

# State of California—Health and Human Services Agency Department of Health Care Services



EDMUND G. BROWN JR. GOVERNOR

### Care Coordination Advisory Committee Medi-Cal Sources of Non-Federal Share

# **Types of Non-Federal Share**

# Certified Public Expenditure (CPE)

State or local governmental entities certify that they have spent CPE funds on items and services that are eligible for federal matching Medicaid funds. The spent funds may not include public funds that originated as state Medicaid payment revenues. Federal matching funds are then provided for the federal share of the CPE. Unlike Intergovernmental Transfers (IGTs), CPEs do not involve an actual transfer of funds to the Medicaid agency. Instead, the federal government recognizes the expenditure by the state or local governmental entity as eligible for federal match and provides the federal share to the Medicaid agency.

# **General Fund**

The General Fund is the predominant fund for financing state government programs. It is used to account for revenues which are not specifically designated to be accounted for by any other fund. The primary sources of revenue for the General Fund are the personal income tax, sales tax and bank and corporation taxes.

### Intergovernmental Transfer (IGT)

IGTs are transfers of public funds between or within levels of government. The transfer of funds may take place from one level of government to another (e.g., county to state) or within the same level of government (e.g., from a state university hospital to the state Medicaid agency). States can use county or state funds as the match for federal funds.

### Provider Taxes/Fees (all are also Special Funds)

Provider taxes/fees are imposed by states on health care services where the burden of the tax falls mostly on providers, such as a tax on inpatient hospital services or nursing facility beds. Under current regulations, states may not use provider tax revenues for the state share of Medicaid spending without a waiver unless the tax meets three requirements: must be broad-based, uniformly imposed, and cannot hold providers harmless from the burden of the tax.

Current Fees/Taxes that support Medi-Cal

- Hospital Quality Assurance Fee (ongoing)
- Long Term Care Quality Assurance Fees (sunsets July 30, 2020)
  - o Freestanding Nursing Facilities, Level B
  - Freestanding Subacute Nursing Facilities, Level B
  - Intermediate Care Facilities for the Developmentally Disabled

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- Freestanding Pediatric Subacute Facilities
- Managed Care Organization Tax (sunsets June 30, 2019)
- Ground Emergency Medical Transportation (pending CMS approval of the rate increase; assuming CMS approves rate increase, it would be retroactive to July 1, 2018)

# Special Funds (other than Provider Taxes/Fees)

Funds created by statute, or administratively per Government Code section 13306, used to budget and account for taxes, licenses, and fees that are restricted by law for particular activities of the government.

- Emergency Air Transportation Fund
- Proposition 99: Hospital Services Account
- Proposition 99 Physician Services Account
- Proposition 99 Unallocated Account
- Healthcare Treatment Fund (Proposition 56)
- Healthcare Service Plans Fines and Penalties Fund

# Tables of Current CPE and IGT Programs

CURRENT CPE PROGRAMS	Who Provides CPE
Specialty Mental Health Services Program	Counties
Drug Medi-Cal Program, including Organized Delivery System	Counties
Medi-Cal Targeted Case Management Program (TCM)	Counties
County Medi-Cal Administrative Activities Program (CMAA)	Counties
	Local Governmental
Tribal Medi-Cal Administrative Activities Program (TMAA)	Agencies
	Local Governmental
Local Education Agency Billing Option Program (LEA-BOP)	Agencies
School-Based Medi-Cal Administrative Activities Program	Local Governmental
(SMAA)	Agencies
Inpatient Hospital Services Reimbursement for Designated	Designated Public Hospital
Public Hospitals	Systems
	Designated Public Hospital
	Systems &
Supplemental Payments Outpatient Hospital Services in Public	District/Municipal
Hospitals	Hospitals
	Designated Public Hospital
Physician/Non-Physician Practitioner Supplemental Payments	Systems
Adult State Inmate	CDCR
State Medical Parole	CDCR
Juvenile State Ward	CDCR
Adult County Inmate	Counties
Juvenile County Ward	Counties
County Compassionate Release/Medical Probation	Counties
	Designated Public Hospital
Construction Renovation & Reimbursement for Public Hospitals	Systems
Construction Renovation & Reimbursement for Distinct Part	
Nursing Facilities	Public DP NFs
Veterans' Homes	State Owned SNFs
Ground Emergency Medical Transportation Supplemental	
Payments	Public GEMT Providers
California Childrens Services (CCS)*	DHCS
Genetically Handicapped Persons Program (GHPP)*	DHCS
Medically Indigent Adult Long Term Care (MIA-LTC)*	DHCS
AIDS Drug Assistance Program (ADAP)*	CDPH
Prostate Cancer Treatment Program*	DHCS

\* Designated State Health Programs approved under Medi-Cal 2020 Demonstration to claim FFP using CPEs

CURRENT IGT PROGRAMS	Who Provides IGT
	Designated Public Hospital
Global Payment Program	Systems (excluding UC)
	Counties, Cities,
	Designated Public Hospital
Whole Person Care Program	Systems
	Designated Public Hospital
PRIME	Systems
DSH funding for UC Hospitals	UC Hospitals
Enhanced Payments to Private Trauma Hospitals	Counties
NDPH Supplemental Payments (AB 113)	District/Municipal
	Hospitals
Martin Luther King Jr Community Hospital Payment Program	Los Angeles County
Managed Care Health Care Financing Programs	
	Various public entities
Managed Care Public Hospital Financing (Enhance	Designated Public
Payment/Quality Incentive)	Hospitals