



County of Los Angeles Health and Mental Health Services

FESIA A. DAVENPORT
Chief Executive Officer

DATE: Wednesday, February 23, 2022
TIME: 10:30 a.m.

THIS MEETING WILL CONTINUE TO BE CONDUCTED VIRTUALLY TO ENSURE THE SAFETY OF MEMBERS OF THE PUBLIC AND EMPLOYEES AS PERMITTED UNDER STATE LAW.

TO PARTICIPATE IN THE MEETING, PLEASE CALL AS FOLLOWS:

DIAL-IN NUMBER: 1 (323) 776-6996

CONFERENCE ID: 322130288#

[MS Teams link](#) (Ctrl+Click to Follow Link)

AGENDA

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

- I. Call to order
- II. **Presentation Item(s):**
 - a. **DHS:** Approval of Appropriation and Staffing Adjustments for the Department of Health Services California Advancing and Innovating in Medi-Cal (CalAIM) Implementation (All Supervisorial Districts) (4 Votes)
- III. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting
- IV. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda
- V. Public Comment
- VI. Adjournment

BOARD LETTER/MEMO CLUSTER FACT SHEET

 Board Letter

 Board Memo

 Other

CLUSTER AGENDA REVIEW DATE	2/23/2022	
BOARD MEETING DATE	3/15/2022	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	Staffing for CalAIM implementation	
PROGRAM	Community Programs	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	CalAIM (California Advancing and Innovating in Medi-Cal) began January 1, 2022 and the staffing is critical for implementation.	
COST & FUNDING	Total cost: \$238.890 million	Funding source: CalAIM and incentive revenues
	TERMS (if applicable):	
	Explanation:	
PURPOSE OF REQUEST	Approval will enable DHS to hire County staff to effectively sustain and transition WPC programs, implement CalAIM and make critical investments to improve the health and well-being of LA County's Medi-Cal beneficiaries.	
BACKGROUND (include internal/external issues that may exist including any related motions)	LA County has started providing services through CalAIM as of January 1, 2022. Those services include Enhanced Care Management and Community Supports. This is the first phase of a multi-phase process to request approval for the staffing necessary to deliver critical services for the sickest, most marginalized Medi-Cal beneficiaries in LA County.	
EQUITY INDEX OR LENS WAS UTILIZED	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain how: CalAIM and the staff working on CalAIM programs will help promote health equity for people of color and for those experiencing homelessness and reentering the community following incarceration.	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state which one(s) and explain how: #2 – Alliance for Health Integration (CalAIM responsibilities reach across departments); #3 – Care First, Jails Last and #4 – Homeless Initiative (two of populations served through CalAIM are those who are justice-involved and those experiencing homelessness).	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Clemens Hong, MD, Acting Director of Community Programs, Department of Health Services, chong@dhs.lacounty.gov (213) 288-8488	



Health Services
LOS ANGELES COUNTY

February 17, 2022

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**RE: APPROVAL OF APPROPRIATION AND STAFFING
ADJUSTMENTS FOR THE DEPARTMENT OF HEALTH
SERVICES CALIFORNIA ADVANCING AND INNOVATING IN
MEDI-CAL (CALAIM) IMPLEMENTATION (ALL
SUPERVISORIAL DISTRICTS) (4 VOTES)**

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

SUBJECT

Request approval from the Los Angeles County (LA County) Board of Supervisors (Board) to add positions to the Department of Health Services (DHS) to implement California Advancing and Innovating Medi-Cal (CalAIM), the State of California's (State)'s five-year Medicaid waiver.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve interim ordinance authority pursuant to Section 6.06.020 of the County Code, as shown on Attachment I for DHS to add 125 positions to implement CalAIM, subject to allocation by the Chief Executive Office's (CEO), Classification and Compensation Division.
2. Approve the attached Fiscal Year (FY) 2021-22 appropriation adjustment (Attachment II) to adjust appropriation by an increase of \$5.000 million in Salaries and Employee Benefits, \$10.000 million in Services and Supplies, \$15.000 million in Other Charges – Intergovernmental Transfer (IGT), and recognize an increase of \$30.000 million in CalAIM revenue, in order to address the incremental financial need of DHS on CalAIM implementation in FY 2021-22.
3. Delegate authority to the Director of DHS, or her designee(s), to execute and implement 1915- and 1115-related IGT agreements with the California Department of Health Care Services (DHCS),

