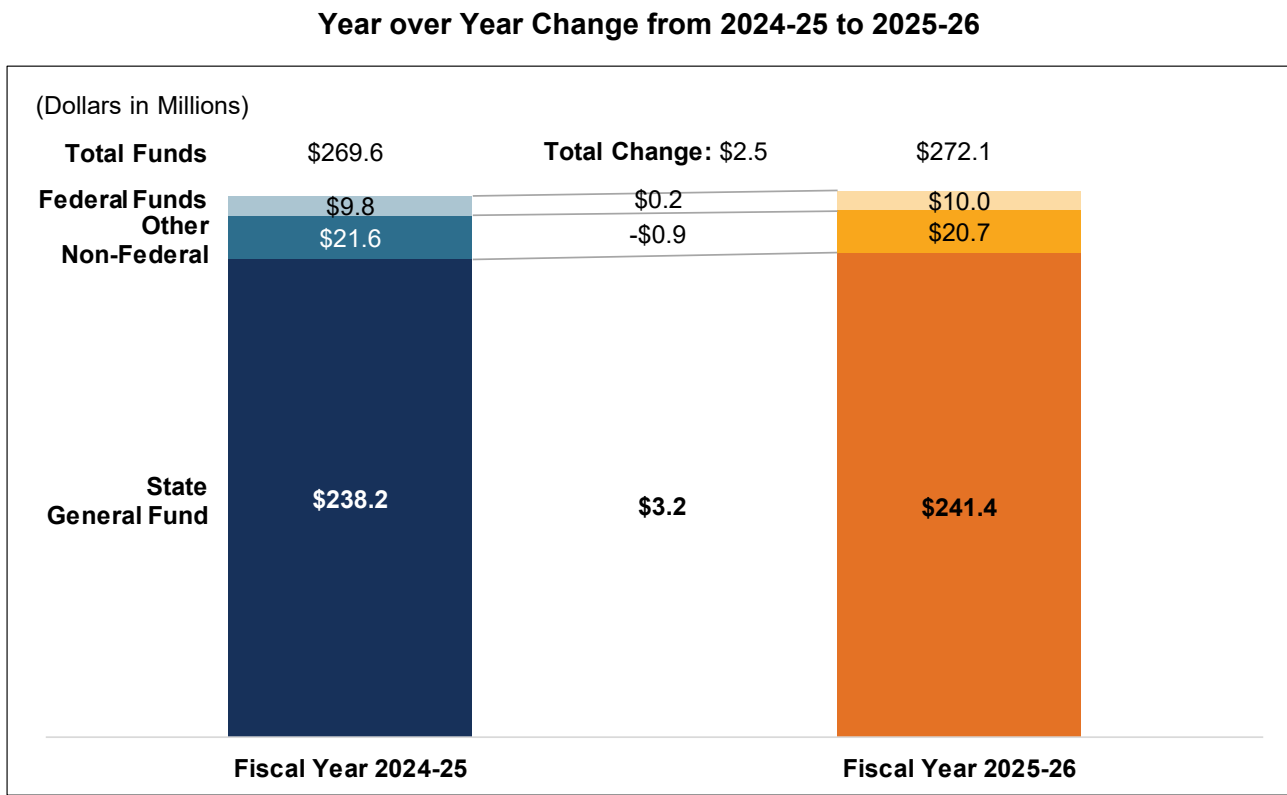
This section provides a summary of total spending amounts in the Estimate. Later sections will describe new proposals and other factors that drive changes in projected spending.

As shown below, the November 2024 Estimate for 2024-25 projects a \$6.7 million, or 2.4 percent, decrease in total spending and a \$6.2 million, or 2.5 percent, decrease in General Fund spending compared to the May 2024 Estimate.

2024-25 Comparison



As shown below, the November 2024 Estimate projects that total spending will increase by \$2.5 million, or 0.9 percent, and General Fund spending will increase by \$3.2 million, or 1.3 percent, between 2024-25 and 2025-26.



Major Drivers of Changes in General Fund Spending

The primary funding source for Family Health is the state General Fund. A number of factors contribute to changes in projected General Fund spending in the Family Health Estimate. The table below and the narrative that follows describe the most significant factors driving changes in General Fund spending.

Summary of Major Drivers of Changes in General Fund Spending Between May 2024 and November 2024 Estimates

Dollars in Millions

	Current Year FY 2024-25	Budget Year FY 2025-26
	<i>Change from May 2024 Estimate</i>	<i>Change from FY 2024-25</i>
Major Drivers		
Growth in California Children's Services (CCS) base expenditures offset by lower than projected costs relating to COVID-19 redeterminations impact in current year	-\$4.1	\$2.4
Decrease in current year savings for Medical Therapy Program budget correction	\$1.8	\$0.4
Decrease in CCS Non-Blood Factor Rebates in budget year	-\$0.6	\$1.1
Growth in Genetically Handicapped Person Program (GHPP) base expenditures capturing projected COVID-19 redeterminations impact	\$3.5	-\$2.1
Decline in Every Woman Counts (EWC) base expenditures due to various Medi-Cal expansions	-\$6.1	\$0.5
Subtotals	-\$5.5	\$2.3
Various other changes	-\$0.7	\$0.9
Totals	-\$6.2	\$3.2

Major factors driving changes in projected General Fund spending are described in greater detail below:

- **California Children's Services (CCS) Base Expenditures, CCS COVID-19 Redeterminations Impact, and CCS County Administration Costs.** 2024-25 base expenditure projections have increased over the May 2024 Estimate, in line with expectations resulting from redetermination impacts, although somewhat lower due to the slowdown in caseload growth. The projected increase between fiscal years is based on the historical trend.
- **Medical Therapy Program (MTP) Budget Correction.** This policy change estimates the costs for MTP payment corrections for prior year and current year county budget allocations. Corrections include county recoupments for overpayments issued in 2022-23. There is a net decrease from the May 2024 Estimate for 2024-25 due to some recoupments being processed in 2023-24 and a decrease in the current Estimate from 2024-25 to 2025-26 due to all remaining MTP overpayments being recouped in 2024-25.
- **CCS Non-Blood Factor Rebates.** The change in 2024-25, from the May 2024 Estimate, is an increase of \$0.63 million in the rebate transfers to the General Fund due to the net result of including an additional transfer that was delayed from 2023-24 and decreasing the estimated annual ongoing transfer estimate. There is a decrease in rebate transfers to the General Fund in 2025-26 by \$1.13 million due to only including the annual transfer amount in 2025-26.
- **Genetically Handicapped Persons Program (GHPP) Base Treatment Expenditures and COVID-19 Redeterminations Impact.** 2024-25 base expenditures are higher than the May 2024 Estimate due to members eligibility dates being returned to their pre-public health emergency eligibility end month in an effort to redistribute the annual renewals following the end of the continuous coverage requirement resulting in members staying on the State Only program longer and higher costs. These costs were previously captured in the GHPP COVID-19 redeterminations policy change that has been discontinued in the current Estimate due to the start of redeterminations in May 2024 bringing State Only caseload down significantly.
- **Every Woman Counts (EWC) Base Expenditures.** EWC caseload started decreasing around June 2022 due to the population being eligible for various Medi-Cal expansions, which resulted in lower expenditures projections. There is a decrease from the May 2024 Estimate in projected expenditures by approximately \$6.1 million General Fund for 2024-25, and a slight increase from 2024-25 to 2025-26 of approximately \$0.5 million in the current Estimate.

Caseload Projections

This section provides an overview of caseload projections for Family Health Programs as of the Estimate. Projected caseload levels by program are summarized in the tables below:

California Children's Services (CCS)

	Prior Year (PY)	Current Year (CY)	Budget Year (BY)	Change from	
CCS State Only	FY 2023-24	FY 2024-25	FY 2025-26	PY to CY	CY to BY
November 2024	12,961	15,052	15,052	16.13%	0.00%
May 2024	14,254	17,024			
Change from May 2024	-1,293	-1,972			
% Change from May 2024	-9.07%	-11.58%			

- CCS caseload is based on average quarterly members.
- State Only caseload has been steadily increasing since the start of 2023-24 due to the end of the continuous coverage requirement and the start of redeterminations resulting in members shifting from the CCS Medi-Cal program, although the rate of children returning to the State Only program has slowed in the last six months of 2023-24 resulting in lower than previously projected enrollment.
 - The November 2024 State Only base caseload projections reflect actual COVID-19 redetermination impacts through June 2024.
 - The ongoing impact from the resumption of redeterminations is estimated in the CCS COVID-19 Redeterminations Impact policy change and is included in the counts shown in the table above.
- Projections are expected to remain relatively flat after the end of the redetermination period and into budget year.

Genetically Handicapped Persons Program (GHPP)

	PY	CY	BY	Change from	
	FY 2023-24	FY 2024-25	FY 2025-26	PY to CY	CY to BY
GHPP State Only					
November 2024	730	701	701	-3.97%	0.00%
May 2024	740	795			
Change from May 2024	-10	-94			
% Change from May 2024	-1.35%	-11.82%			

- GHPP caseload is based on average monthly members.
- GHPP State Only caseload began to decline in May 2024 due to the end of the continuous coverage requirement and the start of redeterminations bringing State Only caseload down significantly. Assume that the ongoing redeterminations in Medi-Cal will bring more members into State Only offsetting any further decline in the State Only population.
- Caseload projections are expected to remain relatively flat through the end of the budget year.

Every Woman Counts (EWC)

	PY	CY	BY	Change from	
	FY 2023-24	FY 2024-25	FY 2025-26	PY to CY	CY to BY
EWC					
November 2024	15,195	12,668	12,845	-16.63%	1.40%
May 2024	16,503	16,375			
Change from May 2024	-1,308	3,707			
% Change from May 2024	-7.93%	-22.64%			

- EWC caseload is based on average monthly users by date of payment. Caseload has been declining steadily since June 2022.
- The 2024-25 base caseload projections decreased from the May 2024 Estimate due to the continued population decline beginning in June 2022.
- The slight caseload increase between fiscal years is due to historical trends.

Base Expenditure Projections

This section provides an overview of base expenditures projections for Family Health Programs as of the Estimate. Projected expenditure levels by program are summarized in the tables below:

California Children's Services

(In thousands)

CCS Base	FY 2024-25, TF	FY 2025-26, TF	CY to BY	As a %
November 2024	\$76,668	\$78,273	\$1,605	2.1%
May 2024	\$75,350			
Change from May 2024	\$1,318			
% Change	1.7%			

	CY to BY	Change from May 2024 FY 2024-25
CCS Treatment	\$0 0.0%	\$83 2.7%
CCS Therapy	\$1,605 2.2%	\$1,235 1.7%
Net Change	\$1,605 2.1%	\$1,318 1.7%

- November 2024 State Only base expenditure projections reflect actual expenditures through June 2024.
- 2024-25 projections have increased over the May 2024 Estimate, in line with expectations resulting from redeterminations impacts, although somewhat lower due to the slowdown in caseload growth.
- The projected increase between fiscal years is based on historical trends.

Genetically Handicapped Persons Program

(In thousands)

	FY 2024-25, TF	FY 2025-26, TF	CY to BY	As a %
GHPP Base				
November 2024	\$153,940	\$151,837	-\$2,103	-1.4%
May 2024	\$136,361			
Change from May 2024	\$17,579			
% Change	12.9%			

- November 2024 State Only base expenditure projections reflect actual expenditures through July 2024.
- 2024-25 base expenditures are higher than the May 2024 Estimate due to members eligibility dates being returned to their pre-COVID-19 public health emergency eligibility end month in an effort to redistribute the annual renewals following the end of the continuous coverage requirement resulting in members staying on the State Only program longer and higher costs. These costs were previously captured in the GHPP COVID-19 redeterminations policy change. Base expenditures in the current Estimate are expected to remain relatively flat between fiscal years.

Every Woman Counts

(In thousands)

	FY 2024-25, TF	FY 2025-26, TF	CY to BY	As a %
EWC Base				
November 2024	\$16,375	\$16,857	\$482	2.9%
May 2024	\$22,500			
Change from May 2024	-\$6,125			
% Change	-27.2%			

- EWC base expenditures are lower than the May 2024 Estimate due to incorporating a lower trend in actual expenditures because of the various Medi-Cal expansions.

Management Summary**Fiscal Year 2024-25****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2024-25	Nov. 24 Est. FY 2024-25	Chg Approp - Nov. 2024 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 89,673,000	\$ 85,680,000	\$ (3,993,000)
4260-601-3079 (Rebates Special Fund)	\$ 2,516,000	\$ 3,181,000	\$ 665,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 4,240,000	\$ 248,000
County Funds ¹	\$ 98,088,000	\$ 92,563,000	\$ (5,525,000)
TOTAL CCS	\$ 96,181,000	\$ 93,101,000	\$ (3,080,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 150,129,000	\$ 154,337,000	\$ 4,208,000
4260-611-0995 (Enrollment Fees)	\$ 489,000	\$ 368,000	\$ (121,000)
4260-601-3079 (Rebates Special Fund)	\$ 40,000	\$ 118,000	\$ 78,000
TOTAL GHPP	\$ 150,658,000	\$ 154,823,000	\$ 4,165,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 4,647,000	\$ (1,776,000)	\$ (6,423,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 12,739,000	\$ (1,776,000)
4260-114-0009 (Breast Cancer Control Acct)	\$ 4,879,000	\$ 5,184,000	\$ 305,000
4260-114-0890 (Center for Disease Control)	\$ 5,518,000	\$ 5,518,000	\$ 0
TOTAL EWC	\$ 29,559,000	\$ 21,665,000	\$ (7,894,000)
GRAND TOTAL - ALL FUNDS	\$ 276,398,000	\$ 269,589,000	\$ (6,809,000)
4260-111-0001	\$ 239,802,000	\$ 240,017,000	\$ 215,000
4260-114-0001	\$ 4,647,000	\$ (1,776,000)	\$ (6,423,000)
4260-114-0009	\$ 4,879,000	\$ 5,184,000	\$ 305,000
4260-114-0236	\$ 14,515,000	\$ 12,739,000	\$ (1,776,000)
4260-114-0890	\$ 5,518,000	\$ 5,518,000	\$ 0
4260-611-0995	\$ 4,481,000	\$ 4,608,000	\$ 127,000
4260-601-3079	\$ 2,556,000	\$ 3,299,000	\$ 743,000
County Funds ¹	\$ 98,088,000	\$ 92,563,000	\$ (5,525,000)

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

Management Summary**Fiscal Year 2024-25 Compared to Fiscal Year 2025-26**

	Nov. 24 Est. FY 2024-25	Nov. 24 Est. FY 2025-26	Difference Incr./ (Decr.)
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 85,680,000	\$ 89,650,000	\$ 3,970,000
4260-601-3079 (Rebates Special Fund)	\$ 3,181,000	\$ 2,016,000	\$ (1,165,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 4,240,000	\$ 4,240,000	\$ 0
County Funds ¹	\$ 92,563,000	\$ 95,025,000	\$ 2,462,000
TOTAL CCS	\$ 93,101,000	\$ 95,906,000	\$ 2,805,000
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 154,337,000	\$ 151,777,000	\$ (2,560,000)
4260-611-0995 (Enrollment Fees)	\$ 368,000	\$ 489,000	\$ 121,000
4260-601-3079 (Rebates Special Fund)	\$ 118,000	\$ 40,000	\$ (78,000)
TOTAL GHPP	\$ 154,823,000	\$ 152,306,000	\$ (2,517,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ (1,776,000)	\$ 0	\$ 1,776,000
4260-114-0236 (Prop 99)	\$ 12,739,000	\$ 13,266,000	\$ 527,000
4260-114-0009 (Breast Cancer Control Acct)	\$ 5,184,000	\$ 4,914,000	\$ (270,000)
4260-114-0890 (Center for Disease Control)	\$ 5,518,000	\$ 5,787,000	\$ 269,000
TOTAL EWC	\$ 21,665,000	\$ 23,967,000	\$ 2,302,000
GRAND TOTAL - ALL FUNDS	\$ 269,589,000	\$ 272,179,000	\$ 2,590,000
4260-111-0001	\$ 240,017,000	\$ 241,427,000	\$ 1,410,000
4260-114-0001	\$ (1,776,000)	\$ 0	\$ 1,776,000
4260-114-0009	\$ 5,184,000	\$ 4,914,000	\$ (270,000)
4260-114-0236	\$ 12,739,000	\$ 13,266,000	\$ 527,000
4260-114-0890	\$ 5,518,000	\$ 5,787,000	\$ 269,000
4260-611-0995	\$ 4,608,000	\$ 4,729,000	\$ 121,000
4260-601-3079	\$ 3,299,000	\$ 2,056,000	\$ (1,243,000)
County Funds ¹	\$ 92,563,000	\$ 95,025,000	\$ 2,462,000

