MEDI-CAL
MAY 2026
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2025-26 *and* 2026-27

The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

MEDI-CAL
MAY 2026
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2025-26 and 2026-27

Fiscal Forecasting Division
State Department of Health Care Services
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GAVIN NEWSOM
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Kim Johnson
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Michelle Baass
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Medi-Cal Funding Summary
May 2026 Estimate Compared to FY 2026-27 Appropriation
Fiscal Year 2026 - 2027

TOTAL FUNDS

Benefits:	**May 2026 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0001/0890 Medi-Cal General and Federal Funds	$168,492,560,000	$171,031,293,000	$2,538,733,000
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$52,996,000	$52,996,000	$0
4260-101-0233 Prop 99 Physician Srvc. Acct	$15,144,000	$15,144,000	$0
4260-101-0236 Prop 99 Unallocated Account	$24,421,000	$24,421,000	$0
4260-101-3085 Behavioral Health Service (100% SF)	$163,128,000	$144,728,000	($18,400,000)
4260-101-3156 MCO Tax Direct Appropriation	$154,506,000	$154,506,000	$0
4260-101-3305 Healthcare Treatment Fund	$461,274,000	$461,274,000	$0
4260-101-3311 Healthcare Plan Fines Penalties Fund	$12,502,000	$12,502,000	$0
4260-101-3397 Opioid Settlements Fund	$35,400,000	$35,400,000	$0
4260-101-3428 MCO Tax 2023	$2,827,156,000	$2,827,156,000	$0
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$50,900,000	$50,900,000	$0
4260-102-0001/0890 Capital Debt	$82,759,000	$82,759,000	$0
4260-601-3375 Prop 56 Loan Repayment Program 601	$36,143,000	$36,143,000	$0
4260-601-3096 NDPH Suppl	$62,000	$62,000	$0
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$208,360,000	$208,360,000	$0
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-106-0890 Money Follows Person Federal Grant	$100,298,000	$100,298,000	$0
4260-601-3420 (3) Behavioral Health IGT Fund	$3,559,155,000	$3,559,155,000	$0
4260-601-3442 Protect Access to Health Care Fund	$1,881,637,000	$1,923,837,000	$42,200,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$5,919,286,000	$5,877,086,000	($42,200,000)
4260-601-3492 2027 MCO Tax Fund	$707,750,000	$707,750,000	$0
4260-601-0942142 Local Trauma Centers	$84,950,000	$84,950,000	$0
4260-601-0995 Reimbursement	$6,935,587,000	$6,935,587,000	$0
4260-601-3213 LTC QA Fund	$753,912,000	$753,912,000	$0
4260-601-3323 Medi-Cal Emergency Transport Fund	$43,775,000	$43,775,000	$0
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,846,543,000	$2,846,543,000	$0
4260-601-7502 Demonstration DSH Fund	$127,089,000	$127,089,000	$0
4260-601-7503 Health Care Support Fund	$623,000	$623,000	$0
4260-601-8108 Global Payment Program Special Fund	$1,506,551,000	$1,506,551,000	$0
4260-601-8113 DPH GME Special Fund	$758,340,000	$758,340,000	$0
4260-601-8144 DMPH GME IGT Fund	$12,685,000	$12,685,000	$0
4260-603-0001 Children's Hospital Directed Payment*	$220,416,000	$220,416,000	$0
4260-606-0834 SB 1100 DSH	$225,667,000	$225,667,000	$0
4260-611-3158/0890 Hospital Quality Assurance	$9,853,027,000	$9,853,027,000	$0
TOTAL MEDI-CAL Benefits	**$208,154,602,000**	**$210,674,935,000**	**$2,520,333,000**
Administration:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	$7,918,852,000	$8,365,752,000	$446,900,000
4260-101-3085 Behavioral Health Service (100% SF)	$10,000,000	$10,000,000	$0
4260-101-8140 (1) Vision Services CHIP HSI	$773,000	$773,000	$0
4260-106-0890 Money Follow Person Fed. Grant	$2,316,000	$2,316,000	$0
4260-117-0001/0890 HIPAA	$25,539,000	$25,539,000	$0
4260-601-0995 Reimbursement	$148,631,000	$148,931,000	$300,000
4260-601-3420 Behavioral Health IGT Fund	$80,000,000	$80,000,000	$0
4260-601-7503 Health Care Support Fund	$346,856,000	$346,856,000	$0
Total Administration	**$8,532,967,000**	**$8,980,167,000**	**$447,200,000**
GRAND TOTAL - ALL FUNDS	**$216,687,569,000**	**$219,655,102,000**	**$2,967,533,000**

Medi-Cal Funding Summary
May 2026 Estimate Compared to FY 2026-27 Appropriation
Fiscal Year 2026 - 2027

STATE FUNDS

Benefits:	**May 2026 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0001 Medi-Cal General Fund*	$42,738,809,000	$44,567,459,000	$1,828,650,000
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$52,996,000	$52,996,000	$0
4260-101-0233 Prop 99 Physician Srvc. Acct	$15,144,000	$15,144,000	$0
4260-101-0236 Prop 99 Unallocated Account	$24,421,000	$24,421,000	$0
4260-101-3085 Behavioral Health Service (100% SF)	$163,128,000	$144,728,000	($18,400,000)
4260-101-3156 MCO Tax Direct Appropriation	$154,506,000	$154,506,000	$0
4260-101-3305 Healthcare Treatment Fund	$461,274,000	$461,274,000	$0
4260-101-3311 Healthcare Plan Fines Penalties Fund	$12,502,000	$12,502,000	$0
4260-101-3397 Opioid Settlements Fund	$35,400,000	$35,400,000	$0
4260-101-3428 MCO Tax 2023	$2,827,156,000	$2,827,156,000	$0
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$50,900,000	$50,900,000	$0
4260-102-0001 Capital Debt State*	$27,610,000	$27,610,000	$0
4260-601-3375 Prop 56 Loan Repayment Program 601	$36,143,000	$36,143,000	$0
4260-601-3096 NDPH Suppl	$62,000	$62,000	$0
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$208,360,000	$208,360,000	$0
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-601-3420 (3) Behavioral Health IGT Fund	$3,559,155,000	$3,559,155,000	$0
4260-601-3442 Protect Access to Health Care Fund	$1,881,637,000	$1,923,837,000	$42,200,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$5,919,286,000	$5,877,086,000	($42,200,000)
4260-601-3492 2027 MCO Tax Fund	$707,750,000	$707,750,000	$0
4260-601-0942142 Local Trauma Centers	$84,950,000	$84,950,000	$0
4260-601-0995 Reimbursement	$6,935,587,000	$6,935,587,000	$0
4260-601-3213 LTC QA Fund	$753,912,000	$753,912,000	$0
4260-601-3323 Medi-Cal Emergency Transport Fund	$43,775,000	$43,775,000	$0
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,846,543,000	$2,846,543,000	$0
4260-601-8108 Global Payment Program Special Fund	$1,506,551,000	$1,506,551,000	$0
4260-601-8113 DPH GME Special Fund	$758,340,000	$758,340,000	$0
4260-601-8144 DMPH GME IGT Fund	$12,685,000	$12,685,000	$0
4260-603-0001 Children's Hospital Directed Payment*	$220,416,000	$220,416,000	$0
4260-606-0834 SB 1100 DSH	$225,667,000	$225,667,000	$0
4260-611-3158 Hospital Quality Assurance Revenue	$9,853,027,000	$9,853,027,000	$0
Total Benefits	**$82,117,692,000**	**$83,927,942,000**	**$1,810,250,000**
Total Benefits General Fund *	**$43,105,235,000**	**$44,933,885,000**	**$1,828,650,000**
Administration:			
4260-101-0001 Medi-Cal General Fund *	$1,831,306,000	$1,954,207,000	$122,901,000
4260-101-3085 Behavioral Health Service (100% SF)	$10,000,000	$10,000,000	$0
4260-101-8140 (1) Vision Services CHIP HSI	$773,000	$773,000	$0
4260-117-0001 HIPAA *	$6,694,000	$6,694,000	$0
4260-601-0995 Reimbursement	$148,631,000	$148,931,000	$300,000
4260-601-3420 Behavioral Health IGT Fund	$80,000,000	$80,000,000	$0
Total Administration	**$2,077,404,000**	**$2,200,605,000**	**$123,201,000**
Total Administration General Fund *	**$1,838,000,000**	**$1,960,901,000**	**$122,901,000**
Grand Total - State Funds	**$84,195,096,000**	**$86,128,547,000**	**$1,933,451,000**
Grand Total - General Fund*	**$44,943,235,000**	**$46,894,786,000**	**$1,951,551,000**

Medi-Cal Funding Summary
May 2026 Estimate Compared to FY 2026-27 Appropriation
Fiscal Year 2026 - 2027

FEDERAL FUNDS

Benefits:	**May 2026 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0890 Federal Funds	$125,753,751,000	$126,463,834,000	$710,083,000
4260-102-0890 Capital Debt	$55,149,000	$55,149,000	$0
4260-106-0890 Money Follows Person Federal Grant	$100,298,000	$100,298,000	$0
4260-601-7502 Demonstration DSH Fund	$127,089,000	$127,089,000	$0
4260-601-7503 Health Care Support Fund	$623,000	$623,000	$0
Total Benefits	**$126,036,910,000**	**$126,746,993,000**	**$710,083,000**
Administration:			
4260-101-0890 Federal Funds	$6,087,546,000	$6,411,545,000	$323,999,000
4260-106-0890 Money Follows Person Fed. Grant	$2,316,000	$2,316,000	$0
4260-117-0890 HIPAA	$18,845,000	$18,845,000	$0
4260-601-7503 Health Care Support Fund	$346,856,000	$346,856,000	$0
Total Administration	**$6,455,563,000**	**$6,779,562,000**	**$323,999,000**
Grand Total - Federal Funds	**$132,492,473,000**	**$133,526,555,000**	**$1,034,082,000**

Medi-Cal Funding Summary
FY 2026-27 Appropriation Compared to November 2025 Estimate
Fiscal Year 2026 - 2027

TOTAL FUNDS

Benefits:	**Nov 2025 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0001/0890 Medi-Cal General and Federal Funds	$178,009,550,000	$171,031,293,000	($6,978,257,000)
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$52,916,000	$52,996,000	$80,000
4260-101-0233 Prop 99 Physician Srvc. Acct	$15,122,000	$15,144,000	$22,000
4260-101-0236 Prop 99 Unallocated Account	$22,265,000	$24,421,000	$2,156,000
4260-101-3085 Behavioral Health Service (100% SF)	$43,000,000	$144,728,000	$101,728,000
4260-101-3156 MCO Tax Direct Appropriation	$149,702,000	$154,506,000	$4,804,000
4260-101-3305 Healthcare Treatment Fund	$461,817,000	$461,274,000	($543,000)
4260-101-3311 Healthcare Plan Fines Penalties Fund	$0	$12,502,000	$12,502,000
4260-101-3397 Opioid Settlements Fund	$0	$35,400,000	$35,400,000
4260-101-3414 988 State Suicide and BH Crisis	$28,208,000	$0	($28,208,000)
4260-101-3428 MCO Tax 2023	$2,827,155,000	$2,827,156,000	$1,000
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$69,300,000	$50,900,000	($18,400,000)
4260-102-0001/0890 Capital Debt	$65,900,000	$82,759,000	$16,859,000
4260-601-3375 Prop 56 Loan Repayment Program 601	$48,351,000	$36,143,000	($12,208,000)
4260-601-3096 NDPH Suppl	$0	$62,000	$62,000
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$198,008,000	$208,360,000	$10,352,000
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-106-0890 Money Follows Person Federal Grant	$101,857,000	$100,298,000	($1,559,000)
4260-601-3420 (3) Behavioral Health IGT Fund	$3,132,995,000	$3,559,155,000	$426,160,000
4260-601-3442 Protect Access to Health Care Fund	$0	$1,923,837,000	$1,923,837,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$6,324,627,000	$5,877,086,000	($447,541,000)
4260-601-3492 2027 MCO Tax Fund	$0	$707,750,000	$707,750,000
4260-601-0942142 Local Trauma Centers	$83,063,000	$84,950,000	$1,887,000
4260-601-0995 Reimbursement	$6,437,400,000	$6,935,587,000	$498,187,000
4260-601-3213 LTC QA Fund	$618,750,000	$753,912,000	$135,162,000
4260-601-3323 Medi-Cal Emergency Transport Fund	$50,965,000	$43,775,000	($7,190,000)
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,350,812,000	$2,846,543,000	$495,731,000
4260-601-7502 Demonstration DSH Fund	$138,849,000	$127,089,000	($11,760,000)
4260-601-7503 Health Care Support Fund	$650,000	$623,000	($27,000)
4260-601-8108 Global Payment Program Special Fund	$1,511,049,000	$1,506,551,000	($4,498,000)
4260-601-8113 DPH GME Special Fund	$627,342,000	$758,340,000	$130,998,000
4260-601-8144 DMPH GME IGT Fund	$0	$12,685,000	$12,685,000
4260-603-0001 Children's Hospital Directed Payment*	$220,416,000	$220,416,000	$0
4260-606-0834 SB 1100 DSH	$213,982,000	$225,667,000	$11,685,000
4260-611-3158/0890 Hospital Quality Assurance	$10,935,432,000	$9,853,027,000	($1,082,405,000)
Total Benefits	**$214,739,483,000**	**$210,674,935,000**	**($4,064,548,000)**
Administration:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	$7,241,222,000	$8,365,752,000	$1,124,530,000
4260-101-3085 Behavioral Health Service (100% SF)	$10,000,000	$10,000,000	$0
4260-101-8140 (1) Vision Services CHIP HSI	$2,427,000	$773,000	($1,654,000)
4260-106-0890 Money Follow Person Fed. Grant	$2,480,000	$2,316,000	($164,000)
4260-117-0001/0890 HIPAA	$24,400,000	$25,539,000	$1,139,000
4260-601-0995 Reimbursement	$57,706,000	$148,931,000	$91,225,000
4260-601-3420 Behavioral Health IGT Fund	$12,500,000	$80,000,000	$67,500,000
4260-601-7503 Health Care Support Fund	$346,856,000	$346,856,000	$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	$150,000	$0	($150,000)
Total Administration	**$7,697,741,000**	**$8,980,167,000**	**$1,282,426,000**
Grand Total - Total Funds	**$222,437,224,000**	**$219,655,102,000**	**($2,782,122,000)**

Medi-Cal Funding Summary
FY 2026-27 Appropriation Compared to November 2025 Estimate
Fiscal Year 2026 - 2027

STATE FUNDS

	Nov 2025 Estimate	FY 2026-27 Appropriation	Difference Incr./(Decr.)
Benefits:			
4260-101-0001 Medi-Cal General Fund*	$46,622,839,000	$44,567,459,000	($2,055,380,000)
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$52,916,000	$52,996,000	$80,000
4260-101-0233 Prop 99 Physician Srvc. Acct	$15,122,000	$15,144,000	$22,000
4260-101-0236 Prop 99 Unallocated Account	$22,265,000	$24,421,000	$2,156,000
4260-101-3085 Behavioral Health Service (100% SF)	$43,000,000	$144,728,000	$101,728,000
4260-101-3156 MCO Tax Direct Appropriation	$149,702,000	$154,506,000	$4,804,000
4260-101-3305 Healthcare Treatment Fund	$461,817,000	$461,274,000	($543,000)
4260-101-3311 Healthcare Plan Fines Penalties Fund	$0	$12,502,000	$12,502,000
4260-101-3397 Opioid Settlements Fund	$0	$35,400,000	$35,400,000
4260-101-3414 988 State Suicide and BH Crisis	$28,208,000	$0	($28,208,000)
4260-101-3428 MCO Tax 2023	$2,827,155,000	$2,827,156,000	$1,000
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$69,300,000	$50,900,000	($18,400,000)
4260-102-0001 Capital Debt State*	$19,670,000	$27,610,000	$7,940,000
4260-601-3375 Prop 56 Loan Repayment Program 601	$48,351,000	$36,143,000	($12,208,000)
4260-601-3096 NDPH Suppl	$0	$62,000	$62,000
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$198,008,000	$208,360,000	$10,352,000
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-601-3420 (3) Behavioral Health IGT Fund	$3,132,995,000	$3,559,155,000	$426,160,000
4260-601-3442 Protect Access to Health Care Fund	$0	$1,923,837,000	$1,923,837,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$6,324,627,000	$5,877,086,000	($447,541,000)
4260-601-3492 2027 MCO Tax Fund	$0	$707,750,000	$707,750,000
4260-601-0942142 Local Trauma Centers	$83,063,000	$84,950,000	$1,887,000
4260-601-0995 Reimbursement	$6,437,400,000	$6,935,587,000	$498,187,000
4260-601-3213 LTC QA Fund	$618,750,000	$753,912,000	$135,162,000
4260-601-3323 Medi-Cal Emergency Transport Fund	$50,965,000	$43,775,000	($7,190,000)
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,350,812,000	$2,846,543,000	$495,731,000
4260-601-8108 Global Payment Program Special Fund	$1,511,049,000	$1,506,551,000	($4,498,000)
4260-601-8113 DPH GME Special Fund	$627,342,000	$758,340,000	$130,998,000
4260-601-8144 DMPH GME IGT Fund	$0	$12,685,000	$12,685,000
4260-603-0001 Children's Hospital Directed Payment*	$220,416,000	$220,416,000	$0
4260-606-0834 SB 1100 DSH	$213,982,000	$225,667,000	$11,685,000
4260-611-3158 Hospital Quality Assurance Revenue	$10,935,432,000	$9,853,027,000	($1,082,405,000)
Total Benefits	**$83,065,186,000**	**$83,927,942,000**	**$862,756,000**
Total Benefits General Fund *	**$46,981,325,000**	**$44,933,885,000**	**($2,047,440,000)**
Administration:			
4260-101-0001 Medi-Cal General Fund *	$1,805,765,000	$1,954,207,000	$148,442,000
4260-101-3085 Behavioral Health Service (100% SF)	$10,000,000	$10,000,000	$0
4260-101-8140 (1) Vision Services CHIP HSI	$2,427,000	$773,000	($1,654,000)
4260-117-0001 HIPAA *	$6,401,000	$6,694,000	$293,000
4260-601-0995 Reimbursement	$57,706,000	$148,931,000	$91,225,000
4260-601-3420 Behavioral Health IGT Fund	$12,500,000	$80,000,000	$67,500,000
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	$150,000	$0	($150,000)
Total Administration	**$1,894,949,000**	**$2,200,605,000**	**$305,656,000**
Total Administration General Fund *	**$1,812,166,000**	**$1,960,901,000**	**$148,735,000**
Grand Total - State Funds	**$84,960,135,000**	**$86,128,547,000**	**$1,168,412,000**
Grand Total - General Fund*	**$48,793,491,000**	**$46,894,786,000**	**($1,898,705,000)**

Medi-Cal Funding Summary
FY 2026-27 Appropriation Compared to November 2025 Estimate
Fiscal Year 2026 - 2027

FEDERAL FUNDS

Benefits:	**Nov 2025 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0890 Federal Funds	$131,386,711,000	$126,463,834,000	($4,922,877,000)
4260-102-0890 Capital Debt	$46,230,000	$55,149,000	$8,919,000
4260-106-0890 Money Follows Person Federal Grant	$101,857,000	$100,298,000	($1,559,000)
4260-601-7502 Demonstration DSH Fund	$138,849,000	$127,089,000	($11,760,000)
4260-601-7503 Health Care Support Fund	$650,000	$623,000	($27,000)
Total Benefits	**$131,674,297,000**	**$126,746,993,000**	**($4,927,304,000)**
Administration:			
4260-101-0890 Federal Funds	$5,435,457,000	$6,411,545,000	$976,088,000
4260-106-0890 Money Follows Person Fed. Grant	$2,480,000	$2,316,000	($164,000)
4260-117-0890 HIPAA	$17,999,000	$18,845,000	$846,000
4260-601-7503 Health Care Support Fund	$346,856,000	$346,856,000	$0
Total Administration	**$5,802,792,000**	**$6,779,562,000**	**$976,770,000**
Grand Total - Federal Funds	**$137,477,089,000**	**$133,526,555,000**	**($3,950,534,000)**

Medi-Cal Funding Summary
FY 2026-2027 Appropriation Comparison to May 2026 FY 2025-26

TOTAL FUNDS

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0001/0890 Medi-Cal General and Federal Funds	$157,815,797,000	$171,031,293,000	$13,215,496,000
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$48,640,000	$52,996,000	$4,356,000
4260-101-0233 Prop 99 Physician Srvc. Acct	$13,894,000	$15,144,000	$1,250,000
4260-101-0236 Prop 99 Unallocated Account	$24,851,000	$24,421,000	($430,000)
4260-101-3085 Behavioral Health Service (100% SF)	$47,000,000	$144,728,000	$97,728,000
4260-101-3156 MCO Tax Direct Appropriation	$0	$154,506,000	$154,506,000
4260-101-3305 Healthcare Treatment Fund	$473,209,000	$461,274,000	($11,935,000)
4260-101-3311 Healthcare Plan Fines Penalties Fund	$20,400,000	$12,502,000	($7,898,000)
4260-101-3397 Opioid Settlements Fund	$0	$35,400,000	$35,400,000
4260-101-3428 MCO Tax 2023	$3,942,987,000	$2,827,156,000	($1,115,831,000)
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$0	$50,900,000	$50,900,000
4260-102-0001/0890 Capital Debt	$89,609,000	$82,759,000	($6,850,000)
4260-601-3375 Prop 56 Loan Repayment Program 601	$44,217,000	$36,143,000	($8,074,000)
4260-104-0001 NDPH Hosp Supp (GF)*	$1,900,000	$0	($1,900,000)
4260-601-3096 NDPH Suppl	$8,928,000	$62,000	($8,866,000)
4260-698-3096 NDPH Hosp Suppl (Less funded GF)	($1,900,000)	$0	$1,900,000
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$237,593,000	$208,360,000	($29,233,000)
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-106-0890 Money Follows Person Federal Grant	$87,709,000	$100,298,000	$12,589,000
4260-601-3420 (3) Behavioral Health IGT Fund	$3,796,525,000	$3,559,155,000	($237,370,000)
4260-601-3442 Protect Access to Health Care Fund	$0	$1,923,837,000	$1,923,837,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$6,833,379,000	$5,877,086,000	($956,293,000)
4260-601-3492 2027 MCO Tax Fund	$0	$707,750,000	$707,750,000
4260-601-0942142 Local Trauma Centers	$60,328,000	$84,950,000	$24,622,000
4260-601-0995 Reimbursement	$3,314,645,000	$6,935,587,000	$3,620,942,000
4260-601-3213 LTC QA Fund	$688,731,000	$753,912,000	$65,181,000
4260-601-3323 Medi-Cal Emergency Transport Fund	$47,660,000	$43,775,000	($3,885,000)
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,386,754,000	$2,846,543,000	$459,789,000
4260-601-7502 Demonstration DSH Fund	$113,031,000	$127,089,000	$14,058,000
4260-601-7503 Health Care Support Fund	$336,000	$623,000	$287,000
4260-601-8107 Whole Person Care Pilot Special Fund	$11,033,000	$0	($11,033,000)
4260-601-8108 Global Payment Program Special Fund	$1,490,809,000	$1,506,551,000	$15,742,000
4260-601-8113 DPH GME Special Fund	$518,074,000	$758,340,000	$240,266,000
4260-601-8144 DMPH GME IGT Fund	$0	$12,685,000	$12,685,000
4260-603-0001 Children's Hospital Directed Payment*	$0	$220,416,000	$220,416,000
4260-606-0834 SB 1100 DSH	$222,352,000	$225,667,000	$3,315,000
4260-611-3158/0890 Hospital Quality Assurance	$2,030,938,000	$9,853,027,000	$7,822,089,000
4260-601-0201 Medical Provider Interim Pmt Loan	$2,541,324,000	$0	($2,541,324,000)
Total Benefits	**$186,910,753,000**	**$210,674,935,000**	**$23,764,182,000**
Administration:			
4260-101-0001/0890 Medi-Cal General and Federal Funds	$7,149,361,000	$8,365,752,000	$1,216,391,000
4260-101-3085 Behavioral Health Service (100% SF)	$58,708,000	$10,000,000	($48,708,000)
4260-101-8140 (1) Vision Services CHIP HSI	$740,000	$773,000	$33,000
4260-106-0890 Money Follow Person Fed. Grant	$2,235,000	$2,316,000	$81,000
4260-117-0001/0890 HIPPA	$25,310,000	$25,539,000	$229,000
4260-601-0995 Reimbursement	$36,001,000	$148,931,000	$112,930,000
4260-601-3420 Behavioral Health IGT Fund	$24,312,000	$80,000,000	$55,688,000
4260-601-7503 Health Care Support Fund	$178,255,000	$346,856,000	$168,601,000
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	$150,000	$0	($150,000)
Total Administration	**$7,475,072,000**	**$8,980,167,000**	**$1,505,095,000**
Grand Total - Total Funds	**$194,385,825,000**	**$219,655,102,000**	**$25,269,277,000**

Medi-Cal Funding Summary
FY 2026-2027 Appropriation Comparison to May 2026 FY 2025-26

STATE FUNDS

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0001 Medi-Cal General Fund*	$45,889,496,000	$44,567,459,000	($1,322,037,000)
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$48,640,000	$52,996,000	$4,356,000
4260-101-0233 Prop 99 Physician Srvc. Acct	$13,894,000	$15,144,000	$1,250,000
4260-101-0236 Prop 99 Unallocated Account	$24,851,000	$24,421,000	($430,000)
4260-101-3085 Behavioral Health Service (100% SF)	$47,000,000	$144,728,000	$97,728,000
4260-101-3156 MCO Tax Direct Appropriation	$0	$154,506,000	$154,506,000
4260-101-3305 Healthcare Treatment Fund	$473,209,000	$461,274,000	($11,935,000)
4260-101-3311 Healthcare Plan Fines Penalties Fund	$20,400,000	$12,502,000	($7,898,000)
4260-101-3397 Opioid Settlements Fund	$0	$35,400,000	$35,400,000
4260-101-3428 MCO Tax 2023	$3,942,987,000	$2,827,156,000	($1,115,831,000)
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$0	$50,900,000	$50,900,000
4260-102-0001 Capital Debt State*	$31,179,000	$27,610,000	($3,569,000)
4260-601-3375 Prop 56 Loan Repayment Program 601	$44,217,000	$36,143,000	($8,074,000)
4260-104-0001 NDPH Hosp Supp (GF)*	$1,900,000	$0	($1,900,000)
4260-601-3096 NDPH Suppl	$8,928,000	$62,000	($8,866,000)
4260-698-3096 NDPH Hosp Suppl (Less funded GF)	($1,900,000)	$0	$1,900,000
4260-105-0001 Private Hosp Supp Fund (GF)*	$118,400,000	$118,400,000	$0
4260-601-3097 Private Hosp Suppl	$237,593,000	$208,360,000	($29,233,000)
4260-698-3097 Private Hosp Supp (less funded GF)	($118,400,000)	($118,400,000)	$0
4260-601-3420 (3) Behavioral Health IGT Fund	$3,796,525,000	$3,559,155,000	($237,370,000)
4260-601-3442 Protect Access to Health Care Fund	$0	$1,923,837,000	$1,923,837,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$6,833,379,000	$5,877,086,000	($956,293,000)
4260-601-3492 2027 MCO Tax Fund	$0	$707,750,000	$707,750,000
4260-601-0942142 Local Trauma Centers	$60,328,000	$84,950,000	$24,622,000
4260-601-0995 Reimbursement	$3,314,645,000	$6,935,587,000	$3,620,942,000
4260-601-3213 LTC QA Fund	$688,731,000	$753,912,000	$65,181,000
4260-601-3323 Medi-Cal Emergency Transport Fund	$47,660,000	$43,775,000	($3,885,000)
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,386,754,000	$2,846,543,000	$459,789,000
4260-601-8107 Whole Person Care Pilot Special Fund	$11,033,000	$0	($11,033,000)
4260-601-8108 Global Payment Program Special Fund	$1,490,809,000	$1,506,551,000	$15,742,000
4260-601-8113 DPH GME Special Fund	$518,074,000	$758,340,000	$240,266,000
4260-601-8144 DMPH GME IGT Fund	$0	$12,685,000	$12,685,000
4260-603-0001 Children's Hospital Directed Payment*	$0	$220,416,000	$220,416,000
4260-606-0834 SB 1100 DSH	$222,352,000	$225,667,000	$3,315,000
4260-611-3158 Hospital Quality Assurance Revenue	$2,030,938,000	$9,853,027,000	$7,822,089,000
4260-601-0201 Medical Provider Interim Pmt Loan	$2,541,324,000	$0	($2,541,324,000)
Total Benefits	**$74,724,946,000**	**$83,927,942,000**	**$9,202,996,000**
Total Benefits General Fund *	**$46,040,975,000**	**$44,933,885,000**	**($1,107,090,000)**
Administration:			
4260-101-0001 Medi-Cal General Fund *	$2,573,115,000	$1,954,207,000	($618,908,000)
4260-101-3085 Behavioral Health Service (100% SF)	$58,708,000	$10,000,000	($48,708,000)
4260-101-8140 (1) Vision Services CHIP HSI	$740,000	$773,000	$33,000
4260-117-0001 HIPAA *	$6,516,000	$6,694,000	$178,000
4260-601-0995 Reimbursement	$36,001,000	$148,931,000	$112,930,000
4260-601-3420 Behavioral Health IGT Fund	$24,312,000	$80,000,000	$55,688,000
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	$150,000	$0	($150,000)
Total Administration	**$2,699,542,000**	**$2,200,605,000**	**($498,937,000)**
Total Administration General Fund *	**$2,579,631,000**	**$1,960,901,000**	**($618,730,000)**
Grand Total - State Funds	**$77,424,488,000**	**$86,128,547,000**	**$8,704,059,000**
Grand Total - General Fund*	**$48,620,606,000**	**$46,894,786,000**	**($1,725,820,000)**

Medi-Cal Funding Summary
FY 2026-2027 Appropriation Comparison to May 2026 FY 2025-26

FEDERAL FUNDS

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Appropriation**	**Difference Incr./(Decr.)**
4260-101-0890 Federal Funds	$111,926,301,000	$126,463,834,000	$14,537,533,000
4260-102-0890 Capital Debt	$58,430,000	$55,149,000	($3,281,000)
4260-106-0890 Money Follows Person Federal Grant	$87,709,000	$100,298,000	$12,589,000
4260-601-7502 Demonstration DSH Fund	$113,031,000	$127,089,000	$14,058,000
4260-601-7503 Health Care Support Fund	$336,000	$623,000	$287,000
Total Benefits	**$112,185,807,000**	**$126,746,993,000**	**$14,561,186,000**
Administration:			
4260-101-0890 Federal Funds	$4,576,246,000	$6,411,545,000	$1,835,299,000
4260-106-0890 Money Follows Person Fed. Grant	$2,235,000	$2,316,000	$81,000
4260-117-0890 HIPAA	$18,794,000	$18,845,000	$51,000
4260-601-7503 Health Care Support Fund	$178,255,000	$346,856,000	$168,601,000
Total Administration	**$4,775,530,000**	**$6,779,562,000**	**$2,004,032,000**
Grand Total - Federal Funds	**$116,961,337,000**	**$133,526,555,000**	**$16,565,218,000**

Medi-Cal Funding Summary

May 2026 FY 2025-26 and FY 2026-27 Breakdown by Appropriation Year

Spending included in the Medi-Cal Estimate is authorized by the annual Budget Act and other statutory appropriations. This authority most often is available only for the duration of one fiscal year. However, in some cases, funding appropriated in one FY can be spent in a later FY. This means that authority for most spending in a given FY comes from the matching Appropriation Year, but authority for some spending may come from previous Appropriation Years. The following breakdown shows spending in each FY by Appropriation Year.

TOTAL FUNDS

Appropriation Year 2026-27

	FY 2025-26 Estimate	FY 2026-27 Estimate
Benefits:		
4260-101-0001 Medi-Cal General Funds	$0	$44,558,379,000
4260-101-0890 Medi-Cal Federal Funds	$0	$126,463,834,000
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$0	$52,996,000
4260-101-0233 Prop 99 Physician Srvc. Acct	$0	$15,144,000
4260-101-0236 Prop 99 Unallocated Account	$0	$24,421,000
4260-101-3085 Mental Health Services	$0	$144,728,000
4260-101-3156 MCO Tax Direct Appropriation	$0	$154,506,000
4260-101-3305 Healthcare Treatment Fund	$0	$461,274,000
4260-101-3311 Healthcare Plan Fines Penalties Fund	$0	$12,502,000
4260-101-3397 Opioid Settlements Fund	$0	$35,400,000
4260-101-3428 MCO Tax 2023	$0	$2,827,156,000
4260-101-3451 BH Schoolsite Fee Schedule Admi Fund	$0	$50,900,000
4260-102-0001 Capital Debt General Funds	$0	$27,610,000
4260-102-0890 Capital Debt Federal Funds	$0	$55,149,000
4260-105-0001 Private Hosp Supp Fund	$0	$118,400,000
4260-698-3097 Private Hosp Supp (Less Funded by GF)	$0	($118,400,000)
4260-106-0890 Money Follows Person Federal Grant	$0	$100,298,000
4260-601-0995 Reimbursements	$0	$6,935,587,000
Total Benefits	**$0**	**$181,919,884,000**
County and Other Local Assistance Administration:		
4260-101-0001 Medi-Cal General Funds	$0	$1,954,207,000
4260-101-0890 Medi-Cal Federal Funds	$0	$6,411,545,000
4260-101-3085 Mental Health Services	$0	$10,000,000
4260-101-8140 Vision Services CHIP HSI	$0	$773,000
4260-106-0890 Money Follow Person Fed. Grant	$0	$2,316,000
4260-117-0001 HIPAA General Funds	$0	$6,694,000
4260-117-0890 HIPAA Federal Funds	$0	$18,845,000
4260-601-0995 Reimbursements	$0	$148,931,000
Total County and Other Local Assistance Administration	**$0**	**$8,553,311,000**
Appropriation Year 2026-27 - Total Funds	**$0**	**$190,473,195,000**

Medi-Cal Funding Summary
May 2026 FY 2025-26 and FY 2026-27 Breakdown by Appropriation Year

TOTAL FUNDS

Appropriation Year 2025-26

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Estimate**
4260-101-0001 Medi-Cal General Funds	$45,678,234,950	$0
4260-101-0890 Medi-Cal Federal Funds	$111,926,301,000	$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	$48,640,000	$0
4260-101-0233 Prop 99 Physician Srvc. Acct	$13,894,000	$0
4260-101-0236 Prop 99 Unallocated Account	$24,851,000	$0
4260-101-3085 Mental Health Services	$47,000,000	$0
4260-101-3305 Healthcare Treatment Fund	$473,209,000	$0
4260-101-3311 Healthcare Plan Fines Penalties Fund	$20,400,000	$0
4260-101-3428 MCO Tax 2023	$3,942,987,000	$0
4260-102-0001 Capital Debt General Funds	$31,179,000	$0
4260-102-0890 Capital Debt Federal Funds	$58,430,000	$0
4260-104-0001 NDPH Hosp Supp	$1,900,000	$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	($1,900,000)	$0
4260-105-0001 Private Hosp Supp Fund	$118,400,000	$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	($118,400,000)	$0
4260-106-0890 Money Follows Person Federal Grant	$87,709,000	$0
4260-601-0995 Reimbursements	$3,314,645,000	$0
Total Benefits	**$165,667,479,950**	**$0**
County and Other Local Assistance Administration:		
4260-101-0001 Medi-Cal General Funds	$2,573,115,000	$0
4260-101-0890 Medi-Cal Federal Funds	$4,576,246,000	$0
4260-101-3085 Mental Health Services	$58,708,000	$0
4260-101-8140 Vision Services CHIP HSI	$740,000	$0
4260-106-0890 Money Follow Person Fed. Grant	$2,235,000	$0
4260-117-0001 HIPAA General Funds	$6,516,000	$0
4260-117-0890 HIPAA Federal Funds	$18,794,000	$0
4260-601-0995 Reimbursements	$36,001,000	$0
Total County and Other Local Assistance Administration	**$7,272,355,000**	**$0**
Appropriation Year 2025-26 - Total Funds	**$172,939,834,950**	**$0**

Medi-Cal Funding Summary
May 2026 FY 2025-26 and FY 2026-27 Breakdown by Appropriation Year

TOTAL FUNDS

Appropriation Year 2022-23

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Estimate**
4260-101-0001 Medi-Cal General Funds	$211,261,050	$9,080,000
Total Benefits	**$211,261,050**	**$9,080,000**

Appropriation Year 2022-23 - Total Funds	**$211,261,050**	**$9,080,000**

Non-Budget Act Items

Benefits:	**FY 2025-26 Estimate**	**FY 2026-27 Estimate**
4260-601-3375 Medi-Cal Loan Repayment Program 601	$44,217,000	$36,143,000
4260-601-3096 NDPH Suppl	$8,928,000	$62,000
4260-601-3097 Private Hosp Suppl	$237,593,000	$208,360,000
4260-601-3420 Behavioral Health IGT Fund	$3,796,525,000	$3,559,155,000
4260-601-0942142 Local Trauma Centers	$60,328,000	$84,950,000
4260-601-3213 LTC QA Fund	$688,731,000	$753,912,000
4260-601-3323 Medi-Cal Emergency Transport Fund	$47,660,000	$43,775,000
4260-601-3331 Medi-Cal Drug Rebates Fund	$2,386,754,000	$2,846,543,000
4260-601-3442 Protect Access to Health Care Fund	$0	$1,923,837,000
4260-601-3443 Healthcare Oversight & Acct. Subfund	$6,833,379,000	$5,877,086,000
4260-601-3492 2027 MCO Tax Fund	$0	$707,750,000
4260-601-7502 Demonstration DSH Fund	$113,031,000	$127,089,000
4260-601-7503 Health Care Support Fund	$336,000	$623,000
4260-601-8107 Whole Person Care Pilot Special Fund	$11,033,000	$0
4260-601-8108 Global Payment Program Fund	$1,490,809,000	$1,506,551,000
4260-601-8113 DPH GME Special Fund	$518,074,000	$758,340,000
4260-601-8144 DMPH GME IGT Fund	$0	$12,685,000
4260-603-0001 Children's Hospital Directed Payment*	$0	$220,416,000
4260-606-0834 SB 1100 DSH	$222,352,000	$225,667,000
4260-611-3158 Hospital Quality Assurance Revenue	$2,030,938,000	$9,853,027,000
4260-601-0201 Medical Provider Interim Pmt Loan	$2,541,324,000	$0
Total Benefits	**$21,032,012,000**	**$28,745,971,000**
County and Other Local Assistance Administration:		
4260-601-3420 Behavioral Health IGT Fund	$24,312,000	$80,000,000
4260-601-7503 Health Care Support Fund	$178,255,000	$346,856,000
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	$150,000	$0
Total County and Other Local Assistance Administration	**$202,717,000**	**$426,856,000**

Non-Budget Act Items - Total Funds	**$21,234,729,000**	**$29,172,827,000**

Grand Total - Total Funds	**$194,385,825,000**	**$219,655,102,000**

MEDI-CAL PROGRAM ESTIMATE SUMMARY
FISCAL YEAR 2026-27

	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
I. BASE ESTIMATES				
A. B/Y BASE POLICY CHANGES	$147,652,093,940	$85,629,808,180	$58,483,092,760	$3,539,193,000
B. BASE ADJUSTMENTS	($282,825,000)	($243,255,800)	($39,569,200)	$0
C. ADJUSTED BASE	**$147,369,268,940**	**$85,386,552,380**	**$58,443,523,560**	**$3,539,193,000**
II. REGULAR POLICY CHANGES				
A. ELIGIBILITY	($2,269,115,480)	($1,094,407,200)	($1,177,268,280)	$2,560,000
B. AFFORDABLE CARE ACT	$12,086,178,000	$12,125,991,200	($39,813,200)	$0
C. BENEFITS	$995,402,390	$901,950,420	$88,351,980	$5,100,000
D. PHARMACY	($9,116,291,030)	($8,271,580,980)	($3,691,253,060)	$2,846,543,000
E. DRUG MEDI-CAL	$33,595,620	$22,942,650	$7,280,110	$3,372,860
F. MENTAL HEALTH	$612,641,000	$277,380,950	$200,471,050	$134,789,000
G. WAIVER--MH/UCD & BTR	$5,719,958,000	$3,094,204,400	$1,119,202,600	$1,506,551,000
H. MANAGED CARE	$22,240,306,000	$14,524,390,360	($5,661,051,360)	$13,376,967,000
I. PROVIDER RATES	$5,661,118,800	$3,209,003,630	($997,974,890)	$3,450,090,060
J. SUPPLEMENTAL PMNTS.	$26,698,544,000	$16,356,792,250	$497,027,500	$9,844,724,250
K. COVID-19	($1,757,397,940)	($1,180,614,090)	($576,783,850)	$0
L. STATE-ONLY CLAIMING	$0	($113,311,000)	($275,950,000)	$389,261,000
M. OTHER DEPARTMENTS	$1,325,058,000	$1,325,058,000	$0	$0
N. OTHER	$1,075,667,390	$182,640,650	($3,001,877,270)	$3,894,904,000
O. TOTAL CHANGES	**$63,305,664,740**	**$41,360,441,240**	**($13,509,638,660)**	**$35,454,862,170**
III. SUBTOTAL BENEFITS	**$210,674,933,690**	**$126,746,993,620**	**$44,933,884,890**	**$38,994,055,170**
IV. COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION	**$8,980,165,000**	**$6,779,560,850**	**$1,960,900,150**	**$239,704,000**
V. TOTAL MEDI-CAL ESTIMATE	**$219,655,098,690**	**$133,526,554,470**	**$46,894,785,040**	**$39,233,759,170**

* Rounded to nearest 10

SUMMARY OF BASE POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	DRUG MEDI-CAL				
2012	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	$1,762,233,000	$1,357,337,000	$150,492,000	$254,404,000
2320	DRUG MEDI-CAL STATE PLAN SERVICES	$51,307,000	$34,638,700	$2,931,300	$13,737,000
	DRUG MEDI-CAL SUBTOTAL	**$1,813,540,000**	**$1,391,975,700**	**$153,423,300**	**$268,141,000**
	MENTAL HEALTH				
1780	SMHS FOR ADULTS	$5,455,610,000	$3,735,626,900	$446,255,100	$1,273,728,000
1779	SMHS FOR CHILDREN	$4,487,212,000	$2,407,560,100	$82,327,900	$1,997,324,000
	MENTAL HEALTH SUBTOTAL	**$9,942,822,000**	**$6,143,187,000**	**$528,583,000**	**$3,271,052,000**
	MANAGED CARE				
56	TWO PLAN MODEL	$38,347,025,000	$21,679,113,500	$16,667,911,500	$0
57	COUNTY ORGANIZED HEALTH SYSTEMS & SINGLE PLAN	$21,305,208,000	$12,210,205,300	$9,095,002,700	$0
58	GEOGRAPHIC MANAGED CARE	$6,690,671,000	$3,963,400,050	$2,727,270,950	$0
62	PACE (Other M/C)	$3,020,768,000	$1,415,460,200	$1,605,307,800	$0
1842	REGIONAL MODEL	$246,982,000	$154,889,950	$92,092,050	$0
1029	DENTAL MANAGED CARE (Other M/C)	$180,042,000	$98,543,650	$81,498,350	$0
61	SENIOR CARE ACTION NETWORK (Other M/C)	$117,169,000	$57,970,500	$59,198,500	$0
1837	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	$62,440,000	$39,409,000	$23,031,000	$0
1823	COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM	$16,267,000	$10,573,550	$5,693,450	$0
63	AIDS HEALTHCARE CENTERS (Other M/C)	$13,622,000	$8,124,200	$5,497,800	$0
1797	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	$3,069,000	$1,994,850	$1,074,150	$0
	MANAGED CARE SUBTOTAL	**$70,003,263,000**	**$39,639,684,750**	**$30,363,578,250**	**$0**
	FEE-FOR-SERVICE BASE				
2540	FFS - PHARMACY	$25,643,326,000	$15,198,806,850	$10,444,519,150	$0
2539	FFS - OTHER MEDICAL	$8,222,865,000	$3,987,635,400	$4,235,229,600	$0
2543	FFS - COMMUNITY INPATIENT	$3,594,693,000	$2,303,836,950	$1,290,856,050	$0
2547	FFS - OTHER SERVICES	$1,967,034,000	$1,011,664,650	$955,369,350	$0
2544	FFS - NURSING FACILITIES	$696,648,000	$357,186,400	$339,461,600	$0
2542	FFS - COUNTY INPATIENT	$660,042,000	$641,008,900	$19,033,100	$0
2541	FFS - CO. & COMM. OUTPATIENT	$646,148,000	$357,354,000	$288,794,000	$0
2538	FFS - PHYSICIANS	$523,847,000	$294,234,400	$229,612,600	$0
2548	FFS - HOME HEALTH	$136,128,000	$70,393,350	$65,734,650	$0
2546	FFS - MEDICAL TRANSPORTATION	$77,918,000	$52,290,100	$25,627,900	$0
2545	FFS - ICF-DD	$8,056,000	$4,091,000	$3,965,000	$0
	FEE-FOR-SERVICE BASE SUBTOTAL	**$42,176,705,000**	**$24,278,502,000**	**$17,898,203,000**	**$0**
	OTHER				
76	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	$6,548,820,000	$2,764,135,500	$3,784,684,500	$0

