

**STATE OF CALIFORNIA**  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 10/20)

<b>Fiscal Year</b> 2023-24	<b>Business Unit</b> 5225	<b>Department</b> California Department of Corrections and Rehabilitation/California Correctional Health Care Services	<b>Priority No.</b> Click or tap here to enter text.
<b>Budget Request Name</b> 5225-318-BCP-2023-MR		<b>Program</b> VARIOUS	<b>Subprogram</b> Click or tap here to enter text.

**Budget Request Description**  
 CalAIM Justice-Involved Initiative - Medi-Cal Reimbursement System

**Budget Request Summary**

The California Department of Corrections and Rehabilitation and California Correctional Health Care Services request 12.0 permanent positions and \$3.3 million (\$207,000 General Fund and \$3.1 million Providing Access and Transforming Health reimbursement funding) limited-term funds in 2023-24, 19.0 permanent ongoing positions and \$4.5 million limited-term General Fund in 2024-25, and \$3.7 million limited-term General Fund in 2025-26, to create an information technology-based billing system, the Medi-Cal Reimbursement System, to allow federal reimbursement in order to support implementation of the California Advancing and Innovating Medi-Cal Justice-Involved Initiative.

<b>Requires Legislation</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Code Section(s) to be Added/Amended/Repealed</b> Click or tap here to enter text.	
<b>Does this BCP contain information technology (IT) components?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	<b>Department CIO</b> Cheryl Larson	<b>Date</b> 5/12/2023

**For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S0.OPRA), and the approval date.**

**Project No.** 5225-184 **Project Approval Document:** Click or tap here to enter text.

**Approval Date:** Click or tap to enter a 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.*

<b>Prepared By</b> Janene DelMundo	<b>Date</b> 5/12/2023	<b>Reviewed By</b> Duane Reeder	<b>Date</b> 5/12/2023
<b>Department Director</b> Lara Saich	<b>Date</b> 5/12/2023	<b>Agency Secretary</b> Diana Toche	<b>Date</b> 5/12/2023

**Department of Finance Use Only**

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

<b>PPBA</b> Allison Hewitt	<b>Date submitted to the Legislature</b> 5/12/2023
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## A. Budget Request Summary

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) request 12.0 permanent positions and \$3.3 million (\$207,000 General Fund and \$3.1 million Providing Access and Transforming Health [PATH] reimbursement funding) limited-term (LT) funds in 2023-24, 19.0 permanent ongoing positions and \$4.5 million LT General Fund in 2024-25, and \$3.7 million LT General Fund in 2025-26, to create an information technology (IT)-based billing system, the Medi-Cal Reimbursement System (MCRS), to allow for federal reimbursement in order to support implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative.

## B. Background/History

On July 27, 2021, the California Legislature passed **Assembly Bill (AB) 133** to enable the state to access federal funding necessary to implement CalAIM, a framework that encompasses broad-based health care delivery systems and payment reform across the statewide Medi-Cal program. CalAIM will expand California's whole-person care approach to a statewide level, with a focus on improving health and reducing health disparities and inequities, both statewide and at the county level. Once fully implemented, CalAIM will enable California to provide benefits to certain high-need and hard-to-reach populations, with the objective of improving health outcomes for Medi-Cal beneficiaries and other low-income persons in the state.

The Department of Health Care Services (DHCS) is leading the CalAIM Initiative and is working with CCHCS to become a Medi-Cal billable entity. The Medi-Cal program is administered by DHCS, which in part is governed and funded by the federal Medicaid program. Historically, participation in Medicare and Medi-Cal has been optional and enrollment was only necessary when a practitioner needed to bill for Medi-Cal services. Similarly, the relevant CalAIM statute requires "targeted Medi-Cal services" for qualified justice-involved individuals yet does not mandate provider enrollment and billing requirements.

Via California Welfare and Institutions Code §14184.800, California seeks to implement Medi-Cal coverage for all eligible incarcerated persons set to release from prison that includes a 90-day pre-release services component. However, for CDCR/CCHCS to receive federal reimbursement for services and medications, a billing claims system must be developed, and CCHCS currently lacks the infrastructure to support the operational, technical, and clinical requirements of the CalAIM Initiative. To be compliant with AB 133, the new Medi-Cal billing claims system will need to be developed and integrated with multiple state, county, and third-party entities by a date of no sooner than April 1, 2024, and no later than March 31, 2026.

