

MEDI-CAL  
MAY 2022  
LOCAL ASSISTANCE ESTIMATE  
*for*  
FISCAL YEARS  
2021-22 *and* 2022-23



The Great Seal

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH CARE SERVICES

**MEDI-CAL  
MAY 2022  
LOCAL ASSISTANCE ESTIMATE  
for  
FISCAL YEARS  
2021-22 and 2022-23**

Fiscal Forecasting Division  
State Department of Health Care Services  
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Governor  
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# MAY 2022 MEDI-CAL APPROPRIATION ESTIMATE

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*The May 2022 Medi-Cal Local Assistance Appropriation Estimate is organized into several sections, listed below. Only those sections and items updated after the May 2022 Revise for the Appropriation Estimate are included.*

### **REFERENCE DOCUMENTS**

*The following resources are included immediately following this table of contents, before the Management Summary section:*

- Alphabetical List of Appropriation Policy Changes
- Guide to Key Features of Regular Policy Changes

### **FUNDING SUMMARY**

*The funding summary section of the Medi-Cal Local Assistance Estimate provides an overview of projected expenditures by fund for the budget year.*

### **BUDGET YEAR**

*The Budget Year section provides a summary of medical assistance benefits (base and regular policy change) expenditures for the budget year. It highlights expenditures by service category, compares current year data to the previous appropriation estimate, and provides an overview of the current year cost per eligible expenditures.*

### **CASELOAD**

*The Caseload section provides the estimated average monthly certified eligible counts for prior, current, and budget years.*

### **REGULAR POLICY CHANGES**

*The Regular Policy Changes section provides detailed benefits expenditures information by policy according to program area. This section includes new program policies and other estimated expenditures that are not captured in the base expenditures. See the Guide to Key Features of Regular Policy Changes in the pages that follow for more information on how to interpret the information in Regular Policy Changes.*

**May 2022 Medi-Cal Appropriation Estimate  
Alphabetic List of Policy Changes**

To aid in locating programmatic Policy Changes (PC) in this document, the following is a listing of all PC's revised for the Appropriation Estimate by PC Name, PC Number, Estimate Section, and page number.

<u>PC</u> <u>Number</u>	<u>PC Name</u>	<u>Estimate</u> <u>Section</u>	<u>Page</u>
267	AB 97 ELIMINATIONS	Regular PC	29
286	ACUPUNCTURE RATE INCREASE	Regular PC	35
288	ALAMEDA COUNTY SUPPORTIVE HOUSING	Regular PC	38
290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING	Regular PC	40
277	CALHOPE	Regular PC	31
191	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	Regular PC	20
186	COVID-19 BEHAVIORAL HEALTH	Regular PC	14
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189	COVID-19 ELIGIBILITY	Regular PC	17
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291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES	Regular PC	42
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284	HOSPITAL & SNF COVID-19 WORKER RETENTION PAYMENTS	Regular PC	33
289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS	Regular PC	39
292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT	Regular PC	44
263	NURSING FACILITY FINANCING REFORM	Regular PC	26
293	PACE INFRASTRUCTURE FUNDING	Regular PC	46
64	PHARMACY RETROACTIVE ADJUSTMENTS	Regular PC	2

# MAY 2022 MEDI-CAL ESTIMATE GUIDE TO KEY FEATURES OF REGULAR POLICY CHANGES

This document is intended to aid in interpreting the information included in Regular Policy Changes.

## PROP 56 - DEVELOPMENTAL SCREENINGS

Typically, this represents an accrual amount, before application of cash lags. (In some cases, complex policy changes require lags to be applied at this stage. In these cases, cash amounts are displayed.)

PC numbers are updated each November Estimate as items are re-sorted by category and dollar value.

**REGULAR POLICY CHANGE NUMBER:**  
**IMPLEMENTATION DATE:**  
**ANALYST:**  
**FISCAL REFERENCE NUMBER:**

154  
1/2020  
Joel Singh  
2171

Date of first fiscal impact, not the policy effective date.

Permanent reference number, does not change each November.

	<u>FY 2020-21</u>	<u>FY 2021-22</u>
<b>FULL YEAR COST</b> - TOTAL FUNDS	\$53,308,000	\$61,960,000
- STATE FUNDS	\$20,954,890	\$25,877,550
<b>PAYMENT LAG</b>	0.9984	1.0000
<b>% REFLECTED IN BASE</b>	6.73 %	7.68 %
<b>APPLIED TO BASE</b>		
TOTAL FUNDS	\$49,640,800	\$57,201,500
STATE FUNDS	\$19,513,350	\$23,890,150
FEDERAL FUNDS	\$30,127,460	\$33,311,320

If Full Year Cost is an accrual number, this adjusts an accrual estimate downward to account for payments that will fall outside of each fiscal year, resulting in a cash estimate. A lag of 1.0000 represents no adjustment.

To avoid double counting impacts of policy changes, this row identifies the portion of the cash impact that is estimated to be included in base data and in base trends. 0.00% represents no impact estimated in the base.

These are the amounts added to the Medi-Cal budget for this item after adjusting downward to remove costs estimated to already be reflected in the base data/trends.

**Purpose:**

This policy change estimates the cost for providing Proposition 56 funded payments for developmental screenings.

**Authority:**

AB 74 (Chapter 23, Statute of 2019)  
Families First Coronavirus Response Act (FFCRA)  
AB 80 (Chapter 12, Statutes of 2020)

**Interdependent Policy Changes:**

Proposition 56 Funds Transfer

Policy changes that may change if this policy change is revised.

**Background:**

On November 8, 2016, California voters passed the California Healthcare, Research and

**Medi-Cal Funding Summary**  
**Appropriation Comparison of FY 2021-22 to FY 2022-23**

**TOTAL FUNDS**

<b>Benefits:</b>	<b>FY 2021-22 Estimate<sup>1</sup></b>	<b>FY 2022-23 Estimate<sup>1</sup></b>	<b>Difference Incr./(Decr.)</b>
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$93,206,719,000	\$113,505,153,000	\$20,298,434,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$97,987,000	\$77,350,000	(\$20,637,000)
4260-101-0233 Prop 99 Physician Srvc. Acct	\$27,831,000	\$22,249,000	(\$5,582,000)
4260-101-0236 Prop 99 Unallocated Account	\$49,196,000	\$31,765,000	(\$17,431,000)
4260-101-3085 Mental Health Services	\$0	\$35,627,000	\$35,627,000
4260-101-3168 Emergency Air Transportation Fund	\$3,353,000	\$1,120,000	(\$2,233,000)
4260-101-3305 Healthcare Treatment Fund	\$859,905,000	\$864,603,000	\$4,698,000
4260-101-3375 Prop 56 Loan Repayment Program	\$27,980,000	\$40,780,000	\$12,800,000
4260-101-3398 California Emergency Relief Fund	\$1,077,600,000	\$0	(\$1,077,600,000)
4260-101-8507 Home & Community Based Services (101)	\$47,069,000	\$430,259,000	\$383,190,000
4260-611-0001/0890 Home & Community Based Services(611)	\$4,830,930,000	\$901,418,000	(\$3,929,512,000)
4260-698-0001 Home & Community Based Services (698-0001)	(\$2,415,465,000)	(\$450,709,000)	\$1,964,756,000
4260-698-8507 Home & Community Based Services (698-8507)	(\$2,415,465,000)	(\$450,709,000)	\$1,964,756,000
4260-102-0001/0890 Capital Debt	\$57,384,000	\$70,645,000	\$13,261,000
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$144,987,000	\$0	(\$144,987,000)
4260-104-0001 NDPH Hosp Supp	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,664,000	\$6,158,000	\$4,494,000
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$125,629,000	\$311,341,000	\$185,712,000
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$6,993,000	\$13,280,000	\$6,287,000
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-112-0001 GF Support for Prop 56 Payments*	\$0	\$295,543,000	\$295,543,000
4260-695-3305 Health Care Treatment Fund (Less GF)	\$0	(\$295,543,000)	(\$295,543,000)
4260-113-0001/0890 Children's Health Insurance Program	\$3,481,762,000	\$3,777,295,000	\$295,533,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$300,000,000	\$218,500,000	(\$81,500,000)
4260-601-0942142 Local Trauma Centers	\$53,616,000	\$71,965,000	\$18,349,000
4260-601-0942 Health Homes Program Account	\$15,526,000	\$0	(\$15,526,000)
4260-601-0995 Reimbursements	\$1,292,918,000	\$1,948,290,000	\$655,372,000
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$420,752,000	\$495,668,000	\$74,916,000
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$64,288,000	\$65,482,000	\$1,194,000
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,474,916,000	\$1,841,255,000	\$366,339,000
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,517,457,000	\$2,065,534,000	(\$451,923,000)
4260-601-7502 Demonstration DSH Fund	\$284,587,000	\$195,365,000	(\$89,222,000)
4260-601-7503 Health Care Support Fund	\$11,512,000	\$487,000	(\$11,025,000)
4260-601-8107 Whole Person Care Pilot Fund	\$309,811,000	\$0	(\$309,811,000)
4260-601-8108 Global Payment Program Fund	\$1,441,808,000	\$1,272,004,000	(\$169,804,000)
4260-601-8113 DPH GME Special Fund	\$237,744,000	\$220,470,000	(\$17,274,000)
4260-602-0309 Perinatal Insurance Fund	\$12,196,000	\$19,214,000	\$7,018,000
4260-605-0001 SNF Quality & Accountability	\$47,523,000	\$0	(\$47,523,000)
4260-605-3167 SNF Quality & Accountability(Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$35,250,000	\$20,500,000	(\$14,750,000)
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$47,523,000)	\$0	\$47,523,000
4260-606-0834 SB 1100 DSH	\$88,108,000	\$112,072,000	\$23,964,000
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$8,792,455,000	\$3,808,927,000	(\$4,983,528,000)
<b>Total Benefits</b>	<b>\$116,569,919,000</b>	<b>\$131,544,274,000</b>	<b>\$14,974,355,000</b>
<b>County Administration:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$4,922,925,000	\$5,782,280,000	\$859,355,000
4260-101-8507 Home & Community Base Services	\$0	\$5,665,000	\$5,665,000
4260-106-0890 Money Follow Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$61,132,000	\$63,996,000	\$2,864,000
4260-117-0001/0890 HIPPA	\$11,385,000	\$17,867,000	\$6,482,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
4260-601-0942 Health Homes Program Account	\$159,000	\$0	(\$159,000)
4260-601-0995 Reimbursements	\$13,671,000	\$13,671,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$4,007,000	\$0	(\$4,007,000)
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$147,000	\$147,000	\$0
<b>Total County Administration</b>	<b>\$5,013,766,000</b>	<b>\$5,883,966,000</b>	<b>\$870,200,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$421,946,000	\$450,750,000	\$28,804,000
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$23,775,000	\$25,946,000	\$2,171,000
4260-117-0001/0890 HIPAA	\$1,427,000	\$3,091,000	\$1,664,000
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$447,148,000</b>	<b>\$479,787,000</b>	<b>\$32,639,000</b>
<b>Grand Total - Total Funds</b>	<b>\$122,030,833,000</b>	<b>\$137,908,027,000</b>	<b>\$15,877,194,000</b>

<sup>1</sup> As of FY 2022-23 Appropriation

**Medi-Cal Funding Summary**  
**Appropriation Comparison of FY 2021-22 to FY 2022-23**

**STATE FUNDS**

<u>Benefits:</u>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>Difference</b>
	<b>Estimate<sup>1</sup></b>	<b>Estimate<sup>1</sup></b>	<b>Incr./(Decr.)</b>
4260-101-0001 Medi-Cal General Fund*	\$22,966,599,000	\$33,420,840,000	\$10,454,241,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$97,987,000	\$77,350,000	(\$20,637,000)
4260-101-0233 Prop 99 Physician Srvc. Acct	\$27,831,000	\$22,249,000	(\$5,582,000)
4260-101-0236 Prop 99 Unallocated Account	\$49,196,000	\$31,765,000	(\$17,431,000)
4260-101-3085 Mental Health Services	\$0	\$35,627,000	\$35,627,000
4260-101-3168 Emergency Air Transportation Fund	\$3,353,000	\$1,120,000	(\$2,233,000)
4260-101-3305 Healthcare Treatment Fund	\$859,905,000	\$864,603,000	\$4,698,000
4260-101-3375 Prop 56 Loan Repayment Program	\$27,980,000	\$40,780,000	\$12,800,000
4260-101-3398 California Emergency Relief Fund	\$1,077,600,000	\$0	(\$1,077,600,000)
4260-101-8507 Home & Community Based Services (101)	\$47,069,000	\$430,259,000	\$383,190,000
4260-611-0001 Home & Community Based Services(611)*	\$2,415,465,000	\$450,709,000	(\$1,964,756,000)
4260-698-0001 Home & Community Based Services (698-0001)*	(\$2,415,465,000)	(\$450,709,000)	\$1,964,756,000
4260-698-8507 Home & Community Based Services (698-8507)	(\$2,415,465,000)	(\$450,709,000)	\$1,964,756,000
4260-102-0001 Capital Debt *	\$13,485,000	\$21,376,000	\$7,891,000
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$144,987,000	\$0	(\$144,987,000)
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,664,000	\$6,158,000	\$4,494,000
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$125,629,000	\$311,341,000	\$185,712,000
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-112-0001 GF Support for Prop 56 Payments*	\$0	\$295,543,000	\$295,543,000
4260-695-3305 Health Care Treatment Fund (Less GF)	\$0	(\$295,543,000)	(\$295,543,000)
4260-113-0001 Childrens Health Insurance Program *	\$881,746,000	\$1,059,004,000	\$177,258,000
4260-601-0942142 Local Trauma Centers	\$53,616,000	\$71,965,000	\$18,349,000
4260-601-0942 Health Homes Program Account	\$15,526,000	\$0	(\$15,526,000)
4260-601-0995 Reimbursements	\$1,292,918,000	\$1,948,290,000	\$655,372,000
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$420,752,000	\$495,668,000	\$74,916,000
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$64,288,000	\$65,482,000	\$1,194,000
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,474,916,000	\$1,841,255,000	\$366,339,000
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,517,457,000	\$2,065,534,000	(\$451,923,000)
4260-601-8107 Whole Person Care Pilot Fund	\$309,811,000	\$0	(\$309,811,000)
4260-601-8108 Global Payment Program Fund	\$1,441,808,000	\$1,272,004,000	(\$169,804,000)
4260-601-8113 DPH GME Special Fund	\$237,744,000	\$220,470,000	(\$17,274,000)
4260-602-0309 Perinatal Insurance Fund	\$12,196,000	\$19,214,000	\$7,018,000
4260-605-0001 SNF Quality & Accountability *	\$47,523,000	\$0	(\$47,523,000)
4260-605-3167 SNF Quality & Accountability (Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$35,250,000	\$20,500,000	(\$14,750,000)
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	(\$47,523,000)	\$0	\$47,523,000
4260-606-0834 SB 1100 DSH	\$88,108,000	\$112,072,000	\$23,964,000
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$3,566,348,000	\$3,808,927,000	\$242,579,000
<b>Total Benefits</b>	<b>\$35,441,220,000</b>	<b>\$47,814,060,000</b>	<b>\$12,372,840,000</b>
<b>Total Benefits General Fund *</b>	<b>\$24,029,653,000</b>	<b>\$34,917,063,000</b>	<b>\$10,887,410,000</b>
<b>County Administration:</b>			
4260-101-0001 Medi-Cal General Fund *	\$883,069,000	\$1,304,611,000	\$421,542,000
4260-101-8507 Home & Community Base Services	\$0	\$5,665,000	\$5,665,000
4260-113-0001 Childrens Health Insurance Program *	\$12,561,000	\$13,910,000	\$1,349,000
4260-117-0001 HIPAA *	\$2,048,000	\$3,715,000	\$1,667,000
4260-601-0942 Health Homes Program Account	\$159,000	\$0	(\$159,000)
4260-601-0995 Reimbursements	\$13,671,000	\$13,671,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$4,007,000	\$0	(\$4,007,000)
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$147,000	\$147,000	\$0
<b>Total County Administration</b>	<b>\$915,662,000</b>	<b>\$1,341,719,000</b>	<b>\$426,057,000</b>
<b>Total County Administration General Fund *</b>	<b>\$897,678,000</b>	<b>\$1,322,236,000</b>	<b>\$424,558,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001 Medi-Cal General Fund *	\$153,623,000	\$134,028,000	(\$19,595,000)
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$7,432,000	\$8,110,000	\$678,000
4260-117-0001 HIPAA *	\$305,000	\$720,000	\$415,000
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$161,360,000</b>	<b>\$142,858,000</b>	<b>(\$18,502,000)</b>
<b>Total Fiscal Intermediary General Fund *</b>	<b>\$161,360,000</b>	<b>\$142,858,000</b>	<b>(\$18,502,000)</b>
<b>Grand Total - State Funds</b>	<b>\$36,518,242,000</b>	<b>\$49,298,637,000</b>	<b>\$12,780,395,000</b>
<b>Grand Total - General Fund*</b>	<b>\$25,088,691,000</b>	<b>\$36,382,157,000</b>	<b>\$11,293,466,000</b>

<sup>1</sup> As of FY 2022-23 Appropriation

**Medi-Cal Funding Summary**  
**Appropriation Comparison of FY 2021-22 to FY 2022-23**

**FEDERAL FUNDS**

<b>Benefits:</b>	<b>FY 2021-22 Estimate<sup>1</sup></b>	<b>FY 2022-23 Estimate<sup>1</sup></b>	<b>Difference Incr./(Decr.)</b>
4260-101-0890 Federal Funds	\$70,240,120,000	\$80,084,313,000	\$9,844,193,000
4260-102-0890 Capital Debt	\$43,899,000	\$49,269,000	\$5,370,000
4260-106-0890 Money Follows Person Federal Grant	\$6,993,000	\$13,280,000	\$6,287,000
4260-113-0890 Childrens Health Insurance Fund	\$2,600,016,000	\$2,718,291,000	\$118,275,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$300,000,000	\$218,500,000	(\$81,500,000)
4260-601-7502 Demonstration DSH Fund	\$284,587,000	\$195,365,000	(\$89,222,000)
4260-601-7503 Health Care Support Fund	\$11,512,000	\$487,000	(\$11,025,000)
4260-611-0890 Home & Community Based Services 100% FF	\$2,415,465,000	\$450,709,000	(\$1,964,756,000)
4260-611-0890 Hospital Quality Assurance	\$5,226,107,000	\$0	(\$5,226,107,000)
<b>Total Benefits</b>	<b>\$81,128,699,000</b>	<b>\$83,730,214,000</b>	<b>\$2,601,515,000</b>
<b>County Administration:</b>			
4260-101-0890 Federal Funds	\$4,039,856,000	\$4,477,669,000	\$437,813,000
4260-106-0890 Money Follows Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0890 Childrens Health Insurance Fund	\$48,571,000	\$50,086,000	\$1,515,000
4260-117-0890 HIPAA	\$9,337,000	\$14,152,000	\$4,815,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
<b>Total County Administration</b>	<b>\$4,098,104,000</b>	<b>\$4,542,247,000</b>	<b>\$444,143,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0890 Federal Funds	\$268,323,000	\$316,722,000	\$48,399,000
4260-113-0890 Childrens Health Insurance Fund	\$16,343,000	\$17,836,000	\$1,493,000
4260-117-0890 HIPAA	\$1,122,000	\$2,371,000	\$1,249,000
<b>Total Fiscal Intermediary</b>	<b>\$285,788,000</b>	<b>\$336,929,000</b>	<b>\$51,141,000</b>
<b>Grand Total - Federal Funds</b>	<b>\$85,512,591,000</b>	<b>\$88,609,390,000</b>	<b>\$3,096,799,000</b>

<sup>1</sup> As of FY 2022-23 Appropriation



**Medi-Cal Funding Summary**  
**Appropriation Compared to November 2021 Estimate**  
**Fiscal Year 2022 - 2023**

**TOTAL FUNDS**

<b>Benefits:</b>	<b>Nov 2021 Estimate</b>	<b>FY 2022-23 Appropriation</b>	<b>Difference Incr./Decr.</b>
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$102,849,663,000	\$113,505,153,000	\$10,655,490,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$89,639,000	\$77,350,000	(\$12,289,000)
4260-101-0233 Prop 99 Physician Srvc. Acct	\$25,769,000	\$22,249,000	(\$3,520,000)
4260-101-0236 Prop 99 Unallocated Account	\$39,512,000	\$31,765,000	(\$7,747,000)
4260-101-3085 Mental Health Services	\$22,050,000	\$35,627,000	\$13,577,000
4260-101-3168 Emergency Air Transportation Fund	\$3,811,000	\$1,120,000	(\$2,691,000)
4260-101-3305 Healthcare Treatment Fund	\$812,849,000	\$864,603,000	\$51,754,000
4260-101-3375 Prop 56 Loan Repayment Program	\$41,400,000	\$40,780,000	(\$620,000)
4260-101-3398 California Emergency Relief Fund	\$0	\$0	\$0
4260-101-8507 Home & Community Based Services (101)	\$484,590,000	\$430,259,000	(\$54,331,000)
4260-611-0001/0890 Home & Community Based Services(611)	\$968,188,000	\$901,418,000	(\$66,770,000)
4260-698-0001 Home & Community Based Services (698-0001)	(\$484,094,000)	(\$450,709,000)	\$33,385,000
4260-698-8507 Home & Community Based Services (698-8507)	(\$484,094,000)	(\$450,709,000)	\$33,385,000
4260-102-0001/0890 Capital Debt	\$76,257,000	\$70,645,000	(\$5,612,000)
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$0	\$0
4260-104-0001 NDPH Hosp Supp	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$6,158,000	\$4,258,000
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$144,823,000	\$311,341,000	\$166,518,000
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$8,420,000	\$13,280,000	\$4,860,000
4260-112-0001 GF Support for Prop 56 Payments*	\$28,970,000	\$295,543,000	\$266,573,000
4260-695-3305 Health Care Treatment Fund (Less GF)	(\$28,970,000)	(\$295,543,000)	(\$266,573,000)
4260-113-0001/0890 Children's Health Insurance Program	\$3,694,537,000	\$3,777,295,000	\$82,758,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$218,500,000	\$218,500,000	\$0
4260-601-0942142 Local Trauma Centers	\$75,915,000	\$71,965,000	(\$3,950,000)
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$2,039,422,000	\$1,948,290,000	(\$91,132,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$592,657,000	\$495,668,000	(\$96,989,000)
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$54,586,000	\$65,482,000	\$10,896,000
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,852,874,000	\$1,841,255,000	(\$11,619,000)
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,065,534,000	\$2,065,534,000	\$0
4260-601-7502 Demonstration DSH Fund	\$203,016,000	\$195,365,000	(\$7,651,000)
4260-601-7503 Health Care Support Fund	\$123,749,000	\$487,000	(\$123,262,000)
4260-601-8107 Whole Person Care Pilot Fund	\$0	\$0	\$0
4260-601-8108 Global Payment Program Fund	\$1,280,725,000	\$1,272,004,000	(\$8,721,000)
4260-601-8113 DPH GME Special Fund	\$234,177,000	\$220,470,000	(\$13,707,000)
4260-602-0309 Perinatal Insurance Fund	\$22,917,000	\$19,214,000	(\$3,703,000)
4260-605-0001 SNF Quality & Accountability	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability(Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$14,750,000	\$20,500,000	\$5,750,000
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	\$0	\$0	\$0
4260-606-0834 SB 1100 DSH	\$109,652,000	\$112,072,000	\$2,420,000
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$9,534,790,000	\$3,808,927,000	(\$5,725,863,000)
<b>Total Benefits</b>	<b>\$126,719,400,000</b>	<b>\$131,544,274,000</b>	<b>\$4,824,874,000</b>
<b>County Administration:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$5,392,337,000	\$5,782,280,000	\$389,943,000
4260-101-8507 Home & Community Base Services	\$0	\$5,665,000	\$5,665,000
4260-106-0890 Money Follow Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$66,084,000	\$63,996,000	(\$2,088,000)
4260-117-0001/0890 HIPAA	\$18,577,000	\$17,867,000	(\$710,000)
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$13,793,000	\$13,671,000	(\$122,000)
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$0	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$150,000	\$147,000	(\$3,000)
<b>Total County Administration</b>	<b>\$5,491,281,000</b>	<b>\$5,883,966,000</b>	<b>\$392,685,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$425,693,000	\$450,750,000	\$25,057,000
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$20,137,000	\$25,946,000	\$5,809,000
4260-117-0001/0890 HIPAA	\$3,104,000	\$3,091,000	(\$13,000)
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$448,934,000</b>	<b>\$479,787,000</b>	<b>\$30,853,000</b>
<b>Grand Total - Total Funds</b>	<b>\$132,659,615,000</b>	<b>\$137,908,027,000</b>	<b>\$5,248,412,000</b>

**Medi-Cal Funding Summary**  
**Appropriation Compared to November 2021 Estimate**  
**Fiscal Year 2022 - 2023**

**STATE FUNDS**

<b>Benefits:</b>	<b>Nov 2021 Estimate</b>	<b>FY 2022-23 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
4260-101-0001 Medi-Cal General Fund*	\$32,352,950,000	\$33,420,840,000	\$1,067,890,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$89,639,000	\$77,350,000	(\$12,289,000)
4260-101-0233 Prop 99 Physician Srvc. Acct	\$25,769,000	\$22,249,000	(\$3,520,000)
4260-101-0236 Prop 99 Unallocated Account	\$39,512,000	\$31,765,000	(\$7,747,000)
4260-101-3085 Mental Health Services	\$22,050,000	\$35,627,000	\$13,577,000
4260-101-3168 Emergency Air Transportation Fund	\$3,811,000	\$1,120,000	(\$2,691,000)
4260-101-3305 Healthcare Treatment Fund	\$812,849,000	\$864,603,000	\$51,754,000
4260-101-3375 Prop 56 Loan Repayment Program	\$41,400,000	\$40,780,000	(\$620,000)
4260-101-3398 California Emergency Relief Fund	\$0	\$0	\$0
4260-101-8507 Home & Community Based Services (101)	\$484,590,000	\$430,259,000	(\$54,331,000)
4260-611-0001 Home & Community Based Services(611)*	\$484,094,000	\$450,709,000	(\$33,385,000)
4260-698-0001 Home & Community Based Services (698-0001)*	(\$484,094,000)	(\$450,709,000)	\$33,385,000
4260-698-8507 Home & Community Based Services (698-8507)	(\$484,094,000)	(\$450,709,000)	\$33,385,000
4260-102-0001 Capital Debt *	\$25,504,000	\$21,376,000	(\$4,128,000)
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$0	\$0
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$1,900,000	\$6,158,000	\$4,258,000
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$144,823,000	\$311,341,000	\$166,518,000
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-112-0001 GF Support for Prop 56 Payments*	\$28,970,000	\$295,543,000	\$266,573,000
4260-695-3305 Health Care Treatment Fund (Less GF)	(\$28,970,000)	(\$295,543,000)	(\$266,573,000)
4260-113-0001 Childrens Health Insurance Program *	\$1,042,638,000	\$1,059,004,000	\$16,366,000
4260-601-0942142 Local Trauma Centers	\$75,915,000	\$71,965,000	(\$3,950,000)
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$2,039,422,000	\$1,948,290,000	(\$91,132,000)
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$592,657,000	\$495,668,000	(\$96,989,000)
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$54,586,000	\$65,482,000	\$10,896,000
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,852,874,000	\$1,841,255,000	(\$11,619,000)
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,065,534,000	\$2,065,534,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$0	\$0	\$0
4260-601-8108 Global Payment Program Fund	\$1,280,725,000	\$1,272,004,000	(\$8,721,000)
4260-601-8113 DPH GME Special Fund	\$234,177,000	\$220,470,000	(\$13,707,000)
4260-602-0309 Perinatal Insurance Fund	\$22,917,000	\$19,214,000	(\$3,703,000)
4260-605-0001 SNF Quality & Accountability *	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability (Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$14,750,000	\$20,500,000	\$5,750,000
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	\$0	\$0	\$0
4260-606-0834 SB 1100 DSH	\$109,652,000	\$112,072,000	\$2,420,000
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$3,818,157,000	\$3,808,927,000	(\$9,230,000)
<b>Total Benefits</b>	<b>\$46,765,623,000</b>	<b>\$47,814,060,000</b>	<b>\$1,048,437,000</b>
<b>Total Benefits General Fund *</b>	<b>\$33,570,362,000</b>	<b>\$34,917,063,000</b>	<b>\$1,346,701,000</b>
<b>County Administration:</b>			
4260-101-0001 Medi-Cal General Fund *	\$1,158,074,000	\$1,304,611,000	\$146,537,000
4260-101-8507 Home & Community Base Services	\$0	\$5,665,000	\$5,665,000
4260-113-0001 Childrens Health Insurance Program *	\$15,144,000	\$13,910,000	(\$1,234,000)
4260-117-0001 HIPAA *	\$3,949,000	\$3,715,000	(\$234,000)
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$13,793,000	\$13,671,000	(\$122,000)
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$0	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$150,000	\$147,000	(\$3,000)
<b>Total County Administration</b>	<b>\$1,191,110,000</b>	<b>\$1,341,719,000</b>	<b>\$150,609,000</b>
<b>Total County Administration General Fund *</b>	<b>\$1,177,167,000</b>	<b>\$1,322,236,000</b>	<b>\$145,069,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001 Medi-Cal General Fund *	\$130,936,000	\$134,028,000	\$3,092,000
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$6,808,000	\$8,110,000	\$1,302,000
4260-117-0001 HIPAA *	\$723,000	\$720,000	(\$3,000)
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$138,467,000</b>	<b>\$142,858,000</b>	<b>\$4,391,000</b>
<b>Total Fiscal Intermediary General Fund *</b>	<b>\$138,467,000</b>	<b>\$142,858,000</b>	<b>\$4,391,000</b>
<b>Grand Total - State Funds</b>	<b>\$48,095,200,000</b>	<b>\$49,298,637,000</b>	<b>\$1,203,437,000</b>
<b>Grand Total - General Fund*</b>	<b>\$34,885,996,000</b>	<b>\$36,382,157,000</b>	<b>\$1,496,161,000</b>

**Medi-Cal Funding Summary**  
**Appropriation Compared to November 2021 Estimate**  
**Fiscal Year 2022 - 2023**

**FEDERAL FUNDS**

	Nov 2021 Estimate	FY 2022-23 Appropriation	Difference Incr./(Decr.)
<b>Benefits:</b>			
4260-101-0890 Federal Funds	\$70,496,713,000	\$80,084,313,000	\$9,587,600,000
4260-102-0890 Capital Debt	\$50,753,000	\$49,269,000	(\$1,484,000)
4260-106-0890 Money Follows Person Federal Grant	\$8,420,000	\$13,280,000	\$4,860,000
4260-113-0890 Childrens Health Insurance Fund	\$2,651,899,000	\$2,718,291,000	\$66,392,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$218,500,000	\$218,500,000	\$0
4260-601-7502 Demonstration DSH Fund	\$203,016,000	\$195,365,000	(\$7,651,000)
4260-601-7503 Health Care Support Fund	\$123,749,000	\$487,000	(\$123,262,000)
4260-611-0890 Home & Community Based Services 100% FF	\$484,094,000	\$450,709,000	(\$33,385,000)
4260-611-0890 Hospital Quality Assurance	\$5,716,633,000	\$0	(\$5,716,633,000)
<b>Total Benefits</b>	<b>\$79,953,777,000</b>	<b>\$83,730,214,000</b>	<b>\$3,776,437,000</b>
<b>County Administration:</b>			
4260-101-0890 Federal Funds	\$4,234,263,000	\$4,477,669,000	\$243,406,000
4260-106-0890 Money Follows Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0890 Childrens Health Insurance Fund	\$50,940,000	\$50,086,000	(\$854,000)
4260-117-0890 HIPAA	\$14,628,000	\$14,152,000	(\$476,000)
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
<b>Total County Administration</b>	<b>\$4,300,171,000</b>	<b>\$4,542,247,000</b>	<b>\$242,076,000</b>
<b>Fiscal Intermediary:</b>			
4260-101-0890 Federal Funds	\$294,757,000	\$316,722,000	\$21,965,000
4260-113-0890 Childrens Health Insurance Fund	\$13,329,000	\$17,836,000	\$4,507,000
4260-117-0890 HIPAA	\$2,381,000	\$2,371,000	(\$10,000)
<b>Total Fiscal Intermediary</b>	<b>\$310,467,000</b>	<b>\$336,929,000</b>	<b>\$26,462,000</b>
<b>Grand Total - Federal Funds</b>	<b>\$84,564,415,000</b>	<b>\$88,609,390,000</b>	<b>\$4,044,975,000</b>

**Medi-Cal Funding Summary  
May 2022 Estimate Compared to FY 2022-23 Appropriation  
Fiscal Year 2022 - 2023**

**TOTAL FUNDS**

	<b>May 2022 Estimate</b>	<b>FY 2022-23 Appropriation</b>	<b>Difference Incr./(Decr.)</b>
<b>MEDI-CAL Benefits:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$111,153,527,000	\$113,505,153,000	\$2,351,626,000
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Svc. Acct.	\$77,350,000	\$77,350,000	\$0
4260-101-0233 Prop 99 Physician Svc. Acct	\$22,249,000	\$22,249,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$31,765,000	\$31,765,000	\$0
4260-101-3085 Mental Health Services	\$22,050,000	\$35,627,000	\$13,577,000
4260-101-3168 Emergency Air Transportation Fund	\$1,120,000	\$1,120,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$864,603,000	\$864,603,000	\$0
4260-101-3366 Electronic Cigarette Product Tax	\$0	\$0	\$0
4260-101-3375 Prop 56 Loan Repayment Program	\$40,780,000	\$40,780,000	\$0
4260-101-3398 California Emergency Relief Fund	\$0	\$0	\$0
4260-101-8507 Home & Community Based Services (101)	\$430,259,000	\$430,259,000	\$0
4260-611-0001/0890 Home & Community Based Services(611)	\$901,418,000	\$901,418,000	\$0
4260-698-0001 Home & Community Based Services (698-0001)	(\$450,709,000)	(\$450,709,000)	\$0
4260-698-8507 Home & Community Based Services (698-8507)	(\$450,709,000)	(\$450,709,000)	\$0
4260-102-0001/0890 Capital Debt	\$70,645,000	\$70,645,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$0	\$0
4260-104-0001 NDPH Hosp Supp	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$6,158,000	\$6,158,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$311,341,000	\$311,341,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-106-0890 Money Follows Person Federal Grant	\$13,280,000	\$13,280,000	\$0
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-112-0001 GF Support for Prop 56 Payments*	\$295,543,000	\$295,543,000	\$0
4260-695-3305 Health Care Treatment Fund (Less GF)	(\$295,543,000)	(\$295,543,000)	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$3,771,905,000	\$3,777,295,000	\$5,390,000
4260-162-8506 State Fiscal Recovery Fund of 2021	\$218,500,000	\$218,500,000	\$0
4260-601-0942142 Local Trauma Centers	\$71,965,000	\$71,965,000	\$0
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$1,948,290,000	\$1,948,290,000	\$0
4260-601-3156 MCO Tax Fund	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$495,668,000	\$495,668,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$65,482,000	\$65,482,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,841,255,000	\$1,841,255,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,065,534,000	\$2,065,534,000	\$0
4260-601-7502 Demonstration DSH Fund	\$195,365,000	\$195,365,000	\$0
4260-601-7503 Health Care Support Fund	\$487,000	\$487,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$0	\$0	\$0
4260-601-8108 Global Payment Program Fund	\$1,272,004,000	\$1,272,004,000	\$0
4260-601-8113 DPH GME Special Fund	\$220,470,000	\$220,470,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$19,214,000	\$19,214,000	\$0
4260-605-0001 SNF Quality & Accountability	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability(Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$20,500,000	\$20,500,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	\$0	\$0	\$0
4260-606-0834 SB 1100 DSH	\$112,072,000	\$112,072,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158/0890 Hospital Quality Assurance	\$3,808,927,000	\$3,808,927,000	\$0
<b>TOTAL MEDI-CAL Benefits</b>	<b><u>\$129,173,681,000</u></b>	<b><u>\$131,544,274,000</u></b>	<b><u>\$2,370,593,000</u></b>
<b>COUNTY ADMINISTRATION:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$5,782,280,000	\$5,782,280,000	\$0
4260-101-8507 Home & Community Base Services	\$5,665,000	\$5,665,000	\$0
4260-106-0890 Money Follow Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$63,996,000	\$63,996,000	\$0
4260-117-0001/0890 HIPPA	\$17,867,000	\$17,867,000	\$0
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$13,671,000	\$13,671,000	\$0
4260-602-3311 Healthcare Svc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$0	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$147,000	\$147,000	\$0
<b>TOTAL COUNTY ADMIN.</b>	<b><u>\$5,883,966,000</u></b>	<b><u>\$5,883,966,000</u></b>	<b><u>\$0</u></b>
<b>FISCAL INTERMEDIARY:</b>			
4260-101-0001/0890 Medi-Cal General and Federal Funds	\$450,750,000	\$450,750,000	\$0
4260-111-0001 CHDP State Only	\$0	\$0	\$0
4260-113-0001/0890 Children's Health Insurance Program	\$25,946,000	\$25,946,000	\$0
4260-117-0001/0890 HIPAA	\$3,091,000	\$3,091,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>TOTAL FISCAL INTERMEDIARY</b>	<b><u>\$479,787,000</u></b>	<b><u>\$479,787,000</u></b>	<b><u>\$0</u></b>
<b>GRAND TOTAL - ALL FUNDS</b>	<b><u>\$135,537,434,000</u></b>	<b><u>\$137,908,027,000</u></b>	<b><u>\$2,370,593,000</u></b>

