

FAMILY HEALTH
NOVEMBER 2022
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2022-23 *and* 2023-24



The Great Seal

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH CARE SERVICES

**FAMILY HEALTH
NOVEMBER 2022
LOCAL ASSISTANCE ESTIMATE
for
FISCAL YEARS
2022-23 and 2023-24**

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

Management Summary

November 2022

This document is intended to provide a high-level overview of the November 2022 Family Health Local Assistance Estimate (Estimate).

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

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

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

Following is a brief description of each program:

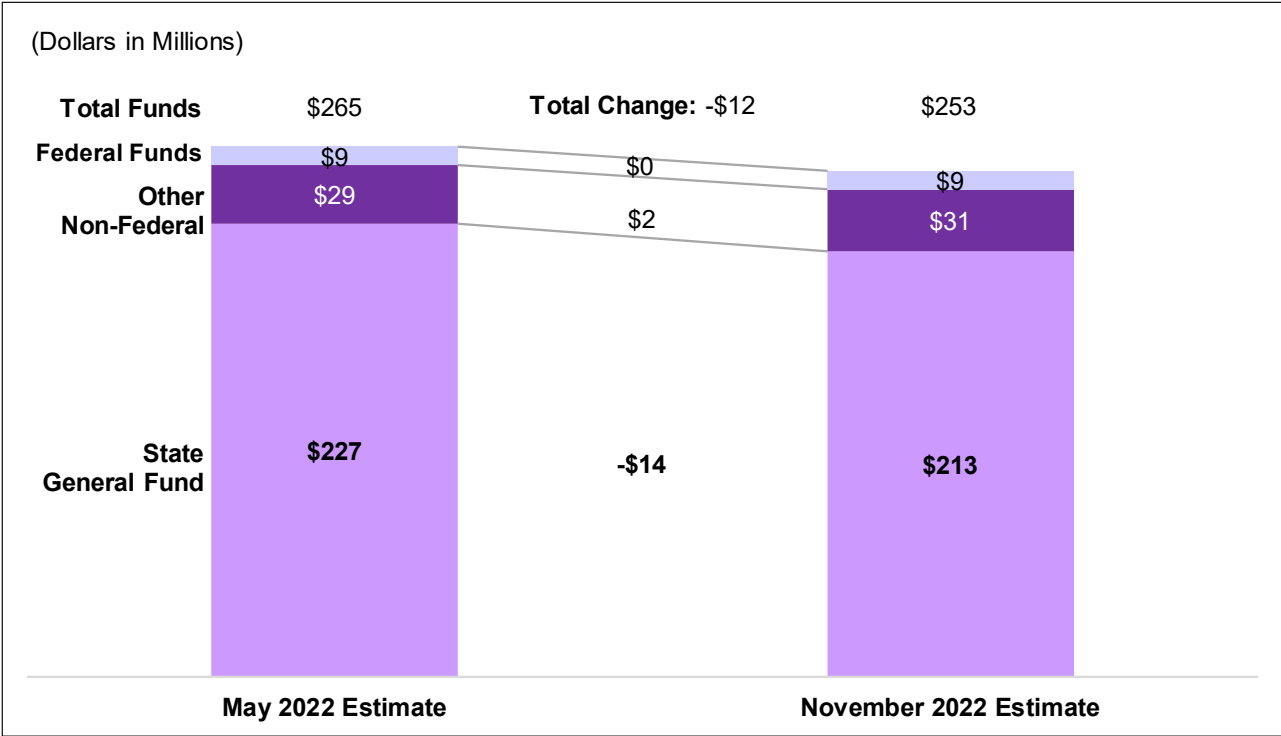
- California Children's Services (CCS): The CCS program, established in 1927, is one of the oldest public health care programs in the nation and is administered in partnership with county health departments. The CCS State Only program provides health care services to children up to age 21 who have a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

The Department of Health Care Services (DHCS) estimates Family Health spending to be \$252.1 million total funds (\$212.5 million General Fund) in Fiscal Year (FY) 2022-23 and \$260.7 million total funds (\$198.6 million General Fund) in FY 2023-24. This does not include Certified Public Expenditures of local governments or General Fund expenditures in other state departments.

This document is divided into several sections that provide more detail on estimated funding amounts and the primary factors driving the estimates. These sections include:

- FY 2022-23 Comparison
- FY 2022-23 to FY 2023-24 Year-Over-Year Comparison
- Major Drivers of Changes in General Fund Spending
- Caseload Projections
- Base Expenditures Projections
- Detail Table

FY 2022-23 Comparison



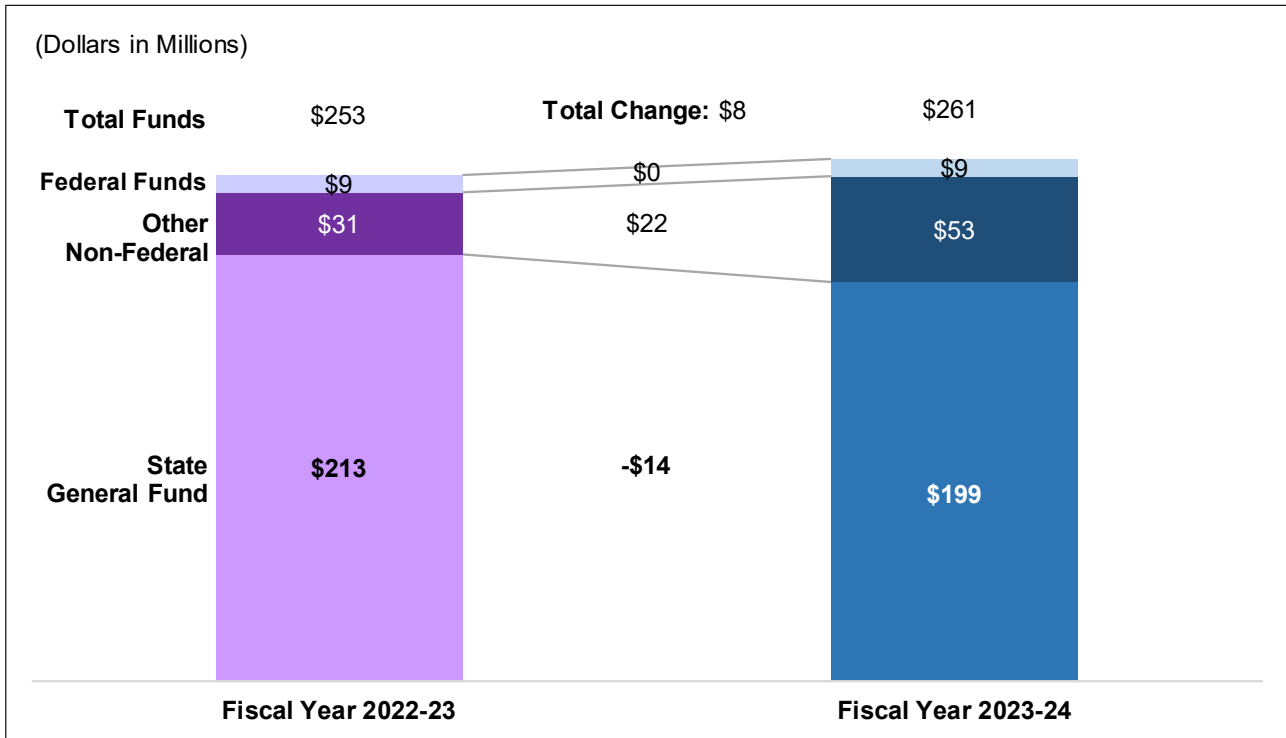
As displayed above, the November 2022 Estimate for FY 2022-23 projects that total spending will decrease by \$12 million (4.5 percent) and General Fund spending will decrease by \$14 million (6.2 percent) compared to the May 2022 Estimate.

The major drivers of the change in estimated General Fund spending in FY 2022-23 between the May 2022 Estimate and the November 2022 Estimate are listed below:

FY 2022-23 Fiscal Year Comparison – Major Drivers of Changes in Estimated General Fund Spending

- **COVID-19 Impacts**
 - The May 2022 Estimate projected the Public Health Emergency (PHE) to end in October 2022. Updated assumptions now project the PHE to continue through mid-April 2023.
 - For the current Estimate, COVID-19 impacts are included in the family health base projections and the ongoing impacts are projected in the COVID-19 Caseload Impact policy changes.
 - The net change from the prior Estimate resulting from the expected change in the end of the PHE and ongoing COVID-19 caseload impacts are as follows:
 - California Children’s Services (CCS): -\$6.7 million GF
 - Every Woman Counts (EWC): -\$5.2 million GF

Year-Over-Year Change from FY 2022-23 to FY 2023-24



After the adjustments described in the previous sections, the Estimate projects that total spending will increase by \$8 million (3.2 percent) and General Fund spending will decrease by \$14 million (6.6 percent) between FY 2022-23 and FY 2023-24.

FY 2022-23 to FY 2023-24 Year-Over-Year Comparison – Major Drivers of Changes in Estimated General Fund Spending

- ***End of the COVID-19 Public Health Emergency.*** Following the end of the continuous coverage requirement, eligibility will be redetermined over a period of 12 months, for individuals not discontinued under the continuous coverage requirement, resulting in eligibles returning to state only programs and the impact of the public health emergency on state only expenditures to diminish.
 - *CCS COVID-19 Caseload Impact*
 - *CCS County Administration Costs*
 - *EWC COVID-19 Caseload Impacts*
- ***CCS and GHPP Drug Rebates.*** CCS and GHPP drug rebate collections under the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver Designated State Health Program (DSHP) program ended December 31, 2020. The current Estimate assumes the remaining balance of collected CCS and GHPP drug rebates will be transferred by FY 2022-23. The Department proposes to continue the DSHP under the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Medicaid Demonstration, effective January 1, 2023. The Department assumes the CCS and GHPP drug rebates will resume collections in FY 2023-24.
- ***CCS and GHPP Non-Blood Factor Drug Rebates.*** Rebates for claims starting in the January 2023 quarter are expected to be invoiced later in FY 2022-23, but collected in FY 2023-24 on a cash basis. From FY 2022-23 to FY 2023-24, CCS Non-Blood Factor drug rebates savings are assumed to increase by \$927,000 General Fund and GHPP Non-Blood Factor drug rebates savings are assumed to increase by \$5.6 million General Fund from assuming four quarters of drug rebates collections under the CalAIM DSHP.
- ***GHPP Blood Factor Drug Rebates.*** Rebates for claims starting in the January 2023 quarter are expected to be invoiced later in FY 2022-23, but collected in FY 2023-24 on a cash basis. From FY 2022-23 to FY 2023-24, GHPP Blood Factor drug rebates savings are assumed to increase by \$14.4 million General Fund from assuming four quarters of drug rebates collections under the CalAIM DSHP.

Caseload Projections

This section provides an overview of caseload projections for Family Health Programs as of the Estimate. Projected caseload levels by program are summarized in the tables below:

California Children’s Services

	PY	CY	BY	Change from	
CCS State Only	FY 2021-22	FY 2022-23	FY 2023-24	PY to CY	CY to BY
November 2022	9,546	9,301	12,679	-2.57%	36.32%
May 2022	9,206	12,812			
Change from May 2022	340	(3,511)			
% Change from May 2022	3.69%	-27.40%			

- CCS caseload is based on average quarterly beneficiaries.
- Beneficiaries began shifting to Medi-Cal in late FY 2019-20 due to the economic impact of the COVID-19 public health emergency and continued to shift through the end of FY 2020-21. Additional months of enrollment have remained relatively flat through June 2022.
 - November 2022 CCS state only base caseload projections reflect actual COVID-19 impacts through June 2022.
 - The ongoing impact from the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change and included in the counts shown above.
- The decrease from the prior Estimate for FY 2022-23 is due to changes in the assumption of when the public health emergency will end.
- The projected increase between fiscal years is due to the projected end of the public health emergency and the resumption of eligibility redeterminations assumed to result in eligibles returning to the state only program.

Genetically Handicapped Persons Program

	PY	CY	BY	Change from	
GHPP State Only	FY 2021-22	FY 2022-23	FY 2023-24	PY to CY	CY to BY
November 2022	653	654	656	0.15%	0.31%
May 2022	652	655			
Change from May 2022	1	(1)			
% Change from May 2022	0.15%	-0.15%			

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

Every Woman Counts

EWC	PY	CY	BY	Change from	
	FY 2021-22	FY 2022-23	FY 2023-24	PY to CY	CY to BY
November 2022	22,809	23,348	28,297	2.36%	21.20%
May 2022	23,899	24,321			
Change from May 2022	(1,090)	(973)			
% Change from May 2022	-4.56%	-4.00%			

- EWC caseload is based on average monthly users by date of payment.
- The decrease from the prior Estimate is due to changes in the assumption of when the public health emergency will end.
- The projected increase between fiscal years is due to the projected end of the public health emergency and assuming caseload will return to the pre-COVID-19 level.

Base Expenditure Projections

This section provides an overview of base expenditures projections for Family Health Programs as of the Estimate. Projected expenditure levels by program are summarized in the tables below:

California Children's Services

CCS Base	<i>(In thousands)</i>			
	FY 2022-23, TF	FY 2023-24, TF	CY to BY	As a %
November 2022	\$ 71,596	\$ 72,972	\$ 1,376	1.9%
May 2022	\$ 74,779			
Change from May 2022	(\$3,183)			
% Change	-4.3%			
			change from Nov 2022	
	CY to BY		FY 2022-23	
CCS Treatment	\$ -	0.0%	\$ (2,480)	-50.1%
CCS Therapy	\$ 1,376	2.0%	\$ (703)	-1.0%
Net Change	\$ 1,376	1.9%	\$ (3,183)	-4.3%

- November 2022 CCS state only base expenditure projections reflect actual COVID-19 impacts through June 2022 resulting in lower projections for FY 2022-23.
- The projected increase between fiscal years is based on the historical trend.
- The ongoing impact from the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change.

Genetically Handicapped Persons Program

	<i>(In thousands)</i>			
	FY 2022-23, TF	FY 2023-24, TF	CY to BY	As a %
GHPP Base				
November 2022	\$ 131,673	\$ 137,035	\$ 5,362	4.1%
May 2022	\$ 135,464			
Change from May 2022	\$ (3,791)			
% Change	-2.8%			

- GHPP expenditures are slightly down from the prior Estimate and are expected to increase in FY 2022-23 based on the historical trend.

Every Woman Counts

	<i>(In thousands)</i>			
	FY 2022-23, TF	FY 2023-24, TF	CY to BY	As a %
EWC Base				
November 2022	\$ 29,561	\$ 30,346	\$ 785	2.7%
May 2022	\$ 37,474			
Change from May 2022	\$ (7,913)			
% Change	-21.1%			

- EWC actual expenditures were lower than the prior Estimate, causing a reduction to the FY 2022-23 projections.
- The projected increase between fiscal years is based on the historical trend and assumptions regarding the public health emergency.

Detail Table

Policy Change Title PC #		Nov 2022 Estimated Amount (In Thousands)				Change from May 2022 Estimate (In Thousands)		Nov 2022 Estimate Year-over- Year Change (In Thousands)	
		2022-23 (CY)		2023-24 (BY)		2022-23 (BY)		2022-23 to 2023-24	
		TF	GF	TF	GF	TF	GF	TF	GF
California Children's Services									
2	COUNTY ADMINISTRATION COSTS	12,271	12,271	11,211	11,211	(5,460)	(5,460)	(1,060)	(1,060)
7	CCS NON-BLOOD FACTOR REBATES	-	(3,700)	-	(4,627)	-	-	-	(927)
9	CCS COVID-19 CASELOAD IMPACT	(316)	(316)	2,580	2,580	1,985	1,985	2,896	2,896
Totals		11,955	8,255	13,791	9,164	(3,475)	(3,475)	1,836	909
Genetically Handicapped Persons Program									
5	GHPP NON-BLOOD FACTOR REBATES	-	(5,900)	-	(11,520)	-	(138)	-	(5,620)
6	GHPP BLOOD FACTOR REBATES	-	-	-	(14,400)	-	-	-	(14,400)
Totals		-	(5,900)	-	(25,920)	-	(138)	-	(20,020)
Every Woman Counts									
6	EWC COVID-19 CASELOAD IMPACTS	1,115	1,115	-	-	2,671	2,671	(1,115)	(1,115)
Totals		1,115	1,115	-	-	2,671	2,671	(1,115)	(1,115)

Management Summary**Fiscal Year 2022-23****Comparison of Appropriation to November Estimate**

	Approp Est. FY 2022-23	Nov. 22 Est. FY 2022-23	Chg Approp - Nov. 2022 Est.
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 82,961,000	\$ 76,431,000	\$ (6,530,000)
4260-601-3079 (Rebates Special Fund)	\$ 0	\$ 3,700,000	\$ 3,700,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 0
County Funds ¹	\$ 86,103,000	\$ 79,716,000	\$ (6,387,000)
TOTAL CCS	\$ 86,953,000	\$ 84,123,000	\$ (2,830,000)
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 129,107,000	\$ 125,669,000	\$ (3,438,000)
4260-611-0995 (Enrollment Fees)	\$ 425,000	\$ 348,000	\$ (77,000)
4260-601-3079 (Rebates Special Fund)	\$ 5,762,000	\$ 5,900,000	\$ 138,000
TOTAL GHPP	\$ 135,294,000	\$ 131,917,000	\$ (3,377,000)
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 14,962,000	\$ 10,437,000	\$ (4,525,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 6,152,000	\$ (1,837,000)
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 4,970,000	\$ (158,000)
TOTAL EWC	\$ 42,594,000	\$ 36,074,000	\$ (6,520,000)
GRAND TOTAL - ALL FUNDS	\$ 264,841,000	\$ 252,114,000	\$ (12,727,000)
4260-111-0001	\$ 212,068,000	\$ 202,100,000	\$ (9,968,000)
4260-114-0001	\$ 14,962,000	\$ 10,437,000	\$ (4,525,000)
4260-114-0009	\$ 7,989,000	\$ 6,152,000	\$ (1,837,000)
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 4,970,000	\$ (158,000)
4260-611-0995	\$ 4,417,000	\$ 4,340,000	\$ (77,000)
4260-601-3079	\$ 5,762,000	\$ 9,600,000	\$ 3,838,000
County Funds ¹	\$ 86,103,000	\$ 79,716,000	\$ (6,387,000)

