

Agency Summary And Certification

425 -- Medicine, State Board of

Original Submission ___ or Rev No. 2

FY2018 Request

Page 1 of 40 Pages

In accordance with 67-3503, Idaho Code, I certify the attached forms properly state the receipts and expenditures of the department (agency, office, or institution) for the fiscal years indicated. The summary of expenditures by major program, fund source, and standard class is indicated below.

| Signature of Department Director :  | | Date: <u>12 October 2016</u> | | | |
|---|-----------------------------------|----------------------------------|--------------------------------------|--------------------------------------|-----------------------------|
| Function/Activity | FY 2016 Total Appropriation | FY 2016 Total Expenditures | FY 2017 Original Appropriation | FY 2017 Estimated Expenditures | FY 2018 Total Request |
| Medical Licensing | 1,704,100 | 1,595,200 | 1,856,500 | 1,856,500 | 2,228,100 |
| Total | 1,704,100 | 1,595,200 | 1,856,500 | 1,856,500 | 2,228,100 |
| By Fund Source | Total Appropriation | Actual Expenditures | Original Appropriation | Estimated Expenditures | Total Request |
| D 0229-00 State Regulatory Fund | 1,704,100 | 1,595,200 | 1,856,500 | 1,856,500 | 2,228,100 |
| Total | 1,704,100 | 1,595,200 | 1,856,500 | 1,856,500 | 2,228,100 |
| By Object | Total Appropriation | Actual Expenditures | Original Appropriation | Estimated Expenditures | Total Request |
| Personnel Costs | 930,300 | 869,800 | 1,080,400 | 1,080,400 | 1,089,900 |
| Operating Expenditures | 754,300 | 707,000 | 757,400 | 757,400 | 1,129,400 |
| Capital Outlay | 19,500 | 18,400 | 18,700 | 18,700 | 8,800 |
| Trustee And Benefit Payments | 0 | 0 | 0 | 0 | 0 |
| Lump Sum | 0 | 0 | 0 | 0 | 0 |
| Total | 1,704,100 | 1,595,200 | 1,856,500 | 1,856,500 | 2,228,100 |
| FTP Total | 14.00 | 14.00 | 15.00 | 10477.00 | 10477.00 |

FORM B3: DIVISION DESCRIPTIONS

Agency/Department: Board of Medicine
Division: 10- Medical Licensing

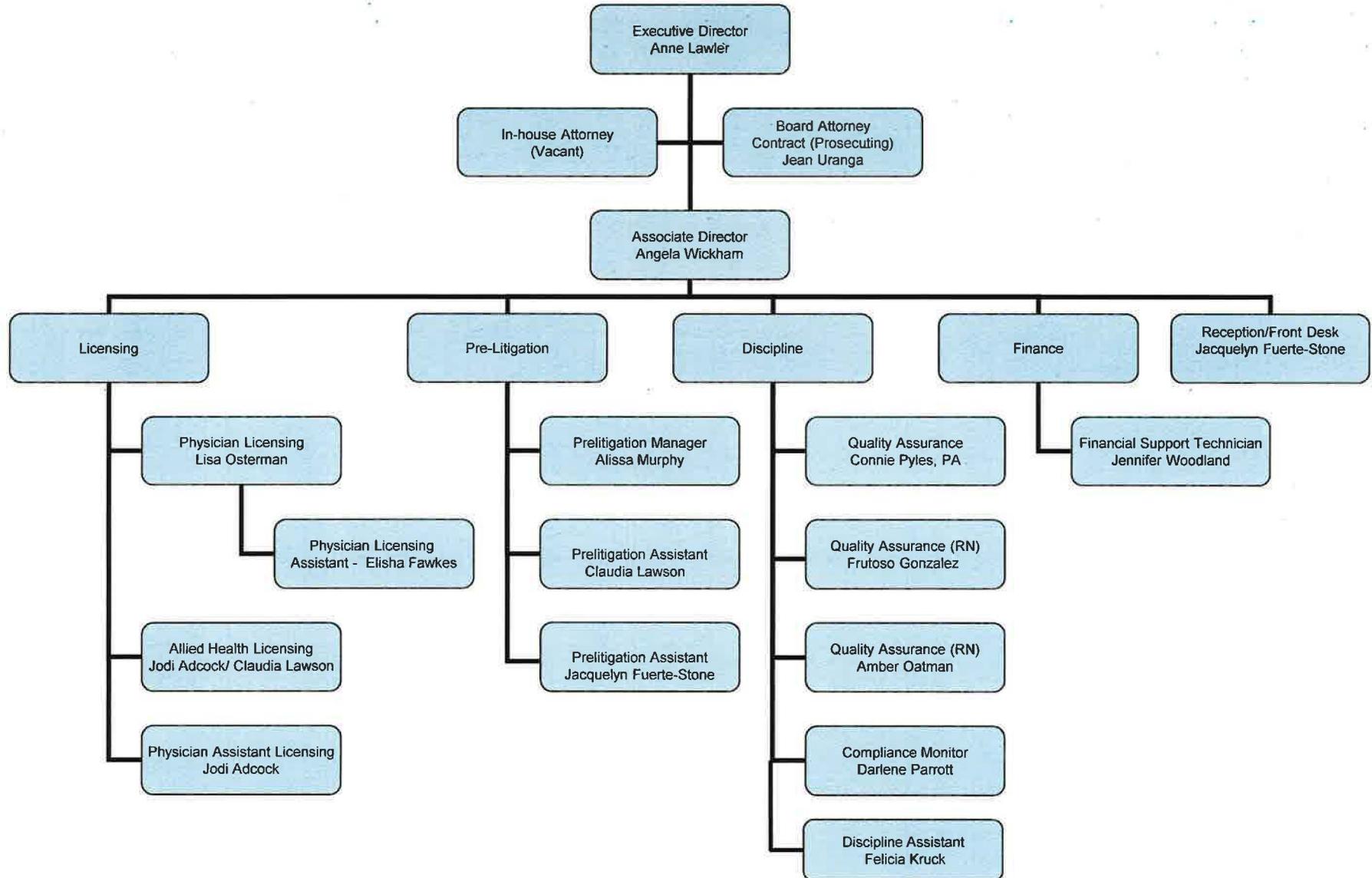
Request for Fiscal Year : 2018
Agency Number: 425

Original Request Date: September 1, 2016
Revision Request Date:

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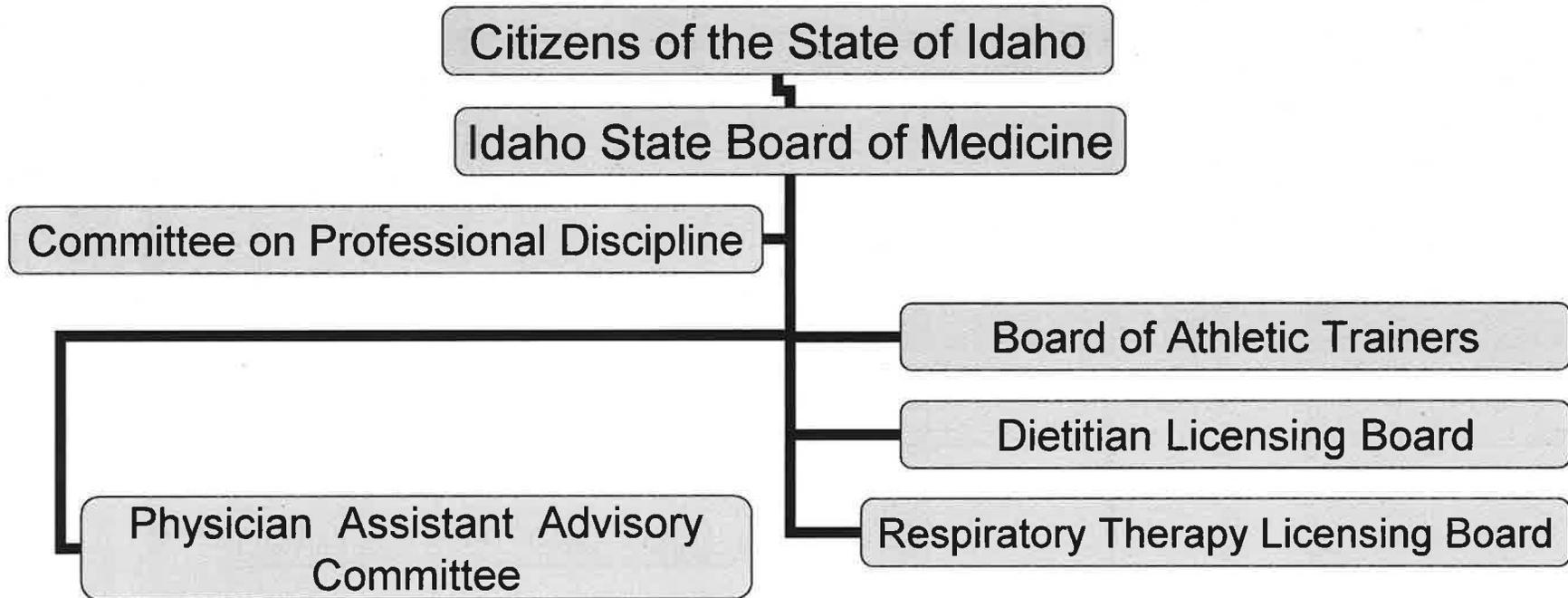
No Division Changes

Board of Medicine Staff Functional Chart



Organizational Chart

Idaho State Board of Medicine



FY 2018 Agency Budget - Request

Line Item Report

Agency: 425 Medicine, State Board of

| Decision Unit | Priority | Agency Request | | |
|---|----------|----------------|----------|----------------|
| | | FTP | General | Total |
| Medical Licensing | | | | |
| 12.01 Upgrade Database | 1 | 0.00 | 0 | 390,000 |
| 12.02 Upgrade memory and hard drive for computers | 3 | 0.00 | 0 | 1,900 |
| 12.03 Interstate Medical Licensure Compact | 2 | 0.00 | 0 | 34,600 |
| 12.04 Increase in Physicians Health Program Fees | 1 | 0.00 | 0 | 8,300 |
| 12.05 | 2 | 0.00 | 0 | 34,000 |
| | | 0.00 | 0 | 468,800 |

FORM B12: ANALYSIS OF FUND BALANCES

Request for Fiscal Year : 2018

Agency/Department: Board of Medicine

Agency Number: 425

Original Request Date: September 1, 2016 or Revision Request Date:

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Sources and Uses:

| FUND NAME: | Board of Medicine | FUND CODE: | 0229-00 | FY 2014 Actual | FY 2015 Actual | FY 2016 Actual | FY 2017 Estimate | FY 2018 Estimate |
|---|-------------------|--------------------|---------|------------------|------------------|------------------|------------------|------------------|
| 1. Beginning Free Fund Balance | | | | 1,849,700 | 2,281,000 | 2,809,200 | 3,154,700 | 3,285,200 |
| 2. Encumbrances as of July 1 | | | | 0 | 0 | 0 | 0 | 0 |
| 2a. Reappropriation (Legislative Carryover) | | | | NA | NA | NA | 0 | 0 |
| 3. Beginning Cash Balance | | | | 1,849,700 | 2,281,000 | 2,809,200 | 3,154,700 | 3,285,200 |
| 4. Revenues (from Form B-11) | | | | 1,889,300 | 2,078,100 | 1,937,500 | 1,950,000 | 2,000,000 |
| 5. Non-Revenue Receipts and Other Adjustments | | | | 19,700 | (8,400) | 11,500 | 12,000 | 12,000 |
| 6. Statutory Transfers in: | | Fund or Reference: | | 0 | 0 | 0 | 0 | 0 |
| 7. Operating Transfers in: | | Fund or Reference: | | 0 | 0 | 0 | 0 | 0 |
| 8. Total Available for Year | | | | 3,758,700 | 4,350,700 | 4,758,200 | 5,116,700 | 5,297,200 |
| 9. Statutory Transfers Out: | | Fund or Reference: | | 0 | 0 | 0 | 0 | 0 |
| 10. Operating Transfers Out: | | Fund or Reference: | | 0 | 0 | 0 | 0 | 0 |
| 11. Non-Expenditure Disbursements and Other Adjustments | | | | 3,500 | 3,800 | 8,300 | 5,000 | 5,000 |
| 12. Cash Expenditures for Prior Year Encumbrances | | | | 0 | 0 | 0 | 0 | 0 |
| 13. Original Appropriation | | | | 1,617,500 | 1,683,600 | 1,704,100 | 1,856,500 | 2,208,600 |
| 14. Prior Year Reappropriations, Supplementals, Rescissions | | | | 100,000 | 0 | 0 | 0 | 0 |
| 15. Non-cogs, Receipts to Appropriation, etc | | | | 0 | 0 | 0 | 0 | 0 |
| 16. Reversions | | | | (243,300) | (145,800) | (109,000) | (30,000) | (100,000) |
| 17. Current Year Reappropriation | | | | 0 | 0 | 0 | 0 | 0 |
| 18. Reserve for Current Year Encumbrances | | | | 0 | 0 | 0 | 0 | 0 |
| 19. Current Year Cash Expenditures | | | | 1,474,200 | 1,537,800 | 1,595,200 | 1,826,500 | 2,217,600 |
| 20. Ending Cash Balance | | | | 2,281,000 | 2,809,200 | 3,154,700 | 3,285,200 | 3,074,600 |
| 21. Prior Year Encumbrances as of June 30 | | | | 0 | 0 | 0 | 0 | 0 |
| 22. Current Year Encumbrances as of June 30 | | | | 0 | 0 | 0 | 0 | 0 |
| 22a. Current Year Reappropriation | | | | NA | NA | 0 | 0 | 0 |
| 23. Borrowing Limit | | | | 0 | 0 | 0 | 0 | 0 |
| 24. Ending Free Fund Balance | | | | 2,281,000 | 2,809,200 | 3,154,700 | 3,285,200 | 3,074,600 |
| 25. Budgetary Basis Expenditures (CY Cash Exp + CY Enc) | | | | 1,474,200 | 1,537,800 | 1,595,200 | 1,826,500 | 2,217,600 |
| 26. Outstanding Loans (If this fund is part of a loan program) | | | | | | | | |

Notes:

FY 2018 Agency Budget - Request

Detail Report

Agency: 425 - Medicine, State Board of

Function: 10 - Medical Licensing

| | | <u>FTP</u> | <u>Personnel Cost</u> | <u>Operating Expense</u> | <u>Capital Outlay</u> | <u>Trustee/Benefit</u> | <u>Lump Sum</u> | <u>Total</u> |
|---|--------------|-----------------|-----------------------|--------------------------|-----------------------|------------------------|-----------------|------------------|
| FY 2016 Total Appropriation | | | | | | | | |
| 1.00 FY 2016 Total Appropriation | | | | | | | | |
| HB 224 | | | | | | | | |
| 0229-00 | Dedicated | 14.00 | 930,300 | 754,300 | 19,500 | 0 | 0 | 1,704,100 |
| | Total | 14.00 | 930,300 | 754,300 | 19,500 | 0 | 0 | 1,704,100 |
| 1.61 Reverted Appropriation Balances | | | | | | | | |
| 0229-00 | Dedicated | 0.00 | (60,500) | (47,300) | (1,100) | 0 | 0 | (108,900) |
| | Total | 0.00 | (60,500) | (47,300) | (1,100) | 0 | 0 | (108,900) |
| FY 2016 Actual Expenditures | | | | | | | | |
| 0229-00 | Dedicated | 14.00 | 869,800 | 707,000 | 18,400 | 0 | 0 | 1,595,200 |
| | Total | 14.00 | 869,800 | 707,000 | 18,400 | 0 | 0 | 1,595,200 |
| FY 2017 Original Appropriation | | | | | | | | |
| 3.00 FY 2017 Original Appropriation | | | | | | | | |
| HB 598 | | | | | | | | |
| 0229-00 | Dedicated | 15.00 | 1,053,000 | 657,500 | 0 | 0 | 0 | 1,710,500 |
| OT 0229-00 | Dedicated | 0.00 | 27,400 | 99,900 | 18,700 | 0 | 0 | 146,000 |
| | Total | 15.00 | 1,080,400 | 757,400 | 18,700 | 0 | 0 | 1,856,500 |
| Appropriation Adjustments | | | | | | | | |
| 4.11 Increased salary for Attorney 2 Position | | | | | | | | |
| Increase in salary for in-house Attorney 2 position since original budget request in September 2015 based on market range. It was determined that mid-level attorney experience (not new) was a minimal requirement, allowing the Board of Medicine (BOM) to be able to have this position absorb both prosecuting and administrative legal needs and not have to contract out for add'l attorney expertise, saving the BOM funds in the long-term. | | | | | | | | |
| 0229-00 | Dedicated | 10462.00 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | 10462.00 | 0 | 0 | 0 | 0 | 0 | 0 |
| FY 2017 Total Appropriation | | | | | | | | |
| 0229-00 | Dedicated | 10477.00 | 1,053,000 | 657,500 | 0 | 0 | 0 | 1,710,500 |
| OT 0229-00 | Dedicated | 0.00 | 27,400 | 99,900 | 18,700 | 0 | 0 | 146,000 |
| | Total | 10477.00 | 1,080,400 | 757,400 | 18,700 | 0 | 0 | 1,856,500 |
| FY 2017 Estimated Expenditures | | | | | | | | |
| 0229-00 | Dedicated | 10477.00 | 1,053,000 | 657,500 | 0 | 0 | 0 | 1,710,500 |
| OT 0229-00 | Dedicated | 0.00 | 27,400 | 99,900 | 18,700 | 0 | 0 | 146,000 |
| | Total | 10477.00 | 1,080,400 | 757,400 | 18,700 | 0 | 0 | 1,856,500 |

FY 2018 Agency Budget - Request

Detail Report

Agency: 425 - Medicine, State Board of

Function: 10 - Medical Licensing

| | | <u>FTP</u> | <u>Personnel Cost</u> | <u>Operating Expense</u> | <u>Capital Outlay</u> | <u>Trustee/ Benefit</u> | <u>Lump Sum</u> | <u>Total</u> |
|--|--------------|-----------------|-----------------------|--------------------------|-----------------------|-------------------------|-----------------|------------------|
| Base Adjustments | | | | | | | | |
| 8.41 Removal of One-Time Expenditures | | | | | | | | |
| Removal of Personnel Costs for the 27th payroll in FY2017; removal of Operating Expense for outside counsel; removal of Capital Outlay for replacement furniture and laptops and new furniture for attorney. | | | | | | | | |
| OT 0229-00 | Dedicated | 0.00 | (27,400) | (99,900) | (18,700) | 0 | 0 | (146,000) |
| | Total | 0.00 | (27,400) | (99,900) | (18,700) | 0 | 0 | (146,000) |
| FY 2018 Base | | | | | | | | |
| 0229-00 | Dedicated | 10477.00 | 1,053,000 | 657,500 | 0 | 0 | 0 | 1,710,500 |
| OT 0229-00 | Dedicated | 0.00 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total | 10477.00 | 1,053,000 | 657,500 | 0 | 0 | 0 | 1,710,500 |
| Program Maintenance | | | | | | | | |
| 10.11 Change in Health Benefit Costs | | | | | | | | |
| Cost for change in Health Benefit Costs | | | | | | | | |
| 0229-00 | Dedicated | 0.00 | 17,800 | 0 | 0 | 0 | 0 | 17,800 |
| | Total | 0.00 | 17,800 | 0 | 0 | 0 | 0 | 17,800 |
| 10.23 Contract Inflation | | | | | | | | |
| 6.3% inflationary increase for office lease. | | | | | | | | |
| 0229-00 | Dedicated | 0.00 | 0 | 4,400 | 0 | 0 | 0 | 4,400 |
| | Total | 0.00 | 0 | 4,400 | 0 | 0 | 0 | 4,400 |
| 10.31 Repair, Replacement Items/Alterations | | | | | | | | |
| Replacement of 3 desks, 3 chairs, 2 computers and 2 printers. | | | | | | | | |
| OT 0229-00 | Dedicated | 0.00 | 0 | 0 | 7,500 | 0 | 0 | 7,500 |
| | Total | 0.00 | 0 | 0 | 7,500 | 0 | 0 | 7,500 |
| 10.61 Salary Multiplier - Regular Employees | | | | | | | | |
| 1% CEC | | | | | | | | |
| 0229-00 | Dedicated | 0.00 | 8,600 | 0 | 0 | 0 | 0 | 8,600 |
| | Total | 0.00 | 8,600 | 0 | 0 | 0 | 0 | 8,600 |
| FY 2018 Total Maintenance | | | | | | | | |
| 0229-00 | Dedicated | 10477.00 | 1,079,400 | 661,900 | 0 | 0 | 0 | 1,741,300 |
| OT 0229-00 | Dedicated | 0.00 | 0 | 0 | 7,500 | 0 | 0 | 7,500 |
| | Total | 10477.00 | 1,079,400 | 661,900 | 7,500 | 0 | 0 | 1,748,800 |