The CalAIM Initiative requires CCHCS to add functionality to the Department's Cerner Electronic Health Records System (EHR); reconfigure existing interfaces between the organization's middleware that connects to multiple CDCR/CCHCS systems; and develop multiple new system interfaces with external entities including, but not limited to: DHCS, county social security departments, community providers in managed care networks, and county health care and behavioral health offices. CCHCS will need to develop an in-house application for eligibility and billing that includes billing orders, eligibility data, and logic to initiate workflows related to these processes. These modifications to existing applications are needed to send required data to the external entities. Additionally, appropriate Memorandum of Understanding (MOU)/Data Sharing Agreements with Business Associate Agreements will have to be executed between these entities and CCHCS.

PATH is a funding initiative to build infrastructure capacity for organizations to successfully participate in justice involved Medi-Cal activities including the pre-release application process and pre-release services to support the transition of justice-involved individuals to regular Medi-Cal services. CDCR/CCHCS intends to apply for PATH funding as the application processes opens for each phase. PATH funding will provide short-term support for infrastructure changes and staff costs associated with the establishment of justice-involved initiatives under CalAIM.

## C. State Level Consideration

CCHCS provides care that includes medical, dental, mental health and substance use disorder treatment services to California's incarcerated persons at CDCR institutions statewide. CCHCS' mission is to facilitate the successful reintegration of the individuals in our care back to their communities, equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

DHCS is leading the CalAIM initiative and working with CCHCS to build on existing requirements through new initiatives across jails, youth correctional facilities, and prisons. Together, CCHCS is working with DHCS to gain an understanding of CalAIM requirements and meeting with oversight agencies to determine the scope of implementing a new Medi-Cal eligibility and billing system for CCHCS.

## D. Justification

In order for CDCR/CCHCS to receive federal reimbursement for services and medications under CalAIM, a new billing claims system must be developed. Therefore, CCHCS is working with DHCS to obtain the CalAIM requirements for compliance with AB 133. This system must then be developed and integrated with state, county, and third-party entities by a date of no sooner than April 1, 2024, and no later than March 31, 2026.

It is anticipated that CDCR/CCHCS will be eligible to receive \$3.1 million through the second round of PATH funding in 2023-24, to support the implementation of pre-release Medi-Cal enrollment and suspension processes. Accordingly, CDCR/CCHCS request \$207,000 LT General Fund in 2023-24; however, if the department is not awarded the full \$3.1 million in PATH funds, then additional General Funds would be required.

The third round of PATH funds will be allotted for building capacity and infrastructure, providing pre-release services, and requesting reimbursement of those services. However, DHCS does not anticipate releasing the policy and operational guidance for implementation of pre-release services until summer 2023. The draft guidance for the third round of PATH Funding was released in April 2023, applications are due by July 31, 2023. The funds available in PATH Justice-Involved Round 3 are dedicated exclusively to justice-involved pre-release services and behavioral health linkage implementation. DHCS intends to release a Justice-Involved Reentry Policy and Operational Guide that will provide additional details regarding implementation expectations for the initiative in summer 2023.

CDCR/CCHCS' goals and objectives are to provide integrated care to address the full spectrum of patient population needs. This new MCRS will allow the Department to be compliant with the CalAIM legislation, which includes the following:

- Becoming a Medi-Cal provider.
- Identifying Medi-Cal eligibility and whether patients are CalAIM eligible.
- Engaging with incarcerated individuals who meet specific criteria 90 days prior to re-entry to assess their health, social, and economic needs, and provide intensive care management.
- Ensuring all eligible individuals are enrolled in Medi-Cal prior to release by no sooner than April 1, 2024, and no later than March 31, 2026.
- Viewing who is enrolled in a Managed Care Plan and the services and details of what each health plan covers.
- Storing, tracking, and electronically sharing Medi-Cal billing codes including:
  - Medications (pre-release and post-release).
  - Durable Medical Equipment issued for post-release.
  - Embedded Care Management and Coordination.
  - In-reach care management and clinical consultation.
  - Limited Laboratory and Radiology services.
- Coordinating pre-release services with an enhanced care manager (collaborating with community partners, family members, probation, parole and other health care agencies).

