



COLORADO
Department of Health Care
Policy & Financing

Quarterly Report #7

Implementation of the American Rescue Plan Act of 2021, Section 9817

*Enhancing Colorado's Home and Community-Based Services
System through an Enhanced Federal Match*

May 1, 2023

Submitted to: The Joint Budget Committee

Quarterly Report
January 2023- March 2023



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

May 1, 2023

The Honorable Rachel Zenzinger, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Zenzinger:

Enclosed please find the Department of Health Care Policy & Financing's (HCPFs) quarterly Implementation of the American Rescue Plan Act of 2021, Section 9817 report to the Joint Budget Committee.

Section 25.5-6-1804, C.R.S. requires the Department, commencing November 1, 2021 and occurring quarterly thereafter to report to the Joint Budget Committee concerning the status of expenditures pursuant to part 18. The report must include:

- (a) The scope, intended impact, and amount of money disbursed from the money received pursuant to the "American Rescue Plan Act";*
- (b) A description of how the state department incorporated stakeholder feedback into plans for the disbursement of money; and*
- (c) An update as to the total amount of money disbursed from the money received pursuant to the "American Rescue Plan Act", the remaining amount of money, and the projected amount of anticipated federal financial participation.*

HCPF submitted its initial proposal of American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending to the Centers for Medicare and Medicaid Services (CMS) on June 13, 2021. HCPF received both Joint Budget Committee and CMS approval of our ARPA HCBS spending plan on September 21, 2021. CMS granted conditional approval which means that the state is approved but must remain in compliance with the applicable requirements set forth under section 9817 of the Act and fulfill all requirements as stated in State Medicaid Directors Letter # 21-003.

This report provides an update of current progress and continues a spirit of transparency for project operations. If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795.

Sincerely,



Kim Bimestefer
Executive Director

KB/JM

CC: Representative Shannon Bird, Vice Chair, Joint Budget Committee
Representative Rod Bockenfeld, Joint Budget Committee
Senator Jeff Bridges, Joint Budget Committee
Senator Barbara Kirkmeyer, Joint Budget Committee
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Colorado Spending Plan Quarterly Report to the Joint Budget Committee

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Key Takeaways

The Department continues to complete the milestones for implementation of our 63 initiatives outlined in our HCBS ARPA spending plan. This abbreviated quarterly report provides an update on our progress since the last report submission. All new content added to the appendix is colored in blue font for easy identification. Since our last quarterly report, the Department has:

- Completed close-out procedures for the first of 63 ARPA HCBS projects;
- Developed, launched and completed a sustainability and project management survey with project leads on all 63 ARPA projects;
- Engaged stakeholders by hosting a general webinar and 47 project-specific meetings, and published [3 newsletters](#) to inform about, and gain input on, the Department's ARPA HCBS projects;
- Hired all 59 term-limited positions to support the work;
- Developed risk scores for all 63 ARPA projects as part of a compliance risk assessment and created a monitoring plan with an external vendor to ensure oversight, monitoring and compliance with federal and state regulations;
- Executed 100 grantee agreements with a contracted grant financial vendor who supports the implementation and oversight of 13 large-scale grant initiatives.

Introduction

The Colorado Department of Health Care Policy & Financing (Department) continues to make significant progress towards implementation of the state's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan. The Department remains focused on the goals laid out in our initial plan:

- To supercharge existing initiatives
- Support the COVID-19 response and recovery
- Foster innovation and long-term transformative change
- Increase quality and fiscal stewardship

The 63 projects the Department is supporting through these funds are focused on improving access to community-based services and supports, strengthening the provider network, and investing in the critical workforce providing the services. The initiatives will also improve access by expanding availability of services, streamlining processes and enhancing quality for members and their families. These initiatives fall into the following eight categories:

1. Strengthen the Workforce & Enhance Rural Sustainability
2. Improve Crisis & Acute Services
3. Improve Access to HCBS For Underserved Populations

4. Support Post-COVID Recovery & HCBS Innovation
5. Strengthen Case Management Redesign
6. Invest in Tools & Technology
7. Expand Emergency Preparedness
8. Enhance Quality Outcomes

Since our last report, submitted on February 1, 2023, all of the 63 projects are actively underway with finalized project plans that include detailed timelines and deliverables. Two projects have been merged over the past quarter, moving the total number of initiatives back to 63. Teams continue to engage with stakeholders to support the implementation of their projects. The ARPA project support team continues to develop resources and tools to support the project teams leading the work. The team is fully leveraging the project management software and uses dashboards to ensure consistent tracking of progress and monitoring for risks or issues.

Between January and March 2023, the Department hosted one stakeholder meeting attended by providers, advocates, members, and families to continue to keep them informed on the overall progress across our ARPA HCBS initiatives and to garner feedback and recommendations. In addition to this large stakeholder webinar, project-specific engagement continues. The Department also continues to leverage the ARPA HCBS webpage as a method of communication and transparency and has released three new ARPA Project Pulse Newsletters, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

As a reminder, a [State Medicaid Director's Letter](#) was sent on June 3, 2022 by the Centers for Medicare and Medicaid Services announcing changes to the ARPA HCBS spending timeline and reporting requirements. CMS is allowing for a one-year extension for states to spend the 10% enhanced FMAP funds allowed under ARPA Section 9817. Spending now must conclude on or before March 31, 2025, instead of the previous end date of March 31, 2024. The Department is leveraging a portion of this additional time and will conclude all spending by December 31, 2024.

The Department utilized the established extension request process to review and approve individual projects that felt that they needed additional time in order for their initiative to reach its full success. All project teams were encouraged to maintain their initial timeline and project schedule unless there were substantial risks to underspending or not successfully completing the project by the original deadline of March 31, 2024. Since our last quarterly report (**table 1**), three additional projects

have requested and received approval to change their project completion date. The scope of these projects is not changing, nor are the budgets; they are only extending their end date to ensure successful completion of project goals. We anticipate that a small number of additional projects may still come forward to request an extension of their timeline. These additional extension requests would be made based on unexpected barriers that emerge that threaten the ability of the team to complete on the original timeline. In addition to the project timeline extension, teams were also able to request an extension of their term-limited staff from the original end date of March 2024. Of the 58.5 total term-limited FTEs supporting ARPA HCBS initiatives and efforts, 41.5 FTEs have been approved to be extended beyond March 31, 2024. 39.5 FTEs will extend until December 31, 2024 and 2 will extend to earlier dates. These FTEs include those assigned to specific projects, as well as administrative staff, such as budget, accounting, procurement, systems, and project management, all whom will support the project and spending close-out.

Table 1. Initiatives with Approved Extended Timelines (Since Last Report)

Project #	Project Name	New End Date
3.02	Buy-In Analysis	September 30, 2024
4.07	New Systems of Care	August 31, 2024
4.11	Hospital Community Investment Requirements	September 30, 2024

As a reminder, also included in the June 3, 2022 State Medicaid Directors letter, was a change to the ARPA HCBS reporting requirements. Both a budget and narrative report were required to be submitted 75 days before the start of the October 1, 2022 federal fiscal quarter (submitted to CMS on July 18, 2022). Following that summer submission, states are only required to submit a budget update to CMS on a quarterly basis and a narrative every other quarter. In the event that changes are requested to project scopes, or if new projects are proposed, then a narrative report should also be submitted in the off quarters. Given this change in reporting cadence, the Department is only submitting a budget report and abbreviated narrative report to the Joint Budget Committee this quarter. The next full report provided bi-annually, will be submitted on August 1, 2023.

Included within this report is an update to Colorado’s initially submitted ARPA HCBS Spending Plan included in **Appendix 1**. All new content added since our previous report, is in blue text for ease of identification. Those projects that have had a change in their budget or scope since the last report submitted on February 1, 2023

are clearly identified in the “Project Changes” section under each project description included in the Appendix.

Budget Overview

The ‘ARPA Spending Plan Colorado April 2023’ attached provides projected and actual spending amounts for each of Colorado’s planned activities and significant updates including an updated forecast for expenditures and the identification of additional funds to reinvest.

Expenditure Overview

As shown in table 2, the Department estimates it has spent \$20.00 million on projects that do not include rate increases, with a total of \$58.98 million encumbered or allocated. Expenditures identified in this category include contracts, grants, administrative costs, etc. We have seen a significant ramp-up during the first half of this fiscal year with contracts being executed and grants awarded.

Additionally, the Department estimates that it has spent \$84.38 million on rate increases through March 31, 2023. The Department has also estimated the remainder of these rate increases over the course of the fiscal year and anticipates an additional \$144.25 million will be spent.

Table 2. HCBS Funding Overview

Project Area	Total Current Budget	Encumbered/ Allocated*	Estimated Amount Spent
Spending Plan Projects Excluding Rate Increases	\$282.48M	\$58.98M	\$20.00M
Spending Plan Rate Increases	\$270.72M	\$144.25M	\$84.38M
Total	\$553.20M	\$203.23	\$104.38M

**Encumbered/Allocated amounts do not include expended amounts; rather, they reflect executed contract amounts that have not yet been spent and rate increases that are built into the claims payment system through the allocated time period.*

Revised Estimates

As previously shared, we shored up our state spending authority through our submitted S-8/BA-8 supplemental budget amendment. Additionally, the Department developed a reinvestment plan as outlined in the S-8, BA-8, BA-7, R-7, R-10, and R-13

and accounted for small adjustments in service expenditure in the R-1. These requests have been approved by the Joint Budget Committee.

The Department’s current forecast estimates \$553.20 million in expenditure to support enhancing, expanding, and strengthening our HCBS system, including \$307.04 million from state funds and \$246.16 million from matching federal funds. The funding will be spread out over four fiscal years as shown in **table 3** below. With the recent extension allowed by CMS, the spending will now continue into FY2024-25, with all spending concluding in December 2024.

Table 3. Revised Planned Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
\$553.2 million	\$86.8 million	\$331.5 million	\$125.6 million	\$9.3 million

Budget Changes and New Funds Requested

As a reminder, the Department submitted a reinvestment plan through both the supplemental budget process and the FY23/24 budget request process. These requested budget changes have been approved by the Joint Budget Committee. New budget changes reflected in **table 4** below are those that have been proposed since our last quarterly report. All outlined budget changes are subject to approval by the Colorado Joint Budget Committee (JBC) and Centers for Medicare and Medicaid Services (CMS). More detailed information about these changes can be found in **Appendix 1** under the associated project.

Table 4. Project Budget Adjustments (January-March 2023)

Project Number	Project Name	Budget Change	Description
1.02	Direct Care Workforce Data Infrastructure	-\$500,000	Contract funding came in under budget. Funds being moved to support additional needs under 1.06.
1.02	Direct Care Workforce Data Infrastructure	+\$400,000	Additional funds to explore expansion of consumer directed services.
1.04	Resource & Job Hub	-\$200,000	Contract funding came in under budget. Funds being moved to

			support additional needs under 1.06.
1.06	Career Pathways	+\$450,000	Additional funds will be utilized to include interactive Career Pathways modules, including training & job shadowing videos to support career development housed in the Resource & Job Hub.
3.03	Community Transitions Support	-\$523,444	Funding was planned to be used to align the LTSS & IDD waiver home modification budget reset policy, however the renewal will not take place during the ARPA HCBS timeframe so no funds are needed.
3.06	Expand the Behavioral Health Safety Net	+\$2,000,000	Additional funds to support the contracts with the RAEs for FY22/23.
4.08	Respite Grant Program	-\$175,713	The amount allocated for the respite grants was more than the amount needed for approved grant projects.
4.12	Community First Choice	+\$170,191	These funds will be utilized for Wellness Education Benefit translation costs and for a time-limited grant opportunity for Program Approved Service Agency providers impacted by the new licensing requirement under CFC.
5.02	Improve & Expedite Long-Term Care Eligibility Processes	+\$1,000,000	These funds were moved from 6.16 since that project was merged into 5.02. The funds will be utilized for approved system research and enhancements in support of the goal of this project.
5.05	Case Management Agency Training	+\$1,200,000	Additional funds were added to the project to pay case management

	Program		agencies for the training time required of case managers to learn the new care & case management system and enhancements.
6.02	Specialty Search in Provider Specialty Tool	-\$150,000	The project utilized internal resources to complete work which eliminated the need for a contractor.
6.03	Member-Facing Provider Finder Tool	-\$55,000	Budget error correction.
6.05	Member Tech Literacy	+\$2,000	Budget error correction.
6.16	Eligibility Systems Improvements	-\$1,000,000	All funds were moved to 5.02 due to the merger of 6.16 into project 5.02.
7.02	Member Emergency Preparedness	+\$2,223,375	Added state-only funds back in after the project budget was halved.
8.10	Criminal Justice Partnership	+\$6,500	Funding to support stakeholder engagement efforts.

Project Overview

The Department continues to make significant progress towards executing the 63 initiatives to enhance, expand and strengthen Colorado’s HCBS system. Additionally, the Department has completed its first project, 5.03 Case Management Rates. More details about the outcomes of that project can be found below. A complete listing of projects by phase and category may be found in **Table 5**.

There have been scope changes made to eight projects since our last report. Additionally, at the request of CMS, new detail has been added to project 3.03 Community Transitions Support. These projects, as well as those that have had a change in their budget, have more information about their changes in **Appendix 1**. Detail is provided in the project description and ‘project change’ sections for each of these projects in the Appendix. All scope and budget changes are subject to approval by the Colorado JBC and CMS.

- **Project 1.02 Direct Care Workforce Data Infrastructure** has added additional funds to the project to support and new component to the scope of work. These funds will be used to pay for a contractor to review other state models for consumer directed services and to provide the Department with recommendations for potential expansion opportunities within our Home and Community Based Services and the potential impact the expansion of consumer direction can have on the direct care workforce.
- **Project 1.06 Career Pathways** has added additional funds to support the expansion of the project. The project will now include the creation of interactive career pathway modules, including training and job shadowing videos, to support career development housed within the Resource & Job Hub (project 1.04).
- **Project 3.03 Community Transitions Support** was added as a new project in our last quarterly report. Additional details about this new project are included here as well as in the project description in Appendix 1. With the additional funding and time to implement projects, the Department will execute a number of initiatives to address federal Department of Justice findings related to community transitions and the nursing facility diversion process. These include:
 - Implementing In-Reach counseling which will provide information to members living in nursing facilities about their options to live in the community in both a group and individual setting. This work is similar to the Department’s current Options Counseling program but rather than being based on referral, In-Reach counseling will be provided proactively to members living in nursing facilities;
 - Implementing diversion and rapid reintegration activities during the nursing facility Level of Care screening to provide information on community living and help individuals plan to move back to the community when appropriate;
 - Providing case management and care coordination for members that are identified to be at risk of institutionalization. This would include providing information on HCBS, mental health and other State Plan services that could support a member to remain in the community and coordinating services beyond current case management or care coordination requirements;
 - Increasing the number of units of transition coordination services a member can use to transition to the community;

- Increasing the maximum transition set up cost to adjust for inflation and higher costs of goods needed to furnish a member's home;
 - Creating an eligibility escalation process through one of the Department's eligibility contractors for cases needing immediate financial eligibility determination;
 - Expanding housing navigation services to members who are at risk of institutionalization to provide support in identifying units and negotiating leases.
- **Project 3.06 Expand the Behavioral Health Safety Net** received approval to expand the scope of the project, utilizing existing unused funds available within the project, to support the development of a strategic plan to better serve youth with Behavioral Health needs that require high intensity outpatient services.
 - **Project 4.12 Community First Choice** will offer a time-limited grant opportunity for Program Approved Service Agency (PASA) providers impacted by the new licensing requirement under CFC to mitigate potential access to care issues. This grant will provide funding for the initial licensing fee as an incentive for early licensing compliance for PASA agencies.
 - **Project 5.02 Improve & Expedite Long-Term Care Eligibility Processes** has combined with project 6.16 "Eligibility System Improvements" due to similar goals and outcomes. The scope and resources of 6.16 will be absorbed into 5.02. This merger will improve communication and enable the teams to work as one to ensure success with implementing the work streams. Project 5.02 will maintain its current name.
 - **Project 5.05 Case Management Agency Training Program** has expanded its scope to support paying Case Management Agencies for the time and effort required to learn the new care and case management system and enhancements.
 - **Project 6.12 Systems Infrastructure for Social Determinants of Health** has had a change in scope. To leave ample time for the system build requirements, the full funding will be used to support the build out of the new Social Health Information Exchange system. Previously, grants to community-based organizations were planned to be a component of this work. Though these will no longer be available during the ARPA HCBS time period, grants are still planned as part of this larger initiative and will be funded through an alternative funding stream.

