Budget Change Proposal – Cover Sheet
DF-46 (REV 10/20)

Fiscal Year FY 2021-22	**Business Unit** 4260	**Department** Health Care Services		**Priority No.**
Budget Request Name 4260-052-BCP-2021-GB	**Program** 3960		**Subprogram** 3960010	

Budget Request Description

Medi-Cal Enterprise System Modernization

Budget Request Summary

The Department of Health Care Services, Enterprise Technology Services requests two-year limited-term expenditure authority of $22,279,000 ($4,016,000 General Fund (GF); $18,263,000 Federal Fund (FF)) in fiscal year (FY) 2021-22 and $1,275,000 ($128,000 GF; $1,147,000 FF) in FY 2022-23 to continue support of critical information technology (IT) modernization efforts.

Requires Legislation ☐ Yes ☒ No	**Code Section(s) to be Added/Amended/Repealed**
Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	**Department CIO** Chris Riesen	**Date** 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 Jessica Bogard	**Date** 1/10/2021	**Reviewed By** Erika Sperbeck	**Date** 1/10/2021
Department Director Will Lightbourne	**Date** 1/10/2021	**Agency Secretary** Brendan McCarthy	**Date** 1/10/2021

Department of Finance Use Only

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

PPBA Tyler Woods	**Date submitted to the Legislature** 1/10/2021

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS), Enterprise Technology Services (ETS) requests two-year limited-term (LT) expenditure authority of $22,279,000 ($4,016,000 General Fund (GF); $18,263,000 Federal Fund (FF)) in fiscal year (FY) 2021-22 and $1,275,000 ($128,000 GF; $1,147,000 FF) in FY 2022-23 to continue support of critical IT modernization efforts. Below is a summary of LT contract dollars being requested in FY 2021-22:

Product/Effort	Duration	Contract Amounts
Federal Draw and Reporting (FDR)	1-year LT	$9,800,000
California Automated Recovery Management (CalARM)	1-year LT	$2,970,000
Comprehensive Behavioral Health Data System Modernization (CBHDSM)	2-Year LT	$1,275,000
Modernization Strategy & Architecture	1-year LT	$8,234,000
Total		$22,279,000

B. Background/History

In partnership with the federal Centers for Medicare and Medicaid Services (CMS), DHCS is California's single state agency responsible for administering the federal Medicaid program, known as Medi-Cal. DHCS partners with counties to enroll Medi-Cal beneficiaries and works with other state departments on related programs for vulnerable Californians such as CalWORKs, CalFresh, Covered California (Affordable Care Act) and In-Home Supportive Services. DHCS and its partners use a myriad of often patchwork and outdated systems to administer more than $100 billion annually to deliver vital health care services to about 13 million or one in three Californians in Medi-Cal.

To improve outcomes and resource efficiencies, DHCS and CMS have changed their approach from focusing on individual IT systems to focusing on the entire Medicaid Enterprise System, where Medicaid Management Information System (MMIS) and Eligibility and Enrollment (E&E) systems efforts are handled in coordination as Medi-Cal Enterprise Systems (MES). The California Medicaid Management Information System (CA-MMIS) Modernization, Medi-Cal Eligibility Data System (MEDS) Modernization and Comprehensive Behavioral Health Data System Modernization (CBHDSM) projects, as currently structured/scoped are not in alignment with this new enterprise approach (e.g., focus on project scope linkage with enterprise business drivers) and will be handled as part of this larger shift in approach to MES. This shift also requires resources to support Product Management and Agile based system development activities for the portfolio of efforts within MES.

Individual modernization projects previously received funding through budget augmentations: 4260-501-BCP-2017-MR, 4260-402-BCP-2018-MR, 4260-406-BCP-2018-MR, 4260-308-BCP-2019-A1, and 4260-193-BCP-2020-MR. The positions and expenditure authority approved in these BCP's support the MedCompass Project, FDR project, CalARM project, CBHDSM project, and the Claims Modernization effort.

- 4260-501-BCP-2017-MR approved for 7.0 permanent positions and funding for consultants and hardware, software and hosting services for CA-MMIS modernization efforts. The requested expenditure authority for FY 2017-18 and ongoing is $5,754,000 ($575,000 GF and $5,179,000 FF).