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Los Angeles, CA 90012

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providing extraordinary care"*



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managed care health plans, or other entities. Such authority shall include the ability to execute all related attestations, certifications and other necessary documents, as well as the ability to transfer, and receive the associated funds.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the recommended actions will enable DHS to hire LA County staff to effectively sustain and transition certain Whole Person Care (WPC) programs, implement CalAIM, and make critical investments to improve the health and well-being of LA County's Medi-Cal beneficiaries. The plan calls for a combination of internal repurposing of resources through reclassifications and transfers, conversions of positions from grant-funded to budgeted items, and the addition of new positions to reinforce operations.

Additionally, DHS requires immediate authority for agreement(s) and IGT in order take advantage of early components of the CalAIM Providing Access and Transforming Health (PATH) program, which includes funding to bridge WPC programs to CalAIM.

DHS justifies the positions based on the following:

1. **Deliver critical services to improve the health and well-being of the sickest, most marginalized Medi-Cal beneficiaries in LA County.** Across our department, DHS cares for hundreds of thousands of LA County residents with complex physical health, behavioral health, and social needs that drive poor health outcomes, including death, avoidable utilization of our emergency departments and hospitals, homelessness and justice involvement, among others. In order to improve their health and well-being, reduce avoidable, high cost, health care utilization and justice system involvement, these residents need comprehensive, whole person-focused, primary care and care management support, paired with robust social services support to address critical social needs.

DHS delivered many of these services for LA County residents through the WPC and Health Homes Programs (HHP) over the past five years. CalAIM provides DHS an opportunity to sustain and expand these services for our highest need, highest cost Medi-Cal beneficiaries through two major new initiatives, Enhanced Care Management (ECM) and Community Supports (CS). ECM is a new Medi-Cal benefit that supports a whole person-focused, interdisciplinary approach to intensive care management intended to improve care coordination and address the physical, behavioral health and social needs of the highest cost, highest need Medi-Cal beneficiaries. CS programs address complex barriers to health and drivers of health care costs, such as homelessness and unstable or unsafe housing, and food insecurity. CS are focused on addressing specific medical and social needs in order to reduce utilization of higher-cost services. CS services will launch in phases over the next two to three years, including resources to support recuperative care, housing navigation and tenancy sustaining services, food, homecare and respite services, and community-based supports to avoid nursing facility placement, among others. DHS requires additional clinical and program support staff to fully implement

CalAIM and maximize resources available to support our most vulnerable LA County residents.

