

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

Fiscal Year 2016-17	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-016-BCP-DP-2016-GB		Program 3960010	Subprogram

Budget Request Description
 Substance Use Disorders Health Care Reform Implementation

Budget Request Summary

The DHCS, Enterprise, Innovation, and Technology Services (EITS) and the Substance Use Disorders (SUD) Prevention, Treatment, and Recovery Services Division (PTRSD) requests to convert ten (10.0) limited-term positions to permanent full-time positions, and the Office of Legal Services (OLS) requests one (1.0) new permanent position. The annual expenditure authority needed to fund the 11.0 positions is \$1,456,000 (\$729,000 General Fund/\$727,000 Federal Fund). The limited-term positions are set to expire on June 30, 2016.

The conversion of the positions to permanent full-time positions is necessary to continue to support the requirements set forth in the Affordable Care Act (ACA) and enacted in SBX1 1 as part of the 2013-14 Budget Act for enhanced Medi-Cal substance use disorder services. The additional position for OLS will address litigation workload associated with both SBX1 1 and Assembly Bill (AB) 848, Chapter 744, Statutes of 2015. The OLS position will be phased-in effective January 1, 2017.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed
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Does this BCP contain information technology (IT) components? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO <i>Bamuy Hong</i>	Date <i>1/5/16</i>
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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 <i>Ashley Baylon</i>	Date <i>1-5-16</i>	Reviewed By <i>[Signature]</i>	Date <i>1/7/16</i>
Department Director <i>[Signature]</i>	Date <i>1/7/16</i>	Agency Secretary <i>[Signature]</i>	Date <i>1-7-16</i>

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>Carla Custard</i>	Date submitted to the Legislature <i>1-8-16</i>
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BCP Fiscal Detail Sheet

BCP Title: Substance Use Disorders Health Care Reform Implementation

DP Name: 4260-016-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Positions - Permanent	0.0	11.0	11.0	11.0	11.0	11.0
Total Positions	0.0	11.0	11.0	11.0	11.0	11.0
Salaries and Wages						
Earnings - Permanent	0	825	880	880	880	880
Total Salaries and Wages	\$0	\$825	\$880	\$880	\$880	\$880
Total Staff Benefits	0	398	425	425	425	425
Total Personal Services	\$0	\$1,223	\$1,305	\$1,305	\$1,305	\$1,305
Operating Expenses and Equipment						
5301 - General Expense	0	46	44	44	44	44
5302 - Printing	0	22	22	22	22	22
5304 - Communications	0	22	22	22	22	22
5320 - Travel: In-State	0	15	15	15	15	15
5322 - Training	0	11	11	11	11	11
5324 - Facilities Operation	0	99	99	99	99	99
5344 - Consolidated Data Centers	0	11	11	11	11	11
539X - Other	0	7	0	0	0	0
Total Operating Expenses and Equipment	\$0	\$233	\$224	\$224	\$224	\$224
Total Budget Request	\$0	\$1,456	\$1,529	\$1,529	\$1,529	\$1,529
Fund Summary						
Fund Source - State Operations						
0001 - General Fund	0	729	765	765	765	765
0890 - Federal Trust Fund	0	727	764	764	764	764
Total State Operations Expenditures	\$0	\$1,456	\$1,529	\$1,529	\$1,529	\$1,529
Total All Funds	\$0	\$1,456	\$1,529	\$1,529	\$1,529	\$1,529
Program Summary						
Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	1,456	1,529	1,529	1,529	1,529
Total All Programs	\$0	\$1,456	\$1,529	\$1,529	\$1,529	\$1,529

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS), Enterprise, Innovation, and Technology Services (EITS), the Substance Use Disorders (SUD) Prevention, Treatment, and Recovery Services Division (PTRSD), and the Office of Legal Services (OLS), requests \$1,456,000 (\$729,000 General Fund/\$727,000 Federal Fund) to convert 10.0 limited-term positions to permanent full-time positions and 1.0 new permanent legal position. The 10.0 two-year limited-term positions are set to expire on June 30, 2016. The conversion of the positions to permanent full-time positions is necessary to continue to support the requirements set forth in the Affordable Care Act (ACA) and enacted in SBX1 1 as part of the 2013-14 Budget Act for enhanced Medi-Cal substance use disorder services. The additional position for OLS will address litigation workload associated with both SBX1 1 and Assembly Bill (AB) 848, Chapter 744, Statutes of 2015. The OLS position will be phased-in effective January 1, 2017.