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

Management Summary

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24

	Nov. 22 Est. FY 2022-23	Nov. 22 Est. FY 2023-24	Difference Incr./(Decr.)
California Children's Services			
4260-111-0001 (General Fund)	\$ 76,431,000	\$ 78,650,000	\$ 2,219,000
4260-601-3079 (Rebates Special Fund)	\$ 3,700,000	\$ 4,712,000	\$ 1,012,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 0
County Funds ¹	\$ 79,716,000	\$ 81,918,000	\$ 2,202,000
TOTAL CCS	\$ 84,123,000	\$ 87,354,000	\$ 3,231,000
Genetically Handicapped Persons Program			
4260-111-0001 (General Fund)	\$ 125,669,000	\$ 109,883,000	\$ (15,786,000)
4260-611-0995 (Enrollment Fees)	\$ 348,000	\$ 442,000	\$ 94,000
4260-601-3079 (Rebates Special Fund)	\$ 5,900,000	\$ 25,920,000	\$ 20,020,000
TOTAL GHPP	\$ 131,917,000	\$ 136,245,000	\$ 4,328,000
Every Woman Counts Program			
4260-114-0001 (General Fund)	\$ 10,437,000	\$ 10,083,000	\$ (354,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 6,152,000	\$ 7,281,000	\$ 1,129,000
4260-114-0890 (Center for Disease Control)	\$ 4,970,000	\$ 5,219,000	\$ 249,000
TOTAL EWC	\$ 36,074,000	\$ 37,098,000	\$ 1,024,000
GRAND TOTAL - ALL FUNDS	\$ 252,114,000	\$ 260,697,000	\$ 8,583,000
4260-111-0001	\$ 202,100,000	\$ 188,533,000	\$ (13,567,000)
4260-114-0001	\$ 10,437,000	\$ 10,083,000	\$ (354,000)
4260-114-0009	\$ 6,152,000	\$ 7,281,000	\$ 1,129,000
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 4,970,000	\$ 5,219,000	\$ 249,000
4260-611-0995	\$ 4,340,000	\$ 4,434,000	\$ 94,000
4260-601-3079	\$ 9,600,000	\$ 30,632,000	\$ 21,032,000
County Funds ¹	\$ 79,716,000	\$ 81,918,000	\$ 2,202,000

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

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

	<u>Approp Est. FY 2022-23</u>	<u>Nov. 22 Est. FY 2023-24</u>	<u>Chg Approp - Nov. 2022 Est.</u>
<u>California Children's Services</u>			
4260-111-0001 (General Fund)	\$ 82,961,000	\$ 78,650,000	\$ (4,311,000)
4260-601-3079 (Rebates Special Fund)	\$ 0	\$ 4,712,000	\$ 4,712,000
4260-611-0995 (CDPH Title V Reimb.)	\$ 3,992,000	\$ 3,992,000	\$ 0
County Funds ¹	\$ 86,103,000	\$ 81,917,900	\$ (4,185,100)
TOTAL CCS	<u>\$ 86,953,000</u>	<u>\$ 87,354,000</u>	<u>\$ 401,000</u>
<u>Genetically Handicapped Persons Program</u>			
4260-111-0001 (General Fund)	\$ 129,107,000	\$ 109,883,000	\$ (19,224,000)
4260-611-0995 (Enrollment Fees)	\$ 425,000	\$ 442,000	\$ 17,000
4260-601-3079 (Rebates Special Fund)	\$ 5,762,000	\$ 25,920,000	\$ 20,158,000
TOTAL GHPP	<u>\$ 135,294,000</u>	<u>\$ 136,245,000</u>	<u>\$ 951,000</u>
<u>Every Woman Counts Program</u>			
4260-114-0001 (General Fund)	\$ 14,962,000	\$ 10,083,000	\$ (4,879,000)
4260-114-0236 (Prop 99)	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0009 (Breast Cancer Control Acct)	\$ 7,989,000	\$ 7,281,000	\$ (708,000)
4260-114-0890 (Center for Disease Control)	\$ 5,128,000	\$ 5,219,000	\$ 91,000
TOTAL EWC	<u>\$ 42,594,000</u>	<u>\$ 37,098,000</u>	<u>\$ (5,496,000)</u>
GRAND TOTAL - ALL FUNDS	<u>\$ 264,841,000</u>	<u>\$ 260,697,000</u>	<u>\$ (4,144,000)</u>
4260-111-0001	\$ 212,068,000	\$ 188,533,000	\$ (23,535,000)
4260-114-0001	\$ 14,962,000	\$ 10,083,000	\$ (4,879,000)
4260-114-0009	\$ 7,989,000	\$ 7,281,000	\$ (708,000)
4260-114-0236	\$ 14,515,000	\$ 14,515,000	\$ 0
4260-114-0890	\$ 5,128,000	\$ 5,219,000	\$ 91,000
4260-611-0995	\$ 4,417,000	\$ 4,434,000	\$ 17,000
4260-601-3079	\$ 5,762,000	\$ 30,632,000	\$ 24,870,000
County Funds ¹	\$ 86,103,000	\$ 81,917,900	\$ (4,185,100)

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

CALIFORNIA CHILDREN'S SERVICES
Funding Summary

FY 2022-23, November 2022 Estimate Compared to May 2022 Estimate			
	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./((Decr.))
CCS State-Only Caseload:	12,812	9,192	(3,620)
State Funds			
State Only General Fund (4260-111-0001)	\$ 82,960,500	\$ 76,430,500	\$ (6,530,000)
Rebate Special Fund (4260-601-3079)	\$ 0	\$ 3,700,000	\$ 3,700,000
Total State Fund	\$ 82,960,500	\$ 80,130,500	\$ (2,830,000)
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 86,952,500	\$ 84,122,500	\$ (2,830,000)

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24			
	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./((Decr.))
CCS State-Only Caseload:	9,192	11,488	2,296
State Funds			
State Only General Fund (4260-111-0001)	\$ 76,430,500	\$ 78,649,900	\$ 2,219,400
Rebate Special Fund (4260-601-3079)	\$ 3,700,000	\$ 4,712,000	\$ 1,012,000
Total State Fund	\$ 80,130,500	\$ 83,361,900	\$ 3,231,400
Federal Funds			
4260-611-0995 (CDPH Title V Reimbursement)	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Federal Funds	\$ 3,992,000	\$ 3,992,000	\$ 0
Total Funds	\$ 84,122,500	\$ 87,353,900	\$ 3,231,400

CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2022-23
Funding Sources By Program

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Rebate Special Fund</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base 1/	1,941,000	1,941,000	-	-	-	1,442,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	2,466,000	2,466,000	-	-	-	917,000
2. Therapy Costs						
Therapy Base	72,722,000	72,722,000	-	-	-	72,722,000
MTU Medi-Cal Offset 4/	(4,312,000)	(4,312,000)	-	-	-	(1,438,000)
AB3632 5/	720,000	720,000	-	-	-	(720,000)
Total Therapy Base	69,130,000	69,130,000	-	-	-	70,564,000
3. Enroll/Assess Fees	(18,500)	(18,500)	-	-	-	(18,500)
4. Benefits Policy Changes	(318,000)	(4,018,000)	-	-	3,700,000	(4,018,000)
	\$ 71,259,500	\$ 67,559,500	\$ 0	\$ 0	\$ 3,700,000	\$ 67,444,500
B. State Only Admin.						
1. County Admin.	12,271,000	8,279,000	3,992,000	-	-	12,271,000
2. Fiscal Inter.	376,000	376,000	-	-	-	-
3. FI Dental	1,000	1,000	-	-	-	-
4. CMS Net	215,000	215,000	-	-	-	-
	\$ 12,863,000	\$ 8,871,000	\$ 3,992,000	\$ 0	\$ 0	\$ 12,271,000
Total CCS State Only	\$ 84,122,500	\$ 76,430,500	\$ 3,992,000	\$ 0	\$ 3,700,000	\$ 79,715,500
GRAND TOTAL	\$ 84,122,500	\$ 76,430,500	\$ 3,992,000	\$ 0	\$ 3,700,000	\$ 79,715,500

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

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

CALIFORNIA CHILDREN'S SERVICES
Fiscal Year 2023-24
Funding Sources By Program

	<u>Total Funds</u>	<u>State Funds</u>	<u>CDPH Title V Reimb.</u>	<u>Federal Title XIX HCSF</u>	<u>Rebate Special Fund</u>	<u>County Funds</u>
A. State Only Services						
1. Treatment Costs						
Treatment Base 1/	1,941,000	1,941,000	-	-	-	1,442,000
Bone Marrow Xplant 2/	125,000	125,000	-	-	-	(125,000)
Small County Adj. 3/	400,000	400,000	-	-	-	(400,000)
Total Treatment Base	2,466,000	2,466,000	-	-	-	917,000
2. Therapy Costs						
Therapy Base	74,098,000	74,098,000	-	-	-	74,098,000
MTU Medi-Cal Offset 4/	(4,312,000)	(4,312,000)	-	-	-	(1,438,000)
AB3632 5/	720,000	720,000	-	-	-	(720,000)
Total Therapy Base	70,506,000	70,506,000	-	-	-	71,940,000
3. Enroll/Assess Fees	(18,500)	(18,500)	-	-	-	(18,500)
4. Benefits Policy Changes	2,580,000	(2,132,000)	-	-	4,712,000	(2,132,000)
	\$ 75,533,500	\$ 70,821,500	\$ 0	\$ 0	\$ 4,712,000	\$ 70,706,500
B. State Only Admin.						
1. County Admin.	11,211,400	7,219,400	3,992,000	-	-	11,211,400
2. Fiscal Inter.	393,000	393,000	-	-	-	-
3. FI Dental	1,000	1,000	-	-	-	-
4. CMS Net	215,000	215,000	-	-	-	-
	\$ 11,820,400	\$ 7,828,400	\$ 3,992,000	\$ 0	\$ 0	\$ 11,211,400
Total CCS State Only	\$ 87,353,900	\$ 78,649,900	\$ 3,992,000	\$ 0	\$ 4,712,000	\$ 81,917,900
GRAND TOTAL	\$ 87,353,900	\$ 78,649,900	\$ 3,992,000	\$ 0	\$ 4,712,000	\$ 81,917,900

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

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

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, Total Funds
Fiscal Year 2022-23

November 2022 Estimate Compared to May 2022 Estimate, Total Funds
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	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./(Decr.)
A. Total CCS State Only Services	\$ 68,714,000	\$ 71,259,500	\$ 2,545,500
1. Treatment Services	4,946,000	2,466,000	(2,480,000)
2. Medical Therapy Program	69,833,000	69,130,000	(703,000)
3. Benefits Policy Changes	(6,017,000)	(318,000)	5,699,000
4. Enroll/Assessment Fees	(48,000)	(18,500)	29,500
B. CCS Administration			
1. County Administration	17,730,500	12,271,000	(5,459,500)
2. Fiscal Intermediary	508,000	592,000	84,000
TOTAL CCS STATE ONLY PROGRAM	\$ 86,952,500	\$ 84,122,500	\$ (2,830,000)
 TOTAL CCS PROGRAM	\$ 86,952,500	\$ 84,122,500	\$ (2,830,000)

CALIFORNIA CHILDREN'S SERVICES
Program Requirements, State Funds and Federal Funds
Fiscal Year 2022-23

November 2022 Estimate Compared to May 2022 Estimate, State Funds

	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./ (Decr.)
A. Total CCS State Only Services	\$ 68,714,000	\$ 71,259,500	\$ 2,545,500
1. Treatment Services	4,946,000	2,466,000	(2,480,000)
2. Medical Therapy Program	69,833,000	69,130,000	(703,000)
3. Benefits Policy Changes	(6,017,000)	(318,000)	5,699,000
4. Enroll/Assessment Fees	(48,000)	(18,500)	29,500
B. CCS Administration			
1. County Administration	13,738,500	8,279,000	(5,459,500)
2. Fiscal Intermediary	508,000	592,000	84,000
TOTAL CCS STATE ONLY PROGRAM	\$ 82,960,500	\$ 80,130,500	\$ (2,830,000)
TOTAL CCS PROGRAM	\$ 82,960,500	\$ 80,130,500	\$ (2,830,000)

November 2022 Estimate Compared to May 2022 Estimate, Federal Funds

	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./ (Decr.)
A. Total CCS Services	\$ 0	\$ 0	\$ 0
1. Benefits Policy Changes	-	-	-
B. CCS State-Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS PROGRAM	\$ 3,992,000	\$ 3,992,000	\$ 0

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

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, Total Funds

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 71,259,500</u>	<u>\$ 75,533,500</u>	<u>\$ 4,274,000</u>
1. Treatment Services	2,466,000	2,466,000	-
2. Medical Therapy Program	69,130,000	70,506,000	1,376,000
3. Benefits Policy Changes	(318,000)	2,580,000	2,898,000
4. Enroll/Assessment Fees	(18,500)	(18,500)	-
B. CCS Administration			
1. County Administration	12,271,000	11,211,400	(1,059,600)
2. Fiscal Intermediary	592,000	609,000	17,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 84,122,500</u>	<u>\$ 87,353,900</u>	<u>\$ 3,231,400</u>
 TOTAL CCS PROGRAM	 \$ 84,122,500	 \$ 87,353,900	 \$ 3,231,400

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

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, State Funds

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./(Decr.)
A. Total CCS State Only Services	<u>\$ 71,259,500</u>	<u>\$ 75,533,500</u>	<u>\$ 4,274,000</u>
1. Treatment Services	2,466,000	2,466,000	-
2. Medical Therapy Program	69,130,000	70,506,000	1,376,000
3. Benefits Policy Changes	(318,000)	2,580,000	2,898,000
4. Enroll/Assessment Fees	(18,500)	(18,500)	-
B. CCS Administration			
1. County Administration	8,279,000	7,219,400	(1,059,600)
2. Fiscal Intermediary	592,000	609,000	17,000
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 80,130,500</u>	<u>\$ 83,361,900</u>	<u>\$ 3,231,400</u>
TOTAL CCS PROGRAM	<u>\$ 80,130,500</u>	<u>\$ 83,361,900</u>	<u>\$ 3,231,400</u>

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, Federal Funds

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./(Decr.)
A. Total CCS Services	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
1. Benefits Policy Changes	-	-	-
B. CCS State Only Administration			
1. County Administration	3,992,000	3,992,000	-
TOTAL CCS STATE ONLY PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>
TOTAL CCS PROGRAM	<u>\$ 3,992,000</u>	<u>\$ 3,992,000</u>	<u>\$ 0</u>

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

Fiscal Year 2022-23, November 2022 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>			FY 2022-23 APPROPRIATION		NOVEMBER 2022 ESTIMATE		DIFFERENCE, Incr./.(Decr.)	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$48,000	-\$48,000	-\$18,500	-\$18,500	\$29,500	\$29,500
Co. Admin.	2	COUNTY ADMIN. COSTS	\$17,730,500	\$17,730,500	\$12,271,000	\$12,271,000	-\$5,459,500	-\$5,459,500
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$322,000	\$322,000	\$376,000	\$376,000	\$54,000	\$54,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$185,000	\$185,000	\$215,000	\$215,000	\$30,000	\$30,000
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$3,992,000	\$0	-\$3,992,000	\$0	\$0
Benefits	7	CCS NON-BLOOD FACTOR REBATES	-\$3,700,000	-\$3,700,000	\$0	-\$3,700,000	\$3,700,000	\$0
Benefits	8	CCS - CGM REBATES	-\$16,000	-\$16,000	-\$2,000	-\$2,000	\$14,000	\$14,000
Benefits	9	CCS COVID-19 CASELOAD IMPACT	-\$2,301,000	-\$2,301,000	-\$316,000	-\$316,000	\$1,985,000	\$1,985,000
Benefits	10	CCS DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
CCS TOTAL			<u>\$12,173,500</u>	<u>\$8,181,500</u>	<u>\$12,526,500</u>	<u>\$4,834,500</u>	<u>\$353,000</u>	<u>-\$3,347,000</u>

¹ Funds are referenced separately in the CCS Funding Sources pages.
 * Dollars shown include payment lag and percent in base.

