

FAMILY HEALTH  
MAY 2020  
LOCAL ASSISTANCE ESTIMATE  
*for*  
FISCAL YEARS  
2019-20 *and* 2020-21



The Great Seal

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH  
MAY 2020  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2019-20 and 2020-21**

Fiscal Forecasting Division  
State Department of Health Care Services  
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## Family Health Local Assistance Estimate Management Summary May 2020

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

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

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

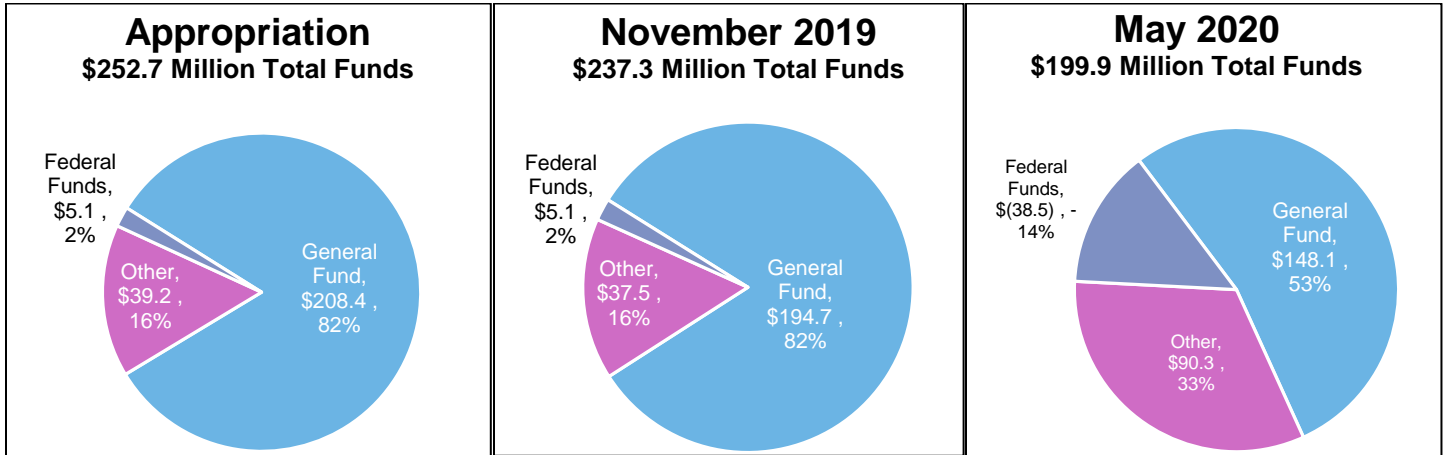
The following is a brief description of each program.

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

Family Health estimated program expenditures are \$199.9 million in FY 2019-20 and \$267.7 million in FY 2020-21. This does not include funds spent by county health departments on these programs.

### FY 2019-20

(Dollars in Millions, Rounded)



The May 2020 Family Health Estimate for FY 2019-20 is \$60.3 million General Fund less than the 2019-20 Budget Appropriation and \$46.6 million less than the November 2019 Estimate.

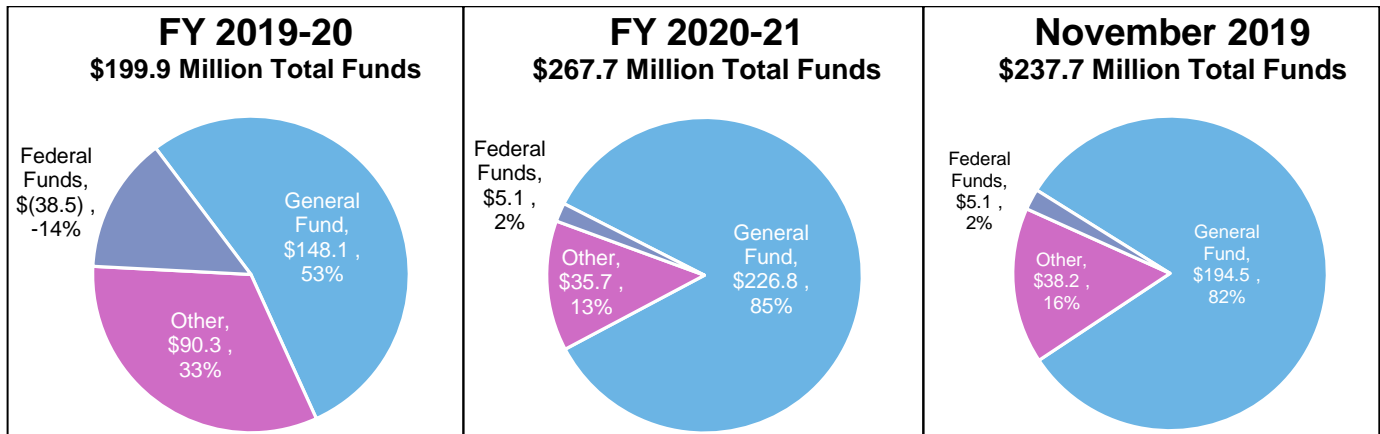
### FY 2019-20 - General Fund

(Dollars in Millions, Rounded)

	May 2020	FY 2019-20 Appropriation	Change from Approp	Nov 2019	Change From Nov 2019
<u>Item 4260-111-0001</u>					
California Children's Services (CCS)	\$ 58.40	\$ 81.15	\$ (22.74)	\$ 76.85	\$ (18.45)
Genetically Handicapped Persons Program (GHPP)	\$ 74.93	\$ 114.32	\$ (39.40)	\$ 102.70	\$ (27.78)
<u>Total Item 4260-111-0001</u>	\$ 133.33	\$ 195.47	\$ (62.14)	\$ 179.56	\$ (46.22)
<u>Item 4260-114-0001</u>					
Every Woman Counts Program (EWC)	\$ 14.75	\$ 12.91	\$ 1.84	\$ 15.12	\$ (0.37)
<u>Total Item 4260-114-0001</u>	\$ 14.75	\$ 12.91	\$ 1.84	\$ 15.12	\$ (0.37)
<b>Total General Fund</b>	\$ 148.08	\$ 208.38	\$ (60.30)	\$ 194.68	\$ (46.60)

### FY 2020-21

(Dollars in Millions, Rounded)



The May 2020 Family Health Estimate for FY 2020-21 is \$32.3 million General Fund higher than the November 2019 Estimate and is projected to increase \$78.7 million between FY 2019-20 and FY 2020-21.

### FY 2020-21 - General Fund

(Dollars in Millions, Rounded)

	May 2020			FY 2020-21	
	FY 2020-21	FY 2019-20	Change from FY 2019-20	Nov 2019	Change from Nov 2019
<u>Item 4260-111-0001</u>					
California Children’s Services (CCS)	\$ 79.58	\$ 58.40	\$ 21.17	\$ 77.65	\$ 1.93
Genetically Handicapped Persons Program (GHPP)	\$ 129.39	\$ 74.93	\$ 54.46	\$ 102.12	\$ 27.27
<u>Total Item 4260-111-0001</u>	\$ 208.97	\$ 133.33	\$ 75.63	\$ 179.76	\$ 29.20
<u>Item 4260-114-0001</u>					
Every Woman Counts Program (EWC)	\$ 17.82	\$ 14.75	\$ 3.07	\$ 14.69	\$ 3.14
<u>Total Item 4260-114-0001</u>	\$ 17.82	\$ 14.75	\$ 3.07	\$ 14.69	\$ 3.14
<b>Total General Fund</b>	\$ 226.79	\$ 148.08	\$ 78.71	\$ 194.45	\$ 32.34

## **CASELOAD**

### **CCS**

CCS State-Only caseload is projected to remain relatively stable with an estimated average quarterly count of approximately 14,300 for FY 2019-20 and 14,400 for FY 2020-21.

### **GHPP**

GHPP State-Only caseload is projected to remain relatively stable with an estimated average quarterly count of 650 for FY 2019-20 and 660 for FY 2020-21.

### **EWC**

EWC caseload is based on average monthly users by date of payment. There is an increase in users from the November Estimate in FY 2019-20 due to reprocessing previously denied claims. The decrease in projected users for FY 2020-21 is estimated absent retroactive reprocessing; both FY 2018-19 and FY 2019-20 include reprocessing of claims.

## **SIGNIFICANT ITEMS**

<i>Dollars in Millions</i>		Change from November 2019		Change from November 2019		Change from FY 2019-20	
		FY 2019-20		FY 2020-21		FY 2020-21	
Name	PC	TF	GF	TF	GF	TF	GF
<b>CCS Non-Blood Factor Rebates</b>	CCS 12	(\$8.6)	(\$8.6)	\$0.6	\$0.6	\$8.6	\$8.6
Rebate collections for the non-Blood Factor drugs in the California Children’s Services (CCS) State-Only program began in October 2019. From the prior estimate, the FY 2019-20 estimate includes increased General Fund (GF) savings based on collections as of April 2020. The current year savings include collections retroactive to July 2006. The change from prior estimate for FY 2020-21 is due to estimating rebate savings in FY 2019-20 and not including GF saving projections in FY 2020-21.							
<b>CCS HF Non-Blood Factor Rebates</b>	CCS 13	(\$55.3)	(\$11.7)	\$0	\$0	\$55.3	\$11.7
Rebate collections for retroactive non-Blood Factor drugs in the California Children’s Services (CCS) Healthy Families (HF) program began in October 2019. This is a new policy change in the May 2020 Estimate for the actual rebate CCS HF non-BF rebates collected as of April 2020. The current year savings include collections from the retroactive period from July 2006 to December 2014. Ongoing GF savings projections are not estimated in FY 2020-21.							

<i>Dollars in Millions</i>		Change from November 2019		Change from November 2019		Change from FY 2019-20	
		FY 2019-20		FY 2020-21		FY 2020-21	
Name	PC	TF	GF	TF	GF	TF	GF
<b>GHPP Base Treatment Expenditures</b>		\$24.5	\$24.5	\$25.1	\$25.1	\$0.6	\$0.6
Estimated base treatment expenditures are higher than the prior estimate due to increased claiming in the latter half of 2019 for high-cost beneficiaries							
<b>GHPP Non-Blood Factor Rebates</b>	GHPP 8	\$0	(\$52.7)	\$0	\$2.4	\$0	\$52.7
Rebate collections for the non-Blood Factor drugs in the Genetically Handicapped Persons Program (GHPP) began in October 2019. From the prior estimate, the FY 2019-20 estimate includes increased General Fund (GF) savings based on collections as of April 2020. The current year savings include collections retroactive to July 2006. The change from prior estimate for FY 2020-21, is due to estimating rebate savings in FY 2019-20 and not including GF saving projections in FY 2020-21.							
<b>MRI and MRI Guided Biopsy Screening Benefits</b>	EWC 7	\$0.1	\$0.1	\$2.7	\$2.7	\$2.6	\$2.6
This is a new policy change to add Magnetic Resonance Imaging (MRI) breast screening and MRI guided biopsies as a payable benefit for the EWC program effective June 1, 2020.							

**Management Summary**

Fiscal Year 2019-20

**Comparison of Appropriation, November 2019, and May 2020 Estimates**

	<b>Appropriation FY 2019-20</b>	<b>Nov. 19 Est. FY 2019-20</b>	<b>May 20 Est. FY 2019-20</b>	<b>Chg Approp - May 20 Est.</b>	<b>Chg Nov. 19 - May 20 Est.</b>
<b><u>California Children's Services</u></b>					
4260-111-0001 (General Fund)	\$ 81,148,000	\$ 76,851,000	\$ 58,404,000	\$ (22,744,000)	\$ (18,447,000)
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 5,453,000	\$ 0	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ (43,603,000)	\$ (43,603,000)	\$ (43,603,000)
County Funds <sup>1</sup>	\$ 86,761,000	\$ 82,357,000	\$ 62,873,000	\$ (23,888,000)	\$ (19,484,000)
<b>TOTAL CCS</b>	<b>\$ 86,601,000</b>	<b>\$ 82,304,000</b>	<b>\$ 20,254,000</b>	<b>\$ (66,347,000)</b>	<b>\$ (62,050,000)</b>
<b><u>Genetically Handicapped Persons Program</u></b>					
4260-111-0001 (General Fund)	\$ 114,323,000	\$ 102,704,000	\$ 74,928,000	\$ (39,395,000)	\$ (27,776,000)
4260-611-0995 (Enrollment Fees)	\$ 463,000	\$ 457,000	\$ 482,000	\$ 19,000	\$ 25,000
4260-601-3079 (Rebates Special Fund)	\$ 10,748,000	\$ 9,100,000	\$ 61,815,000	\$ 51,067,000	\$ 52,715,000
<b>TOTAL GHPP</b>	<b>\$ 125,534,000</b>	<b>\$ 112,261,000</b>	<b>\$ 137,225,000</b>	<b>\$ 11,691,000</b>	<b>\$ 24,964,000</b>
<b><u>Every Woman Counts Program</u></b>					
4260-114-0001 (General Fund)	\$ 12,913,000	\$ 15,122,000	\$ 14,750,000	\$ 1,837,000	\$ (372,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
<b>TOTAL EWC</b>	<b>\$ 40,545,000</b>	<b>\$ 42,754,000</b>	<b>\$ 42,382,000</b>	<b>\$ 1,837,000</b>	<b>\$ (372,000)</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 252,680,000</b>	<b>\$ 237,319,000</b>	<b>\$ 199,861,000</b>	<b>\$ (52,819,000)</b>	<b>\$ (37,458,000)</b>
4260-111-0001*	\$ 195,471,000	\$ 179,555,000	\$ 133,332,000	\$ (62,139,000)	\$ (46,223,000)
4260-111-0890	\$ 0	\$ 0	\$ (43,603,000)	\$ (43,603,000)	\$ (43,603,000)
4260-114-0001	\$ 12,913,000	\$ 15,122,000	\$ 14,750,000	\$ 1,837,000	\$ (372,000)
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
4260-611-0995	\$ 5,916,000	\$ 5,910,000	\$ 5,935,000	\$ 19,000	\$ 25,000
4260-601-3079	\$ 10,748,000	\$ 9,100,000	\$ 61,815,000	\$ 51,067,000	\$ 52,715,000
County Funds <sup>1</sup>	\$ 86,761,000	\$ 82,357,000	\$ 62,873,000	\$ (23,888,000)	\$ (19,484,000)

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

\* As of the November 2018 estimate cycle, projected CHDP expenditures have moved to the Medi-Cal Local Assistance Estimate.



**Management Summary****Fiscal Year 2019-20 Compared to Fiscal Year 2020-21**

	<b>May 20 Est. FY 2019-20</b>	<b>May 20 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
<b><u>California Children's Services</u></b>			
4260-111-0001 (General Fund)	\$ 58,404,000	\$ 79,575,000	\$ 21,171,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ (43,603,000)	\$ 0	\$ 43,603,000
County Funds <sup>1</sup>	\$ 62,873,000	\$ 84,024,000	\$ 21,151,000
<b>TOTAL CCS</b>	<b>\$ 20,254,000</b>	<b>\$ 85,028,000</b>	<b>\$ 64,774,000</b>
<b><u>Genetically Handicapped Persons Program</u></b>			
4260-111-0001 (General Fund)	\$ 74,928,000	\$ 129,390,000	\$ 54,462,000
4260-611-0995 (Enrollment Fees)	\$ 482,000	\$ 482,000	\$ 0
4260-601-3079 (Rebates Special Fund)	\$ 61,815,000	\$ 7,300,000	\$ (54,515,000)
<b>TOTAL GHPP</b>	<b>\$ 137,225,000</b>	<b>\$ 137,172,000</b>	<b>\$ (53,000)</b>
<b><u>Every Woman Counts Program</u></b>			
4260-114-0001 (General Fund)	\$ 14,750,000	\$ 17,823,000	\$ 3,073,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 0
<b>TOTAL EWC</b>	<b>\$ 42,382,000</b>	<b>\$ 45,455,000</b>	<b>\$ 3,073,000</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 199,861,000</b>	<b>\$ 267,655,000</b>	<b>\$ 67,794,000</b>
4260-111-0001*	\$ 133,332,000	\$ 208,965,000	\$ 75,633,000
4260-111-0890	\$ (43,603,000)	\$ 0	\$ 43,603,000
4260-114-0001	\$ 14,750,000	\$ 17,823,000	\$ 3,073,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 0
4260-611-0995	\$ 5,935,000	\$ 5,935,000	\$ 0
4260-601-3079	\$ 61,815,000	\$ 7,300,000	\$ (54,515,000)
County Funds <sup>1</sup>	\$ 62,873,000	\$ 84,024,000	\$ 21,151,000

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

\* As of the November 2018 estimate cycle, projected CHDP expenditures have moved to the Medi-Cal Local Assistance Estimate.

**Management Summary**

Fiscal Year 2020-21

**Comparison of Appropriation, November 2019, and May 2020 Estimates**

	<u>Approp Est. FY 2019-20</u>	<u>Nov. 19 Est. FY 2020-21</u>	<u>May 20 Est. FY 2020-21</u>	<u>Chg Approp - May 20 Est.</u>	<u>Chg Nov. 19 - May 20 Est.</u>
<b><u>California Children's Services</u></b>					
4260-111-0001 (General Fund)	\$ 81,148,000	\$ 77,645,000	\$ 79,575,000	\$ (1,573,000)	\$ 1,930,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 5,453,000	\$ 5,453,000	\$ 5,453,000	\$ 0	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
County Funds <sup>1</sup>	\$ 86,761,000	\$ 83,152,000	\$ 84,024,000	\$ (2,737,000)	\$ 872,000
<b>TOTAL CCS</b>	<b>\$ 86,601,000</b>	<b>\$ 83,098,000</b>	<b>\$ 85,028,000</b>	<b>\$ (1,573,000)</b>	<b>\$ 1,930,000</b>
<b><u>Genetically Handicapped Persons Program</u></b>					
4260-111-0001 (General Fund)	\$ 114,323,000	\$ 102,117,000	\$ 129,390,000	\$ 15,067,000	\$ 27,273,000
4260-611-0995 (Enrollment Fees)	\$ 463,000	\$ 457,000	\$ 482,000	\$ 19,000	\$ 25,000
4260-601-3079 (Rebates Special Fund)	\$ 10,748,000	\$ 9,748,000	\$ 7,300,000	\$ (3,448,000)	\$ (2,448,000)
<b>TOTAL GHPP</b>	<b>\$ 125,534,000</b>	<b>\$ 112,322,000</b>	<b>\$ 137,172,000</b>	<b>\$ 11,638,000</b>	<b>\$ 24,850,000</b>
<b><u>Every Woman Counts Program</u></b>					
4260-114-0001 (General Fund)	\$ 12,913,000	\$ 14,688,000	\$ 17,823,000	\$ 4,910,000	\$ 3,135,000
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
<b>TOTAL EWC</b>	<b>\$ 40,545,000</b>	<b>\$ 42,320,000</b>	<b>\$ 45,455,000</b>	<b>\$ 4,910,000</b>	<b>\$ 3,135,000</b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b>\$ 252,680,000</b>	<b>\$ 237,740,000</b>	<b>\$ 267,655,000</b>	<b>\$ 14,975,000</b>	<b>\$ 29,915,000</b>
4260-111-0001*	\$ 195,471,000	\$ 179,762,000	\$ 208,965,000	\$ 13,494,000	\$ 29,203,000
4260-111-0890	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4260-114-0001	\$ 12,913,000	\$ 14,688,000	\$ 17,823,000	\$ 4,910,000	\$ 3,135,000
4260-114-0009	\$ 7,989,000	\$ 7,989,000	\$ 7,989,000	\$ 0	\$ 0
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 14,515,000	\$ 0	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,128,000	\$ 5,128,000	\$ 0	\$ 0
4260-611-0995	\$ 5,916,000	\$ 5,910,000	\$ 5,935,000	\$ 19,000	\$ 25,000
4260-601-3079	\$ 10,748,000	\$ 9,748,000	\$ 7,300,000	\$ (3,448,000)	\$ (2,448,000)
County Funds <sup>1</sup>	\$ 86,761,000	\$ 83,152,000	\$ 84,024,000	\$ (2,737,000)	\$ 872,000

<sup>1</sup> County Funds are not included in Total Funds. They are shown for display only.