SUMMARY OF BASE POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	OTHER				
22	PERSONAL CARE SERVICES (Misc. Svcs.)	$4,875,015,000	$4,875,015,000	$0	$0
23	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	$4,938,732,000	$4,938,732,000	$0	$0
1019	MEDICARE PAYMENTS - PART D PHASED-DOWN	$4,367,207,000	$0	$4,367,207,000	$0
135	DENTAL SERVICES	$2,691,090,000	$1,418,177,400	$1,272,912,600	$0
32	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	$616,026,000	$305,361,000	$310,665,000	$0
26	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	$518,524,000	$518,524,000	$0	$0
2080	LAWSUITS/CLAIMS	$55,850,000	$27,925,000	$27,925,000	$0
77	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	$14,645,000	$14,645,000	$0	$0
27	MEDI-CAL TCM PROGRAM	$9,208,000	$9,208,000	$0	$0
91	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	$255,000	$127,500	$127,500	$0
127	BASE RECOVERIES	($919,609,000)	($695,392,310)	($224,216,690)	$0
	OTHER SUBTOTAL	**$23,715,763,000**	**$14,176,458,090**	**$9,539,304,910**	**$0**
	GRAND TOTAL	**$147,652,093,000**	**$85,629,807,540**	**$58,483,092,460**	**$3,539,193,000**

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	ELIGIBILITY				
1569	MEDI-CAL STATE INMATE PROGRAMS	$47,616,000	$47,616,000	$0	$0
2529	PREMIUMS FOR ADULTS WITH UNSATIS. IMMIG. STAT.	$28,000,000	$0	$28,000,000	$0
2332	CALAIM - INMATE PRE-RELEASE PROGRAM	$161,801,640	$138,961,170	$22,840,470	$0
3	BREAST AND CERVICAL CANCER TREATMENT	$17,028,000	$8,001,800	$9,026,200	$0
13	NON-OTLICP CHIP	$0	$123,190,200	($123,190,200)	$0
1007	SCHIP FUNDING FOR PRENATAL CARE	$0	$80,575,300	($80,575,300)	$0
2155	CS3 PROXY ADJUSTMENT	$0	$114,308,700	($114,308,700)	$0
2237	REFUGEE MEDICAL ASSISTANCE	$0	$0	($47,000)	$47,000
2029	MEDI-CAL COUNTY INMATE REIMBURSEMENT	$0	$0	($2,513,000)	$2,513,000
2500	SB 525 MINIMUM WAGE - CASELOAD IMPACT	($43,251,590)	($25,950,940)	($17,300,650)	$0
2535	REINSTATEMENT OF ASSET LIMIT	($823,382,450)	($411,691,220)	($411,691,220)	$0
2530	FULL-SCOPE MEDI-CAL EXPANSION ENROLLMENT FREEZE	($859,711,080)	($122,144,410)	($737,566,670)	$0
2553	HR 1 - REDUCED RETROACTIVE MEDI-CAL TIMEFRAMES	($34,562,000)	($19,899,950)	($14,662,050)	$0
2554	HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS	($372,425,000)	($737,327,000)	$364,902,000	$0
2555	HR 1 - FED WORK & COMMUNITY ENGAGEMENT REQUIREMENT	($357,564,000)	($267,250,800)	($90,313,200)	$0
2575	HR 1 - DEATH MASTER FILE AUTOMATION	($32,665,000)	($22,796,050)	($9,868,950)	$0
	ELIGIBILITY SUBTOTAL	**($2,269,115,480)**	**($1,094,407,210)**	**($1,177,268,280)**	**$2,560,000**
	AFFORDABLE CARE ACT				
1595	COMMUNITY FIRST CHOICE OPTION	$12,068,334,000	$12,068,334,000	$0	$0
1967	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	$17,844,000	$17,844,000	$0	$0
1791	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	$6,050,000	($6,050,000)	$0
1821	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	$0	$33,763,200	($33,763,200)	$0
	AFFORDABLE CARE ACT SUBTOTAL	**$12,086,178,000**	**$12,125,991,200**	**($39,813,200)**	**$0**
	BENEFITS				
25	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$678,367,000	$678,367,000	$0	$0
1	FAMILY PACT PROGRAM	$140,721,000	$105,318,400	$35,402,600	$0
1228	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$127,913,000	$99,562,000	$28,351,000	$0
28	MULTIPURPOSE SENIOR SERVICES PROGRAM	$63,951,000	$31,736,500	$32,214,500	$0
2457	CYBHI WELLNESS COACH BENEFIT	$32,000	$18,000	($5,086,000)	$5,100,000
1855	BEHAVIORAL HEALTH TREATMENT	$6,334,000	$3,167,000	$3,167,000	$0
2189	HEARING AID COVERAGE FOR CHILDREN PROGRAM	$2,470,820	$0	$2,470,820	$0

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	BENEFITS				
1562	CCT FUND TRANSFER TO CDSS	$736,000	$736,000	$0	$0
2528	UTILIZATION MANAGEMENT FOR HOSPICE	($39,573,420)	($24,428,830)	($15,144,590)	$0
2570	MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINES	$14,451,000	$7,474,350	$6,976,650	$0
	BENEFITS SUBTOTAL	**$995,402,390**	**$901,950,420**	**$88,351,980**	**$5,100,000**
	PHARMACY				
2512	CELL AND GENE THERAPY ACCESS MODEL	$19,321,000	$9,660,500	$9,660,500	$0
2124	MEDI-CAL DRUG REBATE FUND	$0	$0	($2,846,543,000)	$2,846,543,000
2524	HIV/AIDS AND CANCER DRUG REBATES	($300,000,000)	($150,000,000)	($150,000,000)	$0
1433	BCCTP DRUG REBATES	($1,287,000)	($1,287,000)	$0	$0
51	FAMILY PACT DRUG REBATES	($1,961,000)	($1,961,000)	$0	$0
2519	UPDATES TO OTC COVID-19 TESTS AND OTC PRODUCTS	($12,000,000)	($7,027,100)	($4,972,900)	$0
2526	PHARMACY UTILIZATION MANAGEMENT	($78,172,720)	($45,778,340)	($32,394,390)	$0
2520	ELIMINATE GLP-1 COVERAGE FOR WEIGHT LOSS	($354,518,310)	($935,950)	($353,582,360)	$0
2518	PRIOR AUTH. FOR CONTINUATION OF DRUG THERAPY	($234,650,000)	($137,410,660)	($97,239,340)	$0
1181	MEDICAL SUPPLY REBATES	($204,000,000)	($142,008,200)	($61,991,800)	$0
2527	STEP THERAPY	($328,510,000)	($192,375,130)	($136,134,870)	$0
54	STATE SUPPLEMENTAL DRUG REBATES	($594,791,000)	($594,791,000)	$0	$0
55	FEDERAL DRUG REBATES	($6,982,154,000)	($6,982,154,000)	$0	$0
2557	PHARMACY PAYMENT METHODOLOGY - USUAL AND CUSTOMARY	($8,566,000)	($5,016,200)	($3,549,800)	$0
2579	MEDI-CAL RX FRAUD, WASTE, & ABUSE PREVENTION	($35,002,000)	($20,496,900)	($14,505,100)	$0
	PHARMACY SUBTOTAL	**($9,116,291,030)**	**($8,271,580,980)**	**($3,691,253,060)**	**$2,846,543,000**
	DRUG MEDI-CAL				
2278	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT	$16,478,000	$13,348,000	$0	$3,130,000
1723	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$15,996,000	$8,789,000	$7,207,000	$0
1724	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	$1,121,620	$805,650	$73,110	$242,860
	DRUG MEDI-CAL SUBTOTAL	**$33,595,620**	**$22,942,650**	**$7,280,110**	**$3,372,860**
	MENTAL HEALTH				
2394	CALAIM - BH - CONNECT DEMONSTRATION	$422,340,000	$273,672,000	$23,815,000	$124,853,000
2252	MHP COSTS FOR FFPSA	$34,943,000	$17,471,000	$8,736,000	$8,736,000
1957	MHP COSTS FOR CONTINUUM OF CARE REFORM	$2,026,000	$114,450	$1,911,550	$0
2268	OUT OF STATE YOUTH - SMHS	$857,000	$428,500	$428,500	$0
1660	IMPERIAL AND SISKIYOU COUNTY MHP OVERPAYMENT	$0	$0	($1,200,000)	$1,200,000

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SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	MENTAL HEALTH				
1713	INTERIM AND FINAL COST SETTLEMENTS - SMHS	($12,525,000)	($14,305,000)	$1,780,000	$0
2574	RETRO PAYMENTS TO COUNTIES FOR STATE-ONLY BH SVCS	$165,000,000	$0	$165,000,000	$0
	MENTAL HEALTH SUBTOTAL	**$612,641,000**	**$277,380,950**	**$200,471,050**	**$134,789,000**
	WAIVER--MH/UCD & BTR				
1951	GLOBAL PAYMENT PROGRAM	$3,013,102,000	$1,506,551,000	$0	$1,506,551,000
2245	CALAIM ECM-COMMUNITY SUPPORTS-TRANSITIONAL RENT	$2,706,233,000	$1,587,030,400	$1,119,202,600	$0
1769	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	$623,000	$623,000	$0	$0
	WAIVER--MH/UCD & BTR SUBTOTAL	**$5,719,958,000**	**$3,094,204,400**	**$1,119,202,600**	**$1,506,551,000**
	MANAGED CARE				
2408	2023 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	$6,849,713,000	$4,046,532,100	$2,803,180,900	$0
2061	MANAGED CARE HEALTH CARE FINANCING PROGRAM	$3,185,536,000	$1,992,401,200	$1,193,134,800	$0
2060	MANAGED CARE PUBLIC HOSPITAL EPP	$6,056,171,000	$3,819,208,200	$2,236,962,800	$0
2062	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	$5,159,793,000	$3,591,978,400	$1,567,814,600	$0
2388	WORKFORCE & QUALITY INCENTIVE PROGRAM	($15,679,000)	($7,738,950)	($7,940,050)	$0
2504	MEDI-CAL MANAGED CARE QUALITY WITHHOLD RELEASE	$593,866,000	$339,891,600	$253,974,400	$0
2437	MANAGED CARE DISTRICT HOSPITAL DIRECTED PAYMENTS	$1,297,033,000	$828,388,000	$0	$468,645,000
2499	COMMUNITY CLINIC DIRECTED PAYMENT PROGRAM	$205,000,000	$134,518,600	$70,481,400	$0
2474	CHILDREN'S HOSPITAL SUPPLEMENTAL PAYMENT PROGRAM	$440,833,000	$220,417,000	$220,416,000	$0
2406	2023 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	$0	$0	($3,639,403,000)	$3,639,403,000
2407	2023 MCO ENROLLMENT TAX MANAGED CARE PLANS	$0	$0	($2,477,639,000)	$2,477,639,000
2063	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	$0	$0	($6,010,266,000)	$6,010,266,000
1788	RETRO MC RATE ADJUSTMENTS	($607,888,000)	($287,397,500)	($474,996,500)	$154,506,000
2558	MCP NETWORK ADEQUACY & TIMELY ACCESS SANCTIONS	($3,500,000)	($1,750,000)	($1,750,000)	$0
2569	IMPROVEMENTS AND EFFICIENCIES	($170,343,000)	($102,343,000)	($68,000,000)	$0
2576	MANAGED CARE RISK CORRIDORS	($485,055,000)	($220,911,290)	($264,143,710)	$0
2577	UIS MEMBER TRANSITION TO FFS	($711,297,000)	($112,176,000)	($599,121,000)	$0
2582	OVERPAYMENTS FOR REPRODUCTIVE HEALTH	$0	($30,000,000)	$30,000,000	$0
2585	2027 MCO TAX CAPITATION PAYMENTS	$539,050,000	$313,372,000	$225,678,000	$0
2586	2027 MCO TAX FUNDING ADJUSTMENT - CAPITATION	$0	$0	($135,407,000)	$135,407,000
2587	2027 MCO TAX FUNDING ADJUSTMENT – GENERAL SUPPORT	($92,927,000)	$0	($584,028,000)	$491,101,000

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SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	MANAGED CARE SUBTOTAL	**$22,240,306,000**	**$14,524,390,360**	**($5,661,051,360)**	**$13,376,967,000**
	PROVIDER RATES				
88	RATE INCREASE FOR FQHCS/RHCS/CBRCS	$1,099,256,960	$487,922,500	$611,334,460	$0
2267	PP-GEMT IGT PROGRAM	$696,202,590	$453,599,330	$68,641,740	$173,961,520
2081	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	$122,220,760	$83,181,220	($4,735,010)	$43,774,550
1152	DPH INTERIM & FINAL RECONS	$530,548,000	$530,548,000	$0	$0
2181	NURSING FACILITY RATE ADJUSTMENTS	$33,794,620	$17,965,230	$15,829,390	$0
1329	FQHC/RHC/CBRC RECONCILIATION PROCESS	$108,847,000	$48,313,350	$60,533,650	$0
2184	GDSP NBS & PNS FEE ADJUSTMENTS	$18,457,000	$11,262,700	$7,194,300	$0
1046	LTC RATE ADJUSTMENT	$10,574,520	$5,536,890	$5,037,630	$0
96	HOSPICE RATE INCREASES	$13,586,340	$8,874,550	$4,711,780	$0
1162	DPH INTERIM RATE GROWTH	$19,724,000	$19,724,000	$0	$0
1784	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	$0	$0	($753,912,000)	$753,912,000
2509	PROP 35 - PROVIDER PAYMENT INCREASE FUNDING	($42,200,000)	$0	($2,439,400,000)	$2,397,200,000
1703	LABORATORY RATE METHODOLOGY CHANGE	($2,046,000)	($1,205,700)	($840,300)	$0
1505	REDUCTION TO RADIOLOGY RATES	($65,471,000)	($38,742,450)	($26,728,550)	$0
2458	PROP 35 - PROVIDER PAYMENT INCREASES	$3,057,624,000	$1,552,024,000	$1,505,600,000	$0
2591	2027 MCO TAX FUNDING ADJUSTMENT – TRI	$0	$0	($81,242,000)	$81,242,000
2596	PRIVATE DUTY NURSING PAYMENT INCREASES	$60,000,000	$30,000,000	$30,000,000	$0
	PROVIDER RATES SUBTOTAL	**$5,661,118,800**	**$3,209,003,630**	**($997,974,890)**	**$3,450,090,060**
	SUPPLEMENTAL PMNTS.				
2055	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	$15,828,192,000	$9,879,161,000	$0	$5,949,031,000
1475	HOSPITAL QAF - FFS PAYMENTS	$3,961,466,000	$2,173,312,000	$0	$1,788,154,000
1761	HOSPITAL QAF - MANAGED CARE PAYMENTS	$1,793,000,000	$1,231,935,250	$0	$561,064,750
2024	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	$1,346,207,000	$744,900,000	$0	$601,307,000
1071	PRIVATE HOSPITAL DSH REPLACEMENT	$787,980,000	$393,990,000	$393,990,000	$0
1073	DSH PAYMENT	$606,362,000	$366,725,500	$41,769,000	$197,867,500
1085	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	$439,952,000	$240,631,000	$118,400,000	$80,921,000
2130	PROP 56 - MEDI-CAL FAMILY PLANNING	$433,165,000	$302,044,500	$131,120,500	$0
78	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$209,844,000	$209,844,000	$0	$0
1078	DPH PHYSICIAN & NON-PHYS. COST	$85,031,000	$85,031,000	$0	$0

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SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	SUPPLEMENTAL PMNTS.				
1899	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	$132,843,000	$77,353,000	($1,169,000)	$56,659,000
104	FFP FOR LOCAL TRAUMA CENTERS	$181,489,000	$98,453,000	$0	$83,036,000
82	CAPITAL PROJECT DEBT REIMBURSEMENT	$79,036,000	$55,149,000	$23,887,000	$0
1600	NDPH IGT SUPPLEMENTAL PAYMENTS	$56,001,000	$30,321,000	($972,000)	$26,652,000
2049	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	$689,044,000	$429,419,000	$259,625,000	$0
1076	NDPH SUPPLEMENTAL PAYMENT	$2,320,000	$2,320,000	$0	$0
1616	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	$13,267,000	$13,267,000	$0	$0
1038	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	$10,000,000	$5,000,000	$5,000,000	$0
1039	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	$8,000,000	$4,000,000	$4,000,000	$0
86	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	$3,113,000	$3,113,000	$0	$0
2044	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	$6,954,000	$0	$6,954,000	$0
2303	FREE CLINICS AUGMENTATION	$2,000,000	$0	$2,000,000	$0
2102	PROPOSITION 56 FUNDING	$0	$0	($461,274,000)	$461,274,000
1601	IGT ADMIN. & PROCESSING FEE	$0	$0	($26,073,000)	$26,073,000
1661	GEMT SUPPLEMENTAL PAYMENT PROGRAM	($1,632,000)	($1,632,000)	$0	$0
2572	DMPH GME IGT ADMIN. & PROCESSING FEE	$0	$0	($230,000)	$230,000
2573	GRADUATE MEDICAL EDUCATION PAYMENTS TO DMPHS	$24,910,000	$12,455,000	$0	$12,455,000
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$26,698,544,000**	**$16,356,792,250**	**$497,027,500**	**$9,844,724,250**
	COVID-19				
2218	COVID-19 END OF UNWINDING FLEXIBILITIES	($1,757,397,940)	($1,180,614,090)	($576,783,850)	$0
	COVID-19 SUBTOTAL	**($1,757,397,940)**	**($1,180,614,090)**	**($576,783,850)**	**$0**
	STATE-ONLY CLAIMING				
2415	STATE-ONLY CLAIMING ADJUSTMENTS - RETRO ADJ.	$0	($113,311,000)	($275,950,000)	$389,261,000
	STATE-ONLY CLAIMING SUBTOTAL	**$0**	**($113,311,000)**	**($275,950,000)**	**$389,261,000**
	OTHER DEPARTMENTS				
1476	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$1,325,058,000	$1,325,058,000	$0	$0
	OTHER DEPARTMENTS SUBTOTAL	**$1,325,058,000**	**$1,325,058,000**	**$0**	**$0**
	OTHER				
2354	BEHAVIORAL HEALTH BRIDGE HOUSING	$43,000,000	$0	$0	$43,000,000
2208	SELF-DETERMINATION PROGRAM - CDDS	$441,206,000	$441,206,000	$0	$0

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	OTHER				
2329	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	$302,038,000	$213,103,000	$68,807,000	$20,128,000
2092	QAF WITHHOLD TRANSFER	$62,376,000	$31,188,000	$31,188,000	$0
2424	CYBHI - FEE SCHEDULE THIRD PARTY ADMINISTRATOR	$50,900,000	$0	$0	$50,900,000
1232	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	$77,099,000	$77,099,000	$0	$0
2346	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	$27,300,000	$18,220,000	$9,080,000	$0
2097	MEDI-CAL PHY. & DENTISTS LOAN REPAYMENT PROG	$36,143,000	$0	$0	$36,143,000
2549	PROPOSITION 36 FUNDING	$20,000,000	$0	$20,000,000	$0
1975	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	$52,671,880	$25,598,920	$27,072,960	$0
2396	CARE ACT	$22,481,000	$0	$22,481,000	$0
111	INDIAN HEALTH SERVICES	$16,905,000	$11,270,000	$5,635,000	$0
2009	INFANT DEVELOPMENT PROGRAM	$27,727,000	$27,727,000	$0	$0
1526	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$13,742,000	$7,506,000	$6,236,000	$0
2502	MISC. ONE-TIME PAYMENTS	$12,000,000	$0	$12,000,000	$0
2355	CALHOPE	$5,000,000	$0	$0	$5,000,000
2443	ASSET LIMIT INCREASE & ELIM. - CNTY BH FUNDING	$4,720,000	$0	$4,720,000	$0
1866	WPCS WORKERS' COMPENSATION	$620,000	$310,000	$310,000	$0
35	IMD ANCILLARY SERVICES	$0	($51,474,000)	$51,474,000	$0
1087	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	$0	($92,561,000)	$92,561,000
1760	HOSPITAL QAF - CHILDREN'S HEALTH CARE	$0	$0	($1,710,833,000)	$1,710,833,000
2034	CMS DEFERRED CLAIMS	$0	($200,000,000)	$200,000,000	$0
2156	INDIAN HEALTH SERVICES FUNDING SHIFT	$0	$30,919,500	($30,919,500)	$0
2484	HEALTH CARE SVCS. FINES AND PENALTIES	$0	$0	($12,502,000)	$12,502,000
2551	HR 1 - UIS EMERGENCY ACA FMAP ADJUSTMENT	($51,500,000)	($158,278,000)	$106,778,000	$0
2531	RESIDENCY VERIFICATION IMPROVEMENTS	($418,230,000)	($291,870,000)	($126,360,000)	$0
2497	QUALITY SANCTIONS	($2,000,000)	($1,000,000)	($1,000,000)	$0
2054	ASSISTED LIVING WAIVER EXPANSION	$9,413,000	$4,523,000	$4,890,000	$0
2010	HCBA WAIVER EXPANSION	($22,434,490)	($11,107,760)	($11,326,720)	$0
1906	COUNTY SHARE OF OTLICP-CCS COSTS	($17,000,000)	$0	($17,000,000)	$0
2343	COUNTY BH RECOUPMENTS	($85,547,000)	$0	($85,547,000)	$0
2590	MCO TAX REVENUE TO SUPPORT MEDI-CAL	$181,637,000	$0	($1,742,200,000)	$1,923,837,000
2595	SUPPORT TO DESIGNATED PUBLIC HOSPITALS	$250,000,000	$0	$250,000,000	$0
2598	CONGREGATE LIVING HEALTH FACILITY	$15,400,000	$7,700,000	$7,700,000	$0

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

SUMMARY OF REGULAR POLICY CHANGES
FISCAL YEAR 2026-27

FRN	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	OTHER SUBTOTAL	**$1,075,667,390**	**$182,640,650**	**($3,001,877,260)**	**$3,894,904,000**
	GRAND TOTAL	**$63,305,664,750**	**$41,360,441,230**	**($13,509,638,660)**	**$35,454,862,170**

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

SUMMARY OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	COUNTY ADMIN				
1704	COUNTY ADMINISTRATION ALLOCATION	$2,377,805,000	$1,188,902,500	$1,188,902,500	$0
214	SAWS	$196,915,000	$196,846,000	$69,000	$0
217	CALWORKS APPLICATIONS	$99,964,000	$49,982,000	$49,982,000	$0
1598	CASE MANAGEMENT FOR OTLICP	$46,391,000	$23,195,500	$23,195,500	$0
213	LOS ANGELES COUNTY HOSPITAL INTAKES	$20,166,000	$17,430,000	$2,736,000	$0
215	SAVE	$0	$4,000,000	($4,000,000)	$0
1835	ENHANCED FEDERAL FUNDING	$0	$633,390,000	($633,390,000)	$0
2580	HR 1 - COUNTY ADMINISTRATION ALLOCATION	$709,001,000	$512,242,000	$196,759,000	$0
	COUNTY ADMIN SUBTOTAL	**$3,450,242,000**	**$2,625,988,000**	**$824,254,000**	**$0**
	DHCS-OTHER				
2389	CALAIM - PATH	$515,456,000	$257,728,000	$181,355,000	$76,373,000
1721	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$304,523,000	$290,611,000	$13,912,000	$0
1757	INTERIM AND FINAL COST SETTLEMENTS-SMHS	$182,450,000	$182,450,000	$0	$0
230	CCS PROGRAM COUNTY ADMINISTRATIVE BUDGET	$206,028,000	$131,578,400	$74,449,600	$0
2289	CYBHI - BH SERVICES AND SUPPORTS PLATFORM	$109,900,000	$0	$53,100,000	$56,800,000
2167	MEDI-CAL RX - ADMINISTRATIVE COSTS	$127,329,000	$93,946,700	$33,382,300	$0
1963	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	$148,013,000	$148,013,000	$0	$0
235	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	$148,168,000	$148,168,000	$0	$0
1813	DRUG MEDI-CAL COUNTY ADMINISTRATION	$123,527,000	$122,956,000	$571,000	$0
2517	CALAIM-BH-CONNECT WORKFORCE INITIATIVE	$213,750,000	$213,750,000	$0	$0
2491	BH TRANSFORMATION FUNDING FOR COUNTY BH DEPTS.	$17,001,000	$7,001,000	$0	$10,000,000
231	POSTAGE & PRINTING	$71,362,000	$35,552,500	$35,809,500	$0
2288	CALAIM - POPULATION HEALTH MANAGEMENT	$54,604,000	$50,994,200	$3,609,800	$0
1722	SMH MAA	$55,641,000	$55,641,000	$0	$0
2398	CALAIM - BH - CONNECT DEMONSTRATION ADMIN	$176,866,000	$88,433,000	$8,433,000	$80,000,000
1937	ACTUARIAL COSTS FOR RATE DEVELOPMENT	$45,000,000	$22,500,000	$22,500,000	$0
1551	MEDI-CAL RECOVERY CONTRACTS	$35,100,000	$26,325,000	$8,775,000	$0
252	ENTERPRISE DATA ENVIRONMENT	$52,166,000	$38,264,300	$13,901,700	$0
1748	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	$28,424,000	$13,990,550	$14,433,450	$0
1137	MITA	$45,858,000	$40,033,250	$5,824,750	$0
2505	ELECTRONIC VISIT VERIFICATION M&O COSTS	$39,190,000	$39,190,000	$0	$0
2402	EMSA - CALIFORNIA POISON CONTROL SYSTEM SVCS.	$18,291,000	$18,291,000	$0	$0

SUMMARY OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	DHCS-OTHER				
2152	HCBA WAIVER ADMINISTRATIVE COST	$23,380,000	$11,589,000	$11,791,000	$0
1932	PAVE SYSTEM	$30,784,000	$22,152,650	$8,631,350	$0
1318	CAPMAN	$19,309,000	$14,240,750	$5,068,250	$0
1720	PASRR	$9,637,000	$7,227,750	$2,409,250	$0
1370	PUBLIC HEALTH REGISTRIES SUPPORT	$13,480,000	$13,480,000	$0	$0
1732	SDMC SYSTEM M&O SUPPORT	$2,319,000	$1,159,500	$1,159,500	$0
2002	ELECTRONIC ASSET VERIFICATION PROGRAM	$10,909,000	$5,454,500	$5,454,500	$0
2447	CALAIM - JUSTICE INVOLVED MAA	$8,000,000	$4,000,000	$4,000,000	$0
1452	PROTECTION OF PHI DATA	$14,980,000	$7,490,000	$7,490,000	$0
2467	MOBILE VISION SERVICES	$2,208,000	$1,435,000	$0	$773,000
1982	MEDCOMPASS SOLUTION	$8,062,000	$5,942,100	$2,119,900	$0
1824	NEWBORN HEARING SCREENING PROGRAM	$6,313,000	$3,156,500	$3,156,500	$0
2334	COUNTY COMPLIANCE WITH INTEROPERABILITY FINAL RULE	$13,267,000	$7,360,000	$5,907,000	$0
2206	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	$5,875,000	$3,917,000	$1,958,000	$0
1972	PACES	$4,318,000	$3,182,950	$1,135,050	$0
2413	CALAIM - INMATE PRE-RELEASE PROGRAM ADMIN	$2,746,000	$1,373,000	$1,373,000	$0
1902	DATA ANALYTICS	$5,641,000	$3,812,000	$1,829,000	$0
2321	MEDICARE - MEDI-CAL OMBUDSPERSON PROGRAM	$2,200,000	$1,100,000	$1,100,000	$0
2392	MFP/CCT SUPPLEMENTAL FUNDING	$1,952,000	$1,952,000	$0	$0
1768	T-MSIS	$1,887,000	$1,413,250	$473,750	$0
237	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,820,000	$910,000	$910,000	$0
1441	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	$994,000	$715,000	$279,000	$0
1675	FAMILY PACT PROGRAM ADMIN.	$1,100,000	$550,000	$550,000	$0
2362	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT ADMIN	$1,275,000	$1,275,000	$0	$0
266	MMA - DSH ANNUAL INDEPENDENT AUDIT	$613,000	$306,500	$306,500	$0
2159	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	$2,750,000	$2,400,600	$349,400	$0
1556	CCT OUTREACH - ADMINISTRATIVE COSTS	$364,000	$364,000	$0	$0
2438	HEALTH PLAN OF SAN MATEO DENTAL INTEGRATION EVAL	$152,000	$76,000	$0	$76,000
2123	CMS DEFERRED CLAIMS - OTHER ADMIN	$0	($145,000,000)	$145,000,000	$0
2459	DESIGNATED STATE HEALTH PROGRAMS	$0	$346,856,000	($346,856,000)	$0
2562	EPTP - STATEWIDE LEARNING COLLABORATIVE	$2,900,000	$1,450,000	$1,450,000	$0
2559	STATE ONLY CLAIMING ADJUSTMENTS - ADMIN.	$0	($600,000,000)	$600,000,000	$0
2552	TRANSFORMING MATERNAL HEALTH PROVIDER INFR PYMT	$1,750,000	$1,750,000	$0	$0
2567	HR 1 - HEALTH ENROLLMENT NAVIGATORS	$4,000,000	$2,000,000	$0	$2,000,000
2592	RECONCILIATION - ADMIN	($81,100,000)	($7,700,000)	($7,700,000)	($65,700,000)

SUMMARY OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	DHCS-OTHER				
2593	PROPOSITION 35 FUNDING – CYBHI & BH-CONNECT	$0	$0	($65,700,000)	$65,700,000
	DHCS-OTHER SUBTOTAL	**$2,842,532,000**	**$1,752,807,950**	**$863,702,050**	**$226,022,000**
	DHCS-MEDICAL FI				
2115	MEDICAL FI BO & IT COST REIMBURSEMENT	$65,381,000	$47,187,050	$18,193,950	$0
2117	MEDICAL FI BO & IT CHANGE ORDERS	$36,601,000	$26,978,700	$9,622,300	$0
2119	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	$50,974,000	$37,572,000	$13,402,000	$0
2118	MEDICAL INFRASTRUCTURE & DATA MGT SVCS	$35,744,000	$26,348,050	$9,395,950	$0
2112	MEDICAL FI BO OTHER ESTIMATED COSTS	$26,951,000	$18,852,250	$8,098,750	$0
2116	MEDICAL FI BO TELEPHONE SERVICE CENTER	$19,718,000	$13,815,400	$5,902,600	$0
2111	MEDICAL FI BUSINESS OPERATIONS	$17,972,000	$13,238,150	$4,722,850	$11,000
2113	MEDICAL FI BO HOURLY REIMBURSEMENT	$12,998,000	$9,580,800	$3,417,200	$0
2114	MEDICAL FI BO MISCELLANEOUS EXPENSES	$1,189,000	$863,150	$325,850	$0
2564	HR 1 - PROHIBITED ENTITIES SYSTEMS COSTS	$137,000	$0	$137,000	$0
2594	UIS MEMBER TRANSITION TO FFS SYSTEMS COSTS	$33,300,000	$0	$33,300,000	$0
	DHCS-MEDICAL FI SUBTOTAL	**$300,965,000**	**$194,435,550**	**$106,518,450**	**$11,000**
	DHCS-HEALTH CARE OPT				
2051	HCO OPERATIONS	$36,638,000	$18,593,800	$18,044,200	$0
2052	HCO COST REIMBURSEMENT	$40,621,000	$20,531,450	$20,089,550	$0
2053	HCO ESR HOURLY REIMBURSEMENT	$15,590,000	$7,912,000	$7,678,000	$0
	DHCS-HEALTH CARE OPT SUBTOTAL	**$92,849,000**	**$47,037,250**	**$45,811,750**	**$0**
	DHCS-DENTAL FI				
2380	DENTAL FI-DBO ADMIN 2022 CONTRACT	$132,472,000	$96,907,000	$35,565,000	$0
2006	DENTAL FI ADMINISTRATION 2016 CONTRACT	$18,760,000	$14,062,000	$4,698,000	$0
	DHCS-DENTAL FI SUBTOTAL	**$151,232,000**	**$110,969,000**	**$40,263,000**	**$0**
	OTHER DEPARTMENTS				
236	PERSONAL CARE SERVICES	$653,534,000	$653,534,000	$0	$0
233	HEALTH-RELATED ACTIVITIES - CDSS	$804,896,000	$804,896,000	$0	$0
1679	CALHEERS DEVELOPMENT	$227,558,000	$165,525,100	$62,032,900	$0
234	MATERNAL AND CHILD HEALTH	$114,846,000	$114,846,000	$0	$0
243	CDDS ADMINISTRATIVE COSTS	$129,193,000	$129,193,000	$0	$0
256	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$60,356,000	$60,356,000	$0	$0
246	HCPCFC CASE MANAGEMENT	$74,400,000	$55,800,000	$4,929,000	$13,671,000
2455	HCPCFC ADMIN COSTS	$23,757,000	$11,878,500	$11,878,500	$0

SUMMARY OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
	OTHER DEPARTMENTS				
1192	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	$13,656,000	$13,656,000	$0	$0
253	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$8,200,000	$8,200,000	$0	$0
2244	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	$8,391,000	$8,391,000	$0	$0
239	CLPP CASE MANAGEMENT SERVICES	$13,726,000	$13,726,000	$0	$0
1680	CALIFORNIA SMOKERS' HELPLINE	$3,564,000	$3,564,000	$0	$0
257	CALHHS AGENCY HIPAA FUNDING	$1,908,000	$954,000	$954,000	$0
1665	MEDI-CAL INPATIENT SERVICES FOR INMATES	$1,189,000	$1,189,000	$0	$0
232	VETERANS BENEFITS	$1,100,000	$1,100,000	$0	$0
1774	VITAL RECORDS	$883,000	$879,000	$4,000	$0
249	KIT FOR NEW PARENTS	$83,000	$83,000	$0	$0
263	MERIT SYSTEM SERVICES FOR COUNTIES	$211,000	$105,500	$105,500	$0
1114	PIA EYEWEAR COURIER SERVICE	$894,000	$447,000	$447,000	$0
	OTHER DEPARTMENTS SUBTOTAL	**$2,142,345,000**	**$2,048,323,100**	**$80,350,900**	**$13,671,000**
	GRAND TOTAL	**$8,980,165,000**	**$6,779,560,850**	**$1,960,900,150**	**$239,704,000**

MEDI-CAL BENEFITS EXPENDITURES BY SERVICE CATEGORY
FISCAL YEAR 2026-27

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER FUNDS
PROFESSIONAL	$12,829,713,360	$6,500,410,910	$4,978,082,850	$1,351,219,610
PHYSICIANS	$526,581,540	$318,863,400	$157,295,340	$50,422,800
OTHER MEDICAL	$9,393,612,470	$4,494,571,310	$4,641,469,240	$257,571,920
CO. & COMM. OUTPATIENT	$2,909,519,360	$1,686,976,200	$179,318,270	$1,043,224,890
PHARMACY	$15,762,961,170	$6,477,290,120	$6,432,642,140	$2,853,028,910
HOSPITAL INPATIENT	$13,819,029,470	$8,192,087,600	$2,039,238,140	$3,587,703,720
COUNTY INPATIENT	$4,000,881,670	$2,373,177,660	$55,891,250	$1,571,812,750
COMMUNITY INPATIENT	$9,818,147,800	$5,818,909,940	$1,983,346,890	$2,015,890,970
LONG TERM CARE	$791,051,720	$409,996,140	$372,239,150	$8,816,420
NURSING FACILITIES	$769,306,950	$398,632,240	$362,022,560	$8,652,160
ICF-DD	$21,744,760	$11,363,910	$10,216,590	$164,260
OTHER SERVICES	$2,932,042,060	$1,873,895,450	$1,013,506,150	$44,640,460
MEDICAL TRANSPORTATION	$129,284,040	$83,199,200	$30,478,370	$15,606,470
OTHER SERVICES	$2,669,730,950	$1,721,915,100	$921,550,440	$26,265,410
HOME HEALTH	$133,027,070	$68,781,150	$61,477,340	$2,768,580
TOTAL FEE-FOR-SERVICE	**$46,134,797,770**	**$23,453,680,230**	**$14,835,708,430**	**$7,845,409,120**
MANAGED CARE	$113,744,563,760	$67,191,337,020	$19,982,034,430	$26,571,192,320
TWO PLAN MODEL	$65,727,653,580	$38,943,657,940	$11,069,752,440	$15,714,243,200
COUNTY ORGANIZED HEALTH SYSTEMS	$33,224,826,090	$19,726,653,090	$5,486,135,000	$8,012,038,000
GEOGRAPHIC MANAGED CARE	$11,061,493,680	$6,681,298,710	$1,670,608,610	$2,709,586,360
PHP & OTHER MANAG. CARE	$3,292,834,600	$1,564,412,820	$1,699,119,350	$29,302,420
REGIONAL MODEL	$437,755,820	$275,314,460	$56,419,020	$106,022,340
DENTAL	$3,334,045,210	$1,819,209,860	$1,403,165,650	$111,669,700
MENTAL HEALTH	$10,670,528,450	$6,591,543,420	$384,038,950	$3,694,946,080
AUDITS/ LAWSUITS	$54,905,930	($172,733,840)	$227,639,770	$0
EPSDT SCREENS	$0	$0	$0	$0
MEDICARE PAYMENTS	$10,735,837,180	$2,673,572,750	$8,062,264,430	$0
STATE HOSP./DEVELOPMENTAL CNTRS.	$13,707,780	$13,990,940	($283,160)	$0
MISC. SERVICES	$25,054,520,470	$24,473,263,020	$81,933,360	$499,324,090
RECOVERIES	($920,306,270)	($695,878,910)	($224,427,360)	$0
DRUG MEDI-CAL	$1,852,333,400	$1,399,009,130	$181,810,400	$271,513,860
GRAND TOTAL MEDI-CAL BENEFITS	**$210,674,933,690**	**$126,746,993,620**	**$44,933,884,890**	**$38,994,055,170**

MEDI-CAL BENEFITS EXPENDITURES BY SERVICE CATEGORY
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

SERVICE CATEGORY	MAY 2026 EST. FOR 2025-26	MAY 2026 EST. FOR 2026-27	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$10,311,572,840	$12,829,713,360	$2,518,140,530	24.42%
PHYSICIANS	$680,453,600	$526,581,540	($153,872,060)	-22.61%
OTHER MEDICAL	$8,627,143,100	$9,393,612,470	$766,469,370	8.88%
CO. & COMM. OUTPATIENT	$1,003,976,140	$2,909,519,360	$1,905,543,220	189.80%
PHARMACY	$15,843,851,930	$15,762,961,170	($80,890,760)	-0.51%
HOSPITAL INPATIENT	$10,073,510,640	$13,819,029,470	$3,745,518,830	37.18%
COUNTY INPATIENT	$3,720,152,230	$4,000,881,670	$280,729,440	7.55%
COMMUNITY INPATIENT	$6,353,358,410	$9,818,147,800	$3,464,789,380	54.53%
LONG TERM CARE	$892,049,450	$791,051,720	($100,997,740)	-11.32%
NURSING FACILITIES	$867,788,820	$769,306,950	($98,481,870)	-11.35%
ICF-DD	$24,260,630	$21,744,760	($2,515,870)	-10.37%
OTHER SERVICES	$3,001,064,950	$2,932,042,060	($69,022,890)	-2.30%
MEDICAL TRANSPORTATION	$72,291,420	$129,284,040	$56,992,620	78.84%
OTHER SERVICES	$2,796,152,460	$2,669,730,950	($126,421,520)	-4.52%
HOME HEALTH	$132,621,060	$133,027,070	$406,010	0.31%
TOTAL FEE-FOR-SERVICE	**$40,122,049,810**	**$46,134,797,770**	**$6,012,747,960**	**14.99%**
MANAGED CARE	$98,158,234,880	$113,744,563,760	$15,586,328,880	15.88%
TWO PLAN MODEL	$54,622,447,780	$65,727,653,580	$11,105,205,800	20.33%
COUNTY ORGANIZED HEALTH SYSTEMS	$29,881,349,310	$33,224,826,090	$3,343,476,790	11.19%
GEOGRAPHIC MANAGED CARE	$10,204,866,970	$11,061,493,680	$856,626,710	8.39%
PHP & OTHER MANAG. CARE	$2,865,118,520	$3,292,834,600	$427,716,080	14.93%
REGIONAL MODEL	$584,452,310	$437,755,820	($146,696,490)	-25.10%
DENTAL	$2,715,106,910	$3,334,045,210	$618,938,300	22.80%
MENTAL HEALTH	$11,056,545,960	$10,670,528,450	($386,017,510)	-3.49%
AUDITS/ LAWSUITS	$208,513,000	$54,905,930	($153,607,070)	-73.67%
MEDICARE PAYMENTS	$9,977,064,260	$10,735,837,180	$758,772,920	7.61%
STATE HOSP./DEVELOPMENTAL CNTRS.	$18,877,000	$13,707,780	($5,169,220)	-27.38%
MISC. SERVICES	$23,411,680,000	$25,054,520,470	$1,642,840,470	7.02%
RECOVERIES	($966,554,000)	($920,306,270)	$46,247,730	-4.78%
DRUG MEDI-CAL	$2,209,233,280	$1,852,333,400	($356,899,880)	-16.15%
GRAND TOTAL MEDI-CAL	**$186,910,751,110**	**$210,674,933,690**	**$23,764,182,570**	**12.71%**
GENERAL FUNDS	**$46,040,974,730**	**$44,933,884,890**	**($1,107,089,840)**	**-2.40%**
OTHER FUNDS	**$28,683,969,830**	**$38,994,055,170**	**$10,310,085,350**	**35.94%**