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

Management Summary**Fiscal Year 2025-26****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2024-25	Nov. 24 Est. FY 2025-26	Chg Approp - Nov. 2024 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 89,673,000	\$ 89,650,000	\$ (23,000)
4260-601-3079 (Rebates Special Fund)	\$ 2,516,000	\$ 2,016,000	\$ (500,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 4,240,000	\$ 248,000
County Funds ¹	\$ 98,088,000	\$ 95,025,000	\$ (3,063,000)
TOTAL CCS	\$ 96,181,000	\$ 95,906,000	\$ (275,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 150,129,000	\$ 151,777,000	\$ 1,648,000
4260-611-0995 (Enrollment Fees)	\$ 489,000	\$ 489,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 40,000	\$ 40,000	\$ 0
TOTAL GHPP	\$ 150,658,000	\$ 152,306,000	\$ 1,648,000
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 4,647,000	\$ 0	\$ (4,647,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 13,266,000	\$ (1,249,000)
4260-114-0009 (Breast Cancer Control Acct)	\$ 4,879,000	\$ 4,914,000	\$ 35,000
4260-114-0890 (Center for Disease Control)	\$ 5,518,000	\$ 5,787,000	\$ 269,000
TOTAL EWC	\$ 29,559,000	\$ 23,967,000	\$ (5,592,000)
GRAND TOTAL - ALL FUNDS	\$ 276,398,000	\$ 272,179,000	\$ (4,219,000)
4260-111-0001	\$ 239,802,000	\$ 241,427,000	\$ 1,625,000
4260-114-0001	\$ 4,647,000	\$ 0	\$ (4,647,000)
4260-114-0009	\$ 4,879,000	\$ 4,914,000	\$ 35,000
4260-114-0236	\$ 14,515,000	\$ 13,266,000	\$ (1,249,000)
4260-114-0890	\$ 5,518,000	\$ 5,787,000	\$ 269,000
4260-611-0995	\$ 4,481,000	\$ 4,729,000	\$ 248,000
4260-601-3079	\$ 2,556,000	\$ 2,056,000	\$ (500,000)
County Funds ¹	\$ 98,088,000	\$ 95,025,000	\$ (3,063,000)

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

CALIFORNIA CHILDREN'S SERVICES Funding Summary

FY 2024-25, November 2024 Estimate Compared to May 2024 Estimate			
	Appropriation FY 2024-25	Nov. 2024 Est. FY 2024-25	Difference Incr./((Decr.))
CCS State-Only Caseload:	17,024	15,052	(1,972)
State Funds			
State Only General Fund (4260-111-0001)	\$ 89,672,500	\$ 85,680,000	\$ (3,992,500)
Rebate Special Fund (4260-601-3079)	\$ 2,516,000	\$ 3,181,000	\$ 665,000
Total State Fund	\$ 92,188,500	\$ 88,861,000	\$ (3,327,500)
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 4,240,000	\$ 248,000
Total Federal Funds	\$ 3,992,000	\$ 4,240,000	\$ 248,000
Total Funds	\$ 96,180,500	\$ 93,101,000	\$ (3,079,500)

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26			
	Nov. 2024 Est. FY 2024-25	Nov. 2024 Est. FY 2025-26	Difference Incr./((Decr.))
CCS State-Only Caseload:	15,052	15,052	0
State Funds			
State Only General Fund (4260-111-0001)	\$ 85,680,000	\$ 89,650,000	\$ 3,970,000
Rebate Special Fund (4260-601-3079)	\$ 3,181,000	\$ 2,016,000	\$ (1,165,000)
Total State Fund	\$ 88,861,000	\$ 91,666,000	\$ 2,805,000
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 4,240,000	\$ 4,240,000	\$ 0
Total Federal Funds	\$ 4,240,000	\$ 4,240,000	\$ 0
Total Funds	\$ 93,101,000	\$ 95,906,000	\$ 2,805,000

CALIFORNIA CHILDREN'S SERVICES

Fiscal Year 2024-25

Funding Sources By Program

	Total Funds	General Funds	CDPH Title V Reimb.	Rebate Special Fund	County Funds
A. State Only Services					
1. Treatment Costs					
Treatment Base 1/	2,588,000	2,588,000	-	-	2,088,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	-	(400,000)
Total Treatment Base	3,113,000	3,113,000	-	-	1,563,000
2. Therapy Costs					
Therapy Base	77,075,000	77,075,000	-	-	77,075,000
MTU Medi-Cal Offset 4/	(4,238,000)	(4,238,000)	-	-	(1,413,000)
AB3632 5/	718,000	718,000	-	-	(718,000)
Total Therapy Base	73,555,000	73,555,000	-	-	74,944,000
3. Enroll/Assess Fees	(26,000)	(26,000)	-	-	(26,000)
4. Benefits Policy Changes	3,265,000	84,000	-	3,181,000	3,578,000
	\$ 79,907,000	\$ 76,726,000	\$ 0	\$ 3,181,000	\$ 80,059,000
B. State Only Admin.					
1. County Admin.	12,505,000	8,265,000	4,240,000	-	12,504,000
2. Fiscal Inter.	411,000	411,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	277,000	277,000	-	-	-
	\$ 13,194,000	\$ 8,954,000	\$ 4,240,000	\$ 0	\$ 12,504,000
Total CCS State Only	\$ 93,101,000	\$ 85,680,000	\$ 4,240,000	\$ 3,181,000	\$ 92,563,000
GRAND TOTAL	\$ 93,101,000	\$ 85,680,000	\$ 4,240,000	\$ 3,181,000	\$ 92,563,000

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 2025-26
Funding Sources By Program

	<u>Total Funds</u>	<u>General Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Rebate Special Fund</u>	<u>County Funds</u>
A. State Only Services					
1. Treatment Costs					
Treatment Base 1/	2,588,000	2,588,000	-	-	2,088,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	-	(400,000)
Total Treatment Base	3,113,000	3,113,000	-	-	1,563,000
2. Therapy Costs					
Therapy Base	78,680,000	78,680,000	-	-	78,679,000
MTU Medi-Cal Offset 4/	(4,238,000)	(4,238,000)	-	-	(1,413,000)
AB3632 5/	718,000	718,000	-	-	(718,000)
Total Therapy Base	75,160,000	75,160,000	-	-	76,548,000
3. Enroll/Assess Fees	(26,000)	(26,000)	-	-	(26,000)
4. Benefits Policy Changes	4,462,000	2,446,000	-	2,016,000	4,436,000
	\$ 82,709,000	\$ 80,693,000	\$ 0	\$ 2,016,000	\$ 82,521,000
B. State Only Admin.					
1. County Admin.	12,505,000	8,265,000	4,240,000	-	12,504,000
2. Fiscal Inter.	415,000	415,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	276,000	276,000	-	-	-
	\$ 13,197,000	\$ 8,957,000	\$ 4,240,000	\$ 0	\$ 12,504,000
Total CCS State Only	\$ 95,906,000	\$ 89,650,000	\$ 4,240,000	\$ 2,016,000	\$ 95,025,000
=====					
GRAND TOTAL	\$ 95,906,000	\$ 89,650,000	\$ 4,240,000	\$ 2,016,000	\$ 95,025,000

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 2024-25

November 2024 Estimate Compared to May 2024 Estimate, Total Funds

	Appropriation	Nov. 2024 Est.	Difference
	FY 2024-25	FY 2024-25	Incr./(Decr.)
A. Total CCS State Only Services	\$ 81,373,500	\$ 79,907,000	\$ (1,466,500)
1. Treatment Services	3,030,000	3,113,000	83,000
2. Medical Therapy Program	72,320,000	73,555,000	1,235,000
3. Benefits Policy Changes	6,056,000	3,265,000	(2,791,000)
4. Enroll/Assessment Fees	(32,500)	(26,000)	6,500
B. CCS Administration			
1. County Administration	14,143,000	12,505,000	(1,638,000)
2. Fiscal Intermediary	664,000	689,000	25,000
TOTAL CCS STATE ONLY PROGRAM	\$ 96,180,500	\$ 93,101,000	\$ (3,079,500)
 TOTAL CCS PROGRAM	 \$ 96,180,500	 \$ 93,101,000	 \$ (3,079,500)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2024-25

November 2024 Estimate Compared to May 2024 Estimate, State Funds

	Appropriation	Nov. 2024 Est.	Difference
	FY 2024-25	FY 2024-25	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 81,373,500</u>	<u>\$ 79,907,000</u>	<u>\$ (1,466,500)</u>
1. Treatment Services	3,030,000	3,113,000	83,000
2. Medical Therapy Program	72,320,000	73,555,000	1,235,000
3. Benefits Policy Changes	6,056,000	3,265,000	(2,791,000)
4. Enroll/Assessment Fees	(32,500)	(26,000)	6,500
B. CCS Administration			
1. County Administration	10,151,000	8,265,000	(1,886,000)
2. Fiscal Intermediary	664,000	689,000	25,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 92,188,500</u>	<u>\$ 88,861,000</u>	<u>\$ (3,327,500)</u>
TOTAL CCS PROGRAM	<u>\$ 92,188,500</u>	<u>\$ 88,861,000</u>	<u>\$ (3,327,500)</u>

November 2024 Estimate Compared to May 2024 Estimate, Federal Funds

	Appropriation	Nov. 2024 Est.	Difference
	FY 2024-25	FY 2024-25	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	4,240,000	248,000
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 4,240,000</u>	<u>\$ 248,000</u>

CALIFORNIA CHILDREN'S SERVICES**Program Requirements, Total Funds****Budget Year Compared to Current Year****November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, Total Funds**

	Nov. 2024 Est.	Nov. 2024 Est.	Difference
	FY 2024-25	FY 2025-26	Incr./ (Decr.)
A. Total CCS State Only Services	<u>\$ 79,907,000</u>	<u>\$ 82,709,000</u>	<u>\$ 2,802,000</u>
1. Treatment Services	3,113,000	3,113,000	-
2. Medical Therapy Program	73,555,000	75,160,000	1,605,000
3. Benefits Policy Changes	3,265,000	4,462,000	1,197,000
4. Enroll/Assessment Fees	(26,000)	(26,000)	-
B. CCS Administration			
1. County Administration	12,505,000	12,505,000	-
2. Fiscal Intermediary	689,000	692,000	3,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 93,101,000</u>	<u>\$ 95,906,000</u>	<u>\$ 2,805,000</u>
TOTAL CCS PROGRAM	<u>\$ 93,101,000</u>	<u>\$ 95,906,000</u>	<u>\$ 2,805,000</u>

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

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, State Funds

	Nov. 2024 Est. FY 2024-25	Nov. 2024 Est. FY 2025-26	Difference Incr./.(Decr.)
A. Total CCS State Only Services	<u>\$ 79,907,000</u>	<u>\$ 82,709,000</u>	<u>\$ 2,802,000</u>
1. Treatment Services	3,113,000	3,113,000	-
2. Medical Therapy Program	73,555,000	75,160,000	1,605,000
3. Benefits Policy Changes	3,265,000	4,462,000	1,197,000
4. Enroll/Assessment Fees	(26,000)	(26,000)	-
B. CCS Administration			
1. County Administration	8,265,000	8,265,000	-
2. Fiscal Intermediary	689,000	692,000	3,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 88,861,000</u>	<u>\$ 91,666,000</u>	<u>\$ 2,805,000</u>
TOTAL CCS PROGRAM	<u>\$ 88,861,000</u>	<u>\$ 91,666,000</u>	<u>\$ 2,805,000</u>

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, Federal Funds

	Nov. 2024 Est. FY 2024-25	Nov. 2024 Est. FY 2025-26	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	4,240,000	4,240,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 4,240,000</u>	<u>\$ 4,240,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 4,240,000</u>	<u>\$ 4,240,000</u>	<u>\$ 0</u>

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

Fiscal Year 2024-25, November 2024 Estimate Compared to Appropriation							
POLICY CHG.			FY 2024-25 APPROPRIATION		NOVEMBER 2024 ESTIMATE		DIFFERENCE, Incr./(Decr.)
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$32,500	-\$32,500	-\$26,000	-\$26,000	\$6,500
Co. Admin.	2	COUNTY ADMIN. COSTS	\$14,143,000	\$14,143,000	\$12,505,000	\$12,505,000	-\$1,638,000
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$409,000	\$409,000	\$411,000	\$411,000	\$2,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0
FI	5	CMS NET	\$254,000	\$254,000	\$277,000	\$277,000	\$23,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$3,992,000	\$0	-\$4,240,000	\$0
Benefits	7	CCS NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0
Benefits	8	CCS - CGM REBATES	\$0	\$0	\$0	\$0	\$0
Benefits	9	CCS COVID-19 REDETERMINATIONS IMPACT	\$8,249,000	\$8,249,000	\$3,654,000	\$3,654,000	-\$4,595,000
Benefits	10	MTP CORRECTION	-\$2,193,000	-\$2,193,000	-\$389,000	-\$389,000	\$1,804,000
CCS TOTAL			<u>\$20,830,500</u>	<u>\$16,838,500</u>	<u>\$16,433,000</u>	<u>\$12,193,000</u>	<u>-\$4,397,500</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 2024-25 Compared to Fiscal Year 2025-26								
<u>POLICY CHG.</u>			<u>Nov. 2024 Est. for FY 2024-25</u>		<u>Nov. 2024 Est. for FY 2025-26</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 AND ASSESSMENT FEES	-\$26,000	-\$26,000	-\$26,000	-\$26,000	\$0	\$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$12,505,000	\$12,505,000	\$12,505,000	\$12,505,000	\$0	\$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$411,000	\$411,000	\$415,000	\$415,000	\$4,000	\$4,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$277,000	\$277,000	\$276,000	\$276,000	-\$1,000	-\$1,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$4,240,000	\$0	-\$4,240,000	\$0	\$0
Benefits	7	CCS NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	8	CCS - CGM REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	9	CCS COVID-19 REDETERMINATIONS IMPACT	\$3,654,000	\$3,654,000	\$4,462,000	\$4,462,000	\$808,000	\$808,000
Benefits	10	MTP CORRECTION	-\$389,000	-\$389,000	\$0	\$0	\$389,000	\$389,000
CCS TOTAL			\$16,433,000	\$12,193,000	\$17,633,000	\$13,393,000	\$1,200,000	\$1,200,000

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: Shan Tang

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	-\$26,000	-\$26,000
	- GENERAL FUND	-\$26,000	-\$26,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$26,000	-\$26,000
	- GENERAL FUND	-\$26,000	-\$26,000
	- COUNTY FUNDS	-\$26,000	-\$26,000

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.

Some members enrolled in the state only program shifted to Medi-Cal as a result of the COVID-19 Public Health Emergency (PHE) and continue to be enrolled in Medi-Cal due to the Families First Coronavirus Response Act (FFCRA) continuous coverage requirement.

The Consolidated Appropriations Act, 2023, was approved on December 29, 2022 and decouples the end of the FFCRA continuous coverage requirement from the end of the COVID-19 public health emergency (PHE), instead ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations began in April 2023 for members due for renewal in June 2023, those no longer determined eligible were disenrolled effective July 2023. The decline in fee collections due to the shift of CCS members from the state only program are captured in this policy change. The ongoing impact of the PHE and subsequent increase in fee collections expected after the resumption of eligibility redeterminations resulting in members returning to the state only program is estimated in the CCS COVID-19 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 2014 - March 2024.

