

AGENDA – PART A**ASSEMBLY BUDGET SUBCOMMITTEE NO. 1
ON HEALTH AND HUMAN SERVICES****ASSEMBLYMEMBER DR. JOAQUIN ARAMBULA, CHAIR****TUESDAY, MAY 23, 2017
2:30 P.M. - STATE CAPITOL, ROOM 4202**

VOTE-ONLY CALENDAR		
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0977	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (ISSUES 1-3)	1
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VOTE-ONLY CALENDAR

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
0977 California Health Facilities Financing Authority			
1	SB 82 Grants Extension: Counties propose that expenditure authority for SB 82 grants be extended to December 31, 2021.	April 3	Adopt placeholder budget bill language to extend the expenditure authority for the Investment in Mental Health Wellness Grants (SB 82) until December 31, 2021.
2	Community Clinic Lifeline Grant Program: The State Treasurer proposes funding a one-time grant program for small and rural health clinics with \$20 million from the balance in the HELP II revolving loan program fund.	May 1	Adopt placeholder trailer bill to create the Community Clinic Lifeline Grant Program to support community health clinics with one-time funding of \$20 million from the HELP II fund with expenditure authority of three years.
3	SB 82 Grants Adjustments: The May Revision proposes technical adjustments to the reversion amounts from SB 82 Grants.	May 16	Approve the technical adjustments as proposed in the May Revision.
4120 Emergency Medical Services Authority			
4	Emergency Medical Technicians Paramedic (EMT-P) Discipline Work Caseload BCP: \$314,000 (special funds) and 2 permanent positions to address increased workload and backlog related to disciplinary legal caseload.	May 1	Approve as budgeted the EMT-P Discipline Work Caseload Budget Change Proposal.
5	E-Commerce Online Paramedic Licensing Module (eGov) BCP: \$211,000 (special funds) for an electronic on-line licensing application system.	May 1	Approve as budgeted the E-Commerce Online Paramedic Licensing Module Budget Change Proposal.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
4140 Office of Statewide Health Planning and Development			
6	Elective Percutaneous Coronary Intervention Reporting BCP: makes 2 limited-term positions permanent for on-going data collection, analysis and evaluation workload.	February 27	Approve as budgeted the Elective Percutaneous Coronary Intervention Reporting Budget Change Proposal.
7	Health Care Workforce Recruitment Legislation (AB 2024 & AB 2048) BCP: \$400,000 (special funds) to implement bills that: 1) allows Critical Access Hospitals to hire physicians and requires OSHPD to collect data and report to Legislature; and 2) adds all FQHCs to the Loan Repayment Program list of eligible clinics.	February 27	Approve as budgeted the Health Care Workforce Recruitment Legislation Budget Change Proposal.
8	Relocation Rent Adjustment Budget Change Proposal BCP: \$1.2 million (special funds) and existing resources for increased rent for new office locations in both Sacramento and Los Angeles.	February 27 and May 1	Approve as budgeted the Relocation Rent Adjustment Budget Change Proposal.
9	Distributed Administration Technical Adjustments (May Revise): Reorganizes and centralizes the accounting of administrative expenditures within OSHPD's budget.	May 16	Approve as budgeted the Distributed Administration Technical Adjustments included in the May Revise.
4150 Department of Managed Health Care			
10	Help Center Case Backlog and Workload BCP: \$3.4 million (special funds) and 11 permanent positions to address workload attributed to ACA implementation and consultation services on independent medical review processing.	May 1	Approve as budgeted the Help Center Case Backlog and Workload Budget Change Proposal.

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11	Information Technology Resource Request BCP: \$750,000 (special funds) and 2 permanent positions to address information technology security and efficiency upgrades.	May 1	Approve as budgeted the Information Technology Resource Request BCP.
12	Prohibition of Surprise Balance Billing (AB 72) BCP: \$3.6 million (special funds) and 16 permanent positions to implement AB 72 which prohibits the practice of surprise balance billing by noncontract providers at in-network facilities.	May 1	Approve as budgeted the Prohibition of Surprise Balance Billing Budget Change Proposal.
13	Medi-Cal Interagency Agreement Reduction BCP: Reduction of 18.5 positions and \$3,398,000 in Managed Care Fund expenditure authority to reflect ending inter-agency agreements with DHCS which will assume workload due to Medicaid Managed Care Final Rule.	May 1	Approve as budgeted the Medi-Cal Interagency Agreement Reduction Budget Change Proposal.
14	Consumer Participation Program Sunset Elimination: Stakeholder proposal to eliminate the sunset on this program that awards advocacy and witness fees to consumer advocates who represent consumer interests in regulatory proceedings at DMHC.	May 1	Adopt placeholder trailer bill to delete the sunset on the Consumer Participation Program.
4260 Department of Health Care Services			
15	Medi-Cal Program Estimate: January budget and May Revise adjustments includes \$105.6 billion (\$18.9 billion General Fund) for the Medi-Cal program. Reflects \$1.5 billion in errors in the 2016-17 budget and approximately \$1.2 billion in Proposition 56 revenue to cover the costs of program growth. Reflects updated caseload projections in May Revise. Includes adjustments to Proposition 56 revenue estimate and Coordinated Care Initiative savings estimate.	March 13 and May 16	Approve the Medi-Cal Estimate, reflecting May Revise adjustments, \$62 million General Fund on-going savings, identified by the Legislative Analyst, and any other changes made to reflect new policy choices included in the final 2017 Budget Act.

