

FAMILY HEALTH
NOVEMBER 2023
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2023-24 *and* 2024-25



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
NOVEMBER 2023
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2023-24 and 2024-25**

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

Management Summary

November 2023

This document is intended to provide a high-level overview of the November 2023 Family Health Local Assistance Estimate (Estimate).

The Department of Health Care Services (DHCS) estimates Family Health spending to be \$247.2 million total funds (\$215.3 million General Fund) in Fiscal Year (FY) 2023-24 and \$250.9 million total funds (\$218.9 million General Fund) in FY 2024-25. 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 age 21 and over with a GHPP-eligible condition, such as: cystic fibrosis, hemophilia, sickle cell, Huntington's, or metabolic diseases. The GHPP State Only program is for those individuals who do not qualify for full scope Medi-Cal.
- Every Woman Counts (EWC) Program: The EWC program provides free breast and cervical cancer screening and diagnostic services to uninsured and underinsured Californians who do not qualify for Medi-Cal.

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:

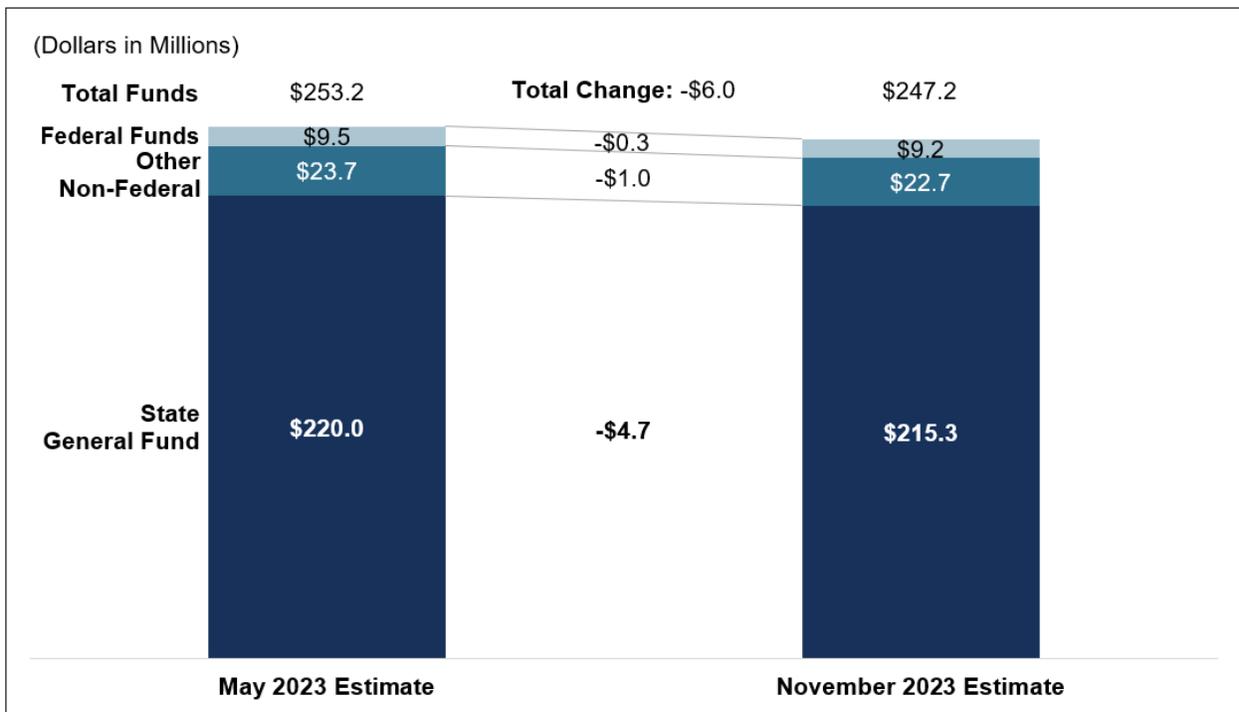
- Summary of Estimate Totals
- Major Drivers of Changes in General Fund Spending
- Caseload Projections
- Base Expenditures Projections

Summary of Estimate Totals

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

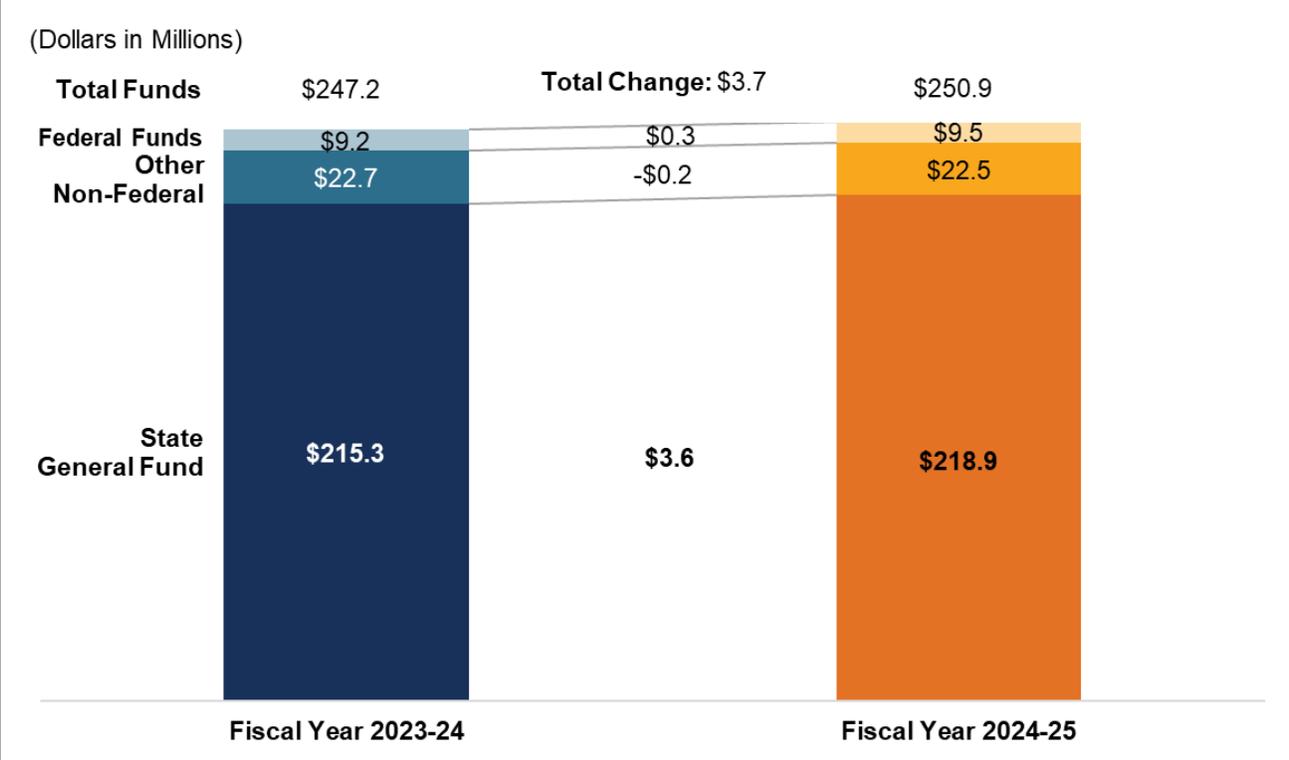
As shown below, the November 2023 Estimate for FY 2023-24 projects a \$6 million, or 2.4 percent, decrease in total spending and a \$4.7 million, or 2.3 percent, decrease in General Fund spending compared to the May 2023 Estimate.

FY 2023-24 Comparison



As shown below, the November 2023 Estimate projects that total spending will increase by \$3.7 million, or 1.5 percent, and General Fund spending will increase by \$3.6 million, or 1.7 percent, between FY 2023-24 and FY 2024-25.

Year over Year Change from FY 2023-24 to FY 2024-25



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 2023 and November 2023 Estimates

Dollars in Thousands

| | Current Year FY 2023-24 | Budget Year FY 2024-25 |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------------|
| | <i>Change from May 2023 <u>Estimate</u></i> | <i>Change from <u>FY 2023-24</u></i> |
| Major Drivers | | |
| Growth in California Children’s Services (CCS) COVID-19 Caseload Impact and Base Expenditures | | \$5.32 |
| Increase in CCS County Administration | | \$3.41 |
| Decrease in CCS Non-Blood Factor Rebates | \$1.20 | |
| Decline in GHPP Base Expenditures | -\$3.36 | -\$4.43 |
| Decline in EWC Base Expenditures | -\$2.69 | -\$0.22 |
| Product Rebates for Continuous Glucose Monitoring (CGM) systems and supplies - GHPP | -\$0.07 | -\$0.04 |
| Subtotals | -\$4.92 | \$4.04 |
| Various other changes | \$0.25 | -\$0.39 |
| Totals | -\$4.67 | \$3.65 |

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

- **California Children's Services (CCS) COVID-19 Caseload Impact and Base Expenditures.** The Consolidated Appropriations Act of 2023 provided for the end of the continuous coverage requirement for Medicaid programs on March 31, 2023. The resumption of eligibility redeterminations began in April 2023 for members due for renewal in June 2023. As of this Estimate, FY 2023-24 projected CCS caseload and expenditures remain relatively flat as compared to the prior Estimate. The increase between FY 2023-24 and FY 2024-25 in the current Estimate is related to expected increases in expenditures based the return of CCS members to the state only program and growth related to the historical expenditure trend (\$5.3 million General Fund).
- **CCS County Administration Expenditures.** The change from FY 2023-24 to FY 2024-25, in the current Estimate, is an increase based on an estimated caseload and member mix due to the end of the continuous coverage requirement as enacted through the Consolidated Appropriations Act, 2023, and the resumption of eligibility redeterminations resulting in members returning to the state only program (\$3.4 million General Fund).
- **CCS Non-Blood Factor Rebates.** The change in FY 2023-24, from the prior Estimate, is a decrease of \$1.2 million in the rebate transfers to the GF due to estimating less CCS State-Only expenditures in FY 2023-24 resulting in a lower amount of rebates eligible for transfer.
- **GHPP Base Treatment Expenditures.** GHPP expenditures are projected to be approximately \$3.4 million General Fund lower than the prior Estimate based on additional months of data through July 2023 and are expected to decline by \$4.4 million General Fund in FY 2024-25 due unusually high actual expenditures in the first month of FY 2023-24. The influence of this first month has been removed from the trend projection.
- **GHPP Continuous Glucose Monitoring (CGM) Rebates.** This new policy change is included in this Estimate to reflect the transfer of rebate collections CGM systems and supplies provided to eligible populations in GHPP to the General Fund. Transfers to the General Fund are estimated to be \$73,000 in FY 2023-24 and \$40,000 in FY 2024-25.

- ***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 prior Estimate in projected expenditures by approximately \$2.7 million General Fund for FY 2023-24, and a decrease from FY 2023-24 to FY 2024-25 of approximately \$0.2 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:

CCS

| CCS State Only | PY | CY | BY | Change from | |
|------------------------|------------|------------|------------|-------------|----------|
| | FY 2022-23 | FY 2023-24 | FY 2024-25 | PY to CY | CY to BY |
| November 2023 | 9,670 | 11,978 | 14,142 | 23.87% | 18.06% |
| May 2023 | 9,682 | 12,134 | | | |
| Change from May 2023 | (12) | (156) | | | |
| % Change from May 2023 | -0.12% | -1.28% | | | |

- CCS caseload is based on average quarterly members.
- Members began shifting to Medi-Cal in late FY 2019-20 due to the economic impact of the COVID-19 public health emergency and continued to shift through the end of FY 2020-21. Additional months of enrollment have remained relatively flat through June 2023.
 - November 2023 state only base caseload projections reflect actual COVID-19 impacts through June 2023.
 - The ongoing impact from the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change and included in the counts shown above.
- The projected increase between fiscal years is due to the approval of the Consolidated Appropriations Act, 2023 ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations assumes members returning to the state only program one month earlier than in the prior Estimate.

GHPP

| GHPP State Only | PY | CY | BY | Change from | |
|------------------------|------------|------------|------------|-------------|----------|
| | FY 2022-23 | FY 2023-24 | FY 2024-25 | PY to CY | CY to BY |
| November 2023 | 668 | 676 | 675 | 1.20% | -0.15% |
| May 2023 | 668 | 674 | | | |
| Change from May 2023 | 0 | 2 | | | |
| % Change from May 2023 | 0.00% | 0.30% | | | |

- GHPP caseload is based on average monthly members.
- Caseload projections are expected to remain relatively flat from the prior Estimate and between fiscal years.

EWC

| EWC | PY | CY | BY | Change from | |
|------------------------|------------|------------|------------|-------------|----------|
| | FY 2022-23 | FY 2023-24 | FY 2024-25 | PY to CY | CY to BY |
| November 2023 | 20,326 | 17,683 | 17,868 | -13.00% | 1.05% |
| May 2023 | 19,835 | 20,561 | | | |
| Change from May 2023 | 491 | (2,878) | | | |
| % Change from May 2023 | 2.47% | -14.00% | | | |

- EWC caseload is based on average monthly users by date of payment. Caseload has been declining steadily since June 2022.
- The FY 2023-24 base caseload projections decreased from the prior Estimate due to the continued population decline beginning in June 2022.
- The caseload increase between fiscal years is due to historical trends.
- There was an Erroneous Payment Correction (EPC) in February 2023 for Digital Breast Tomosynthesis (DBT) code resubmissions, but the impact was excluded from these projections.

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:

CCS

(In thousands)

| | FY 2023-24, TF | FY 2024-25, TF | CY to BY | As a % |
|----------------------|---------------------------|---------------------------|---------------------------------|---------------|
| CCS Base | | | | |
| November 2023 | \$73,550 | \$75,027 | \$1,477 | 2.0% |
| May 2023 | \$73,979 | | | |
| Change from May 2023 | (\$429) | | | |
| % Change | -0.6% | | | |
| | | | Change from May 2023 | |
| | | | FY 2023-24 | |
| | CY to BY | | | |
| CCS Treatment | \$0 | 0.0% | (\$167) | -5.6% |
| CCS Therapy | \$1,477 | 2.1% | (\$262) | -0.4% |
| Net Change | \$1,477 | 2.0% | (\$429) | -0.6% |

- November 2023 state only base expenditure projections reflect actual expenditures through June 2023.
- FY 2023-24 projections are in line with the May 2023 Estimate.
- The projected increase between fiscal years is based the historical trend.
- The ongoing impact from the PHE is estimated in the CCS COVID-19 Caseload Impact policy change.

GHPP

(In thousands)

| | FY 2023-24, TF | FY 2024-25, TF | CY to BY | As a % |
|----------------------|---------------------------|---------------------------|-----------------|---------------|
| GHPP Base | | | | |
| November 2023 | \$125,407 | \$120,977 | (\$4,430) | -3.5% |
| May 2023 | \$128,764 | | | |
| Change from May 2023 | (\$3,357) | | | |
| % Change | -2.6% | | | |

- GHPP expenditures are lower than the prior Estimate based on additional months of data through July 2023 and are expected to be lower in FY 2024-25 due to unusually high actual expenditures in the first month of FY 2023-24. The influence of this first month has been removed from the trend projection.

EWC

(In thousands)

| | FY 2023-24, TF | FY 2024-25, TF | CY to BY | As a % |
|----------------------|---------------------------|---------------------------|-----------------|---------------|
| EWC Base | | | | |
| November 2023 | \$23,555 | \$23,340 | (\$215) | -0.9% |
| May 2023 | \$26,246 | | | |
| Change from May 2023 | (\$2,691) | | | |
| % Change | -10.3% | | | |

- EWC base expenditures are lower than the prior Estimate due to incorporating a lower trend in actual expenditures because of the various Medi-Cal expansions. There was an EPC in February 2023, but the impact was excluded from these projections.