2. **New required services and administrative burden under CalAIM:** Unlike WPC, which involved a direct interaction between DHS, as the lead entity, and the State, ECM and CS programs are funded through Medi-Cal managed care health plans in LA County with which DHS is contracted. This introduces major, new administrative burdens on DHS. DHS requires additional staff to manage a rigorous authorization and appeals process, claiming and financial transactions, and reporting requirements under CalAIM. DHS needs these additional positions to manage new ECM and CS programs and meet the increased administrative demands. The reporting and analytic requirements resulting from increased administrative and regulatory requirements in the shift in funding from direct contracting with the State to managed care plans will require DHS to build Information Technology (IT) infrastructure for case management, monitoring, claiming and outreach.
3. **Partially sustain WPC and HHP that are aligned with Board priorities:** Successful implementation of CalAIM is critical to addressing the needs of our most vulnerable LA County residents and are highly aligned with LA County and Board priorities to improve the health of LA County residents with complex health and social needs, address homelessness and the needs of justice involved individuals, and achieve an equitable and anti-racist LA County. ECM and CS build upon the WPC pilot program and the HHP and represents a sustainable funding source for components of these programs. ECM and CS, and the staff responsible for them, will help ensure seamless transition of WPC services, wherever possible to CalAIM and ongoing services to eligible Medi-Cal beneficiaries.
4. **Promote health equity:** CalAIM and the staff working on CalAIM programs will also help promote health equity for people of color and for those experiencing homelessness and reentering the community following incarceration. ECM and CS programs are built on the success of the WPC program, and approximately 15,000 WPC participants were transitioned to CalAIM ECM and CS programs on January 1, 2022. Well over half of WPC enrollees across programs were Black or Latinx. ECM and CS will provide intensive wrap-around services to Medi-Cal beneficiaries who are medically high-risk, justice-involved and/or homeless, have substance use disorder and/or mental illness – a group disproportionately made up of people of color – directly targeting health inequities.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions are consistent with the principles of the Countywide Strategic Plan, Strategy I.2.2—Enhance Our Delivery of Comprehensive Interventions: Streamline Access to Integrated Health Services.

PROPOSED CalAIM STAFFING PLAN

The plan was developed through careful analysis of the staffing needs for CalAIM implementation. We request a total of 125 new positions in this first phase of CalAIM implementation. The staffing plan includes:

1. **Administrative staff** to oversee ECM and CS programs and manage the new administrative and regulatory requirements stemming from transition of funding to Medi-Cal managed care health plans in LA County.
2. **Clinical teams**, including nurses, social workers, social work supervisors and medical case workers, substance abuse counselors, health educators, and occupational therapists to work with highly complex patients in the primary care medical homes, STAR clinic, mobile clinics, interim housing, enhanced residential care facilities, and permanent supportive housing. These teams will deliver primary care-based care coordination services to high-need ECM participants to improve their health and wellbeing. Health education and promotion teams will work with patients and families and to provide coaching and education to support healthy behaviors and successful disease management. Transitions of Care staff will engage patients across the continuum, link them efficiently and effectively to appropriate services, and reduce readmissions. This will help improve health outcomes and enhance appropriate utilization of the healthcare system.
3. **Training staff** to assess training needs, develop and conduct initial and ongoing high-quality training and capacity building to a diverse workforce. Extensive training will be required to address upfront and ongoing changes in clinical and IT workflows to optimize delivery and documentation of services for claiming and reporting. Among the staff that will need training are LA County employees and employees of LA County contracted community-based providers, including: social workers, community health workers, medical case workers, substance use counselors, and others.
4. **IT staff** to provide necessary technical expertise to oversee and establish data infrastructure to support the clinical, operational, and financial data and analytical needs. The staff also will need to support the Comprehensive Health Accompaniment and Management Platform (CHAMP) care management system, which will undergo significant changes to meet CalAIM requirements.
5. **Finance positions** to lead the direct oversight and management of finances for CalAIM, which includes, fiscal planning, forecasting, and monitoring, claiming and billing, and reporting of expenditures and revenues.

CEO has provided preliminary approval both to reclassify and transfer positions from items allocated through WPC and add new positions. This proposed CalAIM staffing plan is required to implement CalAIM, provide critically needed services to our sickest, and most vulnerable LA County residents, and maximize the CalAIM opportunity. The waiver began on January 1, 2022, and DHS is responsible for providing both ECM and CS to vulnerable populations as of that date.

This is the first phase of a multi-phase CalAIM implementation process and DHS plans to request additional positions to meet future clinical and programmatic needs as new CalAIM programs and populations launch. Future requests will include additional items tied to program expansion. The current staffing requests will support currently approved ECM populations of focus and approved CS programs, including recuperative care, housing navigation and tenancy sustaining services. Additional ECM populations and CS programs will launch in the next three years, including statewide launch of the reentry ECM population of focus, and numerous CS programs, including a short-term post-hospitalization program and a nursing facility diversion program.

