

Schedule 13
Funding Request for the 2013-14 Budget Cycle

Department: Health Care Policy and Financing

Request Title: Additional FTE to Restore Functionality

Priority Number: R-6

Dept. Approval by: John Bartholomew *JB* 10/29/12
Date

OSPB Approval by: [Signature] 10/30/12
Date

- Decision Item FY 2013-14
- Base Reduction Item FY 2013-14
- Supplemental FY 2012-13
- Budget Amendment FY 2013-14

Line Item Information		FY 2012-13		FY 2013-14		FY 2014-15
	Fund	1 Appropriation FY 2012-13	2 Supplemental Request FY 2012-13	3 Base Request FY 2013-14	4 Funding Change Request FY 2013-14	5 Continuation Amount FY 2014-15
Total of All Line Items	Total	\$28,524,475	\$0	\$29,699,432	\$704,341	\$800,719
	FTE	326.2	0.0	326.6	7.4	9.0
	GF	\$10,217,610	\$0	\$11,355,147	\$352,172	\$400,361
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$2,519,384	\$0	\$2,560,455	\$0	\$0
	RF	\$1,438,886	\$0	\$1,181,464	\$0	\$0
	FF	\$14,348,595	\$0	\$14,602,366	\$352,169	\$400,358
(1) Executive Director's Office; (A) General Administration, Personal Services	Total	\$22,593,922	\$0	\$23,641,039	\$528,568	\$644,865
	FTE	326.2	0.0	326.6	7.4	9.0
	GF	\$7,971,021	\$0	\$9,149,778	\$264,285	\$322,433
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$2,038,599	\$0	\$2,077,080	\$0	\$0
	RF	\$1,176,645	\$0	\$1,069,555	\$0	\$0
	FF	\$11,407,657	\$0	\$11,344,626	\$264,283	\$322,432
(1) Executive Director's Office; (A) General Administration, Health, Life, and Dental	Total	\$2,216,793	\$0	\$2,224,522	\$39,789	\$39,789
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$796,479	\$0	\$761,094	\$19,895	\$19,895
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$174,652	\$0	\$167,467	\$0	\$0
	RF	\$111,821	\$0	\$62,934	\$0	\$0
	FF	\$1,133,841	\$0	\$1,233,027	\$19,894	\$19,894
(1) Executive Director's Office; (A) General Administration, Short-term Disability	Total	\$33,497	\$0	\$39,933	\$838	\$1,023
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$12,334	\$0	\$13,650	\$419	\$512
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$2,503	\$0	\$2,813	\$0	\$0
	RF	\$1,309	\$0	\$611	\$0	\$0
	FF	\$17,351	\$0	\$22,859	\$419	\$511
(1) Executive Director's Office; (A) General Administration, S.B. 04-257 Amortization Equalization Disbursement	Total	\$730,633	\$0	\$809,458	\$17,050	\$23,114
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$283,141	\$0	\$275,990	\$8,525	\$11,557
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$53,468	\$0	\$57,223	\$0	\$0
	RF	\$37,574	\$0	\$12,775	\$0	\$0
	FF	\$356,450	\$0	\$463,470	\$8,525	\$11,557
(1) Executive Director's Office; (A) General Administration, S.B. 06-235 Supplemental Amortization Equalization Disbursement	Total	\$627,713	\$0	\$730,907	\$15,394	\$21,668
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$242,160	\$0	\$249,158	\$7,697	\$10,834
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$45,949	\$0	\$51,659	\$0	\$0
	RF	\$33,280	\$0	\$11,679	\$0	\$0
	FF	\$306,324	\$0	\$418,411	\$7,697	\$10,834

Line Item Information		FY 2012-13		FY 2013-14		FY 2014-15
		1	2	3	4	5
Fund		Appropriation FY 2012-13	Supplemental Request FY 2012-13	Base Request FY 2013-14	Funding Change Request FY 2013-14	Continuation Amount FY 2014-15
(1) Executive Director's Office; (A) General Administration, Operating Expenses	Total	\$1,625,353	\$0	\$1,557,009	\$41,832	\$8,550
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$715,356	\$0	\$708,358	\$20,916	\$4,275
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$53,049	\$0	\$53,049	\$0	\$0
	RF	\$78,257	\$0	\$23,910	\$0	\$0
	FF	\$778,691	\$0	\$771,692	\$20,916	\$4,275
(1) Executive Director's Office; (A) General Administration, Leased Space	Total	\$696,564	\$0	\$696,564	\$60,870	\$61,710
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$197,119	\$0	\$197,119	\$30,435	\$30,855
	GFE	\$0	\$0	\$0	\$0	\$0
	CF	\$151,164	\$0	\$151,164	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$348,281	\$0	\$348,281	\$30,435	\$30,855
Letternote Text Revision Required? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> If yes, describe the Letternote Text Revision:						
Cash or Federal Fund Name and COFRS Fund Number: FF: Title XIX Reappropriated Funds Source, by Department and Line Item Name: N/A Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Not Required: <input checked="" type="checkbox"/> Schedule 13s from Affected Departments: N/A Other Information: N/A						