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

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24								
<u>POLICY CHG.</u>			<u>Nov. 2022 Est. for FY 2022-23</u>		<u>Nov. 2022 Est. for FY 2023-24</u>		<u>DIFFERENCE, Incr./((Decr.)</u>	
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
CCS STATE ONLY								
Other	1	ENROLLMENT AND ASSESSMENT FEES	-\$18,500	-\$18,500	-\$18,500	-\$18,500	\$0	\$0
Co. Admin.	2	COUNTY ADMIN. COSTS	\$12,271,000	\$12,271,000	\$11,211,400	\$11,211,400	-\$1,059,600	-\$1,059,600
FI	3	FISCAL INTERMEDIARY EXPENDITURES	\$376,000	\$376,000	\$393,000	\$393,000	\$17,000	\$17,000
FI	4	DENTAL ADMIN. EXPENDITURES	\$1,000	\$1,000	\$1,000	\$1,000	\$0	\$0
FI	5	CMS NET	\$215,000	\$215,000	\$215,000	\$215,000	\$0	\$0
Co. Admin.	6	TITLE V REIMBURSEMENT FROM CDPH	\$0	-\$3,992,000	\$0	-\$3,992,000	\$0	\$0
Benefits	7	CCS NON-BLOOD FACTOR REBATES	\$0	-\$3,700,000	\$0	-\$4,627,000	\$0	-\$927,000
Benefits	8	CCS - CGM REBATES	-\$2,000	-\$2,000	\$0	\$0	\$2,000	\$2,000
Benefits	9	CCS COVID-19 CASELOAD IMPACT	-\$316,000	-\$316,000	\$2,580,000	\$2,580,000	\$2,896,000	\$2,896,000
Benefits	10	CCS DRUG REBATES	\$0	\$0	\$0	-\$85,000	\$0	-\$85,000
CCS TOTAL			<u>\$12,526,500</u>	<u>\$4,834,500</u>	<u>\$14,381,900</u>	<u>\$5,677,900</u>	<u>\$1,855,400</u>	<u>\$843,400</u>

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

* Dollars shown include payment lag and percent in base.

ENROLLMENT AND ASSESSMENT FEES

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	-\$18,500	-\$18,500
	- GENERAL FUND	-\$18,500	-\$18,500
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$18,500	-\$18,500
	- GENERAL FUND	-\$18,500	-\$18,500
	- COUNTY FUNDS	-\$18,500	-\$18,500

Purpose:

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

Authority:

Health & Safety Code 123870 and 123900

Interdependent Policy Changes:

Not Applicable

Background:

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

Based on recent trends for the CCS population, some eligibles enrolled in the state only program shifted to Medi-Cal as a result of the Public Health Emergency (PHE) and will continue to be enrolled in Medi-Cal through the end of the PHE due to the FFCRA continuous coverage requirement. The FY 2022-23 decline in caseload and the FY 2023-24 resumption of eligibility redeterminations resulting in eligibles returning to the state only program after the projected end of the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change.

Reason for Change:

The change from the prior estimate for FY 2022-23 and FY 2023-24 is a decrease because of the change in methodology for estimating the Enrollment and Assessment Fees due to the ongoing impact of COVID-19. The ongoing impact of the COVID-19 will continue to be projected in the CCS COVID-19 Caseload Impact policy change. There is no change from FY 2022-23 to FY 2023-24 in the current estimate.

Methodology:

1. Enrollment and assessment fees are estimated using the trend in enrollment and assessment fees received for September 2013 - March 2022.

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
Enrollment Fees:	\$32,000	\$32,000
Assessment Fees:	\$5,000	\$5,000
Total:	\$37,000 (\$18,500 GF Offset)	\$37,000 (\$18,500 GF Offset)

Funding:

General Fund (4260-111-0001)

County Funds*

* Not Included in Total Funds

COUNTY ADMIN. COSTS

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$12,271,000	\$11,211,400
	- GENERAL FUND	\$12,271,000	\$11,211,400
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$12,271,000	\$11,211,400
	- GENERAL FUND	\$12,271,000	\$11,211,400
	- COUNTY FUNDS	\$12,271,000	\$11,211,400

Purpose:

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

Authority:

Health & Safety Code 123955(a)(e)

Interdependent Policy Changes:

Not Applicable

Background:

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

Based on recent trends for the CCS population, some eligibles enrolled in the state only program shifted to Medi-Cal as a result of the Public Health Emergency (PHE) and will continue to be enrolled in Medi-Cal through the end of the PHE due to the FFCRA continuous coverage requirement. The FY 2022-23 decline in caseload and the FY 2023-24 resumption of eligibility redeterminations resulting in eligibles returning to the state only program after the projected end of the public health emergency is estimated in the CCS COVID-19 Caseload Impact policy change.

Reason for Change:

The change from the prior estimate, for FY 2022-23, is a decrease due to revising CCS caseload assumptions; inclusive of a revised estimated end of the national public health emergency (PHE).

The change for FY 2022-23 to FY 2023-24, in the current estimate, is an decrease based on an estimated caseload and member mix after the PHE ends in FY 2022-23.

Methodology:

1. The county administrative estimate for the budget year is updated every May based on additional data collected.
2. The CCS county administrative costs for FY 2022-23 are \$12,271,000 and \$11,211,400 for FY 2023-24.

Funding:

General Fund (4260-111-0001)

County Funds*

* Not included in Total Funds

FISCAL INTERMEDIARY EXPENDITURES

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 7/1993
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$376,000	\$393,000
	- GENERAL FUND	\$376,000	\$393,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$376,000	\$393,000
	- GENERAL FUND	\$376,000	\$393,000

Purpose:

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

Authority:

Health & Safety Code 123822
 Governor's Executive Order N-01-19

Interdependent Policy Changes:

Not Applicable

Background:

The CCS State Only program utilizes FIs to adjudicate and pay medical and pharmacy claims. Effective October 1, 2020, the Gainwell Technology Services (GTS) and IBM contractors began processing medical and pharmacy claims. The processing of pharmacy claims was shifted to Medi-Cal Rx with the Assumption of Operations (AOO) which began January 1, 2022.

Reason for Change:

The change for FY 2022-23 from the prior estimate and the change for FY 2022-23 to FY 2023-24 in the current estimate, is an increase due to using updated actual expenditure data for projections.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$364,000 in FY 2022-23 and \$383,000 in FY 2023-24.
2. The estimated Medi-Cal Rx costs are \$12,000 in FY 2022-23 and \$10,000 in FY 2023-24.
3. The total estimated FI costs for CCS are **\$376,000 GF** in **FY 2022-23** and **\$393,000 GF** in **FY 2023-24**.

Funding:

100% General Fund (4260-111-0001)

DENTAL ADMIN. EXPENDITURES

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,000	\$1,000
	- GENERAL FUND	\$1,000	\$1,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,000	\$1,000
	- GENERAL FUND	\$1,000	\$1,000

Purpose:

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

Authority:

Health & Safety Code 123822

Interdependent Policy Changes:

Not Applicable

Background:

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

A Fiscal Intermediary-Dental Business Operations contractor is expected to take over some of the business functions in FY 2022-23.

Reason for Change:

There is no change from the prior estimate for FY 2022-23. There is no change from FY 2022-23 to FY 2023-24 in the current estimate.

Methodology:

1. The dental FI contractor rates for scanning ACL and TAR documents are \$1.03 in FY 2022-23 and FY 2023-24.

2. The dental ASO contractor CCS State Only dental ACL & TAR adjudicating rates in FY 2022-23 and FY 2023-24 are \$0.32 and \$13.77, respectively.
3. The estimated administrative expenditures for the adjudication of CCS State Only dental claims are outlined below.

FI - FY 2021-22	Estimated Claims	Rates	Partial Year Expenditure
ACLs	100	\$ 1.03	\$ 103
TARs	35	\$ 1.03	\$ 36
			\$ 200

ASO - FY 2021-22	Estimated Claims	Rates	Partial Year Expenditure
ACLs	341	\$ 0.32	\$ 109
TARs	35	\$ 13.77	\$ 482
			\$ 600

Total FY 2022-23 \$ **1,000 GF**

FI - FY 2022-23	Estimated Claims	Rates	Estimated Expenditure
ACLs	100	\$ 1.03	\$ 103
TARs	35	\$ 1.03	\$ 36
			\$ 200

ASO - FY 2022-23	Estimated Documents	Rates	Estimated Expenditure
ACLs	341	\$ 0.32	\$ 109
TARs	35	\$ 13.77	\$ 482
			\$ 600

Total FY 2023-24 \$ **1,000 GF**

Funding:

100% GF (4260-111-0001)

CMS NET

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$215,000	\$215,000
	- GENERAL FUND	\$215,000	\$215,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$215,000	\$215,000
	- GENERAL FUND	\$215,000	\$215,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

Reason for Change:

There is no significant dollar change for FY 2022-23 from the prior estimate or between fiscal years in the current estimate.

The prior estimate projected a COVID-19 impact on CMS Net expenditures based on caseload distribution. For the current estimate, the distribution has been revised based on an average of prior year actuals.

Methodology:

1. CMS Net costs are allocated to the CCS programmatic caseload (CCS State-Only vs. CCS Medi-Cal), based on an average of prior years CMS Net actuals.
2. CMS Net system costs for FY 2022-23 are estimated to be \$3,233,000. FY 2023-24 costs are estimated to be \$3,231,000.
3. The cost for CMS Net are projected to be:

	FY 2022-23			CMS Net
	<u>Actuals</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	164,581	6.6%	\$	215,000
CCS Medi-Cal	2,312,145	93.4%	\$	3,018,000
Total	2,476,726	100%	\$	3,233,000

	FY 2023-24			CMS Net
	<u>Actuals</u>	<u>Percentage</u>		<u>Allocation</u>
CCS State-Only	164,581	6.6%	\$	215,000
CCS Medi-Cal	2,312,145	93.4%	\$	3,016,000
Total	2,476,726	100%	\$	3,231,000

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

Funding:

100% General Fund (4260-111-0001)

TITLE V REIMBURSEMENT FROM CDPH

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2007
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,992,000	-\$3,992,000
	- FEDERAL FUNDS TITLE V	\$3,992,000	\$3,992,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,992,000	-\$3,992,000
	- FEDERAL FUNDS TITLE V	\$3,992,000	\$3,992,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

There is no change for FY 2022-23, from the prior estimate. There is no change from FY 2022-23 to FY 2023-24 in the current estimate.

Methodology:

1. The amount expected to be received is \$3,992,000 in FY 2022-23 and FY 2023-24.

Funding:

CDPH Title V Reimbursement (4260-611-0995)

100% General Fund (4260-111-0001)

CCS NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 10/2019
ANALYST: Autumn Recce

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,700,000	-\$4,627,000
	- REBATE SPECIAL FUND	\$3,700,000	\$4,627,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$3,700,000	-\$4,627,000
	- REBATE SPECIAL FUND	\$3,700,000	\$4,627,000
	- COUNTY FUNDS	-\$3,700,000	-\$4,627,000

Purpose:

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

Authority:

Omnibus Budget Reconciliation Act (OBRA) of 1990, Title IV, sec. 4401(a)(3), 104 Stat. Title XIX, Section 1927 of the Social Security Act (SSA)
 Medi-Cal Hospital Uninsured Care Section 1115(a) Medicaid Demonstration
 Bridge to Reform Section 1115(a) Medicaid Demonstration
 Medi-Cal 2020 Section 1115(a) Medicaid Demonstration
 California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Medicaid Demonstration Renewal (pending Centers for Medicare and Medicaid Services (CMS) approval)

Interdependent Policy Changes:

Not Applicable

Background:

The Department began collecting non-BF rebates for the CCS State-Only Program in October 2019 and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4. Current non-BF rebates were invoiced quarterly for the time period of FY 2019-20 Q1 through FY 2020-21 Q2.

CCS was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The DSHP proposal within the CalAIM Section 1115 Demonstration renewal is pending CMS approval. If approved, the Department assumes rebate claiming would begin again January 1, 2023 to align with the CalAIM DSHP effective date.

Reason for Change:

There is no change in FY 2022-23, from the prior estimate.

The change from FY 2022-23 to FY 2023-24 in the current estimate is due to assuming rebate collections will resume in FY 2023-24.

Methodology:

1. \$41,778,000 TF has been collected for CCS State-Only non-BF rebates as of June 30, 2022.
2. CCS non-BF rebate transfers to the GF are offset against CCS State-Only expenditures and cannot exceed these expenditures. Therefore, only \$3,558,000 was transferred to the GF in FY 2019-20, \$3,700,000 was transferred to the GF in FY 2020-21, and \$3,700,000 was transferred to the GF in FY 2021-22.
3. The remaining balance of \$19,862,000 will be carried over and budgeted in FY 2022-23, FY 2023-24, and future fiscal years.
4. Assume the Department will receive CMS approval to resume rebate collection beginning with January 2023 dates of service. Rebates will be invoiced beginning with January to March 2023 claims, and four quarters of savings are assumed to occur in FY 2023-24.
5. CCS State-Only non-BF drug rebate transfers to the GF for FY 2022-23 and FY 2023-24 are estimated to be:

CCS Non-BF Rebates	TF	GF	Drug Rebates Special Fund	CF*
FY 2022-23	\$0	(\$3,700,000)	\$3,700,000	(\$3,700,000)
FY 2023-24	\$0	(\$4,627,000)	\$4,627,000	(\$4,627,000)

Funding:

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

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

CCS - CGM REBATES

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 4/2022
ANALYST: Shan Tang

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	-\$2,000	\$0
	- GENERAL FUND	-\$2,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$2,000	\$0
	- GENERAL FUND	-\$2,000	\$0
	- COUNTY FUNDS	-\$2,000	\$0

Purpose

This policy change estimates the product rebates savings for continuous glucose monitoring (CGM) systems and supplies for eligible populations under the age of 21 in the California Children's Services (CCS) program.

Authority

Welfare and Institutions (W&I) Code Section 14132(m)

Interdependent Policy Changes:

Not Applicable

Background

CGM systems take glucose measurements at regular intervals, 24 hours a day, and translate the readings into dynamic data, generating glucose direction and rate of change. Currently, CGM devices are a benefit for all eligible CCS beneficiaries under the age of 21, including those with state-only coverage, through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit with an approved prior authorization establishing medical necessity, which provides comprehensive and preventive health care services for children under age 21.

The Department has rebate agreement(s) with various manufacturers for CGM systems and supplies for CGM paid claims starting on January 1, 2022. Rebates will offset the General Fund (GF) and County costs for some CGMs. CCS providers will bill for the applicable CGM devices and accessories through Medi-Cal.

Reason for Change

The change from the prior estimate, for FY 2022-23, is a net decrease due to actuals received through March 31, 2022.

The change in the current estimate, from FY 2022-23 to FY 2023-24, is a decrease due to no beneficiaries with approved Service Authorization Requests (SARs).

Methodology

1. Assume CGM rebates will be available for claims paid on or after January 1, 2022.
2. Assume 70% of CGMs will qualify for the rebates.
3. Rebates for all CGM manufacturers with rebate agreements were received beginning April 2022.
4. On a cash basis, total estimated rebate savings in FY 2022-23 and FY 2023-24 are:

CGM Rebate	TF	GF	CF*
FY 2022-23	(\$2,000)	(\$2,000)	(\$2,000)
FY 2023-24	\$0	\$0	\$0

Funding:

100% General Fund (4260-101-0001)

County Funds*

*Not Included in Total Fund

CCS COVID-19 CASELOAD IMPACT

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	-\$316,000	\$2,580,000
	- GENERAL FUND	-\$316,000	\$2,580,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$316,000	\$2,580,000
	- GENERAL FUND	-\$316,000	\$2,580,000
	- COUNTY FUNDS	-\$316,000	\$2,580,000

Purpose

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

Authority

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

Interdependent Policy Changes:

CCS County Administration Costs
 CCS Enrollment & Assessment Fees
 CCS Case Management (Medi-Cal Estimate)

Background

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

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

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 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

In this estimate, state only base expenditure projections reflect actual COVID-19 impacts through June 2022. The decrease in FY 2022-23 savings is due to this policy change now only reflecting the ongoing change in dollars beyond the base projections and changes in the assumption of when the public health emergency will end.

The estimated increase in costs between fiscal years is due to the projected end of the public health emergency and the resumption of eligibility redeterminations resulting in eligibles returning to the state only program.

Methodology

1. Assume the impact of the continuous coverage requirement begins in April 2020, and continues through the end of the public health emergency.
2. Based on recent trends for the CCS population, some eligibles enrolled in the state only program are shifting to Medi-Cal as a result of the public health emergency and will continue to be enrolled in Medi-Cal through the end of the public health emergency due to the FFCRA continuous coverage requirement. The recent trend in state only eligibles shifting to Medi-Cal is expected to continue through the end of the public health emergency.

3. Assume that, following the end of the continuous coverage requirement, eligibility will be redetermined over a period of 12 months for individuals not discontinued under the continuous coverage requirement, resulting in eligibles returning to the CCS state only program.
4. The change in average quarterly eligibles due to the public health emergency and the continuous coverage requirement are as follows. The approximate estimated COVID-19 caseload impact is:

	Average Quarterly Eligibles	
	FY 2022-23	FY 2023-24
CCS State Only	(5,440)	(3,140)
CCS Medi-Cal	28,720	20,020

5. The estimated average quarterly cost of each state only eligible in both FY 2022-23 and FY 2023-24 is \$2,530.
6. The approximate estimated COVID-19 expenditure impact for CCS state only children is:

Fiscal Year	TF	GF	CF*
FY 2022-23	(\$6,881,000)	(\$6,881,000)	(\$6,881,000)
FY 2023-24	(\$3,973,000)	(\$3,973,000)	(\$3,973,000)

7. The COVID-19 caseload impact on Medi-Cal expenditures for CCS children is budgeted in the Medi-Cal Local Assistance Estimate.
8. The CCS caseload and state only expenditure base projections reflect actual COVID-19 impacts through June 2022. The following amounts related to COVID-19 impacts are estimated to be reflected in base projections:

	CCS State Only	CCS Medi-Cal
Average Quarterly Eligibles	(5,190)	21,280

Fiscal Year	TF	GF	CF*
FY 2022-23	(\$6,564,000)	(\$6,564,000)	(\$6,564,000)
FY 2023-24	(\$6,553,000)	(\$6,553,000)	(\$6,553,000)

9. The CCS state only ongoing COVID-19 Impacts for FY 2022-23 and FY 2023-24, beyond the base projections, are budgeted in this policy change as follows:

	Average Quarterly Eligibles	
	FY 2022-23	FY 2023-24
CCS State Only	(250)	2,040
CCS Medi-Cal	7,440	(1,258)

Fiscal Year	TF	GF	CF*
FY 2022-23	(\$316,000)	(\$316,000)	(\$316,000)
FY 2023-24	\$2,580,000	\$2,580,000	\$2,580,000

Funding:

100% General Fund (4260-111-0001)

County Funds*

*Not Included in Total Fund

CCS DRUG REBATES

POLICY CHANGE NUMBER: 10
IMPLEMENTATION DATE: 7/2011
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	\$0	-\$85,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	\$0	-\$85,000
	- REBATE SPECIAL FUND	\$0	\$85,000
	- COUNTY FUNDS	\$0	-\$85,000

Purpose:

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

Authority:

SB 1100 (Chapter 560, Statutes of 2005)

California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Medicaid Demonstration Renewal (pending Centers for Medicare and Medicaid Services (CMS))

Interdependent Policy Changes:

Not Applicable

Background

Effective September 1, 2005, the Special Terms and Conditions of the MH/UCD, BTR, Medi-Cal 2020, and SB 1100 provide for the Department to claim federal reimbursement for CCS service expenditures as certified public expenditures through the Safety Net Care Pool.

