STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 03/25)

Fiscal Year	**Business Unit Number**	**Department**
FY 2026-27	4260 and 4140	Health Care Services and Health Care Access and Information

Hyperion Budget Request Name	**Relevant Program or Subprogram**
4260-074-BCP-2026-GB 4140-040-BCP-2026-GB	3960010 and 3855

Budget Request Title
Long-Term Care Payment Transparency Final Rule Extension

Budget Request Summary
The Department of Health Care Services requests ongoing funding authority of $2,537,000 ($1,208,000 Long-Term Care Quality Assurance Fund (LTC QAF); $1,329,000 Federal Fund (FF)) in Fiscal Year (FY) 2026-27 and $1,330,000 ($604,000 LTC QAF; $726,000 FF) in FY 2027-28 and ongoing to continue to implement the Medicaid Institutional Payment Transparency Reporting provisions of the federal LTC Final Rule. The Department of Health Care Access & Information's requests 3 permanent positions and expenditure authority of $597,000 in FY 2026-27 and ongoing from the California Health Data and Planning Fund to implement new healthcare data reporting requirements related to the Final Rule.

Requires Legislation (submit required legislation with the BCP)	**Code Section(s) to be Added/Amended/Repealed**
☐ Trailer Bill Language ☒ Budget Bill Language ☐ N/A	

Does this BCP contain information technology (IT) components? ☒ Yes ☐ No *If yes, departmental Chief Information Officer must sign.*	**Department CIO** Crystal Taylor	**Date** 1/10/2026

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. Project Approval Document:
Approval Date: Total Project Cost:

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**
Raheem Muhammad-Terrell	1/10/2026	Erika Sperbeck	1/10/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Michelle Baass	1/10/2026	Brent Houser for Kim Johnson, CalHHS Secretary	1/10/2026

Department of Finance Use Only

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

Principal Program Budget Analyst	**Date submitted to the Legislature**
Natalie Griswold	1/10/2026

A. Problem Statement

The Department of Health Care Services (DHCS) requests ongoing funding authority of $2,537,000 ($1,208,000 Long-Term Care Quality Assurance Fund (LTC QAF); $1,329,000 Federal Fund (FF)) in Fiscal Year (FY) 2026-27 and $1,330,000 ($604,000 LTC QAF; $726,000 FF) in FY 2027-28 and ongoing to continue to implement the Medicaid Institutional Payment Transparency Reporting provisions of the federal LTC Final Rule ("Final Rule").[1] DHCS received 8 permanent positions with one-year funding through the Long-Term Care Final Rule BCP (4260-266-BCP-2025-MR). This request is for the ongoing expenditure authority for the 8 permanent positions and additional contract funding.

The Department of Health Care Access & Information's (HCAI) requests ongoing expenditure authority of $597,000 in FY 2026-27 and ongoing from the California Health Data and Planning Fund to implement new healthcare data reporting requirements related to the Final Rule. HCAI received 3 permanent positions with one-year funding through the Long-Term Care Final Rule BCP (4140-047-BCP-2025-MR). This request is for the ongoing expenditure authority for the 3 permanent positions.

Division	Resources
Fee-for-Service Rates Development Division (FFSRDD): Ongoing funding for 3 existing Permanent Positions	• 1 Research Data Specialist (RDS) II • 1 Research Data Supervisor (RD Sup) II • 1 Research Scientist (RS) III
Financial Review Inpatient Division (FRID): Ongoing funding for 2 existing Permanent Positions	• 2 Health Program Auditor (HPA) IV
Health Information Management Division (HIMD): One-Year funding for 1 existing Permanent Position	• 1 Information Technology Specialist (ITS) II
Program Data Reporting Division (PDRD): Ongoing funding for 1 existing Permanent Position	• 1 RDS III
Quality and Health Equity Division (QHED): Ongoing funding for 1 existing Permanent Position	• 1 Nurse Consultant III (NC III) Specialist

On April 22, 2024, the Centers for Medicare & Medicaid Services (CMS) published the new Final Rule that has two primary components:

- Establishes federal minimum hours per resident day staffing requirements for Long-Term Care (LTC) facilities for total staffing, registered nurses, and certified nursing assistants. CMS is also establishing a hardship exemption process and increasing facility staffing assessment requirements.

- Requires state Medicaid agencies to report the percentage of Medicaid payments for services in nursing facilities and intermediate care facilities for individuals with intellectual disabilities (ICFs/IID) that is spent on compensation for direct care workers (such as nursing and therapy staff) and support staff (such as housekeepers and drivers providing transportation for residents).

