TECHNICAL BRIEF:
ISSUES IMPACTING THE ACCURACY OF THE ADMINISTRATION'S ACCESS ANALYSIS FOR THE COMMUNITY-BASED ADULT SERVICES PROGRAM

2/11/14

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INTRODUCTION

Adult day health services are a range of integrated clinical and social services provided in a daytime facility, that are intended to assist frail seniors and persons with disabilities who are at risk of institutional care to continue to live in the community. These services are important to a continuum of care that addresses an elderly population with multiple infirmities and are defined as a core service in California's Coordinated Care Initiative. However, access to adult day health services within that continuum is under threat because of the Medi-Cal rate reduction. Adult Day Health Care (ADHC) attendance has dropped by 9,454 persons since 2010-2011, a reduction of more than 26% of program participants. The state has not done cost effectiveness studies or studies to determine what the outcomes are of this loss of 9,454 persons.

The rate reduction has had a disproportionate impact on adult day health care centers that provide Community-Based Adult Services (CBAS) because these providers, having just suffered elimination in the 2011 state budget, were unable to afford to join other Medi-Cal providers in rate litigation (cost to participate in the ligation was about $100,000). Therefore, the CBAS rate was cut in December 2011, retroactive to June 2011, and has been in place for more than two years, while most other Medi-Cal provider cuts were deferred by injunction, pending the results of litigation.

The Governor's budget proposal now proposes to "forgive" those past Medi-Cal cuts for other providers but does not provide any relief to CBAS providers. The rate cut is devastating the adult day health care services provider network, with fifty (50) center closures since 1/10/11, representing more than 16% of the state's network of ADHC centers. More closures are imminent; for example, five (5) more centers are currently developing plans to close.

The California Department of Health Care Services (DHCS) is charged with monitoring and ensuring access to appropriate services for the Medi-Cal population. The Department has

maintained that there is "ample capacity"[1] in CBAS and that closures have had "little impact"[2] on program participants. The Department's method for determining access is inaccurate and fails to adequately explain or measure the impacts on 3,686 CBAS participants who have lost services. Furthermore, it costs about a million dollars to start a new adult day health care center, so the closures that have already taken place represent about $50 million dollars' worth of lost capacity to serve vulnerable Californians who will need alternatives to nursing home care as the population ages. **Restoring the Medi-Cal rate for CBAS providers, estimated to cost less than $14 million in total, is essential to prevent the further loss of capacity, adverse impacts on frail participants, and permanent loss of infrastructure.**

BACKGROUND

Prior to 2011, Adult Day Health Care (ADHC) was a state plan optional benefit of the Medi-Cal program, offering an integrated medical and social services model of care that helped individuals continue to live outside of nursing homes or other institutions. Due to the state budget crisis, the Budget Act of 2011 and the related trailer bill, Chapter 3 of the Statutes of 2011, eliminated ADHC as a Medi-Cal optional State Plan benefit. As a result, a class action lawsuit, *Esther Darling, et al. v. Toby Douglas, et al.*, challenged the elimination of ADHC as a violation of the Supreme Court decision *Olmstead v. L.C.* The state settled the lawsuit, agreeing to replace ADHC services with a new program called Community-Based Adult Services effective April 1, 2012. The Department of Health Care Services amended the "California Bridge to Reform" 1115 Waiver to include the new CBAS program, which was approved by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2012. CBAS is operational under the 1115 Bridge to Reform waiver through August 31, 2014. There is no cap on enrollment into this waiver service.

CBAS is a managed care benefit, administered through California's Medi-Cal Managed Care Organizations. For CBAS-eligible individuals who do not qualify for managed care enrollment, who have an approved medical exemption or who reside in counties where managed care is currently not available, CBAS services are provided as a Medi-Cal Fee-for-Service benefit. CBAS provides integrated clinical and social services to frail elders and other adults with disabilities, chronic conditions and complex care needs, such as Alzheimer's disease or other dementia, diabetes, high blood pressure, mental health diagnoses, traumatic brain injury, people who have had a stroke or breathing problems or cannot take medications properly. These programs also offer support to family caregivers. CBAS participants, who are at-risk of institutionalization, receive services in the center and return to their own homes at night.

[1] California Department of Health Care Services. (2013). *California Bridge to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013*, page 7. This report does not appear to be online.
[2] Ibid, page 8.