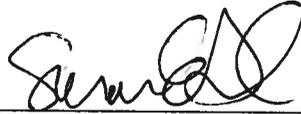


DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

John W. Hickenlooper
Governor

*FY 2013-14 Funding Request
November 1, 2012*

Sue Birch
Executive Director



Signature

10/20/12

Date

*Department Priority: R-6
Additional FTE to Restore Functionality*

Summary of Incremental Funding Change for FY 2013-14	Total Funds	General Fund	FTE
Additional FTE to Restore Functionality	\$704,341	\$352,172	7.4

Request Summary:

- The Department is committed to **improving external relations**, providing **timelier responses**, and presenting **more information with better data**.
- This **agency-wide** request will support senior Department staff, enabling timely, better informed interactions with stakeholders, legislators, and other partners.
- The Department acknowledges that internal problems exist, and this is **the Department's plan to address these issues**.
- **Changes have been made**, but the Department needs additional assistance.
- **All of the existing issues cannot be fixed without the approval of this request.**

As such, the Department requests an increase of \$704,341 total funds, including \$352,172 General Fund, in FY 2013-14, in order to hire additional employees to enable the Department to meet its objectives and restore core functionality as the administrator of the State's medical assistance programs and authority on health care. The Department's inadequate FTE level is impairing its ability to execute its mission to improve health care access and outcomes for the people it serves while demonstrating sound stewardship of financial resources, which has led to federal

disallowances, audit findings, and inadequate customer service. Funds will be used specifically to cover the personal services, operating, and leased space expenses of new employees.

Problem or Opportunity:

Since the inception of the Department of Health Care Policy and Financing (the Department), the core function of the Department has changed. The Department has gone from simply a payer of the health care claims of those enrolled in the State's medical assistance programs to being expected to perform as a fully operational insurance plan. As such, the scope and complexity of the Department has changed significantly. Many new and complex programs and initiatives are being implemented, and in many cases the Department has either fully or partially absorbed the need for resources. The Department's current resources have become strained over time as the expectations of the public, the federal government, and the General Assembly have grown. In addition to new programs and initiatives, existing programs have grown significantly in both size and complexity; these changes together have diminished the Department's ability to adequately staff and manage programs effectively. By progressing from merely a payer of health care claims, to

being the State agency expected to bend the Medicaid cost curve, the Department is now in a position where additional resources are required in order to effectively operate.

Brief Background:

The understaffing problem the Department is struggling with can be traced back to the inception of the Department as the single State Medicaid agency. When the separation of the Department of Human Services and the Department occurred, the Department was simply a payer of the health care claims of those enrolled in the State's medical assistance programs. The Department was operational in nature, with little emphasis placed on policy and initiatives geared toward increasing quality and maintaining costs. Over time however, the core mission and the purpose of the Department has changed. Colorado is now becoming a national leader in health care, and the Department is expected to deliver innovative programs that will transform how the State delivers and pays for health care. These programs require vast amounts of knowledge, skill, and attention to administer. The Department's Accountable Care Collaborative (ACC) is an example of the kind of new, highly complex programs the Department is actively creating and implementing; another example would include HB 12-1281, "Medicaid Payment Reform Pilot Program." In addition to the implementation of elaborate new programs, the Department has also identified and implemented many efficiencies within the existing Medicaid program during the last four years of budget cuts. These represent some of the myriad of initiatives the Department is actively engaged in to transform the health care system in Colorado.