- Facilitating referral and linkage, “warm hand-off” services linked with community health care providers and programs to address the full spectrum of the patient's care needs.
- Administering “In-Reach” services up to 90 days prior to release for justice-involved populations.
- Coordinating individuals at re-entry, including through Medi-Cal, when eligible.
- Activating Medi-Cal benefits and other resources 90-days prior to release.
- Providing funding to build capacity for workforce, technology changes, data sharing, and infrastructure to support CalAIM.

## **Program Resources**

CDCR/CCHCS' Transitional Case Management Program (TCMP) currently provides Medi-Cal application assistance to all eligible incarcerated persons releasing from state prison. CalAIM requires some modifications to the TCMP and will require additional IT integration to the TCMP and EHRS as it relates to the CalAIM benefit requirements. Currently, CCHCS is only reimbursed for inpatient hospital stays when a file is submitted to the California Medicaid Management Information System for services, which are eligible for reimbursement, and then DHCS adjudicates the files and reimburses CDCR directly.

CDCR/CCHCS request permanent program positions with three-years of LT funding to serve as Subject Matter Experts (SME) to help create and implement billing and claiming workflows as related to the requirements described above. The LT funds will allow the department to deploy resources to build the MCRS and begin to provide services, as well as determine the level of funding sources (PATH funding and General Fund) that will be needed to maintain the system and services on an ongoing basis. The following permanent program positions are requested:

- 1.0 Pharmacist I
- 1.0 Supervising Psychiatric Social Worker (SPSW)
- 1.0 Nurse Consultant, Program Review (NCPR)
- 1.0 Research Data Specialist (RDS) IIIs
- 1.0 Attorney IV

**Pharmacy Services** requires 1.0 Pharmacist to design, build, and maintain an electronic claims submission and billing platform to process Medi-Cal prescriptions that integrates with CCHCS' existing EHRS system, Cerner/Guardian. Currently, Pharmacy Services does not process any outpatient prescription billing claims to a third-party payer; therefore, functionality is required for billing across the CCHCS medication continuum. Without a billing and claims system, CCHCS would rely on a manual paper process to submit and retrieve payment for thousands of billing claims annually, which is not a sustainable long-term solution.

**Mental Health Services** requires 1.0 SPSW with decision-making authority expertise. The SPSW will be the SME for mental health and will be responsible for developing, training, monitoring and maintaining the mental health billing and claiming tasks related to this project, and ensuring related mental health policies are considered.

**Nursing Services** requires 1.0 NCPR to develop the workflows and processes for the billing system. Duties include, but are not limited to the following:

- Identify administrative challenges related to billing and claiming requirements and recommend effective action.
- Create operational tools/workflows.
- Identify processes and protocols to administratively support the billing and claims adjudication processes.
- Collaborate with external stakeholders and DHCS to ensure alignment with the billing system.

**Quality Management (QM)** requires 1.0 RDS III position to implement CalAIM. Duties for this position include, but are not limited to the following:

- Work with QM physicians and other clinical staff to help IT configure the application to ensure that billing diagnosis (more than 68,000 ICD-10 diagnosis codes), procedure codes (more than 87,000 ICD-10 procedure codes), and medication codes (more than 450,000 national drug

codes) are classified correctly to ensure that CCHCS maximizes reimbursement through the program.

- Build automated tools to monitor CCHCS staff adherence to the CalAIM workflows and identifying and addressing exceptions to those workflows to maximize reimbursement through the program.
- Build reports to identify trends in billing to help leaders evaluate program implementation and identify under-utilized reimbursement opportunities.
- Respond to ad-hoc inquiries from control agencies about the extent of reimbursement over time, and the types of services most represented in reimbursement data.

**CCHCS Office of Legal Affairs (COLA)** requires 1.0 Attorney IV to advise CCHCS of legal requirements for a revenue cycle, the creation of a billing system, billing itself, and processing reimbursements, denials, and appeals. The need for an Attorney IV will be ongoing as long as CCHCS is a Medi-Cal provider for a correctional Medi-Cal program that is not currently contemplated under Medicaid ("Medi-Cal" in California) law.

Medical billing and reimbursement are the most complicated aspects of operating a health care practice and are difficult to manage due to an extremely complicated scheme of federal and state laws that define when, what, and how to bill and reimburse providers. A billing system's lack of compliance with Medi-Cal legal requirements may result in improper billing practices, claim denials, loss of revenue, state and federal penalties and fines, and the potential loss of a provider's health care license. Therefore, CCHCS must be well informed of the Medi-Cal legal requirements when building a novel billing system, to ensure it complies with state and federal Medicaid law when the billing begins.

