

**State of California HIV/AIDS Program Funding Detail**  
**Department of Public Health (CDPH) and Department of Health Care Services (DHCS)**  
**2023 May Revision**  
**(\$ In Thousands)**

Funding Category	2021-22 (Actuals)					2022-23 (Estimated)					2023-24 (Budgeted)				
	General Fund	Federal Funds	Special Funds	Reimbursement	Total	General Fund	Federal Funds	Special Funds	Reimbursement	Total	General Fund	Federal Funds	Special Funds	Reimbursement	Total
<b>Support (CDPH-OA)</b>															
CDPH-Office of AIDS (OA) <sup>1/</sup>	\$ 5,037	\$ 24,573	\$ 13,502	\$ 655	\$ 43,767	\$ 6,199	\$ 33,444	\$ 12,254	\$ 869	\$ 52,766	\$ 6,199	\$ 29,487	\$ 12,246	\$ 869	\$ 48,801
<b>TOTAL CDPH-OA SUPPORT</b>	<b>\$ 5,037</b>	<b>\$ 24,573</b>	<b>\$ 13,502</b>	<b>\$ 655</b>	<b>\$ 43,767</b>	<b>\$ 6,199</b>	<b>\$ 33,444</b>	<b>\$ 12,254</b>	<b>\$ 869</b>	<b>\$ 52,766</b>	<b>\$ 6,199</b>	<b>\$ 29,487</b>	<b>\$ 12,246</b>	<b>\$ 869</b>	<b>\$ 48,801</b>
<b>Local Assistance (CDPH-OA)</b>															
Prevention and Testing Portfolio	\$ 16,466	\$ 12,410	\$ -	\$ -	\$ 28,876	\$ 24,794	\$ 27,286	\$ -	\$ -	\$ 52,080	\$ 19,196	\$ 18,905	\$ -	\$ -	\$ 38,101
Care and Support Portfolio	\$ -	\$ 28,303	\$ -	\$ -	\$ 28,303	\$ -	\$ 34,248	\$ -	\$ -	\$ 34,248	\$ -	\$ 28,691	\$ -	\$ -	\$ 28,691
Housing	\$ -	\$ 3,696	\$ -	\$ -	\$ 3,696	\$ -	\$ 6,207	\$ -	\$ -	\$ 6,207	\$ -	\$ 4,371	\$ -	\$ -	\$ 4,371
AIDS Drug Assistance Program (ADAP) Portfolio <sup>2/</sup>	\$ -	\$ 108,172	\$ 260,113	\$ -	\$ 368,285	\$ -	\$ 106,494	\$ 265,778	\$ -	\$ 372,272	\$ -	\$ 102,102	\$ 295,940	\$ -	\$ 398,042
Epidemiologic Studies/Surveillance	\$ 6,059	\$ 330	\$ -	\$ -	\$ 6,389	\$ 6,658	\$ 483	\$ -	\$ -	\$ 7,141	\$ 6,658	\$ 465	\$ -	\$ -	\$ 7,123
<b>TOTAL CDPH-OA LOCAL ASSISTANCE</b>	<b>\$ 22,525</b>	<b>\$ 152,911</b>	<b>\$ 260,113</b>	<b>\$ -</b>	<b>\$ 435,549</b>	<b>\$ 31,452</b>	<b>\$ 174,718</b>	<b>\$ 265,778</b>	<b>\$ -</b>	<b>\$ 471,948</b>	<b>\$ 25,854</b>	<b>\$ 154,534</b>	<b>\$ 295,940</b>	<b>\$ -</b>	<b>\$ 476,328</b>
<b>TOTAL CDPH-OA (SUPPORT + LOCAL ASSISTANCE)</b>	<b>\$ 27,562</b>	<b>\$ 177,484</b>	<b>\$ 273,615</b>	<b>\$ 655</b>	<b>\$ 479,316</b>	<b>\$ 37,651</b>	<b>\$ 208,162</b>	<b>\$ 278,032</b>	<b>\$ 869</b>	<b>\$ 524,714</b>	<b>\$ 32,053</b>	<b>\$ 184,021</b>	<b>\$ 308,186</b>	<b>\$ 869</b>	<b>\$ 525,129</b>
FFS Medi-Cal (DHCS) <sup>3/</sup>	\$ 314,134	\$ 403,068	\$ -	\$ -	\$ 717,202	\$ 292,748	\$ 371,080	\$ -	\$ -	\$ 663,828	\$ 309,012	\$ 321,625	\$ -	\$ -	\$ 630,637
Estimated Part D (DHCS) <sup>4/</sup>	\$ 100,117	\$ -	\$ -	\$ -	\$ 100,117	\$ 111,743	\$ -	\$ -	\$ -	\$ 111,743	\$ 131,057	\$ -	\$ -	\$ -	\$ 131,057
<b>TOTAL FFS and PART D MEDI-CAL (DHCS)</b>	<b>\$ 414,251</b>	<b>\$ 403,068</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 817,319</b>	<b>\$ 404,492</b>	<b>\$ 371,080</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 775,572</b>	<b>\$ 440,069</b>	<b>\$ 321,625</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 761,694</b>
<b>TOTAL CDPH/DHCS AIDS/HIV FUNDING</b>	<b>\$ 441,813</b>	<b>\$ 580,552</b>	<b>\$ 273,615</b>	<b>\$ 655</b>	<b>\$ 1,296,635</b>	<b>\$ 442,143</b>	<b>\$ 579,242</b>	<b>\$ 278,032</b>	<b>\$ 869</b>	<b>\$ 1,300,286</b>	<b>\$ 472,122</b>	<b>\$ 505,646</b>	<b>\$ 308,186</b>	<b>\$ 869</b>	<b>\$ 1,286,823</b>

