STATE OF CALIFORNIA

Budget Change Proposal – Cover Sheet

DF-46 (REV 10/20)

Fiscal Year	Business Unit	Department	Priority No.
FY 2021-22	4260	Health Care Services	

Budget Request Name	Program	Subprogram
4260-057-BCP-2021-GB	3960	3960010

Budget Request Description

Conversion of Limited-Term Positions to Permanent

Budget Request Summary

The Department of Health Care Services (DHCS) requests the conversion of 62.5 limited-term resources to permanent positions and expenditure authority of $9,455,000 ($3,176,000 General Fund; $5,603,000 Federal Fund; $676,000 Hospital Quality Assurance Revenue Fund) in fiscal year 2021-22 and ongoing to address the following ongoing workload:

- Federal Managed Care Regulations
- Legal Support for Ongoing Waiver Activities
- Health Care Reform Financial Reporting
- Private Hospital Directed Payment (PHDP) Program
- Medi-Cal Eligibility Systems Staffing

Requires Legislation	Code Section(s) to be Added/Amended/Repealed
☐ Yes ☒ No	

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	Department CIO	Date
	Chris Riesen	1/10/2021

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. **Project Approval Document:**

Approval Date:

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No

Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Jessica Bogard	1/10/2021	Erika Sperbeck	1/10/2021
Department Director	**Date**	**Agency Secretary**	**Date**
Will Lightbourne	1/10/2021	Brendan McCarthy	1/10/2021

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

PPBA	Date submitted to the Legislature
Laura Ayala	1/10/2021

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS) requests the conversion of 62.5 limited-term (LT) resources to permanent positions and expenditure authority of $9,455,000 ($3,176,000 General Fund (GF); $5,603,000 Federal Fund (FF); $676,000 Hospital Quality Assurance Revenue Fund (HQARF)) in fiscal year (FY) 2021-22 and ongoing to address the following ongoing workload. The resources were established as LT to provide support for DHCS to onboard new workloads, and to provide time to assess whether the additional resources were needed long term. The ongoing workloads listed below require permanent resources:

- Federal Managed Care Regulations
- Legal Support for Ongoing Waiver Activities
- Health Care Reform Financial Reporting
- Private Hospital Directed Payment (PHDP) Program
- Medi-Cal Eligibility Systems Staffing

Division – All existing LT positions in the table expire 6/30/2021	**Workload**
Administration Division (Admin): 3.0 LT to permanent effective 7/1/2021 • 2.0 Associate Personnel Analyst (APA) • 1.0 Associate Governmental Program Analyst (AGPA)	• Federal Managed Care Regulations
Capitated Rates Development Division (CRDD): 7.5 LT to permanent effective 7/1/2021 • 1.0 Staff Services Manager II (SSM II) • 1.0 Staff Services Manager I (SSM I) • 2.0 Research Data Specialist I (RDS I) • 3.5 AGPAs	• Private Hospital Directed Payment Program
Enterprise Data and Information Management (EDIM): 5.0 LT to permanent effective 7/1/2021 • 1.0 Research Scientist III (RS III) • 1.0 Research Scientist II (RS II) • 1.0 Information Technology Supervisor II (IT Sup. II) • 2.0 Information Technology Specialist I (ITS I)	• Federal Managed Care Regulations
Enterprise Technology Services (ETS): 14.0 LT to permanent effective 7/1/2021 • 1.0 IT Sup. II • 6.0 ITS I • 3.0 ITS I • 1.0 Information Technology Manager I (ITM I) • 3.0 Information Technology Specialist II (ITS II)	• Federal Managed Care Regulations • Medi-Cal Eligibility Systems Staffing
Financial Management Division (FMD): 18.0 LT to permanent effective 7/1/2021 • 4.0 Accountant Trainee (AT) • 7.0 Associate Accounting Analyst (AAA) • 1.0 AGPA • 4.0 Accounting Officer (AO) • 1.0 SSM I • 1.0 Accounting Administrator I Sup. (AA I)	• Health Care Reform Financial Reporting
Medi-Cal Behavioral Health Division (MCBHD): 2.0 LT to permanent effective 7/1/2021 • 2.0 Health Program Specialist I (HPS I)	• Federal Managed Care Regulations
Managed Care Operations Division (MCOD): 6.0 LT to permanent effective 7/1/2021 • 1.0 Research Data Analyst II (RDA II) • 4.0 AGPAs • 1.0 SSM II	• Federal Managed Care Regulations
Medi-Cal Managed Care Quality and Monitoring (MCQMD): 3.0 LT to permanent effective 7/1/21:	• Federal Managed Care Regulations

Division – All existing LT positions in the table expire 6/30/2021	**Workload**
• 1.0 Research Data Manager (RDM) • 2.0 RDS I	• Private Hospital Directed Payment Program
Office of Legal Services: 4.0 LT to permanent effective 7/1/2021: • 1.0 C.E.A • 1.0 Attorney IV • 1.0 Assistant Chief Counsel • 1.0 Attorney III	• Federal Managed Care Regulations • Legal Support for Ongoing Waiver Activities

B. Background/History

Federal Managed Care Regulations

The Federal Centers for Medicare and Medicaid Services (CMS) released its Medicaid managed care proposed revision to the 2002 rule on May 26, 2015; it was published in June 1, 2015. CMS issued Final Rule CMS-2390-P on May 6, 2016. The final rule primarily amended and expanded the requirements of Title 42, Code of Federal Regulations, Part 438, pertaining to managed care. CMS proposed to modernize the Medicaid managed care regulatory structure to facilitate and support delivery system reform initiatives resulting in improved health outcomes and the beneficiary experience, while effectively managing costs. The CMS originally attempted to align managed care with other sources of coverage such as Medicare Advantage and Exchange plans.

The rules have multiple, direct purposes with respect to: the accountability of rates paid in the Medicaid managed care program; beneficiary protections in the areas of provider networks, coverage standards, and treatment of appeals; and program integrity safeguards. In so doing, the rule balanced greater regulatory oversight and accountability of both state and industry practices with wider deference to states in how they choose to design managed care and utilize contractors.

The Federal Managed Care Regulations (FMCR) required states to substantially expand oversight and monitoring of Managed Care Plans (MCP), Mental Health Plans (MHP), Prepaid Inpatient Hospital Plan (PIHP), and Dental Managed Care (Dental MC) activities by requiring greater detail in oversight activities and verification of information reported by MCPs and Dental MCs, including data on provider networks according to a specified range of provider types, cultural and language standards, and quality improvement projects. The regulation also required states to demonstrate their willingness to issue sanctions to MCPs that repeatedly failed to comply with program requirements. (CMS-2390-P Part I, Section A).

Federal law, section 4753 of the Balanced Budget Act of 1997 (Public Law 105-33), required DHCS to provide data to CMS in the format prescribed for the Medicaid Statistical Information System (MSIS). The claims data format for MSIS electronic transmission is specified in the State Medicaid Manual, Part 2, Section 2700, as may be updated by the Secretary from time to time. DHCS reported the MSIS data quarterly, for approximately two decades. However, this was replaced with the Transformed MSIS (T-MSIS) which was an expansion of the existing CMS MSIS data extract process for data used by CMS to assist in federal reporting for Medicaid and CHIP. Section 6504 of the Affordable Care Act (ACA) strengthened the MSIS provision and requires states to include data elements necessary for program integrity, program evaluation, and administration. ACA Section 402 added additional mandates regarding the timeliness of data and Sections 4302 and 2602 mandate additional data elements, such as health disparities data and data on dual-eligible beneficiaries. The Medicaid and Children's Health Insurance Program (CHIP) Managed Care final rule CMS-2328 puts additional focus on the T-

MSIS reporting in 42 CFR §438.242 (health information systems) and §438.818 (enrollee encounter data). As part of the rule, there are financial consequences for Federal Financial Participation (FFP) if data does not meet the CMS requirements. Data provided through T-MSIS will be utilized by CMS to evaluate contracted managed care plans compliance with data reporting requirements established under final rule CMS-2328. Previous LT funded resources were authorized via 4260-018-BCP-2017-GB, and expire on June 30, 2021. The resources were established as LT to provide support for DHCS to onboard new workloads, and to provide time to assess whether the additional resources were needed long term.

Legal Support for Ongoing Waiver Activities

California's Section 1115(a) Medicaid Waiver Renewal entitled California Medi-Cal 2020 Demonstration (Medi-Cal 2020), was approved by CMS on December 30, 2015, and is currently effective through December 31, 2021. Building on the successes and lessons learned from the Medi-Cal 2020 programs, California Advancing and Innovating Medi-Cal (CalAIM), a multi-year DHCS initiative to implement overarching policy changes across all Medi-Cal delivery systems, was scheduled to supersede the Medi-Cal 2020 and begin implementation on January 1, 2021. Due to the public health emergency arising from COVID-19, DHCS has delayed the CalAIM implementation to January 1, 2022 and requested a 1-year extension of the existing Medi-Cal 2020 to bridge this period and allow for continuity of program operations, monitoring, and evaluation efforts. Previous LT funded resources were authorized via 4260-301-SFL-DP-2016-A1, 1115 Waiver Renewal - Medi-Cal 2020, and expire on June 30, 2021.

Although the Medi-Cal 2020 waiver will expire on December 31, 2021, many initiatives from that waiver that proved successful will be continued in some form. Some will be incorporated into the successor, CalAIM, and others will be continued under non-waiver federal authorities. Medi-Cal managed care, which will transition from the 1115 waiver to the 1915(b) waiver, will likely increase workload in the short term and will cause no foreseeable reduction in workload longer term. Similarly, initiatives such as PRIME (Public Hospital Redesign Incentives in Medi-Cal) will be continued without the 1115 Waiver as a State Directed Payment authorized by CMS under 42 CFR 438.6(c). The continued implementation and maintenance of these successful initiatives will result in continued workload for the Office of Legal Services (OLS).

Health Care Reform Financial Reporting

As the single State agency which administers the Medicaid program and Children's Health Insurance Program (CHIP), the Financial Management Branch (FMB) within the Fiscal Program has full fiscal responsibility for CMS federal reporting.

In FY 2015-16, the DHCS was authorized 18.0 three-year LT positions to address the increases in CMS mandated ACA reporting requirements. The 18.0 positions complete the ACA workload including, but not limited to, processing accounts payable invoices, processing accounts receivable and federal reporting. The number of invoices, receivables, and federal reporting worksheets increased drastically due to the ACA, which was implemented on January 1, 2014. These LT positions were extended for an additional three years in FY 2018-19 authorized via 4260-001-BCP-2018-GB, Health Care Reform Financial Reporting, and are set to expire on June 30, 2021.

Federal reporting of the CMS quarterly expense report (CMS-64) consists of several reports based on state plan amendments, waivers, and base provider payments. All expenditures are unique, based on special terms and conditions agreed to by CMS and DHCS. Each expenditure has specific reporting requirements that are complex and require significant

research, utilizing different information technology (IT) systems that were designed for different reporting requirements. The reconciliation of these separate systems, with the expenditures and the correlating federal fund drawdowns, requires both quarterly and annual audits. Additionally, DHCS has started modernizing IT solutions with the intent of updating and streamlining processes impacted by changes in federal regulations. DHCS continues to be committed to looking for ways to create effective, efficient processes while ensuring compliance with federal reporting requirements. The workload of these staff continue at maximum capacity as they are tasked with meeting all reporting/reconciliation requirements in addition to providing support for special and recurring audits. Failure to meet federal reporting requirements can result in the loss of federal grant award funding which would create a GF cost pressure.

The federal audits performed by CMS, the federal Government Accountability Office, the federal Office of Inspector General, and the annual grant reconciliations consist of complex detailed information and require the entire federal reporting staff's time. These audits have resulted in additional federal fund receipts and repayments of funds to CMS.

Private Hospital Directed Payment (PHDP) Program

The Hospital Quality Assurance Fee (HQAF) program was established on April 1, 2009, by Assembly Bill 1383 (Chapter 627, Statutes of 2009), and was subsequently extended by Senate Bill (SB) 90 (Chapter 19, Statues of 2011), SB 335 (Chapter 286, Statutes of 2011), and SB 239 (Chapter 657, Statutes of 2013). In November 2016, California voters passed Proposition 52, which permanently extended the HQAF program. The HQAF program collects fees from private hospitals and uses these funds, matched with federal funds, to provide supplemental payments to plans in order to enhance reimbursement for hospital services and provide funding for health care coverage for children in the Medi-Cal program.

On May 6, 2016, CMS issued a final rule that amends and expands the requirements of Title 42, Code of Federal Regulations, Part 438 (42 CFR 438) pertaining to Medicaid managed care. Pursuant to 42 CFR 438.6, HQAF program payments in managed care constituted unallowable direction of payment, and were required to be discontinued, phased down over a 10-year period, or converted into an allowable directed payment model. To continue providing critical funding for hospital services and minimize risks related to CMS approval of future capitation rates, including HQAF program payments, and in consultation with CMS and the private hospital stakeholder community, DHCS converted the majority of the HQAF program payments into an allowable directed payment model, the PHDP program. In 2018, BCP 4260-013-BCP-2018-GB authorized three year LT funding equivalent to 9.5 positions effective July 1, 2018, to support the operation of the PHDP program.

The PHDP program implements a uniform dollar increase in reimbursement to private hospitals that provide designated inpatient and outpatient hospital services under their contracts with plans. In order to comply with CMS' requirements regarding this type of directed payment model, DHCS must annually develop and submit to CMS interim adjustments to the Medi-Cal managed care capitation rates to reflect the anticipated amount of PHDP program payments for each rating cell (i.e. for each unique combination of plan, county or rating region, aid category, and rating period). Final PHDP program payment amounts are calculated bi-annually by reweighting the interim adjustments based on the actual utilization of inpatient and outpatient hospital services for each six-month period. Payments are structured utilizing a pool approach that caps statewide payments to a maximum amount each year. For the rating period of July 1, 2019, through December 31, 2020 (Bridge Period), the PHDP program pool amount is $4.9 billion, and will be reevaluated annually. CMS approved the concept for

the Bridge Period PHDP program on June 12, 2020, with the caveat that final review and approval of the actuarial reasonableness of the program will occur during CMS' review of California's Bridge Period capitation rates.

Medi-Cal Eligibility Systems Staffing

In FY 2016-17, DHCS obtained three-year LT funding for staffing resources via 4260-010-BCP-DP-2016-GB, Medi-Cal Eligibility Systems. In FY 2019-20, DHCS obtained additional two-year LT funding for 7.0 staff resources and technical training, via 4260-400-BCP-2019-MR, Medi-Cal Eligibility Systems Staffing. The 7.0 LT positions are set to expire on June 30, 2021. With ongoing workload as well as significantly reduced contractors and difficulty in hiring and retaining technical, knowledgeable and experienced state staff willing to accept LT positions, DHCS is requesting to convert the 7.0 LT positions to permanent status in order to continue support of existing and new enhancements to California Healthcare Eligibility, Enrollment and Retention System (CalHEERS), Medi-Cal Eligibility Data System (MEDS) and Statewide Automated Welfare Systems (SAWS) as well as web-services interfaces. Permanent positions are key to building continuity and a deep bench of skilled staff to support complicated business and technologies. With limited term resources, this continuity cannot be maintained and knowledge is lost when positions expire and/or resources continually leave for permanent positions.

Resource History
(Dollars in thousands)

Administration Division

Program Budget	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**
Authorized Expenditures	$26,887	$25,651	$26,562	$30,679	$33,985
Actual Expenditures	$24,915	$24,476	$26,205	$30,679	$20,924
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	270.7	243.0	244.0	251.0	135.5
Filled Positions	247.7	219.5	229.0	232.4	129.0
Vacancies	23.0	23.5	15.0	18.6	6.5

Analysis of Problem

Capitated Rates Development Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$8,910	$7,227	$6,523	$7,216	$7,213
Actual Expenditures	$5,646	$3,663	$5,313	$5,437	$6,748
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	45.6	49.0	45.0	45.0	57.0
Filled Positions	25.6	27.0	38.6	37.4	45.4
Vacancies	20.0	22.0	6.4	7.6	11.6

Financial Management Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$7,698	$7,983	$8,182	$8,462	$9,503
Actual Expenditures	$7,032	$7,726	$7,779	$8,062	$9,007
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	135.5	136.5	136.5	115.5	123.5
Filled Positions	117	125.1	124.1	106.7	111.8
Vacancies	18.5	11.4	12.4	8.8	11.7

*In 2019-20, the Financial Management Branch split from the Administration Division.
**Temp Help and LT positions removed from authorized position count beginning in 2018-19.

Information Management Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$22,819	$22,900	$23,534	$19,823	$16,301
Actual Expenditures	$14,632	$14,213	$11,464	$16,609	$15,134
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	69.5	68.5	71.5	75.5	80.5
Filled Positions	60.5	60.5	65.9	66.4	68.9
Vacancies	9.0	8.0	5.6	9.1	11.6

*Effective FY 2020-21 Information Management Division (IMD) and Research & Analytic Studies Division (RASD) have reorganized into Enterprise Data and Information Management (EDIM).