According to a recent study by the California Medicaid Research Institute, the statewide weighted average annual per person nursing home cost for Medi-Cal/Medicare recipients in

California is $83,364, while the average annual expenditure per person for ADHC for this population is $9,312,[3] making CBAS a cost-effective alternative to managing a vulnerable and high-risk population.

FLAWS IN THE STATE'S ACCESS ANALYSIS FOR CBAS

- TIMEFRAME DIFFERENTIAL FOR REPORTING UNDERCOUNTS EXTENT OF ISSUE:

  In its quarterly reports on CBAS to the CMS, the Department of Health Care Services begins documentation of center closures and impacts on enrolled participants who consequently lost their services in April 2012, the month when the CBAS program replaced Adult Day Health Care services. However, the more relevant date is from the time period of the elimination (proposed in January 2011 and adopted in March 2011) and the cut to the Medi-Cal reimbursement rate for adult day health care services (implemented in December 2011, retroactive to June 2011), both of which have destabilized the ADHC provider sector.

  At the request of the Assembly Committee on Aging and Long-Term Care, the California Department of Aging (CDA) tracks center closures and enrolled participants from the time the elimination was proposed on January 10, 2011 to the current date.[4] Between that time and November 2013, 50 centers closed and remain closed, resulting in 3,295 enrolled participants who lost their services.[5] **This difference between the DHCS report to CMS and the Department of Aging report to the Assembly undercounts the extent of the problem, as seen in Table 1 below:**

[3]Newcomer, R., Harrington, C. et al. (2012). *Medicaid and Medicare Spending on Acute, Post-Acute and Long-Term Services and Supports in California.* Retrieved 2/7/14 from http://www.thescanfoundation.org/sites/thescanfoundation.org/files/camri_medicare_medicaid_spending-12-12-12.pdf.

[4] California Department of Aging. (2013). *Closed and Suspended Adult Day Health Care (ADHC) Centers From January 10, 2011 to November 30, 2013. Total Centers Closed: 51.* This report does not appear to be online.

[5] The Department of Aging report referenced above actually over-reports slightly, stating that 51 centers have closed impacting 3,509 participants. We are aware of an error in the report; the Paradise Adult Day Health Care Center in Los Angeles has re-opened as Sochi Community-Based Adult Services, serving 214 participants. For the sake of accuracy we have used the corrected data here and have alerted the Department of Aging as to the error.

Table 1

	DHCS 9/30/13 Quarterly Report to CMS[6]	Department of Aging 12/3/13 Report to Assembly
TOTAL CENTERS CLOSED	20	50
TOTAL ENROLLED PARTICIPANTS WHO LOST SERVICES	988	3,295

- <u>WHAT HAPPENED TO PARTICIPANTS WHO LOST SERVICES PRIOR TO APRIL 2012?</u>

  This is unknown. As shown in the table above, DHCS quarterly reports account for impacts only after CBAS was formally launched, so **2,307 enrolled ADHC participants who lost services in the previous year due to center closures are unaccounted for in DHCS reporting.**

- <u>WHAT HAPPENED TO PARTICIPANTS EXPERIENCING DISPLACEMENT MORE RECENTLY</u>?

  DHCS reports that of the 988 participants affected by a center closure since April 2012, 474 (48%)[7] attended another CBAS center, 346 (35%) received "unbundled services" and **168 (17%) show "no further claim or activity to track ongoing medical unbundled benefits."**

- <u>"UNBUNDLED SERVICES" ARE NOT CBAS SERVICES</u>

  When adult day health care centers close and there is no access for participants to attend another center, DHCS reports that "unbundled services" are available. However, unbundled services are not equivalent to CBAS services, and the Department is not monitoring outcomes for participants who receive unbundled services to measure their status or to assess the comparability of these services to CBAS.

[6] California Department of Health Care Services. (2013). *California Bridge to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013.*

[7] The DHCS quarterly report to CMS cites this percentage differently, first subtracting those 168 people who do not receive anything, creating a subset of 820 people, and then calculating percentages from that subset. The rationale for eliminating those who received nothing from the calculation is unclear. The 48% calculation above is based on the inclusion of those who received nothing to replace their CBAS services. California Department of Health Care Services. (2013). *California Bridge to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013)*, page 5.

