

2024-25 May Revision

**Department of Health Care Services Highlights
May 14, 2024**

**Governor Gavin Newsom
State of California**

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California Health and Human Services Agency**

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This document provides a summary of the Department of Health Care Services (DHCS) fiscal year (FY) 2024-25 May Revision, including related statutory changes. The Department’s budget supports vital services that reinforce the state’s commitments to transform Medi-Cal and Behavioral Health to operate more effectively and efficiently for its millions of members and California as a whole while operating within a responsible budgetary structure. The May Revision supports the Department’s purpose to provide equitable access to quality health care leading to a healthy California for all.

GENERAL BUDGET OVERVIEW

For fiscal year (FY) 2024-25, the May Revision proposes a total of \$164.1 billion, and 4,688.5 positions to support the Department’s programs and services. Of that amount, \$1.4 billion funds state operations (DHCS operations), while \$162.7 billion supports local assistance (funding for program costs, partners, and administration). The position count for 2024-25 includes the changes requested via budget change proposals.

Total DHCS Budget
(Includes non-Budget Act appropriations)
*(*Dollars in thousands)*

Fund Source*	FY 2023-24 Enacted Budget	FY 2023-24 Revised Budget	FY 2024-25 May Revision
Local Assistance (L)			
LA General Fund	\$ 37,909,465	\$ 37,619,326	\$ 35,888,715
LA Federal Funds	\$ 90,872,402	\$ 97,430,773	\$ 98,783,019
LA Special Funds	\$ 24,535,692	\$ 24,028,283	\$ 25,524,858
LA Reimbursements	\$ 1,979,491	\$ 2,068,271	\$ 2,497,137
Total Local Assistance	\$ 155,297,050	\$ 161,146,653	\$ 162,693,729
State Operations (S)			
SO General Fund	\$ 356,427	\$ 553,313	\$ 386,620
SO Federal Funds	\$ 619,778	\$ 680,002	\$ 619,509
SO Special Funds	\$ 339,383	\$ 392,981	\$ 390,116
SO Reimbursements	\$ 25,612	\$ 26,190	\$ 25,486
Total State Operations	\$ 1,341,200	\$ 1,652,486	\$ 1,421,731
Total Funds			
Total General Fund	\$ 38,265,892	\$ 38,172,639	\$ 36,275,335
Total Federal Funds	\$ 91,492,180	\$ 98,110,775	\$ 99,402,528
Total Special Funds	\$ 24,875,075	\$ 24,421,264	\$ 25,914,974
Total Reimbursements	\$ 2,005,103	\$ 2,094,461	\$ 2,522,623
Total Funds	\$ 156,638,250	\$ 162,799,139	\$ 164,115,460

OVERVIEW OF MAJOR BUDGET ISSUES AND PROPOSALS

Proposition 1 - Behavioral Health Transformation (BHT)

Behavioral health transformation will improve access to care, increase transparency, and expand treatment facilities for Californians in need. BHT is supported by the passage of Proposition 1 in March 2024.

- **Behavioral Health Services Act (BHSA) (Senate Bill (SB) 326, Chapter 790, Statutes of 2023).** Modernizes and reforms the Mental Health Services Act, which was originally passed by voters in 2004. SB 326 updates behavioral health funding to provide services to those with the most serious illness and to treat substance use disorders. BHSA modernizes county allocations to require the following priorities and encourages innovation in each focus area: housing interventions, full-service partnership programs, and behavioral health services and supports. The BHSA creates new statewide, state-led investments such as investments in population-based programming, investments to expand a culturally competent and well-trained workforce, and improved statewide outcomes.
- **Behavioral Health Infrastructure Bond Act (Assembly Bill (AB) 531, Chapter 789, Statutes of 2023).** Funded by Proposition 1, includes approximately \$4.4 billion in bonds for the Department to support new behavioral health treatment beds, as well as outpatient capacity to help serve tens of thousands of people annually. Also includes approximately \$2 billion in bonds for the Department of Housing and Community Development to support permanent supportive housing units for Californians with behavioral health needs, including veterans.
- **Initial Funding for State and County Implementation.** The May Revision includes \$126.9 million total funds, including (\$16.9 million General Fund, \$28.2 million BHSA Fund, \$31.6 million Opioid Settlement Fund, \$10.4 million Behavioral Health Infrastructure Bond Act, and \$39.8 million federal funds) in 2024-25 for the Department to begin implementation of BHT. The May Revision also includes \$85 million total funds (\$50 million General Fund) for County Behavioral Health Departments to begin administering their functions under BHT. The Department will be proposing clean-up trailer bill language with technical changes.

Community Assistance, Recovery and Empowerment (CARE) Act

As implementation of CARE Act proceeds, the May Revision adjusts estimated county funding to align with recent utilization trends. The revised budget includes \$27.2 million General Fund in 2023-24 and \$37.8 million General Fund in 2024-25.

Home and Community-Based Services (HCBS) Spending Plan

The 2021 Budget Act appropriated funds made available pursuant to the American Rescue Plan (ARP) Act of 2021 to enhance, expand, and strengthen Home and Community-Based Services (HCBS). The HCBS spending plan includes initiatives that span across six departments. The ARP required HCBS funding to be spent by March 31, 2024. In June 2022, CMS extended the deadline to March 31, 2025, giving states an additional year to spend the funds; however, the state deadline to spend the funds is December 31, 2024.

The May Revision reflects updates to projected spending amounts and timelines for the HCBS spending plan initiatives. Projections continue to reflect spending on HCBS spending plan items to end by December 2024.

Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Third Party Administrator (TPA)

As part of CYBHI, the Department is required to establish a statewide all-payer fee schedule to reimburse school-linked behavioral health (BH) providers who provide services to students at or near a school-site. Specifically, the Department is required to:

- Develop and maintain a school-linked statewide fee schedule for medically necessary outpatient mental health or substance use disorder services provided to a student 25 years of age or younger at or near a school site, who is an enrollee of the plan or delivery system.
- Develop and maintain a school-linked statewide provider network of school site BH counselors.

Commercial health plans and the Medi-Cal delivery system, as applicable, must reimburse these school-linked providers at the published fee schedule rate, regardless of network provider status. The May Revision continues to include \$10 million from the Behavioral Health Services Fund but updates the expected timing of expenditures.

Medi-Cal Caseload Reductions Due to Redeterminations

Since the release of the Governor's Budget, caseload reductions due to redeterminations have continued, but the trend of discontinuances is more shallow than previously estimated. The slower trend in discontinuances is likely due, in part, to flexibilities put in place to streamline the renewal process for members. The slower projected decline in caseload results in estimated General Fund costs of \$482.9 million in 2023-24 and \$1.4 billion in 2024-25, compared to the Governor's Budget.

Children’s Hospital Directed Payments

The May Revision proposes new directed payments for Children’s Hospitals in the amount of \$230 million total funds annually, with half the cost funded by the federal government and the other half funded from the Medi-Cal Provider Payment Reserve Fund, which derives its funding from the MCO tax. The directed payments will support access to critical hospital services for California’s most vulnerable children being treated for the most serious and life-threatening diseases.

Increase Directed Payments to Public Hospitals

The May Revision proposes to increase directed payments to public hospitals through programs such as the Enhanced Payment Program (EPP) and Quality Incentive Pool (QIP). In connection with this, the May Revision proposes to create an administrative fee on intergovernmental transfers related to these directed payment programs. Taken together, these actions are estimated to result in General Fund reimbursements of \$37 million in 2024-25 and \$74 million in 2025-26 and ongoing while also providing additional support for public hospitals.

Budget Solutions

The May Revision includes several proposed actions to reduce General Fund costs in light of the state’s overall General Fund situation:

- **Managed Care Organization (MCO) Tax**
 - **Early Action Budget Agreement.** As proposed in the Governor’s Budget and in accordance with SB 136 (Chapter 6, Statutes of 2024), the Department submitted a request to modify the MCO tax model to the federal Centers for Medicare and Medicaid Services (CMS) in March 2024. The modified tax model increases the amount of the tax and is estimated to generate \$1.5 billion in additional net funding to the state over the remaining life of the tax. The requested effective date for the modification is January 1, 2024 through December 31, 2026. CMS approval of the model is still pending.
 - **Amendment - Medicare Revenue.** The Department proposes modifications to the MCO tax to more comprehensively account for Medicare revenue in determining the maximum aggregate tax allowable while meeting federal requirements. The May Revision assumes \$689.9 million in net reduced General Fund costs in 2024-25 related to this modification. The Department will be proposing trailer bill language related to amending the MCO tax.
 - **MCO Tax Investments.**
 - **Maintain 2024 Targeted Rate Increases** The May Revision continues to include \$727 million total funds (\$291 million from the

Medi-Cal Provider Payment Reserve Fund) for increasing provider rates for primary care, non-specialty mental health services, and obstetric care (including doula) services to at least 87.5 percent of Medicare rates.

- **Eliminate MCO tax investments proposed at the Governor’s Budget, other than the targeted rate increases implemented January 1, 2024.** The May Revision further proposes to use MCO tax revenues, previously proposed at Governor’s Budget to support additional targeted rate increases, other investments, and transfers to the Medi-Cal Provider Payment Reserve Fund for later use, to support existing costs in Medi-Cal. Combined, these proposed actions result in reduced General Fund costs of \$75 million in 2023-24 and \$879 million in 2024-25. Proposed eliminations include:
 - **Eliminate MCO Tax Graduate Medical Education (GME) and Workforce Pool Funding.** The Governor’s Budget reflected annual funding for GME beginning in 2023-24 and annual funding for the Medi-Cal Workforce Pool beginning in 2024-25. The May Revision proposes to eliminate these expenditures in 2023-24, 2024-25, and ongoing, and redirect the MCO tax funding to cover existing services in Medi-Cal.
 - **Eliminate 2025 MCO Tax Targeted Rate Increases and Investments and Fund Reserve.** The Governor’s Budget reflected \$1.9 billion total funds (\$773.9 million state funds) in 2024-25 for targeted rate increases and other investments. The May Revision proposes to eliminate these expenditures in 2024-25 and ongoing; associated trailer bill language will be proposed.
- **Proposition 56 Backfill.** In recent years, Proposition 56 revenues have not been sufficient to fully cover the cost of Proposition 56 payments. The May Revision proposes to use \$145.4 million from the MCO tax to support Medi-Cal Family Planning, Women’s Health, and Physician Services supplemental Proposition 56 payments in 2024-25. In addition, the May Revision proposes \$64 million General Fund in 2024-25 to fully fund Dental Services Proposition 56 supplemental payments.
- **Freeze Medi-Cal County Administration Increases.** The May Revision proposes to freeze funding levels for county administration of Medi-Cal eligibility functions, reflecting reduced General Fund costs of \$20.4 million in 2024-25 and ongoing. The Department will be proposing trailer bill language.