MEDI-CAL BENEFITS EXPENDITURES BY SERVICE CATEGORY
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

SERVICE CATEGORY	NOV. 2025 EST. FOR 2026-27	MAY 2026 EST. FOR 2026-27	DOLLAR DIFFERENCE	% CHANGE
PROFESSIONAL	$10,762,237,460	$12,829,713,360	$2,067,475,900	19.21%
PHYSICIANS	$618,284,310	$526,581,540	($91,702,770)	-14.83%
OTHER MEDICAL	$8,005,141,310	$9,393,612,470	$1,388,471,160	17.34%
CO. & COMM. OUTPATIENT	$2,138,811,840	$2,909,519,360	$770,707,520	36.03%
PHARMACY	$16,069,085,640	$15,762,961,170	($306,124,470)	-1.91%
HOSPITAL INPATIENT	$12,771,407,440	$13,819,029,470	$1,047,622,020	8.20%
COUNTY INPATIENT	$3,998,263,060	$4,000,881,670	$2,618,610	0.07%
COMMUNITY INPATIENT	$8,773,144,380	$9,818,147,800	$1,045,003,410	11.91%
LONG TERM CARE	$951,054,630	$791,051,720	($160,002,910)	-16.82%
NURSING FACILITIES	$921,810,760	$769,306,950	($152,503,800)	-16.54%
ICF-DD	$29,243,870	$21,744,760	($7,499,110)	-25.64%
OTHER SERVICES	$2,920,151,680	$2,932,042,060	$11,890,380	0.41%
MEDICAL TRANSPORTATION	$132,514,690	$129,284,040	($3,230,660)	-2.44%
OTHER SERVICES	$2,658,589,500	$2,669,730,950	$11,141,450	0.42%
HOME HEALTH	$129,047,490	$133,027,070	$3,979,580	3.08%
TOTAL FEE-FOR-SERVICE	**$43,473,936,850**	**$46,134,797,770**	**$2,660,860,920**	**6.12%**
MANAGED CARE	$123,223,186,150	$113,744,563,760	($9,478,622,390)	-7.69%
TWO PLAN MODEL	$71,428,590,220	$65,727,653,580	($5,700,936,650)	-7.98%
COUNTY ORGANIZED HEALTH SYSTEMS	$34,810,093,450	$33,224,826,090	($1,585,267,360)	-4.55%
GEOGRAPHIC MANAGED CARE	$12,725,746,010	$11,061,493,680	($1,664,252,340)	-13.08%
PHP & OTHER MANAG. CARE	$3,466,965,430	$3,292,834,600	($174,130,830)	-5.02%
REGIONAL MODEL	$791,791,030	$437,755,820	($354,035,220)	-44.71%
DENTAL	$2,657,933,290	$3,334,045,210	$676,111,920	25.44%
MENTAL HEALTH	$9,345,080,510	$10,670,528,450	$1,325,447,940	14.18%
AUDITS/ LAWSUITS	$562,330	$54,905,930	$54,343,600	9,664.04%
MEDICARE PAYMENTS	$10,852,234,810	$10,735,837,180	($116,397,620)	-1.07%
STATE HOSP./DEVELOPMENTAL CNTRS.	$19,215,330	$13,707,780	($5,507,550)	-28.66%
MISC. SERVICES	$24,564,820,070	$25,054,520,470	$489,700,400	1.99%
RECOVERIES	($929,153,260)	($920,306,270)	$8,846,990	-0.95%
DRUG MEDI-CAL	$1,531,665,610	$1,852,333,400	$320,667,790	20.94%
GRAND TOTAL MEDI-CAL	**$214,739,481,680**	**$210,674,933,690**	**($4,064,547,990)**	**-1.89%**
GENERAL FUNDS	**$46,981,324,740**	**$44,933,884,890**	**($2,047,439,850)**	**-4.36%**
OTHER FUNDS	**$36,083,860,430**	**$38,994,055,170**	**$2,910,194,740**	**8.07%**

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	DRUG MEDI-CAL						
2012	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	$1,473,221,000	$232,795,750	$1,762,233,000	$150,492,000	$289,012,000	($82,303,750)
2320	DRUG MEDI-CAL STATE PLAN SERVICES	$56,357,000	$3,367,800	$51,307,000	$2,931,300	($5,050,000)	($436,500)
	DRUG MEDI-CAL SUBTOTAL	**$1,529,578,000**	**$236,163,550**	**$1,813,540,000**	**$153,423,300**	**$283,962,000**	**($82,740,250)**
	MENTAL HEALTH						
1780	SMHS FOR ADULTS	$4,849,240,000	$417,629,500	$5,455,610,000	$446,255,100	$606,370,000	$28,625,600
1779	SMHS FOR CHILDREN	$3,933,167,000	$77,855,700	$4,487,212,000	$82,327,900	$554,045,000	$4,472,200
	MENTAL HEALTH SUBTOTAL	**$8,782,407,000**	**$495,485,200**	**$9,942,822,000**	**$528,583,000**	**$1,160,415,000**	**$33,097,800**
	MANAGED CARE						
56	TWO PLAN MODEL	$39,171,218,000	$16,841,148,150	$38,347,025,000	$16,667,911,500	($824,193,000)	($173,236,650)
57	COUNTY ORGANIZED HEALTH SYSTEMS & SINGLE PLAN	$21,993,408,000	$9,350,499,350	$21,305,208,000	$9,095,002,700	($688,200,000)	($255,496,650)
58	GEOGRAPHIC MANAGED CARE	$6,942,350,000	$2,777,803,150	$6,690,671,000	$2,727,270,950	($251,679,000)	($50,532,200)
62	PACE (Other M/C)	$3,271,641,000	$1,697,509,500	$3,020,768,000	$1,605,307,800	($250,873,000)	($92,201,700)
1842	REGIONAL MODEL	$254,573,000	$93,468,350	$246,982,000	$92,092,050	($7,591,000)	($1,376,300)
1029	DENTAL MANAGED CARE (Other M/C)	$185,492,000	$78,377,450	$180,042,000	$81,498,350	($5,450,000)	$3,120,900
61	SENIOR CARE ACTION NETWORK (Other M/C)	$118,883,000	$59,778,500	$117,169,000	$59,198,500	($1,714,000)	($580,000)
1837	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	$48,570,000	$20,180,000	$62,440,000	$23,031,000	$13,870,000	$2,851,000
1823	COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM	$15,632,000	$5,471,200	$16,267,000	$5,693,450	$635,000	$222,250
63	AIDS HEALTHCARE CENTERS (Other M/C)	$14,378,000	$6,073,300	$13,622,000	$5,497,800	($756,000)	($575,500)
1797	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	$2,191,000	$766,850	$3,069,000	$1,074,150	$878,000	$307,300
	MANAGED CARE SUBTOTAL	**$72,018,336,000**	**$30,931,075,800**	**$70,003,263,000**	**$30,363,578,250**	**($2,015,073,000)**	**($567,497,550)**

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	FEE-FOR-SERVICE BASE						
2540	FFS - PHARMACY	$25,658,484,000	$10,632,869,700	$25,643,326,000	$10,444,519,150	($15,158,000)	($188,350,550)
2539	FFS - OTHER MEDICAL	$7,692,256,000	$4,096,239,200	$8,222,865,000	$4,235,229,600	$530,609,000	$138,990,400
2543	FFS - COMMUNITY INPATIENT	$3,564,755,000	$1,272,854,100	$3,594,693,000	$1,290,856,050	$29,938,000	$18,001,950
2547	FFS - OTHER SERVICES	$2,038,293,000	$1,001,021,350	$1,967,034,000	$955,369,350	($71,259,000)	($45,652,000)
2544	FFS - NURSING FACILITIES	$810,530,000	$422,138,600	$696,648,000	$339,461,600	($113,882,000)	($82,677,000)
2542	FFS - COUNTY INPATIENT	$662,954,000	$45,367,900	$660,042,000	$19,033,100	($2,912,000)	($26,334,800)
2541	FFS - CO. & COMM. OUTPATIENT	$654,506,000	$306,659,550	$646,148,000	$288,794,000	($8,358,000)	($17,865,550)
2538	FFS - PHYSICIANS	$614,676,000	$270,715,650	$523,847,000	$229,612,600	($90,829,000)	($41,103,050)
2548	FFS - HOME HEALTH	$133,933,000	$64,227,200	$136,128,000	$65,734,650	$2,195,000	$1,507,450
2546	FFS - MEDICAL TRANSPORTATION	$81,984,000	$27,178,950	$77,918,000	$25,627,900	($4,066,000)	($1,551,050)
2545	FFS - ICF-DD	$11,868,000	$6,064,400	$8,056,000	$3,965,000	($3,812,000)	($2,099,400)
	FEE-FOR-SERVICE BASE SUBTOTAL	**$41,924,239,000**	**$18,145,336,600**	**$42,176,705,000**	**$17,898,203,000**	**$252,466,000**	**($247,133,600)**
	OTHER						
76	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	$6,591,980,000	$3,811,371,000	$6,548,820,000	$3,784,684,500	($43,160,000)	($26,686,500)
22	PERSONAL CARE SERVICES (Misc. Svcs.)	$4,911,772,000	$0	$4,875,015,000	$0	($36,757,000)	$0
23	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)	$4,773,038,000	$0	$4,938,732,000	$0	$165,694,000	$0
1019	MEDICARE PAYMENTS - PART D PHASED-DOWN	$4,354,830,000	$4,354,830,000	$4,367,207,000	$4,367,207,000	$12,377,000	$12,377,000
135	DENTAL SERVICES	$2,912,222,000	$1,115,101,700	$2,691,090,000	$1,272,912,600	($221,132,000)	$157,810,900
32	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	$665,629,000	$335,800,000	$616,026,000	$310,665,000	($49,603,000)	($25,135,000)
26	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	$467,173,000	$0	$518,524,000	$0	$51,351,000	$0
2080	LAWSUITS/CLAIMS	$1,350,000	$675,000	$55,850,000	$27,925,000	$54,500,000	$27,250,000
77	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	$20,003,000	$0	$14,645,000	$0	($5,358,000)	$0

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	OTHER						
27	MEDI-CAL TCM PROGRAM	$4,826,000	$0	$9,208,000	$0	$4,382,000	$0
91	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	$321,000	$160,500	$255,000	$127,500	($66,000)	($33,000)
127	BASE RECOVERIES	($931,529,000)	($227,123,360)	($919,609,000)	($224,216,690)	$11,920,000	$2,906,670
	OTHER SUBTOTAL	**$23,771,615,000**	**$9,390,814,840**	**$23,715,763,000**	**$9,539,304,910**	**($55,852,000)**	**$148,490,070**
	GRAND TOTAL	**$148,026,175,000**	**$59,198,875,990**	**$147,652,093,000**	**$58,483,092,460**	**($374,082,000)**	**($715,783,530)**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	ELIGIBILITY						
1569	MEDI-CAL STATE INMATE PROGRAMS	$42,390,000	$0	$47,616,000	$0	$5,226,000	$0
2529	PREMIUMS FOR ADULTS WITH UNSATIS. IMMIG. STAT.	$28,000,000	$28,000,000	$28,000,000	$28,000,000	$0	$0
2332	CALAIM - INMATE PRE-RELEASE PROGRAM	$198,358,000	$29,175,000	$191,799,000	$27,075,000	($6,559,000)	($2,100,000)
3	BREAST AND CERVICAL CANCER TREATMENT	$21,410,000	$11,066,400	$17,028,000	$9,026,200	($4,382,000)	($2,040,200)
13	NON-OTLICP CHIP	$0	($114,336,000)	$0	($123,190,200)	$0	($8,854,200)
1007	SCHIP FUNDING FOR PRENATAL CARE	$0	($76,662,300)	$0	($80,575,300)	$0	($3,913,000)
2155	CS3 PROXY ADJUSTMENT	$0	($102,427,900)	$0	($114,308,700)	$0	($11,880,800)
2237	REFUGEE MEDICAL ASSISTANCE	$0	($100,000)	$0	($47,000)	$0	$53,000
2029	MEDI-CAL COUNTY INMATE REIMBURSEMENT	$0	($2,572,000)	$0	($2,513,000)	$0	$59,000
2500	SB 525 MINIMUM WAGE - CASELOAD IMPACT	($239,621,000)	($95,848,500)	($239,621,000)	($95,848,500)	$0	$0
2535	REINSTATEMENT OF ASSET LIMIT	($698,495,000)	($349,247,500)	($862,813,000)	($431,406,500)	($164,318,000)	($82,159,000)
2530	FULL-SCOPE MEDI-CAL EXPANSION ENROLLMENT FREEZE	($865,510,000)	($742,541,700)	($865,510,000)	($742,541,700)	$0	$0
2553	HR 1 - REDUCED RETROACTIVE MEDI-CAL TIMEFRAMES	($23,072,000)	($9,607,350)	($34,562,000)	($14,662,050)	($11,490,000)	($5,054,700)
2554	HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS	$0	$0	($372,425,000)	$364,902,000	($372,425,000)	$364,902,000
2555	HR 1 - FED WORK & COMMUNITY ENGAGEMENT REQUIREMENT	($373,277,000)	($102,445,100)	($357,564,000)	($90,313,200)	$15,713,000	$12,131,900
2575	HR 1 - DEATH MASTER FILE AUTOMATION	$0	$0	($32,665,000)	($9,868,950)	($32,665,000)	($9,868,950)
2561	HR 1 - ACA ADULT EXP GROUP 6-MONTH REDETERMINATION	($463,312,000)	($74,130,400)	$0	$0	$463,312,000	$74,130,400
	ELIGIBILITY SUBTOTAL	**($2,373,129,000)**	**($1,601,677,350)**	**($2,480,717,000)**	**($1,276,271,900)**	**($107,588,000)**	**$325,405,450**
	AFFORDABLE CARE ACT						
1595	COMMUNITY FIRST CHOICE OPTION	$12,056,278,000	$0	$12,068,334,000	$0	$12,056,000	$0

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	AFFORDABLE CARE ACT						
1967	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	$17,844,000	$0	$17,844,000	$0	$0	$0
1791	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	($5,939,000)	$0	($6,050,000)	$0	($111,000)
1821	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	$0	($31,928,400)	$0	($33,763,200)	$0	($1,834,800)
	AFFORDABLE CARE ACT SUBTOTAL	**$12,074,122,000**	**($37,867,400)**	**$12,086,178,000**	**($39,813,200)**	**$12,056,000**	**($1,945,800)**
	BENEFITS						
25	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$678,385,000	$0	$678,367,000	$0	($18,000)	$0
1	FAMILY PACT PROGRAM	$147,653,000	$37,122,300	$140,721,000	$35,402,600	($6,932,000)	($1,719,700)
1228	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$130,186,000	$28,367,000	$127,913,000	$28,351,000	($2,273,000)	($16,000)
28	MULTIPURPOSE SENIOR SERVICES PROGRAM	$63,951,000	$32,212,500	$63,951,000	$32,214,500	$0	$2,000
2457	CYBHI WELLNESS COACH BENEFIT	$73,607,000	$31,917,600	$32,000	($5,086,000)	($73,575,000)	($37,003,600)
1855	BEHAVIORAL HEALTH TREATMENT	$6,200,000	$3,100,000	$6,334,000	$3,167,000	$134,000	$67,000
2189	HEARING AID COVERAGE FOR CHILDREN PROGRAM	$2,621,000	$2,621,000	$2,621,000	$2,621,000	$0	$0
1562	CCT FUND TRANSFER TO CDSS	$38,000	$0	$736,000	$0	$698,000	$0
2528	UTILIZATION MANAGEMENT FOR HOSPICE	($100,000,000)	($50,000,000)	($110,171,000)	($42,162,000)	($10,171,000)	$7,838,000
2570	MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINES	$0	$0	$14,451,000	$6,976,650	$14,451,000	$6,976,650
	BENEFITS SUBTOTAL	**$1,002,641,000**	**$85,340,400**	**$924,955,000**	**$61,484,750**	**($77,686,000)**	**($23,855,650)**
	PHARMACY						
2512	CELL AND GENE THERAPY ACCESS MODEL	$19,321,000	$9,660,500	$19,321,000	$9,660,500	$0	$0
2124	MEDI-CAL DRUG REBATE FUND	$0	($2,350,812,000)	$0	($2,846,543,000)	$0	($495,731,000)
2524	HIV/AIDS AND CANCER DRUG REBATES	($300,000,000)	($150,000,000)	($300,000,000)	($150,000,000)	$0	$0

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	PHARMACY						
1433	BCCTP DRUG REBATES	($1,205,000)	$0	($1,287,000)	$0	($82,000)	$0
51	FAMILY PACT DRUG REBATES	($1,900,000)	$0	($1,961,000)	$0	($61,000)	$0
2519	UPDATES TO OTC COVID-19 TESTS AND OTC PRODUCTS	($12,000,000)	($4,972,900)	($12,000,000)	($4,972,900)	$0	$0
2526	PHARMACY UTILIZATION MANAGEMENT	($100,000,000)	($41,440,200)	($80,632,000)	($33,413,500)	$19,368,000	$8,026,700
2520	ELIMINATE GLP-1 COVERAGE FOR WEIGHT LOSS	($365,144,000)	($364,180,000)	($365,144,000)	($364,180,000)	$0	$0
2518	PRIOR AUTH. FOR CONTINUATION OF DRUG THERAPY	($250,000,000)	($103,600,400)	($250,000,000)	($103,600,400)	$0	$0
1181	MEDICAL SUPPLY REBATES	($194,400,000)	($60,182,650)	($204,000,000)	($61,991,800)	($9,600,000)	($1,809,150)
2527	STEP THERAPY	($350,000,000)	($145,040,350)	($350,000,000)	($145,040,350)	$0	$0
54	STATE SUPPLEMENTAL DRUG REBATES	($539,232,000)	$0	($594,791,000)	$0	($55,559,000)	$0
55	FEDERAL DRUG REBATES	($5,649,935,000)	$0	($6,982,154,000)	$0	($1,332,219,000)	$0
2557	PHARMACY PAYMENT METHODOLOGY - USUAL AND CUSTOMARY	($53,040,000)	($21,979,850)	($8,566,000)	($3,549,800)	$44,474,000	$18,430,050
2579	MEDI-CAL RX FRAUD, WASTE, & ABUSE PREVENTION	$0	$0	($35,002,000)	($14,505,100)	($35,002,000)	($14,505,100)
2525	MEDI-CAL RX REBATE AGGREGATOR	($435,000,000)	($435,000,000)	$0	$0	$435,000,000	$435,000,000
	PHARMACY SUBTOTAL	**($8,232,535,000)**	**($3,667,547,850)**	**($9,166,216,000)**	**($3,718,136,350)**	**($933,681,000)**	**($50,588,500)**
	DRUG MEDI-CAL						
2278	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT	$16,478,000	$0	$16,478,000	$0	$0	$0
1723	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$3,351,000	$288,000	$15,996,000	$7,207,000	$12,645,000	$6,919,000
1724	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	$1,734,000	$107,150	$1,755,000	$114,400	$21,000	$7,250
	DRUG MEDI-CAL SUBTOTAL	**$21,563,000**	**$395,150**	**$34,229,000**	**$7,321,400**	**$12,666,000**	**$6,926,250**

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	MENTAL HEALTH						
2394	CALAIM - BH - CONNECT DEMONSTRATION	$450,300,000	$23,815,000	$422,340,000	$23,815,000	($27,960,000)	$0
2252	MHP COSTS FOR FFPSA	$35,897,000	$8,975,000	$34,943,000	$8,736,000	($954,000)	($239,000)
1957	MHP COSTS FOR CONTINUUM OF CARE REFORM	$5,479,000	$3,616,650	$2,026,000	$1,911,550	($3,453,000)	($1,705,100)
2268	OUT OF STATE YOUTH - SMHS	$630,000	$315,000	$857,000	$428,500	$227,000	$113,500
1660	IMPERIAL AND SISKIYOU COUNTY MHP OVERPAYMENT	$0	($200,000)	$0	($1,200,000)	$0	($1,000,000)
1713	INTERIM AND FINAL COST SETTLEMENTS - SMHS	($6,567,000)	$632,000	($12,525,000)	$1,780,000	($5,958,000)	$1,148,000
2574	RETRO PAYMENTS TO COUNTIES FOR STATE-ONLY BH SVCS	$0	$0	$165,000,000	$165,000,000	$165,000,000	$165,000,000
	MENTAL HEALTH SUBTOTAL	**$485,739,000**	**$37,153,650**	**$612,641,000**	**$200,471,050**	**$126,902,000**	**$163,317,400**
	WAIVER--MH/UCD & BTR						
1951	GLOBAL PAYMENT PROGRAM	$3,022,096,000	$0	$3,013,102,000	$0	($8,994,000)	$0
2245	CALAIM ECM-COMMUNITY SUPPORTS-TRANSITIONAL RENT	$2,748,746,000	$1,142,771,050	$2,706,233,000	$1,119,202,600	($42,513,000)	($23,568,450)
1769	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	$650,000	$0	$623,000	$0	($27,000)	$0
2452	ENHANCED CARE MANAGEMENT RISK CORRIDOR	($21,000,000)	($21,000,000)	$0	$0	$21,000,000	$21,000,000
	WAIVER--MH/UCD & BTR SUBTOTAL	**$5,750,492,000**	**$1,121,771,050**	**$5,719,958,000**	**$1,119,202,600**	**($30,534,000)**	**($2,568,450)**
	MANAGED CARE						
2408	2023 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	$6,910,698,000	$2,810,448,150	$6,849,713,000	$2,803,180,900	($60,985,000)	($7,267,250)
2061	MANAGED CARE HEALTH CARE FINANCING PROGRAM	$3,284,465,000	$1,235,964,900	$3,185,536,000	$1,193,134,800	($98,929,000)	($42,830,100)
2060	MANAGED CARE PUBLIC HOSPITAL EPP	$6,056,171,000	$2,236,962,800	$6,056,171,000	$2,236,962,800	$0	$0

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	MANAGED CARE						
2062	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	$5,159,793,000	$1,544,341,750	$5,159,793,000	$1,567,814,600	$0	$23,472,850
2388	WORKFORCE & QUALITY INCENTIVE PROGRAM	$0	$8,487,550	($15,679,000)	($7,940,050)	($15,679,000)	($16,427,600)
2504	MEDI-CAL MANAGED CARE QUALITY WITHHOLD RELEASE	$593,866,000	$253,974,400	$593,866,000	$253,974,400	$0	$0
2437	MANAGED CARE DISTRICT HOSPITAL DIRECTED PAYMENTS	$1,297,033,000	$0	$1,297,033,000	$0	$0	$0
2499	COMMUNITY CLINIC DIRECTED PAYMENT PROGRAM	$105,000,000	$36,100,400	$205,000,000	$70,481,400	$100,000,000	$34,381,000
2474	CHILDREN'S HOSPITAL SUPPLEMENTAL PAYMENT PROGRAM	$440,833,000	$220,416,000	$440,833,000	$220,416,000	$0	$0
2406	2023 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	$0	($3,645,180,000)	$0	($3,639,403,000)	$0	$5,777,000
2407	2023 MCO ENROLLMENT TAX MANAGED CARE PLANS	$0	($2,530,602,000)	$0	($2,477,639,000)	$0	$52,963,000
2063	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	$0	($5,687,698,000)	$0	($6,010,266,000)	$0	($322,568,000)
1788	RETRO MC RATE ADJUSTMENTS	($339,510,000)	($539,117,850)	($607,888,000)	($474,996,500)	($268,378,000)	$64,121,350
2558	MCP NETWORK ADEQUACY & TIMELY ACCESS SANCTIONS	($3,500,000)	($1,750,000)	($3,500,000)	($1,750,000)	$0	$0
2569	IMPROVEMENTS AND EFFICIENCIES	($120,000,000)	($120,000,000)	($170,343,000)	($68,000,000)	($50,343,000)	$52,000,000
2576	MANAGED CARE RISK CORRIDORS	$0	$0	($485,055,000)	($264,143,710)	($485,055,000)	($264,143,710)
2577	UIS MEMBER TRANSITION TO FFS	$0	$0	($711,297,000)	($599,121,000)	($711,297,000)	($599,121,000)
2582	OVERPAYMENTS FOR REPRODUCTIVE HEALTH	$0	$0	$0	$30,000,000	$0	$30,000,000
2585	2027 MCO TAX CAPITATION PAYMENTS	$0	$0	$539,050,000	$225,678,000	$539,050,000	$225,678,000
2586	2027 MCO TAX FUNDING ADJUSTMENT - CAPITATION	$0	$0	$0	($135,407,000)	$0	($135,407,000)
2587	2027 MCO TAX FUNDING ADJUSTMENT – GENERAL SUPPORT	$0	$0	($92,927,000)	($584,028,000)	($92,927,000)	($584,028,000)
2135	COORDINATED CARE INITIATIVE RISK MITIGATION	$63,734,000	$31,867,000	$0	$0	($63,734,000)	($31,867,000)

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	MANAGED CARE SUBTOTAL	**$23,448,583,000**	**($4,145,784,900)**	**$22,240,306,000**	**($5,661,051,360)**	**($1,208,277,000)**	**($1,515,266,460)**
	PROVIDER RATES						
88	RATE INCREASE FOR FQHCS/RHCS/CBRCS	$1,694,139,000	$942,169,100	$1,697,432,000	$944,000,100	$3,293,000	$1,831,000
2267	PP-GEMT IGT PROGRAM	$680,015,000	$0	$736,177,000	$72,583,000	$56,162,000	$72,583,000
2081	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	$167,052,000	($6,412,000)	$140,986,000	($5,462,000)	($26,066,000)	$950,000
1152	DPH INTERIM & FINAL RECONS	$512,709,000	$0	$530,548,000	$0	$17,839,000	$0
2181	NURSING FACILITY RATE ADJUSTMENTS	$789,577,000	$369,522,100	$698,236,000	$327,053,600	($91,341,000)	($42,468,500)
1329	FQHC/RHC/CBRC RECONCILIATION PROCESS	$106,598,000	$59,282,650	$108,847,000	$60,533,650	$2,249,000	$1,251,000
2184	GDSP NBS & PNS FEE ADJUSTMENTS	$18,482,000	$7,207,150	$18,457,000	$7,194,300	($25,000)	($12,850)
1046	LTC RATE ADJUSTMENT	$343,142,000	$164,950,050	$294,555,000	$140,324,000	($48,587,000)	($24,626,050)
96	HOSPICE RATE INCREASES	$17,307,000	$5,954,700	$17,345,000	$6,015,300	$38,000	$60,600
1162	DPH INTERIM RATE GROWTH	$26,154,000	$0	$19,724,000	$0	($6,430,000)	$0
1784	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	$0	($618,750,000)	$0	($753,912,000)	$0	($135,162,000)
2509	PROP 35 - PROVIDER PAYMENT INCREASE FUNDING	($200,000,000)	($3,176,000,000)	($42,200,000)	($2,439,400,000)	$157,800,000	$736,600,000
1703	LABORATORY RATE METHODOLOGY CHANGE	($8,131,000)	($3,359,300)	($2,046,000)	($840,300)	$6,085,000	$2,519,000
1505	REDUCTION TO RADIOLOGY RATES	($67,166,000)	($27,463,950)	($65,471,000)	($26,728,550)	$1,695,000	$735,400
2458	PROP 35 - PROVIDER PAYMENT INCREASES	$5,749,164,000	$2,461,000,000	$3,057,624,000	$1,505,600,000	($2,691,540,000)	($955,400,000)
2591	2027 MCO TAX FUNDING ADJUSTMENT – TRI	$0	$0	$0	($81,242,000)	$0	($81,242,000)
2596	PRIVATE DUTY NURSING PAYMENT INCREASES	$0	$0	$60,000,000	$30,000,000	$60,000,000	$30,000,000
2536	ELIMINATE PPS FOR STATE-ONLY SERVICES	($1,010,655,000)	($1,010,655,000)	$0	$0	$1,010,655,000	$1,010,655,000

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	PROVIDER RATES SUBTOTAL	**$8,818,387,000**	**($832,554,500)**	**$7,270,214,000**	**($214,280,900)**	**($1,548,173,000)**	**$618,273,600**
	SUPPLEMENTAL PMNTS.						
2055	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	$22,275,575,000	$0	$15,828,192,000	$0	($6,447,383,000)	$0
1475	HOSPITAL QAF - FFS PAYMENTS	$2,615,175,000	$0	$3,961,466,000	$0	$1,346,291,000	$0
1761	HOSPITAL QAF - MANAGED CARE PAYMENTS	$893,000,000	$0	$1,793,000,000	$0	$900,000,000	$0
2024	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	$1,348,989,000	$0	$1,346,207,000	$0	($2,782,000)	$0
1071	PRIVATE HOSPITAL DSH REPLACEMENT	$783,936,000	$391,968,000	$787,980,000	$393,990,000	$4,044,000	$2,022,000
1073	DSH PAYMENT	$571,494,000	$29,000,000	$606,362,000	$41,769,000	$34,868,000	$12,769,000
1085	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	$435,361,000	$118,400,000	$439,952,000	$118,400,000	$4,591,000	$0
2130	PROP 56 - MEDI-CAL FAMILY PLANNING	$466,281,000	$217,300,500	$433,165,000	$131,120,500	($33,116,000)	($86,180,000)
78	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$219,140,000	$0	$209,844,000	$0	($9,296,000)	$0
1078	DPH PHYSICIAN & NON-PHYS. COST	$103,414,000	$0	$85,031,000	$0	($18,383,000)	$0
1899	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	$133,171,000	($989,000)	$132,843,000	($1,169,000)	($328,000)	($180,000)
104	FFP FOR LOCAL TRAUMA CENTERS	$179,777,000	$0	$181,489,000	$0	$1,712,000	$0
82	CAPITAL PROJECT DEBT REIMBURSEMENT	$79,229,000	$19,670,000	$79,036,000	$23,887,000	($193,000)	$4,217,000
1600	NDPH IGT SUPPLEMENTAL PAYMENTS	$56,309,000	($979,000)	$56,001,000	($972,000)	($308,000)	$7,000
2049	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	$98,205,000	$36,820,250	$689,044,000	$259,625,000	$590,839,000	$222,804,750
1076	NDPH SUPPLEMENTAL PAYMENT	$2,162,000	$0	$2,320,000	$0	$158,000	$0
1616	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	$12,910,000	$0	$13,267,000	$0	$357,000	$0
1038	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	$10,000,000	$5,000,000	$10,000,000	$5,000,000	$0	$0

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FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	SUPPLEMENTAL PMNTS.						
1039	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	$8,000,000	$4,000,000	$8,000,000	$4,000,000	$0	$0
86	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	$3,097,000	$0	$3,113,000	$0	$16,000	$0
2044	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	$6,087,000	$6,087,000	$6,954,000	$6,954,000	$867,000	$867,000
2303	FREE CLINICS AUGMENTATION	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$0	$0
2102	PROPOSITION 56 FUNDING	$0	($461,817,000)	$0	($461,274,000)	$0	$543,000
1601	IGT ADMIN. & PROCESSING FEE	$0	($26,035,000)	$0	($26,073,000)	$0	($38,000)
1661	GEMT SUPPLEMENTAL PAYMENT PROGRAM	($558,000)	$0	($1,632,000)	$0	($1,074,000)	$0
2572	DMPH GME IGT ADMIN. & PROCESSING FEE	$0	$0	$0	($230,000)	$0	($230,000)
2573	GRADUATE MEDICAL EDUCATION PAYMENTS TO DMPHS	$0	$0	$24,910,000	$0	$24,910,000	$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$30,302,754,000**	**$340,425,750**	**$26,698,544,000**	**$497,027,500**	**($3,604,210,000)**	**$156,601,750**
	COVID-19						
2218	COVID-19 END OF UNWINDING FLEXIBILITIES	($3,736,709,000)	($1,232,041,900)	($3,788,312,000)	($1,243,336,600)	($51,603,000)	($11,294,700)
	COVID-19 SUBTOTAL	**($3,736,709,000)**	**($1,232,041,900)**	**($3,788,312,000)**	**($1,243,336,600)**	**($51,603,000)**	**($11,294,700)**
	STATE-ONLY CLAIMING						
2415	STATE-ONLY CLAIMING ADJUSTMENTS - RETRO ADJ.	$0	$1,888,000	$0	($275,950,000)	$0	($277,838,000)
	STATE-ONLY CLAIMING SUBTOTAL	**$0**	**$1,888,000**	**$0**	**($275,950,000)**	**$0**	**($277,838,000)**

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FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	OTHER DEPARTMENTS						
1476	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$1,074,564,000	$0	$1,325,058,000	$0	$250,494,000	$0
	OTHER DEPARTMENTS SUBTOTAL	**$1,074,564,000**	**$0**	**$1,325,058,000**	**$0**	**$250,494,000**	**$0**
	OTHER						
2354	BEHAVIORAL HEALTH BRIDGE HOUSING	$43,000,000	$0	$43,000,000	$0	$0	$0
2208	SELF-DETERMINATION PROGRAM - CDDS	$369,165,000	$0	$441,206,000	$0	$72,041,000	$0
2329	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	$243,637,000	$28,083,000	$302,038,000	$68,807,000	$58,401,000	$40,724,000
2092	QAF WITHHOLD TRANSFER	$1,070,000	$535,000	$62,376,000	$31,188,000	$61,306,000	$30,653,000
2424	CYBHI - FEE SCHEDULE THIRD PARTY ADMINISTRATOR	$69,300,000	$0	$50,900,000	$0	($18,400,000)	$0
1232	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	$78,115,000	$0	$77,099,000	$0	($1,016,000)	$0
2346	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	$27,300,000	$9,701,850	$27,300,000	$9,080,000	$0	($621,850)
2097	MEDI-CAL PHY. & DENTISTS LOAN REPAYMENT PROG	$48,351,000	$0	$36,143,000	$0	($12,208,000)	$0
2549	PROPOSITION 36 FUNDING	$0	$0	$20,000,000	$20,000,000	$20,000,000	$20,000,000
1975	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	$99,571,000	$51,299,500	$93,906,000	$48,267,000	($5,665,000)	($3,032,500)
2396	CARE ACT	$39,557,000	$39,557,000	$22,481,000	$22,481,000	($17,076,000)	($17,076,000)
111	INDIAN HEALTH SERVICES	$26,807,000	$8,935,500	$16,905,000	$5,635,000	($9,902,000)	($3,300,500)
2009	INFANT DEVELOPMENT PROGRAM	$21,886,000	$0	$27,727,000	$0	$5,841,000	$0
1526	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$16,085,000	$7,365,000	$13,742,000	$6,236,000	($2,343,000)	($1,129,000)
2502	MISC. ONE-TIME PAYMENTS	$0	$0	$12,000,000	$12,000,000	$12,000,000	$12,000,000
2355	CALHOPE	$0	$0	$5,000,000	$0	$5,000,000	$0

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
2443	ASSET LIMIT INCREASE & ELIM. - CNTY BH FUNDING	$3,314,000	$3,314,000	$4,720,000	$4,720,000	$1,406,000	$1,406,000
1866	WPCS WORKERS' COMPENSATION	$620,000	$310,000	$620,000	$310,000	$0	$0
35	IMD ANCILLARY SERVICES	$0	$51,474,000	$0	$51,474,000	$0	$0
1087	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	($90,303,000)	$0	($92,561,000)	$0	($2,258,000)
1760	HOSPITAL QAF - CHILDREN'S HEALTH CARE	$0	($1,424,027,000)	$0	($1,710,833,000)	$0	($286,806,000)
2034	CMS DEFERRED CLAIMS	$0	$100,000,000	$0	$200,000,000	$0	$100,000,000
2156	INDIAN HEALTH SERVICES FUNDING SHIFT	$0	($32,460,000)	$0	($30,919,500)	$0	$1,540,500
2484	HEALTH CARE SVCS. FINES AND PENALTIES	$0	$0	$0	($12,502,000)	$0	($12,502,000)
2551	HR 1 - UIS EMERGENCY ACA FMAP ADJUSTMENT	($51,500,000)	$106,778,000	($51,500,000)	$106,778,000	$0	$0
2531	RESIDENCY VERIFICATION IMPROVEMENTS	($285,029,000)	($114,011,000)	($418,230,000)	($126,360,000)	($133,201,000)	($12,349,000)
2497	QUALITY SANCTIONS	($3,500,000)	($1,750,000)	($2,000,000)	($1,000,000)	$1,500,000	$750,000
2054	ASSISTED LIVING WAIVER EXPANSION	($2,911,000)	($1,513,000)	$9,413,000	$4,890,000	$12,324,000	$6,403,000
2010	HCBA WAIVER EXPANSION	($38,561,000)	($19,453,000)	($25,410,000)	($12,829,000)	$13,151,000	$6,624,000
1906	COUNTY SHARE OF OTLICP-CCS COSTS	($14,951,000)	($14,951,000)	($17,000,000)	($17,000,000)	($2,049,000)	($2,049,000)
2343	COUNTY BH RECOUPMENTS	($85,546,000)	($85,546,000)	($85,547,000)	($85,547,000)	($1,000)	($1,000)
2590	MCO TAX REVENUE TO SUPPORT MEDI-CAL	$0	$0	$181,637,000	($1,742,200,000)	$181,637,000	($1,742,200,000)
2595	SUPPORT TO DESIGNATED PUBLIC HOSPITALS	$0	$0	$250,000,000	$250,000,000	$250,000,000	$250,000,000
2598	CONGREGATE LIVING HEALTH FACILITY	$0	$0	$15,400,000	$7,700,000	$15,400,000	$7,700,000
2563	ELIMINATE DENTAL FOR ADULT UIS	($134,637,000)	($134,637,000)	$0	$0	$134,637,000	$134,637,000
2442	MEDICARE PART A BUY-IN PROGRAM	($26,161,000)	($17,003,500)	$0	$0	$26,161,000	$17,003,500
2306	RECONCILIATION - BENEFITS	($553,265,000)	($1,570,000)	$0	$0	$553,265,000	$1,570,000

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

FRN.	POLICY CHANGE TITLE	NOV. 2025 EST. FOR 2026-27 TOTAL FUNDS	NOV. 2025 EST. FOR 2026-27 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	OTHER SUBTOTAL	($108,283,000)	($1,529,871,650)	$1,113,926,000	($2,982,185,500)	$1,222,209,000	($1,452,313,850)
	GRAND TOTAL	$68,528,189,000	($11,460,371,550)	$62,590,764,000	($13,525,518,510)	($5,937,425,000)	($2,065,146,960)

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

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	COUNTY ADMIN						
1704	COUNTY ADMINISTRATION ALLOCATION	$2,377,805,000	$1,188,902,500	$2,377,805,000	$1,188,902,500	$0	$0
214	SAWS	$213,376,000	$20,750	$196,915,000	$69,000	($16,461,000)	$48,250
217	CALWORKS APPLICATIONS	$99,217,000	$49,608,500	$99,964,000	$49,982,000	$747,000	$373,500
1598	CASE MANAGEMENT FOR OTLICP	$44,030,000	$22,015,000	$46,391,000	$23,195,500	$2,361,000	$1,180,500
213	LOS ANGELES COUNTY HOSPITAL INTAKES	$34,034,000	$2,735,500	$20,166,000	$2,736,000	($13,868,000)	$500
215	SAVE	$0	($4,000,000)	$0	($4,000,000)	$0	$0
1835	ENHANCED FEDERAL FUNDING	$0	($545,146,500)	$0	($633,390,000)	$0	($88,243,500)
2580	HR 1 - COUNTY ADMINISTRATION ALLOCATION	$0	$0	$709,001,000	$196,759,000	$709,001,000	$196,759,000
	COUNTY ADMIN SUBTOTAL	**$2,768,462,000**	**$714,135,750**	**$3,450,242,000**	**$824,254,000**	**$681,780,000**	**$110,118,250**
	DHCS-OTHER						
2389	CALAIM - PATH	$411,794,000	$163,949,000	$515,456,000	$181,355,000	$103,662,000	$17,406,000
1721	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$300,771,000	$14,932,000	$304,523,000	$13,912,000	$3,752,000	($1,020,000)
1757	INTERIM AND FINAL COST SETTLEMENTS-SMHS	$102,926,000	$0	$182,450,000	$0	$79,524,000	$0
230	CCS PROGRAM COUNTY ADMINISTRATIVE BUDGET	$204,125,000	$72,561,350	$206,028,000	$74,449,600	$1,903,000	$1,888,250
2289	CYBHI - BH SERVICES AND SUPPORTS PLATFORM	$109,900,000	$109,900,000	$109,900,000	$53,100,000	$0	($56,800,000)
2167	MEDI-CAL RX - ADMINISTRATIVE COSTS	$127,329,000	$33,382,300	$127,329,000	$33,382,300	$0	$0
1963	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	$131,696,000	$0	$148,013,000	$0	$16,317,000	$0
235	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	$132,200,000	$0	$148,168,000	$0	$15,968,000	$0
1813	DRUG MEDI-CAL COUNTY ADMINISTRATION	$123,527,000	$571,000	$123,527,000	$571,000	$0	$0
2517	CALAIM-BH-CONNECT WORKFORCE INITIATIVE	$213,750,000	$0	$213,750,000	$0	$0	$0
2491	BH TRANSFORMATION FUNDING FOR COUNTY BH DEPTS.	$17,001,000	$0	$17,001,000	$0	$0	$0
231	POSTAGE & PRINTING	$70,815,000	$35,536,000	$71,362,000	$35,809,500	$547,000	$273,500

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2288	CALAIM - POPULATION HEALTH MANAGEMENT	$57,141,000	$7,921,850	$54,604,000	$3,609,800	($2,537,000)	($4,312,050)
1722	SMH MAA	$56,679,000	$0	$55,641,000	$0	($1,038,000)	$0
2398	CALAIM - BH - CONNECT DEMONSTRATION ADMIN	$41,866,000	$8,433,000	$176,866,000	$8,433,000	$135,000,000	$0
1937	ACTUARIAL COSTS FOR RATE DEVELOPMENT	$45,085,000	$22,392,500	$45,000,000	$22,500,000	($85,000)	$107,500
1551	MEDI-CAL RECOVERY CONTRACTS	$34,037,000	$8,509,250	$35,100,000	$8,775,000	$1,063,000	$265,750
252	ENTERPRISE DATA ENVIRONMENT	$30,263,000	$7,986,600	$52,166,000	$13,901,700	$21,903,000	$5,915,100
1748	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	$32,885,000	$16,419,900	$28,424,000	$14,433,450	($4,461,000)	($1,986,450)
1137	MITA	$43,889,000	$5,574,450	$45,858,000	$5,824,750	$1,969,000	$250,300
2505	ELECTRONIC VISIT VERIFICATION M&O COSTS	$39,580,000	$0	$39,190,000	$0	($390,000)	$0
2402	EMSA - CALIFORNIA POISON CONTROL SYSTEM SVCS.	$18,291,000	$0	$18,291,000	$0	$0	$0
2152	HCBA WAIVER ADMINISTRATIVE COST	$24,113,000	$12,165,000	$23,380,000	$11,791,000	($733,000)	($374,000)
1932	PAVE SYSTEM	$15,599,000	$4,298,150	$30,784,000	$8,631,350	$15,185,000	$4,333,200
1318	CAPMAN	$18,635,000	$4,882,500	$19,309,000	$5,068,250	$674,000	$185,750
1720	PASRR	$9,047,000	$2,261,750	$9,637,000	$2,409,250	$590,000	$147,500
1370	PUBLIC HEALTH REGISTRIES SUPPORT	$21,996,000	$0	$13,480,000	$0	($8,516,000)	$0
1732	SDMC SYSTEM M&O SUPPORT	$5,428,000	$2,714,000	$2,319,000	$1,159,500	($3,109,000)	($1,554,500)
2002	ELECTRONIC ASSET VERIFICATION PROGRAM	$10,909,000	$5,454,500	$10,909,000	$5,454,500	$0	$0
2447	CALAIM - JUSTICE INVOLVED MAA	$90,000,000	$45,000,000	$8,000,000	$4,000,000	($82,000,000)	($41,000,000)
1452	PROTECTION OF PHI DATA	$5,757,000	$2,878,500	$14,980,000	$7,490,000	$9,223,000	$4,611,500
2467	MOBILE VISION SERVICES	$6,933,000	$0	$2,208,000	$0	($4,725,000)	$0
1982	MEDCOMPASS SOLUTION	$5,771,000	$1,517,100	$8,062,000	$2,119,900	$2,291,000	$602,800
1824	NEWBORN HEARING SCREENING PROGRAM	$6,313,000	$3,156,500	$6,313,000	$3,156,500	$0	$0
2334	COUNTY COMPLIANCE WITH INTEROPERABILITY FINAL RULE	$5,164,000	$1,972,000	$13,267,000	$5,907,000	$8,103,000	$3,935,000