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16	<p>County Eligibility Administration BCP and COLA Suspension Trailer Bill: \$1.5 million (\$731,000 existing General Fund) to develop a new budgeting methodology for counties' eligibility administration costs, per SB 28. Proposed trailer bill suspends the COLA for counties for 2017-18.</p>	March 13	Approve as budgeted the County Eligibility Administration Budget Change Proposal and adopt trailer bill to suspend the COLA for counties for 2017-18.
17	<p>Member Proposal to Cover Diabetes Prevention Through Medi-Cal: Assemblymember Dr. Arambula proposes \$38,000 (General Fund) in 2017-18 and \$5 million (General Fund) in 2018-19 and on-going for Medi-Cal coverage of the Diabetes Prevention Program, an evidence-based intervention covered by Medicare and certified by the Federal Centers for Disease Control and Prevention.</p>	March 13	Approve of \$38,000 General Fund in the budget year and \$5 million General Fund in subsequent years, and adopt placeholder trailer bill to require Medi-Cal coverage of the Diabetes Prevention Program.
18	<p>Alternative Birthing Center Rate Methodology Trailer Bill: January budget proposes trailer bill to revise the current Alternative Birth Centers (ABC) rate-setting methodology to 80 percent of the Diagnosis Related Group Level-1.</p>	March 13	Approve of placeholder trailer bill to implement the Alternative Birthing Center rate methodology changes, as proposed.
19	<p>Stakeholder Proposals on Use of Proposition 56 Revenue Within Medi-Cal: Numerous stakeholder proposals to increase reimbursement rates for many different provider types who care for patients within Medi-Cal. Stakeholders also propose providing Medi-Cal coverage to all young adults, up to age 26, regardless of immigration status.</p>	March 13 and May 1	<p>Approve of \$1 billion in Proposition 56 revenue, and placeholder trailer bill, for the following:</p> <ul style="list-style-type: none"> • \$610M - Physician Incentive Payments • \$247.3M - Dentist Incentive Payments • \$50M - Family Planning & Abortion Services Rates • \$26.7M - ICF-DD Rates • \$2M - AIDS Waiver Rates

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			<ul style="list-style-type: none"> • \$10M - Pediatric In-Home Health Rates • \$0 -- Trailer bill to prevent further reduction to reimbursement rates for Durable Medical Equipment providers • \$54M - Coverage of All Young Adults Up to Age 26 <p>Please see Attachment 1 for more detail.</p>
20	<p>Coordinated Care Initiative (CCI) Reauthorization: January budget proposes to legally end, and also reauthorize and continue the key components of the CCI, including the duals demonstration project, mandatory managed care for duals, and long-term services and supports as managed care benefits.</p> <p>PACE stakeholders have requested amendments to the trailer bill that allow beneficiaries who must enroll in a Medi-Cal managed care plan in order to receive long-term supports and services to instead request to be assessed for eligibility for PACE and, if eligible, enroll in PACE.</p>	March 13	Adopt placeholder trailer bill to reauthorize and continue the Coordinated Care Initiative, including amendments that allow beneficiaries who must enroll in a Medi-Cal managed care plan in order to receive long-term supports and services to instead request to be assessed for eligibility for PACE and, if eligible, enroll in PACE.
21	<p>Ground Emergency Medical Transportation (GEMT) BCP: \$393,000 in expenditure authority (federal and local funds), and conversion of 3.0 positions from limited-term to permanent full-time, to perform mandatory audits on local Fire Districts and GEMT providers that receive supplemental payments for GEMT services authorized by AB 678.</p>	March 13	Approve as budgeted the Ground Emergency Medical Transportation Budget Change Proposal.

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22	Public Clinic Supplemental Reimbursement BCP: \$1,394,000 (federal and local funds) in extended expenditure authority for 2 years to address ongoing workload related to AB 959 that provides supplemental Medi-Cal outpatient reimbursement to State veteran homes and public clinics.	March 13	Approve as budgeted the Public Clinic Supplemental Reimbursement Budget Change Proposal.
23	Medi-Cal Managed Care Ombudsman Staffing BCP: \$1,789,000 (\$895,000 General Fund, \$894,000 Federal Fund), and a total of 15.0 permanent positions (conversion of 9.0 limited-term positions to permanent and 6.0 new permanent positions) to address an increase in workload to the Ombudsman call center.	March 13	Approve as budgeted the Medi-Cal Managed Care Ombudsman Staffing Budget Change Proposal, and adopt placeholder trailer bill to require reporting data on calls received by the Ombudsman, conforming to Senate action. Please see attachment 2 for more detail.
24	Use of CalWORKS Eligibility for Medi-Cal Eligibility Trailer Bill: January budget proposes trailer bill to establish statutory authority to request federal approval to use the determination of eligibility for the CalWORKs program as a determination of eligibility for the Medi-Cal program.	March 13	Adopt placeholder trailer bill to establish statutory authority to use CalWORKS eligibility to determine Medi-Cal eligibility.
25	Palliative Care Program Delay: January budget announced a delay to full implementation of this program from July 1, 2017 to July 1, 2018. May Revise proposes to reduce the delay to January 1, 2018 and includes \$1.3 million, conversion of 1 position from limited-term to permanent, and expenditure authority of \$124,000 (\$62,000 General Fund, \$62,000 Federal Fund) to implement the Palliative Care Program created through SB 1004.	March 27 and May 16	Approve of the May Revise requested resources for implementation of the Palliative Care Program on January 1, 2018.

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26	<p>Family Health Estimate and Trailer Bill: January and May Revise fiscal caseload adjustments to the budgets of the following programs:</p> <ul style="list-style-type: none"> • Child Health and Disability Program • California Children's Services Program • Genetically Handicapped Persons Program • Every Woman Counts (EWC) Program <p>January budget proposes trailer bill to convert the EWC budget from accrual to cash.</p>	<p>March 27 and May 16</p>	<p>Approve of the January Family Health Estimate, reflecting May Revise adjustments, for the four Family Health programs, and adopt placeholder trailer bill to convert the Every Woman Counts program budget from accrual to cash.</p>
27	<p>Member Proposal on Newborn Hearing Screening Program: Assemblymember Rubio requests trailer bill to require the program to operate utilizing an on-line web-based reporting system.</p>	<p>March 27 and April 24</p>	<p>Adopt placeholder trailer bill to require the Newborn Hearing Screening program to operate utilizing an on-line web-based reporting system.</p>
28	<p>Substance Use Disorder Services and Workload BCP: \$2,547,000 (various special funds, federal funds, and reimbursements) 14.0 new permanent positions, conversion of 6.0 Limited Term (LT) positions to permanent and limited term funding equivalent to 8.0 LT positions to address various workload increases within the Substance Use Disorder Services Division.</p>	<p>April 3</p>	<p>Approve as budgeted the Substance Use Disorder Services and Workload Budget Change Proposal.</p>
29	<p>Stakeholder Proposal for Suicide Hotline Funding: \$4.3 million (Mental Health Services Act State Administration Fund) is requested to support operation of the National Suicide Prevention Lifeline to increase access and quality of the service such as by developing common crisis line metrics and best practices and by providing services in multiple languages.</p>	<p>April 3</p>	<p>Approve of \$4.3 million, in Mental Health Services Act State Administration Funds, to support suicide hotlines, consistent with this proposal.</p>