- **Changes to Children and Youth Behavioral Health Initiative**
 - **School-Linked Health Partnership and Capacity Grants (Community Colleges).** The May Revision proposes to eliminate \$100 million in grants for community colleges (including \$30 million in 2023-24 and \$70 million in 2024-25).
 - **School-Linked Health Partnership and Capacity Grants (CSUs and UCs).** The May Revision proposes to eliminate \$50 million in other higher education grants in 2024-25.
 - **Evidence-Based and Community-Defined Behavioral Health Program Grants.** The May Revision proposes to reduce grant funding by \$47.1 million in 2024-25.
 - **2024-25 Funding for Behavioral Health Services and Supports Platform.** Due to a contract structure that includes tiered payments based on utilization, which the Department expects to ramp up over time, the previously planned funding is not needed. Therefore, the May Revision proposes to reduce previously planned funding for the CYBHI Platform by \$140 million General Fund in 2024-25. Proposed outyear funding allocations will still be needed to support ongoing operations.
- **Naloxone Distribution Project Funding and Medication Assisted Treatment.** The May Revision proposes to reduce \$57.3 million General Fund from local assistance, and \$3.7 million General Fund from state operations in 2024-25, and ongoing. This reduction reverses the funding that the Department received through the 2022-23 Budget Change Proposal (BCP) entitled Medication Assisted Treatment Expansion Project.
- **Behavioral Health Continuum Infrastructure Program (BHCIP) Reduction.** The May Revision proposes to reduce BHCIP funding by \$70 million General Fund in 2024-25 and \$380.7 million General Fund in 2025-26.
- **Behavioral Health Bridge Housing (BHBH) Reduction.** The May Revision proposes to reduce BHBH funding by \$132.5 million General Fund in 2024-25 and \$207.5 million General Fund in 2025-26. An additional \$90 million in Behavioral Health Services Act funding would be provided in 2025-26, resulting in a net reduction of \$117.5 million for that year.
- **Reduce Equity and Practice Transformation Payments to Providers.** The May Revision proposes to eliminate funding for the Equity and Practice Transformation Payments (EPT) program beyond the \$140 million total funds (\$70 million General Fund) that was appropriated in the Budget Act of 2022. This results in \$280 million reduced General Fund costs, including \$43.8 million in 2024-25. As a result of this reduced funding, Cohort 1 EPT program and/or milestones for Cohort 1 will be revised.

- **Institute Intergovernmental Transfer (IGT) Administration Fee for Enhanced Payment Program (EPP) and Quality Incentive Pool (QIP).** As previously described, the May Revision proposes to create a fee on IGTs in the public hospital EPP and QIP programs that is estimated to result in General Fund reimbursements of \$37 million General Fund in 2024-25 and \$74 million annually thereafter. The Department will be proposing trailer bill language.
- **Eliminate the Major Risk Medical Insurance Program (MRMIP).** The May Revision proposes to eliminate MRMIP and redirect \$78.9 million from the Health Care Services Fines and Penalties Fund (which supports MRMIP) to pay for existing Medi-Cal costs. The Department will be proposing trailer bill language.
- **Eliminate Health Enrollment Navigators and Health Enrollment Navigators – Clinics.** The May Revision proposes to eliminate \$18 million General Fund in remaining funding for Health Enrollment Navigators, and an additional \$8 million in remaining funding for Health Enrollment Navigators for Clinics, in 2024-25.
- **Eliminate Free Clinics Augmentation.** The May Revision proposes to eliminate \$2 million in ongoing General Fund for free clinics.
- **Eliminate Adult Acupuncture.** The May Revision proposes to eliminate the optional adult acupuncture benefit in Medi-Cal, with estimated reduced General Fund cost of \$5.4 million in 2024-25 and \$13.1 million ongoing. The Department will be proposing trailer bill language.
- **Eliminate Indian Health Grant Program.** The May Revision proposes to eliminate the Indian Health Program, with reduced General Fund cost of \$23 million annually beginning in 2024-25.
- **Use Quality Sanctions to Support Medi-Cal Program.** The May Revision proposes to use quality sanctions assessed on Medi-Cal managed care plans to support existing costs in Medi-Cal, estimated at \$1 million in 2024-25. The Department will be proposing trailer bill language.

Trailer Bill Language

The Department will be proposing trailer bill language for the following items:

- Behavioral Health Services Act Cleanup
- COVID-19 Vaccine Administration
- Elimination of the Major Risk Medical Insurance Program
- Elimination of the Optional Medi-Cal Benefit Acupuncture
- Freeze Medi-Cal County Administration Increase
- Intergovernmental Transfer Administrative Cleanup
- Managed Care Organizational Tax Amendment
- Quality Sanctions Penalties
- Update to Managed Care Organization Tax Expenditures

CASELOAD UPDATES

Medi-Cal

This section provides an overview of caseload projections for the Medi-Cal program. Projected caseload levels are summarized in the following tables:

Estimated Average Monthly Members

May 2024 Estimate

	<u>Eligibles</u>			<u>Year over Year Change</u>	
	<u>FY 2022-23</u>	<u>FY 2023-24</u>	<u>FY 2024-25</u>	<u>FY 2022-23 to FY 2023-24</u>	<u>FY 2023-24 to FY 2024-25</u>
				<u>Percent</u>	<u>Percent</u>
Seniors	1,203,000	1,260,100	1,261,800	4.75%	0.13%
Persons with Disabilities	1,087,900	1,051,400	1,029,200	-3.36%	-2.11%
Families and Children	7,831,700	7,698,800	7,386,000	-1.70%	-4.06%
Optional Expansion	5,088,500	5,090,900	4,755,300	0.05%	-6.59%
Miscellaneous	62,900	71,400	75,900	13.51%	6.30%
Total	15,274,000	15,172,600	14,508,200	-0.66%	-4.38%

Change from November 2023 Estimate

	<u>Eligibles</u>			<u>Percent</u>		
	<u>FY 2022-23</u>	<u>FY 2023-24</u>	<u>FY 2024-25</u>	<u>FY 2022-23</u>	<u>FY 2023-24</u>	<u>FY 2024-25</u>
Seniors	(200)	41,200	51,900	-0.02%	3.38%	4.29%
Persons with Disabilities	800	(11,500)	(15,000)	0.07%	-1.08%	-1.44%
Families and Children	(3,300)	206,800	435,900	-0.04%	2.76%	6.27%
Optional Expansion	3,100	165,600	262,200	0.06%	3.36%	5.84%
Miscellaneous	(400)	6,700	11,800	-0.63%	10.36%	18.41%
Total	-	408,800	746,800	0.00%	2.77%	5.43%

Family Health Programs

This section provides an overview of caseload projections for the Family Health programs. Projected caseload levels are summarized below.