Analysis of Problem

Enterprise Technology Services

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$52,216	$52,442	$53,831	$68,137	$96,605
Actual Expenditures	$51,271	$50,033	$53,270	$60,528	$85,750
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	307.1	276.5	277.5	278.5	297.5
Filled Positions	283.1	249.2	260.2	256.9	260.0
Vacancies	24.0	27.3	17.3	21.6	37.5

Medi-Cal Behavioral Health Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	N/A	N/A	N/A	N/A	$13,909
Actual Expenditures	N/A	N/A	N/A	N/A	$8,619
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	N/A	87.0
Filled Positions	N/A	N/A	N/A	N/A	70.4
Vacancies	N/A	N/A	N/A	N/A	16.6

*Effective FY 2019-20 MCBHD split from MHSD.

Managed Care Operations Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$10,011	$11,063	$12,447	$15,075	$16,955
Actual Expenditures	$10,007	$11,914	$12,208	$14,354	$15,653
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	110.1	109.0	119.0	114.0	123.0
Filled Positions	98.1	98.0	98.7	104.1	106.3
Vacancies	12.0	11.0	20.3	9.9	16.7

Analysis of Problem

Medi-Cal Managed Care Quality and Monitoring Division

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$16,638	$24,142	$24,435	$25,786	$39,400
Actual Expenditures	$14,161	$16,644	$20,479	$20,431	$26,758
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	83.1	92.0	92.0	101.0	119.0
Filled Positions	78.1	75.9	85.1	88.6	94.8
Vacancies	5.0	16.1	6.9	12.4	24.2

Office of Legal Services

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20
Authorized Expenditures	$15,376	$16,969	$18,243	$19,872	$21,573
Actual Expenditures	$15,339	$16,750	$18,243	$19,872	$21,573
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	113.8	110.5	112.0	117.0	125.0
Filled Positions	93.8	93.9	97.2	102.4	109.1
Vacancies	20.0	16.6	14.8	14.6	15.9

Workload History

Federal Managed Care Regulations
Administration Division
Human Resources Branch

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Processing applications*	1,830	2,198	2,345	5,205	7,916
Processing Certifications*	1,441	1,451	1,337	1,453	1,637
Administering Exams*	91	78	84	87	75
Process Request for Personnel Action (RPA)*	1,534	1,655	1,657	1,525	1,723
Respond to telephone and email inquiries from departmental employees and management regarding selection, certification, and exam inquiries; reorganizations,	2,288	2,288	2,288	5,000	9,000

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
classification and pay proposals; performance management, etc.*					
Formal response for signature for out of class assignments/grievances, merit issue appeals, requests for alternate compensation and miscellaneous complaints.*	60	60	60	60	75
Review probationary reports, individual development plans, counseling memorandums, probation rejections, adverse actions, AWOL separations, non-punitive medical actions, etc.*	57	57	57	57	57

*Does not account for the hours required for each item or consultation.

Administration Division
Program Support Branch

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Contracts Received*	600	600	N/A	N/A	N/A
Purchase Request Received	N/A	N/A	1,650	1,443	1,304
Asset Survey Requests	75	183	160	196	120
Ergonomic Evaluations	92	124	237	369	118
Facilities Remedy Requests	2,200	2,300	5,320	4,917	2,487
Badge Requests	15	2,818	1,615	1,139	1,589

*Contracts transitioned from Program Support Branch to the Contract Services Branch.

Analysis of Problem

Enterprise Data and Information Management, Enterprise Technology Services

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Perform data mapping and programming for each T-MSIS file.	8 files	8 files	8 files	8 files	8 files
Submit T-MSIS test files to CMS and respond to errors.	8 files	8 files	8 files	8 files	8 files
Resolve quality issues and T-MSIS Priority Issues.	20 issues	20 issues	20 issues	20 issues	20 issues
Perform data mapping and programming for system data to support T-MSIS reporting.	12	12	12	12	12

Medi-Cal Behavioral Health Division

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Network adequacy (NA) data reporting for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties	N/A	N/A	N/A	56 MHPs and 6 DMC-ODS reported data	56 MHPS and 30 DMC –ODS plans reported data
Draft Information notices, issue papers, policy recommendations.	N/A	N/A	N/A	2,000	4,000
Attend meeting, prepare talking points and presentations, present, plan and hold stakeholder meetings.	N/A	N/A	2,000	4,000	6,000
Data reporting and analysis on Medi-Cal Managed Care (MMC) regulation requirements.	N/A	N/A	N/A	2,000	4,000
Reports, policies, and procedures using proper grammar, punctuation, and sentence structure on MMC regulations.	N/A	N/A	N/A	2,000	4,000
Certifying MHPs and DMC-ODS plan's provider networks.	N/A	N/A	N/A	56 MHPs and 6 DMC-ODS plans submitted information for certification	56 MHPS and 30 DMC –ODS plans submitted information for certification
Corrective Action Plan Follow-up activities.	N/A	N/A	N/A	2,000 hrs.	4,000 hrs.

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Responding to questions submitted by MHPs and DMC-ODS plans regarding NA.	N/A	N/A	N/A	2,000 hrs.	4,000 hrs.

Managed Care Operations Division

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Monitor and approve ongoing contractually required submissions and reporting form the Managed Care Plans.	105	107	109	111	113
Establish and document operational procedures, policies, review tools, and various tracking systems. Provide technical assistance, resolve programmatic and technical questions.	525	535	545	555	565
Managed Care Plan liaison; research and assist with beneficiary and access to care Issues (ex: CMC rejects and mismatches; CMC complaint tracking module: MER denials).	140	143	146	149	152
Respond to Sensitive Internal and External Communications and Facilitate Resolution of Specialized Problems.	215	219	223	227	231
Research and make recommendations on monitoring and evaluation methods.	110	112	115	117	120
Communicate with health plans on processes for and submission of required documents.	400	408	416	424	432
Review and approve provider directories.	210	214	218	222	226

Analysis of Problem

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Provide administrative and fiscal support to the division including addressing health and safety matters, procuring goods and services, and completing fiscal analyses and reports.	525	550	575	600	625
Research administrative rules, policies, regulations and respond to administrative, health and safety, and fiscal inquiries	400	420	440	460	480
Provide technical assistance regarding administrative rules, and policies, and relevant Government regulations	32	37	42	47	52
Analyze and advise on existing or new legislation regarding mandatory training requirements. Make recommendations to management on trainings based on overall training needs from analysis.	32	37	42	47	52

** In addition to the above chart, the associated workload for these MCOD positions takes into account a variety of duties, including, but not limited to, plan communication; contract processing, monitoring quality of care, holding regular stakeholder meetings; completing staff training; developing and updating policies; completing research; preparing and executing contract amendments; and overseeing all required mailings and member informing material.*

Managed Care Quality and Monitoring Division

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Direct the work of multiple teams of research program specialists, research analysts, and other analytical staff in the planning, organizing, and performance of large-scale data collection processes; establishing goals, objectives, priorities, and procedures for evaluating the compliance of health plans with state and federal regulations; and ensuring that the studies undertaken result in valid results.	0	200	200	200	200

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Represent MCQMD in meetings and other forums on issues related to the Medi-Cal benefits and performs other duties as required	0	20	20	20	20
Develop operational processes and procedures for tracking corrective actions, and calculate potential sanctions in the event of chronic underperformance.	0	8	8	8	8
Independently design and develop statistical studies and research on the most complex issues of high value to the Department related to monitoring the performance of health plans	0	4	4	4	4
Facilitate and participate in meetings and discussions regarding statistical research topics.	0	8	8	8	8

Office of Legal Services

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Consult Programmatic House Counsel regarding anticipated sanctions.	120	120	120	120	120
Open File – Draft letters of representation, establish contact with program staff.	125	125	125	125	125
Discovery, preparation of witness list, and pre-hearing brief.	120	120	120	120	120
Pre-hearing preparation, correspondence, motions, pre-hearing telephone conferences, hearing schedules/travel arrangements.	100	100	100	100	100
Pre-hearing settlement negotiations and conference.	100	100	100	100	100
Preparation for hearing, including witness preparation, preparing exhibit packages.	350	350	350	350	350
Conducting Hearing/travel.	120	120	120	120	120
Post-hearing brief and reply brief preparation.	125	125	125	125	125

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Review Proposed Decision; preparation of comments for reconsideration, review final decision.	120	120	120	120	120
Coordinate defense of Administrative decision in superior court with Attorney General's Office.	100	100	100	100	100
Consult with an Attorney IV and ACC.	100	100	100	100	100

Legal Support for Ongoing Waiver Activities

Office of Legal Services

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Assist in developing policy related to the implementation of the Section 1115 Waiver	120	120	120	120	120
Research complex state and federal laws and regulations; develop and execute contract amendments	125	125	125	125	125
CEA oversees the development of policy related to the implementation of the Section 1115 Waiver and its related financing.	120	120	120	120	120
Provide technical assistance to Medi-Cal managed care plans	120	120	120	120	120
Advise on compliance inquiries from CMS and stakeholders related to Waiver Special Terms and Conditions.	125	125	125	125	125
Participate in health care committees and workgroups related to the Section 1115 Waiver usually related to complex financing issues	120	120	120	120	120
Review and comment on statistical reports and publications of scientific findings, comprehensive annual reports of quality of care Medi-Cal Managed Care program, management briefs, benchmark reports and dashboards	125	125	125	125	125
Participate at Independent Evaluator Meetings to review quarterly deliverables, bi-weekly meetings, Final Report	120	120	120	120	120
Participate in stakeholder Meetings: vendor, California Dental Association (CDA), CMS specific to expenditures and access	120	120	120	120	120

Analysis of Problem

Health Care Reform Financial Reporting

Financial Management Division

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Federal Reporting Waiver Reporting	276	276	297	297	297
Accounts Payable Invoice Processing	10,000	10,000	10,000	10,000	10,000
Federal Reporting Forms Preparation and Submission	9,936	9,936	9,936	13,600	13,600

Private Hospital Directed Payment (PHDP) Program

Capitated Rates Development Division/ Medi-Cal Managed Care Quality and Monitoring

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
PHDP Program capitation rate interim adjustments	N/A	N/A	N/A	672	618
PHDP Program capitation rate final adjustments	N/A	N/A	N/A	672	618
Private Hospital encounter data analysis (at least quarterly)	N/A	N/A	N/A	270	270
Encounter data-related expert technical consultation	N/A	N/A	N/A	4	4
Encounter data quality reports	N/A	N/A	N/A	4	4

Medi-Cal Eligibility Systems Staffing

Enterprise Technology Services

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Assist in all phases of the Software Development Lifecycle (SDLC) while supporting CalHEERS, MEDS and Health Exchange & Medi-Cal Interface (HEMI) web services.	760	760	7600	760	760
Lead application development, unit test plans and test cases, and product deliverables, presentations, project timelines, work plans, support agile development methodology, database management.	2,211	2,211	2,211	2,211	2,211
Project Management, governance oversight, management of deliverables, planning, scheduling, vendor management, technical meetings and coordination with external stakeholders and DHCS internal stakeholders, coordination of work efforts and 24-Month roadmap.	3,335	3,335	3,335	3,335	3,335
Review of existing project documents, provide feedback, security and architecture reviews, requirements,	778	778	778	778	778

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
project artifacts, documentation, and recommendations to executive and leadership. Testing deliverables, application design reviews, change request deliverables.					
Lead and support multiple change requests including analysis, design, build, test and implementation related to ACA and eligibility systems.	330	330	330	330	330
Provide education sessions, training content, and documentation to certify DHCS staff is knowledgeable about system interfaces, enhancements and information security.	92	92	92	92	92
Lead, monitor, collaborate and coordinate troubleshooting efforts and problem resolution activities and risks internally and with stakeholders.	210	210	210	210	210
Update Management and resolve problems/issues and guide problem and risk resolutions. Provide briefings to DHCS executive.	380	380	380	380	380

C. State Level Consideration

This proposal is consistent with the following commitments outlined in the DHCS Strategic Plan:

- Improve the consumer experience so individuals can easily obtain integrated, high-quality health care when they need it, and where they need it, at all stages of life.
- Treat the whole person by coordinating and integrating medical, dental, mental health, substance use treatment programs, and long-term care services.
- Improve and maintain overall health and well-being through effective prevention and intervention services.
- Advance and strengthen a viable health care safety net for people when they need it.
- Maintain effective, open communication and engagement with the public, our partners, and other stakeholders.
- Hold ourselves and our providers, plans, and partners accountable for performance.
- Be prudent, responsible fiscal stewards of public resources.

D. Justification

Federal Managed Care Regulations

Administration – (Convert 3.0 LT positions to permanent)
2.0 APAs
1.0 AGPA

Analysis of Problem

In order to maintain consistent, high-quality service levels for the Department and ultimately program participants, Administration requests the conversion of 3.0 LT funded positions to permanent. When the staffing levels increase in the programmatic Divisions/Offices, there needs to be a corresponding increase in staff for the Human Resources (HRB) and Program Support Branches (PSB) to support their needs.

The Medicaid and CHIP Managed Care Federal Rule 2390-F (Final Rule), issued by the CMS on May 6, 2016, impacted all the programs within the Department. The Final Rule includes, but not limited to the following: reformation of managed care delivery systems (physical and behavioral), increased accountability and transparency for the quality of care and supports to beneficiary protections, and strengthening and changing payment provisions via rate development.

Since the Final Rule had a department-wide impact, the Department was successful in increasing permanent and LT staffing levels to implement its components. The table below reflects the number of positions approved per FY, with a snapshot ratio of administrative to programmatic staffing. The work performed by HRB and PSB is not limited-term in nature. As long as the level of programmatic staff remains the same or increases, the work to hire, process large amounts of applications, and retain the most capable workforce, as well as handle position reporting/tracking, performance management, payroll and benefits, injured worker, and labor relations remains constant. For PSB, facilities management is an ongoing issue, from the initial accommodation of new staff within existing facilities to the long-term housing of staff within existing and new structures.

Fiscal Year	Permanent	LT-Funded	Total	Ratio
2018-19 (continuation of previously approved FY 2016-17 LT)	[9.0]	[4.0]	[13.0]	
2017-18	15.0	40.0	55.0	4 : 51
2016-17	38.0	19.0	57.0	2 : 55
Total by Category:	**53.0**	**59.0**	**112.0**	

Human Resources Branch – 2.0 APAs

The APAs will continue to handle all classification, performance management, and management consultant issues with the Divisions. These resources will continue to administer the appropriate laws, rules, regulations, and contract language pertaining to personnel transactions, employee relations, and performance management. Without these staff, HRB would be unable to timely complete its new baseline workload.

Program Support Branch/Facilities Services Sections – 1.0 AGPA

The AGPA will continue working with the Department of General Services (DGS) to maintain existing work sites and/or conduct site searches for new work sites. Staff will also maintain the review and edit of facility-related contracts, to comply with all applicable state and federal requirements, and provide final contract execution and monitoring.

ETS & EDIM – (Convert 12.0 LT positions to permanent)

The Medicaid and CHIP Managed Care Final Rule CMS-2328 puts additional focus on T-MSIS reporting in 42 CFR §438.242 (health information systems) and §438.818 (enrollee encounter

data). DHCS would be at risk for delays in providing data to CMS through T-MSIS and other required reporting if DHCS data is not managed and standardized. DHCS would risk losing enhanced federal financial participation due to incomplete or untimely submissions of data or of federal funding requests. This could put FFP for managed care plans across all lines of business (medical, dental, mental health, long term care) at risk.

T-MSIS reporting is significantly more complex than the MSIS reporting, that DHCS had been performing. While MSIS reporting was quarterly, with five files and approximately 400 data fields T-MSIS reporting is monthly, with eight files and approximately 1,000 data fields. States have historically had timeliness issues in reporting MSIS data and there were no significant consequences. With T-MSIS, timeliness and completeness are expected and significant financial consequences have been built into the CMS-2328 rule. The monthly data files reconcile and code data from multiple source systems into the format mandated by CMS. The monthly files are put through rigorous edits that validate data across files and consist of approximately 900 million records for approximately 13 million members in Medi-Cal. In addition, CMS continues to expand data quality requirements each year.

In February 2020, CMS issued guidance to all states on Large System Enhancement (LSE) Standard Operating Procedure (SOP) testing. This guidance requires all states implementing Medicaid Management Information Systems (MMIS) replacements, new or modular Eligibility and Enrollment (E&E), new provider, new data warehouse and/or new Third-Party Liability systems to conduct SOP testing in T-MSIS with CMS. All these systems have a direct impact to T-MSIS data quality reporting. CMS requires testing for LSE to verify there is no degradation in data quality as states transition to the new system. If testing is not successful then federal funds will be at risk.