The requirement to expand substance use disorder services and include additional beneficiaries has led to an increase in new providers as well as existing providers expanding their available services. This in turn has increased the baseline workload in SUD PTRSD, necessitating additional permanent positions to meet the ongoing demands of updating and maintaining certified provider information databases, processing claims and payments, conducting onsite provider post-service, post-payment reviews, developing and monitoring county and direct provider contracts, and analyzing and settling county and provider cost reports.

B. Background/History

The ACA required states electing to participate within the Act's Medicaid expansion to provide all components of the essential health benefits (EHB), as defined within the state's chosen alternative benefit package, in accord with the federal requirements. The ACA regulations delineated mental health and substance use disorder services as part of the EHB standard and required all alternative benefit plans under Section 1937 of Title XIX of the Social Security Act to cover such services.

To comply with ACA, substance use disorder services under the Drug Medi-Cal (DMC) program were expanded and made available to additional beneficiaries. Treatment planning was added as a component to narcotic treatment, naltrexone treatment, and outpatient drug free treatment services. Intensive outpatient treatment services (previously available only to those who are pregnant, postpartum, or youth eligible for Early and Periodic Screening, Diagnosis and Treatment) was made available to all beneficiaries who meet the requirement for medical necessity. Counseling time limits in narcotic treatment settings were eliminated.

To implement expanded benefits as a result of the ACA and SBX1 1, PTRSD and EITS established 10.0 limited-term positions (2.0 AGPA in Performance Management Branch (PMB), 3.0 AGPA in Fiscal Management Accountability Branch (FMAB), and 5.0 in Enterprise Information Technology Solutions (EITS)) in 2014-15. Due to the numerous program integrity issues related to potential fraud and information technology system issues, this staff was reassigned to assist in other areas to deal with unforeseen events and program inconsistencies between the two departments at transition. Therefore, the workload associated with SBX 1 1 is not complete and these positions are still needed to carry out the

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ongoing functions associated with the ACA and related duties. They are needed due to the ongoing nature of the workload.

These positions have accomplished the following:

- Participated in the Strike Teams led by Audits & Investigations (A&I) Division to rid the DMC program of fraudulent providers, as well as, efforts to address the California State Auditor’s (CSA) program-related recommendations. Further, these staff assisted with strengthening Title 22 regulations, improved internal controls and program procedures, and conducted DMC trainings to providers to ensure compliance. Additionally, A&I staff conducted a limited-scope review of the DMC program identifying 32 recommendations to improve program integrity. The requested staff prioritize and implement these recommendations.
- Developed business rules for cost reports, including aid code sources for more than 50 new funding lines and fund combinations resulting from new eligibility aid codes required for the ACA.
- Worked on the electronic funds transfer (EFT) project to enable counties and direct contract providers to receive EFT payment rather than paper warrants.
- Developed new DMC claim reconciliation reports for counties.
- Assisted in the development and implementation of expanded populations into the related DMC billing and payment systems for proper adjudication and payment and provided technical assistance on the necessary changes to ensure there was no break in DMC billing and claims payment.
- Researched all recoupments identified by the CSA and A&I limited scope to recover over \$200,000 FFP in DMC funds owed to the state.

Resource History
(Dollars in thousands)

Substance Use Disorder Service – Prevention, Treatment, and Recovery Services					
Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	N/A	N/A	N/A	10,517	13,136
Actual Expenditures	N/A	N/A	N/A	10,517	10,684
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	111.3	110.0
Filled Positions	N/A	N/A	N/A	66.5	86.5
Vacancies	N/A	N/A	N/A	44.8	23.5
<i>Effective FY 2013-14, DADP transitioned to DHCS</i>					

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Enterprise Innovation and Technology Services					
Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	34,267	34,267	37,657	45,576	52,947
Actual Expenditures	25,103	30,253	36,354	40,526	48,659
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	196.3	207.3	246.3	276.5	303.5
Filled Positions	153.3	176.6	223.7	254.7	303.5
Vacancies	43.0	30.7	22.6	21.8	0.0

Office of Legal Services					
Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	15,710	10,307	10,307	12,214	13,579
Actual Expenditures	12,031	8,653	9,311	11,576	13,579
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	131.1	99.6	92.5	99.0	107.5
Filled Positions	116.6	77.2	74.6	85.1	106.2
Vacancies	14.5	22.4	17.9	13.9	1.3

Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
DMC claims paid through SMART	6.2 million	6.5 million	6.7 million	6.3 million	6.8 million	NA
Provider enrollment through PRIME by EITS	4,469	338	171	11,137	366	NA
System change requests	328	378	425	496	515	NA
MITA-related system changes	NA	NA	NA	NA	1	NA
ACA related system changes	NA	NA	3	6	8	NA
Changes in HIPAA requirements	3	4	4	4	7	NA
Claims processed	15.6 million	17.04 million	20.4 million	22.8 million	24.0 million	NA
System reports generated by EITS	68	109	197	225	248	NA
Ongoing migration and technical upgrade to supporting applications	NA	NA	1	3	6	NA
EITS support for fraud detection and prevention efforts	NA	NA	1	1	3	NA

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Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
PSPP on-site monitoring reviews of DMC certified drug treatment facilities; reports of deficiencies and corrective action process	203	178	122	93 ¹	70 ²	NA
Recovery of over-payments for DMC services	\$95,851	\$136,553	\$70,622	\$122,099	\$146,710	NA
Formal trainings to DMC providers	Not available	2	1	3	3	NA
Process and analyze DMC claims	6.2 million	6.5 million	6.7 million	6.3 million	6.8 million	NA
DMC claims remediation, developing business requirements for system changes, user acceptance testing, ad hoc reports	55% of FMAB staff time	55% of FMAB staff time	65% of FMAB staff time	65% of FMAB staff time	70% of FMAB staff time	NA
Cost report forms/instructions/ application sent to counties in time for them to meet legislative mandate for submission	On time	On time	1 month late	8 months late	6 months late - estimate	NA
Develop, review, approve substance use disorder contracts and amendments	New: 91 Amended: 116	New: 3 Amended: 126	New: 3 Amended: 168	New: 1 Amended: 140	New: 75 Amended: 138	NA

¹ FY 2013-14 decrease in on-site reviews due to staff participation on DHCS Strike teams and associated activities to identify fraudulent DMC programs.

² FY 2014-15 decrease in on-site reviews due to staff participation on program improvements as a result of the CSA Audit report.

Analysis of Problem

C. State Level Considerations

This proposal supports DHCS' mission to provide Medi-Cal beneficiaries with access to affordable, high-quality health care, including medical and mental health, substance use disorder services, and long-term care. Specifically, the proposal will address one of DHCS' strategic plans of "developing effective, efficient and sustainable delivery systems." To maintain and support the substance use disorder benefits requires the coordination of health care services across multiple service systems: managed care, specialty DMC providers, the existing fee-for-service system, community health clinics, and Federally Qualified Health Clinics (FQHCs).

D. Justification

Effective January 1, 2014, expanded new substance use disorder services were available for all Medi-Cal beneficiaries. This proposal provides permanent staffing resources to ensure ongoing maintenance and monitoring of these DMC services and the systems that support them. The expansion has resulted in ongoing workload as providers are certified and recertified to provide the additional services. These resources will enable DHCS to execute appropriate contracts with counties and direct providers, provide prompt and accurate payment for DMC services, and process timely end of year cost reports.

SUD-PTRSD – Fiscal Management and Accountability Branch

3.0 Associate Governmental Program Analysts (AGPA)

Three AGPAs for SUD-PTRSD's Fiscal Management and Accountability Branch (FMAB) for development and ongoing implementation of changes to DMC reporting/claiming systems and processes as a result of ACA. Billing and claims policy and system changes are frequent as new issues are identified related to expanded eligibility for DMC.

There were many unforeseen barriers to implementing the ACA changes in FMAB such as information technology systems, contracts, and new DMC billing codes. Upon transitioning to DHCS, the former ADP had six information technology systems which are still being used. A critical task assigned to these staff are the receipt of the annual county and direct provider cost report data reviews and approvals that is needed as a source of identifying potential Medicaid fraud and abuse.

Implementing contracts has also been a major unforeseen workload. Upon transitioning, it was discovered the former ADP contracts were out of compliance with DHCS and State standards, which requires a reconstruction of contracts, regulations, new forms and exhibits, and modified contracts document package for FY 2014-2017 for all counties and direct providers.

The three positions in FMAB will address the ongoing workload of preparing and executing county and provider contracts and contract amendments bi-annually; annually conducting analysis of county and direct provider DMC claims for federal, state, and county reimbursement; daily researching DMC adjudication, rendering, payment, and maintenance statuses; daily-to-weekly preparing ad hoc reports on DMC claims data; annually conducting in-depth analysis of county and direct provider cost reports; annually reconciling the final allocation figures and accounting payment history with cost reports; and daily providing technical assistance to counties and direct providers.