Analysis of Problem

- 4260-402-BCP-2018-MR approved resources to strengthen fiscal oversight of the Mental Health Services Act, the Medi-Cal Mental health Managed Care Program and for the planning effort for CBHDSM. The approved expenditure authority for FY 2021-22 and ongoing is $4,045,000 ($1,042,000 Mental Health Services Fund (MHSF), $1,502,000 GF and $1,501,000 FF).

- 4260-406-BCP-2018-MR approved for 17.0 permanent positions for FY 2018-19, 2.0 LT funded positions and multiyear funding for consultants and hardware, software and hosting services. 8.0 permanent positions were also approved to begin in FY 2019-20. Per BCP 4260-406-BCP-2018-MR, $4,000,000 for FDR Project and $4,549,000 for CalARM Project are available in FY 2020-21.
    - Additionally, provisional language that may augment the amount appropriated up to a maximum of $52,980,000, contingent on lessons learned or completion of milestones related to CA-MMIS modernization modules.

- 4260-308-BCP-2019-A1 approved the reappropriation of expenditure authority of $2,053,000 ($808,000 GF, $1,245,000 FF) in FY 2019-20 to cover the planning costs of the CBHDSM project.

- 4260-193-BCP-2020-MR, approved funding for the FDR project. The requested expenditure authority for FY 2020-21 is $11,152,000 ($1,115,000 GF; $10,037,000 FF).

Resource History
(Dollars in thousands)

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

Analysis of Problem

Workload History

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20
Deliverables	N/A	N/A	303	265	300
Issues and Risk Management Activities	N/A	N/A	80	344	556
Business Rules Validation	N/A	N/A	9,750	9,365	8,980
Business Requirements Validation	N/A	N/A	13,553	3,634	6,285
Test Scripts	N/A	N/A	7,875	28,085	38,295
Internal Trainings State	N/A	N/A	48	70	80
Develop & Deliver Training	N/A	N/A	24	42	55
Impediments Activities	N/A	N/A	38	470	902
Medicaid Information Technology Architecture (MITA) Business Areas Affected	N/A	N/A	1	4	4
Key Decisions Written	N/A	N/A	204	204	204
Application Development Services	N/A	N/A	90	100	110
Technology Integration Services	N/A	N/A	360	400	440
Quality Code & Tools Services	N/A	N/A	180	200	220
Security Integration Services	N/A	N/A	560	700	840
Change Management	N/A	N/A	450	500	550
IT Support Services	N/A	N/A	180	200	220

C. State Level Consideration

DHCS and CMS are focused on building modern technology to support the delivery of Medicaid (Medi-Cal) Services in California. Medi-Cal is a complex and critical set of services that are delivered to one in three Californians, so is the technology that supports it. Many of the systems that support Medi-Cal today were built over many decades, based upon needs

defined at the time of their development and are not based on modern architecture approaches to building efficient, flexible technology. There is a significant need to modernize the technology of these systems that supports California's critical health care delivery programs. If California does not modernize these systems, risks related to continued delivery of critical health services in California will continue to increase. In addition, the inability to timely implement program changes and likelihood of critical systems failing resulting in significant outages that impact Medi-Cal beneficiaries will continue to increase. It is imperative that California modernize these systems to strengthen the foundation of a key component to the health care system.

D. Justification

California's Medi-Cal Program, a critical program that supports the health and well-being of approximately 13 million Californians, is currently supported by a patchwork of hundreds of technology systems that have been built in a disparate fashion over many decades. Some of the largest and most critical systems range between 10 and 50 years old. The architecture and design of these systems prevents DHCS from being able to implement necessary program changes in a timely, efficient manner and prevents the Medi-Cal Program from being able to react to current and future needs. Transformational changes are needed to modernize the technology that supports the Medi-Cal Program and to ensure that the DHCS IT organization is able to properly support the modernized technology.