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2206	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	$5,875,000	$1,958,000	$5,875,000	$1,958,000	$0	$0
1972	PACES	$3,736,000	$982,100	$4,318,000	$1,135,050	$582,000	$152,950
2413	CALAIM - INMATE PRE-RELEASE PROGRAM ADMIN	$2,746,000	$1,373,000	$2,746,000	$1,373,000	$0	$0
1902	DATA ANALYTICS	$2,626,000	$321,500	$5,641,000	$1,829,000	$3,015,000	$1,507,500
2321	MEDICARE - MEDI-CAL OMBUDSPERSON PROGRAM	$2,200,000	$1,100,000	$2,200,000	$1,100,000	$0	$0
2392	MFP/CCT SUPPLEMENTAL FUNDING	$2,116,000	$0	$1,952,000	$0	($164,000)	$0
1768	T-MSIS	$1,720,000	$421,200	$1,887,000	$473,750	$167,000	$52,550
237	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,788,000	$894,000	$1,820,000	$910,000	$32,000	$16,000
1441	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	$1,333,000	$448,250	$994,000	$279,000	($339,000)	($169,250)
1675	FAMILY PACT PROGRAM ADMIN.	$1,100,000	$550,000	$1,100,000	$550,000	$0	$0
2362	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT ADMIN	$1,275,000	$0	$1,275,000	$0	$0	$0
266	MMA - DSH ANNUAL INDEPENDENT AUDIT	$613,000	$306,500	$613,000	$306,500	$0	$0
2159	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	$1,000,000	$100,000	$2,750,000	$349,400	$1,750,000	$249,400
1556	CCT OUTREACH - ADMINISTRATIVE COSTS	$364,000	$0	$364,000	$0	$0	$0
2438	HEALTH PLAN OF SAN MATEO DENTAL INTEGRATION EVAL	$152,000	$0	$152,000	$0	$0	$0
2123	CMS DEFERRED CLAIMS - OTHER ADMIN	$0	$0	$0	$145,000,000	$0	$145,000,000
2459	DESIGNATED STATE HEALTH PROGRAMS	$0	($346,856,000)	$0	($346,856,000)	$0	$0
2562	EPTP - STATEWIDE LEARNING COLLABORATIVE	$2,900,000	$1,450,000	$2,900,000	$1,450,000	$0	$0
2559	STATE ONLY CLAIMING ADJUSTMENTS - ADMIN.	$0	$600,000,000	$0	$600,000,000	$0	$0
2552	TRANSFORMING MATERNAL HEALTH PROVIDER INFR PYMT	$3,500,000	$0	$1,750,000	$0	($1,750,000)	$0
2567	HR 1 - HEALTH ENROLLMENT NAVIGATORS	$4,000,000	$0	$4,000,000	$0	$0	$0
2592	RECONCILIATION - ADMIN	$0	$0	($81,100,000)	($7,700,000)	($81,100,000)	($7,700,000)

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2593	PROPOSITION 35 FUNDING – CYBHI & BH-CONNECT	$0	$0	$0	($65,700,000)	$0	($65,700,000)
	DHCS-OTHER SUBTOTAL	**$2,610,259,000**	**$857,417,750**	**$2,842,532,000**	**$863,702,050**	**$232,273,000**	**$6,284,300**
	DHCS-MEDICAL FI						
2115	MEDICAL FI BO & IT COST REIMBURSEMENT	$63,471,000	$17,760,400	$65,381,000	$18,193,950	$1,910,000	$433,550
2117	MEDICAL FI BO & IT CHANGE ORDERS	$35,204,000	$9,256,150	$36,601,000	$9,622,300	$1,397,000	$366,150
2119	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	$50,974,000	$13,402,100	$50,974,000	$13,402,000	$0	($100)
2118	MEDICAL INFRASTRUCTURE & DATA MGT SVCS	$37,842,000	$9,948,050	$35,744,000	$9,395,950	($2,098,000)	($552,100)
2112	MEDICAL FI BO OTHER ESTIMATED COSTS	$27,016,000	$8,114,300	$26,951,000	$8,098,750	($65,000)	($15,550)
2116	MEDICAL FI BO TELEPHONE SERVICE CENTER	$19,715,000	$5,901,200	$19,718,000	$5,902,600	$3,000	$1,400
2111	MEDICAL FI BUSINESS OPERATIONS	$17,966,000	$4,720,600	$17,972,000	$4,722,850	$6,000	$2,250
2113	MEDICAL FI BO HOURLY REIMBURSEMENT	$12,998,000	$3,417,200	$12,998,000	$3,417,200	$0	$0
2114	MEDICAL FI BO MISCELLANEOUS EXPENSES	$1,243,000	$340,500	$1,189,000	$325,850	($54,000)	($14,650)
2564	HR 1 - PROHIBITED ENTITIES SYSTEMS COSTS	$0	$0	$137,000	$137,000	$137,000	$137,000
2594	UIS MEMBER TRANSITION TO FFS SYSTEMS COSTS	$0	$0	$33,300,000	$33,300,000	$33,300,000	$33,300,000
	DHCS-MEDICAL FI SUBTOTAL	**$266,429,000**	**$72,860,500**	**$300,965,000**	**$106,518,450**	**$34,536,000**	**$33,657,950**
	DHCS-HEALTH CARE OPT						
2051	HCO OPERATIONS	$38,103,000	$18,765,750	$36,638,000	$18,044,200	($1,465,000)	($721,550)
2052	HCO COST REIMBURSEMENT	$40,347,000	$19,954,650	$40,621,000	$20,089,550	$274,000	$134,900
2053	HCO ESR HOURLY REIMBURSEMENT	$15,484,000	$7,625,900	$15,590,000	$7,678,000	$106,000	$52,100
	DHCS-HEALTH CARE OPT SUBTOTAL	**$93,934,000**	**$46,346,300**	**$92,849,000**	**$45,811,750**	**($1,085,000)**	**($534,550)**

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-DENTAL FI						
2380	DENTAL FI-DBO ADMIN 2022 CONTRACT	$124,722,000	$32,893,500	$132,472,000	$35,565,000	$7,750,000	$2,671,500
2006	DENTAL FI ADMINISTRATION 2016 CONTRACT	$18,808,000	$4,710,000	$18,760,000	$4,698,000	($48,000)	($12,000)
	DHCS-DENTAL FI SUBTOTAL	**$143,530,000**	**$37,603,500**	**$151,232,000**	**$40,263,000**	**$7,702,000**	**$2,659,500**
	OTHER DEPARTMENTS						
236	PERSONAL CARE SERVICES	$665,992,000	$0	$653,534,000	$0	($12,458,000)	$0
233	HEALTH-RELATED ACTIVITIES - CDSS	$571,238,000	$0	$804,896,000	$0	$233,658,000	$0
1679	CALHEERS DEVELOPMENT	$199,708,000	$70,387,600	$227,558,000	$62,032,900	$27,850,000	($8,354,700)
234	MATERNAL AND CHILD HEALTH	$95,644,000	$0	$114,846,000	$0	$19,202,000	$0
243	CDDS ADMINISTRATIVE COSTS	$99,990,000	$0	$129,193,000	$0	$29,203,000	$0
256	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$61,135,000	$0	$60,356,000	$0	($779,000)	$0
246	HCPCFC CASE MANAGEMENT	$54,682,000	$0	$74,400,000	$4,929,000	$19,718,000	$4,929,000
2455	HCPCFC ADMIN COSTS	$23,757,000	$11,878,500	$23,757,000	$11,878,500	$0	$0
1192	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	$11,746,000	$0	$13,656,000	$0	$1,910,000	$0
253	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$6,996,000	$0	$8,200,000	$0	$1,204,000	$0
2244	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	$7,872,000	$0	$8,391,000	$0	$519,000	$0
239	CLPP CASE MANAGEMENT SERVICES	$6,779,000	$0	$13,726,000	$0	$6,947,000	$0
1680	CALIFORNIA SMOKERS' HELPLINE	$3,063,000	$0	$3,564,000	$0	$501,000	$0
257	CALHHS AGENCY HIPAA FUNDING	$1,908,000	$954,000	$1,908,000	$954,000	$0	$0
1665	MEDI-CAL INPATIENT SERVICES FOR INMATES	$1,189,000	$0	$1,189,000	$0	$0	$0
232	VETERANS BENEFITS	$1,100,000	$0	$1,100,000	$0	$0	$0
1774	VITAL RECORDS	$883,000	$4,000	$883,000	$4,000	$0	$0

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES
MAY 2026 ESTIMATE COMPARED TO NOVEMBER 2025 ESTIMATE
FISCAL YEAR 2026-27

		NOV. 2025 EST. FOR 2026-27		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER DEPARTMENTS						
249	KIT FOR NEW PARENTS	$290,000	$0	$83,000	$0	($207,000)	$0
263	MERIT SYSTEM SERVICES FOR COUNTIES	$211,000	$105,500	$211,000	$105,500	$0	$0
1114	PIA EYEWEAR COURIER SERVICE	$944,000	$472,000	$894,000	$447,000	($50,000)	($25,000)
	OTHER DEPARTMENTS SUBTOTAL	**$1,815,127,000**	**$83,801,600**	**$2,142,345,000**	**$80,350,900**	**$327,218,000**	**($3,450,700)**
	GRAND TOTAL	**$7,697,741,000**	**$1,812,165,400**	**$8,980,165,000**	**$1,960,900,150**	**$1,282,424,000**	**$148,734,750**

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DRUG MEDI-CAL						
2012	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER	$2,125,136,000	$322,603,450	$1,762,233,000	$150,492,000	($362,903,000)	($172,111,450)
2320	DRUG MEDI-CAL STATE PLAN SERVICES	$49,221,000	$3,394,700	$51,307,000	$2,931,300	$2,086,000	($463,400)
	DRUG MEDI-CAL SUBTOTAL	**$2,174,357,000**	**$325,998,150**	**$1,813,540,000**	**$153,423,300**	**($360,817,000)**	**($172,574,850)**
	MENTAL HEALTH						
1780	SMHS FOR ADULTS	$5,958,142,000	$504,458,700	$5,455,610,000	$446,255,100	($502,532,000)	($58,203,600)
1779	SMHS FOR CHILDREN	$4,861,069,000	$92,988,300	$4,487,212,000	$82,327,900	($373,857,000)	($10,660,400)
	MENTAL HEALTH SUBTOTAL	**$10,819,211,000**	**$597,447,000**	**$9,942,822,000**	**$528,583,000**	**($876,389,000)**	**($68,864,000)**
	MANAGED CARE						
56	TWO PLAN MODEL	$35,773,534,000	$15,430,802,500	$38,347,025,000	$16,667,911,500	$2,573,491,000	$1,237,109,000
57	COUNTY ORGANIZED HEALTH SYSTEMS & SINGLE PLAN	$19,965,233,000	$8,454,791,600	$21,305,208,000	$9,095,002,700	$1,339,975,000	$640,211,100
58	GEOGRAPHIC MANAGED CARE	$6,238,879,000	$2,510,450,050	$6,690,671,000	$2,727,270,950	$451,792,000	$216,820,900
62	PACE (Other M/C)	$2,474,328,000	$1,314,916,400	$3,020,768,000	$1,605,307,800	$546,440,000	$290,391,400
1842	REGIONAL MODEL	$226,218,000	$82,778,700	$246,982,000	$92,092,050	$20,764,000	$9,313,350
1029	DENTAL MANAGED CARE (Other M/C)	$175,042,000	$78,861,800	$180,042,000	$81,498,350	$5,000,000	$2,636,550
61	SENIOR CARE ACTION NETWORK (Other M/C)	$109,154,000	$55,057,000	$117,169,000	$59,198,500	$8,015,000	$4,141,500
1837	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL	$59,467,000	$21,934,000	$62,440,000	$23,031,000	$2,973,000	$1,097,000
1823	COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM	$16,267,000	$5,693,450	$16,267,000	$5,693,450	$0	$0
63	AIDS HEALTHCARE CENTERS (Other M/C)	$12,536,000	$4,920,000	$13,622,000	$5,497,800	$1,086,000	$577,800
1797	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL	$3,051,000	$1,067,850	$3,069,000	$1,074,150	$18,000	$6,300
	MANAGED CARE SUBTOTAL	**$65,053,709,000**	**$27,961,273,350**	**$70,003,263,000**	**$30,363,578,250**	**$4,949,554,000**	**$2,402,304,900**
	FEE-FOR-SERVICE BASE						
2540	FFS - PHARMACY	$24,051,152,000	$10,248,694,000	$25,643,326,000	$10,444,519,150	$1,592,174,000	$195,825,150

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	FEE-FOR-SERVICE BASE						
2539	FFS - OTHER MEDICAL	$7,999,778,000	$3,927,680,050	$8,222,865,000	$4,235,229,600	$223,087,000	$307,549,550
2543	FFS - COMMUNITY INPATIENT	$3,206,229,000	$1,141,308,400	$3,594,693,000	$1,290,856,050	$388,464,000	$149,547,650
2547	FFS - OTHER SERVICES	$1,841,281,000	$898,593,250	$1,967,034,000	$955,369,350	$125,753,000	$56,776,100
2544	FFS - NURSING FACILITIES	$737,897,000	$332,231,700	$696,648,000	$339,461,600	($41,249,000)	$7,229,900
2542	FFS - COUNTY INPATIENT	$615,158,000	$8,345,050	$660,042,000	$19,033,100	$44,884,000	$10,688,050
2541	FFS - CO. & COMM. OUTPATIENT	$619,973,000	$277,716,050	$646,148,000	$288,794,000	$26,175,000	$11,077,950
2538	FFS - PHYSICIANS	$521,854,000	$230,646,350	$523,847,000	$229,612,600	$1,993,000	($1,033,750)
2548	FFS - HOME HEALTH	$132,896,000	$64,207,800	$136,128,000	$65,734,650	$3,232,000	$1,526,850
2546	FFS - MEDICAL TRANSPORTATION	$75,851,000	$25,011,900	$77,918,000	$25,627,900	$2,067,000	$616,000
2545	FFS - ICF-DD	$8,148,000	$4,000,600	$8,056,000	$3,965,000	($92,000)	($35,600)
	FEE-FOR-SERVICE BASE SUBTOTAL	**$39,810,217,000**	**$17,158,435,150**	**$42,176,705,000**	**$17,898,203,000**	**$2,366,488,000**	**$739,767,850**
	OTHER						
76	MEDICARE PMNTS.- BUY-IN PART A & B PREMIUMS	$5,975,627,000	$3,448,599,000	$6,548,820,000	$3,784,684,500	$573,193,000	$336,085,500
22	PERSONAL CARE SERVICES (Misc. Svcs.)	$4,224,145,000	$0	$4,875,015,000	$0	$650,870,000	$0
23	HOME & COMMUNITY-BASED SVCS.- CDDS (Misc.)	$4,605,030,000	$0	$4,938,732,000	$0	$333,702,000	$0
1019	MEDICARE PAYMENTS - PART D PHASED-DOWN	$4,024,294,000	$4,024,294,000	$4,367,207,000	$4,367,207,000	$342,913,000	$342,913,000
135	DENTAL SERVICES	$2,701,106,000	$1,274,478,900	$2,691,090,000	$1,272,912,600	($10,016,000)	($1,566,300)
32	WAIVER PERSONAL CARE SERVICES (Misc. Svcs.)	$525,081,000	$264,801,000	$616,026,000	$310,665,000	$90,945,000	$45,864,000
26	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)	$502,052,000	$0	$518,524,000	$0	$16,472,000	$0
2080	LAWSUITS/CLAIMS	$208,519,000	$104,259,500	$55,850,000	$27,925,000	($152,669,000)	($76,334,500)
77	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC	$18,877,000	$0	$14,645,000	$0	($4,232,000)	$0
27	MEDI-CAL TCM PROGRAM	$12,304,000	$0	$9,208,000	$0	($3,096,000)	$0
91	HIPP PREMIUM PAYOUTS (Misc. Svcs.)	$243,000	$121,500	$255,000	$127,500	$12,000	$6,000

COMPARISON OF FISCAL IMPACTS OF BASE POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
127	BASE RECOVERIES	($966,554,000)	($235,663,300)	($919,609,000)	($224,216,690)	$46,945,000	$11,446,610
	OTHER SUBTOTAL	**$21,830,724,000**	**$8,880,890,600**	**$23,715,763,000**	**$9,539,304,910**	**$1,885,039,000**	**$658,414,310**
	GRAND TOTAL	**$139,688,218,000**	**$54,924,044,250**	**$147,652,093,000**	**$58,483,092,460**	**$7,963,875,000**	**$3,559,048,210**

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	ELIGIBILITY						
1569	MEDI-CAL STATE INMATE PROGRAMS	$47,616,000	$0	$47,616,000	$0	$0	$0
2529	PREMIUMS FOR ADULTS WITH UNSATIS. IMMIG. STAT.	$0	$0	$28,000,000	$28,000,000	$28,000,000	$28,000,000
2332	CALAIM - INMATE PRE-RELEASE PROGRAM	$39,297,000	$5,548,000	$191,799,000	$27,075,000	$152,502,000	$21,527,000
3	BREAST AND CERVICAL CANCER TREATMENT	$12,399,000	$6,061,350	$17,028,000	$9,026,200	$4,629,000	$2,964,850
2422	HEALTH ENROLLMENT NAVIGATORS FOR CLINICS	$8,244,000	$4,122,000	$0	$0	($8,244,000)	($4,122,000)
13	NON-OTLICP CHIP	$0	($126,430,800)	$0	($123,190,200)	$0	$3,240,600
1007	SCHIP FUNDING FOR PRENATAL CARE	$0	($80,347,150)	$0	($80,575,300)	$0	($228,150)
2155	CS3 PROXY ADJUSTMENT	$0	($113,512,600)	$0	($114,308,700)	$0	($796,100)
2237	REFUGEE MEDICAL ASSISTANCE	$0	($47,000)	$0	($47,000)	$0	$0
2029	MEDI-CAL COUNTY INMATE REIMBURSEMENT	$0	($2,436,000)	$0	($2,513,000)	$0	($77,000)
2500	SB 525 MINIMUM WAGE - CASELOAD IMPACT	($188,536,000)	($75,414,400)	($239,621,000)	($95,848,500)	($51,085,000)	($20,434,100)
2535	REINSTATEMENT OF ASSET LIMIT	($113,411,000)	($56,705,500)	($862,813,000)	($431,406,500)	($749,402,000)	($374,701,000)
2530	FULL-SCOPE MEDI-CAL EXPANSION ENROLLMENT FREEZE	($94,693,000)	($83,381,950)	($865,510,000)	($742,541,700)	($770,817,000)	($659,159,750)
2553	HR 1 - REDUCED RETROACTIVE MEDI-CAL TIMEFRAMES	$0	$0	($34,562,000)	($14,662,050)	($34,562,000)	($14,662,050)
2554	HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS	$0	$0	($372,425,000)	$364,902,000	($372,425,000)	$364,902,000
2555	HR 1 - FED WORK & COMMUNITY ENGAGEMENT REQUIREMENT	$0	$0	($357,564,000)	($90,313,200)	($357,564,000)	($90,313,200)
2575	HR 1 - DEATH MASTER FILE AUTOMATION	$0	$0	($32,665,000)	($9,868,950)	($32,665,000)	($9,868,950)
	ELIGIBILITY SUBTOTAL	**($289,084,000)**	**($522,544,050)**	**($2,480,717,000)**	**($1,276,271,900)**	**($2,191,633,000)**	**($753,727,850)**
	AFFORDABLE CARE ACT						
1595	COMMUNITY FIRST CHOICE OPTION	$11,410,654,000	$0	$12,068,334,000	$0	$657,680,000	$0

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	AFFORDABLE CARE ACT						
1967	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	$13,572,000	$0	$17,844,000	$0	$4,272,000	$0
1791	1% FMAP INCREASE FOR PREVENTIVE SERVICES	$0	($6,154,000)	$0	($6,050,000)	$0	$104,000
1821	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	$0	($36,025,600)	$0	($33,763,200)	$0	$2,262,400
	AFFORDABLE CARE ACT SUBTOTAL	**$11,424,226,000**	**($42,179,600)**	**$12,086,178,000**	**($39,813,200)**	**$661,952,000**	**$2,366,400**
	BENEFITS						
25	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	$976,828,000	$0	$678,367,000	$0	($298,461,000)	$0
1	FAMILY PACT PROGRAM	$105,766,000	$26,782,400	$140,721,000	$35,402,600	$34,955,000	$8,620,200
1228	CALIFORNIA COMMUNITY TRANSITIONS COSTS	$111,759,000	$24,786,000	$127,913,000	$28,351,000	$16,154,000	$3,565,000
28	MULTIPURPOSE SENIOR SERVICES PROGRAM	$63,951,000	$32,214,500	$63,951,000	$32,214,500	$0	$0
2457	CYBHI WELLNESS COACH BENEFIT	$99,000	$43,000	$32,000	($5,086,000)	($67,000)	($5,129,000)
1855	BEHAVIORAL HEALTH TREATMENT	$7,792,000	$3,896,000	$6,334,000	$3,167,000	($1,458,000)	($729,000)
2189	HEARING AID COVERAGE FOR CHILDREN PROGRAM	$1,552,000	$1,552,000	$2,621,000	$2,621,000	$1,069,000	$1,069,000
1562	CCT FUND TRANSFER TO CDSS	$736,000	$0	$736,000	$0	$0	$0
2528	UTILIZATION MANAGEMENT FOR HOSPICE	($100,000,000)	($38,269,550)	($110,171,000)	($42,162,000)	($10,171,000)	($3,892,450)
2570	MEASLES, MUMPS, RUBELLA, VARICELLA (MMRV) VACCINES	$3,076,000	$1,484,900	$14,451,000	$6,976,650	$11,375,000	$5,491,750
	BENEFITS SUBTOTAL	**$1,171,559,000**	**$52,489,250**	**$924,955,000**	**$61,484,750**	**($246,604,000)**	**$8,995,500**
	PHARMACY						
2512	CELL AND GENE THERAPY ACCESS MODEL	$18,110,000	$9,055,000	$19,321,000	$9,660,500	$1,211,000	$605,500
2194	PHARMACY RETROACTIVE ADJUSTMENTS	$800,000	$31,749,250	$0	$0	($800,000)	($31,749,250)
2124	MEDI-CAL DRUG REBATE FUND	$0	($2,386,754,000)	$0	($2,846,543,000)	$0	($459,789,000)

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	PHARMACY						
2524	HIV/AIDS AND CANCER DRUG REBATES	$0	$0	($300,000,000)	($150,000,000)	($300,000,000)	($150,000,000)
1449	LITIGATION SETTLEMENTS	($6,000)	($6,000)	$0	$0	$6,000	$6,000
1433	BCCTP DRUG REBATES	($1,320,000)	$0	($1,287,000)	$0	$33,000	$0
51	FAMILY PACT DRUG REBATES	($2,477,000)	$0	($1,961,000)	$0	$516,000	$0
2519	UPDATES TO OTC COVID-19 TESTS AND OTC PRODUCTS	($4,360,000)	($1,828,900)	($12,000,000)	($4,972,900)	($7,640,000)	($3,144,000)
2526	PHARMACY UTILIZATION MANAGEMENT	($17,860,000)	($7,490,850)	($80,632,000)	($33,413,500)	($62,772,000)	($25,922,650)
2520	ELIMINATE GLP-1 COVERAGE FOR WEIGHT LOSS	($86,567,000)	($86,355,000)	($365,144,000)	($364,180,000)	($278,577,000)	($277,825,000)
2518	PRIOR AUTH. FOR CONTINUATION OF DRUG THERAPY	($111,625,000)	($46,821,900)	($250,000,000)	($103,600,400)	($138,375,000)	($56,778,500)
1181	MEDICAL SUPPLY REBATES	($153,000,000)	($76,500,000)	($204,000,000)	($61,991,800)	($51,000,000)	$14,508,200
2527	STEP THERAPY	($156,275,000)	($65,550,800)	($350,000,000)	($145,040,350)	($193,725,000)	($79,489,550)
54	STATE SUPPLEMENTAL DRUG REBATES	($637,806,000)	$0	($594,791,000)	$0	$43,015,000	$0
55	FEDERAL DRUG REBATES	($7,210,876,000)	$0	($6,982,154,000)	$0	$228,722,000	$0
2557	PHARMACY PAYMENT METHODOLOGY - USUAL AND CUSTOMARY	($8,641,000)	$93,710,100	($8,566,000)	($3,549,800)	$75,000	($97,259,900)
2579	MEDI-CAL RX FRAUD, WASTE, & ABUSE PREVENTION	($14,586,000)	($6,118,200)	($35,002,000)	($14,505,100)	($20,416,000)	($8,386,900)
	PHARMACY SUBTOTAL	**($8,386,489,000)**	**($2,542,911,300)**	**($9,166,216,000)**	**($3,718,136,350)**	**($779,727,000)**	**($1,175,225,050)**
	DRUG MEDI-CAL						
2278	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT	$13,299,000	$0	$16,478,000	$0	$3,179,000	$0
1723	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	$19,878,000	$8,914,000	$15,996,000	$7,207,000	($3,882,000)	($1,707,000)
1724	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	$657,000	$42,700	$1,755,000	$114,400	$1,098,000	$71,700
	DRUG MEDI-CAL SUBTOTAL	**$33,834,000**	**$8,956,700**	**$34,229,000**	**$7,321,400**	**$395,000**	**($1,635,300)**

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	MENTAL HEALTH						
2394	CALAIM - BH - CONNECT DEMONSTRATION	$113,933,000	$11,908,000	$422,340,000	$23,815,000	$308,407,000	$11,907,000
2252	MHP COSTS FOR FFPSA	$34,932,000	$8,732,000	$34,943,000	$8,736,000	$11,000	$4,000
1957	MHP COSTS FOR CONTINUUM OF CARE REFORM	$2,024,000	$1,911,300	$2,026,000	$1,911,550	$2,000	$250
2268	OUT OF STATE YOUTH - SMHS	$930,000	$465,000	$857,000	$428,500	($73,000)	($36,500)
1660	IMPERIAL AND SISKIYOU COUNTY MHP OVERPAYMENT	$0	($200,000)	$0	($1,200,000)	$0	($1,000,000)
1713	INTERIM AND FINAL COST SETTLEMENTS - SMHS	($13,451,000)	$2,287,000	($12,525,000)	$1,780,000	$926,000	($507,000)
2574	RETRO PAYMENTS TO COUNTIES FOR STATE-ONLY BH SVCS	$20,000,000	$20,000,000	$165,000,000	$165,000,000	$145,000,000	$145,000,000
	MENTAL HEALTH SUBTOTAL	**$158,368,000**	**$45,103,300**	**$612,641,000**	**$200,471,050**	**$454,273,000**	**$155,367,750**
	WAIVER--MH/UCD & BTR						
1951	GLOBAL PAYMENT PROGRAM	$2,981,620,000	$0	$3,013,102,000	$0	$31,482,000	$0
2245	CALAIM ECM-COMMUNITY SUPPORTS-TRANSITIONAL RENT	$2,415,193,000	$1,013,404,300	$2,706,233,000	$1,119,202,600	$291,040,000	$105,798,300
1769	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	$336,000	$0	$623,000	$0	$287,000	$0
	WAIVER--MH/UCD & BTR SUBTOTAL	**$5,397,149,000**	**$1,013,404,300**	**$5,719,958,000**	**$1,119,202,600**	**$322,809,000**	**$105,798,300**
	MANAGED CARE						
2408	2023 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	$15,208,141,000	$5,549,105,300	$6,849,713,000	$2,803,180,900	($8,358,428,000)	($2,745,924,400)
2061	MANAGED CARE HEALTH CARE FINANCING PROGRAM	$2,990,968,000	$1,119,520,150	$3,185,536,000	$1,193,134,800	$194,568,000	$73,614,650
2060	MANAGED CARE PUBLIC HOSPITAL EPP	$2,362,740,000	$849,553,200	$6,056,171,000	$2,236,962,800	$3,693,431,000	$1,387,409,600
2062	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	$2,204,499,000	$662,722,100	$5,159,793,000	$1,567,814,600	$2,955,294,000	$905,092,500
2388	WORKFORCE & QUALITY INCENTIVE PROGRAM	$310,868,000	$165,846,050	($15,679,000)	($7,940,050)	($326,547,000)	($173,786,100)

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

COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	MANAGED CARE						
2504	MEDI-CAL MANAGED CARE QUALITY WITHHOLD RELEASE	$252,096,000	$103,638,600	$593,866,000	$253,974,400	$341,770,000	$150,335,800
2437	MANAGED CARE DISTRICT HOSPITAL DIRECTED PAYMENTS	$204,032,000	$0	$1,297,033,000	$0	$1,093,001,000	$0
2499	COMMUNITY CLINIC DIRECTED PAYMENT PROGRAM	$0	$0	$205,000,000	$70,481,400	$205,000,000	$70,481,400
2448	MANAGED CARE PUBLIC DP-NF PASS-THROUGH PYMT PROG	$76,397,000	$39,773,900	$0	$0	($76,397,000)	($39,773,900)
2031	CCI-QUALITY WITHHOLD REPAYMENTS	$15,837,000	$7,918,500	$0	$0	($15,837,000)	($7,918,500)
2474	CHILDREN'S HOSPITAL SUPPLEMENTAL PAYMENT PROGRAM	$0	$0	$440,833,000	$220,416,000	$440,833,000	$220,416,000
2406	2023 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	$0	($4,712,883,000)	$0	($3,639,403,000)	$0	$1,073,480,000
2407	2023 MCO ENROLLMENT TAX MANAGED CARE PLANS	$0	($4,478,050,000)	$0	($2,477,639,000)	$0	$2,000,411,000
2063	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	$0	($3,054,480,000)	$0	($6,010,266,000)	$0	($2,955,786,000)
1788	RETRO MC RATE ADJUSTMENTS	$154,235,000	($2,629,200)	($607,888,000)	($474,996,500)	($762,123,000)	($472,367,300)
2558	MCP NETWORK ADEQUACY & TIMELY ACCESS SANCTIONS	$0	$0	($3,500,000)	($1,750,000)	($3,500,000)	($1,750,000)
2569	IMPROVEMENTS AND EFFICIENCIES	$0	$0	($170,343,000)	($68,000,000)	($170,343,000)	($68,000,000)
2576	MANAGED CARE RISK CORRIDORS	($41,718,000)	($13,920,500)	($485,055,000)	($264,143,710)	($443,337,000)	($250,223,210)
2577	UIS MEMBER TRANSITION TO FFS	$0	$0	($711,297,000)	($599,121,000)	($711,297,000)	($599,121,000)
2582	OVERPAYMENTS FOR REPRODUCTIVE HEALTH	$0	$0	$0	$30,000,000	$0	$30,000,000
2585	2027 MCO TAX CAPITATION PAYMENTS	$0	$0	$539,050,000	$225,678,000	$539,050,000	$225,678,000
2586	2027 MCO TAX FUNDING ADJUSTMENT - CAPITATION	$0	$0	$0	($135,407,000)	$0	($135,407,000)
2587	2027 MCO TAX FUNDING ADJUSTMENT – GENERAL SUPPORT	$0	$0	($92,927,000)	($584,028,000)	($92,927,000)	($584,028,000)
	MANAGED CARE SUBTOTAL	**$23,738,095,000**	**($3,763,884,900)**	**$22,240,306,000**	**($5,661,051,360)**	**($1,497,789,000)**	**($1,897,166,460)**

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	PROVIDER RATES						
88	RATE INCREASE FOR FQHCS/RHCS/CBRCS	$1,028,121,000	$571,773,450	$1,697,432,000	$944,000,100	$669,311,000	$372,226,650
2267	PP-GEMT IGT PROGRAM	$450,469,000	$9,824,000	$736,177,000	$72,583,000	$285,708,000	$62,759,000
2081	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	$157,594,000	($6,061,000)	$140,986,000	($5,462,000)	($16,608,000)	$599,000
1152	DPH INTERIM & FINAL RECONS	$130,113,000	$0	$530,548,000	$0	$400,435,000	$0
2181	NURSING FACILITY RATE ADJUSTMENTS	$725,253,000	$339,708,500	$698,236,000	$327,053,600	($27,017,000)	($12,654,900)
1329	FQHC/RHC/CBRC RECONCILIATION PROCESS	$108,847,000	$60,533,650	$108,847,000	$60,533,650	$0	$0
2184	GDSP NBS & PNS FEE ADJUSTMENTS	$44,550,000	$17,364,950	$18,457,000	$7,194,300	($26,093,000)	($10,170,650)
1046	LTC RATE ADJUSTMENT	$205,820,000	$98,051,050	$294,555,000	$140,324,000	$88,735,000	$42,272,950
96	HOSPICE RATE INCREASES	$14,341,000	$4,973,450	$17,345,000	$6,015,300	$3,004,000	$1,041,850
1162	DPH INTERIM RATE GROWTH	$0	$0	$19,724,000	$0	$19,724,000	$0
1784	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	$0	($688,731,000)	$0	($753,912,000)	$0	($65,181,000)
2509	PROP 35 - PROVIDER PAYMENT INCREASE FUNDING	$0	($1,585,433,000)	($42,200,000)	($2,439,400,000)	($42,200,000)	($853,967,000)
1703	LABORATORY RATE METHODOLOGY CHANGE	$0	$0	($2,046,000)	($840,300)	($2,046,000)	($840,300)
1505	REDUCTION TO RADIOLOGY RATES	$0	$0	($65,471,000)	($26,728,550)	($65,471,000)	($26,728,550)
2458	PROP 35 - PROVIDER PAYMENT INCREASES	$0	$0	$3,057,624,000	$1,505,600,000	$3,057,624,000	$1,505,600,000
2591	2027 MCO TAX FUNDING ADJUSTMENT – TRI	$0	$0	$0	($81,242,000)	$0	($81,242,000)
2596	PRIVATE DUTY NURSING PAYMENT INCREASES	$0	$0	$60,000,000	$30,000,000	$60,000,000	$30,000,000
	PROVIDER RATES SUBTOTAL	**$2,865,108,000**	**($1,177,995,950)**	**$7,270,214,000**	**($214,280,900)**	**$4,405,106,000**	**$963,715,050**
	SUPPLEMENTAL PMNTS.						
2055	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	$6,291,696,000	$0	$15,828,192,000	$0	$9,536,496,000	$0
1475	HOSPITAL QAF - FFS PAYMENTS	($199,543,000)	$0	$3,961,466,000	$0	$4,161,009,000	$0

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	SUPPLEMENTAL PMNTS.						
1761	HOSPITAL QAF - MANAGED CARE PAYMENTS	$0	$0	$1,793,000,000	$0	$1,793,000,000	$0
2024	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	$1,110,346,000	$0	$1,346,207,000	$0	$235,861,000	$0
1071	PRIVATE HOSPITAL DSH REPLACEMENT	$769,852,000	$384,926,000	$787,980,000	$393,990,000	$18,128,000	$9,064,000
1073	DSH PAYMENT	$604,637,000	$43,553,000	$606,362,000	$41,769,000	$1,725,000	($1,784,000)
1085	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	$505,332,000	$118,400,000	$439,952,000	$118,400,000	($65,380,000)	$0
2130	PROP 56 - MEDI-CAL FAMILY PLANNING	$442,849,000	$146,154,100	$433,165,000	$131,120,500	($9,684,000)	($15,033,600)
78	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	$231,553,000	$0	$209,844,000	$0	($21,709,000)	$0
1078	DPH PHYSICIAN & NON-PHYS. COST	$181,065,000	$0	$85,031,000	$0	($96,034,000)	$0
1899	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	$134,080,000	($1,388,000)	$132,843,000	($1,169,000)	($1,237,000)	$219,000
104	FFP FOR LOCAL TRAUMA CENTERS	$131,325,000	$0	$181,489,000	$0	$50,164,000	$0
82	CAPITAL PROJECT DEBT REIMBURSEMENT	$81,745,000	$23,315,000	$79,036,000	$23,887,000	($2,709,000)	$572,000
1600	NDPH IGT SUPPLEMENTAL PAYMENTS	$43,685,000	($1,397,000)	$56,001,000	($972,000)	$12,316,000	$425,000
2049	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	$765,052,000	$287,732,000	$689,044,000	$259,625,000	($76,008,000)	($28,107,000)
1076	NDPH SUPPLEMENTAL PAYMENT	$18,234,000	$1,900,000	$2,320,000	$0	($15,914,000)	($1,900,000)
1616	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	$15,425,000	$0	$13,267,000	$0	($2,158,000)	$0
1038	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	$10,000,000	$5,000,000	$10,000,000	$5,000,000	$0	$0
1039	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	$8,000,000	$4,000,000	$8,000,000	$4,000,000	$0	$0
86	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	$7,087,000	$0	$3,113,000	$0	($3,974,000)	$0
2044	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	$6,226,000	$6,226,000	$6,954,000	$6,954,000	$728,000	$728,000
2303	FREE CLINICS AUGMENTATION	$2,000,000	$2,000,000	$2,000,000	$2,000,000	$0	$0
2102	PROPOSITION 56 FUNDING	$0	($473,209,000)	$0	($461,274,000)	$0	$11,935,000

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

FRN.	POLICY CHANGE TITLE	MAY 2026 EST. FOR 2025-26 TOTAL FUNDS	MAY 2026 EST. FOR 2025-26 GENERAL FUNDS	MAY 2026 EST. FOR 2026-27 TOTAL FUNDS	MAY 2026 EST. FOR 2026-27 GENERAL FUNDS	DIFFERENCE TOTAL FUNDS	DIFFERENCE GENERAL FUNDS
	SUPPLEMENTAL PMNTS.						
1601	IGT ADMIN. & PROCESSING FEE	$0	($21,515,000)	$0	($26,073,000)	$0	($4,558,000)
1661	GEMT SUPPLEMENTAL PAYMENT PROGRAM	($9,594,000)	$0	($1,632,000)	$0	$7,962,000	$0
2572	DMPH GME IGT ADMIN. & PROCESSING FEE	$0	$0	$0	($230,000)	$0	($230,000)
2573	GRADUATE MEDICAL EDUCATION PAYMENTS TO DMPHS	$0	$0	$24,910,000	$0	$24,910,000	$0
	SUPPLEMENTAL PMNTS. SUBTOTAL	**$11,151,052,000**	**$525,697,100**	**$26,698,544,000**	**$497,027,500**	**$15,547,492,000**	**($28,669,600)**
	COVID-19						
2363	COVID-19 VACCINE FUNDING ADJUSTMENT	$0	($11,893,000)	$0	$0	$0	$11,893,000
2218	COVID-19 END OF UNWINDING FLEXIBILITIES	($1,437,539,000)	($453,124,300)	($3,788,312,000)	($1,243,336,600)	($2,350,773,000)	($790,212,300)
	COVID-19 SUBTOTAL	**($1,437,539,000)**	**($465,017,300)**	**($3,788,312,000)**	**($1,243,336,600)**	**($2,350,773,000)**	**($778,319,300)**
	STATE-ONLY CLAIMING						
2415	STATE-ONLY CLAIMING ADJUSTMENTS - RETRO ADJ.	$0	$686,577,000	$0	($275,950,000)	$0	($962,527,000)
	STATE-ONLY CLAIMING SUBTOTAL	**$0**	**$686,577,000**	**$0**	**($275,950,000)**	**$0**	**($962,527,000)**
	OTHER DEPARTMENTS						
1476	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	$1,235,310,000	$0	$1,325,058,000	$0	$89,748,000	$0
	OTHER DEPARTMENTS SUBTOTAL	**$1,235,310,000**	**$0**	**$1,325,058,000**	**$0**	**$89,748,000**	**$0**
	OTHER						
2354	BEHAVIORAL HEALTH BRIDGE HOUSING	$281,087,000	$239,087,000	$43,000,000	$0	($238,087,000)	($239,087,000)
2208	SELF-DETERMINATION PROGRAM - CDDS	$345,739,000	$0	$441,206,000	$0	$95,467,000	$0
2329	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	$155,373,000	$23,306,000	$302,038,000	$68,807,000	$146,665,000	$45,501,000

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
2092	QAF WITHHOLD TRANSFER	$9,624,000	$4,812,000	$62,376,000	$31,188,000	$52,752,000	$26,376,000
2424	CYBHI - FEE SCHEDULE THIRD PARTY ADMINISTRATOR	$39,500,000	$39,500,000	$50,900,000	$0	$11,400,000	($39,500,000)
1232	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	$94,506,000	$0	$77,099,000	$0	($17,407,000)	$0
2346	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	$59,200,000	$19,674,050	$27,300,000	$9,080,000	($31,900,000)	($10,594,050)
2097	MEDI-CAL PHY. & DENTISTS LOAN REPAYMENT PROG	$44,217,000	$0	$36,143,000	$0	($8,074,000)	$0
2549	PROPOSITION 36 FUNDING	$50,000,000	$50,000,000	$20,000,000	$20,000,000	($30,000,000)	($30,000,000)
2439	CALAIM - PATH WPC	$21,627,000	$0	$0	$0	($21,627,000)	$0
1975	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	$52,271,000	$26,867,000	$93,906,000	$48,267,000	$41,635,000	$21,400,000
2396	CARE ACT	$13,804,000	$13,804,000	$22,481,000	$22,481,000	$8,677,000	$8,677,000
111	INDIAN HEALTH SERVICES	$18,278,000	$6,092,500	$16,905,000	$5,635,000	($1,373,000)	($457,500)
2009	INFANT DEVELOPMENT PROGRAM	$34,868,000	$0	$27,727,000	$0	($7,141,000)	$0
2550	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING	$15,000,000	$15,000,000	$0	$0	($15,000,000)	($15,000,000)
1526	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	$15,559,000	$7,120,000	$13,742,000	$6,236,000	($1,817,000)	($884,000)
2502	MISC. ONE-TIME PAYMENTS	$12,550,000	$12,550,000	$12,000,000	$12,000,000	($550,000)	($550,000)
2375	CYBHI - URGENT NEEDS AND EMERGENT ISSUES	$10,100,000	$10,100,000	$0	$0	($10,100,000)	($10,100,000)
2355	CALHOPE	$5,000,000	$0	$5,000,000	$0	$0	$0
2443	ASSET LIMIT INCREASE & ELIM. - CNTY BH FUNDING	$5,688,000	$5,688,000	$4,720,000	$4,720,000	($968,000)	($968,000)
1866	WPCS WORKERS' COMPENSATION	$620,000	$310,000	$620,000	$310,000	$0	$0
35	IMD ANCILLARY SERVICES	$0	$57,766,000	$0	$51,474,000	$0	($6,292,000)
1087	CIGARETTE AND TOBACCO SURTAX FUNDS	$0	($87,385,000)	$0	($92,561,000)	$0	($5,176,000)
1760	HOSPITAL QAF - CHILDREN'S HEALTH CARE	$0	($84,698,000)	$0	($1,710,833,000)	$0	($1,626,135,000)
2034	CMS DEFERRED CLAIMS	$0	$477,700,000	$0	$200,000,000	$0	($277,700,000)

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COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES
CURRENT YEAR COMPARED TO BUDGET YEAR
FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN.	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER						
2156	INDIAN HEALTH SERVICES FUNDING SHIFT	$0	($28,729,000)	$0	($30,919,500)	$0	($2,190,500)
2503	MEDICAL PROVIDER INTERIM PAYMENT LOAN	$0	($2,541,324,000)	$0	$0	$0	$2,541,324,000
2484	HEALTH CARE SVCS. FINES AND PENALTIES	$0	($20,400,000)	$0	($12,502,000)	$0	$7,898,000
2551	HR 1 - UIS EMERGENCY ACA FMAP ADJUSTMENT	$0	$0	($51,500,000)	$106,778,000	($51,500,000)	$106,778,000
2531	RESIDENCY VERIFICATION IMPROVEMENTS	$0	$0	($418,230,000)	($126,360,000)	($418,230,000)	($126,360,000)
2497	QUALITY SANCTIONS	($1,460,000)	($730,000)	($2,000,000)	($1,000,000)	($540,000)	($270,000)
2054	ASSISTED LIVING WAIVER EXPANSION	($953,000)	($495,000)	$9,413,000	$4,890,000	$10,366,000	$5,385,000
2010	HCBA WAIVER EXPANSION	($10,118,000)	($5,102,000)	($25,410,000)	($12,829,000)	($15,292,000)	($7,727,000)
1906	COUNTY SHARE OF OTLICP-CCS COSTS	($17,000,000)	($17,000,000)	($17,000,000)	($17,000,000)	$0	$0
2343	COUNTY BH RECOUPMENTS	($85,546,000)	($85,546,000)	($85,547,000)	($85,547,000)	($1,000)	($1,000)
110	AUDIT SETTLEMENTS	$0	$57,239,000	$0	$0	$0	($57,239,000)
2590	MCO TAX REVENUE TO SUPPORT MEDI-CAL	$0	$0	$181,637,000	($1,742,200,000)	$181,637,000	($1,742,200,000)
2595	SUPPORT TO DESIGNATED PUBLIC HOSPITALS	$0	$0	$250,000,000	$250,000,000	$250,000,000	$250,000,000
2598	CONGREGATE LIVING HEALTH FACILITY	$0	$0	$15,400,000	$7,700,000	$15,400,000	$7,700,000
	OTHER SUBTOTAL	**$1,169,534,000**	**($1,804,793,450)**	**$1,113,926,000**	**($2,982,185,500)**	**($55,608,000)**	**($1,177,392,050)**
	GRAND TOTAL	**$48,231,123,000**	**($7,987,098,900)**	**$62,590,764,000**	**($13,525,518,510)**	**$14,359,641,000**	**($5,538,419,610)**