FISCAL IMPACT/FINANCING

The total cost for Phase I implementation of CalAIM programs are estimated to be \$238.890 million for calendar year 2022, which will be fully offset by CalAIM and incentive revenues.

For FY 2021-22, it is estimated that a total of \$15.000 million will be spent on LA County and contract staff costs, and \$15.000 million as IGT of funds to the State to draw down federal matching funds of \$30.000 million. The approval of the attached appropriation adjustment will result in an increase of \$5.000 million in Salaries and Employee Benefits, \$10.000 million in Services and Supplies, \$15.000 million in Other Charges, and recognize an increase of \$30.000 million in Medi-Cal revenue. There is no impact to net County cost.

DHS will fully annualize the costs and revenues for CalAIM programs in FY 2022-23's Supplemental Budget Resolution, and in future fiscal years as needed, to address any changes to the CalAIM programs.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On December 29, 2021, pursuant to authorities granted under the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) approved the State of California's request for a section 1115(a) and 1915(b) demonstration (referred to throughout as CalAIM). ECM, CS, and PATH are all components of that approval. The State has enacted laws implementing CalAIM. (See, e.g., Welf. & Inst. Code § 14184.100 et seq.)

While, even now, CMS is reviewing certain details related to PATH, it has already authorized expenditure authority to (1) sustain, transition, and expand the successful WPC Pilot and HHP services initially authorized under the Medi-Cal 2020 demonstration as they transition to become ECM and CS; and (2) sustain justice-involved pre-release and post-release services provided through existing WPC pilots and support Medi-Cal pre-release application planning. This expenditure authority is authorized over the five years of the demonstration from January 1, 2022, through December 31, 2026. Subject to the funding limits, DHCS will review, approve, and make payments for PATH funding to qualified

applicants in accordance with the requirements in CalAIM's Standard Terms and Conditions (STCs). DHS is among those entities qualified to receive these funds under California Welfare and Institutions Code § 14184.700(c).

According to state legislation, nonfederal share payments for PATH may consist of voluntary intergovernmental transfers of funds provided by eligible governmental agencies or other public entities pursuant to Section 14164. California Welfare and Institutions Code § 14184.700(d). Under the STCs, PATH payments do not offset payment amounts otherwise payable to and by managed care health plans for Medi-Cal beneficiaries or replace provider payments from MCPs.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The recommended actions will allow continued access of Medi-Cal beneficiaries to critical health services.

Respectfully Submitted,

Christina R. Ghaly, M.D.
Director

CRG:ag

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
REQUEST FOR INTERIM ORDINANCE AUTHORITY
PROVISIONAL ALLOCATIONS TO DEPARTMENT
FISCAL YEAR 2021-22**