DHCS is requesting funding for contracts in support of planning the strategic transformation of DHCS IT to support the modern, enterprise approach to technology that MES Modernization will deliver. The intent is to continue putting into place an agile organization, capable of delivering modern technology solutions that have design, technology, and development procedure consistency. This organization will ultimately be responsible for planning and coordinating the transformation of Medi-Cal systems and the IT organization. In addition, it will be responsible for articulating the future state architecture, roadmaps and governance for how the technology modernization will be achieved. The establishment of this team and the work to transform IT and modernize the technology will take years. Ultimately, our goal is to support this critical program and the State of California with technology, processes and people that can adjust quickly to meet the needs of some of California's most vulnerable residents. By strengthening its single modernization organization, DHCS will avoid replicating leadership, project management, and technical resources as previously existed. DHCS believes that by consolidating modernization efforts into a single organization, the department can more efficiently produce modern technical solutions for the Medi-Cal program. Working as a single modernization organization will also help to resolve the current problem of overlapping systems and duplicated, inefficient technical and business processes.

DHCS has already begun the process of consolidating modernization efforts into this new organization by combining modernization projects from the Office of Systems Integration (OSI), CA-MMIS and other DHCS divisions. DHCS now requires the resources to efficiently and effectively continue to build and manage this portfolio of efforts. These resources build the modernization organization supporting FDR, CalARM, CBHDSM and the future transformation changes through Modernization planning and support efforts as described below. The resources will continuing to clearly define, measure, and improve on our Product Development processes and practices for these efforts. The requested resources combined with the existing 39.0 MES modernization positions will support the MES Modernization approach.

Contractual Services ($22,279,000)

To support the increasing and specialized workload associated with MES modernization projects, funding for a variety of contract services is being requested for FY 2021-22.

California Automated Recovery Management (CalARM): 1-year LT - $2,970,000 ($297,000 GF, $2,673,000 FF)

As part of CalARM project's Project Approval Lifecycle (PAL) Stage 4, DHCS will contract a Software-as-a-Service Vendor in FY 2021-22 for the design and implementation activities. Based on this, DHCS is requesting funding for the CalARM Software-as-a-Service Vendor. DHCS is requesting funding for all other services (Digital Support Services (DSS), Independent Validation and Verification (IV&V) and California Department of Technology (CDT) oversight) through the consolidated MES Modernization contracts. The funding request information is in the Modernization Planning and Support section.

Contractual Services:
- Software-as-a-Service Vendor (new contract) $2,970,000

Comprehensive Behavioral Health Data Systems Modernization (CBHDSM): 2-year LT - $1,275,000 ($128,000 GF, $1,147,000 FF) annually

Through the recently executed contract, phase one of this contract involves completing Stage 2 Alternatives Analysis (S2AA), Stage 3 Preliminary Assessment (S3PA) and the Implementation Advanced Planning Document (IAPD). This is planned to be completed by June 2021. Phase two of this contract, starting in FY 2021-22, will deliver the Stage 3 Solution Design (S3SD) document along with other required state and federal IT project approval documents. DHCS is requesting funding for the phase two of the contract for the CBHDSM project. DHCS is requesting funding for all other services (IV&V and CDT oversight) through the consolidated MES Modernization contracts. The funding request information is in the Modernization Planning and Support section.

Contractual Services:
- Annual Consulting Services (utilizing extension years) $1,275,000

Federal Draw and Reporting (FDR) System: 1-year LT - $9,800,000 ($2,450,000 GF, $7,350,000 FF)

The FDR System product roadmap for FY 2021-22 identifies features and functionalities supporting DHCS' enterprise objectives related to data integration, improved accuracy for federal reporting, and meeting federal data requirements. In FY 2021-22, building upon functionality delivered in FY 2020-21, FDR will continue successful interactions with the business stakeholders to understand, prioritize and deliver their highest value business needs for FDR. This will help protect the State's investment in FDR by continuing to support the evolving needs of the business.

Based on this, DHCS requests funding to exercise optional extensions without new procurements for Engineering Services.
Further, DHCS requests to modify the current FDR DSS contract, as to set up a MES DSS contract. DHCS requests additional funding to be added to the FDR DSS contract, extending the duration of the contract by an additional year and the terms of the contract be updated to provide resources for MES Modernization (rather than only for FDR) to support a cross-

organizational and project agnostic team of resources with specialized skills. DHCS is requesting funding for all other services (DSS, IV&V, and CDT oversight) through the consolidated MES Modernization contracts. The funding request information is in the Modernization Planning and Support section.