- **Project 6.16 Eligibility System Improvements** The scope to create a bidirectional interface between CBMS and CCM has been removed so the team can focus on Implementing corresponding eligibility system modifications that are necessary based on eligibility policy changes that are implemented with 5.02 “Improve and Expedite LTC Eligibility Processes”, such as LTC Presumptive Eligibility. Also, due to dependencies and similarities to the scope in project 5.02, 6.16 has been combined into that project and will no longer be reported on separately.

The Department follows a comprehensive process to ensure a controlled closeout of ARPA projects that have completed all work associated with the approved scope. Key outputs for this process include: assembling project documents in a central location, team participation in completing necessary close-out reports and following these through the clearance process, presentation of results to the ARPA Leadership Team, and archiving the project in the project management software. Additionally, information about the outcomes of the project are added to the Department’s ARPA HCBS webpage for easy review by stakeholders. Additional detail about the project’s outcomes can be found in **Appendix 1**.

The following projects were formally closed during this reporting period:

- **Project 5.03 Case Management Rates**- completed February 2023

Stakeholder Engagement

The Department continues to keep stakeholders at the center of this work. To provide timely information and updates to stakeholders, the Department has developed a series of opportunities for ongoing interaction. Since our last report, the following activities related to stakeholder engagement have been undertaken:

- Continued maintenance of the [ARPA HCBS webpages](#), including the very popular “[Grant Opportunities](#)” page, which provides easy access to information about grant opportunities and direct links to open Requests for Applications.
 - Analytics from February 18, 2023 - March 19, 2023:
 - 3,508 Total Pageviews (Cumulative to date: 55,603)
 - 2,766 Unique Pageviews
 - Top 5 Subpages (in order of most views):
 - [ARPA Grant Opportunities](#)
 - [ARPA Stakeholder Engagement](#)
 - [Project Directory](#)
 - [Workforce & Rural Sustainability Projects](#)
 - [Improve Access to HCBS for Underserved Populations](#)

- Released three editions of our Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
 - [January 2023 Newsletter](#)
 - [February 2023 Newsletter](#)
 - [March 2023 Newsletter](#)
- Through March 2023, 1,211 individuals are signed up to receive the Project Pulse ARPA HCBS newsletter (+11% since last quarter)
- Hosted a quarterly ARPA HCBS webinar and continued project-specific stakeholder engagement for select projects
 - 77 stakeholders participated in an ARPA HCBS webinar
- Project-specific engagement: 47 meetings with 1,279 total participants
 - For stakeholder engagement related to ARPA HCBS to date, the Department has conducted 156 meetings with a total of 7,646 attendees

Administrative Status & Hiring

The project teams leading the ARPA HCBS projects continue to meet at a regular cadence to ensure projects move forward as planned. Key priorities for these teams are executing contracts for the new fiscal year, monitoring project activities and milestones, and tracking expenditures and budget activity. All projects have an initially approved and baselined schedule, though some are going through a re-baselining effort because of extensions to their project end date. Projects 3.02 Buy-In Analysis, 4.07 New Systems of Care, and 5.05 Case Management Agency Training Program have all been approved for an extension but have not yet completed their rebaselining. All three teams anticipate that these updates will be made and approved by the end of April.

The project support team continues to work with project teams to track ongoing project performance metrics. The team is utilizing a metric repository in the project management tool, PWA (Project Web Access). This information fulfills the need to report on how the teams are progressing toward the defined goals of each project. The established metrics are now being actively collected and entered into the PWA tool to fulfill reporting requirements.

The ARPA support team has also been moving forward a new effort to further build out the sustainability plans for each of the initiatives. Colorado was one of five states selected by ADvancing States to receive technical assistance to support the development of detailed sustainability plans. Over the past quarter, the team has designed and executed a survey with all project teams to gather information about

plans for sustainability. This data is being analyzed and additional follow-up meetings and engagement with teams will take place next to begin to develop the detailed plans.

ARPA Project Support Team

The Project Support Administrators (PSAs) continue working with the project teams to ensure project progression and success. The PSAs help schedule meetings, set agendas and take notes, track milestones and deliverables, document risks, issues and decisions, and provide every other week status updates on progress. This support team also continues to develop processes, systems, and tools to support all of the ARPA HCBS Project Teams.

Specific highlights of the ARPA support team's work since the last report include the following:

- Further developed the ongoing management and reporting structure for project progress, including refining the reporting dashboards by completing work on a new dashboard designed to highlight potential risks associated with overdue tasks, and expired risks, issues, and decisions.
- Worked closely with project teams to review all project budgets and expenditures to ensure alignment and understanding.
 - Over the next quarter, the ARPA support team will be working with project teams to develop quarterly projections for spending through the remainder of the ARPA HCBS time period. These projections will be built into a dashboard for easy tracking of expenditures as compared to anticipated spending.
- Supported project leads and teams in tracking project schedules, milestones, deliverables, and metrics
- Tracked information requests and reporting requirements for each of the Department's primary sponsors: the Joint Budget Committee, the Governor's Office, CMS, and Department Leadership

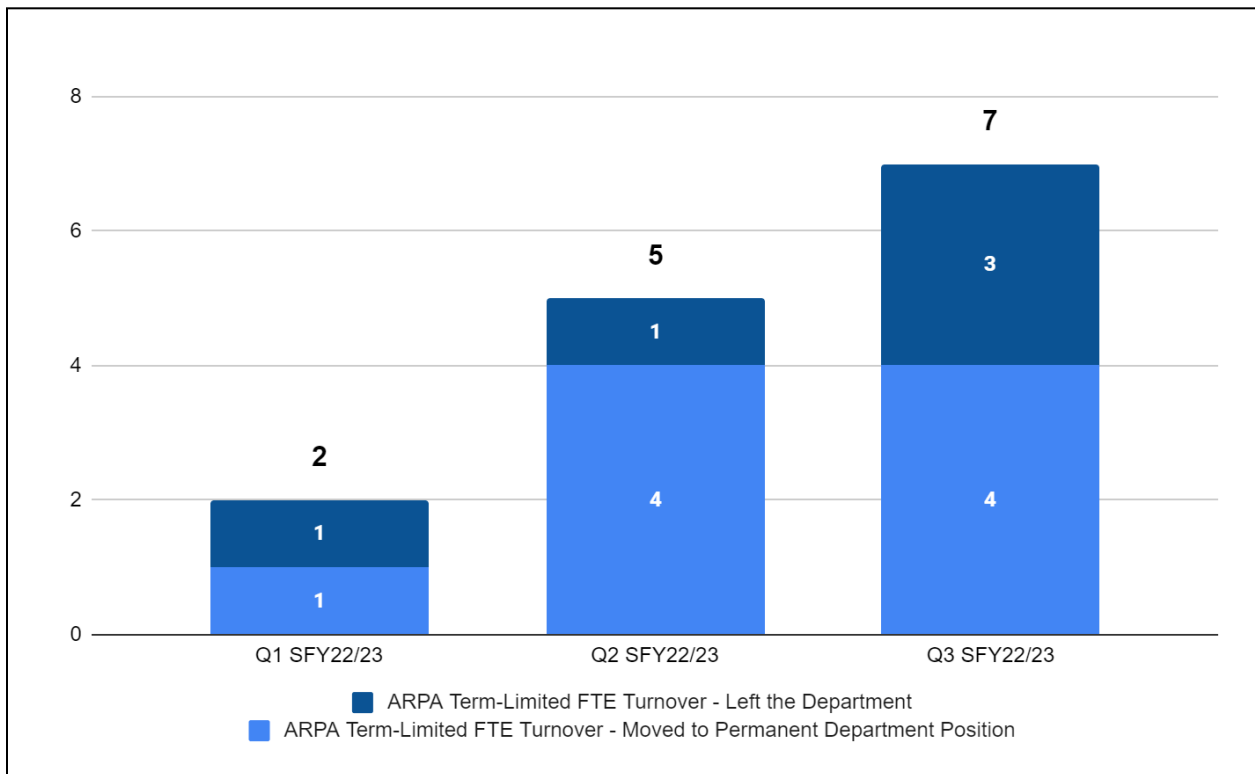
Project Team Hiring

Project leads, in collaboration with the ARPA Project Support Team and the Human Resources (HR) staff, have completed the hiring of all 59 positions. Though all hiring is complete, we have seen, and anticipate more, turnover as we continue to move forward with implementation of our ARPA HCBS project. The team has begun tracking each position as it requires rehiring to ensure it is moving through the hiring process quickly. Since July 2022, fourteen term-limited ARPA HCBS staff members have moved out of their hired position. Of these fourteen staff, nine accepted full-time permanent positions within the Department, while five left the Department entirely

(figure 1). The Department sees these term-limited positions as an opportunity for individuals to get a foot in the door and encourages these staff to watch for openings that allow them to move into permanent roles. We are happy to see that thus far, this has been successful. As these individuals move into their new roles, they continue to support their ARPA HCBS project until their previous position can be filled.

Additionally, in collaboration with human resources, the ARPA support team has been putting in place retention strategies for these term-limited positions, understanding that as the projects move towards closure over, there will be natural attrition. Included in the Department’s Supplemental Budget request and approved by the Joint Budget Committee last quarter, the Department will offer retention payments to term-limited staff who remain in their role until their final day of employment, as well as recognition payments to permanent project lead staff who have taken on additional responsibilities related to ARPA HCBS above and beyond their normal responsibilities. A detailed policy and procedure related to these retention payments is currently being finalized. The team is also working to develop guidance for project leads to consider their options at the time of a position separation. In some cases, it may not make sense to rehire for a position with a limited tenure, thus leveraging a temporary employee or a staffing agency may be an alternative solution.

Figure 1. ARPA HCBS Term-Limited FTE Turnover by Post-Turnover Location



Procurement Status

The ARPA Project Teams have been working diligently to draft Statements of Work and move procurement processes along to ensure timely execution of needed contracts. Many of the project teams are now going through the process of renewing contracts for the 2023/2024 state fiscal year. Approximately 120 contracts are either executed or in process with procurement related to the ARPA HCBS work. This status is on track with our anticipated projections for progress related to procurement for projects.

Analytics & Project Tracking

The ARPA Project Support Team continues to utilize Microsoft Project, Project Web App (PWA) for all project planning. The team continues to provide a narrative status update and an indicator of ‘on track’, ‘watch’, or ‘needs help’ in 8 areas every two weeks. The eight areas include: Overall Project, Budget, Schedule, Resources, Risks, Issues, Decisions, and Contract. The PSA, in collaboration with the project team, assesses the project’s status in these eight core areas. For each area, the project is designated as being ‘on track’, ‘watch’, or ‘needs help’. The PSA for the team also identifies any risks or issues that are currently impacting the project. The PSAs utilize a matrix to assess the status to ensure standardization of this process. This provides assurance that the assessment of each project’s progress is consistent across project managers, as well as gives leadership insight into various aspects of each of the 63 projects. Projects that are indicated to be in ‘watch’ or ‘needs help’ status for their overall project are required to develop an action plan which is presented to the ARPA leadership team and outlines how the project will quickly get back on track or what support is needed from leadership to push the project forward. The latest iteration of the Department’s reporting dashboard is included below (**figure 2**).

Dashboard Guide:

The dashboards the Department is developing for this initiative includes the following functionality:

Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project's health from 'on track' to 'watch' to 'needs help'. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget. For the project set selected, the project count and aggregate percentage complete are also displayed.

Section 2 displays the ARPA HCBS term-limited staff turnover data. The data is broken down by those who left their role but moved to permanent HCPF positions vs those who left the Department entirely. This data is cumulative and reports the total number of individuals who have left their role during the ARPA HCBS spending period.

Section 3 identifies the projects that have completed as of the time of the report.

Section 4 represents the individual project section from which aggregate data is drawn. It also shows a more detailed view of the individual project activity and the ability to access a more detailed project page.