DHS SUMMARY

<u>ITEM NO.</u>	<u>SUB</u>	<u>CLASSIFICATION</u>	<u>ORDINANCE POSITION</u>	<u>BUDGET POSITION</u>
ADMINISTRATIVE STAFF:				
4595	A	ASSISTANT STAFF ANALYST, HLTH SERV	18.0	18.0
2214	A	INTERMEDIATE TYPIST-CLERK	1.0	1.0
9197	A	PATIENT RELATIONS REPRESENTATIVE	4.0	4.0
4594	A	SENIOR STAFF ANALYST, HEALTH	3.0	3.0
4593	A	STAFF ANALYST, HEALTH	1.0	1.0
0907	A	STAFF ASSISTANT I	6.0	6.0
9144	A	STAFF DEVELOPMENT SPECIALIST, HEALTH SERVICES	2.0	2.0
CLINICAL TEAMS:				
5134	A	REGISTERED NURSE II	4.0	4.0
5135	A	REGISTERED NURSE III	6.0	6.0
5329	A	SUPERVISING CLINIC NURSE I	1.0	1.0
9035	A	PSYCHIATRIC SOCIAL WORKER II	8.0	8.0
9014	A	CLINICAL SOCIAL WORK SUPERVISOR I	4.0	4.0
9002	A	MEDICAL CASE WORKER II	21.0	21.0
5884	A	SUBSTANCE ABUSE COUNSELOR	1.0	1.0
4846	A	HEALTH EDUCATION ASSISTANT	9.0	9.0
4848	A	HEALTH EDUCATOR	5.0	5.0
8103	A	COMMUNITY HEALTH WORKER	2.0	2.0
5857	A	OCCUPATIONAL THERAPIST II	3.0	3.0
5513	A	CLINICAL PHARMACIST	4.0	4.0
5476-92	A	PHYSICIAN SPECIALIST, NMF (INTERNAL MEDICINE-GENERAL)	1.0	1.0
INFORMATION TECHNOLOGY STAFF:				
2546	A	IT TECHNICAL SUPPORT ANALYST II	3.0	3.0
FINANCE:				
0647	A	ACCOUNTANT II	3.0	3.0
0643	A	ACCOUNTING TECHNICIAN II	4.0	4.0
0672	A	HEALTH CARE FINANCIAL ANALYST	6.0	6.0
0668	A	PRIN ACCOUNTING SYSTEMS TECHNICIAN	4.0	4.0
0666	A	SENIOR ACCOUNTING SYSTEMS TECH	1.0	1.0
Total			125.0	125.0

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
REQUEST FOR INTERIM ORDINANCE AUTHORITY
PROVISIONAL ALLOCATIONS TO DEPARTMENT
FISCAL YEAR 2021-22**

LAC+USC MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
5135	A	REGISTERED NURSE III	2.0	2.0
5329	A	SUPERVISING CLINIC NURSE I	1.0	1.0
9014	A	CLINICAL SOCIAL WORK SUPERVISOR I	1.0	1.0
9002	A	MEDICAL CASE WORKER II	4.0	4.0
5884	A	SUBSTANCE ABUSE COUNSELOR	1.0	1.0
5857	A	OCCUPATIONAL THERAPIST II	3.0	3.0
5476-92	A	PHYSICIAN SPECIALIST, NMF (INTERNAL MEDICINE-GENERAL)	1.0	1.0
4846	A	HEALTH EDUCATION ASSISTANT	4.0	4.0
4848	A	HEALTH EDUCATOR	1.0	1.0
INFORMATION TECHNOLOGY STAFF:				
2546	A	IT TECHNICAL SUPPORT ANALYST II	3.0	3.0
Total			21.0	21.0

HARBOR-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
4846	A	HEALTH EDUCATION ASSISTANT	2.0	2.0
4848	A	HEALTH EDUCATOR	1.0	1.0
Total			3.0	3.0

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
5134	A	REGISTERED NURSE II	4.0	4.0
5135	A	REGISTERED NURSE III	1.0	1.0
9002	A	MEDICAL CASE WORKER II	7.0	7.0
4846	A	HEALTH EDUCATION ASSISTANT	1.0	1.0
Total			13.0	13.0

OLIVE VIEW-UCLA MEDICAL CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
9002	A	MEDICAL CASE WORKER II	2.0	2.0
4846	A	HEALTH EDUCATION ASSISTANT	1.0	1.0
Total			3.0	3.0

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
REQUEST FOR INTERIM ORDINANCE AUTHORITY
PROVISIONAL ALLOCATIONS TO DEPARTMENT
FISCAL YEAR 2021-22**

MLK OUTPATIENT CENTER

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
9002	A	MEDICAL CASE WORKER II	2.0	2.0
4846	A	HEALTH EDUCATION ASSISTANT	1.0	1.0
Total			3.0	3.0