**Medi-Cal Funding Summary**  
**May 2022 Estimate Compared to FY 2022-23 Appropriation**  
**Fiscal Year 2022 - 2023**

**STATE FUNDS**

<u>Benefits:</u>	<u>May 2022 Estimate</u>	<u>FY 2022-23 Appropriation</u>	<u>Difference Incr./(Decr.)</u>
4260-101-0001 Medi-Cal General Fund*	\$33,645,182,000	\$33,420,840,000	(\$224,342,000)
4260-101-0080 CLPP Funds	\$916,000	\$916,000	\$0
4260-101-0232 Prop 99 Hospital Srvc. Acct.	\$77,350,000	\$77,350,000	\$0
4260-101-0233 Prop 99 Physician Srvc. Acct	\$22,249,000	\$22,249,000	\$0
4260-101-0236 Prop 99 Unallocated Account	\$31,765,000	\$31,765,000	\$0
4260-101-3085 Mental Health Services	\$22,050,000	\$35,627,000	\$13,577,000
4260-101-3168 Emergency Air Transportation Fund	\$1,120,000	\$1,120,000	\$0
4260-101-3305 Healthcare Treatment Fund	\$864,603,000	\$864,603,000	\$0
4260-101-3366 Electronic Cigarette Product Tax	\$0	\$0	\$0
4260-101-3375 Prop 56 Loan Repayment Program	\$40,780,000	\$40,780,000	\$0
4260-101-3398 California Emergency Relief Fund	\$0	\$0	\$0
4260-101-8507 Home & Community Based Services (101)	\$430,259,000	\$430,259,000	\$0
4260-611-0001 Home & Community Based Services(611)*	\$450,709,000	\$450,709,000	\$0
4260-698-0001 Home & Community Based Services (698-0001)*	(\$450,709,000)	(\$450,709,000)	\$0
4260-698-8507 Home & Community Based Services (698-8507)	(\$450,709,000)	(\$450,709,000)	\$0
4260-102-0001 Capital Debt *	\$21,376,000	\$21,376,000	\$0
4260-102-3305 Prop 56 Loan Forgiveness Program	\$0	\$0	\$0
4260-103-3305 Prop 56 Value-Based Payment	\$0	\$0	\$0
4260-104-0001 NDPH Hosp Supp *	\$1,900,000	\$1,900,000	\$0
4260-601-3096 NDPH Suppl	\$6,158,000	\$6,158,000	\$0
4260-698-3096 NDPH Hosp Suppl (Less Funded by GF)	(\$1,900,000)	(\$1,900,000)	\$0
4260-105-0001 Private Hosp Supp Fund *	\$118,400,000	\$118,400,000	\$0
4260-601-3097 Private Hosp Suppl	\$311,341,000	\$311,341,000	\$0
4260-698-3097 Private Hosp Supp (Less Funded by GF)	(\$118,400,000)	(\$118,400,000)	\$0
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-112-0001 GF Support for Prop 56 Payments*	\$295,543,000	\$295,543,000	\$0
4260-695-3305 Health Care Treatment Fund (Less GF)	(\$295,543,000)	(\$295,543,000)	\$0
4260-113-0001 Childrens Health Insurance Program *	\$1,053,216,000	\$1,059,004,000	\$5,788,000
4260-601-0942142 Local Trauma Centers	\$71,965,000	\$71,965,000	\$0
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$1,948,290,000	\$1,948,290,000	\$0
4260-601-3156 MCO Tax Fund	\$0	\$0	\$0
4260-601-3172 Public Hosp. Invest., Improve. & Incentive Fund	\$0	\$0	\$0
4260-601-3213 LTC QA Fund	\$495,668,000	\$495,668,000	\$0
4260-601-3293 MCO Tax Fund 2016	\$0	\$0	\$0
4260-601-3311 Healthcare Service Fines and Penalties	\$0	\$0	\$0
4260-601-3323 Medi-Cal Emergency Transport Fund	\$65,482,000	\$65,482,000	\$0
4260-601-3331 Medi-Cal Drug Rebates Fund	\$1,841,255,000	\$1,841,255,000	\$0
4260-601-3334 MCO Tax (HCS Special Fund)	\$2,065,534,000	\$2,065,534,000	\$0
4260-601-8107 Whole Person Care Pilot Fund	\$0	\$0	\$0
4260-601-8108 Global Payment Program Fund	\$1,272,004,000	\$1,272,004,000	\$0
4260-601-8113 DPH GME Special Fund	\$220,470,000	\$220,470,000	\$0
4260-602-0309 Perinatal Insurance Fund	\$19,214,000	\$19,214,000	\$0
4260-605-0001 SNF Quality & Accountability *	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability (Non-GF) Only	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability	\$20,500,000	\$20,500,000	\$0
4260-698-3167 SNF Qual & Acct. (Less Funded by GF)	\$0	\$0	\$0
4260-606-0834 SB 1100 DSH	\$112,072,000	\$112,072,000	\$0
4260-607-8502 LIHP IGT (Non-GF)	\$0	\$0	\$0
4260-611-3158 Hospital Quality Assurance Revenue	\$3,808,927,000	\$3,808,927,000	\$0
<b>Total Benefits</b>	<b>\$48,019,037,000</b>	<b>\$47,814,060,000</b>	<b>(\$204,977,000)</b>
<b>Total Benefits General Fund *</b>	<b>\$35,135,617,000</b>	<b>\$34,917,063,000</b>	<b>(\$218,554,000)</b>
<b>County Administration:</b>			
4260-101-0001 Medi-Cal General Fund *	\$1,304,611,000	\$1,304,611,000	\$0
4260-101-8507 Home & Community Base Services	\$5,665,000	\$5,665,000	\$0
4260-113-0001 Childrens Health Insurance Program *	\$13,910,000	\$13,910,000	\$0
4260-117-0001 HIPAA *	\$3,715,000	\$3,715,000	\$0
4260-601-0942 Health Homes Program Account	\$0	\$0	\$0
4260-601-0995 Reimbursements	\$13,671,000	\$13,671,000	\$0
4260-602-3311 Healthcare Srvc. Plans Fines and Penalties Fund	\$0	\$0	\$0
4260-605-3167 SNF Quality & Accountability Admin.	\$0	\$0	\$0
4260-611-3158 Hosp. Quality Assurance Rev-SB 335	\$147,000	\$147,000	\$0
<b>Total County Administration</b>	<b>\$1,341,719,000</b>	<b>\$1,341,719,000</b>	<b>\$0</b>
<b>Total County Administration General Fund *</b>	<b>\$1,322,236,000</b>	<b>\$1,322,236,000</b>	<b>\$0</b>
<b>Fiscal Intermediary:</b>			
4260-101-0001 Medi-Cal General Fund *	\$134,028,000	\$134,028,000	\$0
4260-111-0001 CHDP State Only *	\$0	\$0	\$0
4260-113-0001 Childrens Health Insurance Program *	\$8,110,000	\$8,110,000	\$0
4260-117-0001 HIPAA *	\$720,000	\$720,000	\$0
4260-601-0995 Reimbursements	\$0	\$0	\$0
<b>Total Fiscal Intermediary</b>	<b>\$142,858,000</b>	<b>\$142,858,000</b>	<b>\$0</b>
<b>Total Fiscal Intermediary General Fund *</b>	<b>\$142,858,000</b>	<b>\$142,858,000</b>	<b>\$0</b>
<b>Grand Total - State Funds</b>	<b>\$49,503,614,000</b>	<b>\$49,298,637,000</b>	<b>(\$204,977,000)</b>
<b>Grand Total - General Fund*</b>	<b>\$36,600,711,000</b>	<b>\$36,382,157,000</b>	<b>(\$218,554,000)</b>

**Medi-Cal Funding Summary**  
**May 2022 Estimate Compared to FY 2022-23 Appropriation**  
**Fiscal Year 2022 - 2023**

**FEDERAL FUNDS**

	<b>May 2022 Estimate</b>	<b>FY 2022-23 Appropriation</b>	<b>Difference Incr./((Decr.))</b>
<b><u>Benefits:</u></b>			
4260-101-0890 Federal Funds	\$77,508,345,000	\$80,084,313,000	\$2,575,968,000
4260-102-0890 Capital Debt	\$49,269,000	\$49,269,000	\$0
4260-106-0890 Money Follows Person Federal Grant	\$13,280,000	\$13,280,000	\$0
4260-113-0890 Childrens Health Insurance Fund	\$2,718,689,000	\$2,718,291,000	(\$398,000)
4260-162-8506 State Fiscal Recovery Fund of 2021	\$218,500,000	\$218,500,000	\$0
4260-601-7502 Demonstration DSH Fund	\$195,365,000	\$195,365,000	\$0
4260-601-7503 Health Care Support Fund	\$487,000	\$487,000	\$0
4260-611-0890 Home & Community Based Services 100% F	\$450,709,000	\$450,709,000	\$0
4260-611-0890 Hospital Quality Assurance	\$0	\$0	\$0
<b>Total Benefits</b>	<b><u>\$81,154,644,000</u></b>	<b><u>\$83,730,214,000</u></b>	<b><u>\$2,575,570,000</u></b>
<b><u>County Administration:</u></b>			
4260-101-0890 Federal Funds	\$4,477,669,000	\$4,477,669,000	\$0
4260-106-0890 Money Follows Person Fed. Grant	\$340,000	\$340,000	\$0
4260-113-0890 Childrens Health Insurance Fund	\$50,086,000	\$50,086,000	\$0
4260-117-0890 HIPAA	\$14,152,000	\$14,152,000	\$0
4260-162-8506 State Fiscal Recovery Fund of 2021	\$0	\$0	\$0
<b>Total County Administration</b>	<b><u>\$4,542,247,000</u></b>	<b><u>\$4,542,247,000</u></b>	<b><u>\$0</u></b>
<b><u>Fiscal Intermediary:</u></b>			
4260-101-0890 Federal Funds	\$316,722,000	\$316,722,000	\$0
4260-113-0890 Childrens Health Insurance Fund	\$17,836,000	\$17,836,000	\$0
4260-117-0890 HIPAA	\$2,371,000	\$2,371,000	\$0
<b>Total Fiscal Intermediary</b>	<b><u>\$336,929,000</u></b>	<b><u>\$336,929,000</u></b>	<b><u>\$0</u></b>
<b>Grand Total - Federal Funds</b>	<b><u>\$86,033,820,000</u></b>	<b><u>\$88,609,390,000</u></b>	<b><u>\$2,575,570,000</u></b>

## MEDI-CAL PROGRAM ESTIMATE SUMMARY FISCAL YEAR 2022-23

	<u>TOTAL FUNDS</u>	<u>FEDERAL FUNDS</u>	<u>GENERAL FUNDS</u>	<u>OTHER STATE FUNDS</u>
<b>I. BASE ESTIMATES</b>				
A. B/Y FFS BASE	\$18,551,222,070	\$9,275,611,040	\$9,275,611,040	\$0
B. B/Y BASE POLICY CHANGES	\$51,579,328,990	\$33,916,534,450	\$17,506,742,550	\$156,052,000
C. BASE ADJUSTMENTS	(\$282,039,000)	(\$159,851,400)	(\$122,187,600)	\$0
<b>D. ADJUSTED BASE</b>	<b>\$69,848,512,070</b>	<b>\$43,032,294,080</b>	<b>\$26,660,165,980</b>	<b>\$156,052,000</b>
<b>II. REGULAR POLICY CHANGES</b>				
A. ELIGIBILITY	\$1,220,628,900	(\$630,885,880)	\$1,843,368,780	\$8,146,000
B. AFFORDABLE CARE ACT	\$6,825,311,000	\$6,868,634,200	(\$43,323,200)	\$0
C. BENEFITS	\$1,796,716,850	\$1,101,311,120	\$695,405,730	\$0
D. PHARMACY	\$2,757,408,780	\$891,088,950	\$25,064,840	\$1,841,255,000
E. DRUG MEDI-CAL	\$34,884,200	\$24,147,270	(\$108,070)	\$10,845,000
F. MENTAL HEALTH	\$1,480,438,000	(\$45,991,500)	\$1,526,229,500	\$200,000
G. WAIVER--MH/UCD & BTR	\$4,109,508,150	\$2,178,057,460	\$652,130,680	\$1,279,320,000
H. MANAGED CARE	\$10,045,056,020	\$6,290,422,530	(\$377,294,510)	\$4,131,928,000
I. PROVIDER RATES	\$1,703,438,480	\$1,459,945,350	(\$354,554,620)	\$598,047,760
J. SUPPLEMENTAL PMNTS.	\$13,750,251,910	\$8,967,244,940	\$611,957,960	\$4,171,049,000
K. COVID-19	\$12,737,978,750	\$11,514,556,330	\$1,332,432,410	(\$109,010,000)
L. STATE ONLY CLAIMING	\$124,210,000	(\$2,139,546,000)	\$2,263,756,000	\$0
M. OTHER DEPARTMENTS	\$512,945,000	\$512,322,000	\$623,000	\$0
N. OTHER	\$4,596,985,770	\$3,706,613,640	\$81,208,100	\$809,164,030
<b>O. TOTAL CHANGES</b>	<b>\$61,695,761,820</b>	<b>\$40,697,920,420</b>	<b>\$8,256,896,600</b>	<b>\$12,740,944,800</b>
<b>III. TOTAL MEDI-CAL ESTIMATE</b>	<b>\$131,544,273,880</b>	<b>\$83,730,214,500</b>	<b>\$34,917,062,580</b>	<b>\$12,896,996,800</b>

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>ELIGIBILITY</u></b>					
1	POSTPARTUM CARE EXTENSION	\$182,264,000	\$92,379,000	\$83,797,000	\$6,088,000
2	BREAST AND CERVICAL CANCER TREATMENT	\$58,336,000	\$35,365,300	\$22,970,700	\$0
4	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$745,180,000	\$117,127,500	\$628,052,500	\$0
5	MEDI-CAL STATE INMATE PROGRAMS	\$51,596,000	\$51,596,000	\$0	\$0
6	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$58,450,750	\$18,850,990	\$39,599,760	\$0
8	MEDI-CAL COUNTY INMATE PROGRAMS	\$0	\$0	\$0	\$0
9	ACCELERATED ENROLLMENT FOR ADULTS	\$8,940,150	\$4,470,080	\$4,470,080	\$0
14	CALAIM INMATE PRE-RELEASE PROGRAM	\$62,988,000	\$43,148,000	\$19,840,000	\$0
15	PHASING IN THE MEDI-CAL ASSET LIMIT REPEAL	\$47,398,000	\$23,699,000	\$23,699,000	\$0
16	CS3 PROXY ADJUSTMENT	\$0	\$55,589,500	(\$55,589,500)	\$0
18	REFUGEE MEDICAL ASSISTANCE	\$0	\$0	(\$350,000)	\$350,000
19	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	\$0	(\$1,531,000)	\$1,531,000
20	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$0	(\$1,680,000)	\$1,680,000	\$0
21	NON-OTLIPC CHIP	\$0	\$90,726,000	(\$90,726,000)	\$0
22	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	(\$1,234,627,850)	\$1,234,627,850	\$0
23	SCHIP FUNDING FOR PRENATAL CARE	\$0	\$69,956,900	(\$69,956,900)	\$0
24	CHIP PREMIUMS	(\$47,785,000)	(\$31,060,250)	(\$16,724,750)	\$0
274	PREMIUMS REDUCTION	\$53,261,000	\$33,573,950	\$19,510,050	\$177,000
	<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,220,628,900</b>	<b>(\$630,885,880)</b>	<b>\$1,843,368,780</b>	<b>\$8,146,000</b>
<b><u>AFFORDABLE CARE ACT</u></b>					
26	COMMUNITY FIRST CHOICE OPTION	\$6,808,506,000	\$6,808,506,000	\$0	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$16,808,000	\$16,808,000	\$0	\$0
28	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	\$39,049,200	(\$39,049,200)	\$0
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	\$4,274,000	(\$4,274,000)	\$0
30	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$3,000)	(\$3,000)	\$0	\$0
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$6,825,311,000</b>	<b>\$6,868,634,200</b>	<b>(\$43,323,200)</b>	<b>\$0</b>
<b><u>BENEFITS</u></b>					
32	BEHAVIORAL HEALTH TREATMENT	\$887,679,000	\$466,709,000	\$420,970,000	\$0
34	FAMILY PACT PROGRAM	\$368,160,000	\$280,379,800	\$87,780,200	\$0
35	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$106,472,000	\$106,472,000	\$0	\$0
36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$63,952,000	\$32,472,000	\$31,480,000	\$0
37	TELEHEALTH	\$131,136,160	\$84,813,180	\$46,322,980	\$0

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



## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>BENEFITS</u></b>					
38	REMOTE PATIENT MONITORING	\$9,053,660	\$5,708,210	\$3,345,450	\$0
39	COMMUNITY HEALTH WORKER	\$19,679,770	\$11,466,920	\$8,212,850	\$0
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$12,199,000	\$8,047,000	\$4,152,000	\$0
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$86,000	\$0	\$86,000	\$0
43	HEARING AID COVERAGE FOR CHILDREN PROGRAM	\$9,930,000	\$0	\$9,930,000	\$0
45	MFP/CCT SUPPLEMENTAL FUNDING	\$5,000,000	\$5,000,000	\$0	\$0
46	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$9,687,460	\$6,148,550	\$3,538,910	\$0
47	CALAIM - ORGAN TRANSPLANT	\$11,172,000	\$7,558,550	\$3,613,450	\$0
48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$247,740	\$156,040	\$91,700	\$0
49	MEDICAL INTERPRETERS PILOT PROJECT	\$3,169,000	\$0	\$3,169,000	\$0
50	DOULA BENEFIT	\$974,400	\$597,290	\$377,110	\$0
51	CCT FUND TRANSFER TO CDSS	\$233,000	\$233,000	\$0	\$0
52	DIABETES PREVENTION PROGRAM	\$1,144,320	\$722,500	\$421,810	\$0
53	CYBHI - DYADIC SERVICES	\$40,246,560	\$24,069,260	\$16,177,300	\$0
260	CALAIM - LTC BENEFIT TRANSITION	\$104,104,000	\$54,540,000	\$49,564,000	\$0
265	ANNUAL COGNITIVE ASSESSMENTS	\$73,660	\$37,500	\$36,160	\$0
270	FPACT HPV VACCINE COVERAGE	\$8,040,000	\$3,459,000	\$4,581,000	\$0
281	ROUTINE COSTS FOR CLINICAL TRIALS	\$4,277,130	\$2,721,320	\$1,555,810	\$0
	<b>BENEFITS SUBTOTAL</b>	<b>\$1,796,716,850</b>	<b>\$1,101,311,120</b>	<b>\$695,405,730</b>	<b>\$0</b>
<b><u>PHARMACY</u></b>					
54	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$6,794,603,000	\$4,696,440,550	\$2,098,162,450	\$0
55	MEDICATION THERAPY MANAGEMENT PROGRAM	\$8,413,780	\$5,468,150	\$2,945,640	\$0
56	MEDI-CAL DRUG REBATE FUND	\$0	\$0	(\$1,841,255,000)	\$1,841,255,000
57	MEDI-CAL RX- ADDITIONAL SUPPLEMENTAL REBATES	(\$670,311,000)	(\$446,555,400)	(\$223,755,600)	\$0
59	BCCTP DRUG REBATES	(\$4,306,000)	(\$4,306,000)	\$0	\$0
60	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$14,732,000)	(\$9,566,400)	(\$5,165,600)	\$0
61	FAMILY PACT DRUG REBATES	(\$11,668,000)	(\$11,668,000)	\$0	\$0
62	MEDICAL SUPPLY REBATES	(\$116,268,000)	(\$58,134,000)	(\$58,134,000)	\$0
63	STATE SUPPLEMENTAL DRUG REBATES	(\$81,343,000)	(\$81,343,000)	\$0	\$0
64	PHARMACY RETROACTIVE ADJUSTMENTS	(\$48,381,000)	(\$100,647,950)	\$52,266,950	\$0
65	FEDERAL DRUG REBATES	(\$3,098,599,000)	(\$3,098,599,000)	\$0	\$0
	<b>PHARMACY SUBTOTAL</b>	<b>\$2,757,408,780</b>	<b>\$891,088,950</b>	<b>\$25,064,840</b>	<b>\$1,841,255,000</b>

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>DRUG MEDI-CAL</u></b>					
68	HCBS SP - CONTINGENCY MANAGEMENT	\$34,020,000	\$23,175,000	\$0	\$10,845,000
69	DRUG MEDI-CAL MAT BENEFIT	\$432,420	\$344,060	\$88,370	\$0
70	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$527,780	\$492,210	\$35,560	\$0
71	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	(\$96,000)	\$136,000	(\$232,000)	\$0
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$34,884,200</b>	<b>\$24,147,270</b>	<b>(\$108,070)</b>	<b>\$10,845,000</b>
<b><u>MENTAL HEALTH</u></b>					
74	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE	\$1,659,749,000	\$218,500,000	\$1,441,249,000	\$0
75	MHP COSTS FOR FFPSA	\$45,216,000	\$30,163,000	\$15,053,000	\$0
76	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$45,396,000	\$0	\$45,396,000	\$0
77	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$26,824,000	\$12,519,500	\$14,304,500	\$0
78	MHP STRTP GRANTS	\$7,478,000	\$0	\$7,478,000	\$0
79	OUT OF STATE YOUTH - SMHS	\$2,670,000	\$1,335,000	\$1,335,000	\$0
80	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	(\$1,461,000)	\$1,461,000	\$0
81	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	\$0	(\$200,000)	\$200,000
82	CHART REVIEW	(\$73,000)	(\$73,000)	\$0	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$306,822,000)	(\$306,975,000)	\$153,000	\$0
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$1,480,438,000</b>	<b>(\$45,991,500)</b>	<b>\$1,526,229,500</b>	<b>\$200,000</b>
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>					
84	GLOBAL PAYMENT PROGRAM	\$2,558,640,000	\$1,279,320,000	\$0	\$1,279,320,000
86	CALAIM ECM-COMMUNITY SUPPORTS-PLAN INCENTIVES	\$1,419,183,000	\$847,462,900	\$571,720,100	\$0
87	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$131,198,150	\$50,787,560	\$80,410,580	\$0
88	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$487,000	\$487,000	\$0	\$0
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,109,508,150</b>	<b>\$2,178,057,460</b>	<b>\$652,130,680</b>	<b>\$1,279,320,000</b>
<b><u>MANAGED CARE</u></b>					
95	CCI-MANAGED CARE PAYMENTS	\$2,661,406,020	\$1,330,703,010	\$1,330,703,010	\$0
96	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$1,525,495,000	\$974,355,600	\$551,139,400	\$0
98	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,778,153,000	\$1,369,130,680	\$409,022,320	\$0
99	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,864,564,000	\$1,252,922,950	\$611,641,050	\$0
101	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$1,989,172,000	\$1,483,805,450	\$505,366,550	\$0
102	CALAIM - TRANSITIONING POPULATIONS	\$223,987,000	\$137,920,000	\$86,067,000	\$0
103	CYBHI - INCREASE ACCESS TO STUDENT BH SERVICES	\$194,493,000	\$97,246,500	\$97,246,500	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b>MANAGED CARE</b>					
104	HCBS SP - HOUSING AND HOMELESSNESS INCENTIVE PROG	\$644,236,000	\$322,118,000	\$0	\$322,118,000
105	CALAIM – MEDI-CAL PATH	\$706,620,000	\$353,310,000	\$253,100,000	\$100,210,000
106	RETRO MC RATE ADJUSTMENTS	\$200,531,000	\$106,271,750	\$94,259,250	\$0
109	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$90,136,000	\$48,794,000	\$41,342,000	\$0
113	CCI-QUALITY WITHHOLD REPAYMENTS	\$8,850,000	\$4,425,000	\$4,425,000	\$0
116	CAPITATED RATE ADJUSTMENT FOR FY 2022-23	(\$1,731,327,000)	(\$1,134,950,400)	(\$596,376,600)	\$0
117	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	\$0	(\$1,644,066,000)	\$1,644,066,000
118	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	\$0	(\$1,541,433,000)	\$1,541,433,000
119	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	\$0	(\$524,101,000)	\$524,101,000
120	COORDINATED CARE INITIATIVE RISK MITIGATION	(\$111,260,000)	(\$55,630,000)	(\$55,630,000)	\$0
<b>MANAGED CARE SUBTOTAL</b>		<b>\$10,045,056,020</b>	<b>\$6,290,422,540</b>	<b>(\$377,294,520)</b>	<b>\$4,131,928,000</b>
<b>PROVIDER RATES</b>					
124	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$314,845,200	\$199,782,250	\$115,062,950	\$0
125	DPH INTERIM RATE GROWTH	\$137,495,180	\$94,081,640	\$43,413,540	\$0
126	AB 1629 ANNUAL RATE ADJUSTMENTS	\$249,396,070	\$131,182,290	\$118,213,780	\$0
127	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$184,915,830	\$125,982,410	(\$6,548,540)	\$65,481,960
128	LTC RATE ADJUSTMENT	\$188,228,360	\$96,416,340	\$91,812,020	\$0
129	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$15,682,000	\$15,682,000	\$0	\$0
130	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$138,252,000	\$87,726,600	\$50,525,400	\$0
131	PP-GEMT PROGRAM	\$97,609,010	\$64,471,940	(\$2,640,730)	\$35,777,800
133	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$3,500,000	\$2,380,000	\$0	\$1,120,000
134	HOSPICE RATE INCREASES	\$10,264,560	\$5,365,590	\$4,898,970	\$0
135	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$10,012,750	\$6,014,370	\$3,998,390	\$0
136	GDSP PRENATAL SCREENING PROGRAM FEE INCREASE	\$5,254,690	\$3,156,110	\$2,098,580	\$0
137	DPH INTERIM RATE	\$0	\$448,136,600	(\$448,136,600)	\$0
138	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$0	\$0	\$0	\$0
139	PROP 56 - HOME HEALTH RATE INCREASE	\$0	\$0	\$0	\$0
140	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	\$0	(\$495,668,000)	\$495,668,000
141	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	\$136,920	\$35,290	\$101,630	\$0
142	10% PROVIDER PAYMENT REDUCTION	(\$6,819,150)	(\$4,188,100)	(\$2,631,050)	\$0
143	REDUCTION TO RADIOLOGY RATES	(\$12,396,940)	(\$7,042,670)	(\$5,354,270)	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>PROVIDER RATES</u></b>					
144	LABORATORY RATE METHODOLOGY CHANGE	(\$1,343,000)	(\$766,850)	(\$576,150)	\$0
145	DPH INTERIM & FINAL RECONS	(\$2,352,000)	(\$2,352,000)	\$0	\$0
263	NURSING FACILITY FINANCING REFORM	\$340,215,000	\$175,649,500	\$164,565,500	\$0
267	AB 97 ELIMINATIONS	\$19,637,000	\$10,627,550	\$9,009,450	\$0
286	ACUPUNCTURE RATE INCREASE	\$10,905,000	\$7,604,500	\$3,300,500	\$0
<b>PROVIDER RATES SUBTOTAL</b>		<b>\$1,703,438,480</b>	<b>\$1,459,945,350</b>	<b>(\$354,554,620)</b>	<b>\$598,047,760</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>					
146	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$3,403,178,000	\$2,329,450,000	\$0	\$1,073,728,000
147	HOSPITAL QAF - FFS PAYMENTS	\$3,290,656,000	\$1,992,209,000	\$0	\$1,298,447,000
148	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,797,400,000	\$1,246,668,000	\$0	\$550,732,000
149	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,172,786,010	\$702,295,910	\$470,490,100	\$0
150	PRIVATE HOSPITAL DSH REPLACEMENT	\$649,538,000	\$324,769,000	\$324,769,000	\$0
151	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$662,267,000	\$448,140,000	\$0	\$214,127,000
152	DSH PAYMENT	\$438,696,000	\$319,989,500	\$24,847,500	\$93,859,000
153	PROP 56 - MEDI-CAL FAMILY PLANNING	\$439,105,990	\$365,650,440	\$73,455,550	\$0
154	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$31,005,000	\$21,663,550	\$9,341,450	\$0
155	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$641,991,000	\$330,650,000	\$118,400,000	\$192,941,000
156	DPH PHYSICIAN & NON-PHYS. COST	\$100,637,000	\$100,637,000	\$0	\$0
157	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$216,479,000	\$216,479,000	\$0	\$0
158	FFP FOR LOCAL TRAUMA CENTERS	\$176,671,000	\$104,706,000	\$0	\$71,965,000
159	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$120,092,000	\$69,558,000	\$849,000	\$49,685,000
160	CAPITAL PROJECT DEBT REIMBURSEMENT	\$87,299,000	\$65,923,500	\$21,375,500	\$0
161	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$41,000,000	\$20,500,000	\$0	\$20,500,000
162	NDPH IGT SUPPLEMENTAL PAYMENTS	\$38,528,000	\$21,336,000	(\$1,021,000)	\$18,213,000
163	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$66,376,000	\$66,376,000	\$0	\$0
164	PROP 56 - DEVELOPMENTAL SCREENINGS	\$57,550,750	\$29,501,310	\$28,049,440	\$0
165	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$105,000,000	\$52,500,000	\$52,500,000	\$0
166	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$45,514,740	\$26,055,150	\$19,459,590	\$0
167	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	\$48,171,810	\$29,772,760	\$18,399,050	\$0
168	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$29,874,020	\$15,553,890	\$14,320,140	\$0
169	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$14,782,000	\$14,782,000	\$0	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>					
170	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$5,000,000	\$0
171	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$7,471,030	\$3,871,210	\$3,599,810	\$0
172	NDPH SUPPLEMENTAL PAYMENT	\$12,752,000	\$6,594,000	\$1,900,000	\$4,258,000
173	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$4,000,000	\$0
174	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$6,576,230	\$4,557,620	\$2,018,610	\$0
175	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$27,147,000	\$27,147,000	\$0	\$0
176	FREE CLINICS AUGMENTATION	\$2,000,000	\$0	\$2,000,000	\$0
177	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$1,707,330	\$909,110	\$798,220	\$0
178	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$0	\$0	\$0	\$0
179	PROPOSITION 56 FUNDING	\$0	\$0	(\$569,060,000)	\$569,060,000
180	PROP 56 - AIDS WAIVER RATE INCREASE	\$0	\$0	\$0	\$0
181	IGT ADMIN. & PROCESSING FEE	\$0	\$0	(\$13,534,000)	\$13,534,000
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$13,750,251,910</b>	<b>\$8,967,244,950</b>	<b>\$611,957,960</b>	<b>\$4,171,049,000</b>
<b><u>COVID-19</u></b>					
182	COVID-19 CASELOAD IMPACT	\$11,102,397,000	\$8,016,079,850	\$3,086,317,150	\$0
184	COVID-19 VACCINE ADMINISTRATION	\$176,547,000	\$167,122,300	\$9,424,700	\$0
185	COVID-19 FFS REIMBURSEMENT RATES	\$100,916,000	\$52,162,150	\$48,753,850	\$0
186	COVID-19 BEHAVIORAL HEALTH	\$108,101,000	\$99,410,400	\$8,690,600	\$0
187	COVID-19 FFS DME RESPIRATORY RATES	\$12,778,000	\$6,752,450	\$6,025,550	\$0
188	COVID-19 - SICK LEAVE BENEFITS	\$2,633,000	\$2,582,500	\$50,500	\$0
189	COVID-19 ELIGIBILITY	\$103,763,000	\$39,372,000	\$64,391,000	\$0
190	COVID-19 TESTING IN SCHOOLS	\$404,591,000	\$302,141,850	\$102,449,150	\$0
191	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	(\$40,014,000)	\$40,014,000	\$0
192	COVID-19 BASE RECOVERIES	\$0	\$0	\$0	\$0
194	COVID-19 INCREASED FMAP - DHCS	\$556,468,000	\$2,778,590,000	(\$2,113,112,000)	(\$109,010,000)
256	COVID-19 VACCINATION INCENTIVE PROGRAM	\$133,333,000	\$66,666,500	\$66,666,500	\$0
279	PHARMACY-BASED COVID-19 TESTS	\$36,451,750	\$23,690,330	\$12,761,410	\$0
	<b>COVID-19 SUBTOTAL</b>	<b>\$12,737,978,750</b>	<b>\$11,514,556,330</b>	<b>\$1,332,432,410</b>	<b>(\$109,010,000)</b>
<b><u>STATE ONLY CLAIMING</u></b>					
195	STATE ONLY CLAIMING ADJUSTMENTS	\$130,230,000	(\$2,119,050,000)	\$2,249,280,000	\$0
196	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$6,020,000)	(\$20,496,000)	\$14,476,000	\$0
	<b>STATE ONLY CLAIMING SUBTOTAL</b>	<b>\$124,210,000</b>	<b>(\$2,139,546,000)</b>	<b>\$2,263,756,000</b>	<b>\$0</b>

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b><u>OTHER DEPARTMENTS</u></b>					
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$540,376,000	\$540,376,000	\$0	\$0
197	ELECTRONIC VISIT VERIFICATION FED PENALTIES	(\$27,431,000)	(\$28,054,000)	\$623,000	\$0
<b>OTHER DEPARTMENTS SUBTOTAL</b>		<b>\$512,945,000</b>	<b>\$512,322,000</b>	<b>\$623,000</b>	<b>\$0</b>
<b><u>OTHER</u></b>					
205	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$303,484,000	\$151,742,000	\$151,742,000	\$0
207	CALAIM - DENTAL INITIATIVES	\$239,958,000	\$123,410,150	\$116,547,850	\$0
208	CYBHI - SCHOOL BH PARTNERSHIPS AND CAPACITY	\$450,000,000	\$0	\$450,000,000	\$0
209	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$61,690,000	\$61,690,000	\$0	\$0
210	PROP 56 - PROVIDER ACES TRAININGS	\$7,100,000	\$3,550,000	\$3,550,000	\$0
211	HCBS SP - CALBRIDGE BH PILOT PROGRAM	\$29,802,000	\$0	\$0	\$29,802,000
212	QAF WITHHOLD TRANSFER	(\$445,000)	\$351,500	(\$796,500)	\$0
213	INFANT DEVELOPMENT PROGRAM	\$25,760,000	\$25,760,000	\$0	\$0
218	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$40,780,000	\$0	\$0	\$40,780,000
219	INDIAN HEALTH SERVICES	\$64,060,000	\$42,600,000	\$21,460,000	\$0
220	SELF-DETERMINATION PROGRAM - CDDS	\$36,069,000	\$36,069,000	\$0	\$0
222	PEER SUPPORT SPECIALIST SERVICES	\$31,508,000	\$31,508,000	\$0	\$0
223	HCBS SP - NON-IHSS CARE ECONOMY PMTS	\$12,250,000	\$6,125,000	\$0	\$6,125,000
224	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$10,224,000	\$5,547,000	\$4,677,000	\$0
225	CYBHI - CALHOPE STUDENT SUPPORT	\$19,750,000	\$0	\$19,750,000	\$0
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$79,385,920	\$39,692,960	\$39,692,960	\$0
227	HCBS SP - ASSISTED LIVING WAIVER EXPANSION	\$38,065,820	\$19,032,420	(\$20,225,630)	\$39,259,030
231	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$1,377,030	\$1,019,510	\$357,520	\$0
232	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$10,000,000	\$5,000,000	\$5,000,000	\$0
233	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$78,000	\$46,400	\$31,600	\$0
234	WPCS WORKERS' COMPENSATION	\$620,000	\$310,000	\$310,000	\$0
236	CYBHI - EVIDENCE-BASED BH PRACTICES	\$429,000,000	\$0	\$429,000,000	\$0
238	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	\$0	(\$131,364,000)	\$131,364,000
239	CLPP FUND	\$916,000	\$0	\$0	\$916,000
241	IMD ANCILLARY SERVICES	\$0	(\$27,827,000)	\$27,827,000	\$0
242	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	\$1,903,722,800	(\$1,903,722,800)	\$0
243	FUNDING ADJUST.—OTLIPC	\$0	\$78,473,250	(\$78,473,250)	\$0

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

## SUMMARY OF REGULAR POLICY CHANGES FISCAL YEAR 2022-23

NO.	POLICY CHANGE TITLE	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b>OTHER</b>					
244	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	\$0	(\$976,000,000)	\$976,000,000
245	CMS DEFERRED CLAIMS	\$0	(\$226,413,000)	\$226,413,000	\$0
248	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	\$15,048,500	(\$15,048,500)	\$0
249	COUNTY SHARE OF OTLICP-CCS COSTS	(\$25,337,000)	\$0	(\$25,337,000)	\$0
252	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	\$108,483,000	\$92,211,000	\$16,272,000	\$0
254	AMERICAN RESCUE PLAN INCREASED FMAP FOR HCBS	\$0	\$450,709,000	\$0	(\$450,709,000)
257	EVIDENCE-BASED DENTAL PRACTICES	\$37,110,000	\$24,194,200	\$12,915,800	\$0
258	END-OF-FY 2-WEEK CHECKWRITE HOLD BUYBACK	\$795,755,000	\$486,345,350	\$309,409,650	\$0
266	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	\$140,000,000	\$70,000,000	\$70,000,000	\$0
269	HCBS SP CDDS	\$231,136,000	\$231,136,000	\$0	\$0
271	MHSF - PROVIDER ACES TRAININGS	\$44,100,000	\$22,050,000	\$0	\$22,050,000
273	URBAN INDIAN ORGANIZATIONS FUNDING SHIFT	\$0	\$25,322,000	(\$25,322,000)	\$0
275	BEHAVIORAL HEALTH BRIDGE HOUSING	\$957,936,000	\$0	\$957,936,000	\$0
277	CALHOPE	\$110,000,000	\$0	\$96,423,000	\$13,577,000
282	LA COUNTY JUSTICE-INVOLVED POP. SVCS & SUPPORTS	\$100,000,000	\$0	\$100,000,000	\$0
283	MINIMUM WAGE INFLATION INCREASE	\$16,021,000	\$8,187,600	\$7,833,400	\$0
287	FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM	\$5,000,000	\$0	\$5,000,000	\$0
288	ALAMEDA COUNTY SUPPORTIVE HOUSING	\$10,000,000	\$0	\$10,000,000	\$0
289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS	\$14,849,000	\$0	\$14,849,000	\$0
290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING	\$10,000,000	\$0	\$10,000,000	\$0
291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES	\$120,500,000	\$0	\$120,500,000	\$0
292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT	\$20,000,000	\$0	\$20,000,000	\$0
293	PACE INFRASTRUCTURE FUNDING	\$10,000,000	\$0	\$10,000,000	\$0
	<b>OTHER SUBTOTAL</b>	<b>\$4,596,985,770</b>	<b>\$3,706,613,640</b>	<b>\$81,208,100</b>	<b>\$809,164,030</b>
	<b>GRAND TOTAL</b>	<b>\$61,695,761,820</b>	<b>\$40,697,920,420</b>	<b>\$8,256,896,600</b>	<b>\$12,740,944,790</b>