California Children’s Services

	PY	CY	BY	Change from	
	FY 2022-23	FY 2023-24	FY 2024-25	PY to CY	CY to BY
CCS State Only					
May 2024	9,670	14,254	17,024	47.40%	19.43%
November 2023	9,670	11,978	14,142		
Change from November 2023	-	2,276	2,882		
% Change from November 2023	0.00%	19.00%	20.38%		

Genetically Handicapped Persons Program (GHPP)

	PY	CY	BY	Change from	
	FY 2022-23	FY 2023-24	FY 2024-25	PY to CY	CY to BY
GHPP State Only					
May 2024	668	740	795	10.78%	7.43%
November 2023	668	676	675		
Change from November 2023	-	64	120		
% Change from November 2023	0.00%	9.47%	17.78%		

Every Woman Counts (EWC)

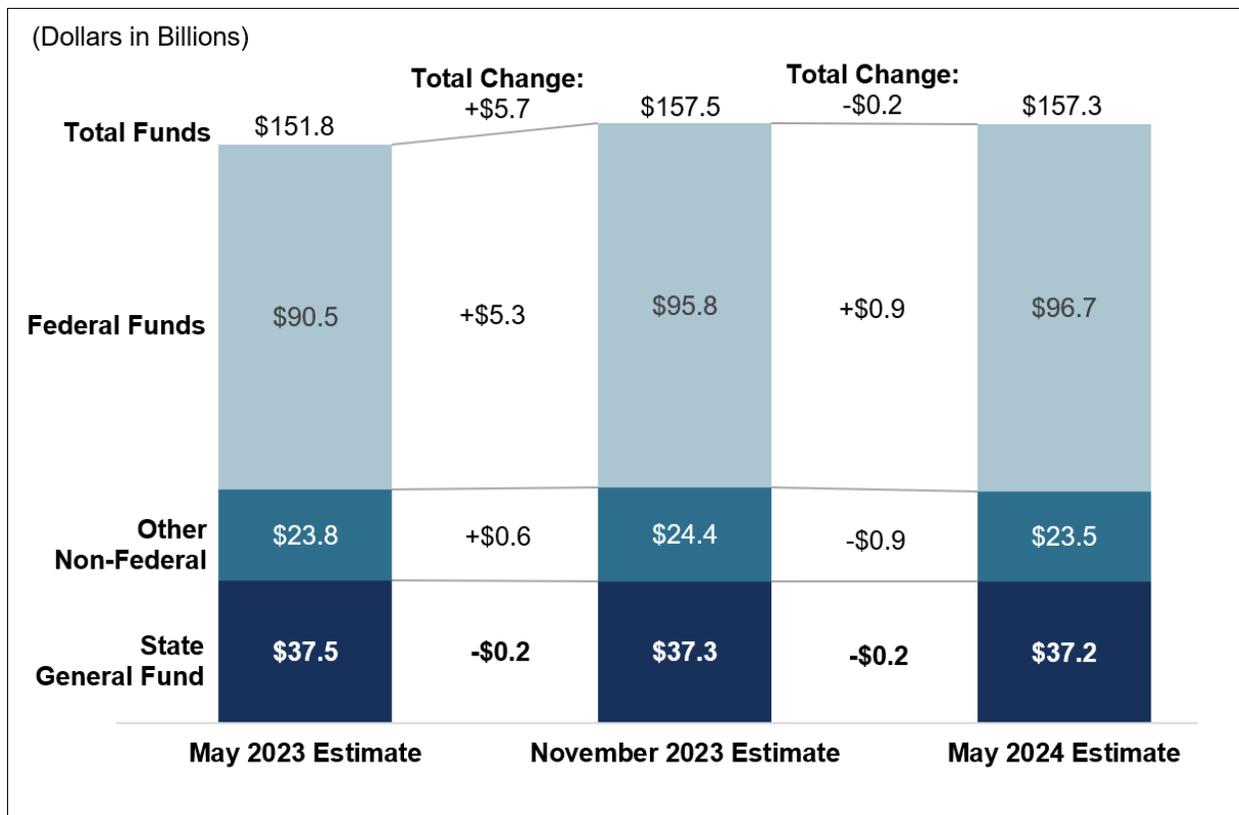
	PY	CY	BY	Change from	
	FY 2022-23	FY 2023-24	FY 2024-25	PY to CY	CY to BY
EWC					
May 2024	20,326	16,503	16,375	-18.81%	-0.78%
November 2023	20,326	17,683	17,868		
Change from November 2023	(0)	(1,180)	(1,493)		
% Change from November 2023	0.00%	-6.67%	-8.36%		

SUMMARY OF MEDI-CAL LOCAL ASSISTANCE ESTIMATE INFORMATION

Funding in the Medi-Cal Estimate makes up the vast majority of local assistance spending in the Department’s budget. Other local assistance funding includes support for programs in the Family Health Estimate (described in the next section), Mental Health Services Act funding, and a number of other local assistance items primarily consisting of federal behavioral health grants.

The Department estimates Medi-Cal spending to be \$157.3 billion total funds (\$37.2 billion General Fund) in 2023-24 and \$159.1 billion total funds (\$35.6 billion General Fund) in 2024-25. This does not include Certified Public Expenditures of local governments or General Fund expenditures in other state departments.

