

Multiple Agency Fiscal Note Summary

Bill Number: 5642 SB	Title: Medicaid clients/metrics
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Estimated Cash Receipts

Agency Name	2025-27			2027-29			2029-31		
	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	0	0	617,000	0	0	539,000	0	0	454,000
Total \$	0	0	617,000	0	0	539,000	0	0	454,000

Estimated Operating Expenditures

Agency Name	2025-27				2027-29				2029-31			
	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total	FTEs	GF-State	NGF-Outlook	Total
Washington State Health Care Authority	2.3	385,000	385,000	1,002,000	2.0	308,000	308,000	847,000	1.5	226,000	226,000	680,000
Department of Health	.0	0	0	0	.0	0	0	0	.0	0	0	0
Total \$	2.3	385,000	385,000	1,002,000	2.0	308,000	308,000	847,000	1.5	226,000	226,000	680,000

Estimated Capital Budget Expenditures

Agency Name	2025-27			2027-29			2029-31		
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health Care Authority	.0	0	0	.0	0	0	.0	0	0
Department of Health	.0	0	0	.0	0	0	.0	0	0
Total \$	0.0	0	0	0.0	0	0	0.0	0	0

Estimated Capital Budget Breakout

NONE

Prepared by: Jason Brown, OFM	Phone: (360) 742-7277	Date Published: Final 2/28/2025
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Individual State Agency Fiscal Note

Revised

Bill Number: 5642 SB	Title: Medicaid clients/metrics	Agency: 107-Washington State Health Care Authority
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Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2026	FY 2027	2025-27	2027-29	2029-31
General Fund-Federal 001-2	305,000	312,000	617,000	539,000	454,000
Total \$	305,000	312,000	617,000	539,000	454,000

Estimated Operating Expenditures from:

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	2.0	2.5	2.3	2.0	1.5
Account					
General Fund-State 001-1	190,000	195,000	385,000	308,000	226,000
General Fund-Federal 001-2	305,000	312,000	617,000	539,000	454,000
Total \$	495,000	507,000	1,002,000	847,000	680,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- ☒ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Julie Tran	Phone: 360-786-7283	Date: 02/03/2025
Agency Preparation: Jami Marcott	Phone: 360-725-1758	Date: 02/20/2025
Agency Approval: Carl Yanagida	Phone: 360-725-5755	Date: 02/20/2025
OFM Review: Jason Brown	Phone: (360) 742-7277	Date: 02/28/2025

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Please see attached.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

Please see attached.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Please see attached.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2026	FY 2027	2025-27	2027-29	2029-31
001-1	General Fund	State	190,000	195,000	385,000	308,000	226,000
001-2	General Fund	Federal	305,000	312,000	617,000	539,000	454,000
Total \$			495,000	507,000	1,002,000	847,000	680,000

III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	2.0	2.5	2.3	2.0	1.5
A-Salaries and Wages	245,000	289,000	534,000	489,000	400,000
B-Employee Benefits	74,000	89,000	163,000	147,000	116,000
C-Professional Service Contracts	65,000		65,000		
E-Goods and Other Services	32,000	32,000	64,000	55,000	46,000
G-Travel	6,000	6,000	12,000	10,000	8,000
J-Capital Outlays	3,000	3,000	6,000	5,000	4,000
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	70,000	88,000	158,000	141,000	106,000
9-					
Total \$	495,000	507,000	1,002,000	847,000	680,000

III. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2026	FY 2027	2025-27	2027-29	2029-31
IT Data Management - Senior Specialist	120,000	0.5	0.5	0.5	0.5	0.5
Medical Assistance Program Specialist 3	90,000	0.5	1.0	0.8	0.5	
Occupational Nurse Consultant	140,000	1.0	1.0	1.0	1.0	1.0
Total FTEs		2.0	2.5	2.3	2.0	1.5

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

HCA Fiscal Note

Bill Number: **SB 5642**

HCA Request #: 25-086

Title: **Medicaid clients/metrics**

Part I: Estimates

☐ No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	REV SOURCE	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
General Fund-Medicaid 001-C	0393	305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000
REVENUE - TOTAL \$		305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000

Estimated Operating Expenditures from:

Non-zero but indeterminate cost and/or savings. Please see discussion.