	<u>FY 2024-25</u>	<u>FY 2025-26</u>
Enrollment Fees:	\$46,000	\$46,000
Assessment Fees:	\$6,000	\$6,000
Total:	\$52,000 (\$26,000 GF Offset)	\$52,000 (\$26,000 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: Shan Tang

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$12,505,000	\$12,505,000
	- GENERAL FUND	\$12,505,000	\$12,505,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$12,505,000	\$12,505,000
	- GENERAL FUND	\$12,505,000	\$12,505,000
	- COUNTY FUNDS	\$12,504,000	\$12,504,000

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

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

Some members enrolled in the state only program shifted to Medi-Cal as a result of the COVID-19 Public Health Emergency (PHE) and continue to be enrolled in Medi-Cal due to the Families First Coronavirus Response Act (FFCRA) continuous coverage requirement.

The Consolidated Appropriations Act, 2023, was approved on December 29, 2022 and decouples the end of the FFCRA continuous coverage requirement from the end of the COVID-19 public health emergency (PHE), instead ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations began in April 2023 for members due for renewal in June 2023, those no longer determined eligible were disenrolled effective July 2023. The impact of the resumption of eligibility redeterminations resulting in members returning to the state only program is estimated in the CCS COVID-19 Caseload Impact policy change.

Reason for Change:

The decrease in costs from the prior estimate for FY 2024-25 is due to a decline in projected caseload, slightly offset by higher Per Member Per Month (PMPM) cost.

There is no change between fiscal years in the current estimate.

Methodology:

1. Starting with the November 2024 Estimate, the county admin estimate is updated to reflect recent caseload and PMPM data.
2. The CCS county administrative costs for both FY 2024-25 and FY 2025-26 are \$12,505,000.

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$411,000	\$415,000
	- GENERAL FUND	\$411,000	\$415,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$411,000	\$415,000
	- GENERAL FUND	\$411,000	\$415,000

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

Reason for Change:

Applying the California Consumer Price Index adjustments for the November 2024 Estimate caused an increase for FY 2024-25 from the prior estimate, and an increase from FY 2024-25 to FY 2025-26 in the current estimate.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$394,000 in FY 2024-25 and \$403,000 in FY 2025-26.
2. The estimated Medi-Cal Rx costs are \$17,000 in FY 2024-25 and \$12,000 in FY 2025-26.
3. The total estimated FI costs for CCS are **\$411,000 GF** in **FY 2024-25** and **\$415,000 GF** in **FY 2025-26**.

Funding:

100% General Fund (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 8/2003
ANALYST: Ryan Chin

		<u>FY 2024-25</u>	<u>FY 2025-26</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 currently adjudicated by the Fiscal Intermediary-Dental Business Operations (FI-DBO) contractor. The administrative costs are reimbursed based on cost per adjudicated claim and Treatment Authorization Request (TAR). The FI-DBO scans and processes claims and TARs.

The FI-DBO contractor took over adjudicating from the dental Administrative Services Organization (ASO) contractor and scanning business functions from the dental Fiscal Intermediary (FI) contractor on May 13, 2024. The administrative costs are reimbursed based on FI-DBO bid rates per document imaged, claim/TAR data captured, and per manually adjudicated claim/TAR.

Reason for Change:

There is no change for FY 2024-25 from the prior estimate. There is no change from FY 2024-25 to FY 2025-26 in the current estimate.

Methodology:

1. For FY 2024-25 the FI-DBO contractor CCS State Only dental claim & TAR scanning rates are \$1.07. The FI-DBO contractor claim & TAR adjudication rates are \$3.71 and \$7.26, respectively.
2. For FY 2025-26 the FI-DBO contractor CCS State Only dental claim & TAR scanning rates are \$1.08. The FI-DBO contractor claim & TAR adjudication rates are \$3.76 and \$7.36, respectively.
3. Rate estimates are based on corresponding contractor Bid Sheets. FY 2025-26 rates include a 1.25% inflationary adjustment.
4. The estimated administrative expenditures for the scanning and adjudication of CCS State Only dental claims are outlined below.

FY 2024-25	Estimated Claims	Rates	Annual Expenditure
FI-DBO Claims (Scanning)	163	\$1.07	\$174
FI-DBO TARs (Scanning)	38	\$1.07	\$41
FI-DBO Claims (Adjudication)	163	\$3.71	\$605
FI-DBO TARs (Adjudication)	38	\$7.26	\$276
*Totals differ due to rounding.			Total FY 2024-25
			\$1,000 GF

FY 2025-26	Estimated Claims	Rates	Annual Expenditure
FI-DBO Claims (Scanning)	163	\$1.08	\$177
FI-DBO TARs (Scanning)	38	\$1.08	\$41
FI-DBO Claims (Adjudication)	163	\$3.76	\$613
FI-DBO TARs (Adjudication)	38	\$7.36	\$280
*Totals differ due to rounding.			Total FY 2025-26
			\$1,000 GF

Funding:

100% GF (4260-111-0001)

CMS NET

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2004
ANALYST: Shan Tang

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$277,000	\$276,000
	- GENERAL FUND	\$277,000	\$276,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$277,000	\$276,000
	- GENERAL FUND	\$277,000	\$276,000

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.
AB 2724 (Chapter 73, Statutes of 2022)

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 and several small counties. In 2004, CMS Net was expanded to all 58 CCS counties and the Genetically Handicapped Persons Program.

Reason for Change:

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

Methodology:

1. CMS Net costs are allocated to the CCS programmatic caseload (CCS State-Only vs. CCS Medi-Cal), based on a four year average of prior CMS Net actual expenditures.
2. CMS Net system costs for FY 2024-25 are estimated to be \$4,151,000. FY 2025-26 costs are estimated to be \$4,149,000.
3. The cost for CMS Net are projected to be:

FY 2024-25	Average		CMS Net
	<u>Actuals</u>	<u>Percentage</u>	<u>Allocation</u>
CCS State-Only	\$ 159,557	6.6%	\$ 277,000
CCS Medi-Cal	\$ 2,239,854	93.4%	\$ 3,874,000
Total	\$ 2,399,411	100%	\$ 4,151,000

FY 2025-26	Average		CMS Net
	<u>Actuals</u>	<u>Percentage</u>	<u>Allocation</u>
CCS State-Only	\$ 159,557	6.6%	\$ 276,000
CCS Medi-Cal	\$ 2,239,854	93.4%	\$ 3,873,000
Total	\$ 2,399,411	100%	\$ 4,149,000

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,240,000	-\$4,240,000
	- FEDERAL FUNDS TITLE V	\$4,240,000	\$4,240,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,240,000	-\$4,240,000
	- FEDERAL FUNDS TITLE V	\$4,240,000	\$4,240,000

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)
Incoming Funds Request (IFR) 22-20078

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 (CDPH), 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 an increase in General Fund for FY 2024-25, from the prior estimate, due to revised reimbursement contract amounts. There is no change from FY 2024-25 to FY 2025-26 in the current estimate.

Methodology:

1. The Department entered a state agency agreement with CDPH effective July 1, 2025, through June 30, 2025, for Title V grant reimbursement.
2. The amount expected to be received is \$4,240,000 in FY 2024-25 and FY 2025-26.

Funding:

CDPH Title V Reimbursement (4260-611-0995)

100% General Fund (4260-111-0001)

CCS NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 10/2019
ANALYST: Autumn Recce

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,125,000	-\$2,000,000
	- REBATE SPECIAL FUND	\$3,125,000	\$2,000,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,125,000	-\$2,000,000
	- REBATE SPECIAL FUND	\$3,125,000	\$2,000,000
	- COUNTY FUNDS	-\$20,000	-\$10,000

Purpose:

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

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.

Reason for Change:

The change in FY 2024-25, from the prior estimate, is due to:

- Reducing the estimated annual transfer amount to the General Fund (GF), and
- Shifting a transfer from FY 2023-24 to FY 2024-25.

The change from FY 2024-25 to FY 2025-26 in the current estimate is due to an additional transfer to the GF is estimated in FY 2024-25.

Methodology:

1. \$43,940,000 TF has been collected for CCS State-Only non-BF rebates as of May 31, 2024.
2. CCS non-BF rebate transfers to the GF are offset against CCS State-Only expenditures and cannot exceed these expenditures. Therefore, only a total of \$13,701,000 out of the \$21,970,000 in the state's share of rebates has been transferred to the GF from FY 2019-20 through FY 2023-24.
3. The remaining balance of \$8,269,000 GF will be carried over and budgeted to GF in FY 2024-25, FY 2025-26, and future fiscal years.
4. The majority of the County Fund share of rebates have been disbursed to counties. It is estimated \$20,000 will be disbursed to counties in FY 2024-25 and \$10,000 in FY 2025-26.
5. CCS State-Only non-BF drug rebate transfers to the GF for FY 2024-25 and FY 2025-26 are estimated to be:

CCS Non-BF Rebates	TF	GF	Drug Rebates Special Fund	CF*
FY 2024-25	\$0	(\$3,125,000)	\$3,125,000	(\$20,000)
FY 2025-26	\$0	(\$2,000,000)	\$2,000,000	(\$10,000)

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: 8
IMPLEMENTATION DATE: 3/2024
ANALYST: Whitney Li

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$56,000	-\$16,000
	- REBATE SPECIAL FUND	\$56,000	\$16,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$56,000	-\$16,000
	- REBATE SPECIAL FUND	\$56,000	\$16,000
	- COUNTY FUNDS	-\$56,000	-\$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 & Institutions 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 members.

The Department has rebate agreements with various manufacturers for CGM systems and supplies for CGM paid claims starting on January 1, 2022. The CGM rebates will be deposited into the Children's Medical Services Rebate Fund (4260-601-3079). 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 Rx.

Reason for Change

The change in FY 2024-25, from the prior estimate, is due to the addition of \$40,000 in retroactive adjustments.

The change from FY 2024-25 to FY 2025-26, in the current estimate, is due to no retroactive adjustments anticipated in FY 2025-26.

Methodology

1. Assume CGM rebates are available for claims paid on or after January 1, 2022.
2. Rebate collections for all CGM manufacturers with rebate agreements began in April 2022.
3. Assume rebates from the Children's Medical Services Rebate Fund transferred to the General Fund in March 2024.
4. Rebates are estimated to decrease in FY 2023-24 due to eligibility changes with the lifting of the COVID Public Health Emergency and utilization controls.
5. On average, assume \$8,000 in rebates per quarter in FY 2023-24 and onward. There are four quarters each year.
6. Collected rebates of \$57,000 for January 2022 through June 2023 was available to transfer to CCS in FY 2023-24 along with one quarter of collections from FY 2023-24. Four quarters of rebates are estimated to be transferred to CCS in FY 2024-25.
7. Rebates are shared with the counties.
8. On a cash basis, total estimated rebate savings in FY 2024-25 and FY 2025-26 are:

CGM Rebate Savings	TF	GF	Drug Rebates Special Fund	CF*
FY 2024-25	\$0	(\$56,000)	\$56,000	(\$56,000)
FY 2025-26	\$0	(\$16,000)	\$16,000	(\$16,000)

Funding:

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

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

CCS COVID-19 REDETERMINATIONS IMPACT

POLICY CHANGE NUMBER: 9
IMPLEMENTATION DATE: 4/2020
ANALYST: Celine Donaldson

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$8,249,000	\$8,249,000
	- GENERAL FUND	\$8,249,000	\$8,249,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		55.70%	45.91%
APPLIED TO BASE	- TOTAL FUNDS	\$3,654,000	\$4,462,000
	- GENERAL FUND	\$3,654,000	\$4,462,000
	- COUNTY FUNDS	\$3,654,000	\$4,462,000

Purpose

This policy change estimates the increase in benefits expenditures for the CCS state only program related to the end of the FFCRA continuous coverage requirement and resumption of eligibility redeterminations.

Authority

Families First Coronavirus Response Act (FFCRA)
 Coronavirus Aid, Relief, and Economic Security (CARES) Act
 Consolidated Appropriations Act, 2023

Interdependent Policy Changes:

CCS Enrollment & Assessment Fees
 CCS Case Management (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. 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 member populations within the CCS Medi-Cal and state only programs.

The FFCRA includes a “continuous coverage requirement.” Under the continuous coverage requirement, as enacted through the FFCRA, states must halt most disenrollment of Medicaid members 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.

The Consolidated Appropriations Act, 2023, was approved on December 29, 2022 and decouples the end of the FFCRA continuous coverage requirement from the end of the COVID-19 public health emergency (PHE), instead ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations began in April 2023 for members due for renewal in June 2023. Those determined to still be eligible continue to be enrolled, while those no longer determined eligible are disenrolled effective July 2023. Ongoing eligibility redeterminations related to this population are expected to be completed in FY 2024-25.

Reason for Change

There is no significant change from the prior estimate for FY 2024-25 or between fiscal years in the current estimate.

Methodology

1. Assume the impact of the continuous coverage requirement began in April 2020, and continued through March 31, 2023.
2. Some members enrolled in the state only program shifted to Medi-Cal as a result of the COVID-19 public health emergency and continue to be enrolled in Medi-Cal through the end of the FFCRA continuous coverage requirement period.
3. Assume that, following the end of the continuous coverage requirement, eligibility will be redetermined for individuals not discontinued under the continuous coverage requirement, resulting in members returning to the CCS state only program.

4. The change in average quarterly members due to the end of the continuous coverage requirement are as follows. The approximate estimated COVID-19 caseload impact is:

	Average Quarterly Members	
	FY 2024-25	FY 2025-26
CCS State Only	4,641	4,641
CCS Medi-Cal	(25,545)	(25,545)

5. The estimated average quarterly cost of each state only member in both FY 2024-25 and FY 2025-26 is \$2,694.
6. The approximate estimated COVID-19 expenditure impact for children returning to the CCS state only program is:

Fiscal Year	TF	GF	CF*
FY 2024-25	\$8,249,000	\$8,249,000	\$8,249,000
FY 2025-26	\$8,249,000	\$8,249,000	\$8,249,000

7. The COVID-19 caseload impact on Medi-Cal expenditures for CCS children is budgeted in the Medi-Cal Local Assistance Estimate.
8. CCS state only base expenditure projections reflect actual expenditures through March 2024.
9. The CCS caseload base projections reflect actual COVID-19 impacts through June 2024. The following amounts related to COVID-19 impacts are estimated to be reflected in base projections:

	Average Quarterly Members	
	FY 2024-25	FY 2025-26
CCS State Only	3,835	3,835
CCS Medi-Cal	(18,465)	(18,465)

Fiscal Year	TF	GF	CF*
FY 2024-25	\$4,595,000	\$4,595,000	\$4,595,000
FY 2025-26	\$3,787,000	\$3,787,000	\$3,787,000

10. The CCS state only COVID-19 Impacts following the end of the continuous coverage requirement for FY 2024-25 and FY 2025-26 are budgeted in this policy change as follows:

	Average Quarterly Members	
	FY 2024-25	FY 2025-26
CCS State Only	806	806
CCS Medi-Cal	(7,080)	(7,080)

Fiscal Year	TF	GF	CF*
FY 2024-25	\$3,654,000	\$3,654,000	\$3,654,000
FY 2025-26	\$4,462,000	\$4,462,000	\$4,462,000

Funding:

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

MTP CORRECTION

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 2/2024
ANALYST: Sabrina Blank

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	-\$389,000	\$0
	- GENERAL FUND	-\$389,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$389,000	\$0
	- GENERAL FUND	-\$389,000	\$0

Purpose:

This policy change estimates the costs for Medical Therapy Program (MTP) payment corrections for prior year and current year county budget allocations.

