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**
4260-260-BCP-2026-MR	3960050

Budget Request Title
Behavioral Health Transformation: Behavioral Health Services Act Ongoing Implementation, Oversight, and Monitoring

Budget Request Summary
The Department of Health Care Services requests permanent funding equivalent to 10 positions and expenditure authority of $41,816,000 ($25,858,000 Behavioral Health Services Fund (BHSF); $15,958,000 Federal Fund (FF)) in fiscal year (FY) 2026-27 and $1,839,000 ($920,000 BHSF; $919,000 FF) in FY 2027-28 through FY 2029-30, and $1,736,000 ($868,000 BHSF; $868,000 FF) in FY 2030-31 and ongoing to continue implementation of Behavioral Health Transformation. Positions and contracts requests will support ongoing implementation, operations, monitoring, and oversight activities.

Requires Legislation (submit required legislation with the BCP)	**Code Section(s) to be Added/Amended/Repealed**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** 5/14/2026

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. **Approval Date:**
Project Approval Document: **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	5/14/2026	Lindy Harrington	5/14/2026
Department Director	**Date**	**Agency Secretary**	**Date**
Michelle Baass	5/14/2026	Brent Houser for Kim Johnson, CalHHS Secretary	5/14/2026

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	5/14/2026

A. Problem Statement

The Department of Health Care Services (DHCS) requests permanent funding equivalent to 10 positions and expenditure authority of $41,816,000 ($25,858,000 Behavioral Health Services Fund (BHSF); $15,958,000 Federal Fund (FF)) in fiscal year (FY) 2026-27 and $1,839,000 ($920,000 BHSF; $919,000 FF) in FY 2027-28 through FY 2029-30, and $1,736,000 ($868,000 BHSF; $868,000 FF) in FY 2030-31 and ongoing to continue implementation of the changes to 1) modernize the Mental Health Services Act and 2) improve statewide accountability and access to behavioral health (BH) services for Behavioral Health Transformation (BHT). Positions and contracts requests will support ongoing implementation, operations, monitoring, and oversight activities.

The BHT Budget Change Proposal (BCP) will be the fourth BCP requesting positions and contract resources for the implementation and ongoing activities required by Proposition 1. This request builds off the Behavioral Health Modernization BCP 4260-278-BCP-2023-MR, BHT: Behavioral Health Services Act (BHSA) BCP, 4260-206-BCP-2024-MR, and the BHT: BHSA Continued Implementation 4260-260-BCP-2025-MR.

Contract Resources**

Division	Contract	Effective Start Date	Duration	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30
Behavioral Health Oversight and Monitoring Division (BHOMD)	BH Funding Withholds and Monetary Sanctions	7/1/26	4-Years	$90,000	$103,000	$103,000	$103,000
Information Technology Strategy Services Division (ITSSD)	BHT Project Management Support Team (PMST)	7/1/26*	1-Year	$9,900,000	N/A	N/A	N/A
Medi-Cal Enterprise System Modernization (MESMD)	Product Development /Engineering Contracts	7/1/26*	1-Year	$24,000,000	N/A	N/A	N/A
MESMD	Maintenance and Operations (M&O)	7/1/26*	1-Year	$6,000,000	N/A	N/A	N/A
			Total:	**$39,990,000**	**$103,000**	**$103,000**	**$103,000**

* Contracts have been executed with prior BCP funding.
**The contract table above displays four years of funding.

BHT brings forward a comprehensive understanding of public resources and outcomes for public BH services. Through plans, reports, performance measures and other tools, the state will evaluate the effectiveness of services and identify system gaps in policy implementation, funding, and oversight. DHCS intends to strengthen oversight of key outcomes and confirm investments are being made in furtherance of delivering equitable and high-quality care.

