

State of California HIV/AIDS Program Funding Detail
Department of Public Health (CDPH) and Department of Health Care Services (DHCS)
2022 May Revision
(\$ In Thousands)

Funding Category	2020-21 (Actuals)					2021-22 (Estimated)					2022-23 (Budgeted)				
	General Fund	Federal Funds	Special Funds	Reim-bursement	Total	General Fund	Federal Funds	Special Funds	Reim-bursement	Total	General Fund	Federal Funds	Special Funds	Reim-bursement	Total
Support (CDPH-OA)															
CDPH-Office of AIDS (OA) ^{1,2/}	\$ 3,683	\$ 20,583	\$ 9,483	\$ 820	\$ 34,569	\$ 6,114	\$ 26,948	\$ 11,945	\$ 869	\$ 45,876	\$ 5,224	\$ 26,868	\$ 11,953	\$ 735	\$ 44,780
TOTAL CDPH-OA SUPPORT	\$ 3,683	\$ 20,583	\$ 9,483	\$ 820	\$ 34,569	\$ 6,114	\$ 26,948	\$ 11,945	\$ 869	\$ 45,876	\$ 5,224	\$ 26,868	\$ 11,953	\$ 735	\$ 44,780
Local Assistance (CDPH-OA)															
Prevention and Testing Portfolio	\$ 16,524	\$ 10,528	\$ -	\$ -	\$ 27,052	\$ 23,933	\$ 18,377	\$ -	\$ -	\$ 42,310	\$ 19,579	\$ 17,657	\$ -	\$ -	\$ 37,236
Care and Support Portfolio	\$ -	\$ 34,779	\$ -	\$ -	\$ 34,779	\$ -	\$ 28,481	\$ -	\$ -	\$ 28,481	\$ -	\$ 28,481	\$ -	\$ -	\$ 28,481
Housing	\$ -	\$ 3,882	\$ -	\$ -	\$ 3,882	\$ -	\$ 4,803	\$ -	\$ -	\$ 4,803	\$ -	\$ 4,333	\$ -	\$ -	\$ 4,333
AIDS Drug Assistance Program (ADAP) Portfolio ^{3/}	\$ -	\$ 100,889	\$ 316,380	\$ -	\$ 417,269	\$ -	\$ 108,172	\$ 302,492	\$ -	\$ 410,664	\$ -	\$ 98,950	\$ 356,105	\$ -	\$ 455,055
Epidemiologic Studies/Surveillance	\$ 6,031	\$ 404	\$ -	\$ -	\$ 6,435	\$ 6,658	\$ 474	\$ -	\$ -	\$ 7,132	\$ 6,658	\$ 425	\$ -	\$ -	\$ 7,083
TOTAL CDPH-OA LOCAL ASSISTANCE	\$ 22,555	\$ 150,482	\$ 316,380	\$ -	\$ 489,417	\$ 30,591	\$ 160,307	\$ 302,492	\$ -	\$ 493,390	\$ 26,237	\$ 149,846	\$ 356,105	\$ -	\$ 532,188
TOTAL CDPH-OA (SUPPORT + LOCAL ASSISTANCE)	\$ 26,238	\$ 171,065	\$ 325,863	\$ 820	\$ 523,986	\$ 36,705	\$ 187,255	\$ 314,437	\$ 869	\$ 539,266	\$ 31,461	\$ 176,714	\$ 368,058	\$ 735	\$ 576,968
FFS Medi-Cal (DHCS) ^{4/}	\$ 264,837	\$ 339,814	\$ -	\$ -	\$ 604,651	\$ 326,256	\$ 418,620	\$ -	\$ -	\$ 744,876	\$ 342,848	\$ 364,784	\$ -	\$ -	\$ 707,632
Estimated Part D (DHCS) ^{5/}	\$ 85,610	\$ -	\$ -	\$ -	\$ 85,610	\$ 100,601	\$ -	\$ -	\$ -	\$ 100,601	\$ 120,472	\$ -	\$ -	\$ -	\$ 120,472
TOTAL FFS and PART D MEDI-CAL (DHCS)	\$ 350,447	\$ 339,814	\$ -	\$ -	\$ 690,261	\$ 426,857	\$ 418,620	\$ -	\$ -	\$ 845,477	\$ 463,319	\$ 364,784	\$ -	\$ -	\$ 828,103
TOTAL CDPH/DHCS AIDS/HIV FUNDING	\$ 376,685	\$ 510,879	\$ 325,863	\$ 820	\$ 1,214,247	\$ 463,562	\$ 605,875	\$ 314,437	\$ 869	\$ 1,384,743	\$ 494,780	\$ 541,498	\$ 368,058	\$ 735	\$ 1,405,071

