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

Fiscal Year	**Business Unit Number**	**Department**
FY 2026-27	4260	Health Care Services

Hyperion Budget Request Name	**Relevant Program or Subprogram**
4260-068-BCP-2026-GB	3960010

Budget Request Title
Ensuring Access to Medicaid Services (Access Rule)

Budget Request Summary
The Department of Health Care Services (DHCS), requests one-year limited-term (LT) resources equivalent to 7 positions, four-year LT resources equivalent to 15 positions, and expenditure authority of $7,275,000 ($1,788,000 General Fund (GF); $5,487,000 Federal Fund (FF)) in fiscal year (FY) 2026-27 and $5,336,000 ($1,497,000 GF; $3,839,000 FF) in FY 2027-28 through FY 2029-30 to continue to support DHCS' ability to meet all federal and state requirements related to the Ensuring Access to Medicaid Services Final Rule (federal Centers for Medicare & Medicaid Services (CMS)-2442-F), known as the "Access Rule", which was released in April 2024. In addition, DHCS requests four-year LT funding authority for 15 positions made permanent in 4260-303-BCP-2025-MR "Medicaid Managed Care, Access, and Eligibility Final Rules."

Requires Legislation (submit required legislation with the BCP)	**Code Section(s) to be Added/Amended/Repealed**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**

A. Problem Statement

The Department of Health Care Services (DHCS), requests one-year limited-term (LT) resources equivalent to 7 positions, four-year LT resources equivalent to 15 positions, and expenditure authority of $7,275,000 ($1,788,000 General Fund (GF); $5,487,000 Federal Fund (FF)) in fiscal year (FY) 2026-27 and $5,336,000 ($1,497,000 GF; $3,839,000 FF) in FY 2027-28 through FY 2029-30 to continue to support DHCS' ability to meet all federal and state requirements related to the Ensuring Access to Medicaid Services Final Rule (federal Centers for Medicare & Medicaid Services (CMS)-2442-F), known as the "Access Rule", which was released in April 2024. In addition, DHCS requests four-year LT funding authority for 15 positions made permanent in 4260-303-BCP-2025-MR "Medicaid Managed Care, Access, and Eligibility Final Rules."

Division	Positions Requested
Data Analytics Division (DAD): Four-year LT resources equivalent to 1 Position Effective 7/1/2026	• 1 Research Scientist (RS) IV
Fee-For-Service Rates Development Division (FFSRDD): Four-year LT resources equivalent to 3 Positions Effective 7/1/2026	• 3 Research Data Specialist (RDS) II
Information Technology Strategy Services Division (ITSSD): One-year LT resources equivalent to 4 positions Effective 7/1/2026	• 4 Information Technology Specialist (ITS) II
Integrated Systems of Care Division (ISCD): Four-year LT resources equivalent to 7 Positions Effective 7/1/2026	• 1 Supervisor II • 1 Supervisor I • 2 Health Program Specialist (HPS) I • 3 Analyst II
Medi-Cal Enterprise Systems Modernization Division (MESMD): One-year LT resources equivalent to 3 positions Effective 7/1/2026	• 1 Information Technology Manager (ITM) I • 2 ITS II
Office of Communications (OC): Four-year LT resources equivalent to 1 Position Effective 7/1/2026	• 1 Supervisor I
Office of Legal Services (OLS): Four-year LT resources equivalent to 1 Position Effective 7/1/2026	• 1 Attorney III
Program Data Reporting Division (PDRD): Four-year LT resources equivalent to 2 Positions Effective 7/1/2026	• 1 RDS III • 1 RDS II

Contracts				
Division	**Description**	**Effective Start Date**	**Duration**	**Total Contract Amount**
ITSSD	Project Management Support Services (PMSS)	7/1/2026	1-Year	$500,000
ITSSD	California Department of Technology (CDT) Project Approval Lifecycle (PAL) Oversight	7/1/2026	1-Year	$131,000
Total				**$631,000**

The Access Rule takes a comprehensive approach to improving access to care, quality, and health outcomes, and addressing health equity in Medicaid. The federal government's historic investment in Medicaid Home and Community Based Services (HCBS) directly aligns with DHCS' commitment to expanding and improving the quality of, and access to, Medi-Cal's home-and community-based Long-Term Services and Supports (LTSS) system of care; as well as the state's

values of inclusion, equity, and advancing the health and well-being of some of the state's most vulnerable residents. Additionally, CMS released guidance that states that receive federal funds through the Money Follows the Person (MFP) Rebalancing Demonstration, which includes California, are required to follow an accelerated implementation timeline for certain aspects of the Access Rule.

DHCS is the single state agency responsible for administering the Medi-Cal Program. As such, DHCS is responsible for the policy and program development and oversight of 18 HCBS programs designed to offer Long-Term Care (LTC) services and support to elderly and disabled individuals in community settings, as an alternative to institutional care.

HCBS programs provide Medi-Cal-eligible frail seniors and persons with disabilities with services that allow them to live in their own homes or community-based settings as appropriate instead of receiving care in institutional settings including, hospitals, nursing homes, intermediate care facilities for the Developmentally Disabled (DD) or institutions for mental disease. DHCS administers multiple programs under the authority of 1915(c) waivers, in partnership with other California Health and Human Services (CalHHS) Agency state departments, as well as State Plan options that target specific subpopulations of Medi-Cal recipients, including the Home and Community-Based Alternatives Waiver, Assisted Living Waiver, In-Home Supportive Services (IHSS) program, DD Services Waiver, Self Determination Program Waiver, HCBS-DD State Plan Option, Multi-Purpose Senior Services Program Waiver, and the Medi-Cal Waiver Program Waiver.

With current staffing resources, DHCS is unable to address the new federal requirements, which include implementing and operating a statewide critical incident management system; new transparency and consultation requirements for Fee-for-Service (FFS) provider payment rates; and a new regulatory framework that requires DHCS to report on quality measures from a nationally standardized quality measure set (QMS). Furthermore, DHCS will be required to report on quality, performance, and compliance measures on an ongoing basis.