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30	<p>Delays in Implementation of Three Policy Bills Trailer Bill: January budget includes three proposed trail bills to delay implementation of policy bills as follows:</p> <ol style="list-style-type: none"> 1. Implementation of the inclusion of marriage and family therapists as billable FQHC providers (AB 1863) to no sooner than July 1, 2018 2. Issuance of regulations for out-of-county foster care presumptive transfer (AB 1299) to July 1, 2020 3. Issuance of evaluation report for Assisted Outpatient Treatment (AB 59) to no sooner than July 1, 2018 	April 3	Deny proposed trailer bills to delay these three policy bills: AB 1863, AB 1299, and AB 59.
31	<p>50 Percent Rule and Personal Injury Lien Recovery Trailer Bill: January budget proposes \$12,160,000 in savings (General Fund) and trailer bill that:</p> <ol style="list-style-type: none"> 1. Clarifies the formula that defines the state's portion of litigation costs; 2. Clarifies code to director's right to recover when there are multiple settlements; and 3. Revises fifty percent rule to comply with federal law and stop General Fund losses. 	April 24	Approve of the Administration's savings estimate associated with this proposal and adopt modified placeholder trailer bill language to address the proposals regarding Medi-Cal's share of litigation costs and ability to recover in the case of multiple settlements, and deleting the proposed change to the fifty percent rule.
32	<p>Stakeholder Proposal to Restore Optional Benefits: \$108.6 million (General Fund) to restore the following Optional Benefits to Medi-Cal:</p> <p>Audiology, Chiropractic, Incontinence Creams and Washes, Optician/Optical Lab, Podiatry, Speech Therapy, and Dental</p>	April 24	Approve of \$108.6 million General Fund, and placeholder trailer bill, to restore Optional Benefits to the Medi-Cal program.

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33	<p>Newly Qualified Immigrant Affordability and Benefit Program: May Revise proposes to eliminate this program.</p> <p>Stakeholders propose trailer bill to repeal the statute that established and authorized the program, and to authorize DHCS to seek federal Minimum Essential Coverage designation for the existing, state-funded NQI health care coverage program.</p>	<p>May 1 and May 16</p>	<p>Approve the Administration's May Revise proposal to eliminate the NQI Affordability and Benefit Program, and adopt placeholder trailer bill to statutorily eliminate the program, and to authorize DHCS to seek federal Minimum Essential Coverage designation for the existing, state-funded NQI health care coverage program.</p>
34	<p>Major Risk Medical Insurance Fund (MRMIF) Elimination Trailer Bill: January budget includes trailer bill to abolish the MRMIF and transfers the fund balance, and ongoing Managed Care Administrative Fines and Penalties Fund revenue to the newly established Health Care Services Plans Fines and Penalties Fund, which may be used to fund expenditures in the Major Risk Medical Insurance Program (MRMIP) and in the Medi-Cal program.</p> <p>May Revise includes adjustments reflecting revised cost estimates for the MRMIP and revised estimates of the MRMIF balance.</p>	<p>May 1 and May 16</p>	<p>Adopt Modified Placeholder Trailer Bill Language that amends the Administration's proposed language to clarify that resources in the proposed new Health Care Services Plans Fines and Penalties Fund fully support necessary administrative and health care expenditures in the Major Risk Medical Insurance Program prior to offsetting General Fund expenditures in the Medi-Cal program. Also approve of the related program and fund adjustments reflected in the May Revise.</p>
35	<p>Medi-Cal 2020 Contract Funding BCP: limited-term annual contract funding of \$1,960,000 (\$980,000 Reimbursements (R) and \$980,000 Federal Fund (FF)) beginning 2017-18 to 2020-21 and \$460,000 (\$230,000 R and \$230,000 FF) in 2021-22 to support workload and implementation of this 1115 Waiver.</p>	<p>May 1</p>	<p>Approve as budgeted the Medi-Cal 2020 Contract Funding Budget Change Proposal.</p>

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36	Federal Managed Care Regulations BCP: \$8,920,000 (\$4,460,000 General Fund) for 2017-18 to 2020-21 and \$2,590,000 (\$1,295,000 General Fund) in 2021-22 and on-going, and 15 permanent positions to support workload associated with implementation of the new Federal Managed Care Regulations.	May 1	Approve as budgeted the Federal Managed Care Regulations Budget Change Proposal.
37	Member and Stakeholder Proposal on the Home Upkeep Allowance: Assemblymember Gipson and stakeholders propose \$3 million (General Fund) for a 2-year pilot to increase the Home Upkeep Allowance, personal resources one may keep and use for housing transition costs when leaving a nursing home to return to a community-based home.	May 1	Approve of \$3 million General Fund, and placeholder trailer bill, to codify and increase the Home Upkeep Allowance within a 2-year pilot program.
38	Stakeholder Proposal on the Robert F. Kennedy Medical Plan: Stakeholders propose extending the sunset on SB 145 from January 1, 2021 to January 1, 2026 which will allow the Plan to build sufficient reserves that it will no longer be dependent on state funding.	May 1	Conform to the Senate's action by adopting placeholder trailer bill to extend the sunset in SB 145 to January 1, 2026.
39	Stakeholder Proposal on Medi-Cal Aged and Disabled Program Eligibility: Stakeholders propose \$30 million (General Fund) to increase the Medi-Cal Aged and Disabled Program income level to 138 percent of the Federal Poverty Level (FPL) from the current approximate level of 123 percent FPL.	May 1	Approve of \$30 million General Fund, and placeholder trailer bill, to increase eligibility for the Aged and Disabled Program to 138 percent of the Federal Poverty Level.
40	California Medicaid Management Information System (CA-MMIS) May Revise Legacy Operations and Modernization BCPs and Related Provisional Language: Legacy Operations BCP: \$9,143,000 (\$2,104,000 General Fund; \$7,039,000 Federal Fund) and conversion of 21 positions from limited-term to permanent	May 16	Deny both CA-MMIS BCPs and proposed provisional language to allow for further discussion and consideration.

