STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 07/23)

Fiscal Year	Business Unit Number	Department
2025-26	5225	California Department of Corrections and Rehabilitation/California Correctional Health Care Services

Hyperion Budget Request Name	Relevant Program or Subprogram
5225-214-BCP-2025-MR	VARIOUS

Budget Request Title
CalAIM Justice-Involved Initiative - Program Support

Budget Request Summary
The California Department of Corrections and Rehabilitation and California Correctional Health Care Services request 65.0 positions ongoing and $15.3 million ($21.5 million in Reimbursement authority and a reduction of $6.2 million General Fund) in 2025-26, $14.8 million ($11 million in Reimbursement authority and $3.8 million General Fund) in 2026-27, and a net zero shift of $11 million from General Fund to Reimbursement authority in 2027-28 and ongoing for implementation of the California Advancing and Innovating Medi-Cal Justice-Involved Initiative.

Requires Legislation (submit required legislation with the BCP)	Code Section(s) to be Added/Amended/Repealed
☐ Trailer Bill Language ☒ Budget Bill Language ☐ N/A	Click or tap here to enter text.

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	Department CIO Robert OBrien	Date 5/14/2025

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

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

Approval Date: Click or tap to enter a date. **Total Project Cost:** Click or tap here to enter text.

If proposal affects another department, does other department concur with proposal? ☒ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By	Date	Reviewed By	Date
Janene DelMundo	5/14/2025	Duane Reeder	5/14/2025
Department Director	**Date**	**Agency Secretary**	**Date**
Lara Saich	5/14/2025	Diana Toche	5/14/2025

Department of Finance Use Only

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

Principal Program Budget Analyst	Date submitted to the Legislature
Ryan Weinberg	5/14/2025

A. Problem Statement

On January 26, 2023, California became the first state in the nation to receive federal approval to offer a targeted set of Medicaid services to Medi-Cal-eligible youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release. Through a federal Medicaid 1115 demonstration waiver approved by the Centers for Medicare & Medicaid Services (CMS), the California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved (JI) initiative will help California address the unique and considerable health care needs of JI individuals, improve health outcomes, deliver care more efficiently, and advance health equity across the state. Section 1115 of the Social Security Act allows the Secretary of Health & Human Services to waive certain provisions of section 1902 and/or provide authority for federal matching funds for expenditures that otherwise would not be eligible for federal financial participation under section 1903. Until this section 1115 demonstration waiver was approved, federal matching funds were typically not available for any services for JI individuals while they were incarcerated. CalAIM seeks to improve outcomes for this population by mandating a pre-release Medi-Cal application process for incarcerated individuals, allowing Medi-Cal reimbursement for services in the 90-day time period prior to release, and to encourage a facilitated referral and linkage ("warm hand-off") to a Community Enhanced Care Manager (CECM) and behavioral health services, to both providers in managed care networks and to county behavioral health departments.

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. While CMS is now permitting California to seek federal reimbursement for targeted Medicaid/Medi-Cal services provided to pre-release JI individuals, the federal matching funds will not be reimbursed without California following the same billing and claiming procedures required of all standard Medicaid/Medi-Cal services. The Department of Health Care Services (DHCS) is leading the CalAIM initiative and is working with the California Department of Corrections and Rehabilitation/California Correctional Health Care Services (CDCR/CCHCS) to help CDCR/CCHCS 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.

The CalAIM initiative proposes to implement Medi-Cal coverage for all eligible incarcerated persons set to release from prison that includes a 90-day pre-release services component via California Welfare and Institutions Code §14184.800. This code provides targeted Medi-Cal services to eligible JI populations 90 days pre-release from incarceration for the continuity of health coverage and care for JI populations who experience disproportionately higher rates of physical and behavioral health diagnoses. These pre-release Medi-Cal services include CECM or care coordination, as appropriate, and community-based physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed. Services will also include a minimum 30-day supply of medication, including medication for addiction treatment and durable medical equipment for use post-release into the community.

The CalAIM Initiative requires CDCR/CCHCS to add functionality to the Department's Electronic Health Records System, 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. CDCR/CCHCS received 12.0 positions in 2023-24 and 7.0 positions in 2024-25, which were funded with Providing Access and Transforming Health (PATH) funds for the creation of the Medi-Cal Reimbursement System (MCRS) and 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. In addition to the positions for creating the MCRS, additional resources for program operations are needed to support the enhanced facilitated linkages or "warm hand-offs" to the CECM, as well as to support the reconciliation of claims, including reporting to DHCS.

PATH funding was received to build infrastructure capacity for organizations to successfully participate in JI Medi-Cal activities including the pre-release application process and will also

include the resources to support implementation of tasks for JI individuals for new Medi-Cal services. CDCR/CCHCS have received a total of $18.9 million PATH funds to provide short-term support for infrastructure changes and staff costs associated with the establishment of JI initiatives under CalAIM.

Resource History
(Dollars in thousands)

Program Budget	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Authorized Expenditures	Not Applicable (NA)	NA	NA	NA	$3,432	$15,455
Actual Expenditures	NA	NA	NA	NA	$1,638	$8,309[1]
Revenues	NA	NA	NA	NA	NA	NA
Authorized Positions	NA	NA	NA	NA	12.0	19.0
Filled Positions	NA	NA	NA	NA	11.0	18.0[2]
Vacancies	NA	NA	NA	NA	1.0	1.0

[1] Projection as of January 2025.

[2] As of January 2025.

B. Justification

The Department's goals and objectives are to provide integrated care to address the full spectrum of patient population needs. CDCR/CCHCS project approximately 85 percent of the releasing population will be eligible for CalAIM pre-release services (approximately 2,400 releases per month), which is an expanded workload for the Department. Currently, the only population that receives full clinician-to-clinician hand-off services are mental health patients who are at the highest risk of the releasing population (approximately 2 percent).