Continued Effect of the Medicaid Institutional Payment Transparency Provisions

[1] https://www.federalregister.gov/documents/2024/05/10/2024-08273/medicare-and-medicaid-programs-minimum-staffing-standards-for-long-term-care-facilities-and-medicaid

In the 2025 Budget Act Budget Change Proposal, DHCS and HCAI requested one-year limited term resources given uncertainty with potential changes to the Final Rule. The US District Court for Northern Texas ruled on April 7, 2025, to overturn the LTC Facility Minimum Staffing Standard provisions of the Final Rule. The court left intact the Medicaid Institutional Payment Transparency provisions of the rule. Furthermore, the United States Congress passed H.R.1 - 119th Congress (2025-2026), signed into law July 4, 2025, prohibiting the Secretary of Health and Human Services from implementing, administering, or enforcing the minimum staffing levels required by the Final Rule until October 1, 2034. H.R. 1 left intact the Medicaid Institutional Payment Transparency provisions of the rule. Therefore, DHCS and HCAI require ongoing resources to continue implementing the Medicaid Institutional Payment Transparency requirements which remain the law of the land and must be implemented no later than June 21, 2028, at the risk of jeopardizing federal Medicaid funding.

Medicaid Institutional Payment Transparency

The Final Rule requires state Medicaid agencies to calculate, report, and publish the percentage of Medicaid payments for services in Skilled Nursing Facilities (SNFs) and ICFs/IIDs that are spent on compensation for direct care workers and support staff across both the Fee-for-Service (FFS) and Managed Care delivery systems no later than June 21, 2028.

Pursuant to Health and Safety Code (HSC) section 128730, HCAI is the single state agency designated to collect health facility data for use by all state agencies. California currently collects SNF cost data through HCAI's LTC Financial Reporting System. Financial data from SNFs are reported to HCAI on the Long-Term Care Facility Integrated Financial Disclosure and Medi-Cal Cost Report. This single report satisfies two separate reporting requirements with HCAI forwarding data to DHCS for Medi-Cal purposes. Statute exempts ICF/IIDs from reporting to HCAI. Instead, ICF/IID cost reports are collected directly by DHCS.

The SNF and ICF/IID cost reports currently collect labor cost information. However, the data currently reported does not include most of the detail required to meet the new CMS Long-Term Care Facilities Medicaid Institutional Payment Transparency requirements and requires changes to currently collected data and definitions.

Facility cost reports are audited by DHCS and leveraged for rate-setting by the Medi-Cal program. However, audited SNF cost report information and ICF/IID cost report information are not currently stored in a central data environment.

The Medicaid Institutional Payment Transparency provisions will drive new significant ongoing workload for DHCS to design and maintain new centralized data flows for LTC labor cost information, perform the required financial calculations, report information to CMS, and maintain new public facing websites. Furthermore, DHCS may have additional workload during initial implementation to, in collaboration with HCAI, update current data collection systems and align state regulations and guidance with new technical definitions and requirements under the Final Rule.

B. Justification

DHCS proposes for the FFSRDD to act as the lead program division responsible for implementing and maintaining the new Medicaid Institutional Payment Transparency requirements for both the FFS and Managed Care delivery systems. The FFSRDD LTC Rates Section is experienced working with LTC cost data for rate-setting purposes as well as reporting financial information to CMS for Upper Payment Limit demonstrations. FFSRDD will additionally be supported by the PDRD, HIMD, Quality Population Health Management, and Audits & Investigation (A&I) FRID.

FFSRDD (Ongoing funding for 3 existing Permanent Positions)
1 RDS II
1 RD Sup II
1 RS III

1 RDS II
The RDS II will independently perform the most complex financial calculations for the LTC Workforce Section, develop new standardized research data methodologies and guidelines for use by the section, and respond to urgent ad-hoc research requests. Furthermore, the RDS II will expand FFSRDD's current ability to leverage Managed Care data, as the Medicaid Institutional Payment Transparency will require data to be synthesized across both delivery systems.

1 RD Sup II
The RD Sup II will have supervisory responsibility in charge of the new LTC Workforce Section and will directly supervise the requested RS III, RDS II, as well as a Health Program Specialist and Research Data Analyst (RDA) II shifted from the LTC Rates Section.

The RD Sup II will manage the development and operations of cost report information flow and financial calculations necessary for the Medicaid Institutional Payment Transparency requirements. The RD Sup II will act as the Department-wide "program owner" and central point of internal coordination between HCAI, A&I, PDRD, and HIMD.

1 RS III
The RS III will plan, organize, and direct complex economic, statistical, and demographic analysis of labor and workforce data to certify accurate reporting under the Medicaid Institutional Payment Transparency provisions. The RS III will function as a labor economics subject matter experts (SME) to inform the development and continuous maintenance of labor cost reporting definitions and methodologies to support the utilization of data for program decision making.