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	<p>to oversee the continued maintenance and operation of the existing Legacy system.</p> <p>Modernization BCP: \$5,754,000 (\$575,000 General Fund and \$5,179,000 Federal Fund) and 7 permanent positions to oversee the replacement and modernization of the Legacy system.</p> <p>May Revise includes provisional language to authorize an augmentation of up to \$2,456,000 for implementation of the Advantage Collections Application.</p>		
41	<p>Current Year Medi-Cal Estimate Shortfall Adjustment and Enhanced Medi-Cal Budget Estimate Redesign System (EMBERS) : May Revise reflects a decrease of \$619.6 million in the current year shortfall due to lower caseload estimates and other decreased costs. May Revise also proposes \$495,000 (\$248,000 General Fund, \$247,000 Federal Fund) one time contract funding to upgrade the EMBERS system in order to improve the accuracy and integrity of the Medi-Cal Estimate.</p>	May 16	Approve of the May Revise shortfall adjustments to the Medi-Cal estimate, and approve of the resources requested to upgrade the Enhanced Medi-Cal Budget Estimate Redesign System.
42	<p>Performance Outcome System Budget Adjustments: January budget includes \$10.2 million (\$5.1 million General Fund; \$5.1 million federal funds) in 2016-17 and \$13.7 million (\$6.8 million General Fund; \$6.8 million federal funds) in 2017- 18 for costs to reimburse mental health plans for the costs of capturing and reporting functional assessment data as part of the Performance Outcomes System (POS) for EPSDT mental health services.</p> <p>May Revise includes \$6.2 million (General Fund) for the implementation of functional assessment tools for</p>	May 16	Approve of the January budget and May Revise requested resources for the Performance Outcome System.

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	children receiving specialty mental health services through county mental health plans.		
43	Federal Cures Act Opioid Targeted Response Grant Trailer Bill: \$44.7 million (federal funds) per year for 2 years to provide increased medication assisted treatment for individuals with substance use disorders. Trailer bill requested to exempt DHCS from certain state contract processes in order to distribute the funding as fast as possible.	May 16	Approve of the Federal Cures Act Opioid Targeted Response Grant proposal and adopt placeholder trailer bill to exempt DHCS from state-mandated contracting processes.
44	California Children's Services (CCS) Medical Therapy Program Trailer Bill: Trailer bill language is requested to clarify that in the California Children's Services program, occupational therapy and physical therapy services are available when medically necessary.	May 16	Deny proposed trailer bill on the CCS Medical Therapy Program medical necessity criteria.
45	340B Drug Pricing Program Trailer Bill: Trailer bill is requested to restrict 340B entities, consistent with federal law, from contracting with pharmacies to dispense drugs they purchased under a 340B program discount.	May 16	Deny proposed trailer bill to implement reforms to the 340B Drug Pricing Program.
46	Disproportionate Share Hospital Allocation Adjustments Trailer Bill: Trailer bill is requested to implement federal policy affecting the distribution of federal matching funds for uncompensated costs in hospitals.	May 16	Adopt placeholder trailer bill to implement federal policy affecting the distribution of federal matching funds for uncompensated costs in hospitals, per the proposal.
47	Graduate Medical Education Program for Public Hospitals Trailer Bill: Trailer bill is requested to implement a Graduate Medical Education program that would reimburse (federal funds) designated public hospitals for the costs of training health care providers. Stakeholders propose an amendment to the proposed trailer bill prohibiting access to these funds by public hospitals that do	May 16	Adopt modified trailer bill to implement the Graduate Medical Education program, including the proposed amendment that restricts these funds to public hospitals that contract with all Medi-Cal managed care plans in the area served by the hospital. Please see Attachment 3 for more detail.

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	not contract with all Medi-Cal managed care plans in the area served by the hospital.		
48	Covered Outpatient Drug Final Rule Trailer Bill: Trailer bill is requested to codify the new drug ingredient reimbursement methodology and dispensing fee based on a study of outpatient pharmacy provider costs in purchasing and dispensing outpatient prescription drugs to Medi-Cal beneficiaries.	May 16	Adopt placeholder trailer bill to codify the new drug ingredient reimbursement methodology and dispensing fee, per the proposal.
49	Medicare Enrollees in the Optional Expansion Aid Category: May Revise reflects costs of \$227.1 million General Fund and other Estimate adjustments to reflect the correction to an error in the placement of certain Medicare enrollees into the Optional Expansion Aid Category, resulting in overpayments to managed care plans and overpayments of federal funds to the state. Stakeholders propose trailer bill to define the state's recoupment process of the overpayments made by the state to the managed care plans.	May 16	Approve of the May Revise proposed Medi-Cal Estimate adjustments reflecting the correction of the error associated with enrollment of certain Medicare enrollees into the Optional Expansion Aid Category, and adopt placeholder trailer bill to: 1) establish a workgroup to develop the managed care plan recoupment process; 2) require written notification of overpayment to be recouped and a method for recoupment; 3) prohibit plans from being subject to penalties as long as plans pay back the amount owed by June 30, 2018; and 4) allow for a plan to appeal should a discrepancy arise.
4260 Department of Health Care Services 0530 California Health and Human Services Agency			
50	Medi-Cal Eligibility Data System (MEDS) BCP: \$6.6 million (\$727,000 General Fund) to continue support of 16.0 existing positions and other resources for an additional two years to advance the agency-wide planning effort to replace the outdated MEDS.	May 1	Approve as budgeted the MEDS Budget Change Proposal.