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/ 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.

3/ Reflects HIV/AIDS-related expenditures by the Medi-Cal program. Total FY 2021-22 and Jul-Dec 2022 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 2022-23 estimated expenditures are projected by annualizing based off Jul-Dec 2021 actuals, then adjusting for the two week checkwrite holds in June 2023. Expenditures for FY 2023-24 are estimated on a -5.0% growth factor from the prior fiscal year to reflect the end of the Families First Coronavirus Response Act (FFCRA) "continuous coverage requirement". The Consolidated Appropriations Act, 2023, approved on December 29, 2022, decouples the end of the FFCRA continuous coverage requirement from the end of the national PHE. Instead ending the continuous coverage requirement on March 31, 2023, the resumption of eligibility redeterminations begins in April 2023 for beneficiaries due for renewal in June 2023; those no longer determined eligible will be disenrolled effective July 2023. Ongoing eligibility redeterminations related to this population are expected to be completed in approximately twelve months.

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. Actual expenditures included in this estimate through December 2022 can be found on DHCS' website ([https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal\\_Fee-for-Service\\_Expenditures.aspx](https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal_Fee-for-Service_Expenditures.aspx)). 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. Through December 2021, the DHCS did not track AIDS-related expenditures for Medi-Cal eligibles that receive treatment in Managed Care systems. Effective January 2022, Medi-Cal pharmacy services transitioned from the Managed Care to Fee-for-Service delivery system (Medi-Cal RX), includes the Managed Care AIDS-related beneficiary costs.

The FFCRA increased the federal medical assistance percentage (FMAP) for certain expenditures in Medicaid through the last day of the calendar quarter of the national PHE. The Consolidated Appropriations Act of 2023 established a fixed phase-out schedule for the increased FMAP that is no longer dependent on the PHE timeline. The phase-out will occur over Calendar Year 2023, as follows:

- 6.2% increased FMAP for Title XIX and 4.34% for Title XXI from Jan 2020 to March 2023;
- 5% increased FMAP for Title XIX and 3.50% for Title XXI from April 2023 to June 2023;
- 2.5% increased FMAP for Title XIX and 1.75% for Title XXI from July 2023 to Sept 2023;
- 1.5% increased FMAP for Title XIX and 1.05% for Title XXI from Oct 2023 to Dec 2023;
- No increased FMAP beginning January 2024.