Management Summary**Fiscal Year 2023-24****Comparison of Appropriation to November Estimate**

| | <u>Approp Est. FY 2023-24</u> | <u>Nov. 23 Est. FY 2023-24</u> | <u>Chg Approp - Nov. 2023 Est.</u> |
|-------------------------------------------------------|-----------------------------------|------------------------------------|----------------------------------------|
| <u>California Children's Services</u> | | | |
| 4260-111-0001 (General Fund) | \$ 83,133,000 | \$ 83,876,000 | \$ 743,000 |
| 4260-601-3079 (Rebates Special Fund) | \$ 3,700,000 | \$ 2,530,000 | \$ (1,170,000) |
| 4260-611-0995 (CDPH Title V Reimb.) | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| County Funds ¹ | \$ 86,365,000 | \$ 87,437,000 | \$ 1,072,000 |
| TOTAL CCS | <u>\$ 90,825,000</u> | <u>\$ 90,398,000</u> | <u>\$ (427,000)</u> |
| <u>Genetically Handicapped Persons Program</u> | | | |
| 4260-111-0001 (General Fund) | \$ 128,739,000 | \$ 125,762,000 | \$ (2,977,000) |
| 4260-611-0995 (Enrollment Fees) | \$ 393,000 | \$ 380,000 | \$ (13,000) |
| 4260-601-3079 (Rebates Special Fund) | \$ 0 | \$ 73,000 | \$ 73,000 |
| TOTAL GHPP | <u>\$ 129,132,000</u> | <u>\$ 126,215,000</u> | <u>\$ (2,917,000)</u> |
| <u>Every Woman Counts Program</u> | | | |
| 4260-114-0001 (General Fund) | \$ 8,079,000 | \$ 5,639,000 | \$ (2,440,000) |
| 4260-114-0236 (Prop 99) | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0009 (Breast Cancer Control Acct) | \$ 5,083,000 | \$ 5,184,000 | \$ 101,000 |
| 4260-114-0890 (Center for Disease Control) | \$ 5,513,000 | \$ 5,212,000 | \$ (301,000) |
| TOTAL EWC | <u>\$ 33,190,000</u> | <u>\$ 30,550,000</u> | <u>\$ (2,640,000)</u> |
| GRAND TOTAL - ALL FUNDS | <u>\$ 253,147,000</u> | <u>\$ 247,163,000</u> | <u>\$ (5,984,000)</u> |
| 4260-111-0001 | \$ 211,872,000 | \$ 209,638,000 | \$ (2,234,000) |
| 4260-114-0001 | \$ 8,079,000 | \$ 5,639,000 | \$ (2,440,000) |
| 4260-114-0009 | \$ 5,083,000 | \$ 5,184,000 | \$ 101,000 |
| 4260-114-0236 | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0890 | \$ 5,513,000 | \$ 5,212,000 | \$ (301,000) |
| 4260-611-0995 | \$ 4,385,000 | \$ 4,372,000 | \$ (13,000) |
| 4260-601-3079 | \$ 3,700,000 | \$ 2,603,000 | \$ (1,097,000) |
| County Funds ¹ | \$ 86,365,000 | \$ 87,437,000 | \$ 1,072,000 |

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

Management Summary

Fiscal Year 2023-24 Compared to Fiscal Year 2024-25

| | Nov. 23 Est. FY 2023-24 | Nov. 23 Est. FY 2024-25 | Difference Incr./(Decr.) |
|------------------------------------------------|----------------------------|----------------------------|-----------------------------|
| California Children's Services | | | |
| 4260-111-0001 (General Fund) | \$ 83,876,000 | \$ 92,633,000 | \$ 8,757,000 |
| 4260-601-3079 (Rebates Special Fund) | \$ 2,530,000 | \$ 2,516,000 | \$ (14,000) |
| 4260-611-0995 (CDPH Title V Reimb.) | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| County Funds ¹ | \$ 87,437,000 | \$ 96,181,000 | \$ 8,744,000 |
| TOTAL CCS | \$ 90,398,000 | \$ 99,141,000 | \$ 8,743,000 |
| Genetically Handicapped Persons Program | | | |
| 4260-111-0001 (General Fund) | \$ 125,762,000 | \$ 120,742,000 | \$ (5,020,000) |
| 4260-611-0995 (Enrollment Fees) | \$ 380,000 | \$ 489,000 | \$ 109,000 |
| 4260-601-3079 (Rebates Special Fund) | \$ 73,000 | \$ 40,000 | \$ (33,000) |
| TOTAL GHPP | \$ 126,215,000 | \$ 121,271,000 | \$ (4,944,000) |
| Every Woman Counts Program | | | |
| 4260-114-0001 (General Fund) | \$ 5,639,000 | \$ 5,554,000 | \$ (85,000) |
| 4260-114-0236 (Prop 99) | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0009 (Breast Cancer Control Acct) | \$ 5,184,000 | \$ 4,928,000 | \$ (256,000) |
| 4260-114-0890 (Center for Disease Control) | \$ 5,212,000 | \$ 5,468,000 | \$ 256,000 |
| TOTAL EWC | \$ 30,550,000 | \$ 30,465,000 | \$ (85,000) |
| GRAND TOTAL - ALL FUNDS | \$ 247,163,000 | \$ 250,877,000 | \$ 3,714,000 |
| 4260-111-0001 | \$ 209,638,000 | \$ 213,375,000 | \$ 3,737,000 |
| 4260-114-0001 | \$ 5,639,000 | \$ 5,554,000 | \$ (85,000) |
| 4260-114-0009 | \$ 5,184,000 | \$ 4,928,000 | \$ (256,000) |
| 4260-114-0236 | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0890 | \$ 5,212,000 | \$ 5,468,000 | \$ 256,000 |
| 4260-611-0995 | \$ 4,372,000 | \$ 4,481,000 | \$ 109,000 |
| 4260-601-3079 | \$ 2,603,000 | \$ 2,556,000 | \$ (47,000) |
| County Funds ¹ | \$ 87,437,000 | \$ 96,181,000 | \$ 8,744,000 |

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

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

| | <u>Approp Est.</u> <u>FY 2023-24</u> | <u>Nov. 23 Est.</u> <u>FY 2024-25</u> | <u>Chg Approp -</u> <u>Nov. 2023 Est.</u> |
|-------------------------------------------------------|-----------------------------------------|------------------------------------------|----------------------------------------------|
| <u>California Children's Services</u> | | | |
| 4260-111-0001 (General Fund) | \$ 83,133,000 | \$ 92,633,000 | \$ 9,500,000 |
| 4260-601-3079 (Rebates Special Fund) | \$ 3,700,000 | \$ 2,516,000 | \$ (1,184,000) |
| 4260-611-0995 (CDPH Title V Reimb.) | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| County Funds ¹ | \$ 86,365,000 | \$ 96,180,500 | \$ 9,815,500 |
| TOTAL CCS | <u>\$ 90,825,000</u> | <u>\$ 99,141,000</u> | <u>\$ 8,316,000</u> |
| <u>Genetically Handicapped Persons Program</u> | | | |
| 4260-111-0001 (General Fund) | \$ 128,739,000 | \$ 120,742,000 | \$ (7,997,000) |
| 4260-611-0995 (Enrollment Fees) | \$ 393,000 | \$ 489,000 | \$ 96,000 |
| 4260-601-3079 (Rebates Special Fund) | \$ 0 | \$ 40,000 | \$ 40,000 |
| TOTAL GHPP | <u>\$ 129,132,000</u> | <u>\$ 121,271,000</u> | <u>\$ (7,861,000)</u> |
| <u>Every Woman Counts Program</u> | | | |
| 4260-114-0001 (General Fund) | \$ 8,079,000 | \$ 5,554,000 | \$ (2,525,000) |
| 4260-114-0236 (Prop 99) | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0009 (Breast Cancer Control Acct) | \$ 5,083,000 | \$ 4,928,000 | \$ (155,000) |
| 4260-114-0890 (Center for Disease Control) | \$ 5,513,000 | \$ 5,468,000 | \$ (45,000) |
| TOTAL EWC | <u>\$ 33,190,000</u> | <u>\$ 30,465,000</u> | <u>\$ (2,725,000)</u> |
| GRAND TOTAL - ALL FUNDS | <u>\$ 253,147,000</u> | <u>\$ 250,877,000</u> | <u>\$ (2,270,000)</u> |
| 4260-111-0001 | \$ 211,872,000 | \$ 213,375,000 | \$ 1,503,000 |
| 4260-114-0001 | \$ 8,079,000 | \$ 5,554,000 | \$ (2,525,000) |
| 4260-114-0009 | \$ 5,083,000 | \$ 4,928,000 | \$ (155,000) |
| 4260-114-0236 | \$ 14,515,000 | \$ 14,515,000 | \$ 0 |
| 4260-114-0890 | \$ 5,513,000 | \$ 5,468,000 | \$ (45,000) |
| 4260-611-0995 | \$ 4,385,000 | \$ 4,481,000 | \$ 96,000 |
| 4260-601-3079 | \$ 3,700,000 | \$ 2,556,000 | \$ (1,144,000) |
| County Funds ¹ | \$ 86,365,000 | \$ 96,180,500 | \$ 9,815,500 |

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

CALIFORNIA CHILDREN'S SERVICES
Funding Summary

| FY 2023-24, November 2023 Estimate Compared to Appropriation | | | |
|--------------------------------------------------------------|-----------------------------|------------------------------|------------------------------|
| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./((Decr.) |
| CCS State-Only Caseload: | 12,134 | 11,978 | (156) |
| State Funds | | | |
| State Only General Fund (4260-111-0001) | \$ 83,132,500 | \$ 83,876,000 | \$ 743,500 |
| Rebate Special Fund (4260-601-3079) | \$ 3,700,000 | \$ 2,529,500 | \$ (1,170,500) |
| Total State Fund | \$ 86,832,500 | \$ 86,405,500 | \$ (427,000) |
| Federal Funds | | | |
| 4260-611-0995 (CDPH Title V Reimbursement) | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| Total Federal Funds | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| Total Funds | \$ 90,824,500 | \$ 90,397,500 | \$ (427,000) |

| November 2023 Estimate, FY 2023-24 Compared to FY 2024-25 | | | |
|-----------------------------------------------------------|------------------------------|------------------------------|------------------------------|
| | Nov. 2023 Est. FY 2023-24 | Nov. 2023 Est. FY 2024-25 | Difference Incr./((Decr.) |
| CCS State-Only Caseload: | 11,978 | 14,142 | 2,164 |
| State Funds | | | |
| State Only General Fund (4260-111-0001) | \$ 83,876,000 | \$ 92,632,500 | \$ 8,756,500 |
| Rebate Special Fund (4260-601-3079) | \$ 2,529,500 | \$ 2,516,000 | \$ (13,500) |
| Total State Fund | \$ 86,405,500 | \$ 95,148,500 | \$ 8,743,000 |
| Federal Funds | | | |
| 4260-611-0995 (CDPH Title V Reimbursement) | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| Total Federal Funds | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |
| Total Funds | \$ 90,397,500 | \$ 99,140,500 | \$ 8,743,000 |

CALIFORNIA CHILDREN'S SERVICES

Fiscal Year 2023-24

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/ | 2,266,000 | 2,266,000 | - | - | 1,766,000 |
| Bone Marrow Xplant 2/ | 125,000 | 125,000 | - | - | (125,000) |
| Small County Adj. 3/ | 400,000 | 400,000 | - | - | (400,000) |
| Total Treatment Base | 2,791,000 | 2,791,000 | - | - | 1,241,000 |
| 2. Therapy Costs | | | | | |
| Therapy Base | 74,825,000 | 74,825,000 | - | - | 74,824,000 |
| MTU Medi-Cal Offset 4/ | (4,783,000) | (4,783,000) | - | - | (1,594,000) |
| AB3632 5/ | 717,000 | 717,000 | - | - | (717,000) |
| Total Therapy Base | 70,759,000 | 70,759,000 | - | - | 72,513,000 |
| 3. Enroll/Assess Fees | (32,500) | (32,500) | - | - | (32,500) |
| 4. Benefits Policy Changes | 4,403,000 | 1,873,500 | - | 2,529,500 | 1,873,500 |
| | \$ 77,920,500 | \$ 75,391,000 | \$ 0 | \$ 2,529,500 | \$ 75,595,000 |
| B. State Only Admin. | | | | | |
| 1. County Admin. | 11,842,000 | 7,850,000 | 3,992,000 | - | 11,842,000 |
| 2. Fiscal Inter. | 399,000 | 399,000 | - | - | - |
| 3. FI Dental | 1,000 | 1,000 | - | - | - |
| 4. CMS Net | 235,000 | 235,000 | - | - | - |
| | \$ 12,477,000 | \$ 8,485,000 | \$ 3,992,000 | \$ 0 | \$ 11,842,000 |
| Total CCS State Only | \$ 90,397,500 | \$ 83,876,000 | \$ 3,992,000 | \$ 2,529,500 | \$ 87,437,000 |
| GRAND TOTAL | \$ 90,397,500 | \$ 83,876,000 | \$ 3,992,000 | \$ 2,529,500 | \$ 87,437,000 |

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 2024-25
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/ | 2,266,000 | 2,266,000 | - | - | 1,766,000 |
| Bone Marrow Xplant 2/ | 125,000 | 125,000 | - | - | (125,000) |
| Small County Adj. 3/ | 400,000 | 400,000 | - | - | (400,000) |
| Total Treatment Base | 2,791,000 | 2,791,000 | - | - | 1,241,000 |
| 2. Therapy Costs | | | | | |
| Therapy Base | 76,302,000 | 76,302,000 | - | - | 76,303,000 |
| MTU Medi-Cal Offset 4/ | (4,783,000) | (4,783,000) | - | - | (1,594,000) |
| AB3632 5/ | 717,000 | 717,000 | - | - | (717,000) |
| Total Therapy Base | 72,236,000 | 72,236,000 | - | - | 73,992,000 |
| 3. Enroll/Assess Fees | (32,500) | (32,500) | - | - | (32,500) |
| 4. Benefits Policy Changes | 8,249,000 | 5,733,000 | - | 2,516,000 | 5,733,000 |
| | \$ 83,243,500 | \$ 80,727,500 | \$ 0 | \$ 2,516,000 | \$ 80,933,500 |
| B. State Only Admin. | | | | | |
| 1. County Admin. | 15,247,000 | 11,255,000 | 3,992,000 | - | 15,247,000 |
| 2. Fiscal Inter. | 414,000 | 414,000 | - | - | - |
| 3. FI Dental | 1,000 | 1,000 | - | - | - |
| 4. CMS Net | 235,000 | 235,000 | - | - | - |
| | \$ 15,897,000 | \$ 11,905,000 | \$ 3,992,000 | \$ 0 | \$ 15,247,000 |
| Total CCS State Only | \$ 99,140,500 | \$ 92,632,500 | \$ 3,992,000 | \$ 2,516,000 | \$ 96,180,500 |
| ===== | | | | | |
| GRAND TOTAL | \$ 99,140,500 | \$ 92,632,500 | \$ 3,992,000 | \$ 2,516,000 | \$ 96,180,500 |

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

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

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2023-24

| |
|--------------------------------------------------------------------------|
| November 2023 Estimate Compared to May 2023 Estimate, Total Funds |
|--------------------------------------------------------------------------|

| | Appropriation | Nov. 2023 Est. | Difference |
|-----------------------------------------|----------------------|-----------------------|----------------------|
| | FY 2023-24 | FY 2023-24 | Incr./(Decr.) |
| A. Total CCS State Only Services | \$ 78,370,500 | \$ 77,920,500 | \$ (450,000) |
| 1. Treatment Services | 2,958,000 | 2,791,000 | (167,000) |
| 2. Medical Therapy Program | 71,021,000 | 70,759,000 | (262,000) |
| 3. Benefits Policy Changes | 4,411,000 | 4,403,000 | (8,000) |
| 4. Enroll/Assessment Fees | (19,500) | (32,500) | (13,000) |
| B. CCS Administration | | | |
| 1. County Administration | 11,842,000 | 11,842,000 | - |
| 2. Fiscal Intermediary | 612,000 | 635,000 | 23,000 |
| TOTAL CCS STATE ONLY PROGRAM | \$ 90,824,500 | \$ 90,397,500 | \$ (427,000) |
| TOTAL CCS PROGRAM | \$ 90,824,500 | \$ 90,397,500 | \$ (427,000) |

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2023-24

November 2023 Estimate Compared to May 2023 Estimate, State Funds

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./.(Decr.) |
|-----------------------------------------|-----------------------------|------------------------------|------------------------------|
| A. Total CCS State Only Services | \$ 78,370,500 | \$ 77,920,500 | \$ (450,000) |
| 1. Treatment Services | 2,958,000 | 2,791,000 | (167,000) |
| 2. Medical Therapy Program | 71,021,000 | 70,759,000 | (262,000) |
| 3. Benefits Policy Changes | 4,411,000 | 4,403,000 | (8,000) |
| 4. Enroll/Assessment Fees | (19,500) | (32,500) | (13,000) |
| B. CCS Administration | | | |
| 1. County Administration | 7,850,000 | 7,850,000 | - |
| 2. Fiscal Intermediary | 612,000 | 635,000 | 23,000 |
| TOTAL CCS STATE ONLY PROGRAM | \$ 86,832,500 | \$ 86,405,500 | \$ (427,000) |
| TOTAL CCS PROGRAM | \$ 86,832,500 | \$ 86,405,500 | \$ (427,000) |