DHCS describes unbundled services and how they are used:

"*If there is insufficient CBAS center capacity to satisfy the demand in counties which had ADHC centers as of December 1, 2011 (as a base date), eligible beneficiaries receive unbundled CBAS (i.e. component parts of CBAS delivered outside of centers with a similar objective of supporting beneficiaries, allowing them to remain in the community. Unbundled services include senior centers to engage beneficiaries in social/recreational activities and group programs, home health nursing and therapy visits to monitor health status and provide skilled care, and In-Home Supportive Services (IHSS) (which consists of personal care and home chore services to assist the beneficiary's Activities of Daily Living or Instrumental Activities of Daily Living) through Medical Fee-for-Service or, if the beneficiary is enrolled in managed care, through the beneficiary's Medi-Cal managed health plan.*"[8]

ADHC centers providing CBAS are licensed daytime health facilities that provide consistent, integrated services from a multi-disciplinary team including nurses, social workers, occupational therapists and other professionals. CBAS bridges the gap between home-based care and the intense medical care recipients would receive in a nursing home, serving frail elders and other adults with disabilities, chronic conditions and complex care needs such as Alzheimer's disease or other dementia, diabetes, high blood pressure, mental health diagnoses, traumatic brain injury, people who have had a stroke or breathing problems or who cannot take medications properly.

CBAS services include health, therapeutic and social services including transportation; skilled nursing care, physical, occupational and speech therapy, medical social work services; therapeutic exercise activities; protective supervision; activities of daily living, brain-stimulating activities, nutritionally balanced hot meals and caregiver supports. Services are provided in accordance with a person-centered care plan designed after a three-day interdisciplinary team assessment that includes a home visit and communication with the participant's primary care physician.

There is no evidence to support the idea that "unbundled services" are equivalent to adult day health care services and no measurement of outcomes to make a comparison.

- <u>SOME COUNTIES HAVE LOST ALL ACCESS TO CBAS:</u>

  According to the Special Terms and Conditions of the 1115 waiver, CBAS access/capacity must be provided in every county except those that did not previously have ADHC centers on December 1, 2011.

[8] Ibid, page 2.

Prior to the elimination of ADHC, thirty (30) counties had no adult day health care center. However, two (2) counties, Sonoma and Stanislaus, did have CBAS capacity prior to the program's elimination, but have lost it due to closures:

- Non-profit Southwest Adult Day Services center in Santa Rosa, serving 34 people,[9] closed on 8/10/12;
- Non-profit Miller's Place of Modesto served 83 people and closed on 4/12/13;
- For-profit Turlock ADHC served 70 people and closed on 6/30/11.

The 187 people formerly served by CBAS in Sonoma and Stanislaus counties now either receive "unbundled services" or show "no further claim or activity."[10]

- ACCESS IS MORE THAN "OPEN" SPOTS

The Department's access analysis is based on the assumption that when CBAS centers close, participant access is not affected if there are open spots in another center, and there is "little impact"[11] on participants. There are errors in this assumption, for example:

- Most CBAS centers are small, highly personalized programs and many are tailored to meet the needs of differing populations that are not automatically interchangeable. For example, some centers serve only dementia patients, and are not appropriate for populations with other chronic conditions. Some specialize in serving people with specialized cultural or linguistic needs. If a center serving a monolingual Chinese/Asian population closes, it is not a solution for those participants that there is a center across town serving a different population. Health disparities in California are well-documented, and it takes years to build up a culturally and linguistically competent program that is equipped to serve racial and ethnic minorities effectively.

- At times the state uses estimates of statewide capacity to describe access ("*CBAS Centers continue with ample capacity for utilization of approximately 60%, depending on the county."*[12]*)* However, CBAS centers serve participants during the

[9] The Department of Aging report to the Assembly references "enrolled participants," so represents the number of people actually being served in each center.

[10] These 187 people are captured in the state's reporting of 988 individuals, so we have not counted them separately, but simply note here the loss of all CBAS capacity in these counties and the number of people impacted.

[11] California Department of Health Care Services. (2013). *California Bridge to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013)*, page 8: "*…closure of individual CBAS Centers (or consolidation of CBAS providers) has little impact on CBAS participants at this time."*

[12] Ibid, page 7.

day; they return to their own home at night. In order to have meaningful access, they have to be able to attend a center near their home. It is no help to those who lost services in Stanislaus and Sonoma counties that a CBAS center in Los Angeles has an opening.