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

## MEDI-CAL EXPENDITURES BY SERVICE CATEGORY FISCAL YEAR 2022-23

SERVICE CATEGORY	TOTAL FUNDS	FEDERAL FUNDS	GENERAL FUNDS	OTHER STATE FUNDS
<b>PROFESSIONAL</b>	\$9,874,840,080	\$6,230,823,410	\$2,927,561,670	\$716,455,000
PHYSICIANS	\$1,158,290,060	\$755,332,830	\$346,623,770	\$56,333,460
OTHER MEDICAL	\$6,745,473,480	\$4,189,294,460	\$2,430,704,330	\$125,474,700
CO. & COMM. OUTPATIENT	\$1,971,076,540	\$1,286,196,120	\$150,233,570	\$534,646,840
<b>PHARMACY</b>	\$9,743,318,800	\$6,040,717,200	\$1,811,179,000	\$1,891,422,600
<b>HOSPITAL INPATIENT</b>	\$14,502,114,480	\$9,548,418,340	\$2,026,350,770	\$2,927,345,370
COUNTY INPATIENT	\$4,029,090,170	\$2,634,284,150	\$84,012,320	\$1,310,793,710
COMMUNITY INPATIENT	\$10,473,024,300	\$6,914,134,190	\$1,942,338,460	\$1,616,551,660
<b>LONG TERM CARE</b>	\$2,623,233,690	\$1,485,814,450	\$978,271,200	\$159,148,050
NURSING FACILITIES	\$2,009,674,740	\$1,161,465,910	\$710,305,300	\$137,903,520
ICF-DD	\$613,558,950	\$324,348,540	\$267,965,890	\$21,244,520
<b>OTHER SERVICES</b>	\$2,268,088,640	\$1,318,610,560	\$888,096,060	\$61,382,010
MEDICAL TRANSPORTATION	\$183,093,400	\$129,886,760	\$44,662,810	\$8,543,820
OTHER SERVICES	\$1,814,890,240	\$1,031,288,190	\$732,257,610	\$51,344,440
HOME HEALTH	\$270,105,000	\$157,435,620	\$111,175,640	\$1,493,750
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$39,011,595,690</b>	<b>\$24,624,383,960</b>	<b>\$8,631,458,700</b>	<b>\$5,755,753,030</b>
<b>MANAGED CARE</b>	\$61,464,211,230	\$38,126,498,540	\$16,573,931,910	\$6,763,780,780
TWO PLAN MODEL	\$36,663,747,120	\$22,893,766,460	\$9,751,964,940	\$4,018,015,710
COUNTY ORGANIZED HEALTH SYSTEMS	\$14,624,577,180	\$8,965,381,830	\$3,927,207,010	\$1,731,988,340
GEOGRAPHIC MANAGED CARE	\$6,470,863,540	\$3,992,973,170	\$1,729,507,160	\$748,383,220
PHP & OTHER MANAG. CARE	\$1,656,519,290	\$967,744,170	\$696,774,800	(\$7,999,670)
REGIONAL MODEL	\$2,048,504,100	\$1,306,632,920	\$468,478,000	\$273,393,180
<b>DENTAL</b>	\$2,378,861,770	\$1,251,041,430	\$1,070,654,490	\$57,165,850
<b>MENTAL HEALTH</b>	\$2,985,796,880	\$2,754,118,450	\$13,174,700	\$218,503,730
<b>AUDITS/ LAWSUITS</b>	\$74,450,000	(\$189,188,000)	\$263,638,000	\$0
<b>EPSDT SCREENS</b>	\$0	\$0	\$0	\$0
<b>MEDICARE PAYMENTS</b>	\$7,098,492,360	\$2,416,640,910	\$4,699,558,770	(\$17,707,310)
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$25,837,160	\$27,324,970	(\$1,420,940)	(\$66,880)
<b>MISC. SERVICES</b>	\$18,014,827,600	\$14,153,810,840	\$3,747,909,610	\$113,107,150
<b>RECOVERIES</b>	(\$449,740,000)	(\$260,431,700)	(\$189,308,300)	\$0
<b>DRUG MEDI-CAL</b>	\$939,941,190	\$826,015,100	\$107,465,650	\$6,460,440
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$131,544,273,880</b>	<b>\$83,730,214,500</b>	<b>\$34,917,062,580</b>	<b>\$12,896,996,800</b>



**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

<u>SERVICE CATEGORY</u>	<u>MAY 2022 EST. FOR 2021-22</u>	<u>MAY 2022 EST. FOR 2022-23</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$8,701,019,800	\$9,874,840,080	\$1,173,820,280	13.49%
PHYSICIANS	\$1,254,345,340	\$1,158,290,060	(\$96,055,280)	-7.66%
OTHER MEDICAL	\$5,670,096,120	\$6,745,473,480	\$1,075,377,370	18.97%
CO. & COMM. OUTPATIENT	\$1,776,578,340	\$1,971,076,540	\$194,498,200	10.95%
<b>PHARMACY</b>	\$5,650,431,000	\$9,743,318,800	\$4,092,887,800	72.43%
<b>HOSPITAL INPATIENT</b>	\$14,227,309,770	\$14,502,114,480	\$274,804,710	1.93%
COUNTY INPATIENT	\$4,504,053,140	\$4,029,090,170	(\$474,962,960)	-10.55%
COMMUNITY INPATIENT	\$9,723,256,630	\$10,473,024,300	\$749,767,680	7.71%
<b>LONG TERM CARE</b>	\$3,496,573,560	\$2,623,233,690	(\$873,339,870)	-24.98%
NURSING FACILITIES	\$2,958,203,550	\$2,009,674,740	(\$948,528,810)	-32.06%
ICF-DD	\$538,370,010	\$613,558,950	\$75,188,940	13.97%
<b>OTHER SERVICES</b>	\$1,701,441,200	\$2,268,088,640	\$566,647,430	33.30%
MEDICAL TRANSPORTATION	\$111,877,640	\$183,093,400	\$71,215,750	63.66%
OTHER SERVICES	\$1,358,295,200	\$1,814,890,240	\$456,595,030	33.62%
HOME HEALTH	\$231,268,360	\$270,105,000	\$38,836,650	16.79%
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$33,776,775,330</b>	<b>\$39,011,595,690</b>	<b>\$5,234,820,360</b>	<b>15.50%</b>
<b>MANAGED CARE</b>	\$55,509,829,390	\$61,464,211,230	\$5,954,381,850	10.73%
TWO PLAN MODEL	\$32,851,385,490	\$36,663,747,120	\$3,812,361,630	11.60%
COUNTY ORGANIZED HEALTH SYSTEMS	\$13,462,764,620	\$14,624,577,180	\$1,161,812,560	8.63%
GEOGRAPHIC MANAGED CARE	\$6,058,458,840	\$6,470,863,540	\$412,404,700	6.81%
PHP & OTHER MANAG. CARE	\$1,275,054,130	\$1,656,519,290	\$381,465,160	29.92%
REGIONAL MODEL	\$1,862,166,310	\$2,048,504,100	\$186,337,790	10.01%
<b>DENTAL</b>	\$1,918,588,090	\$2,378,861,770	\$460,273,680	23.99%
<b>MENTAL HEALTH</b>	\$3,053,358,180	\$2,985,796,880	(\$67,561,290)	-2.21%
<b>AUDITS/ LAWSUITS</b>	\$34,783,010	\$74,450,000	\$39,666,990	114.04%
<b>MEDICARE PAYMENTS</b>	\$6,363,726,290	\$7,098,492,360	\$734,766,070	11.55%
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$26,835,060	\$25,837,160	(\$997,900)	-3.72%
<b>MISC. SERVICES</b>	\$15,538,618,330	\$18,014,827,600	\$2,476,209,270	15.94%
<b>RECOVERIES</b>	(\$555,525,000)	(\$449,740,000)	\$105,785,010	-19.04%
<b>DRUG MEDI-CAL</b>	\$902,929,860	\$939,941,190	\$37,011,330	4.10%
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$116,569,918,530</b>	<b>\$131,544,273,880</b>	<b>\$14,974,355,360</b>	<b>12.85%</b>
<b>GENERAL FUNDS</b>	<b>\$24,029,652,870</b>	<b>\$34,917,062,580</b>	<b>\$10,887,409,710</b>	<b>45.31%</b>
<b>OTHER STATE FUNDS</b>	<b>\$11,411,566,380</b>	<b>\$12,896,996,800</b>	<b>\$1,485,430,420</b>	<b>13.02%</b>

**MEDI-CAL EXPENDITURES BY SERVICE CATEGORY  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

<u>SERVICE CATEGORY</u>	<u>NOV. 2021 EST. FOR 2022-23</u>	<u>MAY 2022 EST. FOR 2022-23</u>	<u>DOLLAR DIFFERENCE</u>	<u>% CHANGE</u>
<b>PROFESSIONAL</b>	\$10,166,316,650	\$9,874,840,080	(\$291,476,570)	-2.87%
PHYSICIANS	\$1,193,990,000	\$1,158,290,060	(\$35,699,930)	-2.99%
OTHER MEDICAL	\$6,941,847,590	\$6,745,473,480	(\$196,374,100)	-2.83%
CO. & COMM. OUTPATIENT	\$2,030,479,070	\$1,971,076,540	(\$59,402,530)	-2.93%
<b>PHARMACY</b>	\$9,201,483,370	\$9,743,318,800	\$541,835,430	5.89%
<b>HOSPITAL INPATIENT</b>	\$14,039,190,870	\$14,502,114,480	\$462,923,610	3.30%
COUNTY INPATIENT	\$3,908,710,910	\$4,029,090,170	\$120,379,260	3.08%
COMMUNITY INPATIENT	\$10,130,479,960	\$10,473,024,300	\$342,544,350	3.38%
<b>LONG TERM CARE</b>	\$2,190,089,610	\$2,623,233,690	\$433,144,080	19.78%
NURSING FACILITIES	\$1,860,439,850	\$2,009,674,740	\$149,234,890	8.02%
ICF-DD	\$329,649,760	\$613,558,950	\$283,909,190	86.12%
<b>OTHER SERVICES</b>	\$2,541,747,630	\$2,268,088,640	(\$273,658,990)	-10.77%
MEDICAL TRANSPORTATION	\$163,324,110	\$183,093,400	\$19,769,280	12.10%
OTHER SERVICES	\$2,105,401,930	\$1,814,890,240	(\$290,511,690)	-13.80%
HOME HEALTH	\$273,021,590	\$270,105,000	(\$2,916,580)	-1.07%
<b>TOTAL FEE-FOR-SERVICE</b>	<b>\$38,138,828,140</b>	<b>\$39,011,595,690</b>	<b>\$872,767,560</b>	<b>2.29%</b>
<b>MANAGED CARE</b>	\$58,906,657,530	\$61,464,211,230	\$2,557,553,700	4.34%
TWO PLAN MODEL	\$35,221,720,140	\$36,663,747,120	\$1,442,026,980	4.09%
COUNTY ORGANIZED HEALTH SYSTEMS	\$14,025,960,630	\$14,624,577,180	\$598,616,550	4.27%
GEOGRAPHIC MANAGED CARE	\$6,206,571,010	\$6,470,863,540	\$264,292,530	4.26%
PHP & OTHER MANAG. CARE	\$1,498,263,140	\$1,656,519,290	\$158,256,150	10.56%
REGIONAL MODEL	\$1,954,142,600	\$2,048,504,100	\$94,361,500	4.83%
<b>DENTAL</b>	\$2,236,179,730	\$2,378,861,770	\$142,682,040	6.38%
<b>MENTAL HEALTH</b>	\$2,969,096,460	\$2,985,796,880	\$16,700,430	0.56%
<b>AUDITS/ LAWSUITS</b>	\$27,449,000	\$74,450,000	\$47,000,990	171.23%
<b>MEDICARE PAYMENTS</b>	\$7,059,655,030	\$7,098,492,360	\$38,837,330	0.55%
<b>STATE HOSP./DEVELOPMENTAL CNTRS.</b>	\$29,259,490	\$25,837,160	(\$3,422,330)	-11.70%
<b>MISC. SERVICES</b>	\$16,674,811,600	\$18,014,827,600	\$1,340,016,000	8.04%
<b>RECOVERIES</b>	(\$425,628,000)	(\$449,740,000)	(\$24,112,000)	5.67%
<b>DRUG MEDI-CAL</b>	\$1,103,089,910	\$939,941,190	(\$163,148,720)	-14.79%
<b>GRAND TOTAL MEDI-CAL</b>	<b>\$126,719,398,890</b>	<b>\$131,544,273,880</b>	<b>\$4,824,875,000</b>	<b>3.81%</b>
<b>GENERAL FUNDS</b>	<b>\$33,570,361,980</b>	<b>\$34,917,062,580</b>	<b>\$1,346,700,600</b>	<b>4.01%</b>
<b>OTHER STATE FUNDS</b>	<b>\$13,195,260,210</b>	<b>\$12,896,996,800</b>	<b>(\$298,263,410)</b>	<b>-2.26%</b>

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>ELIGIBILITY</b>						
1	1	POSTPARTUM CARE EXTENSION	\$290,975,000	\$134,459,000	\$182,264,000	\$83,797,000	(\$108,711,000)	(\$50,662,000)
2	2	BREAST AND CERVICAL CANCER TREATMENT	\$59,789,000	\$23,533,200	\$58,336,000	\$22,970,700	(\$1,453,000)	(\$562,500)
4	4	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$589,846,000	\$496,061,000	\$745,180,000	\$628,052,500	\$155,334,000	\$131,991,500
5	5	MEDI-CAL STATE INMATE PROGRAMS	\$49,275,000	\$0	\$51,596,000	\$0	\$2,321,000	\$0
6	6	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$350,731,000	\$236,453,000	\$333,623,000	\$226,026,000	(\$17,108,000)	(\$10,427,000)
8	8	MEDI-CAL COUNTY INMATE PROGRAMS	\$37,485,000	\$1,684,700	\$36,097,000	\$1,550,500	(\$1,388,000)	(\$134,200)
9	9	ACCELERATED ENROLLMENT FOR ADULTS	\$17,843,000	\$8,921,500	\$16,338,000	\$8,169,000	(\$1,505,000)	(\$752,500)
14	14	CALAIM INMATE PRE-RELEASE PROGRAM	\$50,232,000	\$15,534,000	\$62,988,000	\$19,840,000	\$12,756,000	\$4,306,000
15	15	PHASING IN THE MEDI-CAL ASSET LIMIT REPEAL	\$45,452,000	\$22,726,000	\$47,398,000	\$23,699,000	\$1,946,000	\$973,000
16	16	CS3 PROXY ADJUSTMENT	\$0	(\$54,257,100)	\$0	(\$55,589,500)	\$0	(\$1,332,400)
18	18	REFUGEE MEDICAL ASSISTANCE	\$0	(\$200,000)	\$0	(\$350,000)	\$0	(\$150,000)
19	19	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$1,665,000)	\$0	(\$1,531,000)	\$0	\$134,000
20	20	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$0	\$962,400	\$0	\$1,680,000	\$0	\$717,600
21	21	NON-OTLICP CHIP	\$0	(\$86,166,900)	\$0	(\$90,726,000)	\$0	(\$4,559,100)
22	22	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$1,205,139,600	\$0	\$1,234,627,850	\$0	\$29,488,250
23	23	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$69,726,800)	\$0	(\$69,956,900)	\$0	(\$230,100)
24	24	CHIP PREMIUMS	(\$48,232,000)	(\$16,881,200)	(\$47,785,000)	(\$16,724,750)	\$447,000	\$156,450
274	274	PREMIUMS REDUCTION	\$53,163,000	\$18,879,250	\$53,261,000	\$19,510,050	\$98,000	\$630,800
3	--	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$81,374,000	\$40,687,000	\$0	\$0	(\$81,374,000)	(\$40,687,000)
		<b>ELIGIBILITY SUBTOTAL</b>	<b>\$1,577,933,000</b>	<b>\$1,976,143,650</b>	<b>\$1,539,296,000</b>	<b>\$2,035,044,450</b>	<b>(\$38,637,000)</b>	<b>\$58,900,800</b>

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>								
26	26	COMMUNITY FIRST CHOICE OPTION	\$6,068,888,000	\$0	\$6,808,506,000	\$0	\$739,618,000	\$0
27	27	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$19,168,000	\$0	\$16,808,000	\$0	(\$2,360,000)	\$0
28	28	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$43,640,000)	\$0	(\$39,049,200)	\$0	\$4,590,800
29	29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$4,242,000)	\$0	(\$4,274,000)	\$0	(\$32,000)
30	30	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$3,000)	\$0	(\$3,000)	\$0	\$0	\$0
		<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$6,088,053,000</b>	<b>(\$47,882,000)</b>	<b>\$6,825,311,000</b>	<b>(\$43,323,200)</b>	<b>\$737,258,000</b>	<b>\$4,558,800</b>
<b><u>BENEFITS</u></b>								
32	32	BEHAVIORAL HEALTH TREATMENT	\$866,319,000	\$410,841,000	\$887,679,000	\$420,970,000	\$21,360,000	\$10,129,000
34	34	FAMILY PACT PROGRAM	\$369,130,000	\$88,012,000	\$368,160,000	\$87,780,200	(\$970,000)	(\$231,800)
35	35	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$122,305,000	\$0	\$106,472,000	\$0	(\$15,833,000)	\$0
36	36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$63,951,000	(\$500)	\$63,952,000	\$31,480,000	\$1,000	\$31,480,500
37	37	TELEHEALTH	\$132,460,760	\$46,790,890	\$132,460,760	\$46,790,890	\$0	\$0
38	38	REMOTE PATIENT MONITORING	\$32,037,000	\$11,703,700	\$32,037,000	\$11,838,100	\$0	\$134,400
39	39	COMMUNITY HEALTH WORKER	\$47,046,000	\$16,946,950	\$19,679,770	\$8,212,850	(\$27,366,230)	(\$8,734,100)
40	40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$13,052,000	\$4,797,000	\$12,199,000	\$4,152,000	(\$853,000)	(\$645,000)
41	41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$112,000	\$112,000	\$86,000	\$86,000	(\$26,000)	(\$26,000)
43	43	HEARING AID COVERAGE FOR CHILDREN PROGRAM	\$9,990,000	\$9,990,000	\$9,930,000	\$9,930,000	(\$60,000)	(\$60,000)
--	45	MFP/CCT SUPPLEMENTAL FUNDING	\$0	\$0	\$5,000,000	\$0	\$5,000,000	\$0
46	46	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$4,919,550	\$1,270,960	\$9,687,460	\$3,538,910	\$4,767,910	\$2,267,950
47	47	CALAIM - ORGAN TRANSPLANT	\$1,061,000	\$309,250	\$11,172,000	\$3,613,450	\$10,111,000	\$3,304,200

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>BENEFITS</u></b>								
48	48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$1,570,000	\$575,400	\$1,534,000	\$567,800	(\$36,000)	(\$7,600)
49	49	MEDICAL INTERPRETERS PILOT PROJECT	\$2,400,000	\$2,400,000	\$3,169,000	\$3,169,000	\$769,000	\$769,000
50	50	DOULA BENEFIT	\$941,210	\$361,120	\$974,400	\$377,110	\$33,190	\$15,990
51	51	CCT FUND TRANSFER TO CDSS	\$165,000	\$0	\$233,000	\$0	\$68,000	\$0
52	52	DIABETES PREVENTION PROGRAM	\$1,159,520	\$421,100	\$1,144,320	\$421,810	(\$15,200)	\$710
53	53	CYBHI - DYADIC SERVICES	\$87,444,280	\$40,790,390	\$40,246,560	\$16,177,300	(\$47,197,720)	(\$24,613,080)
260	260	CALAIM - LTC BENEFIT TRANSITION	\$115,809,000	\$55,467,950	\$104,104,000	\$49,564,000	(\$11,705,000)	(\$5,903,950)
265	265	ANNUAL COGNITIVE ASSESSMENTS	\$341,000	\$170,500	\$73,660	\$36,160	(\$267,340)	(\$134,340)
270	270	FPACT HPV VACCINE COVERAGE	\$8,040,000	\$4,581,000	\$8,040,000	\$4,581,000	\$0	\$0
--	281	ROUTINE COSTS FOR CLINICAL TRIALS	\$0	\$0	\$4,277,130	\$1,555,810	\$4,277,130	\$1,555,810
<b>BENEFITS SUBTOTAL</b>			<b>\$1,880,253,320</b>	<b>\$695,540,710</b>	<b>\$1,822,311,060</b>	<b>\$704,842,390</b>	<b>(\$57,942,270)</b>	<b>\$9,301,680</b>
<b><u>PHARMACY</u></b>								
54	54	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$6,794,603,000	\$2,098,162,450	\$6,794,603,000	\$2,098,162,450	\$0	\$0
55	55	MEDICATION THERAPY MANAGEMENT PROGRAM	\$20,103,190	\$7,037,950	\$8,413,780	\$2,945,640	(\$11,689,400)	(\$4,092,310)
56	56	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,952,556,000)	\$0	(\$1,841,255,000)	\$0	\$111,301,000
57	57	MEDI-CAL RX- ADDITIONAL SUPPLEMENTAL REBATES	(\$670,311,000)	(\$223,755,600)	(\$670,311,000)	(\$223,755,600)	\$0	\$0
59	59	BCCTP DRUG REBATES	(\$4,552,000)	\$0	(\$4,306,000)	\$0	\$246,000	\$0
60	60	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$14,732,000)	(\$5,165,600)	(\$14,732,000)	(\$5,165,600)	\$0	\$0
61	61	FAMILY PACT DRUG REBATES	(\$10,600,000)	\$0	(\$11,668,000)	\$0	(\$1,068,000)	\$0
62	62	MEDICAL SUPPLY REBATES	(\$121,712,000)	(\$60,856,000)	(\$116,268,000)	(\$58,134,000)	\$5,444,000	\$2,722,000
63	63	STATE SUPPLEMENTAL DRUG REBATES	(\$97,572,000)	\$0	(\$81,343,000)	\$0	\$16,229,000	\$0
64	64	PHARMACY RETROACTIVE ADJUSTMENTS	(\$110,244,000)	(\$49,307,200)	(\$48,381,000)	\$52,266,950	\$61,863,000	\$101,574,150

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>PHARMACY</u></b>								
65	65	FEDERAL DRUG REBATES	(\$3,237,798,000)	\$0	(\$3,098,599,000)	\$0	\$139,199,000	\$0
		<b>PHARMACY SUBTOTAL</b>	<b>\$2,547,185,190</b>	<b>(\$186,440,000)</b>	<b>\$2,757,408,780</b>	<b>\$25,064,840</b>	<b>\$210,223,600</b>	<b>\$211,504,840</b>
<b><u>DRUG MEDI-CAL</u></b>								
68	68	HCBS SP - CONTINGENCY MANAGEMENT	\$23,086,000	\$0	\$34,020,000	\$0	\$10,934,000	\$0
69	69	DRUG MEDI-CAL MAT BENEFIT	\$350,110	\$71,010	\$432,420	\$88,370	\$82,320	\$17,360
70	70	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$527,780	\$35,560	\$527,780	\$35,560	\$0	\$0
--	71	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	\$0	\$0	(\$96,000)	(\$232,000)	(\$96,000)	(\$232,000)
		<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$23,963,880</b>	<b>\$106,580</b>	<b>\$34,884,200</b>	<b>(\$108,070)</b>	<b>\$10,920,320</b>	<b>(\$214,640)</b>
<b><u>MENTAL HEALTH</u></b>								
74	74	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE	\$1,659,749,000	\$1,441,249,000	\$1,659,749,000	\$1,441,249,000	\$0	\$0
75	75	MHP COSTS FOR FFPSA	\$45,286,000	\$15,090,000	\$45,216,000	\$15,053,000	(\$70,000)	(\$37,000)
76	76	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$45,396,000	\$45,396,000	\$45,396,000	\$45,396,000	\$0	\$0
77	77	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$20,674,000	\$11,229,500	\$26,824,000	\$14,304,500	\$6,150,000	\$3,075,000
78	78	MHP STRTP GRANTS	\$7,478,000	\$7,478,000	\$7,478,000	\$7,478,000	\$0	\$0
79	79	OUT OF STATE YOUTH - SMHS	\$2,678,000	\$1,339,000	\$2,670,000	\$1,335,000	(\$8,000)	(\$4,000)
80	80	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	\$6,017,000	\$0	\$1,461,000	\$0	(\$4,556,000)
81	81	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
82	82	CHART REVIEW	(\$174,000)	\$0	(\$73,000)	\$0	\$101,000	\$0
83	83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$322,314,000)	\$160,000	(\$306,822,000)	\$153,000	\$15,492,000	(\$7,000)
		<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$1,458,773,000</b>	<b>\$1,527,758,500</b>	<b>\$1,480,438,000</b>	<b>\$1,526,229,500</b>	<b>\$21,665,000</b>	<b>(\$1,529,000)</b>

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>								
84	84	GLOBAL PAYMENT PROGRAM	\$2,561,451,000	\$0	\$2,558,640,000	\$0	(\$2,811,000)	\$0
86	86	CALAIM ECM-COMMUNITY SUPPORTS-PLAN INCENTIVES	\$1,338,593,000	\$545,562,500	\$1,419,183,000	\$571,720,100	\$80,590,000	\$26,157,600
87	87	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$79,250,000	\$39,625,000	\$133,944,000	\$82,093,500	\$54,694,000	\$42,468,500
88	88	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$549,000	\$0	\$487,000	\$0	(\$62,000)	\$0
268	--	CALAIM- DESIGNATED STATE HEALTH PROGRAMS	\$0	(\$123,200,000)	\$0	\$0	\$0	\$123,200,000
<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>			<b>\$3,979,843,000</b>	<b>\$461,987,500</b>	<b>\$4,112,254,000</b>	<b>\$653,813,600</b>	<b>\$132,411,000</b>	<b>\$191,826,100</b>
<b><u>MANAGED CARE</u></b>								
95	95	CCI-MANAGED CARE PAYMENTS	\$6,676,610,000	\$3,338,305,000	\$6,824,118,000	\$3,412,059,000	\$147,508,000	\$73,754,000
96	96	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$1,532,243,000	\$556,573,050	\$1,525,495,000	\$551,139,400	(\$6,748,000)	(\$5,433,650)
98	98	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,778,153,000	\$414,333,690	\$1,778,153,000	\$409,022,320	\$0	(\$5,311,360)
99	99	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,864,564,000	\$617,676,250	\$1,864,564,000	\$611,641,050	\$0	(\$6,035,200)
101	101	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$1,989,172,000	\$530,520,550	\$1,989,172,000	\$505,366,550	\$0	(\$25,154,000)
102	102	CALAIM - TRANSITIONING POPULATIONS	\$101,037,000	\$50,268,800	\$223,987,000	\$86,067,000	\$122,950,000	\$35,798,200
103	103	CYBHI - INCREASE ACCESS TO STUDENT BH SERVICES	\$129,662,000	\$64,831,000	\$194,493,000	\$97,246,500	\$64,831,000	\$32,415,500
104	104	HCBS SP - HOUSING AND HOMELESSNESS INCENTIVE PROG	\$644,236,000	\$0	\$644,236,000	\$0	\$0	\$0
105	105	CALAIM - MEDI-CAL PATH	\$706,650,000	\$253,100,000	\$706,620,000	\$253,100,000	(\$30,000)	\$0
106	106	RETRO MC RATE ADJUSTMENTS	\$193,016,000	\$90,501,750	\$200,531,000	\$94,259,250	\$7,515,000	\$3,757,500
109	109	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$90,136,000	\$42,739,000	\$90,136,000	\$41,342,000	\$0	(\$1,397,000)
113	113	CCI-QUALITY WITHHOLD REPAYMENTS	\$11,242,000	\$5,621,000	\$8,850,000	\$4,425,000	(\$2,392,000)	(\$1,196,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>								
116	116	CAPITATED RATE ADJUSTMENT FOR FY 2022-23	(\$1,725,597,000)	(\$585,332,800)	(\$1,731,327,000)	(\$596,376,600)	(\$5,730,000)	(\$11,043,800)
117	117	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$1,680,543,000)	\$0	(\$1,644,066,000)	\$0	\$36,477,000
118	118	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,508,961,000)	\$0	(\$1,541,433,000)	\$0	(\$32,472,000)
119	119	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	(\$556,573,000)	\$0	(\$524,101,000)	\$0	\$32,472,000
--	120	COORDINATED CARE INITIATIVE RISK MITIGATION	\$0	\$0	(\$111,260,000)	(\$55,630,000)	(\$111,260,000)	(\$55,630,000)
<b>MANAGED CARE SUBTOTAL</b>			<b>\$13,991,124,000</b>	<b>\$1,633,060,290</b>	<b>\$14,207,768,000</b>	<b>\$1,704,061,480</b>	<b>\$216,644,000</b>	<b>\$71,001,180</b>
<b>PROVIDER RATES</b>								
124	124	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$330,504,770	\$122,959,010	\$336,624,830	\$123,022,510	\$6,120,060	\$63,500
125	125	DPH INTERIM RATE GROWTH	\$246,132,720	\$79,327,520	\$137,495,180	\$43,413,540	(\$108,637,530)	(\$35,913,980)
126	126	AB 1629 ANNUAL RATE ADJUSTMENTS	\$247,714,450	\$117,416,680	\$249,396,070	\$118,213,780	\$1,681,620	\$797,100
127	127	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$179,410,000	(\$6,376,000)	\$215,595,000	(\$7,635,000)	\$36,185,000	(\$1,259,000)
128	128	LTC RATE ADJUSTMENT	\$200,449,690	\$97,815,070	\$188,228,360	\$91,812,020	(\$12,221,330)	(\$6,003,050)
--	129	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$0	\$0	\$15,682,000	\$0	\$15,682,000	\$0
130	130	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$111,000,000	\$40,565,700	\$138,252,000	\$50,525,400	\$27,252,000	\$9,959,700
131	131	PP-GEMT PROGRAM	\$145,653,480	(\$4,217,130)	\$97,609,010	(\$2,640,730)	(\$48,044,470)	\$1,576,400
133	133	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$7,689,000	(\$870,000)	\$3,500,000	\$0	(\$4,189,000)	\$870,000
134	134	HOSPICE RATE INCREASES	\$10,264,560	\$4,898,970	\$10,264,560	\$4,898,970	\$0	\$0
135	135	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$2,637,000	\$1,053,050	\$10,012,750	\$3,998,390	\$7,375,750	\$2,945,340
136	136	GDSP PRENATAL SCREENING PROGRAM FEE INCREASE	\$5,290,530	\$2,112,700	\$5,254,690	\$2,098,580	(\$35,840)	(\$14,120)
137	137	DPH INTERIM RATE	\$0	(\$481,535,000)	\$0	(\$448,136,600)	\$0	\$33,398,400

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>PROVIDER RATES</u></b>								
138	138	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$6,371,000	\$3,167,600	\$6,371,000	\$3,072,600	\$0	(\$95,000)
139	139	PROP 56 - HOME HEALTH RATE INCREASE	\$123,645,000	\$61,467,050	\$123,645,000	\$59,615,050	\$0	(\$1,852,000)
140	140	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$592,657,000)	\$0	(\$495,668,000)	\$0	\$96,989,000
141	141	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	(\$932,000)	(\$401,860)	\$136,920	\$101,630	\$1,068,920	\$503,490
142	142	10% PROVIDER PAYMENT REDUCTION	(\$164,723,000)	(\$63,555,500)	(\$102,853,000)	(\$39,684,050)	\$61,870,000	\$23,871,450
143	143	REDUCTION TO RADIOLOGY RATES	(\$12,514,490)	(\$5,402,220)	(\$12,396,940)	(\$5,354,270)	\$117,540	\$47,940
144	144	LABORATORY RATE METHODOLOGY CHANGE	(\$1,528,440)	(\$655,490)	(\$1,343,000)	(\$576,150)	\$185,440	\$79,340
145	145	DPH INTERIM & FINAL RECONS	\$60,992,000	\$0	(\$2,352,000)	\$0	(\$63,344,000)	\$0
263	263	NURSING FACILITY FINANCING REFORM	\$96,480,000	\$45,731,600	\$340,215,000	\$164,565,500	\$243,735,000	\$118,833,900
267	267	AB 97 ELIMINATIONS	\$20,191,000	\$8,986,300	\$19,637,000	\$9,009,450	(\$554,000)	\$23,150
--	286	ACUPUNCTURE RATE INCREASE	\$0	\$0	\$10,905,000	\$3,300,500	\$10,905,000	\$3,300,500
<b>PROVIDER RATES SUBTOTAL</b>			<b>\$1,614,727,270</b>	<b>(\$570,168,940)</b>	<b>\$1,789,879,430</b>	<b>(\$322,046,880)</b>	<b>\$175,152,160</b>	<b>\$248,122,060</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
146	146	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$3,403,178,000	\$0	\$3,403,178,000	\$0	\$0	\$0
147	147	HOSPITAL QAF - FFS PAYMENTS	\$3,358,212,000	\$0	\$3,290,656,000	\$0	(\$67,556,000)	\$0
148	148	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,797,400,000	\$0	\$1,797,400,000	\$0	\$0	\$0
149	149	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,215,755,000	\$485,870,800	\$1,238,684,000	\$496,926,600	\$22,929,000	\$11,055,800
150	150	PRIVATE HOSPITAL DSH REPLACEMENT	\$634,392,000	\$317,196,000	\$649,538,000	\$324,769,000	\$15,146,000	\$7,573,000
151	151	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$542,183,000	\$0	\$662,267,000	\$0	\$120,084,000	\$0
152	152	DSH PAYMENT	\$430,468,000	\$25,000,000	\$438,696,000	\$24,847,500	\$8,228,000	(\$152,500)
153	153	PROP 56 - MEDI-CAL FAMILY PLANNING	\$407,214,000	\$67,271,400	\$455,268,000	\$76,159,200	\$48,054,000	\$8,887,800

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
154	154	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$30,595,000	\$3,547,850	\$31,005,000	\$9,341,450	\$410,000	\$5,793,600
155	155	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$310,343,000	\$118,400,000	\$641,991,000	\$118,400,000	\$331,648,000	\$0
156	156	DPH PHYSICIAN & NON-PHYS. COST	\$98,248,000	\$0	\$100,637,000	\$0	\$2,389,000	\$0
157	157	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$198,877,000	\$0	\$216,479,000	\$0	\$17,602,000	\$0
158	158	FFP FOR LOCAL TRAUMA CENTERS	\$177,122,000	\$0	\$176,671,000	\$0	(\$451,000)	\$0
159	159	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$118,535,000	\$719,000	\$120,092,000	\$849,000	\$1,557,000	\$130,000
160	160	CAPITAL PROJECT DEBT REIMBURSEMENT	\$95,602,000	\$28,028,000	\$87,299,000	\$21,375,500	(\$8,303,000)	(\$6,652,500)
161	161	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$29,500,000	\$0	\$41,000,000	\$0	\$11,500,000	\$0
162	162	NDPH IGT SUPPLEMENTAL PAYMENTS	\$43,948,000	(\$1,356,000)	\$38,528,000	(\$1,021,000)	(\$5,420,000)	\$335,000
163	163	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$84,205,000	\$0	\$66,376,000	\$0	(\$17,829,000)	\$0
164	164	PROP 56 - DEVELOPMENTAL SCREENINGS	\$60,079,000	\$27,366,250	\$59,669,000	\$29,081,850	(\$410,000)	\$1,715,600
165	165	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$105,000,000	\$52,500,000	\$105,000,000	\$52,500,000	\$0	\$0
166	166	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$48,035,000	\$20,008,900	\$47,352,000	\$20,245,100	(\$683,000)	\$236,200
167	167	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	\$507,946,000	\$199,843,300	\$552,429,000	\$210,998,250	\$44,483,000	\$11,154,950
168	168	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$23,702,000	\$11,851,000	\$29,880,000	\$14,323,000	\$6,178,000	\$2,472,000
169	169	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$14,682,000	\$0	\$14,782,000	\$0	\$100,000	\$0
170	170	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$0	\$0
171	171	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$27,361,000	\$13,238,300	\$25,656,000	\$12,362,000	(\$1,705,000)	(\$876,300)
172	172	NDPH SUPPLEMENTAL PAYMENT	\$4,219,000	\$1,900,000	\$12,752,000	\$1,900,000	\$8,533,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>								
173	173	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$4,000,000	\$8,000,000	\$4,000,000	\$0	\$0
174	174	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$70,366,000	\$12,842,000	\$85,628,000	\$26,284,000	\$15,262,000	\$13,442,000
175	175	GEMT SUPPLEMENTAL PAYMENT PROGRAM	\$20,196,000	\$0	\$27,147,000	\$0	\$6,951,000	\$0
176	176	FREE CLINICS AUGMENTATION	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
177	177	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$8,206,000	\$3,958,150	\$8,240,000	\$3,852,400	\$34,000	(\$105,750)
178	178	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$7,158,000	\$3,728,550	\$7,158,000	\$3,625,550	\$0	(\$103,000)
179	179	PROPOSITION 56 FUNDING	\$0	(\$783,879,000)	\$0	(\$569,060,000)	\$0	\$214,819,000
180	180	PROP 56 - AIDS WAIVER RATE INCREASE	\$4,274,000	\$2,137,000	\$4,538,000	\$2,199,000	\$264,000	\$62,000
181	181	IGT ADMIN. & PROCESSING FEE	\$0	(\$11,871,000)	\$0	(\$13,534,000)	\$0	(\$1,663,000)
		<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$13,897,001,000</b>	<b>\$609,300,500</b>	<b>\$14,455,996,000</b>	<b>\$877,424,400</b>	<b>\$558,995,000</b>	<b>\$268,123,900</b>
<b><u>COVID-19</u></b>								
182	182	COVID-19 CASELOAD IMPACT	\$9,981,882,000	\$2,815,274,000	\$11,102,397,000	\$3,086,317,150	\$1,120,515,000	\$271,043,150
184	184	COVID-19 VACCINE ADMINISTRATION	\$155,348,000	\$1,450,800	\$176,547,000	\$9,424,700	\$21,199,000	\$7,973,900
--	185	COVID-19 FFS REIMBURSEMENT RATES	\$0	\$0	\$100,916,000	\$48,753,850	\$100,916,000	\$48,753,850
186	186	COVID-19 BEHAVIORAL HEALTH	\$10,351,000	\$1,534,350	\$108,101,000	\$8,690,600	\$97,750,000	\$7,156,250
--	187	COVID-19 FFS DME RESPIRATORY RATES	\$0	\$0	\$12,778,000	\$6,025,550	\$12,778,000	\$6,025,550
--	188	COVID-19 - SICK LEAVE BENEFITS	\$0	\$0	\$2,633,000	\$50,500	\$2,633,000	\$50,500
--	189	COVID-19 ELIGIBILITY	\$0	\$0	\$103,763,000	\$64,391,000	\$103,763,000	\$64,391,000
190	190	COVID-19 TESTING IN SCHOOLS	\$404,591,000	\$102,449,150	\$404,591,000	\$102,449,150	\$0	\$0
--	191	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	\$0	\$0	\$40,014,000	\$0	\$40,014,000
192	192	COVID-19 BASE RECOVERIES	\$0	\$0	\$0	\$0	\$0	\$0
194	194	COVID-19 INCREASED FMAP - DHCS	\$0	\$6,764,000	\$556,468,000	(\$2,113,112,000)	\$556,468,000	(\$2,119,876,000)