Analysis of Problem

SUD-PTRSD - Performance Management Branch

2.0 Associate Governmental Program Analysts (AGPA)

Two AGPAs for SUD-PTRSD's Performance Management Branch (PMB) to assist in meeting DHCS' requirement to monitor providers for quality of services, health and safety of clients, and to address fraud, waste and abuse within the DMC program. These positions were originally requested to conduct a post-service post-payment (PSPP) utilization review of every DMC provider at least once every three years. These positions are needed on an ongoing basis to continue PSPP reviews of the approximately 667 DMC provider sites across the state. These staff will continue to conduct on-site reviews of DMC facilities, including evaluating patient and program records, analyzing program and billing records, and interviewing program staff. Staff will present to DMC providers areas requiring corrective action, identify the basis for recovery of payments, review and respond to corrective action plans, substantiate findings in the event of provider appeals, identify possible fraudulent activities, and continue to provide additional DMC trainings to counties and treatment providers.

EITS - Enterprise Services Branch

The five EITS positions are necessary to address workload associated with releases to develop and deploy Health Insurance Portability and Accountability Act (HIPAA), International Classification of Diseases, Tenth Revision (ICD-10)/Diagnostic and Statistical Manual of Mental Disorders (DSM) V, ACA mandates, and new trading partner requirements. These positions will also identify changes/impacts to the DMC system and respond to inquiries and correspondence from the legislature, stakeholders, counties, policy staff and technical staff.

2.0 Sr. Information System Analyst (SrISA)

Two Senior Information System Analysts (Sr. ISA) to lead the technical aspects of the DMC adjudication (Short-Doyle Medi-Cal II [SDMCII] application), billing (SMART), and provider applications (PRIME), which require regular system modifications due to state and federal mandates. These positions are needed to provide overall planning, development of system requirements for additional services and ongoing modifications, bug fixes, and enhancements to the adjudication and accounting systems. They will continue to coordinate efforts regarding troubleshooting and problem resolution activities, and perform quality assurance activities.

2.0 Sr. Programmer Analyst (SrPA)

Two Senior Programmer Analysts (Sr. PA) to provide oversight and technical direction on the overall planning, scheduling, issue and risk management, communication, and status reporting, and ongoing technical analysis of the business and technology needs for the SMART billing and PRIME applications in support of their interface with the SDMCII application. The staff will also support increased user requests necessitating research and transmission assistance as well as coverage of system performance.

1.0 Systems Software Specialist II (Technical) (SSS II)

The Systems Software Specialist (SSS) II (Technical) will support critical and essential business application development functions and perform analysis support for technical programming for both the PRIME and SMART applications and their interfaces with SDMCII.

Analysis of Problem

Additionally, this position will perform analysis, coding, and testing of system sizing and optimization activities to ensure the increased volume is within system capacity. The SSS II will continue to lead system enhancement discussions/meetings with program staff to understand business needs and business requirements and provide a technical foundation and subject matter expertise for system developers.

Office of Legal Services

1.0 Attorney III (effective 1/1/17)

Under Health and Safety Code section 100171, the Director of DHCS has statutory responsibility to provide a hearing process to adjudicate disputes arising from actions taken by any DHCS program. The expansion of substance use disorder services has resulted in an increased, and new, legal workload associated with the expansion of DMC providers, and the corresponding increase in utilization reviews, as well as a new workload with the licensing of SUDs providers for "incidental medical services." If a Provider in either setting is dissatisfied with DHCS's findings, the Provider may challenge the findings through an administrative appeal process.

This position will represent DHCS at the administrative appeal level and will perform all associated litigation functions including, review and evaluation of evidence, collection of additional evidence as necessary, and preparation and filing of statements of disputed issues or accusations, preparation of client for hearing, preparation of exhibit packets, pre-hearing briefs and post-hearing briefs. Additionally, if DHCS prevails at the administrative level and the Provider seeks a writ of mandate, the position will work in coordination with the Department of Justice (DOJ) in the further defense of DHCS.