CCS was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The DSHP proposal within the CalAIM Section 1115 Demonstration renewal is pending CMS approval. If approved, the Department assumes rebate claiming would begin again January 1, 2023 to align with the CalAIM DSHP effective date.

Reason for Change

There is no change for FY 2022-23 from the prior estimate. The change from FY 2022-23 to FY 2023-24 in the current estimate is a General Fund decrease due to assuming rebate collections will resume in FY 2023-24.

Methodology

1. The Department anticipates collecting the following for CCS rebates in FY 2022-23 and FY 2023-24:

Fiscal Years	TF	GF	CF*
FY 2022-23	\$0	\$0	\$0
FY 2023-24	(\$85,000)	(\$85,000)	(\$85,000)

Funding:

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

100% General Fund (4260-111-0001)

*County Fund (CF) not included in Total Fund

CALIFORNIA CHILDREN'S SERVICES
Total Average Quarterly Caseload by Program

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

<u>All Counties</u>	Fiscal Year	Fiscal Year	Fiscal Year	FY 2022-23 -
	<u>2021-22 1</u>	<u>2022-23</u>	<u>2023-24</u>	<u>FY 2023-24</u> <u>% Change</u>
CCS State Only	9,546	9,444	9,444	0.00%
Impact of Policy Changes (PCs)	0	-252	2,044	-911%
SUBTOTAL	9,546	9,192	11,488	24.98%

Total Medi-Cal Caseload
(CCS Medi-Cal)

<u>All Counties</u>	Fiscal Year	Fiscal Year	Fiscal Year	FY 2022-23 -
	<u>2021-22 1</u>	<u>2022-23</u>	<u>2023-24</u>	<u>FY 2023-24</u> <u>% Change</u>
CCS Medi-Cal ²	188,320	191,460	191,563	0.05%
Impact of Policy Changes (PCs)	0	7,438	-1,258	-117%
SUBTOTAL	188,320	198,898	190,305	-4.32%

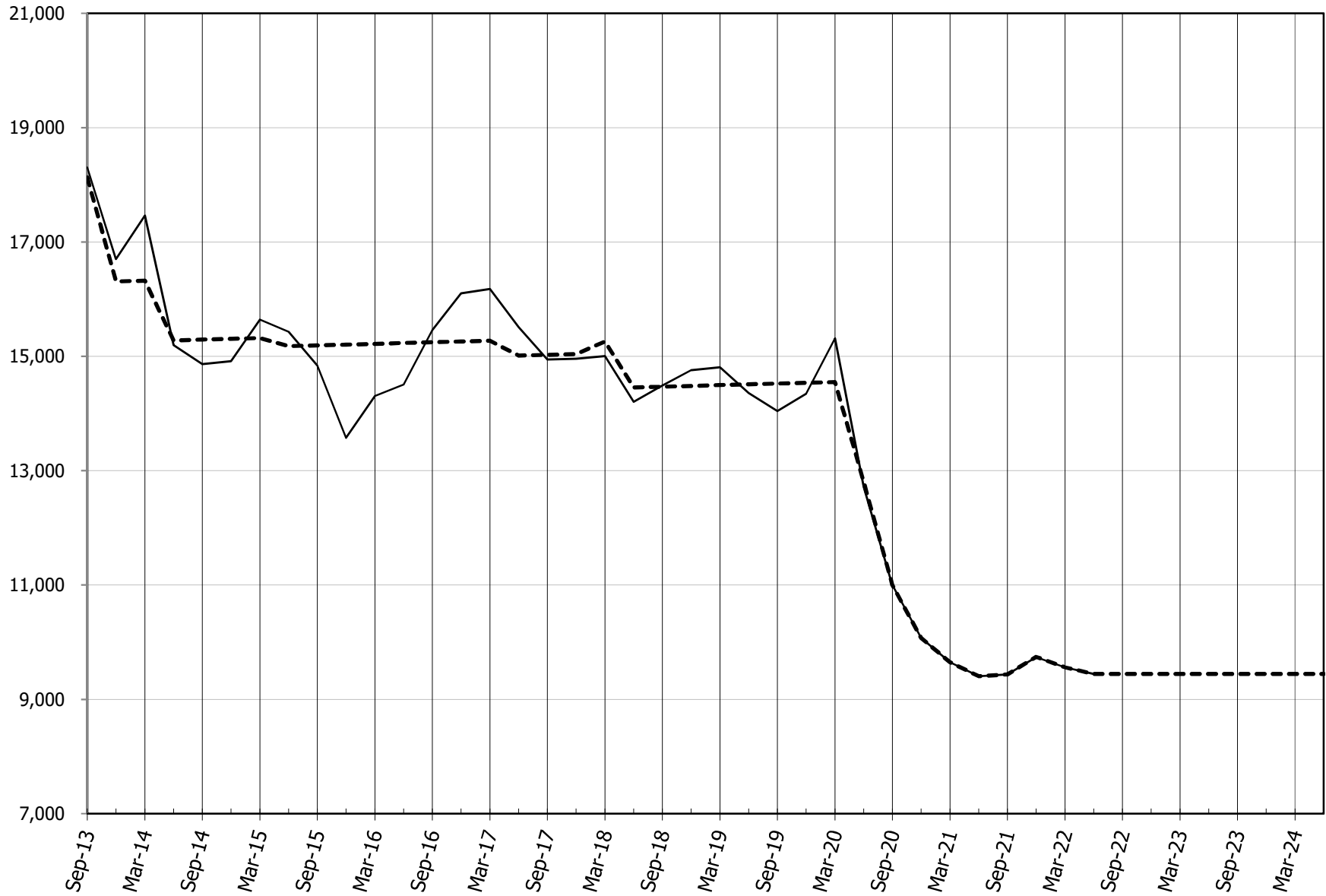
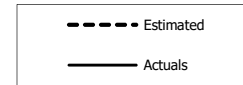
Total Caseload
(CCS State Only and CCS Medi-Cal)

<u>All Counties</u>	Fiscal Year	Fiscal Year	Fiscal Year	FY 2022-23 -
	<u>2021-22 1</u>	<u>2022-23</u>	<u>2023-24</u>	<u>FY 2023-24</u> <u>% Change</u>
CCS State Only	9,546	9,192	11,488	24.98%
CCS Medi-Cal	188,320	198,898	190,305	-4.32%
TOTAL	197,866	208,090	201,793	-3.03%

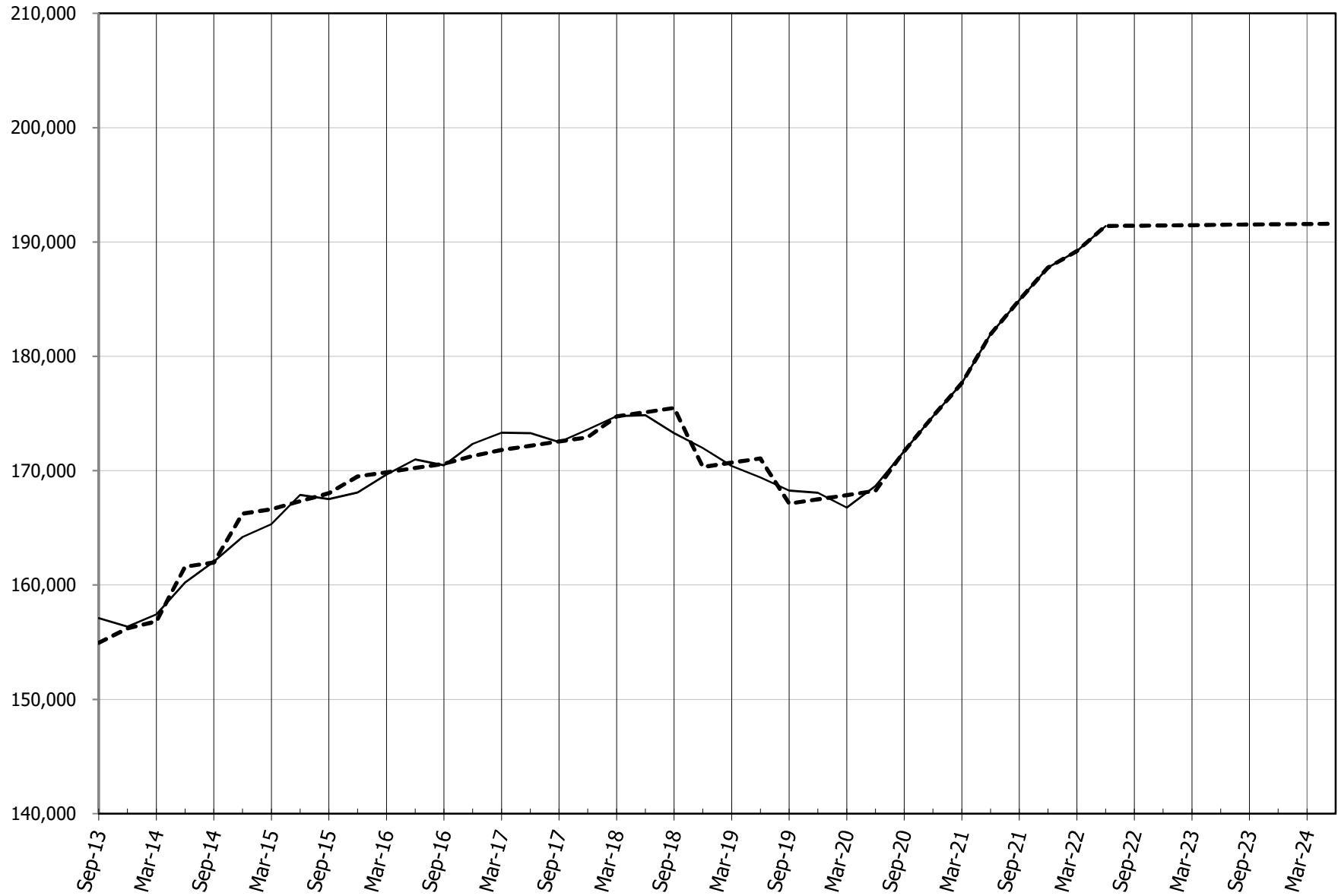
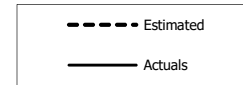
¹ Actual caseload.

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

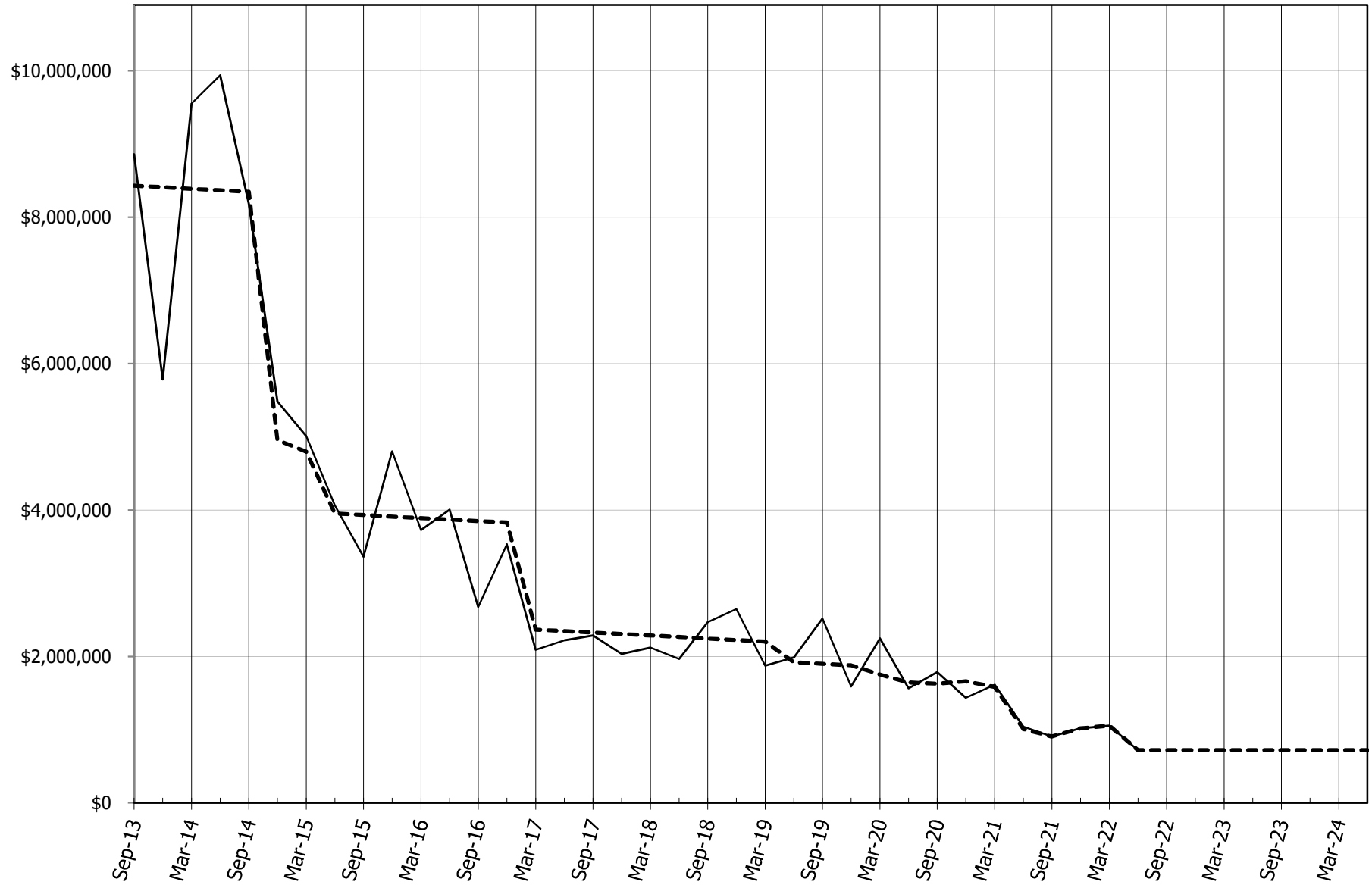
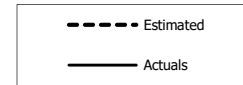
Total Statewide CCS State-Only Caseload



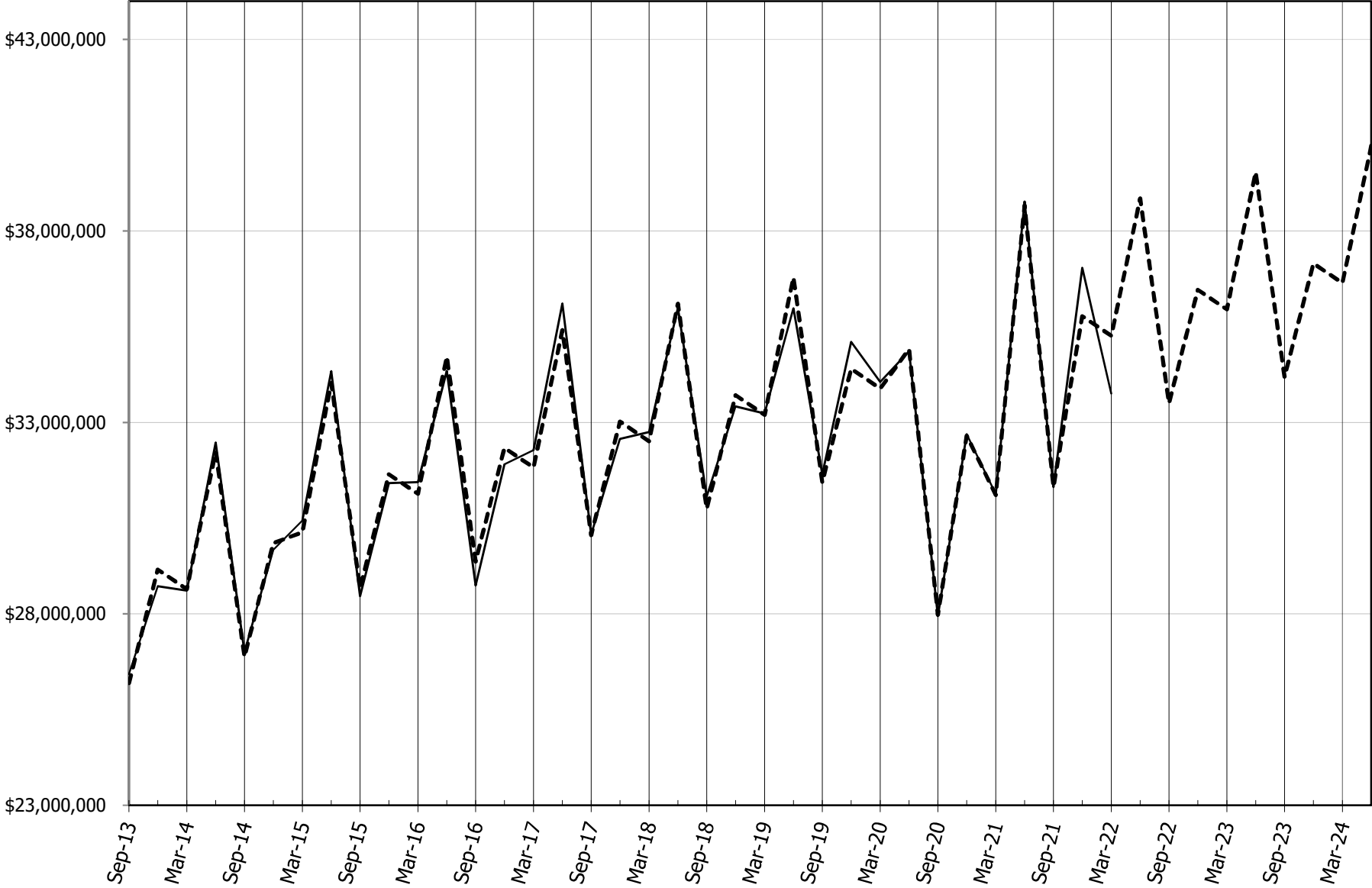
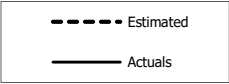
Total Statewide Medi-Cal Caseload