DHCS' BH programs have historically utilized many information technology (IT)/data systems to administer the BH program responsibilities, including collecting data from counties and providers about the impact or outcomes of these programs. The systems that support these program

responsibilities were mostly built and maintained for a system of BH delivery premised on mental health and substance use disorder (SUD) services as independent services. Most of them date from before the Department of Mental Health and Department of Alcohol and Drug Programs transitioned to DHCS in 2013. The current IT and data ecosystem requires additional resources to improve coordination among DHCS programs, as well as the counties, providers and other state agencies in BH administration. Without these resources, DHCS will continue to face substantial manual effort to reconcile processes and data for financial management, compliance oversight, and outcomes measurement.

Workload History

Workload Measure	2020-21	2021-22	2022-23	2023-24	2024-25
Mental Health Plan (MHP) audits	17	19	19	19	19
MHP audit hours (per engagement)	920	920	920	2,200	2,200
MHP Pre-Entrance/Pre-Exits	0	0	0	38	38
MHP Entrance/Exits with Counties	34	38	38	38	38
MHP Tool Development/Updates	120	120	850	620	620

B. Justification

Many current programs at DHCS will be impacted, expanded, and/or realigned for better coordination and integration to enable the transformation brought forth by BHT. Divisions across DHCS are also impacted due to the extensive legislative changes.

Resources are needed for contractors to provide product delivery teams with the expertise to deliver technological solutions to meet DHCS goals and objectives for the implementation of this extensive BHT effort. DHCS also needs internal assistance to complete project management and other BHT support.

The BHSA mandates that systems coordinate across the provider, county, and state level. Accountability, transparency and outcomes are key themes within BHT and apply at the provider, county and state level. Some examples of these include:

1. Providers: There are many new requirements that will impact BH service providers. BHSA requires services to be performed in an equitable manner by using community-defined and evidence-based practices (EBPs) with adherence to fidelity models. One example is Full-Service Partnerships (FSPs), requiring specific EBPs, new levels of care, and FSP team staffing requirements to achieve better outcomes.

2. Counties: Each county BH department oversees the majority of funding for public BH services at the local level. BHSA requires new visibility into the planning, reporting and outcomes of this funding. Counties are responsible for developing an Integrated Plan for BH Services and Outcomes in consultation with stakeholders. The community planning process is transformed into a broader county/region BH planning process and the Integrated Plan is expanded to include all BH programs and services provided by each county. The BHSA provides participatory opportunities for local stakeholders including individuals and families with lived experience, housing, physical health, education, social services, justice involvement and many others. Counties are required to demonstrate a partnership with constituents and stakeholders in multiple areas, including mental health and SUD policy development, program planning and implementation, monitoring, workforce, quality improvements, health equity, evaluation and budget allocations. BHSA brings transparency in the planning, reporting and provision of services across public BH funding sources to meet the local need. BHSA will require local cross-system collaboration with current and new partners. In addition, each county is required to annually report on utilization, quality,

patient care expenditures and other data annually to the Board of Supervisors through the Behavioral Health Oversight Accountability and Transparency Report (BHOATR) and requires the Board of Supervisors to attest that they are meeting their obligation under realignment. The Integrated Plan, BHOATR, and other mechanisms will be utilized to bring transparency to facilitate local accountability. In addition, there are new administrative sanctions and penalties that are available for utilization if technical assistance (TA) is shown to not be effective.

3. State: BHT brings forward a comprehensive understanding of public resources and outcomes for public BH services. Though plans, reports, performance measures and other tools, the state will be able to evaluate the effectiveness of services and identify system gaps in policy implementation, funding and oversight. Since the majority of requirements fall under the purview of DHCS, coordination will need to occur with impacted departments such as the Department of Housing and Community Development, Department of Managed Health Care, Department of Insurance, California Department of Veterans Affairs, California Department of Public Health, Department of Health Care Access and Information, and several other departments. DHCS will provide oversight and monitoring including the review of Integrated Plans and annual BHOATR for completeness and adherence to policy requirements prescribed in the BHT Policy Manual and statute.