STAFFING	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
FTE STAFF YEARS - TOTAL	2.6	3.3	3.3	2.0	2.0	2.0	2.9	2.6	2.0
ACCOUNT	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
General Fund-State 001-1	190,000	195,000	195,000	113,000	113,000	113,000	385,000	308,000	226,000
General Fund-Medicaid 001-C	305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000
ACCOUNT - TOTAL \$	495,000	507,000	507,000	340,000	340,000	340,000	1,002,000	847,000	680,000

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- ☒ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

HCA Fiscal Note

Bill Number: **SB 5642**

HCA Request #: 25-086

Title: **Medicaid clients/metrics**

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Section 2

This section requires the Health Care Authority (HCA), in collaboration with the Department of Health (DOH), the Robert Bree Collaborative, and Medicaid Managed Care Organizations (MCO), to develop education and outreach material to encourage better health outcomes for Medicaid clients receiving services in a fee-for-service (FFS) or managed care setting. These materials should focus on breast cancer and cervical cancer screening and the timeliness of prenatal and postpartum care. The education and outreach materials shall be done in collaboration with the American Cancer Society and the American College of Obstetricians and Gynecologists no later than December 31, 2025.

Section 3

By December 31, 2025, HCA is required to develop an implementation plan to incentivize MCOs to improve performance measures as set by the external quality improvement organization and improve FFS performance metrics. Breast cancer and cervical cancer screenings and timeliness of prenatal and postpartum care must specifically be addressed. For this section, external quality improvement organization means an organization that meets the competence and independence requirements under 42 C.F.R. Sec. 438.354.

HCA must submit a report by November 30, 2028, and annually thereafter, detailing the following:

- Any savings from improvements made based on the performance measures referenced in subsection (1) for each prior plan year, up to the previous three plan years.
- The following must be included in the report at minimum:
 - The implementation plan, delineated between FFS and managed care;
 - MCO incentives to improve each of the performance measures;
 - How FFS delivery was improved;
 - What offsets were outlined by HCA;
 - The number of clients enrolled with MCOs, and those eligible for breast cancer and cervical cancer screening and prenatal and postpartum care;
 - The number of clients in FFS; and those eligible for breast cancer and cervical cancer screening and prenatal and postpartum care;
 - The number and percentage of clients who received:
 - Breast cancer screening
 - Cervical cancer screening
 - Prenatal care and the timeliness of the care
 - Postpartum care
 - The annual comparison of each performance measure for the previous three plan years.

Section 4

By December 31, 2025, HCA must develop billing guide instructions for FFS providers and amend contracts with MCOs to encourage the use of current procedural terminology code 0500F for earlier

HCA Fiscal Note

Bill Number: **SB 5642**

HCA Request #: 25-086

Title: **Medicaid clients/metrics**

identification of pregnant women. HCA may incentivize the use of this terminology code as part of the implementation plan with MCOs.

II. B - Cash Receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

ACCOUNT	REV SOURCE	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
General Fund-Medicaid 001-C	0393	305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000
REVENUE - TOTAL \$		305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000

HCA will receive federal match funding for work associated with this bill.

II. C – Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

Section 2

HCA, in collaboration with the DOH, the Robert Bree Collaborative, and MCOs, is required to develop education and outreach material to encourage better health outcomes for Medicaid clients receiving services in a FFS or managed care setting. These materials should focus on breast cancer and cervical cancer screening and the timeliness of prenatal and postpartum care. The education and outreach materials shall be done in collaboration with the American Cancer Society and the American College of Obstetricians and Gynecologists no later than December 31, 2025.

HCA will need 0.25 FTE, Occupational Nurse Consultant, to collaborate with DOH and MCOs for development of education and outreach efforts for FFS and to ensure communication and compliance with MCOs concerning these efforts. This will cost \$57,000 in Fiscal Year 2026 (FY26). This position will qualify for a 75 percent enhanced federal participation match.

HCA will need a contract with the Robert Bree Collaborative to effectuate this partnership. The estimated cost is \$65,000 in FY26.

For electronic outreach materials, HCA could manage these efforts in house, including social media on HCA's own channels. Larger campaigns would require resources and potentially require work with a contractor.

Section 3

By December 31, 2025, HCA is required to develop an implementation plan to incentivize MCOs to improve performance measures as set by the external quality improvement organization and improve

HCA Fiscal Note

Bill Number: **SB 5642**

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Title: **Medicaid clients/metrics**

FFS performance metrics. Breast cancer and cervical cancer screenings and timeliness of prenatal and postpartum care must specifically be addressed.

HCA will need an Occupational Nurse Consultant to develop an implementation plan and to report annually. This will require a 0.75 FTE in FY26 and 1.0 FTE annually thereafter. This will cost \$170,000 in FY26 and \$227,000 annually thereafter. This position will qualify for a 75 percent enhanced federal participation match.