Authority:

Health & Safety Code, Article 5, Section 123950

Interdependent Policy Changes:

Not Applicable

Background:

The MTP funding is for MTP services rendered, and 47 California Children's Services (CCS) counties participate and receive funding for the MTP. The Department allocates projected CCS state only benefits expenditures to the 47 counties participating in the MTP. For the FY 2022-23 budget allocation period, 21 of the 47 counties participating in the MTP were overpaid.

Mendocino County recently partnered with their Special Education Local Plan Area to open a Medical Therapy Unit at the Orr Creek School, which requires an MTP budget augmentation for the remainder of FY 2024-25. The MTP Therapy Unit was approved on September 17, 2024, and operations are pending completion of the recruitment and hiring process for a therapist.

Reason for Change:

The change in FY 2024-25, from the prior estimate, is a net decrease due to some county recoupments being processed in FY 2023-24. The change from FY 2024-25 to FY 2025-26, in the current estimate, is a decrease due to all remaining MTP overpayments being recouped in FY 2024-25.

Methodology:

1. In FY 2023-24, the Department processed adjustments to correct FY 2022-23 MTP overpayments from counties.
2. Recoupments from counties began in FY 2023-24 and the Department plans to recoup the remaining MTP overpayments in FY 2024-25.
3. Mendocino County will receive a \$45,000 budget augmentation in FY 2024-25.
4. The anticipated recoupment amount is \$389,000 for FY 2024-25 and \$0 for FY 2025-26.

Funding:

100% General Fund (4260-111-0001)

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>2023-24 1</u>	<u>Fiscal Year</u> <u>2024-25</u>	<u>Fiscal Year</u> <u>2025-26</u>	<u>FY 2024-25 -</u> <u>FY 2025-26</u> <u>% Change</u>
CCS State Only	12,961	14,246	14,246	0.00%
Impact of Policy Changes (PCs)	0	806	806	0%
SUBTOTAL	12,961	15,052	15,052	0.00%

Total Medi-Cal Caseload
(CCS Medi-Cal)

<u>All Counties</u>	<u>Fiscal Year</u> <u>2023-24 1</u>	<u>Fiscal Year</u> <u>2024-25</u>	<u>Fiscal Year</u> <u>2025-26</u>	<u>FY 2024-25 -</u> <u>FY 2025-26</u> <u>% Change</u>
CCS Medi-Cal ²	185,251	179,161	179,161	0.00%
Impact of Policy Changes (PCs)	0	-5,903	-5,903	0%
SUBTOTAL	185,251	173,258	173,258	0.00%

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

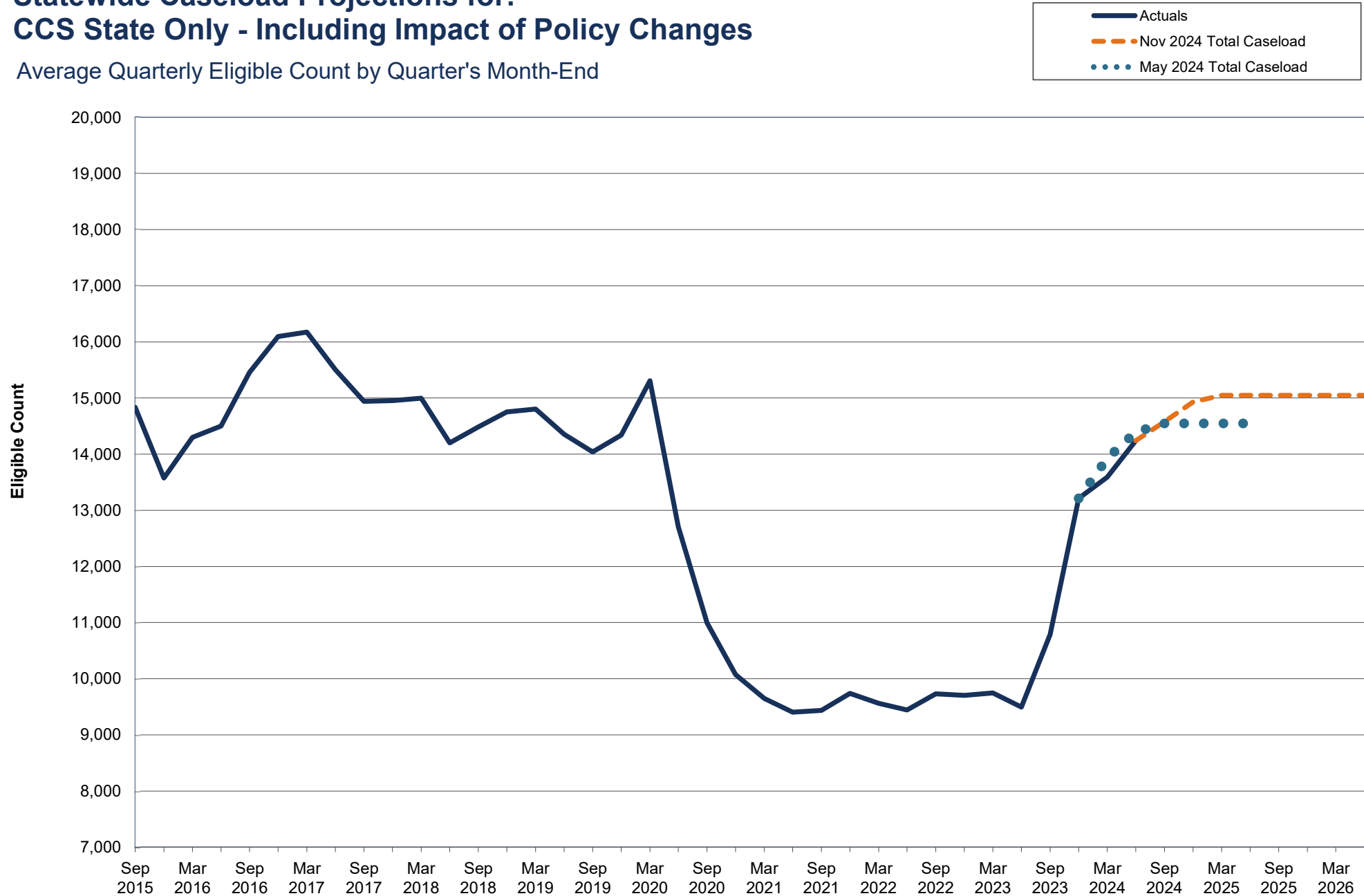
<u>All Counties</u>	<u>Fiscal Year</u> <u>2023-24 1</u>	<u>Fiscal Year</u> <u>2024-25</u>	<u>Fiscal Year</u> <u>2025-26</u>	<u>FY 2024-25 -</u> <u>FY 2025-26</u> <u>% Change</u>
CCS State Only	12,961	15,052	15,052	0.00%
CCS Medi-Cal	185,251	173,258	173,258	0.00%
TOTAL	198,212	188,310	188,310	0.00%

¹ Actual caseload.

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

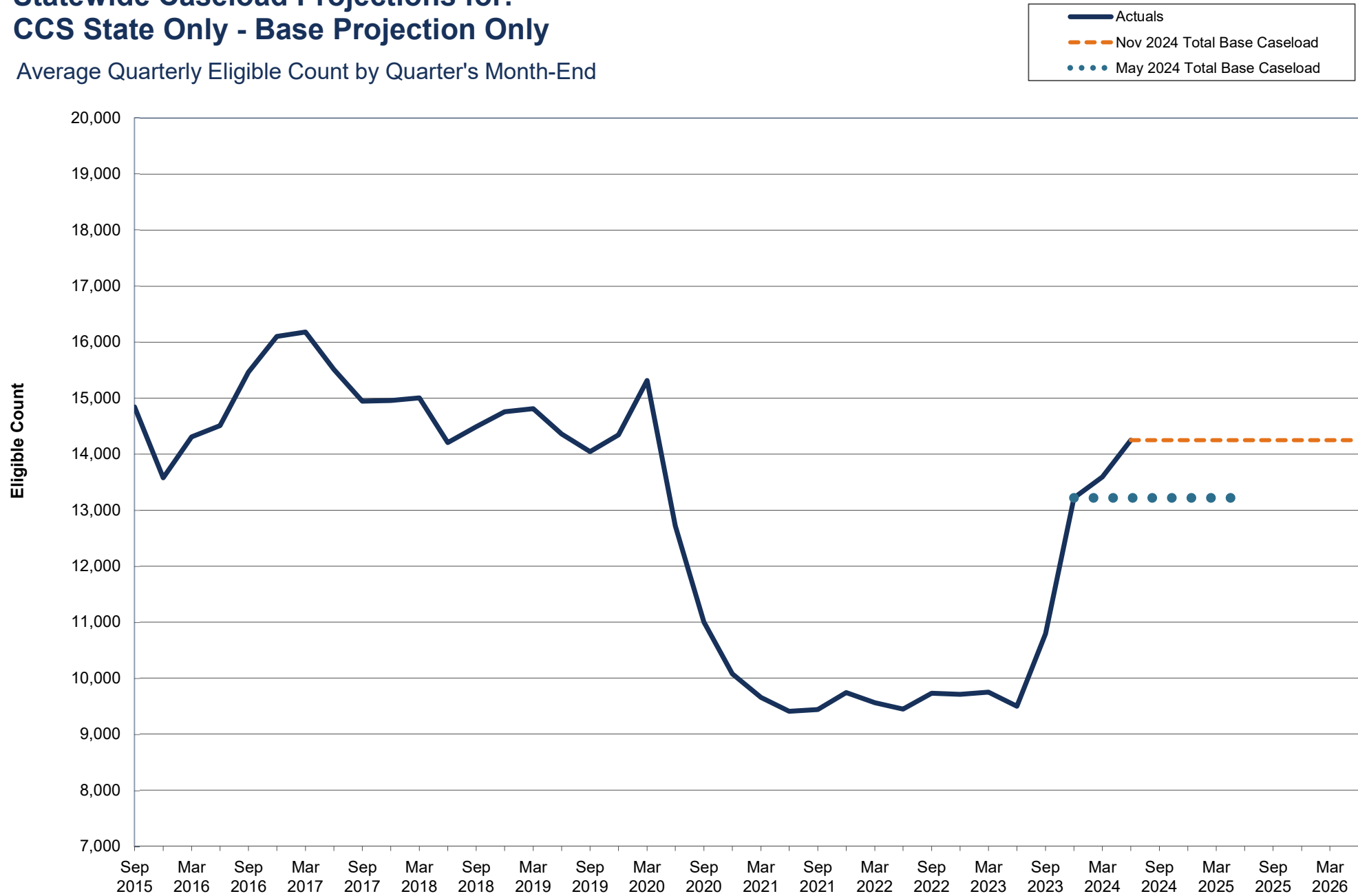
Statewide Caseload Projections for: CCS State Only - Including Impact of Policy Changes

Average Quarterly Eligible Count by Quarter's Month-End



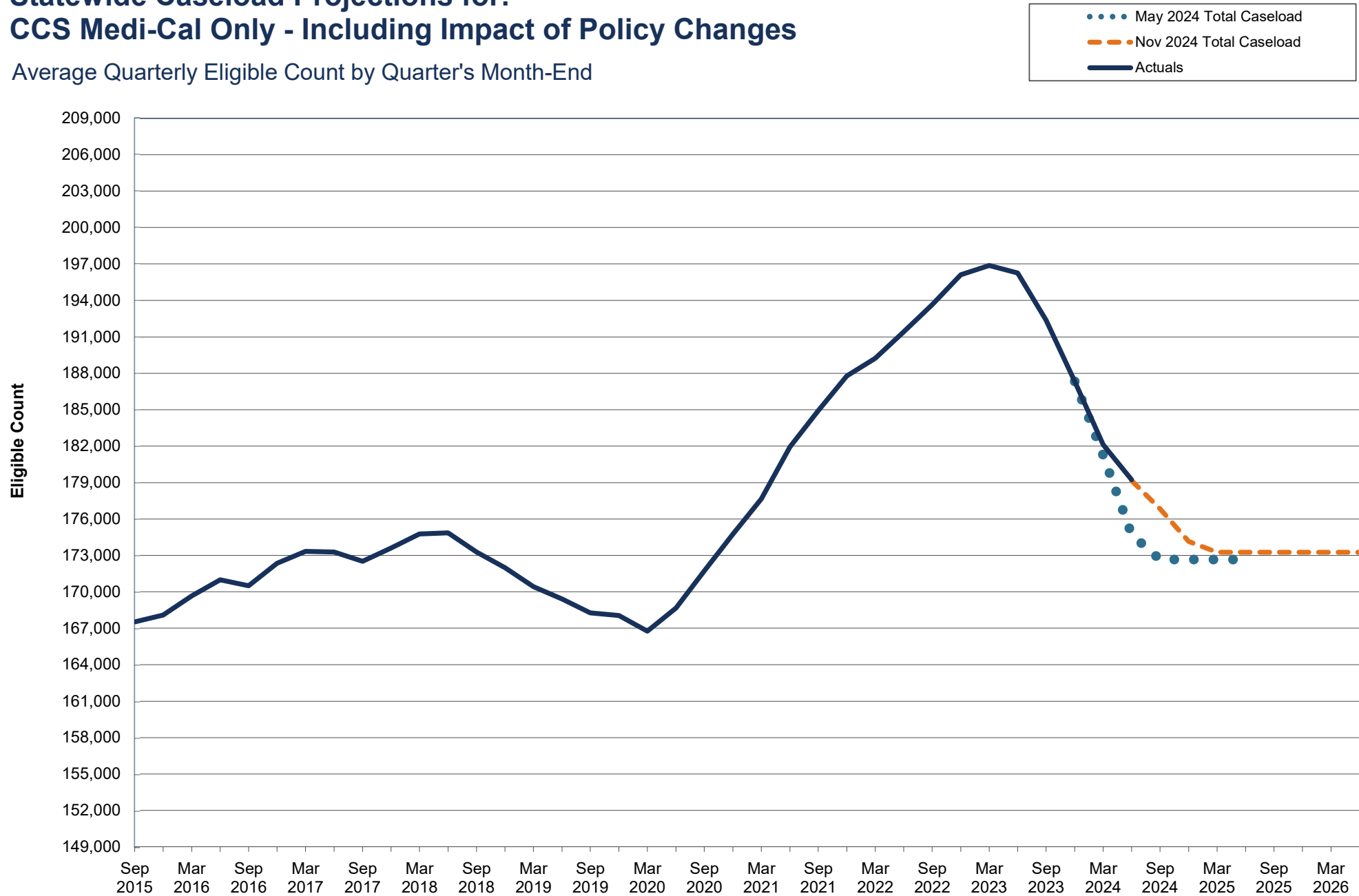
Statewide Caseload Projections for: CCS State Only - Base Projection Only