## **IT Resources**

CCHCS' Information Technology Services Division maintains the IT infrastructure and medical grade network that enables clinical staff to provide continuity of care to the incarcerated population, and provides cost-effective, reliable, accessible, and secure services that support CCHCS' mission and Strategic Plan. In order to implement CalAIM, IT requires 14.0 state staff and 1.0 Project Manager (PM) consultant. Similar to the program resources, the department requests LT funds for three years to build the MCRS and determine the appropriate level of funds (PATH versus General Fund) that will be needed to maintain the system.

The IT Interface and application development positions requested include:

- 2.0 Information Technology Specialist (ITS) IIIs (Senior Engineer/Senior EHRS Systems Engineer, Interface Developer).
- 4.0 ITS IIs (1.0 Database Developer, 1.0 Server Administrator, 2.0 Business Analysts).
- 1.0 ITS II (Assistant PM).
- 1.0 Contracted Senior PM (24 months).

The following positions shall be phased in during fiscal year 2024-25, at which time the positions will be required to perform project activities related to the development, testing, and implementation of the system:

- 7.0 ITS IIs (1.0 Interface Developer, 1.0 Tester, 1.0 Security Operations position, 1.0 Server Directory Services positions, and 3.0 Applications Developers).

Duties for state staff include, but are not limited to the following:

- Architecting solutions that meet programming and security standards as defined through departmental protocols and Information Security Office requirements.
- Designing, developing, configuring, testing, deploying, supporting and/or maintaining new and existing applications.
- Providing technical expertise and leadership in the development and maintenance of complex enterprise system components, including the applications, databases, and middleware software hosted internally by CCHCS or externally by the vendor.
- Developing, managing, and organizing all current and future Service Oriented Architecture interface systems.

Duties for the Senior PM Consultant include, but are not limited to the following:

- Developing, establishing, implementing, and overseeing all project activities to achieve objectives within the mandated timelines.
- Leading and conducting stakeholder analysis and creating stakeholder registers.
- Developing, implementing, managing, and maintaining project management documents, scheduling standards, and approvals.
- Engaging with stakeholders.
- Developing requirements and traceability matrices.
- Scheduling, leading, and conducting requirements gathering sessions.
- Developing, establishing, managing, controlling, and overseeing all project resources and costs.
- Establishing, implementing, managing, and overseeing all project risks and issues.
- Developing risks and issues registers.
- Coordinating and conducting risks and issues meetings.
- Managing, controlling, monitoring, and maintaining the project schedule.
- Coordinating and scheduling key project communications and meetings.
- Providing status reports and reporting on schedule, risks, issues, and key milestones.
- Closing out all project contracts.
- Leading and conducting meetings at project end to include information for the Post Implementation Evaluation Review.

In addition, Independent Verification and Validation (IV&V) services will be performed by a third-party organization for 18 months, as required by the California Department of Technology (CDT). IV&V is a service that ensures user requirements are met and the product is structurally sound and built to the required specifications. Funding for CDT services for Project Oversight are requested until the project is delegated back to CCHCS (24 months).

## **E. Outcomes and Accountability**

The outcome of the CalAIM Initiative IT billing claims system will result in the establishment of CCHCS' IT infrastructure and system interfaces, which will work with several external entities including, but not limited to: DHCS, community-providers in managed care networks, county health care and behavioral health offices, etc. Along with these interfaces, existing applications will be updated based on the determined data requirements to be sent to external entities. The IT interfaces and application development will create a CCHCS in-house custom developed solution via a point-of-sale interface. This solution would allow claims to be submitted as they are created, via the National Council for Prescription Drug Program (NCPDP) Standards transactions.

Upon development of this new IT billing claims system, the department will become compliant with CalAIM requirements, including, but not limited to:

- Becoming a Medi-Cal provider for reimbursable services.
- Claiming Medi-Cal reimbursement for services in the 90-day timeframe prior to release.
- Ensuring enhanced facilitated linkages ("warm hand-offs") to behavioral health services (both to providers in managed care networks and to county behavioral health departments) occur to allow for the continuation of behavioral health treatment in the community.
- Receiving federal reimbursement for services and medications.