E. Outcomes and Accountability

Converting the 10.0 limited-term positions to permanent positions and adding 1.0 legal position will assist DHCS in accomplishing the following deliverables:

- Maintain DHCS compliance with the ACA Medicaid fiscal requirements related to DMC, resulting in maximized federal financial participation.
- Adjudicate and process DMC claims without delays.
- Provide annual cost report forms and/or applications in a timely manner, providing DHCS with current data to evaluate for potential fraud and abuse.
- Provide additional PSPP reviews of DMC treatment providers annually to support the ongoing DHCS-wide efforts to reduce fraudulent activities and improve treatment services for Medi-Cal beneficiaries.
- Support the ongoing federal ACA requirements expanding substance use disorder service benefits to Medi-Cal eligible recipients.
- Maintain the DMC adjudication, billing, and provider applications to ensure functionality of the DMC program.
- Retain qualified and knowledgeable staff to maintain important system and process experience, thus avoiding risk to ongoing projects and programs.

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Analysis of Problem

Projected Outcomes¹

Workload Measure	2016-17	2017-18	2018-19	2019-20	2020-21
DMC claims paid through SMART	7.0 million				
Provider enrollment through PRIME by EITS	550	550	550	550	550
System change requests	550	550	550	550	550
MITA-related system changes	3	3	3	3	3
ACA related system changes	10	10	10	10	10
Changes in HIPAA requirements	8	8	8	8	8
Claims processed	25.2 million				
System reports generated by EITS	275	275	275	275	275
Ongoing migration and technical upgrade to supporting applications	7	7	7	7	7
EITS support for fraud detection and prevention efforts	5	5	5	5	5
PSPP on-site monitoring reviews of DMC certified drug treatment facilities; reports of deficiencies and corrective action process	200	200	200	200	200
Recovery of over-payments for DMC services	165	150	125	100	50
Formal trainings to DMC providers	5	5	5	5	5
Processing and analyzing DMC claims by FMAB	7.0 million				
DMC claims remediation, developing business requirements for system changes, user acceptance testing, ad hoc reports	70% of FMAB staff time				

Analysis of Problem

Workload Measure	2016-17	2017-18	2018-19	2019-20	2020-21
Cost report forms/instructions/application sent to counties in time for them to meet legislative mandate for submission	On time	On time	On time	On time	On time
Develop, review, approve substance use disorder contracts and amendments ^{2,3}	New: 8 Amended: 155	New: 52 Amended: 155	New: 22 Amended: 155	New: 22 Amended: 155	New: 62 Amended: 155

¹ For the most part, projected outcomes will not change because the positions requested are not additional resources.

² Substance use disorder contracts with counties and direct providers are for three-year terms with at approximately two amendments for each annually to add/reduce funds or address policy changes.

³ New contract workload reflects the new multi-year contracts for counties that opt into the DMC Organized Delivery System waiver, continuing Direct Provider contracts, and non-DMC ODS waiver multi-year State/County contracts. Also, there will be a small reduction in direct provider multi-year contracts in waiver counties as providers can no longer have a direct contract with the State for opt-in counties.

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request to convert 10.0 existing limited-term positions to permanent positions, and request for 1.0 new permanent legal position. Total Cost: \$1,456,000 (\$729,000 General Fund/\$727,000 Federal Fund)

Pros:

- Minimizes impact to public resources.
- Improves compliance with ACA requirements and maximizes federal financial participation.
- Continues a high level of regulatory oversight on high risk DMC providers.
- Enables DHCS to quickly identify potential fraud, waste, and abuse in the DMC program.
- Retains qualified and knowledgeable staff to maintain important systems and processes, avoiding delays that can lead to unsustainable services.
- Decreases time spent training new staff and downtime related to staffing vacancies.

Cons:

- Requires ongoing General Fund (GF) expenditures for the requested positions.
- Increases the permanent number of state positions.

Alternative 2: Extend the 10.0 limited-term positions for another two years. Total cost: \$1,347,000 (\$674,000 General Fund/\$673,000 Federal Fund)

Pros:

- Minimizes impact to public resources.
- Improves compliance with ACA requirements and maximizes federal financial participation.
- Continues a high level of regulatory oversight on high risk DMC providers.

Analysis of Problem

- Enables DHCS to quickly identify potential fraud, waste and abuse in the DMC program.

Cons:

- Requires General Fund (GF) expenditures for the requested positions
- Increases time spent training new staff and downtime related to staffing vacancies.

Alternative 3: Redirect staff from existing resources (no cost).

Pros:

- Does not require additional funding/resources.
- Does not increase the state workforce on a permanent basis.

Cons:

- DHCS will have to reprioritize other priority workload which will negatively impact other high priority workload within DHCS.
- Redirected staff may not have the required expertise needed and will need to be trained, leading to delays.
- DMC service providers may not be able to meet demands or referrals from managed care if they experience continued delays in payments and cost settlement.
- Limits the level of regulatory oversight on high risk DMC providers.
- Limits DHCS' ability to identify potential fraud, waste, and abuse in the DMC program.