FRID (Ongoing funding for 2 existing Permanent Positions)
2 HPA IV

The 2 HPA IVs will provide consultation based on cost report audit experience of the SNFs and Intermediate Care Facility for the Developmentally Disabled provider population. The HPA IV will work closely with HCAI and FFSRDD to update cost reports, audit reports and audit procedures to provide the data necessary to comply with the CMS Final Rule. On an ongoing basis, HPA IVs will act as SME across approximately 300 annual LTC audits to support the consistent application of the labor cost definitions, enable uniform reporting of labor cost information to FFSRDD, and support increased provider inquires related to the new reporting requirements.

HIMD (One-year funding for 1 existing Permanent Position)
1 ITS II

The ITS II will collect and document all requirements that are necessary for the public reporting dashboard, oversight of technology solutions for business process reengineering, prepare and maintain data for loading into data cubes, prepare data visualization for the webpage, and perform quality assurance for data that are input onto the visualization.

PDRD (Ongoing funding for 1 existing Permanent Position)
1 RDS III

The RDS III in the Managed Care Plan Data Support Branch will lead identification of populations/data in DHCS data warehouse, create first line data checks, and create proof of concepts for modeling purposes.

QHED (Ongoing funding for 1 existing Permanent Position)
1 NC III Specialist

The NC III Specialist will provide clinical expertise, consultation, review, and technical assistance related to workforce requirements established by the Final Rule and drive strategic alignment with LTC quality efforts across the department, including DHCS's SNF Accountability Sanctions Program (SNF ASP). The NC III will be the liaison between California Department of Public Health's (CDPH) staffing audits and DHCS quality initiatives related to LTCs. The CDPH Staffing Audits Program is conducted through an interagency agreement with DHCS to support program integrity in the Medi-Cal program. This role includes facilitating meetings to update cross-divisional DHCS partners on CDPH workforce audits and the SNF ASP. The NC III will lead the identification of evidence-based, clinical quality measures and performance targets related to LTC workforce, including identifying gaps in measures as well as recommending appropriate data sources and strategies in partnership with CDPH and DHCS teams. The NC III will lead stakeholder engagement with managed care plans (MCP), LTC facilities, professional organizations, and advocacy groups as it pertains to quality measurement and LTC workforce.

FFSRDD Contract (One-Year Limited-Term)
$1,000,000 ($500,000 LTC QAF; $500,000 FF) in FY 2026-27

DHCS requests $1,000,000 contract resources in FY 2026-27 to support, in partnership with HCAI, operational updates to existing LTC facility cost reporting processes, developing, and updating comprehensive technical documentation for providers, and to support stakeholder engagement on the implementation of the new requirements with over 1,000 LTC facilities. To implement system changes in a timely manner, DHCS requests provisional language in the Budget Act to exempt the contract resources from review by the Department of General Services.

HCAI Office of Information Services (Ongoing funding for 3 existing Permanent Positions)
1 Health Program Audit Manager (HPAM I)
1 HPA IV
1 HPA III

HCAI will have significant new and ongoing workload to meet the requirements of the LTC Facilities and Medicaid Institutional Payment Transparency Final Rule. HSC 128760 requires HCAI to maintain systems of health facility accounting and auditing. This includes a uniform chart of accounts, definitions, and reporting requirements which all SNFs must follow, which are detailed in the Accounting and Reporting Manual for California Long-Term Care Facilities, Second Edition (Manual), incorporated by reference in California Code of Regulations, Title 22, Section 97019. The system of auditing requires a desk audit of each report submitted to verify completeness, correctness, reasonableness, and compliance with the Manual requirements. HSC 128765 requires the reports to then be published to HCAI's website, requires HCAI to compile and publish summaries of individual and aggregate data, and establish a public liaison function to provide technical assistance to the general public on uses and application of the individual and aggregate data. Without the necessary positions, HCAI cannot implement the changes necessary for SNFs to report the necessary information, or to continue the ongoing statutory requirements of auditing and providing data to the general public.

1 HPAM I
The HPAM I position will oversee the work necessary to implement and maintain the accounting, auditing, and public liaison functions for the additional data required. Currently there is only one HPAM I supervising the efforts of ten professional staff, and therefore it is not feasible to absorb this

additional workload. The HPAM I will also act as a subject matter expert on the additional data fulfilling some of the function of public liaison.

1 HPA IV
The HPA IV will work closely with DHCS to identify changes to the report to collect the necessary information, make modifications to the accounting system as set forth in the Manual through the promulgation of regulations, and develop desk audit procedures to verify completeness, correctness, reasonableness, and compliance with the Manual requirements. On an ongoing basis, the HPA IV will maintain the auditing parameters and procedures, perform final reviews of audit reports prepared by staff auditors prior to issuance of the final audit, and provide additional liaison function to the general public as well as staff and leadership throughout HCAI.