The following is a list of CalAIM requirements that CDCR/CCHCS currently provide to the releasing population:

- Identifying Medi-Cal eligibility and submitting Medi-Cal applications.
- Screening for pre-release services and 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.
- Providing clinical services such as:
  - Conducting health assessments.
  - Providing medications (pre-release and post-release).
  - Conducting laboratory and radiology services.
  - Providing durable medical equipment.
- Facilitating referral and linkage services with county and community health care providers and programs to address the full spectrum of the patient's care needs.

The following is a list of the expanded work for all CalAIM eligible individuals (approximately 2,400 per month or 85 percent of the releasing population) that will require new resources for the additional services required:

- Becoming a Medi-Cal provider, including continued management and maintenance of provider and pharmacy enrollment in Medi-Cal.
- Ensuring all eligible individuals are enrolled in Medi-Cal approximately 90 days prior to release.
- Collating all needs assessments for patients into a re-entry care plan and sending to the Managed Care Plan (MCP) JI Liaison who will assign the CECM.
- Collating all needs assessments for patients in a re-entry care plan and sending to the CECM.
- Coordinating pre-release services with a CECM who will be collaborating with community partners, family members, probation offices, parole offices. and other health care agencies.
- Facilitating "warm hand-offs" for all CalAIM eligible JI individuals with the pre-release coordinator (internal) and the CECM.
- Facilitating clinician-to-clinician (internal and external) discussions for CalAIM eligible JI individuals going to county behavioral health, including those with substance use disorder.
- Entering appointment information from the CECM, and follow-up notes from "warm hand-offs" into Re-Entry Case Notes to create comprehensive re-entry and discharge plans.
- Sending completed reentry plan and medical records to the CECM, MCPs, and county behavioral health.
- Notifying the Social Security Department and MCP of the individual's release date, no later than one business day after release to activate full Medi-Cal benefits.
- Conducting post-release hand-offs between the pre-release care manager and post-release care manager up to seven days post-release, if "warm hand-off" was not conducted prior to release.

The following services are Medicaid/Medi-Cal reimbursable services that result in new work driven by the requirement to become a Medi-Cal provider to receive federal reimbursement:

- Embedded care management and coordination.
- In-reach care management and clinical consultation.
- Medications (pre-release and post-release).
- Durable medical equipment issued for post-release.
- Limited laboratory and radiology services.
- Reviewing rejected claims, working with institutions to revise/correct electronic documentation.
- Resubmitting corrected claims to get maximum reimbursement.
- Responding to audit inquiries from DHCS on corrected claims.
- Producing reports as required for Medi-Cal claims.
- Responding to claim disputes by Medi-Cal.
- Responding to service disputes by incarcerated individuals.

There will be a significant audit and compliance reporting component to reconcile federal reimbursements and make sure the Department receives the maximum reimbursement within the federal rules and regulations, and as a result, additional license/subscriptions will be required totaling $532,600 over each of the next two years. The Department requests $325,000 General Fund to allow the CalAIM initiative to purchase an expanded information technology (IT) data processing subscription. The CalAIM project requires the use of Microsoft Azure resources to provide a platform to host the CalAIM billing process. These resources are an advanced technological solution that is not currently available in the Structured Query Language server solution. The IT solution will allow the Department to share and transform data across different application environments and interface with internal and external stakeholders. To support the mapping of the Departments'

Electronic Health Records Systems' orderable to the needed Current Procedural Terminology codes to allow for the CalAIM Claim processes to occur, CCHCS is required to subscribe to the American Medical Association at a cost of $102,000. There is also $102,000 required for the switch vendor (Rx Linc), that will provide the MCRS with the technology to transfer Medi-Cal claims to DHCS for claims submissions. In addition, CalAIM requires the X12 subscription at a cost of $3,600. The X12 is the national standard for medical claims, eligibility inquiries, and claim receipts. It provides the detailed documentation needed to understand the file requirements, properly format the data, and complete a valid submission to DHCS. Two years of funding are being requested for these IT-related subscriptions.

Program Resources

CDCR/CCHCS request permanent and limited-term (LT) program positions to serve as subject matter experts to help implement billing and claiming workflows and audit-related activities as related to the requirements described above, as well as two years of LT funding for 18.0 of the 19.0 permanent positions that were approved in 2023-24 and 2024-25 without ongoing funding. Funding is being requested for the following previously approved positions: 11.0 IT Specialist IIs, 2.0 IT Specialist IIIs, 1.0 Research Data Specialist III, 1.0 Attorney IV, 1.0 Pharmacist I, 1.0 Nurse Consultant, Program Review, and 1.0 Supervising Psychiatric Social Worker I. It should be noted that the Department has found that through efficiencies, one of the previously approved permanent positions is no longer required as an ongoing resource, accordingly the Department is requesting to revert the position authority only as funding was not previously provided for the IT position. The requested temporary funds will allow the Department to deploy resources to maintain the MCRS and begin to provide services, as well as determine the level of fund sources (federal reimbursements and General Fund) that will be needed to maintain the system and services on an ongoing basis. Additional program resources will ensure the Department will have processes and policies in place to submit future periodic compliance reports to DHCS on progress related to implementation of the initiative, respond to future DHCS oversight and monitoring processes including engaging in corrective action plans to address operational challenges, and respond to audit and compliance requirements for federal reimbursement. The Department anticipates to collect $11.0 million ($6.0 million for pharmaceuticals and $5.0 million for in-reach services) in federal reimbursements annually. The following permanent and limited-term program positions are requested, which can also be found in Attachment A – Program Resources Justification. It should be noted that the Department is requesting two years of funding for all LT and permanent positions.