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



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



**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Summary**

FY 2022-23, November 2022 Estimate Compared to May 2022 Estimate

	<u>Appropriation FY 2022-23</u>	<u>Nov. 2022 Est. FY 2022-23</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	655	654	(1)
Net Dollars:			
4260-111-0001 (General Fund)	\$129,106,600	\$125,668,500	(\$3,438,100)
4260-611-0995 (Enrollment Fees)	\$425,000	\$348,300	(\$76,700)
4260-601-3079 (Rebate Special Fund)	\$5,762,000	\$5,900,000	\$138,000
Total	\$135,293,600	\$131,916,800	(\$3,376,800)

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24

	<u>Nov. 2022 Est. FY 2022-23</u>	<u>Nov. 2022 Est. FY 2023-24</u>	<u>Difference Incr./(Decr.)</u>
State-Only Caseload:	654	656	2
Net Dollars:			
4260-111-0001 (General Fund)	\$125,668,500	\$109,882,600	(\$15,785,900)
4260-611-0995 (Enrollment Fees)	\$348,300	\$442,000	\$93,700
4260-601-3079 (Rebates Special Fund)	\$5,900,000	\$25,920,000	\$20,020,000
Total	\$131,916,800	\$136,244,600	\$4,327,800

**GENETICALLY HANDICAPPED PERSONS PROGRAM
Funding Sources By Component
Fiscal Year 2022-23**

November 2022 Estimate Compared to May 2022 Estimate, Total Funds

	<u>Appropriation FY 2022-23</u>	<u>Nov. 2022 Est. FY 2022-23</u>	<u>Difference Incr./Decr.)</u>
1. Base Expenditure Estimate	\$ 135,464,000	\$ 131,673,000	\$ (3,791,000)
2. Policy Changes	\$ (913,400)	\$ (626,200)	\$ 287,200
Total for Services	\$ 134,550,600	\$ 131,046,800	\$ (3,503,800)
Fiscal Intermediary	\$ 743,000	\$ 870,000	\$ 127,000
Total GHPP Program	\$ 135,293,600	\$ 131,916,800	\$ (3,376,800)

November 2022 Estimate Compared to May 2022 Estimate, General Fund

	<u>Appropriation FY 2022-23</u>	<u>Nov. 2022 Est. FY 2022-23</u>	<u>Difference Incr./Decr.)</u>
1. Base Expenditure Estimate	\$ 135,464,000	\$ 131,673,000	\$ (3,791,000)
2. Policy Changes	\$ (7,100,400)	\$ (6,874,500)	\$ 225,900
Total for Services	\$ 128,363,600	\$ 124,798,500	\$ (3,565,100)
Fiscal Intermediary	\$ 743,000	\$ 870,000	\$ 127,000
Total GHPP Program	\$ 129,106,600	\$ 125,668,500	\$ (3,438,100)

November 2022 Estimate Compared to May 2022 Estimate, Federal Funds

	<u>Appropriation FY 2022-23</u>	<u>Nov. 2022 Est. FY 2022-23</u>	<u>Difference Incr./Decr.)</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

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

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, Total Funds

	Nov. 2022 Est. <u>FY 2022-23</u>	Nov. 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 131,673,000	\$ 137,035,000	\$ 5,362,000
2. Policy Changes	\$ (626,200)	\$ (1,698,400)	\$ (1,072,200)
Total for Services	\$ 131,046,800	\$ 135,336,600	\$ 4,289,800
Fiscal Intermediary	\$ 870,000	\$ 908,000	\$ 38,000
Total GHPP Program	\$ 131,916,800	\$ 136,244,600	\$ 4,327,800

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, General Fund

	Nov. 2022 Est. <u>FY 2022-23</u>	Nov. 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 131,673,000	\$ 137,035,000	\$ 5,362,000
2. Policy Changes	\$ (6,874,500)	\$ (28,060,400)	\$ (21,185,900)
Total for Services	\$ 124,798,500	\$ 108,974,600	\$ (15,823,900)
Fiscal Intermediary	\$ 870,000	\$ 908,000	\$ 38,000
Total GHPP Program	\$ 125,668,500	\$ 109,882,600	\$ (15,785,900)

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, Federal Funds

	Nov. 2022 Est. <u>FY 2022-23</u>	Nov. 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./Decr.</u>
1. Base Expenditure Estimate	\$ 0	\$ 0	\$ 0
2. Policy Changes	\$ 0	\$ 0	\$ 0
Total for Services	\$ 0	\$ 0	\$ 0
Fiscal Intermediary	\$ 0	\$ 0	\$ 0
Total GHPP Program	\$ 0	\$ 0	\$ 0

GENETICALLY HANDICAPPED PERSONS PROGRAM
Base Expenditures for Specified Diseases

<u>Fiscal Year</u>	<u>Diagnosis</u>	<u>Average GHPP Only Caseload 1/</u>	<u>Average Annual Cost/Case</u>	<u>Total Program Expenditures 1/</u>
2021-22 Actuals	Hemophilia	308	\$ 333,600	\$ 102,759,000
	Cystic Fibrosis	217	57,000	12,373,000
	Sickle Cell	74	2,400	177,000
	Huntington's	29	-	-
	Metabolic 2/	25	1,200	29,000
		653	\$ 176,600	\$ 115,338,000
2022-23 Estimate	Hemophilia	309	\$ 386,400	\$ 119,400,000
	Cystic Fibrosis	219	54,900	12,024,000
	Sickle Cell	75	2,300	172,000
	Huntington's	27	600	17,000
	Metabolic 2/	24	2,500	60,000
		654	\$ 201,300	\$ 131,673,000
2023-24 Estimate	Hemophilia	309	\$ 403,600	\$ 124,707,000
	Cystic Fibrosis	221	54,600	12,074,000
	Sickle Cell	75	2,300	175,000
	Huntington's	27	700	19,000
	Metabolic 2/	24	2,500	60,000
		656	\$ 208,900	\$ 137,035,000

1/ Actual expenditure data is complete through July 2022.

Actual caseload data is complete through July 2022.

2/ Metabolic conditions category includes Von Hippel Lindau syndrome.

GENETICALLY HANDICAPPED PERSONS PROGRAM**Base Estimate Comparisons for Fiscal Years 2022-23 and 2023-24****FY 2022-23, November 2022 Estimate Compared to Appropriation**

	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./(Decr.)
Hemophilia	\$ 123,171,000	\$ 119,400,000	\$ (3,771,000)
Cystic Fibrosis	12,084,000	12,024,000	(60,000)
Sickle Cell	171,000	172,000	1,000
Huntington's	18,000	17,000	(1,000)
Metabolic	20,000	60,000	40,000
TOTAL	\$ 135,464,000	\$ 131,673,000	\$ (3,791,000)

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./(Decr.)
Hemophilia	\$ 119,400,000	\$ 124,707,000	\$ 5,307,000
Cystic Fibrosis	12,024,000	12,074,000	50,000
Sickle Cell	172,000	175,000	3,000
Huntington's	17,000	19,000	2,000
Metabolic	60,000	60,000	-
TOTAL	\$ 131,673,000	\$ 137,035,000	\$ 5,362,000

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

Fiscal Year 2022-23

	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	724	415	309
Cystic Fibrosis	433	214	219
Sickle Cell	235	160	75
Huntington's	72	45	27
Metabolic	<u>112</u>	<u>88</u>	<u>24</u>
Total	1,576	922	654

Fiscal Year 2023-24

	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>
Hemophilia	717	408	309
Cystic Fibrosis	430	209	221
Sickle Cell	232	157	75
Huntington's	71	44	27
Metabolic	<u>110</u>	<u>86</u>	<u>24</u>
Total	1,560	904	656

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

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

FY 2022-23, November 2022 Estimate Compared to May 2022 Estimate

	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23	Difference Incr./.(Decr.)
Hemophilia	306	309	3
Cystic Fibrosis	222	219	(3)
Sickle Cell	73	75	2
Huntington's	28	27	(1)
Metabolic	<u>26</u>	<u>24</u>	<u>(2)</u>
Total	655	654	(1)

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24	Difference Incr./.(Decr.)
Hemophilia	309	309	0
Cystic Fibrosis	219	221	2
Sickle Cell	75	75	0
Huntington's	27	27	0
Metabolic	<u>24</u>	<u>24</u>	<u>0</u>
Total	654	656	2

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

FY 2022-23, November 2022 Estimate Compared to May 2022 Estimate

	Appropriation FY 2022-23	Nov. 2022 Est. FY 2022-23*	Difference Incr./.(Decr.)
Hemophilia	304	415	111
Cystic Fibrosis	166	214	48
Sickle Cell	122	160	38
Huntington's	38	45	7
Metabolic	<u>86</u>	<u>88</u>	<u>2</u>
Total	716	922	206

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24

	Nov. 2022 Est. FY 2022-23	Nov. 2022 Est. FY 2023-24*	Difference Incr./.(Decr.)
Hemophilia	415	408	(7)
Cystic Fibrosis	214	209	(5)
Sickle Cell	160	157	(3)
Huntington's	45	44	(1)
Metabolic	<u>88</u>	<u>86</u>	<u>(2)</u>
Total	922	904	(18)

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

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

Fiscal Year 2022-23, November 2022 Estimate Compared to Appropriation								
<u>POLICY CHG.</u>		<u>FY 2022-23 APPROPRIATION</u>		<u>NOVEMBER 2022 ESTIMATE</u>		<u>DIFFERENCE, Incr./(Decr.)</u>		
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$743,000	\$743,000	\$870,000	\$870,000	\$127,000	\$127,000
Other	3	GHPP PREMIUM COSTS	\$174,000	\$174,000	\$193,000	\$193,000	\$19,000	\$19,000
Benefits	4	GHPP PREMIUM SAVINGS	-\$1,087,400	-\$1,087,400	-\$819,200	-\$819,200	\$268,200	\$268,200
Benefits	5	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	6	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	\$0	\$0	\$0
GHPP TOTAL			-\$170,400	-\$170,400	\$243,800	\$243,800	\$414,200	\$414,200

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24								
<u>POLICY CHG.</u>		<u>Nov. 2022 Est. for FY 2022-23</u>		<u>Nov. 2022 Est. for FY 2023-24</u>		<u>DIFFERENCE, Incr./(Decr.)</u>		
<u>TYPE</u>	<u>NO.</u>	<u>DESCRIPTION</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>	<u>TOTAL FUNDS</u>	<u>STATE FUNDS</u>
Other	1	ENROLLMENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
FI	2	FISCAL INTERMEDIARY EXPENDITURES - GHPP	\$870,000	\$870,000	\$908,000	\$908,000	\$38,000	\$38,000
Other	3	GHPP PREMIUM COSTS	\$193,000	\$193,000	\$218,000	\$218,000	\$25,000	\$25,000
Benefits	4	GHPP PREMIUM SAVINGS	-\$819,200	-\$819,200	-\$1,916,400	-\$1,916,400	-\$1,097,200	-\$1,097,200
Benefits	5	GHPP NON-BLOOD FACTOR REBATES	\$0	\$0	\$0	\$0	\$0	\$0
Benefits	6	BLOOD FACTOR DRUG REBATES	\$0	\$0	\$0	-\$14,400,000	\$0	-\$14,400,000
GHPP TOTAL			\$243,800	\$243,800	-\$790,400	-\$15,190,400	-\$1,034,200	-\$15,434,200

¹ Funds are referenced separately in the GHPP Funding Summary pages.

Enrollment Fees

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 7/1993
ANALYST: Sasha Jetton

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$348,300	-\$442,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$348,300	-\$442,000
	- ENROLLMENT FEES FUND	\$348,300	\$442,000

Purpose:

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

Authority:

Health & Safety Code 125166

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Reason for Change:

GHPP enrollment fees for some beneficiaries are being waived through the end of the COVID-19 Public Health Emergency (PHE). There is a six-month grace period for fee collections following the end of the PHE.

Enrollment fees are projected to be lower in FY 2022-23 as compared to the prior estimate due to the extension of the PHE.

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

Methodology:

1. Enrollment fees of \$389,500 were collected in Fiscal Year (FY) 2020-21, and \$307,100 collected in FY 2021-22. Averaging the fees collected in these 24 months, the estimated enrollment fees for FY 2022-23 are \$348,300.

FY 2022-23: ($\$696,600 \div 24 \times 12$) = \$348,300 (\$348,300 GF)

2. FY 2023-24 enrollment fees are calculated based on four months at the projected FY 2022-23 monthly average of \$29,000, plus eight months based on pre-PHE average monthly actual collected fees \$40,780. The estimated enrollment fees for FY 2023-24 are \$442,000.

**FY 2023-24: ($\$29,000 \times 4 = \$116,000$) + ($\$40,780 \times 8 = \$326,200$)
= \$442,000 (\$442,000 GF)**

2. Fee collections will no longer be waived after the COVID-19 PHE ends, except in some cases where a six month grace period may apply.

Funding:

100% GF (4260-111-0001)

GHPP Enrollment Fees (4260-611-0995)

FISCAL INTERMEDIARY EXPENDITURES - GHPP

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

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST - TOTAL FUNDS	\$870,000	\$908,000
- GENERAL FUND	\$870,000	\$908,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$870,000	\$908,000
- GENERAL FUND	\$870,000	\$908,000

Purpose:

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

Authority:

Health & Safety Code 125130
 Governor's Executive Order N-01-19

Interdependent Policy Changes:

Not Applicable

Background:

The GHPP utilizes FIs to adjudicate and pay medical, pharmacy, and dental claims. Effective October 1, 2020, the Gainwell (GTS) and IBM contractors began processing medical and pharmacy claims. The processing of pharmacy claims was shifted to Medi-Cal Rx with the Assumption of Operations (AOO) which began January 1, 2022.

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

Reason for Change:

The change for FY 2022-23, from the prior estimate, is an increase due updated actual expenditure data. The change from FY 2022-23, to FY 2023-24 in the current estimate, is an increase due to using updated expenditures data for projections.

Methodology:

1. Based on actual and projected volumes for the current year, the estimated medical FI administrative costs are \$822,000 in FY 2022-23 and \$866,000 in FY 2023-24.
2. Based on actual and projected volumes for the current year, the estimated dental FI administrative costs are \$1,000 in FY 2022-23 and FY 2023-24.
3. The estimated Medi-Cal Rx are \$47,000 in FY 2022-23, and \$41,000 in FY 2023-24.
4. The total estimated medical and dental FI administrative costs for GHPP are **\$870,000 GF in FY 2022-23** and **\$908,000 GF in FY 2023-24**.

Funding:

100% General Fund (4260-111-0001)

GHPP PREMIUM COSTS

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

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST - TOTAL FUNDS	\$193,000	\$218,000
- GENERAL FUND	\$193,000	\$218,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE - TOTAL FUNDS	\$193,000	\$218,000
- GENERAL FUND	\$193,000	\$218,000

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Savings

Background:

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

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

Reason for Change:

The increase from the prior estimate is due to three more clients enrolling and participating in the program, in addition to those previously projected, through the end of FY 2021-22.

The increase between FY 2022-23 and FY 2023-24 in the current estimate is due to the anticipated enrollment of three additional clients in FY 2023-24.