1 HPA III
HCAI also requires 1 HPA III to perform the workload on an ongoing basis of desk auditing the additional required data to verify it is complete, consistent with the rest of the currently reported data, reasonable, and complies with the regulatory requirements specified in the Manual. Additionally, they will provide technical support to SNFs on how to properly account for and report the additional required information.

C. Departmentwide and Statewide Considerations

This proposal supports the California Health & Human Services Agency (CalHHS) guiding principle of "Use Data to Drive Action" by providing greater transparency into SNF financial data, which would in turn provide policy makers and regulating agencies necessary data to drive changes. Additionally, this proposal aligns with the CalHHS's strategic priority of "Improving the Lives of California's Most Vulnerable." SNFs are responsible for the care of the elderly and sick population in California. Providing increased transparency into how SNFs are spending their money, in turn allows for consumers including low-income Californians, to make more informed choice about where they can get the highest quality care.

This proposal also is consistent with and supports the federal nursing home reform initiative to affirm safe and quality care in LTC facilities. DHCS' commitments and strategic vision to provide equitable access to quality health care leading to a healthy California for all.

- Improve the consumer experience so individuals can easily access high-quality care when they need it, and in all stages of life.

- Improve and maintain overall health and well-being through effective prevention and invention by addressing quality, population health, and outcomes across systems of care.

- Develop effective, efficient integrated, and sustainable health care delivery systems by utilizing payment strategies to drive improved quality and outcomes, and through effective oversight.

- Maintain effective, open communication and engagement with the public, DHCS partners, and other stakeholders.

- Be prudent, responsible fiscal stewards of public resources by leveraging DHCS' role to drive improvements in quality and efficiency.

Furthermore, this proposal supports HCAI's goals to "Deliver Valuable Public Service" and "Maximize Operational Efficiency and Effectiveness Through Innovation" by providing the capability to collect and report healthcare data using an existing reporting platform to inform healthcare policymakers and create public transparency.

If approved, this request will provide needed resources to support both Department's ability to maintain compliance with state and federal regulations, securing federal matching funds for state expenditures.

D. Outcomes and Accountability

Projected Outcomes

Workload Measure	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
SNF data reports collected from the LTC facilities, contractor, MCP, and other sources.	1,000 hours	1,000 hours	1,000 hours	1,000 hours	1,000 hours	1,000 hours
Develop and implement a new reporting system for labor-related costs.	1,000 hours	1,000 hours	1,000 hours	1,000 hours	1,000 hours	1,000 hours
Responsible for formulating and administering methodologies, policies, and programs.	900 hours	900 hours	900 hours	900 hours	900 hours	900 hours
Responsible for economic and demographic research and factors related to social and economic trends and inequalities.	300 hours	300 hours	300 hours	300 hours	300 hours	300 hours
Plan, organize, and direct complex studies. Monitor reports/assess progress.	2,000 hours	2,000 hours	2,000 hours	2,000 hours	2,000 hours	2,000 hours
Convene and engage with other DHCS divisions including Capitated Rates Development Division, PDRD, and HIMD on reporting and programmatic activities.	1,550 hours	1,550 hours	1,550 hours	1,550 hours	1,550 hours	1,550 hours
Develop and maintain tools and methodologies used to analyze and evaluate reimbursement rates and utilization.	800 hours	800 hours	800 hours	800 hours	800 hours	800 hours
Perform annual rate updates based on changes to Medicare rates, biannually update the data elements of Medi-Cal estimate policy changes.	800 hours	800 hours	800 hours	800 hours	800 hours	800 hours
Conduct rate studies and development.	600	600	600	600	600	600
Formulate and draft reimbursement policies and associated back-up documentation required for federal approval.	850 hours	850 hours	850 hours	850 hours	850 hours	850 hours