DHCS previously received one-time funding for a limited number of positions to begin implementing requirements due by 2026. At the time, it was uncertain whether the federal rule would remain in place, leading to a cautious funding approach. However, in the most recent version of the federal Consolidated Budget, known as House Resolution 1, while Congress included a moratorium on several federal Medicaid final rules, Congress did not include a moratorium on the Access Rule. As a result, ongoing resources are required to retain the initially approved positions and to sustain compliance, monitoring, and stakeholder engagement beyond 2026. In addition, to meet the long-term obligations with rolling deadlines, DHCS requires further investments in staff and infrastructure now and in subsequent funding years.

DHCS' inability to meet the new federally mandated requirements could jeopardize current and future federal funding. Identified risks potentially include the inability to develop and operationalize program policy and processes to address the evolving needs of participants and providers; meet requirements to maintain a statewide critical incident tracking system; develop and implement required continuous quality improvement plans; develop and utilize common, evidence-based metrics; maintain public and provider resources; fulfill federal benchmarks and performance measures, etc.

B. Justification

DHCS oversees, operates, and monitors compliance, and investigates complaints/grievances of comprehensive health care delivery systems for vulnerable populations eligible for various programs, including but not limited to, the California Children's Services Program, Health Care Program for Children in Foster Care, Genetically Handicapped Persons Program, and other programs serving populations, predominantly children, with complex chronic health conditions.

Additionally, DHCS is responsible for developing, implementing, managing, monitoring, auditing, and evaluating innovative LTSS programs that integrate service delivery and consolidate funding sources. This includes the Program of All-Inclusive Care for the Elderly, and the MFP federal grant project and supporting the implementation of DHCS' California Advancing and Innovating Medi-Cal (CalAIM) initiatives. DHCS manages, oversees, monitors compliance of the complex HCBS state plan options, waivers, and programs that enable vulnerable populations in California to receive needed care in their home or community, and is responsible for ongoing implementation and promotion of the California Partnership for LTC Insurance.

DHCS is also responsible for collaborating with sister departments that operate other HCBS programs eligible for drawing down Medicaid federal financial participation, including but not limited to HCBS authorized under sections 1915(I), (j), and (k) of the Social Security Act. For this reason, DHCS will need to work closely with representatives of multiple state departments to implement the new federal requirements.

Medicaid Advisory Committee and Beneficiary Advisory Council

42 Code of Federal Regulations (CFR) §431.12 requires states to include Medi-Cal members in designing and running Medicaid programs. DHCS is required to establish and operate a Medicaid Advisory Committee (MAC) and a Beneficiary Advisory Council (BAC) to advise states on the beneficiary experience. These requirements support the Medicaid implementational principles of bi-directional feedback, transparency, accountability, and effective member engagement.

Grievance Procedures

42 CFR §431.301(c)(7) requires states to establish a grievance process for FFS HCBS beneficiaries to submit complaints. DHCS will need to work collaboratively with sister departments to develop and implement a singular or individual electronic system(s) to capture and track grievances for all 1915(c) waiver programs, the 1915(I) HCBS-DD state plan option, and the IHSS program (under 1915 j & k authorities), none of which are currently in compliance with the requirements in the Final Rule.

Critical Incident Management

42 CFR §441.302(a)(6) establishes a minimum definition of "critical incident"; establishes minimum state performance and reporting requirements for investigation and action related to critical incidents and requires states to operate and maintain an electronic incident management system. The new requirements identify, report, triage, investigate, resolve, track, and trend critical incidents. The State will be required to plan for and implement incident management system for all six 1915(c) waiver programs, the 1915(I) HCBS-DD state plan option, the Community-Based Adult Services program (under 1115(a) authority), and the IHSS program (under 1915(j) and (k) authorities), none of which are currently in compliance with the requirements.

Person-Centered Planning

42 CFR §441.301(c)(3) requires states to demonstrate that Person-Centered Service Plans (PCSP) for every individual is reviewed, and revised as appropriate, based upon the reassessment of functional need at least every 12 months, when the individual's circumstances or needs change significantly, or at the request of the individual.

HCBS QMS

42 CFR §441.312 requires states to report every other year on the HCBS QMS and establishes a process for updating the measure set. The HCBS QMS is a set of nationally standardized quality measures for Medicaid-covered HCBS. The final rule requires that states report every other year on the elements identified in the HCBS Quality Measure Set as mandatory measures. The rule also creates a process to regularly update and maintain the required measure set. Currently, neither DHCS nor sister departments, collect any quality data necessary to fulfill this requirement.

Quality Assurance and Improvement Plan Quality Improvement (QI)

42 CFR § Section 441.474 requires states to incorporate a continuous QI process that includes monitoring, remediation, and QI, including recognizing and reporting critical incidents, as defined in § 441.302(a)(6)(I)(A), which does not exist at this time.

Reporting Requirements

42 CFR §441.311 requires states to report on a wide range of the new requirements in the Access Rule. This includes compliance reporting (Incident Management System, Grievances); Access reporting (1915(c) waitlist information, average amount of time from when services were approved to when they started being delivered); and quality reporting (HCBS QMS). The new federal requirements also include aspects of public transparency, and currently, there is no portal in place for reports to be made public/viewable. Additionally, compliance documents and reports need to be revised to be in a format presentable to the public. Additionally, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standard for public release of data, the Access Rule's required reporting must be approved as de-identified prior to public release. This requires review, analysis, and documentation of data proposed for release by individuals "with appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable" [45 CFR Section 164.514(b)(1)].

MFP Requirements

Per MFP Program Terms and Conditions (PTC) #43 and a CMS Informational Bulletin (released on April 11, 2024), certain aspects of the Access Rule will be implemented on an accelerated timeline for MFP grant recipients. California will be required to report on five mandatory measures, implement/report on a consumer survey (e.g., National Core Indicators-Aging and Disabilities, NCI-Intellectual and Developmental Disabilities, HCBS Consumer Assessment of Healthcare Providers and Systems, etc.), and develop a QI plan. The accelerated timeline requires states to report on 2025 performance data beginning in September 2026 for all 1915(c), 1915(I), 1915(j), and 1915(k) programs and any section 1115 demonstration that include HCBS.