\* As of the November 2018 estimate cycle, projected CHDP expenditures have moved to the Medi-Cal Local Assistance Estimate.

**CALIFORNIA CHILDREN'S SERVICES****Funding Summary****Fiscal Years 2019-20 and 2020-21 Compared to November Estimate****FY 2019-20, May 2020 Estimate Compared to November 2019 Estimate**

	Nov. 2019 Est. FY 2019-20	May 2020 Est. FY 2019-20	Difference Incr./((Decr.))
<b>CCS State-Only Caseload:</b>	14,497	14,306	(191)
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 76,850,500	\$ 58,404,000	\$ (18,446,500)
<b>Total General Fund</b>	<b>\$ 76,850,500</b>	<b>\$ 58,404,000</b>	<b>\$ (18,446,500)</b>
<b>Federal Funds</b>			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ (43,603,000)	\$ (43,603,000)
<b>Total Federal Funds</b>	<b>\$ 5,453,000</b>	<b>\$ (38,150,000)</b>	<b>\$ (43,603,000)</b>
<b>Total Funds</b>	<b>\$ 82,303,500</b>	<b>\$ 20,254,000</b>	<b>\$ (62,049,500)</b>

**FY 2020-21, May 2020 Estimate Compared to November 2019 Estimate**

	Nov. 2019 Est. FY 2020-21	May 2020 Est. FY 2020-21	Difference Incr./((Decr.))
<b>CCS State-Only Caseload:</b>	14,497	14,417	(80)
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 77,644,500	\$ 79,574,500	\$ 1,930,000
<b>Total General Fund</b>	<b>\$ 77,644,500</b>	<b>\$ 79,574,500</b>	<b>\$ 1,930,000</b>
<b>Federal Funds</b>			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
<b>Total Federal Funds</b>	<b>\$ 5,453,000</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>
<b>Total Funds</b>	<b>\$ 83,097,500</b>	<b>\$ 85,027,500</b>	<b>\$ 1,930,000</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21**

	May 2020 Est. FY 2019-20	May 2020 Est. FY 2020-21	Difference Incr./((Decr.))
<b>CCS State-Only Caseload:</b>	14,306	14,417	111
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 58,404,000	\$ 79,574,500	\$ 21,170,500
<b>Total General Fund</b>	<b>\$ 58,404,000</b>	<b>\$ 79,574,500</b>	<b>\$ 21,170,500</b>
<b>Federal Funds</b>			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ (43,603,000)	\$ 0	\$ 43,603,000
<b>Total Federal Funds</b>	<b>\$ (38,150,000)</b>	<b>\$ 5,453,000</b>	<b>\$ 43,603,000</b>
<b>Total Funds</b>	<b>\$ 20,254,000</b>	<b>\$ 85,027,500</b>	<b>\$ 64,773,500</b>

**CALIFORNIA CHILDREN'S SERVICES**  
**Funding Summary**  
**Fiscal Years 2019-20 and 2020-21 Compared to Appropriation**

<b>FY 2019-20, May 2020 Estimate Compared to Appropriation</b>			
	<u>Appropriation FY 2019-20</u>	<u>May 2020 Est. FY 2019-20</u>	<u>Difference Incr./((Decr.)</u>
<b>CCS State-Only Caseload:</b>	14,639	14,306	(333)
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 81,147,900	\$ 58,404,000	\$ (22,743,900)
<b>Total General Fund</b>	<b>\$ 81,147,900</b>	<b>\$ 58,404,000</b>	<b>\$ (22,743,900)</b>
<b>Federal Funds</b>			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ (43,603,000)	\$ (43,603,000)
<b>Total Federal Funds</b>	<b>\$ 5,453,000</b>	<b>\$ (38,150,000)</b>	<b>\$ (43,603,000)</b>
<b>Total Funds</b>	<b>\$ 86,600,900</b>	<b>\$ 20,254,000</b>	<b>\$ (66,346,900)</b>

<b>May 2020 Estimate for FY 2020-21 Compared to FY 2019-20 Appropriation</b>			
	<u>Appropriation FY 2019-20</u>	<u>May 2020 Est. FY 2020-21</u>	<u>Difference Incr./((Decr.)</u>
<b>CCS State-Only Caseload:</b>	14,639	14,417	(222)
<b>4260-111-0001 (General Fund)</b>			
State Only General Fund (4260-111-0001)	\$ 81,147,900	\$ 79,574,500	\$ (1,573,400)
<b>Total General Fund</b>	<b>\$ 81,147,900</b>	<b>\$ 79,574,500</b>	<b>\$ (1,573,400)</b>
<b>Federal Funds</b>			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 5,453,000	\$ 5,453,000	\$ 0
4260-111-0890 (Federal Title XXI)	\$ 0	\$ 0	\$ 0
<b>Total Federal Funds</b>	<b>\$ 5,453,000</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>
<b>Total Funds</b>	<b>\$ 86,600,900</b>	<b>\$ 85,027,500</b>	<b>\$ (1,573,400)</b>

**CALIFORNIA CHILDREN'S SERVICES**  
**Fiscal Year 2019-20**  
**Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
<b>A. State Only Services</b>					
<b>1. Treatment Costs</b>					
Treatment Base 1/	5,018,000	5,018,000	-	-	4,518,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	<u>400,000</u>	<u>400,000</u>	-	-	<u>(400,000)</u>
<b>Total Treatment Base</b>	5,543,000	5,543,000	-	-	3,993,000
<b>2. Therapy Costs</b>					
Therapy Base	69,414,000	69,414,000	-	-	69,415,000
MTU Medi-Cal Offset 4/	(4,403,000)	(4,403,000)	-	-	(1,468,000)
AB3632 5/	<u>1,054,000</u>	<u>1,054,000</u>	-	-	<u>(1,054,000)</u>
<b>Total Therapy Base</b>	66,065,000	66,065,000	-	-	66,893,000
<b>3. Enroll/Assess Fees</b>	(52,000)	(52,000)	-	-	(52,000)
<b>4. Benefits Policy Changes</b>	<u>(63,972,000)</u>	<u>(20,369,000)</u>	-	(43,603,000)	<u>(20,369,000)</u>
	<b>\$ 7,584,000</b>	<b>\$ 51,187,000</b>	<b>\$ 0</b>	<b>\$ (43,603,000)</b>	<b>\$ 50,465,000</b>
<b>B. State Only Admin.</b>					
1. County Admin.	12,408,000	6,955,000	5,453,000	-	12,408,000
2. Fiscal Inter.	70,000	70,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	<u>191,000</u>	<u>191,000</u>	-	-	-
	<b>\$ 12,670,000</b>	<b>\$ 7,217,000</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>	<b>\$ 12,408,000</b>
<b>Total CCS State Only</b>	<b>\$ 20,254,000</b>	<b>\$ 58,404,000</b>	<b>\$ 5,453,000</b>	<b>\$ (43,603,000)</b>	<b>\$ 62,873,000</b>
<b>GRAND TOTAL</b>	<b>\$ 20,254,000</b>	<b>\$ 58,404,000</b>	<b>\$ 5,453,000</b>	<b>\$ (43,603,000)</b>	<b>\$ 62,873,000</b>

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

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

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

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

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

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

**CALIFORNIA CHILDREN'S SERVICES**  
**Fiscal Year 2020-21**  
**Funding Sources By Program**

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XXI</u>	<u>County Funds</u>
<b>A. State Only Services</b>					
<b>1. Treatment Costs</b>					
Treatment Base 1/	5,426,000	5,426,000	-	-	4,926,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	(125,000)
Small County Adj. 3/	<u>400,000</u>	<u>400,000</u>	-	-	<u>(400,000)</u>
<b>Total Treatment Base</b>	5,951,000	5,951,000	-	-	4,401,000
<b>2. Therapy Costs</b>					
Therapy Base	69,715,000	69,715,000	-	-	69,714,000
MTU Medi-Cal Offset 4/	(4,346,000)	(4,346,000)	-	-	(1,449,000)
AB3632 5/	<u>1,054,000</u>	<u>1,054,000</u>	-	-	<u>(1,054,000)</u>
<b>Total Therapy Base</b>	66,423,000	66,423,000	-	-	67,211,000
<b>3. Enroll/Assess Fees</b>	(52,000)	(52,000)	-	-	(52,000)
<b>4. Benefits Policy Changes</b>	<u>(41,000)</u>	<u>(41,000)</u>	-	-	<u>(41,000)</u>
	<b>\$ 72,281,000</b>	<b>\$ 72,281,000</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 71,519,000</b>
<b>B. State Only Admin.</b>					
1. County Admin.	12,504,500	7,051,500	5,453,000	-	12,504,500
2. Fiscal Inter.	49,000	49,000	-	-	-
3. FI Dental	1,000	1,000	-	-	-
4. CMS Net	<u>192,000</u>	<u>192,000</u>	-	-	-
	<b>\$ 12,746,500</b>	<b>\$ 7,293,500</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>	<b>\$ 12,504,500</b>
<b>Total CCS State Only</b>	<b>\$ 85,027,500</b>	<b>\$ 79,574,500</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>	<b>\$ 84,023,500</b>
<b>GRAND TOTAL</b>	<b>\$ 85,027,500</b>	<b>\$ 79,574,500</b>	<b>\$ 5,453,000</b>	<b>\$ 0</b>	<b>\$ 84,023,500</b>

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

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

**CALIFORNIA CHILDREN'S SERVICES**  
**Program Requirements, Total Funds**  
**Fiscal Year 2019-20**

**May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	Nov. 2019 Est. FY 2019-20	May 2020 Est. FY 2019-20	Difference Incr./ (Decr.)
<b>A. Total CCS State Only Services</b>	<b><u>\$ 69,684,500</u></b>	<b><u>\$ 7,584,000</u></b>	<b><u>\$ (62,100,500)</u></b>
1. Treatment Services	5,760,000	5,543,000	(217,000)
2. Medical Therapy Program	64,022,000	66,065,000	2,043,000
3. Benefits Policy Changes	(45,000)	(63,972,000)	(63,927,000)
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	12,408,000	12,408,000	-
2. Fiscal Intermediary	211,000	262,000	51,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 82,303,500</u></b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ (62,049,500)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 82,303,500</u></b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ (62,049,500)</u></b>

**CALIFORNIA CHILDREN'S SERVICES**  
**Program Requirements, General Fund and Federal Funds**  
**Fiscal Year 2019-20**

**May 2020 Estimate Compared to November 2019 Estimate, General Fund**

	Nov. 2019 Est. FY 2019-20	May 2020 Est. FY 2019-20	Difference Incr./(Decr.)
<b>A. Total CCS State Only Services</b>	<b><u>\$ 69,684,500</u></b>	<b><u>\$ 51,187,000</u></b>	<b><u>\$ (18,497,500)</u></b>
1. Treatment Services	5,760,000	5,543,000	(217,000)
2. Medical Therapy Program	64,022,000	66,065,000	2,043,000
3. Benefits Policy Changes	(45,000)	(20,369,000)	(20,324,000)
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	6,955,000	6,955,000	-
2. Fiscal Intermediary	211,000	262,000	51,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 76,850,500</u></b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ (18,446,500)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 76,850,500</u></b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ (18,446,500)</u></b>

**May 2020 Estimate Compared to November 2019 Estimate, Federal Funds**

	Nov. 2019 Est. FY 2019-20	May 2020 Est. FY 2019-20	Difference Incr./(Decr.)
<b>A. Total CCS Services</b>	<b><u>\$ 0</u></b>	<b><u>\$ (43,603,000)</u></b>	<b><u>\$ (43,603,000)</u></b>
1. Benefits Policy Changes	-	(43,603,000)	(43,603,000)
<b>B. CCS State-Only Administration</b>			
1. County Administration	5,453,000	5,453,000	-
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 5,453,000</u></b>	<b><u>\$ (38,150,000)</u></b>	<b><u>\$ (43,603,000)</u></b>



**CALIFORNIA CHILDREN'S SERVICES****Program Requirements, Total Funds****Fiscal Year 2019-20****May 2020 Estimate Compared to Appropriation, Total Funds**

	<b>Appropriation</b>	<b>May 2020 Est.</b>	<b>Difference</b>
	<b>FY 2019-20</b>	<b>FY 2019-20</b>	<b>Incr./ (Decr.)</b>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 75,133,400</u></b>	<b><u>\$ 7,584,000</u></b>	<b><u>\$ (67,549,400)</u></b>
1. Treatment Services	6,830,000	5,543,000	(1,287,000)
2. Medical Therapy Program	63,644,000	66,065,000	2,421,000
3. Benefits Policy Changes	4,711,900	(63,972,000)	(68,683,900)
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	11,256,500	12,408,000	1,151,500
2. Fiscal Intermediary	211,000	262,000	51,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 86,600,900</u></b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ (66,346,900)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 86,600,900</u></b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ (66,346,900)</u></b>

**CALIFORNIA CHILDREN'S SERVICES**  
**Program Requirements, General Fund and Federal Funds**  
**Fiscal Year 2019-20**

**May 2020 Estimate Compared to Appropriation, General Fund**

	Appropriation	May 2020 Est.	Difference
	FY 2019-20	FY 2019-20	Incr./.(Decr.)
<b>A. Total CCS State Only Services</b>	<b><u>\$ 75,133,400</u></b>	<b><u>\$ 51,187,000</u></b>	<b><u>\$ (23,946,400)</u></b>
1. Treatment Services	6,830,000	5,543,000	(1,287,000)
2. Medical Therapy Program	63,644,000	66,065,000	2,421,000
3. Benefits Policy Changes	4,711,900	(20,369,000)	(25,080,900)
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	5,803,500	6,955,000	1,151,500
2. Fiscal Intermediary	211,000	262,000	51,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 81,147,900</u></b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ (22,743,900)</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 81,147,900</u></b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ (22,743,900)</u></b>

**May 2020 Estimate Compared to Appropriation, Federal Funds**

	Appropriation	May 2020 Est.	Difference
	FY 2019-20	FY 2019-20	Incr./.(Decr.)
<b>A. Total CCS Services</b>	<b><u>\$ 0</u></b>	<b><u>\$ (43,603,000)</u></b>	<b><u>\$ (43,603,000)</u></b>
1. Benefits Policy Changes	-	(43,603,000)	(43,603,000)
<b>B. CCS State-Only Administration</b>			
1. County Administration	5,453,000	5,453,000	-
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 5,453,000</u></b>	<b><u>\$ (38,150,000)</u></b>	<b><u>\$ (43,603,000)</u></b>

**CALIFORNIA CHILDREN'S SERVICES****Program Requirements, Total Funds****Fiscal Year 2020-21****May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	<b>Nov. 2019 Est. FY 2020-21</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 70,478,500</u></b>	<b><u>\$ 72,281,000</u></b>	<b><u>\$ 1,802,500</u></b>
1. Treatment Services	5,760,000	5,951,000	191,000
2. Medical Therapy Program	65,388,000	66,423,000	1,035,000
3. Benefits Policy Changes	(617,000)	(41,000)	576,000
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	12,408,000	12,504,500	96,500
2. Fiscal Intermediary	<u>211,000</u>	<u>242,000</u>	<u>31,000</u>
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b>\$ 83,097,500</b>	<b>\$ 85,027,500</b>	<b>\$ 1,930,000</b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 83,097,500</u></b>	<b><u>\$ 85,027,500</u></b>	<b><u>\$ 1,930,000</u></b>

**CALIFORNIA CHILDREN'S SERVICES**  
**Program Requirements, General Fund and Federal Funds**  
**Fiscal Year 2020-21**

**May 2020 Estimate Compared to November 2019 Estimate, General Fund**

	Nov. 2019 Est. FY 2020-21	May 2020 Est. FY 2020-21	Difference Incr./.(Decr.)
<b>A. Total CCS State Only Services</b>	<b><u>\$ 70,478,500</u></b>	<b><u>\$ 72,281,000</u></b>	<b><u>\$ 1,802,500</u></b>
1. Treatment Services	5,760,000	5,951,000	191,000
2. Medical Therapy Program	65,388,000	66,423,000	1,035,000
3. Benefits Policy Changes	(617,000)	(41,000)	576,000
4. Enroll/Assessment Fees	(52,500)	(52,000)	500
<b>B. CCS Administration</b>			
1. County Administration	6,955,000	7,051,500	96,500
2. Fiscal Intermediary	211,000	242,000	31,000
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 77,644,500</u></b>	<b><u>\$ 79,574,500</u></b>	<b><u>\$ 1,930,000</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 77,644,500</u></b>	<b><u>\$ 79,574,500</u></b>	<b><u>\$ 1,930,000</u></b>

**May 2020 Estimate Compared to November 2019 Estimate, Federal Funds**

	Nov. 2019 Est. FY 2020-21	May 2020 Est. FY 2020-21	Difference Incr./.(Decr.)
<b>A. Total CCS Services</b>	<b><u>\$ 0</u></b>	<b><u>\$ 0</u></b>	<b><u>\$ 0</u></b>
1. Benefits Policy Changes	-	-	-
<b>B. CCS State Only Administration</b>			
1. County Administration	5,453,000	5,453,000	-
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 5,453,000</u></b>	<b><u>\$ 5,453,000</u></b>	<b><u>\$ 0</u></b>

**CALIFORNIA CHILDREN'S SERVICES****Program Requirements, Total Funds  
Budget Year Compared to Current Year****May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds**

	May 2020 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./.(Decr.)</u>
<b>A. Total CCS State Only Services</b>	<b><u>\$ 7,584,000</u></b>	<b><u>\$ 72,281,000</u></b>	<b><u>\$ 64,697,000</u></b>
1. Treatment Services	5,543,000	5,951,000	408,000
2. Medical Therapy Program	66,065,000	66,423,000	358,000
3. Benefits Policy Changes	(63,972,000)	(41,000)	63,931,000
4. Enroll/Assessment Fees	(52,000)	(52,000)	-
<b>B. CCS Administration</b>			
1. County Administration	12,408,000	12,504,500	96,500
2. Fiscal Intermediary	262,000	242,000	(20,000)
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ 85,027,500</u></b>	<b><u>\$ 64,773,500</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 20,254,000</u></b>	<b><u>\$ 85,027,500</u></b>	<b><u>\$ 64,773,500</u></b>

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

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund**

	May 2020 Est. FY 2019-20	May 2020 Est. FY 2020-21	Difference Incr./(Decr.)
<b>A. Total CCS State Only Services</b>	<b><u>\$ 51,187,000</u></b>	<b><u>\$ 72,281,000</u></b>	<b><u>\$ 21,094,000</u></b>
1. Treatment Services	5,543,000	5,951,000	408,000
2. Medical Therapy Program	66,065,000	66,423,000	358,000
3. Benefits Policy Changes	(20,369,000)	(41,000)	20,328,000
4. Enroll/Assessment Fees	(52,000)	(52,000)	-
<b>B. CCS Administration</b>			
1. County Administration	6,955,000	7,051,500	96,500
2. Fiscal Intermediary	262,000	242,000	(20,000)
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ 79,574,500</u></b>	<b><u>\$ 21,170,500</u></b>
<b>TOTAL CCS PROGRAM</b>	<b><u>\$ 58,404,000</u></b>	<b><u>\$ 79,574,500</u></b>	<b><u>\$ 21,170,500</u></b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, Federal Funds**

	May 2020 Est. FY 2019-20	May 2020 Est. FY 2020-21	Difference Incr./(Decr.)
<b>A. Total CCS Services</b>	<b><u>\$ (43,603,000)</u></b>	<b><u>\$ 0</u></b>	<b><u>\$ 43,603,000</u></b>
1. Benefits Policy Changes	(43,603,000)	-	43,603,000
<b>B. CCS State Only Administration</b>			
1. County Administration	5,453,000	5,453,000	-
<b>TOTAL CCS STATE ONLY PROGRAM</b>	<b><u>\$ (38,150,000)</u></b>	<b><u>\$ 5,453,000</u></b>	<b><u>\$ 43,603,000</u></b>

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

Fiscal Year 2019-20, Comparison of May 2020 and November 2019 Estimates								
<b>POLICY CHG.</b>			NOVEMBER 2019 ESTIMATE		MAY 2020 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
<b>TYPE</b>	<b>NO.</b>	<b>DESCRIPTION</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>
<b>CCS STATE ONLY</b>								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$52,500	-\$52,500	-\$52,000	-\$52,000	\$500	\$500
Co. Admin.	2	COUNTY ADMIN. COSTS	\$12,408,000	\$12,408,000	\$12,408,000	\$12,408,000	\$0	\$0
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$20,000	\$20,000	\$70,000	\$70,000	\$50,000	\$50,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$190,000	\$190,000	\$191,000	\$191,000	\$1,000	\$1,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$45,000	-\$45,000	-\$45,000	-\$45,000	\$0	\$0
Benefits	12	CCS NON-BLOOD FACTOR REBATES	\$0	\$0	-\$8,585,000	-\$8,585,000	-\$8,585,000	-\$8,585,000
Benefits	13	CCS HF NON-BLOOD FACTOR REBATES	\$0	\$0	-\$55,342,000	-\$11,739,000	-\$55,342,000	-\$11,739,000
<b>CCS TOTAL</b>			<b><u>\$12,521,500</u></b>	<b><u>\$7,068,500</u></b>	<b><u>-\$51,354,000</u></b>	<b><u>-\$13,204,000</u></b>	<b><u>-\$63,875,500</u></b>	<b><u>-\$20,272,500</u></b>

<sup>1</sup> Funds are referenced separately in the CCS Funding Sources pages.