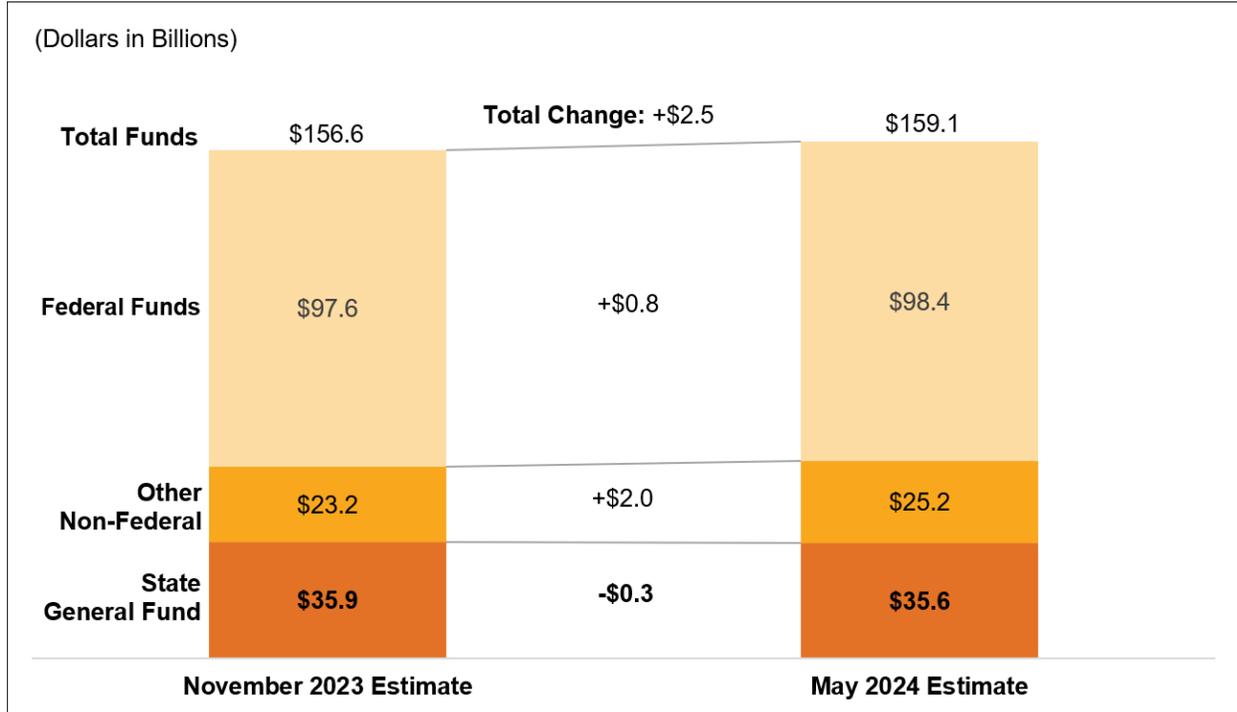
FY 2023-24 Comparison



The May 2024 Estimate for 2023-24 projects a \$0.2 billion (0.1 percent) decrease in total spending and a \$0.2 billion (0.4 percent) decrease in General Fund spending compared to the November 2023 Estimate.

For information on the major drivers of changes in estimated General Fund spending in 2023-24, see the May 2024 Medi-Cal Local Assistance Estimate available on the DHCS website.