FY 2018 Agency Budget - Request

Detail Report

Agency: 425 - Medicine, State Board of

Function: 10 - Medical Licensing

| | | <u>FTP</u> | <u>Personnel Cost</u> | <u>Operating Expense</u> | <u>Capital Outlay</u> | <u>Trustee/ Benefit</u> | <u>Lump Sum</u> | <u>Total</u> |
|-------------------|---|-------------|-----------------------|--------------------------|-----------------------|-------------------------|-----------------|----------------|
| Line Items | | | | | | | | |
| 12.01 | Upgrade Database | | | | | | | |
| | Upgrade database | | | | | | | |
| | OT 0229-00 Dedicated | 0.00 | 0 | 390,000 | 0 | 0 | 0 | 390,000 |
| | Total | 0.00 | 0 | 390,000 | 0 | 0 | 0 | 390,000 |
| 12.02 | Upgrade memory and hard drive for computers | | | | | | | |
| | Upgrade memory and hard drives for 14 desktop computers | | | | | | | |
| | OT 0229-00 Dedicated | 0.00 | 0 | 600 | 1,300 | 0 | 0 | 1,900 |
| | Total | 0.00 | 0 | 600 | 1,300 | 0 | 0 | 1,900 |
| 12.03 | Interstate Medical Licensure Compact | | | | | | | |
| | As a member of the Interstate Licensure Compact, the Board is requesting funding for Commissioners required travel to meetings (I.C. Section 54-1853). Two commissioners, the ED and the Board Chairman, to attend up to four meetings per year for a total of \$9600. In addition, the Board is requesting funding of \$25,000 for IT support for connectivity to the Compact database. | | | | | | | |
| | 0229-00 Dedicated | 0.00 | 0 | 9,600 | 0 | 0 | 0 | 9,600 |
| | OT 0229-00 Dedicated | 0.00 | 0 | 25,000 | 0 | 0 | 0 | 25,000 |
| | Total | 0.00 | 0 | 34,600 | 0 | 0 | 0 | 34,600 |
| 12.04 | Increase in Physicians Health Program Fees | | | | | | | |
| | The Idaho Medical Association-Physicians Recovery Network is requesting a \$8,300 increase to administer the Physicians Health Program. | | | | | | | |
| | 0229-00 Dedicated | 0.00 | 0 | 8,300 | 0 | 0 | 0 | 8,300 |
| | Total | 0.00 | 0 | 8,300 | 0 | 0 | 0 | 8,300 |
| 12.05 | Contract with CIO to provide dedicated IT support for database | | | | | | | |
| | Contract with CIO to provide dedicated IT support for database. Cost will be shared with Bureau of Occupational Licenses. | | | | | | | |
| | 0229-00 Dedicated | 0.00 | 0 | 34,000 | 0 | 0 | 0 | 34,000 |
| | Total | 0.00 | 0 | 34,000 | 0 | 0 | 0 | 34,000 |
| 12.06 | Increase in salary for Attorney 2 Position | | | | | | | |
| | TTThe Board of Medicine (BOM) is requesting an increase in salary for the in-house Attorney 2 position since our original budget request in September 2015 was based on market range at that time. Upon guidance of our contracted attorney who is retiring, it was recommended that a minimum of a mid-level attorney (not new) was needed. By bringing in an experienced Attorney, this position will be able to handle prosecuting and administrative legal needs for BOM, negating the need to enlist outside prosecuting legal counsel in the future; thereby saving BOM funds in the long-term. | | | | | | | |
| | 0229-00 Dedicated | 0.00 | 10,500 | 0 | 0 | 0 | 0 | 10,500 |
| | Total | 0.00 | 10,500 | 0 | 0 | 0 | 0 | 10,500 |

FY 2018 Agency Budget - Request**Detail Report****Agency:** 425 - Medicine, State Board of**Function:** 10 - Medical Licensing

| | <u>FTP</u> | <u>Personnel Cost</u> | <u>Operating Expense</u> | <u>Capital Outlay</u> | <u>Trustee/ Benefit</u> | <u>Lump Sum</u> | <u>Total</u> |
|----------------------|-----------------|---------------------------|------------------------------|---------------------------|-----------------------------|-----------------|------------------|
| FY 2018 Total | | | | | | | |
| 0229-00 Dedicated | 10477.00 | 1,089,900 | 713,800 | 0 | 0 | 0 | 1,803,700 |
| OT 0229-00 Dedicated | 0.00 | 0 | 415,600 | 8,800 | 0 | 0 | 424,400 |
| Total | 10477.00 | 1,089,900 | 1,129,400 | 8,800 | 0 | 0 | 2,228,100 |

| FORM B8.1: PROGRAM REQUEST BY DECISION UNIT | | | | | |
|--|------------------------|--|---------|-------|------------------|
| Agency/Department: Board of Medicine | | Request for Fiscal Year : 2018 | | | |
| Function/Division: Medical Regulaion | | Agency Number: 425 | | | |
| Activity/Program: | | Function/Activity Number: 10 | | | |
| | | Budget Unit: 12 | | | |
| Original Request Date: September 1, 2016 | Revision Request Date: | Page: 11 | | of 40 | |
| Decision Unit Number: 12.01 | | Descriptive Title: Database Upgrade | | | |
| Description | General | Dedicated | Federal | Other | Total |
| FULL TIME POSITIONS (FTP) PERSONNEL COSTS: 1. Salaries 2. Benefits 3. Group Position Funding | | | | | |
| TOTAL PERSONNEL COSTS: | | | | | |
| OPERATING EXPENDITURES by summary object: 1. 2. 3. | | 390,000 | | | 390,000 |
| TOTAL OPERATING EXPENDITURES: | | \$390,000 | | | \$390,000 |
| CAPITAL OUTLAY by summary object: 1. 2. 3. | | | | | |
| TOTAL CAPITAL OUTLAY: | | | | | |
| T/B PAYMENTS: | | | | | |
| LUMP SUM: | | | | | |
| GRAND TOTAL | | \$390,000 | | | \$390,000 |

Attach as many pages as necessary to respond to the following questions: **SEE ATTACHED**

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base?
2. What resources are necessary to implement this request?
 - a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.
 - b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.
 - c. List any additional operating funds and capital items needed.
3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.
4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

| FORM B8.1: PROGRAM REQUEST BY DECISION UNIT | | | |
|---|------------------------|---------------------------|------------------|
| Agency/Department: | Board of Medicine | Request for Fiscal Year : | 2018 |
| Function/Division: | Medical Regulaion | Agency Number: | 425 |
| Activity/Program: | | Function/Activity Number: | 10 |
| | | Budget Unit: | 12 |
| Original Request Date: | Revision Request Date: | Page: | 12 of 40 |
| September 1, 2016 | | | |
| Decision Unit Number: | 12.1 | Descriptive Title: | Database Upgrade |

1. What is being requested and why?

The Board of Medicine's current database houses a very large document storage system for applications, disciplinary documents and financial documents. This custom legacy system is integral to the Board's daily business operations. The Board is requesting funds to upgrade the database system from an outdated Access platform to a web-based platform utilizing existing web programs and adding necessary functionality to maintain increased needs, accessibility and quality.

What is the agency staffing level for this activity and how much funding, by source, is in the base?

The Board of Medicine will use existing staff to assist in the upgrade and testing of the upgraded platform. The funding will come from the dedicated fund of the Board of Medicine. This is a one-time request for \$390,000.

2. What resources are necessary to implement this request?

a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service.

None

b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted.

Oversight will be provided by the Executive Directive and Associate Director. Staff will provide additional expertise to test the functionality of the upgraded system to assure seamless implementation and access by internal and external customers.

c. List any additional operating funds and capital items needed. None

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards.

This request is for one-time funding and completion is anticipated by the end of FY2018. There will be no new customer base, fee structure changes or grants.

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted?

The staff, the public and the licensees of the Board are being served by this request. If this request is not funded, the Board risks operating system failure resulting in the inability to process health professional applications, disciplinary complaints, pre-litigation requests and financial functions. In addition, the Board's external facing web portal is intertwined with the database so access by the public and licensees would be impacted. The Board would not be able to carry out its mission of ensuring quality health care for the citizens of Idaho through licensure, discipline, and education without the upgrade to its database.

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Board of Medicine
 Function/Division: Medical Regulaion
 Activity/Program: _____

Request for Fiscal Year : 2018
 Agency Number: 425
 Function/Activity Number: 10
 Budget Unit: 12

Original Request Date: September 1, 2016
 Revision Request Date: _____

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Decision Unit Number: 12.02 **Descriptive Title:** Memory and hard drive upgrades for computers

| Description | General | Dedicated | Federal | Other | Total |
|--|---------|----------------|---------|-------|----------------|
| FULL TIME POSITIONS (FTP) | | | | | |
| TOTAL PERSONNEL COSTS: | | | | | |
| OPERATING EXPENDITURES by summary object: | | | | | |
| 1. Upgrade memory capacity for staff computers | | 600 | | | \$600 |
| 2. | | | | | |
| 3. | | | | | |
| TOTAL OPERATING EXPENDITURES: | | | | | \$600 |
| CAPITAL OUTLAY by summary object: | | | | | |
| 1. Upgrade hard drives for staff computers | | 1,300 | | | \$1,300 |
| 2. | | | | | |
| 3. | | | | | |
| TOTAL CAPITAL OUTLAY: | | \$1,300 | | | \$1,300 |
| T/B PAYMENTS: | | | | | |
| LUMP SUM: | | | | | |
| GRAND TOTAL | | \$1,300 | | | \$1,900 |

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base? This request is to upgrade the memory and hard drives of staff computers to avoid having to replace existing computers. The request is for \$1900 from the dedicated funds of the Board of Medicine.
2. What resources are necessary to implement this request?
 - a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. None
 - b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted. None
 - c. List any additional operating funds and capital items needed. None
3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards. This is a one-time request with no fee structure changes or grant award.
4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? The staff of the Board of Medicine. If this is not funded, the Board would have to replace all existing computers.

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Board of Medicine
 Function/Division: Medical Regulaion
 Activity/Program: _____

Request for Fiscal Year : 2018
 Agency Number: 425
 Function/Activity Number: 10
 Budget Unit: 12

Original Request Date: September 1, 2016
 Revision Request Date: _____

Page: 14 of 40

Decision Unit Number: 12.03 **Descriptive Title:** Interstate Medical Licensure Compact

| Description | General | Dedicated | Federal | Other | Total |
|---|---------|-----------------|---------|-------|-----------------|
| TOTAL PERSONNEL COSTS: | | | | | |
| OPERATING EXPENDITURES by summary object: | | | | | |
| 1. Commissioner Travel | | 9,600 | | | \$9,600 |
| 2. Conectivity to Compact | | 25,000 | | | \$25,000 |
| 3. | | | | | |
| TOTAL OPERATING EXPENDITURES: | | \$34,600 | | | \$34,600 |
| TOTAL CAPITAL OUTLAY: | | | | | |
| T/B PAYMENTS: | | | | | |
| LUMP SUM: | | | | | |
| GRAND TOTAL | | \$34,600 | | | \$34,600 |

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base? *As a member of the Interstate Licensure Compact, the Board is requesting funding for required Commissioners travel to meetings (§54-1853). 2 commissioners attending 4 meetings per year for a total of \$9600. As well as \$25,000 for IT support for connectivity to the Compact. Funding is from the dedicated funds of the Board of Medicine.*
2. What resources are necessary to implement this request?
 - a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. *None*
 - b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted. *None*
 - c. List any additional operating funds and capital items needed. *None*
3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards. *The cost will be on-going although the travel for meetings will probably decrease once Compact is fully operational. The ongoing cost for the conectivity to the Compact is unknown at this time. There may be a new customer base consisting of physicians applying to multiple states utilizing the Compact. There currently are no changes anticipated to the fee structure. Ttravel costs in FY16 were paid through a HRSA grant.*
4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? *The Interstate Medical Licensure Compact offers a new, voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies. Participation in the Compact is required pursuant to §54-1842.*