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4265 Department of Public Health			
51	California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) Funding in the Department of Public Health (DPH) BCP: \$223.5 million and 57 positions to implement the requirements of Proposition 56 in oral health, tobacco law enforcement, and tobacco prevention programs. Also backfills \$3.7 million General Fund in the oral health program. May Revise updates Proposition 56 revenue estimates, makes associated adjustments and shifts funding from local assistance to state operations.	March 6 March 20 April 24 May 16	Approve the Proposition 56 Budget Change Proposal, including the technical adjustments included in the May Revise, for the Department of Public Health.
52	Tobacco Tax (Proposition 99) Expenditures and Adjustments: The January budget and May Revise provide revenue and expenditure estimates for Proposition 99 funds within DPH.	March 6 and May 16	Approve of the January budget and May Revise adjustments to Proposition 99 funds for programs within the Department of Public Health.
53	Protecting Children from Lead Exposure BCP: \$480,000 in 2017-18, \$158,000 in 2018-19, and ongoing, and 1 permanent position to implement a new Surveillance, Health, Intervention, and Environmental Lead Database (SHIELD) to support electronic laboratory reporting of blood lead tests, management of lead-exposed children, and assessment of sources of lead exposure.	March 6	Approve as budgeted the Protecting Children from Lead Exposure Budget Change Proposal.
54	Center for Health Care Quality Program Estimate: January and May Revise adjustments proposing \$266.5 million (special funds) in total funding for 2016-17 and \$263.9 million (special funds) for 2017-18.	March 6 and May 16	Approve of the Center for Health Care Quality Program Estimate reflecting final May Revise adjustments.

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55	Los Angeles County Licensing and Certification Contract Adjustments: \$1.1 million (special funds) to increase the contract to account for the annual cost of a 3 percent salary increase effective October 2016, and two 2 percent salary increases effective in October 2017 and April 2018.	March 6	Approve as budgeted the proposed \$1.1 million increase to the Los Angeles County Licensing and Certification Contract.
56	Performance Measurement and Quality Improvement BCP: \$2 million (special funds) to execute quality improvement projects and contracts for the Center for Healthcare Quality.	March 6	Approve as budgeted the Performance Measurement and Quality Improvement Budget Change Proposal.
57	Health Care Associated Infections BCP: \$991,000 from the State Department of Public Health Licensing and Certification Program Fund (Fund 3098) and six permanent, full-time positions for the Healthcare-Associated Infections (HAI) Program.	March 6	Approve as budgeted the Health Care Associated Infections Budget Change Proposal.
58	Women, Infants, and Children (WIC) Program Estimate: January and May Revise adjustments proposing \$300.9 million in 2016-17 and 2017-18 for local administration and \$62.1 million (2016-17) and \$63.5 million (2017-18) for state operations. All federal funds.	March 6 and May 16	Approve January and May Revise adjustments for the WIC Program Estimate.
59	Genetic Disease Screening Program Estimate: January and May Revise adjustments proposing \$132.3 million (special funds) for 2016-17 and \$136.6 million (special funds) for 2017-18.	March 6 and May 16	Approve January and May Revise adjustments for the Genetic Disease Screening Program Estimate.

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60	<p>Newborn Screening Budget Change Proposal: \$2.69 million (special funds) and 1 position to comply with SB 1095. Includes one-time request of \$630,000 in State Operations (of which \$330,000 is being shifted from Local Assistance) to modernize the Genetic Disease Laboratory by adding second-tier testing for metabolic disorders. Increases the Newborn Screening fee of \$130.25 by \$10.</p>	March 6	Approve as budgeted the Newborn Screening Budget Change Proposal.
61	<p>AIDS Drug Assistance Program (ADAP) Estimate: January and May Revise adjustments proposing \$365.1 million (federal and special funds) for 2016-17 and \$395.7 million (federal and special funds) for 2017-18 for the ADAP program.</p>	March 20 and May 16	Approve January and May Revise adjustments to ADAP Estimate.
62	<p>Ryan White Program Compliance with Standards, Quality, and Timeliness Mandates BCP: \$1,239,000 (federal and special funds) and 7 permanent positions to address Health Resources and Services Administration site visit findings, improve client health outcomes, and reduce health disparities through the implementation of Standards of Care and a Clinical Quality Management Program.</p>	March 20	Approve as budgeted the Ryan White Program Compliance Budget Change Proposal.
63	<p>ADAP Data Sharing Trailer Bill: expands authority for DPH to share HIV health information to improve linkage to, and retention in, HIV medical care and treatment, consistent with <i>Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan</i>.</p>	March 20	Adopt placeholder trailer bill to expand ADAP data sharing, as proposed.