\* Dollars shown include payment lag and percent in base.

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

Fiscal Year 2020-21, Comparison of May 2020 and November 2019 Estimates								
<u>POLICY CHG.</u>			NOVEMBER 2019 ESTIMATE		MAY 2020 ESTIMATE		DIFFERENCE, Incr./(Decr.)	
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS
<b>CCS STATE ONLY</b>								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$52,500	-\$52,500	-\$52,000	-\$52,000	\$500	\$500
Co. Admin.	2	COUNTY ADMIN. COSTS	\$12,408,000	\$12,408,000	\$12,504,500	\$12,504,500	\$96,500	\$96,500
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$20,000	\$20,000	\$49,000	\$49,000	\$29,000	\$29,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$190,000	\$190,000	\$192,000	\$192,000	\$2,000	\$2,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$5,453,000	\$0	-\$5,453,000	\$0	\$0
Benefits	7	CCS DRUG REBATES	-\$41,000	-\$41,000	-\$41,000	-\$41,000	\$0	\$0
Benefits	12	CCS NON-BLOOD FACTOR REBATES	-\$576,000	-\$576,000	\$0	\$0	\$576,000	\$576,000
Benefits	13	CCS HF NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
<b>CCS TOTAL</b>			<b><u>\$11,949,500</u></b>	<b><u>\$6,496,500</u></b>	<b><u>\$12,653,500</u></b>	<b><u>\$7,200,500</u></b>	<b><u>\$704,000</u></b>	<b><u>\$704,000</u></b>

<sup>1</sup> Funds are referenced separately in the CCS Funding Sources pages.

\* Dollars shown include payment lag and percent in base.



**ENROLLMENT AND ASSESSMENT FEES**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 7/1994  
**ANALYST:** Stephanie Hockman

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	-\$52,000	-\$52,000
	- GENERAL FUND	-\$52,000	-\$52,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	-\$52,000	-\$52,000
	- GENERAL FUND	-\$52,000	-\$52,000
	- COUNTY FUNDS	-\$52,000	-\$52,000

**Purpose:**

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

**Authority:**

Health & Safety Code 123870 and 123900

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

**Reason for Change:**

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

**Methodology:**

1. Enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2010 - June 2019.

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
Enrollment Fees:	\$94,000	\$94,000
Assessment Fees:	\$10,000	\$10,000
<b>Total:</b>	<b>\$104,000 (\$52,000 GF Offset)</b>	<b>\$104,000 (\$52,000 GF Offset)</b>

**Funding:**

General Fund (4260-111-0001)

County Funds\*

\* Not Included in Total Funds

**COUNTY ADMIN. COSTS**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Stephanie Hockman

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$12,408,000	\$12,504,500
	<b>- GENERAL FUND</b>	\$12,408,000	\$12,504,500
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$12,408,000	\$12,504,500
	<b>- GENERAL FUND</b>	\$12,408,000	\$12,504,500
	<b>- COUNTY FUNDS</b>	\$12,408,000	\$12,504,500

**Purpose:**

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

**Authority:**

Health & Safety Code 123955(a)(e)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

**Reason for Change:**

Estimated expenditures are based on prior year reported costs. There is no significant change from the prior estimate or between fiscal years in the current estimate.

**Methodology:**

1. For FY 2019-20, the CCS State Only base county administration reimbursement level is based on budgeted county expenditures for FY 2019-20.

**FY 2019-20: \$24,816,000 (\$12,408,000 GF) (Includes County Funds)**

2. FY 2020-21 is calculated based on the change in caseload between fiscal years in the May 2020 Family Health Estimate. CCS State-Only caseload is expected to increase from 14,306 in FY 2019-20 to 14,417 in FY 2020-21.

**FY 2020-21: \$25,009,000 (\$12,504,500 GF) (Includes County Funds)**

**Funding:**

General Fund (4260-111-0001)

County Funds\*

**FISCAL INTERMEDIARY EXPENDITURES**

**POLICY CHANGE NUMBER:** 3  
**IMPLEMENTATION DATE:** 7/1993  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$70,000	\$49,000
	- GENERAL FUND	\$70,000	\$49,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$70,000	\$49,000
	- GENERAL FUND	\$70,000	\$49,000

**Purpose:**

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

**Authority:**

Health & Safety Code 123822

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The CCS program utilizes FIs to adjudicate and pay medical claims. Effective October 1, 2019, the DXC Technology Services (DXC) and IBM contractors began processing medical claims. The former FI, Conduent, has some expenditures in FY 2019-20 due to transition timing.

**Reason for Change:**

There is an increase for FY 2019-20 and FY 2020-21, from the prior estimate, due to an estimated increase FI expenditures resulting from including the two new contractors, DXC and IBM. There is a decrease from FY 2019-20 to FY 2020-21, in the current estimate, due to a decrease in the estimated FI expenditures resulting from Conduent costs concluding in FY 2019-20.

**Methodology:**

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are:

<b>Contractors</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Conduent	\$40,000	\$0
DXC and IBM	\$30,000	\$49,000
<b>Total</b>	<b>\$70,000</b>	<b>\$49,000</b>

**Funding:**

100% General Fund (4260-111-0001)

**DENTAL ADMIN. EXPENDITURES**

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$1,000</b>	<b>\$1,000</b>
	<b>- GENERAL FUND</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$1,000</b>	<b>\$1,000</b>
	<b>- GENERAL FUND</b>	<b>\$1,000</b>	<b>\$1,000</b>

**Purpose:**

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

**Authority:**

Health & Safety Code 123822

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

**Reason for Change:**

There is no change from the prior estimate, for FY 2019-20. There is no change from the prior estimate, for FY 2020-21. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. The 2016 DXC FI contractor rates for scanning ACL and TAR documents are \$0.28 in FY 2019-20 and \$0.27 in FY 2020-21.
2. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates in FY 2019-20 are \$0.16 and \$4.95, respectively.

3. The 2016 ASO contractor CCS State Only dental ACL & TAR adjudicating rates for FY 2020-21 are \$0.16 and \$4.95, respectively.

FI - FY 2019-20	Estimated Claims	Rates	Partial Year Expenditure
ACLs	250	\$ 0.28	\$ 70
TARs	28	\$ 0.28	\$ 8
			\$ 100

ASO - FY 2019-20	Estimated Claims	Rates	Partial Year Expenditure
ACLs	868	\$ 0.16	\$ 139
TARs	28	\$ 4.95	\$ 139
			\$ 300

**Total FY 2019-20** \$ 1,000 GF

FI - FY 2020-21	Estimated Claims	Rates	Estimated Expenditure
ACLs	250	\$ 0.27	\$ 68
TARs	28	\$ 0.27	\$ 8
			\$ 100

ASO - FY 2020-21	Estimated Documents	Rates	Estimated Expenditure
ACLs	868	\$ 0.16	\$ 139
TARs	28	\$ 4.95	\$ 139
			\$ 300

**Total FY 2020-21** \$ 1,000 GF

**Funding:**

100% GF (4260-111-0001)



**CMS NET**

**POLICY CHANGE NUMBER:** 5  
**IMPLEMENTATION DATE:** 7/2004  
**ANALYST:** Stephanie Hockman

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		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$191,000</b>	<b>\$192,000</b>
	<b>- GENERAL FUND</b>	<b>\$191,000</b>	<b>\$192,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$191,000</b>	<b>\$192,000</b>
	<b>- GENERAL FUND</b>	<b>\$191,000</b>	<b>\$192,000</b>

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**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

**Reason for Change:**

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

**Methodology:**

1. CMS Net costs are allocated to the CCS programmatic caseload, based on caseload distribution (CCS State-Only vs. CCS Medi-Cal) as a percentage of the overall CCS caseload.

2. CMS Net system costs for FY 2019-20 are estimated to be \$2,504,000. FY 2020-21 costs are estimated to be \$2,522,000.
3. Based on estimated FY 2019-20 and FY 2020-21 caseload counts, costs for CMS Net are projected to be split:

	<b>FY 2019-20</b>			<b>CMS Net</b>
	<b><u>Caseload</u></b>	<b><u>Percentage</u></b>		<b><u>Allocation</u></b>
CCS State-Only	14,306	7.8%	\$	<b>191,000</b>
CCS Medi-Cal*	168,087	92.2%	\$	2,313,000
Total	182,393	100%	\$	2,504,000

	<b>FY 2020-21</b>			<b>CMS Net</b>
	<b><u>Caseload</u></b>	<b><u>Percentage</u></b>		<b><u>Allocation</u></b>
CCS State-Only	14,417	7.9%	\$	<b>192,000</b>
CCS Medi-Cal*	168,128	92.1%	\$	2,330,000
Total	182,545	100%	\$	2,522,000

\*Allocation includes additional hardware and ongoing costs to integrate the Medi-Cal Whole Child Model Medi-Cal managed care plans into CMS Net.

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

**Funding:**

100% General Fund (4260-111-0001)

**TITLE V REIMBURSEMENT FROM CDPH**

**POLICY CHANGE NUMBER:** 6  
**IMPLEMENTATION DATE:** 7/2007  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$5,453,000	-\$5,453,000
	- FEDERAL FUNDS TITLE V	\$5,453,000	\$5,453,000

**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

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

**Reason for Change:**

There is no change for FY 2019-20 and FY 2020-21 from the prior estimate. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. For FY 2019-20 and FY 2020-21, the amount expected to be received is \$5,453,000.

**Funding:**

CDPH Title V Reimbursement (4260-601-0995)

100% General Fund (4260-111-0001)

**CCS DRUG REBATES**

**POLICY CHANGE NUMBER:** 7  
**IMPLEMENTATION DATE:** 7/2011  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	-\$45,000	-\$41,000
	- GENERAL FUND	-\$45,000	-\$41,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	-\$45,000	-\$41,000
	- GENERAL FUND	-\$45,000	-\$41,000
	- COUNTY FUNDS	-\$45,000	-\$41,000

**Purpose:**

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

**Authority:**

SB 1100 (Chapter 560, Statutes of 2005)  
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)  
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)  
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, Medi-Cal 2020, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled CCS to participate in the Medi-Cal blood factor drug rebates.

**Reason for Change:**

There is no change for FY 2019-20 and FY 2020-21 from the previous estimate. The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to the continued trending of fewer rebates.

**Methodology:**

1. Rebate projections for FY 2019-20 and FY 2020-21 are based on actual collections during FY 2017-18 and FY 2018-19.
2. Assume \$45,000 will be collected in FY 2019-20.
3. For FY 2020-21, assume a continuance of an overall declining trend of collected rebates is applied to the estimated amount for FY 2019-20.
4. CCS drug rebate collections, for FY 2019-20 and FY 2020-21, are estimated to be:

<b>Fiscal Year</b>	<b>TF</b>	<b>GF</b>	<b>CF*</b>
<b>FY 2019-20</b>	<b>(\$45,000)</b>	<b>(\$45,000)</b>	<b>(\$45,000)</b>
<b>FY 2020-21</b>	<b>(\$41,000)</b>	<b>(\$41,000)</b>	<b>(\$41,000)</b>

**Funding:**

Children's Medical Services Rebates Fund (4260-601-3079)  
 100% General Fund (4260-101-0001)  
 County Funds\*

\*Not Included in Total Fund

**CCS NON-BLOOD FACTOR REBATES**

**POLICY CHANGE NUMBER:** 12  
**IMPLEMENTATION DATE:** 10/2019  
**ANALYST:** Autumn Recce

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$8,585,000</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$8,585,000</b>	<b>\$0</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>0.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$8,585,000</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$8,585,000</b>	<b>\$0</b>
	<b>- COUNTY FUNDS</b>	<b>-\$8,585,000</b>	<b>\$0</b>

**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department began collecting non-BF rebates for the CCS State-Only Program in October 2019 and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4 . On-going non-BF rebates are invoiced quarterly.

**Reason for Change:**

The change from the prior estimate for FY 2019-20 and FY 2020-21 is due to estimating savings based on actual collections in FY 2019-20 instead of estimated savings in FY 2020-21.

The change from FY 2019-20 to FY 2020-21 in the current estimate, is due to estimating the savings impact occurring in FY 2019-20.

**Methodology:**

1. \$8,371,000 TF has been collected for retroactive CCS State-Only non-BF rebates as of April 2020.
2. \$214,000 TF has been collected for rebates invoiced in FY 2019-20 Q1 as of April 2020.
3. CCS State-Only non-BF drug rebate collections for FY 2019-20 are estimated to be:

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>CF*</b>
CCS Retroactive Non-BF Rebates	(\$8,371,000)	(\$8,371,000)	(\$8,371,000)
CCS FY 2019-20 Q1 Non-BF Rebates	(\$214,000)	(\$214,000)	(\$214,000)
<b>Total</b>	<b>(\$8,585,000)</b>	<b>(\$8,585,000)</b>	<b>(\$8,585,000)</b>

**Funding:**

Children's Medical Services Rebates Fund (4260-601-3079)  
 100% General Fund (4260-101-0001)  
 County Funds\*

\*Not Included in Total Fund



**CCS HF NON-BLOOD FACTOR REBATES**

**POLICY CHANGE NUMBER:** 13  
**IMPLEMENTATION DATE:** 10/2019  
**ANALYST:** Autumn Recce

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$55,342,000</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$11,739,000</b>	<b>\$0</b>
	<b>- FEDERAL TITLE XXI</b>	<b>-\$43,603,000</b>	<b>\$0</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>0.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$55,342,000</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$11,739,000</b>	<b>\$0</b>
	<b>- FEDERAL FUNDS</b>	<b>-\$43,603,000</b>	<b>\$0</b>
	<b>- COUNTY FUNDS</b>	<b>-\$11,739,000</b>	<b>\$0</b>

**Purpose**

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

**Authority**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department began the collection of non-BF rebates for the CCS HF Program in October 2019. Invoices were issued for the retroactive time period of FY 2006-07 Q1 through FY 2014-15 Q2.