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Board of Medicine
 Function/Division: Medical Regulaion
 Activity/Program: _____

Request for Fiscal Year : 2018
 Agency Number: 425
 Function/Activity Number: 10
 Budget Unit: 12

Original Request Date: September 1, 2016
 Revision Request Date: _____

Page: 15 of 40

| | | | | | |
|--|--|------------------|----------------|--------------|----------------|
| Decision Unit Number: <u>12.04</u> | Descriptive Title: <u>Increase in Contract for Physician Health Program</u> | | | | |
| Description | General | Dedicated | Federal | Other | Total |
| FULL TIME POSITIONS (FTP) | | | | | |
| TOTAL PERSONNEL COSTS: | | | | | |
| OPERATING EXPENDITURES by summary object: | | | | | |
| 1. 7% Increase in IMA-PRN Contract | | 8,300 | | | \$8,300 |
| 2. | | | | | |
| 3. | | | | | |
| TOTAL OPERATING EXPENDITURES: | | \$8,300 | | | \$8,300 |
| T/B PAYMENTS: | | | | | |
| LUMP SUM: | | | | | |
| GRAND TOTAL | | \$8,300 | | | \$8,300 |

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base? *The Board is requesting funding for a 7% increase in the contract for the Physician's Health Program administered by the Idaho Medical Association - Physician Recovery Network (IMA-PRN). There is no change in staffing required. The funding comes from the dedicated funds of the Board of Medicine. The increase requested is \$8,300, from \$117,719 annually to \$125,959 annually.*

2. What resources are necessary to implement this request?
 a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. *None*
 b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted. *None*
 c. List any additional operating funds and capital items needed. *None*

3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards. *This request is for ongoing funding. The IMA reports that they have had a significant increase in expenses including providing medical liability insurance for the PRN Committee members, additional staffing expenses due to monitoring program enhancements and educational outreach activities.*

4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? *The physicians and physician assistants in Idaho are being served by this request. This program is the only one in Idaho to provide monitoring and support for the rehabilitation of physicians and physician assistants who may be impaired by drug or alcohol use, mental health illness or physical ailments. If not funded, the Board would have to look for out-of-state resources at a much higher cost.*

FORM B8.1: PROGRAM REQUEST BY DECISION UNIT

Agency/Department: Board of Medicine
 Function/Division: Medical Regulaion
 Activity/Program: _____

Request for Fiscal Year : 2018
 Agency Number: 425
 Function/Activity Number: 10
 Budget Unit: 12

Original Request Date: September 1, 2016
 Revision Request Date: _____

Page: 16 of 40

Decision Unit Number: 12.05 **Descriptive Title:** CIO Contract for Database Support

| Description | General | Dedicated | Federal | Other | Total |
|---|---------|-----------------|---------|-------|-----------------|
| FULL TIME POSITIONS (FTP) | | | | | |
| TOTAL PERSONNEL COSTS: | | | | | |
| OPERATING EXPENDITURES by summary object: | | | | | |
| CIO Contract for Database Support | | 34,000 | | | \$34,000 |
| 2. | | | | | |
| 3. | | | | | |
| TOTAL OPERATING EXPENDITURES: | | \$34,000 | | | \$34,000 |
| TOTAL CAPITAL OUTLAY: | | | | | |
| T/B PAYMENTS: | | | | | |
| LUMP SUM: | | | | | |
| GRAND TOTAL | | \$34,000 | | | \$34,000 |

Attach as many pages as necessary to respond to the following questions:

1. What is being requested and why? What is the agency staffing level for this activity and how much funding, by source, is in the base? *The Board is requesting Operating Funds in the amount of \$34,000 of dedicated funds to reimburse the Department of Administration for 38% of a position within the CIO's Office to provide IT support dedicated to Board and the Bureau of Occupational Licensing for upgrading and supporting a proprietary licensing application that the two agencies use. The FTP is being requested in the Department of Administration's budget.*
2. What resources are necessary to implement this request?
 - a. List by position: position titles, pay grades, full or part-time status, benefit eligibility, anticipated dates of hire and terms of service. *None*
 - b. Note any existing agency human resources that will be redirected to this new effort and how existing operations will be impacted. *None*
 - c. List any additional operating funds and capital items needed. *None other than what is being requested*
3. Provide additional detail about the request, including one-time versus ongoing. Include a description of major revenue assumptions, for example, whether there is a new customer base, fee structure changes, or anticipated grant awards. *The Board and the Bureau of Occupational Licenses are working with the current IT vendors to upgrade the system. Having someone dedicated to working with the agencies and the vendors housed at Department of Administration will ensure guidelines established by the Idaho Technology Authority (ITA) are followed There are no new fee structure changes or grant awards.*
4. Who is being served by this request and what are the expected impacts of the funding requested? If this request is not funded who and what are impacted? *The staff, the public, CIO and the licensees of the Board and Bureau are being served by this request. If this request is not funded, the Board risks operating system failure due to inadequate IT support resulting in the inability to process professional applications, disciplinary complaints, pre-litigation requests and financial functions.*

FORM B6: WAGE & SALARY RECONCILIATION

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| | | FTP | FY 18 Salary | FY18 Health Ben | FY 18 Var Ben | FY 2018 Total |
|-------------------|---|--------------|----------------|-----------------|----------------|------------------|
| 6.51 | Transfer Between Programs | 0.00 | 0 | 0 | 0 | 0 |
| 7.00 | FY 2017 ESTIMATED EXPENDITURES | 15.00 | 737,300 | 188,000 | 155,000 | 1,080,400 |
| Base Adjustments: | | | | | | |
| 8.31 | Transfer Between Programs | 0.00 | 0 | 0 | 0 | 0 |
| 8.41 | Removal of One-Time Expenditures | 0.00 | (22,600) | 0 | (4,800) | (27,400) |
| 8.51 | Base Reduction | 0.00 | 0 | 0 | 0 | 0 |
| 9.00 | FY 2018 BASE | 15.00 | 714,700 | 188,000 | 150,200 | 1,053,000 |
| 10.11 | Change in Health Benefit Costs | | | 18,500 | | 18,500 |
| 10.12 | Change in Variable Benefits Costs | | | | (100) | (100) |
| | Subtotal CEC Base: | 15.00 | 714,700 | 206,500 | 150,100 | 1,071,400 |
| 10.51 | Annualization | | 0 | 0 | 0 | 0 |
| 10.61 | CEC for Permanent Positions | 1.00% | 7,100 | | 1,500 | 8,600 |
| 10.62 | CEC for Group Positions | 1.00% | 0 | | 0 | 0 |
| 10.63 | CEC for Elected Officials & Commissioners | | 0 | | 0 | 0 |
| 11.00 | FY 2018 PROGRAM MAINTENANCE | 15.00 | 721,800 | 206,500 | 151,600 | 1,080,000 |
| Line Items: | | | | | | |
| 12.01 | | | | | | 0 |
| 12.02 | | | | | | 0 |
| 12.03 | | | | | | 0 |
| 13.00 | FY 2018 TOTAL REQUEST | 15.00 | 721,800 | 206,500 | 151,600 | 1,080,000 |

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| FISCAL YEAR | AGENCY COD | PCN | PCN TITLE | FUND CODE | ID DETAIL C | BUDGET UNI | PCA | INDEX CODE | N DIST | COUN | CLASS CC | N PAY | GRAN | STATUS | CCN | TYPE | COI |
|-------------|------------|------|------------|-----------|-------------|------------|------|------------|--------|------|----------|-------|------|--------|-----|------|-----|
| 2017 | 425 | 0018 | OFFICE SPE | 0229 | | 00 | SGBF | | | 001 | 01239 | G | | F | | | CR |
| 2017 | 425 | 0017 | QUALITY AS | 0229 | | 00 | SGBF | | | 001 | 20904 | 00 | | F | | | NR |
| 2017 | 425 | 0014 | QUALITY AS | 0229 | | 00 | SGBF | | | 001 | 20904 | 00 | | F | | | NR |
| 2017 | 425 | 0013 | QUALITY AS | 0229 | | 00 | SGBF | | | 001 | 20904 | 00 | | F | | | NR |
| 2017 | 425 | 0012 | TECH RECO | 0229 | | 00 | SGBF | | | 001 | 01103 | I | | F | | | CR |
| 2017 | 425 | 0011 | ASSOC DIR- | 0229 | | 00 | SGBF | | | 005 | 20903 | 00 | | F | | | NR |
| 2017 | 425 | 0009 | FINANCIAL | 0229 | | 00 | SGBF | | | 001 | 04250 | G | | F | | | CR |
| 2017 | 425 | 0008 | ADMIN ASS | 0229 | | 00 | SGBF | | | 001 | 01231 | I | | F | | | CR |
| 2017 | 425 | 0007 | TECH RECO | 0229 | | 00 | SGBF | | | 004 | 01104 | H | | F | | | CR |
| 2017 | 425 | 0005 | TECH RECO | 0229 | | 00 | SGBF | | | 001 | 01104 | H | | F | | | CR |
| 2017 | 425 | 0004 | TECH RECO | 0229 | | 00 | SGBF | | | 002 | 01104 | H | | F | | | CR |
| 2017 | 425 | 0003 | OFFICE SPE | 0229 | | 00 | SGBF | | | 001 | 01239 | G | | F | | | CR |
| 2017 | 425 | 0002 | EXECUTIVE | 0229 | | 00 | SGBF | | | 005 | 29520 | 00 | | F | | | NR |
| 2017 | 425 | 9948 | PHYSICIAN | 0229 | | 00 | SGBF | | | 001 | 50944 | 00 | | F | | | NG |
| 2017 | 425 | 9947 | ATHLETIC T | 0229 | | 00 | SGBF | | | 001 | 50942 | 00 | | F | | | NG |
| 2017 | 425 | 9946 | DIETETIC L | 0229 | | 00 | SGBF | | | 001 | 50937 | 00 | | F | | | NG |
| 2017 | 425 | 9945 | BOARD OF F | 0229 | | 00 | SGBF | | | 001 | 50924 | 00 | | F | | | NG |
| 2017 | 425 | 9944 | RESPRTRY | 0229 | | 00 | SGBF | | | 001 | 50927 | 00 | | F | | | NG |
| 2017 | 425 | 9941 | ST BOARD | 0229 | | 00 | SGBF | | | 001 | 50921 | 00 | | F | | | NG |
| 2017 | 425 | 0020 | ADMIN ASS | 0229 | | 00 | SGBF | | | 001 | 01235 | H | | F | | | CR |