November 2023 Estimate Compared to May 2023 Estimate, Federal Funds

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./.(Decr.) |
|-----------------------------------------|-----------------------------|------------------------------|------------------------------|
| A. Total CCS Services | \$ 0 | \$ 0 | \$ 0 |
| 1. Benefits Policy Changes | - | - | - |
| B. CCS State-Only Administration | | | |
| 1. County Administration | 3,992,000 | 3,992,000 | - |
| TOTAL CCS PROGRAM | \$ 3,992,000 | \$ 3,992,000 | \$ 0 |

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Budget Year Compared to Current Year

| |
|-------------------------------------------------------------------------------|
| November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, Total Funds |
|-------------------------------------------------------------------------------|

| | Nov. 2023 Est. FY 2023-24 | Nov. 2023 Est. FY 2024-25 | Difference Incr./(Decr.) |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| A. Total CCS State Only Services | <u>\$ 77,920,500</u> | <u>\$ 83,243,500</u> | <u>\$ 5,323,000</u> |
| 1. Treatment Services | 2,791,000 | 2,791,000 | - |
| 2. Medical Therapy Program | 70,759,000 | 72,236,000 | 1,477,000 |
| 3. Benefits Policy Changes | 4,403,000 | 8,249,000 | 3,846,000 |
| 4. Enroll/Assessment Fees | (32,500) | (32,500) | - |
| B. CCS Administration | | | |
| 1. County Administration | 11,842,000 | 15,247,000 | 3,405,000 |
| 2. Fiscal Intermediary | 635,000 | 650,000 | 15,000 |
| TOTAL CCS STATE ONLY PROGRAM | <u>\$ 90,397,500</u> | <u>\$ 99,140,500</u> | <u>\$ 8,743,000</u> |
| TOTAL CCS PROGRAM | <u>\$ 90,397,500</u> | <u>\$ 99,140,500</u> | <u>\$ 8,743,000</u> |

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

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, State Funds

| | Nov. 2023 Est. FY 2023-24 | Nov. 2023 Est. FY 2024-25 | Difference Incr./.(Decr.) |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| A. Total CCS State Only Services | <u>\$ 77,920,500</u> | <u>\$ 83,243,500</u> | <u>\$ 5,323,000</u> |
| 1. Treatment Services | 2,791,000 | 2,791,000 | - |
| 2. Medical Therapy Program | 70,759,000 | 72,236,000 | 1,477,000 |
| 3. Benefits Policy Changes | 4,403,000 | 8,249,000 | 3,846,000 |
| 4. Enroll/Assessment Fees | (32,500) | (32,500) | - |
| B. CCS Administration | | | |
| 1. County Administration | 7,850,000 | 11,255,000 | 3,405,000 |
| 2. Fiscal Intermediary | 635,000 | 650,000 | 15,000 |
| TOTAL CCS STATE ONLY PROGRAM | <u>\$ 86,405,500</u> | <u>\$ 95,148,500</u> | <u>\$ 8,743,000</u> |
| TOTAL CCS PROGRAM | <u>\$ 86,405,500</u> | <u>\$ 95,148,500</u> | <u>\$ 8,743,000</u> |

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, Federal Funds

| | Nov. 2023 Est. FY 2023-24 | Nov. 2023 Est. FY 2024-25 | Difference Incr./.(Decr.) |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| A. Total CCS Services | <u>\$ 0</u> | <u>\$ 0</u> | <u>\$ 0</u> |
| 1. Benefits Policy Changes | - | - | - |
| B. CCS State Only Administration | | | |
| 1. County Administration | 3,992,000 | 3,992,000 | - |
| TOTAL CCS STATE ONLY PROGRAM | <u>\$ 3,992,000</u> | <u>\$ 3,992,000</u> | <u>\$ 0</u> |
| TOTAL CCS PROGRAM | <u>\$ 3,992,000</u> | <u>\$ 3,992,000</u> | <u>\$ 0</u> |

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

Fiscal Year 2023-24, November 2023 Estimate Compared to Appropriation

| <u>POLICY CHG.</u> | | | FY 2023-24 APPROPRIATION | | NOVEMBER 2023 ESTIMATE | | DIFFERENCE, Incr./(\$Decr.) | |
|--------------------|------------|----------------------------------|----------------------------|---------------------------|----------------------------|----------------------------|-----------------------------|---------------------------|
| <u>TYPE</u> | <u>NO.</u> | <u>DESCRIPTION</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> |
| Other | 1 | ENROLLMENT AND ASSESSMENT FEES | -\$19,500 | -\$19,500 | -\$32,500 | -\$32,500 | -\$13,000 | -\$13,000 |
| Co. Admin. | 2 | COUNTY ADMIN. COSTS | \$11,842,000 | \$11,842,000 | \$11,842,000 | \$11,842,000 | \$0 | \$0 |
| FI | 3 | FISCAL INTERMEDIARY EXPENDITURES | \$393,000 | \$393,000 | \$399,000 | \$399,000 | \$6,000 | \$6,000 |
| FI | 4 | DENTAL ADMIN. EXPENDITURES | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$0 | \$0 |
| FI | 5 | CMS NET | \$218,000 | \$218,000 | \$235,000 | \$235,000 | \$17,000 | \$17,000 |
| Co. Admin. | 6 | TITLE V REIMBURSEMENT FROM CDPH | \$0 | -\$3,992,000 | \$0 | -\$3,992,000 | \$0 | \$0 |
| Benefits | 7 | CCS NON-BLOOD FACTOR REBATES | \$0 | -\$3,700,000 | \$0 | \$0 | \$0 | \$3,700,000 |
| Benefits | 8 | CCS - CGM REBATES | -\$16,000 | -\$16,000 | \$0 | \$0 | \$16,000 | \$16,000 |
| Benefits | 9 | CCS COVID-19 CASELOAD IMPACT | \$4,427,000 | \$4,427,000 | \$4,403,000 | \$4,403,000 | -\$24,000 | -\$24,000 |
| CCS TOTAL | | | <u>\$16,845,500</u> | <u>\$9,153,500</u> | <u>\$16,847,500</u> | <u>\$12,855,500</u> | <u>\$2,000</u> | <u>\$3,702,000</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 2023-24 Compared to Fiscal Year 2024-25 | | | | | | | | |
|-----------------------------------------------------|------------|----------------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|---------------------------|
| <u>POLICY CHG.</u> | | | Nov. 2023 Est. for FY 2023-24 | | Nov. 2023 Est. for FY 2024-25 | | DIFFERENCE, Incr./.(Decr.) | |
| <u>TYPE</u> | <u>NO.</u> | <u>DESCRIPTION</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> |
| Other | 1 | ENROLLMENT AND ASSESSMENT FEES | -\$32,500 | -\$32,500 | -\$32,500 | -\$32,500 | \$0 | \$0 |
| Co. Admin. | 2 | COUNTY ADMIN. COSTS | \$11,842,000 | \$11,842,000 | \$15,247,000 | \$15,247,000 | \$3,405,000 | \$3,405,000 |
| FI | 3 | FISCAL INTERMEDIARY EXPENDITURES | \$399,000 | \$399,000 | \$414,000 | \$414,000 | \$15,000 | \$15,000 |
| FI | 4 | DENTAL ADMIN. EXPENDITURES | \$1,000 | \$1,000 | \$1,000 | \$1,000 | \$0 | \$0 |
| FI | 5 | CMS NET | \$235,000 | \$235,000 | \$235,000 | \$235,000 | \$0 | \$0 |
| Co. Admin. | 6 | TITLE V REIMBURSEMENT FROM CDPH | \$0 | -\$3,992,000 | \$0 | -\$3,992,000 | \$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 CASELOAD IMPACT | \$4,403,000 | \$4,403,000 | \$8,249,000 | \$8,249,000 | \$3,846,000 | \$3,846,000 |
| CCS TOTAL | | | <u>\$16,847,500</u> | <u>\$12,855,500</u> | <u>\$24,113,500</u> | <u>\$20,121,500</u> | <u>\$7,266,000</u> | <u>\$7,266,000</u> |

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

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1994
ANALYST: Allison Tamai

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | -\$32,500 | -\$32,500 |
| | - GENERAL FUND | -\$32,500 | -\$32,500 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | -\$32,500 | -\$32,500 |
| | - GENERAL FUND | -\$32,500 | -\$32,500 |
| | - COUNTY FUNDS | -\$32,500 | -\$32,500 |

Purpose:

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

Authority:

Health & Safety Code 123870 and 123900

Interdependent Policy Changes:

Not Applicable

Background:

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

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 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 are expected to be disenrolled effective July 2023. Ongoing eligibility redeterminations related to this population are expected to be completed in approximately twelve months. 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:

The change in FY 2023-24, from the prior estimate, is due to an increase in actual fee collections through March 2023. There is no change from FY 2023-24 and FY 2024-25 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 2023.

| | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|------------------|--------------------------------------|--------------------------------------|
| Enrollment Fees: | \$58,000 | \$58,000 |
| Assessment Fees: | \$7,000 | \$7,000 |
| Total: | \$65,000 (\$32,500 GF Offset) | \$65,000 (\$32,500 GF Offset) |

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMIN. COSTS

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2003
ANALYST: Allison Tamai

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|---------------------|---------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$11,842,000 | \$15,247,000 |
| | - GENERAL FUND | \$11,842,000 | \$15,247,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$11,842,000 | \$15,247,000 |
| | - GENERAL FUND | \$11,842,000 | \$15,247,000 |
| | - COUNTY FUNDS | \$11,842,000 | \$15,247,000 |

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 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 are expected to be disenrolled effective July 2023. Ongoing eligibility redeterminations related to this population are expected to be completed in approximately twelve months. 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:

There is no change in FY 2023-24 from the prior estimate. The change from FY 2023-24 to FY 2024-25, in the current estimate, is an increase based on an estimated caseload and member mix due to the end of the continuous coverage requirement as enacted through the Consolidated Appropriations Act, 2023, and the resumption of eligibility redeterminations resulting in members returning to the state only program.

Methodology:

1. The county administrative estimate for the budget year is updated every May based on additional data collected.
2. The CCS county administrative costs for FY 2023-24 are \$11,842,000 and \$15,247,000 for FY 2024-25

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$399,000 | \$414,000 |
| | - GENERAL FUND | \$399,000 | \$414,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$399,000 | \$414,000 |
| | - GENERAL FUND | \$399,000 | \$414,000 |

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:

There is an increase for FY 2023-24 from the prior estimate, and an increase from FY 2023-24 to FY 2024-25 in the current estimate, due to Consumer Price Index adjustments.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$388,000 in FY 2023-24 and \$404,000 in FY 2024-25.
2. The estimated Medi-Cal Rx costs are \$11,000 in FY 2023-24 and \$10,000 in FY 2024-25.
3. The total estimated FI costs for CCS are **\$399,000 GF in FY 2023-24** and **\$414,000 GF in FY 2024-25**.

Funding:

100% General Fund (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

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

| | | <u>FY 2023-24</u> | <u>FY 2024-25</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 dental Administrative Services Organization (ASO) contractor and the dental Fiscal Intermediary (FI) contractor. The administrative costs are reimbursed based on cost per adjudicated claim line (ACL) and Treatment Authorization Request (TAR). The FI scans documents while the ASO processes ACLs and TARs.

A Fiscal Intermediary-Dental Business Operations (FI-DBO) contractor is expected to take over adjudicating and scanning business functions in FY 2024-25. 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 2023-24 from the prior estimate. There is no change from FY 2023-24 to FY 2024-25 in the current estimate.

Methodology:

1. The dental FI contractor rates for scanning ACL and TAR documents are \$1.04 in FY 2023-24. The FI-DBO contractor rates for scanning claim and TAR documents are \$1.07 in FY 2024-25.
2. The dental ASO contractor CCS State Only dental ACL and TAR adjudicating rates in FY 2023-24 are \$0.34 and \$14.38. The FI-DBO contractor claim & TAR adjudicating rates in FY 2024-25 are \$3.71 and \$7.26 respectively. Rates for both years are based on corresponding contractor Bid Sheets.
3. Rate estimates are based on corresponding contractor Bid Sheets.
4. The estimated administrative expenditures for the scanning and adjudication of CCS State Only dental claims are outlined below.

| FY 2023-24 | Estimated Claims | Rates | Annual Expenditure |
|-------------------------|-------------------------|--------------|---------------------------|
| FI ACLs (Scanning) | 75 | \$1.04 | \$78 |
| FI TARs (Scanning) | 12 | \$1.04 | \$12 |
| ASO ACLs (Adjudication) | 289 | \$0.34 | \$98 |
| ASO TARs (Adjudication) | 12 | \$14.38 | \$173 |
| Total FY 2023-24 | | | \$1,000 GF |

*Totals differ due to rounding.

| FY 2024-25 | Estimated Claims | Rates | Annual Expenditure |
|----------------------------|-------------------------|--------------|---------------------------|
| FI-DBO ACLs (Scanning) | 75 | \$1.07 | \$80 |
| FI-DBO TARs (Scanning) | 12 | \$1.07 | \$13 |
| FI-DBO ACLs (Adjudication) | 289 | \$3.71 | \$1,072 |
| FI-DBO TARs (Adjudication) | 13 | \$7.26 | \$94 |
| Total FY 2024-25 | | | \$1,000 GF |

*Totals differ due to rounding.

Funding:

100% GF (4260-111-0001)

CMS NET

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2004
ANALYST: Allison Tamai

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$235,000 | \$235,000 |
| | - GENERAL FUND | \$235,000 | \$235,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$235,000 | \$235,000 |
| | - GENERAL FUND | \$235,000 | \$235,000 |

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 an average of prior years CMS Net actual expenditures.
2. CMS Net system costs for FY 2023-24 are estimated to be \$3,537,000. FY 2024-25 costs are estimated to be \$3,535,000.
3. The cost for CMS Net are projected to be:

| | FY 2023-24 | | | CMS Net |
|----------------|---------------------|-------------------|-----------|-------------------|
| | <u>Actuals</u> | <u>Percentage</u> | | <u>Allocation</u> |
| CCS State-Only | \$ 134,146 | 6.6% | \$ | 235,000 |
| CCS Medi-Cal | \$ 1,887,325 | 93.4% | \$ | 3,302,000 |
| Total | \$ 2,021,471 | 100% | \$ | 3,537,000 |

| | FY 2024-25 | | | CMS Net |
|----------------|---------------------|-------------------|-----------|-------------------|
| | <u>Actuals</u> | <u>Percentage</u> | | <u>Allocation</u> |
| CCS State-Only | \$ 134,146 | 6.6% | \$ | 235,000 |
| CCS Medi-Cal | \$ 1,887,325 | 93.4% | \$ | 3,300,000 |
| Total | \$ 2,021,471 | 100% | \$ | 3,535,000 |

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-------------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$3,992,000 | -\$3,992,000 |
| | - FEDERAL FUNDS TITLE V | \$3,992,000 | \$3,992,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$3,992,000 | -\$3,992,000 |
| | - FEDERAL FUNDS TITLE V | \$3,992,000 | \$3,992,000 |

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

There is no change for FY 2023-24 from the prior estimate. There is no change from FY 2023-24 to FY 2024-25 in the current estimate.

Methodology:

1. The amount expected to be received is \$3,992,000 in FY 2023-24 and FY 2024-25.

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|------------------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$2,500,000 | -\$2,500,000 |
| | - REBATE SPECIAL FUND | \$2,500,000 | \$2,500,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$2,500,000 | -\$2,500,000 |
| | - REBATE SPECIAL FUND | \$2,500,000 | \$2,500,000 |
| | - COUNTY FUNDS | -\$2,500,000 | -\$2,500,000 |

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 2023-24, from the prior estimate, is a decrease in the rebate transfers to the GF due to estimating less CCS State-Only expenditures in FY 2023-24 resulting in a lower amount of rebates eligible for transfer.

There is no change from FY 2023-24 to FY 2024-25 in the current estimate.

Methodology:

1. \$42,017,000 TF has been collected for CCS State-Only non-BF rebates as of May 31, 2023.
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 \$12,946,000 has been transferred to the GF from FY 2019-20 through FY 2022-23.
3. The remaining balance of \$16,125,000 TF will be carried over and budgeted to GF and County Funds in FY 2023-24, FY 2024-25, and future fiscal years.
4. CCS State-Only non-BF drug rebate transfers to the GF for FY 2023-24 and FY 2024-25 are estimated to be:

| CCS Non-BF Rebates | TF | GF | Drug Rebates Special Fund | CF* |
|---------------------------|------------|----------------------|----------------------------------|----------------------|
| FY 2023-24 | \$0 | (\$2,500,000) | \$2,500,000 | (\$2,500,000) |
| FY 2024-25 | \$0 | (\$2,500,000) | \$2,500,000 | (\$2,500,000) |

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: Shan Tang

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|------------------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$29,500 | -\$16,000 |
| | - REBATE SPECIAL FUND | \$29,500 | \$16,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$29,500 | -\$16,000 |
| | - REBATE SPECIAL FUND | \$29,500 | \$16,000 |
| | - COUNTY FUNDS | -\$29,500 | -\$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 2023-24, from the prior estimate, is an increase due to the transfer of rebates from FY 2022-23 will be paid in FY 2023-24.