**Reason for Change:**

This is a new policy change

**Methodology:**

1. \$67,081,000 TF CCS HF retroactive rebates were collected through April 2020.
2. CCS HF non-BF drug rebate savings for FY 2019-20 are estimated to be:

<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>	<b>CF*</b>
CCS HF Non-Blood Factor Rebates	<b>(\$55,342,000)</b>	<b>(\$11,739,000)</b>	<b>(\$43,603,000)</b>	<b>(\$11,739,000)</b>

**Funding:**

100% General Fund (4260-111-0001)

100% Title XXI FFP (4260-111-0890)

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

County Funds\*

\*Not Included in Total Fund

**CALIFORNIA CHILDREN'S SERVICES**  
**Total Average Quarterly Caseload by Program**

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

<u>All Counties</u>	<u>Fiscal Year 2018-19<sup>1</sup></u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS State Only	14,603	14,306	14,417	0.78%
<b>SUBTOTAL</b>	<b>14,603</b>	<b>14,306</b>	<b>14,417</b>	<b>0.78%</b>

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

<u>All Counties</u>	<u>Fiscal Year 2018-19<sup>1</sup></u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS Medi-Cal <sup>2</sup>	171,269	168,087	168,128	0.02%
<b>SUBTOTAL</b>	<b>171,269</b>	<b>168,087</b>	<b>168,128</b>	<b>0.02%</b>

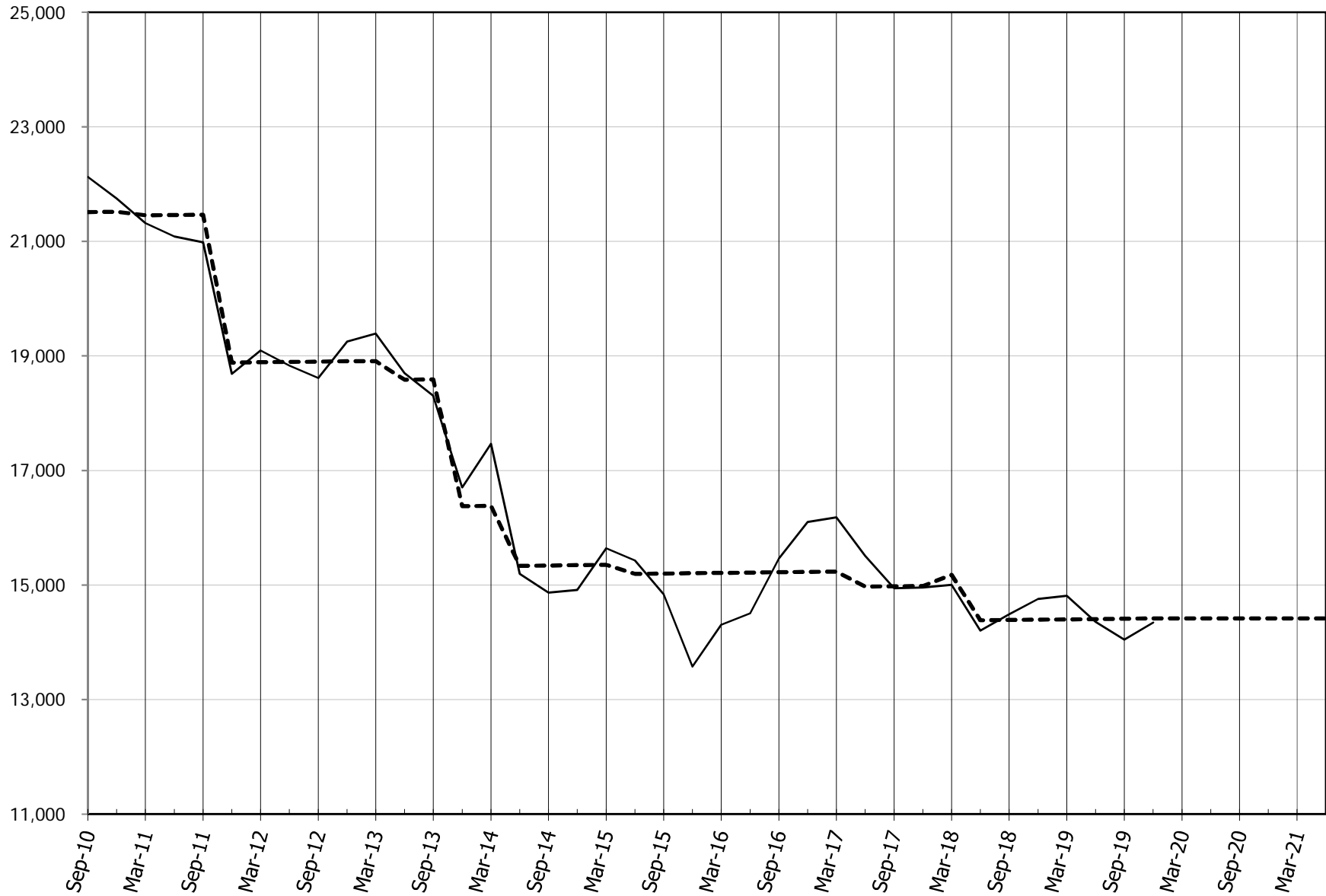
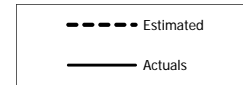
**Total Caseload  
(CCS State Only and CCS Medi-Cal)**

<u>All Counties</u>	<u>Fiscal Year 2018-19<sup>1</sup></u>	<u>Fiscal Year 2019-20</u>	<u>Fiscal Year 2020-21</u>	<u>FY 2019-20 - FY 2020-21 % Change</u>
CCS State Only	14,603	14,306	14,417	0.78%
CCS Medi-Cal	171,269	168,087	168,128	0.02%
<b>TOTAL</b>	<b>185,872</b>	<b>182,393</b>	<b>182,545</b>	<b>0.08%</b>

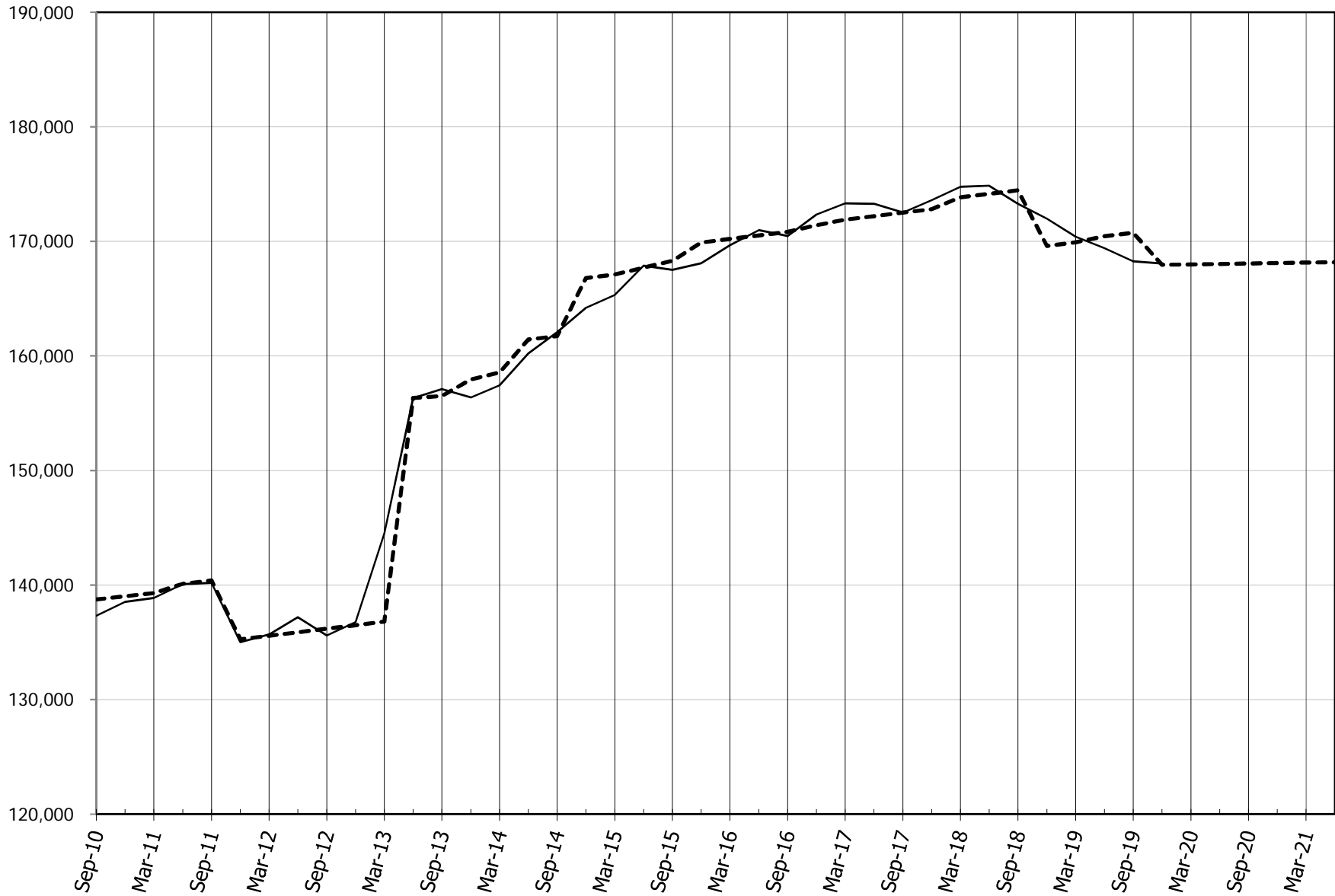
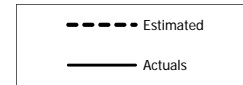
<sup>1</sup> Actual caseload.

<sup>2</sup> CCS Medi-Cal includes beneficiaries eligible through the Medi-Cal OTLICP Program.

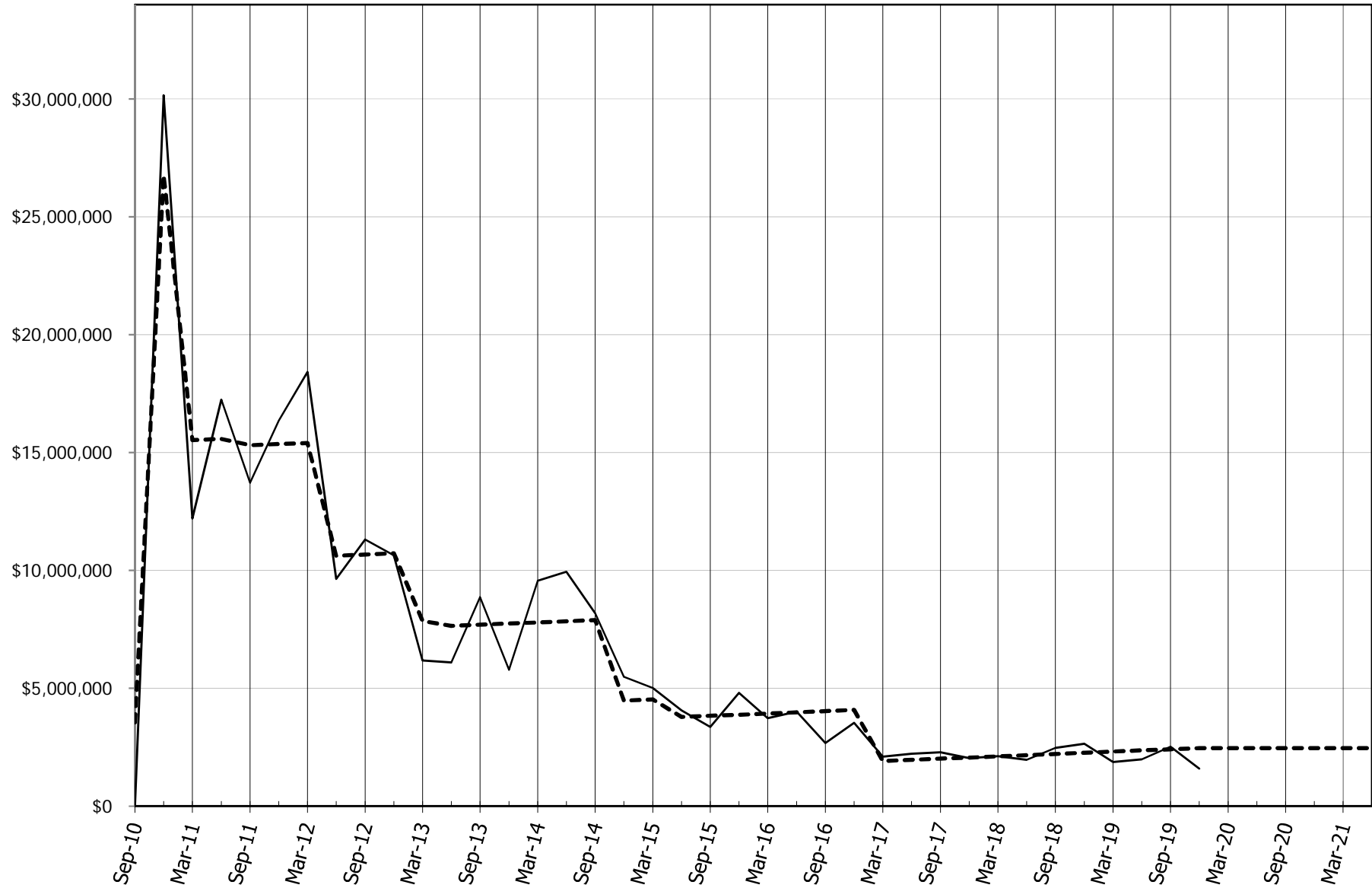
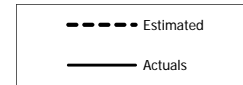
**Total Statewide CCS State-Only Caseload**



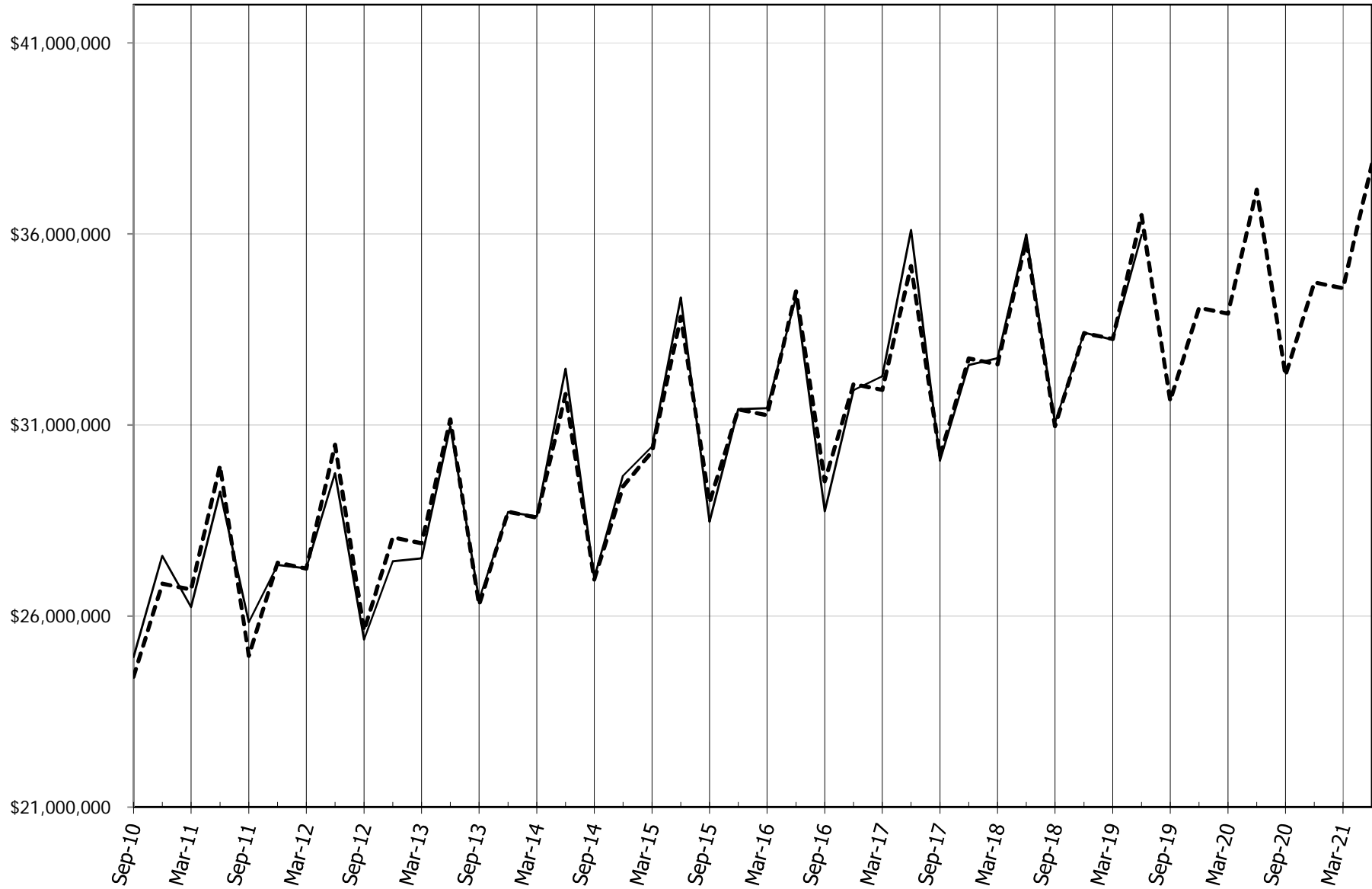
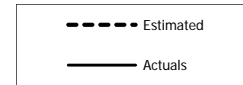
Total Statewide Medi-Cal Caseload



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



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



**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Funding Summary**

**FY 2019-20, May 2020 Estimate Compared to November 2019 Estimate**

	<u>Nov. 2019 Est. FY 2019-20</u>	<u>May 2020 Est. FY 2019-20</u>	<u>Difference Incr./(Decr.)</u>
<b>State-Only Caseload:</b>	622	651	29
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$102,704,200	\$74,927,900	(\$27,776,300)
4260-611-0995 (Enrollment Fees)	\$457,000	\$481,600	\$24,600
4260-601-3079 (Rebate Special Fund)	\$9,100,000	\$61,815,000	\$52,715,000
<b>Total</b>	<b>\$112,261,200</b>	<b>\$137,224,500</b>	<b>\$24,963,300</b>

**FY 2020-21, May 2020 Estimate Compared to November 2019 Estimate**

	<u>Nov. 2019 Est. FY 2020-21</u>	<u>May 2020 Est. FY 2020-21</u>	<u>Difference Incr./(Decr.)</u>
<b>State-Only Caseload:</b>	623	662	39
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$102,117,300	\$129,390,400	\$27,273,100
4260-611-0995 (Enrollment Fees)	\$457,000	\$481,600	\$24,600
4260-601-3079 (Rebates Special Fund)	\$9,748,000	\$7,300,000	(\$2,448,000)
<b>Total</b>	<b>\$112,322,300</b>	<b>\$137,172,000</b>	<b>\$24,849,700</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21**

	<u>May 2020 Est. FY 2019-20</u>	<u>May 2020 Est. FY 2020-21</u>	<u>Difference Incr./(Decr.)</u>
<b>State-Only Caseload:</b>	651	662	11
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$74,927,900	\$129,390,400	\$54,462,500
4260-611-0995 (Enrollment Fees)	\$481,600	\$481,600	\$0
4260-601-3079 (Rebates Special Fund)	\$61,815,000	\$7,300,000	(\$54,515,000)
<b>Total</b>	<b>\$137,224,500</b>	<b>\$137,172,000</b>	<b>(\$52,500)</b>



**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Funding Summary**  
**Fiscal Years 2019-20 and 2020-21 Compared to Appropriation**

**FY 2019-20, May 2020 Estimate Compared to Appropriation**

	<b>Appropriation FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./(Decr.)</b>
<b>State-Only Caseload:</b>	631	651	20
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$114,323,000	\$74,927,900	(\$39,395,100)
4260-611-0995 (Enrollment Fees)	\$462,500	\$481,600	\$19,100
4260-601-3079 (Rebates Special Fund)	\$10,748,000	\$61,815,000	\$51,067,000
<b>Total</b>	<b>\$125,533,500</b>	<b>\$137,224,500</b>	<b>\$11,691,000</b>

**May 2020 Estimate for FY 2020-21 Compared to FY 2019-20 Appropriation**

	<b>Appropriation FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
<b>State-Only Caseload:</b>	631	662	31
<b>Net Dollars:</b>			
4260-111-0001 (General Fund)	\$114,323,000	\$129,390,400	\$15,067,400
4260-611-0995 (Enrollment Fees)	\$462,500	\$481,600	\$19,100
4260-601-3079 (Rebates Special Fund)	\$10,748,000	\$7,300,000	-\$3,448,000
<b>Total</b>	<b>\$125,533,500</b>	<b>\$137,172,000</b>	<b>\$11,638,500</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Funding Sources By Component  
Fiscal Year 2019-20**

**May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	<b>Nov. 2019 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./Decr.</b>
<b>1. Base Expenditure Estimate</b>	\$ 112,559,000	\$ 137,066,000	\$ 24,507,000
<b>2. Policy Changes</b>	\$ (326,800)	\$ (10,500)	\$ 316,300
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 112,232,200</b>	<b>\$ 137,055,500</b>	<b>\$ 24,823,300</b>
<b>Fiscal Intermediary</b>	\$ 29,000	\$ 169,000	\$ 140,000
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 112,261,200</b>	<b>\$ 137,224,500</b>	<b>\$ 24,963,300</b>

**May 2020 Estimate Compared to November 2019 Estimate, General Fund**

	<b>Nov. 2019 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./Decr.</b>
<b>1. Base Expenditure Estimate</b>	\$ 112,559,000	\$ 137,066,000	\$ 24,507,000
<b>2. Policy Changes</b>	\$ (9,883,800)	\$ (62,307,100)	\$ (52,423,300)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 102,675,200</b>	<b>\$ 74,758,900</b>	<b>\$ (27,916,300)</b>
<b>Fiscal Intermediary</b>	\$ 29,000	\$ 169,000	\$ 140,000
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 102,704,200</b>	<b>\$ 74,927,900</b>	<b>\$ (27,776,300)</b>