Nursing

- 37.0 Licensed Vocational Nurses (institution-based)
- 1.0 Nurse Consultant, Program Review
- 1.0 Health Program Specialist II
- 4.0 Nurse Consultants II - LT
- 2.0 Nurse Consultants III - LT
- 2.0 Nurse Consultants, Program Review - LT
- 1.0 Associate Governmental Program Analyst - LT

Mental Health

- 3.0 Licensed Clinical Social Workers
- 4.0 Supervising Psychiatric Social Workers I
- 1.0 Supervising Psychiatric Social Worker II
- 1.0 Health Program Specialist I

Pharmacy

- 1.0 Pharmacist II

- 4.0 Pharmacists I
- 1.0 Pharmacy Technician
- 1.0 Pharmacist I - LT
- 2.0 Pharmacy Technicians - LT

Program Management

- 1.0 Career Executive Assignment A
- 1.0 Staff Services Analyst/Associate Governmental Program Analyst
- 1.0 Office Services Supervisor II
- 8.0 Office Technicians
- 1.0 Information Officer I

Information Technology

- -1.0 IT Specialist II

C. Departmentwide and Statewide Considerations

CalAIM will allow CDCR/CCHCS to receive federal reimbursement for targeted pre-release services within 90 days prior to release, which CCHCS currently provides to California's incarcerated persons at CDCR institutions statewide, such as medical, dental, mental health, and substance use disorder treatment services. CalAIM supports CDCR/CCHCS' mission to facilitate the successful reintegration of individuals back to their communities, equipped with the tools to be healthy, and employable members of society by providing a wider array of services and support for complex high-need patients. The program will improve health outcomes and help close the gap in transitions between delivery systems, which will allow opportunities for appropriate step-down care and mitigate social determinants to improve health outcomes and morbidity.

D. Outcomes and Accountability

The implementation of the CalAIM Initiative will address the unique and considerable health care needs of JI populations to help improve health outcomes, deliver care more efficiently, and advance health equity by ensuring "warm hand-offs" to managed care and behavioral health services (both to providers in managed care networks and to county behavioral health departments), including:

- Improving physical and behavioral health outcomes for individuals, post-release.
- Reducing the number of JI people released into homelessness through connections to pre-release enhanced care management and community supports.
- Reducing recidivism, emergency department visits, hospitalizations, other avoidable health care services through connections to ongoing community-based physical and behavioral health services.
- Continuing medication treatment for individuals that receive pharmaceutical treatment.

E. Implementation Plan

Upon budget approval, the Department will continue to implement the program.

F. Supplemental Information (If Applicable)

Attachment A – Program Resources Justification

BCP Fiscal Detail Sheet

(Dollars in Thousands)

BCP Title: CalAIM Justice-Involved Initiative - Program Support

BR Name: 5225-214-BCP-2025-MR

Budget Request Summary

Personal Services

Personal Services	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Positions - Permanent	0.0	65.0	65.0	65.0	65.0	65.0
Total Positions	**0.0**	**65.0**	**65.0**	**65.0**	**65.0**	**65.0**
Earnings - Permanent	0	8,812	9,239	0	0	0
Total Salaries and Wages	**$0**	**$8,812**	**$9,239**	**$0**	**$0**	**$0**
Total Staff Benefits	0	3,973	4,137	0	0	0
Total Personal Services	**$0**	**$12,785**	**$13,376**	**$0**	**$0**	**$0**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5301 - General Expense	0	84	88	0	0	0
5302 - Printing	0	52	55	-2	-2	-2
5304 - Communications	0	98	105	-2	-2	-2
5306 - Postage	0	24	25	-2	-2	-2
5308 - Insurance	0	3	4	1	1	1
5320 - Travel: In-State	0	139	147	-2	-2	-2
5322 - Training	0	28	29	-1	-1	-1
5324 - Facilities Operation	0	235	251	-6	-6	-6
5326 - Utilities	0	9	10	0	0	0
5340 - Consulting and Professional Services - Interdepartmental	0	12	13	0	0	0
5340 - Consulting and Professional Services - External	0	1,049	40	-1	-1	-1
5368 - Non-Capital Asset Purchases - Equipment	0	238	139	-520	-520	-520
539X - Other	0	547	547	535	535	535
Total Operating Expenses and Equipment	**$0**	**$2,518**	**$1,453**	**$0**	**$0**	**$0**

Total Budget Request

Total Budget Request	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Total Budget Request	**$0**	**$15,303**	**$14,829**	**$0**	**$0**	**$0**

Fund Summary

Fund Source

Fund Source	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
State Operations - 0001 - General Fund	0	-6,197	3,829	-11,000	-11,000	-11,000
0995 - Reimbursements	0	21,500	11,000	11,000	11,000	11,000
Total State Operations Expenditures	**$0**	**$15,303**	**$14,829**	**$0**	**$0**	**$0**
Total All Funds	**$0**	**$15,303**	**$14,829**	**$0**	**$0**	**$0**

Program Summary

Program Funding

Program Funding	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
4670 - Dental and Mental Health Services Administration-Adult	0	834	1,730	0	0	0
4650012 - Medical Administration-Adult	0	12,740	8,736	40	40	40
4650014 - Medical Other-Adult	0	1,729	4,363	-40	-40	-40
Total All Programs	**$0**	**$15,303**	**$14,829**	**$0**	**$0**	**$0**

Personal Services Details

Positions

Positions	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
- (Eff. 07-01-2025)	0.0	0.0	0.0	0.0	0.0	0.0
- (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
1139 - Office Techn (Typing) (Eff. 07-01-2025)	0.0	8.0	8.0	8.0	8.0	8.0
1139 - Office Techn (Typing) (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
1414 - Info Tech Spec II (Eff. 07-01-2025)	0.0	-1.0	-1.0	-1.0	-1.0	-1.0
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. 07-01-2025)	0.0	0.0	0.0	0.0	0.0	0.0
1415 - Info Tech Spec III (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
5601 - Info Officer I (Spec) (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
5601 - Info Officer I (Spec) (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
5770 - Research Data Spec III (Eff. 07-01-2025)	0.0	0.0	0.0	0.0	0.0	0.0
5770 - Research Data Spec III (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7500 - - C.E.A. - A (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
7500 - - C.E.A. - A (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7979 - Pharmacy Techn (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
7979 - Pharmacy Techn (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
7979 - Pharmacy Techn (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7979 - Pharmacy Techn (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7981 - Pharmacist II (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
7981 - Pharmacist II (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7982 - Pharmacist I (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
7982 - Pharmacist I (Eff. 07-01-2025)	0.0	4.0	4.0	4.0	4.0	4.0
7982 - Pharmacist I (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
7982 - Pharmacist I (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0