HCA will also need Medical Assistance Program Specialist 3 (MAPS3), 0.5 FTE in FY26, at a cost of \$90,000 and 1.0 FTE annually thereafter at a cost of \$167,000. This position will provide support for development of the implementation plan, support care coordination with Tribes, and work closely with HCA's Office of Tribal Affairs (OTA) to ensure the implementation plan is culturally aligned. For the American Indian and Alaskan Native population, this is the critical Medicaid FFS or non-managed care population. This position will assist with the development of the analytic and data sets to identify and develop implementation plans for data quality and completeness, provide technical assistance to EQRO, agency partners and HCA program staff, and determine data acquisition and management activities needed to support the program's analytic needs. This position will also continue to support reporting efforts in FY28. This position will qualify for a 50 percent federal match.

HCA will need a 0.5 FTE, Data Management Senior Specialist, in FY26-28 at a cost of \$113,000 per year. This position will guide the development of the data needed for the implementation plan, including analytic tables using multiple data sets, identify and develop action plans for data quality and completeness, provide technical assistance to agency partners and HCA program staff, and determine data acquisition and management activities needed to support the program's analytic needs.

The following Section 3 costs would only be applicable if the intent of this bill is to implement the implementation plan:

HCA assumes this bill does not authorize it to execute the implementation plan. If the intent is to authorize the execution of the implementation plan, HCA will need additional resources to do so. This includes collecting the necessary data for FFS performance measures. Currently for MCOs, the External Quality Review Organizations (EQRO) tracks these performance measures. To incorporate the EQRO and be able to execute the tracking of performance will result in contract amendments between HCA and EQRO. The estimated cost is \$730,000 in FY26 and \$650,000 annually thereafter. Technical reporting is estimated at \$120,000 annually. Performance Measure Validation is estimated at \$120,000 annually (\$40,000 per measure x 3 new measures = \$120,000). CAHPS/Consumer Survey for FFS clients is estimated at \$35,000 annually. These costs could be eligible for a 50 percent federal match. HCA will do it's due diligence to try and obtain the enhanced federal match rate of 75 percent.

Meeting the EQRO reporting requirements for FFS using the bill's prescribed performance measures would include incorporating National Committee for Quality Assurance (NCQA) driven modernization of Healthcare Effectiveness Data and Information Set (HEDIS) electronic clinical data systems reporting. As a result, additional resources needed to execute the reporting requirements will require an

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Title: **Medicaid clients/metrics**

investment in a foundational set of Fast Healthcare Interoperability Resources (FHIR) architecture, infrastructure, and solutions to support the data collection, analysis, and reporting as required by NCQA. Establishing this infrastructure will require an investment in both technology and staffing as follows:

- \$500,000 annually for licensing for various technologies that can be leveraged to enable FHIR data exchange.
- 1.0 FTE IT Business Analyst, Senior Specialist. The annual cost is \$207,000.
- 1.0 FTE IT Application Development, Senior Specialist. The annual cost is \$214,000.
- 1.0 FTE IT Data Management, Journey. The annual cost is \$200,000.

The total annual cost is \$1,121,000. These costs could be eligible for a 50 percent federal match. HCA will do it's due diligence to try and obtain the enhanced federal match rate of 75 percent.

Section 4

By December 31, 2025, HCA must develop billing guide instructions for FFS providers and amend contracts with MCOs to encourage the use of current procedural terminology code (CPT) 0500F for earlier identification of pregnant women.

HCA currently maintains a billing guide so the requirements of this bill would involve updating the current guide. This cost can be absorbed within existing resources.

The service-related fiscal impact is indeterminate but is expected to be greater than \$50,000.

This bill requires Apple Health to encourage the use of current procedural terminology (CPT) code 0500F to allow for earlier identification of pregnant women. CPT code 0500F is used to identify prenatal care initiation and should be reported as the first prenatal visit with an obstetrical provider or other prenatal care practitioner. CPT code 0500F is currently non-reimbursable and is bundled with other pregnancy related services in a global obstetrical package that is billed after the end of pregnancy. The proposed policy would allow HCA, as a means of encouragement to providers, to reimburse separately for the use of CPT code 0500F earlier in the pregnancy.

The fiscal impact of reimbursing CPT code 0500F would depend on the reimbursement rate for the code and the rate at which providers would choose to provide the service. Assuming that (i) Apple Health will reimburse the code at \$104.94, (ii) the code will be reimbursed once for each pregnancy, and (iii) each

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Title: **Medicaid clients/metrics**

Apple Health client has at most one pregnancy per year, the total annual service-related impact is estimated to be approximately \$3.7 million (\$1.7 million General Fund – State).

