

**State of California HIV/AIDS Program Funding Detail**  
**Department of Public Health (CDPH) and Department of Health Care Services (DHCS)**  
**2024 Budget Act**  
**(\$ In Thousands)**

Funding Category	2022-23 (Actuals)					2023-24 (Estimated)					2024-25 (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
<b>Support (CDPH-OA)</b>															
CDPH-Office of AIDS (OA) <sup>1/</sup>	\$ 5,215	\$ 24,153	\$ 14,839	\$ 539	\$ 44,746	\$ 5,448	\$ 39,659	\$ 12,597	\$ 869	\$ 58,573	\$ 5,448	\$ 32,179	\$ 13,597	\$ 869	\$ 52,093
<b>TOTAL CDPH-OA SUPPORT</b>	<b>\$ 5,215</b>	<b>\$ 24,153</b>	<b>\$ 14,839</b>	<b>\$ 539</b>	<b>\$ 44,746</b>	<b>\$ 5,448</b>	<b>\$ 39,659</b>	<b>\$ 12,597</b>	<b>\$ 869</b>	<b>\$ 58,573</b>	<b>\$ 5,448</b>	<b>\$ 32,179</b>	<b>\$ 13,597</b>	<b>\$ 869</b>	<b>\$ 52,093</b>
<b>Local Assistance (CDPH-OA)</b>															
Prevention and Testing Portfolio	\$ 18,342	\$ 13,204	\$ -	\$ -	\$ 31,546	\$ 16,346	\$ 30,841	\$ -	\$ -	\$ 47,187	\$ 16,346	\$ 19,029	\$ -	\$ -	\$ 35,375
Care and Support Portfolio	\$ -	\$ 25,883	\$ -	\$ -	\$ 25,883	\$ -	\$ 35,751	\$ -	\$ -	\$ 35,751	\$ -	\$ 28,637	\$ -	\$ -	\$ 28,637
Housing	\$ -	\$ 3,893	\$ -	\$ -	\$ 3,893	\$ -	\$ 5,728	\$ -	\$ -	\$ 5,728	\$ -	\$ 4,870	\$ -	\$ -	\$ 4,870
AIDS Drug Assistance Program (ADAP) Portfolio <sup>2/</sup>	\$ -	\$ 106,505	\$ 228,632	\$ -	\$ 335,137	\$ -	\$ 108,159	\$ 265,817	\$ -	\$ 373,976	\$ -	\$ 100,774	\$ 298,896	\$ -	\$ 399,670
Epidemiologic Studies/Surveillance	\$ 6,149	\$ 320	\$ -	\$ -	\$ 6,469	\$ 6,658	\$ 445	\$ -	\$ -	\$ 7,103	\$ 6,658	\$ 700	\$ -	\$ -	\$ 7,358
<b>TOTAL CDPH-OA LOCAL ASSISTANCE</b>	<b>\$ 24,491</b>	<b>\$ 149,805</b>	<b>\$ 228,632</b>	<b>\$ -</b>	<b>\$ 402,928</b>	<b>\$ 23,004</b>	<b>\$ 180,924</b>	<b>\$ 265,817</b>	<b>\$ -</b>	<b>\$ 469,745</b>	<b>\$ 23,004</b>	<b>\$ 154,010</b>	<b>\$ 298,896</b>	<b>\$ -</b>	<b>\$ 475,910</b>
<b>TOTAL CDPH-OA (SUPPORT + LOCAL ASSISTANCE)</b>	<b>\$ 29,706</b>	<b>\$ 173,958</b>	<b>\$ 243,471</b>	<b>\$ 539</b>	<b>\$ 447,674</b>	<b>\$ 28,452</b>	<b>\$ 220,583</b>	<b>\$ 278,414</b>	<b>\$ 869</b>	<b>\$ 528,318</b>	<b>\$ 28,452</b>	<b>\$ 186,189</b>	<b>\$ 312,493</b>	<b>\$ 869</b>	<b>\$ 528,003</b>
FFS Medi-Cal (DHCS) <sup>3/</sup>	\$ 325,752	\$ 412,915	\$ -	\$ -	\$ 738,667	\$ 361,947	\$ 376,720	\$ -	\$ -	\$ 738,667	\$ 387,800	\$ 387,800	\$ -	\$ -	\$ 775,600
Estimated Part D (DHCS) <sup>4/</sup>	\$ 111,731	\$ -	\$ -	\$ -	\$ 111,731	\$ 133,761	\$ -	\$ -	\$ -	\$ 133,761	\$ 149,596	\$ -	\$ -	\$ -	\$ 149,596
<b>TOTAL FFS and PART D MEDI-CAL (DHCS)</b>	<b>\$ 437,483</b>	<b>\$ 412,915</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 850,398</b>	<b>\$ 495,708</b>	<b>\$ 376,720</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 872,428</b>	<b>\$ 537,396</b>	<b>\$ 387,800</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 925,196</b>
<b>TOTAL CDPH/DHCS AIDS/HIV FUNDING</b>	<b>\$ 467,189</b>	<b>\$ 586,873</b>	<b>\$ 243,471</b>	<b>\$ 539</b>	<b>\$ 1,298,072</b>	<b>\$ 524,160</b>	<b>\$ 597,303</b>	<b>\$ 278,414</b>	<b>\$ 869</b>	<b>\$ 1,400,746</b>	<b>\$ 565,848</b>	<b>\$ 573,989</b>	<b>\$ 312,493</b>	<b>\$ 869</b>	<b>\$ 1,453,199</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 2022-23 expenditures are actuals. **The November 2023 estimate included a 5% reduction in FFS costs in FY 2023-24 to account for the end of the Families First Coronavirus Response Act (FFCRA) "continuous coverage requirement". Pharmacy expenditures are the major driver for HIV/AIDS related FFS costs and overall pharmacy costs have been increasing in the current year. In the May 2024 estimate, FY 2023-24 Fee-For-Service (FFS) expenditures assume ongoing growth will be offset by savings due to the end of the FFCRA continuous coverage requirement and are projected to remain around the prior fiscal year level. Expenditures for FY 2024-25 are estimated on a growth factor of 5.0% from the prior fiscal year.** The Consolidated Appropriations Act, 2023, approved on December 29, 2022, decoupled 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)). Jan-Jun 2023 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. 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 for 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 2024 and forward. 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 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), and the PMPM rate for 2022 by \$18.33 below the \$147.83 (actual). The PMPM rate for 2023 includes the phase-out associated with the Consolidated Appropriations Act of 2023, gradually increasing the PMPM from \$135.85 in January 2023 to \$150.42 in December 2023 (CY 2023 actual PMPM is \$155.08). **The PMPM rate for 2024 increased by \$12.42 to \$167.50 (actual).** The source for this estimate is the **May 2024** Medi-Cal Local Assistance Estimate.