In addition to initiatives, the ways the Department interacts with stakeholders and the federal regulations surrounding the Department's programs have changed significantly. Historically, the Department only had limited participation and collaboration with stakeholder groups. Today, stakeholder relations are a critical piece of the Department's work. The Department

consults and collaborates with stakeholders on nearly every project; in many cases, stakeholder participation is a requirement of both state and federal law. This collaborative process is important to ensure that policies being implemented meet the needs of both the Department and its clients. However, the Department believes that such stakeholder involvement has likely tripled the number of meetings required to implement any given policy, placing a significant burden on staff that are also tasked with the day-to-day operations to administer programs. Federal regulations are also much more numerous and strict today than they were in the past, leading to more federal fund disallowances and other findings as employees are finding it increasingly difficult to keep up with the additional regulatory pressures. Federal fund disallowances create a risk for the State, as the federal funds disallowed must be paid back with State funds, and often create a General Fund need which was not budgeted for. Federal fund disallowances could be caused by a multitude of things, such as not meeting federal timely filing requirements or other federal regulations on programs.

In FY 2003-04, the Department incurred \$2.35 billion in Medicaid expenditures; by FY 2011-12, expenditures reached over \$4.71 billion. These totals do not include Medicaid funds managed by the Department of Human Services (DHS), although the Department actively works with DHS staff to manage those funds as well. This expenditure growth is also placing additional pressure on Department staff to manage costs and conserve taxpayer resources, as Department expenditures have a "crowding out" effect on other areas of the State. This creates additional pressure for the people in charge of overseeing programs, as they must develop strategic plans to limit program growth without preventing clients from obtaining needed medical services and causing providers to stop accepting Medicaid clients. The Department has found that employees cannot function effectively when they are responsible for all areas of a program. When a single employee is responsible for the

operational, policy, and strategic aspects of program management, that person simply does not have enough time to devote to each required task, and this can lead to:

- audit findings,
- federal fund disallowances ranging from several hundred thousand to several million dollars depending on the size of the program,
- lawsuits,
- lost appeals,
- the inability to respond to legislative and other deadlines,
- difficulties with provider retention, and
- client frustration with the Medicaid program.

These types of problems create a lack of faith in the ability of State government to operate effectively. Further, these issues also place unsustainable pressure on the staff responsible for managing the programs; this has led to unacceptably high employee turnover, which further exacerbates the problem.

Over the past decade, the Department has grown in terms of the number of FTE. These additional FTE however, have generally been for new programs, and have not addressed the fundamental problem of having multiple roles for many of the Department's employees. In addition, for many programs, the Department has been underappropriated FTE or has simply absorbed the extra duties. For example, the Department requested three FTE to implement the ACC, however only 0.5 FTE was appropriated. The lack of resources was a major reason that the program took an additional 13 months to implement, and was much more difficult for those who did work on the program, many of whom simply absorbed the extra duties. Employees have also absorbed the duties associated with other programs and initiatives such as:

- 1) Intermediate Care Facility for Persons with an Intellectual Disability (ICF/ID) Program.
- 2) HB 10-1119, "SMART Government Act."

In these cases, FTE were not appropriated to perform the work required.

The Department is making internal efforts in order to free up some resources. In June and August 2012, the Department began two process improvement plans using LEAN coaching and training resources available from the Governor's Office of State Planning and Budgeting. The June project focused on reducing the time to hire new employees, and the August project focused on streamlining the service plan development process for Long Term Care waivers. As a result of these kinds of LEAN initiatives, the Department believes that it may be able to reassign some FTE from their current roles to other critical areas. For example, when the Department recently lost a budget analyst, the Budget Division was able to reassign those job duties to other analysts who had developed additional capacity; that capacity was a result of successful employee retention and process improvements in the Budget Division. However, most process improvements do not free up positions; rather they help reduce the workloads on already overburdened staff. The reassigned FTE and additional workloads that can be absorbed are not sufficient to address all of the needs discussed above.

Like other employers, the Department has also had to adapt to a new, 21st century workforce. This workforce is mobile, and does not typically stay within State employment for more than a few years. This creates an acute problem for the Department, because the sheer complexity of the Medicaid program and its regulations mean that employees take a full year to train to be effective at an operational level, and several years to fully train to be effective at a policy or strategic level. Because the Department is currently structured so that most programs are only supported by a single staff member, turnover causes the Department to lose critical knowledge that existing staff cannot replace. While the Department tries to cross-train staff, the volume of work is a serious constraint to having a workforce that is versed in multiple programs. Due to this, the Department must

create incentives for people to stay within the existing State personnel system. As new employees begin employment with the Department, it will generally be in a training capacity. As employees leave, these openings will create promotional opportunities for those in training, allowing the Department to promote from within, maintaining knowledge and experience. The Department however, requires an adequate level of FTE in order to operate in this manner, planning for it ahead of time, instead of reacting to loss regularly.