Given the continued and expanding requirements associated with T-MSIS, DHCS proposes permanent staffing. In addition to increases in CMS requirements, adjustments must be made in response to programmatic and system changes in the Medi-Cal program. These changes will continue in future years.

ETS – (Convert 7.0 LT permanent positions)
1.0 IT Sup II
6.0 ITS I

ETS is responsible for architecting, building and delivering secure innovative solutions and services that drive health care quality and for information technology strategy formulation, enterprise architecture, enterprise portfolio management, and enterprise governance. ETS establishes information technology policy and standards to comply with state and federal laws and regulations regarding the use of information technology and the safeguarding of electronic information. In doing so, ETS manages a complex portfolio of program systems, including systems such as the Medi-Cal Eligibility Data System (MEDS), Behavioral Health Systems, Management Information System/Decision Support System (MIS/DSS), Post-Adjudicated Claims and Encounter System (PACES), and Capitation Payment Reporting system (CAPMAN). ETS provides quality application and data services to DHCS programs; facilitates the successful completion of business and information technology projects undertaken by DHCS; and manages the design, installation, upgrade, and support of a complex technology infrastructure, including network, servers, desktops, network devices, messaging systems, websites, web applications, and databases.

The 1.0 IT Sup II oversees and monitors all project management activities related to the T-MSIS efforts including, but not limited to; schedule management, risk management, change

management, issue management and escalation, communications management, quality management and cost management. The IT Sup II monitors and manages state staff and contractors and will lead and participate in planning sessions with intra and inter-departmental workgroups to define the business and system requirements for the T-MSIS efforts and will help to identify and evaluate various solution alternatives. The IT Sup II develops project status reports for internal and external executive staff and will be responsible for all T-MSIS project activities across the department. The IT Sup II will coordinate and lead data dissemination to downstream users for the following phases: model/design, implementation, care coordination and if applicable quality assurance. The IT Sup II will coordinate and lead data collection from various state agencies' data systems for storage and access at DHCS. The 6.0 ITS-I resources perform functions required to maintain the current T-MSIS, including the processing of eight extracts (Third Party Liability, Managed Care, Eligibility, Provider, Long Term Care, Inpatient, Other, and Pharmacy) for CMS with over 900 million records per month.

Modifications continue to be made to the T-MSIS data dictionary that require program modifications that meet CMS specifications. The ITS Is also validate and document file transmission requirements, monitor and run the Data Quality Software, and apply data quality and validity checks for the output files. Due to CMS requirement changes and dynamic data needs, there are ongoing modifications to data mapping and conversion requirements. These resources participate directly in the integration of all architecture with testing and implementation activities. The ITS Is provide ongoing maintenance of the system without interruption of services or system downtime to the users, as well as the programming support necessary to accommodate new modular design requirements. The ITS Is perform the functions required to develop and maintain CAPMAN which needs to be modified to send new information to the T-MSIS system as required by 42 CFR §438.818 (enrollee encounter data). The ITS Is also assist in development and review of training material that will be needed to train inter-departmental and extra-departmental staff on the changes pertaining to CAPMAN.

The ITS Is act as liaisons to coordinate activities with the DHCS T-MSIS contributing program areas and interface with the PACES and CAPMAN systems as relates to T-MSIS data collection and transmission to the data warehouse. Furthermore, the ITS Is assist in the development of a business intelligence strategy to help support the DHCS data warehouse architecture (where the T-MSIS data will be sent to CMS), create technical documents and instructions necessary to support accurate data reporting, develop business intelligence requirements and will assist with the development and maintenance of the T-MSIS data integration architecture.

EDIM – (Convert 5.0 LT positions to permanent)
1.0 IT Sup II
2.0 ITS I
1.0 RS III
1.0 RS II

EDIM leads improvements to data management and data reporting necessary to support business and evaluation requirements mandated by federal laws, state requirements and stakeholder expectations. EDIM is led by the Chief Data Officer (CDO) and includes the Data Management and Analytics Division and Health Information Management Division. EDIM supports federally mandated reporting and cross-cutting data management activities through T-MSIS as described in 42 CFR §438.818 (enrollee encounter data) and §438.242 (health information systems). Additionally, EDIM works with the Managed Care Quality & Monitoring Division (MCQMD) to perform complex analysis to support performance measurement and reporting as defined in 42 CFR §438.66 (State monitoring requirements - information systems,

medical management, including utilization management and case management, program integrity, quality improvement).

The 1.0 IT Sup II leads the T-MSIS data quality team, which is focused on maintaining the integrity of the data DHCS transmits to CMS as required. The IT Sup II is charged with coordinating with other DHCS program areas to manage and guide data quality and integrity for the department. This role is responsible for coordinating staff activities and monitoring IT projects and initiatives across the enterprise with respect to data standards, data use processes, and data sharing protocols and processes in order to effectively collect and package T-MSIS data as required in the CMS regulation. The IT Sup II is responsible for reporting performance metrics for the program to highlight results and to maintain alignment with all DHCS and HHS Agency data goals, requirements and priorities.

The 2.0 ITS I resources will continue to oversee and manage the T-MSIS data quality strategy and will monitor and evaluate requirements and system changes to support T-MSIS reporting. Data quality is critical to aiding DHCS' efforts to analyze trends and adjust programs to meet the needs of Medicaid members. The ITS Is develop, manage and maintain the requisite data quality standards, policies, and procedures for DHCS data reporting. The ITS Is also assist in the management of new requirements in response to program and policy changes that may impact data provision to CMS. The ITS Is develop data quality business rules, data quality requirements, data quality metrics, and service level expectations for T-MSIS data and for all data within the department as well.

The 1.0 RS III and 1.0 RS II will continue to support data management and reporting required by the CMS as part of T-MSIS and other reporting requirements. They work with MCQMD to support 42 CFR §438.66 (quality improvement) by using methods grounded in epidemiology or biostatistics to assess the effectiveness and appropriateness of quality measures and care received, and to apply National Quality Forum (NQF) and Healthcare Effectiveness Data and Information Set (HEDIS) quality measures to data held in DHCS as required by CMS.

MCBHD – (Convert 2.0 LT positions to permanent)
2.0 HPS I

Quality and Network Adequacy Oversight Branch (QNAB)
The QNAB is responsible for providing oversight and direction related to the implementation of network adequacy provisions of the final MMC rule as described above and in 42 CFR sections §438.206 (availability and accessibility of services), §438.68 (network adequacy), §438.66 (state monitoring requirements), and all of the provisions of subpart h, additional program integrity requirements (§438.602, §438.604, §438.606, §438.608, and §438.610). These provisions of the final MMC rule are highly specialized and complex functions and require MCBHD to utilize more technical and data driven methods. Expertise in policy development, process strategies is needed so DHCS is in compliance with federal law by managing the implementation of these requirements within MCBHD. The current structure of the branch consist of two sections: Quality Assessment and Performance Improvement (QAPI) and Network Adequacy Oversight (NAOS). NAOS staff consist of a SSM II, 2.0 SSM Is, a HPS II, 2.0 HPS Is (LT), and 8.0 AGPAs. Due to the high volume and technical nature of the workload, MCBHD seeking to convert 2.0 LT HPS I to permanent so that MCBHD can continue to effectively and efficiently complete the work necessary for DHCS to be in compliance with the federal rules.

Network Adequacy Oversight Section
MCBHD requests to convert 2.0 LT HPS I positions to permanent positions in the same classification. The positions were established through the implementation of 4260-018-BCP-

2017-GB Federal Managed Care Regulations. Due to the recent MCBHD reorganization, we have transitioned from two separate network adequacy systems to one Behavioral Health Network Adequacy Oversight Section. These positions are critical to implementing the requirements of Title 42 of the Code of Federal Regulations (42 CFR) sections 438.68, 438.206, and 438.207 and Welfare and Institutions Code (WIC) 14197. The following position duties are needed:

- Subject matter expertise in development of strategies and processes to enhance statewide availability and accessibility of services,
- Network adequacy, and provider capacity;
- Develop and complete annual reports; conduct complex research and make recommendations for using data submissions;
- Provides consultation to other network adequacy monitoring staff; and
- Lead project management tasks.

The employees currently in the HPS I positions have the required subject matter expertise and their continued efforts will be instrumental in building the network adequacy monitoring system.

<u>MCOD – (Convert 6.0 LT positions to permanent)</u>
4.0 AGPAs
1.0 SSM II
1.0 RDA II

MCOD oversees 28 MCPs that operate in all 58 California counties. Ten of the 28 MCPs also operate a Cal MediConnect program. These MCPs emphasize primary and preventive care and most health care plans contracting with the Medi-Cal Managed Care (MMC) program are licensed under the Knox-Keene Health Care Service Plan Act of 1975. Under MMC, the DHCS contracts with the health plans that are paid on a capitated basis, assuming all financial risk. Any changes to the federal regulations would have an overarching effect on all areas of managed care and would significantly increase the workload of MCOD and DHCS. MCOD is responsible for all operational issues related to MCPs including enrollment and disenrollment. The Medicaid and CHIP Managed Care Final Rule (Final Rule) made significant changes to these areas and as such the LT resources we received for this effort are now needed permanently.

The continuation of these 6.0 positions in MCOD is necessary to continue to address the workload created by the Final Rule for MMC, which will continue to increase through the foreseeable future. These positions are currently responsible for providing guidance and oversight to the MCPs, and developing and implementing policies and guidance for the MCPs. The positions function as the liaisons between DHCS and CMS for compliance and evaluation of MCPs, independently develop and facilitate the support process of contract changes, analyze new requirements and policies related to the Medi-Cal Managed Care program, and participate as a leader and subject matter experts in stakeholder and advisory workgroups.

The existing AGPA positions will continue to provide administrative, financial and analytical support to support the success of the MCPs; perform contract management oversight to verify MCPs are adhering to contract requirements; review Plan provider directories and provide guidance on any new requirements to secure compliance; review, revise current, and create any new beneficiary informing materials; respond to routine inquiries from Plans, stakeholders and providers; lead routine implementation and ongoing monitoring calls with MCPs; participate in scheduled and ad hoc meetings to discuss or resolve issues; draft, review and

provide feedback on All Plan Letters and other guidance documents to MCPs; and respond to, and work with, CMS on implementation and ongoing Plan monitoring and reporting requirements to confirm all federal compliance activities are met.

The existing SSM II will continue to provide a level of leadership which addresses the higher level of program oversight and implementation required under the Final Rule at 42 CFR 438.3 (Standard contract requirements), 438.6 (Special contract provisions related to payment) and 438.7 (Rate certification submission).

The existing RDA II will collect, validate, compile, analyze, and interpret data from numerous sources, using tools such as SAS, Excel, and other software applications as required. The RDA II uses in-depth analysis to develop strategies and solutions for addressing immediate and ongoing information needs.

MCQMD – (Convert 1.0 LT position to permanent)
1.0 RDM

The RDM will continue to provide critical oversight and direction on highly complex research and data projects such as quality and performance metrics, encounter and provider data reporting, and program data reporting for all aspects of the Medi-Cal managed care delivery system. The RDM manages a newly formed Data Analytics Branch dedicated to the advancement of technical and data activities in MCQMD. The RDM serves as the single source for data research reports for MCQMD and facilitates the multifaceted and coordinated research requirements of the federal regulations as defined in 42 CFR 438.66 (Performance Monitoring), 438.68 (Network Adequacy), 438.242 (Data Quality), 438.334 (Medicaid managed care quality rating system), 438.340 (Quality Strategy), 438.606 (Source, content, and timing of certification) and 438.818 (Enrollee encounter data). The federal rules require DHCS to utilize more technical and data driven methods, and requires a position with expert knowledge, abilities, and skill to oversee these complex processes. With the increased technical requirements of the new federal rules, the subject matter expertise the RDM provides is a critical resource for the division.

Due to the wide focus of the original MCQMD branch and the incorporation of additional workload from the Federal Managed Care Regulations, this LT position was created to establish a new branch focused on research, data analysis, and reporting while the other branch maintained program monitoring and compliance. Permanency of the RDM is necessary to continue overseeing Branch staffing and Division workload demands associated with research, data analytics, and reporting.

OLS – (Convert 2.0 LT positions to permanent)
1.0 Civil Service Assistant Chief Counsel (CS – ACC)
1.0 Attorney III

1.0 CS-ACC
The CS-ACC for Health Care Delivery Systems (HCDS) meets significant management needs for the HCDS team. The current HCDS CEA-ACC has direct supervision of twenty-two staff (1:22), including 18.0 attorneys and 4.0 legal analysts. The large span of control hampers consistent legal review within allotted timeframes for issuing Managed Care audits as required by the latest federal regulations. The CS-ACC offers direct legal support to Audits and Investigations (A&I), Provider Enrollment Division (PED), Third Party Liability and Recovery, and Managed Care Operations and Managed Care Quality and Monitoring. The HCDS team develops complex and sound legal strategies necessary to defend against legal challenges to the Department's program policies and standards through its enforcement Division, A&I and the

Attorney General's Office. Managed Care as a delivery system model, while cost effective, continues to be redefined through both federal and state regulations. This workload associated with this area is ongoing and constant given the size of the Medi-Cal program. Without proper legal controls, both state and federal agencies run the risk of excessive waste, fraud and abuse not to mention the potential to lose federal financial participation.

The CS-ACC oversees attorneys working in these areas and coordinates legal strategies for complex house counsel and litigation matters. This CS-ACC position is critical to verify audits against managed care providers are well rooted in the law to guarantee the best possible outcome through every level of legal review, starting with administrative hearings to California's Courts of Appeal.

1.0 Attorney III
The Attorney III positon is needed to advocate for the Department's position on complex litigation appeals and to protect the fiscal integrity of the Medi-Cal Managed Care program. The managed care rules made permanent changes regarding network adequacy and audits of the plans, as well as other program integrity issues. These apply to all managed care plans, including behavioral health Medi-Cal services. Network adequacy for services are critical to meeting the needs of Medi-Cal beneficiaries. The Department has engaged the plans in discussions regarding compliance. Consequences for noncompliance can be significant. Holding plans accountable to meet the appropriate standards is a significant ongoing responsibility. The permanent litigation position for OLS is necessary to support and defend the ongoing managed care enforcement activity and prosecution.

Formal hearings are conducted in compliance with the Administrative Procedure Act (APA) and the decisions issued address all controlling state and federal statutes. The requested Attorney III position is assigned to support all enforcement actions taken by the program against providers. This is a new area of law; it has overlapping complexities with other delivery systems and has some public interest visibility. In an effort to establish consistent application of the law and to hold providers accountable, the Department has developed an internal team of subject matter experts, including OLS Administrative Litigation team members, to meet regularly to discuss potential sanctions against providers. Once a provider has actually been sanctioned, they have appeal rights to protect their due process rights.

Legal Support for Ongoing Waiver Activities

OLS – (Convert 2.0 LT positions to permanent)
1.0 CEA Assistant Chief Counsel
1.0 Attorney IV

The legal work associated with the 1115 Waiver and ongoing waiver-related activities continues to be the most difficult and specialized at the Department. It requires expertise across the entire spectrum of legal contexts, including legislative, regulatory, contractual, and litigation support work. The need for multifaceted legal counsel for Medi-Cal reimbursement, State-local financing and programmatic arrangements, and Medi-Cal dental program improvement, is required because of the heightened legal and political sensitivities. The legal work associated with the 1115 Waiver necessitates novel and still-developing theories to establish best practices. Given the State and Federal legal ramifications involved with these initiatives, these Attorney positions are integral for the continuation of Medi-Cal 2020, and any successor programs, because of the experience and specialization in the various affected areas.

1.0 CEA Assistant Chief Counsel

The position has been reclassified to a CEA – Assistant Chief Counsel from the LT Attorney IV previously approved via the 4260-301-SFL-DP-2016-A1 BCP. The need for expert, waiver-focused legal work will be ongoing throughout the term of the waiver, and any subsequent waivers. Current 1115 Waiver issues are being performed by the CEA Assistant Chief Counsel level and above, which drove DHCS' need to reclassify the Attorney IV. The complexity of this work exceeded the skill set of the Attorney IV classification and high level supervision of the entire OLS Financing and Rates Team was critical in such a key area. Therefore, due to the need for highly specialized legal experts to perform this complex legal work, which will continue to arise, it is essential that this work is performed by the highest level Attorney classification and supervised, accordingly.

The CEA position would continue to support general financing and claiming activities under the waiver, most notably budget neutrality compliance and issues surrounding allowable sources of nonfederal share funding. In terms of programs, the CEA position would continue to support and offer high-level legal analyses in areas such as the following: Medi-Cal managed care, Coordinated Care Initiative, Whole Person Care, Global Payment Program, Tribal Uncompensated Care, and Drug Medi-Cal Organized Delivery System (DMC-ODS). Each of these programs requires data and document collection and payment beyond their active time period such that legal support will be on-going.