Positions	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
8179 - Nurse Consultant III (Supvr) (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8179 - Nurse Consultant III (Supvr) (Eff. 03-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8179 - Nurse Consultant III (Supvr) (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8179 - Nurse Consultant III (Supvr) (Eff. 07-01-2026)(LT 02-28-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8195 - Nurse Consultant II (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8195 - Nurse Consultant II (Eff. 03-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8195 - Nurse Consultant II (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8195 - Nurse Consultant II (Eff. 07-01-2026)(LT 02-28-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8257 - Licensed Vocational Nurse (Eff. 07-01-2025)	0.0	37.0	37.0	37.0	37.0	37.0
8257 - Licensed Vocational Nurse (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 02-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 03-01-2026)(LT 06-30-2026)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)(LT 01-31-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)(LT 02-28-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8336 - Hlth Program Spec II (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
8336 - Hlth Program Spec II (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
8338 - Hlth Program Spec I (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0
8338 - Hlth Program Spec I (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2025)	0.0	4.0	4.0	4.0	4.0	4.0
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2025)	0.0	1.0	1.0	1.0	1.0	1.0

Positions	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2025)	0.0	3.0	3.0	3.0	3.0	3.0
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2027)	0.0	0.0	0.0	0.0	0.0	0.0
Total Positions	**0.0**	**65.0**	**65.0**	**65.0**	**65.0**	**65.0**

Salaries and Wages

Salaries and Wages	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
- (Eff. 07-01-2025)	0	164	164	164	164	164
- (Eff. 07-01-2027)	0	0	0	-164	-164	-164
1139 - Office Techn (Typing) (Eff. 07-01-2025)	0	402	402	402	402	402
1139 - Office Techn (Typing) (Eff. 07-01-2027)	0	0	0	-402	-402	-402
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2025)	0	61	61	61	61	61
1150 - Office Svcs Supvr II (Gen) (Eff. 07-01-2027)	0	0	0	-61	-61	-61
1414 - Info Tech Spec II (Eff. 07-01-2025)	0	1,293	1,293	1,293	1,293	1,293
1414 - Info Tech Spec II (Eff. 07-01-2027)	0	0	0	-1,293	-1,293	-1,293
1415 - Info Tech Spec III (Eff. 07-01-2025)	0	265	265	265	265	265
1415 - Info Tech Spec III (Eff. 07-01-2027)	0	0	0	-265	-265	-265
5393 - Assoc Govtl Program Analyst (Eff. 02-01-2026)(LT 06-30-2026)	0	33	0	0	0	0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2025)	0	79	79	79	79	79
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2026)(LT 01-31-2027)	0	0	46	0	0	0
5393 - Assoc Govtl Program Analyst (Eff. 07-01-2027)	0	0	0	-79	-79	-79
5601 - Info Officer I (Spec) (Eff. 07-01-2025)	0	80	80	80	80	80
5601 - Info Officer I (Spec) (Eff. 07-01-2027)	0	0	0	-80	-80	-80
5770 - Research Data Spec III (Eff. 07-01-2025)	0	116	116	116	116	116
5770 - Research Data Spec III (Eff. 07-01-2027)	0	0	0	-116	-116	-116
7500 - - C.E.A. - A (Eff. 07-01-2025)	0	136	136	136	136	136
7500 - - C.E.A. - A (Eff. 07-01-2027)	0	0	0	-136	-136	-136
7979 - Pharmacy Techn (Eff. 02-01-2026)(LT 06-30-2026)	0	47	0	0	0	0
7979 - Pharmacy Techn (Eff. 07-01-2025)	0	56	56	56	56	56
7979 - Pharmacy Techn (Eff. 07-01-2026)(LT 01-31-2027)	0	0	65	0	0	0
7979 - Pharmacy Techn (Eff. 07-01-2027)	0	0	0	-56	-56	-56
7981 - Pharmacist II (Eff. 07-01-2025)	0	187	187	187	187	187

Salaries and Wages	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
7981 - Pharmacist II (Eff. 07-01-2027)	0	0	0	-187	-187	-187
7982 - Pharmacist I (Eff. 02-01-2026)(LT 06-30-2026)	0	68	0	0	0	0
7982 - Pharmacist I (Eff. 07-01-2025)	0	817	817	817	817	817
7982 - Pharmacist I (Eff. 07-01-2026)(LT 01-31-2027)	0	0	95	0	0	0
7982 - Pharmacist I (Eff. 07-01-2027)	0	0	0	-817	-817	-817
8179 - Nurse Consultant III (Supvr) (Eff. 02-01-2026)(LT 06-30-2026)	0	76	0	0	0	0
8179 - Nurse Consultant III (Supvr) (Eff. 03-01-2026)(LT 06-30-2026)	0	60	0	0	0	0
8179 - Nurse Consultant III (Supvr) (Eff. 07-01-2026)(LT 01-31-2027)	0	0	106	0	0	0
8179 - Nurse Consultant III (Supvr) (Eff. 07-01-2026)(LT 02-28-2027)	0	0	121	0	0	0
8195 - Nurse Consultant II (Eff. 02-01-2026)(LT 06-30-2026)	0	69	0	0	0	0
8195 - Nurse Consultant II (Eff. 03-01-2026)(LT 06-30-2026)	0	165	0	0	0	0
8195 - Nurse Consultant II (Eff. 07-01-2026)(LT 01-31-2027)	0	0	97	0	0	0
8195 - Nurse Consultant II (Eff. 07-01-2026)(LT 02-28-2027)	0	0	331	0	0	0
8257 - Licensed Vocational Nurse (Eff. 07-01-2025)	0	2,889	2,889	2,889	2,889	2,889
8257 - Licensed Vocational Nurse (Eff. 07-01-2027)	0	0	0	-2,889	-2,889	-2,889
8327 - Nursing Consultant - Program Review (Eff. 02-01-2026)(LT 06-30-2026)	0	71	0	0	0	0
8327 - Nursing Consultant - Program Review (Eff. 03-01-2026)(LT 06-30-2026)	0	57	0	0	0	0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2025)	0	340	340	340	340	340
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)(LT 01-31-2027)	0	0	99	0	0	0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2026)(LT 02-28-2027)	0	0	113	0	0	0
8327 - Nursing Consultant - Program Review (Eff. 07-01-2027)	0	0	0	-340	-340	-340
8336 - Hlth Program Spec II (Eff. 07-01-2025)	0	95	95	95	95	95
8336 - Hlth Program Spec II (Eff. 07-01-2027)	0	0	0	-95	-95	-95
8338 - Hlth Program Spec I (Eff. 07-01-2025)	0	87	87	87	87	87
8338 - Hlth Program Spec I (Eff. 07-01-2027)	0	0	0	-87	-87	-87
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2025)	0	625	625	625	625	625