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

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	COUNTY ADMIN						
1704	COUNTY ADMINISTRATION ALLOCATION	$2,377,805,000	$1,188,902,500	$2,377,805,000	$1,188,902,500	$0	$0
214	SAWS	$200,841,000	$405,500	$196,915,000	$69,000	($3,926,000)	($336,500)
217	CALWORKS APPLICATIONS	$99,964,000	$49,982,000	$99,964,000	$49,982,000	$0	$0
1598	CASE MANAGEMENT FOR OTLICP	$44,763,000	$22,381,500	$46,391,000	$23,195,500	$1,628,000	$814,000
213	LOS ANGELES COUNTY HOSPITAL INTAKES	$20,166,000	$2,736,000	$20,166,000	$2,736,000	$0	$0
215	SAVE	$0	($4,000,000)	$0	($4,000,000)	$0	$0
1835	ENHANCED FEDERAL FUNDING	$0	($608,380,250)	$0	($633,390,000)	$0	($25,009,750)
2580	HR 1 - COUNTY ADMINISTRATION ALLOCATION	$0	$0	$709,001,000	$196,759,000	$709,001,000	$196,759,000
	COUNTY ADMIN SUBTOTAL	**$2,743,539,000**	**$652,027,250**	**$3,450,242,000**	**$824,254,000**	**$706,703,000**	**$172,226,750**
	DHCS-OTHER						
2389	CALAIM - PATH	$473,522,000	$214,535,000	$515,456,000	$181,355,000	$41,934,000	($33,180,000)
1721	COUNTY SPECIALTY MENTAL HEALTH ADMIN	$284,592,000	$10,643,000	$304,523,000	$13,912,000	$19,931,000	$3,269,000
1757	INTERIM AND FINAL COST SETTLEMENTS-SMHS	$186,894,000	$0	$182,450,000	$0	($4,444,000)	$0
230	CCS PROGRAM COUNTY ADMINISTRATIVE BUDGET	$204,223,000	$72,594,050	$206,028,000	$74,449,600	$1,805,000	$1,855,550
2289	CYBHI - BH SERVICES AND SUPPORTS PLATFORM	$175,900,000	$175,900,000	$109,900,000	$53,100,000	($66,000,000)	($122,800,000)
2167	MEDI-CAL RX - ADMINISTRATIVE COSTS	$158,298,000	$41,501,250	$127,329,000	$33,382,300	($30,969,000)	($8,118,950)
1963	COUNTY & TRIBAL MEDI-CAL ADMINISTRATIVE ACTIVITIES	$167,907,000	$0	$148,013,000	$0	($19,894,000)	$0
235	SCHOOL-BASED MEDI-CAL ADMINISTRATIVE ACTIVITIES	$153,579,000	$0	$148,168,000	$0	($5,411,000)	$0
1813	DRUG MEDI-CAL COUNTY ADMINISTRATION	$119,212,000	$632,000	$123,527,000	$571,000	$4,315,000	($61,000)
2517	CALAIM-BH-CONNECT WORKFORCE INITIATIVE	$95,095,000	$0	$213,750,000	$0	$118,655,000	$0
2491	BH TRANSFORMATION FUNDING FOR COUNTY BH DEPTS.	$93,508,000	$0	$17,001,000	$0	($76,507,000)	$0
231	POSTAGE & PRINTING	$71,362,000	$35,809,500	$71,362,000	$35,809,500	$0	$0

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2288	CALAIM - POPULATION HEALTH MANAGEMENT	$71,365,000	$2,799,000	$54,604,000	$3,609,800	($16,761,000)	$810,800
1722	SMH MAA	$52,327,000	$0	$55,641,000	$0	$3,314,000	$0
2398	CALAIM - BH - CONNECT DEMONSTRATION ADMIN	$65,490,000	$8,433,000	$176,866,000	$8,433,000	$111,376,000	$0
1937	ACTUARIAL COSTS FOR RATE DEVELOPMENT	$41,000,000	$20,350,000	$45,000,000	$22,500,000	$4,000,000	$2,150,000
1551	MEDI-CAL RECOVERY CONTRACTS	$41,445,000	$10,361,250	$35,100,000	$8,775,000	($6,345,000)	($1,586,250)
252	ENTERPRISE DATA ENVIRONMENT	$29,978,000	$8,053,600	$52,166,000	$13,901,700	$22,188,000	$5,848,100
1748	OTLICP, MCAP, SPECIAL POPULATIONS ADMIN COSTS	$29,494,000	$15,018,300	$28,424,000	$14,433,450	($1,070,000)	($584,850)
1137	MITA	$33,594,000	$4,266,300	$45,858,000	$5,824,750	$12,264,000	$1,558,450
2505	ELECTRONIC VISIT VERIFICATION M&O COSTS	$37,762,000	$0	$39,190,000	$0	$1,428,000	$0
2402	EMSA - CALIFORNIA POISON CONTROL SYSTEM SVCS.	$16,289,000	$0	$18,291,000	$0	$2,002,000	$0
2152	HCBA WAIVER ADMINISTRATIVE COST	$22,026,000	$11,108,000	$23,380,000	$11,791,000	$1,354,000	$683,000
1932	PAVE SYSTEM	$16,316,000	$4,526,700	$30,784,000	$8,631,350	$14,468,000	$4,104,650
1318	CAPMAN	$19,788,000	$5,113,450	$19,309,000	$5,068,250	($479,000)	($45,200)
1720	PASRR	$11,373,000	$2,843,250	$9,637,000	$2,409,250	($1,736,000)	($434,000)
1370	PUBLIC HEALTH REGISTRIES SUPPORT	$0	$0	$13,480,000	$0	$13,480,000	$0
1732	SDMC SYSTEM M&O SUPPORT	$2,689,000	$1,344,500	$2,319,000	$1,159,500	($370,000)	($185,000)
2002	ELECTRONIC ASSET VERIFICATION PROGRAM	$8,632,000	$4,316,000	$10,909,000	$5,454,500	$2,277,000	$1,138,500
2447	CALAIM - JUSTICE INVOLVED MAA	$0	$0	$8,000,000	$4,000,000	$8,000,000	$4,000,000
1452	PROTECTION OF PHI DATA	$5,538,000	$2,769,000	$14,980,000	$7,490,000	$9,442,000	$4,721,000
2414	BHSF - PROVIDER ACES TRAININGS	$7,415,000	$0	$0	$0	($7,415,000)	$0
2467	MOBILE VISION SERVICES	$2,114,000	$0	$2,208,000	$0	$94,000	$0
1982	MEDCOMPASS SOLUTION	$7,036,000	$1,849,800	$8,062,000	$2,119,900	$1,026,000	$270,100
1824	NEWBORN HEARING SCREENING PROGRAM	$6,220,000	$3,110,000	$6,313,000	$3,156,500	$93,000	$46,500

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2334	COUNTY COMPLIANCE WITH INTEROPERABILITY FINAL RULE	$0	$0	$13,267,000	$5,907,000	$13,267,000	$5,907,000
2206	DRUG MEDI-CAL PARITY RULE ADMINISTRATION	$5,875,000	$1,958,000	$5,875,000	$1,958,000	$0	$0
1972	PACES	$3,761,000	$988,550	$4,318,000	$1,135,050	$557,000	$146,500
2413	CALAIM - INMATE PRE-RELEASE PROGRAM ADMIN	$2,746,000	$1,373,000	$2,746,000	$1,373,000	$0	$0
2358	STATEWIDE VERIFICATION HUB	$112,000	$11,200	$0	$0	($112,000)	($11,200)
1902	DATA ANALYTICS	$3,357,000	$930,000	$5,641,000	$1,829,000	$2,284,000	$899,000
2321	MEDICARE - MEDI-CAL OMBUDSPERSON PROGRAM	$2,200,000	$1,100,000	$2,200,000	$1,100,000	$0	$0
2392	MFP/CCT SUPPLEMENTAL FUNDING	$1,871,000	$0	$1,952,000	$0	$81,000	$0
1768	T-MSIS	$1,849,000	$445,050	$1,887,000	$473,750	$38,000	$28,700
237	SSA COSTS FOR HEALTH COVERAGE INFO.	$1,800,000	$900,000	$1,820,000	$910,000	$20,000	$10,000
1441	MEDI-CAL ELIGIBILITY DATA SYSTEM (MEDS)	$1,022,000	$293,000	$994,000	$279,000	($28,000)	($14,000)
1675	FAMILY PACT PROGRAM ADMIN.	$1,568,000	$784,000	$1,100,000	$550,000	($468,000)	($234,000)
2362	RECOVERY INCENTIVES CONTINGENCY MANAGEMENT ADMIN	$1,046,000	$0	$1,275,000	$0	$229,000	$0
266	MMA - DSH ANNUAL INDEPENDENT AUDIT	$444,000	$222,000	$613,000	$306,500	$169,000	$84,500
2159	HEALTH INFORMATION EXCHANGE INTEROPERABILITY	$250,000	$31,700	$2,750,000	$349,400	$2,500,000	$317,700
1556	CCT OUTREACH - ADMINISTRATIVE COSTS	$364,000	$0	$364,000	$0	$0	$0
2438	HEALTH PLAN OF SAN MATEO DENTAL INTEGRATION EVAL	$186,000	$0	$152,000	$0	($34,000)	$0
2123	CMS DEFERRED CLAIMS - OTHER ADMIN	$0	$582,438,000	$0	$145,000,000	$0	($437,438,000)
2459	DESIGNATED STATE HEALTH PROGRAMS	$0	($178,255,000)	$0	($346,856,000)	$0	($168,601,000)
2562	EPTP - STATEWIDE LEARNING COLLABORATIVE	$6,900,000	$3,450,000	$2,900,000	$1,450,000	($4,000,000)	($2,000,000)
2559	STATE ONLY CLAIMING ADJUSTMENTS - ADMIN.	$0	$622,631,000	$0	$600,000,000	$0	($22,631,000)
2552	TRANSFORMING MATERNAL HEALTH PROVIDER INFR PYMT	$0	$0	$1,750,000	$0	$1,750,000	$0

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-OTHER						
2567	HR 1 - HEALTH ENROLLMENT NAVIGATORS	$0	$0	$4,000,000	$0	$4,000,000	$0
2592	RECONCILIATION - ADMIN	$0	$0	($81,100,000)	($7,700,000)	($81,100,000)	($7,700,000)
2593	PROPOSITION 35 FUNDING – CYBHI & BH-CONNECT	$0	$0	$0	($65,700,000)	$0	($65,700,000)
	DHCS-OTHER SUBTOTAL	**$2,747,334,000**	**$1,697,177,450**	**$2,842,532,000**	**$863,702,050**	**$95,198,000**	**($833,475,400)**
	DHCS-MEDICAL FI						
2115	MEDICAL FI BO & IT COST REIMBURSEMENT	$63,944,000	$17,717,850	$65,381,000	$18,193,950	$1,437,000	$476,100
2117	MEDICAL FI BO & IT CHANGE ORDERS	$41,156,000	$10,822,150	$36,601,000	$9,622,300	($4,555,000)	($1,199,850)
2119	MEDICAL FI IT DEVELOPMENT AND OPERATIONS SERVICES	$45,487,000	$11,959,900	$50,974,000	$13,402,000	$5,487,000	$1,442,100
2118	MEDICAL INFRASTRUCTURE & DATA MGT SVCS	$44,894,000	$11,801,950	$35,744,000	$9,395,950	($9,150,000)	($2,406,000)
2112	MEDICAL FI BO OTHER ESTIMATED COSTS	$26,475,000	$7,953,850	$26,951,000	$8,098,750	$476,000	$144,900
2116	MEDICAL FI BO TELEPHONE SERVICE CENTER	$19,370,000	$5,799,000	$19,718,000	$5,902,600	$348,000	$103,600
2111	MEDICAL FI BUSINESS OPERATIONS	$17,655,000	$4,638,550	$17,972,000	$4,722,850	$317,000	$84,300
2113	MEDICAL FI BO HOURLY REIMBURSEMENT	$12,768,000	$3,356,850	$12,998,000	$3,417,200	$230,000	$60,350
2114	MEDICAL FI BO MISCELLANEOUS EXPENSES	$1,199,000	$329,100	$1,189,000	$325,850	($10,000)	($3,250)
2564	HR 1 - PROHIBITED ENTITIES SYSTEMS COSTS	$547,000	$547,000	$137,000	$137,000	($410,000)	($410,000)
2594	UIS MEMBER TRANSITION TO FFS SYSTEMS COSTS	$0	$0	$33,300,000	$33,300,000	$33,300,000	$33,300,000
	DHCS-MEDICAL FI SUBTOTAL	**$273,495,000**	**$74,926,200**	**$300,965,000**	**$106,518,450**	**$27,470,000**	**$31,592,250**
	DHCS-HEALTH CARE OPT						
2051	HCO OPERATIONS	$36,760,000	$18,104,300	$36,638,000	$18,044,200	($122,000)	($60,100)
2052	HCO COST REIMBURSEMENT	$34,987,000	$17,237,750	$40,621,000	$20,089,550	$5,634,000	$2,851,800
2053	HCO ESR HOURLY REIMBURSEMENT	$15,590,000	$7,678,000	$15,590,000	$7,678,000	$0	$0
	DHCS-HEALTH CARE OPT SUBTOTAL	**$87,337,000**	**$43,020,050**	**$92,849,000**	**$45,811,750**	**$5,512,000**	**$2,791,700**

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	DHCS-DENTAL FI						
2380	DENTAL FI-DBO ADMIN 2022 CONTRACT	$162,882,000	$43,563,500	$132,472,000	$35,565,000	($30,410,000)	($7,998,500)
2006	DENTAL FI ADMINISTRATION 2016 CONTRACT	$18,474,000	$4,635,500	$18,760,000	$4,698,000	$286,000	$62,500
	DHCS-DENTAL FI SUBTOTAL	**$181,356,000**	**$48,199,000**	**$151,232,000**	**$40,263,000**	**($30,124,000)**	**($7,936,000)**
	OTHER DEPARTMENTS						
236	PERSONAL CARE SERVICES	$598,333,000	$0	$653,534,000	$0	$55,201,000	$0
233	HEALTH-RELATED ACTIVITIES - CDSS	$241,720,000	$0	$804,896,000	$0	$563,176,000	$0
1679	CALHEERS DEVELOPMENT	$173,104,000	$46,130,500	$227,558,000	$62,032,900	$54,454,000	$15,902,400
234	MATERNAL AND CHILD HEALTH	$90,793,000	$0	$114,846,000	$0	$24,053,000	$0
243	CDDS ADMINISTRATIVE COSTS	$143,008,000	$0	$129,193,000	$0	($13,815,000)	$0
256	DEPARTMENT OF SOCIAL SERVICES ADMIN COST	$57,744,000	$0	$60,356,000	$0	$2,612,000	$0
246	HCPCFC CASE MANAGEMENT	$74,400,000	$4,929,000	$74,400,000	$4,929,000	$0	$0
2455	HCPCFC ADMIN COSTS	$23,757,000	$11,878,500	$23,757,000	$11,878,500	$0	$0
1192	FFP FOR DEPARTMENT OF PUBLIC HEALTH SUPPORT COSTS	$8,761,000	$0	$13,656,000	$0	$4,895,000	$0
253	DEPARTMENT OF AGING ADMINISTRATIVE COSTS	$7,570,000	$0	$8,200,000	$0	$630,000	$0
2244	FEDERAL FUNDING FOR HEALTH CARE PAYMENTS DATA PROG	$8,052,000	$0	$8,391,000	$0	$339,000	$0
239	CLPP CASE MANAGEMENT SERVICES	$6,502,000	$0	$13,726,000	$0	$7,224,000	$0
1680	CALIFORNIA SMOKERS' HELPLINE	$2,353,000	$0	$3,564,000	$0	$1,211,000	$0
257	CALHHS AGENCY HIPAA FUNDING	$1,749,000	$874,500	$1,908,000	$954,000	$159,000	$79,500
1665	MEDI-CAL INPATIENT SERVICES FOR INMATES	$1,144,000	$0	$1,189,000	$0	$45,000	$0
232	VETERANS BENEFITS	$1,100,000	$0	$1,100,000	$0	$0	$0
1774	VITAL RECORDS	$883,000	$4,000	$883,000	$4,000	$0	$0

COMPARISON OF FISCAL IMPACTS OF COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION POLICY CHANGES CURRENT YEAR COMPARED TO BUDGET YEAR FISCAL YEARS 2025-26 AND 2026-27

		MAY 2026 EST. FOR 2025-26		MAY 2026 EST. FOR 2026-27		DIFFERENCE	
FRN	POLICY CHANGE TITLE	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	OTHER DEPARTMENTS						
249	KIT FOR NEW PARENTS	$108,000	$0	$83,000	$0	($25,000)	$0
263	MERIT SYSTEM SERVICES FOR COUNTIES	$202,000	$101,000	$211,000	$105,500	$9,000	$4,500
1114	PIA EYEWEAR COURIER SERVICE	$726,000	$363,000	$894,000	$447,000	$168,000	$84,000
	OTHER DEPARTMENTS SUBTOTAL	**$1,442,009,000**	**$64,280,500**	**$2,142,345,000**	**$80,350,900**	**$700,336,000**	**$16,070,400**
	GRAND TOTAL	**$7,475,070,000**	**$2,579,630,450**	**$8,980,165,000**	**$1,960,900,150**	**$1,505,095,000**	**($618,730,300)**

FISCAL YEAR 2026-27 COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

SERVICE CATEGORY	TITLE 19 CHILDREN	TITLE 19 ADULTS	TITLE 21	ACA EXPANSION	SPDS	LTC AID CODES
PHYSICIANS	$136,708,310	$59,550,750	$25,001,300	$109,584,930	$67,455,280	$1,637,400
OTHER MEDICAL	$1,877,748,470	$2,119,965,120	$495,029,670	$3,008,655,240	$1,754,652,230	$27,532,850
CO. & COMM. OUTPATIENT	$192,611,330	$88,425,610	$52,768,900	$141,002,720	$145,876,540	$219,910
PHARMACY	$1,031,617,360	$3,236,457,360	$464,450,840	$6,961,137,680	$4,057,624,420	$31,130,070
COUNTY INPATIENT	$171,424,390	$81,876,580	$9,917,140	$491,821,860	$60,139,980	$898,220
COMMUNITY INPATIENT	$1,771,624,360	$451,773,580	$147,272,090	$1,217,814,970	$585,940,620	$8,047,050
NURSING FACILITIES	$11,219,690	$4,157,050	$781,950	$50,344,150	$446,821,500	$217,863,960
ICF-DD	$1,448,560	$0	$0	$182,370	$3,514,840	$2,741,810
MEDICAL TRANSPORTATION	$17,308,870	$36,024,250	$1,896,830	$53,668,820	$21,382,650	$648,930
OTHER SERVICES	$397,164,180	$186,244,430	$104,493,850	$112,453,600	$1,661,471,150	$26,781,150
HOME HEALTH	$36,550,050	$261,450	$12,062,750	$1,808,130	$82,558,120	$670
FFS SUBTOTAL	**$5,645,425,570**	**$6,264,736,180**	**$1,313,675,320**	**$12,148,474,480**	**$8,887,437,340**	**$317,502,010**
DENTAL	$936,166,690	$369,745,680	$314,325,030	$624,557,520	$373,548,280	$26,336,800
MENTAL HEALTH	$3,450,997,860	$822,170,310	$933,372,520	$2,979,821,800	$2,564,787,440	$18,045,600
TWO PLAN MODEL	$4,533,398,530	$5,921,249,490	$1,697,039,930	$18,549,062,710	$17,635,095,400	$292,466,670
COUNTY ORGANIZED HEALTH SYSTEMS	$2,176,144,710	$3,406,205,230	$942,911,690	$9,547,250,710	$8,712,913,640	$147,147,810
GEOGRAPHIC MANAGED CARE	$648,994,720	$937,989,500	$272,415,460	$2,863,117,920	$2,979,830,570	$38,727,630
PHP & OTHER MANAG. CARE	$557,620	$1,564,100	($1,874,910)	$43,373,980	$2,965,026,530	$34,896,820
MEDICARE PAYMENTS	$0	$160,186,560	$0	$376,787,190	$9,968,542,280	$230,321,150
STATE HOSP./DEVELOPMENTAL CNTRS.	$0	($15,820)	($16,970)	$0	($904,430)	$0
MISC. SERVICES	$6,338,550	$9,438,820	$0	$18,662,600	$634,551,150	$60
DRUG MEDI-CAL	$297,229,920	$310,231,290	$293,853,100	$322,748,370	$314,165,680	$299,053,400
REGIONAL MODEL	$15,288,360	$31,190,350	$9,167,790	$120,032,400	$148,063,680	$5,243,490
NON-FFS SUBTOTAL	**$12,065,116,940**	**$11,969,955,540**	**$4,461,193,640**	**$35,445,415,210**	**$46,295,620,220**	**$1,092,239,430**
TOTAL DOLLARS (1)	**$17,710,542,520**	**$18,234,691,710**	**$5,774,868,960**	**$47,593,889,690**	**$55,183,057,550**	**$1,409,741,440**
ELIGIBLES * **	**3,411,900**	**2,097,200**	**1,265,200**	**4,545,600**	**2,503,100**	**50,600**
ANNUAL $/ELIGIBLE	**$5,191**	**$8,695**	**$4,564**	**$10,470**	**$22,046**	**$27,861**
AVG. MO. $/ELIGIBLE	**$433**	**$725**	**$380**	**$873**	**$1,837**	**$2,322**

(1) Does not include Audits & Lawsuits and Recoveries.
*** Eligibles include the estimated impact of eligibility policy changes.
Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2026-27 COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

SERVICE CATEGORY	TOTAL
PHYSICIANS	**$399,937,970**
OTHER MEDICAL	**$9,283,583,580**
CO. & COMM. OUTPATIENT	**$620,905,010**
PHARMACY	**$15,782,417,730**
COUNTY INPATIENT	**$816,078,170**
COMMUNITY INPATIENT	**$4,182,472,680**
NURSING FACILITIES	**$731,188,310**
ICF-DD	**$7,887,580**
MEDICAL TRANSPORTATION	**$130,930,360**
OTHER SERVICES	**$2,488,608,360**
HOME HEALTH	**$133,241,170**
FFS SUBTOTAL	**$34,577,250,900**
DENTAL	**$2,644,680,010**
MENTAL HEALTH	**$10,769,195,540**
TWO PLAN MODEL	**$48,628,312,730**
COUNTY ORGANIZED HEALTH SYSTEMS	**$24,932,573,780**
GEOGRAPHIC MANAGED CARE	**$7,741,075,790**
PHP & OTHER MANAG. CARE	**$3,043,544,140**
MEDICARE PAYMENTS	**$10,735,837,180**
STATE HOSP./DEVELOPMENTAL CNTRS.	**($937,220)**
MISC. SERVICES	**$668,991,180**
DRUG MEDI-CAL	**$1,837,281,770**
REGIONAL MODEL	**$328,986,070**
NON-FFS SUBTOTAL	**$111,329,540,970**
TOTAL DOLLARS (1)	**$145,906,791,870**
ELIGIBLES * **	**13,873,600**
ANNUAL $/ELIGIBLE	**$10,517**
AVG. MO. $/ELIGIBLE	**$876**

(1) Does not include Audits & Lawsuits and Recoveries.
*** Eligibles include the estimated impact of eligibility policy changes.
Refer to page following for listing of excluded policy changes.

FISCAL YEAR 2026-27 BENEFITS COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

EXCLUDED POLICY CHANGES: 104

FISCAL REF NO.	POLICY CHANGE TITLE
2125	QAF WITHHOLD TRANSFER ADJUSTMENT
2126	QAF WITHHOLD ADJUSTMENT
3	BREAST AND CERVICAL CANCER TREATMENT
2422	HEALTH ENROLLMENT NAVIGATORS FOR CLINICS
2155	CS3 PROXY ADJUSTMENT
1595	COMMUNITY FIRST CHOICE OPTION
1791	1% FMAP INCREASE FOR PREVENTIVE SERVICES
1821	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.
1	FAMILY PACT PROGRAM
1228	CALIFORNIA COMMUNITY TRANSITIONS COSTS
2194	PHARMACY RETROACTIVE ADJUSTMENTS
1449	LITIGATION SETTLEMENTS
51	FAMILY PACT DRUG REBATES
1723	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
1660	IMPERIAL AND SISKIYOU COUNTY MHP OVERPAYMENT
1713	INTERIM AND FINAL COST SETTLEMENTS - SMHS
1951	GLOBAL PAYMENT PROGRAM
2245	CALAIM ECM-COMMUNITY SUPPORTS-TRANSITIONAL RENT
1769	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
2408	2023 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.
2504	MEDI-CAL MANAGED CARE QUALITY WITHHOLD RELEASE
1029	DENTAL MANAGED CARE (Other M/C)
2499	COMMUNITY CLINIC DIRECTED PAYMENT PROGRAM
1837	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
1823	COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM
1797	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL
2406	2023 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ
2407	2023 MCO ENROLLMENT TAX MANAGED CARE PLANS
2063	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
2081	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF
1784	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
2509	PROP 35 - PROVIDER PAYMENT INCREASE FUNDING

FISCAL YEAR 2026-27 BENEFITS COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

EXCLUDED POLICY CHANGES: 104

FISCAL REF NO.	POLICY CHANGE TITLE
2055	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS
1475	HOSPITAL QAF - FFS PAYMENTS
1761	HOSPITAL QAF - MANAGED CARE PAYMENTS
2024	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
1071	PRIVATE HOSPITAL DSH REPLACEMENT
1073	DSH PAYMENT
1085	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
2130	PROP 56 - MEDI-CAL FAMILY PLANNING
78	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
1078	DPH PHYSICIAN & NON-PHYS. COST
1899	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
104	FFP FOR LOCAL TRAUMA CENTERS
82	CAPITAL PROJECT DEBT REIMBURSEMENT
1600	NDPH IGT SUPPLEMENTAL PAYMENTS
2049	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS
1076	NDPH SUPPLEMENTAL PAYMENT
1616	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
1038	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
1039	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
86	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
2044	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
2303	FREE CLINICS AUGMENTATION
2102	PROPOSITION 56 FUNDING
1601	IGT ADMIN. & PROCESSING FEE
1661	GEMT SUPPLEMENTAL PAYMENT PROGRAM
2415	STATE-ONLY CLAIMING ADJUSTMENTS - RETRO ADJ.
1476	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS
22	PERSONAL CARE SERVICES (Misc. Svcs.)
23	HOME & COMMUNITY-BASED SVCS.-CDDS (Misc.)
2354	BEHAVIORAL HEALTH BRIDGE HOUSING
26	TARGETED CASE MGMT. SVCS. - CDDS (Misc. Svcs.)
2208	SELF-DETERMINATION PROGRAM - CDDS

FISCAL YEAR 2026-27 BENEFITS COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

EXCLUDED POLICY CHANGES: 104

FISCAL REF NO.	POLICY CHANGE TITLE
2080	LAWSUITS/CLAIMS
2092	QAF WITHHOLD TRANSFER
2424	CYBHI - FEE SCHEDULE THIRD PARTY ADMINISTRATOR
1232	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS
2346	EQUITY & PRACTICE TRANSFORMATION PAYMENTS
2097	MEDI-CAL PHY. & DENTISTS LOAN REPAYMENT PROG
2439	CALAIM - PATH WPC
1975	MINIMUM WAGE INCREASE FOR HCBS WAIVERS
77	DEVELOPMENTAL CENTERS/STATE OP SMALL FAC
2009	INFANT DEVELOPMENT PROGRAM
2550	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING
1526	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS
2502	MISC. ONE-TIME PAYMENTS
2375	CYBHI - URGENT NEEDS AND EMERGENT ISSUES
27	MEDI-CAL TCM PROGRAM
2355	CALHOPE
2443	ASSET LIMIT INCREASE & ELIM. - CNTY BH FUNDING
1087	CIGARETTE AND TOBACCO SURTAX FUNDS
1760	HOSPITAL QAF - CHILDREN'S HEALTH CARE
2034	CMS DEFERRED CLAIMS
2503	MEDICAL PROVIDER INTERIM PAYMENT LOAN
2551	HR 1 - UIS EMERGENCY ACA FMAP ADJUSTMENT
2497	QUALITY SANCTIONS
2054	ASSISTED LIVING WAIVER EXPANSION
2010	HCBA WAIVER EXPANSION
1906	COUNTY SHARE OF OTLICP-CCS COSTS
2343	COUNTY BH RECOUPMENTS
127	BASE RECOVERIES
2558	MCP NETWORK ADEQUACY & TIMELY ACCESS SANCTIONS
2553	HR 1 - REDUCED RETROACTIVE MEDI-CAL TIMEFRAMES
2569	IMPROVEMENTS AND EFFICIENCIES
110	AUDIT SETTLEMENTS

FISCAL YEAR 2026-27 BENEFITS COST PER ELIGIBLE BASED ON MAY 2026 ESTIMATE

EXCLUDED POLICY CHANGES: 104

FISCAL REF NO.	POLICY CHANGE TITLE
2572	DMPH GME IGT ADMIN. & PROCESSING FEE
2573	GRADUATE MEDICAL EDUCATION PAYMENTS TO DMPHS
2582	OVERPAYMENTS FOR REPRODUCTIVE HEALTH
2585	2027 MCO TAX CAPITATION PAYMENTS
2586	2027 MCO TAX FUNDING ADJUSTMENT - CAPITATION
2587	2027 MCO TAX FUNDING ADJUSTMENT – GENERAL SUPPORT
2595	SUPPORT TO DESIGNATED PUBLIC HOSPITALS
2598	CONGREGATE LIVING HEALTH FACILITY

Estimated Average Monthly Certified Eligibles
May 2026 Estimate
Fiscal Years 2024-2025, 2025-2026, & 2026-2027

(With Estimated Impact of Eligibility Policy Changes)*

	2024-2025	2025-2026	2026-2027	24-25 To 25-26 % Change	25-26 To 26-27 % Change
ADULT	**9,906,800**	**9,624,900**	**9,196,500**	**-2.85%**	**-4.45%**
Affordable Care Act Expansion	5,032,200	4,846,000	4,545,600	-3.70%	-6.20%
Long Term Care Aid Codes	44,500	49,400	50,600	11.01%	2.43%
Seniors and Persons with Disabilities	2,431,900	2,497,800	2,503,100	2.71%	0.21%
Title 19 Adults	2,398,200	2,231,700	2,097,200	-6.94%	-6.03%
CHILDREN	**4,965,400**	**4,762,600**	**4,677,100**	**-4.08%**	**-1.80%**
Title 19 Children	3,741,100	3,515,500	3,411,900	-6.03%	-2.95%
Title 21	1,224,300	1,247,100	1,265,200	1.86%	1.45%
Other	**7,300**	**8,700**	**8,400**	**19.18%**	**-3.45%**
Medi-Cal Access Program	7,300	8,700	8,400	19.18%	-3.45%
GRAND TOTAL	**14,879,500**	**14,396,200**	**13,882,000**	**-3.25%**	**-3.57%**

Note: Graphs of eligibles represent base projections only and do not reflect estimated impact of policy changes.
***** See CL Page B reflecting impact of Policy Changes.**

1/ The BCCTP Medi-Cal special program eligibles is not included above. The average monthly during FY 2024-25 is 753.
2/ Family PACT eligibles are also not included above.
3/ In N25 cycle, DHCS no longer report Tuberculosis, Dialysis, TPN and TCVAP in the footnote area.
Dialysis and TPN are part of SPDs. Tuberculosis and TCVAP are part of the Title 19 Adults aid categories.

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

Policy Change	Budget Aid Category	Caseload Change Average Monthly Eligibles *not* in the Base Estimate 2024-25	2025-26	2026-27
COVID-19 End of Unwinding Flexibilities	Title 19 Children	0	(8,124)	(57,520)
	Title 19 Adults	0	(4,185)	(29,631)
	Title 21	0	0	0
	ACA Expansion	0	(21,625)	(132,593)
	SPDs	0	(4,645)	(35,091)
	LTC Aid Codes	0	(231)	(1,202)
	Total	**0**	**(38,810)**	**(256,037)**
Full-Scope Medi-Cal Expansion Enrollment Freeze	Title 19 Adults	0	(10,877)	(81,031)
	ACA Expansion	0	(12,727)	(94,814)
	SPDs	0	(1,914)	(14,258)
	Total	**0**	**(25,518)**	**(190,103)**
HR 1 - Death Master File Automation	Title 19 Adults	0	0	(245)
	Title 21	0	0	(128)
	ACA Expansion	0	0	(525)
	SPDs	0	0	(268)
	Total	**0**	**0**	**(1,166)**
HR 1 - Fed Work & Community Engagement Requirement	ACA Expansion	0	0	(42,900)
	Total	**0**	**0**	**(42,900)**
Medi-Cal Access Program Infants 266-322%	MCAP Infants	762	862	862
	Total	**762**	**862**	**862**
Medi-Cal Access Program Mothers 213-322%	MCAP Mothers	6,529	7,817	7,553
	Total	**6,529**	**7,817**	**7,553**
Medi-Cal State Inmates	SPDs	45	43	43
	Title 19 Children	3	2	2
	Title 19 Adults	3	2	2
	ACA Expansion	204	176	176
	LTC Aid Codes	1	2	2
	Total	**255**	**226**	**226**
Reinstatement of Asset Limit	SPDs	0	(6,603)	(48,760)
	LTC Aid Codes	0	(98)	(723)
	Total	**0**	**(6,701)**	**(49,482)**
Residency Verification Improvements	Title 19 Adults	0	0	(176)
	Title 21	0	0	(94)
	ACA Expansion	0	0	(380)
	SPDs	0	0	(189)
	Total	**0**	**0**	**(839)**
SB 525 Minimum Wage - Caseload Impact	Title 19 Adults	0	(514)	(4,424)
	ACA Expansion	0	(684)	(5,882)
	Total	**0**	**(1,198)**	**(10,306)**

	Budget Aid Category	2024-25	2025-26	2026-27
Total by Aid Category	Title 19 Children	3	(8,122)	(57,518)
	Title 19 Adults	3	(15,574)	(115,505)
	Title 21	0	0	(222)
	ACA Expansion	204	(34,860)	(276,918)
	SPDs	45	(13,119)	(98,522)
	LTC Aid Codes	1	(327)	(1,923)
	MCAP Infants	762	862	862
	MCAP Mothers	6,529	7,817	7,553
	Total	**7,546**	**(63,322)**	**(542,192)**

Comparison of Average Monthly Certified Eligibles
May 2026 Estimate
Fiscal Year 2025-26

(With Estimated Impact of Eligibility Policy Changes)

	Appropriaton 2025-2026	May 2026 2025-2026	Appropriation to May % Change
ADULT	**N/A**	**9,624,900**	**N/A**
Affordable Care Act Expansion	NA	4,846,000	N/A
Long Term Care Aid Codes	NA	49,400	N/A
Seniors and Persons with Disabilities	NA	2,497,800	N/A
Title 19 Adults	NA	2,231,700	N/A
CHILDREN	**N/A**	**4,762,600**	**N/A**
Title 19 Children	NA	3,515,500	N/A
Title 21	NA	1,247,100	N/A
Other	**7,000**	**8,700**	**N/A**
Medi-Cal Access Program	7,000	8,700	N/A
GRAND TOTAL	**14,873,800**	**14,396,200**	**-3.21%**

1/ The BCCTP Medi-Cal special program eligibles is not included above. The average monthly during FY 2024-25 is 753.

2/ The Appropriation for FY 2025-26 was published using 18 aid categories. Starting with the November 2025 estimate, DHCS consolidated these 18 aid categories to 6 new aid categories: Title 19 Children, Title 19 Adults, Title 21, ACA Expansion, SPDs and LTC aid codes to better align with DHCS rate setting. Due to this change, the FY 2025-26 Appropriation is not available for comparison in the new aid category format. The FY 2026-27 Appropriation will use the new aid category format.

Comparison of Average Monthly Certified Eligibles
May 2026 Estimate
Fiscal Year 2024-25 and 2025-26

(With Estimated Impact of Eligibility Policy Changes)

	November 2025 2025-2026	November 2025 2026-2027	May 2026 2025-2026	May 2026 2026-2027	% Change 2025-26	% Change 2026-27
ADULT	**9,764,700**	**9,344,200**	**9,624,900**	**9,196,500**	**-1.43%**	**-1.58%**
Affordable Care Act Expansion	4,916,800	4,591,700	4,846,000	4,545,600	-1.44%	-1.00%
Long Term Care Aid Codes	45,000	44,500	49,400	50,600	9.78%	13.71%
Seniors and Persons with Disabilities	2,545,300	2,574,400	2,497,800	2,503,100	-1.87%	-2.77%
Title 19 Adults	2,257,600	2,133,600	2,231,700	2,097,200	-1.15%	-1.71%
CHILDREN	**4,758,200**	**4,670,300**	**4,762,600**	**4,677,100**	**0.09%**	**0.15%**
Title 19 Children	3,543,000	3,458,300	3,515,500	3,411,900	-0.78%	-1.34%
Title 21	1,215,200	1,212,000	1,247,100	1,265,200	2.63%	4.39%
Other	**7,400**	**7,400**	**8,700**	**8,400**	**17.57%**	**13.51%**
Medi-Cal Access Program	7,400	7,400	8,700	8,400	17.57%	13.51%
GRAND TOTAL	**14,530,300**	**14,021,900**	**14,396,200**	**13,882,000**	**-0.92%**	**-1.00%**

Estimated Average Monthly Certified Eligibles
May 2026 Estimate
Fiscal Years 2024-2025, 2025-2026, & 2026-2027

Managed Care[1]
(With Estimated Impact of Eligibility Policy Changes)*

	2024-2025	2025-2026	2026-2027	24-25 To 25-26 % Change	25-26 To 26-27 % Change
ADULT	**9,298,009**	**9,092,185**	**7,817,374**	**-2.21%**	**-14.02%**
Affordable Care Act Expansion	4,739,817	4,589,017	3,933,034	-3.18%	-14.29%
Long Term Care Aid Codes	40,809	45,775	41,013	12.17%	-10.40%
Seniors and Persons with Disabilities	2,289,766	2,366,676	2,012,493	3.36%	-14.97%
Title 19 Adults	2,227,618	2,090,717	1,830,835	-6.15%	-12.43%
CHILDREN	**4,649,039**	**4,505,756**	**4,308,069**	**-3.08%**	**-4.39%**
Title 19 Children	3,477,510	3,305,190	3,123,936	-4.96%	-5.48%
Title 21	1,171,529	1,200,566	1,184,133	2.48%	-1.37%
Other	**7,006**	**8,514**	**8,250**	**21.52%**	**-3.10%**
Medi-Cal Access Program	7,006	8,514	8,250	21.52%	-3.10%
GRAND TOTAL [2]	**13,954,054**	**13,606,456**	**12,133,693**	**-2.49%**	**-10.82%**
Percent of Statewide	**93.78%**	**94.51%**	**87.41%**		

[1] Eligibles enrolled or estimated to be enrolled in a medical Managed Care plan.
[2] The BCCTP Medi-Cal special program eligibles is not included above. The average monthly during FY 2024-25 is 753.