Workload Measure	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Perform complex research and analyze federal and state laws to advise the department and Agency/Governor's Office and provide ongoing compliance advice to program staff.	500 hours	500 hours	500 hours	500 hours	500 hours	500 hours
Draft, review, and revise necessary federal Medicaid authorities, including Waivers or State Plan Amendments (SPA).	2,500 hours	2,500 hours	2,500 hours	2,500 hours	2,500 hours	2,500 hours
Conduct collaboration meeting with other agencies, industry associations, advocacy groups, internal/external stockholders, LTC facilities and MCPs.	1,600 hours	1,600 hours	1,600 hours	1,600 hours	1,600 hours	1,600 hours
Work with HCAI and Community Residential Treatment Systems to redesign the SNF and ICF Developmentally Disabled Habilitative/Nursing (DDH/N) cost reports to collect the data necessary for transparency	3,000 hours	3,000 hours	3,000 hours	3,000 hours	3,000 hours	3,000 hours
Planning and design of new workloads related to needs assessment – research documents, policies, and quality measures related to workforce.	250 hours	250 hours	250 hours	N/A	N/A	N/A
Respond to sensitive stakeholder questions, including research.	500 hours	500 hours	500 hours	500 hours	500 hours	500 hours
Facilitate external stakeholder meetings	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
Correspondence with MCPs and facilities on measurement requirements and get feedback on any potential changes to measures.	N/A	300 hours	300 hours	300 hours	300 hours	300 hours
Establish and update operational procedures, review tools, and various tracking systems.	200 hours	100 hours	100 hours	100 hours	100 hours	100 hours
Develop and maintain reporting regulation requirements.	1	1	1	1	1	1

Workload Measure	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31
Develop and maintain HCAI's audit program.	1	1	1	1	1	1
Develop, test, and maintain HCAI's information technology systems and specifications.	1	1	1	1	1	1
Report desk audits of additional data completed.	1,440	1,440	1,440	1,440	1,440	1,440
Desk audit final audit reviews completed.	1,440	1,440	1,440	1,440	1,440	1,440
Technical assistance provided to public data users.	130	130	130	130	130	130

E. Implementation Plan

Upon approval of this proposal, both DHCS and HCAI impacted divisions will initiate the necessary steps to secure the positions with start dates of July 1, 2026. All positions will be recruited and filled according to DHCS' and HCAI's standard recruitment processes, which are outlined in both internal DHCS-produced and external California Department of Human Resources-produced policies, procedures, and requirements for hiring qualified state staff.

Development of data standards and regulations will commence upon HCAI positions being filled with adoption of regulations by FY 2026-27. Simultaneously, modifications and development of audit systems and programs will be also completed in FY 2026-27. Ongoing collection, desk audit, and general public liaison functions will also commence in FY 2026-27.

F. Supplemental Information

- Attachment A: Workload Standards
- Attachment B: Fiscal Detail Sheet

Proposed Provisional Language for Item 4260-001-3213

4260-001-3213
(a) Of the funds appropriated in this item, $1,208,000 shall be available to support healthcare data reporting related to new federal regulations promulgated by the Centers for Medicare and Medicaid Services, including the Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Final Rule. These funds shall only be available to the extent the relevant federal regulations remain operative.

(b) Of the amount appropriated in Provision 2(a), $500,000 are contract resources to be used to support the implementation of necessary system changes. Contracts entered into or amended pursuant to this provision, through June 30, 2026, shall be exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and the State Administrative Manual, and shall be exempt from review or approval of any division of the Department of General Services.

G. Workload Standards

WORKLOAD STANDARDS
Fee-for-Service Rates Development Division
1 Research Data Specialist II
805-780-5758-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Independently conduct and review complex analyses and computations of Medi-Cal SNF rates, using advanced statistical methods, computer processing skills, and expert judgment. Interpret and generate findings of projected impacts of proposed federal and state legislation and regulations, program issues, and Medi-Cal rate development policies. Analyze highly complex and technical program issues and recommend effective action. Provide analysis of the pros and cons of the policy, develops innovative alternative solutions to present to upper management. Advise management on the findings related to the assigned area of research that affect the Medi-Cal program.	45	10	450
Develop procedures and reports related to SNF rate-setting methodologies. Set rates for the following facility types: Freestanding Nursing Facility, Level-B, Freestanding Adult Subacute Nursing Facility, Level-B, Freestanding Pediatric Subacute Facility and Distinct Part Pediatric Subacute Facility. Independently compile, analyze, and conduct research studies to evaluate Medi-Cal utilization rates, utilizing a variety of database warehouses. Evaluate and verify the accuracy, adequacy, and equivalence of proposed rates and monitors internal rate-setting methods and standards to comply with development policies and procedures. Design procedures and reports related to Medi-Cal SNF rate-setting methodologies.	45	10	450
Develop and draft budget documents, and proposed Medi-Cal policy changes for the purposes of the Medi-Cal Estimate based on utilization, cost data, and rate projections. Conduct studies and analyses.	45	10	450
Provide expert consultative services to program staff, control agency staff, federal government staff, and other interested parties in the rate-setting process by independently interpreting research findings and disseminating information both orally and in writing through reports and publication using both narrative and graphic materials such as tables, charts, and graphs. Represent the Department in meetings with provider representatives and other agencies. Make presentations on policy and techniques as required.	45	10	450
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS

Fee-for-Service Rates Development Division
1 Research Data Supervisor II
805-780-5737-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Supervise RDS or RDA and direct the section's development implementation and analysis of policy issues related to LTC rate studies.	36	10	360
Supervise and direct the section's analyses of policy issues related to the development, implementation, and monitoring of new facility-specific rate of reimbursement to providers of LTC.	36	10	360
Work with the Office of Legal Services on legal issues and oversee the development of regulations associated with LTC rates and policies.	36	10	360
Respond to inquiries from legislators, control agency staff, and others for information on LTC policy and procedure issues.	36	10	360
Consult with and advise department program staff and management on assigned areas of responsibility, including oversight of the development of legislative analyses and drill responses.	36	10	360
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

1 Research Scientist III
805-780-5605-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Develop Medi-Cal FFS rates for LTC facilities including, but not limited to: designing and testing computer programs, statistical analysis systems, and spreadsheet applications. Maintain databases, review and analyze cost reports, utilization, and audit data, and apply economic projections and audit adjustments to cost data.	36	10	360
Prepare technical reports describing the methodology, findings, conclusions, and rate determinations of reimbursement studies, including preparation of supporting tables, graphs, charts, and financial estimates.	36	10	360
Conduct studies to determine the cost of new mandates that impact LTC provider costs.	36	10	360
Conduct studies to develop new methodologies for new programs. Developing and generating SPA and Regulation change packages.	36	10	360
Consult and coordinate with departmental staff, control agency, and federal government staff, as well as provider representatives, organized labor, non-profit professional associations, and consumer advocates on the rate-setting process.	36	10	360
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Financial Review Inpatient Division
1 Health Program Auditor IV

806-214-4249-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Consulting and coordinating with HCAI and FFSRDD on the data needs and possible revisions to the MC530 LTC Integrated Disclosure Report and Medi-Cal Cost Report to capture necessary data to comply with CMS Final Rule	1	100	100
Consulting and coordinating with A&I Cost Reporting Tracking Section and FFSRDD on the data needs and possible revisions to the DHCS 3096 ICF-DDH/N Cost Report to capture necessary data to comply with CMS Final Rule	1	250	250
Prepare Audit Programs and Guidelines regarding procedures to capture data to comply with CMS Final Rule for incorporation into current audit procedures	2	150	300
Prepare audit report schedules for new audit procedures	4	25	100
Provide training to audit staff on new audit procedures	8	25	200
Review division work product to verify quality and accuracy of data submitted to FFSRDD	30	5	150
Provide consultation to FFSRDD on audit data experience with LTC Providers	20	5	100
Provide expertise as SMEs to FRID audit staff as questions/clarifications are needed based on data received from providers	20	5	100
Provide quality review on new audit function	900	0.5	450
Consult with FFSRDD with yearly results	1	50	50
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Financial Review Inpatient Division
1 Health Program Auditor IV
806-203-4249-XXX

Permanent

Activities	Number of Items	Hours per Item	Total Hours
Consulting and coordinating with HCAI and FFSRDD on the data needs and possible revisions to the MC530 LTC Integrated Disclosure Report and Medi-Cal Cost Report to capture necessary data to comply with CMS Final Rule	1	100	100
Consulting and coordinating with A&I Cost Reporting Tracking Section and FFSRDD on the data needs and possible revisions to the DHCS 3096 ICF-DDH/N Cost Report to capture necessary data to comply with CMS Final Rule	1	250	250
Prepare Audit Programs and Guidelines regarding procedures to capture data to comply with CMS Final Rule for incorporation into current audit procedures	2	150	300
Prepare audit report schedules for new audit procedures	4	25	100
Provide training to audit staff on new audit procedures	8	25	200
Review division work product to verify quality and accuracy of data submitted to FFSRDD	30	5	150
Provide consultation to FFSRDD on audit data experience with LTC Providers	20	5	100
Provide expertise as SMEs to FRID audit staff as questions/clarifications are needed based on data received from providers	20	5	100
Provide quality review on new audit function	900	0.5	450
Consult with FFSRDD with yearly results	1	50	50
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