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>COVID-19</u></b>								
--	256	COVID-19 VACCINATION INCENTIVE PROGRAM	\$0	\$0	\$133,333,000	\$66,666,500	\$133,333,000	\$66,666,500
--	279	PHARMACY-BASED COVID-19 TESTS	\$0	\$0	\$36,451,750	\$12,761,410	\$36,451,750	\$12,761,410
272	--	COVID-19 INCREASED FMAP EXTENSION	\$16,344,000	(\$484,071,000)	\$0	\$0	(\$16,344,000)	\$484,071,000
<b>COVID-19 SUBTOTAL</b>			<b>\$10,568,516,000</b>	<b>\$2,443,401,300</b>	<b>\$12,737,978,750</b>	<b>\$1,332,432,410</b>	<b>\$2,169,462,750</b>	<b>(\$1,110,968,890)</b>
<b><u>STATE ONLY CLAIMING</u></b>								
195	195	STATE ONLY CLAIMING ADJUSTMENTS	\$128,643,000	\$1,526,481,000	\$130,230,000	\$2,249,280,000	\$1,587,000	\$722,799,000
196	196	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$6,020,000)	\$14,476,000	(\$6,020,000)	\$14,476,000	\$0	\$0
<b>STATE ONLY CLAIMING SUBTOTAL</b>			<b>\$122,623,000</b>	<b>\$1,540,957,000</b>	<b>\$124,210,000</b>	<b>\$2,263,756,000</b>	<b>\$1,587,000</b>	<b>\$722,799,000</b>
<b><u>OTHER DEPARTMENTS</u></b>								
33	33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$523,841,000	\$0	\$540,376,000	\$0	\$16,535,000	\$0
--	197	ELECTRONIC VISIT VERIFICATION FED PENALTIES	\$0	\$0	(\$27,431,000)	\$623,000	(\$27,431,000)	\$623,000
<b>OTHER DEPARTMENTS SUBTOTAL</b>			<b>\$523,841,000</b>	<b>\$0</b>	<b>\$512,945,000</b>	<b>\$623,000</b>	<b>(\$10,896,000)</b>	<b>\$623,000</b>
<b><u>OTHER</u></b>								
205	205	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$304,000,000	\$152,000,000	\$303,484,000	\$151,742,000	(\$516,000)	(\$258,000)
207	207	CALAIM - DENTAL INITIATIVES	\$243,216,000	\$117,674,350	\$239,958,000	\$116,547,850	(\$3,258,000)	(\$1,126,500)
208	208	CYBHI - SCHOOL BH PARTNERSHIPS AND CAPACITY	\$450,000,000	\$450,000,000	\$450,000,000	\$450,000,000	\$0	\$0
209	209	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$60,914,000	\$0	\$61,690,000	\$0	\$776,000	\$0
210	210	PROP 56 - PROVIDER ACES TRAININGS	\$1,468,000	\$734,000	\$7,100,000	\$3,550,000	\$5,632,000	\$2,816,000
--	211	HCBS SP - CALBRIDGE BH PILOT PROGRAM	\$0	\$0	\$29,802,000	\$0	\$29,802,000	\$0

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>OTHER</b>								
212	212	QAF WITHHOLD TRANSFER	(\$2,028,000)	(\$1,014,000)	(\$445,000)	(\$796,500)	\$1,583,000	\$217,500
213	213	INFANT DEVELOPMENT PROGRAM	\$28,784,000	\$0	\$25,760,000	\$0	(\$3,024,000)	\$0
218	218	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$41,400,000	\$0	\$40,780,000	\$0	(\$620,000)	\$0
219	219	INDIAN HEALTH SERVICES	\$26,428,000	\$8,853,500	\$64,060,000	\$21,460,000	\$37,632,000	\$12,606,500
220	220	SELF-DETERMINATION PROGRAM - CDDS	\$36,377,000	\$0	\$36,069,000	\$0	(\$308,000)	\$0
222	222	PEER SUPPORT SPECIALIST SERVICES	\$31,305,000	\$0	\$31,508,000	\$0	\$203,000	\$0
--	223	HCBS SP - NON-IHSS CARE ECONOMY PMTS	\$0	\$0	\$12,250,000	\$0	\$12,250,000	\$0
224	224	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$10,471,000	\$4,790,000	\$10,224,000	\$4,677,000	(\$247,000)	(\$113,000)
225	225	CYBHI - CALHOPE STUDENT SUPPORT	\$17,000,000	\$17,000,000	\$19,750,000	\$19,750,000	\$2,750,000	\$2,750,000
226	226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$80,434,120	\$40,217,060	\$80,882,240	\$40,441,120	\$448,130	\$224,060
227	227	HCBS SP - ASSISTED LIVING WAIVER EXPANSION	\$32,375,310	(\$20,492,020)	\$38,567,200	(\$20,492,020)	\$6,191,880	\$0
231	231	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$23,732,000	\$6,161,250	\$28,748,000	\$7,463,800	\$5,016,000	\$1,302,550
232	232	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$5,000,000	\$5,000,000	\$10,000,000	\$5,000,000	\$5,000,000	\$0
233	233	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$78,000	\$31,600	\$78,000	\$31,600	\$0	\$0
234	234	WPCS WORKERS' COMPENSATION	\$682,000	\$341,000	\$620,000	\$310,000	(\$62,000)	(\$31,000)
236	236	CYBHI - EVIDENCE-BASED BH PRACTICES	\$429,000,000	\$429,000,000	\$429,000,000	\$429,000,000	\$0	\$0
238	238	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$154,920,000)	\$0	(\$131,364,000)	\$0	\$23,556,000
239	239	CLPP FUND	\$916,000	\$0	\$916,000	\$0	\$0	\$0
241	241	IMD ANCILLARY SERVICES	\$0	\$37,080,000	\$0	\$27,827,000	\$0	(\$9,253,000)
242	242	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$1,883,833,600)	\$0	(\$1,903,722,800)	\$0	(\$19,889,200)
243	243	FUNDING ADJUST.—OTLICP	\$0	(\$84,073,950)	\$0	(\$78,473,250)	\$0	\$5,600,700

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>						
244	244	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$976,000,000)	\$0	(\$976,000,000)	\$0	\$0
245	245	CMS DEFERRED CLAIMS	\$0	(\$233,240,000)	\$0	\$226,413,000	\$0	\$459,653,000
248	248	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$13,391,000)	\$0	(\$15,048,500)	\$0	(\$1,657,500)
249	249	COUNTY SHARE OF OTLICP-CCS COSTS	(\$25,337,000)	(\$25,337,000)	(\$25,337,000)	(\$25,337,000)	\$0	\$0
252	252	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	\$108,483,000	\$16,272,000	\$108,483,000	\$16,272,000	\$0	\$0
254	254	AMERICAN RESCUE PLAN INCREASED FMAP FOR HCBS	\$0	\$0	\$0	\$0	\$0	\$0
257	257	EVIDENCE-BASED DENTAL PRACTICES	\$37,110,000	\$12,915,800	\$37,110,000	\$12,915,800	\$0	\$0
258	258	END-OF-FY 2-WEEK CHECKWRITE HOLD BUYBACK	\$795,755,000	\$309,409,650	\$795,755,000	\$309,409,650	\$0	\$0
266	266	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	\$400,000,000	\$200,000,000	\$140,000,000	\$70,000,000	(\$260,000,000)	(\$130,000,000)
269	269	HCBS SP CDDS	\$231,796,000	\$0	\$231,136,000	\$0	(\$660,000)	\$0
271	271	MHSF - PROVIDER ACES TRAININGS	\$44,100,000	\$0	\$44,100,000	\$0	\$0	\$0
273	273	URBAN INDIAN ORGANIZATIONS FUNDING SHIFT	\$0	(\$25,322,000)	\$0	(\$25,322,000)	\$0	\$0
275	275	BEHAVIORAL HEALTH BRIDGE HOUSING	\$1,000,000,000	\$1,000,000,000	\$957,936,000	\$957,936,000	(\$42,064,000)	(\$42,064,000)
--	277	CALHOPE	\$0	\$0	\$110,000,000	\$96,423,000	\$110,000,000	\$96,423,000
--	282	LA COUNTY JUSTICE-INVOLVED POP. SVCS & SUPPORTS	\$0	\$0	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
--	283	MINIMUM WAGE INFLATION INCREASE	\$0	\$0	\$16,021,000	\$7,833,400	\$16,021,000	\$7,833,400
--	287	FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM	\$0	\$0	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
--	288	ALAMEDA COUNTY SUPPORTIVE HOUSING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
--	289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS	\$0	\$0	\$14,849,000	\$14,849,000	\$14,849,000	\$14,849,000
--	290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
MAY 2022 ESTIMATE COMPARED TO NOVEMBER 2021 ESTIMATE  
FISCAL YEAR 2022-23**

NOV. NO.	MAY NO.	POLICY CHANGE TITLE	NOV. 2021 EST. FOR 2022-23		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
			TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
		<b>OTHER</b>						
--	291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES	\$0	\$0	\$120,500,000	\$120,500,000	\$120,500,000	\$120,500,000
--	292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT	\$0	\$0	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
--	293	PACE INFRASTRUCTURE FUNDING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
203	--	HCBS SP - COMM BASED RESIDENTIAL CONTINUUM PILOT	\$287,197,000	\$0	\$0	\$0	(\$287,197,000)	\$0
262	--	COUNTY BH RECOUPMENTS	(\$60,840,000)	(\$60,840,000)	\$0	\$0	\$60,840,000	\$60,840,000
		<b>OTHER SUBTOTAL</b>	<b>\$4,639,816,430</b>	<b>(\$670,983,370)</b>	<b>\$4,626,354,440</b>	<b>\$88,796,150</b>	<b>(\$13,461,990)</b>	<b>\$759,779,510</b>
		<b>GRAND TOTAL</b>	<b>\$62,913,653,090</b>	<b>\$9,412,781,720</b>	<b>\$67,027,034,660</b>	<b>\$10,846,610,070</b>	<b>\$4,113,381,570</b>	<b>\$1,433,828,350</b>

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>ELIGIBILITY</b>							
1	POSTPARTUM CARE EXTENSION	\$0	\$0	\$182,264,000	\$83,797,000	\$182,264,000	\$83,797,000
2	BREAST AND CERVICAL CANCER TREATMENT	\$51,360,000	\$20,307,250	\$58,336,000	\$22,970,700	\$6,976,000	\$2,663,450
3	FPL INCREASE FOR AGED AND DISABLED PERSONS	\$78,946,000	\$39,473,000	\$0	\$0	(\$78,946,000)	(\$39,473,000)
4	UNDOCUMENTED OLDER CALIFORNIANS EXPANSION	\$67,246,000	\$53,200,000	\$745,180,000	\$628,052,500	\$677,934,000	\$574,852,500
5	MEDI-CAL STATE INMATE PROGRAMS	\$54,596,000	\$7,375,000	\$51,596,000	\$0	(\$3,000,000)	(\$7,375,000)
6	UNDOCUMENTED YOUNG ADULTS FULL SCOPE EXPANSION	\$286,525,000	\$196,659,000	\$333,623,000	\$226,026,000	\$47,098,000	\$29,367,000
8	MEDI-CAL COUNTY INMATE PROGRAMS	\$49,133,000	\$1,476,200	\$36,097,000	\$1,550,500	(\$13,036,000)	\$74,300
9	ACCELERATED ENROLLMENT FOR ADULTS	\$11,246,820	\$5,623,410	\$16,338,000	\$8,169,000	\$5,091,180	\$2,545,590
13	DISABLED ADULT CHILDREN PROGRAM CLEANUP	\$1,616,000	\$2,924,000	\$0	\$0	(\$1,616,000)	(\$2,924,000)
14	CALAIM INMATE PRE-RELEASE PROGRAM	\$0	\$0	\$62,988,000	\$19,840,000	\$62,988,000	\$19,840,000
15	PHASING IN THE MEDI-CAL ASSET LIMIT REPEAL	\$0	\$0	\$47,398,000	\$23,699,000	\$47,398,000	\$23,699,000
16	CS3 PROXY ADJUSTMENT	\$0	(\$50,742,600)	\$0	(\$55,589,500)	\$0	(\$4,846,900)
17	CDCR RETRO REPAYMENT	\$0	\$11,000	\$0	\$0	\$0	(\$11,000)
18	REFUGEE MEDICAL ASSISTANCE	\$0	(\$94,000)	\$0	(\$350,000)	\$0	(\$256,000)
19	MEDI-CAL COUNTY INMATE REIMBURSEMENT	\$0	(\$1,491,000)	\$0	(\$1,531,000)	\$0	(\$40,000)
20	MEDICARE OPTIONAL EXPANSION ADJUSTMENT	\$0	\$1,488,800	\$0	\$1,680,000	\$0	\$191,200
21	NON-OTLICP CHIP	\$0	(\$90,726,000)	\$0	(\$90,726,000)	\$0	\$0
22	NON-EMERGENCY FUNDING ADJUSTMENT	\$0	\$1,271,020,900	\$0	\$1,234,627,850	\$0	(\$36,393,050)
23	SCHIP FUNDING FOR PRENATAL CARE	\$0	(\$76,756,300)	\$0	(\$69,956,900)	\$0	\$6,799,400
24	CHIP PREMIUMS	(\$47,785,000)	(\$16,724,750)	(\$47,785,000)	(\$16,724,750)	\$0	\$0
274	PREMIUMS REDUCTION	\$0	\$0	\$53,261,000	\$19,510,050	\$53,261,000	\$19,510,050
<b>ELIGIBILITY SUBTOTAL</b>		<b>\$552,883,820</b>	<b>\$1,363,023,910</b>	<b>\$1,539,296,000</b>	<b>\$2,035,044,450</b>	<b>\$986,412,180</b>	<b>\$672,020,540</b>

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>AFFORDABLE CARE ACT</u></b>							
26	COMMUNITY FIRST CHOICE OPTION	\$6,653,167,000	\$0	\$6,808,506,000	\$0	\$155,339,000	\$0
27	HOSPITAL PRESUMPTIVE ELIGIBILITY DPH PAYMENTS	\$18,006,000	\$0	\$16,808,000	\$0	(\$1,198,000)	\$0
28	HOSPITAL PRESUMPTIVE ELIGIBILITY FUNDING ADJUST.	\$0	(\$40,794,400)	\$0	(\$39,049,200)	\$0	\$1,745,200
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES	\$0	(\$4,258,000)	\$0	(\$4,274,000)	\$0	(\$16,000)
30	PAYMENTS TO PRIMARY CARE PHYSICIANS	(\$3,000)	\$0	(\$3,000)	\$0	\$0	\$0
31	ACA OPTIONAL EXPANSION MLR RISK CORRIDOR	(\$33,700,000)	(\$1,853,500)	\$0	\$0	\$33,700,000	\$1,853,500
	<b>AFFORDABLE CARE ACT SUBTOTAL</b>	<b>\$6,637,470,000</b>	<b>(\$46,905,900)</b>	<b>\$6,825,311,000</b>	<b>(\$43,323,200)</b>	<b>\$187,841,000</b>	<b>\$3,582,700</b>
<b><u>BENEFITS</u></b>							
32	BEHAVIORAL HEALTH TREATMENT	\$1,031,090,000	\$428,395,400	\$887,679,000	\$420,970,000	(\$143,411,000)	(\$7,425,400)
34	FAMILY PACT PROGRAM	\$281,621,000	\$67,147,100	\$368,160,000	\$87,780,200	\$86,539,000	\$20,633,100
35	LOCAL EDUCATION AGENCY (LEA) PROVIDERS	\$114,124,000	\$0	\$106,472,000	\$0	(\$7,652,000)	\$0
36	MULTIPURPOSE SENIOR SERVICES PROGRAM-CDA	\$51,506,000	(\$1,597,000)	\$63,952,000	\$31,480,000	\$12,446,000	\$33,077,000
37	TELEHEALTH	\$50,593,960	\$17,847,840	\$132,460,760	\$46,790,890	\$81,866,810	\$28,943,040
38	REMOTE PATIENT MONITORING	\$27,135,340	\$10,026,870	\$32,037,000	\$11,838,100	\$4,901,660	\$1,811,230
39	COMMUNITY HEALTH WORKER	\$3,522,000	\$1,262,850	\$19,679,770	\$8,212,850	\$16,157,770	\$6,950,000
40	CALIFORNIA COMMUNITY TRANSITIONS COSTS	\$8,981,000	\$2,179,000	\$12,199,000	\$4,152,000	\$3,218,000	\$1,973,000
41	MEDICALLY TAILORED MEALS PILOT PROGRAM	\$10,585,000	\$10,585,000	\$86,000	\$86,000	(\$10,499,000)	(\$10,499,000)
42	CCS DEMONSTRATION PROJECT	\$8,591,000	\$4,096,260	\$0	\$0	(\$8,591,000)	(\$4,096,260)
43	HEARING AID COVERAGE FOR CHILDREN PROGRAM	\$1,207,500	\$1,207,500	\$9,930,000	\$9,930,000	\$8,722,500	\$8,722,500
45	MFP/CCT SUPPLEMENTAL FUNDING	\$0	\$0	\$5,000,000	\$0	\$5,000,000	\$0
46	CONTINUOUS GLUCOSE MONITORING SYSTEMS BENEFIT	\$6,085,380	\$2,223,080	\$9,687,460	\$3,538,910	\$3,602,080	\$1,315,830

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>BENEFITS</u></b>							
47	CALAIM - ORGAN TRANSPLANT	\$11,773,000	\$3,330,450	\$11,172,000	\$3,613,450	(\$601,000)	\$283,000
48	EXPANSION TO SCREENING FOR ADDITIONAL SUBSTANCES	\$2,948,350	\$1,092,080	\$1,534,000	\$567,800	(\$1,414,350)	(\$524,280)
49	MEDICAL INTERPRETERS PILOT PROJECT	\$982,000	\$982,000	\$3,169,000	\$3,169,000	\$2,187,000	\$2,187,000
50	DOULA BENEFIT	\$0	\$0	\$974,400	\$377,110	\$974,400	\$377,110
51	CCT FUND TRANSFER TO CDSS	\$215,000	\$0	\$233,000	\$0	\$18,000	\$0
52	DIABETES PREVENTION PROGRAM	\$137,550	\$50,620	\$1,144,320	\$421,810	\$1,006,770	\$371,190
53	CYBHI - DYADIC SERVICES	\$0	\$0	\$40,246,560	\$16,177,300	\$40,246,560	\$16,177,300
260	CALAIM - LTC BENEFIT TRANSITION	\$0	\$0	\$104,104,000	\$49,564,000	\$104,104,000	\$49,564,000
265	ANNUAL COGNITIVE ASSESSMENTS	\$0	\$0	\$73,660	\$36,160	\$73,660	\$36,160
270	FPACT HPV VACCINE COVERAGE	\$0	\$0	\$8,040,000	\$4,581,000	\$8,040,000	\$4,581,000
281	ROUTINE COSTS FOR CLINICAL TRIALS	\$0	\$0	\$4,277,130	\$1,555,810	\$4,277,130	\$1,555,810
	<b>BENEFITS SUBTOTAL</b>	<b>\$1,611,098,080</b>	<b>\$548,829,050</b>	<b>\$1,822,311,060</b>	<b>\$704,842,390</b>	<b>\$211,212,980</b>	<b>\$156,013,340</b>
<b><u>PHARMACY</u></b>							
54	MEDI-CAL RX - MANAGED CARE PHARMACY BENEFIT TO FFS	\$2,990,390,000	\$826,853,550	\$6,794,603,000	\$2,098,162,450	\$3,804,213,000	\$1,271,308,900
55	MEDICATION THERAPY MANAGEMENT PROGRAM	\$403,200	\$141,120	\$8,413,780	\$2,945,640	\$8,010,580	\$2,804,520
56	MEDI-CAL DRUG REBATE FUND	\$0	(\$1,474,916,000)	\$0	(\$1,841,255,000)	\$0	(\$366,339,000)
57	MEDI-CAL RX- ADDITIONAL SUPPLEMENTAL REBATES	\$0	\$0	(\$670,311,000)	(\$223,755,600)	(\$670,311,000)	(\$223,755,600)
58	LITIGATION SETTLEMENTS	(\$167,000)	(\$167,000)	\$0	\$0	\$167,000	\$167,000
59	BCCTP DRUG REBATES	(\$4,134,000)	\$0	(\$4,306,000)	\$0	(\$172,000)	\$0
60	MEDI-CAL RX - ADDITIONAL SAVINGS FROM MAIC IN FFS	(\$6,629,000)	(\$2,065,300)	(\$14,732,000)	(\$5,165,600)	(\$8,103,000)	(\$3,100,300)
61	FAMILY PACT DRUG REBATES	(\$6,570,000)	\$0	(\$11,668,000)	\$0	(\$5,098,000)	\$0
62	MEDICAL SUPPLY REBATES	(\$44,937,000)	(\$22,468,500)	(\$116,268,000)	(\$58,134,000)	(\$71,331,000)	(\$35,665,500)
63	STATE SUPPLEMENTAL DRUG REBATES	(\$99,893,000)	\$0	(\$81,343,000)	\$0	\$18,550,000	\$0
64	PHARMACY RETROACTIVE ADJUSTMENTS	\$0	\$0	(\$48,381,000)	\$52,266,950	(\$48,381,000)	\$52,266,950

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>PHARMACY</b>							
65	FEDERAL DRUG REBATES	(\$3,436,434,000)	\$0	(\$3,098,599,000)	\$0	\$337,835,000	\$0
	<b>PHARMACY SUBTOTAL</b>	<b>(\$607,970,800)</b>	<b>(\$672,622,130)</b>	<b>\$2,757,408,780</b>	<b>\$25,064,840</b>	<b>\$3,365,379,580</b>	<b>\$697,686,970</b>
<b>DRUG MEDI-CAL</b>							
68	HCBS SP - CONTINGENCY MANAGEMENT	\$3,638,000	\$0	\$34,020,000	\$0	\$30,382,000	\$0
69	DRUG MEDI-CAL MAT BENEFIT	\$644,540	\$117,250	\$432,420	\$88,370	(\$212,110)	(\$28,880)
70	DRUG MEDI-CAL ANNUAL RATE ADJUSTMENT	\$234,000	\$15,380	\$527,780	\$35,560	\$293,780	\$20,190
71	DRUG MEDI-CAL PROGRAM COST SETTLEMENT	(\$434,000)	(\$379,000)	(\$96,000)	(\$232,000)	\$338,000	\$147,000
	<b>DRUG MEDI-CAL SUBTOTAL</b>	<b>\$4,082,540</b>	<b>(\$246,370)</b>	<b>\$34,884,200</b>	<b>(\$108,070)</b>	<b>\$30,801,660</b>	<b>\$138,310</b>
<b>MENTAL HEALTH</b>							
74	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE	\$466,000,000	\$166,000,000	\$1,659,749,000	\$1,441,249,000	\$1,193,749,000	\$1,275,249,000
75	MHP COSTS FOR FFPSA	\$35,040,000	\$9,825,000	\$45,216,000	\$15,053,000	\$10,176,000	\$5,228,000
76	CALAIM - BH QUALITY IMPROVEMENT PROGRAM	\$21,750,000	\$21,750,000	\$45,396,000	\$45,396,000	\$23,646,000	\$23,646,000
77	MHP COSTS FOR CONTINUUM OF CARE REFORM	\$25,888,000	\$13,103,500	\$26,824,000	\$14,304,500	\$936,000	\$1,201,000
78	MHP STRTP GRANTS	\$7,478,000	\$7,478,000	\$7,478,000	\$7,478,000	\$0	\$0
79	OUT OF STATE YOUTH - SMHS	\$2,537,000	\$1,268,500	\$2,670,000	\$1,335,000	\$133,000	\$66,500
80	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS	\$0	\$109,000	\$0	\$1,461,000	\$0	\$1,352,000
81	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT	\$0	(\$200,000)	\$0	(\$200,000)	\$0	\$0
82	CHART REVIEW	(\$56,000)	\$0	(\$73,000)	\$0	(\$17,000)	\$0
83	INTERIM AND FINAL COST SETTLEMENTS - SMHS	(\$404,918,000)	\$144,000	(\$306,822,000)	\$153,000	\$98,096,000	\$9,000
	<b>MENTAL HEALTH SUBTOTAL</b>	<b>\$153,719,000</b>	<b>\$219,478,000</b>	<b>\$1,480,438,000</b>	<b>\$1,526,229,500</b>	<b>\$1,326,719,000</b>	<b>\$1,306,751,500</b>

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CURRENT YEAR COMPARED TO BUDGET YEAR  
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NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>WAIVER--MH/UCD &amp; BTR</u></b>							
84	GLOBAL PAYMENT PROGRAM	\$3,292,703,000	\$0	\$2,558,640,000	\$0	(\$734,063,000)	\$0
85	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS	\$707,330,000	\$0	\$0	\$0	(\$707,330,000)	\$0
86	CALAIM ECM-COMMUNITY SUPPORTS-PLAN INCENTIVES	\$588,988,000	\$235,934,700	\$1,419,183,000	\$571,720,100	\$830,195,000	\$335,785,400
87	MEDI-CAL 2020 DENTAL TRANSFORMATION INITIATIVE	\$136,552,000	\$59,524,000	\$133,944,000	\$82,093,500	(\$2,608,000)	\$22,569,500
88	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG	\$519,000	\$0	\$487,000	\$0	(\$32,000)	\$0
89	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM	\$0	(\$13,231,000)	\$0	\$0	\$0	\$13,231,000
91	MH/UCD—SAFETY NET CARE POOL	(\$89,000)	\$2,149,000	\$0	\$0	\$89,000	(\$2,149,000)
	<b>WAIVER--MH/UCD &amp; BTR SUBTOTAL</b>	<b>\$4,726,003,000</b>	<b>\$284,376,700</b>	<b>\$4,112,254,000</b>	<b>\$653,813,600</b>	<b>(\$613,749,000)</b>	<b>\$369,436,900</b>
<b><u>MANAGED CARE</u></b>							
95	CCI-MANAGED CARE PAYMENTS	\$7,327,132,000	\$3,663,566,000	\$6,824,118,000	\$3,412,059,000	(\$503,014,000)	(\$251,507,000)
96	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.	\$2,601,751,000	\$942,632,200	\$1,525,495,000	\$551,139,400	(\$1,076,256,000)	(\$391,492,800)
98	MANAGED CARE PUBLIC HOSPITAL EPP	\$1,201,593,000	\$304,066,380	\$1,778,153,000	\$409,022,320	\$576,560,000	\$104,955,950
99	MANAGED CARE HEALTH CARE FINANCING PROGRAM	\$1,024,477,000	\$315,962,560	\$1,864,564,000	\$611,641,050	\$840,087,000	\$295,678,480
101	MGD. CARE PUBLIC HOSPITAL QUALITY INCENTIVE POOL	\$940,019,000	\$240,144,220	\$1,989,172,000	\$505,366,550	\$1,049,153,000	\$265,222,330
102	CALAIM - TRANSITIONING POPULATIONS	\$11,771,000	\$4,347,900	\$223,987,000	\$86,067,000	\$212,216,000	\$81,719,100
103	CYBHI - INCREASE ACCESS TO STUDENT BH SERVICES	\$19,500,000	\$9,750,000	\$194,493,000	\$97,246,500	\$174,993,000	\$87,496,500
104	HCBS SP - HOUSING AND HOMELESSNESS INCENTIVE PROG	\$0	\$0	\$644,236,000	\$0	\$644,236,000	\$0
105	CALAIM – MEDI-CAL PATH	\$389,650,000	\$134,400,000	\$706,620,000	\$253,100,000	\$316,970,000	\$118,700,000
106	RETRO MC RATE ADJUSTMENTS	\$178,253,000	\$190,346,900	\$200,531,000	\$94,259,250	\$22,278,000	(\$96,087,650)
107	HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS	\$118,180,000	\$15,318,000	\$0	\$0	(\$118,180,000)	(\$15,318,000)

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CURRENT YEAR COMPARED TO BUDGET YEAR  
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NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b>MANAGED CARE</b>							
109	PROP 56-BEHAVIORAL HEALTH INCENTIVE PROGRAM	\$76,000,000	\$33,288,000	\$90,136,000	\$41,342,000	\$14,136,000	\$8,054,000
111	SAN MATEO HEALTH PLAN REIMBURSEMENT	\$10,000,000	\$10,000,000	\$0	\$0	(\$10,000,000)	(\$10,000,000)
113	CCI-QUALITY WITHHOLD REPAYMENTS	\$10,571,000	\$5,285,500	\$8,850,000	\$4,425,000	(\$1,721,000)	(\$860,500)
114	CALAIM - MSSP CARVE-OUT OF CCI	\$1,600,000	\$800,000	\$0	\$0	(\$1,600,000)	(\$800,000)
116	CAPITATED RATE ADJUSTMENT FOR FY 2022-23	\$0	\$0	(\$1,731,327,000)	(\$596,376,600)	(\$1,731,327,000)	(\$596,376,600)
117	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND	\$0	(\$930,206,000)	\$0	(\$1,644,066,000)	\$0	(\$713,860,000)
118	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS	\$0	(\$1,681,981,000)	\$0	(\$1,541,433,000)	\$0	\$140,548,000
119	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ	\$0	(\$835,476,000)	\$0	(\$524,101,000)	\$0	\$311,375,000
120	COORDINATED CARE INITIATIVE RISK MITIGATION	\$0	\$0	(\$111,260,000)	(\$55,630,000)	(\$111,260,000)	(\$55,630,000)
121	PROP 56 - DIRECTED PAYMENT RISK MITIGATION	(\$144,198,000)	(\$45,742,470)	\$0	\$0	\$144,198,000	\$45,742,470
122	MANAGED CARE EFFICIENCIES	(\$304,653,000)	(\$100,209,300)	\$0	\$0	\$304,653,000	\$100,209,300
	<b>MANAGED CARE SUBTOTAL</b>	<b>\$13,461,646,000</b>	<b>\$2,276,292,890</b>	<b>\$14,207,768,000</b>	<b>\$1,704,061,480</b>	<b>\$746,122,000</b>	<b>(\$572,231,420)</b>
<b>PROVIDER RATES</b>							
124	RATE INCREASE FOR FQHCS/RHCS/CBRCS	\$295,835,880	\$108,115,940	\$336,624,830	\$123,022,510	\$40,788,950	\$14,906,560
125	DPH INTERIM RATE GROWTH	\$59,979,000	\$20,425,100	\$137,495,180	\$43,413,540	\$77,516,180	\$22,988,440
126	AB 1629 ANNUAL RATE ADJUSTMENTS	\$227,602,700	\$107,883,850	\$249,396,070	\$118,213,780	\$21,793,360	\$10,329,930
127	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF	\$236,948,000	(\$7,535,000)	\$215,595,000	(\$7,635,000)	(\$21,353,000)	(\$100,000)
128	LTC RATE ADJUSTMENT	\$148,186,420	\$72,280,880	\$188,228,360	\$91,812,020	\$40,041,940	\$19,531,140
129	DPH INTERIM RATE COVID-19 INCREASED FMAP ADJUST	\$84,690,000	\$0	\$15,682,000	\$0	(\$69,008,000)	\$0
130	FQHC/RHC/CBRC RECONCILIATION PROCESS	\$136,947,000	\$18,019,650	\$138,252,000	\$50,525,400	\$1,305,000	\$32,505,750
131	PP-GEMT PROGRAM	\$0	\$0	\$97,609,010	(\$2,640,730)	\$97,609,010	(\$2,640,730)

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>PROVIDER RATES</u></b>							
133	EMERGENCY MEDICAL AIR TRANSPORTATION ACT	\$10,439,000	\$0	\$3,500,000	\$0	(\$6,939,000)	\$0
134	HOSPICE RATE INCREASES	\$7,426,420	\$3,544,370	\$10,264,560	\$4,898,970	\$2,838,140	\$1,354,600
135	GDSP NEWBORN SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$10,012,750	\$3,998,390	\$10,012,750	\$3,998,390
136	GDSP PRENATAL SCREENING PROGRAM FEE INCREASE	\$0	\$0	\$5,254,690	\$2,098,580	\$5,254,690	\$2,098,580
137	DPH INTERIM RATE	\$0	(\$449,973,000)	\$0	(\$448,136,600)	\$0	\$1,836,400
138	PROP 56 - PEDIATRIC DAY HEALTH CARE RATE INCREASE	\$6,371,000	\$2,785,600	\$6,371,000	\$3,072,600	\$0	\$287,000
139	PROP 56 - HOME HEALTH RATE INCREASE	\$123,645,000	\$54,060,050	\$123,645,000	\$59,615,050	\$0	\$5,555,000
140	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES	\$0	(\$420,752,000)	\$0	(\$495,668,000)	\$0	(\$74,916,000)
141	DURABLE MEDICAL EQUIPMENT RATE ADJUSTMENT	\$8,000	\$3,490	\$136,920	\$101,630	\$128,920	\$98,140
142	10% PROVIDER PAYMENT REDUCTION	(\$104,856,000)	(\$40,456,700)	(\$102,853,000)	(\$39,684,050)	\$2,003,000	\$772,650
143	REDUCTION TO RADIOLOGY RATES	(\$13,117,950)	(\$5,647,900)	(\$12,396,940)	(\$5,354,270)	\$721,010	\$293,630
144	LABORATORY RATE METHODOLOGY CHANGE	(\$2,294,000)	\$12,269,000	(\$1,343,000)	(\$576,150)	\$951,000	(\$12,845,150)
145	DPH INTERIM & FINAL RECONS	(\$10,004,000)	\$0	(\$2,352,000)	\$0	\$7,652,000	\$0
263	NURSING FACILITY FINANCING REFORM	\$0	\$0	\$340,215,000	\$164,565,500	\$340,215,000	\$164,565,500
267	AB 97 ELIMINATIONS	\$0	\$0	\$19,637,000	\$9,009,450	\$19,637,000	\$9,009,450
286	ACUPUNCTURE RATE INCREASE	\$0	\$0	\$10,905,000	\$3,300,500	\$10,905,000	\$3,300,500
	<b>PROVIDER RATES SUBTOTAL</b>	<b>\$1,207,806,470</b>	<b>(\$524,976,660)</b>	<b>\$1,789,879,430</b>	<b>(\$322,046,880)</b>	<b>\$582,072,960</b>	<b>\$202,929,780</b>
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
146	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS	\$3,278,827,000	\$0	\$3,403,178,000	\$0	\$124,351,000	\$0
147	HOSPITAL QAF - FFS PAYMENTS	\$2,854,942,000	\$0	\$3,290,656,000	\$0	\$435,714,000	\$0
148	HOSPITAL QAF - MANAGED CARE PAYMENTS	\$1,797,400,000	\$0	\$1,797,400,000	\$0	\$0	\$0

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		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
149	PROP 56 - PHYSICIAN SERVICES SUPPLEMENTAL PAYMENTS	\$1,276,574,000	\$471,971,400	\$1,238,684,000	\$496,926,600	(\$37,890,000)	\$24,955,200
150	PRIVATE HOSPITAL DSH REPLACEMENT	\$877,146,000	\$384,190,000	\$649,538,000	\$324,769,000	(\$227,608,000)	(\$59,421,000)
151	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS	\$662,965,000	\$0	\$662,267,000	\$0	(\$698,000)	\$0
152	DSH PAYMENT	\$495,883,000	\$23,572,000	\$438,696,000	\$24,847,500	(\$57,187,000)	\$1,275,500
153	PROP 56 - MEDI-CAL FAMILY PLANNING	\$455,894,000	\$76,390,100	\$455,268,000	\$76,159,200	(\$626,000)	(\$230,900)
154	PROP 56 - VALUE-BASED PAYMENT PROGRAM	\$367,973,000	\$111,698,800	\$31,005,000	\$9,341,450	(\$336,968,000)	(\$102,357,350)
155	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT	\$305,193,000	\$118,400,000	\$641,991,000	\$118,400,000	\$336,798,000	\$0
156	DPH PHYSICIAN & NON-PHYS. COST	\$400,904,000	\$0	\$100,637,000	\$0	(\$300,267,000)	\$0
157	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS	\$244,238,000	\$0	\$216,479,000	\$0	(\$27,759,000)	\$0
158	FFP FOR LOCAL TRAUMA CENTERS	\$132,322,000	\$0	\$176,671,000	\$0	\$44,349,000	\$0
159	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS	\$114,125,000	\$535,000	\$120,092,000	\$849,000	\$5,967,000	\$314,000
160	CAPITAL PROJECT DEBT REIMBURSEMENT	\$71,360,000	\$13,485,000	\$87,299,000	\$21,375,500	\$15,939,000	\$7,890,500
161	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS	\$70,500,000	\$47,523,000	\$41,000,000	\$0	(\$29,500,000)	(\$47,523,000)
162	NDPH IGT SUPPLEMENTAL PAYMENTS	\$63,025,000	(\$2,483,000)	\$38,528,000	(\$1,021,000)	(\$24,497,000)	\$1,462,000
163	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS	\$38,396,000	\$0	\$66,376,000	\$0	\$27,980,000	\$0
164	PROP 56 - DEVELOPMENTAL SCREENINGS	\$61,084,000	\$27,210,450	\$59,669,000	\$29,081,850	(\$1,415,000)	\$1,871,400
165	NON-HOSPITAL 340B CLINIC SUPPLEMENTAL PAYMENTS	\$52,500,000	\$22,995,000	\$105,000,000	\$52,500,000	\$52,500,000	\$29,505,000
166	PROP 56 - ADVERSE CHILDHOOD EXPERIENCES SCREENINGS	\$48,023,000	\$18,725,500	\$47,352,000	\$20,245,100	(\$671,000)	\$1,519,600
167	PROP 56 - DENTAL SERVICES SUPPLEMENTAL PAYMENTS	\$546,526,000	\$188,703,200	\$552,429,000	\$210,998,250	\$5,903,000	\$22,295,050
168	PROP 56 - CBAS SUPPLEMENTAL PAYMENTS	\$29,880,000	\$13,087,000	\$29,880,000	\$14,323,000	\$0	\$1,236,000
169	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS	\$16,837,000	\$0	\$14,782,000	\$0	(\$2,055,000)	\$0

