

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4150	Department Department of Managed Health Care	Priority No. 2
Budget Request Name 4150-302-BCP-BR-2016-A1		Program 3870-HEALTH PLAN PROGRAM	Subprogram

Budget Request Description
 Coordinated Care Initiative and Ombudsman Program

Budget Request Summary

The Department of Managed Health Care (DMHC) requests to extend limited-term expenditure authority set to expire June 30, 2016, in the amount of \$ 1,460,000 for FY 2016-17 and \$522,000 for FY 2017-18 to address the continuation of workload associated with transitioning dual eligible enrollees in participating counties into managed health care and providing consumer assistance through the California's Cal MediConnect Ombudsman Program (Ombudsman Program) - both components of the Governor's Coordinated Care Initiative (CCI) - through December 31, 2017, and reimbursement authority in the amount of \$ 1,070,000 for FY 2016-17 and \$432,000 for FY 2017-18.

This request includes \$165,000 for consulting services in FY 2016-17 to complete triennial medical plan surveys.

This request also includes \$800,000 in FY 2016-17 and \$400,000 in FY 2017-18 for consulting services to provide consumer assistance to individuals enrolled in Cal MediConnect plans.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date

For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance.

FSR SPR Project No. 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 Jennifer Clark, CFO	Date March 25, 2016	Reviewed By <i>Caminda McGehee</i>	Date 3-27-16
Department Director <i>Mark A...</i>	Date 3-27-2016	Agency Secretary <i>[Signature]</i>	Date 3-29-16

Department of Finance Use Only

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

BCP Type: Policy Workload Budget per Government Code 13308.05

PPBA <i>[Signature]</i>	Date submitted to the Legislature April 1, 2016
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Analysis of Problem

A. Budget Request Summary

The DMHC requests to extend limited-term expenditure authority set to expire June 30, 2016, in the amount of \$1,460,000 for FY 2016-17 and \$522,000 for FY 2017-18 to address the continuation of workload associated with transitioning dual eligible enrollees in participating counties into managed health care and providing consumer assistance through the Ombudsman Program - both components of the CCI - through December 31, 2017.

This request includes \$165,000 for consulting services in FY 2016-17 to complete triennial medical plan surveys.

This request also includes \$800,000 in FY 2016-17 and \$400,000 in FY 2017-18 for consulting services to provide consumer assistance to individuals enrolled in Cal MediConnect plans.

This proposal will be funded by a combination of special funds and reimbursement from the Department of Health Care Services (DHCS); who is currently receiving federal grant funds for these efforts. DHCS will reimburse the DMHC for 50 percent of costs associated with the California Dual Eligible Demonstration Project, now called Cal MediConnect Program, and 100 percent of consulting services costs incurred to operationalize the Ombudsman Program. The DMHC is requesting reimbursement authority of \$1,070,000 for FY 2016-17 and \$432,000 for FY 2017-18.

B. Background/History

In California, the federal Medicaid program is administered by the DHCS as the California Medical Assistance Program, or Medi-Cal. Medi-Cal provides health care coverage through two basic types of arrangements – fee-for-service and managed care. The DHCS and the DMHC share oversight responsibility for most Medi-Cal Managed Care plans. The DHCS administers the contracts with Medi-Cal Managed Care plans to provide health care services to Medi-Cal beneficiaries pursuant to specified contract terms and is responsible for monitoring plan compliance with Medi-Cal requirements. The DMHC regulates the licensed health care service plans pursuant to the Knox Keene Health Care Service Plan Act (Knox Keene Act) by overseeing the operational and financial solvency requirements of licensed plans according to the Knox Keene Act's statutes and associated regulations.

Chapter 438, Statutes of 2012 (AB 1468) and Chapter 717, Statutes of 2012 (AB 1496) authorized the CCI as a three-year demonstration project in eight counties. The goal of the CCI is to provide better health outcomes and program satisfaction for Medi-Cal beneficiaries, particularly Seniors and Persons with Disabilities (SPD). Overall, CCI includes the following components:

- Integration of “dual eligible”, e.g., individuals who are eligible for, and receive services under, both the Medicare and Medi-Cal programs, into managed health care plans;
- Expanded responsibility for coordination of all health and long-term care services by Medi-Cal managed care plans;
- Transition of Healthy Families Program enrollees to Medi-Cal managed care; and
- Expansion of Medi-Cal managed care statewide.