The addition of new positions is necessary to address the new workload created by the Access Rule and to address Access Rule components with compliance deadlines set on or before July 2027. The resources will be used for ongoing efforts to address the items in the regulations outlined below.

DAD – (Four-year LT resources equivalent to 1 Position)
1 RS IV

DAD consults and liaises with DHCS programs and divisions to deliver meaningful health care information through planning, data analytics, and reporting. DAD receives requests to extract data and support data needs and reports for program performance and outcomes reporting, such as the CMS Core Set Quality Measures reporting; program utilization and monitoring data quality monitoring and management; data releases and data provisioning to support various

research efforts external to DHCS; and data de-identification for public release of publications, reports, and products delivering statistical summaries and data illustrations, data sets, data briefs, research evaluation, and data validation to support DHCS.

The new Access Rule mandates DHCS to publicly share several data reports on an ongoing basis, which will need to be approved as de-identified. Failure to allocate the requested resources may result in delays with meeting critical reporting requirements, which could result in a loss of federal funding. External data releases to the public, media, and stakeholders may be further delayed. Submission of legislatively required reports containing Medi-Cal data may be delayed and put DHCS risks being in noncompliance with the law. Other state departments that rely on DHCS data may experience delays in completing the dependent workload.

DAD is requesting one permanent position responsible for supporting the analytic needs of the program and data systems related to access to care, quality of care, and improving health outcomes for Medicaid beneficiaries across FFS and managed care delivery systems, including HCBS, provided through those delivery systems, and fulfilling the new data and reporting requirements through the accelerated MFP requirements (MFP PTC #43). This includes developing measure specifications, extracting data, planning and conducting program evaluations, developing, and monitoring technical requirements related to measurement and methods; monitoring data quality, reviewing and approving contractor reports, providing consulting/advisory support for complex measure specifications, programming best practices, and advanced analytics and administering the de-identification reviews for aggregate/public data reporting and publication. These positions are necessary to initiate work supporting Access Rule components with compliance deadlines set by or before July 2027.

1 RS IV

The RS IV will serve as a senior team member and provides direction for the development and maintenance of the data science components of a scientific research agenda focused on access to care, quality of care, and improving health outcomes for Medicaid beneficiaries across FFS and managed care delivery systems, including HCBS provided through those delivery systems. The position will use epidemiologic, biostatistical/statistical, and survey techniques and theories to plan, organize, and carry out a variety of assignments, ranging from immediately needed urgent data requests to complex long-term scientific research studies. The position will act as a resource/team lead to management and research staff for developing and conducting complex advanced research and statistical analysis. The position will lead the development and production of publication-quality data products for the public, DHCS programs, external stakeholders, and scientific journals that are transparent and easy to follow.

FFSRDD – (Four-year LT resources equivalent to 3 Positions)

3 RDS II

FFSRDD is responsible for developing and implementing Medi-Cal FFS outpatient provider rates and LTC financing policies. The addition of three permanent positions is necessary to address the new operational workload created by the Final Access Rule. The resources will be used for the significant ongoing workload to address the items in the regulations outlined below. These positions are necessary to initiate work supporting Access Rule components with compliance deadlines set by or before July 2027.

HCBS Financing Section

FFSRDD will act as the lead program division responsible for implementing and maintaining the financial analysis and reporting required by the HCBS payment adequacy and HCBS payment rate disclosure provisions of the Final Rule. In order to fulfill the new operational workload, FFSRDD is proposing to establish a new HCBS Financing Section.

FFSRDD will be responsible for calculating and reporting the total Medicaid payments spent on HCBS services, and the percentage of compensation paid for direct care workers furnishing HCBS services. FFSRDD will collaborate with Enterprise Technology Services (ETS) and Enterprise Data and Information Management (EDIM) to articulate the policy and operational requirements for the development of the data system for the collection and reporting of the HCBS provider compensation data.

FFSRDD will be required to publish a biennial report summarizing specified HCBS rates, requiring specialized data stratification and present this analysis for comment by an Interested Parties Advisory Group. FFSRDD will collaborate with EDIM on the stratification and analysis of demographic data. FFSRDD will collaborate with OC to present required rate information to the Interested Parties Advisory Group.

3 RDS II

One RDS II will independently perform the most complex financial calculations, develop new standardized research data methodologies, respond to the most urgent ad-hoc requests, act in a lead capacity to perform technical quality review of research data work, develop new standardized research data methodologies and guidelines.

Two RDS IIs will independently perform complex financial calculations for the Provider Rates Branch, develop new standardized data methodologies and guidelines for the section, data analyses, respond to the most urgent ad-hoc requests, act in a lead capacity to perform technical quality review of research data work produced by lower-level staff, develop new standardized research data methodologies and guidelines for use by lower-level staff, and train and monitor lower-level staff.

ITSSD - (One-year LT resources equivalent to 4 positions)

4 ITS II

ITSSD Enterprise Project Management Branch requests two ITS II to serve as project managers and business analysts, and one ITS II to serve as a focused business analyst to support the Access Final Rule initiatives: the electronic statewide Critical Incident Management System (42 CFR §441.302(a)(6)) and statewide Grievance System (42 CFR §431.301(c)(7)). The positions and contractors will collaborate closely with the respective DHCS teams, the California Department of Social Services (DSS) Adult Programs Division, CDT, Office of Technology and Solutions Integration (OTSI), and the California Department of Aging (CDA) to implement systems changes. One project manager will focus on governance and policy alignment, while the other will manage technical implementation. The business analyst will provide guidance and documentation to verify compliance with federal regulations and coordinate with multiple departments to meet reporting standards. DHCS will oversee existing systems to maintain federal compliance and support technology connections with other departments, though it will not cover related costs.