Average Quarterly Eligible Count by Quarter's Month-End



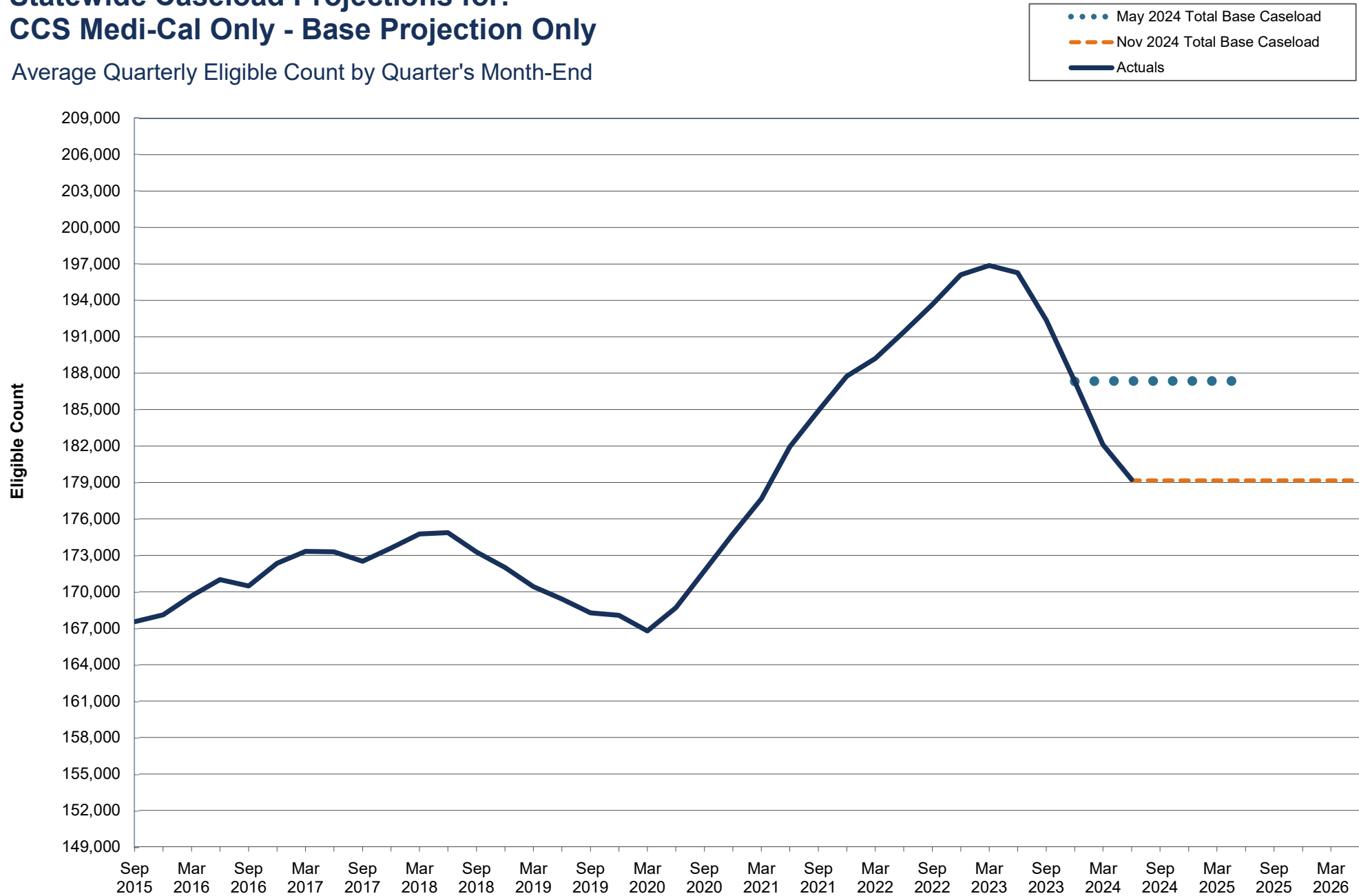
Statewide Caseload Projections for: CCS Medi-Cal Only - Including Impact of Policy Changes

Average Quarterly Eligible Count by Quarter's Month-End



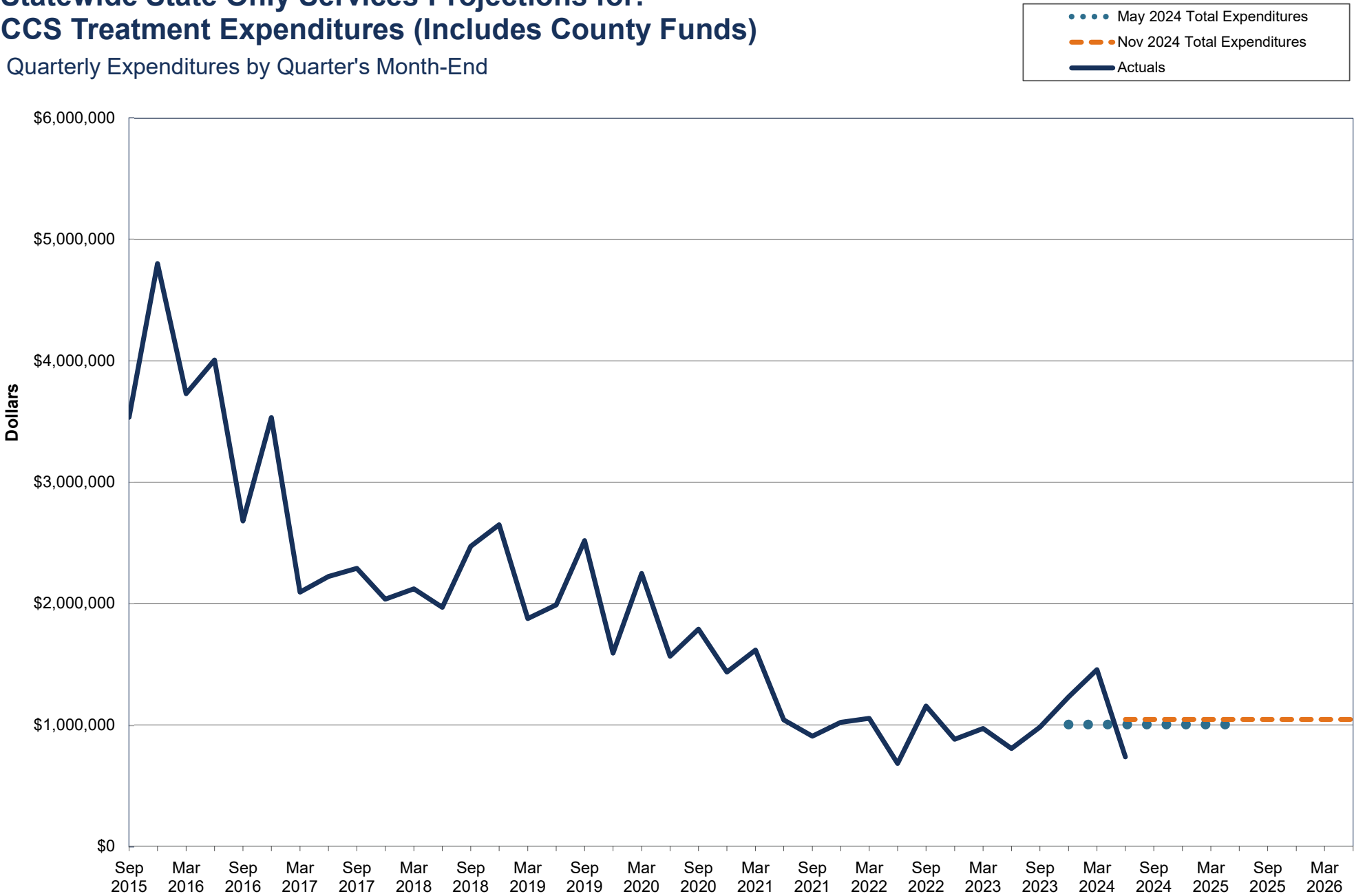
Statewide Caseload Projections for: CCS Medi-Cal Only - Base Projection Only

Average Quarterly Eligible Count by Quarter's Month-End



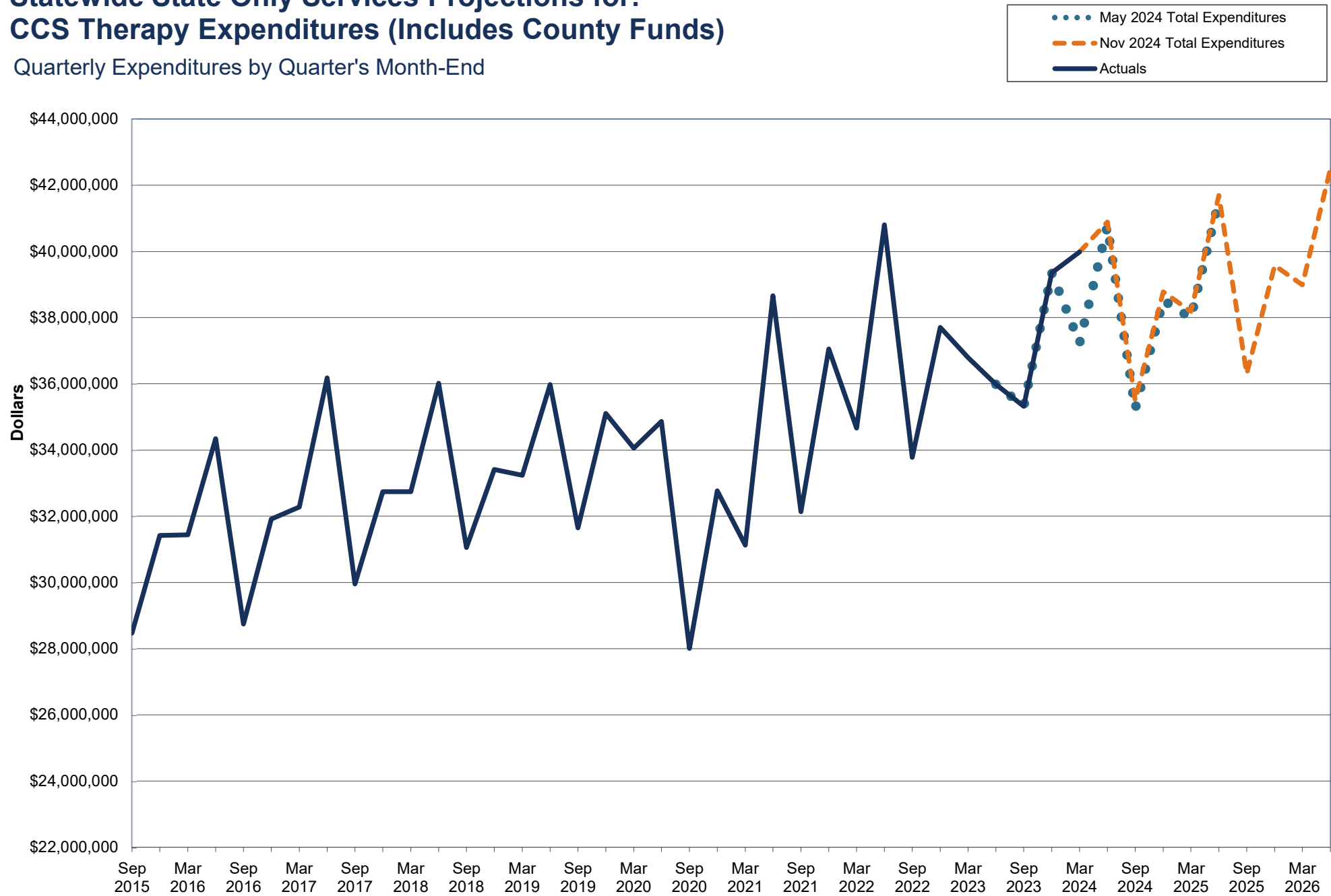
Statewide State Only Services Projections for: CCS Treatment Expenditures (Includes County Funds)

Quarterly Expenditures by Quarter's Month-End



Statewide State Only Services Projections for: CCS Therapy Expenditures (Includes County Funds)

Quarterly Expenditures by Quarter's Month-End



GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary

FY 2024-25, November 2024 Estimate Compared to May 2024 Estimate

	Appropriation FY 2024-25	Nov. 2024 Est. FY 2024-25	Difference Incr./(Decr.)
State-Only Caseload:	795	701	(94)
Net Dollars:			
4260-111-0001 (General Fund)	\$150,128,500	\$154,336,500	\$4,208,000
4260-611-0995 (Enrollment Fees)	\$489,400	\$368,300	(\$121,100)
4260-601-3079 (Rebate Special Fund)	\$40,000	\$118,000	\$78,000
Total	\$150,657,900	\$154,822,800	\$4,164,900

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26

	Nov. 2024 Est. FY 2024-25	Nov. 2024 Est. FY 2025-26	Difference Incr./(Decr.)
State-Only Caseload:	701	701	0
Net Dollars:			
4260-111-0001 (General Fund)	\$154,336,500	\$151,777,300	(\$2,559,200)
4260-611-0995 (Enrollment Fees)	\$368,300	\$489,400	\$121,100
4260-601-3079 (Rebates Special Fund)	\$118,000	\$40,000	(\$78,000)
Total	\$154,822,800	\$152,306,700	(\$2,516,100)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2024-25

November 2024 Estimate Compared to May 2024 Estimate, Total Funds

	Appropriation <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2024-25</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 136,361,000	\$ 153,940,000	\$ 17,579,000
2. Policy Changes	\$ 13,365,900	\$ (79,200)	\$ (13,445,100)
	-----	-----	-----
Total for Services	\$ 149,726,900	\$ 153,860,800	\$ 4,133,900
Fiscal Intermediary	\$ 931,000	\$ 962,000	\$ 31,000
	-----	-----	-----
Total GHPP Program	\$ 150,657,900	\$ 154,822,800	\$ 4,164,900

November 2024 Estimate Compared to May 2024 Estimate, General Fund

	Appropriation <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2024-25</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 136,361,000	\$ 153,940,000	\$ 17,579,000
2. Policy Changes	\$ 12,836,500	\$ (565,500)	\$ (13,402,000)
	-----	-----	-----
Total for Services	\$ 149,197,500	\$ 153,374,500	\$ 4,177,000
Fiscal Intermediary	\$ 931,000	\$ 962,000	\$ 31,000
	-----	-----	-----
Total GHPP Program	\$ 150,128,500	\$ 154,336,500	\$ 4,208,000

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

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, Total Funds

	Nov. 2024 Est. <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./ (Decr.)</u>
1. Base Expenditure Estimate	\$ 153,940,000	\$ 151,837,000	\$ (2,103,000)
2. Policy Changes	\$ (79,200)	\$ (483,300)	\$ (404,100)
	-----	-----	-----
Total for Services	\$ 153,860,800	\$ 151,353,700	\$ (2,507,100)
 Fiscal Intermediary	 \$ 962,000	 \$ 953,000	 \$ (9,000)
	-----	-----	-----
Total GHPP Program	\$ 154,822,800	\$ 152,306,700	\$ (2,516,100)

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, General Fund

	Nov. 2024 Est. <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./ (Decr.)</u>
1. Base Expenditure Estimate	\$ 153,940,000	\$ 151,837,000	\$ (2,103,000)
2. Policy Changes	\$ (565,500)	\$ (1,012,700)	\$ (447,200)
	-----	-----	-----
Total for Services	\$ 153,374,500	\$ 150,824,300	\$ (2,550,200)
 Fiscal Intermediary	 \$ 962,000	 \$ 953,000	 \$ (9,000)
	-----	-----	-----
Total GHPP Program	\$ 154,336,500	\$ 151,777,300	\$ (2,559,200)

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures

<u>Fiscal Year</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2023-24	730	\$ 181,400	\$ 132,409,000
	-----	-----	-----
Actuals	730	\$ 181,400	\$ 132,409,000
2024-25	701	\$ 219,600	\$ 153,940,000
	-----	-----	-----
Estimate	701	\$ 219,600	\$ 153,940,000
2025-26	701	\$ 216,600	\$ 151,837,000
	-----	-----	-----
Estimate	701	\$ 216,600	\$ 151,837,000

1/ Actual expenditure data is complete through July 2024.