Salaries and Wages	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
9291 - Supvng Psych Soc Worker I - CF (Eff. 07-01-2027)	0	0	0	-625	-625	-625
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2025)	0	134	134	134	134	134
9292 - Supvng Psych Soc Worker II - CF (Eff. 07-01-2027)	0	0	0	-134	-134	-134
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2025)	0	340	340	340	340	340
9872 - Clinical Soc Worker (Hlth/CF)-Safety (Eff. 07-01-2027)	0	0	0	-340	-340	-340
Total Salaries and Wages	**$0**	**$8,812**	**$9,239**	**$0**	**$0**	**$0**

Staff Benefits

Staff Benefits	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
5150450 - Medicare Taxation	0	128	135	2	2	2
5150500 - OASDI	0	290	311	1	1	1
5150600 - Retirement - General	0	1,510	1,579	1	1	1
5150800 - Workers' Compensation	0	270	280	2	2	2
5150820 - Other Post-Employment Benefits (OPEB) Employer Contributions	0	186	194	-1	-1	-1
5150900 - Staff Benefits - Other	0	1,589	1,638	-5	-5	-5
Total Staff Benefits	**$0**	**$3,973**	**$4,137**	**$0**	**$0**	**$0**

Total Personal Services

Total Personal Services	FY25 Current Year	FY25 Budget Year	FY25 BY+1	FY25 BY+2	FY25 BY+3	FY25 BY+4
Total Personal Services	**$0**	**$12,785**	**$13,376**	**$0**	**$0**	**$0**

Attachment A - Program Resources Justification

Nursing Services

37.0 permanent Licensed Vocational Nurse (LVN) positions. These positions will allow California Correctional Health Care Services (CCHCS) Nursing Services the ability to coordinate patient access to the Community Enhanced Care Management (CECM) and enrollment in care-managed plans prior to release. Duties for these LVNs may include, but are not limited to: reviewing care managed plans and benefits; identifying and communicating care needs to the Department of Health Care Services (DHCS) CECM team; assisting patients in selecting and enrolling in care managed plans; assisting in developing patient education on managed care plan and Medi-Cal benefits; coordinating with Primary Care Teams, Transition Services Resource Team, and Utilization Review Management on needs of high-risk complex care patients post incarceration; and supporting and facilitating video/teleconferences with patients and CECMs.

1.0 permanent and 2.0 limited-term (LT) Nursing Consultant, Program Review positions will be responsible for statewide program development, program review, quality management, institutional training, onsite program surveillance and education. Duties for these positions may include, but are not limited to: assisting in designing; strategic planning; developing, implementing, and evaluating Nursing Services policies, procedures, protocols, workflows, care pathways, and training programs; integrating CalAIM processes into the Complete Care Model and care team forums; developing and updating workflows to identify billing indicators; developing and disseminating training standards, materials, competency validations and group content; developing headquarters (HQ) and regional nursing quality management and compliance processes; reviewing and analyzing quality management data; reviewing and analyzing existing workflows of the CalAIM process impact on existing systems; reviewing and analyzing existing workflows to identify impacts on pre-release services; assessing gaps in care needs and providing ongoing training and routine field support to drive required patient outcomes regarding the pre-release process; reviewing program trends and identifying barriers to program goals; providing recommendations for improvement; researching future and current trends for best practice opportunities; participating in assigned workgroups; and communicating with internal and external stakeholders.

1.0 permanent Health Program Specialist II position will be the subject matter expert (SME) and responsible for mentorship and consultation on the most complex and large-scale projects related to CalAIM. This position will set program priorities and objectives, develop and manage project work plans, and respond to critical and urgent questions from executive management. Duties also include ensuring programs capture and present system elements required to provide direct care to patients in CalAIM and other related clinical initiatives.

4.0 LT Nurse Consultant II positions will assist in the development, training, and implementation to support recovery and re-entry as part of the CalAIM Initiative. Prior to and during the initial implementation these positions will be assisting in developing and disseminating "Training-for-Trainers" training and on-site elbow to elbow support to transition LVNs on pre-release and re-entry processes; conducting scheduled on-site interactive and remote support to assigned institutions; providing feedback and

recommendations for program improvement; providing consultation, coaching and guidance to LVNs as needed to support pre-release preparation of incarcerated individuals; implementing contingency training plan and support to health care staff; providing program-specific reports to supervisor and management team; and conducting research and providing recommendations to support program alignment with community standards and regulatory requirements.