2010/10

| UMBENT | CO | PCN | DIST | PC | PCN | FTE | PC | PCN | PP | HOUF | PCN | FTP | PCN | ACTUAL | REGULAR | PCN | ACTUAL | ACTUAL | BEN | PCN | ESTIMATED | SALAF | TIMATED | BEN | PROJECTED | SALA |
|--------|----|------|------|------|-----|-------|----|------|----|------|-----|------|-----|------------|---------|------|-----------|--------|-----|-----|-----------|-------|-----------|-----|-----------|------|
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 22,547.73 | | 0.00 | 15,941.14 | | | | 22,792.32 | | 17,110.45 | | 21,948.16 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 45,567.00 | | 0.00 | 20,027.63 | | | | 55,987.20 | | 23,893.71 | | 53,913.60 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 58,289.08 | | 0.00 | 23,338.05 | | | | 65,059.20 | | 25,782.03 | | 62,649.60 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 53,716.74 | | 0.00 | 22,337.45 | | | | 61,106.40 | | 24,959.26 | | 58,843.20 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 35,014.78 | | 0.00 | 18,713.80 | | | | 40,435.20 | | 20,880.57 | | 38,937.60 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 61,840.36 | | 0.00 | 23,832.89 | | | | 70,286.40 | | 26,870.04 | | 67,683.20 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 28,308.03 | | 0.00 | 17,256.41 | | | | 31,708.80 | | 19,015.81 | | 30,534.40 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 32,748.83 | | 0.00 | 18,289.63 | | | | 37,562.40 | | 20,266.67 | | 36,171.20 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 29,245.62 | | 0.00 | 17,446.78 | | | | 33,026.40 | | 19,297.36 | | 31,803.20 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 31,924.04 | | 0.00 | 18,064.34 | | | | 35,769.60 | | 19,883.56 | | 34,444.80 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 27,642.73 | | 0.00 | 17,046.83 | | | | 31,773.60 | | 19,029.66 | | 30,596.80 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 25,309.60 | | 0.00 | 16,675.37 | | | | 28,490.40 | | 18,328.08 | | 27,435.20 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 105,786.92 | | 0.00 | 34,184.98 | | | | 96,768.00 | | 32,237.06 | | 93,184.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 450.00 | | 0.00 | 65.37 | | | | 450.00 | | 65.37 | | 450.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 160.00 | | 0.00 | 19.28 | | | | 160.00 | | 19.28 | | 160.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 100.00 | | 0.00 | 11.18 | | | | 100.00 | | 11.18 | | 100.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 1,150.00 | | 0.00 | 99.68 | | | | 1,150.00 | | 99.68 | | 1,150.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 400.00 | | 0.00 | 43.44 | | | | 400.00 | | 43.44 | | 400.00 | |
| 0 | | 1.00 | | 0.00 | | 0.00 | | 0.00 | | | | 0.00 | | 1,450.00 | | 0.00 | 139.46 | | | | 1,450.00 | | 139.46 | | 1,450.00 | |
| 1 | | 1.00 | | 1.00 | | 80.00 | | 1.00 | | | | 1.00 | | 27,564.82 | | 0.00 | 17,053.81 | | | | 31,190.40 | | 18,905.04 | | 30,035.20 | |

21840

| PROJECTED BENEFIT | EMPLOYEE NA | LAST NAME | FIRST NAME/MIDDLE NAME | UMBENT CL | ENT PAY SC | AY RATE IN | PAY RATE | CSS HOURS | WK TYPE | CC | ALTH ELIG I | LEAVE ELIG |
|-------------------|-------------|-----------|------------------------|-----------|------------|------------|----------|-----------|---------|----|-------------|------------|
| 18,145.68 | FAWKES, EI | FAWKES | ELISHA MINETTE | 01239 | HG | H | 13.19 | 2803 | PT | | E | E |
| 24,671.29 | OATMAN, A | OATMAN | AMBER D | 20904 | 00000 | H | 25.92 | 1612.5 | FS | | E | E |
| 26,487.95 | PYLES, CON | PYLES | CONNIE M | 20904 | 00000 | H | 30.12 | 11418.2 | FS | | E | E |
| 25,696.42 | GONZALEZ | GONZALEZ | FRUTOSO | 20904 | 00000 | H | 28.29 | 24011.4 | FS | | E | E |
| 21,772.75 | PARROTT, I | PARROTT | DARLENE M | 01103 | HI | H | 18.72 | 47233.8 | FS | | E | E |
| 27,534.65 | LEONARD, I | LEONARD | MARY E | 20903 | 00000 | H | 32.54 | 35872.5 | FS | | E | E |
| 19,978.76 | WOODLAND | WOODLAND | JENNIFER JILL | 04250 | HG | H | 14.68 | 26483.3 | FS | | E | E |
| 21,182.14 | MURPHY, AI | MURPHY | ALISSA DAWN | 01231 | HI | H | 17.39 | 24069.1 | FS | | E | E |
| 20,249.60 | ADCOCK, JC | ADCOCK | JODI C | 01104 | HH | H | 15.29 | 33736 | FS | | E | E |
| 20,813.58 | OSTERMAN, | OSTERMAN | LISA M | 01104 | HH | H | 16.56 | 41078 | FS | | E | E |
| 19,992.06 | LAWSON, CI | LAWSON | CLAUDIA | 01104 | HH | H | 14.71 | 16087.8 | FS | | E | E |
| 19,317.11 | FUERTE-ST | FUERTE-ST | JACQUELYN K | 01239 | HG | H | 13.19 | 3200 | FS | | E | E |
| 32,697.76 | LAWLER, AN | LAWLER | ANNE KATHRYN | 29520 | 00000 | H | 44.8 | 3759.8 | FS | | E | E |
| 65.37 | | | | | | | 0 | 0 | | | | N |
| 19.28 | | | | | | | 0 | 0 | | | | N |
| 11.18 | | | | | | | 0 | 0 | | | | N |
| 99.68 | | | | | | | 0 | 0 | | | | N |
| 43.44 | | | | | | | 0 | 0 | | | | N |
| 139.46 | | | | | | | 0 | 0 | | | | N |
| 19,872.18 | KRUCK, FEL | KRUCK | FELICIA M | 01235 | HH | H | 14.44 | 12376 | FS | | E | E |

| UI | ELIG | IND | ET | OPT | COL | BENT | PP | H | CUM | BENT | F | CUM | BENT | F | MSGS | INC_FT | INDICATOR | TAL | PERM | PCN | F | TAL | ELECT | PCN | F |
|----|------|-----|----|-----|-----|------|----|---|------|------|------|-----|------|---|------|--------|-----------|-----|------|-----|---|-----|-------|-----|------|
| Y | | | R1 | | | | 64 | | 1.00 | | 0.80 | | | | | 0.80 | | 1 | | | | | | | 0.80 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| N | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| | | | | | | | 0 | | 0.00 | | 0.00 | | | | | 0.00 | | 0 | | | | | | | |
| Y | | | R1 | | | | 80 | | 1.00 | | 1.00 | | | | | 1.00 | | 1 | | | | | | | 1.00 |

Totals by Budget Unit and Fund

| | | | | |
|------------------|--------------|-------------|--------------|-------------|
| SGBF 0229 | 13.80 | 0.00 | 13.80 | 0.00 |
| SGBF 0229 | 13.80 | 0.00 | 13.80 | 0.00 |

Totals by Fund

| FTI | Actual FY 2016 | Est. FY17 |
|-----|----------------|-----------|
| | Salary | Salary |
| | Total Benefits | |

23 of 40

Filled Permanent/Elected

| | | | | |
|---------------------------------|--------------|---------------------|---------------------|---------------------|
| 0229-00 | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 |
| Fund-0229 | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 |
| <u>Permanent Total</u> | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 |
| Group | | | | |
| 0229-00 | | 3,710.00 | 378.41 | 3,710.00 |
| Fund-0229 | | 3,710.00 | 378.41 | 3,710.00 |
| <u>Group Total</u> | 0.00 | 3,710.00 | 378.41 | 3,710.00 |
| <u>Agency Fund Total</u> | 13.80 | \$589,216.28 | \$280,587.52 | \$645,666.32 |

| ROWS | PER_PCEN | FTI_SALARY_SSDI | FTI_SALARY_PERM | FTI_SALARY_ELECT | 1_27TH_PP | HEALTH_PERMEALTH_ELEC | SSDI | SSHI | |
|-------|----------|-----------------|-----------------|------------------|-------------|-----------------------|------|-----------|----------|
| 1.00 | | 22,792.32 | 22,792.32 | | (844.16) | 12,240.00 | 0.00 | 1,413.12 | 330.49 |
| 1.00 | | 55,987.20 | 55,987.20 | | (2,073.60) | 12,240.00 | 0.00 | 3,471.21 | 811.81 |
| 1.00 | | 65,059.20 | 65,059.20 | | (2,409.60) | 12,240.00 | 0.00 | 4,033.67 | 943.36 |
| 1.00 | | 61,106.40 | 61,106.40 | | (2,263.20) | 12,240.00 | 0.00 | 3,788.60 | 886.04 |
| 1.00 | | 40,435.20 | 40,435.20 | | (1,497.60) | 12,240.00 | 0.00 | 2,506.98 | 586.31 |
| 1.00 | | 70,286.40 | 70,286.40 | | (2,603.20) | 12,240.00 | 0.00 | 4,357.76 | 1,019.15 |
| 1.00 | | 31,708.80 | 31,708.80 | | (1,174.40) | 12,240.00 | 0.00 | 1,965.95 | 459.78 |
| 1.00 | | 37,562.40 | 37,562.40 | | (1,391.20) | 12,240.00 | 0.00 | 2,328.87 | 544.65 |
| 1.00 | | 33,026.40 | 33,026.40 | | (1,223.20) | 12,240.00 | 0.00 | 2,047.64 | 478.88 |
| 1.00 | | 35,769.60 | 35,769.60 | | (1,324.80) | 12,240.00 | 0.00 | 2,217.72 | 518.66 |
| 1.00 | | 31,773.60 | 31,773.60 | | (1,176.80) | 12,240.00 | 0.00 | 1,969.96 | 460.72 |
| 1.00 | | 28,490.40 | 28,490.40 | | (1,055.20) | 12,240.00 | 0.00 | 1,766.40 | 413.11 |
| 1.00 | | 96,768.00 | 96,768.00 | | (3,584.00) | 12,240.00 | 0.00 | 5,999.62 | 1,403.14 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | | 0.00 | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 1.00 | | 31,190.40 | 31,190.40 | | (1,155.20) | 12,240.00 | 0.00 | 1,933.80 | 452.26 |
| 14.00 | | 641,956.32 | 641,956.32 | 0.00 | (23,776.16) | 171,360.00 | 0.00 | 39,801.29 | 9,308.37 |
| 14.00 | | 641,956.32 | 641,956.32 | 0.00 | (23,776.16) | 171,360.00 | 0.00 | 39,801.29 | 9,308.37 |

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Estimate FY 2017
Health Benefits Variable Benefits

Proj. FY18
Salary

Projection FY 2018
Health Benefits Variable Benefits

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| | | | | |
|---------------------|---------------------|---------------------|---------------------|---------------------|
| 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| 0.00 | 378.41 | 3,710.00 | 0.00 | 378.41 |
| 0.00 | 378.41 | 3,710.00 | 0.00 | 378.41 |
| 0.00 | 378.41 | 3,710.00 | 0.00 | 378.41 |
| \$171,360.00 | \$135,478.30 | \$621,890.16 | \$188,440.00 | \$135,349.90 |