1/ Reimbursements from DHCS Federal Title XIX (Medicaid) are included in the CDPH-Office of AIDS row because they are Office of AIDS expenditures.

2/ Office of AIDS payments to DHCS Audits and Investigations are included in the CDPH-Office of AIDS row because they are Office of AIDS expenditures.

3/ Beginning with the 2019 Governor's Budget, AIDS Drug Assistance Program (ADAP) Insurance Assistance and ADAP Medication Program are included under AIDS Drug Assistance Program (ADAP) Portfolio.

4/ Reflects HIV/AIDS-related expenditures by the Medi-Cal program. Total FY 2020-21 expenditures are actuals. **Jul-Dec 2021 expenditures are actuals. Historically expenditures in the second half of the fiscal year are lower than expenditures in the first half due to the two weeks of checkwrites held in June and paid in July. FY 2021-22 estimated expenditures are projected by annualizing based off Jul-Dec 2021 actuals, then adjusting for the two week checkwrite holds in June 2022. FY 2022-23 expenditures are estimated on a -5.0% growth factor from the prior fiscal year to reflect an anticipated end to the national public health emergency, and a corresponding end to the Families First Coronavirus Response Act (FFCRA) "continuous coverage requirement". The FFCRA requires states to halt disenrollments of Medicaid eligibles through the end national public health emergency.**

Starting January 2014, HIV/AIDS related expenditures are limited to claims with a HIV diagnosis and HIV related drugs. Prior to January 2014, additional expenditures for beneficiaries with a HIV diagnosis were included if it was associated with HIV/AIDS treatment. The actual expenditures included in this estimate through **June 2021** can be found on DHCS' website (https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal_Fee-for-Service_Expenditures.aspx). **Jul-Dec 2021** actual expenditures provided by the DHCS Data Management and Analytics Division, will be available on the DHCS website soon. Additional months of data are not available for inclusion in this estimate. These figures are difficult to project because Medi-Cal does not project AIDS costs separately from other Medi-Cal costs. In addition, the DHCS does not track AIDS-related expenditures for Medi-Cal eligibles that receive treatment in Managed Care systems, so expenditures reflect Medi-Cal Fee-For-Service payments only.

5/ The FFCRA increased the federal medical assistance percentage (FMAP) by 6.2 percentage points for certain expenditures in Medicaid through the end of the national public health emergency. The 50% GF/ 50% FF FMAP is applied to On January 1, 2006, Medi-Cal HIV/AIDS beneficiaries that are also Medicare eligible were enrolled in a Medicare Part D plan and Medicare began paying for the majority of the beneficiaries drug need. Medi-Cal uses the percent of HIV/AIDS drug expenditures from calendar year 2003 of the expenditures of Part D drugs (4.26%) to estimate the HIV/AIDS related expenditures of Medi-Cal's Part D payments.