2.0 LT Nurse Consultant III positions will be supervising the Nurse Consultant IIs, Transitions LVNs, and/or other health professional/technical staff; ensuring that staffing needs are met; participating in staff recruitment, hiring interviews, training, and retention; ensuring that Nursing staff are competent in their roles and responsibilities; making staffing recommendations for program development; evaluating and documenting staff performance including probationary reports, periodic and annual performance evaluations; providing timely performance feedback and identifying opportunities for performance improvement, as necessary; coordinating with the Chief Nurse Executive (CNE) for ongoing educational needs and elbow-to-elbow program support; and providing program status reports and recommendations for improvement to the CNE.

1.0 LT Staff Services Analyst/Associate Governmental Program Analyst (SSA/AGPA) position will be dedicated to assist in the development and implementation of the CalAIM Initiative. This position will be performing a variety of analytical activities including conducting research and analyses, preparing reports, resources, and communications to ensure the program is fully implemented, supported, and sustained statewide. The SSA/AGPA is essential to support the Nurse Consultants hired for the Initiative at HQ and will provide assistance with the administrative functions of program development, enhancements, oversight, monitoring compliance trends, and maximizing potential for Medi-Cal reimbursement through the delivery of eligible health care services to patients within 90 days of release. They will participate in, facilitate, or conduct meetings, and support training assisting the clinical team to ensure a sustainable program is fully implemented, supported, and sustained statewide

Mental Health Services

3.0 permanent Licensed Clinical Social Worker positions (LCSWs) to serve as the Statewide Mental Health Program (SMHP) pre-release resources and assist with the implementation of new processes related to programs and activities for Mental Health Services Delivery System (MHSDS) patients as they approach release. The LCSWs will serve as SMEs for the Medi-Cal Reimbursement System (MCRS) claims adjudication process to review and ensure maximum reimbursement, working with Information Technology (IT) and Research Data staff to ensure smooth and accurate automation, to maximize the efficiency of staff time. They will work closely with other California Department of Corrections and Rehabilitation (CDCR)/CCHCS programs, and external stakeholders serving as liaisons between institutional clinical staff and a variety of new partners, from county and community mental health providers to justice-involved liaisons and CECMs to provide consultation and training. With their clinical background, the focus for these positions will be on translating patient care needs to a variety of stakeholders (both internal and external) and claims adjudication/reimbursement.

4.0 permanent Supervising Psychiatric Social Worker (SPSW) I positions will be assigned regionally and will provide supervision and leadership to SMHP pre-release LCSWs, serve as the Mental Health and pre-release SMEs, and provide CalAIM program administration and oversight for the SMHP. The SPSW Is will be working supervisors, assisting directly with much of the coordination between institutions, custody, and outside stakeholders required for the CalAIM model to be successful. They will track and attend warm hand-offs and other calls and organize statewide lists for reporting and quality management. All the HQ social workers will assist with the work of Institutional Mental Health pre-release coordinators, organizing information for transfer between clinical care teams and LVNs, CECMs, justice involved liaisons, county behavioral health departments, and other stakeholders. These positions will work with IT, HQ, and field staff to create and implement new billing and claiming adjudication workflows for implementation of CalAIM, including designing, testing, supporting and/or maintaining new and existing applications and workflows as well as developing, managing, and organizing all current and future policies and procedures related to the implementation and maintenance of CalAIM-related tasks as they pertain to patients in the MHSDS.

1.0 permanent SPSW II position will serve as the supervisor to the SMHP Pre-Release Unit and will plan, organize, and direct the implementation and coordination of CalAIM social work pre-release services, claims adjudication and reimbursement, and facilitate successful reentry into the community for program patients. They will oversee the SPSW I's and their role in coordination with IT, HQ and field staff in the creation and implementation of the new billing and claims adjudication workflows and programs.

1.0 permanent Health Program Specialist I position will provide essential daily administrative support to the CalAIM program, leading projects and coordinating program activities. This role involves performing complex analyses, writing reports and policies, and collaborating with multi-disciplinary staff, DHCS, IT, and other stakeholders in developing and monitoring strategic plans related to program implementation, claims filing and billing tracking. The specialist tracks claim timelines, ensures compliance with requirements and deadlines, and produces tracking measures to evaluate the efficacy of CalAIM processes. Additionally, the specialist oversees data validation, leads reporting projects, and disseminates data reports, including those related to billing and claims, to leadership and stakeholders. Serving as a SME, the specialist represents SMHP in CalAIM workgroups and meetings and participates in various training courses.

Pharmacy Services

6.0 permanent and 3.0 LT Pharmacy positions to support daily operations for the CalAIM initiative. These positions will function to service all CDCR institutions. This includes providing statewide oversight and management of all Medi-Cal claims, clinical interventions for transitions of care, and release planning. Additionally, the team will work with institutions, the Department of General Services, and DHCS in continual formulary alignment for continuity of care.

Attachment A - Program Resources Justification

1.0 permanent Pharmacist II will serve as the CalAIM Pharmacy Supervisor, SME, and managerial point of contact for all services related to CalAIM and Medi-Cal reimbursement. This role will ensure compliance with federal and state laws and Medi-Cal billing regulations, providing clinical guidance and supervision to pharmacy staff. The supervisor will also offer ongoing consultation to treatment teams and medical review committees, ensuring that all clinical practices align with current regulations and best practices. As the Medi-Cal Pharmacy Supervisor, this position will play a critical role in developing and implementing the program, creating clinical guidelines, implementing best practices, and monitoring program outcomes. They will report on CalAIM performance, coordinate and oversee monthly audits, and advise and consult with other department leaders and providers. Their expertise will be vital in ensuring the continuous improvement and effectiveness of our pharmacy programs.

In addition, the Medi-Cal Pharmacy Supervisor will focus on institution compliance and education by developing training materials, conducting workshops and seminars, and providing ongoing support and education to providers and pharmacies. The supervisor will evaluate the effectiveness of training programs, supervise in-service training, and work with providers and pharmacies to improve CalAIM compliance. Administrative responsibilities will include attending statewide meetings, participating in governance, managing operations and staff, and engaging in multidisciplinary team meetings regarding drug therapy delivery. This comprehensive approach will ensure our pharmacy services are both effective and compliant with all relevant regulations.