Proposed Solution:

The Department has identified nine positions that would assume some of the day-to-day responsibilities of administering the most critically understaffed Department programs. These positions will enable managers to focus on strategic management and planning, stakeholder relations, and improving services covered by Department programs. These positions will also increase the value received on program expenditures, and reduce the potential risks the Department faces due to inadequate staffing. The details of each position are presented in the accompanying table in the appendix.

Alternatives:

Over the last several years, the Department has considered or implemented alternatives for all requested positions. Alternatives include using temporary employees to address staffing needs, continuing to ask existing employees to take on additional tasks, and utilizing contractors to do work typically performed by permanent staff. These alternatives have failed to address the underlying root of the problem, and have led to serious consequences. Temporary employees can be hired to work for no more than six months, and their knowledge is lost when their contracts expire; further, it is very difficult to hire skilled professionals with relevant knowledge about the Colorado Medicaid program on a temporary basis. The Department has also employed contractors particularly to do research and policy analysis, but this work comes at a high cost and

the Department retains only the final work product of the contractor.

Anticipated Outcomes:

The Department expects the requested FTE will address many of the problems discussed throughout this request. The additional FTE will allow managers and experienced staff the time required to strategically address areas that have been neglected due to restrictions imposed by inadequate staffing levels, including health care reform. Also, day-to-day operations will be performed more effectively, as these FTE will allow the Department to restructure program management to dedicate both policy and operational experts. The FTE will also help enhance partnerships both within the Department and in the community by providing resources to better manage current workloads while strategically involving external stakeholders as additional sources of input regarding current and anticipated programs.

The Department also expects to reduce many of the other problems that are associated with inadequate staffing levels. As discussed above, these include a reduced number of audit findings, increased stakeholder and provider satisfaction with the Department, and higher employee retention and morale. Employees will have a better career path, and productivity may also increase as a result.

This request also has the potential for significant savings. Savings could result from decreased client overutilization as the result of better oversight of programs, and many of the positions in this request have the potential to pay for themselves in this form of savings. Increased compliance with federal regulations will result in fewer federal fund disallowances, and increased resources dedicated to client, provider, and stakeholder issues may result in fewer lost appeals and lawsuits. These types of savings are difficult to quantify, both in terms of magnitude, and in terms of when reductions may occur. Therefore, the Department has not included a reduction in service expenditure in this request;

however, any savings will be captured through the regular budget process.

Assumptions for Calculations:

The Department request includes base salaries at the minimum salary of the designated class. The FTE Request form shows the calculations of class title base salary, PERA at 10.15% of base salary, AED at 3.60%, SAED at 3.25%, Medicare at 1.45%, STD at 0.177%, and Health-Life-Dental at \$4,421.04 per employee. Operating expenses include \$500 for regular operating expenses per FTE, \$450 for telephone expenses, a one-time personal computer and office furniture charges of \$1,230 and \$3,473 respectively. It is estimated that leased space costs will be \$60,870 total funds in FY 2013-14, and \$61,710 total funds in FY 2014-15. This is calculated by multiplying the estimated cost per square foot for leased space by 3,000 square feet. Due to the larger increments required to acquire commercial leased space, and

to keep Department staff in close proximity to each other, it is necessary to rent this much space for any additional FTE. This request also assumes that all positions would begin employment in August 2013.

Consequences if not Funded:

If this request is not funded, the lack of staff would continue to greatly inhibit the Department's ability to meet Department objectives and stakeholder expectations. The Department will continue to overburden current employees, high turnover will continue or increase, audit findings will persist without resources to address or prevent them, contractors will continue to be relied upon for critical functions, and the Department would become increasingly unable to keep pace with the health care needs of the citizens of Colorado.