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| RETIREMENT | LIFE_INS | UNEMP_INS | DHR | DRKERS_COI | SICK | TOT_VB_PERM | DT_VB_ELE | HEALTH_PERM | ILTH_ELECT | SSDI_BY | SSHI_BY |
|------------|----------|-----------|----------|------------|----------|-------------|-----------|-------------|------------|-----------|----------|
| 2,580.09 | 153.85 | 34.19 | 126.27 | 84.33 | 148.15 | 4,870.49 | 0.00 | 13,460.00 | 0.00 | 1,413.12 | 330.49 |
| 6,337.75 | 377.91 | 83.98 | 0.00 | 207.15 | 363.92 | 11,653.74 | 0.00 | 13,460.00 | 0.00 | 3,471.21 | 811.81 |
| 7,364.70 | 439.15 | 97.59 | 0.00 | 240.72 | 422.88 | 13,542.07 | 0.00 | 13,460.00 | 0.00 | 4,033.67 | 943.36 |
| 6,917.24 | 412.47 | 91.66 | 0.00 | 226.09 | 397.19 | 12,719.30 | 0.00 | 13,460.00 | 0.00 | 3,788.60 | 886.04 |
| 4,577.26 | 272.94 | 60.65 | 224.01 | 149.61 | 262.83 | 8,640.60 | 0.00 | 13,460.00 | 0.00 | 2,506.98 | 586.31 |
| 7,956.42 | 474.43 | 105.43 | 0.00 | 260.06 | 456.86 | 14,630.11 | 0.00 | 13,460.00 | 0.00 | 4,357.76 | 1,019.15 |
| 3,589.44 | 214.03 | 47.56 | 175.67 | 117.32 | 206.11 | 6,775.85 | 0.00 | 13,460.00 | 0.00 | 1,965.95 | 459.78 |
| 4,252.06 | 253.55 | 56.34 | 208.10 | 138.98 | 244.16 | 8,026.71 | 0.00 | 13,460.00 | 0.00 | 2,328.87 | 544.65 |
| 3,738.59 | 222.93 | 49.54 | 182.97 | 122.20 | 214.67 | 7,057.41 | 0.00 | 13,460.00 | 0.00 | 2,047.64 | 478.88 |
| 4,049.12 | 241.44 | 53.65 | 198.16 | 132.35 | 232.50 | 7,643.61 | 0.00 | 13,460.00 | 0.00 | 2,217.72 | 518.66 |
| 3,596.77 | 214.47 | 47.66 | 176.03 | 117.56 | 206.53 | 6,789.70 | 0.00 | 13,460.00 | 0.00 | 1,969.96 | 460.72 |
| 3,225.11 | 192.31 | 42.74 | 157.84 | 105.41 | 185.19 | 6,088.11 | 0.00 | 13,460.00 | 0.00 | 1,766.40 | 413.11 |
| 10,954.14 | 653.18 | 0.00 | 0.00 | 358.04 | 628.99 | 19,997.11 | 0.00 | 13,460.00 | 0.00 | 5,999.62 | 1,403.14 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3,530.75 | 210.54 | 46.79 | 172.79 | 115.40 | 202.74 | 6,665.08 | 0.00 | 13,460.00 | 0.00 | 1,933.80 | 452.26 |
| 72,669.46 | 4,333.21 | 817.78 | 1,621.83 | 2,375.24 | 4,172.72 | 135,099.89 | 0.00 | 188,440.00 | 0.00 | 39,801.29 | 9,308.37 |
| 72,669.46 | 4,333.21 | 817.78 | 1,621.83 | 2,375.24 | 4,172.72 | 135,099.89 | 0.00 | 188,440.00 | 0.00 | 39,801.29 | 9,308.37 |

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| ETIREMENT | ELIFE_INS_BY | WEMP_INS | DHR_BY | WKERS_COM | SICK_BY | DT_VB_PERM | I_VB_ELECT | LTH_PERM | C_TH_ELECT | SSDI_CHG | SSHI_CHG |
|-----------|--------------|----------|----------|-----------|----------|------------|------------|-----------|------------|----------|----------|
| 2,580.09 | 153.85 | 34.19 | 126.27 | 79.77 | 148.15 | 4,865.93 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 6,337.75 | 377.91 | 83.98 | 0.00 | 195.96 | 363.92 | 11,642.54 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 7,364.70 | 439.15 | 97.59 | 0.00 | 227.71 | 422.88 | 13,529.06 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 6,917.24 | 412.47 | 91.66 | 0.00 | 213.87 | 397.19 | 12,707.08 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 4,577.26 | 272.94 | 60.65 | 224.01 | 141.52 | 262.83 | 8,632.51 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 7,956.42 | 474.43 | 105.43 | 0.00 | 246.00 | 456.86 | 14,616.06 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 3,589.44 | 214.03 | 47.56 | 175.67 | 110.98 | 206.11 | 6,769.51 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 4,252.06 | 253.55 | 56.34 | 208.10 | 131.47 | 244.16 | 8,019.20 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 3,738.59 | 222.93 | 49.54 | 182.97 | 115.59 | 214.67 | 7,050.81 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 4,049.12 | 241.44 | 53.65 | 198.16 | 125.19 | 232.50 | 7,636.45 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 3,596.77 | 214.47 | 47.66 | 176.03 | 111.21 | 206.53 | 6,783.35 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 3,225.11 | 192.31 | 42.74 | 157.84 | 99.72 | 185.19 | 6,082.42 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 10,954.14 | 653.18 | 0.00 | 0.00 | 338.69 | 628.99 | 19,977.75 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3,530.75 | 210.54 | 46.79 | 172.79 | 109.17 | 202.74 | 6,658.84 | 0.00 | 1,220.00 | 0.00 | 0.00 | 0.00 |
| 72,669.46 | 4,333.21 | 817.78 | 1,621.83 | 2,246.85 | 4,172.72 | 134,971.49 | 0.00 | 17,080.00 | 0.00 | 0.00 | 0.00 |
| 72,669.46 | 4,333.21 | 817.78 | 1,621.83 | 2,246.85 | 4,172.72 | 134,971.49 | 0.00 | 17,080.00 | 0.00 | 0.00 | 0.00 |

Agency Benefit Information

| | Current Year | Budgeted Year | DIFFERENCE | |
|------------------------|----------------|----------------|-------------------|-----------|
| | 2017 | 2018 | 2018 - 2017 | MAX 2017 |
| FICA SSDI Rate | 0.06200 | 0.06200 | 0.00000 | \$118,500 |
| FICA SSHI Rate | 0.01450 | 0.01450 | 0.00000 | |
| Unemployment Rate | 0.00150 | 0.00150 | 0.00000 | |
| Workers Comp Rate | 0.00370 | 0.00350 | -0.00020 | |
| Life Insurance Rate | 0.00675 | 0.00675 | 0.00000 | |
| Unused sick leave rate | 0.00650 | 0.00650 | 0.00000 | |
| DHR rate | 0.00554 | 0.00554 | 0.00000 | |
| Total Permanent | 0.10049 | 0.10029 | -0.00020 | |
| Total Group | 0.08170 | 0.08150 | -0.00020 | |
| Elected Officials | 0.09495 | 0.09475 | -0.00020 | |
| Full Time Health Costs | \$12,240 | \$13,460 | \$1,220 | |
| Part Time Health Costs | \$9,939 | \$11,170 | \$1,231 | |

| | | | DIFFERENCE |
|--------------------------------|---------|---------|-------------------|
| RETIREMENT RATES | 2017 | 2018 | 2018 - 2017 |
| R1 Regular Retirement | 0.11320 | 0.11320 | 0.00000 |
| R2 Police/Fire Retirement | 0.11660 | 0.11660 | 0.00000 |
| R4 Former Public Safety (1985) | 0.11320 | 0.11320 | 0.00000 |
| R5 Dept of Labor | 0.00000 | 0.00000 | 0.00000 |

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| | | | |
|------------------------|---------|---------|---------|
| R6 Judges Retirement | 0.55280 | 0.55280 | 0.00000 |
| R7 Optional Retirement | 0.11320 | 0.11320 | 0.00000 |
| R8 Optional Retirement | 0.11320 | 0.11320 | 0.00000 |

FTP = POSITION FTE = (PAYPERIOD HOURS/80) * FTE PCT OF YEAR * POSITION DISTRIBUTION %

FTI = EMPLOYEE FTE = (PAYPERIOD HOURS/80) * FTE PCT OF YEAR * POSITION DISTRIBUTION %

** MESSAGE CODES:

- 1 = POSITION WITH MULTIPLE DISTRIBUTIONS
- 2 = DELETED POSITION WITH ACTUAL DOLLARS
- 3 = INCUMBENT IS AN UNDERFILL
- 5 = SHIFT DIFFERENTIAL
- 6 = MULTIPLE FILL CALCULATION

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MAX 2018

\$118,500

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Board of Medicine, State Regulatory SGBF-0229-00

| DESCRIPTION | Indicator Code | FTP | FY 2017 SALARY | FY 2017 HEALTH BENEFITS | FY 2017 VAR BENEFITS | FY 2017 TOTAL | FY 2018 SALARY CHANGE | FY 2018 CHG HEALTH BENEFITS | FY 2018 CHG VAR BENEFITS | TOTAL BENEFIT CHANGES |
|--|------------------|--------------|----------------|-------------------------|----------------------|------------------|-----------------------|---|--------------------------|-----------------------|
| Totals from Wage and Salary Report (WSR): | | | | | | | | | | |
| Permanent Positions | 1 | 13.80 | 641,956 | 171,360 | 135,100 | 948,416 | (23,776) | 17,080 | (124) | 16,956 |
| Board & Group Positions | 2 | | 3,710 | 0 | 378 | 4,088 | | | | |
| Elected Officials & Full Time Commissioners | 3 | 0.00 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| TOTAL FROM WSR | | 13.80 | 645,666 | 171,360 | 135,478 | 952,505 | | 17,080 | (124) | 16,956 |
| FY 2017 ORIGINAL APPROPRIATION | 1,080,400 | 15.00 | 732,362 | 194,369 | 153,669 | 1,080,400 | | | | |
| Unadjusted Over or (Under) Funded: | Est Difference | 1.20 | 86,895 | 23,009 | 18,191 | 127,895 | | Calculated overfunding is 11.8% of Original Appropriation | | |