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64	Stakeholder Proposal for Office of AIDS Programs: \$4 million (ADAP Rebate Fund) is proposed to help stabilize and improve eligibility and enrollment functions of Office of AIDS programs.	March 20	Approve \$4 million in ADAP Rebate Fund for Office of AIDS Program support and stabilization.
65	Stakeholder Proposal for STD Prevention Funding: \$5 million (General Fund) on-going to continue and increase state STD prevention efforts.	March 20	Approve of \$5 million General Fund on-going for state STD prevention efforts by the Department of Public Health.
66	Youth Tobacco Enforcement BCP: \$1,130,000 in reimbursement expenditure authority and the conversion of 9 positions from limited-term to permanent to meet contractual agreements of the U.S. Food and Drug Administration Tobacco Enforcement contract. May Revise includes a correction to an error in the January budget by increasing General Fund by \$1,078,000 within this contract.	March 20 and May 16	Approve as budgeted the Youth Tobacco Enforcement Budget Change Proposal, and approve of the General Fund technical correction made to the January budget, as reflected in the May Revise.
67	Improved Access to Vital Statistics Data BCP: expenditure authority of \$75,000 in 2017-18 and \$325,000 in 2018-19 (Special Fund) to replace the California Vital Statistics Query (CA-VSQ) system.	March 20	Approve as budgeted the Improved Access to Vital Statistics Data Budget Change Proposal.
68	Demographic Data Collection of Asian, Native Hawaiian and Pacific Islander Populations BCP: expenditure authority of \$326,000 in 2017-18, \$316,000 in 2018-19, and \$314,000 ongoing, and 2.5 full-time positions to meet the AB 1726-mandates to collect demographic data on ancestry or ethnic origin of persons.	March 20	Approve as budgeted the Demographic Data Collection Budget Change Proposal.
69	Certified Copies of Marriage, Birth, and Death Certificates: Electronic Application BCP: expenditure authority of \$257,000 in 2017-18 (Special Fund 0099), \$253,000 in 2018-19 and 2019-20, and \$127,000 in 2020-21, and 2 permanent full-time positions to meet the mandated workload to implement the	March 20	Approve as budgeted the Certified Copies Electronic Application Budget Change Proposal.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
	acceptance of electronic acknowledgements when requests for certified copies of birth, death, or marriage records are made electronically, per AB 2636.		
70	Emergency Preparedness Office BCP and May Revise Technical Correction: \$11.75 million (federal funds) in expenditure authority and conversion of 88.3 positions from limited-term to permanent to support public health emergency preparedness responsibilities. Includes 11.5 positions and \$2.35 million for the conversion of contract positions to state positions. May Revise makes a correction to the January budget to reflect a decrease of \$9.4 million and 76.8 positions.	March 20 And May 16	Approve the Emergency Preparedness Office Budget Change Proposal and the technical correction to funding and position authority included in the May Revise.
71	Public Health Emergency Allocation Update Trailer Bill: proposes to modernize this program, update statutory language and allocations of federal funds to local jurisdictions.	March 20	Adopt placeholder trailer bill to update the Public Health Emergency program.
72	Pre-Exposure Prophylaxis (PrEP) Assistance Program Trailer Bill: proposes changes to 2016 budget trailer bill to clarify that this program will cover uninsured clients and will operate outside of ADAP.	May 16	Adopt placeholder trailer bill to update and clarify the operation of the PrEP Assistance Program, including amendments requested by stakeholders that clarify the use of the medication assistance programs and the definition of "uninsured" as it relates to this program.
73	Member Proposal to Fund the Parkinson's Disease Registry: Assemblymember Nazarian proposes \$3.7 million (General Fund) for 3 years to fund the Parkinson's Disease Registry, as provided for in statute.	May 1	Approve of \$3.7 million General Fund for the operation of the Parkinson's Disease Registry and adopt placeholder trailer bill to update the program in statute.
74	Member Proposal to Support "Boys and Men of Color" Programs: Assemblymember Jones-Sawyer proposes \$1.5 million (General Fund) to improve health and human services	May 1	Approve of \$1.5 million General Fund for the Office of Health Equity and adopt placeholder trailer bill to support programs that improve health outcomes for boys and men of color.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
	outcomes for boys and men of color.		
75	Member Proposal to Support Data Collection on Valley Fever: Assemblymembers Salas and Fong propose \$2 million per year for three years to require each county to report all cases of valley fever to DPH and to require DPH to establish an enhanced monitoring system for, and a public education program about, valley fever.	May 1	Approve of \$6 million General Fund one time for three years of expenditure authority, and placeholder trailer bill, for valley fever data collection.
76	Member Proposal to Fund Sickle Cell Disease Centers: Assemblymember Thurmond proposes \$80 million (General Fund) over 5 years to require DPH to establish up to four sickle cell disease centers that are responsible for coordinating care of people with sickle cell disease and for providing specified training and outreach services for patients and health care professionals.	May 1	Approve of \$17 million General Fund one-time, and placeholder trailer bill, to fund Sickle Cell Disease Centers.
4440 Department of State Hospitals			
77	Admission, Evaluation and Stabilization Center: January request of \$10.8 million (General Fund), 1 position, and trailer bill to create an Admission, Evaluation, and Stabilization (AES) Center to help address the waiting list of individuals deemed Incompetent to Stand Trial (IST). May Revise delays the project by 6 months resulting in savings from January budget of \$3,599,000.	February 27 and May 16	Approve of the proposed Admission, Evaluation, and Stabilization Center resources, reflecting the 6-month delay and associated savings in the budget year, and adopt placeholder trailer bill for this purpose, including amendments to give DSH authority to determine who is admitted to jail-based competency treatment programs, per the LAO recommendation.
78	Conditional Release Program (CONREP) Budget Adjustments: January budget requests of \$976,000 (General Fund) for Transitional Housing cost increase and \$2.4 million (General Fund) for Sexually Violent Predator (SVP) program cost increase. May Revise reflects savings from January budget of \$2,452,000 to reflect decreased estimate in SVP caseload.	February 27 and May 16	Approve of proposed resources for the CONREP program, reflecting the savings from the caseload estimate reduction in the May Revise.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