The change from FY 2023-24 to FY 2024-25, in the current estimate, is due to rebate transfers normalized to four quarters.

Methodology

1. Assume CGM rebates will be 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 will be 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 \$10,000 in rebates per quarter in FY 2022-23 and \$8,000 per quarter in FY 2023-24 and onward. There are four quarters each year.
6. Collected rebates of \$43,000 for FY 2022-23 will be available to transfer to CCS in FY 2023-24 along with two quarters 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 2023-24 and FY 2024-25 are:

| CGM Rebate Savings | TF | GF | Drug Rebates Special Fund | CF* |
|---------------------------|------------|-------------------|----------------------------------|-------------------|
| FY 2023-24 | \$0 | (\$29,500) | \$29,500 | (\$29,500) |
| FY 2024-25 | \$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 CASELOAD IMPACT

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

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$4,403,000 | \$8,249,000 |
| | - GENERAL FUND | \$4,403,000 | \$8,249,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$4,403,000 | \$8,249,000 |
| | - GENERAL FUND | \$4,403,000 | \$8,249,000 |
| | - COUNTY FUNDS | \$4,403,000 | \$8,249,000 |

Purpose

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

Authority

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

Interdependent Policy Changes:

CCS County Administration Costs
 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. The public health emergency will be effective for 90 days unless extended. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The effects of the COVID-19 pandemic are unprecedented in modern times from a public health emergency and economic perspective. The pandemic will have fiscal impacts across policy areas and member populations within the Medi-Cal and CCS 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 no longer determined eligible will be disenrolled effective July 2023. Ongoing eligibility redeterminations related to this population are expected to be completed in approximately twelve months.

Reason for Change

There is no significant change from the prior estimate for FY 2023-24.

The projected increase in costs between fiscal years in the current estimate is due to the end of the continuous coverage requirement as enacted through the Consolidated Appropriations Act, 2023, and the resumption of eligibility redeterminations resulting in members returning to the state only program.

Methodology

1. Assume the impact of the continuous coverage requirement begins in April 2020, and continues 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. Eligibility redeterminations related to this population are expected to be completed in approximately twelve months.
3. Assume that, following the end of the continuous coverage requirement, eligibility will be redetermined over a period of 12 months for individuals not discontinued under the continuous coverage requirement, resulting in 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 2023-24 | FY 2024-25 |
| CCS State Only | 2,477 | 4,641 |
| CCS Medi-Cal | (12,754) | (23,411) |

5. The estimated average quarterly cost of each state only member in both FY 2023-24 and FY 2024-25 is \$2,666.
6. The approximate estimated COVID-19 expenditure impact for children returning to the CCS state only program is:

| Fiscal Year | TF | GF | CF* |
|-------------|-------------|-------------|-------------|
| FY 2023-24 | \$4,403,000 | \$4,403,000 | \$4,403,000 |
| FY 2024-25 | \$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. The CCS state only COVID-19 Impacts following the end of the continuous coverage requirement for FY 2023-24 and FY 2024-25 are budgeted in this policy change as follows:

| | Average Quarterly Members | |
|----------------|---------------------------|------------|
| | FY 2023-24 | FY 2024-25 |
| CCS State Only | 2,477 | 4,641 |
| CCS Medi-Cal | (12,754) | (23,411) |

| Fiscal Year | TF | GF | CF* |
|-------------|-------------|-------------|-------------|
| FY 2023-24 | \$4,403,000 | \$4,403,000 | \$4,403,000 |
| FY 2024-25 | \$8,249,000 | \$8,249,000 | \$8,249,000 |

Funding:

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program

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

| <u>All Counties</u> | <u>Fiscal Year 2022-23 1</u> | <u>Fiscal Year 2023-24</u> | <u>Fiscal Year 2024-25</u> | <u>FY 2023-24 - FY 2024-25 % Change</u> |
|-----------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------------------------|
| CCS State Only | 9,670 | 9,501 | 9,501 | 0.00% |
| Impact of Policy Changes (PCs) | 0 | 2,477 | 4,641 | 87% |
| SUBTOTAL | 9,670 | 11,978 | 14,142 | 18.06% |

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

| <u>All Counties</u> | <u>Fiscal Year 2022-23 1</u> | <u>Fiscal Year 2023-24</u> | <u>Fiscal Year 2024-25</u> | <u>FY 2023-24 - FY 2024-25 % Change</u> |
|-----------------------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------------------------|
| CCS Medi-Cal ² | 195,716 | 196,710 | 196,710 | 0.00% |
| Impact of Policy Changes (PCs) | 0 | -12,754 | -23,411 | 84% |
| SUBTOTAL | 195,716 | 183,956 | 173,299 | -5.79% |

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

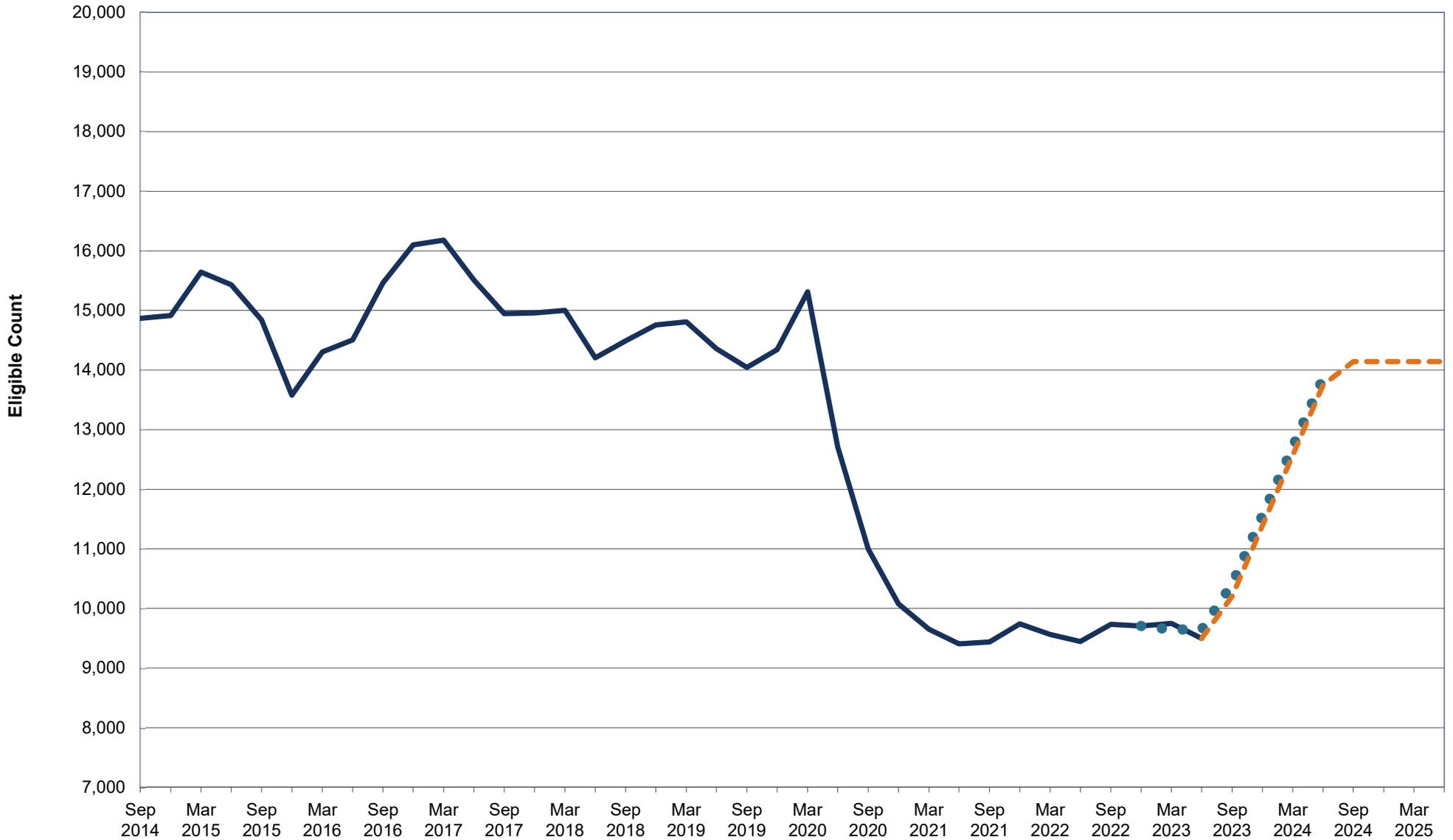
| <u>All Counties</u> | <u>Fiscal Year 2022-23 1</u> | <u>Fiscal Year 2023-24</u> | <u>Fiscal Year 2024-25</u> | <u>FY 2023-24 - FY 2024-25 % Change</u> |
|---------------------|----------------------------------|--------------------------------|--------------------------------|-------------------------------------------------|
| CCS State Only | 9,670 | 11,978 | 14,142 | 18.06% |
| CCS Medi-Cal | 195,716 | 183,956 | 173,299 | -5.79% |
| TOTAL | 205,386 | 195,934 | 187,441 | -4.34% |

¹ Actual caseload.

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

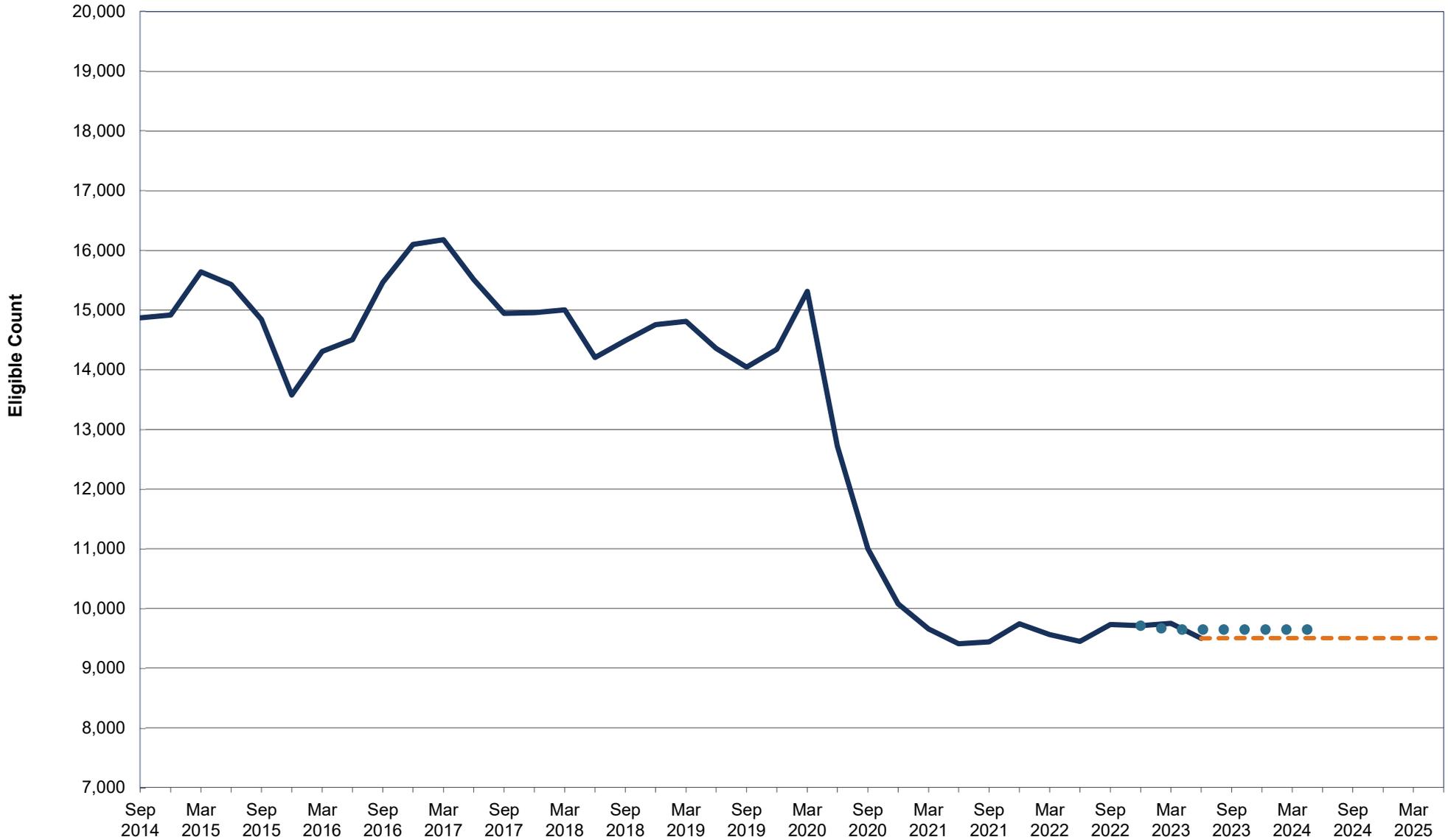
Statewide Caseload Projections for: CCS State Only - Including Impact of Policy Changes

Average Quarterly Eligible Count by Quarter's Month-End



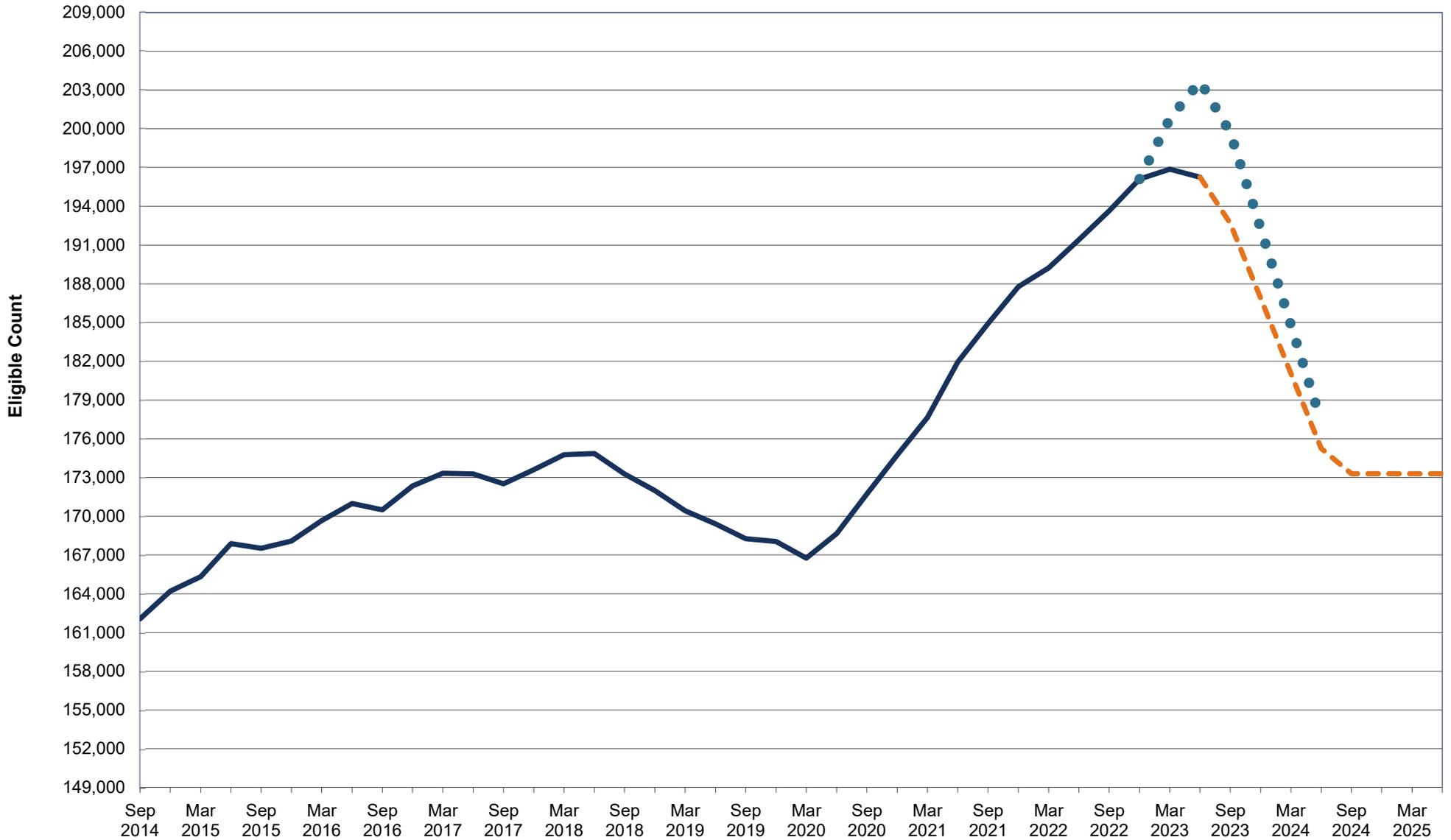
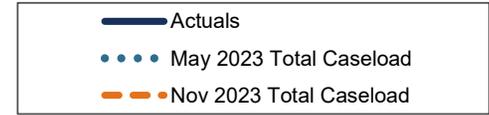
Statewide Caseload Projections for: CCS State Only - Base Projection Only