Providers may experience costs associated with updates to their electronic medical records (EMR) systems in order to take advantage of the incentive. EMR systems may require edits to utilize the 0500F CPT code.

Part III: Expenditure Detail

III. A - Operating Budget Expenditure

ACCOUNT	ACCOUNT TITLE	TYPE	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
001-1	General Fund	State	190,000	195,000	195,000	113,000	113,000	113,000	385,000	308,000	226,000
001-C	General Fund	Medicaid	305,000	312,000	312,000	227,000	227,000	227,000	617,000	539,000	454,000
ACCOUNT - TOTAL \$			495,000	507,000	507,000	340,000	340,000	340,000	1,002,000	847,000	680,000

III. B - Expenditures by Object Or Purpose

OBJECT	OBJECT TITLE	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
A	Salaries and Wages	245,000	289,000	289,000	200,000	200,000	200,000	534,000	489,000	400,000
B	Employee Benefits	74,000	89,000	89,000	58,000	58,000	58,000	163,000	147,000	116,000
C	Professional Service Contracts	65,000	-	-	-	-	-	65,000	-	-
E	Goods and Other Services	32,000	32,000	32,000	23,000	23,000	23,000	64,000	55,000	46,000
G	Travel	6,000	6,000	6,000	4,000	4,000	4,000	12,000	10,000	8,000
J	Capital Outlays	3,000	3,000	3,000	2,000	2,000	2,000	6,000	5,000	4,000
OBJECT - TOTAL \$		495,000	507,000	507,000	340,000	340,000	340,000	1,002,000	847,000	680,000

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

III. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation.

FTE JOB TITLE	SALARY	FY-2026	FY-2027	FY-2028	FY-2029	FY-2030	FY-2031	2025-27	2027-29	2029-31
FISCAL ANALYST 3	70,000	0.6	0.8	0.8	0.5	0.5	0.5	0.7	0.6	0.5
IT DATA MANAGEMENT - SENIOR/SPECIALIST	119,000	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
MEDICAL ASSISTANCE PROGRAM SPECIALIST 3	89,000	0.5	1.0	1.0	-	-	-	0.8	0.5	-
OCCUPATIONAL NURSE CONSULTANT	140,000	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
FTE - TOTAL		2.6	3.3	3.3	2.0	2.0	2.0	2.9	2.6	2.0

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

HCA Fiscal Note

Bill Number: **SB 5642**

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Title: **Medicaid clients/metrics**

IV. C - Capital Budget Breakout: Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.

NONE

Individual State Agency Fiscal Note

Bill Number: 5642 SB	Title: Medicaid clients/metrics	Agency: 303-Department of Health
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Part I: Estimates

☒ No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

NONE

Estimated Capital Budget Impact:

NONE

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

- ☐ If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- ☐ If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- ☐ Capital budget impact, complete Part IV.
- ☐ Requires new rule making, complete Part V.

Legislative Contact: Julie Tran	Phone: 360-786-7283	Date: 02/03/2025
Agency Preparation: Katherine Wolf	Phone: 3602363000	Date: 02/05/2025
Agency Approval: Kristin Bettridge	Phone: 3607911657	Date: 02/05/2025
OFM Review: Amy Hatfield	Phone: (360) 280-7584	Date: 02/17/2025

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.

Section 2 adds the Health Care Authority in collaboration with the Department of Health (DOH) and the Robert Bree collaborative under chapter 70.250 RCW, and Medicaid managed care organizations shall develop educational and outreach material by December 31, 2025, to encourage better health outcomes for Medicaid clients receiving services in a fee-for-service setting or managed care setting for breast cancer screening, cervical cancer screening, the timeliness of prenatal care and postpartum care.

Any costs related to collaboration with DOH would be minimal and can be absorbed using current resources, therefore there is no fiscal impact to DOH.

II. B - Cash receipts Impact

Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.

II. C - Expenditures

Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

NONE

III. B - Expenditures by Object Or Purpose

NONE

III. C - Operating FTE Detail: FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part I and Part IIIA.

NONE

III. D - Expenditures By Program (optional)

NONE

Part IV: Capital Budget Impact

IV. A - Capital Budget Expenditures

NONE

IV. B - Expenditures by Object Or Purpose

NONE

IV. C - Capital Budget Breakout

Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.

NONE

IV. D - Capital FTE Detail: *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

Part V: New Rule Making Required

Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.