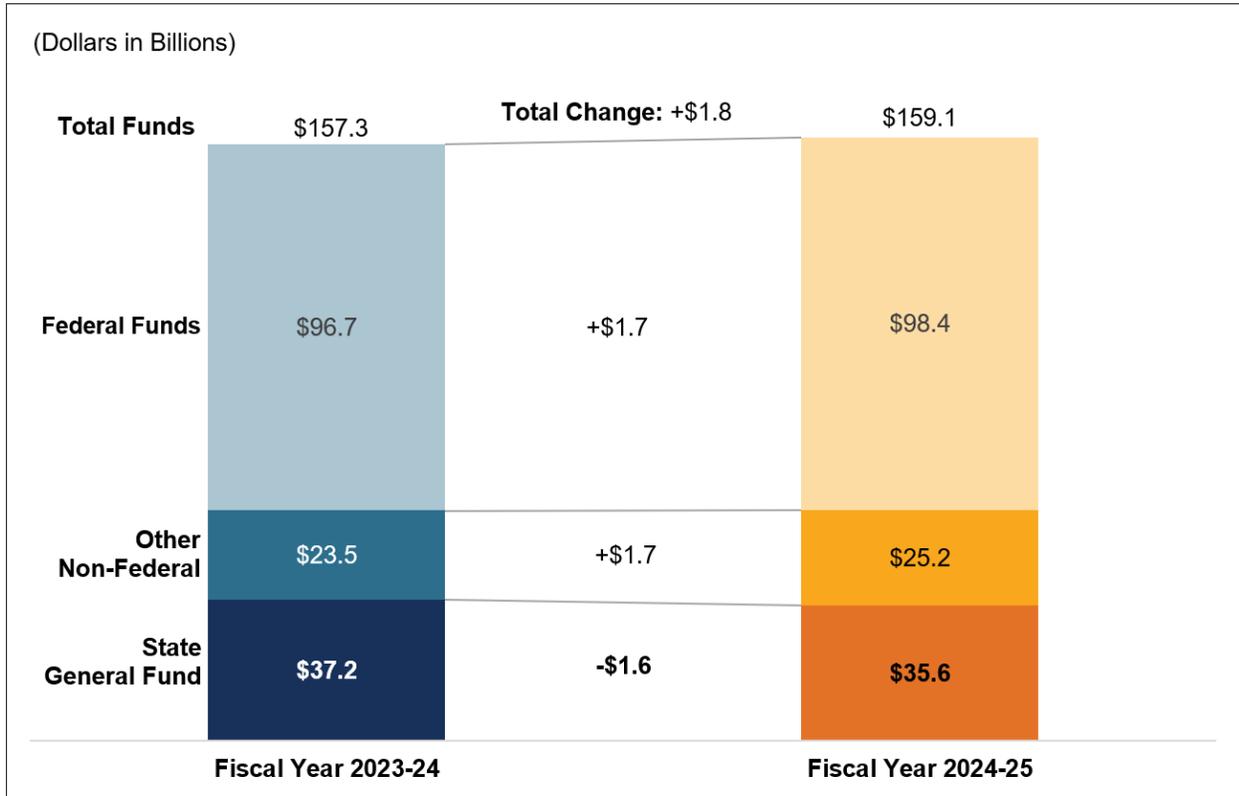
FY 2024-25 Comparison



The May 2024 Estimate for 2023-24 projects a \$2.5 billion (1.6 percent) increase in total spending and a \$0.3 billion (0.9 percent) decrease in General Fund spending compared to the November 2023 Estimate.

For information on the major drivers of changes in estimated General Fund spending in 2024-25, see the May 2024 Medi-Cal Local Assistance Estimate available on the DHCS website.

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

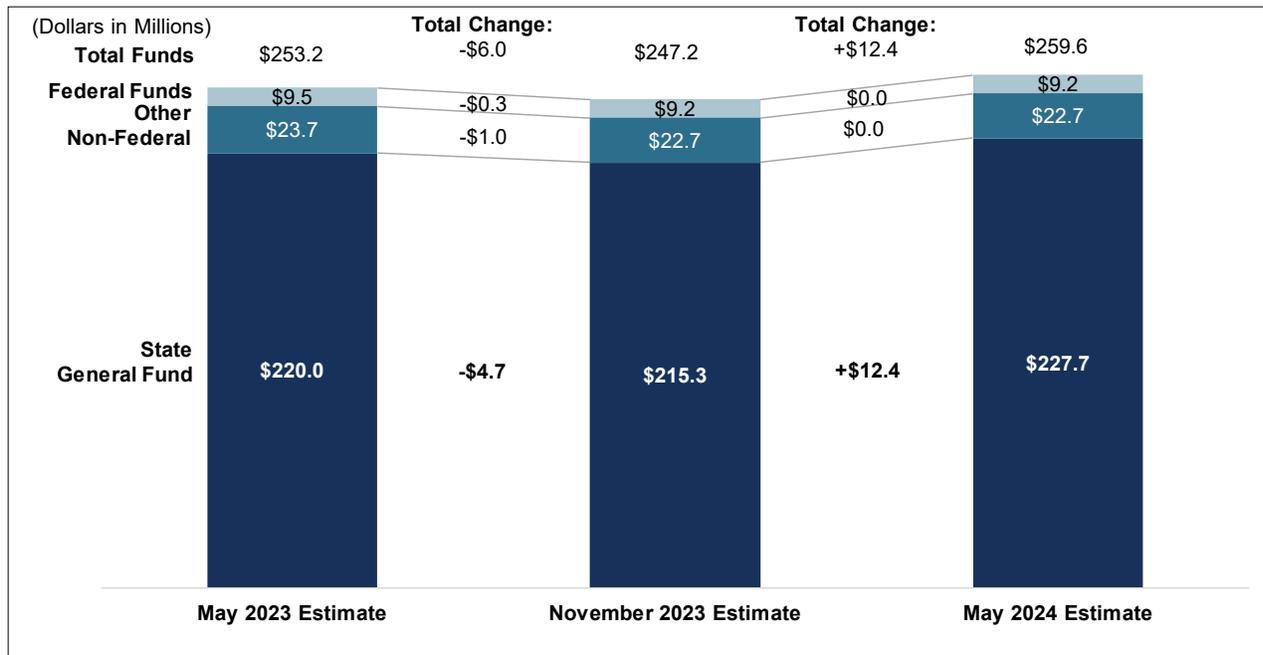


After the adjustments described previously, the Estimate projects that total spending will increase by \$1.8 billion (1.1 percent) and General Fund spending will decrease by \$1.6 billion (4.2 percent) between 2023-24 and 2024-25.

SUMMARY OF FAMILY HEALTH LOCAL ASSISTANCE ESTIMATE INFORMATION

The Department estimates Family Health spending to be \$259.5 million total funds (\$227.8 million General Fund) in 2023-24 and \$276.4 million total funds (\$244.6 million General Fund) in 2024-25. This does not include Certified Public Expenditures of local governments or General Fund expenditures in other state departments.