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Totals by Fund

| | FTI | Actual FY 2016 | | Est. FY17 | Estimate FY 2017 | | Proj. FY18 | Projection FY 2018 | |
|---------------------------------|--------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | Salary | Total Benefits | Salary | Health Benefits | Variable Benefits | Salary | Health Benefits | Variable Benefits |
| Filled Permanent/Elected | | | | | | | | | |
| 0229-00 | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 | 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| Fund-0229 | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 | 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| | - | - | - | - | - | - | - | - | - |
| Permanent Total | 13.80 | 585,506.28 | 280,209.11 | 641,956.32 | 171,360.00 | 135,099.89 | 618,180.16 | 188,440.00 | 134,971.49 |
| | - | - | - | - | - | - | - | - | - |
| Group | | | | | | | | | |
| 0229-00 | - | 3,710.00 | 378.41 | 3,710.00 | - | 378.41 | 3,710.00 | - | 378.41 |
| Fund-0229 | - | 3,710.00 | 378.41 | 3,710.00 | - | 378.41 | 3,710.00 | - | 378.41 |
| | - | - | - | - | - | - | - | - | - |
| Group Total | - | 3,710.00 | 378.41 | 3,710.00 | - | 378.41 | 3,710.00 | - | 378.41 |
| | - | - | - | - | - | - | - | - | - |
| Agency Fund Total | 13.80 | \$589,216.28 | \$280,587.52 | \$645,666.32 | \$171,360.00 | \$135,478.30 | \$621,890.16 | \$188,440.00 | \$135,349.90 |

FORM B7: ONE-TIME OPERATING EXPENDITURES & ONE-TIME CAPITAL OUTLAY SUMMARY

Agency/Department: Board of Medicine
 Program (If applicable): _____

Request for Fiscal Year: 2018
 Agency Number: 425
 Function/Activity Number: 10

Original Request Date:
9/1/16

Revision Request Date:

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| Priority Order | Program | DU | Fund | Sub-object Code | Item/Description | Mileage | Date Acquired | Quantity in Stock | Request Quantity Desired | Request Unit Cost | Request Total Cost |
|-------------------------------------|---------|-------|---------|-----------------|----------------------------------|---------|---------------|-------------------|--------------------------|-------------------|--------------------|
| 1 | 01 | 12.01 | 0229-00 | 5315 | Database Upgrade | | 2004 | 1 | 1 | 390,000 | 390,000 |
| 5 | 01 | 10.31 | 0229-00 | 6710 | Work Stations (desks) | | 1994 & 1996 | 16 | 3 | 1,000 | 3,000 |
| 5 | 01 | 10.31 | 0229-00 | 6710 | Task Chairs | | Various dates | 16 | 3 | 500 | 1,500 |
| 3 | 01 | 10.31 | 0229-00 | 6499 | Desktop Printers | | 2009 | 16 | 2 | 500 | 1,000 |
| 4 | 01 | 10.31 | 0229-00 | 6420 | Desktop Computers & Software | | 2012 | 16 | 2 | 1,000 | 2,000 |
| 2 | 01 | 12.02 | 0229-00 | 5570 | Memory Upgrade for Computers | | 2014 | 14 | 14 | 45 | 600 |
| 2 | 01 | 12.02 | 0229-00 | 6410 | Hard Drive Upgrade for Computers | | 2014 | 14 | 14 | 90 | 1,300 |
| Subtotal of filtered items | | | | | | | | | | | \$399,400 |
| Grand Total by Program | | | | | | | | | | | \$399,400 |
| | 01 | | | | | | | | | | 399,400 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| Grand Total by Decision Unit | | | | | | | | | | | \$399,400 |
| | | 10.31 | | | | | | | | | 7,500 |
| | | 12.01 | | | | | | | | | 390,000 |
| | | 12.02 | | | | | | | | | 1,900 |
| | | | | | | | | | | | 0 |
| Grand Total by Fund Source | | | | | | | | | | | \$399,400 |
| | | | 0229-00 | | | | | | | | 399,400 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| | | | | | | | | | | | 0 |
| Grand Total by Category | | | | | | | | | | | \$399,400 |
| | | | | 5315 | | | | 1 | 1 | | 390,000 |
| | | | | 6710 | | | | 32 | 6 | | 4,500 |
| | | | | 6499 | | | | 16 | 2 | | 1,000 |
| | | | | 6420 | | | | 16 | 2 | | 2,000 |
| | | | | 5570 | | | | 0 | 0 | | 600 |
| | | | | 6410 | | | | 0 | 0 | | 1,300 |

369 40

FIVE-YEAR FACILITY NEEDS PLAN, pursuant to IC 67-5708B

AGENCY INFORMATION

| | | | |
|--------------------------|---|-------------------------|--|
| AGENCY NAME: | Idaho Board of Medicine | | |
| Division/Bureau: | Department of Self Regulating Agencies - Medical Boards | | |
| Prepared By: | Anne Lawler | E-mail Address: | anne.lawler@bom.idaho.gov |
| Telephone Number: | 208-327-7000 | Fax Number: | 208-327-7005 |
| DFM Analyst: | Sara Stover | LSO/BPA Analyst: | Jared Tatro |
| Date Prepared: | 7/8/2016 | For Fiscal Year: | 2018 |

FACILITY INFORMATION (please list each facility separately by city and street address)

| | | | |
|--|---|----------------|---------------------------------------|
| Facility Name: | Idaho Board of Medicine | | |
| City: | Boise | County: | Ada |
| Street Address: | 1755 Westgate Drive, Suite 140 | | Zip Code: 83704 |
| Facility Ownership: (could be private or state-owned, use "X" to mark one): | Private Lease (use "X" to mark): | X | State Owned (use "X" to mark): |
| | | | Lease Expires: 6/30/2020 |

FUNCTION/USE OF FACILITY: Could be administrative use, client counseling, hearing rooms, field offices, etc. Address any specialized needs which require additional square feet.

Function: Primary office for all administrative functions of the Board, Allied Health Boards/Committee meetings, pre-litigation hearing panels in the Boise area, disciplinary hearings for all five Boards and Committees of the agency, administrative hearings, depositions and related legal proceedings, along with record and equipment storage. Includes 23 parking spaces for agency functions.

COMMENTS: Address reasons for expanding or relocating; amount of space leased to other state agencies, federal agencies, etc. & the amount of rent they pay for the use of your facility; or other comments which might be helpful.

This fall we are expanding our space by adding a 250 square foot office for an in-house attorney who will begin with the Board on 10/1/2016.

SURPLUS PROPERTY: Facilities to be disposed of and funds re-utilized for building replacement or renovation of facilities. This could also include leased facilities if the leased facility is to be vacated prior to the expiration date of the lease.

| FISCAL YR: | ACTUAL 2016 | ESTIMATE 2017 | REQUEST 2018 | REQUEST 2019 | REQUEST 2020 | REQUEST 2021 |
|---|-------------|---------------|--------------|--------------|--------------|--------------|
| Use "X" to mark the year facility would be surplused. | | | | | | |

WORK AREAS: Work areas are areas occupied by full-time employees, contractors, seasonal employees, auditors, etc. (3 people working in one building would be 3 work areas)

| FISCAL YR: | ACTUAL 2016 | ESTIMATE 2017 | REQUEST 2018 | REQUEST 2019 | REQUEST 2020 | REQUEST 2021 |
|---|-------------|---------------|--------------|--------------|--------------|--------------|
| Total Number of Work Areas: | 16 | 17 | 17 | 17 | 17 | 17 |
| Full-Time Equivalent Positions: | 14 | 15 | 15 | 15 | 15 | 15 |
| Temp. Employees, Contractors, Auditors, etc.: | 1 | 1 | 1 | 1 | 1 | 1 |

SQUARE FEET: Use "net rentable" sq ft if in a facility leased from a private party; use "usable" sq ft if in a State-owned facility. Typically, this will be the figure shown in the Lease Agreement if leased from a private party or in the MOU if state-owned.

| FISCAL YR: | ACTUAL 2016 | ESTIMATE 2017 | REQUEST 2018 | REQUEST 2019 | REQUEST 2020 | REQUEST 2021 |
|--------------|-------------|---------------|--------------|--------------|--------------|--------------|
| Square Feet: | 5540 | 5790 | 5790 | 5790 | 5790 | 5790 |

FACILITY COST: Include annual rent, plus any facility-related costs, such as utilities, janitorial service, property taxes or building maintenance which are not included in rent payment made to your Landlord. If improvements will need to be made to the facility and will be paid by the agency, this should be included as well. If the lease will be expiring and the future rent is not specified in the lease agreement, increase rent by 3%/yr. Increase all other facility-related costs by 3%/yr as well. Use "Calculation Sheet" tab below if necessary. Do not include telephone costs or rent discounts. If you anticipate moving to a new facility, you need to take into account any increase in sq ft leased and estimate a new market rate for the new facility. Do NOT use your old rate per sq ft – it may not be a realistic figure.

| FISCAL YR: | ACTUAL 2016 | ESTIMATE 2017 | REQUEST 2018 | REQUEST 2019 | REQUEST 2020 | REQUEST 2021 |
|-------------------------|-------------|---------------|--------------|--------------|--------------|--------------|
| Total Facility Cost/Yr: | \$75,482.00 | \$82,711.84 | \$87,091.19 | \$89,986.19 | \$92,881.19 | N/A |

- IMPORTANT NOTES:**
- Please fill in the white sections only! If you have any questions, please call Ruth @ 332-1933.
 - Upon completion, please send to Ruth Swan-Brown at the Division of Public Works via email to Ruth.Swan-Brown@adm.idaho.gov.
 - If you have five or more locations, please summarize the information on the Facility Information Summary Sheet and include this summary sheet with your submittal.
 - Attach a hardcopy of this submittal, as well as the Facility Information Summary Sheet, if applicable, with your budget request.

AGENCY NOTES:

Part I – Agency Profile

Agency Overview

Established in 1892 and operated under the Department of Law Enforcement until 1949, the Board of Medicine functions as a self-governing agency supported solely by dedicated funds from licensees of the agency. The Board has primary responsibility for licensure and discipline of physicians, doctors of osteopathy, physician assistants, dietitians, respiratory therapists, and athletic trainers. The Board provides for limited permits for polysomnographers as it applies to the practice of respiratory therapy. The Board registers medical students, interns, externs, residents, physician assistant trainees, and polysomnography trainees in approved training programs. The Board regulates supervising physicians who supervise physician assistants, residents, interns and externs, cosmetic procedures and directing physicians who supervise athletic trainers. The Board has primary responsibility for the coordination of malpractice prelitigation hearings for physicians and licensed acute care hospitals operating in Idaho.

The Board staff includes an Executive Director, Associate Director, Board Attorney, two registered nurses and one physician assistant Quality Assurance Specialists/Investigators, two Physician Licensing Managers, Compliance Monitor, Allied Health Licensing Manager, Prelitigation Manager, Allied Health/Prelitigation Assistant, Finance Specialist, Discipline Assistant, and a Receptionist/Prelitigation and Licensing Assistant.

The Board functions with four licensing boards, the Committee for Professional Discipline and the Physician Assistant Advisory Committee. The allied health boards and committees advise and make recommendations to the Board in matters of licensure and discipline of their respective professions. The Committee on Professional Discipline makes recommendations to the Board of Medicine regarding physician discipline.

Board of Medicine members are appointed by the Governor. Committee on Professional Discipline members and allied health board members are appointed by the Board of Medicine.