## **F. Analysis of All Feasible Alternatives**

### **Alternative 1**

Approve request for 12.0 permanent positions and \$3.3 million LT (\$207,000 General Fund and \$3.1 million PATH) funds in 2023-24, 19.0 permanent ongoing positions and \$4.5 million LT General Fund in 2024-25, and \$3.7 million LT General Fund in 2025-26, to create an IT-based billing system to support implementation of the CalAIM Justice-Involved Initiative, and allow for federal reimbursements to the state for services rendered.

## **Pros**

- Allows the state to apply for federal Medi-Cal reimbursements.
- CCHCS direct interface connectivity to the Xerox Medi-Cal Claims and Magellan RX Claims.
- In-House team can support and maintain this connectivity.
- CCHCS will have an experienced IT team to handle the development and maintenance of the new system including any new requirements required by NCPDP.
- No permanent, ongoing impact to the General Fund.
- LT funding will allow the department to determine the level of PATH funding received, and the level of General Fund resources required to maintain the system.

## **Cons**

- Impact to the General Fund over four fiscal years.
- There will be limited support from Xerox, Magellan, and DHCS with a custom in-house solution.
- Positions are not sustainable without ongoing funds, placing the department at risk of losing the incumbents and their associated knowledge.

## **Alternative 2**

Do not approve the requested resources.

## **Pros**

- This alternative does not require budget augmentation.

## **Cons**

- CCHCS would be noncompliant with AB 133 and not able to submit claims to be reimbursed per the CalAIM requirements. In addition, CCHCS does not have existing resources and would not meet the mandated deadlines to develop a system to integrate with state, county, and third-party entities by the dates of no sooner than April 1, 2024, and no later than March 31, 2026.

## **G. Implementation Plan**

Upon approval of the 2023 Budget Act, recruitment will begin with the establishment of 12.0 positions, effective July 1, 2023, in order to start building a billing solution. Effective July 1, 2024, 7.0 additional positions will be established in order to meet the March 31, 2026, implementation date.

## **H. Supplemental Information**

N/A

## **I. Recommendation**

Alternative 1 - Approve request for 12.0 permanent positions and \$3.3 million (\$207,000 General Fund and \$3.1 million PATH) LT funds in 2023-24, 19.0 permanent ongoing positions and \$4.5 million LT General Fund LT in 2024-25, and \$3.7 million LT General Fund in 2025-26, to create an IT-based billing system to support the first phase of implementation of the CalAIM Initiative.

# BCP Fiscal Detail Sheet

BCP Title: CalAIM Justice-Involved Initiative - Medi-Cal Reimbursement System

BR Name: 5225-318-BCP-2023-MR

Budget Request Summary

## Personal Services

Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
Positions - Permanent	0.0	12.0	19.0	19.0	19.0	19.0
<b>Total Positions</b>	<b>0.0</b>	<b>12.0</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>
Earnings - Permanent	0	1,503	2,301	2,301	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$1,503</b>	<b>\$2,301</b>	<b>\$2,301</b>	<b>\$0</b>	<b>\$0</b>
Total Staff Benefits	0	682	1,055	1,055	0	0
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$2,185</b>	<b>\$3,356</b>	<b>\$3,356</b>	<b>\$0</b>	<b>\$0</b>

## Operating Expenses and Equipment

Operating Expenses and Equipment	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5301 - General Expense	0	18	30	30	0	0
5302 - Printing	0	13	22	22	0	0
5304 - Communications	0	26	43	43	0	0
5306 - Postage	0	6	10	10	0	0
5308 - Insurance	0	1	2	2	0	0
5320 - Travel: In-State	0	33	54	54	0	0
5322 - Training	0	6	10	10	0	0
5324 - Facilities Operation	0	62	101	101	0	0
5326 - Utilities	0	2	3	3	0	0
5340 - Consulting and Professional Services - External	0	850	700	16	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	3	5	5	0	0
5368 - Non-Capital Asset Purchases - Equipment	0	66	81	67	0	0
539X - Other	0	36	37	3	0	0
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$1,122</b>	<b>\$1,098</b>	<b>\$366</b>	<b>\$0</b>	<b>\$0</b>