Figure 2. Dashboard: Project Reporting, page 1

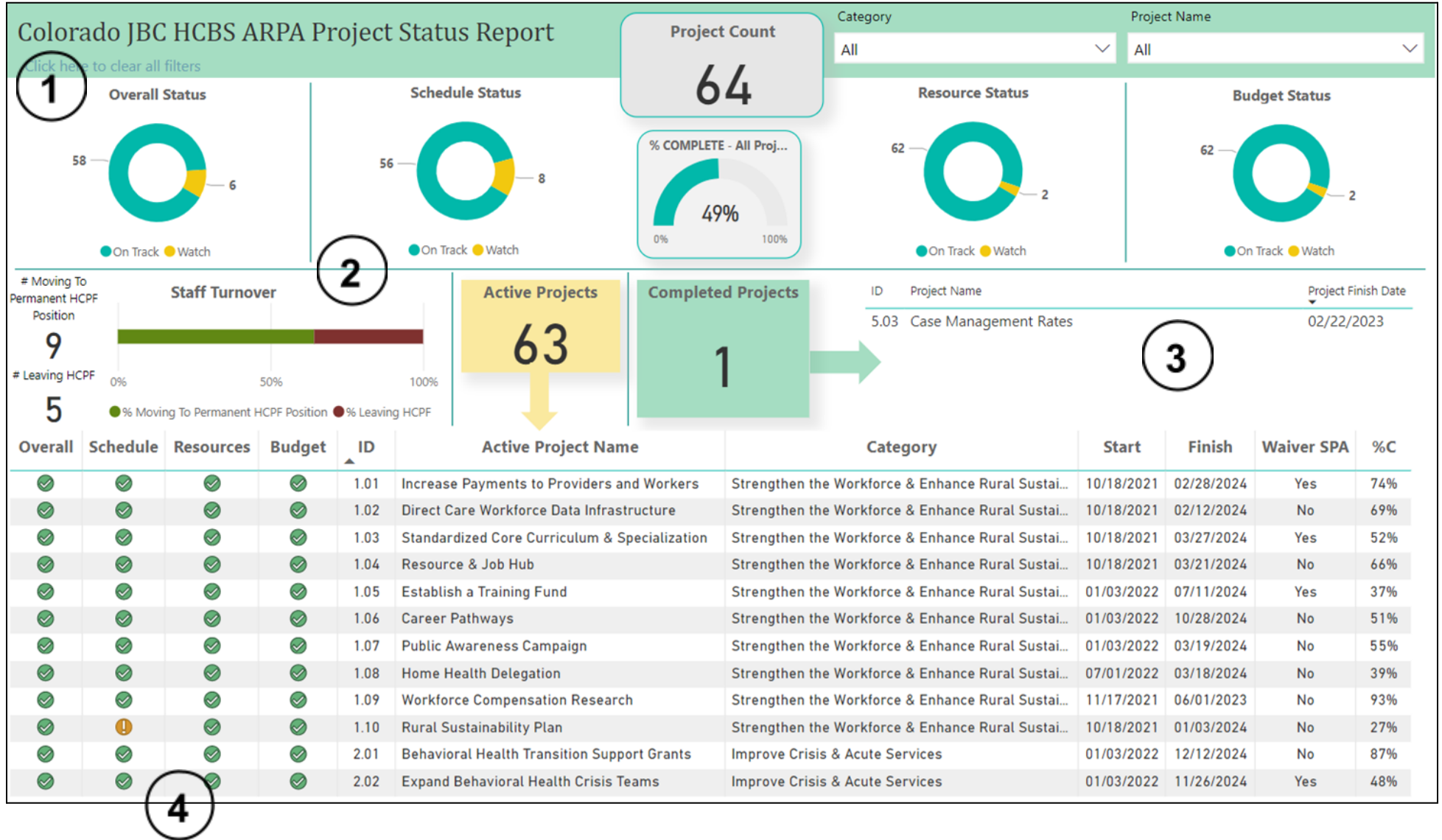


Figure 2. Dashboard: Project Reporting, page 2

Colorado JBC HCBS ARPA Project Status Report (Page 2)											
Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C	
✓	✓	✓	✓	2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services	01/03/2022	08/04/2023	Yes	82%	
✓	✓	⚠	✓	3.01	Equity Study	Improve Access to HCBS for Underserved Populati...	04/01/2022	02/23/2024	No	55%	
⚠	⚠	✓	✓	3.02	Buy-In Analysis	Improve Access to HCBS for Underserved Populati...	07/01/2022	12/08/2023	No	49%	
✓	✓	✓	✓	3.03	Community Transitions Support	Improve Access to HCBS for Underserved Populati...	01/13/2023	08/26/2024	Yes	2%	
✓	✓	✓	✓	3.04	HCBS Training for Members & Families	Improve Access to HCBS for Underserved Populati...	11/17/2021	06/28/2024	No	55%	
✓	✓	✓	✓	3.05	Translation of Case Management Material	Improve Access to HCBS for Underserved Populati...	11/17/2021	12/10/2024	No	55%	
✓	✓	✓	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserved Populati...	10/18/2021	11/29/2024	Yes	46%	
✓	✓	✓	✓	3.07	Wrap-Around Services, including Peer Supports f...	Improve Access to HCBS for Underserved Populati...	10/18/2021	12/27/2024	Yes	36%	
✓	✓	✓	✓	3.08	AI_AN Culturally Responsive Services Capacity G...	Improve Access to HCBS for Underserved Populati...	04/01/2022	11/26/2024	No	26%	
✓	✓	✓	✓	4.01	Residential Innovation	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	03/29/2024	No	52%	
✓	✓	✓	✓	4.02	Promote Single Occupancy	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	11/29/2024	No	25%	
⚠	✓	⚠	✓	4.03	Child Youth Step-Down Options Program and Pro...	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	11/26/2024	Yes	38%	
✓	✓	✓	✓	4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	11/07/2023	No	60%	
✓	✓	✓	✓	4.05	Pilot CAPABLE	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	12/30/2024	No	27%	
✓	✓	✓	✓	4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	03/29/2024	No	50%	
⚠	⚠	✓	✓	4.07	New Systems of Care	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	03/26/2024	No	36%	
✓	✓	✓	✓	4.08	Respite Grant Program	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	03/29/2024	No	39%	
✓	✓	✓	⚠	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	07/18/2023	Yes	89%	
✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/18/2024	Yes	38%	
✓	✓	✓	✓	4.11	Hospital Community Investment Requirements	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	08/13/2024	No	39%	
✓	✓	✓	✓	4.12	Community First Choice	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/23/2024	Yes	40%	
✓	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	11/27/2024	Yes	34%	
✓	✓	✓	✓	5.02	Improve & Expedite Long-Term Care Eligibility P...	Strengthen Case Management Redesign	01/10/2022	12/23/2024	No	39%	
✓	✓	✓	✓	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	03/26/2024	No	38%	
⚠	⚠	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	09/27/2024	No	37%	

Figure 2. Dashboard: Project Reporting, page 3

Colorado JBC HCBS ARPA Project Status Report (Page 3)											
Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C	
✓	✓	✓	⚠	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	11/29/2024	No	27%	
✓	✓	✓	✓	6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology	04/01/2022	11/10/2023	No	72%	
✓	✓	✓	✓	6.03	Member-Facing Provider Finder Tool	Invest in Tools & Technology	01/03/2022	12/17/2024	No	47%	
✓	✓	✓	✓	6.05	Member Tech Literacy	Invest in Tools & Technology	01/03/2022	04/25/2024	No	48%	
✓	✓	✓	✓	6.06	HCBS Provider Digital Transformation & EHR Enh...	Invest in Tools & Technology	10/18/2021	12/03/2024	No	41%	
✓	✓	✓	✓	6.06b	County Cybersecurity	Invest in Tools & Technology	05/31/2022	06/10/2024	No	50%	
⚠	⚠	✓	✓	6.07	Innovative Tech Integration	Invest in Tools & Technology	04/01/2022	09/09/2024	No	26%	
⚠	⚠	✓	✓	6.08	Care And Case Management System Investments	Invest in Tools & Technology	10/18/2021	12/31/2024	No	44%	
✓	✓	✓	✓	6.09	Updates to Salesforce Database	Invest in Tools & Technology	10/18/2021	01/15/2024	No	71%	
✓	✓	✓	✓	6.10	Member Data Sharing	Invest in Tools & Technology	04/01/2022	12/27/2024	No	39%	
✓	⚠	✓	✓	6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology	01/03/2022	06/20/2025	No	40%	
✓	✓	✓	✓	6.12	Systems Infrastructure for Social Determinants ...	Invest in Tools & Technology	10/18/2021	10/01/2024	No	52%	
✓	✓	✓	✓	6.13	Connect CMAs to ADT Data	Invest in Tools & Technology	01/03/2022	03/28/2024	No	68%	
✓	✓	✓	✓	6.14	Data Sharing with the SUA	Invest in Tools & Technology	07/01/2022	03/22/2024	No	47%	
✓	⚠	✓	✓	6.15	Systems Communication Improvements Trails	Invest in Tools & Technology	01/03/2022	03/11/2024	No	55%	
✓	✓	✓	✓	7.01	Emergency Response Plans	Expand Emergency Preparedness	07/01/2022	03/29/2024	No	44%	
✓	✓	✓	✓	7.02	Member Emergency Preparedness	Expand Emergency Preparedness	07/01/2022	12/26/2024	No	38%	
✓	✓	✓	✓	8.02	Provider Oversight	Enhance Quality Outcomes	04/01/2022	03/25/2024	Yes	30%	
✓	✓	✓	✓	8.04	Pay for Performance for PACE	Enhance Quality Outcomes	01/03/2022	12/26/2024	Yes	58%	
✓	✓	✓	✓	8.05	Pay for Performance for Home Health & Resident...	Enhance Quality Outcomes	04/01/2022	02/29/2024	No	73%	
✓	✓	✓	✓	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	12/19/2024	Yes	47%	
✓	✓	✓	✓	8.07	eConsult to Improve Quality	Enhance Quality Outcomes	07/01/2022	03/01/2024	No	42%	
✓	✓	✓	✓	8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes	01/03/2022	09/29/2023	No	55%	
✓	✓	✓	✓	8.09	Waiver Quality Expansion	Enhance Quality Outcomes	07/01/2022	02/19/2024	No	45%	
✓	✓	✓	✓	8.10	Criminal Justice Partnership	Enhance Quality Outcomes	04/01/2022	03/29/2024	No	48%	
✓	✓	✓	✓	8.11	EPSDT Benefits Training	Enhance Quality Outcomes	01/03/2022	03/29/2024	No	41%	

4

Appendix 1 provides more detailed information on all 63 projects. The project descriptions remain as initially reported with all updates indicated with blue font. A full list of projects can be found in **table 5** below.

Oversight & Compliance

The Department continues to take steps to ensure ongoing compliance with ARPA Section 9817 and other state and federal regulations. Our goals are to provide sufficient guidance while maintaining oversight of the 63 projects to mitigate potential risks.

The Department, with support from a contractor, has developed guidance material and training for projects teams to ensure that project plans, contracts, and policies are developed within regulatory guidelines. A project lead toolkit includes guidance for leads on general ARPA HCBS overview, procurement, budget and accounting, project management guidance and expectations, stakeholder engagement and developing and administering grants. This toolkit is updated regularly as new questions emerge from project teams or new guidance is developed. Additionally, the ARPA Support Team facilitates a bi-weekly grant project community of practice and bi-monthly project lead meetings, to ensure regular and consistent communication with project teams. In the previous quarter, we executed a survey to collect feedback and suggestions from each of the project leads over the 63 ARPA HCBS projects. We plan to utilize the insights learned to further develop resources and training, as well as identify other ways to strengthen our overall support to the project teams as they continue to implement these efforts.

The Department continues to focus on oversight and compliance across the 63 initiatives currently underway. Several strategies to mitigate risk and adopt standardization of practices have been adopted. One strategy is the use of a grant financial vendor that is assisting with streamlining our grant management across projects. In collaboration with the Department, the vendor is responsible for developing and executing all grant agreements with grantees, processing invoices, and monitoring deliverables. This consistency in review and oversight is helping mitigate potential risk. The contractor is also monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk. The grant financial vendor, Public Consulting Group (PCG), has been in place since October 2022 and since that time has been working with project teams to support the development of grant agreements and to begin the execution of grant programs. As of the writing of this report, eight out of the eleven ARPA grant project teams that will be working with PCG have developed their grant agreement template. Six of these teams have

executed grant agreements with awardees, with 100 total grant awards actively in process. Significant progress has also been made across the remaining grant programs that they will help manage, with the next two grant programs anticipated to add over 200 agreements for execution and management. PCG has been a huge support in these efforts, providing invoicing webinars, office hours, and technical assistance support for all grantees.

The Department has also been working with KPMG to assist with oversight, compliance, and monitoring of the Department’s projects. KPMG completed their initial guidance review in the Fall and provided the Department with recommendations for improvements. The Department has an action plan in place that we are currently executing to make adjustments where changes are needed. Over the last quarter, KPMG finalized the project-specific risk assessment and determined project risk scores. These scores were used to inform the monitoring plan. Risk was assessed quantitatively, through a survey of project teams to collect information on aspects of the project that may put them at greater risk of non-compliance, as well as qualitatively to gather contextual information about the project. Examples of factors that would put a project at increased risk include: a budget over \$10M, whether they are working with an external vendor/contractor, grant projects, and those that are generally more complex. Sixteen projects were determined to fall in the high priority, or potentially high-risk category, with another nine falling in the medium priority or mid-risk category. These mid and high-risk projects will undergo monitoring. KPMG will sample and review payments to ensure work completed is within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. The contractor will also provide feedback on the materials developed by the project teams, such as policy or guidance documents, to ensure compliance is addressed consistently across the project timeframe. Over the last quarter the overall monitoring plan was developed. In the coming weeks, KPMG will begin meeting with teams individually to gather back-up documentation and begin conducting the expenditure review.

Projects by Phase, Category, and Identification

Legend: Project Category Color

Workforce & Rural Sustainability		Access for Underserved	
Crisis & Acute Services		Recovery & Innovation	
Case Management		Emergency Preparedness	
Tools & Technology		Quality	

Table 5. All Projects with Project Category

Project ID	Project Name	Project Category
1.01	Increase Payments to Providers and Workers	Strengthen the Workforce & Enhance Rural Sustainability
1.02	Direct Care Workforce Data Infrastructure	Strengthen the Workforce & Enhance Rural Sustainability
1.03	Standardized Core Curriculum & Specialization	Strengthen the Workforce & Enhance Rural Sustainability
1.04	Resource & Job Hub	Strengthen the Workforce & Enhance Rural Sustainability
1.05	HCBS Workforce Training Fund	Strengthen the Workforce & Enhance Rural Sustainability
1.06	Career Pathways	Strengthen the Workforce & Enhance Rural Sustainability
1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural Sustainability
1.08	Home Health Delegation	Strengthen the Workforce & Enhance Rural Sustainability
1.09	Workforce Compensation Research	Strengthen the Workforce & Enhance Rural Sustainability
1.10	Rural Sustainability & Investment	Strengthen the Workforce & Enhance Rural Sustainability
2.01	Behavioral Health Transition Support Grants	Improve Crisis & Acute Services
2.02	Expand Behavioral Health Crisis Teams	Improve Crisis & Acute Services
2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services
3.01	Equity Study	Improve Access to HCBS For Underserved Populations
3.02	Buy-In Analysis	Improve Access to HCBS For Underserved Populations
3.03	Community Transitions Support	Improve Access to HCBS For Underserved Populations
3.04	HCBS Training for Members & Families	Improve Access to HCBS For Underserved Populations
3.05	Translation of Case Management Material	Improve Access to HCBS For Underserved Populations
3.06	Expand the Behavioral Health Safety Net	Improve Access to HCBS For Underserved Populations
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	Improve Access to HCBS For Underserved Populations
3.08	AI/AN Culturally Responsive Services Capacity Grants	Improve Access to HCBS For Underserved Populations

4.01	Residential Innovation	Support Post-COVID Recovery & HCBS Innovation
4.02	Promote Single Occupancy	Support Post-COVID Recovery & HCBS Innovation
4.03	Child/Youth Step-down Options Program and Provider Recruitment	Support Post-COVID Recovery & HCBS Innovation
4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery & HCBS Innovation
4.05	Pilot CAPABLE	Support Post-COVID Recovery & HCBS Innovation
4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery & HCBS Innovation
4.07	New Systems of Care	Support Post-COVID Recovery & HCBS Innovation
4.08	Respite Grant Program	Support Post-COVID Recovery & HCBS Innovation
4.09	Respite Rate Enhancement	Support Post-COVID Recovery & HCBS Innovation
4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery & HCBS Innovation
4.11	Hospital Community Investment Requirements	Support Post-COVID Recovery & HCBS Innovation
4.12	Community First Choice	Support Post-COVID Recovery & HCBS Innovation
5.01	Case Management Capacity Building	Strengthen Case Management Redesign
5.02	Improve & Expedite Long-Term Care Eligibility Processes	Strengthen Case Management Redesign
5.03	Case Management Rates ✓	Strengthen Case Management Redesign
5.04	Case/Care Management Best Practices	Strengthen Case Management Redesign
5.05	Case Management Agency Training Program	Strengthen Case Management Redesign
6.01	Home Health/PDN Acuity Tool	Invest in Tools & Technology
6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology
6.03	Member-Facing Provider Finder Tool Improvement	Invest in Tools & Technology
6.05	Member Tech Literacy	Invest in Tools & Technology
6.06	Provider Digital Transformation & EHR Upgrades	Invest in Tools & Technology
6.07	Innovative Tech Integration	Invest in Tools & Technology
6.08	Care & Case Management System Investments	Invest in Tools & Technology

6.09	Updates to Salesforce Database	Invest in Tools & Technology
6.10	Member Data Sharing	Invest in Tools & Technology
6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health	Invest in Tools & Technology
6.13	Connect CMAs to ADT Data	Invest in Tools & Technology
6.14	Data Sharing with the SUA	Invest in Tools & Technology
6.15	Improvements - System Communication [Interface with Trails]	Invest in Tools & Technology
6.16	Eligibility Systems Improvements	Invest in Tools & Technology
8.02	Provider Oversight	Enhance Quality Outcomes
8.04	Pay for Performance for PACE	Enhance Quality Outcomes
8.05	Pay for Performance for HH & Residential HCBS	Enhance Quality Outcomes
8.06	PACE Licensure	Enhance Quality Outcomes
8.07	eConsult to Improve Quality	Enhance Quality Outcomes
8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes
8.09	Waiver Quality Expansion	Enhance Quality Outcomes
8.10	Criminal Justice Partnership	Enhance Quality Outcomes
8.11	EPSDT Benefits Training	Enhance Quality Outcomes

Timeline and Next Steps







The Department is excited about the progress being made by all the project teams to implement the ARPA HCBS initiatives. All hiring is complete, though our human resources team continues to be closely engaged in supporting rehires, as needed. Over the past quarter, many of our project teams have been working on executing contracts for the next fiscal year (to begin July 1, 2023).