Actual caseload data is complete through July 2024.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Average Monthly Caseload Estimate****Fiscal Year 2024-25**

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Base	1,456	755	701
Impact of Policy Changes (PCs)	(42)	(42)	0
Total	<u>1,414</u>	<u>713</u>	<u>701</u>

Fiscal Year 2025-26

	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only* Caseload</u>
Base	1,456	755	701
Impact of Policy Changes (PCs)	(42)	(42)	0
Total	<u>1,414</u>	<u>713</u>	<u>701</u>

GENETICALLY HANDICAPPED PERSONS PROGRAM**Average Monthly State-Only Caseload Comparison****FY 2024-25, November 2024 Estimate Compared to May 2024 Estimate**

	Appropriation <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2024-25</u>	Difference <u>Incr./((Decr.))</u>
Base	733	701	(32)
Impact of Policy Changes (PCs)	<u>62</u>	<u>0</u>	<u>(62)</u>
Total	795	701	(94)

Fiscal Year 2024-25 Compared to Fiscal Year 2025-26

	Nov. 2024 Est. <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./((Decr.))</u>
Base	701	701	0
Impact of Policy Changes (PCs)	<u>0</u>	<u>0</u>	<u>0</u>
Total	701	701	0

GENETICALLY HANDICAPPED PERSONS PROGRAM**Average Monthly Medi-Cal Caseload Comparison****FY 2024-25, November 2024 Estimate Compared to May 2024 Estimate**

	Appropriation <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2024-25</u>	Difference <u>Incr./Decr.</u>
Base	889	755	(134)
Impact of Policy Changes (PCs)	<u>(55)</u>	<u>(42)</u>	<u>13</u>
Total	834	713	(121)

Fiscal Year 2024-25 Compared to Fiscal Year 2025-26

	Nov. 2024 Est. <u>FY 2024-25</u>	Nov. 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./Decr.</u>
Base	755	755	0
Impact of Policy Changes (PCs)	<u>(42)</u>	<u>(42)</u>	<u>0</u>
Total	713	713	0

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

Fiscal Year 2024-25, November 2024 Estimate Compared to Appropriation							
<u>POLICY CHG.</u>			FY 2024-25 APPROPRIATION		NOVEMBER 2024 ESTIMATE		DIFFERENCE, Incr./((Decr.))
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$931,000	\$931,000	\$962,000	\$962,000	\$31,000
Other	3	GHPP PREMIUM COSTS	\$223,000	\$223,000	\$161,000	\$161,000	-\$62,000
Benefits	4	GHPP PREMIUM SAVINGS	-\$900,100	-\$900,100	-\$240,200	-\$240,200	\$659,900
Benefits	5	GHPP CGM REBATES	\$0	\$0	\$0	\$0	\$0
Benefits	6	GHPP COVID-19 REDETERMINATIONS IMPACT	\$14,043,000	\$14,043,000	\$0	\$0	-\$14,043,000
GHPP TOTAL			\$14,296,900	\$14,296,900	\$882,800	\$882,800	-\$13,414,100

Fiscal Year 2024-25 Compared to Fiscal Year 2025-26							
<u>POLICY CHG.</u>			Nov. 2024 Est. for FY 2024-25		Nov. 2024 Est. for FY 2025-26		DIFFERENCE, Incr./((Decr.))
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$962,000	\$962,000	\$953,000	\$953,000	-\$9,000
Other	3	GHPP PREMIUM COSTS	\$161,000	\$161,000	\$187,000	\$187,000	\$26,000
Benefits	4	GHPP PREMIUM SAVINGS	-\$240,200	-\$240,200	-\$670,300	-\$670,300	-\$430,100
Benefits	5	GHPP CGM REBATES	\$0	\$0	\$0	\$0	\$0
Benefits	6	GHPP COVID-19 REDETERMINATIONS IMPACT	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			\$882,800	\$882,800	\$469,700	\$469,700	-\$413,100

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$368,300	-\$489,400
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$368,300	-\$489,400
	- ENROLLMENT FEES FUND	\$368,300	\$489,400

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

Members 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.

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. The federal government declared a national public health emergency (PHE) on January 31, 2020, and the President signed major federal legislation—including the FFCRA and the CARES Act—that provided increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The FFCRA included a “continuous coverage requirement.” Under this continuous coverage requirement as enacted through the FFCRA, states were required to halt most disenrollment of Medicaid members 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 ended in order to receive a temporary increase in the federal medical assistance percentage (FMAP). The Department also implemented the continuous coverage requirement for the GHPP state only population, thus halting disenrollment in the program during the PHE.

The Consolidated Appropriations Act of 2023, was approved on December 29, 2022 and decoupled the end of the FFCRA continuous coverage requirement from the end of the COVID-19 PHE, instead ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations began in April 2023 for members due for renewal in June 2023, those no longer determined eligible were projected to disenroll effective July 2023. Members whose eligibility dates were extended during the PHE have been returned to their pre-PHE eligibility end month in an effort to redistribute the annual renewals following the end of the continuous coverage requirement.

GHPP enrollment fees for some members are being waived due to hardships resulting from the PHE. Fee collections for these individuals will be re-assessed at the end of the members current eligibility period.

Reason for Change:

Enrollment fees are projected to be lower in FY 2024-25 as compared to the prior estimate due to an extended period for hardship fee waivers and pending redeterminations for member enrollment in the GHPP state only program.

The projected increase in fees between fiscal years in the current estimate is due to the anticipated completion of redeterminations in FY 2025-26 and the end of PHE related hardship fee waivers.

Methodology:

1. Some fee collections related to the COVID-19 PHE are no longer being waived with the resumption of eligibility redeterminations and the end of the six-month grace period
2. Enrollment fees of \$297,400 were collected in Fiscal Year (FY) 2022-23, and \$357,900 collected in FY 2023-24.
3. FY 2024-25 enrollment fees are calculated based on nine months of lower fee collections of \$27,300 per month using the monthly average of FY 2022-23 and FY 2023-24 actual collections plus, three months of pre-PHE average monthly actual collected fees of \$40,780.

4. The estimated enrollment fees for FY 2024-25 are \$368,300.

FY 2024-25: $(\$297,400 + \$357,900) \div 24 = (\$27,300 \times 9) + (\$40,800 \times 3) = \$368,300$ (GF)

5. FY 2025-26 enrollment fees are based on a full year of the 2016-17 through FY 2018- 19 pre-PHE collection fees.

FY 2025-26: $(\$40,800 \times 12) = \$489,400$ (GF)

Note: Calculated fees may not tie to totals due to rounding.

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST - TOTAL FUNDS	\$962,000	\$953,000
- GENERAL FUND	\$962,000	\$953,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$962,000	\$953,000
- GENERAL FUND	\$962,000	\$953,000

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, which began January 1, 2022.

Dental claims are currently adjudicated by the 2022 Gainwell Fiscal Intermediary-Dental Business Operations (FI-DBO) contractor. The FI-DBO contract costs are reimbursed based on cost per adjudicated claim and Treatment Authorization Request (TAR). The FI-DBO scans and processes claims and TARs. The administrative costs are reimbursed based on FI-DBO bid rates per document imaged, claim/TAR data captured, and per manually adjudicated claim/TAR.

Reason for Change:

There is an increase for FY 2024-25, from the prior estimate, due to higher medical FI administrative and Medi-Cal Rx cost projections. There is a decrease from FY 2024-25 to FY 2025-26, in the current estimate, primarily due to projecting decreased Medi-Cal Rx expenditures occurring in FY 2025-26.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$892,000 in FY 2024-25 and \$904,000 in FY 2025-26.
2. Based on actual and projected volumes for the current year, the estimated dental FI administrative costs are \$1,000 in FY 2024-25 and FY 2025-26.
3. The estimated Medi-Cal Rx costs are \$69,000 in FY 2024-25 and \$48,000 in FY 2025-26.
4. The total estimated medical, pharmacy, and dental FI administrative costs for GHPP are **\$962,000 GF** in **FY 2024-25** and **\$953,000 GF** in **FY 2025-26**.

Funding:

100% General Fund (4260-111-0001)

GHPP PREMIUM COSTS

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 12/2009
ANALYST: Sasha Jetton

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$161,000	\$187,000
	- GENERAL FUND	\$161,000	\$187,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$161,000	\$187,000
	- GENERAL FUND	\$161,000	\$187,000

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 decrease from the prior estimate for FY 2024-25 is due to lower member participation in the program slightly offset by the anticipated enrollment of three additional clients in the year.

The increase between FY 2024-25 and FY 2025-26 in the current estimate is due to the anticipated enrollment of three additional clients in FY 2025-26.

Methodology:

1. Assume the average monthly premium costs per enrollee are \$590 for Hemophilia, \$570 for Cystic Fibrosis, \$430 for Sickle Cell, and \$560 for Huntington's based on recent premium costs for participants.
2. As of July 2024, 23 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2024-25	FY 2025-26
Hemophilia	72	72
Cystic Fibrosis	144	144
Sickle Cell	48	48
Metabolic	0	0
Huntington's	12	12

3. Assume three new clients will enroll in FY 2024-25. The estimated member months for additional clients are:

	Member Months	
	FY 2024-25	FY 2025-26
Hemophilia	13	24
Cystic Fibrosis	2	12

4. Assume three new clients will enroll in FY 2025-26. The estimated member months for additional clients are:

	Member Months	
	FY 2025-26	
Hemophilia	19	
Cystic Fibrosis	5	

5. Total Member Months:

	Member Months	
	FY 2024-25	FY 2025-26
Hemophilia	85	115
Cystic Fibrosis	146	161
Sickle Cell	48	48
Metabolic	0	0
Huntington's	12	12
Total	291	336

6. Projected Premium Payments (Rounded):

	FY 2024-25	FY 2025-26
Total Funds	\$ 161,000	\$ 187,000
General Funds	\$ 161,000	\$ 187,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

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

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	-\$5,291,000	-\$5,652,000
	- GENERAL FUND	-\$5,291,000	-\$5,652,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		95.46%	88.14%
APPLIED TO BASE	- TOTAL FUNDS	-\$240,200	-\$670,300
	- GENERAL FUND	-\$240,200	-\$670,300

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 2024-25 nor between fiscal years in the current estimate.

Methodology:

1. As of July 2024, 23 clients are enrolled and participating in the program. The total member months for current clients are 276 for both FY 2024-25 and FY 2025-26.
2. Assume three new clients will enroll in FY 2024-25 and three new clients will enroll in FY 2025-26. The estimated member months for additional clients in FY 2024-25 are 15 and in FY 2025-26 are 60.
3. The total member months for all clients are 291 in FY 2024-25 and 336 in FY 2025-26.
5. Assume the savings per client enrolled is equal to the Annual Weighted Cost per Case in the November 2024 Family Health Estimate:

FY 2024-25	FY 2025-26
\$219,600	\$216,600

6. Projected Savings (Rounded):

	FY 2023-24	FY 2024-25
Total Funds	\$5,291,000	\$5,652,000
General Funds	\$5,291,000	\$5,652,000

Funding:

100% GF (4260-111-0001)

GHPP CGM REBATES

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 3/2024
ANALYST: Whitney Li

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$118,000	-\$40,000
	- REBATE SPECIAL FUND	\$118,000	\$40,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$118,000	-\$40,000
	- REBATE SPECIAL FUND	\$118,000	\$40,000

Purpose

This policy change estimates the product rebates savings for continuous glucose monitoring (CGM) systems and supplies for eligible populations in the Genetically Handicapped Persons Program (GHPP).

Authority

Welfare & Institutions 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 GHPP members.

The Department has rebate agreements with various manufacturers for CGM systems and supplies for CGM paid claims starting on January 1, 2022. The CGM rebates will be deposited into the Children's Medical Services Rebate Fund (4260-601-3079). Rebates will offset the General Fund (GF) for some CGMs. GHPP providers will bill for the applicable CGM devices and accessories through Medi-Cal Rx.

Reason for Change

The change in FY 2024-25, from the prior estimate, is due to the addition of retroactive adjustments.

The change from FY 2024-25 to FY 2025-26, in the current estimate, is due to no retroactive adjustments assumed in FY 2025-26.

Methodology

1. Assume GHPP rebates are available for claims paid on or after January 1, 2022.
2. Rebate collections began in April 2022.
3. On average, assume \$10,000 in rebates per quarter in FY 2024-25 and FY 2025-26.
4. Collected rebates of \$78,000 for claims paid in January 2022 through June 2023 were available for transfer to GHPP in FY 2023-24 along with one quarter of collections from FY 2023-24. Four quarters of rebates are estimated to be transferred to GHPP in FY 2024-25.
5. On a cash basis, total estimated rebate savings in FY 2024-25 and FY 2025-26 are:

GHPP Rebate	TF	GF	Drug Rebates
FY 2024-25	\$0	(\$118,000)	\$118,000
FY 2025-26	\$0	(\$40,000)	\$40,000

Funding:

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

100% General Fund (4260-111-0001)

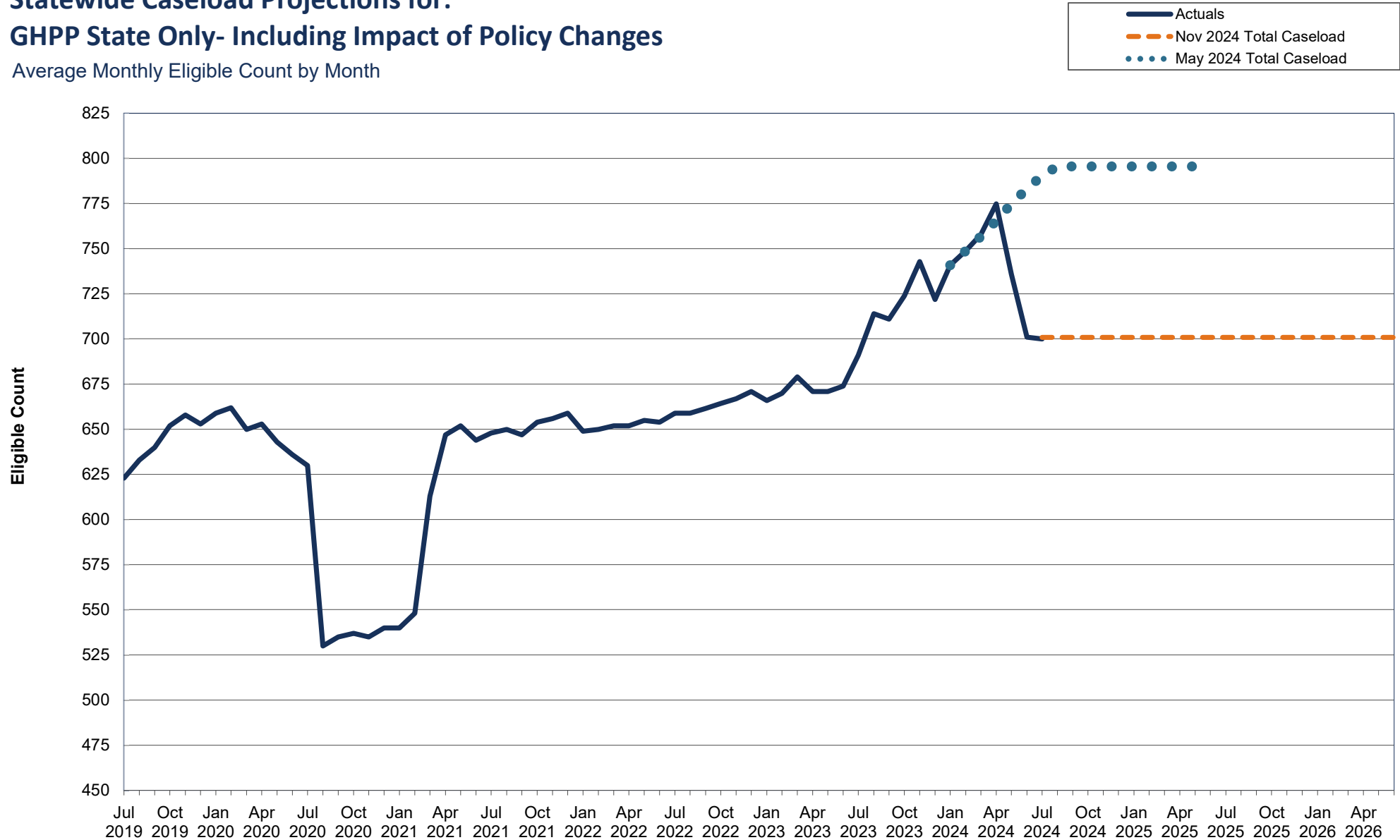
GHPP Trend Report
(Includes Actuals & Projected Base Values)

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	1,576	916	660	\$ 30,059,174
2	1,607	940	667	26,218,333
3	1,623	951	672	29,650,941
4	1,624	952	672	26,339,178
2022-23	1,608	940	668	\$ 112,268,000
1	1,661	956	705	\$ 37,755,910
2	1,640	910	730	32,307,641
3	1,632	883	749	37,097,095
4	1,548	811	737	25,248,386
2023-24	1,620	890	730	\$ 132,409,000
1	1,455	754	701	\$ 50,064,369
2	1,456	755	701	34,504,070
3	1,456	755	701	35,159,629
4	1,456	755	701	34,211,813
2024-25	1,456	755	701	\$ 153,940,000
1	1,456	755	701	\$ 39,619,512
2	1,456	755	701	37,284,563
3	1,456	755	701	37,940,122
4	1,456	755	701	36,992,305
2025-26	1,456	755	701	\$ 151,837,000

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
2) FY 2024-25 reflects actuals and projected base estimate values.
3) FY 2025-26 reflects projected base estimate values.