The staff will perform the following specific activities:

- Continue supporting the Director's Office and various DHCS programs, especially the Medi-Cal Dental Services Division and Capitated Rates Development Division, in all Waiver deliberations with the Centers for Medicare and Medicaid Services (CMS), including the negotiation, drafting, and interpretation of the formal Waiver Special Terms and Conditions, and any amendments thereto.
- Drafting, reviewing, and analyzing complex State Plan Amendments, 1115 Waiver Special Terms and Conditions (STCs), federal and state legislation and regulations for the development, implementation, and ongoing administration of each fiscal year of the 1115 Waiver, and those waiver-initiated activities intended to extend beyond the expiration of Medi-Cal 2020 (including implementation of alternative payment methodologies in Medi-Cal managed care). Respond to Requests for Additional Information and inquiries from the federal government.
- Continue researching extensive legal opinions related to statutory and regulatory interpretation, contract interpretation, program administration, and related disputes as required for compliance with relevant federal and state laws, and the ongoing receipt of federal financial participation.

1.0 Attorney IV
The Attorney IV interacts with Medi-Cal Dental daily working on various provider issues, contracts and legal interpretation needed to operate the program. The Attorney IV will assist Medi-Cal Dental with developing performance payments to increase statewide preventive service utilization for children and adults. This work will be used in the future to develop performance payments to specific preventive services rendered by an enrolled Medi-Cal service office location. Ongoing and consistent legal support is critical to secure needed CMS approval for state plan amendments, requests for additional information, and telephonic communications with CMS. The Attorney IV thoroughly researches and responds timely to inquiries from both internal and external sources including communications with Agency, other departments, the Governor's Office and the Legislature because this is a highly visible program area. The Attorney IV level is required because of the complex legal review needed to successfully assist with payments made in this program. For all payments, OLS verifies they

are made in compliance with state and federal laws and existing state plan authority as it relates to the Dental benefit. The Attorney IV plays a key role working alongside Medi-Cal Dental on all stakeholder engagement, drafting new legislation, revising and drafting policies, and responding to sensitive issues directly impacting the dental health of millions of beneficiaries.

The Attorney IV performs the gap analysis in state and federal laws including complex HIPAA and general privacy/security concerns around encounter and claims data maintained by the Dental fiscal intermediary (FI) for services rendered to beneficiaries, which is different than the medical or pharmacy FIs. This position will also provide pre-litigation and litigation support to the Attorney General's Office, in addition to assisting with the various contracts specific to the Medi-Cal Dental program.

Health Care Reform Financial Reporting

Financial Management Division – (Convert 18.0 LT positions to permanent)

The Financial Management Division is made up of two sections, budgets and accounting. FMB has 127.50 permanent staff and 20.0 limited term positions. FMB currently has a 5.4 percent vacancy rate, which is represented mostly in the Budget Section, and would not be able to absorb the ongoing workload within the current permanent staffing authority.

The Accounting Section is responsible for accurately accounting and financial reporting on the department's budgeted revenue and expenditures. Prior to the ACA implementation in 2014, the DHCS budget totaled approximately $62 billion, and has since grown to $115 billion annual state, federal and special funds, representing an increase of 85 percent. While the increased budget is attributable to many factors, the ACA implementation added approximately 3.8 million additional Medi-Cal beneficiaries and their associated costs to the program. The increased budget and caseload has significantly increased the workload for the Accounting Section including but not limited to the following examples:

- The Accounts Payable Units process and pay invoices to a variety of vendors, including health care providers and health plans. Over the past 6 years since ACA implementation, the Accounting Section has processed an average of nearly 10,000 ACA invoices annually.

- The Federal Reporting Unit is responsible for reconciling and reporting federal funds claimed to the Centers for Medicare and Medicaid Services. The increased federal funding and new Federal Medical Assistance Percentages (FMAPs) established pursuant to ACA implementation imposed significantly more workload on the federal reporting unit. The additional workload includes reconciling claimed expenditures and completing additional required forms to be submitted as part of the quarterly federal claim. Prior to ACA implementation, CMS required 8,100 forms for the financial reporting of Medi-Cal benefits. Currently, CMS requires approximately 13,600 forms, or a 68-percent increase.

- The Cash Receipts Unit is responsible for depositing and accurately remitting cash to the appropriate funds. The Cash Receipts unit processes billions of dollars annually in drug rebates received for Medi-Cal beneficiaries, of which 29 percent are newly eligible through the ACA. In calendar year 2019, the Accounting Section processed approximately $1.5 billion in drug rebates that were associated with ACA newly eligible beneficiaries. Processing drug rebates requires staff to deposit cash and remit funds

according to the associated FMAPs. This workload entails performing complex cash receipts reconciliations and processing drug rebate adjustments quarterly.

- The Cash Management Unit is responsible for preparing the federal draws weekly, monitoring cash and federal grant balances. Any offsets to the federal draw to repay the federal government are also processed by the Cash Management Unit. This workload significantly increased with the increased budget and implementation of the ACA, the new FMAPs, and associated drug rebates. Cash must be recorded to the correct FMAPs, as these are reflected in the reporting on the federal claim filed with CMS. In addition, cash transactions must reconcile to the Payment Management System with the federal government.

- The Fiscal Systems Unit is responsible for setting up and maintaining coding in FI$Cal, and appropriately charging and allocating costs. The ACA established several different FMAPs for ACA expenditures, which needed to be updated and maintained in DHCS' fiscal systems. The Fiscal Systems Unit confirms ACA-coded transactions are allocated accurately and any new codes added or changes to the financial reporting structure are documented in the Cost Allocation Plan that is approved annually by CMS.

- The General Ledger (GL) Unit is responsible for reconciling all transactions in each of the department's sixty-five (65) funds and preparing and submitting financial statements. The General Ledger Unit's workload significantly increased from the increased amount of transactions for payments and receipts in the Health Care Deposit Fund related to newly eligible beneficiaries from the ACA. The GL unit reconciles thousands of transactions monthly in the fund. In addition, ACA funding has added an extra level of tracking and complexity in preparation and analysis of Generally Accepted Accounting Principles accruals.

The 18.0 LT positions are spread throughout the Accounting Section in order to support the entire financial reporting process. Several other units in the Accounting Section have indirectly been impacted by the implementation of the ACA. Without these resources, DHCS may not be able to meet the federal reporting requirements which could negatively impact the receipt and amount of the State's quarterly federal Medicaid grant award. Further, without these resources, DHCS may experience delays in making payments to the federal government for the collection of provider overpayments, drug rebates, and settlements which could result in additional interest charges owed by the State. Finally, without these resources the risk of flawed, incomplete, and/or delayed federal reporting could result in the State's failure to comply with the Code of Federal Regulations (CFR) requirements for Medicaid funding and may have downstream negative impacts to the State.

PHDP Program

CRDD (Convert 7.5 LT positions to permanent)
1.0 SSM II
1.0 SSM I
2.0 RDS I
3.5 AGPA

The positions currently have the following responsibilities and will continue to have the same responsibilities in the future to support the continuation of the program going forward:

- Collecting data from each Medi-Cal health plan regarding utilization of services at private hospitals—data must be collected separately for each plan, county or rating region, aid category, and service category.
- Analyzing the data by plan, county, aid category, and service category, and producing reports that will inform actuarial expectations for hospital services utilization.
- Developing interim adjustment amounts within the capitation rates that account for anticipated PHDP program payments.
- At least quarterly, compiling managed care encounter data for each private hospital.
- Segmenting and analyzing each hospital's encounter data by plan, county, aid category, and service category, and producing reports of the actual utilization of contracted hospital services at every private hospital that is a network provider with each plan. This data will determine the final distribution of PHDP program payments to each hospital through the managed care contracts.
- Developing final adjustment amounts within the capitation rates that reflect the final distribution of payments to private hospitals based on actual utilization of inpatient and outpatient hospital services.
- Working directly with plans and private hospitals, through stakeholder work groups as well as individually, to communicate data reporting requirements, resolve data discrepancies, and discuss data findings that will be used during actuarial rate development.
- Responding to daily incoming correspondence to separate plan and hospital mailboxes for questions related to the PHDP program.

MCQMD (Convert 2.0 LT positions to permanent)
2.0 RDS I

The positions currently have the following responsibilities and will continue to have the same responsibilities in the future to support the continuation of the program moving forward:

• Collecting, monitoring, analyzing, and reporting plan's private hospital encounter data.

• Each incumbent will serve as the subject matter expert within their unit and provide technical assistance to less specialized staff.

• Providing technical assistance to address any directed payment model encounter data quality issues.

• Assessing the data quality of the hospital data using advanced statistical techniques.

• Investigating and resolve highly complex directed payment model program encounter data quality issues and discrepancies.

• Developing and producing Private Hospital Encounter Data Quality Reports.

• Providing technical assistance to CRDD during their analysis of private hospital encounter data.

• Acting as primary liaisons between directed payment model program with CRDD and the plans that submit encounter data to DHCS.

MCQMD will continue to provide expert technical consultation to CRDD staff related to the completeness, accuracy, reasonability and timeliness of hospital encounter data; continue to enforce encounter data-related contract requirements on plans to establish high-quality

encounter data for the directed payment model; continue to provide technical assistance to plans regarding encounter data submission requirements that impact the directed payment model; work with plans to resolve highly complex data quality issues and challenges; continue to apply data validation techniques to assess the completeness, accuracy, reasonability, and timeliness of the reported hospital encounter data; continue to apply statistical techniques to identify data quality issues and work through potential solutions; continue to develop encounter data quality reports of the participating hospitals to support CRDD staff; and continue serving as subject matter experts in units and participate in internal and external meetings.

Redirection of existing staff resources is not feasible. If DHCS were forced to redirect staff, the program itself would be in jeopardy and other critical programs would be adversely impacted, some of which generate revenue. If DHCS does not receive the requested resources, the PHDP program might not be able to continue and hospitals throughout the State could lose a significant amount of funding.

Medi-Cal Eligibility Systems Staffing

ETS – (Convert 7.0 LT positions to permanent)
1.0 ITM I
3.0 ITS I
3.0 ITS II

The requested resources will facilitate quality solutions for all functional changes to the MEDS and HEMI web-services interfaces, maintain support of MEDS integration with CalHEERS, SAWS and several other programs, and processes including but not limited to Presumptive Eligibility (PE), IRS 1095B Minimum Essential Coverage (MEC), Systematic Alien Verification for Entitlement (SAVE), and the Franchise Tax Board (FTB) interface for MEC. In parallel, the permanent resources will continue to support policy and system enhancements to facilitate a consistent positive consumer experience across California and ensuring resulting changes align and comport with Medi-Cal state statute and federal mandates.

CalHEERS runs 24/7 to support 23,500 concurrently logged-on user sessions, enabling 12,000 enrollments and 30,000 transactions per hour through the use of multiple levels of load distribution, content offloading, and caching technologies to offer a seamless health insurance enrollment experience for the consumer. Permanent resources are critical in supporting the 24-Month Roadmap, which is a high-level rolling timeline of business initiatives and policy goals within CalHEERS and sponsored by DHCS and Covered CA, to prioritize ongoing work efforts over the course of two-year time periods. The resources perform all phases of the Software Development Lifecycle (SDLC).

CalHEERS is driving towards a new cloud based Amazon Web-services (AWS) architecture as well as Agile development methodology, which continues to require these resources to stay engaged and support the 24-Month Roadmap and ongoing initiatives. The resources requested are needed to oversee, govern, support, and implement new and existing policy and system initiatives as CalHEERS shifts towards Cloud services and technologies; combines software development (Dev), and information technology operations (Ops) (DevOps); redesigns very complex eligibility determination business rules to enable the county workers to review eligibility results determined by CalHEERS; override those eligibly results, if necessary, in order for CalHEERS to consume the results provided by SAWS; and to only start the downstream impacts of those results once the SAWS have approved those benefits. Downstream impacts from CalHEERS and SAWS will be updated into MEDS and HEMI. These

changes will ultimately certify that the clients get timely and correct benefits and help avoid lawsuits.

DHCS was tasked with the development of a new web-based interface in order to accommodate a new application process. The interface will also provide eligible applicants immediate access to Medi-Cal services and resources are required to perform analysis, design, code, test and maintain this new service. For example, an additional new web service will need to be built in order to meet Senate Bill (SB) 78 regulations. SB 78 creates the MEC Individual Mandate requiring California residents to enroll in and maintain MEC beginning January 1, 2021. SB 78 will impose penalties to those who do not purchase MEC coverage and will generate millions of dollars in revenue for California annually. This workload is ongoing and is expected to continue since it is revenue generating for the state.

As workload continues to maintain and increase with varying legislative and government mandates, the team requested is needed to continue the ongoing operational support. The need for continued development, support, and oversight continues therefore it is imperative to maintain these staffing levels to continue supporting the HEMI interface and it's integration of data between MEDS and the CalHEERS systems. These resources are needed to maintain service levels and maintain continuity of operations.

<u>Enterprise Portfolio and Project Management Branch (EPPMB) – 1.0 ITM I Position</u>
This resource will continue managing contracted vendor relationships and serve as the DHCS project management and oversight liaison with the various internal and external stakeholders participating in the modifications to MEDS; which is related to the expanded business rules for eligibility, enrollment, and integration with CalHEERS and SAWS. The ITM I is needed to manage the evolving changes at the state and federal level, and continue to direct, support and operationalize the policy changes and critical ongoing system enhancements prioritized through the 24-Month Roadmap.

The ITM I will provide project management/oversight and participate in the governance structure to align with the new CalHEERS agile framework, new architectural/infrastructure changes and data analytics initiatives. This resource will also be responsible for overall DHCS vendor management. This includes, but not limited to, procurement of information technology contract services, and management of vendor staff and other related contracts.

ETS requests this resource to continue to adequately provide the appropriate level of professional project management and oversight for Medi-Cal eligibility, enrollments, and MEDS integration with CalHEERS. Failure to provide project oversight expertise could result in project cost overruns, project delays, and the inability to stay within the project scope.

<u>Eligibility Applications and Support Branch (EASB) –</u>
3.0 ITS I Positions (1.0 Web Developer, 1.0 Business Analyst and 1.0 Software Tester) and 1.0 ITS II position (Database Administrator)

Due to ongoing evolution and technology improvements to CalHEERS systems, these ITS I resources are requested to participate and function in lead roles that continue to support the most complex system modifications to the existing MEDS, HEMI and PE. In addition, DHCS has recently been tasked to build interfaces for PE applications as well as FTB MEC.

The Web Developer creates technical requirements to provide complete design, development and implementation of system components and interfaces for new enhancements. The Web Developer performs maintenance activities that enhance and

maintain the integration to MEDS, CalHEERS, and SAWS interfaces. The developer also reviews, assesses, develops, and implements cloud based technologies and/or development software and complete full system documentation for MEDS, HEMI, FTB, PE web-services, CalHEERS and SAWS integration points.

The Business Analyst continues to serve subject matter expert (SME), in lead capacity, as a technical resources and work with other system experts and DHCS's program staff, as well as external partners such as CalHEERS and FTB, to facilitate workgroup sessions that identify and documents the current business processes and to-be enhancements. The analyst also assess legislative bills and looks for opportunities to leverage emerging technologies with MEDS as the CalHEERS system moves towards a Cloud architecture. The resource oversees the implementation of the system enhancements and interfaces between MEDS and external entities, such as FTB and the IRS, and reconciliation of beneficiary information between MEDS, CalHEERS and SAWS.

The Software Tester functions in a lead role that supports the most complex system modifications to the existing MEDS, and HEMI web-services as well as its sub-applications; this is due to ongoing evolution and technology improvements to CalHEERS systems. The Software Tester identifies and reports technical and operational system defects encountered in the test systems or production systems related to MEDS, CalHEERS, SAWS, HEMI, PE, FTB web-services and new software features.

The Software Tester prepares test cases, review test scenarios, and execute test scripts aligned to functional and non-functional requirements. The Software Tester provides comprehensive testing results and document clearly in a Test Results Summary Documents (TRSD) for each effort before implementation; this is to demonstrate that requirements are working as requested and functioning as designed. The Software Tester is responsible for creating and maintaining test schedules, identifying defects, and bringing the defects to the attention of the developers to go back and resolve or return the work item to a previous Scrum event.

Working as a team, the Business Analyst, Web Developer, and Software Tester continue to adopt the iterative Agile methodology, to implement MEDS, HEMI, PE and FTB web-services interface changes as needed and defined in Scrum events and workload prioritization discussions. These ITS I resources will continue to work closely with project team to transfer knowledge between state staff and the project ensuring continuity of operations and continued ability to support going forward. They will work closely with the MCED, CalHEERS, SAWS, and FTB in conducting gap analysis, identifying the need for system changes, continue to assess velocity of changes required, and provide recommendations to Product Owner as to functionality that would be best suited for specific releases.

The ITS II Database Administrator provides database services related to ACA systems. This includes managing configurations essential to MEDS production and ongoing enhancement of Database 2 (DB2) Database Management Systems. Following industry best practices, the ITS II functions in a lead DB2 database administration role, supports the most complex system modifications and enhancements to the existing MEDS and its sub-systems such as Statewide Client Index (SCI).