Methodology:

1. Assume the monthly premium costs per enrollee are \$560 for Hemophilia, \$580 for Cystic Fibrosis, \$320 for Sickle Cell, \$270 for Metabolic, and \$390 for Huntington's based on recent premium costs for participants.
2. As of July 2022, 30 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	84	84
Cystic Fibrosis	180	180
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36

3. Assume three new clients will enroll in FY 2022-23. The estimated member months for additional clients are:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	7	24
Cystic Fibrosis	8	12

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

	Member Months
	FY 2023-24
Hemophilia	13
Cystic Fibrosis	11

5. Total Member Months:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	91	121
Cystic Fibrosis	188	203
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36
Total	375	420

6. Projected Premium Payments (Rounded):

	FY 2022-23	FY 2023-24
Total Funds	\$ 193,000	\$ 218,000
General Funds	\$ 193,000	\$ 218,000

Funding:

100% GF (4260-111-0001)

GHPP PREMIUM SAVINGS

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

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	-\$3,365,000	-\$4,552,000
	- GENERAL FUND	-\$3,365,000	-\$4,552,000
PAYMENT LAG		0.9868	0.9899
% REFLECTED IN BASE		75.33%	57.47%
APPLIED TO BASE	- TOTAL FUNDS	-\$819,200	-\$1,916,400
	- GENERAL FUND	-\$819,200	-\$1,916,400

Purpose:

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

Authority:

Health & Safety Code 125157(c)

Interdependent Policy Changes:

GHPP Premium Costs

Background:

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

Reason for Change:

Projected savings increased from the prior year for FY 2022-23 due to three more clients enrolling and participating in the program, in addition to those previously projected, through the end of FY 2021-22.

The increase between FY 2022-23 and FY 2023-24 in the current estimate is due to the anticipated enrollment of three additional clients in FY 2023-24.

Methodology:

1. As of July 2022, 30 clients are enrolled and participating in the program. The total member months for current clients are:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	84	84
Cystic Fibrosis	180	180
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36

2. Assume three new clients will enroll in FY 2022-23. The estimated member months for additional clients are:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	7	24
Cystic Fibrosis	8	12

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

	Member Months	
	FY 2023-24	
Hemophilia	13	
Cystic Fibrosis	11	

4. Total Member Months:

	Member Months	
	FY 2022-23	FY 2023-24
Hemophilia	91	121
Cystic Fibrosis	188	203
Sickle Cell	48	48
Metabolic	12	12
Huntington's	36	36
Total	375	420

5. Assume the savings per client enrolled is equal to the Annual Cost per Case in the November 2022 Family Health Estimate:

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
Hemophilia	\$ 386,400	\$ 403,600
Cystic Fibrosis	\$ 54,900	\$ 54,600
Sickle Cell	\$ 2,300	\$ 2,300
Metabolic	\$ 2,500	\$ 2,500
Huntington's	\$ 600	\$ 700

6. Projected Savings (Rounded):

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
Total Funds	\$ 3,365,000	\$ 4,552,000
General Funds	\$ 3,365,000	\$ 4,552,000

Funding:

100% GF (4260-111-0001)

GHPP NON-BLOOD FACTOR REBATES

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 10/2019
ANALYST: Autumn Recce

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$5,900,000	-\$11,520,000
- REBATE SPECIAL FUND	\$5,900,000	\$11,520,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	-\$5,900,000	-\$11,520,000
- REBATE SPECIAL FUND	\$5,900,000	\$11,520,000

Purpose:

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

Authority:

Omnibus Budget Reconciliation Act (OBRA) of 1990, Title IV, sec. 4401(a)(3), 104 Stat. Title XIX, Section 1927 of the Social Security Act (SSA)
 Medi-Cal Hospital Uninsured Care Section 1115(a) Medicaid Demonstration
 Bridge to Reform Section 1115(a) Medicaid Demonstration
 Medi-Cal 2020 Section 1115(a) Medicaid Demonstration
 California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Medicaid Demonstration Renewal (pending Centers for Medicare and Medicaid Services (CMS) approval)

Interdependent Policy Changes:

Not Applicable

Background:

The Department began collecting non-BF rebates for the GHPP State-Only in October 2019, and issued retroactive invoices for the time period of FY 2006-07 Q1 through FY 2018-19 Q4. Current non-BF rebates were invoiced quarterly for the time period of FY 2019-20 Q1 through FY 2020-21 Q2. The non-BF rebates are deposited into the Children's Medical Services Rebate Fund (4260-601-3079).

GHPP was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. GHPP's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The DSHP proposal within the CalAIM Section 1115 Demonstration renewal is pending CMS approval. If approved, the Department assumes rebate claiming would begin again January 1, 2023 to align with the CalAIM DSHP effective date.

Reason for Change:

The change in FY 2022-23, from the prior estimate, is due to additional rebates collected through June 30, 2022.

The change from FY 2022-23 to FY 2023-24, in the current estimate, is due to assuming rebate collections will resume in FY 2023-24.

Methodology:

1. \$123,179,000 TF has been collected for retroactive and current GHPP non-BF rebates as of June 30, 2022.

2. \$52,715,000 in rebates were transferred to the GF in FY 2019-20, \$58,564,000 were transferred to the GF in FY 2020-21 and \$6,000,000 were transferred to the GF in FY 2021-22. The remaining balance of \$5,900,000 in collected rebates will be transferred in FY 2022-23.

3. Assume the Department will receive CMS approval to resume rebate collection beginning with January 2023 dates of service. Rebates will be invoiced beginning with January to March 2023 claims, and four quarters of savings are assumed to occur in FY 2023-24.

4. GHPP State-Only non-BF drug rebate transfers to the GF for FY 2022-23 and FY 2023-24 are estimated to be:

(Dollars in Thousands)

GHPP Non-BF Rebates	TF	GF	Drug Rebates Special Fund
FY 2022-23	\$0	(\$5,900)	\$5,900
FY 2023-24	\$0	(\$11,520)	\$11,520

Funding:

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

100% GF (4260-111-0001)

BLOOD FACTOR DRUG REBATES

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 7/2003
ANALYST: Ryan Chin

	<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	-\$14,400,000
- REBATE SPECIAL FUND	\$0	\$14,400,000
PAYMENT LAG	1.0000	1.0000
% REFLECTED IN BASE	0.00%	0.00%
APPLIED TO BASE		
- TOTAL FUNDS	\$0	\$0
- GENERAL FUND	\$0	-\$14,400,000
- REBATE SPECIAL FUND	\$0	\$14,400,000

Purpose:

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

Authority:

SB 1100 (Chapter 560, Statutes of 2005)
California Advancing and Innovating Medi-Cal (CalAIM) Section 1115(a) Medicaid Demonstration Renewal (pending Centers for Medicare and Medicaid Services (CMS))

Interdependent Policy Changes:

Not Applicable

Background:

Effective September 1, 2005, the Department began claiming Title XIX federal reimbursement for GHPP State-Only service expenditures as certified public expenditures through the Safety Net Care Pool.

GHPP was not renewed as a Designated State Health Program (DSHP) with the Medi-Cal 2020 Section 1115(a) Medicaid Demonstration Waiver extension approval. CCS's DSHP designation ended December 31, 2020. The rebates for the October 2020 – December 2020 paid claims are the last collected rebates associated under the DSHP designation.

The DSHP proposal within the CalAIM Section 1115 Demonstration renewal is pending CMS approval. If approved, the Department assumes rebate claiming would begin again January 1, 2023 to align with the CalAIM DSHP effective date.

Reason for Change:

There is no change for FY 2022-23 from the prior estimate. The change from FY 2022-23 to FY 2023-24 in the current estimate is a General Fund decrease due to assuming rebate collections will resume in FY 2023-24.

Methodology:

1. The Department anticipates collecting \$14,400,000 in FY 2023-24 for GHPP rebates.

Funding:

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

100% General Fund (4260-111-0001)

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

Total				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	1,249	684	565	\$ 32,389,958
2	1,216	678	538	34,284,472
3	1,301	734	567	27,592,108
4	1,487	839	648	33,061,032
2020-21	1,314	734	580	\$ 127,329,000
1	1,513	864	649	\$ 29,761,377
2	1,536	879	657	26,264,404
3	1,533	883	650	29,908,328
4	1,558	905	653	29,403,949
2021-22	1,537	884	653	\$ 115,338,000
1	1,576	920	656	\$ 31,524,900
2	1,576	922	654	33,132,573
3	1,577	923	654	33,382,759
4	1,579	924	655	33,632,945
2022-23	1,576	922	654	\$ 131,673,000
1	1,564	909	655	\$ 33,883,131
2	1,558	902	656	34,133,317
3	1,558	903	655	34,383,503
4	1,560	904	656	34,633,688
2023-24	1,560	904	656	\$ 137,035,000

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

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

Hemophilia

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	563	297	266	\$ 29,066,934
2	559	303	256	31,069,380
3	596	328	268	24,669,533
4	672	368	304	30,352,711
2020-21	598	324	274	\$ 115,159,000
1	685	381	304	\$ 26,690,883
2	700	390	310	22,852,468
3	706	397	309	26,691,790
4	717	408	309	26,523,889
2021-22	702	394	308	\$ 102,759,000
1	725	414	311	\$ 28,496,664
2	724	415	309	30,050,808
3	725	416	309	30,300,994
4	726	417	309	30,551,180
2022-23	724	415	309	\$ 119,400,000
1	719	410	309	\$ 30,801,366
2	716	407	309	31,051,552
3	717	408	309	31,301,738
4	718	409	309	31,551,923
2023-24	717	408	309	\$ 124,707,000

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

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

Cystic Fibrosis

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	365	163	202	\$ 3,268,247
2	355	162	193	3,133,546
3	376	176	200	2,771,244
4	420	199	221	2,659,809
2020-21	379	175	204	\$ 11,833,000
1	424	206	218	\$ 3,021,984
2	428	209	219	3,370,809
3	424	207	217	3,152,783
4	428	212	216	2,827,230
2021-22	426	209	217	\$ 12,373,000
1	432	214	218	\$ 2,968,881
2	433	214	219	3,018,459
3	434	214	220	3,018,459
4	434	214	220	3,018,459
2022-23	433	214	219	\$ 12,024,000
1	430	210	220	\$ 3,018,459
2	429	208	221	3,018,459
3	429	208	221	3,018,459
4	429	208	221	3,018,459
2023-24	430	209	221	\$ 12,074,000

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

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

Sickle Cell

<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	162	109	53	\$ 49,374
2	154	105	49	74,157
3	169	115	54	91,254
4	208	137	71	40,787
2020-21	174	117	57	\$ 256,000
1	215	140	75	\$ 42,653
2	219	146	73	38,409
3	221	150	71	53,931
4	229	154	75	42,048
2021-22	222	148	74	\$ 177,000
1	235	159	76	\$ 40,954
2	235	160	75	43,740
3	235	160	75	43,740
4	235	160	75	43,740
2022-23	235	160	75	\$ 172,000
1	233	158	75	\$ 43,740
2	232	157	75	43,740
3	232	157	75	43,740
4	232	157	75	43,740
2023-24	232	157	75	\$ 175,000

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

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

Huntington				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	63	37	26	\$ 0
2	59	35	24	-
3	65	37	28	22
4	71	43	28	-
2020-21	64	38	26	\$ 0
1	72	44	28	\$ 11
2	73	44	29	201
3	72	43	29	142
4	74	45	29	-
2021-22	73	44	29	\$ 0
1	72	45	27	\$ 3,094
2	72	45	27	4,641
3	72	45	27	4,641
4	72	45	27	4,641
2022-23	72	45	27	\$ 17,000
1	71	44	27	\$ 4,641
2	71	44	27	4,641
3	71	44	27	4,641
4	71	44	27	4,641
2023-24	71	44	27	\$ 19,000

* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

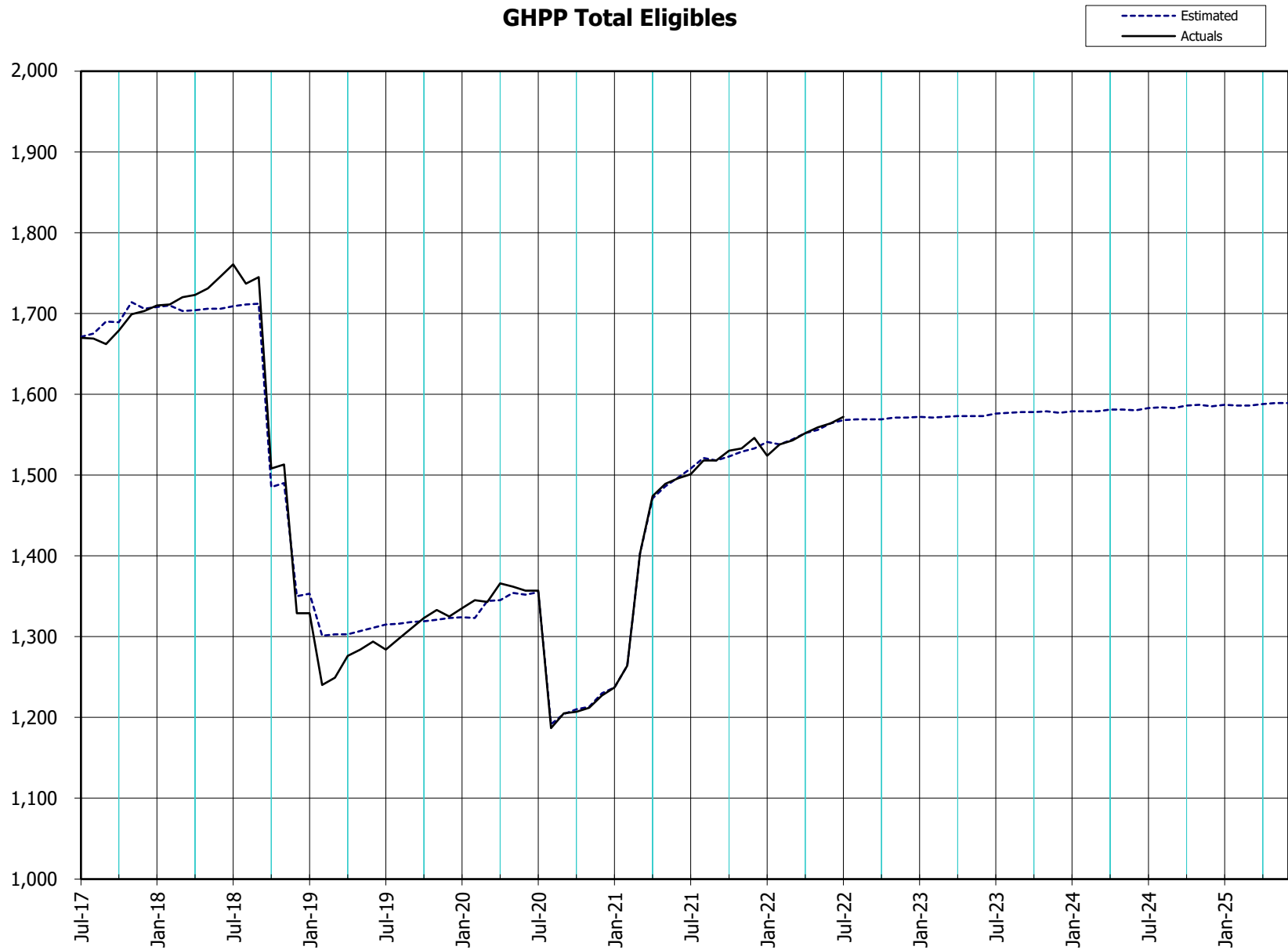
- Note:** 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

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

Metabolic				
<u>Quarter</u>	<u>Total Caseload</u>	<u>Medi-Cal* Caseload</u>	<u>GHPP Only Caseload</u>	<u>Total GHPP Only Payments</u>
1	96	78	18	\$ 5,403
2	89	73	16	7,389
3	95	78	17	60,055
4	116	92	24	7,725
2020-21	99	80	19	\$ 81,000
1	117	93	24	\$ 5,846
2	116	90	26	2,517
3	110	86	24	9,682
4	110	86	24	10,782
2021-22	114	89	25	\$ 29,000
1	112	88	24	\$ 15,307
2	112	88	24	14,925
3	111	88	23	14,925
4	112	88	24	14,925
2022-23	112	88	24	\$ 60,000
1	111	87	24	\$ 14,925
2	110	86	24	14,925
3	109	86	23	14,925
4	110	86	24	14,925
2023-24	110	86	24	\$ 60,000

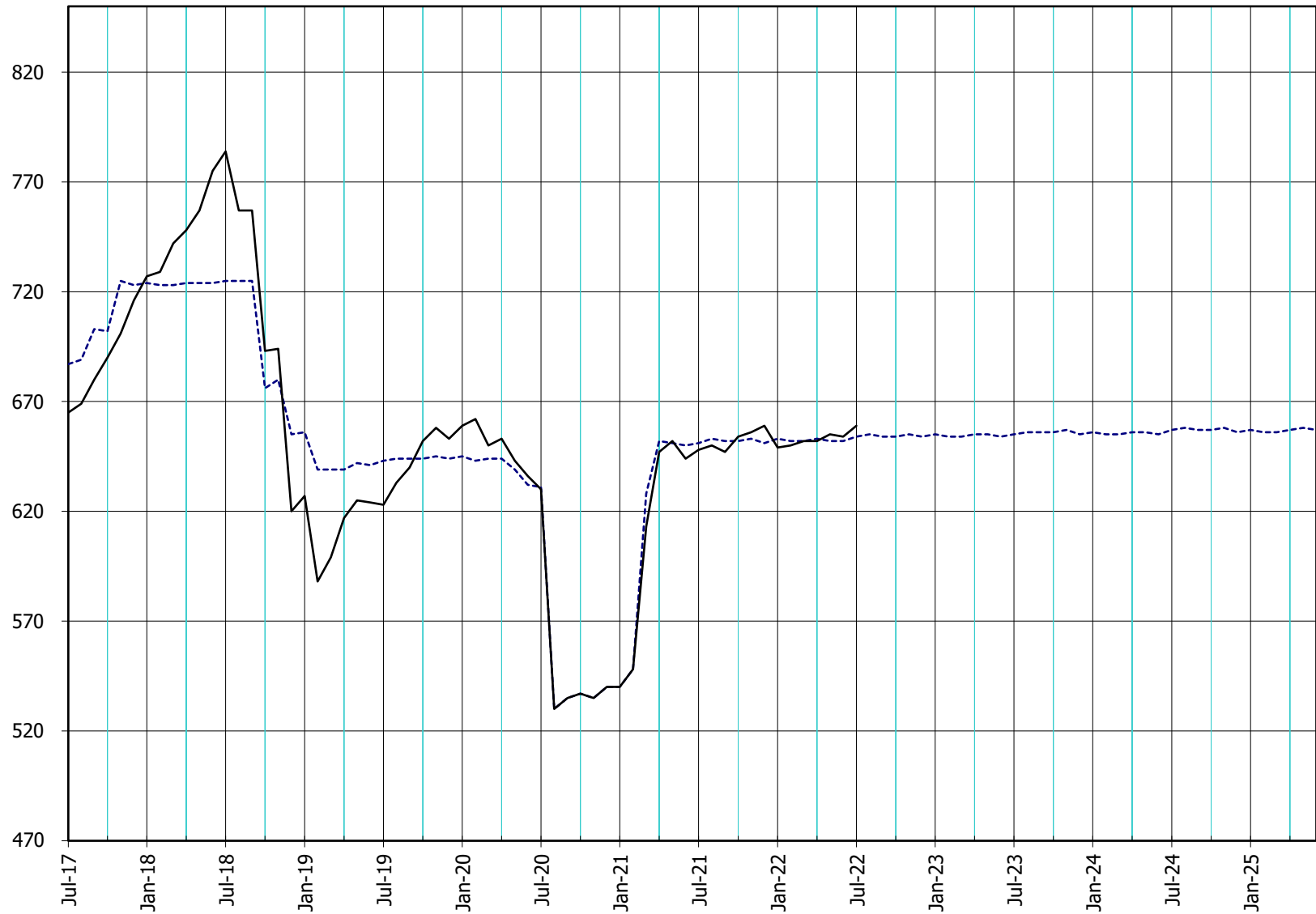
* Projected Medi-Cal caseload includes the impact of the COVID-19 public health emergency in FY 2022-23 and FY 2023-24.