The Cal MediConnect Program is a critical component of the initiative. This project provides dual eligible beneficiaries in participating California counties a full continuum of acute care, primary care, institutional care, and long-term care services and supports (LTSS), including home-based and community-based services, integrated into a single benefit package. These services are delivered through DMHC-licensed health care service plans, pursuant to contracts between the plans, Centers for Medicare and Medicaid Services (CMS), and the DHCS. Participating health plans receive a monthly capitation payment and employ patient-centered care models and care coordination teams to facilitate delivery of all appropriate services, with the goal of improving health outcomes and keeping beneficiaries in their homes and communities whenever possible.

Analysis of Problem

The DMHC plays a major role in the Cal MediConnect Program. AB 1468 required the DHCS to enter into an Interagency Agreement with the DMHC to perform certain oversight and readiness review activities, including:

- Provide consumer assistance to beneficiaries;
- Conduct medical plan surveys;
- Conduct financial audits;
- Conduct financial solvency audits, and
- Conduct reviews of the adequacy of provider networks of participating health plans.

In a FY 2012-13 May Revise Proposal, the DMHC received a one-time augmentation of \$1,097,000 and 13.0 limited-term positions to address new workload attributable to the evaluation of plan readiness and oversight of health plans providing managed health care services. The 13.0 limited-term positions were approved as follows:

- Help Center, 8.0 (Consumer Assistance and Plan Readiness through medical plan surveys)
- Office of Plan Licensing, 1.0 (Licensing activities and Network Adequacy)
- Office of Financial Review, 4.0 (Plan Readiness for Financial Examinations)

In a FY 2013-14 BCP, the DMHC was granted an extension of the aforementioned 13.0 limited-term positions plus 3.5 new limited-term positions in the Help Center until June 30, 2016. An additional \$334,000 was provided for consulting services to perform triennial medical plan surveys and financial audits. In FY 2013-14, two of the CCI positions designated for Office of Financial Review were taken pursuant to Government Code Section 12439, reducing authorized positions to 14.5.

Subsequent to approval of the FY 2013-14 BCP, DHCS received a federal grant under the "Support for Demonstration Ombudsman Program" to provide consumer assistance. In April 2014, the existing CCI Interagency Agreement between DHCS and DMHC was amended to include consumer assistance activities related to Ombudsman for the counties participating in the Cal MediConnect Program. Funding and position authority have never been provided specifically for Ombudsman activities.

Resource History (Dollars in thousands)

Program Budget	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Authorized Expenditures			1,097	2,218	2,186
Actual Expenditures			10	1,006	1,556
Revenues					
Authorized Positions			13.0	14.5	14.5
Filled Positions			3.0	3.0	5.25
Vacancies			10.0	11.5	9.25

Workload History

Workload Measure	FY 12-13	FY 13-14	FY 14-15	FY 15-16
Number of complaints received by the DMHC that were categorized as potential CCI cases.	0	512	1,116	1,000
Estimated telephonic inquiries potentially categorized as CCI.	0	4,000	7,422	7,000
Number of closed Ombudsman cases related to beneficiaries in the CCI population.	0	509	3,134	3,000
Dual Eligible surveys initiated.	0	0	4	6
Reviewed and evaluated health plan networks with respect to the dual-eligible population.	0	0	16	64

Analysis of Problem

C. State Level Considerations

This request is a result of the extension of the CCI until January 2018 as indicated in the proposed Governor's Budget, released January 2016.

D. Justification

The DMHC licenses and regulates health plans that provide full-service and specialty services to more than 25 million Californians. The DMHC regulates health plans under the provisions of the Knox Keene Act, as amended. To meet its mission of protecting consumer health care rights and ensuring a stable health care delivery system, the DMHC resolves grievances; conducts onsite medical surveys and financial exams; and reviews and approves plan contracts, disclosures, and vendor arrangements.

With the continuation of CCI, the DMHC is requesting an extension of limited-term expenditure and reimbursement authority equivalent to 4.0 positions and contract resources to fulfill its responsibilities associated with the CCI and Ombudsman Program as detailed below.