Additionally, the grant projects have really accelerated since January 1st. Nine grant projects have opened and since closed their request for application process, with 95 grantees being formally selected and awarded funds this quarter (121 total to date). Project teams are also well underway with stakeholder engagement activities to actively gather feedback and suggestions on project execution.

All project teams have final schedules, though some are working to get them re-baselined following an extension approval. Finally, over the last 3 months the project support team, in addition to continuing to assist with ongoing project management, has been focused on launching the sustainability efforts in collaboration with the project leads. This work will result in detailed sustainability plans for each of our 63 initiatives, with particular attention on those that require ongoing resources. This effort has been greatly supported through a collaboration with ADvancing States and the National Association of State Directors of Developmental Disabilities Services through the ARPA HCBS TA Collective.

The Department has included indicators for projects which promote equity and/or address social determinants of health (SDOH). For ease of identifying these projects, we developed a key of symbols included below.

Key 1. Social Determinants of Health & Equity Symbols

 <p>Healthcare Access & Quality</p>	 <p>Equity</p>
 <p>Economic Stability</p>	 <p>Neighborhood & Built Environment</p>
 <p>Education Access & Quality</p>	 <p>Social & Community Context</p>

Appendix 1: Project Descriptions & Updates

1. Strengthen the Workforce & Enhance Rural Sustainability



Initiative 1.01. Increase Payments to Providers and Workers



At the heart of the ARPA is the call to support the recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them have been devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerge from the pandemic, stabilizing the direct care workforce is the most immediate priority. For that reason, as of January 1, 2022, the Department, in collaboration with the Polis-Primavera administration, implemented a \$15/hour base wage for Colorado's Medicaid, HCBS direct care workers and a rate increase for provider agencies.

A rate increase to accommodate a new \$15 per hour base wage requirement for frontline staff providing direct hands-on care was implemented on January 1, 2022, through April 15, 2023. The services targeted for this increase include:

- Adult Day
- Alternative Care Facility
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Day Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite Care
- Supported Community Connections
- Supported Employment
- Supportive Living Program

The Department understands that direct care workers' wages vary considerably across geography, provider type, and internally, depending on experience and length of employment. For this reason, the expectation will be that all direct care workers currently employed receive at least \$15 an hour. All new Home and Community-Based

Services direct care workers hired after January 1, 2022, must also have a wage of at least \$15 per hour.

In addition to the rate increase for the new base wage, the Department has also increased provider rates for the services listed above except for Consumer-Directed Attendant Support Services (CDASS), and adding Non-Medical Transportation, by 2.11% retroactively to April 1, 2021, and going forward through July 31, 2022.

To ensure stability across the long-term services and support continuum, case management will be increased by 2.11% from April 1, 2022, through June 30, 2023, pending federal approval. Additional adjustments will be made for the Program for All Inclusive Care for the Elderly (PACE) providers due to common policy changes within HCBS as well as a rate increase next calendar year.

Rate Enhancements for HCBS Providers

With the extended timeline to implement ARPA, the Department plans to pay for the initial implementation of new rate increases for HCBS providers starting on July 1, 2023. Without this funding, the rate increases would not be able to begin with state funding until October 1, 2023. Specifically, these rate increases include: increased rates for Case Management Agencies based on a rate analysis previously conducted, an increase in transportation rates for Intellectual and Developmental Disability waiver providers to align with the other waivers, an increase to Group Residential Support Services to reduce the budget neutrality factor applied to the rate and alignment of respite rates for the Children's Habilitation Residential Program and Children's Extensive Services waivers.

State Plan Amendment and Waiver Information

The Department received approval for an Emergency Preparedness and Response Appendix K (Appendix K) amendment on [October 19, 2021](#) to allow for the 2.11% rate increase. Approval for the \$15 per hour base wage through a rate increase for HCBS direct care workers was approved through Colorado's Appendix K amendment on [November 5, 2021](#). Colorado subsequently submitted, and received approval on [March 31, 2022](#), to extend the rate increases for both the 2.11% and \$15 per hour base wage. The 2.11% provider rate increase remained effective until July 1, 2022, and the \$15 per hour base wage was approved until 6 months post the end of the Public Health Emergency. As Colorado's Appendix K amendment is effective until July 1, 2022, the Department plans to submit a 1915(c)-waiver amendment to ensure the \$15 per hour base wage continues long-term.

Sustainability Plan

Understanding that the ARPA funds have an end date, we are committed to identifying funds to ensure long-term sustainability of this effort. Included within the Department's Fiscal Year 2023-24 budget requests, with approval, is funding to sustain the \$15 per hour base wage increase for all direct care workers employed by HCBS providers.

Project Changes

No change for this project over the previous quarter.



Initiative 1.02. Direct Care Workforce Data Infrastructure

Under this project, the Department will expand the data infrastructure to better understand the current supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. The Department will develop two surveys for the direct care workforce. The first survey will be a staff stability survey for providers of long-term services and supports (LTSS) waiver services and will include data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, percentage of DCWs that are full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey will be for direct care workers rather than the employers to determine, at a minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey will evaluate why there is a workforce crisis among direct care workers and what the Department can do to address it. The surveys will be administered multiple times to supply comparative data. This project will fund the development of the surveys, data collection, and analysis. These surveys will assist in strengthening the data infrastructure in the short and long-term to better understand the workforce and evaluate the strategies outlined in this plan.

Through this project, the Department will also hire a contractor to review other state models for consumer directed services and to provide the Department with recommendations for potential expansion opportunities within our Home and Community Based Services and the potential impact the expansion of consumer direction can have on the direct care workforce.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Maintaining currency in understanding of the environment and motivations for employment in the direct care workforce will be critical to alleviating the shortages in this field. Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Surveys will be updated and used to maintain baseline data intended to inform direct care workforce efforts, recruitment and retention policies, and even skills-based career latticing.

Project Changes

Original contract funding came in under budget. Funds were moved to project 1.06 to address additional needs. Additional funding was added to this project to fund contractor work to conduct a review of other state's consumer directed programs and to make recommendations on potential expansion opportunities in Colorado.



Initiative 1.03. Standardized Core Curriculum & Specialization



The Department will develop a standardized curriculum and training program for homemakers and personal care workers to establish quality standards, as well as increasing specialized qualifications tied to wage increases. The Department will develop a homemaker and personal care worker curriculum to include modules on specialized topics, such as Alzheimer's disease and related dementias and mental and behavioral health care and make the training available for free in-person through a train-the-trainer model and online. Initial work has already been completed via the Training Advisory Committee per SB 19-238, "Improve Wages and Accountability Home Care Workers."

These trainings will be developed using a 'universal worker' structure, designed for use by individuals working in a variety of settings and with different populations. The modules will be adaptable depending on the employer, client, and worker's needs, and training certificates will be transferable across employers. Funding will support training development, creation and launch of the online training platform, hosting statewide train-the-trainer sessions, and pilot testing and evaluating the new curriculum. These trainings will 'live' on the newly created Resource & Job Hub (initiative 1.04) for sustainability and ongoing management.

State Plan Amendment and Waiver Information

The Department will review and submit a waiver amendment after development efforts are complete should training be deemed a condition of provider qualification.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for the direct care workforce is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Project Changes

No change for this project over the previous quarter.



Initiative 1.04. Resource & Job Hub



The Department will create a resource, job search, and employer matching hub for direct care workers to ease their entry into the job. This funding will support the development of a website for the direct care workforce where



interested individuals can go to receive information and resources about direct care positions, access free training, and view job boards to quickly be placed in positions. The newly developed personal care/homemaker training will be accessible through this site, and individuals who completed the training would be entered into a database for easy tracking of certification. The Department is partnering with our internal health information office and the State's Office of Information Technology to ensure long-term sustainability of the site.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department is enthusiastic about launching this new resource to expand and embolden opportunities for the direct care workforce. Increasing the ease of navigation to employment paired with standardized skills validation (Initiative 1.03) is seen as a critical component to maintaining a sufficient and successful workforce. While the Department recognizes the inherent competition of this endeavor, it is looking to develop complementary relationships with employment partners and exploring additional options for continued maintenance and operations of these efforts beyond the ARPA funding period.

Project Changes

Contract funding came in under budget. Funds were moved to support additional needs under 1.06.



Initiative 1.05. HCBS Workforce Training Fund



Note: As of December 2021, this project has incorporated project 3.03 Disability Cultural Competency Training for Behavioral Health Providers under the scope of its efforts.



Note: As of March 2023, this project has been renamed “HCBS Workforce Training Fund” instead of its previous name, “Establish a Training Fund”.

Providing more training opportunities and incentives for workers to gain higher level skills would promote greater retention within the workforce. The Department will establish a training fund targeted to high-demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds may be distributed directly to the prospective or current worker, to the employer to provide the training to their employees, or to a training provider. Additionally, funds may be used to expand standard training provider resources or trainer availability where gaps exist. This project will also develop a disability-specific, culturally competent curriculum that includes the different types of disabilities and incorporates people’s lived experiences to help providers understand diverse populations’ perspectives. The training will include information, examples, and skill-building activities on how best to serve the disability community. Following the approval of additional funds for this project in March 2022, the scope of the project has been expanded to provide further training opportunities for the behavioral health workforce, with a particular focus on skill building, upskilling, and peer support. The goal of this fund is to provide short-term funding to incentivize and expand training opportunities for the HCBS workforce with the goal of increasing recruitment and retention.

State Plan Amendment and Waiver Information

The Department will submit waiver amendment documentation in support of program changes upon completion of cultural competency curriculum development should training be determined to be a condition of provider enrollment.

Sustainability Plan

The Department recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, the Department will review feasibility for continuing enhanced training efforts on an ongoing basis and look to define best practices from that which is developed.

Project Changes

No change for this project over the previous quarter.



Initiative 1.06. Career Pathways



The Department will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. The Department will partner with the Colorado Community College System, the Department of Higher Education, and the Department of Labor and Employment to work on career development pathways for direct care workers. Finally, through this project interactive career pathway modules will be developed, including training and job shadowing videos, to support career development. These modules will be housed in the newly created Resource & Job Hub (project 1.04). This project will leverage the existing work within our sister agencies and incorporate the deliverable into ongoing initiatives.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding is being utilized to enhance and enrich the existing overall structure for our direct care workforce. In such, this effort is solely intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by our sister agencies and workforce partners. The Department will maintain partner engagement to ensure workforce advancement efforts continue.

Project Changes

\$450,000 in additional funds were approved to support this project. These funds will be utilized to develop interactive Career Pathways modules, including training & job shadowing videos to support career development housed in the Resource & Job Hub.



Initiative 1.07. Public Awareness Campaign

The Department will launch a public awareness campaign about the value and importance of the direct care workforce, as well as use the campaign to promote careers in the field, including opportunities to move into other allied health roles. The campaign will garner workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals into the field.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Changing perceptions of the roles and importance of the direct care workforce is integral to overcoming the shortages growing in this workforce segment. The Department recognizes that awareness and outreach are critical components of achieving this transition. The Department will assess the outcomes of campaign efforts and determine the level of importance and the feasibility of continuing awareness and other campaigns. Additionally, the campaign will direct individuals to the newly established Resource & Job Hub (initiative 1.04) which will serve as an on-going site available for information and resources about direct care for those interested in pursuing a career in the field.

Project Changes

No change for this project over the previous quarter.



Initiative 1.08. Home Health Delegation

One way to expand the workforce in the home health field is to ensure that all workers are working at the top of their licenses. For example, Registered Nurses (RNs) may delegate skilled tasks to a Certified Nurse Aide (CNA) that they otherwise would not be able to perform. An RN provides training to the CNA to perform the skilled task and the task is then delegated to them, allowing a CNA to practice to the top of their license and potentially increase their wages, leading to longer-term retention. The Department will explore opportunities for further developing the home health workforce. This includes an environmental scan to identify care deserts, a survey to understand barriers, and subsequently, implementing solutions to increase delegation to this workforce, thereby enabling increased wages, retention, and recruitment. In addition, the Department will provide incentive payments to home health agencies that provide innovative models of care, such as increased delegation.

State Plan Amendment and Waiver Information

If identified solutions change scopes of service or reimbursement methodologies, the Department will submit a State Plan Amendment to support these efforts long term.

Sustainability Plan

This one-time policy analysis will allow the Department to develop a formal strategy for whether and how these efforts will continue.

Project Changes

No change for this project over the previous quarter.



Initiative 1.09. Workforce Compensation Research

Wages are not the only consideration in someone’s decision to work in a certain field. The Department will research innovative opportunities for increasing compensation for the HCBS workforce in other ways. The Department will identify ways to provide childcare for direct care workers; explore funding for shift differentials; and identify other practices that could better support low-income workers, such as hiring retention specialists or case managers within home care agencies whose job is to support the frontline workers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The scope of this effort is limited to research efforts. At the time of project completion, the Department will have a suite of potential actionable offerings and will review the scope of implementation options available.

Project Changes

No change for this project over the previous quarter.



Initiative 1.10. Rural Sustainability and Investment



Investing in rural communities to strengthen care access is critical in Colorado. This initiative will include implementation of three key strategies to ensure the sustainability of providers in rural communities, with the focused aim of strengthening and enhancing Colorado’s Medicaid and HCBS workforce. These initiatives are especially targeted at bolstering Colorado’s rural Medicaid and HCBS infrastructure, providers, and members. These strategies include: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies is to expand the provider network in rural communities by identifying gaps and potential opportunities for expansion. A care desert, also known as a medical desert, exists mostly in rural places and inner cities and leads to inequalities in health care. The federal government now designates nearly 80 percent of rural America as ‘medically underserved’. About 20% of the U.S. population live in rural areas, but only 10% of doctors and other health care professionals operate in

those regions, and that ratio is worsening each year. Additionally, a higher proportion of rural populations are made up of those over the age of 65.