Alternative 4: Maintain status quo; the limited term positions will expire on June 30, 2016 (no cost).

Pros:

- Will not require additional state funding/resources.
- Does not increase the state workforce on a permanent basis.

Cons:

- May result in non-compliance with ACA and SBX1 1 mandates.
- May result in delays implementing critical system updates.
- May result in delays in payments and cost settlement.
- Limits ability to address fraud, waste and abuse in the DMC program.

G. Implementation Plan

Upon approval, DHCS will convert the existing limited-term positions to permanent. These positions will improve program integrity across all dimensions of the DMC program; and retain sufficient state level capacity to analyze program performance and compliance concerns.

H. Supplemental Information

DHCS requests \$15,000 permanent expenditure authority for in-state travel costs and \$7,000 one-time costs for cubicle build-outs and cabling.

Analysis of Problem

I. Recommendation: Alternative 1

Approve the request for 11.0 permanent positions and expenditure authority. This alternative provides DHCS with the resources to implement and support the requirements of ACA and the state legislative mandates.

WORKLOAD STANDARDS
SUD Prevention, Treatment, and Recovery Services
Performance Management Branch
2.0 Associate Governmental Program Analysts, 808-960-5393-XXX
Permanent

Activities	Number of Items Annually	Hours per Item	Total Hours
Independently conduct PSPP on-site monitoring reviews of DMC certified substance abuse disorder treatment facilities utilizing established monitoring protocols; travel statewide to service providers as assigned for the purpose of ensuring appropriate service provision and billing. Oversee compliance with DMC provisions of the Title 22 and other applicable state and federal laws and regulations through evaluation of patient and program records, analysis of program and billing records, and interviews with program staff.	2	1,170	2,340
Develop and write reports of findings, as related to statutory and regulatory violations, within specified timeframes; determine areas requiring corrective action, including identifying and establishing the basis for recovery of payments; review and respond to corrective action plans. Substantiate findings in the event of provider appeals.	2	360	720
Provide technical assistance and/or formal training to Department staff, county staff, and service providers regarding Title 22 regulations.	2	180	360
Participate in meetings and workgroups regarding DMC policy and regulations. Assist in special projects related to DMC certified treatment programs. Respond to provider questions.	2	90	180
Total hours worked			3,600
1,800 hours = 1 Position			
Actual number of Positions requested			2.0

WORKLOAD STANDARDS
SUD Prevention, Treatment, and Recovery Services
Fiscal Management and Accountability Branch
3.0 Associate Government Program Analysts, 808-960-5393-XXX
Permanent

Activities	Number of Items Annually.	Hours per Item	Total Hours
Independently process and conduct analysis of county and direct provider claims for federal, state, and county reimbursement. Analyze claims for compliance with federal and state laws and regulations. Independently release claim information for late submissions and/or certification of services for adjudication. Utilize Oracle to research DMC claim processing and payment status, remediate claims issues and prepare ad hoc reports on DMC claims data.	3	400	1,200
Conduct in-depth analyses of county and direct provider cost reports using standard checklists and procedures. Reconcile the final allocation figures and accounting payment history with cost report and provide technical assistance to counties and direct providers to reconcile errors. Prepare DMC settlement worksheets, update data systems, and prepare settlement letters.	3	800	2,400
Independently review and approve substance use disorder proposals from counties and direct contract providers for amendment of the contracts to ensure conformity with fund allocations, legal requirements, and department policies. Work with county alcohol and drug program administrators and direct contract providers to resolve issues, budget problems, and potential audit areas. Identify unresolved issues and recommends solutions to management. Prepare contract requests, notice of allocation revisions, correspondence, and budget worksheets.	3	200	600
Represent the Department, Division, and Branch in various meetings and workshops regarding fiscal and program issues that may include other department divisions as well as provider, county, state, and federal agencies, including the processing of DMC claims, cost reports and contracts. Conduct research and collect information related to written and oral requests, and independently prepare procedures and checklists for review, all related DMC claims, cost reports and contracts	3	225	675
Research and collect data to write issue, policy, briefing papers, and correspondence related to general inquiries and requests for information; prepare legislative bill reviews, and analysis.	3	40	120
Provide technical assistance and training as necessary.	3	30	90