Note: 1) Expenditures reflect Total Cash Payments, Not accrued expenses.
 2) FY 2022-23 reflects actuals and projected base estimate values.
 3) FY 2023-24 reflects projected base estimate values.

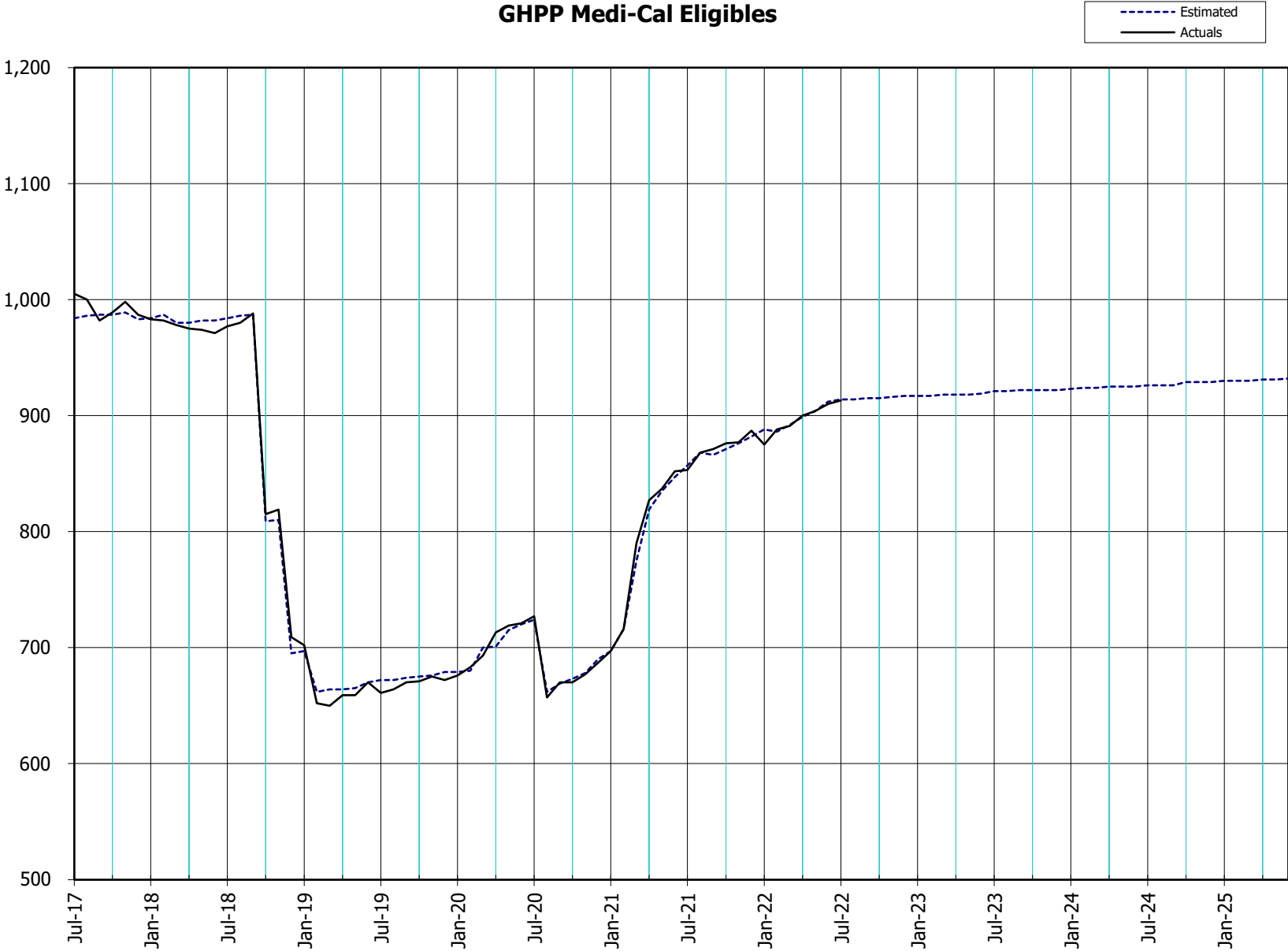


GHPP State-Only Eligibles

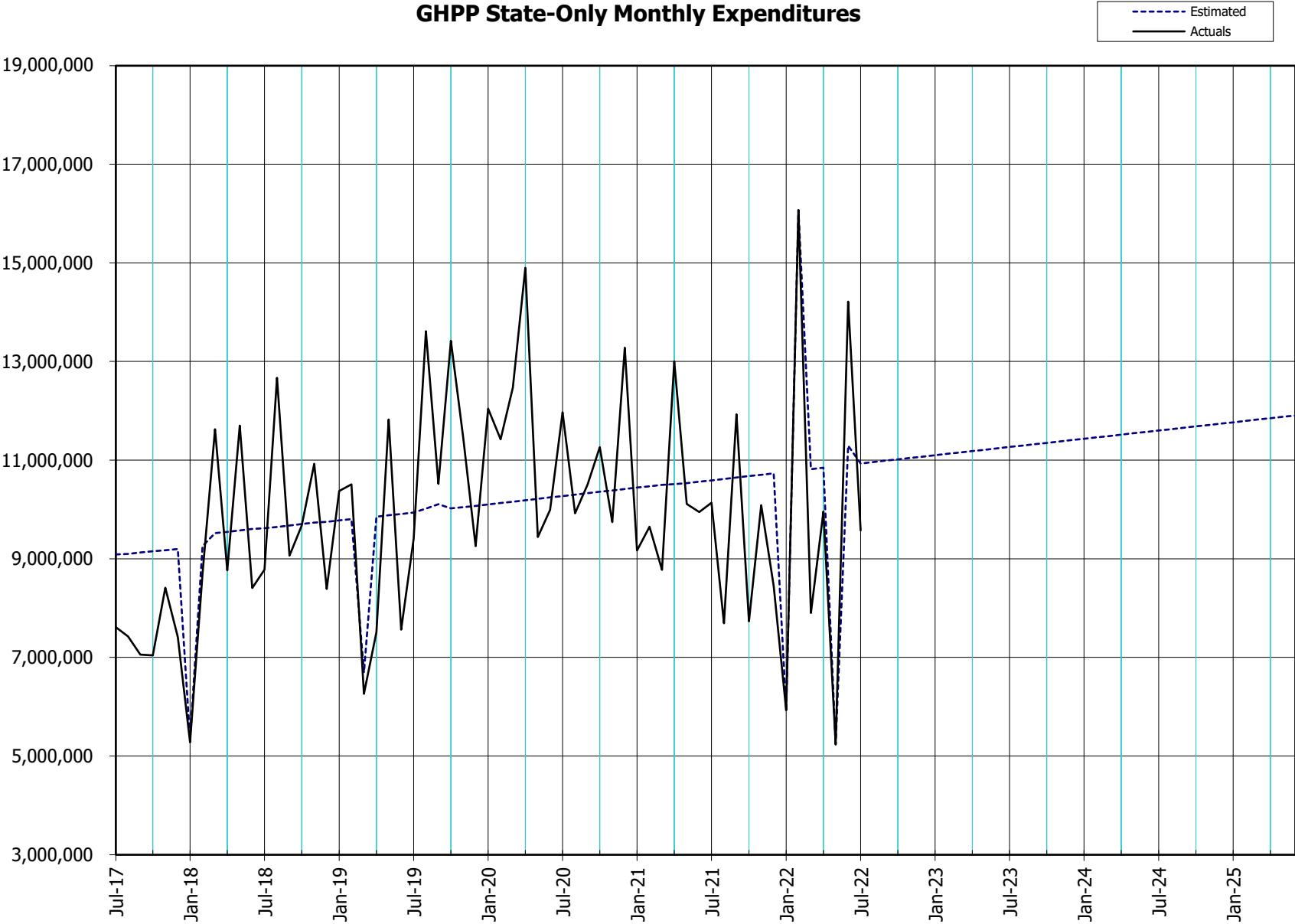
Estimated
Actuals



GHPP Medi-Cal Eligibles



GHPP State-Only Monthly Expenditures



EVERY WOMAN COUNTS PROGRAM

Funding Summary

FY 2022-23, November 2022 Estimate Compared to Appropriation

	Appropriation <u>FY 2022-23</u>	Nov 2022 Est. <u>FY 2022-23</u>	Difference <u>Incr./(Decr.)</u>
Caseload:	24,321	25,010	689
Net Dollars:			
4260-114-0001 (General Fund)	\$14,962,000	\$10,437,000	(\$4,525,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$7,989,000	\$6,152,000	(\$1,837,000)
4260-114-0890 (CDC)	\$5,128,000	\$4,970,000	(\$158,000)
Total	<u>\$42,594,000</u>	<u>\$36,074,000</u>	<u>(\$6,520,000)</u>

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24

	Nov 2022 Est. <u>FY 2022-23</u>	Nov 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./(Decr.)</u>
Caseload:¹	25,010	24,305	(705)
Net Dollars:			
4260-114-0001 (General Fund)	\$10,437,000	\$10,083,000	(\$354,000)
4260-114-0236 (Prop 99)	\$14,515,000	\$14,515,000	\$0
4260-114-0009 (BCCA)	\$6,152,000	\$7,281,000	\$1,129,000
4260-114-0890 (CDC)	\$4,970,000	\$5,219,000	\$249,000
Total	<u>\$36,074,000</u>	<u>\$37,098,000</u>	<u>\$1,024,000</u>

¹ The November 2022 caseload estimate is based on updated data through July 2022.

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

EVERY WOMAN COUNTS PROGRAM
Funding Sources By Component
Fiscal Year 2022-23

May 2022 Estimate Compared to November 2022 Estimate, Total Funds

	Appropriation	Nov 2022 Est.	Difference
	<u>FY 2022-23</u>	<u>FY 2022-23</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,474,000	\$ 29,561,000	\$ (7,913,000)
2. Policy Changes	\$ 1,738,300	\$ 2,631,700	\$ 893,400
	-----	-----	-----
Total for Services	\$ 39,212,300	\$ 32,192,700	\$ (7,019,600)
Fiscal Intermediary	\$ 3,382,000	\$ 3,881,000	\$ 499,000
	-----	-----	-----
Total EWC Program	\$ 42,594,300	\$ 36,073,700	\$ (6,520,600)

May 2022 Estimate Compared to November 2022 Estimate, General Fund

	Appropriation	Nov 2022 Est.	Difference
	<u>FY 2022-23</u>	<u>FY 2022-23</u>	<u>Incr./.(Decr.)</u>
1. Base Expenditure Estimate	\$ 37,474,000	\$ 29,561,000	\$ (7,913,000)
2. Policy Changes	\$ (25,893,700)	\$ (23,005,300)	\$ 2,888,400
	-----	-----	-----
Total for Services	\$ 11,580,300	\$ 6,555,700	\$ (5,024,600)
Fiscal Intermediary	\$ 3,382,000	\$ 3,881,000	\$ 499,000
	-----	-----	-----
Total EWC Program	\$ 14,962,300	\$ 10,436,700	\$ (4,525,600)

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

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, Total Funds

	Nov 2022 Est. <u>FY 2022-23</u>	Nov 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 29,561,000	\$ 30,346,000	\$ 785,000
2. Policy Changes	\$ 2,631,700	\$ 2,704,600	\$ 72,900
	-----	-----	-----
Total for Services	\$ 32,192,700	\$ 33,050,600	\$ 857,900
Fiscal Intermediary	\$ 3,881,000	\$ 4,047,000	\$ 166,000
	-----	-----	-----
Total EWC Program	\$ 36,073,700	\$ 37,097,600	\$ 1,023,900

November 2022 Estimate, FY 2022-23 Compared to FY 2023-24, General Fund

	Nov 2022 Est. <u>FY 2022-23</u>	Nov 2022 Est. <u>FY 2023-24</u>	Difference <u>Incr./(Decr.)</u>
1. Base Expenditure Estimate	\$ 29,561,000	\$ 30,346,000	\$ 785,000
2. Policy Changes	\$ (23,005,300)	\$ (24,310,400)	\$ (1,305,100)
	-----	-----	-----
Total for Services	\$ 6,555,700	\$ 6,035,600	\$ (520,100)
Fiscal Intermediary	\$ 3,881,000	\$ 4,047,000	\$ 166,000
	-----	-----	-----
Total EWC Program	\$ 10,436,700	\$ 10,082,600	\$ (354,100)

Notes:

1) Projections are based on cash basis.

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

Fiscal Year 2022-23, November 2022 Estimate Compared to Appropriation									
POLICY CHG.			FY 2022-23 APPROPRIATION		NOVEMBER 2022 ESTIMATE		DIFFERENCE, Incr./((Decr.))		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$3,382,000	\$3,382,000	\$3,881,000	\$3,881,000	\$499,000	\$499,000	
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0	
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0	
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$5,128,000	\$0	-\$4,970,000	\$0	\$158,000	
Benefits	5	REGIONAL CONTRACTS	\$3,057,000	\$3,057,000	\$2,897,000	\$2,897,000	-\$160,000	-\$160,000	
Benefits	6	EWC COVID-19 CASELOAD IMPACTS	-\$1,556,000	-\$1,556,000	\$1,114,700	\$1,114,700	\$2,670,700	\$2,670,700	
Benefits	7	DIGITAL BREAST TOMOSYNTHESIS	\$237,300	\$237,300	\$157,000	\$157,000	-\$80,300	-\$80,300	
Benefits	8	EWC BASE ADJUSTMENT	\$0	\$0	-\$1,537,000	-\$1,537,000	-\$1,537,000	-\$1,537,000	
EWC TOTAL			\$5,120,300	-\$7,700	\$6,512,700	\$1,542,700	\$1,392,400	\$1,550,400	

Fiscal Year 2022-23 Compared to Fiscal Year 2023-24									
POLICY CHG.			Nov. 2022 Est. for FY 2022-23		Nov. 2022 Est. for FY 2023-24		DIFFERENCE, Incr./((Decr.))		
TYPE	NO.	DESCRIPTION	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	TOTAL FUNDS	STATE FUNDS	
FI	1	FISCAL INTERMEDIARY EXPENDITURES - EWC	\$3,881,000	\$3,881,000	\$4,047,000	\$4,047,000	\$166,000	\$166,000	
Other	2	CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND	\$0	\$0	\$0	\$0	\$0	\$0	
Other	3	BREAST CANCER CONTROL ACCOUNT	\$0	\$0	\$0	\$0	\$0	\$0	
Other	4	CENTERS FOR DISEASE CONTROL AND PREVENTION FUND	\$0	-\$4,970,000	\$0	-\$5,219,000	\$0	-\$249,000	
Benefits	5	REGIONAL CONTRACTS	\$2,897,000	\$2,897,000	\$2,897,000	\$2,897,000	\$0	\$0	
Benefits	6	EWC COVID-19 CASELOAD IMPACTS	\$1,114,700	\$1,114,700	\$0	\$0	-\$1,114,700	-\$1,114,700	
Benefits	7	DIGITAL BREAST TOMOSYNTHESIS	\$157,000	\$157,000	\$215,600	\$215,600	\$58,600	\$58,600	
Benefits	8	EWC BASE ADJUSTMENT	-\$1,537,000	-\$1,537,000	-\$408,000	-\$408,000	\$1,129,000	\$1,129,000	
EWC TOTAL			\$6,512,700	\$1,542,700	\$6,751,600	\$1,532,600	\$238,900	-\$10,100	

¹ Funds are referenced separately in the EWC Funding Summary pages.