DHCS' BH programs are administered through nonintegrated IT/data systems. Multiple systems are used to administer the BH program responsibilities, including collecting data from counties and providers about the impact or outcomes of these programs. The systems that support these program responsibilities were mostly built and maintained for a system of BH delivery premised on Mental Health and SUDS services as independent services. Most of them date from before the Department of Mental Health and Department of Alcohol and Drug Programs transitioned to DHCS in 2013. Through BHT, the IT and data ecosystem will be realigned to support coordination among DHCS programs, as well as the counties, providers and other state agencies in BH administration.

Audits & Investigations (A&I) (Permanent Funding Equivalent to 10 Positions)

1 Health Program Audit Manager (HPAM) II
2 Health Program Audit Manager
6 Health Program Auditor (HPA) III
1 Nurse Evaluator II

BHT requires program operations to incorporate significant changes to existing policies to align with new requirements. Subsequently, A&I will augment its risk-based methodology to incorporate necessary changes to respective compliance and review programs, supporting programmatic changes through audit alignment as well as additions in scope.

BHT "strengthens the continuum of care for all Californians, especially the most vulnerable. It provides substantial state investment, improves statewide accountability, and increases Californians' access to BH services." As such, the statute states "strong oversight will verify investments are being made in effective, equitable and high-quality care." In accordance with Welfare & Institutions Code (WIC) section 14197.7, A&I conducts Behavioral Health Plan (BHP) audits, which include but are not limited to Medi-Cal, BHSA, and grant funded services, which consistently result in findings of non-compliance. Past findings have required BHPs to address systemic programmatic deficiencies serving as barriers to access medically necessary mental health and SUD services, providing timeliness of information related to individual rights, and implementing the necessary policies and procedures needed to detect and prevent fraud, waste, and abuse.

While the specialty mental health audits are currently conducted on a triennial basis, the Department is working towards an integrated process which will coordinate, collocate, and optimize county behavioral audits across Medi-Cal. Subsequently, the Department will integrate audit processes with various authorities to streamline and effectuate cohesive audits covering Medi-Cal, BHSA, Substance Abuse and Mental Health Services Administration, and grant programs to align with Department-wide integration related to BHT. Additionally, this effort coincides with the alignment of the BH audit structure and frequency to the medical managed care audits. This will result in more comprehensive and frequent reviews, evaluation of BH audit risk, and consolidation of currently disparate audit engagements.

DHCS is in the process of evolving the current BH audit approach to adopt a risk-based methodology. Utilizing the risk-based methodology significantly increases alignment through systematic reviews to support oversight criteria required by Senate Bill 326 to verify investments are being made in effective, equitable and high-quality care. A&I anticipates that the requirements, specifically WIC Section 14197.7, will increase the number of findings, Corrective Action Plans, and sanctions imposed on BHPs, and will provide an opportunity for DHCS to provide feedback and technical assistance on BHP practices. Furthermore, A&I's tools will help inform monitoring performance metrics and DHCS enforcement actions. Increased oversight will facilitate consistency of program expenditures by establishing mechanisms to confirm that network providers comply with the established requirements, individuals are provided with the information of how to access the services that are available to them, and that the BHPs are addressing known areas of non-compliance in a timely manner. As a result, program integrity measures verify payments are related to patient care, leading to improved access to care, quality of care and improved outcomes.

BHOMD BH Funding Withholds and Monetary Sanctions Contract
FY 2026-27 $90,000 ($45,000 FF; $45,000 BHSF)
FY 2027-28 through FY 2029-30 $103,000 ($51,000 FF; $52,000 BHSF)

DHCS requests $90,000 ($45,000 FF; $45,000 BHSF) in FY 2026-27 and $103,000 ($51,000 FF; $52,000 BHSF) in FY 2027-28 through FY 2029-30 for BH Monetary Enforcement contract services performed by the State Controller's Office (SCO).