Estimated Average Monthly Certified Eligibles
May 2026 Estimate
Fiscal Years 2024-2025, 2025-2026, & 2026-2027

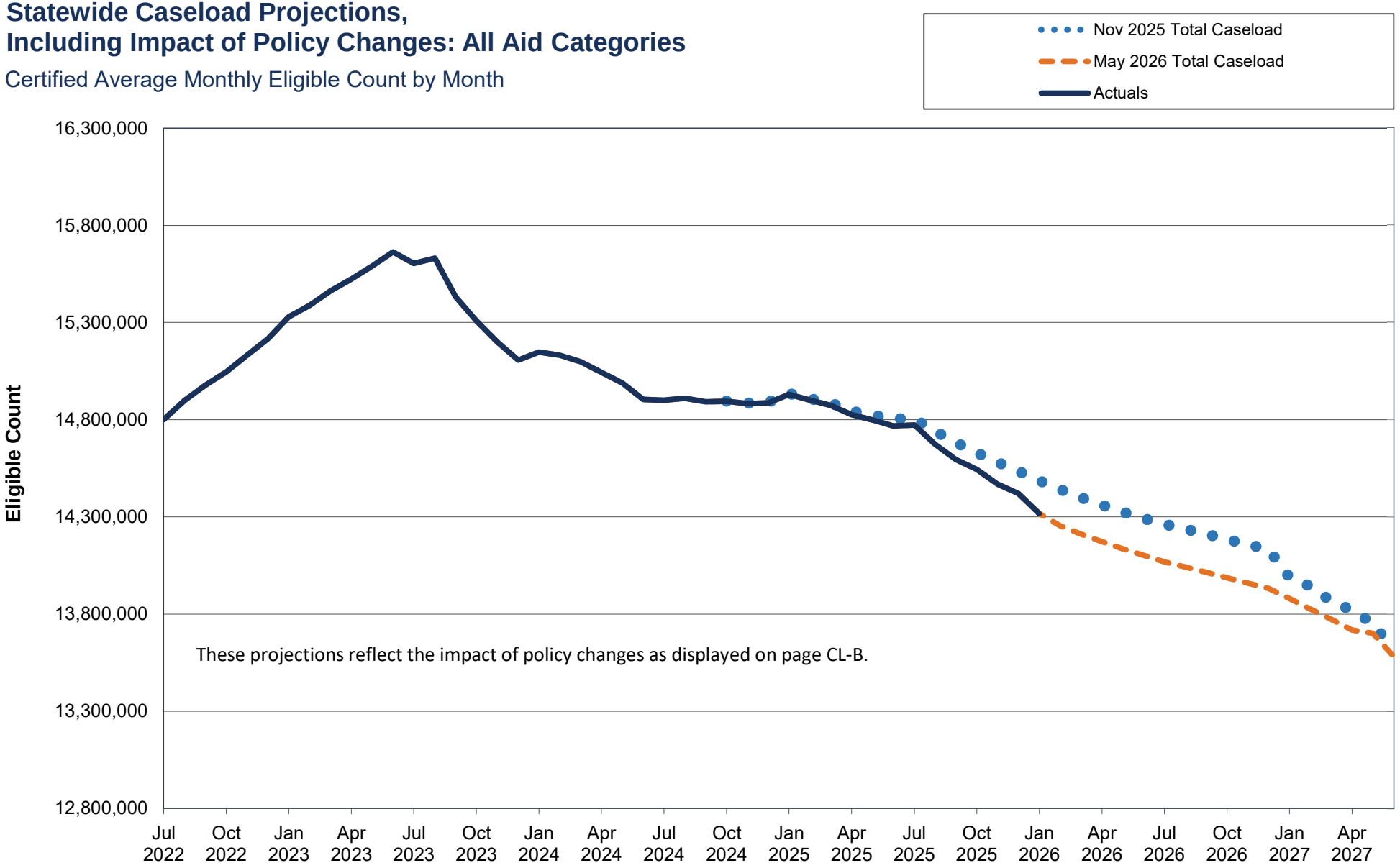
Fee-For-Service
(With Estimated Impact of Eligibility Policy Changes)*

	2024-2025	2025-2026	2026-2027	24-25 To 25-26 % Change	25-26 To 26-27 % Change
ADULT	**608,791**	**532,715**	**1,379,126**	**-12.50%**	**158.89%**
Affordable Care Act Expansion	292,383	256,983	612,566	-12.11%	138.37%
Long Term Care Aid Codes	3,692	3,625	9,587	-1.80%	164.47%
Seniors and Persons with Disabilities	142,134	131,124	490,607	-7.75%	274.16%
Title 19 Adults	170,582	140,983	266,365	-17.35%	88.93%
CHILDREN	**316,361**	**256,844**	**369,031**	**-18.81%**	**43.68%**
Title 19 Children	263,590	210,310	287,964	-20.21%	36.92%
Title 21	52,771	46,534	81,067	-11.82%	74.21%
Other	**294**	**186**	**150**	**-36.73%**	**-19.35%**
Medi-Cal Access Program	294	186	150	-36.73%	-19.35%
GRAND TOTAL	**925,446**	**789,744**	**1,748,307**	**-14.66%**	**121.38%**
Percent of Statewide	**6.22%**	**5.49%**	**12.59%**		

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

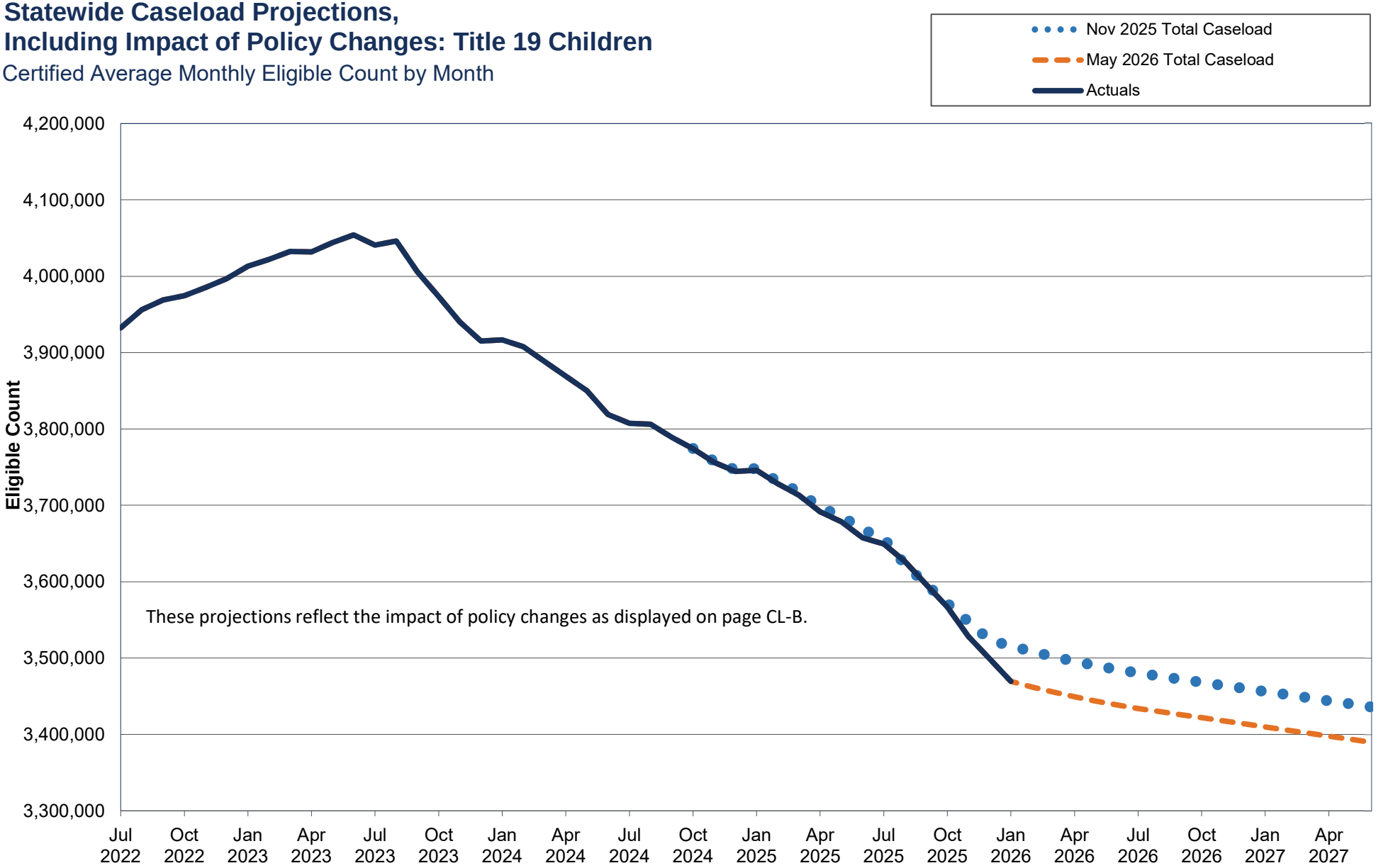
Statewide Caseload Projections, Including Impact of Policy Changes: All Aid Categories

Certified Average Monthly Eligible Count by Month



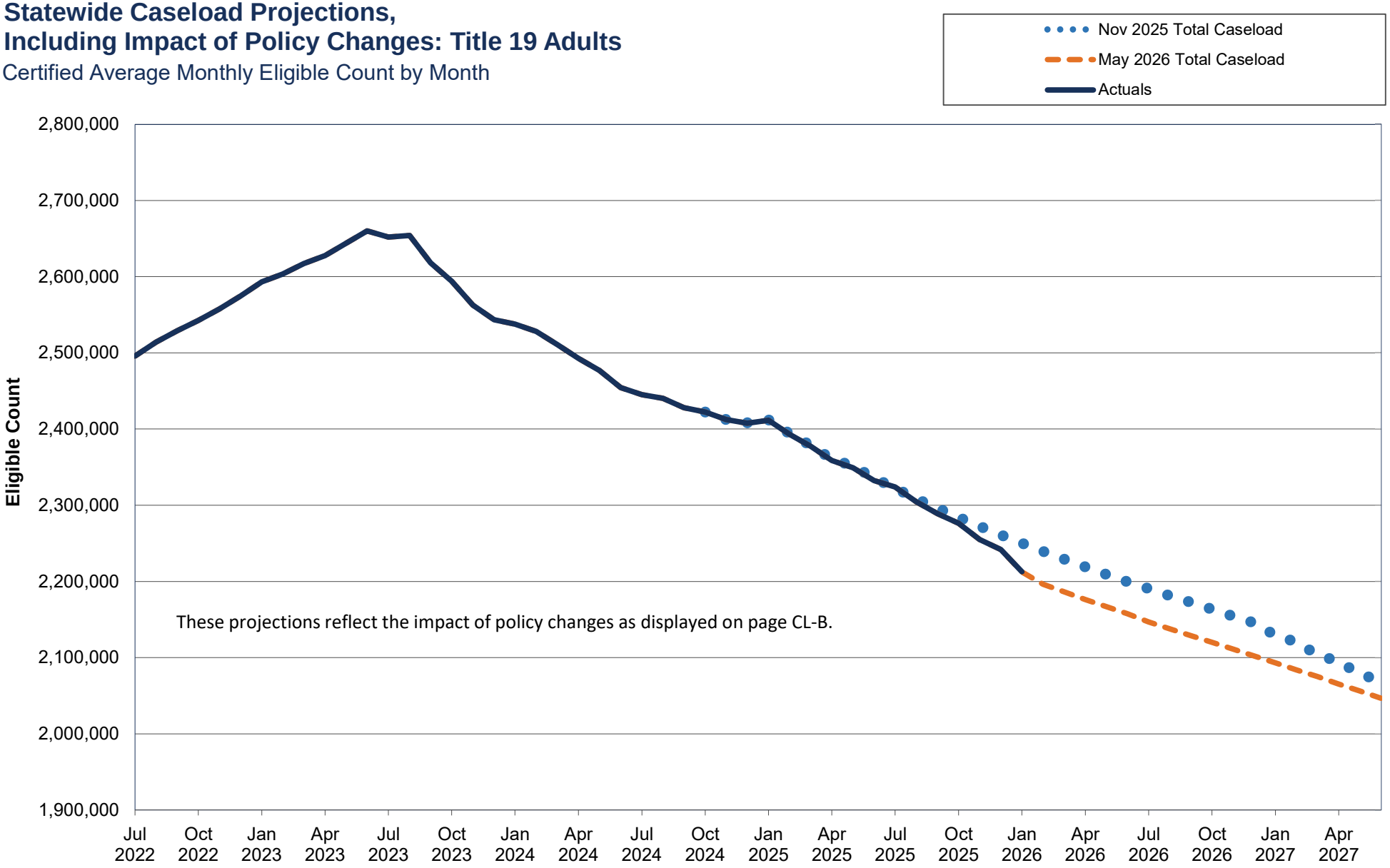
Statewide Caseload Projections, Including Impact of Policy Changes: Title 19 Children

Certified Average Monthly Eligible Count by Month



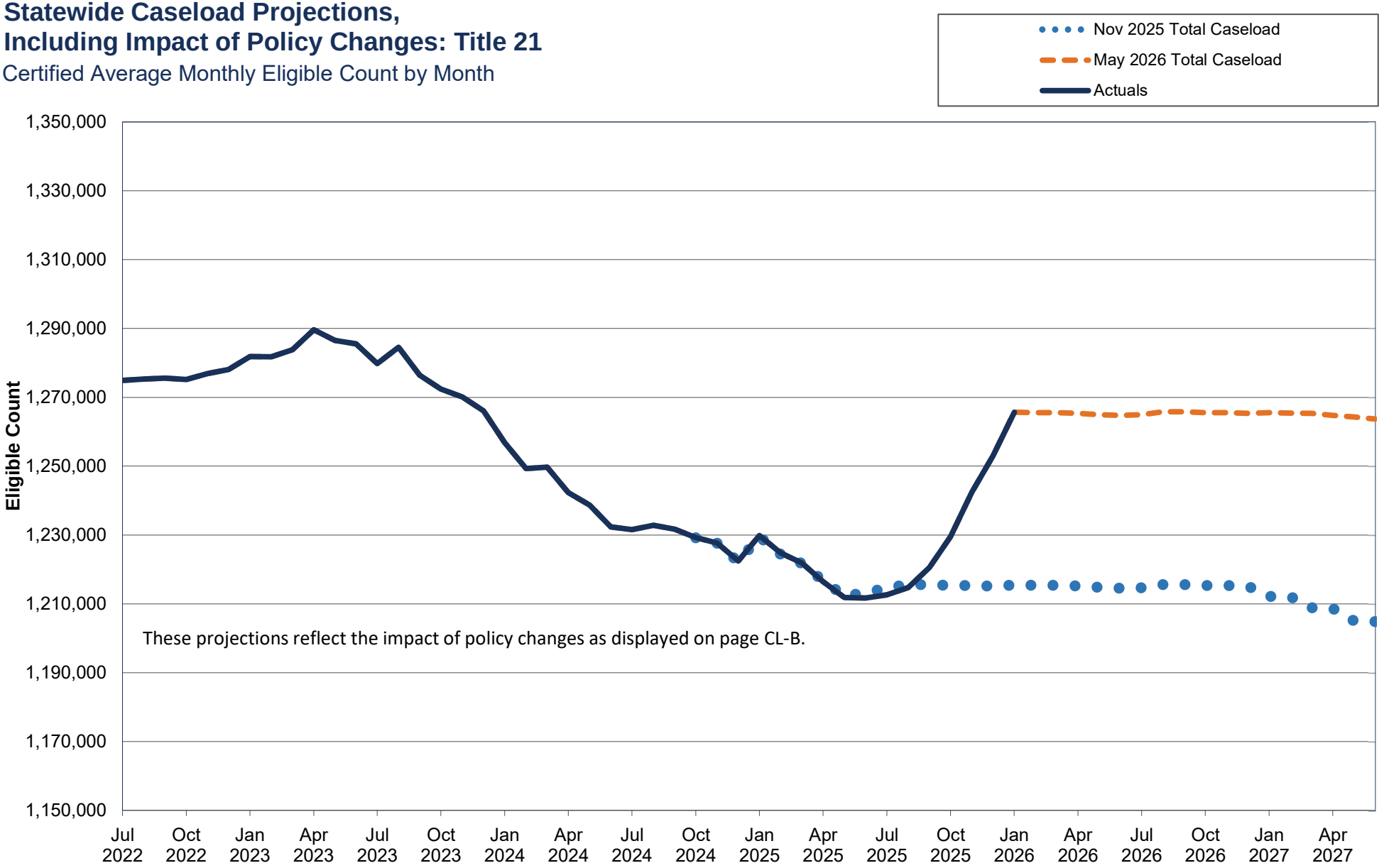
Statewide Caseload Projections, Including Impact of Policy Changes: Title 19 Adults

Certified Average Monthly Eligible Count by Month



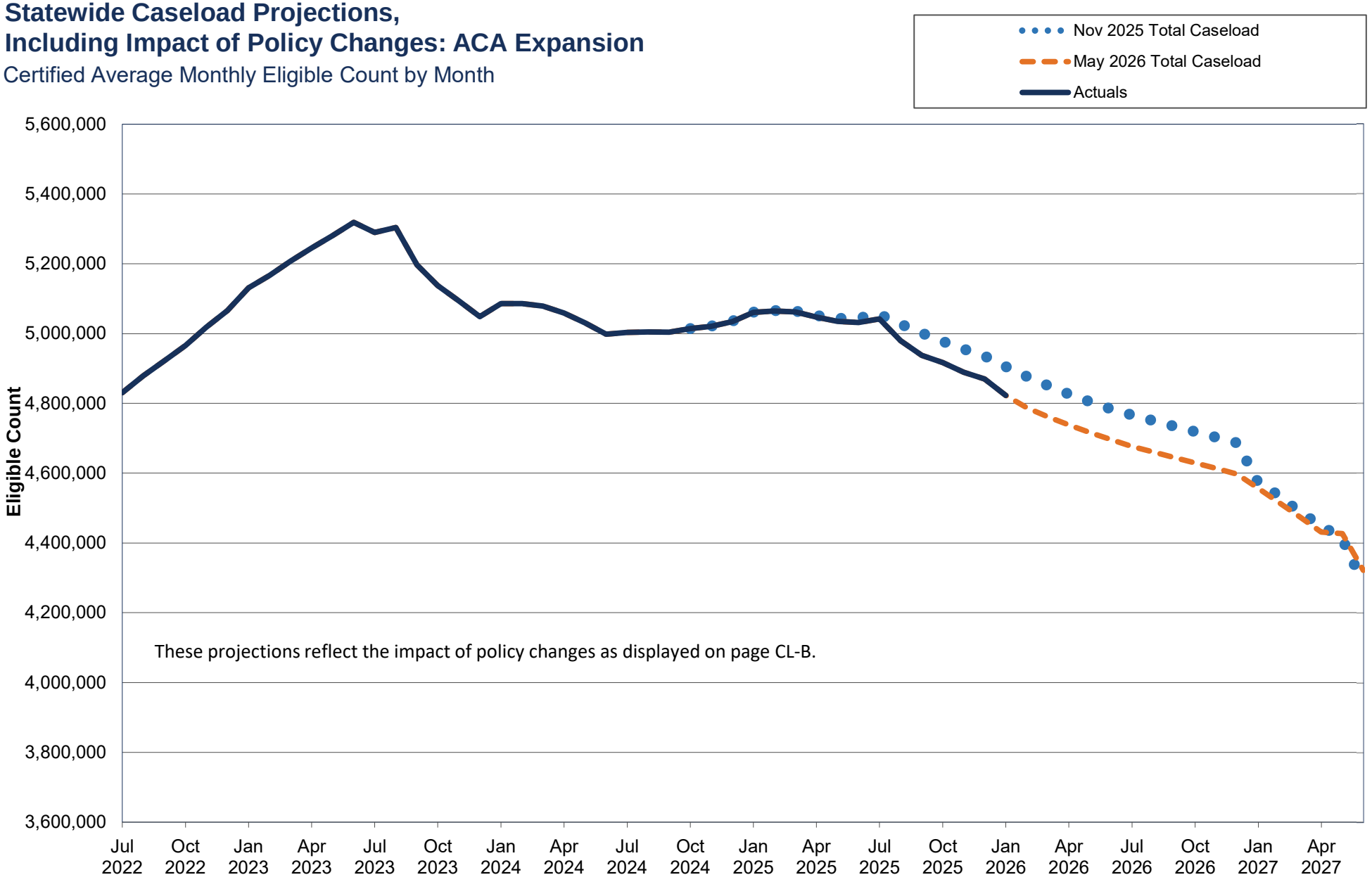
Statewide Caseload Projections, Including Impact of Policy Changes: Title 21

Certified Average Monthly Eligible Count by Month



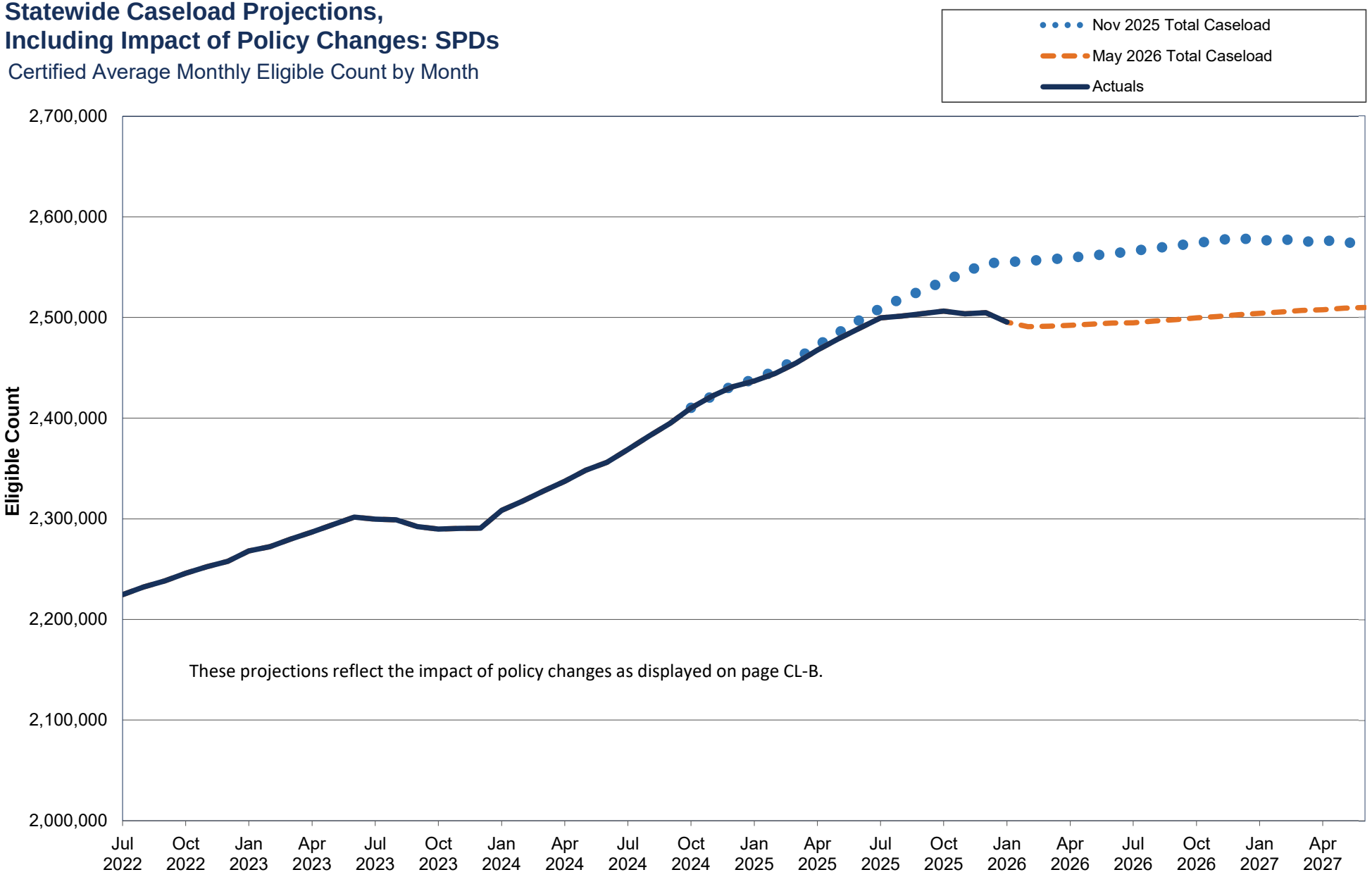
Statewide Caseload Projections, Including Impact of Policy Changes: ACA Expansion

Certified Average Monthly Eligible Count by Month



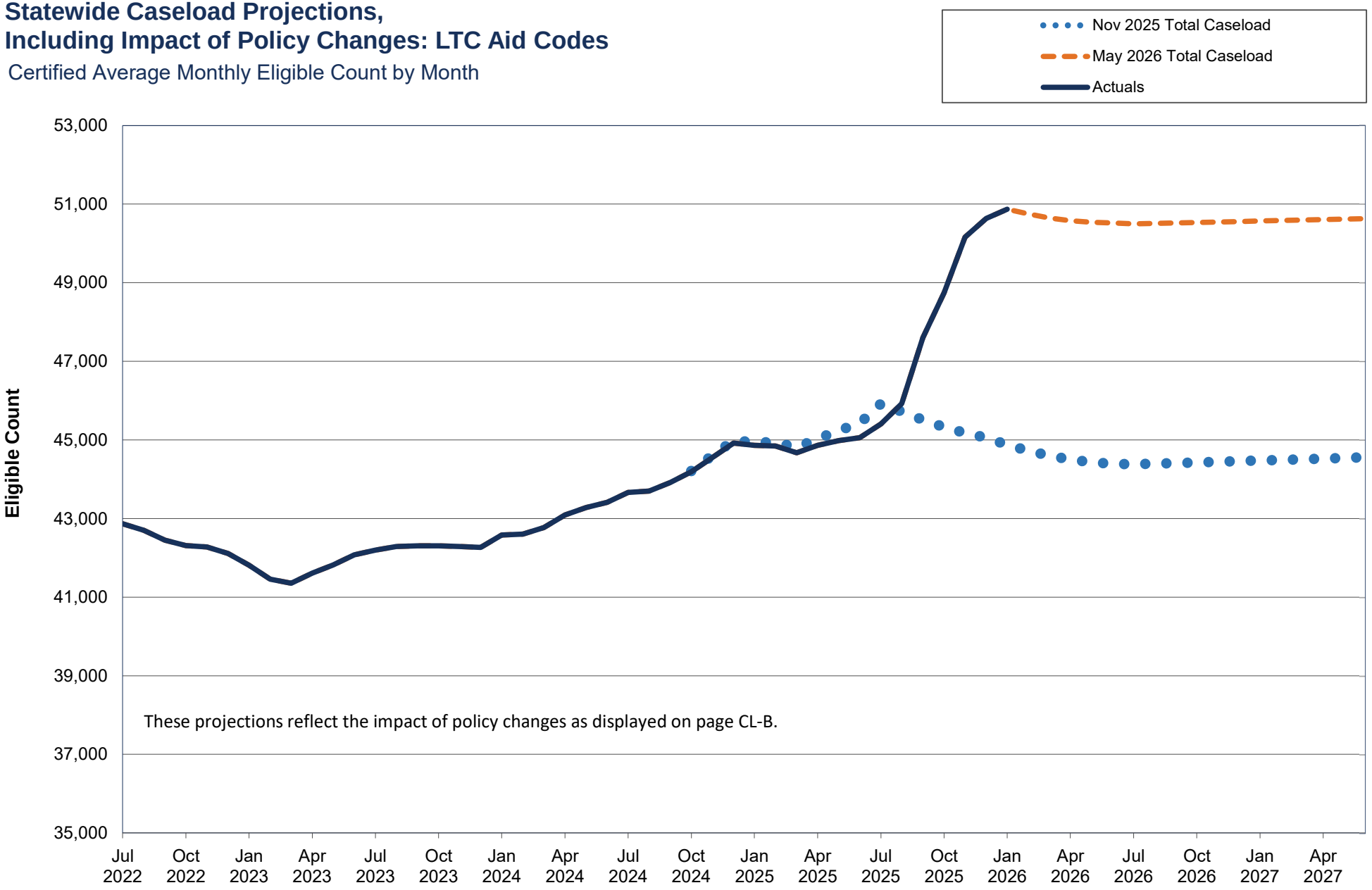
Statewide Caseload Projections, Including Impact of Policy Changes: SPDs

Certified Average Monthly Eligible Count by Month



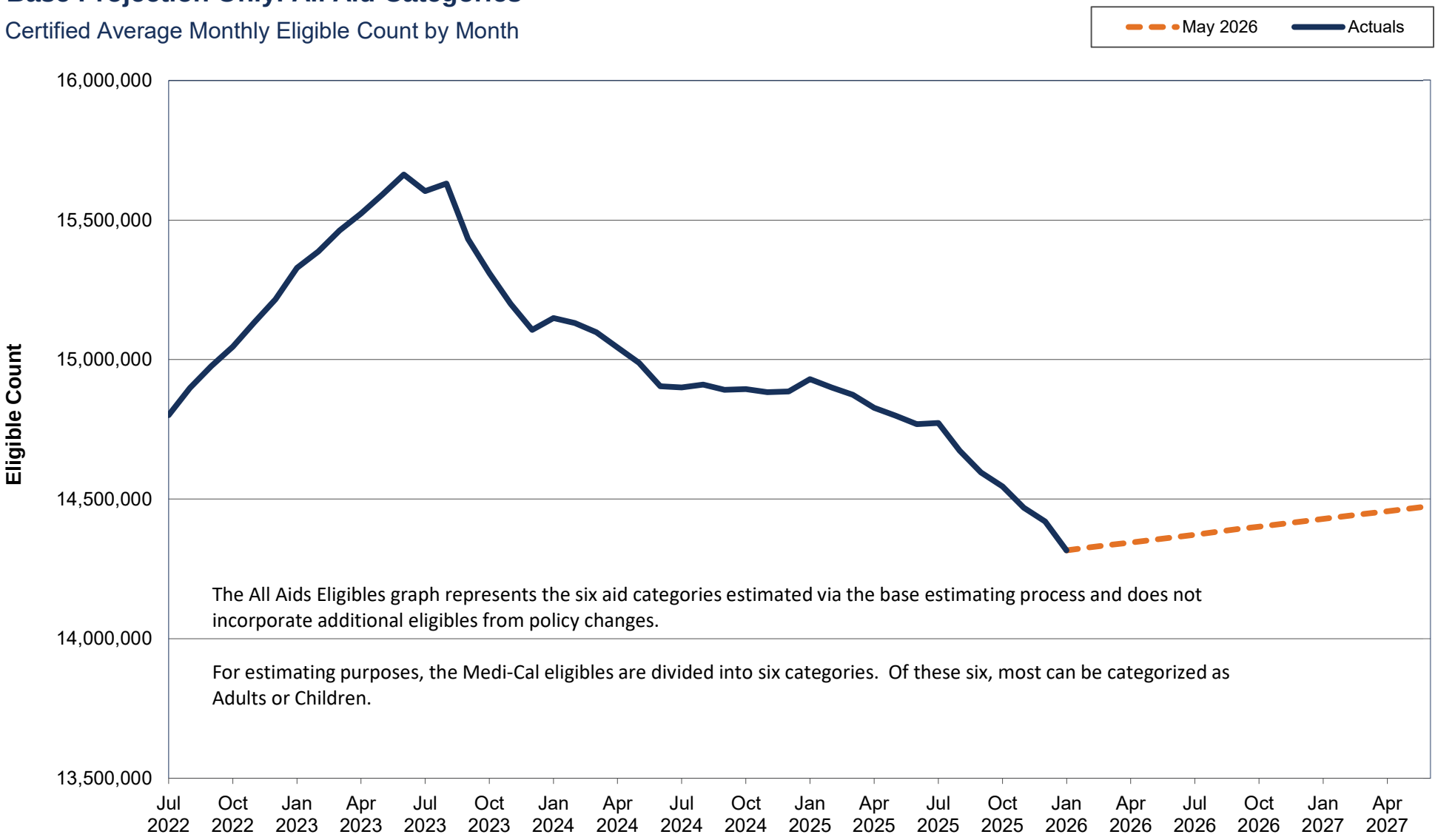
Statewide Caseload Projections, Including Impact of Policy Changes: LTC Aid Codes

Certified Average Monthly Eligible Count by Month



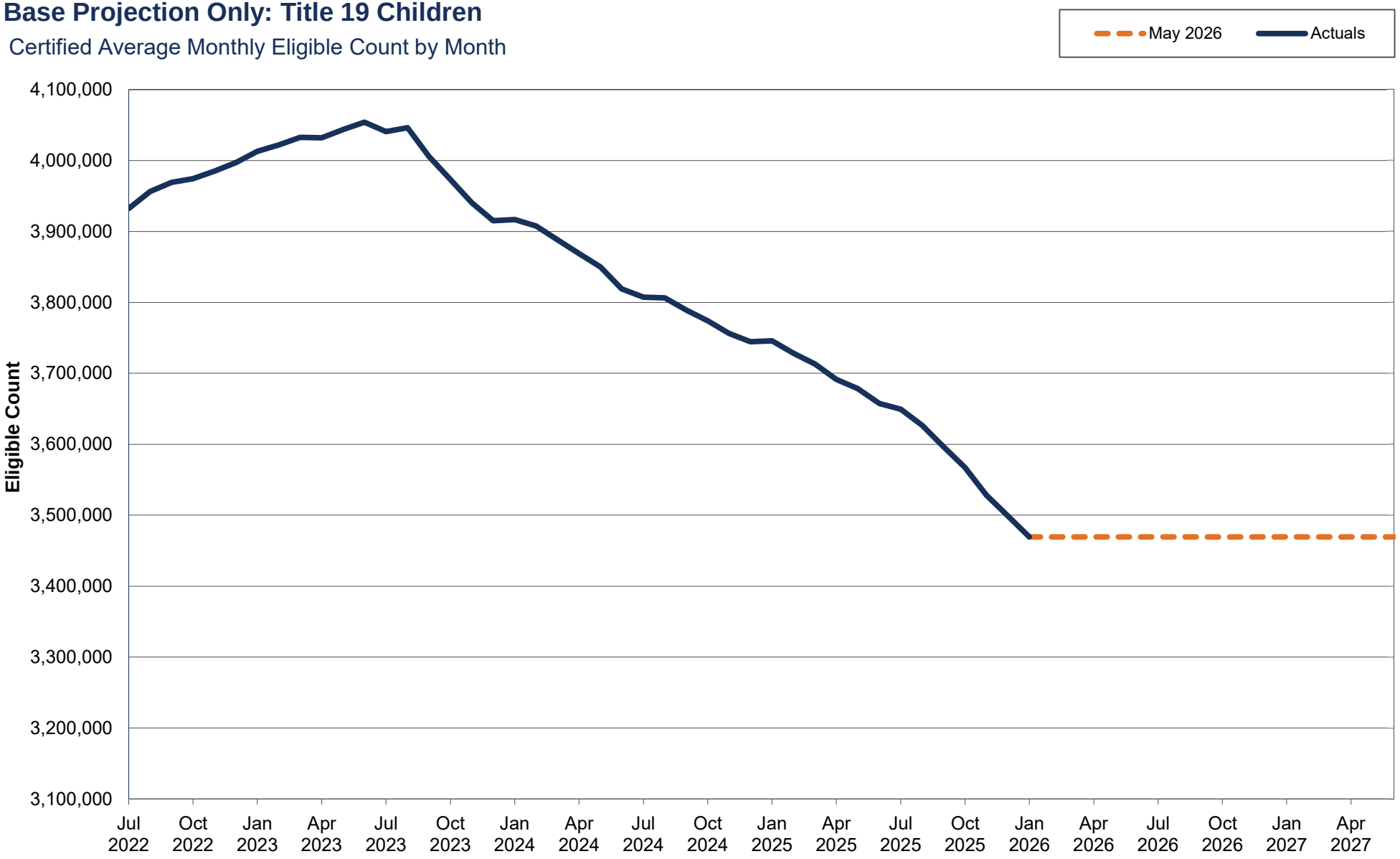
Statewide Caseload Projections, Base Projection Only: All Aid Categories

Certified Average Monthly Eligible Count by Month



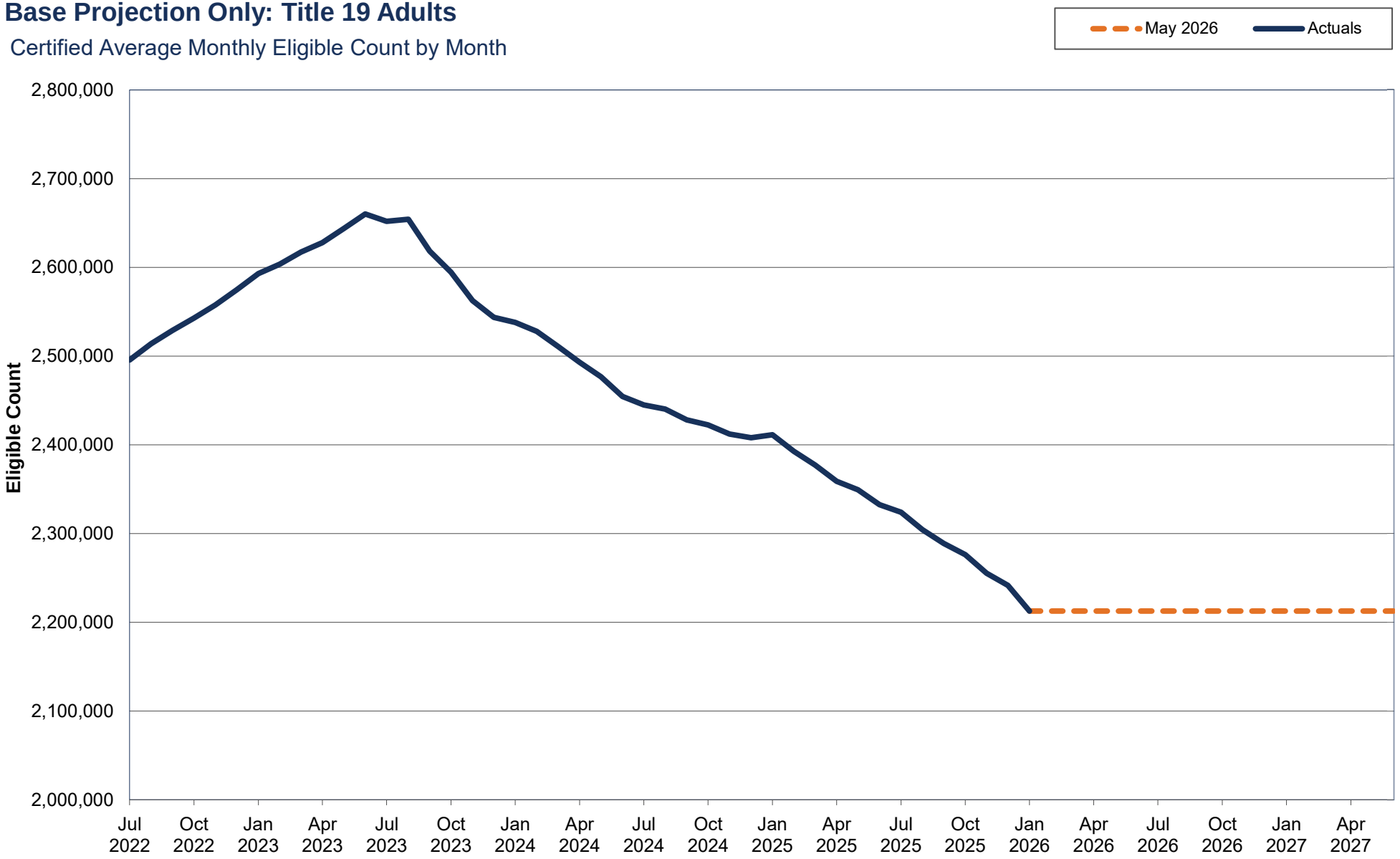
Statewide Caseload Projections, Base Projection Only: Title 19 Children

Certified Average Monthly Eligible Count by Month



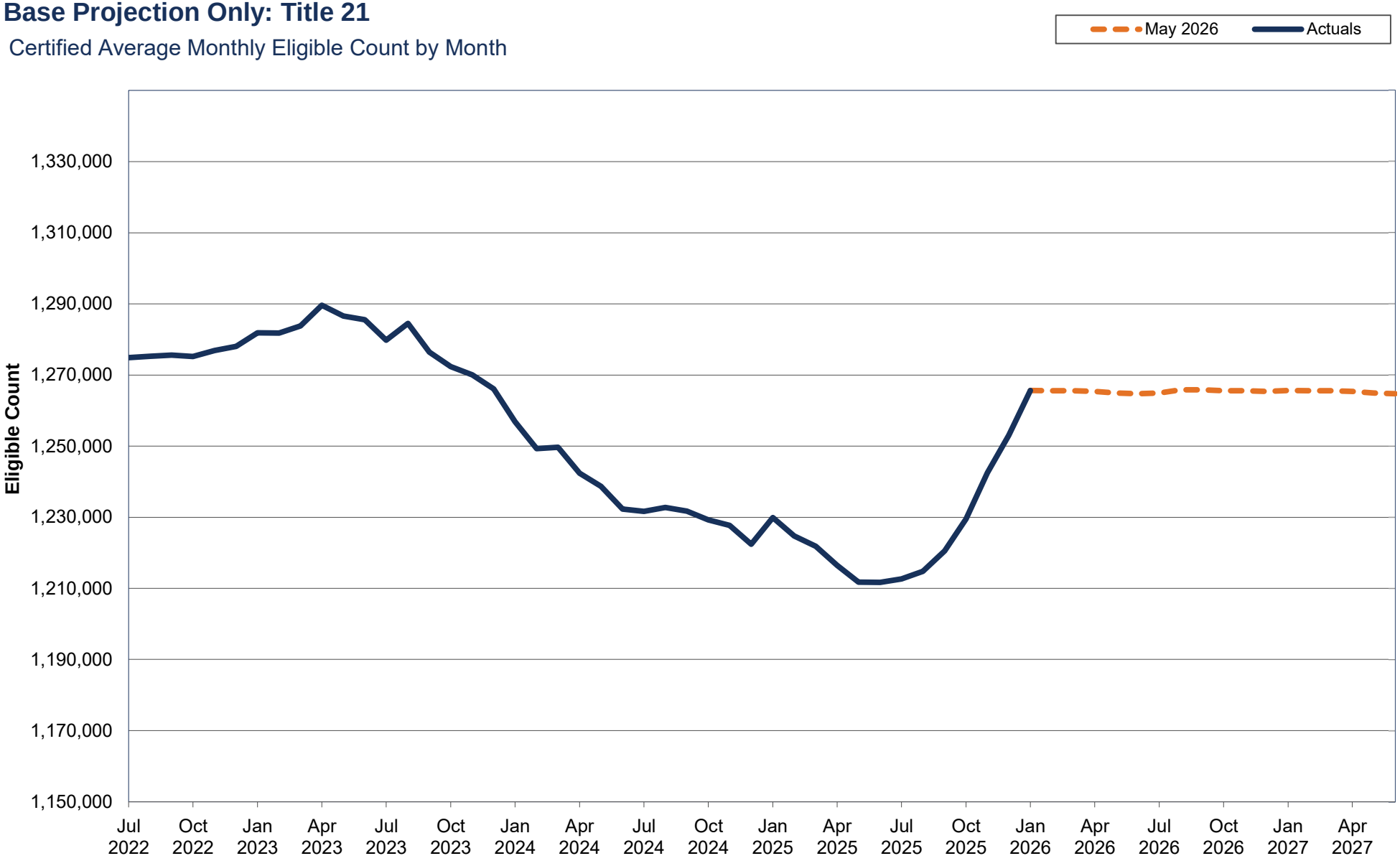
Statewide Caseload Projections, Base Projection Only: Title 19 Adults

Certified Average Monthly Eligible Count by Month



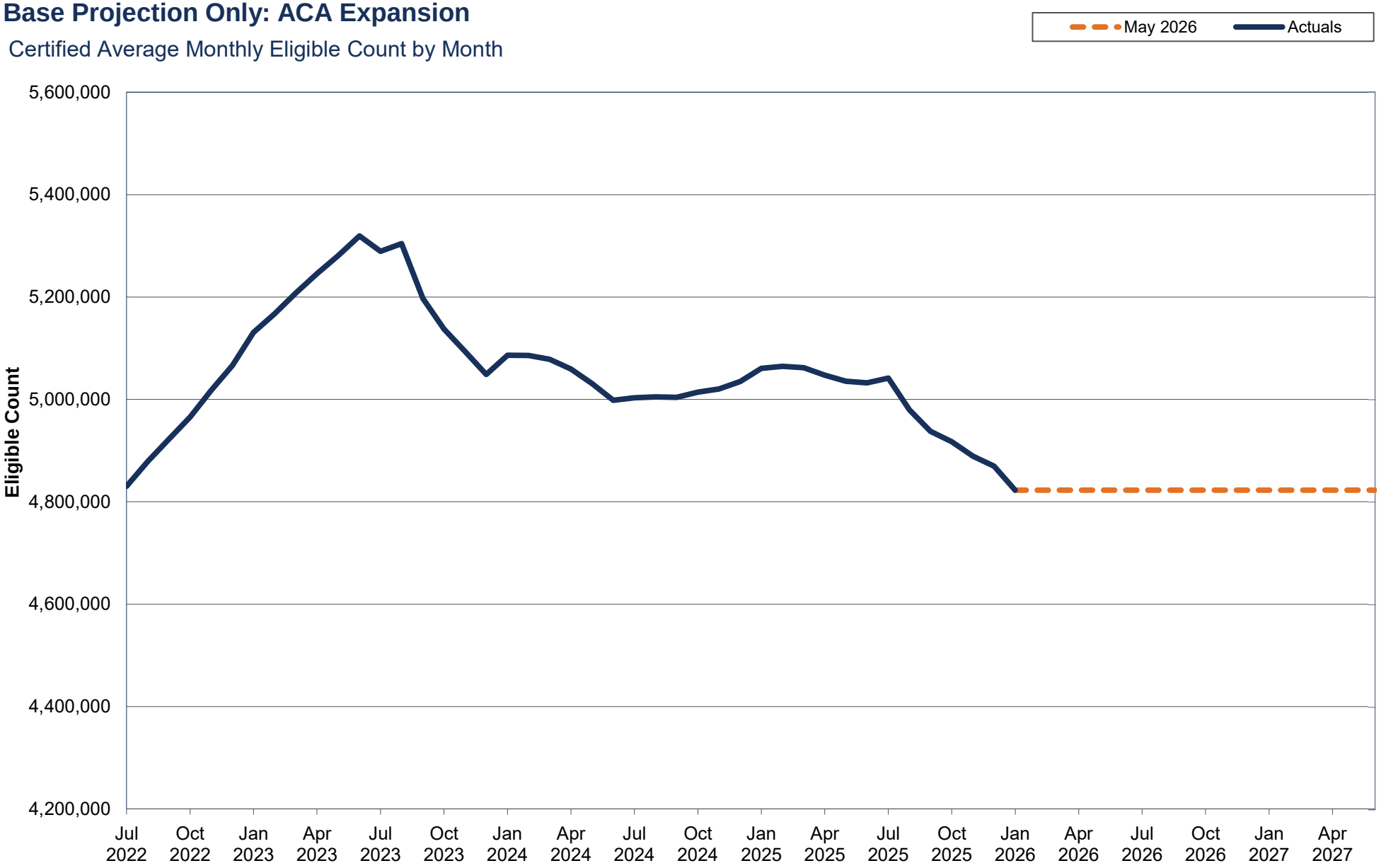
Statewide Caseload Projections, Base Projection Only: Title 21