Appendix: Descriptions of Requested Positions

POSITION TITLE	FTE	JOB CLASS	DESCRIPTION OF POSITION
Deputy Budget Director	1.0	Budget Analyst V	Currently, the Department’s Finance Office Director, a member of the Executive Committee, simultaneously serves as the Budget Division Director. As the complexity of the Department’s budget continues to grow, the Department requires a dedicated Deputy Budget Director to focus solely on the operational needs of the Budget Division, including the preparation of budget requests, schedules, legislative requests for information, and footnote reports. This would allow the current Budget Director to focus on the strategic direction of the Department and be more responsive to both internal and external stakeholders. The current responsibilities of being a director of both an office and an individual division has led to inefficiencies and inhibit the Department’s ability to strategically link, from a finance perspective, the different aspects of not only the Finance office, but the Finance office with other areas of the Department.
Budget Analyst	1.0	Budget Analyst III	The Department’s budget continues to grow more complex; there are large portions of the Medicaid and CHP+ programs that are funded through cash funds, and have different federal match rates. In order to meet the statutory deadlines in the budget process, the Department requires additional staff who are able to perform statistical and economic forecasting, as most individual programs require individual forecasts. For example, the Department’s budget request for Medical Services Premiums is over 200 pages in length, and must be prepared twice per year to meet statutory budget deadlines. Accuracy is of paramount importance; a 1% error in the Medical Services Premiums forecast could cause a \$15,000,000 General Fund impact. This position would assume a number of the forecasts that are currently being performed by other analysts; this would allow the Department to devote more time to research trend issues that could potentially cause large expenditure swings.
Recovery Officer	1.0	General Professional IV	The Department currently only has one individual generating adverse action letters, setting up case files, and tracking recovery payments received. A second FTE is needed to share the additional workload generated by Medicaid expansion as data analysts have been added and the number of recovery cases has grown. Inadequate staff in this section could cost the State money in the form of forgone recoveries. It could also cause the Department to become non-compliant with federal regulations, likely impacting federal financial participation rates (FFP). Losing enhanced FFP would prove extremely costly to the Department and State and should be avoided if possible.

POSITION TITLE	FTE	JOB CLASS	DESCRIPTION OF POSITION
Compliance Coordinator	1.0	General Professional IV	The complexity of the Medicaid and Child Health Plan <i>Plus</i> (CHP+) programs has created the need for an FTE to centralize the State Plan submission function, create rule drafts, and to assist with fiscal notes and other compliance related functions. Benefit managers are currently responsible for compliance functions related to their positions. Taking the compliance responsibilities away from benefit managers leaves more time for existing FTE to properly manage benefits, including coordinating stakeholder, provider, and client needs. A designated compliance FTE would also help prevent things from being missed, as benefit managers struggle to perform all current responsibilities. This position would reduce the risk of losing FFP, which is dependent upon the accuracy of the State Plan, and the Department's compliance with and implementation of audit recommendations.
Quality and Compliance Specialist	1.0	General Professional IV	This FTE is needed to complete data analysis, assess the effectiveness of projects, improve health outcomes, and impact reimbursement structures on health care services provided. Identifying and targeting quality improvement projects as they relate to value based purchasing, and development and monitoring of standards for quality care coordination would be the primary role of this position. Sufficient monitoring and quality improvement activities support health outcomes and overall quality, leading to improvement and lower reimbursements, potentially resulting in long-term savings.
Pharmacy Benefit Analyst	1.0	Pharmacist I	The Department currently has two pharmacists who handle client pharmacy related issues. They are responsible for a variety of projects, including expanding drugs covered by prior authorization, expanding Rx review, and expanding Smart PA, a prior authorization decision support system. Because pharmacy issues are frequently escalated to the Department, the pharmacists are frequently unable to handle any tasks beyond client and provider phone calls. An additional FTE with medical knowledge would provide a way to reallocate work, enabling more to be accomplished with the pharmacy benefit. The Pharmacist Assistant would work on a number of projects including health care reform, the Durable Medical Equipment (DME) programs, and other programs that provide safety to clients.
Eligible Provider and Hospital Attestation Processor	1.0	General Professional IV	Currently, there is no FTE assigned to assist in the processing of eligible provider and eligible hospital attestations for adopting, implementing, and upgrading Meaningful Use Incentive Payments. These duties are currently being worked on part time by four staff members, but it is difficult to meet the CMS mandated timeframe for these attestations. There are now indications that the number of attestations will begin to increase and the number of hours needed to process them will be more than current staff can handle.

POSITION TITLE	FTE	JOB CLASS	DESCRIPTION OF POSITION
Financial Reporting and Cash Management Unit Manager	1.0	Accountant IV	The Department's Controller Division has been experiencing an increasing amount of review and inquiries from CMS, and has been unable to provide timely responses to many of these due to other responsibilities. The Division also receives an increasing amount of audits being performed by the Office of the State Auditor (OSA) and the Office of Inspector General (OIG). This position's primary responsibilities will be to oversee the day-to-day activities of a Financial Reporting and Cash Management Unit to ensure accurate and timely production of deliverables and compliance with CMS, OIG, and OSA, saving the Department from potential penalties and fees. This position would also provide valuable support to the Accounting Manager and Controller as a resource for other ad hoc program requests.
Stakeholder Relations	1.0	General Professional IV	The increased importance of stakeholder relations in the Medicaid program has required Department policy staff to assume the responsibility of organizing stakeholder meetings and addressing comments and feedback. This has proven to be unsustainable. This FTE would provide facilitation for meetings with stakeholders or intradepartmental meetings as needed, and act as a general point of contact for the myriad of boards and committees that the Department is involved with. This FTE would manage and coordinate stakeholder relations and ensure that messaging to stakeholders is uniform and consistent. This person would be an expert in facilitation and public process management.