2.0 permanent Pharmacist Is will serve as Medi-Cal Claims Pharmacists to ensure the efficient processing of Medi-Cal claims and to optimize pharmacy operations. The primary responsibility of this role will be to monitor the Medi-Cal claims queue in real-time, assessing, and triaging claim rejections as they occur. By collaborating closely with health care providers, the Medi-Cal Claims Pharmacist will resolve rejections promptly, recommending therapeutic interchanges or submitting prior authorization requests to Medi-Cal when necessary. This proactive approach will reduce delays in patient care and improve the overall efficiency of our claims processing system.

In addition to real-time monitoring, the Medi-Cal Claims Pharmacists will play a crucial role in managing prior authorizations (PAs). These positions will be responsible for tracking pending PAs and reviewing any rejections from Medi-Cal, providing the necessary documentation and justifications to overturn these denials. By ensuring that all PAs are followed up meticulously, the Medi-Cal Claims Pharmacists will help maintain and ensure continuity of care for patients, minimizing interruptions in treatment regimens upon release into the community. Furthermore, by coordinating with providers to explore alternative therapies following a failed PA process, these pharmacists will work to prevent future authorization issues, enhancing the overall efficiency of our pharmacy services.

Lastly, the Medi-Cal Claims Pharmacists will be tasked with staying up to date on Medi-Cal website updates and changes to the Contract Drug List (CDL). This includes monitoring updates related to billing rules and formulary changes, to ensure CCHCS' pharmacy remains compliant with all Medi-Cal regulations. By coordinating with pharmacy technicians on necessary inventory updates, the Medi-Cal Claims Pharmacists will ensure the formulary is current, and the inventory reflects the most

recent Medi-Cal guidelines. This vigilance in formulary monitoring will prevent billing errors and ensure the pharmacy provides the most cost-effective and compliant medications.

2.0 permanent Pharmacist Is will serve as Medi-Cal Clinical Pharmacists to enhance the clinical services provided to Medi-Cal patients and ensure a seamless transition of care. The addition of Medi-Cal Clinical Pharmacists is critical for safe and appropriate transitions into the community. These professionals will be responsible for release planning, which includes evaluating medication compliance, therapeutic outcomes, dosing regimens, and medication interchange for patients transitioning out of care. They will develop and recommend pharmaceutical treatment plans to the care team, ensuring these plans align with the CDL and are eligible for formulary coverage.

Following clinical guidelines and standards of care, the clinical pharmacists will also serve in a consulting role to providers to support optimal patient outcomes while ensuring pharmacoeconomic alternatives to maximize patient compliance. Medi-Cal Clinical Pharmacists will understand the pharmacy formulary to ensure that the patients receive medications that are easily accessible and cost effective once the patient returns to the community.

In their role, the Medi-Cal Clinical Pharmacists will also provide vital clinical oversight, serving as liaisons to the DHCS, CCHCS Pharmacy and Therapeutics Committee, and Medication Management. They will prepare detailed analyses of month-to-month outcomes and trends, offering recommendations to the Statewide Clinical Pharmacy Services Manager on necessary changes to pharmacy formulary needs and Medication Management protocols. Their expertise as pharmacotherapy SMEs will be crucial in aligning treatment plans with statewide care guidelines and ensuring consistency in patient care across the state. By assisting in the development of statewide training programs, coordinating with various institutions, and supporting the CalAIM statewide initiative as requested by the Pharmacy Services Manager, Medi-Cal Clinical Pharmacists will contribute to the continuous improvement of clinical pharmacy services.

1.0 LT Pharmacist I (Central Fill Pharmacy [CFP]) position will ensure Medi-Cal compliance, inventory management, and workflow efficiency for CFP operations. This position will review and convert existing and new National Drug Codes (NDCs) to Medi-Cal-eligible inventory, oversee CFP repackaging while ensuring National Institute for Occupational Safety and Health, Tallman Lettering, Board of Pharmacy, and Federal Drug Administration compliance. They also conduct statewide analytics to optimize Medi-Cal dispensing eligibility and patient access.

The CFP Pharmacist will provide quality control for repackaging by managing recipe logs, templates, and regulatory updates while overseeing Medi-Cal-specific pharmacy verification and production. The CFP will ensure accurate dispensing workflows, managing IT system conversions for Medi-Cal reimbursement and increasing medication volume demands. The position will also lead supply chain coordination, work with wholesalers, distribution centers, and vendors to maintain a consistent supply of Medi-Cal-eligible NDCs and will have oversight of system reports and inventory processes to ensure efficient procurement and prevent Medi-Cal eligible medication shortages. Additionally, this position will facilitate CalAIM and CFP

coordination, working with statewide stakeholders, EHRS teams, and machinery vendors to ensure regulatory alignment in order to maintain compliance, efficiency, and adaptability as Medi-Cal formulary and policies evolve.

1.0 LT Pharmacy Technician (CFP) position will support critical repackaging, quality control, and dispensing functions at the CFP location. As Medi-Cal-compliant medications continue to expand and change, maintaining FDA-compliant repackaging processes requires a skilled technician to assist in developing and maintaining essential repackaging recipes. This technician will work closely with the CFP Pharmacist to create and maintain a repackaging recipe log, ensuring precise heat temperatures, package templates, and machinery run speeds to optimize production efficiency. Additionally, they will conduct quality control checks to prevent medication breakage, empty pockets, and double fills to maintain patient safety and regulatory compliance.

Beyond automated processes, the CFP Technician will play a critical role in manual repackaging efforts. When certain drug contracts or NDCs are removed from automated repackaging, the technician will assist in manual strip packaging and the shipping and receiving of repackaged Unit Dosed product to maximize Medi-Cal eligibility for CFP and institutional dispensing. This ensures that medications remain accessible to Medi-Cal beneficiaries, preventing potential gaps in drug availability due to formulary adjustments. Their hands-on involvement in both automated and manual repackaging will contribute to seamless workflow transitions and enhanced operational efficiency. The CFP Technician will be instrumental in supporting higher repackaging and dispensing volumes, ensuring that medications are processed accurately and efficiently. This role is crucial for minimizing delays in medication distribution while maintaining adherence to state and federal regulatory requirements.