- The state access analysis relies on an assessment of "licensed capacity." Licensing capacity doesn't always reflect safe capacity; there are other considerations. "Program Capacity" is a more accurate measure of access, defined as the number of persons the program is equipped, regulated and staffed to serve. If a center has a high number of participants using wheelchairs or walkers, it is unsafe to serve the full number at "licensed capacity." Similarly, a high number of participants with cognitive or behavioral health issues require serving fewer participants in order to serve them effectively. The state's methodology for calculating available capacity does not take into account that in many cases it would not be safe programmatically for a center to operate at 100% of licensed daily capacity, and therefore it overestimates available CBAS capacity.

- CBAS programs transport participants from home to the program and back again. The state's access analysis does not consider geographical distances between centers that close, and other centers that have openings. It would be inappropriate and a violation of Title 22 of the Welfare and Institutions Code, which regulates ADHC, to transport a frail participant for over an hour on a bus to another CBAS center. To have real access, a participant would need another center in close geographic proximity. The state estimates access countywide (or sometimes statewide), but does not take into account actual distance as part of its access analysis.

- Losing services with an established center with whom participants have close and trusting relationships is wrenching for participants and disruptive to their care and wellbeing. Even if a participant is able to successfully change centers, it is extremely disruptive and high-risk and should not be characterized as having "little impact."

- <u>WHAT HAPPENED TO THOSE FOUND INELIGIBLE FOR CBAS?</u>

  To the best of our knowledge the Department of Health Care Services has not reported the actual number of people who were disqualified for services based on the more stringent requirements of CBAS compared to the ADHC program. The two most recent quarterly reports from DHCS to CMS indicate that 90% of those assessed were found eligible for services.[13]

[13] California Department of Health Care Services. (2013). *Community-Based Adult Services Quarterly Progress Report April 1 – June 30, 2013,* page 2, and California Department of Health Care Services, (2013), *California Bridge*

Among those found ineligible, DHCS reports that 2,376 beneficiaries requested a State Fair Hearing after they were found ineligible for CBAS. **Of those, 1237 (52%) were in fact found eligible for CBAS services, 865 (36%) withdrew from the process, 257 (11%) were found ineligible and 17 (1%) are still in process.**

The amount of "churn" for these participants is notable and worthy of evaluation of the impacts and cost-benefit of the process: they were initially assessed, found ineligible, lost their CBAS center services (except in those cases where a center continued to deliver services without payment), were enrolled in enhanced case management instead of CBAS, went through the fair hearing process where 88% were either found to be eligible or dropped out of the process, and those found eligible were then restored to CBAS services.[14]

CBAS providers express concern over the category of people who withdrew, stating that they are aware of participants who were placed in skilled nursing facilities, who died prematurely, or whose mental health and anxiety issues made them unable to follow-through with the fair hearing process. DHCS offers an alternative explanation without presenting any evidence for its conclusion: "*Many CBAS beneficiaries who filed for a fair hearing withdrew from the process primarily due to realizing that there was no medical necessity for their care, or they had a change in condition, which changed their eligibility status.*"[15]

Without person-level tracking, the outcomes for the 865 people who withdrew from the process remains an open question.

- <u>WHAT ARE THE UTILIZATION TRENDS IN CBAS?</u>

  According to the annual statistical reports of the California Department of Aging, in 2010-11 there were 35,915 Medi-Cal beneficiaries receiving adult day health care services in California, while the estimated number of persons served during 2012/13

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to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013), page 2.