The office of the Board of Medicine is on 1755 Westgate Drive, Suite 140, Boise, Idaho, 83704. Information about the Board is available at <http://bom.idaho.gov>.

Core Functions/Idaho Code

The core functions of the Board include licensing, discipline, and pre-litigation. Statutory authority is as follows for each of the professions regulated:

Title 54

Physicians and Physician Assistants Chapter 18 54-1802. PURPOSE. Recognizing that the practice of medicine is a privilege granted by the state of Idaho and is not a natural right of individuals, the purpose of this chapter is to assure the public health, safety and welfare in the state by the licensure and regulation of physicians, and the exclusion of unlicensed persons from the practice of medicine.

Dietitians Chapter 35 54-3501. PURPOSE. The legislature finds and declares that the provision of medical and therapeutic nutritional services affects the public health, safety, and welfare. The legislature further finds that it is in the public interest to aid in the provision of medical and therapeutic nutritional services of high quality to the people of Idaho. To aid in fulfilling these purposes, this chapter provides for the licensure and regulation of dietitians within the state of Idaho.

Athletic Trainers Chapter 39 54-3901. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare, to promote the highest degree of professional conduct on the part of athletic trainers, and to assure the availability of athletic trainer services of high quality to persons in need of such services, it is the purpose of this chapter to provide for the registration of persons offering athletic trainers services to the public

Respiratory Therapist and Polysomnography Permits Chapter 43 54-4302. LEGISLATIVE INTENT. In order to promote the public health, safety, and welfare; to promote the highest degree of professional conduct on the part of persons providing respiratory care to the public; and to assure the availability of respiratory care services

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of high quality to persons in need of such services, it is the purpose of the provisions of this chapter to provide for the licensure and regulation of persons offering respiratory care services to the public.

Medical Malpractice Idaho Code 6-1001. The Idaho state board of medicine, in alleged malpractice cases involving claims for damages against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho, is directed to cooperate in providing a hearing panel in the nature of a special civil grand jury and procedure for pre-litigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in the state of Idaho, which proceedings shall be informal and nonbinding, but nonetheless compulsory as a condition precedent to litigation. Proceedings conducted or maintained under the authority of this act shall at all times be subject to disclosure according to chapter 3, title 9, Idaho Code. Formal rules of evidence shall not apply and all such proceedings shall be expeditious and informal.

Title IV of Public Law 99-660- The Health Care Quality Improvement Act of 1986-requires state licensing boards, hospitals and other entities to report certain licensing and discipline actions to a national database.

Public Law 104-191- The Health Insurance Portability and Accountability Act of 1996- requires the reporting and disclosing of certain actions to combat fraud and abuse in health insurance and health care delivery.

Revenue and Expenditures

Table with 5 columns: Revenue/Expenditures, FY 2013, FY 2014, FY 2015, FY 2016. Rows include State Regulatory Fund, Personnel Costs, Operating Expenditures, Capital Outlay, and Trustee/Benefit Payments.

Profile of Cases Managed and/or Key Services Provided

Table with 5 columns: Cases Managed and/or Key Services Provided, FY 2013, FY 2014, FY 2015, FY 2016. Rows include Complaints Received/Investigations, Licensing of health professions, Pre-litigation screening panels, and On Line Public Information/Licensee service.

The Board receives complaints regarding all health care professions, health care and prison facilities. For those complaints that are outside of the statutory authority of the Board of Medicine, the Board reviews the complaint, corresponds with complainant and forwards the information to the appropriate regulatory agency for review.

Performance Highlights (Optional)

Successfully conducted succession planning and leadership development by the hiring of a new Executive Director (effective August 2015); hired new Associate Director (effective 7/25/2016 – FY 2017), and posted position application for new in-house Attorney (7/25/2016 – FY 2017). Additionally, the Board of Medicine (BOM) awarded a new vendor and is in the process of developing a new contract for the upgrade of its database system from that of an outdated Access platform to a web-based platform, adding necessary functionality to maintain increased needs, accessibility and quality. The Board of Medicine was also able to improve retention and remain competitive by adjusting salary wages (CEC) during FY2016.

Part II – Performance Measures

Table header for Performance Measures with columns: Performance Measure, FY 2013, FY 2014, FY 2015, FY 2016, Current.

| | | | | | | Year |
|---|-----------|---|--|--|---|-------|
| Goal 1 | | | | | | |
| GOAL: Promote Customer/Constituent Service Through Improved Communication with Stakeholders | | | | | | |
| Performance Measure 1. <i>Board members are able to access needed information on website or through secure access, feedback confirms access.</i> | actual | | | | | ----- |
| | benchmark | Delayed due to database transition | Delayed due to database transition | Delayed due to database and vendor transition. Limitations of state IT policy may impact secure access for Board members | All Board materials provided and accessed online | |
| Performance Measure 2. <i>Develop a secure access for physician information to expedite credentialing, eliminate duplication and enhance communication.</i> | actual | | | | | ----- |
| | benchmark | Delayed due to database transition | Delayed due to database transition | Delayed due to database transition | With the upgraded database system in 2017, BOM anticipates this functionality in FY 2019/2020 | |
| GOAL: Promote Responsible Government Through Efficient Use of Technology and Responsible Utilization of All Resources | | | | | | |
| Performance Measure 1 <i>Enhance licensing functions and reduce redundancies in licensure practices</i> | actual | | | | | ----- |
| | benchmark | Delayed due to database and vendor transition | Delayed due to database and vendor transition | Delayed due to database and vendor transition | All physician license applications are provided and updated online, including real time online status updates for applicants -√ | |
| Performance Measure 2 <i>70% of all allied health licensing functions are accomplished through an on-line application similar to existing physician application.</i> | benchmark | Delayed due to database and vendor transition | Delayed due to database and vendor transition | Delayed due to database and vendor transition | With the new upgraded database system, BOM will have increased licensing functionality in 2018 | |
| Performance Measure 3 <i>Streamline the administration of the pre-litigation process</i> | benchmark | Court procedures reviewed and technology used to reduce costs | Cost reduction by using electronic copies instead of paper | Cost reduction by using electronic copies instead of paper. | Electronic tracking of 100% hearing request; outcomes captured = cost savings | |
| GOAL: Promote Professionalism by Identifying and Addressing the Education and Training Needs of the Staff and Board Members | | | | | | |
| Performance Measure 1. <i>Staffing in each functional area is adequate and balanced for the workload. 100% of the staff are trained and flexible to meet</i> | actual | | | | | ----- |
| | benchmark | Ongoing, retirements in the next 3 years will | Ongoing, retirements in the next 2-3 years will cause | Ongoing, retirements in the next year will | Executive Director in place; new Associate Director (hire date | |

Medicine, Board of **Performance Measurement Report**

| | | | | | | |
|--|--|--|---|--|--|--|
| <i>demand in all functional areas</i> | | cause loss of four key positions | loss of four key positions. | cause loss of four key positions | 7/25/2016); and process in place to hire of new in-house Attorney (7/2016) with anticipated start date of 10/2016 | |
| Performance Measure 2. <i>Board members and staff have access to training resources.</i> | | Reevaluate training and orientation needs annually | Identify and plan for funds to meet training needs -√ | Training needs identified training for each staff- √ | Staff reassigned and trained in high workload areas. Educational sessions a component of Board Meetings (new laws, developing issues in the profession, processes, positions of the Board, etc.) - Ongoing | |

GOAL: Promote Continuity Through Succession Planning and Leadership Development

| | | | | | | |
|---|------------------|---|--|---|--|-------|
| Performance Measure 1. <i>Provide ongoing Leadership Development.</i> | actual | | | | | ----- |
| | <i>benchmark</i> | Leadership development is ongoing; retirements may impact training. Funding adequate -√ | Leadership development is ongoing; retirements may impact training. Funding adequate-√ | Nat'l and local resources identified and in-use by staff/ leadership√ | Executive Director in place; new Associate Director (hire date 7/25/2016); and process in place to hire of new in-house Attorney (7/2016) with anticipated start date of 10/2016 | |
| Performance Measure 2. <i>Salaries are adequate to retain and attract qualified staff</i> | <i>benchmark</i> | Delayed due to budget limitations | Delayed due to budget limitations | Assess salaries and budget accordingly | Appropriate CECs provided to all staff -√ | |

For More Information Contact

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FY 2018 Budget Request Revision for Statewide Cost Allocation

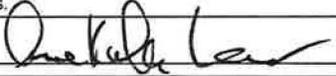
Fiscal Year: **2018**
 Agency Code: **425**
 Agency: **Board of Medicine**

Revision No. 1

OCT 21 2016

| Budget Unit | Program Name | Fund Number | Base | Attorney General | Risk Management | State Controller | State Treasurer | BU/Fund Total | Percent of Base | Percent of Fund |
|---------------------|-------------------|-------------|--------------|------------------|-----------------|------------------|-----------------|---------------|-----------------|-----------------|
| | | | SWCAP 21,204 | DU 10.41 | DU 10.45 | DU 10.46 | DU 10.47 | | | |
| SGBU | Board of Medicine | 0229-00 | 0 | 0 | 500 | (800) | (100) | (400) | | 100.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| | | | 0 | | | | | 0 | | 0.00% |
| Decision Unit Total | | | 0 | 0 | 500 | (800) | (100) | (400) | 0.00% | 100.00% |

I request that the FY 2018 Budget Request be revised to reflect the above adjustments for Attorney General fees, Risk Management fees, State Controller's fees, and State Treasurer fees.

Signed  Title Executive Director Date 10/18/16

Instructions
 Each year after the original budget submission deadline, the Division of Financial Management calculates the estimated amount of change from the current year to the budget year for certain Interagency Nonstandard Adjustment decision units related to the Statewide Cost Allocation Plan (SWCAP). It is your responsibility to distribute those changes equitably between programs (budget units) and fund sources.

- 1) Locate your agency on the Indirect Cost Recovery Budget Adjustments spreadsheet.
- 2) Sum the "FY Approp. Basis" columns for all categories (Treasurer, Controller, Attorney General, Risk Management, and Facility Services) in cell E7.
- 3) Enter by budget unit and fund source the SWCAP appropriation basis in the column titled "Base SWCAP". The allocation should be the same as your actual expenditures by fund source for last year rounded to the nearest \$100.
- 4) Find "Request Adjustment" for each category noting "Statewide Accounting" and "Statewide Payroll" must be summed to calculate the Controller fees.
- 5) Identify the budget unit and fund source for each of the areas requiring adjustment.
- 6) Enter each budget unit in the column identified as Budget Unit. Flag any continuous budget units as "(Cont)". Repeat for each different fund.
- 7) In the column identified as Fund Number, place the number of the fund to which the increase or decrease in costs will be applied.
- 8) In the column identified as adjustment, place the dollar amount for each identified budget unit by fund. Round to nearest \$100.
- 9) Check that all totals match those on the Indirect Cost Recovery Budget Adjustment spreadsheet.
- 10) Sign and return a copy to each of your DFM and LSO analysts. *Thank you!*