The Department first needs more data and analysis on where there are care deserts and potential solutions in those areas. The Department will complete an environmental scan of Colorado's current HCBS provider network via a GIS heatmap; create a tool for the Department to update and track progress on a statewide level; identify gaps by waiver, service, and provider type; find out which populations are the most impacted; and give recommendations for provider or service expansion and solutions in a final report.

One way to help prevent a care desert is to pay providers differently by region to account for differences in cost structure, which would encourage more people to work in direct care professions in areas that are currently underpaid. The Department will design rates by geographic region to account for the cost differential associated with different locations. Geographic modifiers are intended to improve the appropriateness of Medicaid rates to providers by accounting for the differences in prices for certain expenses, such as clinical and administrative staff salaries and benefits, rent, malpractice insurance, and other defined costs. The Department is dedicated to identifying ways for implementing these proposed geographic rates if found advantageous in the Sustainability Plan.

The workforce shortage is particularly concerning in rural areas. The Department will research ways to partner with hospitals and rural health clinics to identify opportunities to share resources and/or more efficiently and creatively offer services in rural areas. The goal of this initiative is to increase access to services by setting up partnerships across hospitals, clinics, and HCBS providers to share certain resources between them. This may include using a coordinated pool of workers, training, personal protective equipment, or other resources. The Department, in partnership with the Office of eHealth Innovation, will identify areas that would benefit from this approach and recommendations on how to pursue and implement it. The Department will then set up a pilot program by finding members and providers to test out the model. The Department will evaluate the pilot by analyzing whether the desired outcomes were achieved, interviewing participants, and providing final recommendations on next steps and sustainability.

State Plan Amendment and Waiver Information

A state plan or waiver amendment is not needed at this time. Once the rate proposal is developed and pilot efforts completed, the Department will assess the need for

programmatic changes and submit any appropriate administrative process documentation.

Sustainability Plan

Upon reviewing the outcomes of these sustainability efforts, the Department will identify and address any necessary administrative and operational measures to support program longevity.

Project Changes

No change for this project over the previous quarter.

2. Improve Crisis & Acute Services



Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization



Under this project, the Department will offer short-term grant funding for behavioral health crises and transition services to support higher acuity members moving from an institution, hospital, or corrections to the community, specifically focusing on increasing capacity for community-based care. The Department has created grants for local communities, including providers, non-governmental organizations, and counties, to implement programs that are specific to their behavioral health capacity needs and geographic area. Grantees may request funding for implementation projects that improve service delivery options for crisis and transition programs or create pathways that improve care transitions. Grant funds supporting the purchase of equipment and costs associated with infrastructure to build capacity will be allowable under this project. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to help move individuals from inpatient to community settings. This grant would prioritize transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior Department work transitioning members from long-term care institutions with the Colorado Choice Transitions Program will inform the design of the grant program, as will extensive stakeholder engagement. Providers may request funding for program improvements, infection control, staff training, best practice implementation costs, regulatory compliance, and community integration.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations.

Project Changes

No change for this project over the previous quarter.



Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams

The Department will supercharge activities related to the mobile behavioral health crisis teams, which offer an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis. Currently in Colorado there are differing practices, pilots, and approaches to behavioral health crisis calls.

The Department will provide funding in the form of grants to support this effort. To facilitate the awarding of these grants, the Department will work with the newly formed Behavioral Health Administration (BHA). Through an interagency agreement, and in collaboration with the Department, the BHA will amend the Administrative Services Organizations (ASOs) contracts with local mobile crisis providers to bring their services to a new federally defined standard. The ASOs will complete a readiness assessment to determine each Grantee's funding need and award funding based on the identified needs. The BHA will be responsible for distributing funds and monitoring progress including providing grant management and oversight and grant closeout. Additionally, the BHA will conduct ongoing needs assessments with providers to ensure funding is being used in a supplementary manner with a robust emphasis on sustainability. Grantees could utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment, vehicle or telehealth purchases and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

State Plan Amendment and Waiver Information

The Department is developing and plans to submit a waiver to CMS to authorize a universal mobile crisis benefit for Medicaid members by Sept. 30, 2022, via an external workstream for CMS Grant 212CMS331818-01-00.

Sustainability Plan

This project initiative will afford the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. Recognizing both the importance and impact these initiatives will have, the Department is developing a benefit program to authorize universal mobile crisis benefits for Medicaid members.

Project Changes

No change for this project over the previous quarter.

Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy

As a complement to the crisis service grant programs, the Department will explore the detailed policy and licensing requirements of different provision types that are federally prescribed when serving persons experiencing behavioral health crises. Colorado currently has a network of different facilities that can be used to assist a person in crises including Acute Treatment Units (ATU), Crisis Stabilization Units (CSU), emergency rooms, and when needed, traditional hospitalization. Both emergency rooms and hospitals come at higher costs, may lack behavioral health expertise, and may experience capacity issues to serve persons with medical needs when supporting persons in crises.

By contrast, ATUs and CSUs are especially adapted to behavioral health crises. However, to ensure the State's new model of care from crisis response to crisis service delivery is successful, there needs to be compliance work completed with ATUs and CSUs. Crisis units must operate in compliance with federal Institutes for Mental Disease (IMD) regulations to receive Medicaid funding. Currently these crisis units are unable to serve and/or receive reimbursement for members who make up most of all calls to the statewide Crisis Services hotline.

ATU and CSU facilities were not folded into the Department's recent child serving policy revisions to address the risk of being considered IMDs. Through this project, the Department will work to review these facilities, including their programming and campus structure, from a lens of IMD standards to identify ways to address any IMD concerns. If they are considered IMDs, Medicaid funding is completely restricted. These facility types are providing critical crisis services so this project will explore ways to mitigate the risk of these providers meeting the IMD criteria and how we can maintain their services, which could include a waiver, policy recommendations or other mitigation efforts. The Department will generate recommendations on how to mitigate IMD risk as the state promotes the use of ATUs and CSUs in lieu of

hospitalization or institutionalization, including the costs and benefits of the State seeking an 1115 waiver.

State Plan Amendment and Waiver Information

After consultation with CMS, The Department has affirmed an approach that will not require an 1115 waiver. The Department still plans to utilize the recommendations received through stakeholder feedback to determine if an 1115 demonstration waiver to mitigate the risk of the providers meeting the IMD criteria would be beneficial.

Sustainability Plan

This one-time policy analysis will allow the Department to identify any ongoing supportive activities.

Project Changes

No change for this project over the previous quarter.

3. Improve Access to HCBS For Underserved Populations



Initiative 3.01. Equity Study



Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall state population and general Medicaid population. It is unclear what is driving the disparity or how to create more equity in HCBS. This project would aid in better understanding who receives HCBS in Colorado and what services they receive, where the gaps are, and target outreach to ensure HCBS services are provided to all Coloradans who are eligible.

The study will address the following:

- Internal data analysis: Identify disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; develop a snapshot report that identifies disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contract with a vendor to gather feedback from stakeholders and write up recommendations.
- Implementation planning: Once recommendations are gathered, an internal team will put together an implementation plan to begin creating more equity in HCBS.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Upon completion of the Equity Study, the Department will consider the options to operationalize inclusion efforts.

Project Changes

No change for this project over the previous quarter.



Initiative 3.02. Buy-In Analysis



Many people with disabilities are interested in working. Health insurance coverage can have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they will lose their Medicaid coverage if they enter or return to the workforce. Commercial or employer-based health insurance might not provide coverage for services and supports that enable people with disabilities to work and live independently such as personal assistance services. The purpose of the Medicaid buy-in program is to allow persons with disabilities to purchase Medicaid coverage that helps enable them to work. Through this initiative, the Department will research strategies to improve equity outcomes by analyzing the financial, population size, and demographic impacts of using less restrictive eligibility income and resource methodologies for individuals with disabilities. This project will also include targeted outreach to ensure individuals know about the buy-in program for members with disabilities who are working and how they are able to qualify and retain their assets.

State Plan Amendment and Waiver Information

Per Colorado Senate Bill 20-033, the Department is updating our Elderly, Blind and Disabled, Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), Supported Living Services (SLS), and Brain Injury (BI) waivers for an effective date of July 1, 2022 to include Buy-In for individuals over the age of 65. Though not specific to this ARPA project, this effort was part of the catalyst to moving forward with additional efforts, to enhance opportunities for access to services for those who are actively working. The ARPA project described above does not include any state plan amendments or waivers. Once the analysis is complete, the Department will pursue any programmatic or administrative changes necessary to implement a new approach.

Sustainability Plan

Upon completion of the Buy-In Analysis, the Department will explore the feasibility of implementing proposed solutions for encouraging employment among individuals with a disability on a long-term basis.

Project Changes

No change for this project over the previous quarter.



Initiative 3.03. Community Transitions Support



Colorado currently offers a transition services program that supports members transitioning from institutional settings to living in the community. However, the Department would like to utilize ARPA funds beginning July 1, 2023 to start a number of initiatives aimed to improve the transition process and support members living in the community to stay in the community if they so choose.



This project builds upon the state's existing transition services that were established in the Department's Money Follows the Person (MFP) program and implemented permanently in HCBS waivers in 2019 but is not duplicative. The Department is also working on a new MFP demonstration application and will work closely with the ARPA HCBS team to ensure ARPA funds are not being duplicated or used inappropriately. The ARPA portion of the work on these initiatives will end June 30, 2024.

These initiatives would also support the Department's efforts to address federal Department of Justice findings related to community transitions and the nursing facility diversion process. With state funding approval for ongoing costs, the initiatives the Department plans to start with ARPA and continue with General Fund afterwards include:

- Implement In-Reach counseling which will provide information to members living in nursing facilities about their options to live in the community in both a group and individual setting. To support this effort the Department will also create standardized materials and training. This work is similar to the Department's current Options Counseling program but rather than being based on referral, In-Reach counseling will be provided proactively to members living in nursing facilities in a more standardized way;
- Implement diversion and rapid reintegration activities during the nursing facility Level of Care screening to provide information on community living and help individuals plan to move back to the community when appropriate;
- Provide case management and care coordination for members that are identified to be at risk of institutionalization. This would include providing information on HCBS, mental health and other State Plan services that could

support a member to remain in the community and coordinating services beyond current case management or care coordination requirements;

- Increase the number of units of Transition Coordination services a member can use to transition to the community;
- Increase the maximum Transition Setup cost to adjust for inflation and higher costs of goods needed to furnish a member's home;
- Create a new eligibility escalation process through one of the Department's eligibility contractors for cases needing immediate financial eligibility determination;
- Expand housing navigation services to members who are at risk of institutionalization to provide support in identifying units and negotiating leases [Note this project does not pay for room and board].

State Plan Amendment and Waiver Information

The Department will need waiver amendments to implement this project and may require a State Plan Amendment as well.

Sustainability Plan

The Department requested ongoing funding to support these initiatives through the state legislative process. If that request is not approved, the scope of this project would be significantly adjusted or removed from the ARPA spending plan.

Project Changes

Additional detail added to the project description at the request of CMS. The project budget decreased because the home modification component of the project is no longer needed as the waiver renewal time period is outside of the ARPA HCBS spending period.



Initiative 3.04. HCBS Training for Members & Families



In addition to providing training for providers, the Department will develop and make available culturally competent training and resources for members and their families to assist with navigating the HCBS system. This will include providing education and support to family caregivers. The training project will provide information to members to help educate them on all waivers, navigate through the different waivers, and explain members' right to choose between service providers. The training would be member-focused, person-centered and in plain language for ease of use.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The suite of developed training materials will be incorporated into the Department's currently available training resources for ongoing management and oversight.

Project Changes

No change for this project over the previous quarter.



Initiative 3.05. Translation of Case Management Material



The Department does not currently have member-facing case management material translated into all necessary languages. The Department will translate public facing case management materials, such as waiver charts, waiver flow charts, specialized behavioral health programs and benefits, and other basic information about waivers and other long-term services and support programs, into multiple languages for members and caretakers to understand in their own language. This work would also take into consideration other accessibility needs such as hearing and vision impairments.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Recognizing the importance of inclusion for all programs, the Department is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period.

Project Changes

No change for this project over the previous quarter.



Initiative 3.06. Expand the Behavioral Health Safety Net



The Department has an opportunity with these funds to strengthen and expand the behavioral health safety net through provider training, workforce development, enhanced standards, high-intensity outpatient services, and value-based pay for performance models supporting whole-person care.

Over the past two years, the Department, in partnership with the RAEs, have aligned on a definition for high intensity outpatient services through a collaborative

stakeholder engagement process. The safety net expansion effort will build upon and implement this definition through the following four projects:

- Conduct a gap analysis for high intensity outpatient services: The Department needs to assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.
- Develop training and technical assistance to build capacity with providers and health plans: Providers will need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.
- Develop value-based payment framework for high intensity services and whole person care: Providers will also need alternative financing models that better support whole person care and reward improved outcomes. The Department will create a new value-based reimbursement model to support the implementation of high intensity outpatient services and to improve capacity of the service networks.
- Assess and review regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, the Department, working with the Office of Behavioral Health, needs to review and align their credentialing and contracting policies with the safety net framework. The Department will assess and revise critical regulations concerning high intensity outpatient services.
 - [Develop a strategic plan to better serve youth with behavioral health needs that require high intensity outpatient services.](#)

Following approval in March 2022 by the JBC, the project scope was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.

State Plan Amendment and Waiver Information

It is likely that the Department will require a State Plan Amendment to address modifications to existing program administration based on the outcome of this work.

Sustainability Plan

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. The Department is committed to implementing advanced strategies for transformation in delivery of high intensity outpatient services. Shifting from a pay for service to a performance compensation model is intended to change the focus of care to a person-centric model. As such, the Department will continue the initiative through programmatic changes and continue to monitor the progress of change implemented under the ARPA funding.

Project Changes

This project was approved for a scope change to utilize existing extra funds available within the project to support strategic planning from national experts to assist the Department to create a strategy to better serve youth with behavioral health needs that require high intensity outpatient services. Funds were also moved from another project to support the contracts with the Regional Accountable Entities (RAEs) for FY 22/23.



Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs



The Department will fund and develop a sustainability strategy for wrap-around services, including housing support services and community-based peer support, for recipients of complex social service benefits such as housing vouchers and supportive housing services. This will be focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and will not include any funding for room and board.

Specifically, the Department will implement a pilot program to provide supportive services, including peer support, behavioral health services, and supportive housing services, for at least 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA). This initiative is modeled on the evidence-based social impact bond project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care. The Department has also been awarded a technical assistance program by the National Academy for State Health Policy about how to best integrate services across state agencies to expand housing options to their shared clients who are unhoused.

With the support of the NASHP technical assistance grant, the Department would conduct an analysis of funding mechanisms and payment models and develop recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this would create options for them to expand their business models, increasing their solvency and the populations they are able to serve. It would build provider capacity, including housing service providers, and sustainability in rural areas where traditional care models are becoming more difficult to provide due to changing economic and population needs. It also aligns with Colorado's broader behavioral

health safety net initiative in that it expands the network and financing of behavioral health specialty providers.