FISCAL INTERMEDIARY EXPENDITURES - EWC

POLICY CHANGE NUMBER: 1
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$3,881,000	\$4,047,000
	- GENERAL FUND	\$3,881,000	\$4,047,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$3,881,000	\$4,047,000
	- GENERAL FUND	\$3,881,000	\$4,047,000

Purpose:

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

Authority:

Health & Safety Code 104150(c)

Interdependent Policy Changes:

Not Applicable

Background:

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

Effective October 1, 2019, the DXC Technology Services (DXC) and IBM contractors began processing medical claims.

Reason for Change:

The change for FY 2022-23, from the prior estimate, is an increase due to updated payment data. The change from FY 2022-23 to FY 2023-24, in the current estimate, is an increase due to updated payment projections.

Methodology:

1. The total estimated EWC FI administrative costs are:

Total EWC FI Costs	FY 2022-23	FY 2023-24
Processing Costs	\$3,381,000	\$3,547,000
SDNs	\$500,000	\$500,000
Total	\$3,881,000	\$4,047,000

Funding:

100% General Fund (4260-114-0001)

CIGARETTE AND TOBACCO PRODUCTS SURTAX FUND

POLICY CHANGE NUMBER: 2
IMPLEMENTATION DATE: 7/2012
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$14,515,000	-\$14,515,000
	- PROP 99 FUND	\$14,515,000	\$14,515,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

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

Reason for Change:

There is no change for FY 2022-23 from the prior estimate. There is no change from FY 2022-23 to FY 2023-24 in the current estimate.

Methodology:

1. The CTPS/Proposition 99 funds are budgeted based on EWCs annual claims expenditures.
2. The EWC program will receive \$14,515,000 in FY 2022-23 and FY 2023-24.

Funding:

Proposition 99 Unallocated Local Assistance (4260-114-0236)
100% General Fund (4260-114-0001)

BREAST CANCER CONTROL ACCOUNT

POLICY CHANGE NUMBER: 3
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$6,152,000	-\$7,281,000
	- BCCA FUND	\$6,152,000	\$7,281,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$6,152,000	-\$7,281,000
	- BCCA FUND	\$6,152,000	\$7,281,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

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

Starting July 1, 2018, the Department began receiving revenue from the Department of Motor Vehicles for fees collected from the specialty license plate program in accordance with Assembly Bill 49 (Chapter 351, Statutes of 2014). Funds from the sales of the specialty license plate program are deposited into the BCCA and used to increase breast cancer awareness and screening services for uninsured and underinsured women.

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

Reason for Change:

There is a decrease for FY 2022-23 from the prior estimate due declining revenues. There is an increase from FY 2022-23 to FY 2023-24, in the current estimate, due to revenue estimates increasing in the budget year.

Methodology:

1. The EWC program will receive \$6,152,000 of BCCA funds in FY 2022-23 and \$7,281,000 in FY 2023-24. This amount includes revenue received from the specialty license plate program.

Funding:

Breast Cancer Control Account (4260-114-0009)

100% General Fund (4260-114-0001)

CENTERS FOR DISEASE CONTROL AND PREVENTION FUND

POLICY CHANGE NUMBER: 4
IMPLEMENTATION DATE: 07/2012
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,970,000	-\$5,219,000
	- CDC FUNDS	\$4,970,000	\$5,219,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$0	\$0
	- GENERAL FUND	-\$4,970,000	-\$5,219,000
	- CDC FUNDS	\$4,970,000	\$5,219,000

Purpose:

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

Authority:

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

Interdependent Policy Changes:

Not Applicable

Background:

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

The program offers funding for:

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

The CDC released a new NBCCEDP Request of Application in November 2021. EWC submitted an application for the five year grant (June 30, 2022 – June 29, 2027) on January 26, 2022.

Reason for Change:

The change for FY 2022-23 from the prior estimate is a decrease due to a reduction in the total award amount for the new grant. The change from FY 2022-23 to FY 2023-24 in the current estimate is an increase due to assuming a 5% increase in Local Assistance costs to meet CDC requirements.

Methodology:

1. The CDC grant is a multi-year contract beginning June 30, 2022, through June 29, 2027. The EWC program received a \$7 million CDC grant in FY 2022-23.
2. The Department plans to allocate 71% of the grant to local assistance and 29% to the support budget.
3. Beginning in FY 2023-24, assume clinical claims will increase by 5% each grant year to fulfill CDC requirements.

(Dollars in Thousands)

Funding Type	FY 2022-23	FY 2023-24
Local Assistance	\$4,970	\$5,219
Support	\$2,030	\$1,781
NBCCEDP Grant for EWC	\$7,000	\$7,000

Funding:

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

REGIONAL CONTRACTS

POLICY CHANGE NUMBER: 5
IMPLEMENTATION DATE: 7/2012
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$2,897,000	\$2,897,000
	- GENERAL FUND	\$2,897,000	\$2,897,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$2,897,000	\$2,897,000
	- GENERAL FUND	\$2,897,000	\$2,897,000

Purpose:

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

Authority:

Health & Safety Code 104150(c)
Revenue & Taxation Code 30461.6
CA Health Collaborative Contract #16-93229
Community Health Partnership Contract #16-93232
Vietnamese American Cancer Foundation Contract #21-10147
Santa Barbara County Contract #21-10287

Interdependent Policy Changes:

Not Applicable

Background:

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

The objective of each Regional Contractor is to:

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

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

Reason for Change:

There is a decrease for FY 2022-23, from the prior estimate due to updated contract amounts for CA Health Collaborative. There is no change from FY 2022-23 to FY 2023-24, in the current estimate.

Methodology:

1. Effective July 1, 2021, all regional contracts have been extended for another two years.
2. The contracts are funded as follows:

Contracts	FY 2022-23	FY 2023-24
CA Health Collaborative	\$1,969,500	\$1,969,500
Community Health Partnership	\$266,800	\$266,800
Vietnamese American Cancer Foun	\$306,400	\$306,400
Santa Barbara County	\$354,300	\$354,300
Total	\$2,897,000	\$2,897,000

Funding:

100% General Fund (4260-114-0001)

EWC COVID-19 CASELOAD IMPACTS

POLICY CHANGE NUMBER: 6
IMPLEMENTATION DATE: 04/2020
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$1,216,000	\$0
	- GENERAL FUND	\$1,216,000	\$0
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		8.33%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	\$1,114,700	\$0
	- GENERAL FUND	\$1,114,700	\$0

Purpose:

This policy change estimates Every Woman Counts (EWC) program expenditure changes resulting from a reduction in users due to the Coronavirus disease 2019 (COVID-19) pandemic.

Authority:

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background:

On March 4, 2020, Governor Newsom declared a state of emergency in response to the developing COVID-19 pandemic. On March 19, 2020, a statewide stay at home order was introduced (Executive Order N-33-20). The Department issued an Information Notice to EWC Primary Care Providers (PCP) regarding program updates related to the COVID-19 Public Health Emergency (PHE) on April 2, 2020, which included but was not limited to, updated guidance allowing EWC PCPs to postpone breast and cervical cancer screenings for non-essential issues rendered as a part of routine care temporarily. These actions triggered decreases in base caseload and expenditures for the EWC program.

Reason for Change:

The change for FY 2022-23 from the prior estimate is a General Fund (GF) increase, and the change from FY 2022-23 to FY 2023-24 in the current estimate is a GF decrease. These changes are due to projecting no additional COVID-19 reductions using historical actuals.

Methodology:

1. Assume the PHE continues through mid-April 2023.
2. Using historical data trends, the estimate reflects COVID-19 impact on a cash basis.
3. For FY 2022-23, total COVID-19 impact increases EWC caseload by approximately 1,280 users and EWC expenditures by approximately \$1,216,000.

Funding:

100% General Fund (4260-114-0001)

DIGITAL BREAST TOMOSYNTHESIS

POLICY CHANGE NUMBER: 7
IMPLEMENTATION DATE: 1/1/22
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	\$248,000	\$255,000
	- GENERAL FUND	\$248,000	\$255,000
PAYMENT LAG		0.7600	0.9910
% REFLECTED IN BASE		16.70%	14.70%
APPLIED TO BASE	- TOTAL FUNDS	\$157,000	\$215,600
	- GENERAL FUND	\$157,000	\$215,600

Purpose:

This policy change estimates costs to add digital breast tomosynthesis (DBT) benefit to the list of covered procedures for the Every Woman Counts (EWC) program.

Authority:

Welfare & Institution Code Sections 14043.75(b) & 14105.18

Interdependent Policy Changes:

Not Applicable

Background:

DBT, also known as 3-D mammography, is a modification of digital mammography that has greater sensitivity for cancer detection while decreasing the recall rate from screening mammography. DBT allows for increased detection of breast abnormalities, in particular very small invasive cancers; therefore, improving the breast cancer detection rate and the decreasing the necessity of recipients returning for rescreening. DBT is a benefit covered by Medi-Cal and the Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Many breast imaging facilities that provide services to EWC recipients are no longer providing conventional digital (also known as 2D) mammography because they are switching to DBT. Since DBT is not currently a billable code, this creates a barrier for physicians to provide the latest screening and diagnostic services to EWC recipients.

Reason for Change:

There is no change for FY 2022-23, from the prior estimate. There is an increase from FY 2022-23 to FY 2023-24 in the current estimate due to applying a growth trend using historical expenditures.

Methodology:

1. Assume effective January 1, 2022, EWC providers will be allowed to bill for DBT procedures.
2. Assume a 2.66% increase from FY 2022-23 to FY 2023-24 based on historical expenditure trends.
3. The estimated cost for **FY 2022-23** is **\$248,000 GF** and **\$255,000 GF** for **FY 2023-24**.

Funding:

100% General Fund (4260-114-0001)

EWC BASE ADJUSTMENT

POLICY CHANGE NUMBER: 8
IMPLEMENTATION DATE: 7/1/22
ANALYST: Ryan Chin

		<u>FY 2022-23</u>	<u>FY 2023-24</u>
FULL YEAR COST	- TOTAL FUNDS	-\$1,537,000	-\$408,000
	- GENERAL FUND	-\$1,537,000	-\$408,000
PAYMENT LAG		1.0000	1.0000
% REFLECTED IN BASE		0.00%	0.00%
APPLIED TO BASE	- TOTAL FUNDS	-\$1,537,000	-\$408,000
	- GENERAL FUND	-\$1,537,000	-\$408,000

Purpose

This policy change estimates adjustments for the Every Woman Counts (EWC) base estimates.

Authority

Not Applicable

Interdependent Policy Changes:

Not Applicable

Background

The EWC base estimates were adjusted as a result of updates to the Breast Cancer Control Account revenue projections. The updated revenue projections reduce the amount of Breast Cancer Control Account available to offset the General Fund (GF). However, GF support for the EWC program could not be adjusted to account for this change. This policy change reduces projected base expenditures in the EWC program to account for reduced funding from the Breast Cancer Control Account without impacting the GF.

Reason for Change

This is a new policy change.

Methodology

1. The EWC base adjustment is a decrease of \$1,537,000 GF in FY 2022-23 and a decrease of \$408,000 GF in FY 2023-24.

Funding:

100% General Fund (4260-114-0001)

EWC Trend Report
(Includes Actuals & Projected Base Values)

Total				
Quarter	Base Estimate Caseload	Estimated Caseload from Policy Changes	Total Caseload	Total EWC Payments
July-Sept 2017				\$6,097,095 *
Oct-Dec 2017				\$8,140,735 *
Jan-Mar 2018				\$6,136,128 *
April -June 2018				\$9,577,882 *
FY 2017-18	26,914		26,914 *	\$29,952,000
July-Sept 2018				\$9,276,000 *
Oct-Dec 2018				\$9,943,000 *
Jan-Mar 2019				\$7,831,000 *
April -June 2019				\$12,193,000 *
FY 2018-19	31,080		31,080 *	\$39,243,000
July-Sept 2019				\$9,608,934 *
Oct-Dec 2019				\$9,296,035 *
Jan-Mar 2020				\$8,777,510 *
April -June 2020				\$4,761,023 *
FY 2019-20	28,603		28,603 *	\$32,444,000
July-Sept 2020				\$6,241,258 *
Oct-Dec 2020				\$7,096,178 *
Jan-Mar 2021				\$6,317,249 *
April -June 2021				\$7,646,668 *
FY 2020-21	20,895		20,895 *	\$27,301,000
July-Sept 2021				\$7,588,117 *
Oct-Dec 2021				\$6,741,070 *
Jan-Mar 2022				\$6,821,714 *
April -June 2022				\$7,170,375 *
FY 2021-22	22,809		22,809 *	\$28,321,000
July-Sept 2022				\$6,801,576 **
Oct-Dec 2022				\$7,586,576 **
Jan-Mar 2023				\$7,586,576 **
April -June 2023				\$7,586,576 **
FY 2022-23	23,730	1,280	25,010 **	\$29,561,000
July-Sept 2023				\$7,586,576 **
Oct-Dec 2023				\$7,586,576 **
Jan-Mar 2024				\$7,586,576 **
April -June 2024				\$7,586,576 **
FY 2023-24	24,305		24,305 **	\$30,346,000

Notes:

- 1) Starting FY 2017-18, expenditures are estimated on a cash basis.
- 2) Caseload now identifies average monthly users by date of payment.
- 3) Four quarters of COVID-19 impact for FY 2022-23.

* Actuals

** Estimated

FAMILY HEALTH INFORMATION ONLY
November 2022
FISCAL YEARS 2022-23 & 2023-24

INTRODUCTION

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

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

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

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

California Children's Services Program

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

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

(MCH) funding. GF expenditures were reduced by federal funding by the Safety Net Care Pool (SNCP) under the Bridge to Reform (BTR) Demonstration. The BTR ended October 31, 2015. At this time, the Department is not assuming the continuation of the SNCP Designated State Health Programs. SNCP final reconciliations will continue to be budgeted.

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

Genetically Handicapped Persons Program

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

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

Every Woman Counts Program

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

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

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

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

BASE ESTIMATES

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

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

Where:

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

California Children's Services Program

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

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

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

Genetically Handicapped Persons Program

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

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

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

Every Woman Counts Program

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

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

INFORMATION ONLY:**CALIFORNIA CHILDREN'S SERVICES****1. Whole Child Model (WCM) Program**

To improve access to health care for the Children and Youth with Special Health Care Needs (CYSHCN) and to eliminate the fragmentation that exists in the current CCS health care delivery system, the Department implemented the WCM program in 2019 in 21 specific counties.

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

Starting in July 2018, the first phase of the WCM incorporated CCS Program services into the integrated care systems of most County-Organized Health Systems (COHS). COHS are county-developed and operated Medi-Cal managed care plans with strong community ties. These plans are required to demonstrate support from various stakeholders that may include the respective county CCS program, local providers and hospitals, and local families of children with CCS eligible medical conditions or local advocacy groups representing those families. Phase two implemented on January 1, 2019 and Phase three, the final phase, implemented on July 1, 2019.

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

SB 1095, statutes of 2016, requires that statewide newborn screening be expanded to include Spinal Muscular Atrophy (SMA), now that SMA has been adopted by the federal Recommended Uniform Screening Panel (RUSP). Newborn screening for SMA, which started June 1, 2020, identifies most children with the early onset forms of the genetic disorder. Children identified through the newborn screening program as having, or at risk of having, SMA will require confirmatory testing/diagnostic studies, clinical/medical management, monitoring, and ongoing treatment. Treatment currently consists of pharmacotherapy (to increase protein expression) with better outcomes and gene therapy. There will be a cost to the program due to earlier detection and delivery of high-cost treatment.

3. California Children's Services - Medical Therapy Program Special Education

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

4. State Pharmaceutical Assistance Program (SPAP)

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

GENETICALLY HANDICAPPED PERSONS PROGRAM

1. Health Insurance Premium Reimbursement (HIPR) Program

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

2. State Pharmaceutical Assistance Program (SPAP)

The GHPP State-Only program is considered a federal SPAP program. As an SPAP, the Department is able to negotiate with drug manufactures for rebates. These rebates would be separate from the Medicaid rebates and the Department's State Supplemental rebates

approved under California's Medicaid State Plan. SPAP rebates are exempt from Medicaid Best Price. The Department is reviewing the best course toward moving forward with obtaining rebates for the GHPP State-Only program.

EVERY WOMAN COUNTS PROGRAM

1. Correction of Denied Provider Claims

The Every Woman Counts (EWC) program utilizes the Fiscal Intermediary (FI) to adjudicate clinical claims. Issues were discovered with the claims adjudication process that resulted in denied clinical claims. Currently ~~three~~ **one** Problem Statements (PS) ~~have~~ **has** been issued for claim denials, resulting from an incorrect system crosswalk from ICD 9 to ICD 10 diagnosis codes. The identified claims adjudication problems are EWC specific. The FI has determined that system changes are required to correctly adjudicate the claims. System changes are costly and can take anywhere from 90 days to up to one year to resolve depending on the complexity of the work to be performed. Once the system changes are in place, the FI will issue an Erroneous Payment Correction (EPC) to re-adjudicate denied claims. These system changes and EPCs will impact EWC's budget. See the EWC Erroneous Payment Corrections Policy Change for additional details.

2. Washington State Attorney General's Office

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

DISCONTINUED POLICY CHANGES

Fully Incorporated Into Base Data/Ongoing

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Time-Limited/No Longer Applicable

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.

DISCONTINUED POLICY CHANGES

Withdrawn

CCS

Not applicable.

GHPP

Not applicable.

EWC

Not applicable.