Help Center

In order to project Consumer Assistance and Complaint Management workload for the Cal MediConnect Program, the Help Center used SPD-related workload data (dual eligible contacts were expected to parallel the SPD pool of enrollees) and DHCS' estimate of 560,000 new dual eligible enrollees entering managed care plans. The estimated number of enrollees exceeded actuals, as of February 1, 2016, there were 124,292 active enrollments in the program, and the projected workload did not completely materialize. This gap allowed the DMHC to use CCI resources to complete workload associated with the Ombudsman Program.

The existing CCI Interagency Agreement with DHCS was amended to broaden the scope of work to include the Ombudsman Program. The focus of the Ombudsman Program is to conduct outreach to enhance awareness of ombudsman service availability; provide free, accessible, and culturally and linguistically competent information and ombudsman services to individuals enrolled in Cal MediConnect plans; investigate, negotiate, and resolve Cal MediConnect enrollees' issues with Cal MediConnect managed care plans; and refer Cal MediConnect enrollees to various resources and assistance programs. DMHC's responsibilities are to manage the Cal MediConnect Ombudsman Program and consistently report systemic barriers and potential issues to the DHCS. In order to continue facilitating these efforts, the Help Center is requesting limited-term expenditure authority equivalent to the following position and consultant services to perform workload from July 1, 2016, to December 31, 2017:

1.0 Associate Governmental Program Analyst (Temporary Help – July 1, 2016 to December 31, 2017)

These resources will be used to manage the Ombudsman contract, develop and organize Ombudsman guidelines, facilitate meetings, provide training and reports, analyze data and communicate trends, review and assess Cal MediConnect weekly systemic issues and track proposed solutions and workflows, serve as the point of contact for DHCS, Cal MediConnect Ombudsman, and CMS, and assist disabled dual eligible enrollees to understand the Help Center's processes.

Consulting Services - The Ombudsman contract enables the DMHC to partner with California community-based organizations to provide dual eligible consumers with local hands-on assistance with enrollment into Cal MediConnect health coverage, filing of complaints and appeals, and informational materials. Based on the CMS grant award for FY 2015-16 and analysis of resource needs, the DMHC is requesting \$800,000 for FY 2016-17 and \$400,000 for FY 2017-18 to continue the level of service currently being provided to the participating counties through December 31, 2017.

Division of Plan Surveys (DPS)

DPS is responsible for conducting routine medical surveys of each licensed full service and specialty health plan on a triennial basis as required by the Knox Keene Act, as well as non-routine investigative

Analysis of Problem

medical surveys as deemed necessary by DMHC's Director. DPS received \$65,000 in contract funding for each dual eligible medical survey and is expected to conduct a total of 11 surveys associated with CCI. Funding for this effort was approved in FY 2013-14, however, there were delays in program implementation and the first DMHC survey did not occur until May 2015. The DMHC anticipates seven of the surveys to be completed prior to June 30, 2016, two surveys are scheduled to start in April 2016 but will not be completed until the first quarter of FY 2016-17, and two surveys are scheduled to start the first quarter of FY 2016-17. Based on the workload to complete the dual eligible medical surveys thus far, DPS is requesting limited-term expenditure authority equivalent to the following positions and consultant services to conduct and finalize the four pending surveys by June 30, 2017:

1.0 Associate Health Care Service Plan Analyst (Temporary Help – July 1, 2016 to June 30, 2017)

These resources will be used to manage and plan all facets of each dual eligible survey, including planning, coordinating, and leading the medical survey teams.

1.0 Health Program Specialist I (Temporary Help – July 1, 2016 to June 30, 2017)

These resources will be used to provide technical assistance and oversee the dual eligible survey activities, review survey reports and serve as the DPS' liaison to the DHCS and other agencies. This position also will coordinate the remaining medical survey tools and training materials and maintain the Technical Assistance Guides supporting medical survey activities.

Consulting Services – The DMHC is requesting \$165,000 for FY 2016-17 to fund consultants currently assisting the DMHC with conducting two dual eligible medical surveys scheduled to commence during the fourth quarter of FY 2015-16, but not be finalized until FY 2016-17, and two surveys scheduled to start the first quarter of FY 2016-17. Funding for these services was previously approved in the FY 2013-14 BCP, but is set to expire June 30, 2016.