This proposal funds the interagency agreement (IAA) between DHCS and SCO, under which SCO will process monetary enforcement actions determined by DHCS, and covers administrative costs including salaries, stipends, benefits, operating expenses and equipment, and indirect rate. To effectuate the temporary withholding of funds or monetary penalties, DHCS must seek assistance from the SCO. SCO is the sole agency that administers the applicable fund accounts, carries out the release of allotted funds to counties, and carries out the tasks necessary to withhold funds or impose monetary sanctions on counties. DHCS must reimburse SCO for costs it incurs through an IAA. Other DHCS programs currently hold IAAs with SCO for other financial processing of county accounts overseen by SCO. Consequently, DHCS is requesting contract funding to cover 50 percent of the projected administrative costs associated with SCO processing monetary enforcement actions. Federal Medicaid matching funds can be used to cover the remaining portion of contract costs.

Establishing an IAA between DHCS and SCO is necessary to execute the tasks associated with monetary enforcement actions. The funds that DHCS transfers to SCO under the IAA will cover administrative costs for processing temporary withholds, releasing withheld funds, processing monetary sanctions via offset of fund allotments from the BH Subaccount of the Local Revenue Fund 2011 or other funds specified in WIC 14197.7 (n), and redistributing monetary sanction amounts to non-sanctioned counties. Use of monetary penalties enables DHCS to hold counties accountable and address gaps in publicly funded BH services that may otherwise be experienced by their constituents.

MESMD Product Development and Engineering Contracts Design Development & Implementation (DD&I):

FY 2026-27 $24,000,000 ($12,000,000 FF; $12,000,000 BHSF)

DHCS requests $24,000,000 ($12,000,000 FF; $12,000,000 BHSF) in FY 2026-27 to enact the changes required from the 4260-278-BCP-2023-MR and 4260-260-BCP-2025-MR BCPs for BHT product development. To meet the above-referenced legislation, MESMD is implementing the minimum viable products for the following BHT products by June 30, 2026, with continued work into FY 2026-27:

- The Integrated Plan application captures each county's detailed proposal to address mental health and SUDs in three-year intervals as well as the required Annual Update and optional Intermittent Update.
- The Licensing and Certification Portal delivers an integrated system that increases the availability of licensed and/or certified BH providers, reduces application processing time, and aligns network adequacy and contract requirements.
- The Digital Policy Manual delivers a policy change management system for BHT policy, which aims to increase user satisfaction with policy clarity, accessibility, and usability. It will also reduce the time to draft and implement policy.
- The Consent Management delivers a centralized solution that securely manages consent for sharing sensitive health and social services information across Medi-Cal's diverse network of providers: state and county agencies, Qualified Health Information Organizations, and other external DHCS partners.
- The Identity Management combines policy and technology to support required digital identity management within the BH System. This includes user registration, provisioning, authentication, authorization, and governance.
- The Person Matching enables DHCS reporting on population-level indicators that assess community health and wellbeing. It supports measurement of performance accountability for counties and Managed Care Plans by establishing links between data across the Homeless Data Integration System, Criminal and Juvenile Justice Data, and Healthcare Access and Information—this includes Medi-Cal claims, eligibility, and other existing data sources.

These products require DD&I funds for initial delivery. The initial development work for the products and shared services described above will be delivered through the following three DD&I contracts:

MESMD BHT Product Development (Prime)

The requested funding will be used to continue delivering BHT products and provide product delivery teams with the expertise to discover and deliver technological solutions to meet DHCS goals and objectives for the implementation of this extensive BHT effort. Specifically, this contract provides the necessary areas of expertise—Agile methodology-based product management, discovery, architecture, design, design, development, testing, documentation, and all activities associated with delivering modern systems by modifying existing management systems or building and implementing new systems within DHCS that enable or facilitate successful implementation of DHCS goals and objectives.

MESMD BHT Digital Services Support (DSS)

The requested funding will be used to augment DHCS staffing resources to support the continued delivery and implementation of BHT products necessary to implement BHT initiatives. While most of the Product Delivery development resources are supplied through the BHT Prime contract, the DSS contract supplies critical, independent, and unbiased resources to verify the primary development contractor's completion of the IT product discovery, design, development, and implementation.