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FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>SUPPLEMENTAL PMNTS.</u></b>							
170	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH	\$10,000,000	\$4,380,000	\$10,000,000	\$5,000,000	\$0	\$620,000
171	PROP 56 - ICF/DD SUPPLEMENTAL PAYMENTS	\$25,562,000	\$11,171,300	\$25,656,000	\$12,362,000	\$94,000	\$1,190,700
172	NDPH SUPPLEMENTAL PAYMENT	\$4,236,000	\$1,900,000	\$12,752,000	\$1,900,000	\$8,516,000	\$0
173	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH	\$8,000,000	\$3,504,000	\$8,000,000	\$4,000,000	\$0	\$496,000
174	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS	\$66,123,000	\$20,297,000	\$85,628,000	\$26,284,000	\$19,505,000	\$5,987,000
175	GEMT SUPPLEMENTAL PAYMENT PROGRAM	(\$6,683,000)	\$0	\$27,147,000	\$0	\$33,830,000	\$0
176	FREE CLINICS AUGMENTATION	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$0	\$0
177	PROP 56 - FS-PSA SUPPLEMENTAL PAYMENTS	\$8,187,000	\$3,461,350	\$8,240,000	\$3,852,400	\$53,000	\$391,050
178	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS	\$7,158,000	\$3,318,550	\$7,158,000	\$3,625,550	\$0	\$307,000
179	PROPOSITION 56 FUNDING	\$0	(\$1,004,892,000)	\$0	(\$569,060,000)	\$0	\$435,832,000
180	PROP 56 - AIDS WAIVER RATE INCREASE	\$4,538,000	\$1,988,000	\$4,538,000	\$2,199,000	\$0	\$211,000
181	IGT ADMIN. & PROCESSING FEE	\$0	(\$10,966,000)	\$0	(\$13,534,000)	\$0	(\$2,568,000)
	<b>SUPPLEMENTAL PMNTS. SUBTOTAL</b>	<b>\$14,391,638,000</b>	<b>\$552,165,650</b>	<b>\$14,455,996,000</b>	<b>\$877,424,400</b>	<b>\$64,358,000</b>	<b>\$325,258,750</b>
<b><u>COVID-19</u></b>							
182	COVID-19 CASELOAD IMPACT	\$8,944,152,000	\$2,456,028,010	\$11,102,397,000	\$3,086,317,150	\$2,158,245,000	\$630,289,140
183	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS	\$300,000,000	\$300,000,000	\$0	\$0	(\$300,000,000)	(\$300,000,000)
184	COVID-19 VACCINE ADMINISTRATION	\$251,429,000	\$18,831,900	\$176,547,000	\$9,424,700	(\$74,882,000)	(\$9,407,200)
185	COVID-19 FFS REIMBURSEMENT RATES	\$372,225,150	\$177,542,020	\$100,916,000	\$48,753,850	(\$271,309,150)	(\$128,788,170)
186	COVID-19 BEHAVIORAL HEALTH	\$389,145,000	\$29,234,000	\$108,101,000	\$8,690,600	(\$281,044,000)	(\$20,543,400)
187	COVID-19 FFS DME RESPIRATORY RATES	\$35,203,000	\$16,453,250	\$12,778,000	\$6,025,550	(\$22,425,000)	(\$10,427,700)
188	COVID-19 - SICK LEAVE BENEFITS	\$13,953,000	\$75,000	\$2,633,000	\$50,500	(\$11,320,000)	(\$24,500)
189	COVID-19 ELIGIBILITY	\$166,798,660	\$125,931,510	\$103,763,000	\$64,391,000	(\$63,035,660)	(\$61,540,510)
190	COVID-19 TESTING IN SCHOOLS	\$200,000,000	\$200,000,000	\$404,591,000	\$102,449,150	\$204,591,000	(\$97,550,850)

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



**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
<b><u>COVID-19</u></b>							
191	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE	\$0	\$29,388,000	\$0	\$40,014,000	\$0	\$10,626,000
192	COVID-19 BASE RECOVERIES	(\$14,026,000)	(\$5,905,550)	\$0	\$0	\$14,026,000	\$5,905,550
194	COVID-19 INCREASED FMAP - DHCS	(\$62,125,000)	(\$3,030,597,000)	\$556,468,000	(\$2,113,112,000)	\$618,593,000	\$917,485,000
256	COVID-19 VACCINATION INCENTIVE PROGRAM	\$116,667,000	\$58,333,500	\$133,333,000	\$66,666,500	\$16,666,000	\$8,333,000
279	PHARMACY-BASED COVID-19 TESTS	\$14,384,970	\$5,035,970	\$36,451,750	\$12,761,410	\$22,066,780	\$7,725,440
	<b>COVID-19 SUBTOTAL</b>	<b>\$10,727,806,770</b>	<b>\$380,350,610</b>	<b>\$12,737,978,750</b>	<b>\$1,332,432,410</b>	<b>\$2,010,171,970</b>	<b>\$952,081,810</b>
<b><u>STATE ONLY CLAIMING</u></b>							
195	STATE ONLY CLAIMING ADJUSTMENTS	(\$794,000)	(\$8,323,000)	\$130,230,000	\$2,249,280,000	\$131,024,000	\$2,257,603,000
196	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC	(\$6,020,000)	\$23,685,000	(\$6,020,000)	\$14,476,000	\$0	(\$9,209,000)
	<b>STATE ONLY CLAIMING SUBTOTAL</b>	<b>(\$6,814,000)</b>	<b>\$15,362,000</b>	<b>\$124,210,000</b>	<b>\$2,263,756,000</b>	<b>\$131,024,000</b>	<b>\$2,248,394,000</b>
<b><u>OTHER DEPARTMENTS</u></b>							
33	ADDITIONAL HCBS FOR REGIONAL CENTER CLIENTS	\$554,899,000	\$0	\$540,376,000	\$0	(\$14,523,000)	\$0
197	ELECTRONIC VISIT VERIFICATION FED PENALTIES	(\$52,680,000)	\$969,000	(\$27,431,000)	\$623,000	\$25,249,000	(\$346,000)
280	HCBS SP - IHSS HCBS CARE ECONOMY PMTS	\$165,790,000	\$0	\$0	\$0	(\$165,790,000)	\$0
	<b>OTHER DEPARTMENTS SUBTOTAL</b>	<b>\$668,009,000</b>	<b>\$969,000</b>	<b>\$512,945,000</b>	<b>\$623,000</b>	<b>(\$155,064,000)</b>	<b>(\$346,000)</b>
<b><u>OTHER</u></b>							
205	HOME & COMMUNITY-BASED ALTERNATIVES WAIVER	\$258,449,000	\$129,224,500	\$303,484,000	\$151,742,000	\$45,035,000	\$22,517,500
206	CCI IHSS RECONCILIATION	\$135,495,000	\$0	\$0	\$0	(\$135,495,000)	\$0
207	CALAIM - DENTAL INITIATIVES	\$119,425,000	\$58,060,050	\$239,958,000	\$116,547,850	\$120,533,000	\$58,487,800
208	CYBHI - SCHOOL BH PARTNERSHIPS AND CAPACITY	\$0	\$0	\$450,000,000	\$450,000,000	\$450,000,000	\$450,000,000

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b>OTHER</b>						
209	ICF-DD TRANSPORTATION AND DAY CARE COSTS- CDDS	\$122,146,000	\$0	\$61,690,000	\$0	(\$60,456,000)	\$0
210	PROP 56 - PROVIDER ACES TRAININGS	\$50,960,000	\$25,480,000	\$7,100,000	\$3,550,000	(\$43,860,000)	(\$21,930,000)
211	HCBS SP - CALBRIDGE BH PILOT PROGRAM	\$9,053,000	\$0	\$29,802,000	\$0	\$20,749,000	\$0
212	QAF WITHHOLD TRANSFER	\$39,770,000	\$17,420,000	(\$445,000)	(\$796,500)	(\$40,215,000)	(\$18,216,500)
213	INFANT DEVELOPMENT PROGRAM	\$34,486,000	\$0	\$25,760,000	\$0	(\$8,726,000)	\$0
217	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.	\$30,000,000	\$30,000,000	\$0	\$0	(\$30,000,000)	(\$30,000,000)
218	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG	\$27,980,000	\$0	\$40,780,000	\$0	\$12,800,000	\$0
219	INDIAN HEALTH SERVICES	\$23,020,000	\$7,711,500	\$64,060,000	\$21,460,000	\$41,040,000	\$13,748,500
220	SELF-DETERMINATION PROGRAM - CDDS	\$18,213,000	\$0	\$36,069,000	\$0	\$17,856,000	\$0
221	ALAMEDA WELLNESS CAMPUS	\$15,000,000	\$15,000,000	\$0	\$0	(\$15,000,000)	(\$15,000,000)
222	PEER SUPPORT SPECIALIST SERVICES	\$0	\$0	\$31,508,000	\$0	\$31,508,000	\$0
223	HCBS SP - NON-IHSS CARE ECONOMY PMTS	\$0	\$0	\$12,250,000	\$0	\$12,250,000	\$0
224	ICF-DD ADMIN. AND QA FEE REIMBURSEMENT - CDDS	\$19,156,000	\$8,762,000	\$10,224,000	\$4,677,000	(\$8,932,000)	(\$4,085,000)
225	CYBHI - CALHOPE STUDENT SUPPORT	\$8,250,000	\$8,250,000	\$19,750,000	\$19,750,000	\$11,500,000	\$11,500,000
226	MINIMUM WAGE INCREASE FOR HCBS WAIVERS	\$73,222,370	\$36,611,180	\$80,882,240	\$40,441,120	\$7,659,880	\$3,829,940
227	HCBS SP - ASSISTED LIVING WAIVER EXPANSION	\$12,883,230	(\$6,818,940)	\$38,567,200	(\$20,492,020)	\$25,683,960	(\$13,673,080)
228	SECTION 19.56 LEGISLATIVE PRIORITIES	\$10,330,000	\$10,330,000	\$0	\$0	(\$10,330,000)	(\$10,330,000)
229	MLK JR. HOSPITAL IMPROVEMENT	\$10,000,000	\$10,000,000	\$0	\$0	(\$10,000,000)	(\$10,000,000)
230	ARRA HITECH - PROVIDER PAYMENTS	\$8,101,000	\$0	\$0	\$0	(\$8,101,000)	\$0
231	TRIBAL FEDERALLY QUALIFIED HEALTH CENTER	\$10,415,240	\$2,704,070	\$28,748,000	\$7,463,800	\$18,332,760	\$4,759,730
232	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES	\$4,800,000	\$2,400,000	\$10,000,000	\$5,000,000	\$5,200,000	\$2,600,000
233	HPSM DENTAL INTEGRATION PILOT PROGRAM	\$606,000	\$244,350	\$78,000	\$31,600	(\$528,000)	(\$212,750)
234	WPCS WORKERS' COMPENSATION	\$682,000	\$341,000	\$620,000	\$310,000	(\$62,000)	(\$31,000)

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**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b>OTHER</b>						
236	CYBHI - EVIDENCE-BASED BH PRACTICES	\$0	\$0	\$429,000,000	\$429,000,000	\$429,000,000	\$429,000,000
238	CIGARETTE AND TOBACCO SURTAX FUNDS	\$0	(\$175,014,000)	\$0	(\$131,364,000)	\$0	\$43,650,000
239	CLPP FUND	\$916,000	\$0	\$916,000	\$0	\$0	\$0
240	AUDIT SETTLEMENTS	\$0	\$32,566,000	\$0	\$0	\$0	(\$32,566,000)
241	IMD ANCILLARY SERVICES	\$0	\$60,438,000	\$0	\$27,827,000	\$0	(\$32,611,000)
242	FUNDING ADJUST.—ACA OPT. EXPANSION	\$0	(\$2,082,044,000)	\$0	(\$1,903,722,800)	\$0	\$178,321,200
243	FUNDING ADJUST.—OTLICP	\$0	(\$78,717,150)	\$0	(\$78,473,250)	\$0	\$243,900
244	HOSPITAL QAF - CHILDREN'S HEALTH CARE	\$0	(\$861,286,000)	\$0	(\$976,000,000)	\$0	(\$114,714,000)
245	CMS DEFERRED CLAIMS	\$0	(\$135,790,000)	\$0	\$226,413,000	\$0	\$362,203,000
248	INDIAN HEALTH SERVICES FUNDING SHIFT	\$0	(\$13,486,000)	\$0	(\$15,048,500)	\$0	(\$1,562,500)
249	COUNTY SHARE OF OTLICP-CCS COSTS	(\$25,184,000)	(\$25,184,000)	(\$25,337,000)	(\$25,337,000)	(\$153,000)	(\$153,000)
252	QUALIFYING COMMUNITY-BASED MOBILE CRISIS SERVICES	\$0	\$0	\$108,483,000	\$16,272,000	\$108,483,000	\$16,272,000
254	AMERICAN RESCUE PLAN INCREASED FMAP FOR HCBS	\$0	\$0	\$0	\$0	\$0	\$0
257	EVIDENCE-BASED DENTAL PRACTICES	\$0	\$0	\$37,110,000	\$12,915,800	\$37,110,000	\$12,915,800
258	END-OF-FY 2-WEEK CHECKWRITE HOLD BUYBACK	\$0	\$0	\$795,755,000	\$309,409,650	\$795,755,000	\$309,409,650
266	EQUITY & PRACTICE TRANSFORMATION PAYMENTS	\$0	\$0	\$140,000,000	\$70,000,000	\$140,000,000	\$70,000,000
269	HCBS SP CDDS	\$42,431,000	\$0	\$231,136,000	\$0	\$188,705,000	\$0
271	MHSF - PROVIDER ACES TRAININGS	\$0	\$0	\$44,100,000	\$0	\$44,100,000	\$0
273	URBAN INDIAN ORGANIZATIONS FUNDING SHIFT	\$0	(\$11,510,000)	\$0	(\$25,322,000)	\$0	(\$13,812,000)
275	BEHAVIORAL HEALTH BRIDGE HOUSING	\$0	\$0	\$957,936,000	\$957,936,000	\$957,936,000	\$957,936,000
277	CALHOPE	\$10,900,000	\$10,900,000	\$110,000,000	\$96,423,000	\$99,100,000	\$85,523,000
278	DENTAL MANAGED CARE MLR RISK CORRIDOR	(\$34,600,000)	(\$11,102,910)	\$0	\$0	\$34,600,000	\$11,102,910
282	LA COUNTY JUSTICE-INVOLVED POP. SVCS & SUPPORTS	\$0	\$0	\$100,000,000	\$100,000,000	\$100,000,000	\$100,000,000
283	MINIMUM WAGE INFLATION INCREASE	\$0	\$0	\$16,021,000	\$7,833,400	\$16,021,000	\$7,833,400

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

**COMPARISON OF FISCAL IMPACTS OF REGULAR POLICY CHANGES  
CURRENT YEAR COMPARED TO BUDGET YEAR  
FISCAL YEARS 2021-22 AND 2022-23**

NO.	POLICY CHANGE TITLE	MAY 2022 EST. FOR 2021-22		MAY 2022 EST. FOR 2022-23		DIFFERENCE	
		TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS	TOTAL FUNDS	GENERAL FUNDS
	<b>OTHER</b>						
284	HOSPITAL & SNF COVID-19 WORKER RETENTION PAYMENTS	\$1,077,600,000	\$0	\$0	\$0	(\$1,077,600,000)	\$0
287	FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM	\$0	\$0	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
288	ALAMEDA COUNTY SUPPORTIVE HOUSING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS	\$0	\$0	\$14,849,000	\$14,849,000	\$14,849,000	\$14,849,000
290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES	\$0	\$0	\$120,500,000	\$120,500,000	\$120,500,000	\$120,500,000
292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT	\$0	\$0	\$20,000,000	\$20,000,000	\$20,000,000	\$20,000,000
293	PACE INFRASTRUCTURE FUNDING	\$0	\$0	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
	<b>OTHER SUBTOTAL</b>	<b>\$2,114,505,840</b>	<b>(\$2,934,510,340)</b>	<b>\$4,626,354,440</b>	<b>\$88,796,150</b>	<b>\$2,511,848,600</b>	<b>\$3,023,306,490</b>
	<b>GRAND TOTAL</b>	<b>\$55,641,883,720</b>	<b>\$1,461,586,410</b>	<b>\$67,027,034,660</b>	<b>\$10,846,610,070</b>	<b>\$11,385,150,940</b>	<b>\$9,385,023,660</b>

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

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>PA-OAS</b>	<b>NEWLY</b>	<b>PA-ATD</b>	<b>PA-AFDC</b>	<b>LT-OAS</b>	<b>H-PE</b>
PHYSICIANS	\$7,997,100	\$235,869,440	\$82,583,280	\$63,075,680	\$1,706,740	\$59,184,810
OTHER MEDICAL	\$117,638,840	\$2,028,358,600	\$531,617,570	\$374,988,820	\$4,212,760	\$43,882,930
CO. & COMM. OUTPATIENT	\$4,288,010	\$191,627,720	\$116,693,760	\$33,486,310	\$458,170	\$54,419,170
PHARMACY	\$17,422,730	\$4,367,533,500	\$2,499,681,580	\$332,835,780	\$9,892,860	\$20,980,960
COUNTY INPATIENT	\$1,447,660	\$1,010,570,660	\$12,113,490	\$8,136,420	\$1,010,600	\$69,219,980
COMMUNITY INPATIENT	\$53,176,360	\$1,507,191,630	\$513,913,460	\$245,700,190	\$17,911,540	\$417,405,020
NURSING FACILITIES	\$125,435,490	\$184,246,190	\$336,033,040	\$3,569,500	\$711,807,110	\$1,854,330
ICF-DD	\$2,841,830	\$18,653,280	\$222,729,720	\$886,080	\$96,637,020	\$0
MEDICAL TRANSPORTATION	\$5,837,260	\$52,211,400	\$20,508,580	\$4,860,590	\$2,575,300	\$12,599,080
OTHER SERVICES	\$184,265,870	\$63,393,490	\$735,195,130	\$60,659,530	\$70,105,110	\$3,226,700
HOME HEALTH	\$3,815,190	\$2,856,660	\$129,285,350	\$7,107,860	\$57,980	\$211,280
<b>FFS SUBTOTAL</b>	<b>\$524,166,350</b>	<b>\$9,662,512,570</b>	<b>\$5,200,354,940</b>	<b>\$1,135,306,750</b>	<b>\$916,375,180</b>	<b>\$682,984,260</b>
DENTAL	\$41,564,690	\$601,715,940	\$99,534,360	\$159,396,340	\$7,685,430	\$1,576,630
MENTAL HEALTH	\$9,975,730	\$390,689,070	\$1,018,461,100	\$728,136,160	\$753,980	\$8,789,510
TWO PLAN MODEL	\$1,238,686,330	\$12,649,862,970	\$5,388,120,870	\$1,515,128,650	\$0	\$0
COUNTY ORGANIZED HEALTH SYSTEMS	\$360,308,210	\$4,973,118,970	\$1,510,684,340	\$340,622,060	\$823,093,250	\$0
GEOGRAPHIC MANAGED CARE	\$194,870,080	\$2,087,950,680	\$1,059,182,860	\$231,353,080	\$0	\$0
PHP & OTHER MANAG. CARE	\$381,782,970	\$194,247,660	\$263,514,280	\$12,769,280	\$13,908,420	\$0
MEDICARE PAYMENTS	\$1,995,420,520	\$0	\$1,821,249,880	\$0	\$155,994,240	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$1,317,020	\$0	\$2,845,290	\$3,175,500	\$124,390	\$0
MISC. SERVICES	\$1,148,369,500	\$48,260	\$9,258,564,310	\$4,554,900	(\$280)	\$0
DRUG MEDI-CAL	\$26,231,970	\$292,718,830	\$59,683,370	\$65,564,670	\$2,481,560	\$0
REGIONAL MODEL	\$17,440,390	\$701,047,400	\$308,781,330	\$76,772,540	\$0	\$0
<b>NON-FFS SUBTOTAL</b>	<b>\$5,415,967,400</b>	<b>\$21,891,399,790</b>	<b>\$20,790,621,990</b>	<b>\$3,137,473,180</b>	<b>\$1,004,040,980</b>	<b>\$10,366,140</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$5,940,133,760</b>	<b>\$31,553,912,360</b>	<b>\$25,990,976,930</b>	<b>\$4,272,779,930</b>	<b>\$1,920,416,170</b>	<b>\$693,350,400</b>
<b>ELIGIBLES ***</b>	<b>412,900</b>	<b>4,849,200</b>	<b>867,200</b>	<b>1,015,000</b>	<b>34,000</b>	<b>39,900</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$14,386</b>	<b>\$6,507</b>	<b>\$29,971</b>	<b>\$4,210</b>	<b>\$56,483</b>	<b>\$17,377</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,199</b>	<b>\$542</b>	<b>\$2,498</b>	<b>\$351</b>	<b>\$4,707</b>	<b>\$1,448</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>LT-ATD</b>	<b>POV 250</b>	<b>MN-OAS</b>	<b>MN-ATD</b>	<b>MN-AFDC</b>	<b>MI-C</b>
PHYSICIANS	\$1,023,210	\$24,323,000	\$26,835,370	\$9,572,940	\$193,799,560	\$44,796,840
OTHER MEDICAL	\$2,732,390	\$214,943,820	\$236,862,830	\$111,592,690	\$1,610,758,580	\$115,297,870
CO. & COMM. OUTPATIENT	\$340,360	\$27,319,620	\$24,512,730	\$15,444,410	\$164,947,690	\$15,037,430
PHARMACY	\$9,770,240	\$217,754,240	\$100,019,380	\$164,302,510	\$1,219,167,080	\$160,126,910
COUNTY INPATIENT	\$457,860	\$2,170,960	\$26,684,380	\$4,525,020	\$92,520,250	\$4,023,820
COMMUNITY INPATIENT	\$8,661,190	\$78,307,770	\$168,937,290	\$53,854,830	\$958,645,640	\$86,639,380
NURSING FACILITIES	\$119,716,010	\$5,406,620	\$148,959,580	\$45,007,520	\$28,410,630	\$9,919,990
ICF-DD	\$218,263,830	\$5,104,360	\$3,394,540	\$18,327,120	\$2,812,390	\$3,486,500
MEDICAL TRANSPORTATION	\$917,920	\$705,010	\$14,153,340	\$9,144,120	\$14,610,810	\$3,995,990
OTHER SERVICES	\$9,042,310	\$34,039,990	\$212,199,040	\$151,013,680	\$129,569,620	\$31,378,470
HOME HEALTH	\$3,250	\$16,757,760	\$3,141,800	\$49,245,210	\$20,136,330	\$17,164,940
<b>FFS SUBTOTAL</b>	<b>\$370,928,560</b>	<b>\$626,833,140</b>	<b>\$965,700,270</b>	<b>\$632,030,060</b>	<b>\$4,435,378,580</b>	<b>\$491,868,140</b>
DENTAL	\$2,169,720	\$245,703,770	\$62,584,200	\$20,858,920	\$569,791,800	\$16,643,660
MENTAL HEALTH	\$1,778,620	\$65,957,770	\$14,808,390	\$93,993,510	\$533,700,750	\$67,497,950
TWO PLAN MODEL	\$0	\$794,901,290	\$1,998,992,070	\$841,234,990	\$5,059,652,480	\$34,977,520
COUNTY ORGANIZED HEALTH SYSTEMS	\$183,063,250	\$414,712,700	\$733,366,480	\$409,213,350	\$1,957,940,200	\$27,767,920
GEOGRAPHIC MANAGED CARE	\$0	\$126,217,160	\$315,623,040	\$174,228,430	\$916,895,960	\$4,255,600
PHP & OTHER MANAG. CARE	\$1,057,740	\$6,873,420	\$652,971,580	\$56,900,250	\$12,137,760	\$8,549,510
MEDICARE PAYMENTS	\$0	\$0	\$2,205,197,050	\$745,653,140	\$172,491,730	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$30,140	\$0	\$2,304,780	\$694,410	\$12,480,470	\$455,890
MISC. SERVICES	(\$80)	(\$34,105,860)	\$1,980,447,320	\$2,197,924,130	\$18,426,790	\$684,350
DRUG MEDI-CAL	\$606,020	\$56,741,940	\$46,346,610	\$14,442,730	\$256,783,370	\$9,360,610
REGIONAL MODEL	\$0	\$39,470,430	\$59,106,410	\$49,217,820	\$330,294,970	\$1,257,170
<b>NON-FFS SUBTOTAL</b>	<b>\$188,705,400</b>	<b>\$1,716,472,620</b>	<b>\$8,071,747,940</b>	<b>\$4,604,361,690</b>	<b>\$9,840,596,280</b>	<b>\$171,450,180</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$559,633,960</b>	<b>\$2,343,305,770</b>	<b>\$9,037,448,210</b>	<b>\$5,236,391,750</b>	<b>\$14,275,974,860</b>	<b>\$663,318,320</b>
<b>ELIGIBLES ***</b>	<b>8,200</b>	<b>878,100</b>	<b>736,000</b>	<b>220,300</b>	<b>3,970,100</b>	<b>150,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$68,248</b>	<b>\$2,669</b>	<b>\$12,279</b>	<b>\$23,769</b>	<b>\$3,596</b>	<b>\$4,422</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$5,687</b>	<b>\$222</b>	<b>\$1,023</b>	<b>\$1,981</b>	<b>\$300</b>	<b>\$369</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>MI-A</b>	<b>REFUGEE</b>	<b>OBRA</b>	<b>POV 185</b>	<b>POV 133</b>	<b>POV 100</b>
PHYSICIANS	\$563,430	\$50,820	\$4,310	\$138,411,260	\$22,457,100	\$10,294,120
OTHER MEDICAL	\$707,290	\$594,890	\$11,560	\$385,919,360	\$333,905,090	\$123,718,540
CO. & COMM. OUTPATIENT	\$129,180	\$135,580	\$1,510	\$33,119,630	\$17,118,990	\$14,205,740
PHARMACY	\$2,892,650	\$704,970	\$20,370	\$67,120,530	\$226,109,700	\$113,847,630
COUNTY INPATIENT	\$938,110	\$940	\$4,420	\$52,355,390	\$1,025,400	\$881,730
COMMUNITY INPATIENT	\$2,583,450	\$35,310	\$34,220	\$944,470,770	\$105,275,350	\$37,152,280
NURSING FACILITIES	\$13,249,090	\$0	\$248,110	\$1,562,950	\$13,099,650	\$1,081,460
ICF-DD	\$1,466,140	\$0	\$34,160	\$15,950	\$273,220	\$76,440
MEDICAL TRANSPORTATION	\$99,190	\$7,520	\$4,100	\$3,507,670	\$963,110	\$289,410
OTHER SERVICES	\$813,860	\$3,540	\$1,620	\$15,533,060	\$32,121,490	\$14,287,140
HOME HEALTH	\$200	\$0	\$0	\$4,557,750	\$9,957,230	\$2,758,450
<b>FFS SUBTOTAL</b>	<b>\$23,442,590</b>	<b>\$1,533,570</b>	<b>\$364,380</b>	<b>\$1,646,574,310</b>	<b>\$762,306,340</b>	<b>\$318,592,940</b>
DENTAL	\$101,950	\$44,150	\$14,720	\$10,346,750	\$210,135,110	\$72,372,990
MENTAL HEALTH	\$0	\$165,330	\$1,648,950	\$2,034,330	\$21,091,320	\$32,059,380
TWO PLAN MODEL	\$14,780	\$478,740	\$0	\$310,318,460	\$669,464,930	\$330,554,290
COUNTY ORGANIZED HEALTH SYSTEMS	\$337,200	\$250,660	\$28,590	\$147,474,260	\$235,752,740	\$121,531,010
GEOGRAPHIC MANAGED CARE	\$3,950	\$324,060	\$0	\$65,344,400	\$113,930,780	\$54,581,530
PHP & OTHER MANAG. CARE	\$9,634,760	\$0	\$0	\$12,093,200	\$11,290,000	\$9,790,500
MEDICARE PAYMENTS	\$0	\$0	\$0	\$0	\$0	\$0
STATE HOSP./DEVELOPMENTAL CNTRS.	\$9,940	\$0	\$320	\$1,090,670	\$0	\$1,308,350
MISC. SERVICES	\$3,487,350	\$0	\$0	\$83,610	\$3,928,380	\$1,952,230
DRUG MEDI-CAL	\$197,800	\$31,190	\$0	\$22,330,940	\$53,825,200	\$26,780,560
REGIONAL MODEL	\$0	\$2,220	\$0	\$20,469,950	\$35,224,370	\$16,596,400
<b>NON-FFS SUBTOTAL</b>	<b>\$13,787,730</b>	<b>\$1,296,340</b>	<b>\$1,692,570</b>	<b>\$591,586,560</b>	<b>\$1,354,642,830</b>	<b>\$667,527,240</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$37,230,320</b>	<b>\$2,829,920</b>	<b>\$2,056,950</b>	<b>\$2,238,160,870</b>	<b>\$2,116,949,170</b>	<b>\$986,120,190</b>
<b>ELIGIBLES ***</b>	<b>3,000</b>	<b>2,200</b>	<b>0</b>	<b>368,800</b>	<b>822,900</b>	<b>420,200</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$12,410</b>	<b>\$1,286</b>		<b>\$6,069</b>	<b>\$2,573</b>	<b>\$2,347</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$1,034</b>	<b>\$107</b>		<b>\$506</b>	<b>\$214</b>	<b>\$196</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Refer to page following for listing of excluded policy changes.

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

<b>SERVICE CATEGORY</b>	<b>TOTAL</b>
PHYSICIANS	\$922,549,010
OTHER MEDICAL	\$6,237,744,440
CO. & COMM. OUTPATIENT	\$713,286,000
PHARMACY	\$9,530,183,600
COUNTY INPATIENT	\$1,288,087,080
COMMUNITY INPATIENT	\$5,199,895,680
NURSING FACILITIES	\$1,749,607,280
ICF-DD	\$595,002,610
MEDICAL TRANSPORTATION	\$146,990,400
OTHER SERVICES	\$1,746,849,630
HOME HEALTH	\$267,057,240
<b>FFS SUBTOTAL</b>	<b>\$28,397,252,960</b>
DENTAL	\$2,122,241,100
MENTAL HEALTH	\$2,991,541,880
TWO PLAN MODEL	\$30,832,388,370
COUNTY ORGANIZED HEALTH SYSTEMS	\$12,239,265,180
GEOGRAPHIC MANAGED CARE	\$5,344,761,610
PHP & OTHER MANAG. CARE	\$1,647,521,360
MEDICARE PAYMENTS	\$7,096,006,560
STATE HOSP./DEVELOPMENTAL CNTRS.	\$25,837,160
MISC. SERVICES	\$14,584,364,900
DRUG MEDI-CAL	\$934,127,360
REGIONAL MODEL	\$1,655,681,390
<b>NON-FFS SUBTOTAL</b>	<b>\$79,473,736,870</b>
<b>TOTAL DOLLARS (1)</b>	<b>\$107,870,989,830</b>
<b>ELIGIBLES ***</b>	<b>14,798,000</b>
<b>ANNUAL \$/ELIGIBLE</b>	<b>\$7,290</b>
<b>AVG. MO. \$/ELIGIBLE</b>	<b>\$607</b>

(1) Does not include Audits &amp; Lawsuits and Recoveries.

\*\*\* Eligibles include the estimated impact of eligibility policy changes.

Refer to page following for listing of excluded policy changes.



**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

EXCLUDED POLICY CHANGES: 98

	M22 Final Reconciliation Adjustment
2	BREAST AND CERVICAL CANCER TREATMENT
7	MEDI-CAL ACCESS PROGRAM MOTHERS 213-322% FPL
11	COUNTY CHILDREN'S HEALTH INITIATIVE PROGRAM
12	MEDI-CAL ACCESS INFANT PROGRAM 266-322% FPL
13	DISABLED ADULT CHILDREN PROGRAM CLEANUP
16	CS3 PROXY ADJUSTMENT
20	MEDICARE OPTIONAL EXPANSION ADJUSTMENT
21	NON-OTLICP CHIP
29	1% FMAP INCREASE FOR PREVENTIVE SERVICES
34	FAMILY PACT PROGRAM
43	HEARING AID COVERAGE FOR CHILDREN PROGRAM
58	LITIGATION SETTLEMENTS
61	FAMILY PACT DRUG REBATES
71	DRUG MEDI-CAL PROGRAM COST SETTLEMENT
74	BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE
80	SHORT-TERM RESIDENTIAL THERAPEUTIC PROG / QRTPS
81	SISKIYOU COUNTY MENTAL HEALTH PLAN OVERPAYMENT
84	GLOBAL PAYMENT PROGRAM
85	MEDI-CAL 2020 WHOLE PERSON CARE PILOTS
86	CALAIM ECM-COMMUNITY SUPPORTS-PLAN INCENTIVES
88	UNCOMPENSATED CARE PAYMENTS FOR TRIBAL HEALTH PROG
89	MEDI-CAL 2020 DESIGNATED STATE HEALTH PROGRAM
91	MH/UCD—SAFETY NET CARE POOL
96	2020 MCO ENROLLMENT TAX MGD. CARE PLANS-INCR. CAP.
103	CYBHI - INCREASE ACCESS TO STUDENT BH SERVICES
105	CALAIM – MEDI-CAL PATH
115	FAMILY MOSAIC CAPITATED CASE MGMT. (Oth. M/C)
117	MANAGED CARE REIMBURSEMENTS TO THE GENERAL FUND
118	2020 MCO ENROLLMENT TAX MANAGED CARE PLANS
119	2020 MCO ENROLLMENT TAX MGD CARE PLANS-FUNDING ADJ
121	PROP 56 - DIRECTED PAYMENT RISK MITIGATION
127	GROUND EMERGENCY MEDICAL TRANSPORTATION QAF
133	EMERGENCY MEDICAL AIR TRANSPORTATION ACT

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

## EXCLUDED POLICY CHANGES: 98

140	LONG TERM CARE QUALITY ASSURANCE FUND EXPENDITURES
146	MANAGED CARE PRIVATE HOSPITAL DIRECTED PAYMENTS
147	HOSPITAL QAF - FFS PAYMENTS
148	HOSPITAL QAF - MANAGED CARE PAYMENTS
150	PRIVATE HOSPITAL DSH REPLACEMENT
151	GRADUATE MEDICAL EDUCATION PAYMENTS TO DPHS
152	DSH PAYMENT
153	PROP 56 - MEDI-CAL FAMILY PLANNING
154	PROP 56 - VALUE-BASED PAYMENT PROGRAM
155	PRIVATE HOSPITAL SUPPLEMENTAL PAYMENT
156	DPH PHYSICIAN & NON-PHYS. COST
157	HOSPITAL OUTPATIENT SUPPLEMENTAL PAYMENTS
158	FFP FOR LOCAL TRAUMA CENTERS
159	MARTIN LUTHER KING JR. COMMUNITY HOSPITAL PAYMENTS
160	CAPITAL PROJECT DEBT REIMBURSEMENT
161	QUALITY AND ACCOUNTABILITY SUPPLEMENTAL PAYMENTS
162	NDPH IGT SUPPLEMENTAL PAYMENTS
163	CPE SUPPLEMENTAL PAYMENTS FOR DP-NFS
169	STATE VETERANS' HOMES SUPPLEMENTAL PAYMENTS
170	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT DSH
172	NDPH SUPPLEMENTAL PAYMENT
173	MEDI-CAL REIMBURSEMENTS FOR OUTPATIENT SRH
174	PROP 56 - WOMEN'S HEALTH SUPPLEMENTAL PAYMENTS
175	GEMT SUPPLEMENTAL PAYMENT PROGRAM
176	FREE CLINICS AUGMENTATION
178	PROP 56 - NEMT SUPPLEMENTAL PAYMENTS
179	PROPOSITION 56 FUNDING
180	PROP 56 - AIDS WAIVER RATE INCREASE
181	IGT ADMIN. & PROCESSING FEE
183	DESIGNATED PUBLIC HOSPITAL DIRECT GRANTS
189	COVID-19 ELIGIBILITY
192	COVID-19 BASE RECOVERIES
195	STATE ONLY CLAIMING ADJUSTMENTS
196	STATE ONLY CLAIMING ADJUSTMENTS - SMHS and DMC

**FISCAL YEAR 2022-23 COST PER ELIGIBLE BASED ON MAY 2022 ESTIMATE**

## EXCLUDED POLICY CHANGES: 98

207	CALAIM - DENTAL INITIATIVES
208	CYBHI - SCHOOL BH PARTNERSHIPS AND CAPACITY
210	PROP 56 - PROVIDER ACES TRAININGS
215	LAWSUITS/CLAIMS
216	MEDI-CAL TCM PROGRAM
217	KEDREN COMMUNITY HEALTH & ACUTE PSYCHIATRIC HOSP.
218	PROP 56 PHYSICIANS & DENTISTS LOAN REPAYMENT PROG
221	ALAMEDA WELLNESS CAMPUS
225	CYBHI - CALHOPE STUDENT SUPPORT
228	SECTION 19.56 LEGISLATIVE PRIORITIES
229	MLK JR. HOSPITAL IMPROVEMENT
230	ARRA HITECH - PROVIDER PAYMENTS
232	OUTREACH & ENROLLMENT ASSIST. FOR DUAL BENES
238	CIGARETTE AND TOBACCO SURTAX FUNDS
239	CLPP FUND
240	AUDIT SETTLEMENTS
244	HOSPITAL QAF - CHILDREN'S HEALTH CARE
245	CMS DEFERRED CLAIMS
250	BASE RECOVERIES
258	END-OF-FY 2-WEEK CHECKWRITE HOLD BUYBACK
271	MHSF - PROVIDER ACES TRAININGS
275	BEHAVIORAL HEALTH BRIDGE HOUSING
277	CALHOPE
284	HOSPITAL & SNF COVID-19 WORKER RETENTION PAYMENTS
287	FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM
288	ALAMEDA COUNTY SUPPORTIVE HOUSING
289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS
290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING
291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES
292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT
293	PACE INFRASTRUCTURE FUNDING

**Estimated Average Monthly Certified Eligibles  
May 2022 Estimate  
Fiscal Years 2020-2021, 2021-2022, & 2022-2023**

*(With Estimated Impact of Eligibility Policy Changes)\*\*\**

	<u>2020-2021</u>	<u>2021-2022</u>	<u>2022-2023</u>	<u>20-21 To 21-22 % Change</u>	<u>21-22 To 22-23 % Change</u>
<b>Public Assistance</b>	<b>2,319,500</b>	<b>2,295,300</b>	<b>2,295,100</b>	<b>-1.04%</b>	<b>-0.01%</b>
Seniors	413,300	412,100	412,900	-0.29%	0.19%
Persons with Disabilities	895,300	878,300	867,200	-1.90%	-1.26%
Families <sup>1</sup>	1,010,900	1,004,900	1,015,000	-0.59%	1.01%
<b>Long Term</b>	<b>47,300</b>	<b>43,300</b>	<b>42,200</b>	<b>-8.46%</b>	<b>-2.54%</b>
Seniors	37,800	34,700	34,000	-8.20%	-2.02%
Persons with Disabilities	9,500	8,600	8,200	-9.47%	-4.65%
<b>Medically Needy</b>	<b>4,406,900</b>	<b>4,751,300</b>	<b>4,911,900</b>	<b>7.82%</b>	<b>3.38%</b>
Seniors	604,300	674,400	727,300	11.60%	7.84%
Persons with Disabilities	204,600	209,500	214,500	2.39%	2.39%
Families <sup>1</sup>	3,598,000	3,867,400	3,970,100	7.49%	2.66%
<b>Medically Indigent</b>	<b>144,700</b>	<b>152,800</b>	<b>153,000</b>	<b>5.60%</b>	<b>0.13%</b>
Children	141,600	149,700	150,000	5.72%	0.20%
Adults	3,100	3,100	3,000	0.00%	-3.23%
<b>Other</b>	<b>6,563,000</b>	<b>7,131,300</b>	<b>7,399,600</b>	<b>8.66%</b>	<b>3.76%</b>
Refugees	500	1,200	2,200	140.00%	83.33%
OBRA <sup>2</sup>	0	0	0	n/a	n/a
185% Poverty <sup>3</sup>	324,400	353,700	368,800	9.03%	4.27%
133% Poverty	781,200	826,400	822,900	5.79%	-0.42%
100% Poverty	397,200	414,900	420,200	4.46%	1.28%
Opt. Targeted Low Income Children	878,700	873,800	878,100	-0.56%	0.49%
ACA Optional Expansion	4,127,600	4,606,100	4,849,200	11.59%	5.28%
Hospital PE	34,800	36,900	39,900	6.03%	8.13%
Medi-Cal Access Program	4,200	3,800	3,800	n/a	n/a
QMB	14,400	14,500	14,500	0.69%	0.00%
<b>GRAND TOTAL <sup>4</sup></b>	<b><u>13,481,400</u></b>	<b><u>14,374,000</u></b>	<b><u>14,801,800</u></b>	<b><u>6.62%</u></b>	<b><u>2.98%</u></b>
<b>Seniors</b>	<b>1,055,400</b>	<b>1,121,200</b>	<b>1,174,200</b>	<b>6.23%</b>	<b>4.73%</b>
<b>Persons with Disabilities</b>	<b>1,109,400</b>	<b>1,096,400</b>	<b>1,089,900</b>	<b>-1.17%</b>	<b>-0.59%</b>
<b>Families and Children <sup>5</sup></b>	<b>7,132,000</b>	<b>7,490,800</b>	<b>7,625,100</b>	<b>5.03%</b>	<b>1.79%</b>
<b>ACA Optional Expansion</b>	<b>4,127,600</b>	<b>4,606,100</b>	<b>4,849,200</b>	<b>11.59%</b>	<b>5.28%</b>

**Note:** Graphs of eligibles represent base projections only and do not reflect estimated impact of policy changes.

\*\*\* See CL Page B reflecting impact of Policy Changes.