Responsibilities include: data architectural guidance, the overall support for database analysis, database security support, database support tools, utilities, software use, performance monitoring and tuning, and general technical expertise; collaborates with MEDS programmers in penetration test activities and performs database tuning to mitigate security risks identified in penetration test activities; and periodically runs tools to determine and

validate database integrity. Without this resource, DHCS' critical DB2, web-services interfaces, systems availability and functionality will be at risk.

Enterprise Architecture Office (EAO) – 1.0 ITS II Position
The ITS II performs ongoing architectural oversight, assessment, and guidance associated with the development and maintenance of existing (and new) services, system infrastructure, and interfaces between DHCS Medi-Cal eligibility and enrollment systems. The continued enhancements, changes, development and improvements continue post-ACA. Cloud migration with Open Source strategy and conversion of monolithic architecture to a modularized architecture are two major enhancements that CalHEERS will continue to work on for the next few years.

This ITS II position serves as a SME expert to DHCS and CalHEERS management, project staff and technical subject SMEs, and participates in CalHEERS in strategic planning, road-mapping, and other IT governance activities. They perform system and application design reviews, consultation on change requests to modify or change business process flows, software, services, IT infrastructure, hosting locations, and interfaces to systems such as the federal data services hub, MEDS, HEMI, and SAWS. The position demands complex skills and knowledge in enterprise architecture domain to follow best practices, federal and state compliance regulations, IT concepts, and the business processes supported by CalHEERS to enable transformation and ongoing maintenance of the CalHEERS Enterprise mission to support the citizens of California. CalHEERS support and oversight continues to be a priority for DHCS.

Information Security Office (ISO) – 1.0 ITS II Position
This ITS II position performs ongoing cybersecurity~~,~~ compliance and risk management analysis for CalHEERS and its data interfaces to DHCS. The DHCS ISO ITS II serves as the security SME for CalHEERS in performing risk analysis and consultation during changes to business process flow, software, services, usage of Personal Health Information (PHI), IT infrastructure, hosting location designs, security monitoring, and secure design of interfaces to systems. Significant ongoing work is expected as CalHEERS moves towards cloud services, agile methodologies, as well as many planned architectural enhancements where critical security design and review are essential. These changes can create significant cybersecurity risks to PHI if not designed and implemented according to security best practices, and reduction of risk to methods of attack on critical PHI systems. The ISO ITS II serves as a SME ~~to~~ within DHCS and for CalHEERS management, project staff and technical subject SMEs, and participates in CalHEERS IT governance activities. This security oversight role is essential as health care data has become one of the highest value targets for Nation-State sponsored cybercriminals. Attacks continue to becoming increasingly sophisticated and often range in 2M to 4M attacks per month on California Health Care systems alone. The ISO ITS II position helps CalHEERS reduce risk, avoid~~s~~ data breaches, failed audits, and loss of confidentiality, integrity and availability of its critical PHI data. The ISO ITS II position requires a highly competent cybersecurity professional with the technical skills, knowledge in cybersecurity best practices, and federal and state compliance regulations.

E. Outcomes and Accountability

With the approval of these resources, DHCS will continue to have the capacity and necessary resources to achieve its goals and manage existing programs.

- Remain compliant with Federal and State requirements.

Analysis of Problem

- MCOD can continue to effectively provide oversight and maintain positive working partnerships with all MCPs.
- Annual reviews of will be conducted to verify compliance with programmatic regulations and statutes.
- DHCS will be able to increase provision of technical assistance and training to MHPs and DMC-ODS counties related to Network Adequacy.
- Risk of litigation will be reduced.
- Meet the needs of Medi-Cal providers and health plans by developing, implementing, and maintaining industry standard health care transactions to support T-MSIS reporting.
- Continue compliance with T-MSIS Priority Issues, which are added to yearly by CMS to increase data quality.
- Continue to capture all required T-MSIS data elements from internal DHCS systems and external DHCS systems.
- Meet T-MSIS reporting requirements set forth by CMS and continue compliance with federal regulations for T-MSIS reporting.
- By maintaining consistent and timely support in all human resource transactions/activities, from recruitment, application processing, and hiring to performance management, the programs can maintain highly qualified staff.
- Increase depth of representation in forums for various work efforts and projects involving SAWS, CalHEERS, MEDS, and other interfacing partners such as IRS and FTB.
- Approval of this proposal will provide DHCS the needed resources to successfully continue the PHDP program on an ongoing basis.

Projected Outcomes

Federal Managed Care Regulations

Administration Division
Human Resources Branch

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Processing applications*	7,916	7,916	7,916	7,916	7,916	7,916
Processing Certifications*	1,637	1,637	1,637	1,637	1,637	1,637
Administering Exams*	75	75	75	75	75	75
Process Request for Personnel Action (RPA)*	1,723	1,723	1,723	1,723	1,723	1,723
Respond to telephone and email inquiries from departmental employees and management regarding selection, certification, and exam inquiries; reorganizations, classification and pay proposals; performance management, etc.*	9,000	9,000	9,000	9,000	9,000	9,000
Formal response for signature for out of class	75	75	75	75	75	75

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
assignments/grievances, merit issue appeals, requests for alternate compensation and miscellaneous complaints.*						
Review probationary reports, individual development plans, counseling memorandums, probation rejections, adverse actions, AWOL separations, non-punitive medical actions, etc.*	57	57	57	57	57	57

*Does not account for the hours required for each item or consultation.

Administration Division
Program Support Branch

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Purchase Request Received	1,304	1,304	1,304	1,304	1,304	1,304
Asset Survey Requests	120	120	120	120	120	120
Facilities Remedy Requests	2,487	2,487	2,487	2,487	2,487	2,487
Badge Requests	1,589	1,589	1,589	1,589	1,589	1,589

Enterprise Data and Information Management, Enterprise Technology Services

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Perform data mapping and programming for each T-MSIS file in response to changing CMS requirements.	8 files	8 files	8 files	8 files	8 files	8 files
Submit T-MSIS files to CMS and respond to errors.	8 files monthly	8 files monthly	8 files monthly	8 files monthly	8 files monthly	8 files monthly
Perform analysis of data submitted to CMS to identify reporting and measurement results necessary to support population health and monitoring under the CMS-2328-NC.	8 test files	Monthly reports	Monthly reports	Monthly reports	Monthly reports	Monthly reports
Perform data mapping and programming for system data to support T-MSIS reporting.	12	12	12	12	12	12

Analysis of Problem

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Provide project management and oversight to successfully plan, execute, report, monitor the overall implementation of T-MSIS related projects enhancements.	Daily	Daily	Daily	Daily	Daily	Daily
Maintain issue logs and verify roles and responsibilities regarding issue resolution are clear. Resolve issues at the lowest level and elevate issues for resolution if needed.	Weekly	Weekly	Weekly	Weekly	Weekly	Weekly
Centralize and normalize data management processes, procedures, and standards across DHCS.	Daily	Daily	Daily	Daily	Daily	Daily
Synchronize data definitions across statewide, regional, and national partnerships.	Daily	Daily	Daily	Daily	Daily	Daily
Improve DHCS data quality and accuracy.	Daily	Daily	Daily	Daily	Daily	Daily
Standardize data across data source systems.	Daily	Daily	Daily	Daily	Daily	Daily

Medi-Cal Behavioral Health Division

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Network adequacy data reporting.	56 MHPs, 31 DMC-ODS includes a Regional Model will report data	56 MHPs, 31 DMC-ODS includes a Regional Model will report data	56 MHPs, 31 DMC-ODS includes a Regional Model will report data	56 MHPs, 31 DMC-ODS includes a Regional Model will report data	56 MHPs, 31 DMC-ODS includes a Regional Model will report data	56 MHPs, 31 DMC-ODS includes a Regional Model will report data
Draft Information notices, issue papers, policy recommendations.	2,000	4,000	4,000	4,000	4,000	4,000

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Attend meeting, prepare talking points and presentations, present, plan and hold stakeholder meetings.	2,000	4,000	4,000	4,000	4,000	4,000
Data reporting and analysis on MMC regulation requirements.	2,000	4,000	4,000	4,000	4,000	4,000
Reports, policies, and procedures using proper grammar, punctuation, and sentence structure on MMC regulations.	2,000	4,000	4,000	4,000	4,000	4,000
Certifying MHPs and DMC-ODS plan's provider networks.	4,000	4,000	4,000	4,000	4,000	4,000
Corrective Action Plan Follow-up activities.	2,000	4,000	4,000	4,000	4,000	4,000
Responding to questions submitted by MHPs and DMC-ODS plans regarding NA.	2,000	4,000	4,000	4,000	4,000	4,000

Managed Care Operations Division

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Research and analyze State and federal laws, regulations, and policies related to the Medi-Cal managed care program, using government and nongovernment resources.	195	200	205	210	215	220
Gather information and data, evaluate alternative strategies, and provide recommendations to management for program changes.	185	190	195	200	205	210

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Develop memoranda, project plans, issue papers and reports to communicate sensitive and critical program information and recommendations to health plans, advocacy groups, Medi-Cal beneficiaries, and all levels of State Government, federal oversight agencies, and county governments.	144	151	158	165	172	179
Act as branch liaison with CMS, monitoring and evaluating Medi-Cal managed care health plans for compliance to managed care regulations, and reporting contract changes and updates to CMS.	104	109	114	119	124	129
Develop templates to gather pertinent information from the health plans and to report to CMS.	104	109	114	119	124	129
Provide consultation and technical assistance to the entire Branch management and staff on complex and sensitive issues that affect the ongoing operation of the Medi-Cal managed care program.	104	109	114	119	124	129
Lead training seminars, site reviews, onsite meetings, and conference calls as needed. Present information to government and nongovernment groups. Develop presentations and meeting notes.	52	57	62	67	72	77

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Represent MCOD in meetings and other forums on issues related to the Medi-Cal benefits.	104	109	114	119	124	129
Provide administrative and fiscal support the division including addressing health and safety matters, procuring goods and services, and completing fiscal analyses and reports.	625	650	675	700	725	750
Research and respond to administrative, health and safety, and fiscal inquiries	480	500	520	540	560	580
Provide technical assistance regarding administrative rules, policies, and relevant Government regulations.	52	57	62	67	72	77
Analyze and advise on existing or new legislation regarding mandatory training requirements. Make recommendations to management on trainings based on overall training needs from analysis.	52	57	62	67	72	77

Managed Care Quality and Monitoring Division

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Direct the work of multiple teams of research program specialists, research analysts, and other analytical staff in the planning, organizing, and performance of large-scale data collection processes; establishing goals, objectives, priorities, and procedures for evaluating the compliance of health plans with state and federal regulations; and	200	200	200	200	200	200

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
ensuring that the studies undertaken result in valid results.						
Represent MCQMD in meetings and other forums on issues related to the Medi-Cal benefits and performs other duties as required	20	20	20	20	20	20
Develop operational processes and procedures for tracking corrective actions, and calculate potential sanctions in the event of chronic underperformance.	8	8	8	8	8	8
Independently design and develop statistical studies and research on the most complex issues of high value to the Department related to monitoring the performance of health plans	4	4	4	4	4	4
Facilitate and participate in meetings and discussions regarding statistical research topics.	8	8	8	8	8	8

Office of Legal Services

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Consult HCDS House Counsel regarding anticipated sanctions.	20	20	25	30	30	30
Open File – Draft letters of representation, establish contact with program staff.	20	20	25	30	30	30
Discovery, preparation of witness list, and pre-hearing brief.	20	20	25	30	30	30
Pre-hearing preparation, correspondence, motions, pre-hearing telephone conferences, hearing	20	20	25	30	30	30

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
schedules/travel arrangements.						
Pre-hearing settlement negotiations and conference.	15	15	15	20	20	20
Preparation for hearing, including witness preparation, preparing exhibit packages.	5	5	8	8	8	8
Conducting Hearing/travel.	3	3	4	4	4	4
Post-hearing brief and reply brief preparation.	3	3	4	4	4	4
Review Proposed Decision; preparation of comments for reconsideration, review final decision.	3	3	4	4	4	4
Coordinate defense of Administrative decision in superior court with Attorney General's Office.	1	1	2	2	2	2
Consult with an Attorney IV and ACC.	20	20	25	30	30	320
Draft/Interpret state legislation and regulations related to Managed Care and/or PED implementation of new policies and ongoing administration of the program.	120	120	120	120	120	120
Research federal and state laws for input on policies to work with the Attorney General's Office.	125	125	125	125	125	125
Draft and enforce contracts, contract amendments, and any business associate agreements and/or data sharing agreements needed for requested program data.	120	120	120	120	120	120
Draft and respond to Medicaid authority, including waiver amendments and State Plan Amendments.	100	100	100	100	100	100

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Provide responses to public, legislative, and stakeholder inquiries.	100	100	100	100	100	100
Represent DHCS staff at any Admin hearing, meet and confers and exit conferences with providers and/or plans.	350	350	350	350	350	350

Legal Support for Ongoing Waiver Activities

Office of Legal Services

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Provide Dental with legal opinions related to governing federal and state law	45	45	45	45	45	45
Provide Dental with legal analyses related to State Plan Amendments, policy letters and instructional information	40	40	40	40	40	40
Dental litigation and pre-litigation cases and notices of dispute	25	25	25	25	25	25
Dental stakeholder meetings, inquiries and correspondence	20	20	20	20	20	20
Dental privacy, confidentiality and security issues including PRAs and data requests	100	100	100	100	100	100
Participate in and support for ongoing communication and meetings with CMS	100	100	100	100	100	100
Coordinate, draft, review, analyze, and respond to stakeholder and legislative correspondence and inquiries	100	100	100	100	100	100
Draft, analyze, and review waiver related legislation, regulations, and policy guidance.	75	75	75	75	75	75

Analysis of Problem

Health Care Reform Financial Reporting

Financial Management Division

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Federal Reporting Waiver Reporting	303	309	315	321	327	334

Private Hospital Directed Payment (PHDP) Program

Capitated Rates Development Division/ Medi-Cal Managed Care Quality and Monitoring

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
PHDP Program capitation rate increment adjustments	608	608	608	608	608	608
PHDP Program capitation rate final adjustments	608	608	608	608	608	608
Private Hospital encounter data analysis (at least quarterly)	270	270	270	270	270	270
Encounter data-related expert technical consultation	4	4	4	4	4	4
Encounter data quality reports	4	4	4	4	4	4

Medi-Cal Eligibility Systems Staffing

Enterprise Technology Services

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Assist in all phases of the SDLC while supporting CalHEERS, MEDS and HEMI web services.	620	620	620	620	620	620
Lead application development, develop unit test plans, test cases, product deliverables, presentations, project timelines, work plans, and support agile methodology, and database management.	2,410	2,410	2,410	2,410	2,410	2,410
Provides project management, governance oversight, management of deliverables, planning, scheduling, vendor management, and facilitate technical meetings with external	3,240	3,240	3,240	3,240	3,240	3,240

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
stakeholders and DHCS internal stakeholders.						
Review of existing project documents, provide feedback, security and architecture reviews, requirements, project artifacts, change request deliverables and present recommendations to executive leadership.	930	930	930	930	930	930
Lead and support multiple CRs including analysis, design, build, test and implement CRs related to ACA and eligibility systems.	640	640	640	640	640	640
Provide education sessions, training content, and documentation to certify DHCS staff is knowledgeable about system interfaces, enhancements and information security.	40	40	40	40	40	40
Lead, monitor, collaborate and coordinate troubleshooting efforts and problem resolution activities with stakeholders.	258	258	258	258	258	258
Update Management and resolve problems/issues and guide problem resolutions and risk resolutions. Provide briefings to DHCS executive.	608	608	608	608	608	608

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the conversion of 62.5 LT resources to permanent positions and expenditure authority of $9,455,000 ($3,176,000 GF; $5,603,000 FF; $676,000 HQARF) in FY 2021-22 and ongoing to address existing workload.

Pros:

- Allows DHCS to retain existing staff with institutional knowledge necessary to support the continued success of the program.
- Enables hospitals to continue receiving billions in federal funds, which supports access to and the provision of necessary Medi-Cal services.
- DHCS will be able to continue to meet the mandates of CMS for ACA reporting.
- DHCS will be able to complete the federal fund reporting timely.

- Permits DHCS to recruit, maintain, and build a strong and deep bench-strength of talented staff with the necessary skills to support the systems going forward, which allows for greater flexibility in adjusting DHCS workforce as workload demands change to meet the program needs.
- Facilitates the long-term planning and development of needed interfaces to support program integrity and verification processes as required by ACA.
- Maintains oversight of communication requirements, allowing effective communication strategies with stakeholders to be implemented and maintained.

Cons:

- Requires continued resources.
- Puts additional strain on the GF.