One project manager will be responsible for project governance, inter- and intra-departmental conversations, project reporting, and communication across various departments for the electronic statewide Critical Incident Management System (42 CFR §441.302(a)(6)) and statewide Grievance System (42 CFR §431.301(c)(7)) associated with the Access Final Rule. This role will identify and mitigate risks, align project phases with organizational goals, and coordinate the projects with DHCS programs, governance committees, stakeholders, and oversight agencies. Acting as the Subject Matter Expert (SME) and liaison, the project manager will provide status reports, oversee key meetings, and inform and align all parties for these critical efforts while enhancing collaboration across state departments such as CDA, DSS, and the California Department of Public Health (CDPH).

Additionally, another project manager will focus on the coordination of system-related changes, guiding the technical aspects of the Access Final Rule implementations and improving documentation and reporting quality through technical writing, editing, review, and diagram development. They will support the development, review, and submission of project documents to meet CDT and CalHHS reporting standards and partner with others to lead meetings that facilitate communication between project teams and stakeholders, aligning and integrating technical changes with project goals.

The ITS II Business Analyst position will provide essential guidance, business analysis, and documentation required by CDT and CalHHS for oversight reporting and support functions related to the implementation of critical statewide systems, including the electronic statewide Critical Incident Management System, Grievance System, additional reporting requirements, and quality metrics as mandated by federal regulations. This position will perform key duties such as technical writing, editing, case and diagram development, and incorporating feedback from partner departments (CDA, DDS, DSS, and CDPH). The Business Analyst will collaborate with project managers to facilitate communication between project teams and DHCS program stakeholders, lead meetings, provide status updates on oversight reporting, and verify timely submission of accurate documents. Without this position, the state risks significant delays in meeting mandated timelines and securing required project approvals, potentially impacting the successful implementation of these critical systems.

To meet the evolving demands of all federal and state requirements, ITSSD is requesting one ITS II. The ITS II will serve as enterprise architect for the system architecture requirements necessary to maintain federal compliance under the new Access Final Rule, assessing and supporting the system to verify compliance with CMS-required outcomes and associated metrics for statewide Critical Incident Management System (42 CFR §441.302(a)(6)) and statewide Grievance System (42 CFR §431.301(c)). The architect will also support technical architecture work necessary to verify the system's capability for payment transparency and compensation pass-through components of the rule through current systems and platforms.

The ITSSD contract resources will enhance collaboration across the state departments with CDA, DDS, DSS, and CDPH to coordinate joint initiatives for effective communication and alignment of goals across departments. They will utilize their expertise to streamline processes and eliminate any barriers to cross-departmental cooperation.

ITSSD PMSS Contract (One-Year LT)
$500,000 ($75,000 GF; $425,000 FF) for FY 2026-27

The PMSS will provide DHCS with the critical project oversight, project advisory, and project management support necessary to execute, monitor, and support the electronic statewide Critical Incident Management System (42 CFR §441.302(a)(6)), statewide Grievance System (42 CFR §431.301(c)(7)), additional reporting requirements (42 CFR §441.311), and quality metrics (42 CFR §441.312). DHCS will need to secure the resources required to manage, communicate, monitor, and report on the numerous areas and systems that this change will impact. These resources are required for supporting an Access Final Rule Project Management Office to work with internal and external stakeholders, technical personnel, and system sponsors to provide leadership for project management workloads and software system enhancements needed to support the new standards and implementation. The resources will develop project artifacts and documentation throughout the project life cycle: establish and implement effective communication strategies; generate executive-level project status reports and facilitate sponsor/ steering committee meetings; manage risks and issues cross-functionally and establish mitigation plans; manage project schedule, milestones, timelines, and cost; and utilize project management best practices, processes, and procedures.

If these resources are not approved, mission-critical workload associated with implementation of the electronic Statewide Critical Incident Management System (42 CFR §441.302(a)(6)), statewide Grievance System (42 CFR §431.301(c)(7))(GS/CIM), additional reporting requirements (42 CFR §441.311), and quality metrics (42 CFR §441.312) will not be adequately supported. If this occurs, it may put the Department at risk of negative outcomes, such as failing federal regulatory compliance.

Further, DHCS could face significant challenges in managing the GS/CIM, potentially leading to delays in incident resolution and decreased stakeholder satisfaction. The absence of dedicated project managers and organizational change managements contractors could hinder cross-departmental collaboration, resulting in inefficiencies and misalignment in project execution. This could negatively impact service delivery, project timelines, and the ability to meet strategic objectives. Additionally, the lack of a robust grievance and incident management system could pose risks to compliance with regulatory requirements, further complicating the organization's operations.

ITSSD CDT PAL Oversight Contract (One-Year LT)
$131,000 ($20,000 GF; $111,000 FF) for FY 2026-27

ITSSD requests contract funding for the CDT PAL, PAL Oversight, and the Statewide Technology Procurement Division's IT consulting services, specifically for IT Project Approvals and Oversight (PAO). If the leveraging of existing systems and platforms qualify as a PAL project, these services will be required. The PAO will fulfill essential functions as required by state departments for medium- and high-reportable IT projects. Contract resources will pay for expenses related to the PAL process requirements, package preparation, and submission to CDT for review and approval.

ISCD – (Four-year LT resources equivalent to 7 Positions)
1 Supervisor II
1 Supervisor I
2 HPS I
3 Analyst II

ISCD requests seven positions to support the implementation, operation, monitoring and oversight of new federal regulations established by the Access Rule. The Access Rule includes many significant provisions impacting the delivery of Medi-Cal HCBS and related operational and infrastructure elements and will have a significant impact on multiple areas within DHCS. These positions are necessary to initiate work supporting Access Rule components with compliance deadlines set by or before July 2027.

If these resources are not approved, mission-critical workload demands could not be adequately supported and/or performed sufficiently. Ongoing and any new workload would be shifted to and absorbed by current resources which will be particularly challenging given ISCD is already operating beyond resource capacity. If this were to occur, it may put the department at risk of negative outcomes, such as falling out of contractual and regulatory compliance.