<sup>1</sup> The 1931(b) category of eligibility is included in MN-Families and PA-Families.

<sup>2</sup> OBRA includes aid codes 55 & 58. Aid codes 55 & 58 include Medically Needy & Medically Indigent; however, this is not a full count of Unverified Persons in Medi-Cal. All other unverified persons are included in the category for which they are eligible.

<sup>3</sup> Includes the following presumptive eligibility for pregnant women program eligibles:

	<u>2020-2021</u>	<u>2021-2022</u>	<u>2022-2023</u>
Presumptive Eligibility	28,200	32,200	36,800

<sup>4</sup> The following Medi-Cal special program eligibles (average monthly during FY 2019-20 shown in parenthesis) are not included above: BCCTP (4,373), Tuberculosis (46), Dialysis (156), TPN (3), TCVP (636).

Family PACT eligibles are also not included above.

<sup>5</sup> Includes Public Assistance Families, Medically Needy Families, Medically Indigent Children, 185% Poverty, 133% Poverty, 100% Poverty, and Optional Targeted LowIncome Children categories.

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

<u>Policy Change</u>	<u>Budget Aid Category</u>	<b>Caseload Change Average Monthly Eligibles not in the Base Estimate</b>		
		<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
<b>PC 5 Medi-Cal State Inmates</b>	LT Seniors	10	3	3
	MN Seniors	35	31	31
	MN Persons with Disabilities	7	6	6
	MI Children	4	2	2
	185% Poverty	2	2	2
	ACA Optional Expansion	243	176	176
	<b>Total</b>	<b>302</b>	<b>220</b>	<b>220</b>
<b>PC 7 Medi-Cal Access Program Mothers 213-322%</b>	MCAP Mothers	2,996	2,449	2,449
	<b>Total</b>	<b>2,996</b>	<b>2,449</b>	<b>2,449</b>
<b>PC 12 Medi-Cal Access Program Infants 266-322%</b>	MCAP Infants	1,155	1,390	1,390
	<b>Total</b>	<b>1,155</b>	<b>1,390</b>	<b>1,390</b>
<b>PC 182 COVID-19 Caseload Impact</b>	PA Seniors	0	(3,281)	(8,481)
	PA Persons with Disabilities	0	(15,241)	(44,174)
	PA Families	0	0	0
	LT Seniors	0	(4,162)	(10,345)
	LT Persons with Disabilities	0	(688)	(1,783)
	MN Seniors	0	28,063	75,818
	MN Persons with Disabilities	0	4,934	13,645
	MN Families	0	320,506	809,254
	185% Poverty	0	41,623	103,278
	133% Poverty	0	77,175	178,540
	100% Poverty	0	22,391	56,140
	OTLICP	0	(10,835)	(21,982)
	ACA Optional Expansion	0	521,095	1,362,128
<b>Total</b>	<b>0</b>	<b>981,580</b>	<b>2,512,039</b>	
<i>Estimate impacts reflects the net effect of the base adjustment and total COVID-19 caseload impact that are both described in the COVID-19 Caseload impact policy change.</i>				
<b>PC 6 Undocumented Young Adults Full Scope Expansion</b>	MN Families	0	2,215	6,615
	185% Poverty	0	118	353
	ACA Optional Expansion	0	1,966	5,872
	<b>Total</b>	<b>0</b>	<b>4,299</b>	<b>12,840</b>
<b>PC 4 Undocumented Older Californians Expansion</b>	MN Families	0	2	82
	MN Seniors	0	9	308
	ACA Optional Expansion	0	3	106
	<b>Total</b>	<b>0</b>	<b>14</b>	<b>496</b>
<b>PC 15 - Phasing in the Medi-Cal Asset Limit Repeal</b>	MN Seniors	0	0	9,417
	MN Persons with Disabilities	0	0	2,599
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>12,016</b>
<b>Total by Aid Category</b>	<b><u>Budget Aid Category</u></b>	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
	PA Seniors	0	(3,281)	(8,481)
	PA Persons with Disabilities	0	(15,241)	(44,174)
	PA Families	0	0	0
	LT Seniors	10	(4,159)	(10,342)
	LT Persons with Disabilities	0	(688)	(1,783)
	MN Seniors	35	28,102	85,574
	MN Persons with Disabilities	7	4,940	16,251
	MN Families	0	322,723	815,951
	MI Children	4	2	2
	MI Adults	0	0	0
	Undocumented Persons	0	0	0
	185% Poverty	2	41,744	103,633
	133% Poverty	0	77,175	178,540
	100% Poverty	0	22,391	56,140
	OTLICP	0	(10,835)	(21,982)
	ACA Optional Expansion	243	523,240	1,368,282
	MCAP Infants	1,155	1,390	1,390
	MCAP Mothers	2,996	2,449	2,449
	<b>Total</b>	<b>4,453</b>	<b>989,952</b>	<b>2,541,450</b>

**Comparison of Average Monthly Certified Eligibles**  
**May 2022 Estimate**  
**Fiscal Year 2021-22**

*(With Estimated Impact of Eligibility Policy Changes)*

	Appropriation 2021-2022	May 2022 2021-2022	Appropriation to Nov % Change
<b>Public Assistance</b>	<b>2,277,500</b>	<b>2,295,300</b>	<b>0.78%</b>
Seniors	407,700	412,100	1.08%
Persons with Disabilities	889,400	878,300	-1.25%
Families	980,400	1,004,900	2.50%
<b>Long Term</b>	<b>42,500</b>	<b>43,300</b>	<b>1.88%</b>
Seniors	33,100	34,700	4.83%
Persons with Disabilities	9,400	8,600	-8.51%
<b>Medically Needy</b>	<b>4,843,700</b>	<b>4,751,300</b>	<b>-1.91%</b>
Seniors	673,300	674,400	0.16%
Persons with Disabilities	204,200	209,500	2.60%
Families	3,966,200	3,867,400	-2.49%
<b>Medically Indigent</b>	<b>150,500</b>	<b>152,800</b>	<b>1.53%</b>
Children	147,300	149,700	1.63%
Adults	3,200	3,100	-3.13%
<b>Other</b>	<b>7,182,300</b>	<b>7,131,300</b>	<b>-0.71%</b>
Refugees	600	1,200	100.00%
OBRA	100	0	-100.00%
185% Poverty	337,800	353,700	4.71%
133% Poverty	849,100	826,400	-2.67%
100% Poverty	420,200	414,900	-1.26%
Opt. Targeted Low Income Children	905,000	873,800	-3.45%
ACA Optional Expansion	4,612,600	4,606,100	-0.14%
Hospital PE	37,800	36,900	-2.38%
Medi-Cal Access Program	4,500	3,800	-15.56%
QMB	14,600	14,500	-0.68%
<b>GRAND TOTAL</b>	<b>14,496,500</b>	<b>14,374,000</b>	<b>-0.85%</b>
<b>Seniors</b>	1,114,100	1,121,200	0.64%
<b>Persons with Disabilities</b>	1,103,000	1,096,400	-0.60%
<b>Families and Children</b>	7,606,000	7,490,800	-1.51%
<b>ACA Optional Expansion</b>	4,612,600	4,606,100	-0.14%

**Comparison of Average Monthly Certified Eligibles  
May 2022 Estimate  
Fiscal Year 2021-2022 and 2022-2023**

*(With Estimated Impact of Eligibility Policy Changes)*

	November 2021 2021-2022	November 2021 2022-2023	May 2022 2021-2022	May 2022 2022-2023	2021-2022 % Change	2022-2023 % Change
<b>Public Assistance</b>	<b>2,274,400</b>	<b>2,288,800</b>	<b>2,295,300</b>	<b>2,295,100</b>	<b>0.92%</b>	<b>0.28%</b>
Seniors	405,800	410,800	412,100	412,900	1.55%	0.51%
Persons with Disabilities	878,500	887,500	878,300	867,200	-0.02%	-2.29%
Families	990,100	990,500	1,004,900	1,015,000	1.49%	2.47%
<b>Long Term</b>	<b>43,300</b>	<b>48,200</b>	<b>43,300</b>	<b>42,200</b>	<b>0.00%</b>	<b>-12.45%</b>
Seniors	34,400	38,800	34,700	34,000	0.87%	-12.37%
Persons with Disabilities	8,900	9,400	8,600	8,200	-3.37%	-12.77%
<b>Medically Needy</b>	<b>4,932,500</b>	<b>4,828,400</b>	<b>4,751,300</b>	<b>4,911,900</b>	<b>-3.67%</b>	<b>1.73%</b>
Seniors	690,500	718,900	674,400	727,300	-2.33%	1.17%
Persons with Disabilities	216,000	216,600	209,500	214,500	-3.01%	-0.97%
Families	4,026,000	3,892,900	3,867,400	3,970,100	-3.94%	1.98%
<b>Medically Indigent</b>	<b>145,500</b>	<b>145,300</b>	<b>152,800</b>	<b>153,000</b>	<b>5.02%</b>	<b>5.30%</b>
Children	142,400	142,200	149,700	150,000	5.13%	5.49%
Adults	3,100	3,100	3,100	3,000	0.00%	-3.23%
<b>Other</b>	<b>7,291,700</b>	<b>6,957,200</b>	<b>7,131,300</b>	<b>7,399,600</b>	<b>-2.20%</b>	<b>6.36%</b>
Refugees	500	500	1,200	2,200	140.00%	340.00%
OBRA	100	100	0	0	-100.00%	-100.00%
185% Poverty	366,600	340,200	353,700	368,800	-3.52%	8.41%
133% Poverty	869,400	820,400	826,400	822,900	-4.95%	0.30%
100% Poverty	421,000	408,100	414,900	420,200	-1.45%	2.96%
Opt. Targeted Low Income Children	873,900	885,600	873,800	878,100	-0.01%	-0.85%
ACA Optional Expansion	4,703,200	4,445,100	4,606,100	4,849,200	-2.06%	9.09%
Hospital PE	38,600	38,800	36,900	39,900	-4.40%	2.84%
Medi-Cal Access Program	4,000	4,000	3,800	3,800	-5.00%	-5.00%
QMB	14,400	14,400	14,500	14,500	0.69%	0.69%
<b>GRAND TOTAL</b>	<b>14,687,400</b>	<b>14,267,900</b>	<b>14,374,000</b>	<b>14,801,800</b>	<b>-2.13%</b>	<b>3.74%</b>
<b>Seniors</b>	<b>1,130,700</b>	<b>1,168,500</b>	<b>1,121,200</b>	<b>1,174,200</b>	<b>-0.84%</b>	<b>0.49%</b>
<b>Persons with Disabilities</b>	<b>1,103,400</b>	<b>1,113,500</b>	<b>1,096,400</b>	<b>1,089,900</b>	<b>-0.63%</b>	<b>-2.12%</b>
<b>Families and Children</b>	<b>7,689,400</b>	<b>7,479,900</b>	<b>7,490,800</b>	<b>7,625,100</b>	<b>-2.58%</b>	<b>1.94%</b>
<b>ACA Optional Expansion</b>	<b>4,703,200</b>	<b>4,445,100</b>	<b>4,606,100</b>	<b>4,849,200</b>	<b>-2.06%</b>	<b>9.09%</b>

**Estimated Average Monthly Certified Eligibles  
May 2022 Estimate  
Fiscal Years 2020-2021, 2021-2022, & 2022-2023**

<b>Managed Care<sup>1</sup></b>					
<b><i>(With Estimated Impact of Eligibility Policy Changes)***</i></b>					
	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>20-21 To 21-22 % Change</b>	<b>21-22 To 22-23 % Change</b>
<b>Public Assistance</b>	<b>2,024,162</b>	<b>1,998,118</b>	<b>2,088,630</b>	<b>-1.29%</b>	<b>4.53%</b>
Seniors	317,684	317,129	360,270	-0.17%	13.60%
Persons with Disabilities	778,472	762,329	794,653	-2.07%	4.24%
Families	928,006	918,660	933,708	-1.01%	1.64%
<b>Long Term</b>	<b>26,979</b>	<b>22,909</b>	<b>27,621</b>	<b>-15.09%</b>	<b>20.57%</b>
Seniors	21,896	18,636	22,415	-14.89%	20.28%
Persons with Disabilities	5,084	4,273	5,206	-15.95%	21.83%
<b>Medically Needy</b>	<b>3,509,739</b>	<b>3,881,760</b>	<b>4,270,824</b>	<b>10.60%</b>	<b>10.02%</b>
Seniors	437,403	500,577	652,076	14.44%	30.26%
Persons with Disabilities	147,274	154,656	189,337	5.01%	22.42%
Families	2,925,062	3,226,527	3,429,411	10.31%	6.29%
<b>Medically Indigent</b>	<b>48,471</b>	<b>53,296</b>	<b>58,114</b>	<b>9.95%</b>	<b>9.04%</b>
Children	48,411	53,227	58,046	9.95%	9.05%
Adults	60	69	68	14.67%	-1.18%
<b>Other</b>	<b>5,649,415</b>	<b>6,302,177</b>	<b>6,854,315</b>	<b>11.55%</b>	<b>8.76%</b>
Refugees	380	406	494	7.01%	21.57%
OBRA	0	2	6	n/a	140.00%
185% Poverty	198,669	241,871	297,038	21.75%	22.81%
133% Poverty	744,455	804,542	821,563	8.07%	2.12%
100% Poverty	384,844	406,611	417,644	5.66%	2.71%
Opt. Targeted Low Income Children	834,143	838,670	852,826	0.54%	1.69%
ACA Optional Expansion	3,483,032	4,006,460	4,461,130	15.03%	11.35%
Medi-Cal Access Program	3,893	3,614	3,614	-7.16%	0.00%
<b>GRAND TOTAL <sup>1</sup></b>	<b>11,258,766</b>	<b>12,258,260</b>	<b>13,299,504</b>	<b>8.88%</b>	<b>8.49%</b>
<b>Percent of Statewide</b>	<b>83.51%</b>	<b>85.28%</b>	<b>89.85%</b>		
<b>Seniors</b>	776,982	836,341	1,034,761	7.64%	23.72%
<b>Persons with Disabilities</b>	930,830	921,258	989,196	-1.03%	7.37%
<b>Families and Children</b>	6,063,590	6,490,108	6,810,235	7.03%	4.93%
<b>ACA Optional Expansion</b>	3,483,032	4,006,460	4,461,130	15.03%	11.35%

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

<sup>1</sup> Eligibles enrolled or estimated to be enrolled in a medical Managed Care plan.



**Estimated Average Monthly Certified Eligibles  
May 2022 Estimate  
Fiscal Years 2020-2021, 2021-2022, & 2022-2023**

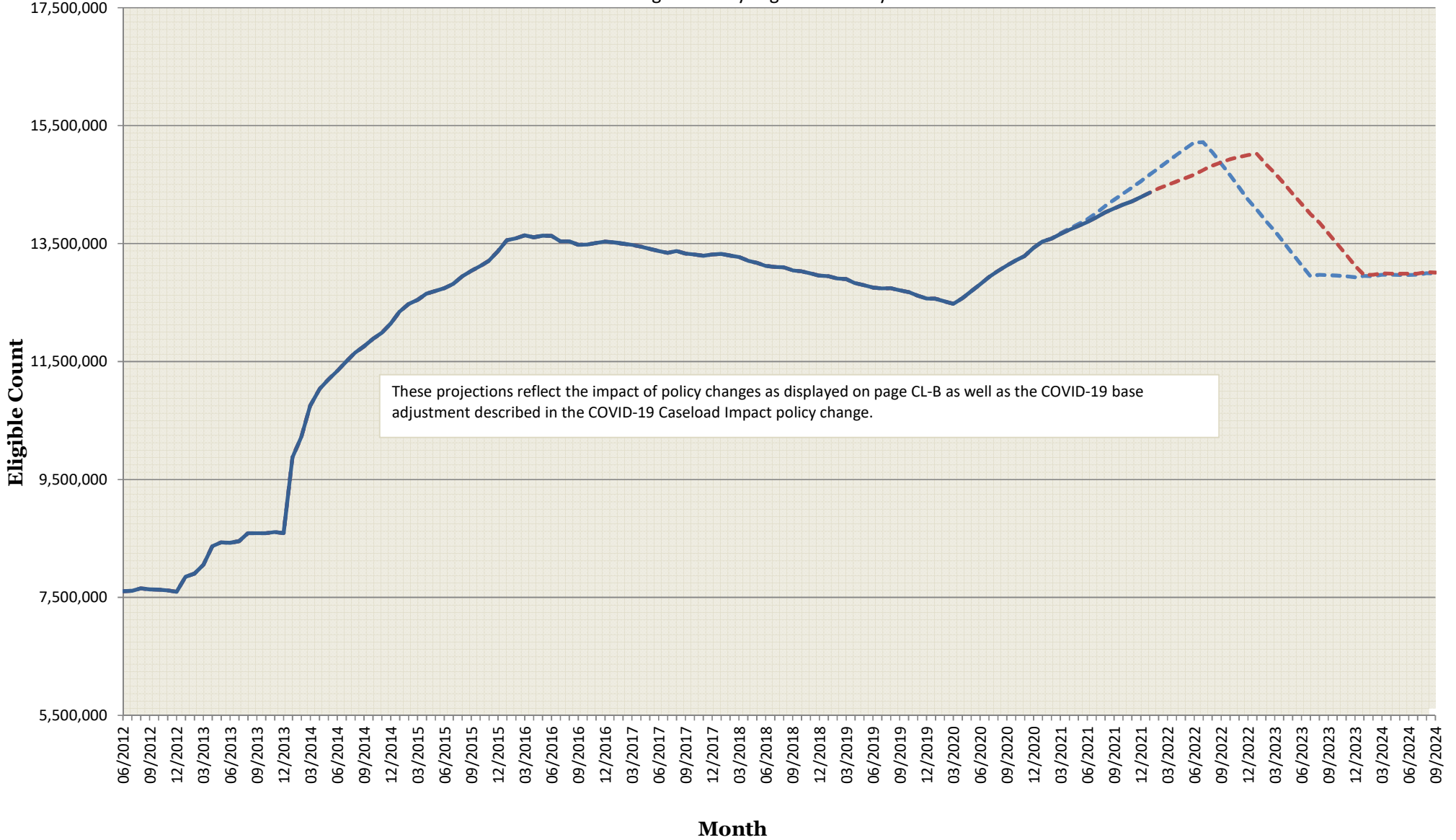
<b>Fee-For-Service (With Estimated Impact of Eligibility Policy Changes)***</b>					
	<b>2020-2021</b>	<b>2021-2022</b>	<b>2022-2023</b>	<b>20-21 To 21-22 % Change</b>	<b>21-22 To 22-23 % Change</b>
<b>Public Assistance</b>	<b>295,338</b>	<b>297,182</b>	<b>206,470</b>	<b>0.62%</b>	<b>-30.52%</b>
Seniors	95,616	94,971	52,630	-0.67%	-44.58%
Persons with Disabilities	116,828	115,971	72,547	-0.73%	-37.44%
Families	82,894	86,240	81,292	4.04%	-5.74%
<b>Long Term</b>	<b>20,321</b>	<b>20,391</b>	<b>14,579</b>	<b>0.35%</b>	<b>-28.50%</b>
Seniors	15,905	16,064	11,585	1.00%	-27.88%
Persons with Disabilities	4,416	4,327	2,994	-2.02%	-30.80%
<b>Medically Needy</b>	<b>897,161</b>	<b>869,540</b>	<b>641,076</b>	<b>-3.08%</b>	<b>-26.27%</b>
Seniors	166,897	173,823	75,224	4.15%	-56.72%
Persons with Disabilities	57,326	54,844	25,163	-4.33%	-54.12%
Families	672,938	640,873	540,689	-4.76%	-15.63%
<b>Medically Indigent</b>	<b>96,229</b>	<b>99,504</b>	<b>94,886</b>	<b>3.40%</b>	<b>-4.64%</b>
Children	93,189	96,473	91,954	3.52%	-4.68%
Adults	3,040	3,031	2,932	-0.29%	-3.27%
<b>Other</b>	<b>913,600</b>	<b>829,132</b>	<b>545,293</b>	<b>-9.25%</b>	<b>-34.23%</b>
Refugees	120	794	1,706	559.61%	114.95%
OBRA	15	7	2	-55.99%	-73.93%
185% Poverty	125,731	111,829	71,762	-11.06%	-35.83%
133% Poverty	36,745	21,858	1,337	-40.52%	-93.88%
100% Poverty	12,356	8,289	2,556	-32.92%	-69.16%
Opt. Targeted Low Income Children	44,557	35,130	25,274	-21.16%	-28.06%
ACA Optional Expansion	644,568	599,640	388,070	-6.97%	-35.28%
Hospital PE	34,800	36,900	39,900	6.03%	8.13%
Medi-Cal Access Program	307	186	186	-39.41%	0.00%
QMB	14,400	14,500	14,500	0.69%	0.00%
<b>GRAND TOTAL</b>	<b>2,222,649</b>	<b>2,115,750</b>	<b>1,502,304</b>	<b>-4.81%</b>	<b>-28.99%</b>
<b>Percent of Statewide</b>	<b>16.49%</b>	<b>14.72%</b>	<b>10.15%</b>		
<b>Seniors</b>	<b>278,418</b>	<b>284,859</b>	<b>139,439</b>	<b>2.31%</b>	<b>-51.05%</b>
<b>Persons with Disabilities</b>	<b>178,570</b>	<b>175,142</b>	<b>100,704</b>	<b>-1.92%</b>	<b>-42.50%</b>
<b>Families and Children</b>	<b>1,068,410</b>	<b>1,000,692</b>	<b>814,865</b>	<b>-6.34%</b>	<b>-18.57%</b>
<b>ACA Optional Expansion</b>	<b>644,568</b>	<b>599,640</b>	<b>388,070</b>	<b>-6.97%</b>	<b>-35.28%</b>

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

# Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: All Aids

Certified Average Monthly Eligible Count by Month

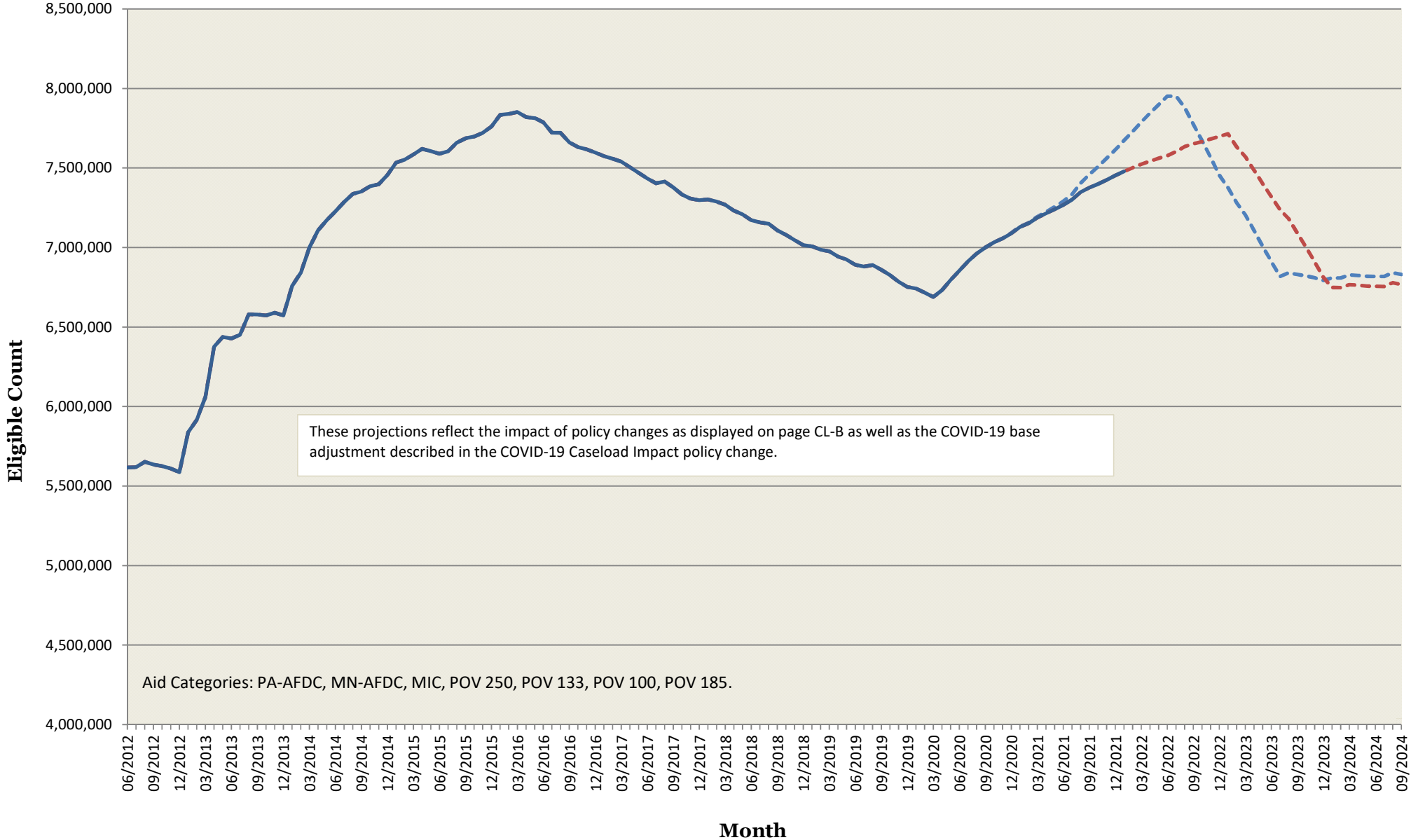
- N21 Total Caseload
- M22 Total Caseload
- Actuals



# Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: Families and Children (including Pregnant Women)

Certified Average Monthly Eligible Count by Month

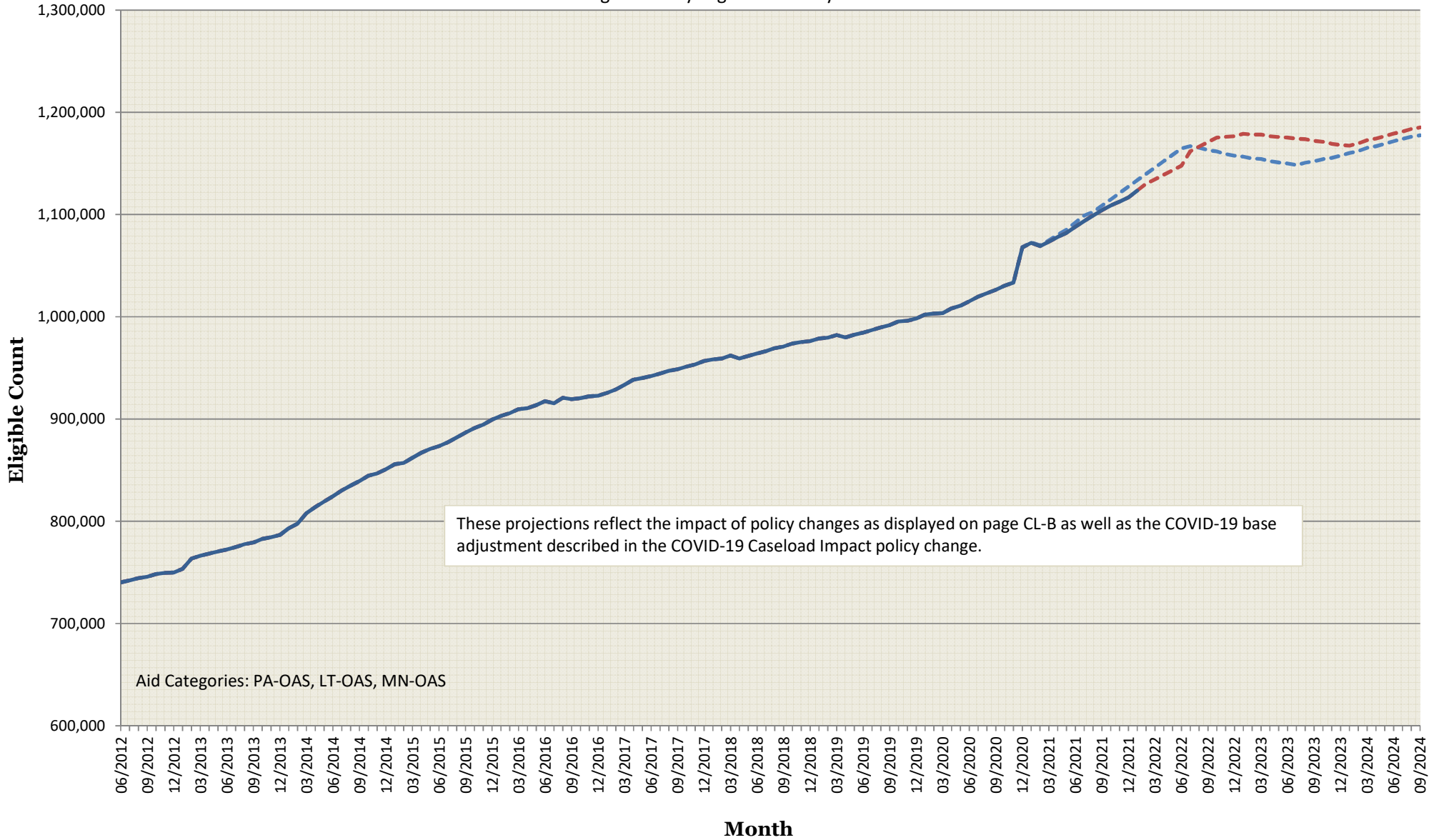
- N21 Total Caseload
- M22 Total Caseload
- Actuals



# Statewide Expanded Eligible for Aid Category, Including the Impact of Select Policy Changes: Seniors

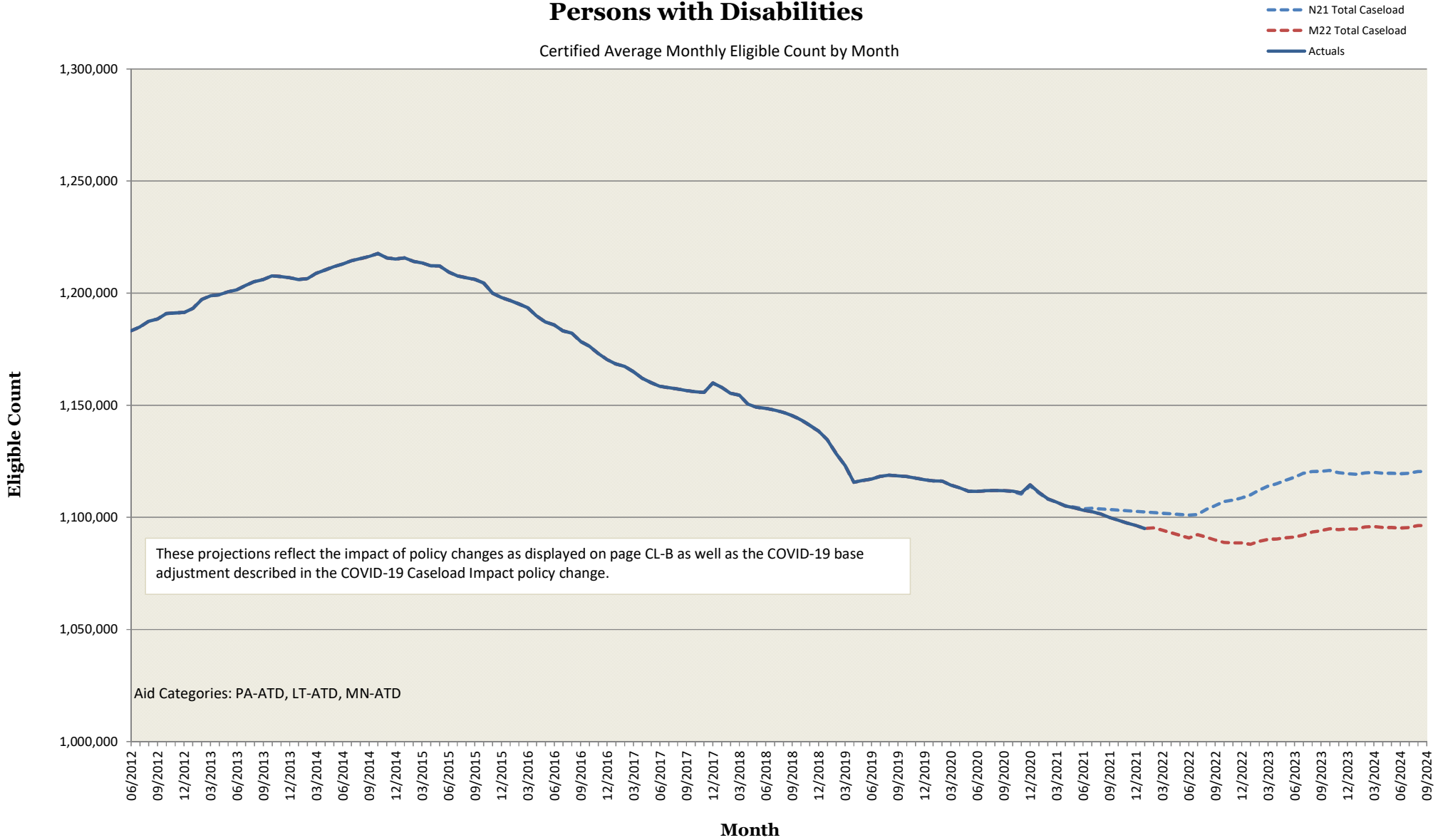
Certified Average Monthly Eligible Count by Month

- N21 Total Caseload
- M22 Total Caseload
- Actuals



### Statewide Expanded Eligible for Aid Category, Including Impact of Select Policy Changes: Persons with Disabilities

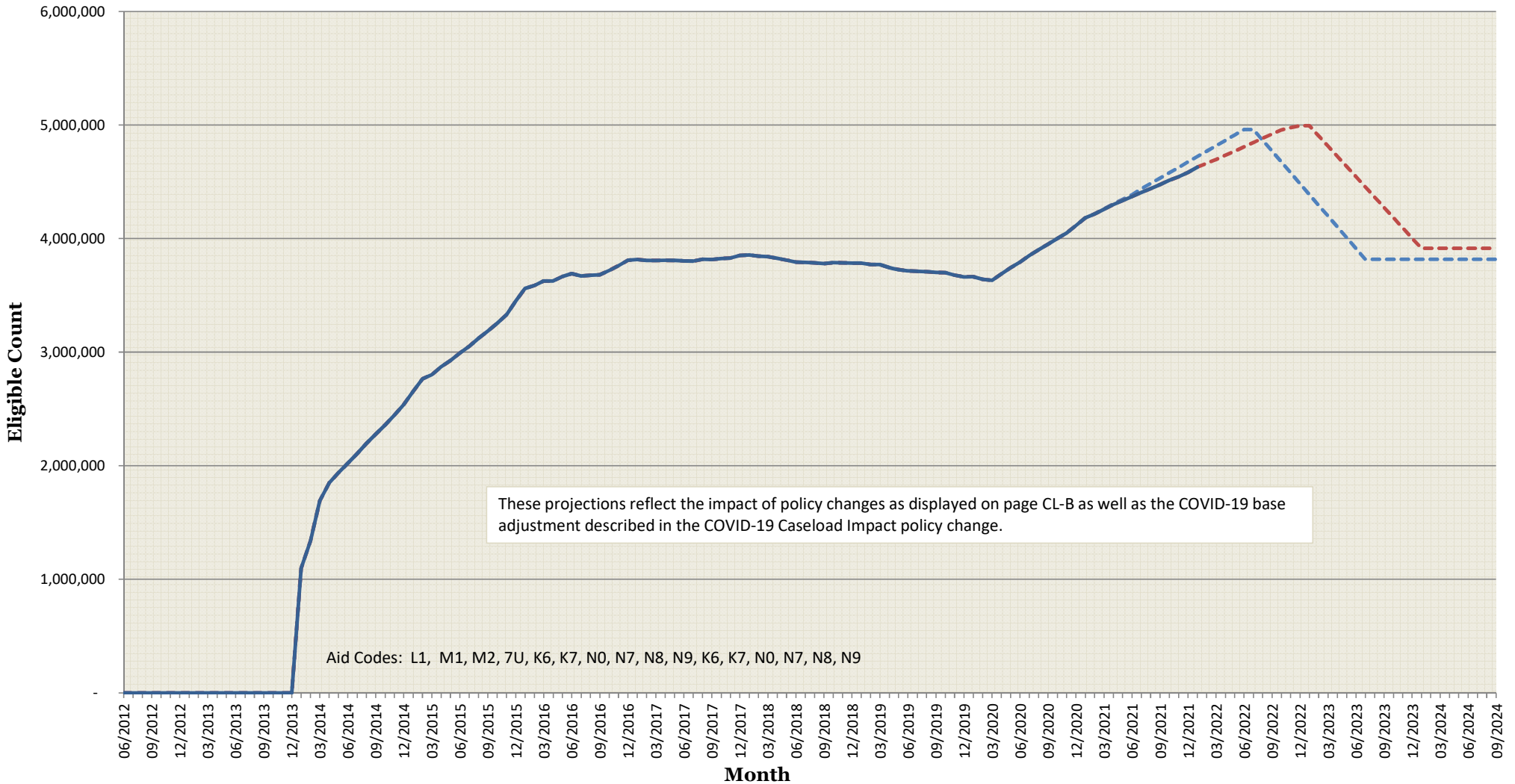
Certified Average Monthly Eligible Count by Month



# Statewide Expanded Eligible, Including Impact of Select Policy Changes: ACA Optional Expansion (NEWLY)

Certified Average Monthly Eligible Count by Month

- N21 Total Caseload
- M22 Total Caseload
- Actuals



**MEDI-CAL AID CATEGORY DEFINITIONS**

<b>Aid Category</b>	<b>Aid Codes</b>
Seniors	10, 16, 1E, 13, D2, D3 J5, J6, 14, 17, 1H, 1U, 1X, 1Y, C1, C2
Disabled	20, 26, 2E, 36, 60, 66, 6A, 6C, 6E, 6N, 6P, 23, 63, D4, D5, D6, D7, J7, J8, 24, 27, 2H, 64, 67, 6G, 6H, 6S, 6U, 6V, 6W, 6X, 6Y, 8G, C3, C4, C7, C8, K8, K9, L6, L7
Families and Children (Including Pregnant Women)	2S, 2T, 2U, 30, 32, 33, 35, 38, 3A, 3C, 3E, 3F, 3G, 3H, 3L, 3M, 3P, 3R, 3U, 3W, 40, 42, 43, 49, 4F, 4G, 4H, 4N, 4S, 4T, 4W, 5L, K1, R1, 34, 37, 39, 3D, 3N, 3T, 3V, 54, 59, 5J, 5R, 5T, 5W, 6J, 6R, 7J, 7K, 7S, 7W, C5, C6, M3, M4, P5, P6, 7A, 7C, 8R, 8T, M5, M6, 72, 74, 8N, 8P, P7, P8, 44, 47, 48, 5F, 69, 76, 7F, 7G, 8U, 8V, D8, D9, M0, M7, M8, M9, P0, P9, 5C, 5D, 8X, E6, H1, H2, H3, H4, H5, T0, T1, T2, T3, T4, T5, T6, T7, T8, T9, 03, 04, 06, 07, 2A, 2P, 2R, 45, 46, 4A, 4L, 4M, 5E, 5K, 7M, 7N, 7P, 7R, 7T, 82, 83, 8E, 8W, C9, D1, G5, G6, G7, G8
Newly	7U, K6, K7, L1, M1, M2, N0, N7, N8, N9
HP-E	4E, H0, H6, H7, H8, H9, P1, P2, P3, P4, 7D
All Others	53, 81, 86, 87, 8L, F3, F4, G3, G4, J1, J2, J3, J4, 01, 02, 08, 0A, 55, 58

## MEDI-CAL PROGRAM REGULAR POLICY CHANGE INDEX

<b>POLICY CHANGE NUMBER</b>	<b>POLICY CHANGE TITLE</b>
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	<b><u>COVID-19</u></b>
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185	COVID-19 FFS REIMBURSEMENT RATES
186	COVID-19 BEHAVIORAL HEALTH
189	COVID-19 ELIGIBILITY
191	CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE
194	COVID-19 INCREASED FMAP - DHCS
	<b><u>PROVIDER RATES</u></b>
263	NURSING FACILITY FINANCING REFORM
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287	FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM
288	ALAMEDA COUNTY SUPPORTIVE HOUSING
289	INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS
290	BACKFILL LOST TITLE X FAMILY PLANNING FUNDING
291	CYBHI - URGENT NEEDS AND EMERGENT ISSUES
292	LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT
293	PACE INFRASTRUCTURE FUNDING



## PHARMACY RETROACTIVE ADJUSTMENTS

**REGULAR POLICY CHANGE NUMBER:** 64  
**IMPLEMENTATION DATE:** 9/2022  
**ANALYST:** Shan Tang  
**FISCAL REFERENCE NUMBER:** 2194

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	-\$48,381,000
<b>- STATE FUNDS</b>	\$0	\$52,266,950
<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	-\$48,381,000
<b>STATE FUNDS</b>	\$0	\$52,266,950
<b>FEDERAL FUNDS</b>	\$0	-\$100,647,950

**Purpose:**

This policy change estimates the retroactive adjustments to payments for pharmacy providers related to the April 1, 2017 change in the pharmacy reimbursement methodology. The retroactive adjustments will start in FY 2022-23.