Alternative 2: Approve LT resources equivalent to 62.5 LT resources to permanent positions and expenditure authority of $9,455,000 ($3,176,000 GF; $5,603,000 FF; $676,000 HQARF) in FY 2021-22.

Pros:

- Limited term impact to the GF if positions are not renewed/extended.
- Would provide temporary support to existing workload.

Cons:

- This approach does not guarantee continuity of program operations and maintenance.
- Loss of knowledge from staff after LT resources expire.
- Difficulty in recruiting and maintain staff in LT positions.

Alternative 3: Redirect existing staff.

Pros:

- No impact in state personnel costs.
- No increase to the state's workforce.

Cons:

- Does not give DHCS the resources needed to continue the existing workload.
- DHCS may not be able to meet its single state agency responsibilities related to financial oversight, program integrity and quality of care.

G. Implementation Plan

Approval of this proposal requires the continuation of existing resources. Therefore, an additional hiring plan, facilities, or additional work space are not required.

H. Supplemental Information

The request includes travel costs of $135,000 ($38,000 GF; $82,000 FF; $15,000 HQARF) for FY 2021-22 and ongoing.

I. Recommendation

Alternative 1: Approve the conversion of 62.5 LT resources to permanent positions and expenditure authority of $9,455,000 ($3,176,000 GF; $5,603,000 FF; $676,000 HQARF) in FY 2021-22 and ongoing to address the existing workload. Approval will provide DHCS with the

necessary resources to continue performing the current workload without jeopardizing existing activities.

J. Workload Standards

WORKLOAD STANDARDS
Administration Division
Human Resources Branch
1.0 Associate Personnel Analyst
808-102-5142-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provides guidance, through research, via email, phone, or in person, to division supervisors and managers, relative to personnel-related policies, standards, rules, procedures, labor contract issues, and employee issues.	30	.5	780
Conducts research and analysis and prepares formal response for signature for out of class assignments/grievances, merit issue appeals, requests for alternate compensation and miscellaneous complaints.	5/monthly	3	180
Performs analysis and responds to reorganization proposals, researches feasibility and practicality of various types of classification and pay proposals and prepares responses	2/yr	6	12
Reviewing, editing, and finalizing all personnel related documents and personnel actions, i.e. probationary reports, individual development plans, counseling memorandums. Rejections on probation, adverse actions, AWOL separations, non-punitive medical actions, etc.	1/weekly 5/yr	4 80	208 400
Consulting with attorneys, preparing for, and attending various settlement negotiations and appeal hearings, on behalf of the Department, regarding personnel issues.	1/monthly	5	60
Evaluate and approve position and organizational structure, through the Request for Personnel Action (RPA). Provide alternative classification and organizational structure, as appropriate. Documenting changes within the RPA system.	3	1	156
Consults with OCR and Health and Safety regarding reasonable accommodations, fair hiring practices, allegations of harassment, discrimination, workplace violence, etc.	1	1	52
Total hours worked			**1,848**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Administration Division
Human Resources Branch
1.0 Associate Personnel Analyst
808-102-5142-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Interpret and explain laws, rules, and procedures pertaining to the selection program and minimum qualification (MQ) process. Serve as a consultant to candidates, candidates' representatives, and management regarding sensitive personnel issues relating to selection policies, procedures, and rights of competitors. Correspond with candidates regard their MQs and draft withhold letters for signature. Prepare selection related correspondence. Represent the Department at meetings regarding selection issues.	30	.5	780
Independently conduct MQ verification for appointments, review job applications for a broad variety of professional, technical, scientific, administrative, and clerical classes to determine if applicants meet MQs.	60/monthly	1	720
Independently utilize a systematic approach to collect, synthesize, evaluate, and measure information pertaining to the work (tasks) performed by individuals and knowledge, skills, abilities and other characteristics required for satisfactory work performance. Collect data, and synthesize and evaluate information about a job utilizing varying levels of observation, personal perception, inferences, and judgments, for use as the foundation of job-related content-valid selection procedures.	3/yearly	100	300
Develop valid, legally defensible selection techniques and devices that appropriately assess the knowledge, skills, abilities and other characteristics identified by the job analysis as required to satisfactorily perform the essential tasks of the classification being tested. Determine the relative weighting, measurement, and scoring model appropriate for each testing component, and the entire selection process. Assess quality of each test and establish a passing score that is based on a rationale relative to job performance requirements.	3/yearly	50	150
Total hours worked			**1,950**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Administration Division
Program Support Branch, Facilities Services Unit
1.0 Associate Governmental Program Analyst
808-202-5393-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide management and oversight of space planning implementation which includes evaluating current and new space standards, meeting telecommunications needs, and working with DGS to meet DHCS' needs.	80	10	800
Performs program cost analysis of the rent distribution schedule data against the budget to confirm accurate and prompt payments	40	10	400
Conducts area/site searches and provides written documentation justifying site selection. Analyzes requests for building repairs and adjustments to offices and cubicles. Prepares technical specifications for the Scope of Work to be performed and seeks cost estimates; inspects various phases of construction/alterations or office relocations; identifies areas that do not meet drawing specifications and schedules necessary corrections.	20	10	200
Administers DGS policy on space planning, and repair and maintenance. Responsible for the day to day activities in all DHCS occupied space and is the liaison between DHCS employees and the building managers at every DHCS occupied location.	20	10	200
Responsible for reviewing all incoming unit Purchase Requisitions and contract expenditures; verifies accuracy of claimed costs for each invoice and approves payment of invoices; reconciles contract invoices against the total contract amount and determines the financial impacts on the program based on contract expenditure reconciliation.	10	10	100
Other special projects as assigned to assist other units/sections within the Branch.	10	10	100
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Capitated Rates Development Division
1.0 Staff Services Manager II (SSM II)
805-760-4801-xxx
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide direct supervision to 1.0 SSM I and multiple staff including recruitment, retention and training, and evaluating and document performance.	24	5	120
Establish and monitor section goals, objectives and priorities. Oversee the quality and consistency of work.	24	24	576
Provide analysis, reports and recommendations to senior management. Work closely with contracted actuaries to communicate pertinent information which could impact actuarially sound rate development.	52	8	416
Develop and implement project plans.	2	110	220
Guarantee that implementation timelines are met and communication with private hospitals and CMS is properly managed.	52	6	312
Represent CRDD at various internal and external meetings with contracted actuaries, other DHCS divisions, external advocates and stakeholders, and CMS.	52	3	156
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Capitated Rates Development Division
1.0 Staff Services Manager I (SSM I)
805-760-4800-xxx
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide direct supervision to multiple rank-and-file staff, including recruitment, retention and training, and evaluating and document performance.	48	6	288
Establish and monitor unit goals, objectives and priorities. Oversee the quality and consistency of work.	48	10	480
Assign tasks and monitor workload. Set due dates and monitor progress. Review and approve staff generated work products (including reports and proposed correspondence with private hospitals) and provide feedback, guidance and direction as needed.	52	12	624
Work closely with the SSM II to effectively coordinate workflow. Develop and implement consistent policies, procedures and review standards.	12	30	360
Participate various internal and external meetings with contracted actuaries, other DHCS divisions, external advocates and stakeholders, and CMS.	24	2	48
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Capitated Rates Development Division
2.0 Research Data Specialist (RDS I)
805-760-5742-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide expert technical consultation related to the collection and review of hospital utilization data. Develop data definitions, data reporting templates, and encounter data query logic.	4	160	640
Provide technical assistance to less specialized staff related to data collection, review, and analysis. Work with other staff to resolve highly complex data discrepancies and challenges.	80	8	640
Apply data validation techniques to assess the completeness and reasonableness of the reported hospital utilization data. Apply statistical techniques to identify data patterns or trends suggestive of data errors (e.g. outlier analysis) and recommend potential solutions.	270	6	1,620
Develop aggregate-level reports of the reported hospital utilization data for use during actuarial rate development.	4	150	600
Serve as the subject-matter expert within the unit. Participate in internal and external meetings.	50	2	100
Total hours worked			**3,600**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**2.0**

WORKLOAD STANDARDS
Capitated Rates Development Division
3.5 Associate Governmental Program Analyst (AGPA)
805-760-5393-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Collect/compile and analyze hospital utilization data for individual private hospitals	270	4	1,080
Evaluate and resolve complex data discrepancies and challenges.	90	12	1,080
Communicate directly with private hospitals to discuss data reporting requirements, data discrepancies, and data completeness and reasonableness.	270	6	1,620
Prepare reports of the reported hospital utilization data, including differences between anticipated and actual utilization levels by plan, county or rating region, private hospital, aid category, and service category.	270	6	1,620
Document policies and procedures used during the data collection and review processes.	4	30	120
Monitor a central mailbox to receive, log, and triage all incoming private hospital inquiries.	52	12	624
Participate in internal and external meetings.	26	6	156
Total hours worked			**6,300**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**3.5**

WORKLOAD STANDARDS
Enterprise Data and Information Management
1.0 Information Technology Supervisor II
803-396-1404-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Oversees, directs, manages and controls all project activities related to the T-MSIS data quality team efforts including, but not limited to planning and strategic direction, meeting management and coordination, schedule management, risk management, change management, issue management and escalation, communication management, quality management, and cost management.	6	4	24
Directs, monitors and manages activities of state staff and contractor staff including all administrative activities associated with the staff. Responsible for establishing the overall information architecture for DHCS as well as managing the overall data quality team. Coordinates with all other DHCS enterprise architects to develop all aspects of the Information Architecture. Responsible for coordinating all program activities and reporting the progress of the program to management and stakeholders. Validate that T-MSIS data program goals are aligned with DHCS and agency data strategies, goals and priorities.	12	96	1,152
Leads and participates in data workgroups to define the business and system requirements for all data management program activities related to T-MSIS as well as for other IT projects which require data guidance. Identify and evaluate feasibility and cost benefit analysis of solution alternatives.	12	16	192
Creates project status reports and dashboards for stakeholders and executive staff. Validates alignment of enterprise information-related activities to the DHCS roadmaps of prioritized and scheduled projects and tasks.	24	4	96
Increases knowledge base across staff for making decisions associated with information, data sharing, and seamless data interoperability. Aids in development of a common set of processes, tools and solutions for enterprise information needs. Increase control of data through establishment of standards and procedures, and through oversight, governance and security. Centralizes and normalizes data management processes and procedures by assigning and leading data stewards across the organization.	12	20	240
Coordinates and leads data collection from various State Agencies data systems for storage and access at DHCS. Lead the development of a strategy to synchronize data definitions across statewide, regional and national partnerships. Improve DHCS data quality and accuracy and speed up the processing time for data release and reporting requests.	24	4	96
Total hours worked			**1,800**
1,800 hours = 1.0 Position			

Activities	Number of Items	Hours per Item	Total Hours
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Data and Information Management
2.0 Information Technology Specialist I
803-396-1402-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Responsible for development of a structure to enable oversight, communication and monitoring of DHCS data quality. Responsible for oversight of DHCS data adherence to the data quality standards required to maintain data integrity and to meet the CMS-2390 requirements.	200	6	1,200
Coordinate system changes, analysis, development and testing with vendor staff, tracking issues through the SDLC, to support T-MSIS, using standard project management methodologies and tools.	208	2	416
Monitor all aspects of DHCS Data Quality and recommend solutions to improve data quality to program areas and projects. Act as lead data quality expert for the department.	160	1	160
Participate in research and design activities related to the correction of data errors, data design and data maintenance activities and related to CMS-mandated data requirements and changes.	120	5	600
Monitor and analyze regulations and industry guides for HIPAA standard and changes to managed care standards, including attending national standards organization meetings.	12	1	12
Provide leadership, guidance and training to staff.	205	3	615
Review and approve monthly invoices for contracted staff.	48	0.5	24
Review, approve and track vendor time off requests.	52	0.25	13
Attend supervisory, T-MSIS working group, and project management meetings.	164	1	164
Evaluate system changes through technical reports, deliverables, walkthroughs and demonstrations to support T-MSIS reporting.	52	1	52
Assist in management of data quality issues and attend data management program meetings. Responsible for staying current on all matters concerning data quality by attending seminars, classes and conferences.	50	2	100
Develop data quality business rules, requirements and metrics for the department to measure data quality in an effective and efficient manner. Develop service levels and data quality expectations for DHCS.	8	6	48
Track source system changes, ensuring issues are tracked, updated and contain all pertinent information is documented.	200	1	200
Total hours worked			**3,604**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**2.0**

WORKLOAD STANDARDS
Enterprise Data and Information Management
1.0 Research Scientist III (Epidemiology/Biostatistics)
803-396-5605-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Plan, organize and direct scientific research studies of a highly developed scientific scope and complexity to produce quality measure reporting. Use methods and theories grounded in epidemiology and/or the social sciences to design and implement research projects assessing the effectiveness and appropriateness of quality measures to assess care, including data quality analysis necessary for valid measures. (438.66 State monitoring requirements).	24	160	320
Work with DHCS project teams and other departmental program staff to apply National Quality Forum (NQF) and Healthcare Effectiveness Data and Information Set (HEDIS) quality measures to data held in DHCS about the Medi-Cal population. Use established guidelines and technical scientific procedures and adapt research methods to problems identified in the analysis of these quality measures with a focus on improving data quality across different data collection and management processes to improve the accuracy of quality measures. (438.818 (enrollee encounter data) and 438.242 (health information systems).	12	60	720
Develop publications of scientific findings, comprehensive annual reports of quality of care for the DHCS programs, management briefs, benchmark reports and dashboards comparing various aspects of health service utilization and health outcomes of the Medi-Cal population to nationally recognized benchmarks and clinical guidelines. Work collaboratively with DHCS teams in other states as well as with CMS to evaluate California's quality measures.	2	220	440
Undertake multivariate analyses pertaining to healthcare issues as identified in the final rule while accounting for factors that influence health seeking behaviors such as education, income, race/ethnicity, and health and disability status. Perform statistical significance testing and interpretation of results, comparing results of these analyses with responses from the general health care delivery system.	2	160	320
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Data and Information Management
1.0 Research Scientist II (Epidemiology/Biostatistics)
803-396-5590-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Plan, organize and direct scientific research studies of moderate scientific scope and complexity to produce quality measure reporting. Use methods and theories grounded in epidemiology and/or the social sciences to design and implement research projects assessing the effectiveness and appropriateness of quality measures to assess care received. (438.66 State monitoring requirements).	2	160	320
Work with DHCS project teams and other departmental program staff to apply National Quality Forum (NQF) and Healthcare Effectiveness Data and Information Set (HEDIS) quality measures to data held in DHCS about the Medi-Cal population. Use established guidelines and technical scientific procedures and adapt research methods to problems identified in the analysis of these quality measures with a focus on improving data quality across different data collection and management processes to improve the accuracy of quality measures. (438.818 (enrollee encounter data) AND 438.242 (health information systems).	6	120	720
Act as a scientific technical consultant and as part of a team to help develop publications of scientific findings, comprehensive annual reports of quality of care for the DHCS programs, management briefs, benchmark reports and dashboards comparing various aspects of health service utilization and health outcomes of the Medi-Cal population to nationally recognized benchmarks and clinical guidelines. Work collaboratively with DHCS teams in other states as well as with CMS to evaluate California's quality measures.	2	220	440
Provide scientific technical assistance in multivariate analyses pertaining to healthcare issues as identified in the final rule while accounting for factors that influence health seeking behaviors such as education, income, race/ethnicity, and health and disability status. Perform statistical significance testing and interpretation of results, comparing results of these analyses with responses from the general health care delivery system.	2	160	320
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services
1.0 Information Technology Supervisor II
802-380-1404-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Oversee and monitor all project management activities related to the T-MSIS efforts including, but not limited to schedule management, risk management, change management, issues management and escalation, communications management, quality management, and cost and schedule management.	12	96	1,152
Monitor and manage staff/contractors.	6	4	24
Lead and participate in planning sessions with intra- and interdepartmental workgroups to define the business/system requirements for the T-MSIS efforts and to identify and evaluate various solution alternatives.	12	16	192
Develop project status reports for internal and external executive staff.	24	4	96
Coordinate and lead data dissemination to downstream users for the following phases: model/design, implementation, care coordination and if applicable quality assurance.	12	20	240
Coordinate and lead data collection from various State Agencies data systems for storage and access at DHCS.	24	4	96
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services
6.0 Information Technology Specialist I
803-393-1402-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Prepare system documentation and collect background documentation and any resource information for T-MSIS assessment needs. Prepare and assist in the ongoing development of required documents including process maps, Informatica tool linkage documentation, data quality tool diagramming, process documents, and project plans, and provide analytic input for T-MSIS System Requirements Specifications deliverables.	240	4	960
Perform all back-end table maintenance, manage linkage requirements, build new queries and establish) new handling rules in the Informatica suite of tools in order to conform with requirements identified in processing error reporting received from CMS.	432	1	432
Coordinate all project documentation and conform to best practices, as well as meet all documentation accessibility and filing standards.	192	1	192
Participate in research and design activities related to the correction of system errors identified in transmission of data feeds to T-MSIS or maintenance of the Informatica tools, once enhancements are in production status.	160	9	1,440
Perform data maintenance, including research/verify cause of data inaccuracy, coordinate source data changes with internal and external program staff, edit individual records or write complex scripts for group rule changes in the Informatica tools, and validate changes in code walkthroughs.	120	5	600
Develop technical test plans and conduct unit testing to validate functionality of new processes or handling hierarchies; coordinate efforts regarding troubleshooting and problem resolution activities internally and with stakeholders. Perform quality assurance activities.	60	20	1,200
Coordinate resources and maintenance & operations' needs of the Informatica tools, updates management, and resolves problems, issues and addresses needs of the project.	136	5	680
Identify risks and elevates issues to appropriate upper management.	192	4	768
Communicate status and changes to DHCS staff and user groups.	384	2	768
Update and patch the Informatica server, ensuring compliance with security requirements, proper patching of the tool suite, ongoing functionality, and updating systems documentation and operational recovery plans as required.	24	7	168