HEALTH SERVICES ADMINISTRATION

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
ADMINISTRATIVE STAFF:				
4595	A	ASSISTANT STAFF ANALYST, HLTH SERV	18.0	18.0
2214	A	INTERMEDIATE TYPIST-CLERK	1.0	1.0
9197	A	PATIENT RELATIONS REPRESENTATIVE	4.0	4.0
4594	A	SENIOR STAFF ANALYST, HEALTH	3.0	3.0
4593	A	STAFF ANALYST, HEALTH	1.0	1.0
0907	A	STAFF ASSISTANT I	6.0	6.0
9144	A	STAFF DEVELOPMENT SPECIALIST, HEALTH SERVICES	2.0	2.0
CLINICAL TEAMS:				
5135	A	REGISTERED NURSE III	3.0	3.0
9035	A	PSYCHIATRIC SOCIAL WORKER II	8.0	8.0
5513	A	CLINICAL PHARMACIST	4.0	4.0
FINANCE:				
0647	A	ACCOUNTANT II	3.0	3.0
0643	A	ACCOUNTING TECHNICIAN II	4.0	4.0
0672	A	HEALTH CARE FINANCIAL ANALYST	6.0	6.0
0668	A	PRIN ACCOUNTING SYSTEMS TECHNICIAN	4.0	4.0
0666	A	SENIOR ACCOUNTING SYSTEMS TECH	1.0	1.0
Total			68.0	68.0

AMBULATORY CARE NETWORK

ITEM NO.	SUB	CLASSIFICATION	ORDINANCE POSITION	BUDGET POSITION
CLINICAL TEAMS:				
9014	A	CLINICAL SOCIAL WORK SUPERVISOR I	3.0	3.0
9002	A	MEDICAL CASE WORKER II	6.0	6.0
4848	A	HEALTH EDUCATOR	3.0	3.0
8103	A	COMMUNITY HEALTH WORKER	2.0	2.0
Total			14.0	14.0

February 16, 2022

COUNTY OF LOS ANGELES

REQUEST FOR APPROPRIATION ADJUSTMENT

DEPARTMENT OF HEALTH SERVICES

AUDITOR-CONTROLLER:

THE FOLLOWING APPROPRIATION ADJUSTMENT IS DEEMED NECESSARY BY THIS DEPARTMENT. PLEASE CONFIRM THE ACCOUNTING ENTRIES AND AVAILABLE BALANCES AND FORWARD TO THE CHIEF EXECUTIVE OFFICER FOR HER RECOMMENDATION OR ACTION.

ADJUSTMENT REQUESTED AND REASONS THEREFORE

FY 2021-22

4 - VOTES

SOURCES		USES	
HEALTH SERVICES - HEALTH SERVICES ADMINISTRATION A01-HS-92-9433-20000 MEDI-CAL INCREASE REVENUE	30,000,000	HEALTH SERVICES - HEALTH SERVICES ADMINISTRATION A01-HS-1000-20000 SALARIES & EMPLOYEE BENEFITS INCREASE APPROPRIATION	5,000,000
		HEALTH SERVICES - HEALTH SERVICES ADMINISTRATION A01-HS-2000-20000 SERVICES & SUPPLIES INCREASE APPROPRIATION	10,000,000
		HEALTH SERVICES - HEALTH SERVICES ADMINISTRATION A01-HS-5500-20000 OTHER CHARGES INCREASE APPROPRIATION	15,000,000
SOURCES TOTAL	\$ 30,000,000	USES TOTAL	\$ 30,000,000

JUSTIFICATION

Reflects an increase in appropriation and revenue for the first phase implementation of California Advancing and Innovation Medi-Cal (CalAIM) from January through June 2022.

AUTHORIZED SIGNATURE

JEAN LO, CONTROLLER'S DIVISION, DHS

BOARD OF SUPERVISOR'S APPROVAL (AS REQUESTED/REVISED)

REFERRED TO THE CHIEF EXECUTIVE OFFICER FOR---

ACTION

RECOMMENDATION

APPROVED AS REQUESTED

APPROVED AS REVISED

AUDITOR-CONTROLLER

BY

CHIEF EXECUTIVE OFFICER

BY

B.A. NO.

DATE

DATE