Activities	Number of Items Annually.	Hours per Item	Total Hours
Independently perform other AGPA duties as required to meet workload demands.	3	25	75
Maintain provider information within SUD-PTRD's master provider file database, including coordination activities with internal and external stakeholders. Maintain system files on DMC allocations, expenditures, reconciliation, and other fiscal data for managing and reporting activities of the DMC program. Handle special assignments and projects related to cost reports, contracts, and DMC billing.	3	45	135
Provide assistance in the development, testing, and production of all new fiscal and provider data systems, including software upgrades and platform changes. Provide recommendations on improvements to the fiscal system and processes in order to maintain system integrity. Review regulations for further automation needs and make recommendations for current and new fiscal and provider data base systems.	3	35	105
Total hours worked			5,400
1,800 hours = 1 Position			
Actual number of Positions requested			3.0

WORKLOAD STANDARDS
Enterprise, Innovation, and Technology Services
2.0 Senior Information Systems Analysts, 802-390-1337-XXX
Permanent

Activities	Number of Items Annually	Hours per Item	Total Hours
Provide leadership over technical aspects of the DMC billing (SMART), adjudication (SDMCII), and provider (PRIME) systems. Oversee work efforts including overall planning, scheduling, issue and risk identification, communication, and status reporting. Perform ongoing technical assistance on the business and technology needs for SDMCII and its interfaces with PRIME and SMART.	21	30	620
Provide expertise for all SDMCII integration system development work efforts, including business requirements, development, and capturing specifications for system interfaces with SMART, PRIME and the web portal (ITWS).	25	20	500
Liaison between stakeholders and other technical staff. Respond to complex inquiries and correspondence from the legislature, stakeholders, counties, and policy and technical staff.	24	2	48
Provide subject matter expertise (SME) and coordinate and enlist other appropriate SMEs as needed for the SDMCII and SMART development scope analysis from providers and counties.	22	10	212
Coordinate meetings with stakeholders, program experts, system developers, and consultants. Document problems and concerns and track issues. Participate in and lead system enhancement discussions/meetings to understand business needs and business requirements.	52	1	52
Monitor and prepare necessary system documentation, Assist in collecting background documentation and resource information to assess the SDMCII application and IT integration with PRIME and SMART. Prepare required documents and provide analysis for system integration with SMART and PRIME and ITWS. Develop System Requirements Specifications deliverable.	24	6	144
Participate in research and design activities related to the correction of system errors or maintenance, once enhancements are in production status.	24	10	240
Perform data maintenance; research and verify cause of data inaccuracy; coordinate data change with program staff; edit individual records or write minor script for group change; and confirm desired changes.	24	6	144
Develop test plans and conduct system and regression testing to ensure functionality of new processes. Coordinate efforts regarding troubleshooting and problem resolution activities internally and with stakeholders. Perform quality assurance activities, including obtaining user acceptance testing.	21	20	420

Activities	Number of Items Annually	Hours per Item	Total Hours
Coordinate resources and maintenance and operations' needs. Update management and resolve problems and needs of the project.	42	10	420
Identify risks, elevate issues, and recommend solutions, including impact analysis, to upper management.	44	5	220
Communicate status and changes to DHCS staff and user groups.	96	1	96
Participate in national user groups and standards review related to ACA, MITA and HIPAA compliance rules, ensuring systems adhere to the national standards.	-	-	500
Total hours worked			3,616
1,800 hours = 1 Position			
Actual number of positions requested			2.0

WORKLOAD STANDARDS
Enterprise, Innovation and Technology Services
2.0 Senior Programmer Analysts, 802-390-1583-XXX
Permanent

Activities	Number of Items Annually	Hours per Item	Total Hours
Lead development staff. Provide oversight and technical direction on the work efforts including overall planning, scheduling, issue and risk management, communication, and status reporting. Perform ongoing technical analysis of business and technology needs for the SMART billing and PRIME applications in support of their interface with the Short Doyle Medi-Cal II (SDMCII) application.	24	20	480
Provide lead analysis and expertise for the SMART billing and PRIME applications integration and development, design, modification, and enhancement requests. Perform lead role in validating business requirements, developing and capturing business specifications and converting them into business rules to populate into the business rules engine utilized in SDMCII.	30	30	900
Liaison between stakeholders and other technical staff. Assist with responding to complex inquiries and correspondence from the Legislature, stakeholders, counties, and policy staff and technical staff.	26	2	52
Provide subject matter expertise (SME) and/or coordinate and enlist other appropriate SMEs as needed for design and development of code related to both SMART and PRIME, while ensuring system design aligns with MITA and HIPAA rules.	29	15	435
Monitor and review necessary system documentation. Provide oversight in collecting background documentation and any resource information for application interface with SDMCII. Prepare required documents and provide technical analysis for SMART and PRIME in support of their interface with SDMCII. Develop System Requirements Specifications and Systems Design Specifications deliverable.	24	12	288
Assist with procurement or acquisition needs and documents for hardware, software, and consulting services. Participate in research, deployment, change control, and design activities related to the correction of system errors or maintenance.	30	8	240
Review data maintenance needs, systems integration, capacity planning, research and verification of data accuracy. Coordinate data changes with program staff, and write Structured Query Language (SQL) scripts for reports in both ORACL and MS-SQL platforms.	50	10	500