Contractual Services:
- Engineering Contract $9,800,000

Modernization Strategy Planning and Support: Ongoing - $8,234,000 ($1,141,000 GF, $7,093,000 FF)

Transformational changes are needed to achieve the consolidated IT vision and strengthen the ability of IT to meet the needs of its customers and the State of California. It is critical to the future success of DHCS that the organization is able to transform both the technology that supports the Medi-Cal program and the organization that supports it. While the changes articulated below will take time to ingrain within Information Technology employees, the consolidation and strengthening of Information Technology responsibilities and staff are a critical first step. DHCS must:

- Develop a plan and roadmap that defines a path for how the current technology built over the last five decades can be modernized to meet current and future business needs.
- Build a cohesive, coordinated, and aligned collection of teams that exceeds customer expectations through proactive, collaborative relationships, focused on providing solutions and support.
- Deliver solutions that focus on meeting customers' specific needs, but are designed and implemented for use across the enterprise in order to speed up future delivery of solutions.
- Mature an IT organization that partners with programs by proposing how technology can go beyond meeting customer requirements of today, to being a tool that enables new ways of helping to manage programs and support the beneficiaries in the future.
- Create a consolidated IT organization that is structured to build long-term business and program knowledge, provide consistent support to customers and is guided by defined process.

MES Modernization puts into place an agile organization, capable of delivering modern technology solutions that have design, technology and development procedure consistency. This team will ultimately be responsible for planning and coordinating the transformation of IT. In addition, it will be responsible for articulating the future state architecture, roadmaps and governance for how the technology modernization will be achieved. The establishment of this team and the work to transform IT and modernize the technology will take many years. This first iteration will focus on developing the approach and plan that will then be articulated in future budget requests.

To support planning the transformation of DHCS IT to support the modern, enterprise approach to technology that MES Modernization will deliver the following contractual services are requested.

Contractual Services:
- Digital Support Services: $2,000,000 ($200,000 GF, $1,800,000 FF)

Analysis of Problem

For MES Modernization to be a true agile organization, there is a need for resources to be available as stakeholder priorities change. Currently, contracted resources and State personnel are allocated and assigned for specific projects. When need arises to address specific business and technical spikes in a project where such resources may not be assigned, the project risks at failing to address these priorities in a timely way. The purpose of this DSS contract is to provide MES Modernization the capability to bring resources with specialized skills to meet the project and business objectives. The single DSS contract will support FDR's continued improvements planned for FY 2021/22 along with CMS Certification process that starts in July 2021, continued CalARM progress through the PAL process and MedCompass improvements/enhancements. The current FDR DSS contract has proven that resources through the DSS contract can help the State keep the project on time, address changing priorities timely, and do so within approved cost. DHCS is requesting additional funding to extend the use of DSS resources across the MES Modernization to support a cross-organizational and product agnostic team of resources with specialized skills, to meet our minimum obligations with ongoing FDR, CalARM and MedCompass plans and commitments.

- Modern Development Environment: $1,000,000 ($100,000 GF, $900,000 FF)
  DHCS is requesting funding for the continued operations of a Modern Development Environment (MDE) in support of the current and future product development initiatives at DHCS. This will include resources to provide the engineering support for the development and operations, and licensing costs for platform and tools. The current MDE contract expires on June 6, 2021 and a new procurement will have to be initiated to support MDE for FY 2021-22.

- Architecture Planning & Governance Support: $3,402,000 ($340,000 GF, $3,062,000 FF)
  These contract resources will enable the development of DHCS' MES Modernization Strategy. This will include, but not be limited to, the development of an MES Modernization approach; MES Modernization roadmap; MES Modernization product/module portfolio; MES Modernization governance structure; initial understanding of cost and timeframes; and related MES Modernization management functions that cover risk management, issue management and other standard project management processes. The scope of the MES Modernization Strategy will be inclusive of the existing CA-MMIS systems and subsystems, along with the other systems that support the Medi-Cal Enterprise. This multi-year effort will develop these deliverables iteratively with increasing granularity and precision, and in such a way as to substantiate this large and complex modernization effort.