Average Quarterly Eligible Count by Quarter's Month-End



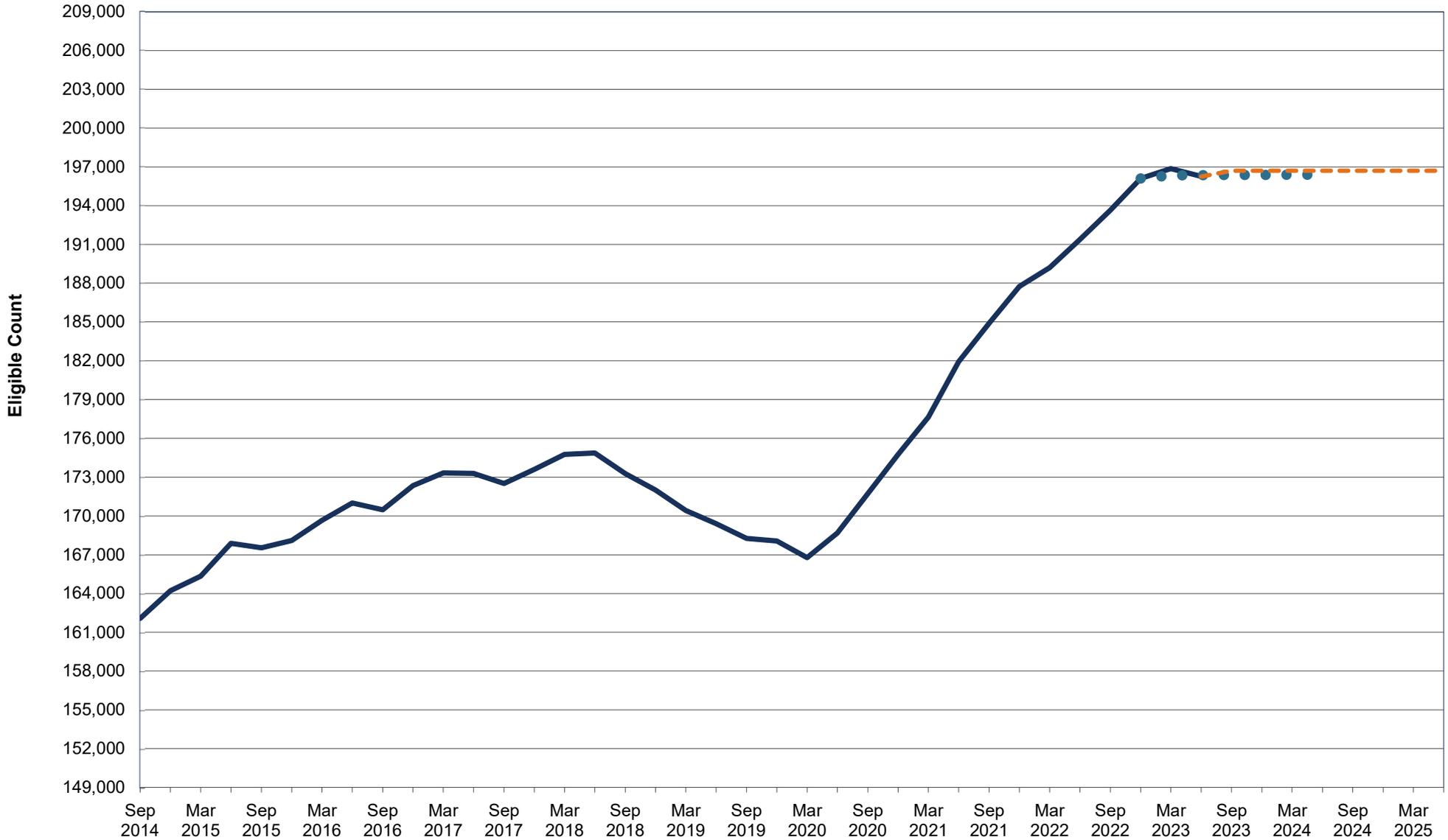
Statewide Caseload Projections for: CCS Medi-Cal Only - Including Impact of Policy Changes

Average Quarterly Eligible Count by Quarter's Month-End



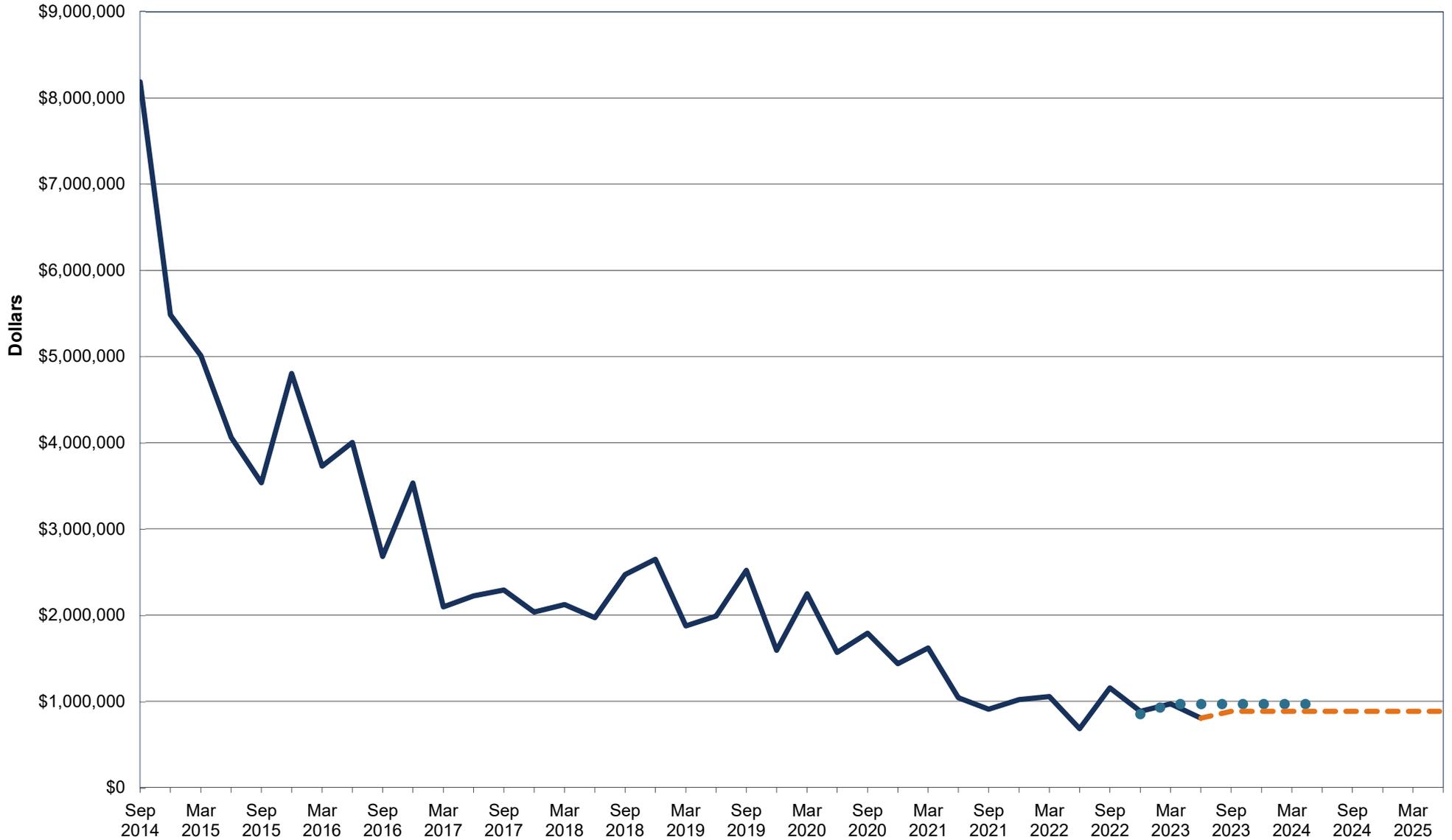
Statewide Caseload Projections for: CCS Medi-Cal Only - Base Projection Only

Average Quarterly Eligible Count by Quarter's Month-End



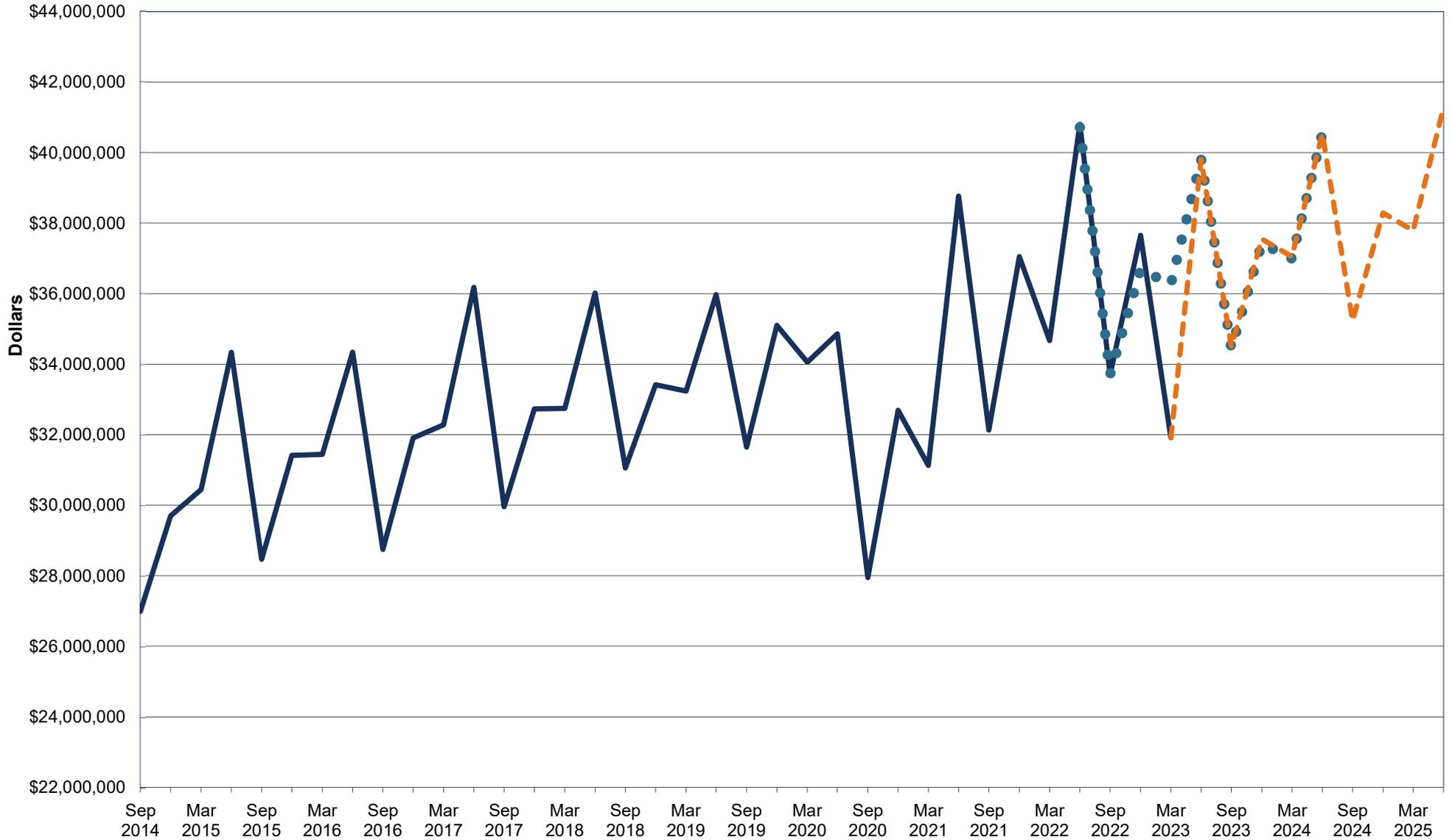
Statewide State Only Services Projections for: CCS Treatment Expenditures (Includes County Funds)

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 2023-24, November 2023 Estimate Compared to Appropriation

| | <u>Appropriation FY 2023-24</u> | <u>Nov. 2023 Est. FY 2023-24</u> | <u>Difference Incr./(Decr.)</u> |
|-------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| State-Only Caseload: | 674 | 676 | 2 |
| Net Dollars: | | | |
| 4260-111-0001 (General Fund) | \$128,738,900 | \$125,761,700 | (\$2,977,200) |
| 4260-611-0995 (Enrollment Fees) | \$392,900 | \$379,900 | (\$13,000) |
| 4260-601-3079 (Rebate Special Fund) | \$0 | \$73,000 | \$73,000 |
| Total | <u>\$129,131,800</u> | <u>\$126,214,600</u> | <u>(\$2,917,200)</u> |

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25

| | <u>Nov. 2023 Est. FY 2023-24</u> | <u>Nov. 2023 Est. FY 2024-25</u> | <u>Difference Incr./(Decr.)</u> |
|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| State-Only Caseload: | 676 | 675 | (1) |
| Net Dollars: | | | |
| 4260-111-0001 (General Fund) | \$125,761,700 | \$120,742,100 | (\$5,019,600) |
| 4260-611-0995 (Enrollment Fees) | \$379,900 | \$489,000 | \$109,100 |
| 4260-601-3079 (Rebates Special Fund) | \$73,000 | \$40,000 | (\$33,000) |
| Total | <u>\$126,214,600</u> | <u>\$121,271,100</u> | <u>(\$4,943,500)</u> |

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2023-24**

November 2023 Estimate Compared to Appropriation, Total Funds

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./Decr. |
|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| 1. Base Expenditure Estimate | \$ 128,764,000 | \$ 125,407,000 | \$ (3,357,000) |
| 2. Policy Changes | \$ (540,200) | \$ (111,400) | \$ 428,800 |
| | ----- | ----- | ----- |
| Total for Services | \$ 128,223,800 | \$ 125,295,600 | \$ (2,928,200) |
| Fiscal Intermediary | \$ 908,000 | \$ 919,000 | \$ 11,000 |
| | ----- | ----- | ----- |
| Total GHPP Program | \$ 129,131,800 | \$ 126,214,600 | \$ (2,917,200) |

November 2023 Estimate Compared to Appropriation, General Fund

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./Decr. |
|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| 1. Base Expenditure Estimate | \$ 128,764,000 | \$ 125,407,000 | \$ (3,357,000) |
| 2. Policy Changes | \$ (933,100) | \$ (564,300) | \$ 368,800 |
| | ----- | ----- | ----- |
| Total for Services | \$ 127,830,900 | \$ 124,842,700 | \$ (2,988,200) |
| Fiscal Intermediary | \$ 908,000 | \$ 919,000 | \$ 11,000 |
| | ----- | ----- | ----- |
| Total GHPP Program | \$ 128,738,900 | \$ 125,761,700 | \$ (2,977,200) |

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

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, Total Funds

| | Nov. 2023 Est. <u>FY 2023-24</u> | Nov. 2023 Est. <u>FY 2024-25</u> | Difference <u>Incr./(Decr.)</u> |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1. Base Expenditure Estimate | \$ 125,407,000 | \$ 120,977,000 | \$ (4,430,000) |
| 2. Policy Changes | \$ (111,400) | \$ (655,900) | \$ (544,500) |
| | ----- | ----- | ----- |
| Total for Services | \$ 125,295,600 | \$ 120,321,100 | \$ (4,974,500) |
| Fiscal Intermediary | \$ 919,000 | \$ 950,000 | \$ 31,000 |
| | ----- | ----- | ----- |
| Total GHPP Program | \$ 126,214,600 | \$ 121,271,100 | \$ (4,943,500) |

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, General Fund

| | Nov. 2023 Est. <u>FY 2023-24</u> | Nov. 2023 Est. <u>FY 2024-25</u> | Difference <u>Incr./(Decr.)</u> |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1. Base Expenditure Estimate | \$ 125,407,000 | \$ 120,977,000 | \$ (4,430,000) |
| 2. Policy Changes | \$ (564,300) | \$ (1,184,900) | \$ (620,600) |
| | ----- | ----- | ----- |
| Total for Services | \$ 124,842,700 | \$ 119,792,100 | \$ (5,050,600) |
| Fiscal Intermediary | \$ 919,000 | \$ 950,000 | \$ 31,000 |
| | ----- | ----- | ----- |
| Total GHPP Program | \$ 125,761,700 | \$ 120,742,100 | \$ (5,019,600) |

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures

| <u>Fiscal Year</u> | <u>Average GHP Only Caseload 1/</u> | <u>Average Annual Cost/Case</u> | <u>Total Program Expenditures 1/</u> |
|--------------------|---------------------------------------------|-----------------------------------------|----------------------------------------------|
| 2022-23 | 668 | \$ 168,100 | \$ 112,268,000 |
| | ----- | ----- | ----- |
| Actuals | 668 | \$ 168,100 | \$ 112,268,000 |
| | | | |
| 2023-24 | 676 | \$ 185,500 | \$ 125,407,000 |
| | ----- | ----- | ----- |
| Estimate | 676 | \$ 185,500 | \$ 125,407,000 |
| | | | |
| 2024-25 | 675 | \$ 179,200 | \$ 120,977,000 |
| | ----- | ----- | ----- |
| Estimate | 675 | \$ 179,200 | \$ 120,977,000 |

1/ Actual expenditure data is complete through July 2023.
 Actual caseload data is complete through July 2023.