Certified Average Monthly Eligible Count by Month



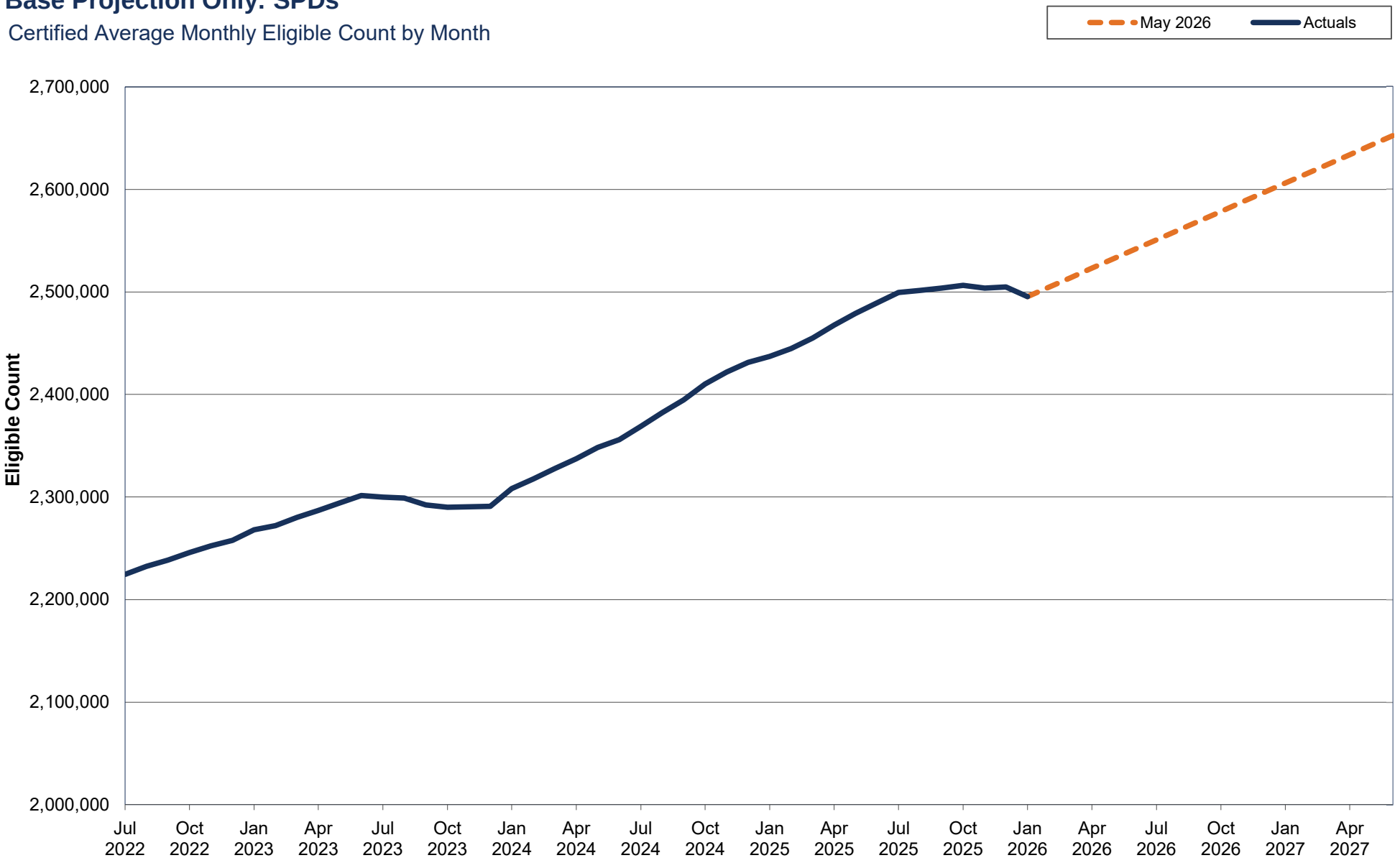
Statewide Caseload Projections, Base Projection Only: ACA Expansion

Certified Average Monthly Eligible Count by Month



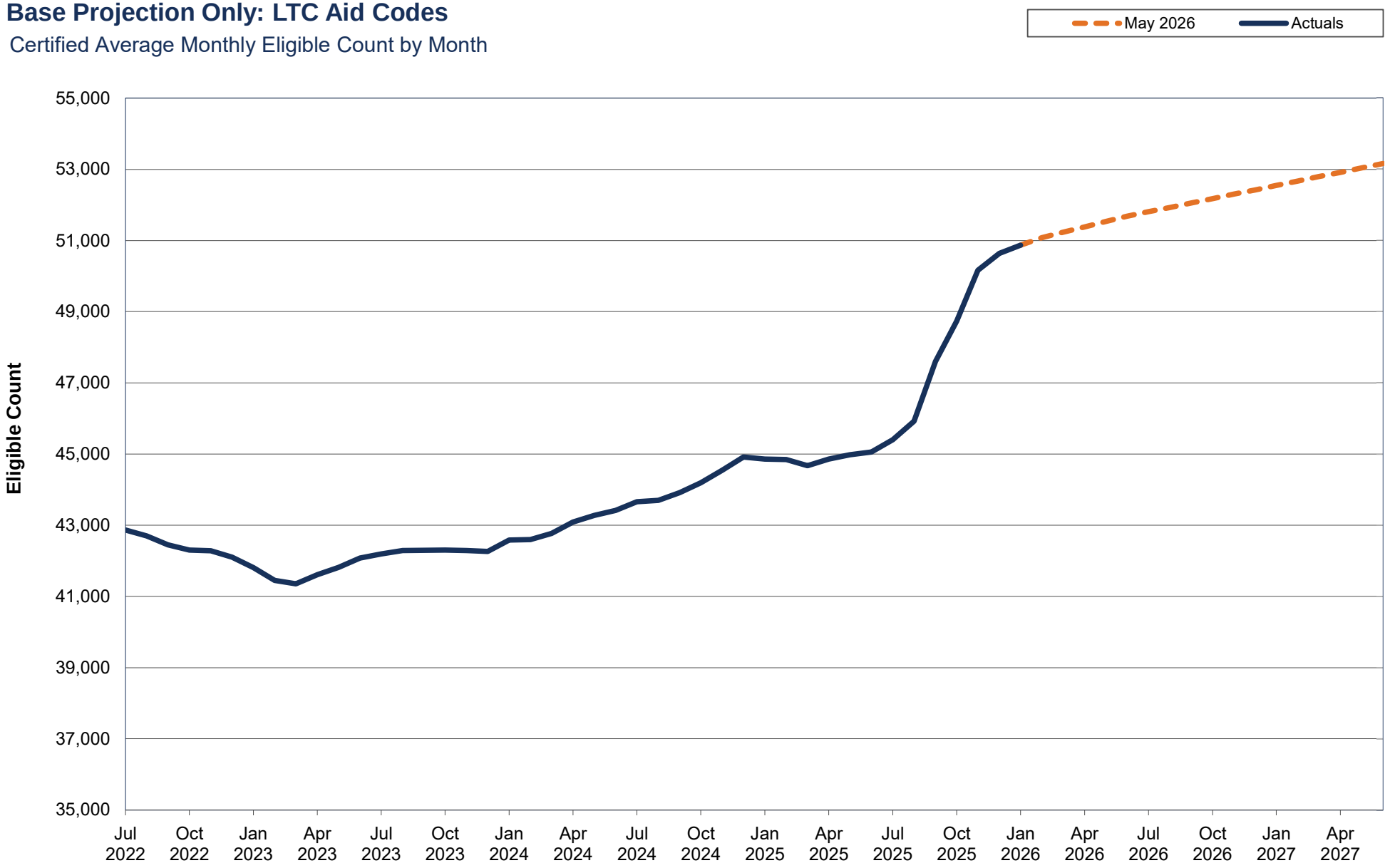
Statewide Caseload Projections, Base Projection Only: SPDs

Certified Average Monthly Eligible Count by Month



Statewide Caseload Projections, Base Projection Only: LTC Aid Codes

Certified Average Monthly Eligible Count by Month



MEDI-CAL AID CATEGORY DEFINITIONS

Aid Category	Aid Codes
Title 19 Children	2S, 2T, 2U, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 49, 4F, 4G, 4H, 4N, 4S, 4T, 4W, 5L, K1, R1, 34, 37, 39, 3D, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 6J, 6R, 7J, 7K, 7S, 7W, C5, C6, M3, M4, P5, P6, 7A, 7C, 72, 74, P7, P8, 44, 48, 5F, 76, 7F, 7G, D8, D9, M0, M7, M8, M9, 47, 69, 8U, P0, P9, 01, 02, 08, 0A, 58, H7, H8, 4E, P1, P2, P3, P4, 03, 04, 06, 07, 2A, 2P, 2R, 45, 46, 4A, 4L, 4M, 5E, 5K, 7M, 7N, 7P, 7R, 7T, 82, 83, 8E, 8W, C9, D1, G5, G6, G7, G8, 81, 86, 87, 8L, F3, F4, G3, G4, J1, J2, J3, J4, 2V, 4V, 5V, 7V, 77, 7H, I3, I5, I6
Title 19 Adults	2S, 2T, 2U, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 49, 4F, 4G, 4H, 4N, 4S, 4T, 4W, 5L, K1, R1, 34, 37, 39, 3D, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 6J, 6R, 7J, 7K, 7S, 7W, C5, C6, M3, M4, P5, P6, 7A, 7C, 72, 74, P7, P8, 44, 48, 5F, 76, 7F, 7G, D8, D9, M0, M7, M8, M9, 47, 69, 8U, P0, P9, 01, 02, 08, 0A, 58, H7, H8, 4E, P1, P2, P3, P4, 03, 04, 06, 07, 2A, 2P, 2R, 45, 46, 4A, 4L, 4M, 5E, 5K, 7M, 7N, 7P, 7R, 7T, 82, 83, 8E, 8W, C9, D1, G5, G6, G7, G8, 81, 86, 87, 8L, F3, F4, G3, G4, J1, J2, J3, J4, 2V, 4V, 5V, 7V, 77, 7H, I3, I5, I6
Title 21	5C, 5D, 8X, E6, H1, H2, H3, H4, H5, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9, 8N, 8P, 8R, 8T, M5, M6, H0, H6, H9, I4
ACA Expansion	7U, K6, K7, L1, M1, M2, N0, N7, N8, I2
SPDs	10, 16, 1E, 14, 17, 1H, 1U, 1X, 1Y, C1, C2, 20, 26, 2E, 36, 60, 66, 6A, 6C, 6E, 6N, 6P, 24, 27, 2H, 64, 67, 6G, 6H, 6S, 6U, 6V, 6W, 6X, 6Y, 8G, C3, C4, C7, C8, K8, K9, L6, L7, 80, 71, 73, 7D
LTC Aid Codes	13, D2, D3, J5, J6, 23, 63, D4, D5, D6, D7, J7, J8, 53, 55
All Others	8H, 0L, 0M, 0N, 0P, 0R, 0T, 0U, 0V, 0W, 0X, 0Y, F1, F2, G1, G2, G9, G0, K2, K3, K4, K5, N5, N6, 0C, 0D, 0E, 0G, E7, 2C, E8

MEDI-CAL PROGRAM BASE
POLICY CHANGE INDEX

FRN.	POLICY CHANGE TITLE
	DRUG MEDI-CAL
2012	DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER

FISCAL REFERENCE NUMBER:2012

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$2,125,136,000**	**$1,762,233,000**
FEDERAL FUNDS	$1,636,833,550	$1,357,337,000
GENERAL FUND	$322,603,450	$150,492,000
OTHER FUNDS	$165,699,000	$254,404,000
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$2,125,136,000**	**$1,762,233,000**
FEDERAL FUNDS	$1,636,833,550	$1,357,337,000
GENERAL FUND	$322,603,450	$150,492,000
OTHER FUNDS	$165,699,000	$254,404,000

Purpose:
This policy change estimates the cost of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver program for opt-in counties to provide Substance Use Disorder (SUD) services.

Authority:
Drug Medi-Cal Organized Delivery System Waiver
Consolidated Appropriations Act of 2023
Budget Act of 2026 [SB 111 (Charter 21, Statute of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
Under the State Plan, the Drug Medi-Cal program currently covers the following SUD services: Outpatient Drug-Free Treatment Services (ODF), Intensive Outpatient Treatment Services (IOT), Residential Treatment Services (RTS) for pregnant and postpartum women, and the Narcotic Treatment Program (NTP).

On August 13, 2015, the Department received approval from the Centers for Medicare and Medicaid Services (CMS) to implement the DMC-ODS waiver. The DMC-ODS is authorized originally under California's Section 1115 Bridge to Reform Demonstration Waiver and continued in the Medi-Cal 2020 Waiver. The purpose of the program is to test a new paradigm for organized delivery of health care services for Medicaid eligible individuals with a substance use disorder.

DMC-ODS waiver services include the existing treatment modalities (ODF, IOT, NTP, and Perinatal RTS), and additional new and expanded county optional services. Counties that opt-in to participate in the DMC-ODS waiver are required to provide a continuum of care to all eligible members modeled after the American Society of Addiction Medicine (ASAM) Criteria.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER

Additionally for opt-in counties, the following new/expanded services, not currently separately reimbursable in the four modalities, are available under the DMC-ODS waiver:

Required

- Non-perinatal RTS
- Withdrawal Management (Levels 1.0, 2.0, and 3.2)
- Recovery Services
- Case Management
- Physician Consultation
- Expanded Medication Assisted Treatment (MAT) (buprenorphine, naloxone, and disulfiram)

Optional

- Additional MAT (non-NTP Providers)
- Partial Hospitalization
- Withdrawal Management (Levels 3.7 and 4.0)

Rate Setting Methodologies

Prior to Fiscal Year 2023-24, the interim rates for the existing modalities (except NTP) were paid at the county-established rates instead of the State rates.

Under the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department has developed rates for DMC-ODS waiver services using new methodologies which are more specific to the provider type providing the service and/or to each county's costs. DMC-ODS rates using these methodologies were implemented on July 1, 2023. Annually, the Department will adjust the rates by the percentage change in the four-quarter average Home Health Agency (HHA) Market Basket Index. This methodology will also account for the transition from the existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to a combination of the Current Procedural Terminology (CPT) and HCPCS Level II coding system.

The proposed DMC-ODS rates for the following services are based on county specific, hourly, outpatient rates per provider type developed under the CalAIM initiative:

- Intensive Outpatient Treatment Services
- Outpatient Drug-Free Treatment Services
- Recovery Services
- Case Management
- Physician Consultation
- Additional MAT Services

The proposed DMC rates for the following services are based on county specific, per dose, dosing rates developed under the CalAIM initiative:

- NTP Dosing – Regular and Perinatal
- MAT Dosing – Regular and Perinatal

The proposed DMC rates for the following services are based on county specific, daily rates developed under the CalAIM initiative:

- Withdrawal Management I and II
- Withdrawal Management (WM) 3.2

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER

- Residential ASAM Levels 3.1, 3.3 and 3.5
- Inpatient Withdrawal Management
- Partial Hospitalization

Funding for the existing treatment modalities (ODF, IOT, NTP, and Perinatal RTS) remain the same. New services under the waiver, except for non-perinatal IOT and RTS expanded services, are funded with federal funds (FF) and County Funds (CF). Consistent with prior estimates, expanded IOT and RTS services are funded with FF and General Fund (GF).

Reason for Change:
This change in FY 2025-26 and FY 2026-27, from the prior estimate, is an increase due to the following:

- Updated claims data reimbursements were higher compared to the previous projection,
- Higher estimated reimbursement rates for FY 2025-26 and FY 2026-27 based on the HHA Market Basket Index,
- Increased unpaid claims assumed for FY 2025-67 for prior year claims, and
- Updated claim lags to reflect the increase of paid expenditures in FY 2025-26.

The change in the current estimate, from FY 2025-26 to FY 2026-27, is a net decrease due to the following:

- Higher estimated reimbursement rates for FY 2026-27 services compared to FY 2025-26,
- Addition of Kings County and Madera County to the DMC-ODS waiver,
- No prior year unpaid claims assumed for FY 2026-27,
- Assuming claim lags would return to historic trends in FY 2026-27, and
- Additional funding support from the Opioid Settlement Fund (OSF) and the Behavioral Health Services Fund (BHSF) for Drug Medi-Cal Organized Delivery System.

Methodology:
1. DMC-ODS waiver services for opt-in counties began in February 2017 on a phase-in basis.

2. A total of 40 counties have opted-in to provide waiver services:

    - Phase-In Timeline:
        - FY 2016-17: Four counties implemented the DMC-ODS waiver.
        - FY 2017-18: Seven additional counties (for a total of 11 counties) began providing waiver services.
        - FY 2018-19: 16 additional counties (for a total of 27 counties) began providing waiver services.
        - FY 2019-20: Three additional counties (for a total of 30 counties) began providing waiver services.
        - FY 2020-21: Seven additional counties (for a total of 37 counties) began providing waiver services under the Partnership Health Plan (PHP).

    - Recent Opt-Ins under the PHP:
        - July 1, 2023: Mariposa County began providing waiver services.
        - July 1, 2024: Lake County began providing waiver services.
        - December 1, 2024: Sonoma County began providing waiver services.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM WAIVER

3. A total of 16 counties have not opted-in to implement DMC-ODS waiver services. Madera County and Kings County are currently in the process of opting in, with projected implementation dates of July 1, 2026, respectively.

Net DMC-ODS Waiver Costs

4. Total net cost for the DMC-ODS waiver services are:

(Dollars in Thousands)

DMC-ODS Waiver Net Cost	FY 2025-26	FY 2026-27
Required Services	$121,160	$100,471
Optional Services	$15,261	$12,657
Existing Services	$1,988,715	$1,649,105
Total	$2,125,136	$1,762,233

5. The Department implemented the CalAIM Behavioral Health Payment Reform and a new Intergovernmental Transfers (IGTs) process. For all claims with dates of service of on or after July 1, 2023, counties transfer the county portion of the submitted claims before FF can be used for payment.

6. DMC-ODS waiver costs for state-only full scope Medi-Cal services to certain immigrant populations who meet all Medi-Cal eligibility requirements except for their citizenship status, are budgeted in this policy change.

7. In FY 2026-27, $35,400,000 OSF and $81,600,000 BHSF will offset the GF in support for the Drug Medi-Cal Organized Delivery System.

8. On a cash basis, the total for waiver services costs are estimated to be $2,125,136,000 TF and $1,762,233,000 TF in FY 2025-26 and FY 2026-27 respectively.

(Dollars in Thousands)

FY 2025-26	TF	GF	IGT*	FF
Total	**$2,125,136**	**$322,603**	**$165,699**	**$1,636,834**

(Dollars in Thousands)

FY 2026-27	TF	GF	IGT*	FF	BHSF	OSF
Total	**$1,762,233**	**$150,492**	**$137,404**	**$1,357,337**	**$81,600**	**$35,400**

Funding:
100% GF (4260-101-0001)
100% Title XIX FF (4260-101-0890)
100% Title XXI FF (4260-101-0890)
100% ACA Title XIX FF (4260-101-0890)
Medi-Cal County Behavioral Health Fund (4260-601-3420)*
90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)
65% Title XXI FF / 35% GF (4260-101-0001/0890)
50% Title XIX / 50% GF (4260-101-0001/0890)
100% Behavioral Health Services Fund (4260-101-3085)
Opioid Settlements Fund (4260-101-3397)

CAP PACE RATES AT LOWER BOUND

FISCAL REFERENCE NUMBER:2581

****DELETED****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$67,400,000**
FEDERAL FUNDS	$0	-$33,700,000
GENERAL FUND	$0	-$33,700,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$67,400,000**
FEDERAL FUNDS	$0	-$33,700,000
GENERAL FUND	$0	-$33,700,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the savings captured at the lower bound rates for the Program of All-Inclusive Care for the Elderly (PACE).

Authority:
Welfare & Institutions Code 14591-14594
Welfare & Institutions Code 14301.1(n)
Balanced Budget Act of 1997 (BBA)
SB 870 (Chapter 40, Statutes 2014)
SB 840 (Chapter 29, Statutes 2018)

Interdependent Policy Changes:
PACE (Other M/C)

Background:
Existing law requires the Department to develop and pay capitation rates to PACE organizations using actuarial methods and consistent with Welfare & Institutions Code section 14301.1(n). The Department develops actuarial rate ranges, representing a range of rates that are actuarially appropriate, in accordance with generally accepted actuarial principles and practices, and using an experience-based rate approach that leverages PACE organizations' historical cost experience to project reasonable, appropriate, and attainable future costs. Each rate range contains a lower bound, midpoint, and upper bound. The Department selects and pays each PACE organization capitation rates within the actuarial rate ranges, not to exceed the Amount that Would Otherwise be Paid as required by the Centers for Medicare & Medicaid Services (CMS) PACE Medicaid Capitation Rate Setting Guide and federal regulation.

Except as may be necessary to comply with Welfare & Institutions Code section 14301.1(n)(10), the Department proposes to cap payments to PACE organizations beginning January 1, 2027, at the lower bound of the actuarial rate ranges.

Reason for Change:
This is a new policy change.

CAP PACE RATES AT LOWER BOUND

****DELETED****

Methodology:

1. Assume the lower bound rates will be implemented on January 1, 2027.

2. The estimated impact of implementing this policy is included below.

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	($67,400)	($33,700)	($33,700)

Funding:

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

MEDI-CAL PROGRAM REGULAR
POLICY CHANGE INDEX

PROP 35 - PROVIDER PAYMENT INCREASE FUNDING

FISCAL REFERENCE NUMBER:2509

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$42,200,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	-$1,585,433,000	-$2,439,400,000
OTHER FUNDS	$1,585,433,000	$2,397,200,000
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$42,200,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	-$1,585,433,000	-$2,439,400,000
OTHER FUNDS	$1,585,433,000	$2,397,200,000

Purpose:
This policy change estimates the funding to be spent from the Health Care Oversight & Accountability Subfund (Fund 3443) for provider payment increases and increased base payment rates.

Authority:
Protect Access to Health Care Act of 2024 (Proposition 35)

Interdependent Policy Changes:
Prop 35 – Provider Payment Increases
CalAIM ECM-Community Supports – Transitional Rent
Qualified Community-Based Mobile Crisis Services
Specialty Mental Health Services (SMHS) for Adults
SMHS for Children
Drug Medi-Cal State Plan Services
Drug Medi-Cal Organized Delivery System Waiver
CYBHI – Fee Schedule Third Party Administrator
Community Clinic Directed Payment Program
Managed Care District Hospital Directed Payments
Managed Care Public Hospital Enhanced Payment Program (EPP)
Retro Payments to Counties for State-Only BH Svcs.

Background:
In November 2024, voters approved the Protect Access to Health Care Act of 2024 (Proposition 35), which makes the managed care organization (MCO) tax permanent, subject to continued federal approval for future tax periods, and specifies how revenues from the current period tax as it existed on July 1, 2023, are to be allocated, beginning with taxes collected in calendar year 2025. Proposition 35 allocates revenues to cover the non-federal share of costs for increased capitation costs to Medi-Cal managed care plans that pay the tax, increases payments to Medi-Cal providers, and supports existing Medi-Cal costs. Proposition 35 creates additional funds into which specified MCO tax revenues are deposited, appropriated, and spent.

PROP 35 - PROVIDER PAYMENT INCREASE FUNDING

The Health Care Oversight & Accountability (HCO&A) Subfund receives revenues from the MCO Tax to be used to support provider payments. The cost of provider payment increases and increased base payment rates is budgeted in the Prop 35 – Provider Payment Increases policy change, Two Plan Model, County Organized Health Systems & Single Plan, Geographic Managed Care, Regional Model, and various fee-for-service (FFS) base policy changes using General Fund as the non-federal share. This policy change replaces General Fund budgeted for provider payment increases and increased base payment rates with HCO&A Subfund, so that the non-federal share of costs for the increases is ultimately covered by the HCO&A Subfund. The HCO&A Subfund is also used to support the non-federal share of increased capitation payments to managed care plans (in the 2023 MCO Enrollment Tax Mgd. Care Plans-Funding Adj. policy change) and to pay for existing Medi-Cal costs (in the 2023 MCO Enrollment Tax Managed Care Plans policy change).

The Department proposes to use the HCO&A Subfund to support a portion of the non-federal share of costs for transitional rent, Medi-Cal community-based mobile crisis services, behavioral health (BH) rate growth, Community Clinic Directed Payments, Managed Care District Hospital Directed Payments, Managed Care Private Hospital Directed Payments, Managed Care Public Hospital Enhanced Payment Program Directed Payments, and Retro Payments to Counties for State-Only BH Services in FY 2025-26 and FY 2026-27 to expand the health care services and payment rates above and beyond those already in effect or in existence as of January 1, 2024.

For the Managed Care Private Hospital Directed Payments Program, the HCO&A Subfund dollars are budgeted in that policy change.

See the Proposition 35 Funding – CYBHI & BH-CONNECT policy change for transfers from the HCO&A Subfund to the GF for various administration costs.

Reason for Change:
The change in FY 2025-26 from the prior estimate, is due to decreased estimates for the 2024 Targeted Rate Increases and Managed Care Base Rate Increases.

The change in FY 2026-27 from the prior estimate, is due to updated General Fund (GF) reimbursement amounts to reflect the latest Prop 35 spending plan.

The change from FY 2025-26 to FY 2026-27, in the current estimate, is due to increased Prop 35 expenditures occurring in FY 2026-27.

Methodology:

1. Pursuant to Proposition 35, the HCO&A Subfund is assumed to support the non-federal share of increasing provider rates for Primary Care, non-specialty mental health services, and Obstetric Care services, including mid-level practitioners and doula services, to at least 87.5% of Medicare rates effective for dates of service beginning on January 1, 2024. These costs are budgeted in the fee-for-service and managed care bases. This policy change replaces General Fund spending on these rate increases with spending from the Health Care Oversight & Accountability Subfund for services after January 1, 2025.

2. The HCO&A Subfund is assumed to support the non-federal share of additional increases to provider rates to take effect January 1, 2025, subject to consultation with the Protect Access to Health Care Act Stakeholder Advisory Committee, as specified in Proposition 35. These costs are budgeted in the Prop 35 – Provider Payment Increases

PROP 35 - PROVIDER PAYMENT INCREASE FUNDING

policy change using General Fund as the non-federal share. This policy change replaces General Fund spending on these rate increases with spending from the HCO&A Subfund, as well as increases to managed care plan base capitation payments for primary care, specialty care, hospital outpatient, and ground emergency medical transportation services. Higher managed care capitation rates reflect increased costs of purchasing health care services due to projected increases in per-service payment rates, per-member utilization and acuity, expansion of covered services and health care benefits, services, and workforce above and beyond those in effect or in existence in the prior rating period.

(Dollars in Thousands)

Proposition 35	**FY 2025-26**	**FY 2026-27**
Prop 35 – Provider Payment Increases	$0	$1,463,400

3. The HCO&A Subfund is assumed to provide a portion of support for the non-federal share for a portion of transitional rent, Medi-Cal community-based mobile crisis services, BH rate growth costs, and CYBHI – Fee Schedule Third Party Administrator funding in FY 2025-26 and FY 2026-27 as follows:

(Dollars in Thousands)

Proposition 35	**FY 2025-26**	**FY 2026-27**
Transitional Rent	$22,600	$53,200
Community-Based Mobile Crisis Services	$25,400	$25,300
BH Rate Growth	$17,000	$17,000
CYBHI - Fee Schedule Third Party Administrator	$39,500	$0
Total	**$104,500**	**$95,500**

These costs are budgeted in various policy changes using General Fund as the non-federal share. The policy changes include the CalAIM ECM-Community Supports – Transitional Rent, Qualified Community-Based Mobile Crisis Services, SMHS for Adults, SMHS for Children, Drug Medi-Cal State Plan Services, Drug Medi-Cal Organized Delivery System Waiver, and the CYBHI – Fee Schedule Third Party Administrator policy changes.

4. The HCO&A Subfund is assumed to provide a portion of support for the non-federal share for a portion of the Community Clinic Directed Payment Program, Managed Care District Hospital Directed Payment Program, Managed Care Public Hospital Enhanced Payment Directed Payments Program, and Retro Payments to Counties for State-Only BH Services in FY 2026-27. These costs are budgeted in the aforementioned policy changes using General Fund as the non-federal share.

PROP 35 - PROVIDER PAYMENT INCREASE FUNDING

(Dollars in Thousands)

Proposition 35	FY 2025-26	FY 2026-27
Community Clinic Directed Payment Program	$0	$50,000
Managed Care District Hospital Directed Payment Program	$0	$22,500
Managed Care Public Hospital Enhanced Payment Program Directed Payments	$0	$22,500
Retro Payments to Counties for State-Only BH Svcs.	$0	$56,000
Total	**$0**	**$151,000**

5. Total spending on the items listed above are:

(Dollars in Thousands)

Proposition 35	FY 2025-26	FY 2026-27
Targeted Rate Increases (In Base)	$283,483	$234,750
Managed Care Base Rate Increases (In Base)	$1,197,450	$452,550
Prop 35 - Provider Payment Increases and other expenditures	$104,500	$1,709,900
Total	**$1,585,433**	**$2,397,200**

6. The amount of General Fund that is replaced by HCO&A is summarized below:

(Dollars in Thousands)

Fiscal Year	TF	GF	SF (3443 Fund)
FY 2025-26	**$0**	**($1,585,433)**	**$1,585,433**
FY 2026-27	**($42,200)**	**($2,439,400)**	**$2,397,200**

Funding:
Health Care Oversight & Accountability Subfund (4260-601-3443)
100% General Fund (4260-101-0001)

ELIMINATE PPS FOR STATE-ONLY SERVICES

FISCAL REFERENCE NUMBER:2536

****DELETED****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$1,010,655,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$1,010,655,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$1,010,655,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$1,010,655,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the impact of eliminating payment at the Prospective Payment System (PPS) per-visit rate for state-only services, primarily non-emergency and non-pregnancy-related services, for Medi-Cal members with Unsatisfactory Immigration Status (UIS) by Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC).

Authority:
Budget Act of 2025

Interdependent Policy Changes:
Not Applicable

Background:
The Department proposes to eliminate payment at the PPS rate for state-only services, primarily non-emergency and non-pregnancy-related services, delivered to Medi-Cal UIS members by FQHCs and RHCs. These services are not eligible for matching federal funds and are not subject to federal requirements to reimburse FQHC and RHC services at the PPS rate. Emergency and pregnancy related services delivered to Medi-Cal UIS members are federally covered services under Section 1903(v) of the Social Security Act and remain eligible for PPS reimbursement.

Following the elimination, these state-only services will be reimbursed at the applicable Medi-Cal Fee Schedule rate in the fee-for-service delivery system and at the applicable negotiated rate between a Medi-Cal managed care plan and FQHC/RHC in the managed care delivery system.

Reason for Change:
There is no change from the prior estimate for both FY 2025-26 and FY 2026-27. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase in savings due to implementation occurring in FY 2026-27 and not FY 2025-26.

ELIMINATE PPS FOR STATE-ONLY SERVICES

DELETED

Methodology:

1. Assume implementation will be no sooner than July 1, 2026.

2. Annual PPS payments for state-only services in excess of the Medi-Cal Fee Schedule rate in the fee-for-service delivery system and the negotiated rate between a Medi-Cal managed care plan and FQHC/RHC in the managed care delivery system, as applicable, are estimated to be approximately $1,130,487,000.

3. The impact of eliminating PPS payments for state-only services, assuming a lag in payment timing, is shown below:

(Dollars in Thousands)

Fiscal Year	TF	GF
FY 2026-27	($1,010,655)	($1,010,655)

Funding:
100% GF (4260-101-0001)

PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS

FISCAL REFERENCE NUMBER:2049

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$765,052,000**	**$689,044,000**
FEDERAL FUNDS	$477,320,000	$429,419,000
GENERAL FUND	$287,732,000	$259,625,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	94.2700%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$43,837,500**	**$689,044,000**
FEDERAL FUNDS	$27,350,440	$429,419,000
GENERAL FUND	$16,487,040	$259,625,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the expenditures related to providing supplemental payments for specific dental services.

Authority:
Budget Act of 2021
Consolidated Appropriations Act of 2023

Interdependent Policy Changes:
Proposition 56 Funding

Background:
The California Healthcare, Research, and Prevention Tobacco Tax Act (Proposition 56, 2016), increased the excise tax rate on cigarettes and tobacco products and allocates a portion of the tobacco tax revenue to the Department for use as the non-federal share of health care expenditures, subject to appropriation by the Legislature.

The Budget Act of 2017 allocated Proposition 56 funds for supplemental payments for dental services. The Legislature has continued this funding in subsequent budget acts.

These supplemental payments for specific dental categories include restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, orthodontic, periodontal, preventative and visits and diagnostic services. For FY 2018-19 and FY 2019-20, the supplemental payment rates for the existing categories remain at a rate equal to 40 percent of the Schedule of Maximum Allowances (SMA). Effective July 1, 2018, SB 840 appropriated additional funds to allow for an increase in supplemental payments ranging from 20-60% and specified dollar amounts for specific procedures, and the addition of other dental procedures.

This policy change identifies the use of the General Fund for these Proposition 56 payments. See the Proposition 56 Funding policy change for the Proposition 56 offset to the GF.

PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS

Reason for Change:
The change from the prior estimate, for FY 2025-26 and FY 2026-27, is a decrease due to updated check write projections. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase due to the delay of the Proposition 56 supplemental elimination.

Methodology:
1. Payments are made via supplemental payments.

2. This policy was effective on July 1, 2017. Beginning July 1, 2018, the Department made changes to add additional procedures and changed the supplemental amount for specific procedures.

3. Supplemental payments are either a percentage of the Dental SMA or a flat rate.

4. Dental Managed Care withholds resumed in February 2026 and are projected to be released in July of the following fiscal year.

5. Proposition 56 payments for this program were scheduled to end June 30, 2026. However, elimination of these supplemental payments has been delayed until June 30, 2027.

6. Funds allocated for the supplemental payments, including costs captured in the Dental Services policy change, are as follows:

FY 2025-26	**TF**	**SF**	**FF**
Fee-for-Service			
50% Title XIX / 50% GF	$440,316,000	$220,158,000	$220,158,000
ACA 90% FFP/10% GF	$206,829,000	$20,683,000	$186,146,000
Title 21 65% FFP/35% GF	$73,748,000	$25,812,000	$47,936,000
UIS 100% State GF	$304,000	$304,000	$0
Total Fee-for-Service	**$721,197,000**	**$266,957,000**	**$454,240,000**
FY 2025-26	**TF**	**SF**	**FF**
Dental Managed Care			
50% Title XIX / 50% GF	$22,669,000	$11,335,000	$11,335,000
ACA 90% FFP/10% GF	$11,351,000	$1,135,000	$10,216,000
Title 21 65% FFP/35% GF	$2,354,000	$823,000	$1,530,000
UIS 100% State GF	$7,481,000	$7,481,000	$0
Total Dental Managed Care	**$43,855,000**	**$20,774,000**	**$23,081,000**

PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS

Combined FY 2025-26			
50% Title XIX / 50% GF	$462,986,000	$231,493,000	$231,493,000
ACA 90% FFP/10% GF	$218,180,000	$21,818,000	$196,362,000
Title 21 65% FFP/35% GF	$76,100,000	$26,635,000	$49,465,000
UIS 100% State GF	$7,786,000	$7,786,000	$0
Grand Total	**$765,052,000**	**$287,732,000**	**$477,320,000**

FY 2026-27	**TF**	**SF**	**FF**
Fee-for-Service			
50% Title XIX / 50% GF	$47,839,000	$23,920,000	$23,920,000
ACA 90% FFP/10% GF	$22,471,000	$2,247,000	$20,224,000
Title 21 65% FFP/35% GF	$8,013,000	$2,804,000	$5,208,000
100% State GF	$258,257,000	$258,257,000	$0
100% Title XIX FF	$427,085,000	$0	$427,085,000
Total Fee-for-Service	**$763,665,000**	**$287,228,000**	**$476,437,000**
Dental Managed Care			
50% Title XIX / 50% GF	$1,917,000	$959,000	$959,000
ACA 90% FFP/10% GF	$960,000	$96,000	$864,000
Title 21 65% FFP/35% GF	$199,000	$70,000	$129,000
100% State GF	$658,000	$658,000	$0
Total Dental Managed Care	**$3,735,000**	**$1,783,000**	**$1,952,000**
Combined FY 2026-27			
50% Title XIX / 50% GF	$49,756,000	$24,878,000	$24,878,000
ACA 90% FFP/10% GF	$23,432,000	$2,343,000	$21,089,000
Title 21 65% FFP/35% GF	$8,211,000	$2,874,000	$5,337,000
100% State GF	$258,916,000	$258,916,000	$0
100% Title XIX FF	$427,085,000	$0	$427,085,000
Grand Total	**$767,400,000**	**$289,011,000**	**$478,389,000**

PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS

7. For both FY 2025-26 and FY 2026-27, portions of the above amounts are captured in the Dental FFS Base Expenditures. After accounting for this, the dollars captured in this policy change are as follows:

	TF	SF	FF
FY 2025-26	$43,837,000	$16,487,000	$27,350,000
FY 2026-27	$689,044,000	$259,625,000	$429,419,000

Funding:
50% Title XIX / 50% GF (4260-101-0890/0001)
90% ACA Title XIX FF / 10% GF (4260-101-0890/0001)
65% Title XXI / 35% GF (4260-101-0890/0001)
100% State GF (4260-101-0001)

PROPOSITION 56 FUNDING

FISCAL REFERENCE NUMBER:2102

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$0**
FEDERAL FUNDS	$0	$0
GENERAL FUND	-$473,209,000	-$461,274,000
OTHER FUNDS	$473,209,000	$461,274,000
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**$0**
FEDERAL FUNDS	$0	$0
GENERAL FUND	-$473,209,000	-$461,274,000
OTHER FUNDS	$473,209,000	$461,274,000

Purpose:
This policy change replaces General Fund expenditures for base rate increases for physician services with Proposition 56 funds and for specified supplemental payments, to the extent there is sufficient Proposition 56 revenue.

Authority:
California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56)

Interdependent Policy Changes:
See Funding Chart Below

Background:
Effective April 2017, Proposition 56 (Prop 56) increased taxes imposed on distributors of cigarettes and tobacco products and allocates a specified percentage of those revenues to increase funding for existing health care programs under the Medi-Cal program relative to the level of general funds in effect on January 1, 2016.

The Budget Act of 2017 and subsequent Budget Acts allocated Prop 56 funds for supplemental payments for physician services. Pursuant to AB 118 (Chapter 42, Statutes of 2023), the Department increased base rates for physician services to incorporate amounts equivalent to the Prop 56 physician services supplemental payments effective for dates of services beginning January 1, 2024. These increased base payment levels exceed those in effect as of January 1, 2016.

The Budget Act of 2025 eliminated Dental supplemental payments effective July 1, 2026.

Reason for Change:
The change in FY 2025-26 and FY 2026-27, from the prior estimate, is due to updated expenditure projections for Prop 56 payments.

PROPOSITION 56 FUNDING

The change from FY 2025-26 to FY 2026-27, in the current estimate, is based on updated expenditure projections for Prop 56 payments and changes in the projected amount of Prop 56 funding available in FY 2026-27.

Methodology:

1. The nonfederal share of Prop 56 payment items is initially budgeted as General Fund costs in the respective policy changes for these payments and the rates for physician services are budgeted in the base policy changes. Subsequently, this policy change replaces the General Fund with Healthcare Treatment Fund for those rates and payments budgeted to be supported by Prop 56. In 2025-26, Prop 56 revenues are projected to be $473,209,000. This amount is budgeted to offset the non-federal share of cost for physicians services base rate increases (exceeding base payment levels in effect as of January 1, 2016) that are budgeted in base policy changes. The General Fund amount not paid by Prop 56 revenues is projected to total $136,149,000 in FY 2025-26.

FY 2025-26	Total Funds	General Fund	Proposition 56
PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	$287,732,000	$287,732,000	$0
PROP 56 - MEDI-CAL FAMILY PLANNING	$149,724,000	$149,724,000	$0
PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	$22,819,000	$22,819,000	$0
Total of GF Dollars in Prop 56 PCs	$460,275,000	$460,275,000	$0
Prop 56 Funding Available for Physician Services Base Rate Increases	**$0**	**($473,209,000)**	**$473,209,000**
Totals	**$0**	**($473,209,000)**	**$473,209,000**

PROPOSITION 56 FUNDING

2. In 2026-27, Prop 56 revenues are projected to be $461,274,000. This amount is budgeted to offset the non-federal share of cost for physicians services base rate increases (exceeding base payment levels in effect as of January 1, 2016) that are budgeted in base policy changes. The General Fund amount not paid by Prop 56 revenues is projected to total $133,995,000 in FY 2026-27.

FY 2026-27	Total Funds	General Fund	Proposition 56
PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	$289,011,000	$289,011,000	$0
PROP 56 - MEDI-CAL FAMILY PLANNING	$134,457,000	$134,457,000	$0
PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	$23,529,000	$23,529,000	$0
Total of GF Dollars in Prop 56 PCs	$446,997,000	$446,997,000	$0
Prop 56 Funding Available for Physician Services Base Rate Increases	**$0**	**($461,274,000)**	**$461,274,000**
Totals	**$0**	**($461,274,000)**	**$461,274,000**

Funding:
Healthcare Treatment Fund (4260-101-3305)
100% Title XIX GF (4260-101-0001)
100% Title XXI GF (4260-101-0001)

QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES

FISCAL REFERENCE NUMBER:2329

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$155,373,000**	**$302,038,000**
FEDERAL FUNDS	$132,067,000	$213,103,000
GENERAL FUND	$23,306,000	$68,807,000
OTHER FUNDS	$0	$20,128,000
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$155,373,000**	**$302,038,000**
FEDERAL FUNDS	$132,067,000	$213,103,000
GENERAL FUND	$23,306,000	$68,807,000
OTHER FUNDS	$0	$20,128,000

Purpose:
This policy change estimates the cost for counties to provide qualifying community-based mobile crisis intervention services to Medi-Cal members in need of Medi-Cal behavioral health services.

Authority:
Welfare & Institutions Code (WIC) 14680-14685.1
California Constitution Article XIII Section 36
Specialty Mental Health Services (SMHS) Program 1915(b) Waiver
Drug Medi-Cal Organized Delivery System (DMC-ODS) 1115 Waiver
22 CCR § 51341.1
American Rescue Plan (ARP) Act of 2021 Section 9183
WIC Section 14132.57
State Plan Amendment (SPA) 22-0043
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Prop 35 - Provider Payment Increase Funding

Background:
Under existing law, the Department of Health Care Services (DHCS) is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Program that provides SMHS to Medi-Cal members through county Mental Health Plans (MHPs). The Department is also responsible for administering substance use disorder (SUD) treatment services through the Drug Medi-Cal Organized Delivery System (DMC-ODS), and the Drug Medi-Cal (DMC) program, for counties not participating in the DMC-ODS.

QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES

Crisis intervention services are currently covered in the SMHS, DMC-ODS, and DMC programs, and counties are required to provide or arrange the services anywhere in the community. However, these services are not required to be provided or arranged as “mobile” services, nor are they required to be available in the community 24 hours a day, 7 days a week, provided by on-call, multidisciplinary teams. Additionally, crisis intervention services do not meet the federal definition for qualifying community-based mobile crisis intervention services.

The Department received approval of SPA 22-0043 to add qualifying community-based mobile crisis intervention services, effective January 1, 2023, as a mandatory Medi-Cal benefit in SMHS, DMC, and DMC-ODS, available to eligible Medi-Cal members, statewide, 24 hours a day, 7 days a week, 365 days a year implemented through the Medi-Cal behavioral health delivery systems by multidisciplinary mobile crisis teams in the community. The Department developed statewide standards for the new service, including requirements for the multidisciplinary team. The benefit is provided outside a hospital or other facility setting and includes rapid response, assessment, community-based stabilization and de-escalation, warm handoffs, and coordination with and referrals to health, social, and other services and supports, as appropriate.