**May 2020 Estimate Compared to November 2019 Estimate, Federal Funds**

	<b>Nov. 2019 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./Decr.</b>
<b>1. Base Expenditure Estimate</b>	\$ 0	\$ 0	\$ 0
<b>2. Policy Changes</b>	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Fiscal Intermediary</b>	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM  
Funding Sources By Component  
Fiscal Year 2020-21**

**May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	Nov. 2019 Est. <u>FY 2020-21</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 112,559,000	\$ 137,708,000	\$ 25,149,000
2. Policy Changes	\$ (265,700)	\$ (655,000)	\$ (389,300)
	-----	-----	-----
<b>Total</b>	<b>\$ 112,293,300</b>	<b>\$ 137,053,000</b>	<b>\$ 24,759,700</b>
Fiscal Intermediary	\$ 29,000	\$ 119,000	\$ 90,000
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 112,322,300</b>	<b>\$ 137,172,000</b>	<b>\$ 24,849,700</b>

**May 2020 Estimate Compared to November 2019 Estimate, General Fund**

	Nov. 2019 Est. <u>FY 2020-21</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 112,559,000	\$ 137,708,000	\$ 25,149,000
2. Policy Changes	\$ (10,470,700)	\$ (8,436,600)	\$ 2,034,100
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 102,088,300</b>	<b>\$ 129,271,400</b>	<b>\$ 27,183,100</b>
Fiscal Intermediary	\$ 29,000	\$ 119,000	\$ 90,000
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 102,117,300</b>	<b>\$ 129,390,400</b>	<b>\$ 27,273,100</b>

**May 2020 Estimate Compared to November 2019 Estimate, Federal Funds**

	Nov. 2019 Est. <u>FY 2020-21</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

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

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds**

	May 2020 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 137,066,000	\$ 137,708,000	\$ 642,000
2. Policy Changes	\$ (10,500)	\$ (655,000)	\$ (644,500)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 137,055,500</b>	<b>\$ 137,053,000</b>	<b>\$ (2,500)</b>
Fiscal Intermediary	\$ 169,000	\$ 119,000	\$ (50,000)
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 137,224,500</b>	<b>\$ 137,172,000</b>	<b>\$ (52,500)</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund**

	May 2020 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 137,066,000	\$ 137,708,000	\$ 642,000
2. Policy Changes	\$ (62,307,100)	\$ (8,436,600)	\$ 53,870,500
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 74,758,900</b>	<b>\$ 129,271,400</b>	<b>\$ 54,512,500</b>
Fiscal Intermediary	\$ 169,000	\$ 119,000	\$ (50,000)
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 74,927,900</b>	<b>\$ 129,390,400</b>	<b>\$ 54,462,500</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, Federal Funds**

	May 2020 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
	-----	-----	-----
<b>Total GHPP Program</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Base Expenditures for Specified Diseases**

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
<b>2018-19 Actuals</b>	<b>Hemophilia</b>	305	\$ 334,500	\$ 102,030,000
	<b>Cystic Fibrosis</b>	231	47,100	10,876,000
	<b>Sickle Cell</b>	65	5,600	362,000
	<b>Huntington's</b>	41	1,300	53,000
	<b>Metabolic 2/</b>	24	9,200	220,000
		<b>666</b>	<b>\$ 170,500</b>	<b>\$ 113,541,000</b>
<b>2019-20 Estimate</b>	<b>Hemophilia</b>	312	\$ 399,200	\$ 124,565,000
	<b>Cystic Fibrosis</b>	216	54,900	11,863,000
	<b>Sickle Cell</b>	67	4,500	303,000
	<b>Huntington's</b>	33	1,100	36,000
	<b>Metabolic 2/</b>	23	13,000	299,000
		<b>651</b>	<b>\$ 210,500</b>	<b>\$ 137,066,000</b>
<b>2020-21 Estimate</b>	<b>Hemophilia</b>	318	\$ 396,800	\$ 126,197,000
	<b>Cystic Fibrosis</b>	218	50,400	10,978,000
	<b>Sickle Cell</b>	68	4,700	322,000
	<b>Huntington's</b>	33	1,200	41,000
	<b>Metabolic 2/</b>	25	6,800	170,000
		<b>662</b>	<b>\$ 208,000</b>	<b>\$ 137,708,000</b>

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 1/ Actual expenditure data is complete through January 2020.

Actual caseload data is complete through January 2020.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

**GENETICALLY HANDICAPPED PERSONS PROGRAM**  
**Base Estimate Comparisons for Fiscal Years 2019-20 and 2020-21**

**FY 2019-20, May 2020 Estimate Compared to November 2019 Estimate**

	<b>Nov. 2019 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	\$ 101,446,000	\$ 124,565,000	\$ 23,119,000
Cystic Fibrosis	10,492,000	11,863,000	1,371,000
Sickle Cell	379,000	303,000	(76,000)
Huntington's	55,000	36,000	(19,000)
Metabolic	187,000	299,000	112,000
<b>TOTAL</b>	<b>\$ 112,559,000</b>	<b>\$ 137,066,000</b>	<b>\$ 24,507,000</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21**

	<b>May 2020 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	\$ 124,565,000	\$ 126,197,000	\$ 1,632,000
Cystic Fibrosis	11,863,000	10,978,000	(885,000)
Sickle Cell	303,000	322,000	19,000
Huntington's	36,000	41,000	5,000
Metabolic	299,000	170,000	(129,000)
<b>TOTAL</b>	<b>\$ 137,066,000</b>	<b>\$ 137,708,000</b>	<b>\$ 642,000</b>

**FY 2020-21, May 2020 Estimate Compared to November 2019 Estimate**

	<b>Nov. 2019 Est. FY 2020-21</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
Hemophilia	\$ 101,446,000	\$ 126,197,000	\$ 24,751,000
Cystic Fibrosis	10,492,000	10,978,000	486,000
Sickle Cell	379,000	322,000	(57,000)
Huntington's	55,000	41,000	(14,000)
Metabolic	187,000	170,000	(17,000)
<b>TOTAL</b>	<b>\$ 112,559,000</b>	<b>\$ 137,708,000</b>	<b>\$ 25,149,000</b>

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

**FY 2019-20, May 2020 Estimate Compared to Appropriation**

	<b>Appropriation FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./Decr.)</b>
<b>Hemophilia</b>	\$ 110,398,000	\$ 124,565,000	\$ 14,167,000
<b>Cystic Fibrosis</b>	12,692,000	11,863,000	(829,000)
<b>Sickle Cell</b>	462,000	303,000	(159,000)
<b>Huntington's</b>	48,000	36,000	(12,000)
<b>Metabolic</b>	266,000	299,000	33,000
<b>TOTAL</b>	<b>\$ 123,866,000</b>	<b>\$ 137,066,000</b>	<b>\$ 13,200,000</b>

**May 2020 Estimate for FY 2020-21 Compared to FY 2019-20 Appropriation**

	<b>Appropriation FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./Decr.)</b>
<b>Hemophilia</b>	\$ 110,398,000	\$ 126,197,000	\$ 15,799,000
<b>Cystic Fibrosis</b>	12,692,000	10,978,000	(1,714,000)
<b>Sickle Cell</b>	462,000	322,000	(140,000)
<b>Huntington's</b>	48,000	41,000	(7,000)
<b>Metabolic</b>	266,000	170,000	(96,000)
<b>TOTAL</b>	<b>\$ 123,866,000</b>	<b>\$ 137,708,000</b>	<b>\$ 13,842,000</b>

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

**Fiscal Year 2019-20**

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	587	275	312
Cystic Fibrosis	380	164	216
Sickle Cell	186	119	67
Huntington's	70	37	33
Metabolic	<u>103</u>	<u>80</u>	<u>23</u>
<b>Total</b>	<b>1,326</b>	<b>675</b>	<b>651</b>

**Fiscal Year 2020-21**

	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	599	281	318
Cystic Fibrosis	384	166	218
Sickle Cell	189	121	68
Huntington's	71	38	33
Metabolic	<u>107</u>	<u>82</u>	<u>25</u>
<b>Total</b>	<b>1,350</b>	<b>688</b>	<b>662</b>



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

**FY 2019-20, May 2020 Estimate Compared to November 2019 Estimate**

	<b>Nov. 2019 Est. <u>FY 2019-20</u></b>	<b>May 2020 Est. <u>FY 2019-20</u></b>	<b>Difference <u>Incr./(Decr.)</u></b>
Hemophilia	294	312	18
Cystic Fibrosis	219	216	(3)
Sickle Cell	60	67	7
Huntington's	27	33	6
Metabolic	<u>22</u>	<u>23</u>	<u>1</u>
<b>Total</b>	<b>622</b>	<b>651</b>	<b>29</b>

**Fiscal Year 2019-20 Compared to Fiscal Year 2020-21**

	<b>May 2020 Est. <u>FY 2019-20</u></b>	<b>May 2020 Est. <u>FY 2020-21</u></b>	<b>Difference <u>Incr./(Decr.)</u></b>
Hemophilia	312	318	6
Cystic Fibrosis	216	218	2
Sickle Cell	67	68	1
Huntington's	33	33	0
Metabolic	<u>23</u>	<u>25</u>	<u>2</u>
<b>Total</b>	<b>651</b>	<b>662</b>	<b>11</b>

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

**FY 2019-20, May 2020 Estimate Compared to November 2019 Estimate**

	<b>Nov. 2019 Est. <u>FY 2019-20</u></b>	<b>May 2020 Est. <u>FY 2019-20</u></b>	<b>Difference <u>Incr./(Decr.)</u></b>
Hemophilia	276	275	(1)
Cystic Fibrosis	162	164	2
Sickle Cell	116	119	3
Huntington's	34	37	3
Metabolic	<u>82</u>	<u>80</u>	<u>(2)</u>
<b>Total</b>	<b>670</b>	<b>675</b>	<b>5</b>

**Fiscal Year 2019-20 Compared to Fiscal Year 2020-21**

	<b>May 2020 Est. <u>FY 2019-20</u></b>	<b>May 2020 Est. <u>FY 2020-21</u></b>	<b>Difference <u>Incr./(Decr.)</u></b>
Hemophilia	275	281	6
Cystic Fibrosis	164	166	2
Sickle Cell	119	121	2
Huntington's	37	38	1
Metabolic	<u>80</u>	<u>82</u>	<u>2</u>
<b>Total</b>	<b>675</b>	<b>688</b>	<b>13</b>

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

<b>Total</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,669	997	672	\$ 22,092,590
2	1,694	992	702	22,862,554
3	1,715	982	733	25,601,894
4	1,733	974	759	28,875,939
<b>2017-18</b>	<b>1,702</b>	<b>986</b>	<b>716</b>	<b>\$ 99,434,000</b>
1	1,748	982	766	\$ 30,512,255
2	1,451	781	670	28,986,791
3	1,273	669	604	27,143,321
4	1,286	663	623	26,899,066
<b>2018-19</b>	<b>1,440</b>	<b>774</b>	<b>666</b>	<b>\$ 113,541,000</b>
1	1,297	665	632	\$ 33,535,996
2	1,327	673	654	34,107,018
3	1,337	678	659	34,995,542
4	1,341	682	659	34,426,815
<b>2019-20</b>	<b>1,326</b>	<b>675</b>	<b>651</b>	<b>\$ 137,066,000</b>
1	1,346	684	662	\$ 34,426,815
2	1,349	687	662	34,426,815
3	1,350	689	661	34,426,815
4	1,352	691	661	34,426,815
<b>2020-21</b>	<b>1,350</b>	<b>688</b>	<b>662</b>	<b>\$ 137,708,000</b>

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
2) FY 2019-20 reflects actuals and projected base estimate values.  
3) FY 2020-21 reflects projected base estimate values.**

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

<b>Hemophilia</b>
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<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	626	332	294	\$ 19,421,733
2	638	337	301	20,565,718
3	648	340	308	22,710,776
4	653	332	321	25,876,280
<b>2017-18</b>	<b>641</b>	<b>335</b>	<b>306</b>	<b>\$ 88,575,000</b>
1	666	334	332	\$ 26,983,282
2	611	299	312	25,825,791
3	556	273	283	24,455,206
4	568	273	295	24,765,239
<b>2018-19</b>	<b>600</b>	<b>295</b>	<b>305</b>	<b>\$ 102,030,000</b>
1	573	274	299	\$ 30,705,823
2	586	274	312	30,802,364
3	593	275	318	31,507,053
4	595	277	318	31,549,290
<b>2019-20</b>	<b>587</b>	<b>275</b>	<b>312</b>	<b>\$ 124,565,000</b>
1	597	279	318	\$ 31,549,290
2	598	280	318	31,549,290
3	600	282	318	31,549,290
4	601	283	318	31,549,290
<b>2020-21</b>	<b>599</b>	<b>281</b>	<b>318</b>	<b>\$ 126,197,000</b>

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
2) FY 2019-20 reflects actuals and projected base estimate values.  
3) FY 2020-21 reflects projected base estimate values.**

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

<b>Cystic Fibrosis</b>
------------------------

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	466	221	245	\$ 2,397,702
2	472	219	253	2,149,652
3	480	214	266	2,758,359
4	487	213	274	2,815,195
<b>2017-18</b>	<b>476</b>	<b>217</b>	<b>259</b>	<b>\$ 10,121,000</b>
1	483	216	267	\$ 3,341,392
2	417	186	231	2,988,684
3	376	166	210	2,516,183
4	376	161	215	2,030,024
<b>2018-19</b>	<b>414</b>	<b>183</b>	<b>231</b>	<b>\$ 10,876,000</b>
1	375	160	215	\$ 2,570,999
2	383	165	218	3,186,973
3	382	166	216	3,360,531
4	383	166	217	2,744,376
<b>2019-20</b>	<b>380</b>	<b>164</b>	<b>216</b>	<b>\$ 11,863,000</b>
1	383	166	217	\$ 2,744,376
2	384	166	218	2,744,376
3	384	166	218	2,744,376
4	385	166	219	2,744,376
<b>2020-21</b>	<b>384</b>	<b>166</b>	<b>218</b>	<b>\$ 10,978,000</b>

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
2) FY 2019-20 reflects actuals and projected base estimate values.  
3) FY 2020-21 reflects projected base estimate values.**

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

<b>Sickle Cell</b>
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<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	298	237	61	\$ 191,757
2	301	229	72	112,426
3	304	229	75	108,458
4	307	229	78	125,057
<b>2017-18</b>	<b>302</b>	<b>231</b>	<b>71</b>	<b>\$ 538,000</b>
1	310	230	80	\$ 90,351
2	224	163	61	94,670
3	177	121	56	93,711
4	178	115	63	83,652
<b>2018-19</b>	<b>222</b>	<b>157</b>	<b>65</b>	<b>\$ 362,000</b>
1	180	116	64	\$ 71,533
2	185	119	66	62,938
3	187	119	68	87,957
4	188	120	68	80,505
<b>2019-20</b>	<b>186</b>	<b>119</b>	<b>67</b>	<b>\$ 303,000</b>
1	188	120	68	\$ 80,505
2	189	121	68	80,505
3	189	121	68	80,505
4	189	121	68	80,505
<b>2020-21</b>	<b>189</b>	<b>121</b>	<b>68</b>	<b>\$ 322,000</b>

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2019-20 reflects actuals and projected base estimate values.  
 3) FY 2020-21 reflects projected base estimate values.

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

<b>Huntington</b>
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<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	151	102	49	\$ 69,712
2	154	101	53	25,582
3	152	96	56	12,224
4	154	96	58	8,192
<b>2017-18</b>	<b>153</b>	<b>99</b>	<b>54</b>	<b>\$ 116,000</b>
1	151	96	55	\$ 12,002
2	95	54	41	12,467
3	74	39	35	16,271
4	71	39	32	12,233
<b>2018-19</b>	<b>98</b>	<b>57</b>	<b>41</b>	<b>\$ 53,000</b>
1	71	37	34	\$ 13,016
2	70	36	34	6,242
3	70	37	33	6,826
4	71	38	33	10,188
<b>2019-20</b>	<b>70</b>	<b>37</b>	<b>33</b>	<b>\$ 36,000</b>
1	71	38	33	\$ 10,188
2	71	38	33	10,188
3	71	38	33	10,188
4	71	38	33	10,188
<b>2020-21</b>	<b>71</b>	<b>38</b>	<b>33</b>	<b>\$ 41,000</b>

**Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
2) FY 2019-20 reflects actuals and projected base estimate values.  
3) FY 2020-21 reflects projected base estimate values.**

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

<b>Metabolic</b>				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal Caseload</u>	<u>GHPH Only Caseload</u>	<u>Total GHPH Only Payments</u>
1	128	105	23	\$ 11,686
2	129	106	23	9,176
3	131	103	28	12,077
4	132	104	28	51,215
<b>2017-18</b>	<b>130</b>	<b>104</b>	<b>26</b>	<b>\$ 84,000</b>
1	138	106	32	\$ 85,228
2	104	79	25	65,179
3	90	70	20	61,950
4	93	75	18	7,918
<b>2018-19</b>	<b>106</b>	<b>82</b>	<b>24</b>	<b>\$ 220,000</b>
1	98	78	20	\$ 174,625
2	103	79	24	48,501
3	105	81	24	33,175
4	104	81	23	42,456
<b>2019-20</b>	<b>103</b>	<b>80</b>	<b>23</b>	<b>\$ 299,000</b>
1	107	81	26	\$ 42,456
2	107	82	25	42,456
3	106	82	24	42,456
4	106	83	23	42,456
<b>2020-21</b>	<b>107</b>	<b>82</b>	<b>25</b>	<b>\$ 170,000</b>

**Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.  
 2) FY 2019-20 reflects actuals and projected base estimate values.  
 3) FY 2020-21 reflects projected base estimate values.



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

**Fiscal Year 2019-20, Comparison of May 2020 and November 2019 Estimates**

<u>POLICY CHG.</u>		<u>NOVEMBER 2019 ESTIMATE</u>		<u>MAY 2020 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</u>	<u>NO. DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1 ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2 FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$29,000	\$29,000	\$169,000	\$169,000	\$140,000	\$140,000
Benefits	3 BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4 GHPP PREMIUM COSTS	\$48,000	\$48,000	\$77,000	\$77,000	\$29,000	\$29,000
Benefits	5 GHPP PREMIUM SAVINGS	-\$374,800	-\$374,800	-\$87,500	-\$87,500	\$287,300	\$287,300
Benefits	8 GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
<b>GHPP TOTAL</b>		<b>-\$297,800</b>	<b>-\$297,800</b>	<b>\$158,500</b>	<b>\$158,500</b>	<b>\$456,300</b>	<b>\$456,300</b>

**Fiscal Year 2020-21, Comparison of May 2020 and November 2019 Estimates**

<u>POLICY CHG.</u>		<u>NOVEMBER 2019 ESTIMATE</u>		<u>MAY 2020 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>	
<u>TYPE</u>	<u>NO. DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1 ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2 FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$29,000	\$29,000	\$119,000	\$119,000	\$90,000	\$90,000
Benefits	3 BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Other	4 GHPP PREMIUM COSTS	\$72,000	\$72,000	\$95,000	\$95,000	\$23,000	\$23,000
Benefits	5 GHPP PREMIUM SAVINGS	-\$337,700	-\$337,700	-\$750,000	-\$750,000	-\$412,300	-\$412,300
Benefits	8 GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
<b>GHPP TOTAL</b>		<b>-\$236,700</b>	<b>-\$236,700</b>	<b>-\$536,000</b>	<b>-\$536,000</b>	<b>-\$299,300</b>	<b>-\$299,300</b>

<sup>1</sup> Funds are referenced separately in the GHPP Funding Summary pages.