**Authority:**

CMS Final Rule (CMS-2345-FC), 42 CFR Part 447  
 State Plan Amendment (SPA) #17-002  
 Families First Coronavirus Response Act (FFCRA)  
 Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Centers for Medicare and Medicaid Services (CMS), under the provisions of the Affordable Care Act, required each state Medicaid agency to adopt an actual acquisition cost (AAC) based methodology for Covered Outpatient Drugs (CODs), and to adjust their professional dispensing fee. To satisfy this requirement, California, along with many other state Medicaid agencies, adopted CMS' National Average Drug Acquisition Cost (NADAC) as the basis for AAC for drug ingredient reimbursement. CMS approved SPA 17-002 authorizing the Department to implement a new pharmacy reimbursement methodology and professional dispensing fee, effective April 1, 2017. The new reimbursement methodology requires all COD's be billed at the AAC.

Providers continued to be paid using the Average Wholesale Price reimbursement methodology until the AAC methodology was implemented on February 23, 2019. Retroactive adjustments for the 23-month period, from April 1, 2017, to February 23, 2019 were to be implemented. The initial retroactive adjustment was for one month of claims (April 2017) and installed on May 23, 2019.

## PHARMACY RETROACTIVE ADJUSTMENTS

### REGULAR POLICY CHANGE NUMBER: 64

In June of 2019, the Department paused the retroactive adjustments prior to a lawsuit, *California Pharmacists Association, et al. v. Kent, et al.*, being filed in U.S. District Court on June 5, 2019, seeking to enjoin the Department from implementing the retroactive adjustments. In addition, the Department developed a process to address the plaintiff's concerns regarding recoupments resulting from the retroactive adjustments. 139 out of 5100 providers requested and were approved by the Department for an Alternative Payment Arrangement (APA). All 139 providers are independent pharmacy providers. The APA allow recoupments to occur over a period of time not to exceed 48-months. All recoupments for providers who did not request the APA are assumed to occur over a 12-month period.

The Department was scheduled to resume retroactive pharmacy claim adjustments in February 2021. However, due to factors related to ongoing litigation at the time, the Department continued the pause. This pause applies to all pharmacy claims billed through the Medi-Cal Fee-for-Service Fiscal Intermediary and includes those claims that were also subject to an APA. The retroactive adjustments are assumed to resume September 1, 2022.

Medi-Cal has reprocessed the APA provider's retroactive adjustments and the federal portion of the repayment due to the CMS occurred in FY 2020-21. The non-APA providers' federal portion of any recoupments will be due once their claims have been reprocessed.

The FFCRA provides increased federal funding by increasing the federal medical assistance percentage (FMAP) by 6.2 percentage points for certain expenditures in Medicaid and by 4.34 percentage points for certain expenditures in the Children's Health Insurance Program (CHIP). The FFCRA increased FMAP is effective January 1, 2020 and extends through the last day of the calendar quarter of the national public health emergency. National public health emergencies are effective for 90 days unless extended or terminated.

The Budget Act of 2022 cancels the retroactive recoupments for independent pharmacy providers.

#### **Reason for Change:**

The change in FY 2021-22, from the prior estimate, is due to a change in implementation date from January 1, 2022 to September 1, 2022 resulting in no impact in FY 2021-22.

The change in FY 2022-23, from the prior estimate, is due to:

- Updated impact from forgiving the independent pharmacy providers,
- Updated estimate of remaining provider payments, and
- A change in implementation date for the chain pharmacy retroactive adjustments from January 1, 2022 to September 1, 2022.

The change from FY 2021-22 to FY 2022-23, in the current estimate, is due to the implementation occurring in FY 2022-23.

## PHARMACY RETROACTIVE ADJUSTMENTS

### REGULAR POLICY CHANGE NUMBER: 64

**Methodology:**

1. Assume the retroactive recoupments for independent pharmacy providers will not be collected, and the General Fund will be used to repay CMS the federal funds amount of the cancelled pharmacy recoupments.
2. For budgeting purposes, assume the retroactive adjustments for chain pharmacy providers will resume September 2022 and will be completed over 12 months.
3. Assume the remaining payments to independent and chain pharmacies will occur in FY 2022-23.
4. The impact of the 6.2% Title XIX and 4.34% Title XXI FFCRA increased FMAP extension, is roughly accounted for in the COVID-19 Increased FMAP – DHCS policy change.
5. On a cash basis, the net impact in FY 2022-23 is estimated to be:

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Federal repayments	\$0	\$69,582	(\$69,582)
Remaining provider payments	\$49,020	\$17,557	\$31,463
Pharmacy recoupments	(\$97,401)	(\$34,872)	(\$62,529)
<b>Total</b>	<b>(\$48,381)</b>	<b>\$52,267</b>	<b>(\$100,648)</b>

**Funding:**

50% Title XIX / 50% GF (4260-101-0001/0890)  
 90% Title XIX / 10% GF (4260-101-0001/0890)  
 65% Title XXI / 35% GF (4260-113-0001/0890)  
 100% Title XXI GF (4260-113-001)  
 100% Title XXI FFP (4260-113-0890)  
 100% Title XIX GF (4260-101-0001)  
 100% Title XIX FFP (4260-101-0890)

## COVID-19 CASELOAD IMPACT

**REGULAR POLICY CHANGE NUMBER:** 182  
**IMPLEMENTATION DATE:** 4/2020  
**ANALYST:** Ryan Woolsey  
**FISCAL REFERENCE NUMBER:** 2218

	<b>FY 2021-22</b>	<b>FY 2022-23</b>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$8,944,152,000	\$11,102,397,000
<b>- STATE FUNDS</b>	\$2,456,028,010	\$3,086,317,150
<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>	\$8,944,152,000	\$11,102,397,000
<b>STATE FUNDS</b>	\$2,456,028,010	\$3,086,317,150
<b>FEDERAL FUNDS</b>	\$6,488,123,990	\$8,016,079,850

**Purpose:**

This policy change estimates the expenditure changes due to an increase in caseload related to the COVID-19 pandemic.

**Authority:**

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

**Interdependent Policy Changes:**

COVID-19 Increased FMAP – DHCS

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency (PHE) on January 31, 2020, and a national emergency on March 13, 2020. The PHE will be effective for 90 days unless extended. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The effects of the COVID-19 pandemic are unprecedented in modern times from a public health emergency and economic perspective. The pandemic will have fiscal impacts across policy areas and beneficiary populations within the Medi-Cal program.

The increased FMAP is effective January 1, 2020 and extends through the last day of the calendar quarter of the Health and Human Services COVID-19 national public health emergency.

The FFCRA includes a "continuous coverage requirement." Under the continuous coverage requirement, states must halt most disenrollment of Medicaid eligibles enrolled at the beginning of the enrollment period or who would have enrolled during the emergency period until the end of the month the public health emergency ends in order to receive a temporary increase in the

## COVID-19 CASELOAD IMPACT

### REGULAR POLICY CHANGE NUMBER: 182

federal medical assistance percentage (FMAP). The Medi-Cal caseload has increased due to reduced disenrollment under the continuous coverage requirement.

There is considerable uncertainty surrounding the magnitude and duration of COVID-19 caseload impacts.

#### **Reason for Change:**

The change in FY 2021-22, from the prior estimate, is a reduction in costs due to a lower projected caseload impact based on recent actuals.

The change in FY 2022-23, from the prior estimate, is an increase in costs due to a lower projected caseload impact, including a lower projected growth based on recent actuals, more than offset by assuming that growth will continue through January 2023.

The change from FY 2021-22 to FY 2022-23, in the current estimate, is due to the assumed peak of caseload occurring in January 2023, followed by declines for the rest of FY 2022-23.

#### **Methodology:**

##### 1. Continuous Coverage Requirement

- a. Administrative data show declining re-enrollment of previously enrolled cases over time since the beginning of the PHE. This is because, due to the extended duration of the continuous coverage requirement, very few cases are discontinued that later would have reenrolled, leading to fewer reenrollments as the continuous coverage requirement remains in place. In line with this, assume that the continuous coverage requirement is adding a declining number of new cases to Medi-Cal each month. Specifically, the assume that the continuous coverage requirement added 130,000 cases to Medi-Cal in April 2020 and has continued to add progressively fewer cases each month since that time (with the number of cases added each month decreasing by 3,000 each month), such than an estimated 31,000 cases would be added due to COVID-19 in January 2023, the last month before cases are expected to begin to decline.
- b. Based on recent growth trends, assume that the additional cases resulting from the continuous coverage requirement consist of, on average, 52.0 percent from the newly eligible aid category, 46.5 percent from families and children aid categories, 1.8 percent from seniors aid categories, with an offsetting reduction of 0.3 percent from persons with disabilities aid categories. This offsetting reduction is assumed to be caused by a decrease in transitions among aid categories under the continuous coverage requirement.
- c. Based on the assumed mix of cases described above, the estimated average monthly cost (excluding Medicare costs) of each eligible that remains in the program due to the continuous coverage requirement is \$351 in FY 2021-22 and FY 2022-23.
- d. Assume the PHE continues through mid-October 2022. Consistent with guidance from the Centers for Medicare and Medicaid Services, assume the initiation of redetermination activities begins in November and that the first cases expected to be determined no longer eligible for Medi-Cal will occur effective February 1, 2023. This timeline aligns with federal and state policies related to Medi-Cal redeterminations,

## COVID-19 CASELOAD IMPACT

### REGULAR POLICY CHANGE NUMBER: 182

under which initiation of renewals typically occurs 85 days prior to the redetermination month.

- e. Assume that counties gradually redetermine eligibility over the following 12 months, with individuals found no longer eligible for Medi-Cal leaving the program through January 2024. Following redeterminations, assume that the Medi-Cal caseload returns approximately to levels observed in the second quarter of 2021, or about 12.9 million. The ongoing level of the Medi-Cal caseload following the redetermination period is highly uncertain and will depend on a number of factors including the condition of the labor market, the impact of minimum wage increases, and applicant and beneficiary behavior. This estimate will be updated as additional information on actual trends is available.

#### 2. Continuous Coverage Requirement - Medicare Impact

- a. Based on observed changes in eligible beneficiaries, assume that the number of Medi-Cal beneficiaries for whom the state pays Medicare Part B premiums (see the Medicare Pmnts.-Buy-In Part A & B Premiums policy change) increases by 7,500 each month, beginning July 2020 and continuing through January 2023, due to the continuous coverage requirement.
- b. Assume monthly Part B premiums of \$148.50 in calendar year 2021, \$170.10 in calendar year 2022, and \$176.07 in calendar year 2023.
- c. Based on observed changes in eligible beneficiaries, assume that the number of Medi-Cal beneficiaries for whom the state makes payments under the Medicare Part D clawback (see the Medicare Payments – Part D Phased-Down policy change) increases by 5,560 each month, beginning August 2020 and continuing through January 2023, due to the continuous coverage requirement.
- d. Assume the state's monthly payment per eligible under the Medicare Part D clawback is \$137.76 in calendar year 2021, \$147.83 in calendar year 2022, and \$155.34 in calendar year 2023.
- e. Assume that the number of additional individuals for whom Medicare Part B premiums are paid and for whom the state makes payments under the Medicare Part D clawback decreases over 12 months beginning February 2023.

#### 3. State Only Costs

- a. To account for estimated state-only costs of services provided to individuals without satisfactory immigration status, \$231 million in FY 2021-22 and \$285 million in FY 2022-23 are shifted from federal funds to state General Fund.

After accounting for payment timing, total estimated costs related to the impact of COVID-19 on the Medi-Cal caseload on a cash basis are:

## COVID-19 CASELOAD IMPACT

REGULAR POLICY CHANGE NUMBER: 182

(Dollars in Thousands)

Fiscal Year	TF	GF	Title XIX FF	Title XXI FF	ACA FF
FY 2021-22	\$8,944,152	\$2,456,028	\$1,440,346	-\$27,886	\$5,075,664
FY 2022-23	\$11,102,397	\$3,086,317	\$1,784,140	-\$34,425	\$6,266,364

## 4. COVID-19 Impacts in the Base

- a. The FFS base reflects actual COVID-19 impacts through December 2021 and various other base policy changes reflect actual COVID-19 caseload impacts through January 2022. Net COVID-19 caseload costs estimated to be in the base in FY 2021-22 through this period are approximately \$5.1 billion.
- b. In order to more accurately reflect the impacts of COVID-19 on caseload, minor adjustments are required to base caseload projections related to the COVID-19 impact for projected months.
- c. The following amounts are applied to the base as an adjustment to allow the full COVID-19 caseload impact to be reflected in this policy change without duplicating costs budgeted in the base.

(Dollars in Thousands)

Fiscal Year	TF	GF	Title XIX FF	Title XXI FF	ACA FF
FY 2021-22	-\$5,188,100	-\$1,470,542	-\$877,205	\$14,588	-\$2,854,941
FY 2022-23	\$38,248	-\$136,232	-\$184,011	\$3,139	\$355,352

**Funding:**

(Dollars in Thousands)

FY 2021-22	TF	GF	FF
50% Title XIX / 50% GF (4260-101-0001 / 0890)	\$2,942,430	\$1,471,215	\$1,471,215
90% Title XIX / 10% GF (4260-101-0001 / 0890)	\$5,861,044	\$586,104	\$5,274,940
65% Title XXI / 35% GF (4260-113-0001 / 0890)	-\$44,260	-\$15,489	-\$28,771
100% State General Fund	\$414,198	\$414,198	\$0
100% FFP	-\$229,260	\$0	-\$229,260
<b>Total</b>	<b>\$8,944,152</b>	<b>\$2,456,028</b>	<b>\$6,488,124</b>

**COVID-19 CASELOAD IMPACT**  
REGULAR POLICY CHANGE NUMBER: 182

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF (4260-101-0001 / 0890)	\$3,644,335	\$1,822,167	\$1,822,167
90% Title XIX / 10% GF (4260-101-0001 / 0890)	\$7,235,987	\$723,599	\$6,512,388
65% Title XXI / 35% GF (4260-113-0001 / 0890)	-\$54,643	-\$19,125	-\$35,518
100% State General Fund	\$559,676	\$559,676	\$0
100% FFP	-\$282,958	\$0	-\$282,958
<b>Total</b>	<b>\$11,102,397</b>	<b>\$3,086,317</b>	<b>\$8,016,079</b>

COVID-19 funding is identified in the COVID-19 Increased FMAP – DHCS policy change.



## COVID-19 FFS REIMBURSEMENT RATES

**REGULAR POLICY CHANGE NUMBER:** 185  
**IMPLEMENTATION DATE:** 7/2021  
**ANALYST:** Ryan Woolsey  
**FISCAL REFERENCE NUMBER:** 2246

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$373,645,000	\$100,916,000
<b>- STATE FUNDS</b>	\$178,219,250	\$48,753,850
<b>PAYMENT LAG</b>	0.9962	1.0000
<b>% REFLECTED IN BASE</b>	50.00 %	0.00 %
<b>APPLIED TO BASE</b>		
<b>TOTAL FUNDS</b>	\$186,112,600	\$100,916,000
<b>STATE FUNDS</b>	\$88,771,010	\$48,753,850
<b>FEDERAL FUNDS</b>	\$97,341,570	\$52,162,150

**Purpose:**

This policy change estimates the cost of fee-for-service (FFS) reimbursement rate increases resulting from the coronavirus disease 2019 (COVID-19) pandemic.

**Authority:**

Families First Coronavirus Response Act (FFCRA)  
 Coronavirus Aid, Relief, and Economic Security (CARES) Act  
 State Plan Amendment (SPA) 20-0024

**Interdependent Policy Changes:**

COVID-19 Increased FMAP – DHCS

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency (PHE) on January 31, 2020, and a national emergency on March 13, 2020. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The effects of the COVID-19 pandemic are unprecedented in modern times from a public health and economic perspective. This will have fiscal impact across policy areas and beneficiary populations within the Medi-Cal program. The Department received federal approvals for the following programs through the State Plan Amendment (SPA) 20-0024.

- **Clinical Lab COVID-19 Reimbursement Rates:** To pay all COVID-19 related laboratory testing and collection procedure codes at 100% of Medicare and exempt those codes from the AB 97 10% payment reduction effective for March 1, 2020, dates of service, or the date a procedure code and payment rate is established by CMS for Medicare, and through the duration of the state of emergency.

## COVID-19 FFS REIMBURSEMENT RATES

### REGULAR POLICY CHANGE NUMBER: 185

- Long Term Care (LTC) COVID-19 Reimbursement Rate: To provide a 10% increase to facilities' total reimbursements, including add-ons and any Proposition 56 supplemental payments, effective for March 1, 2020, dates of service and through the duration of the PHE. The temporary increase amount was based on facilities' total 2019-20 reimbursement and continues at the same level until the end of the PHE for the following facility types: Freestanding Nursing Facilities Level-B; Nursing Facilities Level-A; Distinct Part Nursing Facilities Level-B; Freestanding Adult Subacute Facilities; Distinct Part Adult Subacute Facilities; Distinct Part Pediatric Subacute facilities; Freestanding Pediatric Subacute facilities and ICF/DD, including ICF/DDs, ICF/DD-Habilitative, and ICF/DD-Nursing, and excluding state-owned Skilled Nursing Facilities or ICFs, including Developmental Centers and Veterans Homes and any other supplemental payments or ancillary charges.

This policy change assumes the PHE impact ends mid-October 2022. With the PHE unwinding, the Department proposes to provide that ICF/DD facilities' rates would be no lower than they are on the last day of the PHE inclusive of the 10% rate increase.

#### **Reason for Change:**

The change for FY 2021-22, from the prior estimate, is a decrease due to updated estimated days to which the increase applies.

The change in FY 2022-23, from the prior estimate, is due to including:

- Additional costs through the assumed end of the PHE, and
- The costs of providing that ICF/DD facilities' rates would be no lower than they are on the last day of the PHE inclusive of the 10% rate increase.

The change from FY 2021-22 to FY 2022-23, in the current estimate is due to only including the full annual estimate of providing that ICF/DD facilities' rates would be no lower than they are on the last day of the PHE inclusive of the 10% rate increase.

#### **Methodology:**

1. This policy change assumes the PHE impact ends in mid-October 2022.
2. Assume the PHE unwind estimate for providing that ICF/DD facilities' rates would be no lower than they are at the end of the PHE inclusive of the 10% rate increase is \$43,707,000 TF annually.
3. The estimated FY 2021-22 and FY 2022-23 costs for the clinical lab and LTC reimbursement rate increases are as follows:

## COVID-19 FFS REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 185

<b>FY 2021-22</b>	<b>TF</b>
<b>LTC COVID Reimbursement</b>	
DP/NF-B	\$20,600,000
Rural Swing Bed	\$24,000
NF-A	\$218,000
DP/SA	\$12,143,000
ICF/DDs	\$43,707,000
AB 1629	\$187,011,000
FS/PSA	\$4,352,000
DP/PSA	\$4,489,000
<b>LTC COVID Reimbursement Total</b>	<b>\$272,544,000</b>
<b>Clinical Lab COVID Reimbursement</b>	
Diagnostic Testing Cost	\$52,541,000
Antibody Testing Cost	\$37,189,000
Specimen Collection Cost	\$11,371,000
<b>Clinical Lab COVID Reimbursement Total</b>	<b>\$101,101,000</b>
<b>TOTAL</b>	<b>\$373,645,000</b>

<b>FY 2022-23</b>	<b>TF</b>
<b>LTC COVID Reimbursement</b>	
DP/NF-B	\$5,150,000
Rural Swing Bed	\$6,000
NF-A	\$54,000
DP/SA	\$3,036,000
AB 1629	\$46,753,000
FS/PSA	\$1,088,000
DP/PSA	\$1,122,000
<b>LTC COVID Reimbursement Total</b>	<b>\$57,209,000</b>
PHE Unwind: ICF/DDs	\$43,707,000
<b>TOTAL</b>	<b>\$100,916,000</b>

## COVID-19 FFS REIMBURSEMENT RATES

REGULAR POLICY CHANGE NUMBER: 185

**Funding:**

<b>FY 2021-22</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF (4260-101-0001 / 0890)	\$351,790,000	\$175,895,000	\$175,895,000
90% Title XIX / 10% GF (4260-101-0001 / 0890)	\$21,300,000	\$2,130,000	\$19,170,000
65% Title XXI / 35% GF (4260-113-0001 / 0890)	\$555,000	\$194,000	\$361,000
<b>Total</b>	<b>\$373,645,000</b>	<b>\$178,219,000</b>	<b>\$195,426,000</b>

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF (4260-101-0001 / 0890)	\$96,595,000	\$48,298,000	\$48,297,000
90% Title XIX / 10% GF (4260-101-0001 / 0890)	\$4,224,000	\$422,000	\$3,802,000
65% Title XXI / 35% GF (4260-113-0001 / 0890)	\$97,000	\$34,000	\$63,000
<b>Total</b>	<b>\$100,916,000</b>	<b>\$48,754,000</b>	<b>\$52,162,000</b>

COVID-19 funding is identified in the COVID-19 Increased FMAP – DHCS policy change

## COVID-19 BEHAVIORAL HEALTH

**REGULAR POLICY CHANGE NUMBER:** 186  
**IMPLEMENTATION DATE:** 7/2020  
**ANALYST:** Joel Singh  
**FISCAL REFERENCE NUMBER:** 2215

	<b>FY 2021-22</b>	<b>FY 2022-23</b>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$389,145,000	\$108,101,000
<b>- STATE FUNDS</b>	\$29,234,000	\$8,690,600
<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>	\$389,145,000	\$108,101,000
<b>STATE FUNDS</b>	\$29,234,000	\$8,690,600
<b>FEDERAL FUNDS</b>	\$359,911,000	\$99,410,400

**Purpose:**

This policy change estimates the cost of establishing interim rates for certain Behavioral Health Medi-Cal programs due to impacts resulting from the Coronavirus Disease 2019 (COVID-19) pandemic.

**Authority:**

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

**Interdependent Policy Changes:**

COVID-19 Increased FMAP – DHCS

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency (PHE) on January 31, 2020, and a national emergency on March 13, 2020. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation, including the FFCRA and the CARES Act, which provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

Due to COVID-19, there has been a significant decrease in utilization with certain Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) (non-Narcotic Treatment Program (non-NTP)) outpatient services, while costs per unit of service has increased. In order to account for the higher cost per unit of service and help counties to continue to provide necessary behavioral health services during the pandemic and to maintain their existing provider networks so that they are prepared to provide behavioral health treatment to all Medi-Cal beneficiaries who need services when the PHE ends, the Department implemented the following changes to the reimbursement rates.

## COVID-19 BEHAVIORAL HEALTH

### REGULAR POLICY CHANGE NUMBER: 186

#### Specialty Mental Health Services:

For specialty mental health outpatient services delivered by county-owned providers, the current interim reimbursement methodology is the lower of the county's Certified Public Expenditure (CPE) or the county interim rate developed using the most recently filed cost report and an appropriate cost of living adjustment. Effective for March 1, 2020 until the end of the COVID-19 public health emergency, the Department provides interim reimbursement equal to the lower of the county's CPE or the county interim rate increased by 100%.

#### Drug Medi-Cal:

For non-NTP outpatient services in DMC State Plan counties, the current interim reimbursement methodology is the lower of the county's CPE or the Statewide Maximum Allowance (SMA) rate for the service rendered. Effective March 1, 2020, the Department provides interim reimbursement equal to the lower of the county's CPE or the SMA rate increased by 100%. In the interim and final reconciliations, these costs would be settled to allowable cost, suspending the limitations of usual and customary charges and the SMA rate.

For non-NTP outpatient services in DMC Organized Delivery System (ODS) counties, counties are required to develop, and the Department reviews and approves, county interim rates on an annual basis. Counties are required to reimburse contract providers at these county interim rates and the Department reimburses counties the non-county share of these county interim rates. Effective March 1, 2020, the Department provides interim reimbursement equal to the lower of the county's CPE or the county interim rates increased by 100%. In the interim and final reconciliations, these costs would be settled to allowable cost, suspending the limitation of usual and customary charges.

Additionally, Executive Order N-55-20, raises the cap on administrative costs for the program from 15% to 30%. This action is assumed to be budget neutral. While the raising of this cap would allow counties to receive more reimbursement (on a percentage basis) during the emergency period, both county and private providers are reporting lower levels of behavioral health service utilization than before COVID-19 due to various factors such as patients not engaging in services, struggling to adapt to telehealth modalities, etc. The raising of the administrative cap reflects this increase due to the counties' administrative costs remaining the same during the crisis while at the same time that lower utilization may lead to lower reimbursement for direct client services.

#### **Reason for Change:**

The change from the prior estimate, for FY 2021-22 and FY 2022-23, is an increase due to the following:

- Consistent with the renewal of the PHE extension, this policy change assumes the PHE continues through mid-October 2022.
- Higher utilization of the increased interim rates by counties for SMHS.

The change in the current estimate, from FY 2021-22 to FY 2022-23, is due to assuming the PHE continues through mid-October 2022 and corresponding payment lag costs.

#### **Methodology:**

1. Interim rate increases for SMHS and DMC State Plan were implemented in July 2020.
2. Interim rate increase for DMC-ODS Waiver counties were implemented in August 2020.

## COVID-19 BEHAVIORAL HEALTH

### REGULAR POLICY CHANGE NUMBER: 186

3. For SMHS, assume 98.5% of claims will be paid in the first year, and 1.5% in the second year. For DMC-ODS Waiver and DMC State plan, assume 75% of claim will be paid in the first year, and 25% in the second year.
4. Total cost for SMHS, DMC State Plan, and DMC ODS are as follows:

<b>FY 2021-22</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>	<b>CF</b>
SMHS Interim Rate – Adult	\$302,158,000	\$17,475,000	\$220,981,000	\$63,702,000
SMHS Interim Rate - Children	\$230,030,000	\$8,201,000	\$123,555,000	\$98,274,000
Non-NTP DMC State Plan Interim Rate	\$447,000	\$22,000	\$313,000	\$112,000
Non-NTP DMC-ODS Interim Rate	\$20,199,000	\$3,536,000	\$15,062,000	\$1,601,000
<b>Total</b>	<b>\$552,834,000</b>	<b>\$29,234,000</b>	<b>\$359,911,000</b>	<b>\$163,689,000</b>

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>	<b>CF</b>
SMHS Interim Rate – Adult	\$81,137,000	\$4,772,000	\$59,658,000	\$16,707,000
SMHS Interim Rate - Children	\$60,067,000	\$2,212,000	\$32,369,000	\$25,486,000
Non-NTP DMC State Plan Interim Rate	\$223,000	\$11,000	\$156,000	\$56,000
Non-NTP DMC-ODS Interim Rate	\$9,691,000	\$1,696,000	\$7,227,000	\$768,000
<b>Total</b>	<b>\$151,118,000</b>	<b>\$8,691,000</b>	<b>\$99,410,000</b>	<b>\$43,017,000</b>

#### Funding:

100% GF (4260-101-0001)  
 100% Title XIX FF (4260-101-0890)  
 100% Title XXI FF (4260-113-0890)  
 100% ACA Title XIX FF (4260-101-0890)  
 90% ACA Title XIX FF / 10% GF (4260-101-0001/0890)  
 65% Title XXI FF / 35% GF (4260-113-0001/0890)  
 50% Title XIX / 50% GF (4260-101-0001/0890)  
 COVID-19 funding is identified in the COVID-19 Increased FMAP – DHCS policy change.

## COVID-19 ELIGIBILITY

**REGULAR POLICY CHANGE NUMBER:** 189  
**IMPLEMENTATION DATE:** 7/2021  
**ANALYST:** Sabrina Blank  
**FISCAL REFERENCE NUMBER:** 2211

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$195,246,000	\$103,763,000
<b>- STATE FUNDS</b>	\$147,409,000	\$64,391,000
<b>PAYMENT LAG</b>	0.8543	1.0000
<b>% REFLECTED IN BASE</b>	50.00 %	0.00 %
<b>APPLIED TO BASE</b>		
<b>TOTAL FUNDS</b>	\$83,399,300	\$103,763,000
<b>STATE FUNDS</b>	\$62,965,750	\$64,391,000
<b>FEDERAL FUNDS</b>	\$20,433,580	\$39,372,000

**Purpose:**

This policy change estimates the cost of certain changes in program eligibility related to the coronavirus disease 2019 (COVID-19), including testing and treatment services to various populations and changes in hospital presumptive eligibility.

**Authority:**

Families First Coronavirus Response Act (FFCRA)  
 Coronavirus Aid, Relief, and Economic Security (CARES) Act  
 American Rescue Plan (ARP) Act (2021)  
 Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency (PHE) on January 31, 2020, and a national emergency on March 13, 2020. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

The effects of the COVID-19 pandemic are unprecedented in modern times from a PHE and economic perspective. This will have fiscal impact across policy areas and beneficiary populations within the Medi-Cal program.

The Department requested federal approvals for the various program modifications through the House Resolution (H.R.) 6201 FFCRA, Section 6004, State Plan Amendment (SPA) 20-0024, and waivers. The following program updates will allow individuals to access necessary COVID-19 diagnostic testing, testing related services, and treatment services, including all medically necessary care such as the associated office, clinic, or emergency room visits related to COVID-19 at no cost to the individuals:



## COVID-19 ELIGIBILITY

### REGULAR POLICY CHANGE NUMBER: 189

- H.R. 6201(FFCRA) – COVID-19 Uninsured Eligibility Group: Provides COVID-19 diagnostic testing, testing related services, and treatment services to individuals who have no insurance or currently have private insurance that does not cover diagnostic testing, testing related services, and treatment service, including all medically necessary care as a result of COVID-19 and are a California resident. Testing and testing-related services are funded at 100% federal funds (FF), and all other services are funded with general funds. However, California has requested federal approval through the 1115 waiver to provide COVID-19 treatment services at no cost to the individual and at 100% FF. The American Rescue Plan Act of 2021 enacted March 11, 2021, required COVID-19 vaccine and COVID-19 related treatments to be an included benefit under the COVID-19 Uninsured Eligibility Group. Claiming for the administration of the COVID-19 vaccine and COVID-19 related treatments are now available for the COVID-19 Uninsured Group at 100% FF. California must submit a State Plan Amendment to add vaccine administration reimbursement as a covered benefit under this coverage group.
- SPA 20-0024 - Hospital Presumptive Eligibility (HPE) Expansion Group: Expands HPE to include the aged (65 years of age and older), disabled, and blind population. HPE COVID-19 is available to individuals with no insurance or currently have private insurance that does not cover diagnostic testing, testing related services, and treatment service, including all medically necessary care as a result of COVID-19 and are a California resident. This program also expands the current PE period limitations across all PE coverage groups to two periods within a 12-month timeframe.

#### Reason for Change:

The change for FY 2021-22 and FY 2022-23, from the prior estimate, is an increase due to updated higher actual expenditures for the uninsured and HPE expansion groups and due to extending the coverage period for both groups.

The change for FY 2021-22 to FY 2022-23, in the current estimate, is a decrease due to assuming the PHE period ends in October 2022.

#### Methodology:

1. Assume the PHE period will continue through mid-October 2022.
2. As part of the PHE unwinding, assume coverage for the HPE expansion group will continue after mid-October 2022.
3. Assume 100% GF Funding for Treatment Services and 100% FF Funding for Testing and Testing-Related Services:

(Dollar in Thousands)

<b>FY 2021-22 Service Type</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Treatment Services	\$147,409	\$147,409	\$0
Testing and Testing-Related Services	\$47,837	\$0	\$47,837
<b>Total</b>	<b>\$195,246</b>	<b>\$147,409</b>	<b>\$47,837</b>

\*Totals due to rounding.

**COVID-19 ELIGIBILITY**  
REGULAR POLICY CHANGE NUMBER: 189

<b>FY 2022-23 Service Type</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Treatment Services	\$64,391	\$64,391	\$0
Testing and Testing-Related Services	\$39,372	\$0	\$39,372
<b>Total</b>	<b>\$103,763</b>	<b>\$64,391</b>	<b>\$39,372</b>

\*Totals may differ due to rounding.

4. The Department estimates the following Medi-Cal program costs as a result of the COVID-19:

(Dollar in Thousands)

<b>FY 2021-22</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
COVID-19 Uninsured Eligibility	\$122,067	\$110,819	\$11,248
COVID-19 HPE Expansion	\$73,179	\$36,590	\$36,589
<b>Total</b>	<b>\$195,246</b>	<b>\$147,409</b>	<b>\$47,837</b>
<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
COVID-19 Uninsured Eligibility	\$30,671	\$27,845	\$2,826
PHE Unwind: COVID-19 HPE Expansion	\$73,092	\$36,546	\$36,546
<b>Total</b>	<b>\$103,763</b>	<b>\$64,391</b>	<b>\$39,372</b>

\*Totals may differ due to rounding.

**Funding:**

100% GF (4260-101-0001)

100% Title XIX FFP (4260-101-0890)

## CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE

**REGULAR POLICY CHANGE NUMBER:** 191  
**IMPLEMENTATION DATE:** 7/2021  
**ANALYST:** Jedidiah Warren  
**FISCAL REFERENCE NUMBER:** 2301

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$0
<b>- STATE FUNDS</b>	\$29,388,000	\$40,014,000
<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>STATE FUNDS</b>	\$29,388,000	\$40,014,000
<b>FEDERAL FUNDS</b>	-\$29,388,000	-\$40,014,000

**Purpose:**

The purpose of this policy change is to estimate the State General Fund impact to provide continuous coverage to individuals enrolled in the state's Title XXI children's health insurance programs during the full duration of the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).