State Plan Amendment and Waiver Information

The Department may submit a waiver or state plan amendment to build out the benefit package identified through the pilot program and subsequent evaluation.

Sustainability Plan

Over the pilot period, the Department will collaborate with DOLA and the Colorado Department of Human Services (CDHS) to build a sustainability model for these housing supports by identifying which services are billable as wraparound Medicaid benefits and which are fundable through CDHS or DOLA. It is expected that this program model will be self-sustaining and, once ARPA funded efforts are completed, the Department may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

Project Changes

No change for this project over the previous quarter.



Initiative 3.08. AI/AN Culturally Responsive Services Capacity Grants



Note: As of June 2022, this project has been renamed AI/AN Culturally Responsive Services Capacity Grants (previously titled Behavioral Health Capacity Grants), to better reflect the scope and goals of the project.

To finalize the suite of projects to expand the behavioral health safety net in Colorado, the Department will complete a final project focused on community identified service gaps that members of the American Indian and Alaska Native populations experience when seeking behavioral health services. The Department will work alongside two tribes, the Ute Mountain Ute and Southern Ute, in Colorado to co-design a menu of services and supports to meet the needs of the populations and expand access to behavioral health and HCBS services. The Department has begun an extensive stakeholder engagement process and completed formal tribal consultation with one of the tribal councils. This work is happening in conjunction with the tribal liaisons at The Department and is focused on ensuring the needs as identified by the tribal partners remain at the forefront of the work.

In addition to the direct support provided to the tribal nations, The Department recognizes the large portion of Members who are a part of the Urban Indian population. To ensure expansion of services to meet the needs of this population, The Department will be partnering with a local Urban Indian Health Program to fund the

expansion of behavioral health and HCBS services. Funds will be used for evidence-based practices mitigating care deserts to better serve the Colorado American Indian/Alaskan Native (AI/AN) population. This funding will prioritize programs that are improving their ability to serve individuals with disabilities on a HCBS waiver, who also have co-occurring behavioral health (SUD and MH) needs with a focus on lower acuity services and smaller community-based providers compared to the previously mentioned initiatives. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides a one-time capacity building opportunity to local communities, allowing the Department to maintain a high level of service delivery across all member populations.

Project Changes

No change for this project over the previous quarter.

4. Support Post-COVID Recovery & HCBS Innovation



Initiative 4.01. Residential Innovation



Under this project, the Department will develop and pilot continuum models of care that incent the creation of financially viable small residential programs that are person-centered, with a focus on rural communities. This would be accomplished by completing an analysis and pilot program:

- **Models of Care Analysis:** The Department will conduct an analysis of funding mechanisms and feasibility on how to improve transitions of care for people transitioning from nursing facilities and other institutional settings and potential new models of care for investment and innovation.
- **Pilot Program:** The Department will award 2 grants to develop pilots to develop, design and/or implement a re-envisioned holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment. Learnings from the pilot program will be used to scale the model to other communities and to provide best practice recommendations for further

development of new, innovative models. The Department will hold at the forefront the HCBS Settings Final Rule, including CMS guidance and requirements for integration of persons residing in community placements, when researching, planning, and implementing this pilot program. It is the intent of this project to determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities. This project may include an investment into the development of new models of care, including the Department obtaining intellectual property rights to these models and/or the funding the purchase of land or construction of the new residential homes.

State Plan Amendment and Waiver Information

The Department recognizes the potential need for waiver amendments to support programmatic changes and will submit such requests once the scope of desired change is identified.

Sustainability Plan

The Department will closely examine the success and viability of supported communities and based on the outcomes, formally develop any necessary administrative documentation and other avenues for the ongoing support of such efforts.

Project Changes

No change for this project over the previous quarter.



Initiative 4.02. Promote Single Occupancy



This project will focus on supporting assisted living facilities and group homes in creating more single occupancy rooms, which would help prevent the spread of diseases and promote greater independence among residents. The Department will research current practice and what it would take for these providers to offer more single occupancy rooms. The Department will offer incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The pandemic has brought to light shortcomings in the current occupancy rates and impacts on disease transmission. The Department is exploring options for both improving quality of life and managing transmissibility in assisted living and other settings of concentrated care. Sustainability funding for these efforts is being reviewed for long-term viability.

Project Changes

No change for this project over the previous quarter.



Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment



The Department will focus on those areas in which there are currently gaps in services and treatment programs for children and youth. These include members with Autism Spectrum Disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnosis.

The Department will work with several providers to develop a viable step-down treatment program, to create models of care that are financially viable and person-centered, with a focus on those children and youth who are currently being sent out of state for services. This project will also look at the creation or expansion of a step-down service between hospitals and a short-term residential placement. Funding in the form of grants will be available to support the infrastructure and equipment costs associated with this expanded level of care.

State Plan Amendment and Waiver Information

The Department anticipates needing to submit a State Plan Amendment for program and service changes that are identified during the implementation of this project.

Sustainability Plan

The Department is committed to improving programs for child/youth, the capacity of the State to provide services to this population and managing program cost. The Department is committed to exploring outcomes from this effort to better provide services in this area.

Project Changes

No change for this project over the previous quarter.



Initiative 4.04. Tiered Residential Rates & Benefits



Note: As of March 2022, this project has been renamed *Tiered Residential Rates & Benefits* (previously titled *Alternative Care Facility Tiered Rates & Benefit*), to reflect the expansion in scope.

The Department currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. The Department will develop a tiered rate methodology for setting levels, with an emphasis on secured settings, for the ACF benefit. This initiative will provide insight on how the Department could create multiple level settings for the ACF program that would limit placement into a skilled nursing facility. As of March 2022, the project scope was expanded to include an additional setting type, Qualified Residential Treatment Programs (QRTPs). Additional funds were added to the project and approved by the JBC for this purpose.

The Department will also analyze other states that utilize a tiered rate for HCBS residential services, and their member assessment processes for assignment to the appropriate tier. The Department will provide recommendations related to services incorporated at each level to limit nursing facility placement and analyze whether Colorado's assessment tools would be sufficient to determine an appropriate tier. A new assessment tool will be developed, if appropriate.

In a previous report, the Department inadvertently used historical state licensing language, stating that Residential Child Care Facilities (RCCF) would be included in this project. The RCCF provider type has sunsetted as an allowable provider to bill Medicaid and therefore will not be included in this project. The intent of this initiative is to explore tiered rates that vary based on the individual in need of services, to ensure non-institutional and least restrictive settings are fully equipped to meet the needs of children and youth with complex needs. The expanded scope of this project will focus on residential settings that serve youth and children with complex needs, which must have 16 beds or less and submit an attestation that they meet criteria, which requires that these providers do their due diligence to ensure that they are not IMDs. This currently only includes QRTPs in compliance with the Family First Prevention Services Act (FFPSA). These settings provide services covered in Appendix B of the State Medicaid Director's Letter dated May 13, 2021, specifically Colorado's 1915 (b)(3) waiver and state plan behavioral health clinical and rehabilitative services.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The Department is committed to developing programmatic incentives to manage costs and improve quality of care. Stakeholders will be engaged both during the rate structure development process and for feedback on programmatic changes. Once program recommendations are created, the Department will pursue all appropriate administrative efforts to implement program and rate changes.

Project Changes

No change for this project over the previous quarter.



Initiative 4.05. Pilot CAPABLE



The Department will pilot and evaluate the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The Department will pilot the CAPABLE program in three to four locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, the Department will implement a pilot with an evaluation to ensure it results in the same outcomes, including cost savings, when implemented with a diverse group of members, including individuals of younger ages and those living in rural communities.

State Plan Amendment and Waiver Information

The Department will utilize the ARPA HCBS funding and time period to pilot test the CAPABLE model in Colorado. The project team will review the evaluation outcomes and determine whether the Department should consider adding CAPABLE as an additional benefit available to our waiver participants based on program success. At that time, post ARHA HCBS, a waiver amendment will be pursued if considered feasible.

Sustainability Plan

The Department embraces opportunities for improving member experience and managing program costs. The CAPABLE program is one such alternative care model that has demonstrated inroads to achieving these goals. The Department is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

Project Changes

No change for this project over the previous quarter.



Initiative 4.06. Supported Employment Pilot Extension



In recent years, the Department has received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project is expiring on June 30, 2022. The Department will extend and expand the current pilot program to allow for increased participation, additional data collection, and to determine if expanding incentive-based payments for Supported Employment services within the waivers is cost effective and produces positive outcomes.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers presently planned for this project. However, if the program achieves successful outcomes, the Department will explore permanently implementing value-based payments for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers, which would require amendments to both waivers.

Sustainability Plan

The Department is committed to creating environments of inclusion and employment opportunities for people with disabilities. It is believed that this program will prove to be self-supporting, and the Department plans to explore partnerships with sister agencies and other options to support long-term implementation of this program.

Project Changes

No change for this project over the previous quarter.



Initiative 4.07. New Systems of Care



The Department has an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, the Department will study successful initiatives implemented by other states and nations while also developing pilot programs that:

- Leverage creative solutions to provide low/no cost childcare to home and personal care workers, which helps address low wage concerns by expanding “total compensation”
- Pair older adults with college students who need affordable housing

- Create college credits and increase the workforce by employing college students to provide respite, homemaker, and personal care services to our growing older adult population, as well as the general HCBS population.

The Department will create a grant program with state-only funding to support innovative models of care. The Department will conduct an environmental scan of evidence-based practices that could be used and to create an innovative model to address “total compensation” for direct support professionals.

As of March 2022, following approval from the JBC, the project scope was expanded to include an additional component. This new activity will include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The lessons learned from the identification and piloting of innovative systems of care and what has been successful in other states will inform future budget requests, programs, and policies.

Project Changes

No change for this project over the previous quarter.



Initiative 4.08. Respite Grant Program

Expanding respite services was one of the most frequently cited items by Colorado stakeholders for consideration in the ARPA spending plan. Respite services provide temporary relief for the members’ primary caregiver, which is necessary to support caregivers and helps prevent members moving to institutional settings.

The Department will create a state-only grant program with two components: to expand providers’ ability to provide respite services, or to extend funding for respite care supports (such as a voucher program). The extension opportunity allows providers to develop unique and creative ways to deliver respite services, thinking outside of the box of the current delivery method. For instance, if offering a voucher program, grant recipients could offer vouchers for respite services, where members or caregivers can ‘purchase’ respite that suits their needs. No funds or direct payments

will be made to individuals. In the expansion/extension of the program, the majority (75% or more) of funding must go to Health First Colorado members who are either a caregiver or care recipient and would benefit from respite services. Thus, no more than 25% of service recipients will be non-Medicaid individuals, though, the department will allow applicants to extend/expand programs to target those who may or soon will be eligible for Medicaid, or siblings of Health first Colorado members. The goal is to provide respite services for the caregiver, even when they have multiple children. For example, a respite provider may host a parent's night out, allowing not only the member/child to attend, but the members' siblings as well. Additionally, adult siblings providing care would be eligible through this grant program to receive respite.

Eligible applicants include existing enrolled Medicaid providers who deliver respite services as outlined in Appendix B of the [State Medicaid Director's Letter](#), May 13, 2021. Applicants may also be current Medicaid providers that are not currently providing respite services but are hoping to expand their services.

Additionally, the Department will identify the landscape of respite availability across Colorado through a study and create a report identifying the gaps in respite care availability. Through lessons learned through the grant program and the study, the Department hopes to make future improvements in how respite services are delivered in Colorado.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The deliverables for this project - the report identifying gaps in respite care and the subsequent grant program - will be the foundation for future programs, policies, and budget requests. As the grant program is being established and provided in direct response to the impacts of COVID-19, it will not be continued post March 2024. But the respite benefit will continue as this is a critical service for our members and their families.

Project Changes

The budgeted amount allocated for respite grants was more than the amount needed for approved grant projects. The project team was approved to revert \$175,713 in excess funds so they may be used by other initiatives.



Initiative 4.09. Respite Rate Enhancement



The Department has provided a temporary targeted rate increase to incentivize additional respite providers to serve HCBS adult and child members, with a focus on home-based services. The rate increase also applies to respite services provided under the DHS' crisis services program. In addition, the Department will identify innovative ways that can be taken to incentivize respite provision by meeting with providers and other Colorado respite programs to gather information about barriers for enrollment and service provision.

State Plan Amendment and Waiver Information

The Department received approval through an Appendix K Amendment on [November 5, 2021](#) to implement a temporary 25% rate increase for HCBS Respite providers.

Sustainability Plan

The aspects of this program that will extend in the future relate to that which the Department learns through its meetings with providers and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.

Project Changes

No change for this project over the previous quarter.



Initiative 4.10. Home Modification Budget Enhancements



The Department identified enhancements to the Home Modification benefit as a need for our members, based on stakeholder feedback over the growing need to ensure members could continue to live and receive care in their homes, as opposed to congregate care settings, in response to the COVID-19 PHE. One way to help members continue to live in their homes is by funding specific modifications, adaptations, and improvements to their existing home setting. The Department will provide additional funding above the current service limitations for home modifications in response to members needing multiple adaptations to their homes for accessibility and the increasing costs related to construction and materials. The home modification budget enhancements will be available for all waivers in which this benefit already exists.

State Plan Amendment and Waiver Information

The Department will identify funding and pursue a waiver amendment once the complete scope of program changes is identified. The Department received approval through an Appendix K Amendment on [January 4, 2022](#) to temporarily increase the Home Modification and Home Accessibility Adaptation benefit by \$10,000 to help members continue to live in their home and community. On March 10, 2022 the Department submitted HCBS waiver amendments for the affected waivers, to include language that specifies during the Public Health Emergency (PHE), some individuals on the waiver may exceed the \$10,000 or \$14,000 cap to help them continue to live in their homes and the community. The Department is awaiting approval from CMS for this change. In addition, the Department will submit a waiver amendment in the fall of 2022 to allow the continuation of this temporary benefit through March 31, 2024.

Sustainability Plan

The Department recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA is providing will provide meaningful insights into cost challenges and will put the Department on better footing to ensure future budgets for this program consider increasing labor and materials costs.

Project Changes

No change for this project over the previous quarter.



Initiative 4.11. Hospital Community Investment Requirements

Under this project, the Department will research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities. The Department will develop minimum guidelines for community benefit spending and reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines should allow for more consistent reporting and determination of what is a community health need as well as better evaluate the impact of community benefit programs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that providing guidance to hospitals regarding community investment requirements and best practices is important to ensuring that those contributions result in relevant and sustainable community change and improvement

in community health needs and health care outcomes. Once the guidelines have been developed, the Department is committed to both maintaining the hospital community investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts.

Project Changes

No change for this project over the previous quarter.



Initiative 4.12. Community First Choice



Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows the Department to offer attendant care services, including consumer directed options, on a state-wide basis to eligible members of all ages, instead of only those who meet criteria for a 1915(c) waiver. The Department will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, and a new Wellness Education Benefit. The goal is to implement CFC by **July 2025**. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, the Department will need the following:

- **System changes:** System changes will be required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider subsystem, financial subsystem, prior authorization subsystem, the prior authorization system, provider subsystem, and care and case management product. This work will include ongoing testing and maintenance to ensure the changes made were accurate and operating correctly.
- **Wellness Education Benefit:** The Department will utilize a contractor to develop and manage the Wellness and Education Benefit. The cost of this benefit will be absorbed by the Department once CFC cost savings are realized.