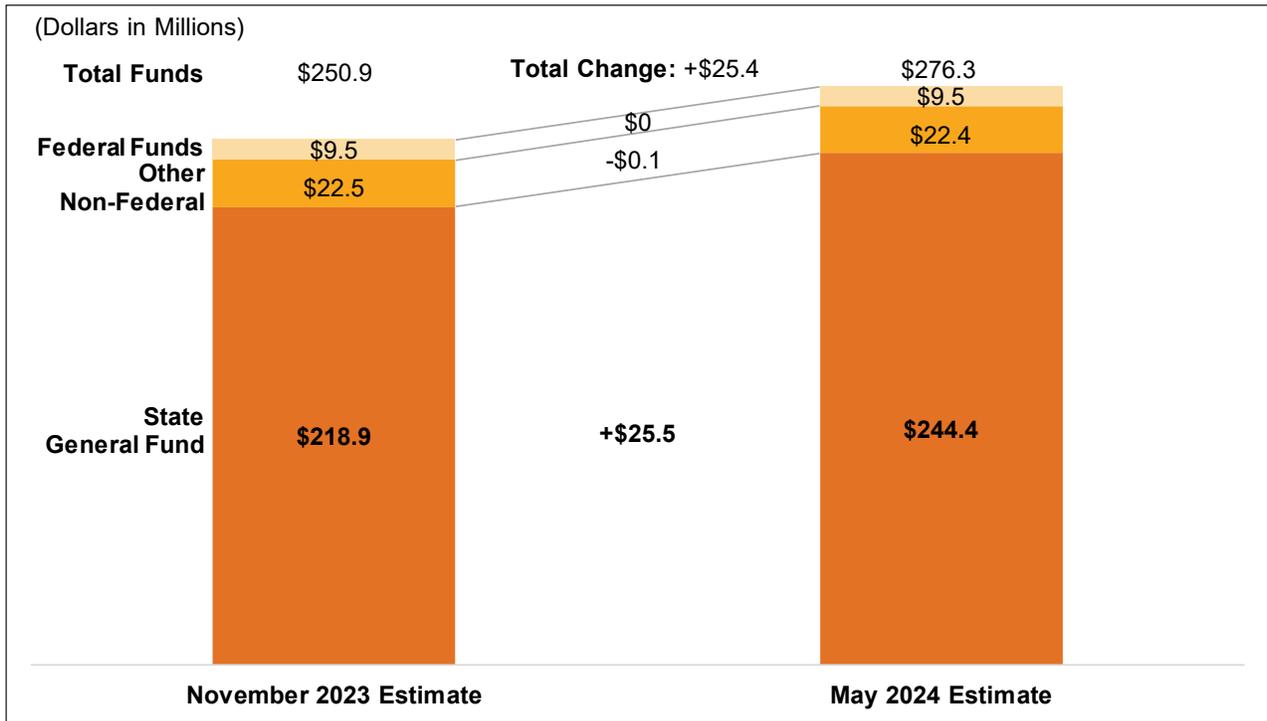
FY 2023-24 Comparison



Note: Amounts in chart are rounded and may not exactly reconcile to Family Health Local Assistance Estimate totals.

The May 2024 Family Health Estimate for 2023-24 projects a \$12.4 million (5 percent) increase in total spending and a \$12.4 million (5.8 percent) increase in General Fund spending compared to the November 2023 Estimate. For more information, see the May 2024 Family Health Local Assistance Estimate available on the DHCS website.

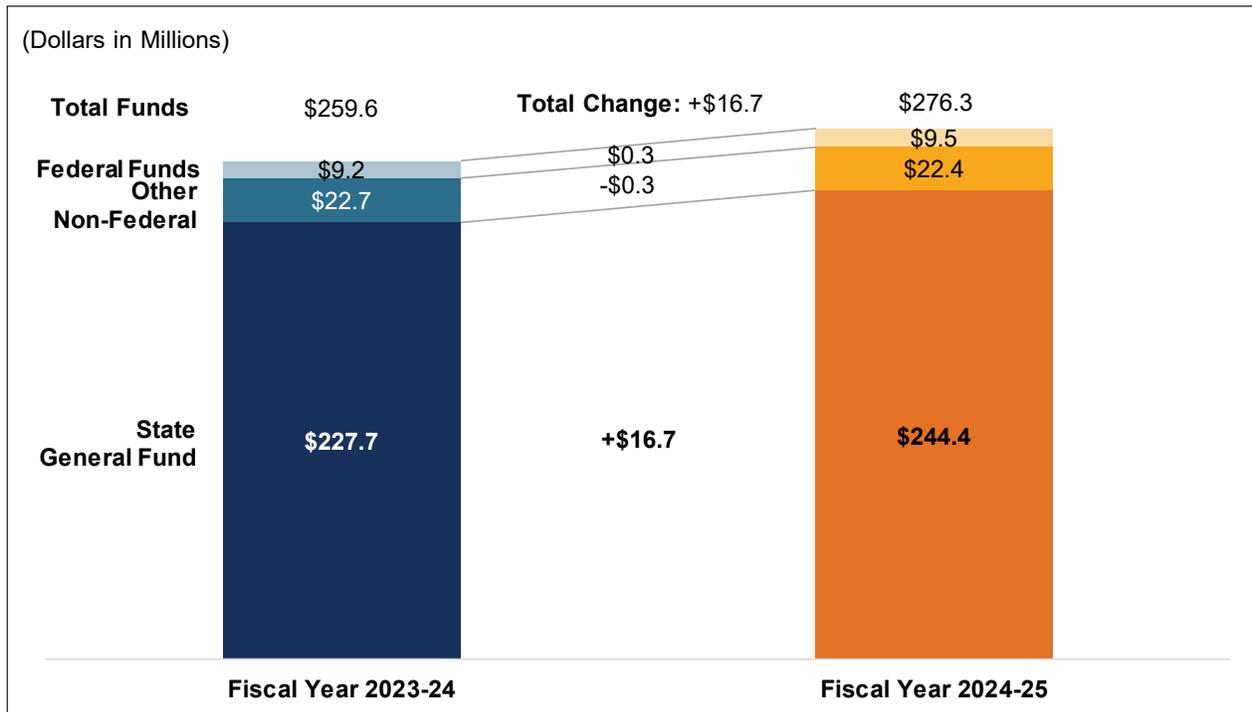
FY 2024-25 Comparison



Note: Amounts in chart are rounded and may not exactly reconcile to Family Health Local Assistance Estimate totals.

The May 2024 Family Health Estimate for 2024-25 projects a \$25.4 million (10.1 percent) increase in total spending and a \$25.5 million (11.6 percent) increase in General Fund spending compared to the November 2023 Estimate. For more information, see the May 2024 Family Health Local Assistance Estimate available on the DHCS website.