Office of Plan Licensing (OPL)

OPL is responsible for assuring regulatory compliance of health plans with the Knox Keene Act and the Final Rule, which includes licensing health plans and approving changes to the licensee and its operations such as provider, vendor, and subscriber contracts; provider networks; utilization management processes; quality assurance systems; and financial viability.

The CCI delegated the provision of LTSS to managed care health plans. Under the Interagency Agreement with the DHCS, the OPL is tasked with reviewing health plan provider networks for the delivery of LTSS services on a quarterly basis. The OPL reviews each health plan's network for each county where the health plan operates, for a total of 16 reviews. The reviews are done on a quarterly basis for an anticipated 64 reviews annually. The provider networks offered by health plans participating in the CCI are evaluated against the unique needs of the dual eligible population. The OPL analyzes the utilization patterns of the dual eligible population and evaluates health plan networks serving this population. In order to facilitate the workload associated with the LTSS, the OPL is requesting limited-term expenditure authority equivalent to the following position to perform workload from July 1, 2016, to December 31, 2017:

1.0 Health Program Specialist I (Temporary Help – July 1, 2016 to December 31, 2017)

These resources will be used to organize, review and analyze the provider network data and access network adequacy of the various needs, criteria, and complexity of each of the LTSS services (Community-Based Adult Services [CBAS], In-Home Supportive Services [IHSS], Custodial Nursing Facilities/Institutional Care [NF], and Multipurpose Senior Services Program [MSSP]) that are submitted to review pursuant to the Interagency Agreement with the DHCS.

E. Outcomes and Accountability

This proposal is intended to provide the resources necessary to enable the DMHC to address the ongoing workload resulting from the continuation of the CCI and Ombudsman Program.

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Projected Outcomes

Workload Measure	FY 16-17	FY 17-18
Number of complaints received by the DMHC that were categorized as potential CCI cases.	1,000	500
Estimated telephonic inquiries potentially categorized as CCI.	7,000	3,500
Ombudsman cases opened by beneficiaries in the CCI population.	3,000	1,500
Dual Eligible surveys completed.	4	0
Review and evaluation of health plan networks with respect to the dual-eligible population.	64	32

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request to extend limited-term expenditure authority set to expire June 30, 2016, in the amount of \$1,460,000 for FY 2016-17 and \$522,000 for FY 2017-18 to address the continuation of workload associated with transitioning dual eligible enrollees in participating counties into managed health care and providing consumer assistance through the Ombudsman Program - both components of the CCI - through December 31, 2017, and increase reimbursement authority in the amount of \$1,070,000 for FY 2016-17 and \$432,000 for FY 2017-18.

Pros:

- The DMHC will have the necessary resources to perform CCI and Ombudsman Program workload.
- The DMHC will be able to fulfill the duties outlined in the Interagency Agreement with DHCS, which was mandated by AB 1468.

Cons:

- Increases State expenditures.

Alternative 2: Approve limited-term expenditure authority in the amount of \$544,000 for FY 2016-17 and \$60,000 for FY 2017-18, and reimbursement authority in the amount of \$272,000 for FY 2016-17 and \$30,000 for FY 2017-18, to only perform CCI workload under OPL and DPS.

Pros:

- Provides limited resources to continue performing the workload associated with CCI.
- Less State expenditures than Alternative 1.

Cons:

- All services related to the Ombudsman Program, which directly support CCI beneficiaries, will no longer be performed by the DMHC and will have to be addressed by the DHCS.
- Limits the state's ability to support CCI beneficiaries with program enrollment and potential managed care plan issues.

Alternative 3: Deny this request.

Pros:

- Does not increase State expenditures.

Cons:

- The Interagency Agreement with DHCS will not be renewed and no services associated with CCI or the Ombudsman Program will be performed by the DMHC.
- Limits the state's ability to monitor and provide oversight of managed care plans ability to meet statutory and regulatory requirements.

Analysis of Problem

- Limits the state's ability to support CCI beneficiaries with program enrollment and potential managed care plan issues.