79	Enhanced Treatment Unit (ETU) Staffing: January request of \$2.3 million in one-time funding and \$5.6 million ongoing to support the activation of the first two ETU units at DSH-Atascadero, as well as 44.7 positions in FY 2017-18 and 115.1 positions in FY 2018-19. May Revise request to increase funding by \$122,000 for Patients-Rights Advocates and Hospital Police Officers.	February 27 and May 16	Approve requested resources for staffing two ETUs, including the increase in resources requested at the May Revise.
80	Capital Outlay - Enhanced Treatment Units: Reappropriation of \$11,467,000 (General Fund) to renovate the existing state hospitals at Atascadero and Patton to provide ETUs.	February 27	Approve as budgeted the capital outlay request for Enhanced Treatment Units.
81	Capital Outlay - Metropolitan Fire Alarm System Upgrade: \$3,916,000 (General Fund) to upgrade the fire alarm systems for the Chronic Treatment East building at DSH-Metropolitan.	February 27	Approve as budgeted the capital outlay request to upgrade the fire alarm systems at Metropolitan State Hospital.
82	Capital Outlay - Patton Fire Alarm System Upgrade: January request of \$6,140,000 General Fund to remove and replace deficient SimplexGrinnell Fire Alarm Control Panels (FACP) and associated components in four patient occupied buildings at Patton State Hospital. May Revise proposal to withdraw this proposal due to project delays.	February 27 and May 16	Approve May Revise proposal to withdraw January request for the capital outlay request to remove and replace fire alarms at Patton State Hospital.
83	Capital Outlay - Napa Courtyard Construction: \$2,029,000 (existing General Fund) for the construction phase and a new appropriation of \$1,846,000 (General Fund) for working drawings and construction to improve security in the courtyards at Napa State Hospital.	February 27	Approve as budgeted the capital outlay request to improve security in the courtyards at Napa State Hospital.
84	Capital Outlay - Coalinga Courtyard Construction: \$5,738,000 (General Fund) to design and construct a secure treatment courtyard at Coalinga State Hospital.	February 27	Approve as budgeted the capital outlay request to construct a courtyard at Coalinga State Hospital.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
85	Capital Outlay - Consolidation of Police Operations at Metropolitan: \$1,327,000 (General Fund) to construct a new building to consolidate (house) the Department of Police Services, Office of Special Investigation, and the Emergency Dispatch Center.	February 27	Approve as budgeted the capital outlay request to consolidate police operations at Metropolitan State Hospital.
86	Napa Earthquake Repairs: January budget request of \$6.2 million General Fund loan that would be repaid with federal reimbursements as phases of the project are constructed. May Revise proposal to increase the loan by \$654,000 to reflect updated costs, increase reimbursements by the same amount and updated provisional language.	February 27 and May 16	Approve of requested one-time General Fund loan of \$6,879,000 and updated provisional language.
87	Metropolitan State Hospital Movement of Civil Commitments Staffing: \$7.8 million (General Fund) and 22.2 positions and \$12.4 million (General Fund) and 35.5 positions (2018-19) for increased staffing needed for the transfer of 150 civil commitment patients to allow additional secure space for Incompetent to Stand Trial waiting list patients.	May 16	Approve of the May Revise requested resources for staffing at Metropolitan state hospital for moving civil commitment patients.
88	Jail-Based Competency Treatment Program Expansion: \$3,054,000 (General Fund) to increase capacity by 24 beds to serve Incompetent to Stand Trial patients. Savings of \$1,310,000 (General Fund) reflects delays in programs in Mendocino, San Diego, and Sonoma.	May 16	Approve May Revise requested resources to expand jail-based competency treatment capacity.
89	Jail-Based Competency Treatment (JBCT) Program Costs: \$1,647,000 (\$2.5 million on-going) (General Fund) to support increased costs of three existing JBCT programs in Riverside, San Bernardino, and Sacramento.	May 16	Approve May Revise requested resources for the increased costs of existing jail-based competency treatment programs.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
90	Metropolitan State Hospital Central Utility Plant (CUP): May Revise request for provisional language to provide General Fund authority in 2017-18 for the ongoing operation of the existing CUP at Metropolitan State Hospital.	May 16	Adopt placeholder provisional language that provides up to \$1.5 million in General Fund authority to continue operations of the Central Utility Plant at Metropolitan State Hospital. Please see Attachment 4 for more detail.
91	Required Fiscal Reporting By DSH to Legislature: Proposed amendments to existing provisional language that requires extensive reporting by DSH to the Legislature on the fiscal details of each state hospital. Legislative Analyst Office (LAO) recommended changes to this proposal to ensure continuation of specified information.		Adopt placeholder provisional language to amend existing provisional language, in order to change and reduce the reporting requirements by DSH, and that reflects recommendations by the LAO. Please see Attachment 5 for more detail.
92	Transfer of Psychiatric Care from Department of State Hospitals (DSH) to California Department of Corrections and Rehabilitation (CDCR): January budget request to transfer \$250,407,000 General Fund and 1,977.6 positions from DSH to CDCR effective July 1, 2017 and ongoing to transfer responsibility for psychiatric inpatient care of CDCR inmates from DSH to CDCR at three CDCR institutions. May Revise request to transfer an additional \$4 million (General Fund) to cover increased employee compensation costs.	April 3 and May 16	Reject the transfer and adopt placeholder trailer bill language which directs CDCR and DSH to work with stakeholders on a plan to transfer acute levels of care from DSH to CDCR. This action is consistent with the action being taken by Assembly Budget Subcommittee #5 on Public Safety.
93	Transfer of Sexually Violent Predator (SVP) Screening Services from DSH to CDCR: \$483,000 (General Fund) and 2.5 positions to transfer from DSH to CDCR for the responsibility of SVP screenings.	May 16	NO ACTION: This joint DSH/CDCR proposal was approved by Assembly Budget Subcommittee #5 on Public Safety on May 17, 2017.
4560 Mental Health Services Oversight and Accountability Commission			
94	Prevention and Early Intervention Plan Reviews BCP: \$309,000 (special funds) and 2 positions to provide oversight over SB 82 regulations and to provide technical assistance to counties on	April 3	Approve as budgeted the Prevention and Early Intervention Plan Reviews Budget Change Proposal.