FY 2023-24 to FY 2024-25 Year-Over-Year Comparison



Note: Amounts in chart are rounded and may not exactly reconcile to Family Health Local Assistance Estimate totals.

After the adjustments described in the previous sections, the Estimate projects that total spending will increase by \$16.7 million (6.4 percent) and General Fund spending will increase by \$16.7 million (7.3 percent) between 2023-24 and 2024-25.

STATE OPERATIONS AND NON-ESTIMATE LOCAL ASSISTANCE BUDGET ADJUSTMENTS

The May Revision proposes additional expenditure authority of \$135.8 million total funds (\$18.4 million General Fund) for 39 positions (36 permanent positions (Perm), 3 limited-term (LT) to Perm) and resources equivalent to 2 LT positions.

Budget Change Proposal Title	Budget Change Proposal Number	Positions	Total Funds	General Fund
May Revision Proposals				
Behavioral Health Transformation: Behavioral Health Infrastructure Bond Act	4260-293-BCP-2024-MR	3 LT to Perm	\$10.4	
Naloxone Distribution Project Augmentation	4260-314-BCP-2024-MR		\$8.3**	
Medi-Cal Targeted Provider Rate Increases & Investments Workload	4260-321-BCP-2024-MR		(\$4.6)	
Joint May Revision Proposals				
Behavioral Health Transformation: Behavioral Health Services Act	4260-206-BCP-2024-MR		\$116.5	\$16.9
Chaptered Legislation				
Abortion Provider Protections (SB 487)	4260-204-BCP-2024-MR	3 Perm	\$0.5	2
Behavioral Health (SB 43)	4260-205-BCP-2024-MR	6 Perm	\$1.1	5
Hope California: Secured Residential Treatment Pilot Program (AB 1360)	4260-208-BCP-2024-MR	1 Perm	\$0.2	2
Local Educational Agencies Medi-Cal Billing Option Program (AB 483)	4260-209-BCP-2024-MR	19 Perm	\$1.9	
Medicare Part A Buy In (SB 311)	4260-211-BCP-2024-MR	5 Perm 1 LT	\$1.0	5
Mobile Optometric Office (SB 502)	4260-319-BCP-2024-MR	2 Perm	\$0.3	
Naloxone Distribution Project Tribal Governments Technical Assistance Workload (AB 1233)	4260-212-BCP-2024-MR	1 LT	\$0.2	
Robert F. Kennedy Farm Workers Medical Plan (AB 494)***	4260-214-BCP-2024-MR			

Budget Change Proposal Title	Budget Change Proposal Number	Positions	Total Funds	General Fund
	Total	36 Perm 3 LT to Perm 2 LT*	\$135.8	\$18.4

Dollars in millions and chart totals may not match due to rounding.

**Resources equivalent to limited-term positions.*

*** Resources include Non-Estimate Local Assistance items.*

**** Resources begin FY 2026-27.*

DHCS May Revision Proposals

Behavioral Health Transformation: Behavioral Health Infrastructure Bond Act (AB 531, Chapter 789, Statutes of 2023) requests resources and expenditure authority over the next 12 years to implement a general obligation bond funded by Proposition 1 approved by voters in March 2024 to fund community behavioral health residential settings.

Medi-Cal Targeted Provider Rate Increases and Investments Workload reduces the Department’s state operations appropriations by \$4.6 million total funds.

Joint May Revision Proposals

Behavioral Health Transformation: Behavioral Health Services Act requests resources and expenditure authority for FY 2024-25 to initially implement SB 326, which reforms the behavioral health system to 1) modernize the Mental Health Services Act; and 2) improve statewide accountability and access to behavioral health services.

Chaptered Legislation

Abortion Provider Protections (SB 487) requests resources and expenditure authority to implement the provider protections authorized by SB 487 (Chapter 261, Statutes of 2023), including researching the nature of each provider termination and performing additional analysis to determine whether conduct is not deemed to be unprofessional conduct under California law.

Behavioral Health (SB 43) requests resources and expenditure authority to expand existing DHCS data collection and reporting requirements pertaining to involuntary detentions under the Lanterman-Petris Short (LPS) Act pursuant to SB 43 (Chapter 637, Statutes of 2023).

Hope California: Secured Residential Treatment Pilot Program (Assembly Bill or AB 1360) requests resources and expenditure authority to implement AB 1360 (Chapter 685, Statutes of 2023); the pilot program also known as Hope California.

Local Educational Agencies Medi-Cal Billing Option Program (AB 483) requests resources and expenditure authority for the implementation of AB 483 (Chapter 527, Statutes of 2023) requiring an expansion of services and revision of the Local Educational Agencies Medi-Cal Billing Option Program audit process.

Medicare Part A Buy In (SB 311) requests resources and expenditure authority to implement and maintain the new Medicare Part A Buy-In program specified by SB 311 (Chapter 707, Statutes of 2023).

Mobile Optometric Office (SB 502) requests resources and expenditure authority to meet the expanded workload created by SB 502 (Chapter 487, Statutes of 2023).

Naloxone Distribution Project Tribal Governments Technical Assistance Workload (AB 1233) requests resources and expenditure authority to perform outreach to Tribal governments in applying for naloxone through the Naloxone Distribution Project and accompanying reporting requirements specified by AB 1233 (Chapter 570, Statutes of 2023).

Robert F. Kennedy Farm Workers Medical Plan (AB 494) request resources and expenditure authority beginning FY 2026-27 to address continuing workloads in accordance with Assembly Bill (AB) 494 (Chapter 333, Statutes of 2023) and Health and Safety Code section 100235.