Activities	Number of Items	Hours per Item	Total Hours
Responsible for oversight of DHCS data adherence to the data quality standards required to maintain CAPMAN data integrity and to meet the CMS-2390 requirements.	100	6	600
Coordinate CAPMAN system changes, analysis, development and testing with vendor staff, tracking issues through the SDLC, to support T-MSIS, using standard project management methodologies and tools.	104	3	312
Monitor all aspects of CAPMAN Data Quality and recommend solutions to improve data quality to program areas.	104	1	104
Participate in research and design activities related to the correction of CAPMAN reported data errors, data design and data maintenance activities related to CMS-mandated data requirements and changes.	60	6	360
Monitor and analyze regulations and industry guides for HIPAA standard related to CAPMAN transactions and changes to managed care standards, including attending national standards organization meetings.	6	1	6
Provide leadership, guidance and training to CAPMAN staff.	103	3	309
Review and approve monthly invoices for CAPMAN contracted staff.	24	0.5	12
Using standard project management techniques and tools manage CAPMAN T-MSIS risks and issues.	12	0.5	6
Evaluate CAPMAN system changes through technical reports, deliverables, walkthroughs and demonstrations to support T-MSIS reporting.	26	1	26
Assist in management of CAPMAN reported data quality issues and attend data management program meetings. Responsible for staying current on all matters concerning data quality by attending seminars, classes and conferences.	25	2	50
Maintain CAPMAN SharePoint, ensuring issues are tracked, documented, updated and contain all pertinent information.	200	1	200
Responsible for liaison activities between CAPMAN and members of the T-MSIS project and the various DHCS program areas which participate in activities and/or contribute data to the compilation of the T-MSIS data files so as to meet the CMS-2390 requirements and to help secure continued FFD reimbursement for DHCS.	100	6	600
Assist in identification of business issues across DHCS by querying program areas to identify activities and changes which may impact the CAPMAN related T-MSIS and CMS-2390 requirements.	25	2	50
Assist with communication and planning activities required when program areas have changes to CAPMAN which may impact T-MSIS data and data feeds. Attend data management program meetings and report findings and status.	4	5	20
Update HIPAA 820 and HIPAA 834 Companion Guides based on system implementations and T-MSIS reporting requirements.	2	8	16

Activities	Number of Items	Hours per Item	Total Hours
Create/update CAPMAN technical support documents with T-MSIS related system changes.	6	3	18
Review CAPMAN analysis documents and system design documents for impacts to T-MSIS.	24	2	48
Monitor CAPMAN system performance and provide updates and recommendations for increased performance.	104	0.5	52
Research and provide solutions for complex CAPMAN trouble tickets related to T-MSIS.	70	2	140
Facilitate meetings between CAPMAN and DHCS program areas and/or outside entities, including creation of meeting agendas, minutes and tracking action items to support T-MSIS.	13	2	26
Based on CAPMAN business requirements documentation, develop issue analysis documentation, taking business requirements and current system logic into consideration and providing completed analysis of changes needed and system limitations.	6	60	360
Based on program requests to CAPMAN, analyze business needs and develop business requirements documentation.	6	16	96
Analyze program requests to CAPMAN and develop reports accordingly using Microsoft SQL Server Reporting Services.	12	8	96
Perform CAPMAN queries and analysis regarding T-MSIS data using a .NET framework environment.	26	4	104
Total hours worked			**10,819**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**6.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Enterprise Project and Portfolio Management Branch
1.0 Information Technology Manager I
802-380-1405-XXX
Permanent

Activities ***Domains: IT Project Management and Business Technology Management.***	**Number of Items**	**Hours per Item**	**Total Hours**
Provide project management, oversight and governance to align with the agile and new infrastructure changes.	12	48	576
Lead the development and review of project documents to secure project funding.	12	8	96
Verify project compliance, employ standards, procedures, leverage efficient allocation of resources, presentations to executive leadership.	12	8	96
Engage with CALHEERS to better align with the architectural changes implemented, ad hoc meetings and Joint Application Development (JAD)s.	12	48	576
Liaison with internal and external stakeholders to manage relationships and coordinate project management activities.	12	40	480
Total hours worked			**1,824**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Eligibility Applications & Support Branch
1.0 Information Technology Specialist I
802-340-1402-XXX
Permanent

Activities ***Working Title: Business Analyst*** ***Domains: Business Technology Management, Software Engineering, System Engineering***	**Number of Items**	**Hours per Item**	**Total Hours**
Provide expertise in business and technical aspects of Medi-Cal eligibility and enrollment system integration and lead the analysis during the SDLC including all deliverables.	15	20	300
Participate and respond to complex inquiries related to Medi-Cal eligibility and enrollment integration system development work efforts while adopting and integrating Agile practice and Scrum methodologies.	15	15	225
Coordinate and enlist the appropriate SMEs for the Medi-Cal eligibility and enrollment development scope analysis and related activities includes stakeholders, policy and technical staff.	15	12	225
Participate in research and design activities related to the correction of system errors, identify and assess and mitigate risks and elevate to appropriate leadership.	17	20	340
Develop test plans and conduct system and regression testing to offer functionality of new processes. Assist in performing quality assurance activities.	15	15	225
Coordinates resources, maintenance & operation's needs, update management, & resolve problems.	24	10	240
Participate in technology innovation activities.	35	8	280
Total hours worked			**1,790**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Eligibility Applications & Support Branch
1.0 Information Technology Specialist I
802-340-1402-XXX
Permanent

Activities ***Working Title: Web Developer*** ***Domains: IT Project Management, Business Technology Management, Software Engineering, System Engineering***	**Number of Items**	**Hours per Item**	**Total Hours**
Collaborate with teams and lead staff by providing oversight on the work efforts.	22	10	220
Provide lead java application development for integration between CalHEERS, MEDS, & other systems.	15	15	225
Coordinate and enlist SMEs as required for the design and development of code related to Medi-Cal eligibility & enrollment systems integration with CalHEERS, and HEMI as well FTB MEC, PE and IRS web-services.	15	16	240
Participate in the project IT governance, research, deployment, change control, and design activities related to the correction of system error, development defects, or maintenance issues and communicate status.	15	9	135
Assist in reviewing and assessing software maintenance for development software), Application middleware Software Project Management And Comprehension Tool and application security.	25	35	875
Develop unit test plans, use cases, and assist in system and regression testing to offer functionality of new processes. Participate in JAD and knowledge sessions.	14	10	140
Total hours worked			**1,835**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Eligibility Applications & Support Branch
1.0 Information Technology Specialist I
802-340-1402-XXX
Permanent

Activities ***Working Title: Software Tester*** ***Domains: Business Technology Management, Software Engineering, System Engineering.***	**Number of Items**	**Hours per Item**	**Total Hours**
Review and approve business and system requirements, create comprehensive test plans; setup test case scenarios and data; generate and execute test case; validate test results.	200	4	800
Identify and report technical and operational system defects encountered in the test systems or production systems related to MEDS or CalHEERS; re-test conditions or provide regression testing to certify defects have been resolved.	200	2	400
Capture testing results based on test scenarios and testing scripts developed from customer or sponsor requirements for new functionality or enhancement programming or maintenance upgrades. Provide comprehensive results	200	2	400
Participate in data analytics reporting, attend requirements gathering sessions, change management meetings and implementation as well as involved in IT governance activities.	40	3	120
Facilitate the switching of environments in Customer Information Control System (CICS)and respond to correspondence and issues addressed to Quality Assurance Testing	40	1	40
Supply quality assurance testing for Simple Object Access Protocol (SOAP) UI web-service activities related to new functionality, enhancements or software upgrades.	40	2	80
Total hours worked			**1,840**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Eligibility Applications & Support Branch
1.0 Information Technology Specialist II
802-390-1414-XXX
Permanent

Activities ***Working Title: Database Administrator*** ***Domains: System Engineering, Information Security, and Software Engineering.***	**Number of Items**	**Hours per Item**	**Total Annual Hours**
Perform tasks including problem determination; re-creation, modification, and running of utilities and automation of common tasks.	35	7	245
Lead role in defining architectural solutions for DHCS' HEMI web based unit to support aligning with both MITA and Service-Oriented Architecture (SOA) principles.	20	15	300
Perform problem analysis, remediation and root cause analysis for CICS configuration; re-creation, modification, and running of utilities, automation of common tasks. Stand up and configure test environments, define logical attributes and data inter-relationships and storage needs.	25	15	375
Implement, monitor and support database activities, file usage, transfers and storage. Coordinate with external partners to establish file transfer and storage solutions. Collaborate with multiple groups to troubleshoot Secure File Transfer Protocol (SFTP) issues.	20	15	300
Determine, establish and confirm monitoring of data base performance, load procedures; provide technical support, advice and implementation for development projects including CICS, DB2, and job control language. Confer with other database, security teams and partners.	30	20	600
Total hours worked			**1,820**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise and Technology Services Division
Information Security Office
1.0 Information Technology Specialist II
802-330-1414-XXX
Permanent

Activities ***Domain: Information Security***	**Number of Items**	**Hours per Item**	**Total Hours**
Perform security risk analysis of changes.	48	6	288
Perform security risk analysis of new architecture.	12	16	192
Provide general security consultation.	12	32	384
Engage in IT security governance activities.	12	32	384
Provide incident, audit, and corrective action response.	4	48	192
Review existing and new compliance requirements.	12	19	228
Participate in ongoing planning and oversight meetings.	24	5	120
Total hours worked			**1,788**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Enterprise Technology Services (ETS) Division
Enterprise Architecture Office
1.0 Information Technology Specialist II
802-330-1414-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Evaluate architectural implications in change requests against CalHEERS standards and frameworks.	50	4	200
Evaluate the impact of legislation and regulations on CalHEERS technical components.	6	20	120
Document the business case and solution alternatives for proposed future CalHEERS enhancements.	50	15	750
Review vendor architecture and technical deliverables against CalHEERS standards and frameworks.	50	2	100
Analyze potential impacts of CalHEERS architectural changes on the broader environment of Medi-Cal systems.	10	36	360
Participate in change control and project management processes providing expertise in solution architecture.	100	2	200
Review Architectural deliverables related to CalHEERS migration to AWS cloud architecture and integration with MEDS	20	3	60
Total hours worked			**1,790**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Financial Management Division
4.0 Accountant Trainee
7.0 Associate Accounting Analyst
1.0 Associate Governmental Program Analyst
4.0 Accounting Officer
1.0 Staff Services Manager I
1.0 Accounting Administrator I Sup.
Permanent

Activity	Number of Items	Avg. Hrs Per Item	SSM I/ AAI Hrs	AAA/ AGPA Hrs	AT/AO Hrs	Total Annual Hours
Prepare complex reconciliations, analyze and research complex discrepancies within the financial federal claims, draws and expenditures to resolve monthly.	9	675		6,075		6,075
Analyze, interpret, and report complex financial data for federal reporting on the quarterly CMS64 reports.	9,936	1		4,481	5,455	9,936
Prepare fund reconciliations for appropriation and cash balances at the State Controller's Office. Coordinate projects for policies and processes.	30	75		2,250		2,250
Respond to requests from DHCS Programs, Management, Auditors, and CMS of supportive detail.	8	20		160		160
Process Invoices for payment as received; this includes auditing for accuracy and completeness, scheduling invoices to SCO for payment, and posting invoices into the integrated system (CMS64).	15,000	.7		1,700	8,800	10,500
Review and record contracts to determine the appropriate accounting transactions for payment tracking, process billings, update budget worksheets, and prepare quarterly reporting summary information.	3,400	1	3,400			3,400
Total Hours by Classification			**3,400**	**14,666**	**14,255**	**32,321**
1,800 hours = 1.0 Position			**2.0**	**8.0**	**8.0**	**18.0**

WORKLOAD STANDARDS
Medi-Cal Behavioral Health Division
Quality and Network Adequacy Branch
Network Adequacy Oversight Section, Standards Unit
2.0 Health Program Specialist I
806-472-8338-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Track, analyze, and conduct trends analysis based on network adequacy data received.	10	180	1800
Validate and certify network capacity of each MHP and DMC-ODS plan on an annual basis and prepare submission of annual assurances to CMS for management review.	4	240	960
Use network adequacy data to drive statewide quality improvement strategies and technical assistance efforts.	4	120	480
Develop and publish the locations of behavioral health providers, including the various types of services offered at the various provider locations throughout the state.	5	20	100
Participate in general all staff meetings.	5	10	50
Participation in training and meetings for other MCBHD branches and the County MHPs and DMC-ODS	2	20	40
Analyzes proposed legislation, assists in writing regulation packages and policies and procedures, performs process development, and form development.	4	20	80
Represent DHCS on stakeholder committees.	2	30	60
Total hours worked			**3,570**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**2.0**

WORKLOAD STANDARDS
Managed Care Operations Division
Managed Care Contract Oversight Branch
1.0 Staff Services Manager II
805-158-4801-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Plan, direct, supervise, and manage activities related to the contract monitoring and evaluation of Medi-Cal managed care contracts assigned to the section.	650	2	1300
Coordinate with other Division staff on monitoring activities, document deficiencies, establish corrective action plans, and prepare reports of findings.	35	3	105
Direct the analysis and development of policy, regulations, standards, legislation, contracts, and procedures required to conduct the activities of the Section.	32	3	96
Resolve questions regarding the program and provide technical assistance to contractors and State/federal agencies.	180	2	360
Represent the department with MCPs, local officials, providers, advocacy groups, Legislative staff, the Federal Centers for Medicaid and Medicare Services, Department staff, public agencies and other interested parties on issues pertaining to managed care.	21	4	84
MCPs' compliance with all statutory, regulatory, contractual, and professional standards and requirements (periodic evaluations of MCPs' performance and compliance).	24	3	72
Resolve contract issues and problems and consult with financial auditors, nurses, and pharmacy consultants in the performance of medical and fiscal administrative reviews.	23	1	23
Oversees special assignments and projects.	3	25	75
Total hours worked			**2,115**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Managed Care Operations Division
Managed Care Contract Oversight Branch
2.0 Associate Governmental Program Analyst
805-158-5393-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Research and analyze State and federal laws, regulations, and policies related to the Medi-Cal managed care program, using government and nongovernment resources.	195	2	390
Gather information and data, evaluate alternative strategies, and provide recommendations to management for program changes.	185	1	185
Develop memoranda, project plans, issue papers and reports to communicate sensitive and critical program information and recommendations to health plans, advocacy groups, Medi-Cal beneficiaries, and all levels of State Government, federal oversight agencies, and county governments.	144	2	288
Act as branch liaison with CMS, monitoring and evaluating Medi-Cal managed care health plans for compliance to managed care regulations, and reporting contract changes and updates to CMS.	104	3	312
Develop templates to gather pertinent information from the health plans and to report to CMS.	104	3	312
Provide consultation and technical assistance to the entire Branch management and staff on complex and sensitive issues that affect the ongoing operation of the Medi-Cal managed care program.	104	2	208
Lead training seminars, site reviews, onsite meetings, and conference calls as needed. Present information to government and nongovernment groups. Develop presentations and meeting notes.	52	1	52
Represent MCOD in meetings and other forums on issues related to the Medi-Cal benefits.	104	1	104
Total hours worked			**1,851**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**2.0**