MESMD BHT Enterprise Shared Services

The requested funding is needed to continue the technical staffing and expertise to support the BHT impact on shared back-end infrastructure, legacy systems, and services that currently support the entire DHCS enterprise. Shared Services include Consent Management, Identity Management, Person Matching, Federal Financial Participation Calculator, Application Programming Interface gateway, and other more broadly enabling technologies that BHT applications must leverage and require enhancements or improvements to accommodate BHT applications. This set of resources has special expertise in state and federal data security and interoperability requirements that must be met by both existing applications impacted by BHT's use of shared services and/or new BHT applications.

MESMD M&O Contract

FY 2026-27 $6,000,000 ($3,000,000 FF; $3,000,000 BHSF)

DHCS requests $6,000,000 ($3,000,000 FF; $3,000,000 BHSF) in FY 2026-27 to maintain and operate the BHT Licensing and Certification Portal, BHT Digital Policy Manual, and the BHT Integrated Plan application.

As California deploys new IT systems to support the BHSA through BHT – including platforms for integrated planning, compliance and monitoring and enforcement, grants administration, and BH outcomes reporting – sustained M&O funding is critical. This funding provides ongoing user support, adaptability, and day-to-day system reliability achieved through ongoing software patches and updates; systems usage and security monitoring, and technology platform hosting and performance optimization.

DHCS's suite of BHT IT solutions are configurable. The solutions can be extended for use by other DHCS programs, complete State data ownership and access, total version control of features, and ease of auditability.

The contracts supporting the Integrated Plan application, BHT Digital Policy Manual, and the Licensing and Certification portal will continue to maintain and enhance the IT solutions to meet established DHCS technology standards (including security, accessibility, usability, quality, and auditability) as indicated through DHCS BHT Project Executives' prioritization of critical business needs to achieve BHT goals and objectives.

ITSSD PMST Contract

FY 2023-24 $7,000,000: Funded through BCP 4260-278-BCP-2023-MR
FY 2024-25 $22,500,000: Funded through 4260-206-BCP-2025-MR
FY 2026-27 $9,900,000 BHSF

DHCS requests $9,900,000 BHSF in FY 2026-27 to move the project forward to execute and monitor program and system changes and prepare DHCS for the continued organizational changes that will impact programs, systems, and data owners. Moreover, the project management and project support contract resources will provide DHCS with the critical project oversight and project management support necessary to execute, monitor, and support the implementation of BHT.

With the size and complexity of the BHSA, 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. The resources are required to work with internal and external stakeholders, technical personnel, and system sponsors to provide leadership for all project management and software development life cycle phases (Waterfall/Agile) for system enhancements needed to support BHT requirements; 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; utilize project management best practices, processes, and procedures to consistently apply to IT projects.

C. Departmentwide and Statewide Considerations

This proposal supports the California Health and Human Services Agency' strategic priority to Build a Healthy California for All by monitoring for and addressing barriers to care in health plans' delivery systems and DHCS' purpose to provide equitable access to quality health care leading to a healthy California for all.

D. Outcomes and Accountability

Approval of these resources will enable DHCS to provide providers, counties and sister departments with the support and resources necessary to reach the outcomes of BHT. DHCS will have resources in place to provide enhanced monitoring and oversight for county programs. DHCS will focus its priority on accountability for counties, providers, and the state. It also focuses staff resources and contracts on outward transparency efforts, TA and IT systems to provide the data and tools needed for accountability.

The following outcomes will be achieved:

- Accountability across providers, counties and the state.
- Legislative timelines will be met.
- Compliance with changes to statutes, regulations or policy within timeframes specified by law, regulation, or policy.
- Improved transparency with stakeholders.
- Improved outcomes for California's most vulnerable due to providing enhanced training and TA.