Estimated expenditures for FY 2021-22 and FY 2022-23 include the effects of the Families First Coronavirus Response Act (FFCRA). The FFCRA increased the federal medical assistance percentage (FMAP) by 6.2 percentage points for certain expenditures in Medicaid through the end of the national public health emergency. This reduced the phased-down State contribution (PMPM) rate for 2020 by \$16.61 below the \$133.94 PMPM (actual), the PMPM rate for 2021 by \$17.08 below the \$137.76 PMPM (actual) and the PMPM rate for Jan-**Sept** 2022 by \$18.33 below the \$147.83 (actual) for 2022. The impact of the increased FMAP is projected through **September 30, 2022**. The FFCRA also includes a "continuous coverage requirement" requiring states to halt disenrollments of Medicaid eligibles until the end of the national public health emergency, and temporarily increasing the Medi-Cal caseload. The source for this estimate is the **May 2022** Medi-Cal Local Assistance Estimate.

**State of California HIV/AIDS Program Funding Detail
Other California Departments with AIDS Programs
2022 May Revision
(\$ In Thousands)**

Funding Category	2020-21 (Actuals)			2021-22 (Estimated)			2022-23 (Budgeted)		
	General Fund	Federal Funds	Total	General Fund	Federal Funds	Total	General Fund	Federal Funds	Total
University of California									
AIDS Research ^{1/}	\$ 8,324	\$ -	\$ 8,324	\$ 8,324	\$ -	\$ 8,324	\$ 8,324	\$ -	\$ 8,324
Department of Education									
AIDS Prevention Education	\$ 403	\$ 80	\$ 483	\$ 600	\$ 150	\$ 750	\$ 600	\$ 150	\$ 750
State Mandates-AIDS Prevention Instruction ^{2/}	\$ 1	\$ -	\$ 1	\$ 1	\$ -	\$ 1	\$ 1	\$ -	\$ 1
Department of Corrections and Rehabilitation									
Adult Health Care									
Transitional Case Mgt. For HIV/AIDS Parolees	44	\$ -	\$ 44	44	\$ -	\$ 44	\$ 44	\$ -	\$ 44
AIDS Treatment and AIDS Facilities	\$ 72,046	\$ -	\$ 72,046	\$ 69,683	\$ -	\$ 69,683	\$ 69,757	\$ -	\$ 69,757
Juvenile Health Care									
AIDS Screening, Treatment, and Other Services	\$ 248	\$ -	\$ 248	\$ 248	\$ -	\$ 248	\$ 248	\$ -	\$ 248
Department of Social Services									
Residential Care for the Chronically III	\$ 84	\$ 61	\$ 145	\$ 88	\$ 63	\$ 151	\$ 88	\$ 63	\$ 151
Substance Abuse/HIV Infant Program	\$ -	\$ 814	\$ 814	\$ -	\$ 1,495	\$ 1,495	\$ -	\$ 1,495	\$ 1,495
Total Other CA Departments, AIDS/HIV	\$ 81,150	\$ 955	\$ 82,105	\$ 78,988	\$ 1,708	\$ 80,696	\$ 79,062	\$ 1,708	\$ 80,770
TOTAL CALIFORNIA AIDS/HIV FUNDING ^{3/}	\$ 457,835	\$ 511,834	\$ 1,296,352	\$ 542,550	\$ 607,583	\$ 1,465,439	\$ 573,842	\$ 543,206	\$ 1,485,841

- 1/ Prior to 2012-13, funding was specifically set aside in the University of California's budget for AIDS research. Beginning in 2012-13, nearly all earmarks were eliminated from the University's budget. However, the University continued to allocate funding for this program at 2011-12 levels through 2019-20. The University allocated less in 2020-21 due to a reduction in its General Fund appropriation in the 2020 Budget Act.
- 2/ Past year actuals reflect payments towards the AIDS prevention mandate through one-time discretionary payments that retire mandate debt. The amount that has been retired is not determined until the SCO releases updated figures in the fall of each year. Current and budget year values do not reflect potential mandate debt retirement.
- 3/ Total funding for each year includes special fund expenditures by CDPH.