The 50% GF/ 50% FF FMAP is applied to Jan - Jun 2024. The impact of the increased FMAP is projected through December 31, 2023.

4/ 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 2022-23 and FY 2023-24 include the effects of the Families First Coronavirus Response Act (FFCRA). The FFCRA increased the federal medical assistance percentage (FMAP) by percentage points (see amounts above) for certain expenditures in Medicaid through the of the FFCRA continuous coverage requirement. 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), the PMPM rate for 2022 by \$18.33 below the \$147.83 (actual), and the PMPM rate for 2023 by \$19.23 below the \$155.08 (actual). The impact of the increased FMAP is projected through December 31, 2023. The source for this estimate is the May 2023 Medi-Cal Local Assistance Estimate.

**State of California HIV/AIDS Program Funding Detail  
Other California Departments with AIDS Programs  
2023 May Revision  
(\$ In Thousands)**

Funding Category	2021-22 (Actuals)			2022-23 (Estimated)			2023-24 (Budgeted)		
	General Fund	Federal Funds	Total	General Fund	Federal Funds	Total	General Fund	Federal Funds	Total
<b>University of California</b>									
AIDS Research <sup>1/</sup>	\$ 8,753	\$ -	\$ 8,753	\$ 8,753	\$ -	\$ 8,753	\$ 8,753	\$ -	\$ 8,753
<b>Department of Education</b>									
AIDS Prevention Education	\$ 482	\$ 104	\$ 586	\$ 600	\$ 150	\$ 750	\$ 600	\$ 150	\$ 750
State Mandates-AIDS Prevention Instruction <sup>2/</sup>	\$ 1	\$ -	\$ 1	\$ 1	\$ -	\$ 1	\$ 1	\$ -	\$ 1
<b>Department of Corrections and Rehabilitation</b>									
Adult Health Care									
Transitional Case Mgt. For HIV/AIDS Parolees	\$ 82	\$ -	\$ 82	\$ 82	\$ -	\$ 82	\$ 77	\$ -	\$ 77
AIDS Treatment and AIDS Facilities	\$ 71,175	\$ -	\$ 71,175	\$ 76,007	\$ -	\$ 76,007	\$ 76,103	\$ -	\$ 76,103
Juvenile Health Care									
AIDS Screening, Treatment, and Other Services	\$ 248	\$ -	\$ 248	\$ 245	\$ -	\$ 245	\$ -	\$ -	\$ -
<b>Department of Social Services</b>									
Residential Care for the Chronically III	\$ 84	\$ 61	\$ 145	\$ 88	\$ 63	\$ 151	\$ 88	\$ 63	\$ 151
Substance Abuse/HIV Infant Program	\$ -	\$ 1,121	\$ 1,121	\$ -	\$ 1,495	\$ 1,495	\$ -	\$ 1,495	\$ 1,495
<b>Total Other CA Departments, AIDS/HIV</b>	<b>\$ 80,825</b>	<b>\$ 1,286</b>	<b>\$ 82,111</b>	<b>\$ 85,776</b>	<b>\$ 1,708</b>	<b>\$ 87,484</b>	<b>\$ 85,622</b>	<b>\$ 1,708</b>	<b>\$ 87,330</b>
<b>TOTAL CALIFORNIA AIDS/HIV FUNDING</b> <sup>3/</sup>	<b>\$ 522,638</b>	<b>\$ 581,838</b>	<b>\$ 1,378,746</b>	<b>\$ 527,919</b>	<b>\$ 580,950</b>	<b>\$ 1,387,770</b>	<b>\$ 557,744</b>	<b>\$ 507,354</b>	<b>\$ 1,374,153</b>

- 1/ Prior to 2012-13, funding for AIDS research was included as a line-item appropriation in the University of California's budget. Beginning in 2012-13, nearly all earmarks were eliminated from the UC budget. However, the University continued to allocate funding for this program at 2011-12 levels through 2019-20. The University reduced state funding for AIDS research in 2020-21 due to a reduction in its General Fund appropriation in the 2020 Budget Act, but fully restored this amount when overall funding for the University was restored in the 2021 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 and reimbursement expenditures by CDPH.