CFC Admin Extension and Wellness Benefit

Through the ARPA extension and additional funding, the Department will add funding to the CFC project to extend the administrative expenses associated with this project as well as utilize funds to implement the Wellness Benefit associated with the program. The Wellness Benefit will send HCBS members information on a monthly basis to support their overall healthcare. **To mitigate potential access to care issues, we will utilize ARPA funding for a time-limited grant opportunity for Program Approved Service Agency (PASA) providers impacted by the new licensing requirement**

under CFC. This grant will provide funding for the initial licensing fee as an incentive for early licensing compliance for PASA agencies.

State Plan Amendment and Waiver Information

The Department will submit an amendment to the State Plan allowing for the implementation of the Community First Choice 1915(k) federal authority. Waiver amendments will be required for the Department's 1915(c) waivers to remove services provided under the 1915(k). Amendments will also be required to gain approval for the new Wellness Education Benefit.

Sustainability Plan

The ability to leverage the ARPA funds to allow the State to pursue CFC is a high priority of the Department. The funding accelerates investments in key information systems and with relevant stakeholders to ensure that the State's design, development, and implementation of CFC is informed by stakeholder feedback and aligns with best practices.

Project Changes

\$170,100 in additional funds were approved to support this project. These funds will be utilized to support additional Wellness Education Benefit translation costs and for a time-limited grant opportunity for Program Approved Service Agency providers impacted by the new licensing requirement under CFC.

5. Strengthen Case Management Redesign



Initiative 5.01. Case Management Capacity Building

Case management redesign is an overhaul of the current and traditional processes utilized by case management agencies to ensure conflict free case management services are provided to members. While the long-term effects are necessary and invaluable, there will be substantial changes in those processes. This project provides resources to help limit disruptions to members during that process. The Department will support case management redesign efforts in the community by developing a framework to support the change management requirements to ensure successful transition from the current system to implementation of a redesign that mitigates the negative impact on members. The Department will work with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It will provide support to CMAs to implement CMRD policy changes, transition, legal and corporate structures, change

management, strategic and organizational planning, capacity and ensuring member access to a CMA, including developing an infrastructure for a learning collaborative so that CMAs have access to individual resources relevant to their change management needs.

CMA Retention Payments Start Up and Transition Costs

With the extended timeline to implement ARPA, the Department plans to create a grant program to support the start-up of new contracts as a result of Case Management Redesign (CMRD). This program would allow new Case Management Agencies to apply for funding through a competitive grant program for retention payments to keep case managers onboard through the transition and start-up and transition costs needed to get the new CMAs online and able to serve members faster.

State Plan Amendment and Waiver Information

A state plan amendment and Appendix K amendment were submitted to CMS and approved for the case manager retention payment component of this project with approval effective January 1, 2023. As the Public Health Emergency is ending on May 11, 2023, the Department's authority through the Appendix K amendment will end on November 11, 2023. These retention payments tied to Public Health Emergency response will end at that time. After that, the Department will make available retention payments for Case Management Agencies tied to the State's Case Management Redesign effort. These payments will be distributed through a competitive grant program through fiscal year 2024.

Sustainability Plan

The Department recognizes that expanding the capacity of the case managers who serve the HCBS population by designing an end-to-end case management paradigm is essential to ensuring that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, the Department is committed to continuing that vision both in the near- and long-term.

Project Changes

No scope or budget changes were made for this project over the previous quarter. The State Plan Amendment and Waiver information section has been updated to reflect the two different retention payments being made to Case Management Agencies through this project.



Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes

Note: As of February 2023, this project has incorporated project 6.16 Eligibility System Improvements under the scope of its efforts.

Under this project, the Department will work with stakeholders to identify solutions to barriers to long term care eligibility, both from a physical eligibility and financial eligibility perspective. Any changes will result in the need for system enhancements as well as training to counties, Medical Assistance sites, and case managers on eligibility requirements for waiver programs and other long-term care programs.

The Department will research and determine appropriate solutions for expedited eligibility processes and manage projects. These changes will require extensive stakeholder feedback and engagement. The approved solutions will focus on system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility.

State Plan Amendment and Waiver Information

Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments.

Sustainability Plan

The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies.

Project Changes

Due to similar goals and dependencies between this project and 6.16, Eligibility Systems Improvements, the teams submitted a request to merge 6.16 into 5.02. This will improve communication and efficient use of resources. The team received approval from ARPA leadership in February to complete this merger. An updated project schedule has been baselined and the project is on track. A request to merge the budgeted funds is in progress.

Initiative 5.03. Case Management Rates ✓

Project Completed February 2023

The Department transitioned to a new rate structure for case management agencies (CMAs) in FY 2020-21. The Department evaluated and identified best practice approaches for rate methodology in case management to ensure they are appropriate

for the activities expected of CMAs and then developed a proposed rate structure for these activities and services, including identifying options for tiered rates for supporting members with complex care needs. The Department also worked in coordination with the CMAs to facilitate stakeholder engagement on this methodology.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Project Outcomes

Through this project, a new case management workbook for rate development has been created for utilization moving forward. This workbook outlines a new rate for ongoing targeted case management and supported the development of a Department budget request for FY23/24.

Sustainability Plan

The Department recognizes that providing guidance and promoting best practices for rate methodology in case management is critical to developing the case management infrastructure that it is trying to create and support. Sharing promising practices and information is one of the keys to this transformation. Though this project developed the initial case management methodology, the Department is committed to maintaining the currency of the methodology as part of the overall goal of achieving a strong case management infrastructure statewide.

Project Changes

This project has been completed as of February 2023. A new case management workbook for rate development has been created for utilization moving forward. This workbook outlines a new rate for ongoing targeted case management and supported the development of a Department budget request for FY23/24.



Initiative 5.04. Case Management Best Practices



Person-centered case management and care coordination requires adapting outreach strategies and support services to the needs of the population and of individuals, which may be different depending on the disability. The Department will research national best practices and develop and pilot these practices through models of care coordination that meet the unique needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. The Department will develop a training plan, including developing appropriate materials for Case Management Agency (CMA) and Regional Accountable Entity (RAE) staff on their various roles and responsibilities, collaborative roles

between the systems, and effective care collaboration across the continuum of care, especially for members with complex needs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that creating models of care and identifying best practices for individuals with disabilities is critical to developing the case management infrastructure that the State is establishing and supporting. Sharing promising practices and information is one of the keys to this transformation. Once the training materials for best practices have been developed, the Department is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

Project Changes

No change for this project over the previous quarter.



Initiative 5.05. Case Management Agency Training Program



The Department will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. The Department will develop a robust training program for CMAs, RAEs and MCOs for all waiver programs and services, as well as behavioral health services, State Plan benefits, benefits counseling, and CFC. All the training will be incorporated into a Learning Management System allowing the Department to assign and monitor training completion. The Department will also update all existing training materials for content updates and upload them to LMS software to establish competency-based performance requirements of case managers. Any changes to program participation requirements will be supported by the submission of a waiver amendment once training documentation is completed. This project also includes funding to support the training of case managers on the new Care and Case Management system and future enhancements. As the system rolls out, case managers will need robust training to ensure competency on utilizing the system prior to official launch. Funding will ensure that the case managers receive this training and are compensated for their time. Additionally, as new enhancements are added to the system, updates to training materials and continuing education training for case managers will be required.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for case management professionals is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Project Changes

This project expanded its scope to include paying for the training of case managers on the new care and case management system and future enhancements. Additional funds were added to the project budget to cover the costs of this training.

6. Invest in Tools & Technology



Initiative 6.01. Home Health/PDN Acuity Tool

The Department will design and develop an adult Long-Term Home Health (LTHH) acuity tool and two Private Duty Nursing (PDN) tools for adult and pediatric members to better determine the appropriate medically necessary level of care and associated nursing hours for members. These tools will streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for members.

The Department received funding to implement a LTHH acuity tool in FY 2019-20 through R-9, “Long Term Home Health/Private Duty Nursing Acuity Tool.” The Department used this funding to conduct an environmental scan in FY 2020-21 of other state approaches but was unable to identify an appropriate tool, concluding that the Department must build one from the ground up. There was not adequate funding to build and implement a tool with the funding from that request.

The Department will create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. The Department will conduct both a policy and systems crosswalk of the proposed variables required for the LTHH acuity tool with the long-term services and supports (LTSS) assessment tool that determines nursing facility and/or hospital level of care for members seeking

LTSS services. This will help determine opportunities for alignment of the tools to ensure that as members' needs change, they do not have barriers to accessing other State Plan or waiver benefits, nor is there duplication of services. A crosswalk has already been completed for PDN tools.

Once the acuity tools are developed, the Department will integrate the developed tools as a module within the Care and Case Management System. The utilization management vendor will either access the CCM tool directly or through a workflow that will allow them to perform the necessary medical necessity prior authorization determinations for PDN and LTHH benefits. The goal of this project is to develop the new assessment tools, but the tools will not be implemented until after the ARPA HCBS spending period.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The improvements to the tools will be integrated into the existing systems/platforms (HCBS assessment tool and CCM), both of which will be available to users beyond the terms of the ARPA grant.

Project Changes

No change for this project over the previous quarter.



Initiative 6.02. Specialty Search in Provider Specialty Tool

HCBS providers struggle to identify which specialty they qualify for and which one to select when using the MMIS online enrollment module. As a result, providers either spend a lot of time researching provider specialties on the Department's website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

The Department will develop an optional "specialty finder" tool that will, through a series of questions, help providers identify which specialty or specialties they would like to enroll in, as well as the HCBS population they would like to serve. The tool will also provide guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. Once an algorithm is developed, it will be integrated into the Department's website. This tool will allow providers to quickly understand which specialties they are eligible for,

understand the steps necessary to enroll, and cut down on questions to MMIS staff and staff across the Department and the Department of Public Health and Environment.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

No ARPA funding was utilized to develop the tool and maintenance will be absorbed into existing workload.

Project Changes

The project team was able to develop this tool internally to promote ease of long-term maintenance and has reduced the project budget by \$150,000.



Initiative 6.03. Member Facing Provider Finder Tool Improvement



The Department administers a “Find A Doctor” provider search tool on the Department’s website that identifies health care providers based on certain search criteria selected by the user. The Department is currently working to add additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Under this project, the Department will add the critical criteria of “Cultural Competency” to the search tool. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Through this project, the Department will add cultural competence search criteria to the tool. This could include criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State of Colorado and the Department hold equity and cultural competency among the provider community and health care systems at the forefront. This project is proceeding on schedule and possesses adequate resources. The project team is implementing strategies to address cross-departmental efforts to execute the

activities and tasks related to this project. The Department and the contractor have scheduled a kickoff meeting for early January, of importance for service delivery. Upon completion of the member-facing provider tool enhancements, the Department will monitor the use of the cultural competence queries and results to inform future investments, programs, and policies to promote equity and culturally competent care.

Project Changes

This project was approved to decrease its budget by \$55,000, as there was an error in adding it twice. The budget is now correct at \$205,000 to reflect the vendor estimate.



Initiative 6.05. Member Tech Literacy



Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop two curricula; a program for members providing digital literacy training and a train-the-trainer program for community supports (case managers, providers, and family) that will be delivered to members. HCBS-enrolled members who participate in this project will receive an iPad to support training and improve access beyond project time period.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This is an upfront investment in the training modules and structure. The project is on track and scheduled tasks are falling into line. The Department will absorb maintenance and updating of materials through existing workflows.

Project Changes

A modest budget correction was made returning this project's funding to \$500,000.

Initiative 6.06. Provider Digital Transformation & EHR Upgrades

Note: As of November 2021, this project has incorporated project 6.04 HCBS Provider Electronic Health Record System Upgrades under the scope of its efforts.

Note: As of September 2022, this project has been renamed Provider Digital Transformation & EHR Upgrades (previously titled HCBS Provider Digital Transformation), to better reflect the project's intent.

The purpose of this project is to provide funding to home and community-based services (HCBS) providers, behavioral health providers, and Case Management

Agencies to digitally transform their care or service delivery. Funding will include investments in upgrading, enhancing, or implementing electronic health record (EHR) systems to be able to better coordinate care, access real-time information through health information exchanges (HIEs), and the purchase of tools necessary for the delivery of virtual services. These tools may include, but are not limited to, [desktops](#), [monitors](#), [laptops](#), [tablets](#), [smartphones](#), [modem/routers](#), and [scanners](#). Ongoing internet connectivity costs are not included within the project scope. This project will leverage lessons and processes from the Department's Electronic Health Record incentive program and the Office of eHealth Innovation's telemedicine projects, with a focus on inclusive and equitable approaches and solutions. These funds will be provided through a competitive grant program that is aligned with other developing efforts, such as HB 21-1289, "Funding for Broadband Deployment." The primary features of this project, Electronic Health Record enhancement and expanding provider's capacity to offer telehealth services, both have the potential to positively impact members either by improving access to care or improving communication.

The scope of this project was expanded following the approval of the additional funds in March 2022. The project has added 6.06b Cybersecurity Workstream, which will support technology security enhancements for the County Departments of Human Services and Single-Entry Points, who make eligibility determinations. These funds will focus on ensuring cybersecurity measures are in place to protect member information, including case file scanning and the purchase of tools to support physical security such as badge access readers and security monitoring cameras. The case files, which may include income, citizenship and other required verifications and disability determination documentation, are for any individual who has applied for and is receiving Medicaid, Medicaid LTSS including HCBS and state-funded HCBS, or other public assistance benefits. Contents of case files contain PHI and PII. Enhanced physical security is an important investment as the badge reader security feature can protect beyond the borders of the county throughout the state as it allows better line of sight into who is accessing the work areas where PHI is stored. All physical security enhancements will protect paper case files as well as electronic PHI for individuals receiving Medicaid. However, at this time it is unknown what proportion of the total case files are only those individuals who have applied for and/or received Medicaid HCBS, though those files are a large component of the files maintained by the state's county partners. There is no additional cost associated with the physical security enhancements for non-HCBS records as they are co-located with all Medicaid eligibility records and data which may apply to more than one program area. Separating equipment and workstations where data is processed by program aid code would increase administrative burden which is not a standard practice. Additionally, this physical security enhancement mitigates the risk of cybersecurity incidents and

may speed response as recommended by [NIST SP800-53](#). This component of the project will be led by the Department's Health Information Office.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides one-time seed funding for providers across the state. Lessons learned will be shared with future tech upgrade workflows.

Project Changes

No change for this project over the previous quarter.



Initiative 6.07. Innovative Tech Integration

Technology changes rapidly, including in the healthcare field. The Department will explore innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. The Department will research potential innovative models for diagnoses, access, outcomes, and delivery, as well as evaluate whether those technologies would work in Colorado practices. Recommendations, including implementation steps, for pursuing these forms of technology will be developed.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will allow the Department to be positioned to identify innovative projects to its healthcare technology roadmap and implement these new solutions well into the future.

Project Changes

No change for this project over the previous quarter.

Initiative 6.08. Care & Case Management System Investments

The Department will fund investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience. The Department is reviewing investments in

system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience.