Projected Outcomes

Workload Measure	2026-27	2027-28	2028-29	2029-30	2030-31
Risk-based audits, consistency across delivery systems, increased ability to track and follow up on county-specific issues and accountability	17 counties	32 counties	58 counties	58 counties	58 counties
Public BHT quality dashboards (County performance measure benchmarks)*	59 (57 counties & 2 cities)*	N/A	N/A	N/A	N/A
Development and refinement of County Integrated Plan Portal*	Integrated Plan Annual Update Submission	N/A	N/A	N/A	N/A
Development of County Profile*	Continued Development	N/A	N/A	N/A	N/A
Development and refinement of Provider Portal for BH licensing and certification	Provider Portal	N/A	N/A	N/A	N/A
Development of BHOATR*	Initial Product Development	N/A	N/A	N/A	N/A
Development and refinement of BHSA individual outcomes	Initial Product Development	N/A	N/A	N/A	N/A

Workload Measure	2026-27	2027-28	2028-29	2029-30	2030-31
data system*					
Systems testing*	500 hours	N/A	N/A	N/A	N/A
Number of products in Ongoing Maintenance*	3	N/A	N/A	N/A	N/A
Maintain Decision-Making Through Data-Driven Evaluation*	50	N/A	N/A	N/A	N/A

*Denotes workload measure for only one FY due to funding request.

E. Implementation Plan

If this BCP is denied, DHCS will not be able to implement all the legislative requirements outlined in Proposition 1. It would cease the current efforts to provide transparency and accountability for California's BH system. It would also significantly impact DHCS' ability to continue implementation, provide TA at the state and local level, and enact the required changes to the BH data systems.

F. Supplemental Information

Attachment A: Workload Standards
Attachment B: Fiscal Detail Sheet

G. Workload Standards

WORKLOAD STANDARDS
Audits and Investigations
Contract and Enrollment Review Division
Health Program Audit Manager II
806-111-4258-XXX
Permanent Funding Equivalent to 1 Position

Activities	Number of Items	Hours per Item	Total Hours
Responsible for formulating, implementing, managing, and evaluating the long-range planning of all Medi-Cal audits or activities performed by each Section.	10	150	1,500
Consult with and make recommendations to the Division Chief on major policy issues that would impact the Branch operations.	100	2	200
Provide direction to the HPAM IIs on matters related to the planning or implementation of Branch functions and responsibilities of each Section.	4	12	48
Recruit, interview, and advise management in the hiring of new managers. Plan and supervise new manager training, including identification of training needs, development of training programs, and presentations of in-service training. Training includes individual and group sessions.	10	4	40
Performs various other duties as needed to support the Branch and division responsibilities as assigned by the Division chief.	10	1	10
Ad Hoc Assignments.	1	2	2
Total hours worked			**1,800**

WORKLOAD STANDARDS
Audits and Investigations
Contract and Enrollment Review Division
Health Program Audit Manager I
806-111-4247-XXX
Permanent Funding Equivalent to 2 Position

Activities	Number of Items	Hours per Item	Total Hours
Providing general as well as specific oversight of the performance of the MHP to HPAM Is and HPA IVs.	10	300	3,000
Reviews the final work performed by the audit staff, represent the Department at entrance and exit interviews, and provide updates and recommendations to the Executive staff.	100	4	400
Continually evaluate and monitor program protocols to verify that they are meeting optimal efficiency and evolve them through implementation of new program policies and procedures.	4	25	100
Recruit, interview, and advise management in the hiring of new managers and staff. Plan and supervise new manager and staff training, including identification of training needs, development of training programs, and presentations of in-service training. Training includes individual and group sessions.	10	8	80
Performs various other duties as needed to support the Section and Branch responsibilities as assigned by the Branch Chief.	10	2	20
Total hours worked			**3,600**

WORKLOAD STANDARDS
Audits and Investigations
Contract and Enrollment Review Division
Health Program Auditor III
806-111-4252-XXX
Permanent Funding Equivalent to 6 Position