G. Implementation Plan

The DMHC is already performing the work described in this request and will continue performing the work if the resources requested are approved.

H. Supplemental Information

This request will be funded through annual assessments of the health plans that are regulated by the DMHC and by federal grant funds provided by the DHCS. The fiscal impact of this request to full service health plans is less than \$0.01 per enrollee. This approximation is based on the requested expenditure authority net of reimbursements.

I. Recommendation

Alternative 1: Approve the request to extend limited-term expenditure authority set to expire June 30, 2016, in the amount of \$1,460,000 for FY 2016-17 and \$522,000 for FY 2017-18 to address the continuation of workload associated with transitioning dual eligible enrollees in participating counties into managed health care and providing consumer assistance through the Ombudsman Program - both components of the CCI - through December 31, 2017, and increase reimbursement authority in the amount of \$1,070,000 for FY 2016-17 and \$432,000 for FY 2017-18.

WORKLOAD STANDARDS

Temporary Help Requested for FY 2016-17 for CCI and Ombudsman Program Activities

FTE	Classification	Workload Distribution		
		HC	DPS	OPL
1.0	Associate Governmental Program Analyst	100%	0%	0%
1.0	Associate Health Care Service Plan Analyst	0%	100%	0%
1.0	Health Program Specialist I	0%	100%	0%
1.0	Health Program Specialist I	0%	0%	100%
4.0	TOTAL - Temporary Help Position Equivalent			

Help Center**1.0 Associate Governmental Program Analyst**

Activities	Number of Items per Year	Hours per Item	Total Hours
Workload Equivalent to an Associate Governmental Program Analyst			
Review and analyze systemic issues reported by the Ombudsman.	30	8	240
Prepare briefs on Cal MediConnect issues for Executive staff.	78	1	78
Communicate trends and analysis of complex CCI Cal MediConnect issues.	12	4	48
Formulate procedures, guidelines, and educational tools to be used between the CCI Cal MediConnect Ombudsman and multiple departments and programs.	4	20	80
Coordinate and facilitate weekly meetings and communicate outcomes to interested parties.	52	4	208
Review and analyze data, develop crosswalks related to data collection and reporting, and prepare reports for various groups.	12	4	48
Serve as Contract Manager for the CCI Cal MediConnect Ombudsman contract which involves reviewing invoices, managing projected budget, evaluating deliverables, coordinating HIPAA compliance of staff persons, and managing all contractual issues arising from the participating counties and their local organizations.	52	18	936
Meet weekly with DHCS responding to inquiries and reporting Ombudsman activities.	52	1	52
Assist dual eligible enrollees who are disabled and need more assistance with filing complaints with the Help Center, filing a grievance, and understanding the Help Center's process.	200	.25	50
Assist in the development of a new, comprehensive outreach program to dual eligible in the participating demonstration counties educating consumers on the benefits of CCI Cal MediConnect coverage.	1	60	60
Total Hours Worked			1,800
Number of Positions Requested (1,800 hours = 1.0 Position)			1.0

WORKLOAD STANDARDS

**Division of Plan Surveys
1.0 Associate Health Care Service Plan Analyst**

Activities	Number of Items per Year	Hours per Item	Total Hours
Workload Equivalent to an Associate Health Care Service Plan Analyst			
Plan and coordinate dual eligible surveys, coordinate clinical consultant participation, and serve as DPS' primary contact with health plans.	4	50	200
Review health plan pre-onsite document submission, hold pre-survey strategy meeting with survey team, prepare and request onsite materials, and develop survey agenda.	4	100	400
Work with consultant team, prepare pre-onsite document request and schedule onsite survey. Collaborate with DMHC staff to determine where plan operations might be deficient.	4	80	320
Facilitate and conduct onsite dual eligible survey activities, which include leading the survey team; conducting interviews with health plan staff; and performing extensive files reviews.	4	80	320
Draft, review, and finalize survey reports. Review and assess the health plans' corrective action plans, draft and issue final report.	4	140	560
Total Hours Worked			1,800
Number of Positions Requested (1,800 hours = 1.0 Position)			1.0