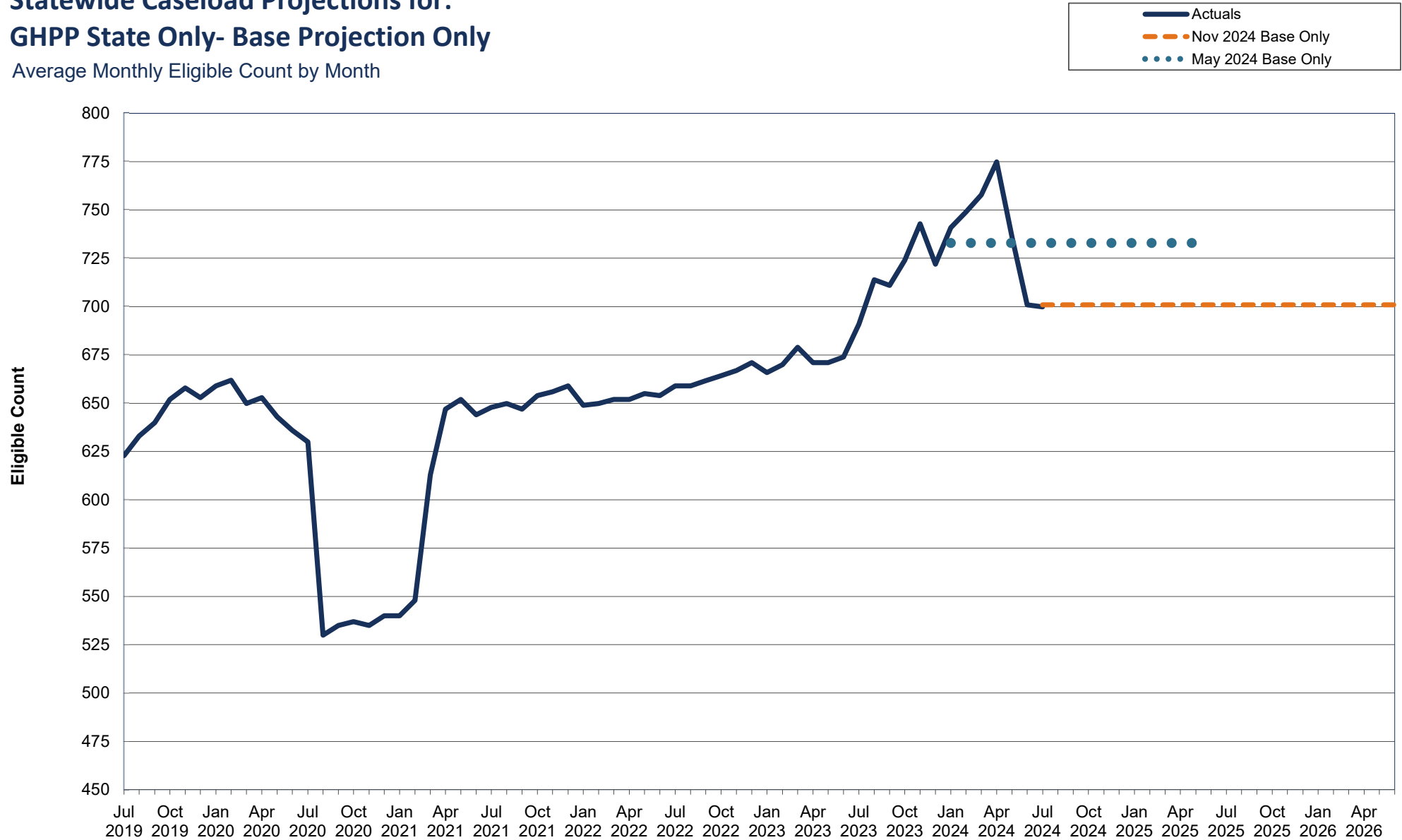
Statewide Caseload Projections for: GHPP State Only- Including Impact of Policy Changes

Average Monthly Eligible Count by Month



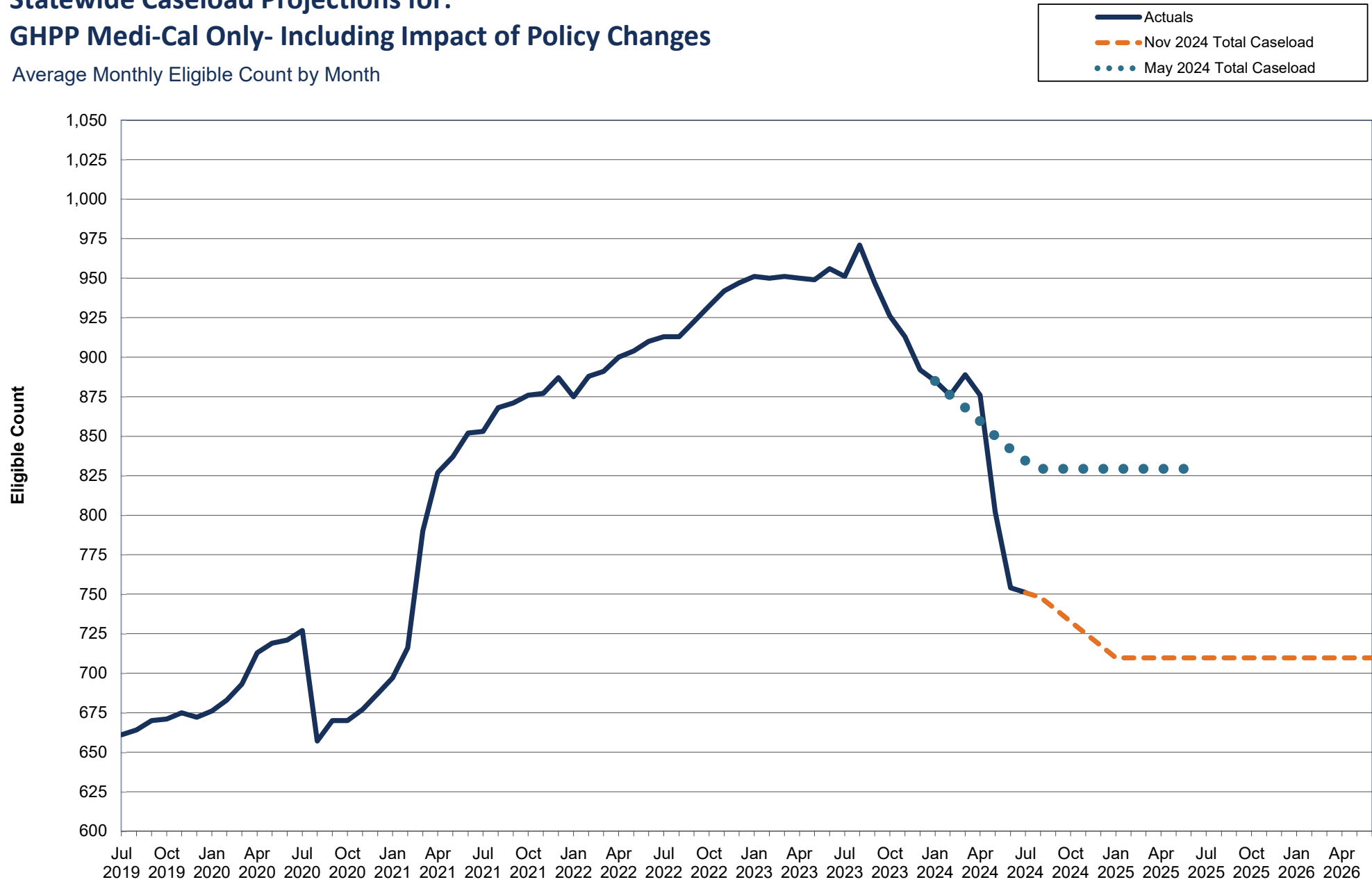
Statewide Caseload Projections for: GHPP State Only- Base Projection Only

Average Monthly Eligible Count by Month



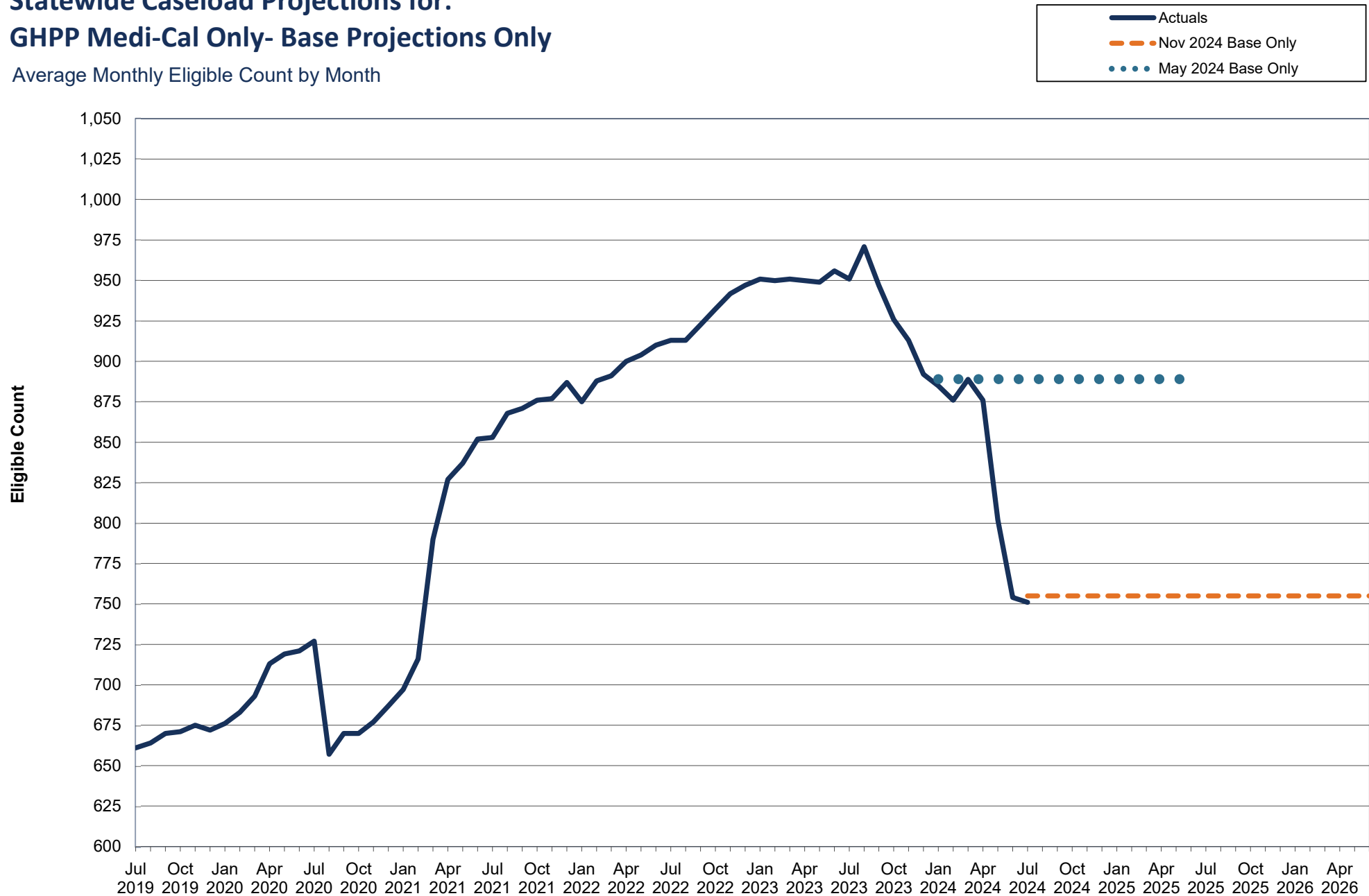
Statewide Caseload Projections for: GHPP Medi-Cal Only- Including Impact of Policy Changes

Average Monthly Eligible Count by Month



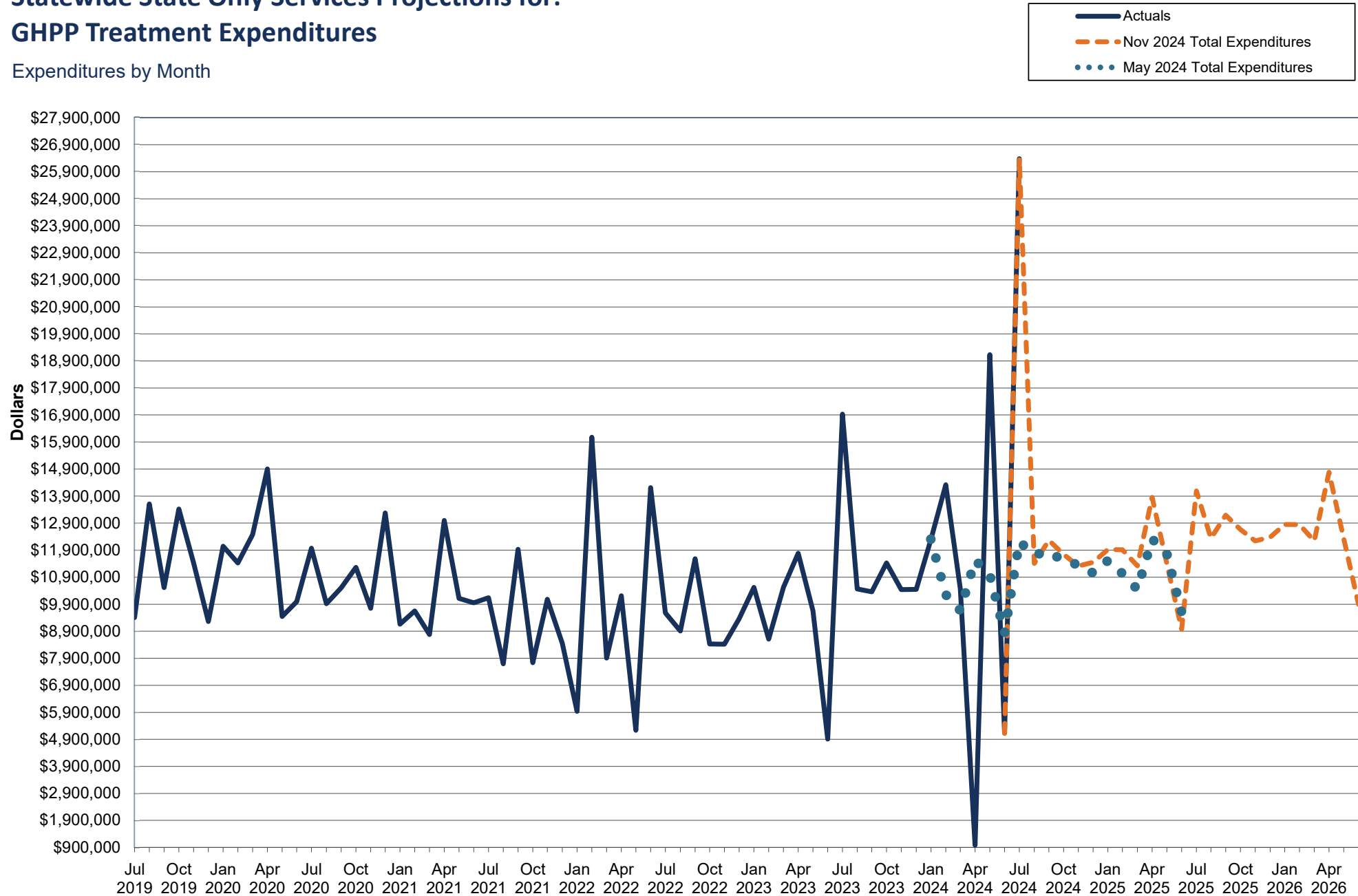
Statewide Caseload Projections for: GHPP Medi-Cal Only- Base Projections Only

Average Monthly Eligible Count by Month



Statewide State Only Services Projections for: GHPP Treatment Expenditures

Expenditures by Month



EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2024-25, November 2024 Estimate Compared to Appropriation

	Appropriation FY 2024-25	Nov 2024 Est. FY 2024-25	Difference Incr./ (Decr.)
Caseload:	16,375	12,668	(3,707)
Net Dollars:			
4260-114-0001 (General Fund)	\$4,647,000	(\$1,776,000)	(\$6,423,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$12,739,000	(\$1,776,000)
4260-114-0009 (BCCA)	\$4,879,000	\$5,184,000	\$305,000
4260-114-0890 (CDC)	\$5,518,000	\$5,518,000	\$0
Total	\$29,559,000	\$21,665,000	(\$7,894,000)

FY 2025-26, November 2024 Estimate Compared to Appropriation

	Appropriation FY 2024-25	Nov 2024 Est. FY 2025-26	Difference Incr./ (Decr.)
Caseload:¹	16,375	12,845	(3,530)
Net Dollars:			
4260-114-0001 (General Fund)	\$4,647,000	\$0	(\$4,647,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$13,266,000	(\$1,249,000)
4260-114-0009 (BCCA)	\$4,879,000	\$4,914,000	\$35,000
4260-114-0890 (CDC)	\$5,518,000	\$5,787,000	\$269,000
Total	\$29,559,000	\$23,967,000	(\$5,592,000)

¹ The November 2024 caseload estimate is based on updated data through July 2024.