Activities	Number of Items Annually	Hours per Item	Total Hours
Develop test plans, use cases, and conduct system and regression testing to ensure functionality of new processes. Coordinate troubleshooting efforts and problem resolution activities internally and with stakeholders. Perform quality assurance activities and assist with user acceptance testing.	29	8	232
Coordinate resources and maintenance and operations' needs, update management, and resolve problems, issues and needs of the project.	48	5	240
Identify risks and elevate issues to upper management.	48	5	240
Total hours worked			3,607
1,800 hours = 1 Position			
Actual number of positions requested			2.0

WORKLOAD STANDARDS
Enterprise, Innovation and Technology Services
1.0 Systems Software Specialist II (Technical), 802-390-1373-XXX
Permanent

Activities	Number of Items Annually	Hours per Item	Total Hours
Perform support for technical programming analysis of business and technology needs for PRIME and SMART and their interfaces with Short Doyle Medi-Cal II (SDMCII).	44	5	400
Administrate hardware/server environments. Install/maintain Team Foundation Server, BizTalk, SharePoint, GlobalScape, and xEngine and respective reporting tools.	100	3	120
Troubleshoot and support client and middle tier applications in the internet, intranet and extranet zones.	100	3	300
Support SharePoint environment (creating master pages, page layouts, and reporting). Administrate web security, identity and access management.	100	3	300
Coordinate meetings with stakeholders, system analysts, programmers and consultants. Document problems and concerns, mitigate risks, and track issues. Participate and lead system enhancement meetings to understand business needs and requirements.	96	1	96
Provide technical foundation and subject matter expertise for system developers, ensuring standardized architectural approaches within system design. Provide services to project efforts and application development teams in the implementation of Service Oriented Architecture (SOA) technology standards.	100	3	300
Participate in design activities related to Enterprise Identity Access Management, leveraging SOA. Provide expertise and direction related to Enterprise Service Bus for standardization and secure transmission of data to and from DHCS, counties, and providers.	96	1	96
Prepare accurate and detailed requirement specifications and functional documents, and user interface guides.	96	1	96
Identify risks, define escalation paths, and communicate issues, risks and mitigation strategies to upper management.	48	1	48
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 III (Permanent)
803-030-5778-XXX

Activities	Number of Items Annually	Hours per Item	Total Hours
Provide legal support to program staff before, during, and after on-site facility visits, including legal advice on evidence gathering and interviewing, analysis of evidence and legal theories, and the legal merits of any actions considered.	30	2	60
Provide legal support and oversight for the DHCS SUDs mental health services including the provider PSPF utilization review process, provide legal research and analysis to determine the legal adequacy of corrective action plans submitted by providers, review the legal adequacy of findings in anticipation of provider appeals.	30	2	60
Provide legal support for the new workload associated with licensing of "incidental medical services" at non-medical SUDs facilities, including research and analysis the scope of incidental medical services, the appropriate parameters for licensing providers for incidental medical services and the legal adequacy of incidental medical services license revocations.	30	2	60
Provide legal support for the review and response to Public Records Act requests, including the review of the legal adequacy of withholding any documents from production.	20	5	100
Provide legal support for DHCS oversight and monitoring of providers, including research and legal analysis to determine the legal adequacy of actions taken with regards to identify potential fraudulent activities.	8	5	40
Address litigation arising from provider appeals including review and evaluation of evidence, collection of additional evidence, and preparation and filing of statement of disputed issues or accusations, preparation of client for hearing, preparation of hearing exhibit packets, pre-hearing briefs, and post-hearing briefs, and legal support and advice to DOJ on writ appeals from DHCS administrative decisions.	25	60	1,500
Total hours by classification			1,820
1,800 hours = 1 Position			
Actual number of Positions requested			1.0