## Total Budget Request

Total Budget Request	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$3,307</b>	<b>\$4,454</b>	<b>\$3,722</b>	<b>\$0</b>	<b>\$0</b>

## Fund Summary

### Fund Source

Fund Source	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
State Operations - 0001 - General Fund	0	207	4,454	3,722	0	0
0995 - Reimbursements	0	3,100	0	0	0	0
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$3,307</b>	<b>\$4,454</b>	<b>\$3,722</b>	<b>\$0</b>	<b>\$0</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$3,307</b>	<b>\$4,454</b>	<b>\$3,722</b>	<b>\$0</b>	<b>\$0</b>

## Program Summary

### Program Funding

Program Funding	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
4670 - Dental and Mental Health Services Administration-Adult	0	168	166	166	0	0
4650012 - Medical Administration-Adult	0	3,139	4,288	3,556	0	0
<b>Total All Programs</b>	<b>\$0</b>	<b>\$3,307</b>	<b>\$4,454</b>	<b>\$3,722</b>	<b>\$0</b>	<b>\$0</b>

## Personal Services Details

### Positions

Positions	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
1414 - Info Tech Spec II (Eff. 07-01-2023)	0.0	5.0	5.0	5.0	5.0	5.0
1414 - Info Tech Spec II (Eff. 07-01-2024)	0.0	0.0	7.0	7.0	7.0	7.0
1414 - Info Tech Spec II (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
1414 - Info Tech Spec II (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
1415 - Info Tech Spec III (Eff. 07-01-2023)	0.0	2.0	2.0	2.0	2.0	2.0
1415 - Info Tech Spec III (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
5770 - Research Data Spec III (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
5770 - Research Data Spec III (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
5780 - Atty IV (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
5780 - Atty IV (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
7982 - Pharmacist I (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
7982 - Pharmacist I (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2023)	0.0	1.0	1.0	1.0	1.0	1.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2026)	0.0	0.0	0.0	0.0	0.0	0.0
<b>Total Positions</b>	<b>0.0</b>	<b>12.0</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>	<b>19.0</b>

### Salaries and Wages

Salaries and Wages	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
1414 - Info Tech Spec II (Eff. 07-01-2023)	0	570	570	570	0	0
1414 - Info Tech Spec II (Eff. 07-01-2024)	0	0	798	798	0	0
1414 - Info Tech Spec II (Eff. 07-01-2026)	0	0	0	0	0	0
1414 - Info Tech Spec II (Eff. 07-01-2027)	0	0	0	0	0	0
1415 - Info Tech Spec III (Eff. 07-01-2023)	0	251	251	251	0	0
1415 - Info Tech Spec III (Eff. 07-01-2026)	0	0	0	0	0	0
5770 - Research Data Spec III (Eff. 07-01-2023)	0	107	107	107	0	0
5770 - Research Data Spec III (Eff. 07-01-2026)	0	0	0	0	0	0
5780 - Atty IV (Eff. 07-01-2023)	0	151	151	151	0	0

Salaries and Wages	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5780 - Atty IV (Eff. 07-01-2026)	0	0	0	0	0	0
7982 - Pharmacist I (Eff. 07-01-2023)	0	151	151	151	0	0
7982 - Pharmacist I (Eff. 07-01-2026)	0	0	0	0	0	0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2023)	0	161	161	161	0	0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)	0	0	0	0	0	0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2023)	0	112	112	112	0	0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2026)	0	0	0	0	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$1,503</b>	<b>\$2,301</b>	<b>\$2,301</b>	<b>\$0</b>	<b>\$0</b>

### Staff Benefits

Staff Benefits	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
5150450 - Medicare Taxation	0	22	34	34	0	0
5150500 - OASDI	0	86	135	135	0	0
5150600 - Retirement - General	0	317	484	484	0	0
5150800 - Workers' Compensation	0	36	54	54	0	0
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	35	54	54	0	0
5150900 - Staff Benefits - Other	0	186	294	294	0	0
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$682</b>	<b>\$1,055</b>	<b>\$1,055</b>	<b>\$0</b>	<b>\$0</b>

### Total Personal Services

Total Personal Services	FY23 Current Year	FY23 Budget Year	FY23 BY+1	FY23 BY+2	FY23 BY+3	FY23 BY+4
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$2,185</b>	<b>\$3,356</b>	<b>\$3,356</b>	<b>\$0</b>	<b>\$0</b>