1.0 permanent and 1.0 LT Pharmacy Technician positions will serve as the Medi-Cal Pharmacy Technicians to optimize the Medi-Cal billing and inventory management processes. The addition of the Medi-Cal Pharmacy Technicians are critical to provide essential administrative support, including real-time queue monitoring for NDC changes and miscellaneous billing rejections within the CCHCS system. The technicians will troubleshoot and follow up on administrative claims issues under the guidance of Medi-Cal Pharmacists, ensuring efficient and accurate billing. The technicians will also coordinate with pharmacy staff to manage the acquisition and inventory of appropriate medication NDCs. They will assist in preparing reports for local institutions, regional offices, and HQ teams, and analyze inventory levels for medications with pricing agreements that prohibit third-party billing and ensure pharmacy operations align with current inventory needs and billing regulations.

The technicians will support the PA process by monitoring pending PAs, rebilling approved ones, and assisting Medi-Cal Pharmacists with PA submissions. They will handle administrative tasks, such as triaging institution issues related to drug supply, formulary, and enrollment needs, as well as organizing reports, documents, and SharePoint status follow ups. The administrative and operational support provided by the Medi-Cal Pharmacy Technicians will streamline processes and improve the efficiency of pharmacy services.

Attachment A - Program Resources Justification

The pharmacy team is necessary and essential to ensure compliance, treatment continuity and day-to-day operations of claims submission for Medi-Cal. The team will be in alignment with the overall initiative of CalAIM to improve continuity of care for medication management, while ensuring optimal pharmacoeconomic and pharmacotherapy.

Program Management Unit

1.0 permanent Career Executive Assignment (CEA A) position will serve as the specialist over the program administration of Medi-Cal claims and billing for CalAIM services. Medical billing and coding are complex tasks that require communication with program staff who review rejected claims and work with institutions to ensure proper documentation is sent in order for rejected claims to be correctly billed for services rendered and maximize federal reimbursement. This position will analyze Centers for Medicaid and Medicare Services regulations related to billing and implement processes to ensure compliance with regard to specific payer system requirements and be responsible for responding to audits and compliance requests. Additionally, the CEA A will be responsible for program management and implementation for Provider and Pharmacy Enrollment required for claims submissions.

The CEA A will assist with the implementation of critical CalAIM initiatives to improve the efficiency of the prison health care system. They will assist the program's Deputy Director in overseeing complex and sensitive statewide CalAIM issues and projects, ensuring deadlines, requirements, inquiries related to legislative mandates, stipulated agreements, and legislative commitments are met. They will be the main liaison with communication between CDCR/CCHCS and all 58 county stakeholders (social security departments, county behavioral health departments, and managed care plans) to assist with coordinating business associate agreements/memorandums of understandings as required by DHCS. The CEA A will also be responsible for supervising 1.0 Office Services Supervisor (OSS) II.

1.0 permanent Staff Services Analyst/Associate Governmental Program Analyst will provide analytical support to the CEA A by performing analytical assignments and administrative work including: monitoring CalAIM program timelines and program objectives, reviewing and responding to internal and external correspondence on behalf of the Program Director, conducting research on CalAIM related policies and procedures, identifying SMEs, and tracking and coordinating assignments with appropriate staff across divisions. This analyst will develop processes and policies to respond to future DHCS oversight and monitoring processes and engage in corrective action plans to address operational challenges.

1.0 permanent OSS II will be responsible for supervision of eight Office Technicians (OTs).

8.0 permanent OTs will be assisting with Medi-Cal eligibility, scheduling, and coordinating "warm hand-offs" with patients, CECMs, and the pre-release care managers for all institutions statewide. This is a critical role in the CalAIM process. Once the individual is released, the OTs will be responsible for inactivating the Medi-Cal aide code in the Medi-Cal Portal which is a critical step to allow MCPs the ability to bill for all Medi-Cal services. These OTs will also assist, as needed, with providing electronic

documentation to the MCPs, justice-involved liaisons, community enhanced care managers, county behavioral health departments, and social security departments.

1.0 permanent Information Officer I will be dedicated to enhancing and standardizing communication efforts, as well as change management initiatives, directed at both staff and the incarcerated population regarding Cal-AIM. This role will focus on producing videos, articles, newsletters, and organizing events to effectively convey critical information on Cal-AIM. Duties include: developing and disseminating content aimed at both staff and the incarcerated population, including videos, articles, newsletters, and events specifically about Cal-AIM; collaborating with executives and other programs to standardize communication practices related to Cal-AIM; overseeing communication activities related to Cal-AIM, ensuring that both staff and the population are well-informed; engaging with partners at institutions across the state to incorporate the voices and perspective of both staff and the incarcerated population into communication strategies; and handling organizational change management activities to facilitate the smooth implementation of Cal-AIM.

The benefits of this position will be an enhanced focus on CalAIM communications to ensure that messaging about Cal-AIM is tailored specifically for both staff and the incarcerated population, addressing their unique needs and circumstances, assisting with pre-release planning tools. The increased frequency and quality of communications will foster a better-informed audience, contributing to a smoother implementation of Cal-AIM. The Information Officer will play a key role in educating both staff and the incarcerated population about this initiative, thereby facilitating its acceptance and implementation.

Information Technology Services Division

-1.0 permanent Information Technology Specialist II - this position was requested in 2024-25 as part of the Project Approval Lifecycle process to assist with the development of the MCRS graphical user interface (GUI). The technical team was able to develop a batch job solution that no longer requires a GUI; therefore, CDCR/CCHCS has determined that the 1.0 Application Developer role can be relinquished, and the position authority be reverted.