- Organizational Change Management: $735,000 ($74,000 GF, $662,000 FF)
  This is the primary contract that will, plan, execute and support the transformation of DHCS, both Program and IT, knowledge, skills and abilities, including the transition of culture, process and operational approach.

- IV&V Project Oversight: $375,000 ($38,000 GF, $338,000 FF)
  To provide project oversight for MES Modernization various work efforts, there is a need to consolidate the IV&V contracts in to one allowing oversight resources to assess modernization efforts as a whole rather than individual modules.

- CDT Project Oversight: $722,000 ($72,000 GF, $650,000 FF)
  Includes independent project oversight functions for MES Modernization by CDT.

E. Outcomes and Accountability

The goal of the MES Modernization is to establish a permanent, experienced and functional IT organization that is capable of, and responsible for, modernizing legacy Medi-Cal business processes (in partnership with program), infrastructure and systems with current technologies that support current and future business needs. The expectation is that this transformed IT organization will continue to maintain current viability of the new systems, ensuring that modernization efforts continue over time. MES Modernization intends to establish an organization that is capable of supporting all Medi-Cal systems within DHCS.

Contract resources will complement staff in order to meet workload and/or delivery date requirements. MES Modernization organization requires a robust recruiting and onboarding effort. Together with contract resources, DHCS will continue delivering incremental FDR solutions, procure a CalARM solution, deliver S2AA, S3PA, S3SD, and IAPD for CBHDSM, and continue MedCompass production support activities MES Modernization organization will adopt and implement modern agile processes and will work to transform how IT operates in this new environment within DHCS. As part of this, the department will provision, configure and implement a current and viable set of tools and processes that will become the factory used for future product development efforts. MES Modernization has continued support for existing projects while also putting into place a core organization with the appropriate tools, technologies, processes, people and facilities to be prepared for additional modernization efforts while increasing velocity on existing projects.

Projected Outcomes

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
Deliverables	280	300	320	350	400	450
Business Rules Validation	11,000	12,000	13,000	14,000	15,000	16,000
Business Requirements Validation	5,570	6,000	6,530	7,100	7,630	8,160
Test Scripts	40,441	48,530	50,100	52,000	53,750	55,500
Impediments Activities	678	812	812	812	812	812
Issues Management Activities	350	400	450	500	575	625
Risk Management Activities	80	100	125	150	175	200
MITA Business Areas Affected	7	7	7	7	7	7
MITA Business Processes Affected	75	75	75	75	75	75
Key decisions Written	245	290	340	390	390	390
Application Development Services	120	130	140	150	160	170
Technology Integration Services	500	550	600	650	700	750
Quality Code & Tools Services	250	300	325	400	450	500
Security Integration Services	1,000	1,200	1,300	1,400	1,500	1,600
Change Management	550	600	650	725	800	850

Analysis of Problem

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
IT Support Services	300	325	350	375	400	425
Federal and State Oversight	200	200	200	200	200	200
Updates to Integrated Information Architecture Document or Standard	125	125	125	125	125	125
Updates to Integrated Business Architecture Document or Standard	125	75	75	75	75	75
User Acceptance Test Scripts Developed, Maintained, Run	26,000	28,000	30,000	31,000	32,000	33,000
Procurement Duties	400	450	500	500	500	500
Transition Activities	820	850	850	900	950	1,000
Modular Implementation	3,750	4,000	4,250	4,500	4,750	5,000
Modular Maintenance	1,580	1,580	1,580	1,580	1,580	1,580
Program Consults	600	650	700	750	775	800

F. Analysis of All Feasible Alternatives

Alternative 1: Approve two-year LT expenditure authority of $22,279,000 ($4,016,000 GF; $18,263,000 FF) in FY 2021-22 and $1,275,000 ($128,000 GF; $1,147,000 FF) in FY 2022-23 to continue support of critical modernization efforts.

Pros
- Modernize systems that support critical programs to deliver health care services.
- Supports flexibility and agility required to implement health care delivery improvements. The longer the implementation timeframes for improvements the greater the risk for a program failure.
- Supports the transformation of DHCS' IT Operations in alignment with the modernized technology.
- Allows DHCS to drive standardization of the overall MES solution from an enterprise-wide perspective.
- Maintains enhanced Federal Funding Participation.