**ENROLLMENT FEES**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 7/1993  
**ANALYST:** Melissa Bustos

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$481,600	-\$481,600
	<b>- ENROLLMENT FEES FUND</b>	\$481,600	\$481,600
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$481,600	-\$481,600
	<b>- ENROLLMENT FEES FUND</b>	\$481,600	\$481,600

**Purpose:**

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

**Authority:**

Health & Safety Code 125166

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

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

**Reason for Change:**

There is no significant change from the prior estimate for either fiscal years and no change between fiscal years in the current estimate.

**Methodology:**

1. Enrollment fees of \$451,700 were collected in Fiscal Year (FY) 2018-19, and \$270,700 have been collected through December 2019 of FY 2019-20. Averaging the fees collected in these 18 months, the estimated enrollment fees for FY 2019-20 and FY 2020-21 are \$481,600.

**FY 2019-20:  $$(451,700+270,700) \div 18 \times 12 = \$481,600$  (\$481,600 GF)**

**FY 2020-21:  $$(451,700+270,700) \div 18 \times 12 = \$481,600$  (\$481,600 GF)**

**Funding:**

100% GF (4260-111-0001)

GHPP Enrollment Fees (4260-611-0995)

**FISCAL INTERMEDIARY EXPENDITURES - GHPP**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$169,000</b>	<b>\$119,000</b>
	<b>- GENERAL FUND</b>	<b>\$169,000</b>	<b>\$119,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$169,000</b>	<b>\$119,000</b>
	<b>- GENERAL FUND</b>	<b>\$169,000</b>	<b>\$119,000</b>

**Purpose:**

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

**Authority:**

Health & Safety Code 125130

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The GHPP program utilizes FIs to adjudicate and pay medical and dental claims. Effective October 1, 2019, the DXC Technology Services (DXC) and IBM contractors began processing medical claims. The former FI, Conduent, has some expenditures in FY 2019-20 due to transition timing.

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

**Reason for Change:**

There is an increase for FY 2019-20 and FY 2020-21, from the prior estimate, due to an increase in estimated FI expenditures resulting from including costs for the two new medical contractors, DXC and IBM. There is a decrease from FY 2019-20 to FY 2020-21, in the current estimate, due a decrease in the estimated FI expenditures resulting from Conduent costs concluding in FY 2019-20.

**Methodology:**

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are:

<b>Medical FI</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Conduent	\$95,000	\$0
DXC and IBM	\$72,000	\$117,000
<b>Total</b>	<b>\$167,000</b>	<b>\$117,000</b>

2. Based on actual and projected volumes for the current year, the estimated dental FI administrative costs are:

<b>Dental FI</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
ACLs	\$1,000	\$1,000
TARs	\$1,000	\$1,000
<b>Total</b>	<b>\$2,000</b>	<b>\$2,000</b>

3. The total estimated medical and dental FI administrative costs for GHPP are:

<b>Type</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Medical	\$167,000	\$117,000
Dental	\$2,000	\$2,000
<b>Total</b>	<b>\$169,000</b>	<b>\$119,000</b>

**Funding:**

100% General Fund (4260-111-0001)

**BLOOD FACTOR DRUG REBATES**

**POLICY CHANGE NUMBER:** 3  
**IMPLEMENTATION DATE:** 7/2003  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$9,100,000	-\$7,300,000
	- REBATE SPECIAL FUND	\$9,100,000	\$7,300,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$9,100,000	-\$7,300,000
	- REBATE SPECIAL FUND	\$9,100,000	\$7,300,000

**Purpose:**

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

**Authority:**

SB 1100 (Chapter 560, Statutes of 2005)  
 Medi-Cal Hospital/Uninsured Care Section 1115(a) Medicaid Demonstration (MH/UCD)  
 California Bridge to Reform Section 1115(a) Medicaid Demonstration (BTR)  
 California Medi-Cal 2020 Section 1115(a) Medicaid Demonstration

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool. Because of this federal funding, the program no longer qualifies as a State Pharmaceutical Assistance Program and is ineligible to collect rebates under its independent rebate contracts. However, it enabled GHPP to participate in the Medi-Cal blood factor drug rebates.

**Reason for Change:**

There is no change for FY 2019-20 and FY 2020-21 from the previous estimate. The change from FY 2019-20 to FY 2020-21, in the current estimate, is due to the continued trending of fewer rebates.

**Methodology:**

1. Rebate projections for FY 2019-20 and FY 2020-21 are based on actual collections during FY 2017-18 and FY 2018-19.
2. The percentage change from FY 2017-18 to FY 2018-19 was used to determine the estimated amount for FY 2019-20.
3. For FY 2020-21, assume the percentage change from FY 2017-18 to FY 2018-19 is applied to the estimated amount for FY 2019-20.
4. The Department anticipates collecting \$9,100,000 in FY 2019-20 and \$7,300,000 in FY 2020-21 for GHPP rebates.

**Funding:**

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

100% General Fund (4260-111-0001)

**GHPP PREMIUM COSTS**

**POLICY CHANGE NUMBER:** 4  
**IMPLEMENTATION DATE:** 12/2009  
**ANALYST:** Melissa Bustos

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$77,000</b>	<b>\$95,000</b>
	<b>- GENERAL FUND</b>	<b>\$77,000</b>	<b>\$95,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$77,000</b>	<b>\$95,000</b>
	<b>- GENERAL FUND</b>	<b>\$77,000</b>	<b>\$95,000</b>

**Purpose:**

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

**Authority:**

Health & Safety Code 125157(c)

**Interdependent Policy Changes:**

GHPP Premium Savings

**Background:**

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

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

**Reason for Change:**

The increase from the prior estimate is due to six additional clients enrolled and participating in the program and three more projected in FY 2019-20. The increase between FY 2019-20 and FY 2020-21 in the current estimate is due to an anticipated enrollment of four additional clients in FY 2020 21



**Methodology:**

1. Assume the monthly premium costs per enrollee are \$140 for Hemophilia, \$440 for Cystic Fibrosis, \$460 for Sickle Cell, \$250 for Metabolic, and \$250 for Huntington's based on recent premium costs for participants.
2. As of January 2020, 16 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	24
Cystic Fibrosis	96	96
Sickle Cell	48	48
Metabolic	12	12
Huntington's	12	12

3. Assume three new clients will enroll in FY 2019-20. The estimated member months for additional clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	2	12
Cystic Fibrosis	5	12
Sickle Cell	2	12

4. Assume four new clients will enroll in FY 2020-21. The estimated member months for additional clients are:

	Member Months	
	FY 2020-21	
Hemophilia	8	
Cystic Fibrosis	11	
Sickle Cell	5	
Huntington's	2	

5. Total Member Months:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	26	44
Cystic Fibrosis	101	119
Sickle Cell	50	65
Metabolic	12	12
Huntington's	12	14
Total	201	254

## 6. Projected Premium Payments (Rounded):

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>Total Funds</b>	<b>\$ 77,000</b>	<b>\$ 95,000</b>
<b>General Funds</b>	<b>\$ 77,000</b>	<b>\$ 95,000</b>

**Funding:**

100% GF (4260-111-0001)

**GHPP PREMIUM SAVINGS**

**POLICY CHANGE NUMBER:** 5  
**IMPLEMENTATION DATE:** 12/2009  
**ANALYST:** Melissa Bustos

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>-\$1,360,000</b>	<b>-\$1,988,000</b>
	<b>- GENERAL FUND</b>	<b>-\$1,360,000</b>	<b>-\$1,988,000</b>
<b>PAYMENT LAG</b>		<b>0.9805</b>	<b>0.9873</b>
<b>% REFLECTED IN BASE</b>		<b>93.44%</b>	<b>61.79%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>-\$87,500</b>	<b>-\$750,000</b>
	<b>- GENERAL FUND</b>	<b>-\$87,500</b>	<b>-\$750,000</b>

**Purpose:**

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

**Authority:**

Health & Safety Code 125157(c)

**Interdependent Policy Changes:**

GHPP Premium Costs

**Background:**

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

**Reason for Change:**

The increase from the prior estimate is due to six additional clients enrolled and participating in the program, three more projected in FY 2019-20 and increases in the projected annual cost per case.

The increase between FY 2019-20 and FY 2020-21 in the current estimate is due to an anticipated enrollment of four additional clients in FY 2020-21.

**Methodology:**

1. As of January 2020, 16 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	24	24
Cystic Fibrosis	96	96
Sickle Cell	48	48
Metabolic	12	12
Huntington's	12	12

2. Assume three new clients will enroll in FY 2019-20. The estimated member months for additional clients are:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	2	12
Cystic Fibrosis	5	12
Sickle Cell	2	12

3. Assume four new clients will enroll in FY 2020-21. The estimated member months for additional clients are:

	Member Months	
	FY 2020-21	
Hemophilia	8	
Cystic Fibrosis	11	
Sickle Cell	5	
Huntington's	2	

4. Total Member Months:

	Member Months	
	FY 2019-20	FY 2020-21
Hemophilia	26	44
Cystic Fibrosis	101	119
Sickle Cell	50	65
Metabolic	12	12
Huntington's	12	14
<b>Total</b>	<b>201</b>	<b>254</b>

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the May 2020 Family Health Estimate:

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
Hemophilia	\$ 399,200	\$ 396,800
Cystic Fibrosis	\$ 54,900	\$ 50,400
Sickle Cell	\$ 4,500	\$ 4,700
Metabolic	\$ 13,000	\$ 6,800
Huntington's	\$ 1,100	\$ 1,200

6. Projected Savings (Rounded):

	<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>Total Funds</b>	<b>\$ 1,360,000</b>	<b>\$ 1,988,000</b>
<b>General Funds</b>	<b>\$ 1,360,000</b>	<b>\$ 1,988,000</b>

**Funding:**

100% GF (4260-111-0001)

**GHPP NON-BLOOD FACTOR REBATES**

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

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$52,715,000	\$0
	<b>- REBATE SPECIAL FUND</b>	\$52,715,000	\$0
<b>PAYMENT LAG</b>		1.0000	0.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$52,715,000	\$0
	<b>- REBATE SPECIAL FUND</b>	\$52,715,000	\$0

**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department began collecting non-BF rebates for the GHPP State-Only in October 2019 and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4 . On-going non-BF rebates are invoiced quarterly. The new non-BF rebates will be deposited to the Children's Medical Services Rebate Fund (4260-601-3079).

**Reason for Change:**

The change from the prior estimate for FY 2019-20 and FY 2020-21 is due to estimating savings based on actual collections in FY 2019-20 instead of estimated savings in FY 2020-21.

The change from FY 2019-20 to FY 2020-21 in the current estimate, is due to estimating the savings impact occurring in FY 2019-20.

**Methodology:**

1. \$49,248,000 TF has been collected for retroactive GHPP non-BF rebates as of April 2020.
2. \$3,467,000 TF has been collected for GHPP non-BF rebates invoiced in FY 2019-20 Q1 as of April 2020.
3. GHPP non-BF drug rebate collections for FY 2019-20 are estimated to be:

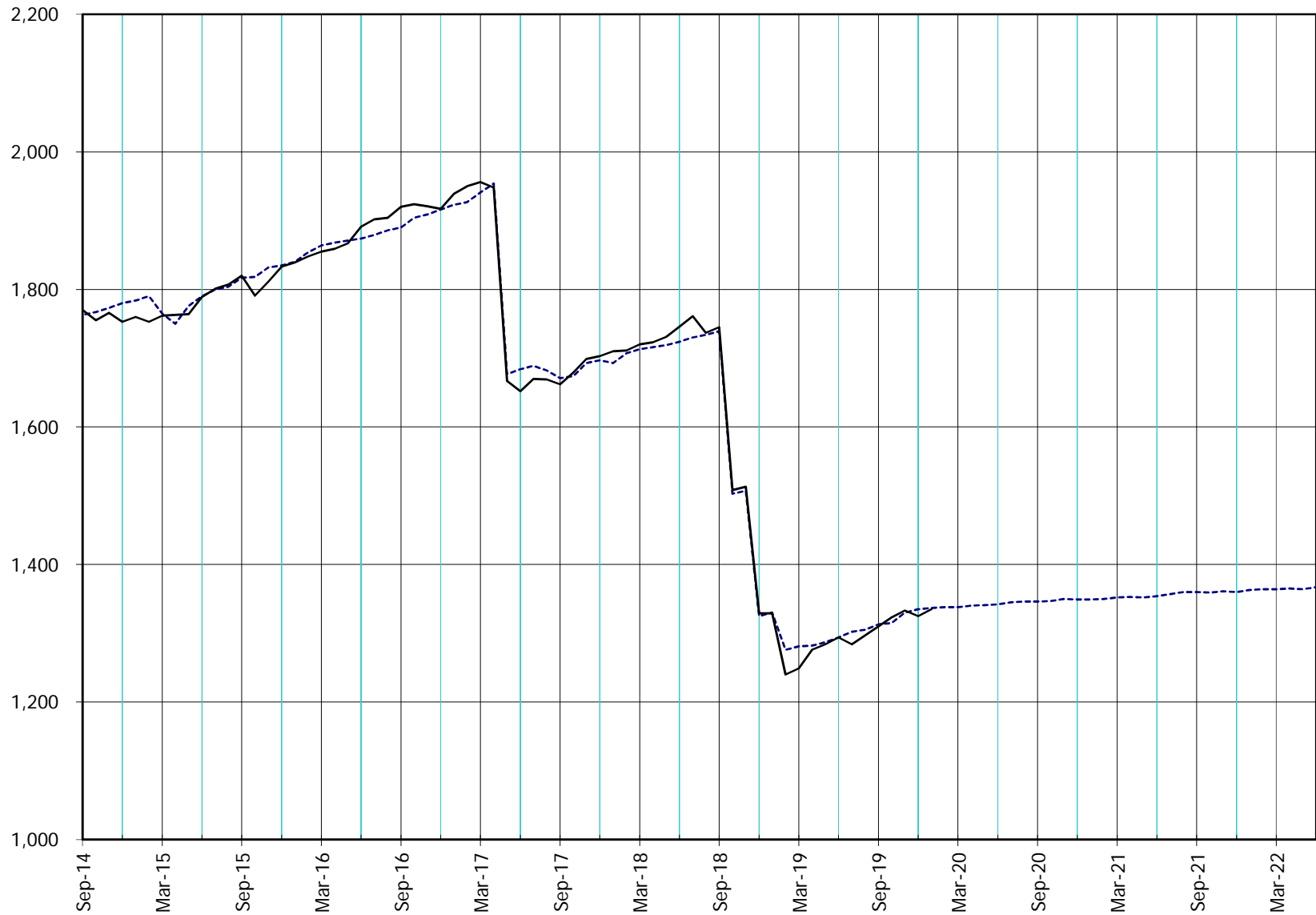
<b>FY 2019-20</b>	<b>TF</b>	<b>GF</b>	<b>Drug Rebates Special Fund</b>
Retroactive Non-BF Rebates	\$0	(\$49,248,000)	\$49,248,000
FY 2019-20 Q1 Non-BF Rebates	\$0	(\$3,467,000)	\$3,467,000
<b>Total</b>	<b>\$0</b>	<b>(\$52,715,000)</b>	<b>\$52,715,000</b>