3 Analyst II
The three Analyst IIs will be responsible for independently completing assignments related to policy and programmatic guidance of the operational requirements of the new federal rulemaking. The Analyst IIs positions will address complex policy issues, such as promulgating the corresponding state regulations to align with the federal regulations, developing policy letters for provider organizations and individual providers, and performing liaison functions with state and federal partners.

These positions will lead the amendment processes for all six 1915(c) waivers and the applicable 1915(i)/(j)/(k) state plan options that would need to be updated to reflect the new federal requirements [grievance processes (42 CFR §431.301(c)(7))), incident management system (42 CFR §441.302(a)(6)); additional reporting requirements (42 CFR §441.311); and quality metrics (42 CFR §441.312)]. They are needed to develop and implement new policy direction, create data requests, perform data analysis, and draft report narratives, perform legislative analysis, draft issue papers, perform database functions, respond to stakeholder inquiries, draft waiver amendments, and facilitate stakeholder engagement.

These positions will provide policy support to ETS in the creation of a statewide grievance procedure for Medicaid beneficiaries who receive FFS HCBS through 1915(c), (j), (k), and (i) authorities (42 CFR §431.301(c)(7)), including processes to collect and track information; write Policy and Procedure documents; and develop beneficiary, contractor, and provider notices. Additionally, these positions, in partnership with ETS, will collaborate with sister departments operating waivers/state plan options to make sure beneficiaries have the same ability to file a grievance, as well as remediation of a grievance. These positions will also develop policy guidance and training for delegated providers. The Analyst IIs will collaborate and support the Grievance Procedure operations staff (housed within the Division Support Branch) and will be responsible for collaborating cross-division for developing and effectuating policy to align them with the new federal requirements. The Analyst II activities facilitate increased flexibility among the research and operations staff to focus on their technical and operational duties while program procedures, policies, and regulations are researched and developed by the Analyst IIs.

1 Supervisor I

The Supervisor I will hire, train, and manage all program analyst/specialist staff responsible for operationalizing necessary components to comply with the new federal rules. This position will be responsible for all aspects of supervision, including recruitment, retention, and training, verifying the standard of work, evaluating and documenting performance, communicating with staff and management about program implementation, policy issues and deadlines. The Supervisor I will oversee and assist in the technical support for research staff and the operations staff and will be responsible for collaborating cross-division for developing and effectuating the necessary policy to meet the new federal requirements as applicable.

2 HPS Is

One HPS I will provide policy support to ETS in efforts to develop the Statewide Critical Incident Management System (42 CFR §441.302(a)(6)), specifically for IHSS and Waiver Personal Care Services. This position will be tasked with planning and implementing workplans, preparing budgets, researching funding opportunities, collaborating with other staff, monitoring expenditure, and identifying support agencies. In collaboration with ETS and HCBS Policy Branch (HPB), this position will identify funding opportunities, draft grant application narratives, and collaborate with program staff, finance, and DHCS leadership to identify alternative funding opportunities. Through routine meetings, they will collaborate with other branches, divisions, sister departments, and impacted programs during the development of the incident management system. This position will assist ETS in the development of project management documentation or reports including, project charters, schedules, risk registers, issue logs, project management plans and perform communication with stakeholders to include effectively allocating resources to the activities of the project. They will develop and sustain cooperative working relationships with stakeholders through all phases of the project. Finally, this position will evaluate, monitor, and confirm compliance with laws, regulations, policies, standards, or procedures.

One HPS I will independently develop and implement oversight and monitoring policies and strategies associated with statewide goals for Incident Management System activities. During the implementation stages of the incident management system, this position will work closely with the project lead (HPS I housed in HPB).

Once the incident management system is implemented, this position will develop processes to identify critical incidents through required provider reporting and other data sources (e.g. claims, Medicaid Fraud Control Units, Adult Protective Services, Child Protective Services, law enforcement) and execute information sharing agreements with those entities for investigations. This position will focus on day-to-day operations of the critical incident management system. Additionally, this position will lead the biannual report to CMS on the results of the incident management system assessment (42 CFR §441.302(a)(6)).

1 Supervisor II

The Supervisor II will oversee a new section which will manage a diverse team of program specialists, analysts, and clinical staff providing monitoring and oversight activities of the Access Rule PCSP requirements. The Supervisor II will oversee units focused on Access Rule compliance activities, including the Person-Centered Planning requirements (42 CFR §441.301(c)(3)) and the critical incident management system. The Supervisor II will supervise, support, and guide the diverse team of program specialists, analysts and clinical staff dedicated to monitoring and oversight. The Supervisor II supervises non-clinical and clinical staff in the day-to-day operations to plan, develop, implement, and monitor comprehensive quality assurance policies, procedures, strategies, and tools; monitor contractor compliance; establish and maintain priorities; effectively utilize available resources; apply and recommend changes in health regulations, policies, and procedures; and establish and maintain cooperative relations with a variety of governmental, educational, and provider entities.

MESMD – (One-year LT resources equivalent to 3 positions)

1 ITM I
2 ITS II

MESMD requests one-year LT resources equivalent to three positions to support the Access Final Rule implementations of the electronic statewide Critical Incident Management System capabilities required (42 CFR §441.302(a)(6)), statewide Grievance System capabilities required (42 CFR §431.301(c)(7)), additional reporting requirements (42 CFR §441.311), and quality metrics (42 CFR §441.312). In addition, the positions and contractors will collaborate closely with respective DHCS teams, DSS Adult Programs Division, CDT, OTSI, CDA, and others. Lastly, these positions will provide the product management and technological support required to plan for and leverage existing systems in support of the Final Rule capabilities and requirements and digital support services to meet the goals, requirements, and compliance specifications for Access Rule components:

- Leverage existing systems in support of the Final Rule capabilities and requirements.
- Address the new federal requirements for a statewide critical incident management system by leveraging current similar systems in support of the Final Rule capabilities and requirements.
- Leverage existing grievance capabilities to support new requirements for a grievance system in FFS programs.
- Leverage existing systems in support of the capabilities to develop and publish payment rate disclosure, collect wage data at worker level, publish relevant reporting results, assess current service plans, collect and report quality measure data, implement standards and oversight processes, and collect and report quality measure data.
- Develop a new regulatory framework to report quality measures from a nationally standardized QMS.
- Report ongoing quality, performance, and compliance measures.
- Leverage existing system capabilities in support of compliance with CMS-required outcomes and associated metrics.