Cons
- Increases costs to the General Fund.

Alternative 2: Re-direct existing staff to meet the needs of the current modernization projects, transformation of DHCS' IT Operations, and support for the MES modernization approach.

Pros
- Does not increase State personnel costs.
- Does not increase the number of State staff.
- No increased costs to the General Fund.

Cons

- Does not provide sufficient resources to support the ongoing and future needs of the MES modernization effort.

Alternative 3: Do not approve of any of the resources being requested.

Pros
- Will not increase the number of State staff.
- Will not increase State personnel costs.
- Does not increase the costs to the General Fund.

Cons
- Does not provide the resources necessary to support the ongoing and future needs of the MES modernization effort.
- Does not modernize systems that strengthens the foundation of a key health delivery program and increases risk related to continued delivery of critical health services in California.
- Increases likelihood of critical systems failing resulting in significant outages that impact Medi-Cal beneficiaries.
- May lead to failure of the existing modernization projects due to insufficient staffing.
- Does not allow for DHCS to drive the overall MES Modernization from an enterprise-wide perspective.
- Jeopardizes the ability to maintain continued enhanced Federal Funding Participation.

G. Implementation Plan

The timeline for acquisitions and the assignment of initial projects and activities is as follows:

Proposed Timeline
First half of FY 2021-22 (July 1 through December 31, 2021)
1. FDR project continues with design, development and delivery activities for continuous improvements in alignment with the FDR roadmap.
2. Continue business analysis for Claims Modernization initiative towards developing S1BA.
3. Award contract for CalARM and start project.
4. Start S3SD documentation for CBHDSM and develop other required state and federal IT project documents.
5. Initiate vendor solicitation to help with DHCS Modernization Planning and Support.

Second half of FY 2021-22 (January 1 through June 30, 2022)
1. Continue with system enhancements to support business needs, improvements and operations for Federal Draw and Reporting project.
2. Complete business analysis for Claims Modernization initiative and submit S1BA document to CDT.
3. CalARM project continues with design, develop and implementation activities.
4. Complete and submit S3SD and IAPDU for CBHDSM to CDT and CMS respectively.
5. Award contract to vendor to help with DHCS Modernization Planning and Support.

H. Supplemental Information

DHCS requests contract funding of $22,279,000 ($4,016,000 GF; $18,263,000 FF) in FY 2021-22 and $1,275,000 ($128,000 GF; $1,147,000 FF) in FY 2022-23 to continue support of critical modernization efforts.

I. Recommendation

Alternative 1: Approve two-year LT expenditure authority of $22,279,000 ($4,016,000 GF; $18,263,000 FF) in FY 2021-22 and $1,275,000 ($128,000 GF; $1,147,000 FF) in FY 2022-23 to continue the existing and future modernization projects, transform DHCS IT Operations in support of the modernized technology, and support MES modernization approach.

If California does not modernize systems, risk related to continued delivery of critical health services in California will continue to increase. In addition, the likelihood of critical systems failing resulting in significant outages that impact Medi-Cal beneficiaries will continue to rise. It is imperative that California modernizes these systems to strengthen the foundation of a key health delivery program. Without adequate resources, DHCS will eventually be unable to execute and maintain modernization efforts for DHCS, improve business services, and retain required federal funding. This would delay implementation of system and business process changes mandated by CMS and requested by the programs.

J. BCP Fiscal Detail Sheet

BCP Title: Medi-Cal Enterprise System Modernization

BR Name: 4260-052-BCP-2021-GB

Budget Request Summary

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
5340 - Consulting and Professional Services - External	0	22,279	1,275	0	0	0
Total Operating Expenses and Equipment	**$0**	**$22,279**	**$1,275**	**$0**	**$0**	**$0**

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**	**$22,279**	**$1,275**	**$0**	**$0**	**$0**

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	4,016	128	0	0	0
State Operations - 0890 - Federal Trust Fund	0	18,263	1,147	0	0	0
Total State Operations Expenditures	**$0**	**$22,279**	**$1,275**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$22,279**	**$1,275**	**$0**	**$0**	**$0**

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	22,279	1,275	0	0	0
Total All Programs	**$0**	**$22,279**	**$1,275**	**$0**	**$0**	**$0**