WORKLOAD STANDARDS
Managed Care Operations Division
Managed Care Systems and Support Branch
1.0 Research Data Analyst II
805-157-5731-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Research and analyze State and federal laws, regulations, and policies related to the Medi-Cal managed care program, using government and nongovernment resources.	195	1	195
Gather information and data, evaluate alternative strategies, and provide recommendations to management for program changes.	185	1	185
Develop memoranda, project plans, issue papers and reports to communicate sensitive and critical program information and recommendations to health plans, advocacy groups, Medi-Cal beneficiaries, and all levels of State Government, federal oversight agencies, and county governments.	144	3	432
Act as branch liaison with CMS, monitoring an evaluating Med-Cal managed care health plans for compliance to managed care regulations, and reporting contract changes and updates to CMS.	104	1	104
Develop templates to gather pertinent information from the health plans and to report to CMS.	104	3	312
Provide consultation and technical assistance to the entire Branch management and staff on complex and sensitive issues that affect the ongoing operation of the Medi-Cal managed care program.	104	2	208
Lead training seminars, site reviews, onsite meetings, and conference calls as needed. Present information to government and nongovernment groups. Develop presentations and meeting notes.	52	1	52
Represent MCOD in meetings and other forums on issues related to Medi-Cal benefits.	104	3	312
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Managed Care Operations Division
Managed Care Systems & Support Branch
1.0 Associate Governmental Program Analyst
805-157-5393-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Develops, updates, and processes all contracts, amendments, and change orders for the Medi-Cal Managed Care Health Plans in accordance with federal and state rules and regulations. Provides support on program initiatives and manages assigned workload to establish timely contract submission to the Centers for Medicare & Medicaid Services (CMS) and the Managed Care Health Plans. Follows the Medi-Cal Managed Care Health Plan contracts through the entire lifecycle of initiation, planning, organizing, executing, maintaining and archiving of the contracts.	280	4	1120
Collects data for tracking and trending; maintains and develops statistical reports relating to contractors' status, and makes recommendations to upper management on an ongoing basis.	94	2	188
Resolves questions regarding the Medi-Cal Managed Care Contracts and provides technical assistance to contractors and State/federal agencies; communicates via written correspondence, telephone, and e-mail on contract issues and problems in a timely manner; Develops recommendations for management consideration to resolve issues related to the contracts, and any non-compliance issues.	112	2	224
Research and analyze State and federal laws, regulations, and policies related to the Medi-Cal managed care program, using government and nongovernment resources.	62	2	124
Completes special assignments, including, but not limited to, Request for Applications and Requests for Proposals from new Medi-Cal Managed Care Plans.	72	2	144
Collects data for tracking and trending; maintains and develops statistical reports relating to contractors' status, and makes recommendations to upper management on an ongoing basis.	94	2	188
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Managed Care Operations Division
Managed Care Internal Operations Branch
1.0 Associate Governmental Program Analyst
805-156-5393-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide administrative and fiscal support the division including addressing health and safety matters, procuring goods and services, and completing fiscal analyses and reports.	625	1.5	937.5
Research and Respond to administrative, health and safety, and fiscal inquiries	480	1	480
Research and Provide technical assistance regarding administrative rules, policies, and relevant Government regulations	52	4	208
Analyze and advise on existing or new legislation regarding mandatory training requirements. Make recommendations to management on trainings based on overall training needs from analysis.	52	4	208
Total hours worked			**1,833.5**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Managed Care Quality and Monitoring Division
1.0 Research Data Manager
805-148-5740-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Directs the work of two teams of research program specialists, research analysts, and other analytical staff in the planning, organizing, and performance of large-scale data collection processes; establishing goals, objectives, priorities, and procedures for evaluating the compliance of health plans with State and federal regulations; and ensuring that the studies undertaken result in valid results. The two teams of research staff fulfill the requirements of multiple Department initiatives, including the Medi-Cal 2020 Waiver and new federal managed care regulations. This position allows all existing research positions to receive supervision from research specialists within a single Branch and provides programs with a single point of contact for expert data research and reporting, as required by 42 CFR 438.66, 438.68, 438.242, and 438.340.	100	10	1000
Collaborates Department- and State-wide with researchers, epidemiologists, biostatisticians, and stakeholders related to essential functions of the Medi-Cal Managed Care program. These include, but are not limited to, breaking out time and distance standards using GIS Mapping by adult, pediatric, specialty care, LTSS, and geography, and overseeing the data needs for the annual network certification requirements, as required by 42 CFR 438.68.	50	4	200
Manages data management activities, including: providing expert guidance and direction on research design, statistical analysis, program logistics, and data collection and processing; develops strategies for the evaluation and validation of the completeness and accuracy of encounter data submitted by the health plans (42 CFR 438.242); and prepares and interprets complex statistical reports.	50	4	200
Communicates program development and evaluation strategies, findings, and recommendations both verbally and in writing to managed care contractors, all levels of Department management, the federal CMS, the professional healthcare community, and other stakeholders.	20	10	200
Represents the Division and Department at various meetings and/or hearings, including meetings with advocacy groups, health plans, CMS, and Department Management	40	5	200
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Managed Care and Quality Monitoring Division
2.0 Research Data Specialist (RDS I)
805-148-5742-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide expert technical consultation to CRDD staff related to the completeness, accuracy, reasonability, and timeliness of hospital encounter data. Enforce encounter data-related contract requirements on plans to certify high-quality encounter data for the PHDP program.	4	160	640
Provide technical assistance to plans regarding encounter data submission requirements that impact the PHDP program. Work with plans to resolve highly complex data quality issues and challenges.	80	8	640
Apply data validation techniques to assess the completeness, accuracy, reasonability, and timeliness of the reported hospital encounter data. Apply statistical techniques to identify data quality issues and work through potential solutions.	375	4	1,500
Develop encounter data quality reports of the participating hospitals to support CRDD staff.	4	180	720
Serve as the subject-matter expert within the unit. Participate in internal and external meetings.	50	2	100
Total hours worked			**3,600**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**2.0**

WORKLOAD STANDARDS
Office of Legal Services
1.0 Civil Service (CS) Assistant Chief Counsel (ACC)
803-030-5871-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Directly supervise A&I and managed care assigned Attorneys and subordinate staff	50	10	500
Draft and/or review federal and state legislation and regulations related to the managed care	30	10	300
Review and approve all sub-regulatory and policy guidance	25	4	100
Review and approve legal correspondence to and from providers and outside counsel related to managed care audits and investigations	30	5	150
Expert legal advice on the proper use of federal Medicaid authorities, including Waivers or State Plan amendments and other state guidance needed for managed care, A&I and PED activities related to enforcement and program integrity	25	4	100
Provide expert litigation strategy on very complex audit cases related to managed care plan operations and payments for services	20	8	160
Research, analyze, and advise the Directorate, Agency, GO on inquiries from legislators and powerful stakeholder groups representing hospitals, physicians, and beneficiaries related to policy concerns and the delivery of services	30	7	210
Directly assist the Attorney General's Office on major litigation cases that rise to class actions	40	7	280
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Office of Legal Services
1.0 Attorney III
803-030-5795-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Perform complex research and analyze federal and state laws for admin hearings.	25	6	300
Review audit findings in preparation for hearings; prepare witnesses and exhibits.	30	10	300
Draft complex opening, issue and closing briefs specific to each hearing spanning multiple audit issues.	25	8	150
Draft complex legal correspondence to outside counsel representing providers and/or plans.	30	5	150
Draft, review and revise all correspondence to and from for the courts.	25	6	200
Provide pre-litigation support, such as assessing potential legal issues, strategic planning to avoid future litigation, and responding to demand letters and advocate concerns.	20	8	160
Participate in CMS and department discussions about state plan amendments related to managed care rules and regulations.	30	8	240
Research, analyze, and advise Managed Care/A&I/PED management staffs on responding to external inquiries and communications with stakeholder groups.	25	6	150
Coordinate with DOF, Agency, GO regarding the financial and legal impact of major Admin Hearing cases and major litigation such as class actions.	30	10	150
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Office of Legal Services
1.0 CEA – Assistant Chief Counsel
803-030-7500-XXX
Permanent

Activity	Number of Items	Hours Per Item	Total Hours
Review and approve complex research and analysis of federal and state laws to advise the Directorate, Agency, and/or GO about Waiver related issues to secure ongoing compliance.	30	10	300
Independently draft and/or approve the most complex federal and state legislation and regulations related to federal financing rules related to the Waiver.	30	10	300
Advise on the drafting of sub-regulatory and policy guidance to avoid unforeseen negative legal consequences.	25	6	150
Coordinate with the Attorney General's Office and staff attorneys regarding litigation matters involving Medi-Cal reimbursement and rates.	30	5	150
Review and approve federal Medicaid authorities using the Waiver or State Plan Amendments and other state guidance related to reimbursement and financing issues.	25	8	200
Provide expert legal advice to the Directorate, legislative staff and Deputy Directors on issues that arise from providers, hospitals and facilities, and managed care plans regarding rate setting methodologies.	20	8	160
Participate in CMS discussions to provide the Directorate and Deputy Directors' guidance on working with inter-departmental workgroups within Agency regarding issues involving federal financial participation.	30	8	240
Advise on the most sensitive and contentious external demand letters and legal correspondence from providers and stakeholder groups.	25	6	150
Coordinate with DOF, Agency, GO; respond to correspondence and other inquiries threatening major litigation such as class actions.	25	6	150
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1.0**

WORKLOAD STANDARDS
Office of Legal Services
1.0 Attorney IV
803-030-5780-XXX
Permanent

Activity	Number of Items	Hours Per Item	Total Hours
Perform complex research and analyze federal and state laws to advise the Department, Agency, and/or GO about ongoing issues related to DTI.	30	10	300
Draft and review federal and state legislation and regulations associated with a high-dollar contracts, and negotiate issues with the CD-MMIS contract.	30	10	300
Draft and/or review all sub-regulatory and policy guidance.	25	6	150
Review correspondence to and from providers and contractors regarding Public Records Act requests often for PHI and other HIPAA protected information.	30	5	150
Draft, review and revise federal Medicaid authorities as necessary, including waiver or State Plan amendments and other state guidance related to Dental benefits and services to verify compliance with existing law.	25	8	200
Provide legal advice to assess for legal risks, conduct strategic planning to avoid costly litigation, and respond to demand letters and advocate concerns having major implications for the department.	20	8	160
Participate in CMS discussions, intra- and inter-departmental workgroup efforts, including researching, analyzing, and advising staff on policy development.	30	8	240
Research, analyze, and advise management and staff on responding to external inquiries and communications with providers and stakeholder groups threatening litigation.	25	6	150
Coordinate with DOF, Agency, GO; respond to inquiries from the public, legislators, and other interested stakeholders within tight timeframes.	25	6	150
Total hours worked			**1,800**
1,800 hours = 1.0 Position			
Actual numbers of Positions Requested			**1.0**

K. BCP Fiscal Detail Sheet

BCP Title: Conversion of Limited-Term Positions to Permanent

BR Name: 4260-057-BCP-2021-GB

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Positions - Permanent	0.0	62.5	62.5	62.5	62.5	62.5
Total Positions	**0.0**	**62.5**	**62.5**	**62.5**	**62.5**	**62.5**
Salaries and Wages Earnings - Permanent	0	5,239	5,239	5,239	5,239	5,239
Total Salaries and Wages	**$0**	**$5,239**	**$5,239**	**$5,239**	**$5,239**	**$5,239**
Total Staff Benefits	0	2,887	2,887	2,887	2,887	2,887
Total Personal Services	**$0**	**$8,126**	**$8,126**	**$8,126**	**$8,126**	**$8,126**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	250	250	250	250	250
5302 - Printing	0	125	125	125	125	125
5304 - Communications	0	126	126	126	126	126
5320 - Travel: In-State	0	135	135	135	135	135
5322 - Training	0	63	63	63	63	63
5324 - Facilities Operation	0	567	567	567	567	567
5344 - Consolidated Data Centers	0	63	63	63	63	63
Total Operating Expenses and Equipment	**$0**	**$1,329**	**$1,329**	**$1,329**	**$1,329**	**$1,329**

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	**$0**	**$9,455**	**$9,455**	**$9,455**	**$9,455**	**$9,455**

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	3,176	3,176	3,176	3,176	3,176
State Operations - 0890 - Federal Trust Fund	0	5,603	5,603	5,603	5,603	5,603
State Operations - 3158 - Hospital Quality Assurance Revenue Fund	0	676	676	676	676	676
Total State Operations Expenditures	**$0**	**$9,455**	**$9,455**	**$9,455**	**$9,455**	**$9,455**
Total All Funds	**$0**	**$9,455**	**$9,455**	**$9,455**	**$9,455**	**$9,455**

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3960010 - Medical Care Services (Medi-Cal)	0	9,455	9,455	9,455	9,455	9,455
Total All Programs	**$0**	**$9,455**	**$9,455**	**$9,455**	**$9,455**	**$9,455**

Personal Services Details

Positions

Positions	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1402 - Info Tech Spec I (Eff. 07-01-2021)	0.0	11.0	11.0	11.0	11.0	11.0
1404 - Info Tech Supvr II (Eff. 07-01-2021)	0.0	2.0	2.0	2.0	2.0	2.0
1405 - Info Tech Mgr I (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
1414 - Info Tech Spec II (Eff. 07-01-2021)	0.0	3.0	3.0	3.0	3.0	3.0
4179 - Accountant Trainee (Eff. 07-01-2021)	0.0	4.0	4.0	4.0	4.0	4.0
4546 - Accounting Officer (Spec) (Eff. 07-01-2021)	0.0	4.0	4.0	4.0	4.0	4.0
4549 - Accounting Administrator I (Supvr) (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
4588 - Assoc Accounting Analyst (Eff. 07-01-2021)	0.0	7.0	7.0	7.0	7.0	7.0
4800 - Staff Svcs Mgr I (Eff. 07-01-2021)	0.0	2.0	2.0	2.0	2.0	2.0
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01-2021)	0.0	2.0	2.0	2.0	2.0	2.0
5142 - Assoc Pers Analyst (Eff. 07-01-2021)	0.0	2.0	2.0	2.0	2.0	2.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2021)	0.0	9.5	9.5	9.5	9.5	9.5
5590 - Research Scientist II (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5605 - Research Scientist III (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5731 - Research Data Analyst II (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5740 - Research Data Mgr (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5742 - Research Data Spec I (Eff. 07-01-2021)	0.0	4.0	4.0	4.0	4.0	4.0
5780 - Atty IV (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5795 - Atty III (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
5871 - Assistant Chief Counsel (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
7500 - C.E.A. (Eff. 07-01-2021)	0.0	1.0	1.0	1.0	1.0	1.0
8338 - Hlth Program Spec I (Eff. 07-01-2021)	0.0	2.0	2.0	2.0	2.0	2.0
Total Positions	**0.0**	**62.5**	**62.5**	**62.5**	**62.5**	**62.5**

Salaries and Wages

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1402 - Info Tech Spec I (Eff. 07-01-2021)	0	978	978	978	978	978
1404 - Info Tech Supvr II (Eff. 07-01-2021)	0	204	204	204	204	204

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
1405 - Info Tech Mgr I (Eff. 07-01-2021)	0	113	113	113	113	113
1414 - Info Tech Spec II (Eff. 07-01-2021)	0	316	316	316	316	316
4179 - Accountant Trainee (Eff. 07-01-2021)	0	203	203	203	203	203
4546 - Accounting Officer (Spec) (Eff. 07-01-2021)	0	247	247	247	247	247
4549 - Accounting Administrator I (Supvr) (Eff. 07-01-2021)	0	82	82	82	82	82
4588 - Assoc Accounting Analyst (Eff. 07-01-2021)	0	520	520	520	520	520
4800 - Staff Svcs Mgr I (Eff. 07-01-2021)	0	165	165	165	165	165
4801 - Staff Svcs Mgr II (Supvry) (Eff. 07-01-2021)	0	181	181	181	181	181
5142 - Assoc Pers Analyst (Eff. 07-01-2021)	0	141	141	141	141	141
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2021)	0	671	671	671	671	671
5590 - Research Scientist II (Eff. 07-01-2021)	0	89	89	89	89	89
5605 - Research Scientist III (Eff. 07-01-2021)	0	98	98	98	98	98
5731 - Research Data Analyst II (Eff. 07-01-2021)	0	74	74	74	74	74
5740 - Research Data Mgr (Eff. 07-01-2021)	0	105	105	105	105	105
5742 - Research Data Spec I (Eff. 07-01-2021)	0	311	311	311	311	311
5780 - Atty IV (Eff. 07-01-2021)	0	143	143	143	143	143
5795 - Atty III (Eff. 07-01-2021)	0	130	130	130	130	130
5871 - Assistant Chief Counsel (Eff. 07-01-2021)	0	165	165	165	165	165
7500 - C.E.A. (Eff. 07-01-2021)	0	150	150	150	150	150
8338 - Hlth Program Spec I (Eff. 07-01-2021)	0	153	153	153	153	153
Total Salaries and Wages	**$0**	**$5,239**	**$5,239**	**$5,239**	**$5,239**	**$5,239**

Staff Benefits

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150350 - Health Insurance	0	1,258	1,258	1,258	1,258	1,258
5150600 - Retirement - General	0	1,629	1,629	1,629	1,629	1,629
Total Staff Benefits	**$0**	**$2,887**	**$2,887**	**$2,887**	**$2,887**	**$2,887**

Total Personal Services

Total Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Personal Services	**$0**	**$8,126**	**$8,126**	**$8,126**	**$8,126**	**$8,126**