Section 9813 of the ARP Act provides states with the option of providing qualifying community-based mobile crisis intervention services during a five-year period, starting April 1, 2022, through June 30, 2027, including an opportunity for 12 fiscal quarters of 85 percent federal medical assistance percentage (FMAP) for qualifying services within the five-year period. DHCS’ 12 fiscal quarters to claim 85 percent FMAP began on January 1, 2024, and will end on December 31, 2026. The ARP Act requires the additional FMAP to supplement, not supplant, the level of state spending for these services in the fiscal year before the first quarter the state elects to implement this service. No current Medi-Cal behavioral health services meet the federal definition of a qualifying community-based mobile crisis intervention service.

The Budget Act of 2026 provides funding to support extension of the community-based mobile crisis response services benefit in the Medi-Cal program until June 30, 2027.

Reason for Change:
The change in FY 2025-26, from the prior estimate, is a decrease due to using actual accrual projections from FY 2024-25 and updated accrual projections for FY 2025-26.

The change in FY 2026-27, from the prior estimate, is an increase due to using updated accrual projections for FY 2026-27 and the additional $42.2 million GF and FF supporting the extension of the community-based mobile crisis response services benefit. In addition, the 988 State Suicide and Behavioral Health Crisis Services Fund is no longer included in FY 2026-27 as a potential source of funding. The Behavioral Health Services Fund (BHSF) funding is now included in FY 2026-27.

The change from FY 2025-26 to FY 2026-27, in the current estimate, is a net increase in the total fund due to projected growth in claims for FY 2026-27. In addition, BHSF funding is included in FY 2026-27.

QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES

Methodology:

1. To estimate the cost of qualifying community-based mobile crisis intervention services related to SMHS, the total FY 2024-25 approved claims for Mobile Crisis Services were used as the baseline. Annual costs are assumed to follow the trend observed in FY 2024-25 claims.

2. Beginning January 1, 2024, under the ARP Act, qualifying community-based mobile crisis intervention services are funded with 85% FF and 15% GF through December 31, 2026, and the benefit's current federal statutory expiration date is March 31, 2027. Beginning January 1, 2027, funding will switch to 50%/50% FMAP. Assume the non-federal share for claims from January 2027 to March 2027 will be paid using funding from the BHSF. The Budget Act of 2026 provides funding to support the extension of the mobile crisis services through June 30, 2027.

3. The accrual estimates based on actual claims for FY 2024-25 and projected for FY 2025-26, and FY 2026-27 are:

Accrual Basis	FY 2024-25	FY 2025-26	FY 2026-27
Mobile Crisis Response – SMHS	$102,803,000	$168,436,000	$234,068,000
Cohort 2	$1,155,000	$2,474,000	$3,793,000
Cohort 2 Supplemental	$0	$2,473,000	$2,473,000
Total	$103,958,000	$173,383,000	$240,334,000

4. Assume 67% of claims for mobile crisis intervention will be paid for the year services are provided and 33% in the subsequent year. The cash estimates for FY 2025-26 and FY 2026-27 are:

FY 2025-26	TF	GF	FF
Mobile Crisis Response – SMHS	$151,678,000	$22,752,000	$128,926,000
Cohort 2	$2,038,000	$305,000	$1,733,000
Cohort 2 Supplemental	$1,657,000	$249,000	$1,408,000
Total	**$155,373,000**	**$23,306,000**	**$132,067,000**

FY 2026-27	TF	GF	BHSF	FF
Mobile Crisis Response – SMHS	$296,223,000	$68,092,000	$19,603,000	$208,528,000
Cohort 2	$3,348,000	$407,000	$318,000	$2,623,000
Cohort 2 Supplemental	$2,467,000	$308,000	$207,000	$1,952,000
Total	**$302,038,000**	**$68,807,000**	**$20,128,000**	**$213,103,000**

Funding:

85% Title XIX FF/ 15% GF (4260-101-0001/0890)
50% Title XIX FF/ 50% GF (4260-101-0001/0890)
100% Behavioral Health Services Fund (4260-101-3085)

PROPOSITION 36 FUNDING

FISCAL REFERENCE NUMBER:2549

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$50,000,000**	**$20,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$50,000,000	$20,000,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$50,000,000**	**$20,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$50,000,000	$20,000,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the one-time funding for Proposition 36 implementation activities.

Authority:
Homelessness, Drug Addiction, and Theft Reduction Act of 2024 (Proposition 36)
Budget Act of 2025 [AB 102 (Chapter 5, Statutes of 2025)]
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
In November 2024, voters approved the Homelessness, Drug Addiction, and Theft Reduction Act of 2024 (Proposition 36), to reform laws that have increased homelessness, drug addiction, and theft throughout California. Proposition 36 allows people who possess illegal drugs to be charged with a “treatment-mandated felony,” instead of a misdemeanor, in some cases. This applies to people who (1) possess certain drugs (such as fentanyl, heroin, cocaine, or methamphetamine) and (2) have two or more past convictions for some drug crimes (such as possessing or selling drugs). Individuals would receive mental health or substance use disorder treatment. Those who complete treatment would have their charges dismissed. Those who do not complete treatment could serve up to three years in state prison.

A one-time allocation of $50 million will be available for the Department of Health Care Services (DHCS) to provide non-competitive grants to county behavioral health departments to support the implementation of Proposition 36. Grant funding will be utilized for authorized treatment services in addition to activities to support planning and capacity building needed to expand and accelerate services. Allowable expenditures include capital for housing and treatment; hiring, training, and development of policies and procedures; support for information technology infrastructure costs; and changes needed for reporting data, and case tracking. DHCS executed a contract with the Sierra Health Foundation: Center for Health Program Management (The Center) to support statewide administration of the Proposition 36 county grant program. The Center will assist with county contracting, payment processing, data reporting, and technical assistance functions.

PROPOSITION 36 FUNDING

The Budget Act of 2026, provides for a one-time $20,000,000 allocation that shall be available for DHCS to provide non-competitive grants to county behavioral health departments to support the implementation of Proposition 36.

Reason for Change:
There is no change in FY 2025-26 from the prior estimate.

The change in FY 2026-27, from the prior estimate, is an increase due to additional funding provided for FY 2026-27.

The change in the current estimate, from FY 2025-26 to FY 2026-27, is due to a lower allocation being provided in FY 2026-27.

Methodology:
1. The $50 million allocation is available for expenditure or encumbrance until June 30, 2028. Assume $50 million General Fund (GF) is provided in FY 2025-26.

2. The $20 million allocation is available for expenditure or encumbrance until June 30, 2029. Assume $20 million GF is provided in FY 2026-27.

3. Below are the cash tables for FY 2025-26 and FY 2026-27.

Proposition 36	TF	GF
FY 2025-26	$50,000,000	$50,000,000
FY 2026-27	$20,000,000	$20,000,000

Funding:
100% GF (4260-101-0001)

MISC. ONE-TIME PAYMENTS

FISCAL REFERENCE NUMBER:2502

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$12,550,000**	**$12,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$12,550,000	$12,000,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0.0000%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$12,550,000**	**$12,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$12,550,000	$12,000,000
OTHER FUNDS	$0	$0

Purpose:
This policy change includes the costs of various miscellaneous one-time payments as directed by the Legislature.

Authority:
Budget Act of 2025 [SB 105 (Chapter 104, Statutes of 2025)]
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
The Budget Act of 2025 and the Budget Act of 2026 appropriates various one-time payments from the state General Fund (GF) for a variety of purposes. The Department of Health Care Services is the distributing entity for some of these funds.

Reason for Change:
There is no change in FY 2025-26 from the prior estimate.

The change in FY 2026-27, from the prior estimate, is due to the Budget Act of 2026 provides for various one-time payments in FY 2026-27.

The change from FY 2025-26 to FY 2026-27, in the current estimate, is due to:

- Funding for all items appropriated in the Budget Act of 2025 expiring at the end of FY 2025-26 and,
- The Budget Act of 2026 provides for various one-time payments in FY 2026-27.

MISC. ONE-TIME PAYMENTS

Methodology:

1. The following items from the Budget Act of 2025—totaling $12,550,000—are to be distributed by the Department of Health Care Services in FY 2025-26:
    - $1,250,000 for Equality California to support the healthcare of transgender individuals and families.
    - $750,000 for Equality California to support health access and education.
    - $300,000 for the El Centro de Amistad for infrastructure.
    - $5,000,000 for the County of Humboldt for support of the Mad River Behavioral Health Triage Center.
    - $750,000 to the County of Humboldt for support of the Sorrel Leaf Healing Center.
    - $3,500,000 to the County of Sonoma for the Alexander Valley Healthcare Center Project.
    - $1,000,000 to the City and County of San Francisco for the new oncology clinic and chemotherapy center for Chinese Hospital.

2. The following items from the Budget Act of 2026—totaling $12,000,000—are to be distributed by the Department of Health Care Services in FY 2026-27:
    - $5,000,000 to support Allcove youth mental health centers.
    - $2,000,000 to the Yurok Tribe of California to support their health programs. This funding is available for encumbrance or expenditure until June 30, 2028.
    - $5,000,000 to CenCal Health for purposes of establishing a behavioral health pilot program on the treatment of severe schizophrenia, or anosognosia.

3. The estimated costs in FY 2025-26 and FY 2026-27 are as follows:

(Dollars in Thousands)

FY 2025-26	**TF**	**GF**
Misc. One-Time Payments	$12,550	$12,550
Total FY 2025-26	**$12,550**	**$12,550**

(Dollars in Thousands)

FY 2026-27	**TF**	**GF**
Misc. One-Time Payments	$12,000	$12,000
Total FY 2026-27	**$12,000**	**$12,000**

Funding:

100% GF (4260-101-0001)

ELIMINATE DENTAL FOR ADULT UIS

FISCAL REFERENCE NUMBER:2563

****DELETED****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$360,827,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$360,827,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$360,827,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$360,827,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the impact of eliminating non-emergency dental benefits for Unsatisfactory Immigration Status (UIS) members aged 19 and older.

Authority:
Budget Act of 2025
W&IC § 14007.8(l)

Interdependent Policy Changes:
Not Applicable

Background:
Since January 1, 2024, pursuant to Welfare and Institutions Code (W&IC) § 14007.8, income-eligible individuals without satisfactory immigration status are eligible for full-scope Medi-Cal benefits. This provision was part of a broader initiative to extend full-scope Medi-Cal coverage to all income-eligible adults aged 26 through 49, regardless of immigration status.

The elimination of dental benefits for the UIS population, aged 19 and older, will take effect on July 1, 2026. The UIS population, aged 19 and older, will continue to have access to restricted-scope emergency dental coverage, UIS members who are pregnant, within 12 months postpartum, or are former foster care youth will retain dental coverage.

Reason for Change:
There is no change from the previous estimate for FY 2025-26. The change from the prior estimate, for FY 2026-27, is an increase in savings due to updated check write and member data. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase in savings due to the elimination of non-emergency dental benefits for UIS members aged 19 and older starting July 1, 2026.

Methodology:

1. Assume implementation will be no sooner than July 1, 2026.

ELIMINATE DENTAL FOR ADULT UIS

DELETED

2. The impact of a full year of eliminating payments for dental benefits for UIS members aged 19 and older, assuming a lag in payment timing for services from the prior year is shown below:

Fiscal Year	TF	GF	FF
FY 2026-27	($360,827,000)	($360,827,000)	$0

Funding:
100% GF (4260-101-0001)

HCBA WAIVER EXPANSION

FISCAL REFERENCE NUMBER:2010

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**-$10,118,000**	**-$25,410,000**
FEDERAL FUNDS	-$5,016,000	-$12,581,000
GENERAL FUND	-$5,102,000	-$12,829,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	33.3400%	11.7100%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**-$6,744,700**	**-$22,434,500**
FEDERAL FUNDS	-$3,343,670	-$11,107,760
GENERAL FUND	-$3,400,990	-$11,326,720
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the cost of the Home and Community-Based Alternatives (HCBA) Waiver.

Authority:
Welfare & Institutions Code, Section 14132.991
Budget Act of 2026

Interdependent Policy Changes:
HCBA Waiver Renewal Administrative Cost

Background:
The HCBA Waiver offers services in the home or community to Medi-Cal members who would otherwise receive care in a skilled nursing facility. Eligibility into the waiver is based on skilled nursing levels of care. The level of care is determined by the Medi-Cal member's medical need. The waiver is held to the principle of federal cost neutrality; thus, services are arranged so that the overall total costs for the waiver and Medi-Cal State Plan services cannot exceed the costs of facilities offering equivalent levels of care.

On February 2, 2023, the Centers for Medicare & Medicaid Services (CMS) approved an HCBA Waiver for a new five-year term, from January 1, 2023, through December 31, 2027. The new waiver term included phases in additional slots each Calendar Year, beginning on January 1, 2025. However, based on historical enrollment and attrition trends, it was determined that the waiver would reach capacity before the end of 2023. The Department submitted a waiver amendment to begin phasing in new slots on January 1, 2024; CMS approved the waiver amendment on December 11, 2023.

HCBA WAIVER EXPANSION

Under the new waiver term, the waiver:

- Describes services that are eligible for telehealth,
- Increases waiver slots beginning January 1, 2024, based on projected enrollment and attrition trends, and
- Increases the rates for Intermediate Care Facilities/Developmentally Disabled – Continuous Nursing Care.

Reason for Change:
The change from the prior estimate, for FY 2025-26 and FY 2026-27, is a decrease in savings due to updated enrollment data trending lower than previously estimated. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase in savings due to the additional savings being realized from more members transitioning from a skilled nursing facility (SNF) to the HCBA waiver in FY 2026-27.

Methodology:
1. Assume there are 9,566 members in the HCBA Waiver in FY 2024-25.

2. Assume the annual cost per member is $24,472.

3. Assume 486 new members will transition in FY 2025-26 and 540 in FY 2026-27.

4. Assume 60% will be from long-term SNFs and 40% members will be from the community.

5. Assume the average monthly cost in a SNF is $9,146 in FY 2025-26 and $8,549 in FY 2026-27.

(Dollars in Thousands)

FY 2025-26	**TF**	**GF**	**FF**
Waiver Costs	$6,016	$3,034	$2,982
Savings from SNF	($16,134)	($8,136)	($7,998)
Net Cost	**($10,118)**	**($5,102)**	**($5,016)**
FY 2026-27	**TF**	**GF**	**FF**
Waiver Costs	$22,449	$11,555	$10,894
Savings from SNF	($47,859)	($24,136)	($23,723)
Net Cost	**($25,410)**	**($12,581)**	**($12,829)**

*Totals may differ due to rounding.

Funding:
50% Title XIX / 50% GF (4260-101-0890/0001)
100% State GF (4260-101-0001)

HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS

FISCAL REFERENCE NUMBER:2554

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$372,425,000**
FEDERAL FUNDS	$0	-$737,327,000
GENERAL FUND	$0	$364,902,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$372,425,000**
FEDERAL FUNDS	$0	-$737,327,000
GENERAL FUND	$0	$364,902,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the cost of the federally mandated narrowing of Qualified Non-Citizen (QNC) eligibility for federally funded Medicaid.

Authority:
H.R. 1, 119th Cong., Section 71109 (2025)

Interdependent Policy Change:
Not Applicable

Background:
Currently, the QNC eligibility for federally funded Medicaid applies to, but is not limited to, the following lawfully present immigration statuses:

- Lawful Permanent Residents (LPRs).
- Cuban or Haitian Entrants.
- Migrants legally residing in the United States and its territories under the Compact of Free Association (COFA), such as citizens of Micronesia, the Marshall Islands, or Palau.
- Conditional Entrant granted before April 1980.
- Paroled into the United States for one year or more.
- Battered non-citizen, or parent or child of a battered non-citizen.
- Refugees.
- Asylees.
- Amerasian Immigrants.
- Individuals granted withholding of deportation or removal.

Medi-Cal members in these immigration statuses are eligible for full scope Medicaid, and California receives a Federal Medical Assistance Percentage based on this premise.

Additionally, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), among its many other provisions, gave states the option to provide Medi-Cal benefits to eligible children (under the age of 21) and pregnant individuals who are "lawfully residing" in the United States as defined for Medi-Cal eligibility purposes. As a result, California provides full scope

HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS

Medi-Cal benefits or pregnancy-related Medi-Cal benefits to eligible lawfully present children under the age of 21 and to lawfully present pregnant individuals.

Effective October 1, 2026, H.R.1 narrows QNC eligibility for federally funded Medicaid. Consequently, members with certain immigration statuses, including but not limited to those listed below, will no longer be eligible for federally funded Medi-Cal:

- Conditional Entrant granted before April 1980.
- Paroled into the United States for one year or more.
- Battered non-citizen, or parent or child of a battered non-citizen.
- Refugees.
- Asylees.
- Amerasian Immigrants.
- Individuals granted withholding of deportation or removal.

The narrow QNC eligibility for federally funded Medicaid will apply to individuals residing in any of the 50 U.S. states, the District of Columbia, or U.S. territories, and who are:

- LPRs who are exempt from the five-year bar or are subject to and have met the five-year bar,
- Cuban or Haitian Entrants, and
- Migrants legally residing in the United States and its territories under the COFA, such as citizens of Micronesia, the Marshall Islands, or Palau.

This provision excludes the lawfully present pregnant individuals and lawfully present children under age 21 covered under the CHIPRA.

Reason for Change:
This is a new policy change.

Methodology:
1. Assume the policy implements no sooner than October 1, 2026.

2. Assume that beginning October 1, 2026, these members will no longer qualify for federally funded full-scope Medi-Cal and will transition to receiving state-only full-scope with no dental coverage through June 30, 2027. Coverage of full-scope dental for Medi-Cal members with UIS will be eliminated on July 1, 2027. Beginning, January 1, 2027, these members will transition from the Managed Care delivery system to the Fee-For-Service delivery system. Further, effective July 1, 2027, these members will transition to restricted scope coverage under the Medi-Cal program which is limited to emergency and pregnancy related services.

3. Beginning October 1, 2026, HR 1 reduces the federal medical assistance percentage for UIS Federal Emergency ACA costs from 90% FF to 50% FF. The impact of this change is incorporated into the dollars of this policy change. For policy change specific impacts, see the HR 1 - UIS Emergency ACA FMAP Adjustment policy change (FRN 2551).

HR 1 - RESTRICTED FEDERAL FUNDING FOR CERTAIN QNCS

4. Total estimated costs for FY 2026-27 are:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	($372,425)	$364,902	($737,327)

Funding:
100% GF (4260-101-0001)
100% Title XIX FFP (4260-101-0890)
ACA 50/50 ER UIS (4260-101-0890/0001)

IMPROVEMENTS AND EFFICIENCIES

FISCAL REFERENCE NUMBER:2569
****ERRATA****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$170,343,000**
FEDERAL FUNDS	$0	-$102,343,000
GENERAL FUND	$0	-$68,000,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$170,343,000**
FEDERAL FUNDS	$0	-$102,343,000
GENERAL FUND	$0	-$68,000,000
OTHER FUNDS	$0	$0

Purpose:
This policy estimates the savings achieved through the implementation of various improvements and efficiencies.

Authority:
Budget Act of 2026

Interdependent Policy Changes:
Not Applicable

Background:
The Department will implement various improvements and efficiencies in the Medi-Cal program that result in ongoing savings. Savings in FY 2026-27 reflect the establishment of utilization management for applied behavioral analysis and transportation benefits and elimination of the quality incentive component of the quality withhold and incentive program for Medi-Cal managed care, which will result in savings in future years. The Department is also continuing the effort to identify efficiencies in other select areas of Medi-Cal.

Reason for Change:
There is no change from the prior estimate for FY 2025-26. The change for FY 2026-27 is an increase in savings due to updated projections. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase in savings due to implementation of the various improvements and efficiencies beginning in FY 2026-27.

Methodology:
1. Savings are estimated to be:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	**($170,343)**	**($68,000)**	**($102,343)**

IMPROVEMENTS AND EFFICIENCIES

ERRATA

Funding:
100% GF (4260-101-0001)
100% Title XIX FFP (4260-101-0890)

UIS MEMBER TRANSITION TO FFS

FISCAL REFERENCE NUMBER:2577

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$711,297,000**
FEDERAL FUNDS	$0	-$112,176,000
GENERAL FUND	$0	-$599,121,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$711,297,000**
FEDERAL FUNDS	$0	-$112,176,000
GENERAL FUND	$0	-$599,121,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the costs and savings of transitioning full-scope coverage for members with unsatisfactory immigration status (UIS) from the Managed Care delivery system to the Fee-For-Service (FFS) delivery system.

Authority:
State Medicaid Director Letter (SMD) #25-003

Interdependent Policy Changes:
Not Applicable

Background:
The Department provides full-scope Medi-Cal coverage with dental to eligible individuals regardless of immigration status. Coverage of full-scope dental for Medi-Cal members with UIS will be eliminated on July 1, 2027. For UIS members, the Department claims federal funding for emergency and pregnancy-related services on a fee-for-service basis only in the FFS delivery system and for capitation rates developed for emergency and pregnancy-related services only in the Managed Care delivery system.

On September 30, 2025, the Centers for Medicare & Medicaid Services (CMS) advanced a new interpretation of section 1903(v) of the Social Security Act (SSA) that prohibits states from claiming federal funds for emergency Medicaid coverage provided to UIS members ineligible for full Medicaid benefits through risk-based Medicaid managed care capitation payments.

SSA section 1903(v) authorizes federal Medicaid payments to states for medical assistance furnished to “aliens ineligible for full Medicaid benefits,” defined as individuals who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, only when such care and services are necessary for the treatment of an emergency medical condition (referred to as “emergency Medicaid”), and provided that UIS members meet all other eligibility requirements for Medicaid under the state plan. CMS interprets SSA section 1903(v) to apply only to specific payments made for care and services necessary for the treatment of an emergency medical condition actually furnished (i.e., rendered), and to

UIS MEMBER TRANSITION TO FFS

not apply to Medicaid managed care payments including risk-based capitation payments.

CMS indicated that it would take enforcement action with respect to this guidance starting the first rating period beginning on or after one year following the date of publication, i.e., January 1, 2027, for California.

Reason for Change:
This is a new policy change. The change from FY 2025-26 to FY 2026-27, in the current estimate, is an increase in savings due to the implementation date expected to be in FY 2026-27.

Methodology:
1. The estimated costs and savings are:

(Dollars in Thousands)

FY 2026-27	TF	GF	FF
100% State GF (4260-101-0001)	($599,121)	($599,121)	$0
Title XIX 100% (4260-101-0890)	($112,176)	$0	($112,176)
Total	**($711,297)**	**($599,121)**	**($112,176)**

Funding:
100% GF (4260-101-0001)
Title XIX 100% (4260-101-0890)

FULL REINSTATEMENT OF ASSET LIMIT

FISCAL REFERENCE NUMBER:2588

****DELETED****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$431,400,000**
FEDERAL FUNDS	$0	-$215,700,000
GENERAL FUND	$0	-$215,700,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$431,400,000**
FEDERAL FUNDS	$0	-$215,700,000
GENERAL FUND	$0	-$215,700,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the impact of reinstituting the Medi-Cal Asset Limit to consider resources, including property and other assets, when determining Medi-Cal eligibility for applicants or members whose eligibility is not based on modified adjusted gross income (MAGI) financial methods.

Authority:
Budget Act of 2026

Interdependent Policy Changes:
Reinstatement of Asset Limit

Background:
The Medi-Cal program's asset limits have historically aligned with those of the federal Supplemental Security Income (SSI) program. However, in 2021, California passed Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021) to modify these limits through a two-phased approach: Phase I increased the asset limits, and Phase II eliminated them entirely.

To implement these changes, the Department sought federal approval to disregard up to $130,000 in nonexempt property for a single-member household, and an additional $65,000 for each additional household member, up to a maximum of ten members, effective July 1, 2022. Beginning January 1, 2024, all assets were fully disregarded in determining Medi-Cal eligibility.

Pursuant to the Budget Act of 2025, the Department sought federal approval to reinstate asset limits to disregard up to $130,000 in nonexempt property for a single-member household, and an additional $65,000 for each additional household member, with an effective date of no sooner than January 1, 2026. The Centers for Medicare and Medicaid Services approved California's State Plan Amendment to implement the asset limits, no sooner than January 1, 2026. The implementation was conditioned on the Director of Health Care Services determining that systems had been programmed and they communicated that determination in writing to the Department of Finance, and no sooner than January 1, 2026. This determination of system readiness was made and communicated to the Department of Finance on December 19, 2025.

FULL REINSTATEMENT OF ASSET LIMIT

****DELETED****

Pursuant to the Budget Act of 2026, the Department will now seek federal approval to reinstate asset limits to disregard up to $2,000 per individual and $3,000 per couple in countable assets.

Reason for Change:
This is a new policy change.

Methodology:
1. Assume implementation will begin no sooner than January 1, 2027.

2. The incremental impact of fully reinstating the Medi-Cal Asset limit is shown below:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	($431,400)	($215,700)	($215,700)

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

ELIMINATE MEDI-CAL OPTIONAL BENEFIT - ACUPUNCTURE

FISCAL REFERENCE NUMBER:2522

****DELETED****

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$13,600,000**
FEDERAL FUNDS	$0	-$8,200,000
GENERAL FUND	$0	-$5,400,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**-$13,600,000**
FEDERAL FUNDS	$0	-$8,200,000
GENERAL FUND	$0	-$5,400,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the elimination of the acupuncture services benefit.

Authority:
Budget Act of 2026

Interdependent Policy Changes:
Not Applicable

Background:
The Department proposes to eliminate the acupuncture services benefit beginning January 2027.

Reason for Change:
This is a new policy change.

ELIMINATE MEDI-CAL OPTIONAL BENEFIT - ACUPUNCTURE

DELETED

Methodology:

1. Assume the acupuncture services benefit is eliminated starting no sooner than January 1, 2027.

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	($13,600)	($5,400)	($8,200)

Funding:

100% GF (4260-101-0001)
100% Title XIX (4260-101-0890)

MCO TAX REVENUE TO SUPPORT MEDI-CAL

FISCAL REFERENCE NUMBER:2590

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$181,637,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$1,742,200,000
OTHER FUNDS	$0	$1,923,837,000
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**$181,637,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$1,742,200,000
OTHER FUNDS	$0	$1,923,837,000

Purpose:
This policy change estimates additional Proposition 35 MCO Tax funding to support increases in managed care and other payments relative to calendar year 2024 for hospital, community clinic, behavioral health, and other services.

Authority:
Protect Access to Health Care Act of 2024 (Proposition 35)
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Not applicable

Background:
The Budget Act of 2026 includes funds from the Protect Access to Health Care Fund (item 4260-601-3442) to support increases in managed care and other payments relative to calendar year 2024 for hospital, community clinic, behavioral health, and other services.

Reason for Change:
This is a new policy change.

Methodology:
1. The amount of MCO tax revenue estimated to support payment growth in the Medi-Cal program in FY 2026-27 is estimated to be $1,742,200,000.

(Dollars in Thousands)

FY 2026-27	TF	GF	SF (3442 Fund)
MCO Tax Revenue to Support Medi-Cal	$181,637	($1,742,200)	$1,923,837
Total	**$181,637**	**($1,742,200)**	**$1,923,837**

MCO TAX REVENUE TO SUPPORT MEDI-CAL

Funding:
Protect Access to Health Care Fund (4260-601-3442)
100% GF (4260-101-0001)

SUPPORT TO DESIGNATED PUBLIC HOSPITALS

FISCAL REFERENCE NUMBER:2595

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$250,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	$250,000,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**$250,000,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	$250,000,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the one-time grants available to Designated Public Hospitals (DPH).

Authority:
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
The Budget Act of 2026 provides for one-time direct grants to DPHs in support of their health care expenditures.

Reason for Change:
This is a new policy change.

Methodology:
1. Assume $250,000,000 GF will be provided to DPHs in FY 2026-27.

(Dollars in Thousands)

FY 2026-27	TF	GF
DPH Support	**$250,000**	**$250,000**

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

PRIVATE DUTY NURSING PAYMENT INCREASES

FISCAL REFERENCE NUMBER:2596

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$60,000,000**
FEDERAL FUNDS	$0	$30,000,000
GENERAL FUND	$0	$30,000,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**$60,000,000**
FEDERAL FUNDS	$0	$30,000,000
GENERAL FUND	$0	$30,000,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the funding for one-time payment increases for Private Duty Nursing services, effective no sooner than January 1, 2027.

Authority:
Budget Act of 2026 [SB 111 (Chapter 21, Statues of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
The Budget Act of 2026 provides funding for one-time payment increases for Private Duty Nursing services, effective for dates of service no sooner than January 1, 2027.

Reason for Change:
This is a new policy change.

Methodology:
1. Assume $60,000,000 TF will be provided in FY 2026-27.

(Dollars in Thousands)

FY 2026-27	TF	GF	FF
Private Duty Nursing increases	**$60,000**	**$30,000**	**$30,000**

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

CONGREGATE LIVING HEALTH FACILITY

FISCAL REFERENCE NUMBER:2598

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$15,400,000**
FEDERAL FUNDS	$0	$7,700,000
GENERAL FUND	$0	$7,700,000
OTHER FUNDS	$0	$0
% REFLECTED IN BASE	0%	0.0000%
IMPACT ON TOP OF BASE		
TOTAL FUNDS	**$0**	**$15,400,000**
FEDERAL FUNDS	$0	$7,700,000
GENERAL FUND	$0	$7,700,000
OTHER FUNDS	$0	$0

Purpose:
This policy change estimates the cost of funding Congregate Living Health Facilities (CLHF).

Authority:
Budget Act of 2026

Interdependent Policy Changes:
Not applicable

Background:
CLHFs are residential facilities licensed by the California Department of Public Health under Health & Safety Code Section 1267.13 to provide continuous nursing and supportive services in small settings; categorized as having no more than 18 beds. CLHFs serve individuals with catastrophic injury, ventilator dependence, or other complex needs who are too medically fragile for Assisted Living but do not require acute hospital care.

Reason for Change:
This is a new policy change.

Methodology:
1. One-time funding for dates of service no sooner than January 1, 2027 is budgeted as follows:

(Dollars in Thousands)

Fiscal Year	TF	GF	FF
FY 2026-27	**$15,400**	**$7,700**	**$7,700**

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

May 2026 Medi-Cal Estimate

ADMINISTRATION
FUNDING SUMMARY

The display below summarizes the amounts for all County and Other Local Assistance Administration policy changes into one category titled Administration.

FY 2025-2026 Estimate:	Total Funds	Federal Funds	General Funds	Other State Funds
Administration	$7,475,070,000	$4,775,529,000	$2,579,630,000	$119,911,000

FY 2026-2027 Estimate:	Total Funds	Federal Funds	General Funds	Other State Funds
Administration	$8,980,165,000	$6,779,561,000	$1,960,900,000	$239,704,000

MEDI-CAL COUNTY AND OTHER LOCAL ASSISTANCE ADMINISTRATION
POLICY CHANGE INDEX

COUNTY ADMINISTRATION ALLOCATION

FISCAL REFERENCE NUMBER:1704

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$2,377,805,000**	**$2,377,805,000**
FEDERAL FUNDS	$1,188,902,500	$1,188,902,500
GENERAL FUND	$1,188,902,500	$1,188,902,500
OTHER FUNDS	$0	$0

Purpose:
This policy change reflects the allocation funded to counties for costs associated with Medi-Cal eligibility determination activities.

Authority:
Welfare & Institutions Code 14154
SB 159 (Chapter 40, statutes of 2024)

Interdependent Policy Changes:
HR 1 – County Administration Allocation

Background:
The Department is responsible for determining the appropriate allocation for funding county welfare department costs associated with Medi-Cal eligibility determinations. The Department establishes and maintains a cost control plan. The plan provides for the administrative costs that the counties incur for Medi-Cal eligibility determination activities. This estimate reflects the allocation to the counties utilizing recent workload data, county expenditure data, and other county-submitted information.

In FY 2018-19, the Department began including funding to implement the Affordable Care Act in this policy change. The Department uses the projected California Consumer Price index (CPI) change to adjust the total dollars available and applies similar adjustments as the county eligibility systems move to a single Statewide Automated Welfare System. With this increase, counties work to place members into the correct aid codes based on changes in circumstances, increase the percentage of completed and accurate eligibility determinations and annual redeterminations, and provide timely eligibility and enrollment data and reports to the Department.

In FY 2024-25, the Department implemented a freeze on California CPI increase adjustments for the allocation funded to the counties for costs associated with Medi-Cal eligibility determination activities. Costs associated with the California CPI freeze for county allocations were previously budgeted in the Freeze Medi-Cal County Administration Increase policy change. Those costs are now budgeted in the County Administration Allocation policy change. The Department resumed CPI adjustments beginning in FY 2026-27, which is currently budgeted in the HR 1 – County Administration Allocation policy change.

Reason for Change:
There is no change from the prior estimate for FY 2025-26 and FY 2026-27, or in the current estimate from FY 2025-26 to FY 2026-27.

COUNTY ADMINISTRATION ALLOCATION

Methodology:
1. The total rounded estimated FY 2025-26 and FY 2026-27 county administration costs are:

(Dollars in Thousands)

Total Allocation	TF	GF	FF
FY 2025-26	**$2,377,805**	**$1,188,903**	**$1,188,903**
FY 2026-27	**$2,377,805**	**$1,188,903**	**$1,188,903**

* Totals may differ due to rounding.

Funding:
50% Title XIX FF / 50% GF (4260-101-0890/0001)
Medicaid Management Information Systems Enhanced Funding identified in the Enhanced Federal Funding policy change

CYBHI - BH SERVICES AND SUPPORTS PLATFORM

FISCAL REFERENCE NUMBER:2289

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$175,900,000**	**$109,900,000**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$175,900,000	$53,100,000
OTHER FUNDS	$0	$56,800,000

Purpose:
This policy change estimates costs for the behavioral health (BH) virtual services platforms, including digital Soluna and BrightLife Kids, which serves California children and youth ages 0-25, and their families and parents/caregivers. Additionally, the policy change estimates costs for California Child and Adolescent Mental Health Access Portal (Cal-MAP), a statewide education and technical assistance campaign for primary care providers, and costs for promotion of various digital health tools.

Authority:
AB 133 (Chapter 143, Statutes of 2021)
W&I Code 5961.1
Kooth, Inc. Contract #22-20555
Brightline Contract #23-30175
Carelon Behavioral Health, Inc. Contract #23-30348
M&M Media Solutions Inc Contract #22-20340
University of California San Francisco Child and Adolescent Psychiatry Portal Contract #23-30405
California Coalition for Youth (CCY) Contract #23-30186
McKinsey Contract #22-20417

Interdependent Policy Changes:
Proposition 35 – CYHBHI and BH-CONNECT

Background:
Established as part of the Budget Act of 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a multiyear package of investments. The CYBHI intends to transform California's BH system for children and youth aged 0-25 into a world-class, innovative, up-stream focused, ecosystem where all children and young adults are routinely screened, supported, and served for emerging behavioral health needs.

In January 2024, the Department launched two new digital behavioral health apps for all children, youth, families, and caregivers in California. Designed to meet the diverse needs of youth and families across the state, the new mental health apps are BrightLife Kids for children and youth (aged 0-12) and their parents and caregivers, and Soluna for teens and young adults (aged 13-25). These apps provide free digital tools, resources, and virtual services to support behavioral health and emotional well-being. The Department is partnering with two well-established digital health companies, Brightline and Kooth US, respectively, to operate the apps. They offer access to highly qualified professional behavioral health coaches with appointments available in English and Spanish through video and chat, as well as all translation services for all Medi-Cal threshold languages via telephone. The programs also offer digital education and

CYBHI - BH SERVICES AND SUPPORTS PLATFORM

behavioral wellness support resources and exercises, a directory of resources to connect youth to local health resources in their areas, including live care navigation support, and moderated forums to connect users with other youth or caregivers. These resources are free to every California family, regardless of income, insurance coverage, or immigration status.

Through a partnership with the University of California, San Francisco Child and Adolescent Psychiatry Program (USCF CAPP), the Department also launched a statewide behavioral health eConsult service, the California Child and Adolescent Mental Health Access Portal (Cal-MAP), to provide pediatricians, primary care physicians and other practitioners (e.g., school-based service providers) access to consultation support from licensed behavioral health professionals, including psychiatrists. In addition to providing remote and real-time consultation support with behavioral health clinical experts, it offers access to behavioral health resources, tools and supports, including trainings to strengthen the workforce and improve the capacity of primary care providers and pediatricians to provide behavioral health treatment to children, youth and young adults.

The provider education and technical assistance campaign and the promotional campaigns are designed to drive adoption of these digital health strategies in coordination with community-based care to seamlessly integrate the BH virtual services platforms into the larger behavioral health delivery systems.

Reason for Change:
There is no change from the prior estimate for FY 2025-26 and FY 2026-27. The change from FY 2025-26 to FY 2026-27 is a decrease due to lower projected expenditures.

Methodology:

1. The Budget Act for FY 2022-23 provided $230 million GF, available for expenditure through June 30, 2025. The Budget Act for FY 2023-24 provided an additional $124,900,000. The Budget Act for FY 2025-26 provided an additional $175,900,000. The proposed Budget Act for FY 2026-27 would add $109,900,000.

2. For FY 2026-27, the Department will contract with CDPH through an IA to support $56.8 million in BH services virtual platforms. The Department will also receive $53.1 million in Proposition 35 MCO Tax funds to support the program in 2026-27. The table below displays the estimated spending and remaining funds by Appropriation Year:

CYBHI - BH SERVICES AND SUPPORTS PLATFORM

	TF	GF	FF
Appropriation Year 2021-22	$10,000,000	$10,000,000	$0
Prior Years	$10,000,000	$10,000,000	$0
Total Estimated Remaining	$0	$0	$0
Appropriation Year 2022-23	$230,000,000	$230,000,000	$0
Prior Years	$230,000,000	$230,000,000	$0
Total Estimated Remaining	$0	$0	$0
Appropriation Year 2023-24	$124,900,000	$124,900,000	$0
Prior Years	$90,400,000	$90,400,000	$0
Total Estimated Remaining	$34,500,000	$34,500,000	$0
Appropriation Year 2025-26	$175,900,000	$175,900,000	$0
Prior Years	$0	$0	$0
Estimated in FY 2025-26	$175,900,000	$175,900,000	$0
Total Estimated Remaining	$0	$0	$0
Appropriation Year 2026-27	$109,900,000	$109,900,000	$0
Prior Years	$0	$0	$0
Estimated in FY 2026-27	$109,900,000	$109,900,000	$0
Total Estimated Remaining	$0	$0	$0

Fiscal Year	TF	GF	FF	GF Reimb
FY 2025-26	**$175,900,000**	**$175,900,000**	**$0**	**$0**
FY 2026-27	**$109,900,000**	**$53,100,000**	**$0**	**$56,800,000**

Funding:
100% General Fund (4260-101-0001)
Reimbursement GF (4260-601-0995)

HR 1 - COUNTY ADMINISTRATION ALLOCATION

FISCAL REFERENCE NUMBER:2580

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$709,001,000**
FEDERAL FUNDS	$0	$512,242,000
GENERAL FUND	$0	$196,759,000
OTHER FUNDS	$0	$0

Purpose:
This policy change reflects the costs of providing additional administrative funding and resources to counties for H.R. 1 implementation.

Authority:
Welfare & Institutions Code 14154
SB 159 (Chapter 40, Statutes of 2024)
H.R. 1, 119th Cong., Section 71107 (2025)
H.R. 1, 119th Cong., Section 71109 (2025)
H.R. 1, 119th Cong., Section 71112 (2025)
H.R. 1, 119th Cong., Section 71119 (2025)
42, Code of Federal Regulations 435.945(j)
Budget Act of 2026 [SB 111 (Chapter 21, Statutes of 2026)]

Interdependent Policy Changes:
Not Applicable

Background:
Under H.R. 1, counties must comply with provisional requirements, including but not limited to administrative costs for work and community engagement requirements, bi-annual redeterminations for the Affordable Care Act Modified Adjusted Gross Income New Adult Group population, State Fair Hearings & Appeals, and restrictions on immigrant eligibility. This new workload requires additional administrative costs. This policy change includes funding for those additional administrative costs, starting July 1, 2026. The 2026 Budget includes a one-time California Consumer Price Index adjustment in FY 2026-27. The CPI adjustment is currently budgeted in this policy change.

Reason for Change:
This is a new policy change.

Methodology:
1. Assume implementation begins no sooner than July 1, 2026.

2. The estimated costs for FY 2025-26 and FY 2026-27 on a cash basis are:

Fiscal Years	TF	GF	FF
FY 2025-26	**$0**	**$0**	**$0**
FY 2026-27	**$709,001,000**	**$196,759,000**	**$512,242,000**

*Totals may differ due to rounding.

HR 1 - COUNTY ADMINISTRATION ALLOCATION

Funding:
100% GF Title XIX (4260-101-0001)
100% Title XIX FF (4260-101-0891)
50% Title XIX FF / 50% GF (4260-101-0890/0001)
Medicaid Management Information Systems Enhanced Funding identified in the Enhanced Federal Funding policy change

RECONCILIATION - ADMIN

FISCAL REFERENCE NUMBER:2592

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**-$81,100,000**
FEDERAL FUNDS	$0	-$7,700,000
GENERAL FUND	$0	-$7,700,000
OTHER FUNDS	$0	-$65,700,000

Purpose: This policy change reconciles the May 2026 Medi-Cal Estimate.

This adjustment balances the May 2026 Medi-Cal Estimate.

(Dollars in Thousands)

FY 2026-27	TF	GF	FF	SF
Adjustment	**($81,100)**	**($7,700)**	**($7,700)**	**($65,700)**

Funding:
Health Care and Accountability Subfund (4260-601-3443)
50% Title XIX / 50% GF (4260-101-0001/0890)

PROPOSITION 35 FUNDING – CYBHI & BH-CONNECT

FISCAL REFERENCE NUMBER:2593

	FY 2025-26	FY 2026-27
TOTAL IMPACT		
TOTAL FUNDS	**$0**	**$0**
FEDERAL FUNDS	$0	$0
GENERAL FUND	$0	-$65,700,000
OTHER FUNDS	$0	$65,700,000

Purpose:
This policy change estimates the adjustment of funds from the from the Healthcare Oversight & Accountability Subfund (HCO&A) to the General Fund (GF) to support increases in various behavioral health program costs.

Authority:
Protect Access to Health Care Act of 2024 (Proposition 35)

Interdependent Policy Changes:
CalAIM – BH-CONNECT Demonstration Admin
CYBHI – BH Services and Supports Platform

Background:
The Department proposes to use the HCO&A Subfund to support a portion of the non-federal share of costs for the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration and the Children and Youth Behavioral Health (CYBHI) – Behavioral Health (BH) Services and Supports Platform.

These costs are budgeted in the CalAIM – BH-CONNECT Admin and CYBHI – BH Services and Supports Platform policy changes using General Fund as the non-federal share. Because of technical limitations in DHCS's fiscal systems, the non-federal share of Medi-Cal expenditures must be first charged to the General Fund in a "clearing account" capacity before being adjusted to the correct special funding sources. This PC adjusts the applicable costs to the HCO&A Subfund.

These expenditures reflect an expansion of health care benefits, services, workforce, and payments above and beyond those in effect or in existence as of January 1, 2024.

Reason for Change:
This is a new policy change.

Methodology:
1. The amount of General Fund that is adjusted to the Healthcare Oversight & Accountability Subfund is estimated to be:

PROPOSITION 35 FUNDING – CYBHI & BH-CONNECT

(Dollars in Thousands)

FY 2026-27	TF	GF	SF (3443 Fund)
BH-CONNECT Demonstration Admin	$0	($12,600)	$12,600
CYBHI – BH Services and Supports Platform	$0	($53,100)	$53,100
Total	**$0**	**($65,700)**	**$65,700**

Funding:
Healthcare Oversight & Acct. Subfund (4260-601-3443)
100% GF (4260-101-0001)