WORKLOAD STANDARDS**Division of Plan Surveys
1.0 Health Program Specialist I**

Activities	Number of Items per Year	Hours per Item	Total Hours
Workload Equivalent to a Health Program Specialist I			
Provide technical assistance and oversee dual eligible survey activity (weekly).	52	20	1,040
Maintain survey schedules, review vendor invoices for accuracy, and coordinate vendor assignments.	4	36	144
Review survey reports.	4	25	100
Serve as the DPS' subject matter expert and liaison to the DHCS and other agencies (weekly).	52	3	156
Coordinate the medical survey tools and training materials (monthly).	12	10	120
Maintain the Technical Assistance Guide supporting medical survey activities (monthly).	12	20	240
Total Hours Worked			1,800
Number of Positions Requested (1,800 hours = 1.0 Position)			1.0

WORKLOAD STANDARDS**Office of Plan Licensing
1.0 Health Program Specialist I**

Activities	Number of Items per Year	Hours per Item	Total Hours
Workload Equivalent to a Health Program Specialist I			
Organize network data elements for each of the various services subject to review pursuant to the Interagency Agreement. This includes networks for community based adult services, in home supportive services, skilled nursing facilities, and multipurpose senior services. (16 reviews x 4 times per year)	64	3	192
Review and analyze the provider network data and assess network adequacy for community based adult services (CBAS).	64	6	384
Review and analyze the provider network data and assess network adequacy for in-home supportive services (IHSS).	64	6	384
Review and analyze the provider network data and assess network adequacy for skilled nursing facilities (SNF).	64	6	384
Review and analyze the provider network data and assess network adequacy for multipurpose senior services (MSSP).	64	6	384
Communicate with health plans regarding any deficiencies in data.	16	.5	8
Communicate findings to the DHCS and provide recommendations related to provider network adequacy.	64	1	64
Total Hours Worked			1,800
Number of Positions Requested (1,800 hours = 1.0 Position)			1.0

BCP Fiscal Detail Sheet

BCP Title: Coordinated Care Initiative and Ombudsman Program

DP Name: 4150-300-BCP-DP-2016-A1

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Temporary Help	0	260	65	0	0	0
Total Salaries and Wages	\$0	\$260	\$65	\$0	\$0	\$0
Total Staff Benefits	0	160	40	0	0	0
Total Personal Services	\$0	\$420	\$105	\$0	\$0	\$0
Operating Expenses and Equipment						
5301 - General Expense	0	8	2	0	0	0
5302 - Printing	0	5	1	0	0	0
5304 - Communications	0	5	1	0	0	0
5320 - Travel: In-State	0	17	2	0	0	0
5322 - Training	0	5	2	0	0	0
5324 - Facilities Operation	0	35	9	0	0	0
5340 - Consulting and Professional Services - External	0	965	400	0	0	0
Total Operating Expenses and Equipment	\$0	\$1,040	\$417	\$0	\$0	\$0
Total Budget Request	\$0	\$1,460	\$522	\$0	\$0	\$0
Fund Summary						
Fund Source - State Operations						
0933 - Managed Care Fund	0	390	90	0	0	0
0995 - Reimbursements	0	1,070	432	0	0	0
Total State Operations Expenditures	\$0	\$1,460	\$522	\$0	\$0	\$0
Total All Funds	\$0	\$1,460	\$522	\$0	\$0	\$0
Program Summary						
Program Funding						
3870 - Health Plan Program	0	1,460	522	0	0	0
Total All Programs	\$0	\$1,460	\$522	\$0	\$0	\$0

Personal Services Details

Salaries and Wages

TH00 - Temporary Help

Total Salaries and Wages

	CY	BY	BY+1	BY+2	BY+3	BY+4
TH00 - Temporary Help	0	260	65	0	0	0
Total Salaries and Wages	\$0	\$260	\$65	\$0	\$0	\$0

Staff Benefits

5150350 - Health Insurance

5150500 - OASDI

5150600 - Retirement - General

Total Staff Benefits**Total Personal Services**

5150350 - Health Insurance	0	75	19	0	0	0
5150500 - OASDI	0	19	5	0	0	0
5150600 - Retirement - General	0	66	16	0	0	0
Total Staff Benefits	\$0	\$160	\$40	\$0	\$0	\$0
Total Personal Services	\$0	\$420	\$105	\$0	\$0	\$0