Issue No.	Issue / Program	Prior Hearing Date	Recommended Subcommittee Action
	Prevention and Early Intervention Programs, as required by 2013 budget trailer bill.		
95	Contracts Administration BCP: \$157,000 (special funds) and 1 position to implement expanded consumer contracts and children's crisis services (both required through prior-years' trailer bills).	April 3	Approve as budgeted the Contracts Administration Budget Change Proposal.
96	Statewide Suicide Prevention Strategic Plan: The Subcommittee adopted Supplemental Reporting Language that requests the MHSOAC to develop a statewide suicide prevention strategic plan.	April 3	Approve of \$100,000 in Mental Health Services Act State Administration Fund to support the development of a statewide suicide prevention strategic plan.
97	Re-appropriation of \$5,564,700 in 2016 Mental Health Services Act Funds to the MHOAC for: <ul style="list-style-type: none"> • IT Consulting contracts - \$495,988 • Advocacy contracts competitive bidding process - \$4,020,000 • Triage Personnel Grants - \$585,214 • Evaluation Contracts - \$293,498 • Transition Age Youth Advocacy Contract - \$170,000 		Approve placeholder budget bill and provisional language to re-appropriate the funding, as requested by the MHSOAC.

ATTACHMENTS

ATTACHMENT 1

Agenda Issue #19: Stakeholder Proposals on Use of Proposition 56 Revenue Within Medi-Cal

Assembly Budget Sub 1 Action on Proposition 56 Funding FY 17-18 (In Millions)

Medi-Cal Physician Incentives	\$610	61%
Denti-Cal Dentist Incentives	\$247.3	25%
Family Planning & Abortion Services Rates	\$50	5%
ICF-DD Rates	\$26.7	2.7%
AIDS Waiver Rates	\$2	0.2%
Pediatric In-Home Health Rates	\$10	1%
Durable Medical Equipment Rates	\$0	0%
Coverage Up to Age 26	\$54	5.4%
TOTAL EXPENDITURES	\$1,000	

Descriptions of Components of Proposition 56 Funding Action:

- ***Physician Incentives.*** The \$610 million will be distributed based on an incentive based payment program that will make one-time annual payments to physicians who see a high number of Medi-Cal patients or who increase the percentage of Medi-Cal enrollees in their patient population. Payments are tied to increased access to care.
- ***Dentist Incentives.*** The \$247.3 million will be distributed through an incentive based payment program that will make one-time annual payments to dentists who see Denti-Cal patients based on volume. Payments are tied to increased access to care.
- ***Family Planning Rates.*** The \$50 million for family planning will be realized in increased provider rates through the state's Family PACT program and for increased rates for abortion services.
- ***ICF-DD Rates.*** This funding of \$26.7 million would eliminate the 2008/09 provider rate freeze for ICF DD facilities and update the rate to reflect DHCS's 2016/17 rate study. This would bring the rates up to August 1st 2016.

- ***AIDS Waiver Rates.*** This additional \$2 million General Fund will increase reimbursement rates in the Medi-Cal AIDS Waiver program to achieve parity with other Home- and Community- Based Services Waiver programs.
- ***Pediatric In-Home Health Rates.*** This \$10 million is for incentive payments for in-home health care providers for children with significant medical needs.
- ***Durable Medical Equipment Rates.*** This action is to adopt trailer bill that prohibits the Medi-Cal program from reducing the rates below their current level.
- ***Coverage Up to Age 26.*** This \$54 million is for the purpose of providing full-scope Medi-Cal coverage to all young adults, up to age 26, regardless of immigration status.

ATTACHMENT 2

Agenda Issue #23: Medi-Cal Managed Care Ombudsman Staffing BCP

Adopt Placeholder Trailer Bill Language to require reporting on calls received by the Ombudsman, including:

- a. Number and type of contacts received.
- b. Wait time for callers or average speed to answer.
- c. Number of calls abandoned.
- d. Result of contacts, including destination of referred calls and time to resolution of complaint or grievance.

The collected data shall include demographic, coverage and complaint-related information, in coordination with the Office of Patient Advocate. The data shall be posted on the department's website and reported and included with other stakeholder reports at least quarterly and at least once a year shall include recommendations for training protocols for staff, including cultural and linguistic competency; an assessment of trends; and protocols for call or complaint referrals.

ATTACHMENT 3

Agenda Issue #47: Graduate Medical Education Program for Public Hospitals Trailer Bill

Proposed amendment underlined:

14105.29 (a)(1)

Subject to subdivision (e), additional Medi-Cal payments shall be made to designated public hospitals and their affiliated government entities, in recognition of the Medi-Cal managed care share of graduate medical education costs. To the extent permissible under federal law, the department shall make such payments directly to the designated public hospitals that contract with all Medi-Cal managed care plans in the area served by the designated public hospital and their applicable affiliated government entities.

ATTACHMENT 4

Agenda Issue #90: Metropolitan State Hospital Central Utility Plant

Revised Proposed Provisional Language:

Add the following provision to Item 4440-011-0001:

12. Upon approval of the Department of Finance, the amount available for expenditure in this item may be augmented up to \$1,500,000 for the purposes of continued operation of the existing central utility plant, including exercise of the state's existing right to purchase the facility, at the Metropolitan State Hospital. If the facility is not purchased, the current lease may be extended and restated, notwithstanding any other provision of law, by either State Hospitals or DGS, upon terms as approved by the Department of Finance. If the facility is purchased, State Hospitals may enter into an operating agreement with the current facility operator, on a non-competitive basis for a multi-year term as needed to continue utility service from the existing facility. The Department of Finance shall provide notification in writing to the Joint Legislative Budget Committee of any expenditure approved under this provision not less than 30 days prior to the effective date of the approval.

ATTACHMENT 5

Agenda Issue #91: Requires Fiscal Reporting By DSH to Legislature

The following is the prior provisional language with the changes proposed by the Administration and LAO shown:

The Director of the State Department of State Hospitals shall submit ~~two reports contained within a report, as part of the state hospital population estimate that consider~~annual Governor's Budget and May Revision, showing the State Budget, comparing expenditures of each institution under the control of the department for the institution's ~~expenditures to its~~ approved funding allotments ~~for the fiscal year beginning July 1, 2016. The first report shall be submitted with the 2017-18 Governor's Budget and the second report shall be submitted with the 2017-18 Governor's Budget May Revision.~~ If any institution's expenditures are trending above the allotments provided to it, the Director of the State Department of State Hospitals shall detail the reasons why the institution is spending at a level above its allotments and list the actions the department is ~~undertaking~~taking in order to align expenditures with approved allotments. The first report shall contain a ~~year-end~~year-end summary and an operating budget for each of the institutions ~~under the control of the State Department of State Hospitals.~~ Specifically, the ~~first~~ report shall include all of the following:

- (a) The ~~year-end~~year-end expenditures by line-item detail for each institution ~~in the 2015-16 fiscal year.~~
- (b) The ~~allotments and~~ projected and actual expenditures for each institution ~~in~~for the 2016-17 and 2017-18 fiscal ~~year~~years, including ~~estimated staffing, overtime budget, estimated, benefits budget, registry, and operating expense and equipment budget~~expenses.
- (c) The overall number of authorized and vacant positions for each institution.
- (d) ~~The second report shall include:~~ The number of authorized and vacant positions for each institution for psychiatric technicians, nurses, physicians, psychiatrists, medial technical assistants, social

- workers, and rehabilitation therapists.
- (e) ~~(a) Current allotments and projected expenditures~~The number of positions in the temporary help blanket for each institution ~~in the 2016–17 fiscal year.~~