GENETICALLY HANDICAPPED PERSONS PROGRAM

Average Monthly Caseload Estimate
Fiscal Year 2023-24

| | <u>Total Caseload</u> | <u>Medi-Cal* Caseload</u> | <u>GHPP Only Caseload</u> |
|-------|---------------------------|-------------------------------|-------------------------------|
| Total | 1,615 | 939 | 676 |

Fiscal Year 2024-25

| | <u>Total Caseload</u> | <u>Medi-Cal* Caseload</u> | <u>GHPP Only Caseload</u> |
|-------|---------------------------|-------------------------------|-------------------------------|
| Total | 1,633 | 958 | 675 |

Average Monthly State-Only Caseload Comparison
FY 2023-24, November 2023 Estimate Compared to Appropriation

| | <u>Appropriation FY 2023-24</u> | <u>Nov. 2023 Est. FY 2023-24</u> | <u>Difference Incr./((Decr.)</u> |
|-------|-------------------------------------|--------------------------------------|--------------------------------------|
| Total | 674 | 676 | 2 |

Fiscal Year 2023-24 Compared to Fiscal Year 2024-25

| | <u>Nov. 2023 Est. FY 2023-24</u> | <u>Nov. 2023 Est. FY 2024-25</u> | <u>Difference Incr./((Decr.)</u> |
|-------|--------------------------------------|--------------------------------------|--------------------------------------|
| Total | 676 | 675 | (1) |

Average Monthly Medi-Cal Caseload Comparison
FY 2023-24, November 2023 Estimate Compared to Appropriation

| | <u>Appropriation FY 2023-24</u> | <u>Nov. 2023 Est. FY 2023-24*</u> | <u>Difference Incr./((Decr.)</u> |
|-------|-------------------------------------|---------------------------------------|--------------------------------------|
| Total | 936 | 939 | 3 |

Fiscal Year 2023-24 Compared to Fiscal Year 2024-25

| | <u>Nov. 2023 Est. FY 2023-24</u> | <u>Nov. 2023 Est. FY 2024-25*</u> | <u>Difference Incr./((Decr.)</u> |
|-------|--------------------------------------|---------------------------------------|--------------------------------------|
| Total | 939 | 958 | 19 |

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency.

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

| Fiscal Year 2023-24, November 2023 Estimate Compared to Appropriation | | | | | | | | |
|-----------------------------------------------------------------------|------------|-----------------------------------------|--------------------|-------------------------------|--------------------|----------------------------------|--------------------|--------------------|
| <u>POLICY CHG.</u> | | <u>FY 2023-24 APPROPRIATION</u> | | <u>NOVEMBER 2023 ESTIMATE</u> | | <u>DIFFERENCE, Incr./(Decr.)</u> | | |
| <u>TYPE</u> | <u>NO.</u> | <u>DESCRIPTION</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> |
| Other | 1 | ENROLLMENT FEES | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| FI | 2 | FISCAL INTERMEDIARY EXPENDITURES - GHPP | \$908,000 | \$908,000 | \$919,000 | \$919,000 | \$11,000 | \$11,000 |
| Other | 3 | GHPP PREMIUM COSTS | \$224,000 | \$224,000 | \$193,000 | \$193,000 | -\$31,000 | -\$31,000 |
| Benefits | 4 | GHPP PREMIUM SAVINGS | -\$764,200 | -\$764,200 | -\$304,400 | -\$304,400 | \$459,800 | \$459,800 |
| Benefits | 5 | GHPP CGM REBATES | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| GHPP TOTAL | | | \$367,800 | \$367,800 | \$807,600 | \$807,600 | \$439,800 | \$439,800 |

| Fiscal Year 2023-24 Compared to Fiscal Year 2024-25 | | | | | | | | |
|-----------------------------------------------------|------------|-----------------------------------------|--------------------|--------------------------------------|--------------------|----------------------------------|--------------------|--------------------|
| <u>POLICY CHG.</u> | | <u>Nov. 2023 Est. for FY 2023-24</u> | | <u>Nov. 2023 Est. for FY 2024-25</u> | | <u>DIFFERENCE, Incr./(Decr.)</u> | | |
| <u>TYPE</u> | <u>NO.</u> | <u>DESCRIPTION</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> | <u>TOTAL FUNDS</u> | <u>STATE FUNDS</u> |
| Other | 1 | ENROLLMENT FEES | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| FI | 2 | FISCAL INTERMEDIARY EXPENDITURES - GHPP | \$919,000 | \$919,000 | \$950,000 | \$950,000 | \$31,000 | \$31,000 |
| Other | 3 | GHPP PREMIUM COSTS | \$193,000 | \$193,000 | \$220,000 | \$220,000 | \$27,000 | \$27,000 |
| Benefits | 4 | GHPP PREMIUM SAVINGS | -\$304,400 | -\$304,400 | -\$875,900 | -\$875,900 | -\$571,500 | -\$571,500 |
| Benefits | 5 | GHPP CGM REBATES | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| GHPP TOTAL | | | \$807,600 | \$807,600 | \$294,100 | \$294,100 | -\$513,500 | -\$513,500 |

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-------------------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$379,900 | -\$489,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$379,900 | -\$489,000 |
| | - ENROLLMENT FEES FUND | \$379,900 | \$489,000 |

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

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 includes a “continuous coverage requirement.” Under this 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 Department also implemented the continuous coverage requirement for the GHPP state only population, thus halting disenrollment in the program

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 PHE, instead ending the continuous coverage requirement on March 31, 2023. The resumption of eligibility redeterminations begin in April 2023 for members due for renewal in June 2023, those no longer determined eligible will be disenrolled effective July 2023. Members whose eligibility dates were extended during the PHE will return to their pre-PHE eligibility end month in an effort to redistribute the annual renewals following the end of the continuous coverage requirement. Ongoing eligibility redeterminations related to this population are expected to be completed by December 2024.

GHPP enrollment fees for some members are being waived through the end of the continuous coverage requirement. There is a six-month grace period for fee collection following the start of redeterminations.

Reason for Change:

Enrollment fees are projected to be lower in FY 2023-24 as compared to the prior estimate due to a change in the timing of the end of the fee waiver resulting from the approval of the Consolidated Appropriations Act 2023.

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

Methodology:

1. Fee Collections related to the COVID-19 PHE are longer being waived with the resumption of eligibility redeterminations, except in some cases where a six-month grace period may apply.
2. Enrollment fees of \$307,100 were collected in Fiscal Year (FY) 2021-22, and \$297,400 collected in 2022-23.

3. FY 2023-24 enrollment fees are calculated based on five months of pre-PHE average monthly actual collected fees of \$40,780 plus seven months of lower fee collections based on the monthly average of FY 2021-22 and FY 2022-23 actual collections. The estimated enrollment fees for FY 2023-24 are \$379,900.

FY 2023-24: $(\$307,100 + 297,400) \div 24 \times 12 = (\$40,800 \times 5) = \$379,900$ (GF)

4. FY 2024-25 enrollment fees are based on a full year of the 2016-17 through FY 2018-19 pre-PHE collection fees.

FY 2024-25: $(\$40,800 \times 12) = \$489,400$ (GF)

Funding:

100% GF (4260-111-0001)

GHPP Enrollment Fees (4260-611-0995)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

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

| | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|--------------------------------------|-------------------|-------------------|
| FULL YEAR COST - TOTAL FUNDS | \$919,000 | \$950,000 |
| - GENERAL FUND | \$919,000 | \$950,000 |
| PAYMENT LAG | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | 0.00% | 0.00% |
| APPLIED TO BASE - TOTAL FUNDS | \$919,000 | \$950,000 |
| - GENERAL FUND | \$919,000 | \$950,000 |

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

A Fiscal Intermediary-Dental Business Operations (FI-DBO) contractor is expected to take over adjudicating and scanning business functions in FY 2024-25. 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 2023-24 from the prior estimate, and an increase from FY 2023-24 to FY 2024-25 in the current estimate, due to Consumer Price Index adjustments.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$874,000 in FY 2023-24 and \$909,000 in FY 2024-25.
2. Based on actual and projected volumes for the current year, the estimated dental FI administrative costs are \$1,000 in FY 2023-24 and FY 2024-25.
3. The estimated Medi-Cal Rx costs are \$44,000 in FY 2023-24 and \$40,000 in FY 2024-25.
4. The total estimated medical, pharmacy, and dental FI administrative costs for GHPP are **\$919,000 GF** in **FY 2023-24** and **\$950,000 GF** in **FY 2024-25**.

Funding:

100% General Fund (4260-111-0001)

GHPP PREMIUM COSTS

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

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$193,000 | \$220,000 |
| | - GENERAL FUND | \$193,000 | \$220,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$193,000 | \$220,000 |
| | - GENERAL FUND | \$193,000 | \$220,000 |

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:

There is no significant change from the prior estimate for FY 2023-24.

There is no significant change between FY 2023-24 and FY 2024-25 in the current estimate.

Methodology:

1. Assume the monthly premium costs per enrollee are \$590 for Hemophilia, \$630 for Cystic Fibrosis, \$430 for Sickle Cell, and \$340 for Huntington's based on recent premium costs for participants.
2. As of July 2023, 27 clients are enrolled and participating in the program. The total member months for current clients are:

| | Member Months | |
|-----------------|---------------|------------|
| | FY 2023-24 | FY 2024-25 |
| Hemophilia | 84 | 84 |
| Cystic Fibrosis | 168 | 168 |
| Sickle Cell | 48 | 48 |
| Metabolic | 0 | 0 |
| Huntington's | 24 | 24 |

3. Assume three new clients will enroll in FY 2023-24. The estimated member months for additional clients are:

| | Member Months | |
|-----------------|---------------|------------|
| | FY 2023-24 | FY 2024-25 |
| Hemophilia | 13 | 24 |
| Cystic Fibrosis | 2 | 12 |

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

| | Member Months |
|-----------------|---------------|
| | FY 2024-25 |
| Hemophilia | 19 |
| Cystic Fibrosis | 5 |

5. Total Member Months:

| | Member Months | |
|-----------------|---------------|------------|
| | FY 2023-24 | FY 2024-25 |
| Hemophilia | 97 | 127 |
| Cystic Fibrosis | 170 | 185 |
| Sickle Cell | 48 | 48 |
| Metabolic | 0 | 0 |
| Huntington's | 24 | 24 |
| Total | 339 | 384 |

6. Projected Premium Payments (Rounded):

| | FY 2023-24 | FY 2024-25 |
|----------------------|-------------------|-------------------|
| Total Funds | \$ 193,000 | \$ 220,000 |
| General Funds | \$ 193,000 | \$ 220,000 |

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

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

| | | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|---------------------|---------------------|
| FULL YEAR COST | - TOTAL FUNDS | -\$5,212,000 | -\$5,706,000 |
| | - GENERAL FUND | -\$5,212,000 | -\$5,706,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 94.16% | 84.65% |
| APPLIED TO BASE | - TOTAL FUNDS | -\$304,400 | -\$875,900 |
| | - GENERAL FUND | -\$304,400 | -\$875,900 |

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 2023-24 nor between fiscal years in the current estimate.

Methodology:

1. As of July 2023, 27 clients are enrolled and participating in the program. The total member months for current clients are 324 for both FY 2023-24 and FY 2024-25.

2. Assume three new clients will enroll in FY 2023-24 and three new clients will enroll in FY 2024-25. The estimated member months for additional clients for FY 2023-24 are 15 and the estimated member months for FY 2024-25 are 60.

3. The total member months for all clients are 339 in FY 2023-24 and 338 in FY 2024-25.

5. Assume the savings per client enrolled is equal to the Annual Weighted Cost per Case in the November 2023 Family Health Estimate:

| | |
|------------|------------|
| FY 2023-24 | FY 2024-25 |
| \$185,500 | \$179,200 |

6. Projected Savings (Rounded):

| | FY 2023-24 | FY 2024-25 |
|----------------------|--------------------|--------------------|
| Total Funds | \$5,212,000 | \$5,706,000 |
| General Funds | \$5,212,000 | \$5,706,000 |

Funding:

100% GF (4260-111-0001)

GHPP CGM REBATES

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 3/2024
ANALYST: Shan Tang

| | <u>FY 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-------------------|-------------------|
| FULL YEAR COST | | |
| - TOTAL FUNDS | \$0 | \$0 |
| - GENERAL FUND | -\$73,000 | -\$40,000 |
| - REBATE SPECIAL FUND | \$73,000 | \$40,000 |
| PAYMENT LAG | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | 0.00% | 0.00% |
| APPLIED TO BASE | | |
| - TOTAL FUNDS | \$0 | \$0 |
| - GENERAL FUND | -\$73,000 | -\$40,000 |
| - REBATE SPECIAL FUND | \$73,000 | \$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

This is a new policy change.

Methodology

1. Assume GHPP rebates will be available for claims paid on or after January 1, 2022.
2. Rebate collections began in April 2022.
3. Assume rebates from the Children's Medical Services Rebate Fund will be transferred to the General Fund in March 2024.
4. Rebates are estimated to decrease in FY 2023-24 due to eligibility change with the lifting of the COVID Public Health Emergency and utilization controls.
5. On average, assume \$12,000 in rebates per quarter in FY 2022-23 and \$10,000 per quarter in FY 2023-24.
6. Collected rebates of \$53,000 for FY 2022-23 will be available to transfer to GHPP in FY 2023-24 along with two quarters of collections from FY 2023-24. Four quarters of rebates are estimated to be transferred to GHPP in FY 2024-25.
7. On a cash basis, total estimated rebate savings in FY 2023-24 and FY 2024-25 are:

| GHPP Rebate Savings | TF | GF | Drug Rebates Special Fund |
|----------------------------|------------|-------------------|----------------------------------|
| FY 2023-24 | \$0 | (\$73,000) | \$73,000 |
| FY 2024-25 | \$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)