**State of California HIV/AIDS Program Funding Detail  
Other California Departments with AIDS Programs  
2024 Budget Act  
(\$ In Thousands)**

Funding Category	2022-23 (Actuals)			2023-24 (Estimated)			2024-25 (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	\$ 447	\$ 90	\$ 537	\$ 600	\$ 100	\$ 700	\$ 600	\$ 100	\$ 700
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	\$ 74	\$ -	\$ 74	\$ 65	\$ -	\$ 65	\$ 53	\$ -	\$ 53
AIDS Treatment and AIDS Facilities	\$ 77,162	\$ -	\$ 77,162	\$ 81,688	\$ -	\$ 81,688	\$ 81,806	\$ -	\$ 81,806
Juvenile Health Care									
AIDS Screening, Treatment, and Other Services	\$ 245	\$ -	\$ 245	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Department of Social Services</b>									
Residential Care for the Chronically Ill	\$ 84	\$ 61	\$ 145	\$ 88	\$ 63	\$ 151	\$ 88	\$ 63	\$ 151
Substance Abuse/HIV Infant Program <sup>3/</sup>	\$ -	\$ 1,036	\$ 1,036	\$ -	\$ 1,495	\$ 1,495	\$ -	\$ 1,495	\$ 1,495
<b>Total Other CA Departments, AIDS/HIV</b>	<b>\$ 86,766</b>	<b>\$ 1,187</b>	<b>\$ 87,953</b>	<b>\$ 91,195</b>	<b>\$ 1,658</b>	<b>\$ 92,853</b>	<b>\$ 91,301</b>	<b>\$ 1,658</b>	<b>\$ 92,959</b>
<b>TOTAL CALIFORNIA AIDS/HIV FUNDING</b> <sup>4/</sup>	<b>\$ 553,955</b>	<b>\$ 588,060</b>	<b>\$ 1,386,025</b>	<b>\$ 615,355</b>	<b>\$ 598,961</b>	<b>\$ 1,493,599</b>	<b>\$ 657,149</b>	<b>\$ 575,647</b>	<b>\$ 1,546,158</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/ The Substance Abuse/HIV Infant Program was funded with \$5 million TF, \$1.5 million Federal, \$2.5 million GF Local Assistance (which was realigned to counties in FY 2011-12). These realigned amounts have not changed. Residential Care for the Chronically Ill values are State Operations funds.
- 4/ Total funding for each year includes special fund and reimbursement expenditures by CDPH.