<u>WORKLOAD STANDARDS</u>
Health Information Management Division
One-year Funding Authority for 1 Information Technology Specialist II
803-395-1414-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Triage incoming dashboard/visualization requests	12	15	180
Meet with requesters to understand business needs and develop requirements	12	60	720
Prepare and maintain data marts and data cubes	4	125	500
Perform data refreshes to existing dashboard	4	40	160
Conduct ongoing quality assurance of data being used for the dashboard	24	10	240
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Program Data Reporting Division
1 Research Data Specialist III
803-397-5770-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Perform as data steward and understand all incoming dashboard/visualization requests	12	15	180
Develop meeting requirements with program areas to develop business needs and address programmatic requirements	12	60	720
Prepare and maintain data proof of concepts	4	120	480
Create new data quality measures	4	45	180
Conduct ongoing steward assurance of programs that data being used for the reports, dashboards, and public reporting	24	10	240
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Quality and Health Equity Division
1 Nurse Consultant III Specialist
803-097-8181-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Provide clinical consultation and oversight for activities related to quality and workforce measure development, performance targets and quality improvement.	50	15	750
Act as a SME to stakeholders – internal and external (LTC facilities, MCPs, other stakeholders).	20	11.5	230
Communicate with CDPH, Workforce & Quality Incentive Program, and other partners on LTC workforce monitoring; includes facilitating stakeholder meetings	50	4	200
Provide professional guidance in the development of policy related to workforce and quality measure collection and assessment. Assist in developing, planning, and revising related policies.	51	4	204
Provide clinical expertise, consultation, and review to programs administering and stakeholders implementing established policies.	52	4	208
Participate in routine internal meetings with other DHCS units/divisions.	52	4	208
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Department of Health Care Access and Information
Office of Information Services, Enterprise Data Operations Branch
1 Health Program Audit Manager I
507-4247-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Supervision: Plan, organize, supervise, and direct the activities of professional staff in the collection and desk audit of approximately 1,400 long-term care facility disclosure reports containing the additionally required data to assure compliance with requirements. Monitor staff production and provide ongoing feedback.	1	1,200	1,200
Develop and Maintain Audit Program: Provide direction and review the development, implementation, monitoring, evaluation, and maintenance of the highly specialized, complex, and comprehensive compliance audit program for California long-term care facilities to collect and review the additional data, updating annually for data trends and prior audit findings.	1	240	240
Develop, Test, and Maintain Information Technology Systems and Specifications: Provide direction and review the development, testing, implementation, and maintenance of edit specifications and parameters, output report and data product formats and specifications for the web-based electronic reporting and auditing system. Review documentation for information technology staff related to all system changes, and oversee acceptance testing, system integration, and system implementation to verify timely completion.	1	240	240
Technical Support: Interacts with long-term care facility representatives, industry organizations, legislative staff, State and Federal agencies, consulting firms, attorneys, media, patient advocacy groups, labor organizations, researchers, other HCAI staff, and the general public on the most sensitive health program audit, compliance, accounting, reporting, and data issues on the new financial and statistical data usage.	30	4	120
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Department of Health Care Access and Information
Office of Information Services, Enterprise Data Operations Branch
1 Health Program Auditor IV
507-4249-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Final Audit Review: Perform final review of staff audit notes and adjustments on additional data to verify compliance with desk auditing guidelines, policies, and procedures.	1,400	.5	700
Develop and Maintain Audit Program: Develop, implement, monitor, evaluate, and maintain the highly specialized, complex, and comprehensive compliance audit program for California long-term care facilities to collect and review the additional data, updating annually for data trends and prior audit findings.	1	480	480
Develop, Test, and Maintain Information Technology Systems and Specifications: Develop, test, implement, and maintain edit specifications and parameters, output report and data product formats and specifications for the web-based electronic reporting and auditing system. Prepares documentation for information technology staff related to all system changes, and assists with acceptance testing, system integration, and system implementation.	1	500	500
Technical Support: Interacts with long-term care facility representatives, industry organizations, legislative staff, State and Federal agencies, consulting firms, attorneys, media, patient advocacy groups, labor organizations, researchers, other HCAI staff, and the general public on the most complex health program audit, compliance, accounting, reporting, and data issues on the new financial and statistical data usage.	60	2	120
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

WORKLOAD STANDARDS
Department of Health Care Access and Information
Office of Information Services, Enterprise Data Operations Branch
1 Health Program Auditor III
507-4252-XXX
Permanent

Activities	Number of Items	Hours per Item	Total Hours
Desk Audit Additional Report Data: Analyze each report, identifying possible accounting and reporting errors. Communicate with long-term care facility financial officers, consultants, and Certified Public Accountants regarding the resolution of issues and advising them of compliance requirements. Documenting in working papers all items and resolution, ensuring any necessary revisions are made to the report.	1,440	1	1,440
Test Information Technology Systems: Assist in ongoing testing of edit specifications and parameters, output report and data product formats for the web-based electronic reporting and auditing system.	1	280	280
Technical Support: Advise public data users of the technical aspects of the new financial and statistical data usage.	40	2	80
Total hours worked			**1,800**
1,800 hours = 1 Position			
Actual number of Positions requested			**1**