1 ITM I

The ITM I will serve as lead product manager and will provide product strategy leadership and guidance to multiple product managers, product owners, and technical leads supporting implementation of statewide Critical Incident Management System requirements (42 CFR §441.302(a)(6)), statewide Grievance System requirements (42 CFR §431.301(c)(7)), additional reporting requirements (42 CFR §441.311), and quality metrics (42 CFR §441.312). This role will work with DHCS program managers and workstream leads to manage and monitor the strategic alignment of the portfolio of digital services within DHCS and across affected state departments, certifying that dependencies between efforts and integration points are understood and managed. Further, the position will define objectives and key results to demonstrate alignment with the strategic outcomes expressed by the requirements.

2 ITS II

Two ITS IIs will serve on scrum teams to provide technical delivery of requirements for the statewide Critical Incident Management System requirements (42 CFR §441.302(a)(6)), statewide Grievance System requirements (42 CFR §431.301(c)(7)), additional reporting requirements (42 CFR §441.311), and quality metrics (42 CFR §441.312).

- One ITS II will serve as product manager/product owner (PM/PO) to manage internal and external stakeholders' satisfaction with the digital services. The PM/PO will work with the affected programs and product development scrum teams (contractors) to articulate, prioritize, and deliver product level user stories that demonstrate the Key Results and comply with 42 CFR §441.302(a)(6), 42 CFR §431.301(c)(7), 42 CFR §441.311, and 42 CFR §441.312. These positions will work in scrum teams with the vendor and DHCS technical architect to deliver the required objectives.

- One ITS II will serve as quality assurance specialist within the Technical Engineering Branch. This position will manage and administer software solutions; translate business requirements into technical requirements; and collaborate with vendors, DHCS programs, system architects, developers, and testers to implement releases. The ITS II performs and monitors ongoing maintenance operations activities, including test plans, test schedules, test cases and releases, and project progress monitoring. The position collaborates with vendors to understand the capabilities of the software solution and identify gaps, mitigate risks, resolve defects, review technical requirements, meet with DHCS program area staff, manage budgets, timelines, and relay information.

OC - (Four-year LT resources equivalent to 1 Position)

1 Supervisor I

In response to the new CMS rule requiring the establishment and ongoing operation of a public MAC and a BAC, it is crucial for DHCS to enhance staff capacity to meet these mandates. This proposal justifies the need for a Supervisor I to certify compliance with the new requirements, manage logistics, engage members, and provide administrative support, thereby confirming the effective functioning of the MAC and BAC. The rule adds additional stakeholder meetings to the existing quarterly meetings (Stakeholder Advisory Committee, Behavioral Health Stakeholder Advisory Committee, Medi-Cal Children's Health Advisory Panel, and Medi-Cal Member Advisory Committee), significantly increasing the workload and necessitating a Supervisor I position so the team can continue to manage existing responsibilities effectively. This position is necessary to initiate work supporting Access Rule components with compliance deadlines set by or before July 2027.

1 Supervisor I

The Supervisor I is essential to oversee the implementation and ongoing operation of the new stakeholder group (the DHCS version of the MAC) and continued support for the BAC (DHCS' Medi-Cal Member Advisory Committee) to meet the new requirements. This role will involve strategic planning, coordination, and management of all activities related to the two advisory committees – both including Medi-Cal member membership and coordinating with contractors. The manager will confirm that the MAC and BAC operate in compliance with the CMS rule, oversee the recruitment and selection process, develop, and publish governance bylaws, and certify all meeting logistics are handled efficiently. Additionally, the manager will be responsible for coordinating the production of annual reports and meeting minutes, confirming that these documents are published in a timely manner. This position is critical to maintaining high standards of stakeholder engagement, transparency, and compliance with federal requirements.

OLS – (Four-year LT resources equivalent to 1 Position)

1 Attorney III

OLS provides legal support to all the divisions impacted by the new federal regulations established by the Access Rule. New and increased workloads specific to ISCD, FFSRDD, Privacy, ETS, Contracts, and EDIM necessitate additional resources to support those divisions in complying with the requirements in the Access Rule. This position is necessary to support work implementing Access Rule components with compliance deadlines set by or before July 2027.

1 Attorney III

One Attorney III on the Health Care Delivery Systems Branch will provide support to ISCD in the implementation, operation, monitoring, and oversight of new federal regulations established by the Access Rule. In particular, the Attorney III will provide ongoing advice and counsel to program staff concerning the Grievance Procedure, Critical Incident Management, and HCBS Quality Measure requirements of the Access Rule. This workload is permanent and ongoing. The work generated is in addition to existing workload and cannot be accomplished using existing resources. This work requires accuracy and efficiency in developing sophisticated legal responses, which can only be achieved with the depth of experience and knowledge that is commensurate with an Attorney III classification.

PDRD – (Four-year LT resources equivalent to 2 Positions)

1 RDS III
1 RDS II

PDRD consults and liaises with DHCS programs and divisions to deliver meaningful health care information through planning, data analytics, and reporting. PDRD receives requests to extract data and support data needs and reports, delivering statistical summaries and data illustrations, data sets, data briefs, research evaluation, and data validation to support DHCS. PDRD is requesting two new permanent positions responsible for stewardship to the program area within DHCS and understanding then analyzing the new data and reporting requirements through the accelerated MFP requirements (MFP PTC #43). These positions are necessary to initiate work supporting Access Rule components with compliance deadlines set by or before July 2027.

1 RDS III

The RDS III to lead advanced analytic efforts and will be responsible for developing and overseeing complex data methodologies used to report on HCBS quality, access, and compliance measures across multiple Medi-Cal authorities, including 1915(c), (i), (j), (k), and relevant 1115 demonstrations. The RDS III will serve as SME on nationally standardized quality metrics and will lead the design and implementation of data systems that support continuous quality improvement and public transparency. The position will align compliance with HIPAA by conducting de-identification of sensitive data prior to publication, as required by 45 CFR §164.514(b).