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

EVERY WOMAN COUNTS PROGRAM**Funding Sources By Component****Fiscal Year 2024-25****Appropriation Estimate Compared to November 2024 Estimate, Total Funds**

	Appropriation	Nov 2024 Est.	Difference
	<u>FY 2024-25</u>	<u>FY 2024-25</u>	<u>Incr./ (Decr.)</u>
1. Base Expenditure Estimate	\$22,500,000	\$16,375,000	(\$6,125,000)
2. Policy Changes	\$2,897,000	\$1,121,000	(\$1,776,000)
	-----	-----	-----
Total for Services	\$25,397,000	\$17,496,000	(\$7,901,000)
Fiscal Intermediary	\$4,162,000	\$4,169,000	\$7,000
	-----	-----	-----
Total EWC Program	\$29,559,000	\$21,665,000	(\$7,894,000)

Appropriation Estimate Compared to November 2024 Estimate, General Funds

	Appropriation	Nov 2024 Est.	Difference
	<u>FY 2024-25</u>	<u>FY 2024-25</u>	<u>Incr./ (Decr.)</u>
1. Base Expenditure Estimate	\$22,500,000	\$16,375,000	(\$6,125,000)
2. Policy Changes	(\$22,015,000)	(\$20,544,000)	\$1,471,000
	-----	-----	-----
Total for Services	\$485,000	(\$4,169,000)	(\$4,654,000)
Fiscal Intermediary	\$4,162,000	\$4,169,000	\$7,000
	-----	-----	-----
Total EWC Program	\$4,647,000	\$0	(\$4,647,000)

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

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, Total Funds

	Nov 2024 Est. <u>FY 2024-25</u>	Nov 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$16,375,000	\$16,857,000	\$482,000
2. Policy Changes	\$1,121,000	\$2,897,000	\$1,776,000
	-----	-----	-----
Total for Services	\$17,496,000	\$19,754,000	\$2,258,000
Fiscal Intermediary	\$4,169,000	\$4,213,000	\$44,000
	-----	-----	-----
Total EWC Program	\$21,665,000	\$23,967,000	\$2,302,000

November 2024 Estimate, FY 2024-25 Compared to FY 2025-26, General Funds

	Nov 2024 Est. <u>FY 2024-25</u>	Nov 2024 Est. <u>FY 2025-26</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$16,375,000	\$16,857,000	\$482,000
2. Policy Changes	(\$22,320,000)	(\$21,070,000)	\$1,250,000
	-----	-----	-----
Total for Services	(\$5,945,000)	(\$4,213,000)	\$1,732,000
Fiscal Intermediary	\$4,169,000	\$4,213,000	\$44,000
	-----	-----	-----
Total EWC Program	(\$1,776,000)	\$0	\$1,776,000

Notes:

1) Projections are based on cash basis.

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

Fiscal Year 2024-25, November 2024 Estimate Compared to Appropriation

POLICY CHG.				FY 2024-25 APPROPRIATION		NOVEMBER 2024 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	1	\$4,162,000	\$4,162,000	\$4,169,000	\$4,169,000	\$7,000	\$7,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	3	BREAST CANCER CONTROL ACCOUNT	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	1	\$0	-\$5,518,000	\$0	-\$5,518,000	\$0	\$0
Benefits	5	REGIONAL CONTRACTS	1	\$2,897,000	\$2,897,000	\$2,897,000	\$2,897,000	\$0	\$0
Other	6	RECONCILIATION	1	\$0	\$0	-\$1,776,000	-\$1,776,000	-\$1,776,000	-\$1,776,000
EWC TOTAL				\$7,059,000	\$1,541,000	\$5,290,000	-\$228,000	-\$1,769,000	-\$1,769,000

Fiscal Year 2024-25 Compared to Fiscal Year 2025-26

POLICY CHG.				Nov. 2024 Est. for FY 2024-25		Nov. 2024 Est. for FY 2025-26		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION		TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	1	\$4,169,000	\$4,169,000	\$4,213,000	\$4,213,000	\$44,000	\$44,000
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	1	\$0	\$527,000	\$0	\$0	\$0	-\$527,000
Other	3	BREAST CANCER CONTROL ACCOUNT	1	\$0	\$0	\$0	\$0	\$0	\$0
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	1	\$0	-\$5,518,000	\$0	-\$5,787,000	\$0	-\$269,000
Benefits	5	REGIONAL CONTRACTS	1	\$2,897,000	\$2,897,000	\$2,897,000	\$2,897,000	\$0	\$0
Other	6	RECONCILIATION	1	-\$1,776,000	-\$1,776,000	\$0	\$0	\$1,776,000	\$1,776,000
EWC TOTAL				\$5,290,000	\$299,000	\$7,110,000	\$1,323,000	\$1,820,000	\$1,024,000

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

FISCAL INTERMEDIARY EXPENDITURES - EWC

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

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$4,169,000	\$4,213,000
	- GENERAL FUND	\$4,169,000	\$4,213,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$4,169,000	\$4,213,000
	- GENERAL FUND	\$4,169,000	\$4,213,000

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 Gainwell Technologies, LLC and IBM contractors began processing medical claims.

Reason for Change:

Applying the California Consumer Price Index adjustments for the November 2024 Estimate caused an increase for FY 2024-25 from the prior estimate, and for FY 2024-25 to FY 2025-26 in the current estimate.

Methodology:

1. The total estimated EWC FI administrative costs are:

Total EWC FI Costs	FY 2024-25	FY 2025-26
Processing Costs	\$3,669,000	\$3,713,000
SDNs	\$500,000	\$500,000
Total	\$4,169,000	\$4,213,000

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$12,739,000	-\$13,266,000
	- PROP 99 FUND	\$12,739,000	\$13,266,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$12,739,000	-\$13,266,000
	- PROP 99 FUND	\$12,739,000	\$13,266,000

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 a decrease in the revenue transfer amount from the prior estimate for FY 2024-25, and an increase in the revenue transfer amount from FY 2024-25 to FY 2025-26 in the current estimate, due to updated projections.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$12,739,000 in FY 2024-25 and \$13,266,000 in FY 2025-26.

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,184,000	-\$4,914,000
	- BCCA FUND	\$5,184,000	\$4,914,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,184,000	-\$4,914,000
	- BCCA FUND	\$5,184,000	\$4,914,000

Purpose:

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

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 specialty 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:

For FY 2024-25, there is an increase in the value of the transfer from the prior estimate due to updated revenue projections. There is a decrease in the value of the transfer from FY 2024-25 to FY 2025-26 in the current estimate due to updated revenue projections.

Methodology:

1. The EWC program will receive \$5,184,000 of BCCA funds in FY 2024-25 and \$4,914,000 in FY 2025-26. 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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,518,000	-\$5,787,000
	- CDC FUNDS	\$5,518,000	\$5,787,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,518,000	-\$5,787,000
	- CDC FUNDS	\$5,518,000	\$5,787,000

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.

Reason for Change:

There is no change for FY 2024-25, from the prior estimate. There is a General Fund decrease from FY 2024-25 to FY 2025-26 in the current estimate, due to an increase in grant funds being allocated to clinical claims expenditures.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2022, through June 29, 2027. The EWC program received a \$7 million CDC grant in FY 2023-24.
2. The CDC has directed NBCCEDP recipients to increase screening each FY during the five-year grant cycle. The projected amounts are as follows:
 - FY 2022-23 is \$4,968,000;
 - FY 2023-24 is \$5,212,000;
 - FY 2024-25 is \$5,518,000;
 - FY 2025-26 is \$5,787,000; and
 - FY 2026-27 is \$6,070,000.

3. The FY 2024-25 and FY 2025-26 estimates are as follows:

(Dollars in Thousands)

Funding Type	FY 2024-25	FY 2025-26
Local Assistance	\$5,518	\$5,787
Support	\$1,482	\$1,213
NBCCEDP Grant for EWC	\$7,000	\$7,000

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 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	\$2,897,000	\$2,897,000
	- GENERAL FUND	\$2,897,000	\$2,897,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$2,897,000	\$2,897,000
	- GENERAL FUND	\$2,897,000	\$2,897,000

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, and
- 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 2024-25 from the prior estimate. There is no change from FY 2024-25 to FY 2025-26 in the current estimate.

Methodology:

1. Effective July 1, 2023, all regional contracts were renewed.
2. The contracts are funded as follows:

Contracts	FY 2024-25	FY 2025-26
CA Health Collaborative	\$1,969,500	\$1,969,500
Community Health Partnership	\$266,800	\$266,800
Vietnamese American Cancer Foundation	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$2,897,000	\$2,897,000

Funding:

100% General Fund (4260-114-0001)

RECONCILIATION

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 12/2024
ANALYST: Genaro Rodriguez

		<u>FY 2024-25</u>	<u>FY 2025-26</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,776,000	\$0
	- GENERAL FUND	-\$1,776,000	\$0
	- FEDERAL TITLE V	\$0	\$0
	- FEDERAL TITLE XIX	\$0	\$0
	- FEDERAL TITLE XXI	\$0	\$0
PAYMENT LAG		1.0000	0.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$1,776,000	\$0
	- GENERAL FUND	-\$1,776,000	\$0
	- FEDERAL FUNDS	\$0	\$0
	- COUNTY FUNDS	\$0	\$0

Purpose:

This policy change reconciles Every Woman Counts (EWC) to the Governor's Budget.

Authority:

Not applicable

Interdependent Policy Changes:

Not applicable

Background:

A -\$1,776,000 adjustment is needed for 4260-114-0001 to reconcile EWC funding in the November 2024 Family Health Estimate to the Governor's Budget.

Reason for Change:

This is a new policy change.

Funding:

100% General Fund (4260-114-0001)

EWC Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2019				\$9,609,000 *
Oct-Dec 2019				\$9,296,000 *
Jan-Mar 2020				\$8,778,000 *
April -June 2020				\$4,761,000 *
FY 2019-20	28,603		28,603 *	\$32,444,000
July-Sept 2020				\$6,127,000 *
Oct-Dec 2020				\$6,814,000 *
Jan-Mar 2021				\$6,083,000 *
April -June 2021				\$7,292,000 *
FY 2020-21	20,895		20,895 *	\$26,316,000
July-Sept 2021				\$7,368,000 *
Oct-Dec 2021				\$6,741,000 *
Jan-Mar 2022				\$6,822,000 *
April -June 2022				\$7,170,000 *
FY 2021-22	22,809		22,809 *	\$28,101,000
July-Sept 2022				\$6,269,000 *
Oct-Dec 2022				\$5,439,000 *
Jan-Mar 2023				\$6,759,000 *
April -June 2023				\$5,816,000 *
FY 2022-23	18,762		18,762 *	\$24,283,000
July-Sept 2023				\$6,406,000 *
Oct-Dec 2023				\$5,646,000 *
Jan-Mar 2024				\$4,504,000 *
April -June 2024				\$3,699,000 *
FY 2023-24	15,195		15,195 *	\$20,255,000
July-Sept 2024				\$3,732,000 **
Oct-Dec 2024				\$4,214,000 **
Jan-Mar 2025				\$4,214,000 **
April -June 2025				\$4,214,000 **
FY 2024-25	12,668		12,668 **	\$16,375,000
July-Sept 2025				\$4,214,000 **
Oct-Dec 2025				\$4,214,000 **
Jan-Mar 2026				\$4,214,000 **
April -June 2026				\$4,214,000 **
FY 2025-26	12,845		12,845 **	\$16,857,000

Notes:

1) Caseload now identifies average monthly users by date of payment.

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
November 2024
FISCAL YEARS 2024-25 & 2025-26

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 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 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 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 decreased to 76.5%, increasing the CF/GF split to 11.75% apiece. Starting October 2020, Title XXI FFP 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.

The Medical Therapy Program (MTP) is a sub-program of CCS, offering physical and occupational therapy as well as case management services at no cost to eligible residents who has physically disabling chronic conditions.

Genetically Handicapped Persons Program

The 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 \$).

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 aggregated caseload counts and expenditure data by month.

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. 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 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 developed a multi-year framework for a "Whole Child" model that builds on existing successful models and delivery systems. This balanced approach was designed to 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 Program 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.

In July 2018, 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 health 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.

On January 1, 2024, Kaiser implemented as an Alternative Care Service Plan in eight existing WCM counties where Kaiser will operate as a stand-alone plan which required to operate as a WCM plan. These counties are Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, and Yolo.

In alignment with California Advancing and Innovating Medi-Cal's (also known as CalAIM) core principles to standardize benefits and reduce complexity of the varying models of care delivery, the Department will ~~implement~~ **expand**, through the FY 2023-24 Health Omnibus Bill (AB 118), WCM into 12 counties converting to COHS model counties to conform policy across COHS counties. **These counties are Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, and Yuba.**

No sooner than January 1, 2025, Kaiser Permanente will also be available as an alternate

WCM Medi-Cal managed care health plan in the four new WCM COHS expansion counties where Kaiser Permanente will operate as a stand-alone plan, ~~effective January 1, 2024.~~ These counties are Mariposa, Placer, Sutter, and Yuba. The Department will conduct an analysis to ensure Kaiser Permanente meets network adequacy standards. ~~Kaiser will also be available as an alternate WCM Medi-Cal managed care health plan in four of the new WCM COHS expansion counties where Kaiser will operate as a stand-alone plan. These counties are Mariposa, Placer, Sutter, and Yuba.~~

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.

3. California Children's Services - Medical Therapy Program in Special Education

The CCS-Medical Therapy Program (MTP) is **has been** 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) when included in the IEP as a "related service." Any proposed change in the level of PT/OT services, when included in the IEP in this fashion, based on CCS-MTP medical findings can be vetoed by a member of the IEP team, which includes the parent/family when 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 funding. The majority of the children in special education with an IEP are being monitored currently with minimal expenses, as most county MTPs have moved their medically necessary therapy plans away from direct interject with IEPs. ~~Some children will not shift from active therapy to monitoring as they age as well.~~ Although the risk is ongoing, there have been no cases in the last ~~two~~ **three** years 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. 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~~ **are** 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. 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 one Problem Statements (PS) has 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.

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

PC 6 - GHPP COVID-19 Redeterminations Impact

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.