H. BCP Fiscal Detail Sheet

BCP Title: Long-Term Care Payment Transparency Final Rule Extension

BR Name: 4260-074-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Salaries and Wages Earnings - Permanent	0	782	782	782	782	782
Salaries and Wages Earnings - Temporary Help	0	123	0	0	0	0
Total Salaries and Wages	**$0**	**$905**	**$782**	**$782**	**$782**	**$782**
Total Staff Benefits	0	456	394	394	394	394
Total Personal Services	**$0**	**$1,361**	**$1,176**	**$1,176**	**$1,176**	**$1,176**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	32	28	28	28	28
5302 - Printing	0	16	14	14	14	14
5304 - Communications	0	16	14	14	14	14
5320 - Travel: In-State	0	24	21	21	21	21
5322 - Training	0	8	7	7	7	7
5324 - Facilities Operation	0	72	63	63	63	63
5340 - Consulting and Professional Services - External	0	1,000	0	0	0	0
5344 - Consolidated Data Centers	0	8	7	7	7	7
Total Operating Expenses and Equipment	**$0**	**$1,176**	**$154**	**$154**	**$154**	**$154**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$2,537**	**$1,330**	**$1,330**	**$1,330**	**$1,330**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 0890 - Federal Trust Fund	0	1,329	726	726	726	726
State Operations - 3213 - Long-Term Care Quality Assurance Fund	0	1,208	604	604	604	604
Total State Operations Expenditures	**$0**	**$2,537**	**$1,330**	**$1,330**	**$1,330**	**$1,330**
Total All Funds	**$0**	**$2,537**	**$1,330**	**$1,330**	**$1,330**	**$1,330**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3960010 - Medical Care Services (Medi-Cal)	0	2,537	1,330	1,330	1,330	1,330
Total All Programs	**$0**	**$2,537**	**$1,330**	**$1,330**	**$1,330**	**$1,330**

Personal Services Details

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
TH00 - Temporary Help (LT Term Exp. 06-30-2027)	0	123	0	0	0	0
VR00 - Various	0	782	782	782	782	782
Total Salaries and Wages	**$0**	**$905**	**$782**	**$782**	**$782**	**$782**

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150350 - Health Insurance	0	219	189	189	189	189
5150600 - Retirement - General	0	237	205	205	205	205
Total Staff Benefits	**$0**	**$456**	**$394**	**$394**	**$394**	**$394**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$1,361**	**$1,176**	**$1,176**	**$1,176**	**$1,176**

Attachment B

BCP Title: Long-Term Care Final Rule Extension

BR Name: 4140-040-BCP-2026-GB

Budget Request Summary

Personal Services

Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Salaries and Wages Earnings - Permanent	0	285	285	285	285	285
Total Salaries and Wages	**$0**	**$285**	**$285**	**$285**	**$285**	**$285**
Total Staff Benefits	0	163	163	163	163	163
Total Personal Services	**$0**	**$448**	**$448**	**$448**	**$448**	**$448**

Operating Expenses and Equipment

Operating Expenses and Equipment	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5301 - General Expense	0	65	65	65	65	65
5320 - Travel: In-State	0	9	9	9	9	9
5322 - Training	0	3	3	3	3	3
5324 - Facilities Operation	0	42	42	42	42	42
5346 - Information Technology	0	30	30	30	30	30
Total Operating Expenses and Equipment	**$0**	**$149**	**$149**	**$149**	**$149**	**$149**

Total Budget Request

Total Budget Request	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Budget Request	**$0**	**$597**	**$597**	**$597**	**$597**	**$597**

Fund Summary

Fund Source

Fund Source	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
State Operations - 0143 - California Health Data and Planning Fund	0	597	597	597	597	597
Total State Operations Expenditures	**$0**	**$597**	**$597**	**$597**	**$597**	**$597**
Total All Funds	**$0**	**$597**	**$597**	**$597**	**$597**	**$597**

Program Summary

Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3855 - Health Care Information and Quality Analysis	0	538	538	538	538	538
3860 - Administration	0	59	59	59	59	59
Total All Programs	**$0**	**$597**	**$597**	**$597**	**$597**	**$597**

Personal Services Details

Salaries and Wages

Salaries and Wages	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
VR00 - Various	0	285	285	285	285	285
Total Salaries and Wages	**$0**	**$285**	**$285**	**$285**	**$285**	**$285**

Staff Benefits

Staff Benefits	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
5150900 - Staff Benefits - Other	0	163	163	163	163	163
Total Staff Benefits	**$0**	**$163**	**$163**	**$163**	**$163**	**$163**

Total Personal Services

Total Personal Services	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
Total Personal Services	**$0**	**$448**	**$448**	**$448**	**$448**	**$448**