[14] Over four million dollars ($ 4.16 million) was paid in late penalties and administrative costs for conducting fair hearings for CBAS. The total cost of the program elimination and transition to CBAS was over $21 million, of which nearly $10.8 million were state general fund dollars. See Appendix C for detail. *May 2012 DHCS Medi-Cal Fiscal Estimate Policy Change 16*; *May 2013 DHCS Medi-Cal Fiscal Estimate Policy Change 32.* Retrieved 2/7/14 from *http://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Pages/default.aspx.*

[15] California Department of Health Care Services, *California Bridge to Reform Demonstration (11-W-00193/9) Section 1115 Quarterly Report, Demonstration Year: Nine (07/01/13-06/30/14), First Quarter Reporting Period: 07/01/2013 – 09/30/2013)*, page 6.

had dropped to 26,461. **This represents 9,454 fewer participants, a reduction of more than 26% of program participants.**[16]

It is complex to try to understand this reduction. If 9,454 people who were previously receiving services had been found ineligible for the program and were not, after all, at risk of institutionalization, then policymakers involved with eliminating the program might characterize the reduction in numbers as a positive trend. However, there is no empirical evidence for that conclusion as the state has not tracked what happened to these persons. The state has probably achieved some savings from persons losing their services when their center closed and not finding other services. The fact that a person who lost services has not found other services is no surprise given this is an elderly, low income population with multiple infirmities.

Since the actual number of people found ineligible for the program based on face-to-face assessment has not been reported by the Department, the 26% reduction in people receiving services appears to result from three main factors. These include:

- People who lost services due to the complicated churn of the transition;
- Those who lost services because it was difficult for them to participate in the fair hearing process;
- Those who lost services due to the closure of centers.

If people who need and qualify for services have lost them due to these factors, the implications would in fact be negative for the participants involved as well as for the state budget, and would indicate a serious problem with access to the services.

What is known indicates the latter – that California has a serious problem with access to CBAS services that is only getting worse as more centers close.

The rationale for the elimination of the adult day health care program was based on an underlying assumption that many people receiving ADHC services did not need or qualify for them. This has not proven to be the case. What has occurred is that the elimination, along with the cut to the provider rate and all the chaos that has ensued for participants as a result, has dramatically curtailed access to this important program for frail seniors and people with disabilities who depend on these services.

[16] California Department of Aging. *Statistics/Demographics-CDA Statistical Fact Sheets & Program Narratives (March 2013).* Retrieved on 2/7/14 from http://www.aging.ca.gov/Data_and_Statistics/Facts_and_Program_Narratives_2013.asp.

CONCLUSION

The state has designated CBAS as a core service in California's Coordinated Care Initiative, envisioned to assist the state and managed care plans to reduce institutional care as California's aging population grows. However, the rapid loss of access to CBAS due to the unprecedented pace of closures threatens the viability of the provider network that delivers CBAS services. This loss of access will have serious negative implications for the state budget as well as the success of the Coordinated Care Initiative. The 10% Medi-Cal rate cut for CBAS providers (representing less than $14 million statewide) must be immediately restored in order for CBAS to remain a realistic and viable option within the Coordinated Care Initiative.

APPENDIX A: Outcomes of Displaced Adult Day Health Services Participants

	DHCS 9/30/13 Quarterly Report to CMS	**Department of Aging 12/3/13 Report to Assembly**	**Difference**
Total centers closed	20 Centers	50 Centers	30 Centers Closed But Uncounted
Total enrolled participants who lost services	988 Participants Lost Services and are Accounted for by DHCS	3,295 Total Participants Lost Services	2307 Participants Unaccounted For
Subset of 988 participants who could no longer access CBAS due to closures and who received unspecified "unbundled services" without tracking for outcomes	346 Received "unbundled services" after losing CBAS		
Subset of 988 participants who could no longer access CBAS due to closures and who received no services and were not tracked for outcomes	168 Received no services after losing CBAS		
Found Ineligible for CBAS on Initial Assessment, Began Fair Hearing Process But Withdrew (Fair Hearing process found 52% of those who initially found ineligible were in fact eligible for CBAS)			865 Withdrew After Starting Fair Hearing Process
TOTAL PARTICIPANTS DISPLACED FROM SERVICES WHOSE OUTCOMES ARE UNKNOWN	**3,686 People** • 2,307 participants displaced from services due to center closures between 1/10/11 – 4/1/12 but not tracked or accounted for in DHCS reporting. • 346 participants displaced and receiving "unbundled services" with no measurement of equivalency of services or patient outcomes. • 168 participants displaced but who showed no further claim or activity after that. • 865 found ineligible for CBAS on initial assessment, began fair hearing process but withdrew for unknown reasons.		

<u>APPENDIX B:</u> Responses to DHCS Comments on Access to CBAS

- DHCS wrote in its September 30, 2013 quarterly report to CMS that, *"Counties continue to have available CBAS Center capacity for participants discharged from closed CBAS centers"* (p. 3).