Activities	Number of Items	Hours per Item	Total Hours
Manage and supervise auditors, clinical staff in the performance of MHPs or subcontractor audits. Assign and review the work performed by auditors and Medical Consultants. Attends audit entrance and exit conferences with the plans or subcontractors. Provide program expertise, oversight, and guidance in the resolution of complex audit issues.	30	300	9,000
Establish monitoring systems to measure the progress of assigned audit assignments. Evaluate employee performance, initiate corrective actions, and adverse actions as necessary.	300	4	1,200
Develop and execute control time budgets. Prepare production reports for the Section Chief.	12	25	300
Recruit, interview, and advise management in the hiring of new staff. Plan and supervise new staff training, including identification of staff training needs, development of training programs, and presentations of in-service training. Training includes individual and group sessions.	30	8	240
Performs various other duties as needed to support the unit and section responsibilities as assigned by the Section Chief.	30	2	60
Total hours worked			**10,800**

WORKLOAD STANDARDS
Audits and Investigations
Contract and Enrollment Review Division
Nurse Evaluator II
806-111-8144-XXX
Permanent Funding Equivalent to 1 Position

Activities	Number of Items	Hours per Item	Total Hours
Perform pre-audit review of plan documentation.	5	90	450
Review post onsite documentation and draft of audit work papers.	5	25	125
Assist HPA IVs as needed (draft report, supporting documentation of plan audit).	5	20	100
Attend plan entrance and exit conference, assist in post audit formal responses as well as explanation of clinical findings.	5	20	100
Review additional plans' documentation.	5	20	100
Respond to MHPs regarding the final audit report and complete statistical analysis and audit report.	5	30	150
Work with clinicians.	5	50	250
Provide recommendations leveraging clinical analysis.	5	90	450
Assist the Office of Legal Services.	5	15	75
Total hours worked			**1,800**

H. BCP Fiscal Detail Sheet

BCP Title: Behavioral Health Transformation: Behavioral Health Services Act Ongoing Implementation, Oversight, and Monitoring

BR Name: 4260-260-BCP-2026-MR

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	982	982	982	982	982
Total Salaries and Wages	**$0**	**$982**	**$982**	**$982**	**$982**	**$982**
Total Staff Benefits	0	494	494	494	494	494
Total Personal Services	**$0**	**$1,476**	**$1,476**	**$1,476**	**$1,476**	**$1,476**

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	60	40	40	40	40
5302 - Printing	0	20	20	20	20	20
5304 - Communications	0	20	20	20	20	20
5320 - Travel: In-State	0	70	70	70	70	70
5322 - Training	0	10	10	10	10	10
5324 - Facilities Operation	0	90	90	90	90	90
5340 - Consulting and Professional Services - External	0	39,990	103	103	103	0
5344 - Consolidated Data Centers	0	10	10	10	10	10
539X - Other	0	70	0	0	0	0
Total Operating Expenses and Equipment	**$0**	**$40,340**	**$363**	**$363**	**$363**	**$260**

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**	**$41,816**	**$1,839**	**$1,839**	**$1,839**	**$1,736**

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	15,958	919	919	919	868
State Operations - 3085 - Behavioral Health Services Fund	0	25,858	920	920	920	868
Total State Operations Expenditures	**$0**	**$41,816**	**$1,839**	**$1,839**	**$1,839**	**$1,736**
Total All Funds	**$0**	**$41,816**	**$1,839**	**$1,839**	**$1,839**	**$1,736**

Program Summary
Program Funding

Program Funding	FY26 Current Year	FY26 Budget Year	FY26 BY+1	FY26 BY+2	FY26 BY+3	FY26 BY+4
3960050 - Other Care Services	0	41,816	1,839	1,839	1,839	1,736
Total All Programs	**$0**	**$41,816**	**$1,839**	**$1,839**	**$1,839**	**$1,736**

Personal Services Details
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	236	236	236	236	236
5150600 - Retirement - General	0	258	258	258	258	258
Total Staff Benefits	**$0**	**$494**	**$494**	**$494**	**$494**	**$494**

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**	**$494**	**$494**	**$494**	**$494**	**$494**