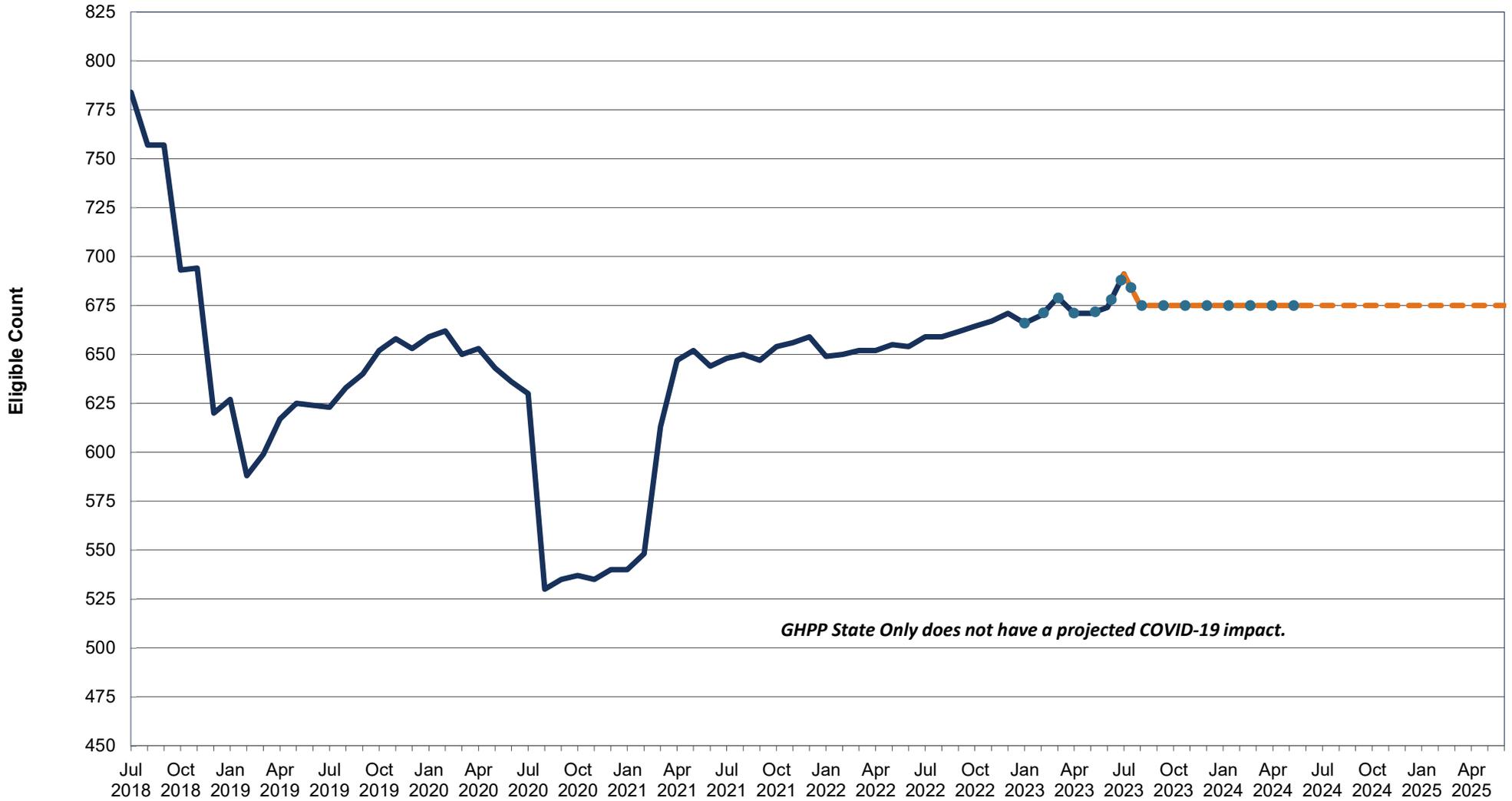
| Total | | | | |
|----------------|-----------------------|---------------------------|---------------------------|---------------------------------|
| <u>Quarter</u> | <u>Total Caseload</u> | <u>Medi-Cal* Caseload</u> | <u>GHPP Only Caseload</u> | <u>Total GHPP Only Payments</u> |
| 1 | 1,512 | 864 | 648 | \$ 29,761,376 |
| 2 | 1,536 | 880 | 656 | 26,264,404 |
| 3 | 1,535 | 885 | 650 | 29,908,324 |
| 4 | 1,559 | 905 | 654 | 29,659,072 |
| 2021-22 | 1,535 | 883 | 652 | \$ 115,593,000 |
| 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 | 1,622 | 942 | 680 | \$ 36,482,177 |
| 2 | 1,613 | 938 | 675 | 29,469,603 |
| 3 | 1,613 | 938 | 675 | 29,641,746 |
| 4 | 1,613 | 938 | 675 | 29,813,890 |
| 2023-24 | 1,615 | 939 | 676 | \$ 125,407,000 |
| 1 | 1,633 | 958 | 675 | \$ 29,986,035 |
| 2 | 1,633 | 958 | 675 | 30,158,178 |
| 3 | 1,633 | 958 | 675 | 30,330,323 |
| 4 | 1,633 | 958 | 675 | 30,502,467 |
| 2024-25 | 1,633 | 958 | 675 | \$ 120,977,000 |

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2023-24 and FY 2024-25.

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2023-24 reflects actuals and projected base estimate values.
 3) FY 2024-25 reflects projected base estimate values.

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

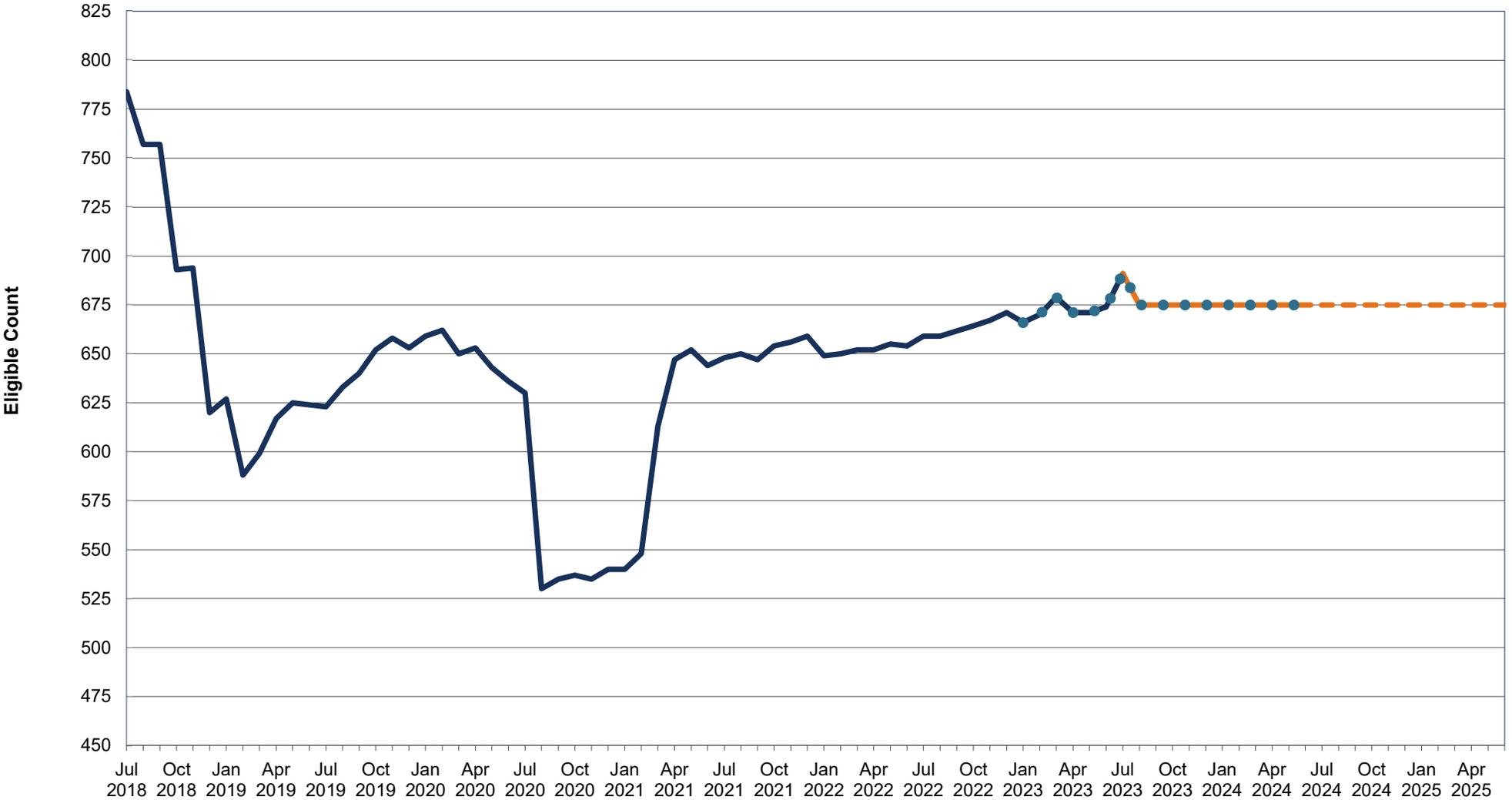
Average Monthly Eligible Count by Month



GHPP State Only does not have a projected COVID-19 impact.

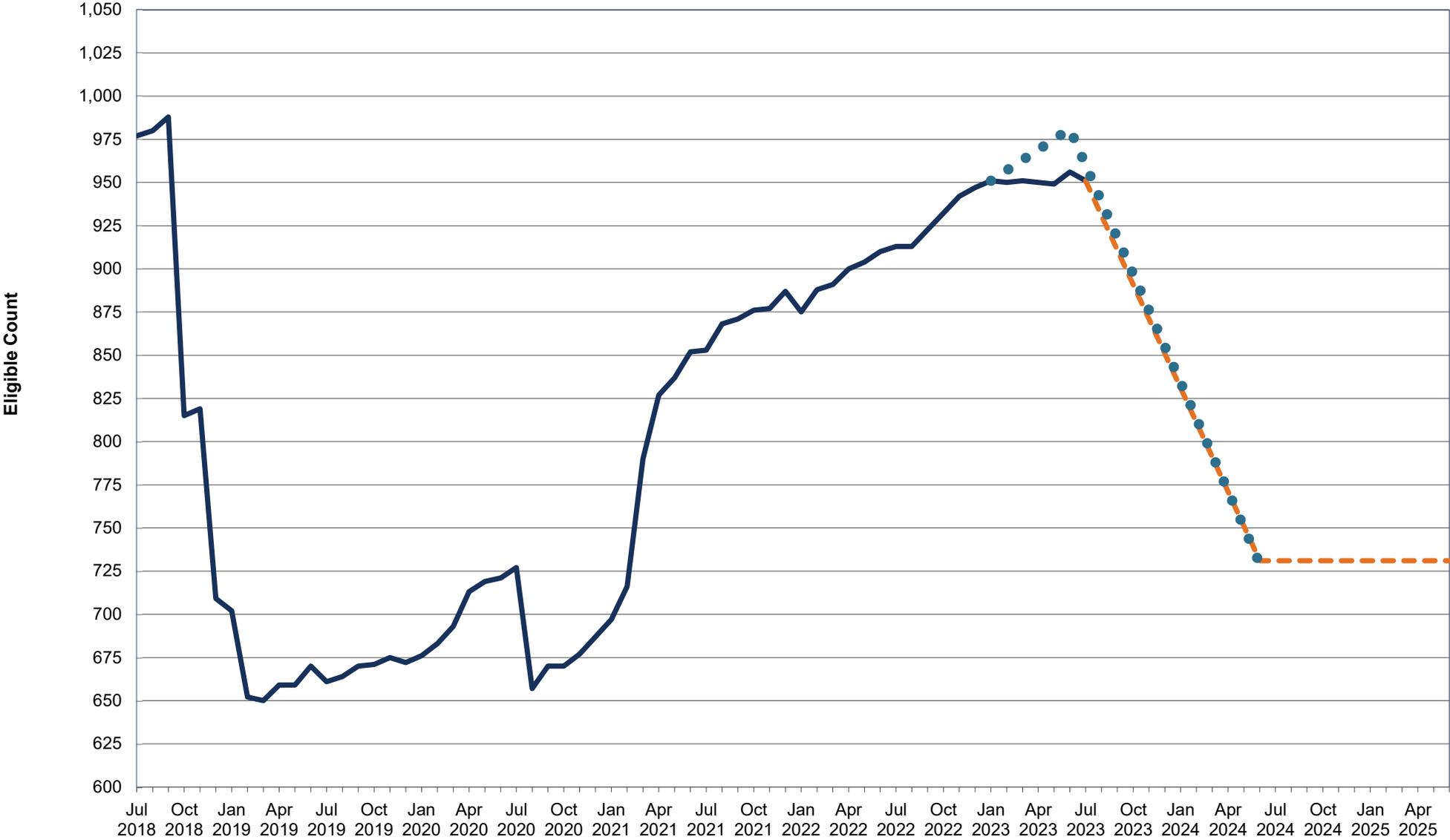
Statewide Caseload Projections for: GHPP State Only- Base Projection Only

Average Monthly Eligible Count by Month



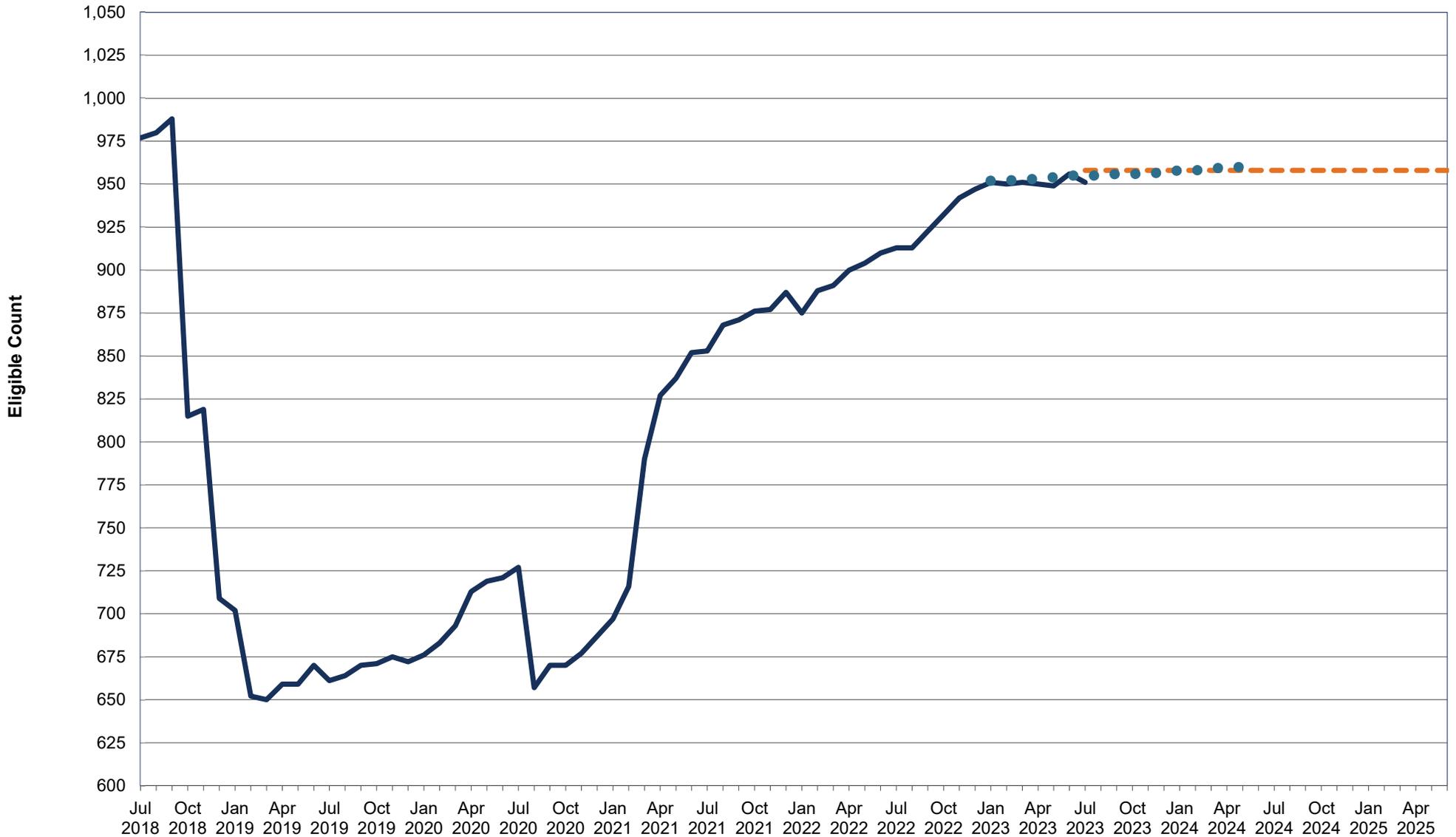
Statewide Caseload Projections for: GHPP Medi-Cal Only- Including Impact of Policy Changes