  Fifty centers statewide have closed since January 10, 2011. Sonoma and Stanislaus counties have lost 100% of CBAS access due to center closures. Five additional centers are in the process of planning closure and will close without immediate restoration of the 10% Medi-Cal rate.

- The Department has written that, *"CBAS participants affected by a Center Closure, and that are unable to attend another local CBAS Center, can receive unbundled services…the large, statewide volume of In-Home Supportive Services (IHSS) providers is a key characteristic of California's home and community-based services that help substitute institutional care for seniors and persons with disabilities"* (p. 4).

  CBAS services include health, therapeutic and social services including transportation; skilled nursing care; physical, occupational and speech therapy; medical social work services; therapeutic exercise activities; protective supervision; activities of daily living, brain-stimulating activities, nutritionally balanced hot meals and caregiver supports. Services are provided in accordance with a person-centered care plan designed after a three-day interdisciplinary team assessment that includes a home visit and communication with the participant's primary care physician. What studies has the Department conducted to ensure that "unbundled services" are equivalent to CBAS services?

- *"With current enrollment numbers at approximately 25,500 participants statewide, the CBAS Center's licensed capacity indicates there is ample availability for enrollment, with the current capacity at 28,344"* (p. 7).

  Having pushed one out of six centers out of business and reduced the caseload by 26%, the Department says the existing centers still have room in them. CBAS services are delivered in the daytime and recipients return to their own home at night; therefore, a center must be located within an hour's transportation of the participant's home to provide meaningful access. Given that, statewide data used to estimate access is not meaningful.

- *"…CBAS Centers continue with ample capacity for utilization of approximately 60%, depending on the county"* (p. 7).

  For the reasons mentioned above, statewide data used to estimate access is not meaningful.

- *"DHCS continues to monitor access to CBAS Centers, average utilization rate, and available capacity, with no action necessary at this time. There is enough CBAS capacity to serve FFS Medi-Cal beneficiaries [STC 91(k)] without resorting to unbundled services in most county areas and many community-based services are available to serve at the local level. The majority of beneficiaries are able to enroll in another local Center for ongoing services. With such excessive capacity in counties where there are multiple CBAS providers, closure of individual CBAS Centers (or consolidation of CBAS providers) has little impact on CBAS participants at this time"* (p. 8).

  How is the Department able to assess that the loss of CBAS services had little impact on 9,454 untracked former CBAS participants who lost services?

APPENDIX C: Cost Of California's Elimination of Adult Day Health Services And Conversion To Community-Based Adult Services

SUMMARY:

There were five types of administrative costs associated with the elimination of Adult Day Health Care Services as an optional Medi-Cal benefit and the transition of the program to CBAS:

1) Discharge planning costs paid to Adult Day Health Centers;
2) Fiscal intermediary payments to Maximus for beneficiary notifications ("Health Care Options" costs);
3) Assessment and care coordination for Fee-for-Service clients paid to APS, Inc. (a New York based care coordination company);
4) Administration costs paid to the Department of Social Services for IHSS re-assessment; and
5) Fair hearing outcomes and penalties.

The total of these transition costs from 2011-12 thru 2013-14 (including an estimate of 2013-14 costs) brings the total cost of the transition to $21,553,000, of which $10,776,500 was a cost to the state general fund. [Source: May 2012 DHCS Medi-Cal Fiscal Estimate Policy Change 16; May 2013 DHCS Medi-Cal Fiscal Estimate Policy Change 32.]

DETAIL:

2011-12	**TOTAL FUNDS**
Discharge Planning	290,000
Health Care Options	2,342,000
FFS Assess/Care Coord.	7,888,000
IHSS Administration	3,500,000
TOTAL	$14,020,000

2012-13	
Health Care Options	447,000
FFS Assess/Care Coord	2,230,000
Fair Hearing Costs/Penalties	4,160,000
TOTAL	$6,837,000

2013-14 (Estimated)	
FFS Assess/Care Coord	656,000
TOTAL	$656,000

STATE GENERAL FUND	**$10,756,500**
FEDERAL SHARE	**$10,756,500**
GRAND TOTAL	**$21,513,000 (State and Federal)**