**Funding:**

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

### GHPP Total Eligibles

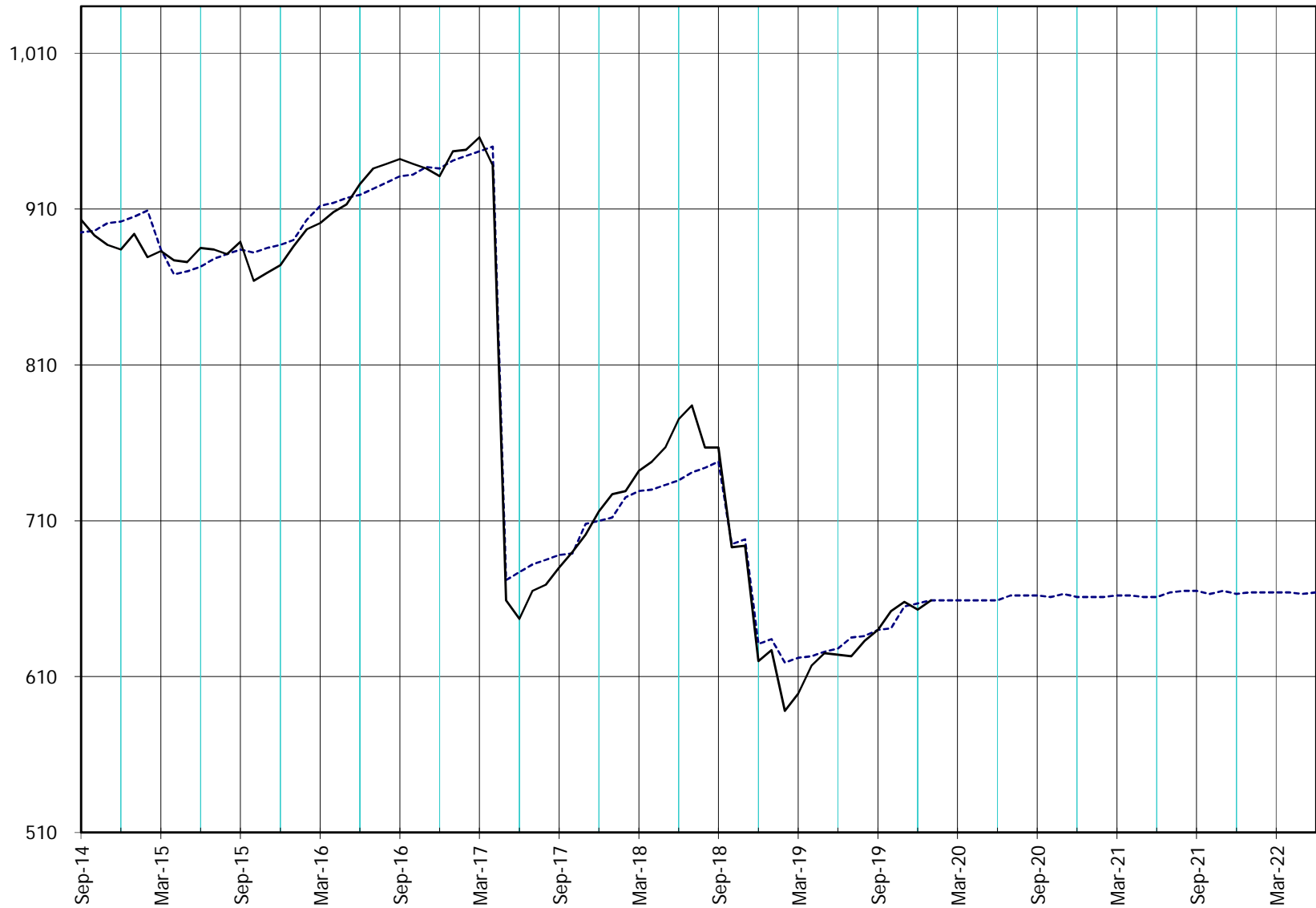
Estimated  
Actuals





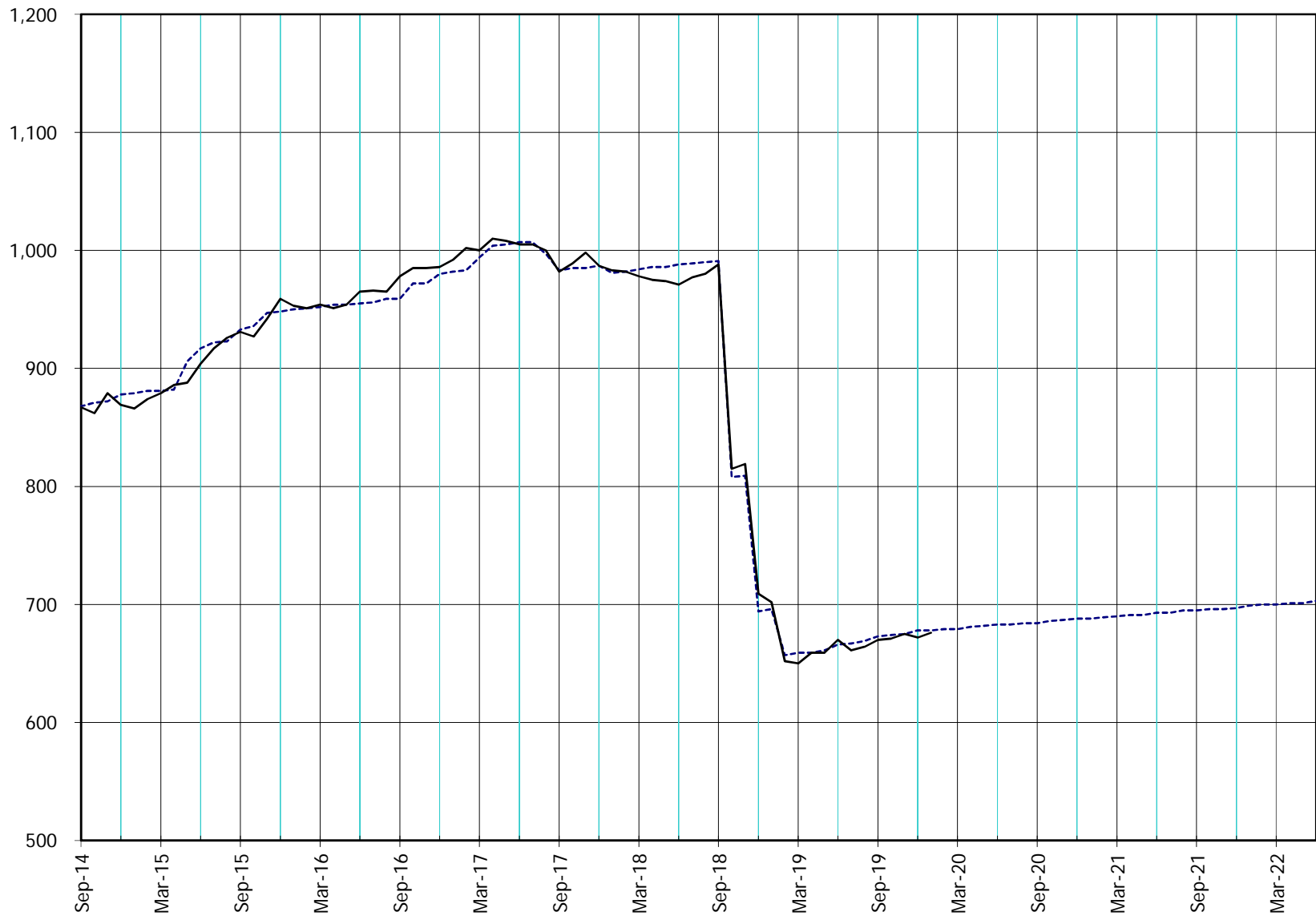
### GHPP State-Only Eligibles

Estimated  
Actuals



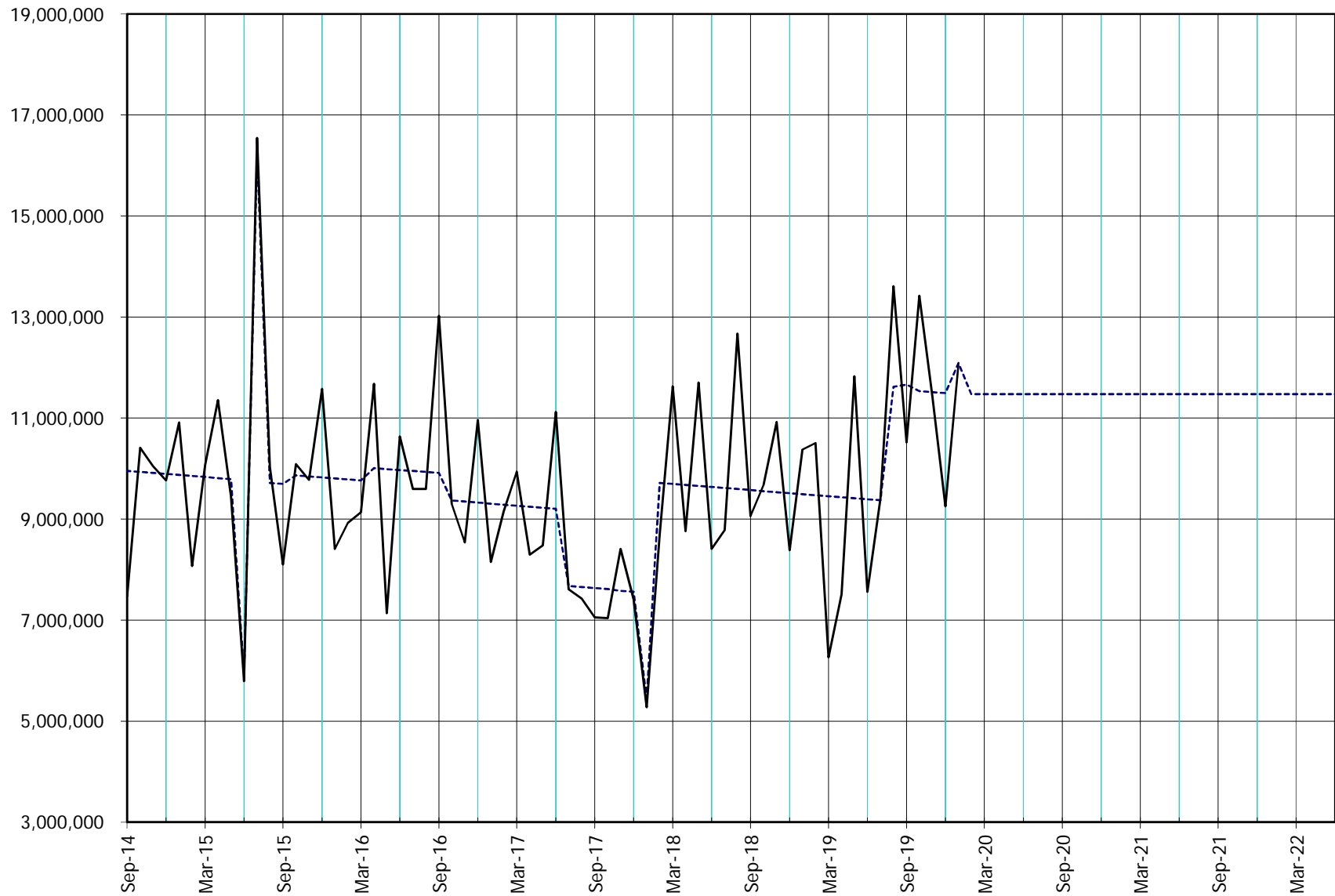
### GHPP Medi-Cal Eligibles

Estimated  
Actuals



### GHPP State-Only Monthly Expenditures

Estimated  
Actuals



**EVERY WOMAN COUNTS PROGRAM  
Funding Summary**

**FY 2019-20, November 2019 Estimate Compared to May 2020 Estimate**

	Nov. 2019 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2019-20</u>	Difference <u>Incr./(Decr.)</u>
<b>Caseload:</b>	27,934	31,704	3,770
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$15,122,000	\$14,750,000	(\$372,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
<b>Total</b>	<b><u>\$42,754,000</u></b>	<b><u>\$42,382,000</u></b>	<b><u>(\$372,000)</u></b>

**FY 2020-21, November 2019 Estimate Compared to May 2020 Estimate**

	Nov. 2019 Est. <u>FY 2020-21</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
<b>Caseload:</b>	27,719	27,621	(98)
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$14,688,000	\$17,823,000	\$3,135,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
<b>Total</b>	<b><u>\$42,320,000</u></b>	<b><u>\$45,455,000</u></b>	<b><u>\$3,135,000</u></b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21**

	May 2020 Est. <u>FY 2019-20</u>	May 2020 Est. <u>FY 2020-21</u>	Difference <u>Incr./(Decr.)</u>
<b>Caseload:</b>	31,704	27,621	(4,083)
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$14,750,000	\$17,823,000	\$3,073,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
<b>Total</b>	<b><u>\$42,382,000</u></b>	<b><u>\$45,455,000</u></b>	<b><u>\$3,073,000</u></b>

**EVERY WOMAN COUNTS PROGRAM**  
**Funding Summary**

**FY 2019-20, May 2020 Estimate Compared to Appropriation**

	<b>Appropriation FY 2019-20</b>	<b>May 2020 Est. FY 2019-20</b>	<b>Difference Incr./(Decr.)</b>
<b>Caseload:</b>	27,010	31,704	4,694
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$12,913,000	\$14,750,000	\$1,837,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
<b>Total</b>	<b>\$40,545,000</b>	<b>\$42,382,000</b>	<b>\$1,837,000</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21**

	<b>May 2020 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./(Decr.)</b>
<b>Caseload:<sup>2</sup></b>	31,704	27,621	(4,083)
<b>Net Dollars:</b>			
4260-114-0001 (General Fund)	\$14,750,000	\$17,823,000	\$3,073,000
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$7,989,000	\$0
4260-114-0890 (CDC)	\$5,128,000	\$5,128,000	\$0
<b>Total</b>	<b>\$42,382,000</b>	<b>\$45,455,000</b>	<b>\$3,073,000</b>

<sup>2</sup> The May 2020 caseload estimate is based on updated data through January 2020.

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

**EVERY WOMAN COUNTS PROGRAM**  
**Funding Sources By Component**  
**Fiscal Year 2019-20**

**May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	<b>Nov. 2019 Est.</b>	<b>May 2020 Est.</b>	<b>Difference</b>
	<u><b>FY 2019-20</b></u>	<u><b>FY 2019-20</b></u>	<u><b>Incr./Decr.</b></u>
<b>1. Base Expenditure Estimate</b>	\$ 37,709,000	\$ 37,034,000	\$ (675,000)
<b>2. Policy Changes</b>	\$ 4,057,000	\$ 3,103,200	\$ (953,800)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 41,766,000</b>	<b>\$ 40,137,200</b>	<b>\$ (1,628,800)</b>
<b>Fiscal Intermediary</b>	\$ 988,000	\$ 2,245,000	\$ 1,257,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 42,754,000</b>	<b>\$ 42,382,200</b>	<b>\$ (371,800)</b>

**May 2020 Estimate Compared to November 2019 Estimate, General Fund**

	<b>Nov. 2019 Est.</b>	<b>May 2020 Est.</b>	<b>Difference</b>
	<u><b>FY 2019-20</b></u>	<u><b>FY 2019-20</b></u>	<u><b>Incr./Decr.</b></u>
<b>1. Base Expenditure Estimate</b>	\$ 37,709,000	\$ 37,034,000	\$ (675,000)
<b>2. Policy Changes</b>	\$ (23,575,000)	\$ (24,528,800)	\$ (953,800)
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 14,134,000</b>	<b>\$ 12,505,200</b>	<b>\$ (1,628,800)</b>
<b>Fiscal Intermediary</b>	\$ 988,000	\$ 2,245,000	\$ 1,257,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 15,122,000</b>	<b>\$ 14,750,200</b>	<b>\$ (371,800)</b>

**EVERY WOMAN COUNTS PROGRAM**  
**Funding Sources By Component**  
**Fiscal Year 2020-21**

**May 2020 Estimate Compared to November 2019 Estimate, Total Funds**

	<b>Nov. 2019 Est.</b>	<b>May 2020 Est.</b>	<b>Difference</b>
	<b><u>FY 2020-21</u></b>	<b><u>FY 2020-21</u></b>	<b><u>Incr./.(Decr.)</u></b>
<b>1. Base Expenditure Estimate</b>	\$ 38,270,000	\$ 38,020,000	\$ (250,000)
<b>2. Policy Changes</b>	\$ 3,057,000	\$ 5,712,300	\$ 2,655,300
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 41,327,000</b>	<b>\$ 43,732,300</b>	<b>\$ 2,405,300</b>
<b>Fiscal Intermediary</b>	\$ 993,000	\$ 1,723,000	\$ 730,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 42,320,000</b>	<b>\$ 45,455,300</b>	<b>\$ 3,135,300</b>

**May 2020 Estimate Compared to November 2019 Estimate, General Funds**

	<b>Nov. 2019 Est.</b>	<b>May 2020 Est.</b>	<b>Difference</b>
	<b><u>FY 2020-21</u></b>	<b><u>FY 2020-21</u></b>	<b><u>Incr./.(Decr.)</u></b>
<b>1. Base Expenditure Estimate</b>	\$ 38,270,000	\$ 38,020,000	\$ (250,000)
<b>2. Policy Changes</b>	\$ (24,575,000)	\$ (21,919,700)	\$ 2,655,300
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 13,695,000</b>	<b>\$ 16,100,300</b>	<b>\$ 2,405,300</b>
<b>Fiscal Intermediary</b>	\$ 993,000	\$ 1,723,000	\$ 730,000
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 14,688,000</b>	<b>\$ 17,823,300</b>	<b>\$ 3,135,300</b>

**Notes:**

1) Projections are based on cash basis.

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

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, Total Funds**

	<b>May 2020 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./.(Decr.)</b>
<b>1. Base Expenditure Estimate</b>	\$ 37,034,000	\$ 38,020,000	\$ 986,000
<b>2. Policy Changes</b>	\$ 3,103,200	\$ 5,712,300	\$ 2,609,100
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 40,137,200</b>	<b>\$ 43,732,300</b>	<b>\$ 3,595,100</b>
<b>Fiscal Intermediary</b>	\$ 2,245,000	\$ 1,723,000	\$ (522,000)
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 42,382,200</b>	<b>\$ 45,455,300</b>	<b>\$ 3,073,100</b>

**May 2020 Estimate, FY 2019-20 Compared to FY 2020-21, General Fund**

	<b>May 2020 Est. FY 2019-20</b>	<b>May 2020 Est. FY 2020-21</b>	<b>Difference Incr./.(Decr.)</b>
<b>1. Base Expenditure Estimate</b>	\$ 37,034,000	\$ 38,020,000	\$ 986,000
<b>2. Policy Changes</b>	\$ (24,528,800)	\$ (21,919,700)	\$ 2,609,100
	-----	-----	-----
<b>Total for Services</b>	<b>\$ 12,505,200</b>	<b>\$ 16,100,300</b>	<b>\$ 3,595,100</b>
<b>Fiscal Intermediary</b>	\$ 2,245,000	\$ 1,723,000	\$ (522,000)
	-----	-----	-----
<b>Total EWC Program</b>	<b>\$ 14,750,200</b>	<b>\$ 17,823,300</b>	<b>\$ 3,073,100</b>

**Notes:**

1) Projections are based on cash basis.



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

**Fiscal Year 2019-20, Comparison of May 2020 and November 2019 Estimates**

<b>POLICY CHG.</b>		<b>NOVEMBER 2019 ESTIMATE</b>		<b>MAY 2020 ESTIMATE</b>		<b>DIFFERENCE, Incr./(Decr.)</b>	
<b>TYPE</b>	<b>NO. DESCRIPTION</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>
FI	1 FISCAL INTERMEDIARY EXPENDITURES - EWC	\$988,000	\$988,000	\$2,245,000	\$2,245,000	\$1,257,000	\$1,257,000
Other	2 CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3 BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4 CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5 REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	6 EWC MAMMOGRAPHY CODE MODIFICATIONS	\$1,000,000	\$1,000,000	\$0	\$0	-\$1,000,000	-\$1,000,000
Benefits	7 MRI AND MRI GUIDED BIOPSY SCREENING BENEFITS	\$0	\$0	\$46,200	\$46,200	\$46,200	\$46,200
<b>EWC TOTAL</b>		<b>\$5,045,000</b>	<b>-\$83,000</b>	<b>\$5,348,200</b>	<b>\$220,200</b>	<b>\$303,200</b>	<b>\$303,200</b>

**Fiscal Year 2020-21, Comparison of May 2020 and November 2019 Estimates**

<b>POLICY CHG.</b>		<b>NOVEMBER 2019 ESTIMATE</b>		<b>MAY 2020 ESTIMATE</b>		<b>DIFFERENCE, Incr./(Decr.)</b>	
<b>TYPE</b>	<b>NO. DESCRIPTION</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>	<b>TOTAL FUNDS</b>	<b>STATE FUNDS</b>
FI	1 FISCAL INTERMEDIARY EXPENDITURES - EWC	\$993,000	\$993,000	\$1,723,000	\$1,723,000	\$730,000	\$730,000
Other	2 CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0
Other	3 BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0
Other	4 CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$5,128,000	\$0	\$0
Benefits	5 REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$3,057,000	\$3,057,000	\$0	\$0
Benefits	6 EWC MAMMOGRAPHY CODE MODIFICATIONS	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	7 MRI AND MRI GUIDED BIOPSY SCREENING BENEFITS	\$0	\$0	\$2,655,300	\$2,655,300	\$2,655,300	\$2,655,300
<b>EWC TOTAL</b>		<b>\$4,050,000</b>	<b>-\$1,078,000</b>	<b>\$7,435,300</b>	<b>\$2,307,300</b>	<b>\$3,385,300</b>	<b>\$3,385,300</b>

<sup>1</sup> Funds are referenced separately in the EWC Funding Summary pages.

**FISCAL INTERMEDIARY EXPENDITURES - EWC**

**POLICY CHANGE NUMBER:** 1  
**IMPLEMENTATION DATE:** 07/2012  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$2,245,000</b>	<b>\$1,723,000</b>
	<b>- GENERAL FUND</b>	<b>\$2,245,000</b>	<b>\$1,723,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$2,245,000</b>	<b>\$1,723,000</b>
	<b>- GENERAL FUND</b>	<b>\$2,245,000</b>	<b>\$1,723,000</b>

**Purpose:**

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

**Authority:**

Health & Safety Code 104150(c)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

Effective October 1, 2019, the DXC Technology Services (DXC) and IBM contractors began processing medical claims. The former FI, Conduent, has some expenditures in FY 2019-20 due to transition timing.

**Reason for Change:**

There is an increase for FY 2019-20 and FY 2020-21, from the prior estimate, due to an estimated increase FI expenditures resulting from including the two new contractors, DXC and IBM.

There is a decrease from FY 2019-20 to FY 2020-21, in the current estimate, due to a decrease in the estimated FI expenditures resulting from Conduent costs concluding in FY 2019-20.