Calculation Assumptions:

Personal Services -- Based on the Department of Personnel and Administration's August 2012 Annual Compensation Survey Report. All positions below are at the bottom of the pay range for the given class title.

Operating Expenses -- Base operating expenses are included per FTE for \$500 per year. In addition, for regular FTE, annual telephone costs assume base charges of \$450 per year.

Standard Capital Purchases -- Each additional employee necessitates the purchase of a Personal Computer (\$900), Office Suite Software (\$330), and office furniture (\$3,473).

General Fund FTE -- New full-time General Fund positions are reflected in FY 2013-14 as 0.9166 FTE to account for the pay-date shift.

Expenditure Detail		FY 2013-14		FY 2014-15	
<i>Personal Services:</i>		FTE	\$	FTE	
	Monthly Salary				
ACCOUNTANT IV	\$6,041	0.8	\$57,994	1.0	\$72,492
	PERA		\$5,886		\$7,358
	AED		\$2,088		\$2,900
	SAED		\$1,885		\$2,718
	Medicare		\$841		\$1,051
	STD		\$103		\$128
	Health-Life-Dental		\$4,421		\$4,421
Subtotal ACCOUNTANT IV		0.8	\$73,218	1.0	\$91,068
	Monthly Salary				
BUDGET & POLICY ANLST III	\$5,360	0.8	\$51,456	1.0	\$64,320
	PERA		\$5,223		\$6,528
	AED		\$1,852		\$2,573
	SAED		\$1,672		\$2,412
	Medicare		\$746		\$933
	STD		\$91		\$114
	Health-Life-Dental		\$4,421		\$4,421
Subtotal BUDGET & POLICY ANLST III		0.8	\$65,461	1.0	\$81,301
	Monthly Salary				
GENERAL PROFESSIONAL IV	\$4,733	4.2	\$238,543	5.0	\$283,980
	PERA		\$24,212		\$28,824
	AED		\$8,588		\$11,359
	SAED		\$7,753		\$10,649
	Medicare		\$3,459		\$4,118
	STD		\$422		\$503
	Health-Life-Dental		\$22,105		\$22,105
Subtotal GENERAL PROFESSIONAL IV		4.2	\$305,082	5.0	\$361,538

	Monthly Salary				
BUDGET & POLICY ANLST V	\$6,662	0.8	\$63,955	1.0	\$79,944
PERA			\$6,491		\$8,114
AED			\$2,302		\$3,198
SAED			\$2,079		\$2,998
Medicare			\$927		\$1,159
STD			\$113		\$142
Health-Life-Dental			\$4,421		\$4,421
Subtotal BUDGET & POLICY ANLST V		0.8	\$80,288	1.0	\$99,976
	Monthly Salary				
PHARMACY I	\$6,425	0.8	\$61,680	1.0	\$77,100
PERA			\$6,261		\$7,826
AED			\$2,220		\$3,084
SAED			\$2,005		\$2,891
Medicare			\$894		\$1,118
STD			\$109		\$136
Health-Life-Dental			\$4,421		\$4,421
Subtotal PHARMACY I		0.8	\$77,590	1.0	\$96,576
Subtotal Personal Services		7.4	\$601,639	9.0	\$730,459

<i>Operating Expenses</i>					
Regular FTE Operating Expenses	500	7.4	\$3,700	9.0	\$4,500
Telephone Expenses	450	7.4	\$3,330	9.0	\$4,050
PC, One-Time	1,230	7.4	\$9,102		
Office Furniture, One-Time	3,473	7.4	\$25,700		
Other					
<i>Subtotal Operating Expenses</i>			\$41,832		\$8,550
<u>TOTAL REQUEST</u>		7.4	<u>\$643,471</u>	9.0	<u>\$739,009</u>
			<i>General Fund:</i>		\$321,737
					\$369,506
			<i>Cash funds:</i>		\$0
					\$0
			<i>Reappropriated Funds:</i>		\$0
					\$0
			<i>Federal Funds:</i>		\$321,734
					\$369,503