**Authority:**

SB 129 (Chapter 69, Statutes of 2021)  
 SPA 21-032  
 Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Centers for Medicare and Medicaid Services issued guidance which allowed individuals enrolled in Medicaid to remain in coverage for the duration of the COVID-19 PHE, excluding CHIP populations. To prevent coverage disparities from federal policies as it relates to Medicaid and CHIP populations, the Department issued guidance to maintain continuous coverage for individuals enrolled in the Medi-Cal Access Program (MCAP), Medi-Cal Access for Infants Program (MCAIP), and the County Children Health Initiative Program (CCHIP) during the COVID-19 PHE.

**Reason for Change:**

The change from the prior estimate, for FY 2021-22, is a decrease due to a shift in some payments to FY 2022-23 due to the extension of the COVID-19 PHE. The change from the prior estimate, for FY 2022-23, is an increase due to a shift in payments from FY 2021-22 due to extending the PHE through mid-October 2022. The change from FY 2021-22 to FY 2022-23, in the current estimate, is an increase as more payments are expected to be completed in FY 2022-23.

**Methodology:**

1. Assume continuous coverage through the PHE for the MCAP, MCAIP, and CCHIP populations.

**CONTINUOUS CHIP COVERAGE DURING THE COVID-19 PHE**  
**REGULAR POLICY CHANGE NUMBER: 191**

2. Assume the PHE period will continue through mid-October 2022.
3. Assume the retroactive payment will occur in FY 2022-23 after the PHE ends.

(Dollars in Thousands)

<b>Fiscal Years</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
<b>FY 2021-22</b>	<b>\$0</b>	<b>\$29,388</b>	<b>(\$29,388)</b>
<b>FY 2022-23</b>	<b>\$0</b>	<b>\$40,014</b>	<b>(\$40,014)</b>

**Funding:**

100% Title XXI GF (4260-113-0001)

100% Title XXI FF (4260-113-0890)

## COVID-19 INCREASED FMAP - DHCS

**REGULAR POLICY CHANGE NUMBER:** 194  
**IMPLEMENTATION DATE:** 7/2021  
**ANALYST:** Sabrina Blank  
**FISCAL REFERENCE NUMBER:** 2217

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	-\$62,125,000	\$556,468,000
<b>- STATE FUNDS</b>	-\$3,030,597,000	-\$2,222,122,000
<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>	-\$62,125,000	\$556,468,000
<b>STATE FUNDS</b>	-\$3,030,597,000	-\$2,222,122,000
<b>FEDERAL FUNDS</b>	\$2,968,472,000	\$2,778,590,000

**Purpose:**

This policy change estimates the impact on benefits expenditures of assuming the availability of increased federal medical assistance percentage (FMAP) from January 2020 through December 2022. For the estimated impact of assuming increased FMAP from January 2020 through December 2022 on administrative expenditures, see the COVID-19 Increased FMAP – Other Admin policy change.

**Authority:**

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

**Interdependent Policy Changes:**

Not Applicable

**Background:**

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing pandemic of COVID-19. A statewide stay at home order was introduced on March 19, 2020. The federal government declared a national public health emergency on January 31, 2020, and a national emergency on March 13, 2020. These actions triggered the availability of Medicaid and Children's Health Insurance Program flexibilities, including under Section 1135 of the Social Security Act. Additionally, the President signed major federal legislation—including the FFCRA and the CARES Act—that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.

Medicare Part D is the prescription drug benefit provided to all dual eligible beneficiaries and other Medicare eligible beneficiaries that enroll in Part D. The federal government requires the states to contribute part of their savings for no longer providing the drug benefit to dual eligible beneficiaries. This is referred to as the Medicare Part D phased-down contribution and is funded 100% by State General Funds.

The effects of the COVID-19 pandemic are unprecedented in modern times from a public health emergency and economic perspective. This will have fiscal impacts across policy areas and beneficiary populations within the Medi-Cal program.

## COVID-19 INCREASED FMAP - DHCS

### REGULAR POLICY CHANGE NUMBER: 194

The increased FMAP is effective January 1, 2020, and extends through the last day of the calendar quarter of the Health and Human Services COVID-19 national public health emergency.

#### **Reason for Change:**

For dollars budgeted in this policy change, there is a decrease in general fund savings from the prior estimate for FY 2021-22 due to policy change updates. There is an increase in general fund savings from the prior estimate for FY 2022-23 due to policy change updates and overall impacts due to capturing FFCRA funding through December 31, 2022, in this policy change.

There is a decrease in general fund savings from FY 2021-22 to FY 2022-23 due to policy change updates and the end of the public health emergency.

#### **Methodology:**

1. The increased FMAP of 6.2% is applicable on regular Medicaid 50% FMAP expenditures.
2. A CHIP FMAP increase of 4.34% is applicable on CHIP expenditures.
3. A Breast and Cervical Cancer Treatment Program (BCCTP) FMAP increase of 4.34% is applicable on BCCTP expenditures.
4. The Medicare Part D increase in FMAP from the FFCRA affected the calculation of the phased-down State contribution per capita rates retroactive to January 1, 2020, producing a General Fund saving for the State through the end of the public health emergency. Two months of General Fund savings are assumed for BY because phased-down payments have a two-month lag.
5. The FFCRA is assumed to continue through December 31, 2022.
6. Assume a two-month cash lag.
7. The following estimates reflect a cash basis:

**COVID-19 INCREASED FMAP - DHCS**  
REGULAR POLICY CHANGE NUMBER: 194

(Dollars in Thousands)

<b>FY 2021-22</b>	<b>TF</b>	<b>GF</b>	<b>SF</b>	<b>FF</b>
COVID-19 Increased FMAP - DHCS:				
FFCRA 6.20% Increased FFP	\$0	(\$2,817,755)	\$0	\$2,817,755
FFCRA 4.34% Increased FFP	\$0	(\$130,109)	\$0	\$130,109
BCCTP 4.34% Increased FFP	\$0	(\$25)	\$0	\$25
Medicare Part D FFCRA 6.20% Incr. FFP	(\$82,398)	(\$82,398)	\$0	\$0
Behavioral Health FFCRA 6.20% Incr. FFP	\$18,436	(\$307)	\$0	\$18,743
Behavioral Health FFCRA 4.34% Incr. FFP	\$1,837	(\$3)	\$0	\$1,840
<b>Total COVID-19 Incr. FMAP - DHCS:</b>	<b>(\$62,125)</b>	<b>(\$3,030,597)</b>	<b>\$0</b>	<b>\$2,968,472</b>
COVID-19 Increased FMAP - Other Admin:				
FFCRA 4.34% Increased FFP	\$0	(\$1,383)	\$0	\$1,383
Total COVID-19 Incr. FMAP - Other Admin:	\$0	(\$1,383)	\$0	\$1,383
COVID-19 Increased FMAP In other PCs:				
FFCRA 6.20% Increased FFP	\$1,783,194	(\$242,858)	(\$330,503)	\$2,356,555
FFCRA 4.34% Increased FFP	\$57,306	(\$21,026)	(\$8,094)	\$86,426
FFCRA 4.34% Incr. FFP - Other Admin	\$0	\$0	\$0	\$0
Medicare Part D FFCRA 6.20% Incr. FFP	(\$244,857)	(\$244,857)	\$0	\$0
Total COVID-19 Incr. FMAP In other PCs:	\$1,595,643	(\$508,741)	(\$338,597)	\$2,442,981
Total of PCs including COVID-19 Increased FMAP	\$1,533,518	(\$3,540,721)	(\$338,597)	\$5,412,836

\*Totals may differ due to rounding.

**COVID-19 INCREASED FMAP - DHCS**  
REGULAR POLICY CHANGE NUMBER: 194

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>SF</b>	<b>FF</b>
COVID-19 Increased FMAP - DHCS:				
FFCRA 6.20% Increased FFP	\$94,666	(\$928,222)	(\$107,260)	\$1,130,148
FFCRA 4.34% Increased FFP	\$2,402	(\$51,841)	(\$1,750)	\$55,993
BCCTP 4.34% Increased FFP	\$0	(\$6)	\$0	\$6
Medicare Part D FFCRA 6.20% Increased FFP	(\$138,269)	(\$138,269)	\$0	\$0
Behavioral Health FFCRA 6.20% Incr. FFP	\$0	\$0	\$0	\$0
Behavioral Health FFCRA 4.34% Incr. FFP	\$0	\$0	\$0	\$0
FFCRA Oct 2022 – Dec 2022 Extension	\$597,669	(\$994,774)	\$0	\$1,592,443
<b>Total COVID-19 Incr. FMAP - DHCS:</b>	<b>\$556,468</b>	<b>(\$2,113,112)</b>	<b>(\$109,010)</b>	<b>\$2,778,590</b>
COVID-19 Increased FMAP - Other Admin:				
FFCRA 4.34% Increased FFP	\$0	(\$1,469)	\$0	\$1,469
Total COVID-19 Incr. FMAP - Other Admin:	\$0	(\$1,469)	\$0	\$1,469
COVID-19 Increased FMAP In other PCs:				
FFCRA 6.20% Increased FFP	\$506,519	(\$164,433)	(\$188,626)	\$859,578
FFCRA 4.34% Increased FFP	\$0	(\$9,276)	(\$7,801)	\$17,077
FFCRA 4.34% Incr. FFP - Other Admin	\$0	\$0	\$0	\$0
Medicare Part D FFCRA 6.20% Incr. FFP	\$0	\$0	\$0	\$0
Total COVID-19 Incr. FMAP In other PCs:	\$506,519	(\$173,709)	(\$196,427)	\$876,655
Total of PCs including COVID-19 Increased FMAP	\$1,062,987	(\$2,288,290)	(\$305,437)	\$3,656,714

\*Totals may differ due to rounding.

**Funding:**

FFCRA 6.20% Increased FFP (4260-101-0890)  
FFCRA 4.34% Increased FFP (4260-113-0890)  
FFCRA 6.20% GF (4260-101-0001)  
FFCRA 4.34% GF (4260-113-0001)  
FFCRA BCCTP 4.34% Increase FFP (4260-101-0890)  
FFCRA BCCTP 4.34% GF (4260-101-0001)  
FFCRA 4.34% Perinatal Insurance Fund (4260-602-0309)  
100% Reimbursement (4260-601-0995)  
Hospital Quality Assurance Revenue Fund (4260-611-3158)  
100% Global Payment Program Special Fund (4260-601-8108)  
DPH Graduate Medical Education Special Fund (4260-601-8113)  
Home and Community-Based Services American Rescue Plan Fund (4260-101-8507)



## NURSING FACILITY FINANCING REFORM

**REGULAR POLICY CHANGE NUMBER:** 263  
**IMPLEMENTATION DATE:** 1/2023  
**ANALYST:** Cang Ly  
**FISCAL REFERENCE NUMBER:** 2181

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$340,215,000
<b>- STATE FUNDS</b>	\$0	\$164,565,500
<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>	\$0	\$340,215,000
<b>STATE FUNDS</b>	\$0	\$164,565,500
<b>FEDERAL FUNDS</b>	\$0	\$175,649,500

**Purpose:**

This policy change estimates the cost of extending the skilled nursing facility rate methodology and Quality Assurance Fee (QAF).

**Authority:**

AB 186, Chapter 46, Statutes of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

AB 1629 (Chapter 875, Statutes of 2004), extended by AB 81 (Chapter 13, Statutes of 2020) through 2022, requires the Department to implement a facility-specific rate methodology on Freestanding Skilled Nursing Facilities, Level-B (FS/NF-B) and Freestanding Subacute Nursing Facilities, Level-B (FSSA/NF-B).

Currently, the annual weighted increase across these facilities, not including add-ons, is capped at 2.4%. The methodology also imposes a Quality Assurance Fee (QAF) equivalent to 6% of all facility revenue, which is used to increase rates and offset a portion of the General Fund cost for the rate increases. SB 853 (Chapter 717, Statutes of 2010), extended by AB 81, further implemented a quality and accountability supplemental payment (QASP) program to incentivize quality of care improvements by providing supplemental payments for facilities that achieve various quality metrics.

The Department proposes to extend the nursing facility financing methodology, beginning in January 2023 through December 31, 2026, and make modifications and updates that better balance distribution of the annual rate increase, with a focus on workforce, and creating a glide path to a system that further incentivizes quality and can operate under the Medi-Cal managed care environment

The proposal contains four core components: 1) An annual rate increase, 2) A transition from the QASP to a new Workforce and Quality Incentive Program (WQIP) directed payment under Managed Care, 3) a bridge rate in Calendar Year 2023 equivalent to the COVID PHE add-on, and 4) A base rate augmentation starting in Calendar Year 2024 if a facility meets specified workforce standards such as a

## **NURSING FACILITY FINANCING REFORM**

### **REGULAR POLICY CHANGE NUMBER: 263**

collective bargaining agreement or participation in a Labor Management Committee.

#### ***Annual Rate Framework***

- Annual rate increase would be based on updated annual percentage increase. The ongoing annual percentage increase would have separate budgetary growth limits for labor costs vs other cost categories:
  - 5% for Labor Costs
  - 2% for Non-Labor Costs
- This would establish two rate components going forward with the subsequent years' increase.
- Beginning in calendar year 2024, half of the annual increase for non-labor costs will be allocated to base rates and half to increasing WQIP directed payments.

#### ***Transition QASP to a Workforce & Quality Incentive Program Directed Payment under Managed Care***

Through consultation with stakeholders, the Department proposes to establish the methodology, parameters and eligibility criteria for receipt of WQIP directed payments. The Department proposes to modify the qualifying criteria for a quality increase from a percentile method to a benchmark and threshold method. This would ensure that all facilities are eligible to receive a quality increase if they meet an established threshold of quality in each measure and facilities that meet the higher quality benchmark receive a greater per diem award.

#### ***Calendar 2023 Bridge Rate Equivalent to COVID-19 PHE rate add-on***

For CY 2023 only, facilities would receive a bridge rate add-on equivalent to the current COVID-19 PHE rate add-on. This add-on would not be considered part of the base rate for future rate increases. The funds will continue to be restricted to allowable costs set forth in AB 81 and subject to audit. Additionally, at least 85% of the funds from the add-on must be used for labor costs (increased wages or benefits, shift incentive payments, staff retention bonuses, pay differential for workers employed by more than one facility, or overtime payments to nonmanagerial workers). Spent funds determined not to meet these requirements will be recouped and redistributed to the Workforce & Quality Incentive Program.

#### ***Workforce Standards and Base Rate Augmentation***

For CY 2024 through CY 2026, DHCS would establish workforce standards such as a collective bargaining agreement or similar agreement, prevailing wage, average salary above minimum wage, participation in a Labor Management Committee of skilled nursing facility employers and workers, or other determined factors. These criteria could vary based on facility demographics or other factors, such as facility size or rural versus urban location. Facilities that meet the workforce standards would receive a base rate augmentation. A facility could receive the base rate augmentation for the first time in CY 2024, CY 2025, or CY 2026 depending on when the facility meets the workforce standards. Subsequent annual rate increases for a facility that has met and continues to meet the workforce standards would be calculated off of the augmented base rate subject to the annual growth limits described in the May Revision proposal. Annual rate increases for a facility which has not yet met or fails to continue to meet the workforce standards would be calculated off of the unaugmented base rate subject to the annual growth limits described in the May Revision proposal.

Receipts from the extended QAF are budgeted in the Long-Term Care Quality Assurance Fund Expenditures policy change.

## NURSING FACILITY FINANCING REFORM

### REGULAR POLICY CHANGE NUMBER: 263

**Reason for Change:**

There is no change in the FY 2021-22 from the prior estimate.

The change in the FY 2022-23 estimate, from the prior estimate, is due to adding the WQIP directed payment costs in FY 2022-23.

The change from FY 2021-22 to FY 2022-23, in the current estimate, is due to the nursing facility financing reform starting in FY 2022-23.

**Methodology:**

1. Assume a 5% rate increase for Labor costs and 2% rate increase for Non-Labor costs. The rate increase is expected to be implemented in January 2023.
2. Assume that a rate add-on equivalent to the COVID-19 PHE rate add-on is continued for Calendar Year 2023.
3. Assume the WQIP directed payment program will be effective January 2023.
4. The cash basis managed care rate adjustment impact for Calendar Year 2023 is estimated in FY 2022-23.

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FFP</b>
NFFR Calendar Year 2023	\$96,480	\$45,732	\$50,748
COVID-19 Add-on	\$127,068	\$63,534	\$63,534
WQIP Directed Payments	\$116,667	\$55,300	\$61,367
<b>Total</b>	<b>\$340,215</b>	<b>\$164,566</b>	<b>\$175,649</b>

**Funding:**

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
50% Title XIX / 50% GF (4260-101-0001/ 0890)	\$326,360,000	\$163,180,000	\$163,180,000
90% Title XIX / 10% GF (4260-101-0001/ 0890)	\$13,855,000	\$1,386,000	\$12,469,000
<b>Total</b>	<b>\$340,215,000</b>	<b>\$164,566,000</b>	<b>\$175,649,000</b>

## AB 97 ELIMINATIONS

**REGULAR POLICY CHANGE NUMBER:** 267  
**IMPLEMENTATION DATE:** 7/2022  
**ANALYST:** Cang Ly  
**FISCAL REFERENCE NUMBER:** 2347

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$19,637,000
<b>- STATE FUNDS</b>	\$0	\$9,009,450
<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	\$19,637,000
<b>STATE FUNDS</b>	\$0	\$9,009,450
<b>FEDERAL FUNDS</b>	\$0	\$10,627,550

**Purpose:**

This policy change estimates the costs of eliminating the AB 97 (Chapter 3, Statutes of 2011) provider payment reductions for certain providers.

**Authority:**

SB 184, Chapter 47, Statutes of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

AB 97 required the Department to implement up to a 10% provider payment reduction to various Medi-Cal providers. To ensure needs of the COVID-19 public health emergency and aggressive quality and equity goals are met, the Department proposes to eliminate the AB 97 payment reductions for certain providers.

**Reason for Change:**

There is no change for FY 2021-22 from the prior estimate.

The change in FY 2022-23, from the prior estimate, is due to adding additional AB 97 provider eliminations to FY 2022-23 and an updated estimate of the DME Oxygen and Respiratory elimination costs.

The change from FY 2021-22 to FY 2022-23, in the current estimate, is due to the AB 97 eliminations starting in FY 2022-23.

## AB 97 ELIMINATIONS

### REGULAR POLICY CHANGE NUMBER: 267

#### Methodology:

1. Effective July 1, 2022, the estimated fee-for-service costs of the AB 97 elimination for nurses, alternative birthing centers, audiologists/hearing aid dispensers, respiratory care providers, durable medical equipment oxygen and respiratory providers, chronic dialysis clinics, and emergency medical air transportation providers, are estimated to be \$9.637 million TF (\$4 million GF) in FY 2022-23.
2. In addition, AB 97 eliminations for additional providers are estimated at \$10 million TF (\$5 million GF) in FY 2022-23.
  - These additional AB 97 eliminations are estimated effective July 1, 2022 for the following providers:
    - Blood banks, occupational therapy, orthotists, psychologists, medical social work/medical social services, speech pathologists, outpatient heroin detoxification services, dispensing opticians, optometrists, including optometry groups, acupuncturist, portable imaging services, community clinics, free clinics, surgical clinics, rehabilitation clinics, exempt from licensure clinics (including nonhospital county-operated community clinics), and services provided to adults under the California Children's Services Program and Genetically Handicapped Persons Program (CCS and GHPP), and
  - Effective January 1, 2023 for the following providers:
    - Podiatrists and prosthetists.
  - No managed care costs are estimated for the AB 97 eliminations except for podiatrists and prosthetists.

<b>FY 2022-23 (Lagged)</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
Nurses	\$223,000	\$104,000	\$119,000
Alternative Birthing Centers	\$5,000	\$2,000	\$3,000
Audiologists/Hearing Aid Dispensers	\$593,000	\$288,000	\$305,000
Respiratory Care Providers	\$0	\$0	\$0
DME Oxygen and Respiratory Services	\$1,908,000	\$899,000	\$1,009,000
Chronic Dialysis Clinics	\$6,163,000	\$2,424,000	\$3,739,000
Emergency Medical Air Transportation	\$745,000	\$292,000	\$453,000
Subtotal	\$9,637,000	\$4,009,000	\$5,628,000
Other Providers	\$10,000,000	\$5,000,000	\$5,000,000
<b>Total</b>	<b>\$19,637,000</b>	<b>\$9,009,000</b>	<b>\$10,628,000</b>

#### Funding:

50% Title XIX / 50% GF (4260-101-0001/0890)  
 90% Title XIX / 10% GF (4260-101-0001/0890)  
 65% Title XXI / 35% GF (4260-113-0001/0890)

## CALHOPE

**REGULAR POLICY CHANGE NUMBER:** 277  
**IMPLEMENTATION DATE:** 5/2022  
**ANALYST:** Julie Chan  
**FISCAL REFERENCE NUMBER:** 2355

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$10,900,000	\$110,000,000
<b>- STATE FUNDS</b>	\$10,900,000	\$110,000,000
<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>	\$10,900,000	\$110,000,000
<b>STATE FUNDS</b>	\$10,900,000	\$110,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the costs to temporarily extend support for the CalHOPE program.

**Authority:**

Not Applicable

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The CalHOPE program, available to all populations including adults, is a component of the crisis continuum of support and care and its elements include:

- Media messaging to destigmatize stress and anxiety and promote help-seeking, including using trusted messengers to reach diverse populations,
- CalHOPE web services,
- CalHOPE Warm Line, and
- CalHOPE Connect partnership with up to 30 community-based organizations, with over 400 peer crisis counselors.

The CalHOPE program is currently funded through grants provided by the Federal Emergency Management Agency (FEMA), and the Substance Abuse and Mental Health Services Administration, with the grants currently expiring May 2022.

Because CalHOPE provides crisis services to a large California population, without additional funding to support the program after federal funding expires, services would abruptly stop, ending employment for 500 peer workers and ceasing the availability of crisis counseling by chat and phone for thousands of Californians currently using the services.

The Department, as part of the Children and Youth Behavioral Health Initiative (CYBHI) will procure a business services vendor to deliver and monitor BH wellness services and treatments through a direct service, virtual platform by January 2024. The behavioral health virtual services platform will provide services, including peer support services, similar to those funded by the CalHOPE program.

**CALHOPE**  
**REGULAR POLICY CHANGE NUMBER: 277**

In addition, the California Health and Human Services Agency is launching a stakeholder planning process to create a long term plan for the crisis continuum of care.

Until the CYBHI virtual platform launches in January 2024 and further work is done to enhance the behavioral health crisis continuum of care, the Department proposes to provide General Fund support to continue key services in CalHOPE after funding ends in May 2022, through January 2024, at which point CalHOPE will continue by integrating into the CYBHI behavioral health virtual services platform.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. It is estimated that \$10.9 million GF would be needed in FY 2021-22 (May through June 2022).
2. In FY 2022-23, \$110 million TF (\$96.423 million GF, and \$13.577 million Mental Health Services Fund (MHSF) is estimated as follows:
  - \$80 million GF and
  - Specific to support the peer-run warm line, \$16.423 million GF and \$13.577 million MHSF is available for expenditure until June 30, 2025.
3. Additionally, \$40 million GF is estimated for the first half of FY 2023-24 to prevent gaps in services.
4. This funding is for services that are separate and distinct from those covered in the CYBHI - CalHOPE Student Support Services policy change.

(Dollars in Thousands)

<b>CalHOPE Funding</b>	<b>TF</b>	<b>GF</b>	<b>MHSF</b>
<b>FY 2021-22</b>	<b>\$10,900</b>	<b>\$10,900</b>	<b>\$0</b>
<b>FY 2022-23</b>	<b>\$110,000</b>	<b>\$96,423</b>	<b>\$13,577</b>

**Funding:**

100% State GF (4260-101-0001)

100% Mental Health Services Fund (4260-101-3085)

## HOSPITAL & SNF COVID-19 WORKER RETENTION PAYMENTS

**REGULAR POLICY CHANGE NUMBER:** 284  
**IMPLEMENTATION DATE:** 6/2022  
**ANALYST:** Cang Ly  
**FISCAL REFERENCE NUMBER:** 2367

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$1,077,600,000	\$0
<b>- STATE FUNDS</b>	\$1,077,600,000	\$0
<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>	\$1,077,600,000	\$0
<b>STATE FUNDS</b>	\$1,077,600,000	\$0
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the costs for Hospital and Skilled Nursing Facility COVID-19 Worker Retention Payments.

**Authority:**

AB 180 (Chapter 44, Statutes of 2022)  
 SB 184 (Chapter 47, Statutes of 2022)

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Pursuant to Chapter 47, Statutes of 2022 (SB 184), one-time payments will be provided to workers in qualifying hospitals and skilled nursing facilities as specified, to support their efforts throughout the COVID-19 pandemic to provide 24-hour patient care, despite the exceedingly high workload and difficult conditions. The payments will be funded from the California Emergency Relief Fund starting in FY 2021-22, available for expenditure through June 30, 2024.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume \$1,077,600,000 from the California Emergency Relief Fund will be provided to health care workers starting in FY 2021-22.

(Dollars in Thousands)

<b>FY 2021-22</b>	<b>TF</b>	<b>SF</b>
Retention Payments	\$1,077,600	\$1,077,600
<b>Total</b>	<b>\$1,077,600</b>	<b>\$1,077,600</b>



**HOSPITAL & SNF COVID-19 WORKER RETENTION PAYMENTS**  
REGULAR POLICY CHANGE NUMBER: 284

**Funding:**

California Emergency Relief Fund (4260-101-3398)

**ACUPUNCTURE RATE INCREASE**

**REGULAR POLICY CHANGE NUMBER:** 286  
**IMPLEMENTATION DATE:** 1/2023  
**ANALYST:** Cang Ly  
**FISCAL REFERENCE NUMBER:** 2370

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$10,905,000
<b>- STATE FUNDS</b>	\$0	\$3,300,500
<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>	\$0	\$10,905,000
<b>STATE FUNDS</b>	\$0	\$3,300,500
<b>FEDERAL FUNDS</b>	\$0	\$7,604,500

**Purpose:**

This policy change estimates the costs of increasing acupuncture rates.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Budget Act of 2022 authorizes rate increases for acupuncture services, effective January 1, 2023.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. This estimate captures the increase in rates from \$17.37 maximum per visit up to \$60 per visit for applicable CPT codes.
2. The estimated costs of the acupuncture rate increase is \$10.905 million TF in FY 2022-23 on a cash basis.

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>	<b>FF</b>
FFS (Lagged)	\$17,000	\$8,000	\$9,000
Managed Care	\$10,888,000	\$3,293,000	\$7,595,000
<b>Total</b>	<b>\$10,905,000</b>	<b>\$3,301,000</b>	<b>\$7,604,000</b>

**Funding:**

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

90% Title XIX / 10% GF (4260-101-0001/0890)

## FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM

**REGULAR POLICY CHANGE NUMBER:** 287  
**IMPLEMENTATION DATE:** 7/2022  
**ANALYST:** Joel Singh  
**FISCAL REFERENCE NUMBER:** 2371

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$5,000,000
<b>- STATE FUNDS</b>	\$0	\$5,000,000
<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	\$5,000,000
<b>STATE FUNDS</b>	\$0	\$5,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the cost of the Foster Youth Substance Use Disorder (SUD) Evidence-Based and Promising Practices grant program.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Budget Act of 2022 provides \$5 million General Fund available for expenditure through June 30, 2025, for the Department to implement the Foster Youth SUD Evidence-Based and Promising Practices Program to serve foster youth with substance used disorders, including those who are residing in family-based settings.

In establishing the grant program, the Department will:

- Develop an application process for eligible applicants, which includes county child welfare agencies, county probation agencies, county behavioral health agencies, foster family agencies, short term residential therapeutic programs, and wraparound service providers;
- Develop criteria for awarding funding which includes establishing requirements for models and practices that have at the minimum:
  - Trauma-informed approaches to serving foster youth,
  - Harm-reduction approaches in service delivery,
  - Post treatment support planning, and
  - Training for clinical service providers to support foster youth with co-occurring substance use and mental health needs.
- Require grantees to collect data relating to the models and practices; and
- Require grantees to submit reports, including reports that address the grantee's implementation activities, the number and characteristics of youth served, and completion rates, and an outcome report.

## FOSTER YOUTH SUBSTANCE USE DISORDER GRANT PROGRAM

REGULAR POLICY CHANGE NUMBER: 287

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume \$5,000,000 GF for the grant program in FY 2022-23.

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>
Foster Youth SUD Evidence-Based and Promising Practices Program	\$5,000	\$5,000
<b>Total</b>	<b>\$5,000</b>	<b>\$5,000</b>

**Funding:**

100% GF (4260-101-0001)

## ALAMEDA COUNTY SUPPORTIVE HOUSING

**REGULAR POLICY CHANGE NUMBER:** 288  
**IMPLEMENTATION DATE:** 5/2023  
**ANALYST:** Neejkajsiab Yang  
**FISCAL REFERENCE NUMBER:** 2372

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$10,000,000
<b>- STATE FUNDS</b>	\$0	\$10,000,000
<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	\$10,000,000
<b>STATE FUNDS</b>	\$0	\$10,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the costs of the payment to the Alameda County Health Care Services Agency to fund supportive services provided to chronically homeless and special needs residents.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The Budget Act of 2022 provides for a one-time payment to the Alameda County Health Care Services Agency to fund support services for chronically homeless and special needs residents.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume a one-time payment to the Alameda County Health Care Services Agency will occur in FY 2022-23 for \$10 million General Fund (GF).

(Dollars in Thousands)

<b>FY 2022-23</b>	<b>TF</b>	<b>GF</b>
Alameda County Supportive Housing	\$10,000	\$10,000
<b>Total</b>	<b>\$10,000</b>	<b>\$10,000</b>

**Funding:**

100% GF (4260-101-0001)

## INFRASTRUCTURE PYMT FOR CLINIC ABORTION PROVIDERS

**REGULAR POLICY CHANGE NUMBER:** 289  
**IMPLEMENTATION DATE:** 1/2023  
**ANALYST:** Jerrold Anub  
**FISCAL REFERENCE NUMBER:** 2373

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$14,849,000
<b>- STATE FUNDS</b>	\$0	\$14,849,000
<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	\$14,849,000
<b>STATE FUNDS</b>	\$0	\$14,849,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the supplemental payment program for nonhospital community clinics that incur significant costs associated with providing abortion services to Medi-Cal beneficiaries.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

No earlier than January 1, 2023, the Department will make available supplemental payments to qualifying nonhospital community clinics that incur costs associated with providing abortion services to Medi-Cal beneficiaries.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume the policy implements no sooner than January 1, 2023.
2. Assume all funding must be expended by June 30, 2024.
3. Assume \$14,849,000 GF in supplemental payments in FY 2022-23.

**Funding:**

100% GF (4260-101-0001)

## BACKFILL LOST TITLE X FAMILY PLANNING FUNDING

**REGULAR POLICY CHANGE NUMBER:** 290  
**IMPLEMENTATION DATE:** 7/2022  
**ANALYST:** Sabrina Blank  
**FISCAL REFERENCE NUMBER:** 2374

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$10,000,000
<b>- STATE FUNDS</b>	\$0	\$10,000,000
<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	\$10,000,000
<b>STATE FUNDS</b>	\$0	\$10,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the costs to backfill the loss of federal Title X funding for family planning.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective July 1, 2022, \$10,000,000 one-time General Fund is available to backfill the loss of federal Title X family planning funding to maintain and support the delivery of equitable, affordable, high quality, client-centered family planning services to patients with low-incomes across the state.

The Department shall receive and provide the funds to Essential Access Health (EAH), the designated statewide federal Title X grantee, no later than September 30, 2022.

1. Funding provided to EAH may be used for the following purposes:
  - Meetings between parties at the beginning of a project.
  - Facilitating the subcontract agreement and transfer of funds to EAH from the Department.
  - Distributing funds to current members of the state's statewide federal Title X network to make up for the unexpected loss of federal funding and prevent any disruption in the delivery of family planning and related services during FY 2022-23.
  - Drafting and submission of a final report.
2. EAH shall prepare and submit a report of expenditures, numbers of patient served, and other information that aligns with Title X Family Planning Annual Report requirements and guidelines, to the Department no later June 1, 2023.
3. The Department shall submit the report to the Legislature no later than June 30, 2023.

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## **BACKFILL LOST TITLE X FAMILY PLANNING FUNDING**

**REGULAR POLICY CHANGE NUMBER: 290**

Distribution for the allocated funds is as follows: 92% is for members of the current statewide Title X provider network that includes federally qualified health centers, city and county health departments, Urban Indian Health Centers, universities, hospitals, Planned Parenthood affiliates, and other stand-alone family planning and women's health centers; and 8% is for EAH to cover administrative costs related to completing the activities outlined above.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume the Department will provide all funding to EAH by September 30, 2022.
2. Assume 92% of funds will be allocated to the current statewide Title X provider network and 8% of funds will be allocated to EAH for administrative costs.
3. Assume the cost for **FY 2022-23** is **\$10,000,000 GF**.

**Funding:**

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



## CYBHI - URGENT NEEDS AND EMERGENT ISSUES

**REGULAR POLICY CHANGE NUMBER:** 291  
**IMPLEMENTATION DATE:** 7/2021  
**ANALYST:** Jerrold Anub  
**FISCAL REFERENCE NUMBER:** 2375

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$120,500,000
<b>- STATE FUNDS</b>	\$0	\$120,500,000
<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	\$120,500,000
<b>STATE FUNDS</b>	\$0	\$120,500,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the program costs to address Urgent Needs and Emergent Issues in Children's Behavioral Health.

**Authority:**

Budget Act of 2022

**Interdependent Policy Change:**

Not Applicable

**Background:**

The COVID-19 pandemic has intensified already swelling children's behavioral health issues. Addressing these needs is vital to California's recovery and consistent with the state's priorities to improve behavioral health for all Californians.

The most glaring behavioral health challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences are widespread and prominent. These investments align with the state's commitment and ongoing efforts to improve health equity.

The significant investment of one-time funds through the Children and Youth Behavioral Health Initiative (CYBHI) will have a meaningful impact on outcomes for children and youth in the long-term. However, as the components of the CYBHI continue to be developed and implemented, there is an urgent and immediate need to continue to invest in efforts that address children's behavioral health. Through this proposal, the Department will invest additional resources in targeted efforts to address urgent and emergent issues in children and youth behavioral health. These proposals are consistent with and complementary of the investments in the Children and Youth Behavioral Health Initiative.

The Budget Act of 2022 provides \$120.5 million from the General Fund as part of a multiyear plan to provide \$175 million from the General Fund for the following:

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## **CYBHI - URGENT NEEDS AND EMERGENT ISSUES**

**REGULAR POLICY CHANGE NUMBER: 291**

- Wellness and Resilience Building Supports for Children, Youth, and Parents
- A Video Series to Provide Parents with Resources and Skills to Support their Children's Mental Health
- Leveraging of Emerging Technologies to Develop Next Generation Digital Supports for Remote Mental Health Assessment and Intervention
- School-Based Peer Mental Health Demonstration Project

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. \$120,500,000 is appropriated for FY 2022-23 and is available for expenditure until June 30, 2025.

**Funding:**

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

## LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT

**REGULAR POLICY CHANGE NUMBER:** 292  
**IMPLEMENTATION DATE:** 7/2022  
**ANALYST:** Sabrina Blank  
**FISCAL REFERENCE NUMBER:** 2376

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$20,000,000
<b>- STATE FUNDS</b>	\$0	\$20,000,000
<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	\$20,000,000
<b>STATE FUNDS</b>	\$0	\$20,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the costs to establish the Abortion Access Safe Haven Pilot Program (AASHPP) in the County of Los Angeles.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

Effective July 1, 2022, \$20,000,000 one-time General Fund is available for encumbrance and expenditure until June 30, 2028, to establish the Los Angeles AASHPP for the purpose of expanding and improving access to the full spectrum of sexual and reproductive health care, including abortion, in the County of Los Angeles.

Funds allocated to the County of Los Angeles for the Los Angeles County AASHPP shall be used to administer a pilot project to support innovative approaches and patient-centered collaborations to safeguard patient access to abortions.

Funds may be used for the purpose of implementing recommendations from the County of Los Angeles, including, but not limited to, any of the following, as designated by the county:

- Providing medically accurate education and training tools to the community.
- Providing training to health care workers and abortion providers.
- Building secure infrastructure.
- Countering misinformation campaigns and providing medically accurate information to health care providers and patients.
- Coordinating care and patient support services.
- Advancing and improving access to abortion.

**Reason for Change:**

This is a new policy change.

**LOS ANGELES COUNTY REPRODUCTIVE HEALTH PILOT**  
**REGULAR POLICY CHANGE NUMBER: 292**

**Methodology:**

1. Assume funding is available beginning July 1, 2022, through June 30, 2028.
2. Assume the cost for **FY 2022-23** is **\$20,000,000 GF** for AASHPP.

**Funding:**

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

## PACE INFRASTRUCTURE FUNDING

**REGULAR POLICY CHANGE NUMBER:** 293  
**IMPLEMENTATION DATE:** 7/2022  
**ANALYST:** Randolph Alarcio  
**FISCAL REFERENCE NUMBER:** 2377

	<u>FY 2021-22</u>	<u>FY 2022-23</u>
<b>FULL YEAR COST - TOTAL FUNDS</b>	\$0	\$10,000,000
<b>- STATE FUNDS</b>	\$0	\$10,000,000
<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	\$10,000,000
<b>STATE FUNDS</b>	\$0	\$10,000,000
<b>FEDERAL FUNDS</b>	\$0	\$0

**Purpose:**

This policy change estimates the cost for health information technology, housing, or wellness infrastructure projects for the Program for All-Inclusive Care for the Elderly (PACE) organizations.

**Authority:**

Budget Act of 2022

**Interdependent Policy Changes:**

Not Applicable

**Background:**

The PACE program is a capitated benefit that provides a comprehensive medical/social delivery system. Services are provided in a PACE center to older adults who would otherwise reside in nursing facilities. To be eligible, a person must be 55 years or older, reside in a PACE service area, be determined eligible at the nursing home level of care by the Department, and be able to live safely in their home or community at the time of enrollment. PACE providers assume full financial risk for participants' care without limits on amount, duration, or scope of services.

The Department contracts with PACE organizations for risk-based capitated care for the frail elderly. PACE rates are developed using actuarial principles, including actual experience of the PACE population, in a manner consistent with Welfare and Institutions Code Section 14301.1(n), effective January 1, 2018.

In distributing the infrastructure funds, the Department will prioritize PACE organizations whose rates are below the county average and have expanded services to homeless seniors in the past three years.

**Reason for Change:**

This is a new policy change.

**Methodology:**

1. Assume the cost for **FY 2022-23** is **\$10,000,000 GF**.

**PACE INFRASTRUCTURE FUNDING**  
REGULAR POLICY CHANGE NUMBER: 293

**Funding:**

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