**Methodology:**

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are:

<b>Processing</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Conduent	\$993,000	\$0
DXC and IBM	\$752,000	\$1,223,000
<b>Total</b>	<b>\$1,745,000</b>	<b>\$1,223,000</b>

2. The estimated SDN costs are \$500,000 for FY 2019-20 and FY 2020-21.

3. The total estimated EWC FI administrative costs are:

<b>Total EWC FI Costs</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Processing Costs	\$1,745,000	\$1,223,000
SDNs	\$500,000	\$500,000
<b>Total</b>	<b>\$2,245,000</b>	<b>\$1,723,000</b>

**Funding:**

100% General Fund (4260-114-0001)

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**CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND**

**POLICY CHANGE NUMBER:** 2  
**IMPLEMENTATION DATE:** 7/2012  
**ANALYST:** Manvir Lallian

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		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$14,515,000</b>	<b>-\$14,515,000</b>
	<b>- PROP 99 FUND</b>	<b>\$14,515,000</b>	<b>\$14,515,000</b>
<b>PAYMENT LAG</b>		<b>1.0000</b>	<b>1.0000</b>
<b>% REFLECTED IN BASE</b>		<b>0.00%</b>	<b>0.00%</b>
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	<b>\$0</b>	<b>\$0</b>
	<b>- GENERAL FUND</b>	<b>-\$14,515,000</b>	<b>-\$14,515,000</b>
	<b>- PROP 99 FUND</b>	<b>\$14,515,000</b>	<b>\$14,515,000</b>

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**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

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

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

**Reason for Change:**

There is no change from the prior estimate for FY 2019-20.

There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$14,515,000 in FY 2019-20 and FY 2020-21.

**Funding:**

Proposition 99 Unallocated Local Assistance (4260-114-0236)

100% General Fund (4260-114-0001)

**BREAST CANCER CONTROL ACCOUNT**

**POLICY CHANGE NUMBER:** 3  
**IMPLEMENTATION DATE:** 07/2012  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$7,989,000	-\$7,989,000
	<b>- BCCA FUND</b>	\$7,989,000	\$7,989,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$7,989,000	-\$7,989,000
	<b>- BCCA FUND</b>	\$7,989,000	\$7,989,000

**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

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

Starting July 1, 2018, the Department began receiving revenue from the Department of Motor Vehicles for fees collected from the specialty license plate program in accordance with Assembly Bill 49 (Chapter 351, Statutes of 2014). Funds from the sales of the specialty

license plate program are deposited into the BCCA and used to increase breast cancer awareness and screening services for uninsured and underinsured women.

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

**Reason for Change:**

There is no change for FY 2019-20 and FY 2020-21 from the prior estimate.

There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. The EWC program will receive \$7,989,000 of BCCA funds in FY 2019-20 and FY 2020-21. This amount includes \$77,000 estimated revenue received from the specialty license plate program.

**Funding:**

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

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**CENTERS FOR DISEASE CONTROL AND PREVENTION FUND**

**POLICY CHANGE NUMBER:** 4  
**IMPLEMENTATION DATE:** 07/2012  
**ANALYST:** Manvir Lallian

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		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$5,128,000	-\$5,128,000
	<b>- CDC FUNDS</b>	\$5,128,000	\$5,128,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	<b>- TOTAL FUNDS</b>	\$0	\$0
	<b>- GENERAL FUND</b>	-\$5,128,000	-\$5,128,000
	<b>- CDC FUNDS</b>	\$5,128,000	\$5,128,000

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**Purpose:**

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

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

The program offers funding for:

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

A new multi-year NBCCEDP grant contract began June 30, 2017.



**Reason for Change:**

There is no change for FY 2019-20 and FY 2020-21 from the prior estimate. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. The CDC grant is a multi-year contract beginning June 30, 2017 through June 29, 2022. The total grant amount is \$10,686,074 for FY 2019-20 and FY 2020-21.
2. The Department receives 70.18% of the total grant amount and the California Department of Public Health (CDPH) receives the remaining 28.76%.

(Dollars in Thousands)

<b>Agency</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Department	\$7,500	\$7,500
CDPH	\$3,186	\$3,186
Total CDC Grant Amount	\$10,686	\$10,686

3. The Department will allocate 68.37% of the grant to local assistance and 31.63% to the support budget.

(Dollars in Thousands)

<b>Funding Type</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
Local Assistance	<b>\$5,128</b>	<b>\$5,128</b>
Support	\$2,372	\$2,372
NBCCEDP Grant for EWC	\$7,500	\$7,500

**Funding:**

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

**REGIONAL CONTRACTS**

**POLICY CHANGE NUMBER:** 5  
**IMPLEMENTATION DATE:** 7/2012  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000
<b>PAYMENT LAG</b>		1.0000	1.0000
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$3,057,000	\$3,057,000
	- GENERAL FUND	\$3,057,000	\$3,057,000

**Purpose:**

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

**Authority:**

Health & Safety Code 104150(c)  
 Revenue & Taxation Code 30461.6  
 CA Health Collaborative Contract #16-93229  
 Community Health Partnership Contract #16-93232  
 County of Orange Contract #16-93230  
 Santa Barbara County Contract #16-93231

**Interdependent Policy Changes:**

Not Applicable

**Background:**

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

The objective of each Regional Contractor is to:

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

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

**Reason for Change:**

There is no change from the prior estimate for FY 2019-20 and FY 2020-21. There is no change from FY 2019-20 to FY 2020-21 in the current estimate.

**Methodology:**

1. Effective January 1, 2019, all regional contracts have been extended for another three years.
2. The contracts are funded as follows:

<b>Contracts</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>
CA Health Collaborative	\$2,129,500	\$2,129,500
Community Health Partnership	\$266,800	\$266,800
County of Orange	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
<b>Total</b>	<b>\$3,057,000</b>	<b>\$3,057,000</b>

**Funding:**

100% General Fund (4260-114-0001)

**EWC MAMMOGRAPHY CODE MODIFICATIONS**

**POLICY CHANGE NUMBER:** 6  
**IMPLEMENTATION DATE:** 10/1/2019  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$1,000,000	\$0
	- GENERAL FUND	\$1,000,000	\$0
<b>PAYMENT LAG</b>		1.0000	0.0000
<b>% REFLECTED IN BASE</b>		100.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	\$0	\$0

**Purpose:**

This policy change estimates removal of frequency limitations and Treatment Authorization Request (TAR) restrictions for Every Woman Counts (EWC) mammography codes.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Department removed frequency limitations and approved TAR override for claims containing the 9A aid code and the following Current Procedural Terminology codes: 77065, 77066, and 77067. An Erroneous Payment Correction was deployed to retroactively implement this policy change for the time period of October 2017 to November 2018. Ongoing costs beginning November 2018 are included in the base data and trends.

**Reason for Change:**

There is no change in FY 2019-20 and FY 2020-21 from the prior estimate. The change from

**Methodology**

1. Payments occurred in August and September 2019.
2. This retroactive payment affects approximately 350 providers and 18,000 claims, for approximately \$1,000,000 in FY 2019-20.

**Funding:** 100% General Fund (4260-114-0001)

**MRI AND MRI GUIDED BIOPSY SCREENING BENEFITS**

**POLICY CHANGE NUMBER:** 7  
**IMPLEMENTATION DATE:** 6/1/2020  
**ANALYST:** Manvir Lallian

		<u>FY 2019-20</u>	<u>FY 2020-21</u>
<b>FULL YEAR COST</b>	- TOTAL FUNDS	\$251,000	\$3,098,000
	- GENERAL FUND	\$251,000	\$3,098,000
<b>PAYMENT LAG</b>		0.1840	0.8571
<b>% REFLECTED IN BASE</b>		0.00%	0.00%
<b>APPLIED TO BASE</b>	- TOTAL FUNDS	\$46,200	\$2,655,300
	- GENERAL FUND	\$46,200	\$2,655,300

**Purpose:**

This policy change adds Magnetic Resonance Imaging (MRI) breast screening and MRI guided biopsies as a payable benefit for the Every Woman Counts (EWC) program.

**Authority:**

Cooperative Agreement – Grant #NU58DP006344

**Interdependent Policy Changes:**

Not applicable

**Background:**

The Centers for Disease Control and Prevention (CDC), National Breast and Cervical Cancer Early Detection Program (NBCCEDP) recommends their federally funded grantees screen women who are at high risk for breast cancer with a breast MRI. Also, the CDC updated its data collection system to start monitoring the number of high-risk women enrolled in the NBCCEDP across the United States, and if these women are receiving adequate screening. To comply with these required CDC standard procedures, effective June 1, 2020, the Department's EWC program will add MRIs and MRI guided biopsies as payable benefits based on medical necessity and national screening guidelines.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume effective June 1, 2020, EWC providers will be allowed to bill for MRIs and MRI guided biopsy procedures.
2. The estimated cost for FY 2019-20 is \$251,000 GF. The estimated cost for FY 2020-21 is \$3,098,000 GF.

**Funding:**

100% General Fund (4260-114-0001)

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

<b>Total</b>				
<u>Quarter</u>	<u>Base Estimate Caseload</u>	<u>Estimated Caseload from Policy Changes</u>	<u>Total Caseload</u>	<u>Total EWC Payments</u>
July-Sept 2015				\$5,702,040 *
Oct-Dec 2015				\$5,944,680 *
Jan-Mar 2016				\$6,187,320 *
April -June 2016				\$6,429,960 *
<b>FY 2015-16</b>	<b>161,000</b>		<b>161,000 *</b>	<b>\$24,264,000</b>
July-Sept 2016				\$6,303,405 *
Oct-Dec 2016				\$6,571,635 *
Jan-Mar 2017				\$6,839,865 *
April -June 2017				\$7,108,095 *
<b>FY 2016-17</b>			<b>25,030 *</b>	<b>\$26,823,000</b>
July-Sept 2017				\$6,097,095 *
Oct-Dec 2017				\$8,140,735 *
Jan-Mar 2018				\$6,136,128 *
April -June 2018				\$9,577,882 *
<b>FY 2017-18</b>			<b>26,914 *</b>	<b>\$29,952,000</b>
July-Sept 2018				\$9,276,000 *
Oct-Dec 2018				\$9,943,000 *
Jan-Mar 2019				\$7,831,000 *
April -June 2019				\$12,193,000 *
<b>FY 2018-19</b>			<b>31,080 *</b>	<b>\$39,243,000</b>
July-Sept 2019				\$9,608,934 *
Oct-Dec 2019				\$9,296,035 *
Jan-Mar 2020				\$8,624,058 **
April -June 2020				\$9,504,908 **
<b>FY 2019-20</b>			<b>31,704 **</b>	<b>\$37,034,000</b>
July-Sept 2020				\$9,504,908 **
Oct-Dec 2020				\$9,504,908 **
Jan-Mar 2021				\$9,504,908 **
April -June 2021				\$9,504,908 **
<b>FY 2020-21</b>			<b>27,621 **</b>	<b>\$38,020,000</b>

## Notes:

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

\* Actuals

\*\* Estimated

**FAMILY HEALTH INFORMATION ONLY**  
**May 2020**  
**FISCAL YEARS 2019-20 & 2020-21**

## INTRODUCTION

The Family Health Local Assistance Estimate provides information and State-Only costs for California Children's Services, the Genetically Handicapped Persons Program, and the Every Woman Counts Program.

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

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

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

### California Children's Services

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

Base funding for the state only CCS program services and case management is composed of 50% county funds (CF) and 50% State General Fund (GF). Services and case management for Medi-Cal eligible children are funded by a combined 50% match of GF and Title XIX federal financial participation (FFP). Services and case management authorized for children who are enrolled in Medi-Cal's OTLICP are funded by 65% federal Title XXI FFP and a combined 17.5% CF and 17.5% GF. Starting October 2015, Title XXI FFP increased to 88%, reducing the CF/GF split to 6% apiece. Starting October 2019, Title XXI FFP will decrease to 76.5%, increasing the CF/GF split to 11.75% apiece. Starting October 2020, Title XXI FFP will return to its historic level of 65%, increasing the CF/GF split to 17.5%. In addition to the funding streams above, CCS is also supported by a fixed level of Federal Title V Maternal and Child Health (MCH) funding. GF expenditures were reduced by federal funding by the Safety Net



Care Pool (SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ended October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.

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

#### Genetically Handicapped Persons Program

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

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

#### Every Woman Counts Program

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

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

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

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

**BASE ESTIMATES**

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

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

Where:

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

California Children's Services

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

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

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

### Genetically Handicapped Persons Program

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

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

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

### Every Woman Counts Program

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

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

**INFORMATION ONLY:**

## CALIFORNIA CHILDREN'S SERVICES

1. CCS Redesign

To improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) and to eliminate the fragmentation that exists in the current CSS health care delivery system, the department initiated a CCS Redesign project with stakeholder input.

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

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

2. Adrenoleukodystrophy (ALD) as a CCS Eligible Condition

AB 1559, statutes of 2014, requires that statewide newborn screening be expanded to include Adrenoleukodystrophy (ALD), now that ALD has been adopted by the federal Recommended Uniform Screening Panel (RUSP). Newborn screening for ALD will identify ~~all~~ **most** children with the genetic disorder. Adrenal insufficiency occurs in 90 percent of males, with onset as early as 6 months of age. Nearly all female carriers develop symptoms in adulthood, so would not typically be age eligible for CCS but may be covered by Medi-Cal.

With universal screening for ALD, the protocols for the medical management of the condition can be expected to evolve quickly as more individuals with the condition are identified. It is likely medical management protocols will place greater emphasis on early monitoring, prevention, and timely diagnosis and treatment in response to the emergence of signs of disease progression. A broad array of services are expected to be used ranging from laboratory, physician, and inpatient services to occupational and physical therapy, durable medical equipment, and bone marrow/stem cell transplant. More case by case research is required to estimate correctly.

Additional clinical protocols to test mothers, as well as older siblings, of newborns identified with the ALD mutation are currently in development. These clinical protocols will identify a small but unknown number of additional children and adults needing a varying degree of medical management and genetic counseling. Costs for these additional protocols are unknown at this time.

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

**SB 1095, statutes of 2016, requires that statewide newborn screening be expanded to include Spinal Muscular Atrophy (SMA), now that SMA has been adopted by the federal Recommended Uniform Screening Panel (RUSP). Newborn screening for SMA will identify most children with the early onset forms of the genetic disorder. Children identified through the newborn screening program as having, or at risk of having, SMA will require confirmatory testing/diagnostic studies, clinical/medical management, monitoring, and ongoing treatment. Treatment currently consists of pharmacotherapy (to increase protein expression) with better outcomes associated with earlier detection and prompt treatment initiation. There could be a potential indeterminate cost impact to the program due to earlier detection and implementation of services.**

### 4. New High Cost Treatments for Specific Conditions

There are ~~five~~ **six** additional treatments approved and ready to be phased into use.

~~Tisagenlecleucel~~ **Tisagenlecleucel** (Kymriah) is a one-time treatment for children and young adults up to 25 years of age with B-Cell acute lymphoblastic Leukemia that is refractory or twice elapsed after treatment. The therapy is administered in a single treatment and less expensive than some bone marrow transplants. The treatment is estimated to be approximately \$475,000 per patient.

**Onasemnogene abeparvovec (Zolgensma), was approved by the FDA on May 24, 2019, for children with spinal muscular atrophy aged less than two years with bi-allelic mutations in the survival motor neuron (SMN1) gene.**

Pegvaliase-pqpz (~~Palynzio~~ **Palynzig**) is a lifetime treatment, approved by the FDA on May 24, 2018 to treat PKU adults who are unable to maintain phenylalanine (Phe) levels (below 600 µmol/L) with current therapy.

Cannabidiol (Epidiolex) is a lifetime treatment, approved by the FDA on June 25, 2018 to treat two rare forms of epilepsy, Lennox-Gastaut Syndrome and Dravet Syndrome, in patients older than 2 years of age.

Axicabtagene ciloleucel (Yescarta) is a one-time treatment for youth and adults, aged 18 and over with refractory or relapsing large B -cell lymphoma. The FDA approved the drug for treatment of individuals with types of refractory or relapsing large B-cell lymphoma (DLBCL), a type of non-Hodgkin lymphoma (NHL) whose cancer has either not responded to or returned after two or more attempts at standard systemic therapy.

Voretigene neparvovec-rzyl (Luxturna) is a proposed one-time treatment for “biallelic RPE65 mutation-associated retinal dystrophy.” The FDA approved this drug on December 19, 2017, as a new gene therapy to treat children and adults with confirmed “biallelic RPE65 mutation-associated retinal dystrophy,” an inherited form of impaired vision that may progress to complete blindness. There is no age restriction; however, there must be “viable retinal cells” remaining to treat.

#### 5. California Children’s Services (CCS) – Medical Therapy Program (MTP) Special Education

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

## GENETICALLY HANDICAPPED PERSONS PROGRAM

### 1. Health Insurance Premium Payment (HIPP) Program

The HIPP program is a voluntary program that pays private health insurance premiums for State-Only beneficiaries who have pre-existing medical conditions and meet the program's eligibility requirements. HIPP Program enrollment projections are based on the last five years of actual enrollment data. Letters about the program will be sent to medically eligible beneficiaries with other health coverage by the end of calendar year 2018. The letters may cause an increase to the HIPP enrollment and result in financial savings to the GHPP State-Only expenditures for the upcoming fiscal years. Currently, there is no volume or savings estimates to report.

## EVEY WOMAN COUNTS PROGRAM

### 1. Correction of Denied Provider Claims

The Every Woman Counts (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate clinical claims. Issues were discovered with the claims adjudication process that resulted in denied clinical claims. Currently ~~six~~ **one** Problem Statements (PS) ~~have~~ **has** been issued for claim denials, **resulting from an incorrect ICD 9 code**. ~~That range from office visit to various screenings and diagnostic services. Some of the~~ **The** identified claims adjudication problems are EWC specific and ~~some impact both EWC and Medi-Cal.~~ The FI has determined that system changes are required to correctly adjudicate the claims. System changes are costly and can take anywhere from 90 days to up to one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to re-adjudicate denied claims. These system changes and EPCs will impact EWC's budget. ~~At this time, the number of affected providers, claims, and cost for the system changes are located in EWC PC 7, Mammography Code Modifications. Please~~ **See the EWC Mammography Code Modifications Policy Change for additional details.**

### 2. Washington State Attorney General's Office

**Breast Cancer Prevention Fund (BCPF), a nonprofit, used Legacy Telemarketing, a commercial fundraiser, to raise funds in Washington, California, and Texas, claiming that a majority of the money raised was used to provide mammograms for un- and underinsured women. After investigation, the Attorney General's Office (AGO) filed suit against the trustees of BCPF, finding that less than a fifth of the money raised went to the cause. As part of the settlement agreement, the funds were distributed to organizations that provide low- or no-cost mammograms (or analogous cancer screenings) to un- or underinsured women. WA State V. Breast**

**Cancer Prevention Fund Settlement Policy Change was deactivated after the May 2019 cycle. Every Women Counts program received a check from the Washington State v Breast Cancer Prevention Fund settlement after the Policy Change was deactivated. Washington State anticipates this will be the last check per the bankruptcy Trustee.**



**DISCONTINUED POLICY CHANGES**

**Fully Incorporated Into Base Data/Ongoing**

**CCS**

**GHPP**

**EWC**

**DISCONTINUED POLICY CHANGES**

**Time-Limited/No Longer Applicable**

**CCS**

**GHPP**

**EWC**

**DISCONTINUED POLICY CHANGES**

**Withdrawn**

**CCS**

**GHPP**

**EWC**