The RDS III will also coordinate across DHCS divisions and with external departments, if necessary, to align reporting structures and federal submissions under accelerated MFP timelines.

1 RDS II

The RDS II will support the collection, validation, and reporting of federally mandated quality and performance measures. This position will play a key role in compiling data related to planning across multiple Medi-Cal HCBS authorities. The RDS II will support the implementation of the HCBS QMS by conducting statistical analysis, trend identification, and metric validation to inform continuous quality improvement efforts. This work is essential to meet CMS reporting timelines, including those accelerated under the MFP demonstration. The RDS II will directly assist in preparing data for public release in compliance with HIPAA and federal transparency requirements. This position provides the technical and analytic capacity needed for DHCS to fulfill its federal obligations and protects ongoing access to critical Medicaid funding.

Four-Year LT funding authority - (15 Permanent Positions)

In the FY 2025-26 May Revision BCP (4260-303-BCP-2025-MR), "Medicaid Managed Care, Access, and Eligibility Final Rules," DHCS was approved for 15 permanent positions with one-time funding authority. As part of the FY 2026-27 Governor's Budget BCP, DHCS is requesting four-year LT funding authority to support 15 positions.

C. Departmentwide and Statewide Considerations

This proposal is consistent with the intent to maximize the continued receipt of federal funding by complying with federal CMS requirements.

Departments under the CalHHS Agency, including the CDPH, DSS, CDA, et cetera work closely on program administration and statewide initiatives to improve the lives of Californians. Current collaborative efforts include development of the HCBS Spending Plan authorized under American Rescue Plan Act to expand services for California's most vulnerable and at-risk residents through the state's Medi-Cal program. These investments build on the bold proposals in the California Comeback Plan to build capacity and transform critical safety net programs, as well as promote economic mobility and social stability; the MFP Supplemental Funding Award that is being utilized to conduct a statewide gap analysis of California's HCBS network and managed LTSS; the Governor's Master Plan on Aging to assist state and local government, communities, and private and philanthropic organizations in building environments that promote an age-friendly and disability-friendly California; and the CalAIM initiative to reform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members by implementing broad delivery system, program, and payment reform across Medi-Cal.

D. Outcomes and Accountability

Funding the positions included in this BCP will allow the State to strategically leverage federal funding authorized under the federal authorities to:

- Grow and maintain a proven health care delivery system in alignment with CalHHS Strategic Priorities.
- Address barriers preventing higher utilization of HCBS.
- Address social determinants of health and promote equity and address heath disparities.
- Support community integration.
- Build statewide partnerships and networks.
- Evaluate the quality of home and community-based care provided to Medi-Cal recipients using national measures.
- Implement an ongoing HCBS performance improvement process; and

- Invest in infrastructure to bridge gaps in the State's existing bifurcated HCBS delivery system.

The requested resources will support DHCS to manage the significant increase in workload created by the new federal requirements within CMS' prescribed timeframe. If the proposal is approved, it would allow DHCS to fully support its ability to fulfill its obligation to deliver and accurately provide and report HCBS payments and services according to federal statute, processes, and procedures; to remain in compliance with federal regulations; continue to minimize delays in administration of federal grant funding; and maintain current workload associated with HCBS Waiver/programs' administrative and operations tasks.

Sufficient, permanent resources are critical for responding to and implementing federal funding opportunities, managing the additional workload from HCBS program expansion, and fulfilling federal requirements for sustainable grant activities.

Without the requested staffing resources and contract expenditure authority, DHCS would face significant challenges to implement, operate, and monitor the new federal requirements within CMS' prescribed timeline for components of the Access Rule with compliance deadlines set by or before July 2027. This could result in California being out of compliance with CMS' required programmatic deliverables. If out of compliance, DHCS risks its ability to receive federal funding for its HCBS.

Projected Outcomes

Final Rule Section/Subsection	Projected Outcomes
Advisory Group Requirements (MAC/BAC)	• The Final Rule requires the establishment of an MAC, comprised of Medi-Cal members, state and local advocacy groups, providers, MCPs, and other state agencies that serve Medi-Cal members to advise DHCS on an expanded range of issues. • Additionally, the Final Rule requires DHCS to establish a BAC comprised of Medicaid beneficiaries, their families, and/or caregivers, DHCS will transform the Medi-Cal Member Advisory Committee to meet the BAC requirements. • With the requested resources, DHCS will provide support in the planning and execution of MAC/BAC activities. DHCS will make information about the MAC and BAC activities publicly available according to the Final Rule by including bylaws, meeting schedules, agendas, minutes, tracking recommendations and outcomes, and posting membership lists as required. • The additional resources will also support DHCS to create and publicly post an annual report summarizing MAC and BAC activities.
HCBS Payment Adequacy and Transparency	• The Final Rule requires that at least 80 percent of all Medicaid payments for specific HCBS — homemaker services, home health aide services, and personal care services — be spent on compensation for direct care workers as opposed to administrative overhead and profit. • There are several provisions in the rule intended to promote transparency and accountability regarding payments to