Average Monthly Eligible Count by Month



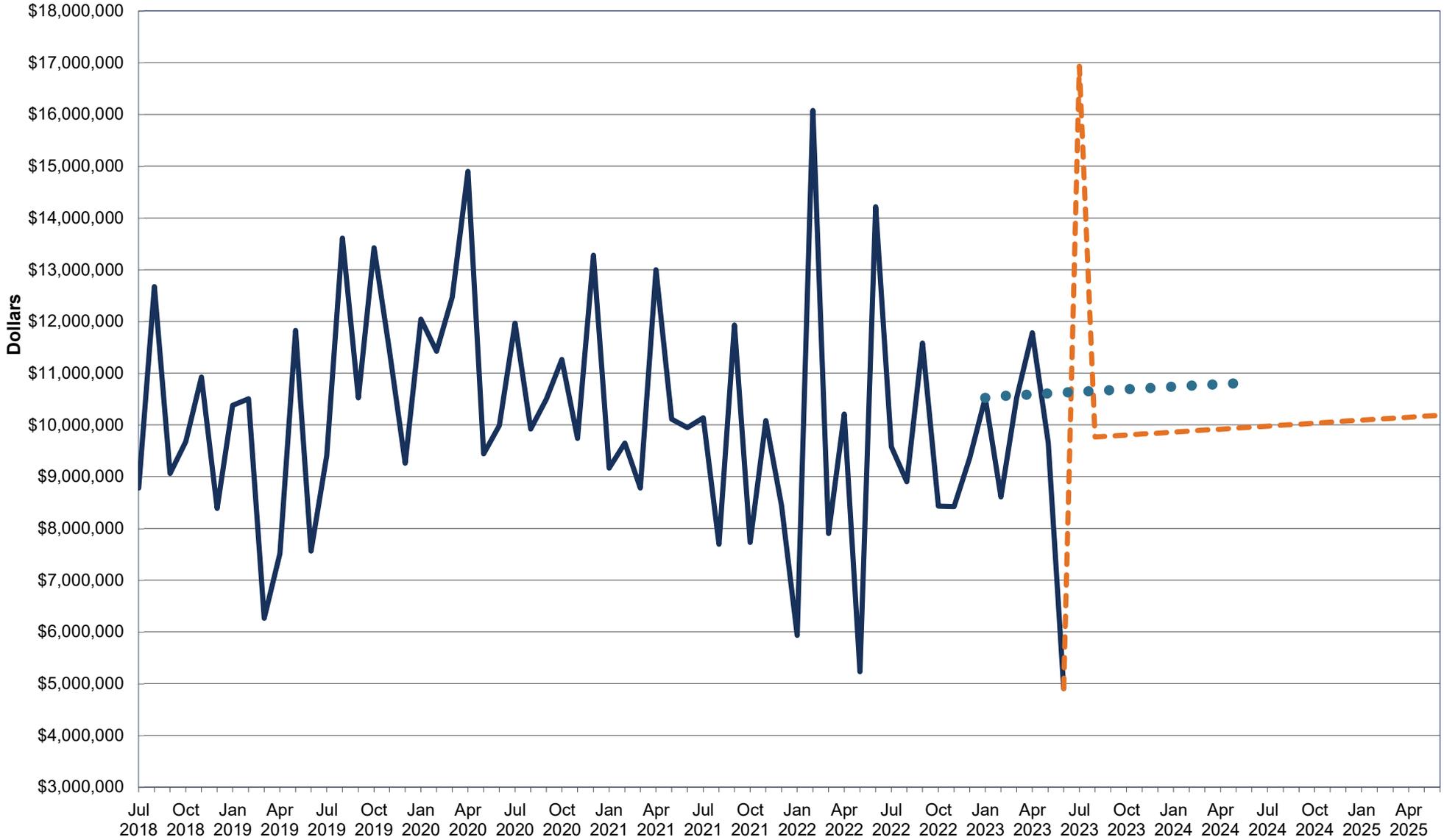
Statewide Caseload Projections for: GHPP Medi-Cal Only- Base Projections Only

Average Monthly Eligible Count by Month



Statewide State Only Services Projections for: GHP Treatment Expenditures

Expenditures by Month



EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2023-24, November 2023 Estimate Compared to Appropriation

| | Appropriation FY 2023-24 | Nov 2023 Est. FY 2023-24 | Difference Incr./(Decr.) |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Caseload: | 20,561 | 17,683 | (2,878) |
| Net Dollars: | | | |
| 4260-114-0001 (General Fund) | \$8,079,000 | \$5,639,000 | (\$2,440,000) |
| 4260-114-0236 (Prop 99) | \$14,515,000 | \$14,515,000 | \$0 |
| 4260-114-0009 (BCCA) | \$5,083,000 | \$5,184,000 | \$101,000 |
| 4260-114-0890 (CDC) | \$5,513,000 | \$5,212,000 | (\$301,000) |
| Total | \$33,190,000 | \$30,550,000 | (\$2,640,000) |

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25

| | Appropriation FY 2023-24 | Nov 2023 Est. FY 2024-25 | Difference Incr./(Decr.) |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Caseload:¹ | 20,561 | 17,868 | (2,693) |
| Net Dollars: | | | |
| 4260-114-0001 (General Fund) | \$8,079,000 | \$5,554,000 | (\$2,525,000) |
| 4260-114-0236 (Prop 99) | \$14,515,000 | \$14,515,000 | \$0 |
| 4260-114-0009 (BCCA) | \$5,083,000 | \$4,928,000 | (\$155,000) |
| 4260-114-0890 (CDC) | \$5,513,000 | \$5,468,000 | (\$45,000) |
| Total | \$33,190,000 | \$30,465,000 | (\$2,725,000) |

¹ The November 2023 caseload estimate is based on updated data through July 2023.

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

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2023-24

Appropriation Estimate Compared to November 2023 Estimate, Total Funds

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./Decr. |
|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| 1. Base Expenditure Estimate | \$ 26,246,000 | \$ 23,555,000 | \$ (2,691,000) |
| 2. Policy Changes | \$ 2,897,000 | \$ 2,897,000 | \$ 0 |
| | ----- | ----- | ----- |
| Total for Services | \$ 29,143,000 | \$ 26,452,000 | \$ (2,691,000) |
| Fiscal Intermediary | \$ 4,047,000 | \$ 4,098,000 | \$ 51,000 |
| | ----- | ----- | ----- |
| Total EWC Program | \$ 33,190,000 | \$ 30,550,000 | \$ (2,640,000) |

Appropriation Estimate Compared to November 2023 Estimate, General Fund

| | Appropriation FY 2023-24 | Nov. 2023 Est. FY 2023-24 | Difference Incr./Decr. |
|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| 1. Base Expenditure Estimate | \$ 26,246,000 | \$ 23,555,000 | \$ (2,691,000) |
| 2. Policy Changes | \$ (22,214,000) | \$ (22,014,000) | \$ 200,000 |
| | ----- | ----- | ----- |
| Total for Services | \$ 4,032,000 | \$ 1,541,000 | \$ (2,491,000) |
| Fiscal Intermediary | \$ 4,047,000 | \$ 4,098,000 | \$ 51,000 |
| | ----- | ----- | ----- |
| Total EWC Program | \$ 8,079,000 | \$ 5,639,000 | \$ (2,440,000) |

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

November 2023 Estimate, FY 2022-23 Compared to FY 2024-23, Total Funds

| | Nov. 2023 Est. <u>FY 2023-24</u> | Nov. 2023 Est. <u>FY 2024-25</u> | Difference <u>Incr./(Decr.)</u> |
|------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1. Base Expenditure Estimate | \$ 23,555,000 | \$ 23,340,000 | \$ (215,000) |
| 2. Policy Changes | \$ 2,897,000 | \$ 2,897,000 | \$ 0 |
| | ----- | ----- | ----- |
| Total for Services | \$ 26,452,000 | \$ 26,237,000 | \$ (215,000) |
| Fiscal Intermediary | \$ 4,098,000 | \$ 4,228,000 | \$ 130,000 |
| | ----- | ----- | ----- |
| Total EWC Program | \$ 30,550,000 | \$ 30,465,000 | \$ (85,000) |

November 2023 Estimate, FY 2023-24 Compared to FY 2024-25, General Fund

| | Nov. 2023 Est. <u>FY 2023-24</u> | Nov. 2023 Est. <u>FY 2024-25</u> | Difference <u>Incr./(Decr.)</u> |
|------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| 1. Base Expenditure Estimate | \$ 23,555,000 | \$ 23,340,000 | \$ (215,000) |
| 2. Policy Changes | \$ (22,014,000) | \$ (22,014,000) | \$ 0 |
| | ----- | ----- | ----- |
| Total for Services | \$ 1,541,000 | \$ 1,326,000 | \$ (215,000) |
| Fiscal Intermediary | \$ 4,098,000 | \$ 4,228,000 | \$ 130,000 |
| | ----- | ----- | ----- |
| Total EWC Program | \$ 5,639,000 | \$ 5,554,000 | \$ (85,000) |

Notes:

1) Projections are based on cash basis.

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

Fiscal Year 2023-24, November 2023 Estimate Compared to Appropriation

| POLICY CHG. | | FY 2023-24 APPROPRIATION | | NOVEMBER 2023 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 | \$4,047,000 | \$4,047,000 | \$4,098,000 | \$4,098,000 | \$51,000 | \$51,000 |
| 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 | -\$5,513,000 | \$0 | -\$5,212,000 | \$0 | \$301,000 |
| Benefits | 5 REGIONAL CONTRACTS | 1 | \$2,897,000 | \$2,897,000 | \$2,897,000 | \$2,897,000 | \$0 | \$0 |
| EWC TOTAL | | | \$6,944,000 | \$1,431,000 | \$6,995,000 | \$1,783,000 | \$51,000 | \$352,000 |

Fiscal Year 2023-24 Compared to Fiscal Year 2024-25

| POLICY CHG. | | Nov. 2023 Est. for FY 2023-24 | | Nov. 2023 Est. for FY 2024-25 | | 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 | \$4,098,000 | \$4,098,000 | \$4,228,000 | \$4,228,000 | \$130,000 | \$130,000 |
| 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 | -\$5,212,000 | \$0 | -\$5,468,000 | \$0 | -\$256,000 |
| Benefits | 5 REGIONAL CONTRACTS | 1 | \$2,897,000 | \$2,897,000 | \$2,897,000 | \$2,897,000 | \$0 | \$0 |
| EWC TOTAL | | | \$6,995,000 | \$1,783,000 | \$7,125,000 | \$1,657,000 | \$130,000 | -\$126,000 |

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|--------------------|--------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$4,098,000 | \$4,228,000 |
| | - GENERAL FUND | \$4,098,000 | \$4,228,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$4,098,000 | \$4,228,000 |
| | - GENERAL FUND | \$4,098,000 | \$4,228,000 |

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:

There is an increase for FY 2023-24 from the prior estimate, and from FY 2023-24 to FY 2024-25 in the current estimate, due to a Consumer Price Index adjustment.

Methodology:

1. The total estimated EWC FI administrative costs are:

| Total EWC FI Costs | FY 2023-24 | FY 2024-25 |
|---------------------------|--------------------|--------------------|
| Processing Costs | \$3,598,000 | \$3,728,000 |
| SDNs | \$500,000 | \$500,000 |
| Total | \$4,098,000 | \$4,228,000 |

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$14,515,000 | -\$14,515,000 |
| | - PROP 99 FUND | \$14,515,000 | \$14,515,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$14,515,000 | -\$14,515,000 |
| | - PROP 99 FUND | \$14,515,000 | \$14,515,000 |

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change:

There is no change for FY 2023-24 from the prior estimate. There is no change from FY 2023-24 to FY 2024-25 in the current estimate.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$14,515,000 in FY 2023-24 and FY 2024-25.

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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|-----------------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$5,184,000 | -\$4,928,000 |
| | - BCCA FUND | \$5,184,000 | \$4,928,000 |
| 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 | -\$4,928,000 |
| | - BCCA FUND | \$5,184,000 | \$4,928,000 |

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:

There is an increase in GF expenditures for FY 2023-24 from the prior estimate, and an increase in GF expenditures from FY 2023-24 to FY 2024-25 in the current estimate, due to updated revenue projections.

Methodology:

1. The EWC program will receive \$5,184,000 of BCCA funds in FY 2023-24 and \$4,928,000 in FY 2024-25. 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 2023-24</u> | <u>FY 2024-25</u> |
|----------------------------|----------------|-------------------|-------------------|
| FULL YEAR COST | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$5,212,000 | -\$5,468,000 |
| | - CDC FUNDS | \$5,212,000 | \$5,468,000 |
| PAYMENT LAG | | 1.0000 | 1.0000 |
| % REFLECTED IN BASE | | 0.00% | 0.00% |
| APPLIED TO BASE | - TOTAL FUNDS | \$0 | \$0 |
| | - GENERAL FUND | -\$5,212,000 | -\$5,468,000 |
| | - CDC FUNDS | \$5,212,000 | \$5,468,000 |

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 a General Fund (GF) increase for FY 2023-24, from the prior estimate, due to updating projections based on actual clinical claims data. The change from FY 2023-24 to FY 2024-25, in the current estimate, is a GF decrease due to projecting an increase in grant funds 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 \$5,468,000;
 - FY 2025-26 is \$5,737,000; and
 - FY 2026-27 is \$6,020,000.
3. The FY 2023-24 and FY 2024-25 estimates are as follows:

(Dollars in Thousands)

| Funding Type | FY 2023-24 | FY 2024-25 |
|-----------------------|-------------------|-------------------|
| Local Assistance | \$5,212 | \$5,468 |
| Support | \$1,788 | \$1,532 |
| 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 2023-24</u> | <u>FY 2024-25</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 2023-24 from the prior estimate. There is no change from FY 2023-24 to FY 2024-25 in the current estimate.

Methodology:

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

| Contracts | FY 2023-24 | FY 2024-25 |
|---------------------------------------|--------------------|--------------------|
| 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)

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 2018 | | | | \$9,276,000 * |
| Oct-Dec 2018 | | | | \$9,943,000 * |
| Jan-Mar 2019 | | | | \$7,831,000 * |
| April -June 2019 | | | | \$12,193,000 * |
| FY 2018-19 | 31,080 | | 31,080 * | \$39,243,000 |
| July-Sept 2019 | | | | \$9,609,000 * |
| 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 | | | | \$6,241,000 * |
| Oct-Dec 2020 | | | | \$7,096,000 * |
| Jan-Mar 2021 | | | | \$6,317,000 * |
| April -June 2021 | | | | \$7,647,000 * |
| FY 2020-21 | 20,895 | | 20,895 * | \$27,301,000 |
| July-Sept 2021 | | | | \$7,588,000 * |
| 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 * | \$28,321,000 |
| 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 | 20,326 | | 20,326 * | \$24,283,000 |
| July-Sept 2023 | | | | \$6,050,000 ** |
| Oct-Dec 2023 | | | | \$5,835,000 ** |
| Jan-Mar 2024 | | | | \$5,835,000 ** |
| April -June 2024 | | | | \$5,835,000 ** |
| FY 2023-24 | 17,683 | | 17,683 ** | \$23,555,000 |
| July-Sept 2024 | | | | \$5,835,000 ** |
| Oct-Dec 2024 | | | | \$5,835,000 ** |
| Jan-Mar 2025 | | | | \$5,835,000 ** |
| April -June 2025 | | | | \$5,835,000 ** |
| FY 2024-25 | 17,868 | | 17,868 ** | \$23,340,000 |

Notes:

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

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
November 2023
FISCAL YEARS 2023-24 & 2024-25

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 \$). These expenditure categories are estimated separately independent counties such as, Alameda, Contra Costa, Fresno, Los Angeles, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, other independent counties, and all other dependent counties as separate groups.

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

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

Genetically Handicapped Persons Program

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

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

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

Every Woman Counts Program

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

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

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

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.

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 implemented, through the ~~2022-23 Budget Trailer Bill Language, WCM into 15 counties converting to COHS and Single Plan counties to conform policy across all counties operating with one plan~~ **FY 2023-24 Health Omnibus Bill (AB 118), WCM into 12 counties converting to COHS model counties to conform policy across COHS counties.**

No sooner than January 1, 2025, the Department will establish a WCM program in the following counties: Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, and Yuba.

~~Phase 1: Implement WCM expansion in the ten COHS expansion counties that have a~~

~~dependent county designation in the CCS Program by January 1, 2024.~~

~~Phase 2: Implement WCM expansion in the two COHS expansion counties that have an independent county designation in the CCS Program as well as the three new Single Plan counties by January 1, 2025. Independent counties administer various CCS functions directly, such as adjudicating service authorization requests. Thus, preparing counties and MCPs will require significant planning and time to ensure a seamless transition of duties and responsibilities.~~

Starting no sooner than January 1, 2024, Kaiser Permanente will be available as an alternate Whole Child Model Medi-Cal managed care health plan in WCM counties where Kaiser Permanente will operate as a stand-alone plan effective January 1, 2024. The Department will conduct an analysis to ensure Kaiser Permanente meets network adequacy standards.

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.

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 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. The level of services that will be required under the precedent established by the court exceeds the levels based solely on medical necessity. In addition, because these services are not medically necessary, they are deemed not eligible for federal financial participation. The majority of the children in special education with an IEP are being monitored currently with minimal expenses. Many children will not shift from active therapy to monitoring as they age. Although the risk is ongoing, there have been no cases in the last year where active therapy is maintained without regard to medical necessity.

4. State Pharmaceutical Assistance Program (SPAP)

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

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. Health Insurance Premium Reimbursement (HIPR) Program

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

2. State Pharmaceutical Assistance Program (SPAP)

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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. ~~These system changes and EPCs will impact EWC's budget. See the EWC-Erroneous Payment Corrections Policy Change for additional details.~~

2. Washington State Attorney General's Office

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

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

Not applicable.

GHPP

Not applicable.

EWC

PC 7 Digital Breast Tomosynthesis

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

Not applicable.

GHPP

PC 5 GHPP Non-Blood Factor Rebates

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.