Final Rule Section/Subsection	Projected Outcomes
	direct care workers. For example, the rule requires states to make all Medicaid FFS payment rates publicly available through a published rate schedule starting in July 2026. • States must also establish an interested parties' advisory group to seek input on payment rates for these four services. • DHCS will need to conduct stakeholder workgroups to create reporting templates and work with DHCS entities responsible for storing and processing the data collected. • The additional resources will allow DHCS to develop the policy and operational requirements for the development of the data system for the collection and reporting on HCBS provider's compensation data.
PCSPs	• States must demonstrate that, as part of person-centered planning, a reassessment of need is completed at least once a year for people continuously enrolled in HCBS programs. They also must demonstrate that service plans are reviewed and revised annually based on that reassessment. • DHCS will utilize the requested positions to certify DHCS' capacity to conduct these reviews and provide a statistically significant sample is occurring for PCSPs. The requested resources will conduct systemic remediation and implement a quality improvement project if DHCS scores below 90 percent on any of these new performance measures.
Grievance Systems	• The Final Rule requires DHCS to institute and manage a grievance (complaint) process for people who receive services through Medicaid FFS. • It also requires the states to establish a process for the state to both investigate and respond to the complaint. • States must maintain records of grievances, review the information as part of their ongoing monitoring procedures, and make the records available upon request from CMS. • DHCS will utilize the requested resources to develop, implement, and maintain a statewide grievance system.
Incident Management System	• The Final Rule requires DHCS to operate and maintain an electronic incident management system to identify, report, triage, investigate, resolve, track, and trend critical incidents. • The rule requires states to use information from sources other than provider reports to identify critical incidents, including Medicaid Fraud Control Units, adult and child protective services systems, and law enforcement, to the extent allowed under state law. States are required to share information about the status and resolution of investigations with other agencies, to the extent allowed under state law. • Requested resources will allow DHCS to lead the implementation and development of the Statewide Incident Management system.
Access to HCBS	• The Final Rule requires DHCS to describe, every year, how DHCS maintains waiting lists for 1915(c) Waivers, including

Final Rule Section/Subsection	Projected Outcomes
	whether people on the waiting list are screened for eligibility and whether (and how often) they are periodically rescreened for eligibility. The Final Rule also requires DHCS to report how many people are on the waiting list and how long people stay on the waiting list, on average. • The requested resources will allow DHCS to implement and maintain a state-level waitlist system, which includes the required reporting elements.
HCBS QMS	• The Final Rule DHCS to report on a set of nationally standardized quality measures specifically for HCBS, as is required for other Medicaid services. • DHCS will utilize the resources to establish performance targets for each of the mandatory measures and report on the strategies used to reach those goals. Additionally, the resources will allow DHCS to conduct an annual Statewide consumer experience survey, as required by the QMS.
Reporting Requirements	• The Final Rule requires DHCS to report on a wide range of the new requirements in the Access Rule, including compliance reporting (Incident Management System, Grievances); Access reporting (1915(c) waitlist information, average amount of time from when services were approved to when they started being delivered); and quality reporting (HCBS QMS). • The requested resources will allow DHCS to meet the new federal requirements, including, but not limited to, developing a portal for reports to be made public/viewable; ensuring compliance documents and reports would need to be revised to be in a format presentable to the public and in compliance with the HIPAA standards.
Website Availability and Access	• Final Rule updates to website content requirements, access, assistance, and review frequency require DHCS to revise existing processes and develop new processes to meet Final Rule compliance.

E. Implementation Plan

Upon approval of this proposal, the 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' standard recruitment processes, which are outlined in both internal DHCS-produced and external CalHR-produced policies, procedures, and requirements for hiring qualified state staff. Additionally, upon approval, DHCS will initiate the contract process to amend existing contracts and identify/onboard new contractors, as applicable.

F. Supplemental Information

Add provisions to the following appropriations:

4260-001-0001

(a) The Department of Finance may decrease this item by up to $6,929,000 if the Centers for Medi-care and Medicaid Services' Medicaid and Children's Health Insurance Program ManagedCare Access, Finance, and Quality Final Rule (CMS-2439-F) or the Ensuring Access to Medicaid Ser-vices Final Rule (CMS-2442-F) is rescinded or repealed.

Any adjustment of this item shall be reported in writing to the chairpersons of the fiscal committees in each house of the Legislature and the Chairperson of the Joint Legislative Budget Committee within 10 days of the date the adjustment is approved.

Attachment A: Fiscal Detail Sheet

G. BCP Fiscal Detail Sheet

BCP Title: Ensuring Access to Medicaid Services (Access Rule)

BR Name: 4260-068-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 - Temporary Help	0	3,934	3,063	3,063	3,063	0
Total Salaries and Wages	**$0**	**$3,934**	**$3,063**	**$3,063**	**$3,063**	**$0**
Total Staff Benefits	0	1,980	1,542	1,542	1,542	0
Total Personal Services	**$0**	**$5,914**	**$4,605**	**$4,605**	**$4,605**	**$0**

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	138	179	179	179	0
5302 - Printing	0	82	68	68	68	0
5304 - Communications	0	82	68	68	68	0
5320 - Travel: In-State	0	42	42	42	42	0
5322 - Training	0	41	34	34	34	0
5324 - Facilities Operation	0	304	306	306	306	0
5340 - Consulting and Professional Services - External	0	631	0	0	0	0
5344 - Consolidated Data Centers	0	41	34	34	34	0
Total Operating Expenses and Equipment	**$0**	**$1,361**	**$731**	**$731**	**$731**	**$0**

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**	**$7,275**	**$5,336**	**$5,336**	**$5,336**	**$0**

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 - 0001 - General Fund	0	1,788	1,497	1,497	1,497	0
State Operations - 0890 - Federal Trust Fund	0	5,487	3,839	3,839	3,839	0
Total State Operations Expenditures	**$0**	**$7,275**	**$5,336**	**$5,336**	**$5,336**	**$0**
Total All Funds	**$0**	**$7,275**	**$5,336**	**$5,336**	**$5,336**	**$0**

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	7,275	5,336	5,336	5,336	0
Total All Programs	**$0**	**$7,275**	**$5,336**	**$5,336**	**$5,336**	**$0**

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	871	0	0	0	0
TH00 - Temporary Help (LT Term Exp. 06-30-2030)	0	3,063	3,063	3,063	3,063	0
Total Salaries and Wages	**$0**	**$3,934**	**$3,063**	**$3,063**	**$3,063**	**$0**

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	946	736	736	736	0
5150600 - Retirement - General	0	1,034	806	806	806	0
Total Staff Benefits	**$0**	**$1,980**	**$1,542**	**$1,542**	**$1,542**	**$0**

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**	**$5,914**	**$4,605**	**$4,605**	**$4,605**	**$0**