Device Costs

The Department will provide one-time funding for CMAs to purchase laptops or other mobile devices compatible with the new case management IT solution, the Care and Case Management (CCM) system. These devices will be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. Case managers will have the IT technology necessary to leverage the capabilities of the new CCM tool, including accessing the log notes offline, perform assessments in the home, or upload assessments with the latest technology. Members will be able to be assessed quickly in their homes and provide signatures in real time.

System Costs

Funding will also be used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, the CCM system does not include remote signature capability of support plans by all stakeholders; this has been identified as an opportunity for future enhancements. Another potential enhancement is to allow providers to upload incident reports directly to the member record for the case manager to review and identify whether a critical incident occurred. This is highly encouraged by CMS to ensure incidents are tracked, mitigated, and trended prior to becoming a critical incident. Further, the Department will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs.

Additional funds, approved by the JBC in March 2022, expanded the scope of this project to include enhancements to the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.

The Department intends to create a regional advisory board to support improvements to provider IT sophistication and interoperability, to include the development of data dictionaries of key elements needed by providers.

With the extended timeline to implement ARPA, the Department plans to add three new areas for enhancements in implementing the CCM. These areas include an adjustment to the system to account for a new rate structure for CMAs, adjustments to accommodate data from the CCM into the Department's data management system and enhancements to the Person-Centered Budget Algorithm.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project will go to advance the deployment and optimization of the system by users statewide. Once the system changes have been deployed and mobile devices provisioned, the Department is committed to working with CCM users to ensure these capabilities continue into the future.

Project Changes

No change for this project over the previous quarter.

Initiative 6.09. Updates to Salesforce Database

As part of this technology project, the Department will implement a system where complaints, issues, grievances, clinical documentation, and quality care complaints are compiled and centralized. This will include updates to the Salesforce system to allow for clinical review and time tracking for staff as well as tracking for creative solutions and complex solution calls to allow for tracking of diagnosis, services, and length of time it takes to locate a solution for the case.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ability to centralize complaints, issues, and grievances will allow the Department to better diagnose issues and, as noted above, provides the opportunity to identify and spread best practices statewide.

Project Changes

No change for this project over the previous quarter



Initiative 6.10. Member Data Sharing

Through the CMS Interoperability Rule, which is a part of the 21st Century Cures Act, the Department received funding from its FY 2021-22 R-9 “Patient Access and Interoperability Rule Compliance” decision item to develop an agreed upon, consensus-based approach regarding compliance with the Interoperability Rule. Compliance is based on the creation of an open framework that will allow data to be stored, shared, and pulled into consumer-chosen, consumer-facing applications, vetted through a federally mandated review process.

The Department will use funding to integrate key data points from the CCM tool into a data set that meets federal technical requirements. This data could include member assessments, case management log notes, and critical incidents. The data will be available for members to access through consumer-facing applications or other Electronic Health Record (EHR) applications, leveraging recommendations from the Testing and Experience and Functional Tools (TEFT) Grant, in consultation with the Governor’s Office of eHealth Innovation. The implemented solution would be a way for members to access data collected by and maintained in the CCM tool, as well as information about qualified providers as maintained in the BIDM, and could include functionality like secure, in-app texting/reminders that could occur between Health First Colorado members and their care team or teams. The Department will design a Long-Term Services and Supports-focused application or other point of access. Any solution will include functionality that is compliant with the Americans with Disabilities (ADA) Act.

Members will be able to access their CCM-related data through the application of their choice, using a device of their choosing. Members will have a seamless experience with their CCM-related health data, irrespective of payer or provider or originating IT source, and be able to access that information using technology of their choosing. This solution builds on existing work done statewide to provide access to health care data.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Compliance with federal regulations regarding information sharing and interoperability by creating patient-facing applications that allow access to their medical record information is among the highest priorities of the Department and the Office of eHealth Innovation. The ARPA funding provides an important investment in

moving the State further along in implementing its interoperability strategies and creating a statewide patient engagement strategy.

Project Changes

No change for this project over the previous quarter.



Initiative 6.11. Centers of Excellence in Pain Management



Many HCBS members deal with chronic pain and are unsure how to navigate the system to providers that are best equipped to help them manage their pain and thrive. The Department will pilot a program in which a contractor team consisting of a physician, pharmacist and a licensed clinical social worker will assess the needs of chronic pain patients for mental health or substance use disorder treatment. The team will coordinate appropriate referrals to mental health, SUD, or Centers of Excellence for Chronic Pain providers primarily via telemedicine using best practices for appropriate pain management. This team will also coordinate with RAEs to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA funds will support a first-time demonstration project and the subsequent learnings will inform future budget requests, policies, and programs.

Project Changes

No change for this project over the previous quarter.



Initiative 6.12. Systems Infrastructure for Social Determinants of Health



The Department, in partnership with the Office of eHealth Innovation, will expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, RAEs, care coordinators, and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more. This will be part of a broader social health information exchange ecosystem being developed by the Office of eHealth Innovation. **Initially, the Department intended to distribute funding in the form of state-only community grants to help connect small non-clinical agencies that specialize in and serve the HCBS population to the health**

information exchange. This work will continue outside the HCBS ARPA funding period to allow more time for the statewide data architecture build and outreach to the community.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Lessons learned regarding the technology implementation and related challenges, as well as the needs and opportunities of partnering with organizations that provide non-medical services will inform future social determinants of health-related projects, programs, and policies initiated by the Department.

Project Changes

This project has had a change in scope. Grants (\$3M) will no longer be included in the ARPA HCBS funding. Another source will support the grants post-ARPA HCBS. The total budget (\$15M) will be used for system build.



Initiative 6.13. Connect Case Management Agencies to ADT Data

Note: As of June 2022, this project has been renamed Connect Care Management Agencies to ADT Data (previously titled Connect Case Management Agencies to CORHIO), to reflect a change in approach.

The Department will connect Case Management Agencies (CMAs) to Admission, Discharge and Transfer (ADT) data to obtain hospital admission data in real-time. While ADT data from hospitals is transmitted from the BIDM to the CCM system, there is a significant lag, which prevents it from being actionable. This project offers optional grant funding for CMAs to pilot test access to this data in a human-readable form. Grant funding will support the added operational demands associated with incorporating this process into the CMA's workstream. The Department expects that grantees will collaborate with the Department to develop policy and procedures for utilizing this new data as a part of current practices, as well as support the development of best practices and lessons learned from the pilot.

Case managers will benefit from knowing when members have been hospitalized, alerting them to possible changes in functional needs and services and supports, as well as possible critical incidents. Case managers will be able to better coordinate care and participate in discharge planning with access to this information.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA investment for this project will focus on providing CMA users access to ADT data already being acquired by the Department. CMA users will have the ability to receive ADTs in a much timelier manner and be more proactive in facilitating transitions of care. This access and the new workflows that result will be relevant and available to CMA users beyond the life of the ARPA grant.

Project Changes

No change for this project over the previous quarter.



Initiative 6.14. Data Sharing with the State Unit on Aging

The Department suspects that many LTSS older adult members are receiving services through their local community, including the Area Agencies on Aging. These individuals may not be accessing the care that they need and are eligible for through Medicaid. Understanding who these individuals are and what services they are relying on from community-based organizations will help the Department to better target services. Additionally, if the Department can improve access to Medicaid services for these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

In this project, the Department will work with the Office of Aging and Adult Services within the Department of Human Services to conduct a system mapping of program and IT systems to determine a mechanism to share data and information across offices. The goal will be to implement a technology solution to access the Area Agencies on Aging data to identify and better track Medicaid LTSS members who are receiving services. Current efforts are underway through Colorado's Health IT Roadmap led by the Office of eHealth Innovation to accelerate the sharing of information and establish infrastructure, governance, and policy that enable the broader health IT ecosystem and State agencies to support care delivery and quality measurement.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addresses alignment with people, process, and technology to better track Medicaid LTSS members who are receiving services. The technology implementation funded by the ARPA grant will create new opportunities to more efficiently and effectively serve these members well into the future.

Project Changes

No change for this project over the previous quarter.

Initiative 6.15. Interface with Trails

The Department will implement system changes to connect Trails, the State's child welfare system, with the MMIS to allow counties to improve quality and reduce duplicate cases. This will improve the eligibility determination process for LTSS utilizers. The interface will allow county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This will be accomplished in three phases including: training for county DHS workers, the ability for cross-referencing across the two systems and allowing Trails and the MMIS to communicate in real time. The project team will leverage an interagency agreement with the Department of Human Services, who will identify and contract with the vendor who will make changes within the Trails System.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level. These process improvements will extend beyond the lifecycle of the ARPA grant.

Project Changes

No change for this project over the previous quarter.

Initiative 6.16. Eligibility Systems Improvements

The Department will improve eligibility systems to hasten application processing, improve determination accuracy, and provide real-time provider eligibility status insights. To do this, the Department will streamline eligibility processing for HCBS members. This will include system enhancements, policy requirements, modifications,

and training to address barriers to long-term care eligibility. Part of the project will be to create a bidirectional interface between CBMS and the CCM.

These changes will further automate the exchange of information between case managers and county technicians and eliminate the need to maintain a third system acting as a go-between for the entities, increasing operational efficiency and improving the member experience.

State Plan Amendment and Waiver Information

Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments. The specific provisions of the waiver or State Plan Amendments will be determined once the CCM system, which is scheduled to launch in April 2022, is stabilized post-deployment and that these new enhancements/capabilities can be introduced.

Sustainability Plan

The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies. Finally, the bi-directional interface between CMBS and CCM and the elimination of the third system that acts as an interface today, will introduce efficiencies that will extend beyond the grant period.

Project Changes

The Department has merged project 6.16 into 5.02 Improve and Expedite Long-Term Care Eligibility Processes. Moving forward, all reporting will occur under project 5.02.

7. Expand Emergency Preparedness

Initiative 7.01. Emergency Response Plans

One initiative to support future emergency preparedness is developing provider emergency preparedness and response plans. These will be resources that outline how providers will assist members with preparedness, and in the event of an emergency, how they will provide direct support. A Contractor will research national standards for emergency preparedness for various provider types. Based on that research, the Contractor will develop tools and resources for providers in developing emergency

preparedness and response plans. These resources will be made readily available for current and new providers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will support providers with tangible plans, skills, and materials to continue operations in the event of an emergency. The Department is confident that these assets will benefit these providers long into the future and well beyond the ARPA grant period.

Project Changes

No change for this project over the previous quarter.



Initiative 7.02. Member Emergency Preparedness

In addition to providing resources for providers, the Department will assist members with disabilities and those with mental health needs who live independently in the community to be prepared for potential emergencies by providing resources, supplies, and/or education. The Department will develop and execute a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan will address educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will provide members with disabilities and those with mental health needs tangible plans, skills, and materials to continue living independently in an emergency situation. The Department is confident that these assets will benefit these members long into the future and well beyond the ARPA grant period.

Project Changes

This project was approved for a budget increase of \$2,223,375 of state-only funds. The project was initially requesting admin match funds but was then determined to be ineligible. The budget increase restores a portion of the initial project budget.

Capital Expenditures

We are currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

8. Enhance Quality Outcomes



Initiative 8.02. Provider Oversight

The Department operates ten waivers to provide HCBS to our members. To do this, the Department contracts with the Colorado Department of Public Health and Environment (CDPHE) to certify providers, demonstrating they meet state and federal requirements regarding the safety and well-being of consumers. The certification process involves an initial survey when the provider enrolls in Medicaid and unannounced re-certification surveys periodically thereafter, in most cases every three years. Through onsite visits, surveyors capture comprehensive information on policies and procedures, consumer experience and satisfaction with services, staff perspectives on care quality, alignment between care plans and service delivery, and, in the case of residential settings, facility safety and cleanliness.

The Department has identified challenges with the certification processes, including lack of standardization across provider types and an increasingly complex process and workload. In addition, The Department does not have the tools necessary to analyze information on certification outcomes and hold providers to higher standards of quality of care.

The Department will finalize and implement work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process.

Specifically, the following work will be accomplished:

- Confirm prior decision points made on where the process could be simplified, or unnecessary steps could be eliminated entirely with the goal of reducing the time it takes a provider to become enrolled
- Implement a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitate and support break-out cross-Department groups in making necessary changes
- Provide support to streamline and align the certification processes across survey types

- Make recommendations to improve data collection and sharing, so data is actionable
- Create an action plan and timeline to implement recommendations from 2016 such as:
 - Allow deeming based on accreditation,
 - Streamline and align current survey certification processes,
 - Emphasize Quality Management Programs,
 - Enhance remediation strategies, and
 - Create a comprehensive picture of provider quality.
- Create recommendations to integrate the surveying and provider enrollment processes more fully across CDPHE, HCPF, and its vendors, such as:
 - An electronic workflow that would allow a warm handoff from CDPHE to HCPF for enrollment to bill for services once survey work is completed, and
 - Creation of an identification method for the shared tracking of providers across the two agencies.
- Make updates to the COHFI system, the provider portal used with our sister agency, CDPHE. The project will modify COHFI to allow providers to pull down information necessary to complete key aspects of HCPF’s provider enrollment and revalidation process.

State Plan Amendment and Waiver Information

It is likely that the extensive review of our existing provider-focused waivers will require modifications to some if not many existing waivers. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver changes for this project will not be available until Q1 2023.

Sustainability Plan

As noted above, provider oversight and certification has been a priority for the Department and the State for a number of years, and the ARPA funds provide an important investment and catalyst for needed changes and improvements.

Project Changes

No change for this project over the previous quarter.



Initiative 8.04. Pay-for-Performance for PACE

The Department will identify key performance measures to incorporate into a pay-for-performance methodology within the PACE capitation payments. The

percentage for each performance measure will be identified and the monitoring processes and reporting requirements will be outlined. The appeals process and contractual language will also be developed.

State Plan Amendment and Waiver Information

It is likely that a waiver will be needed to support these changes if the Department decides to implement a pay for performance for PACE services. Once the Department acquires additional information as this project proceeds, the Department will evaluate whether to implement these changes.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for PACE and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

Project Changes

No change for this project over the previous quarter.



Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS

Note: *As of June 2022, this project has incorporated project 6.03 Pay-for-Performance for HCBS under the scope of its efforts.*

The Department will develop a pay-for-performance methodology for Long Term Home Health services. The changes will embrace the guidance in the proposed federal rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes value and quality. The proposed changes address challenges facing Americans with Medicare who receive health care at home. The proposed rule also outlines nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model to incentivize quality of care improvements without denying or limiting coverage or provision of Medicare benefits for all Medicare consumers, and updates to payment rates and policies. The Department will look to this new proposed rule to design and develop methodologies and models to select the best value-based payment options for the Colorado Medicaid program.

Additionally, as part of this project, the Department will also develop a pay-for-performance methodology for HCBS residential settings. The Department currently pays for these services under a fee-for-service methodology, which rewards for volume of services rather than the quality of the care provided. The Department will shift to pay-for-performance programs within a few program areas.

Recommendations will be developed on performance benchmarks, bonus pay amounts, and per diem.

State Plan Amendment and Waiver Information

These new models are not anticipated to be implemented until after the ARPA HCBS timeframe, thus no state plan amendment or waiver amendments will be pursued at this time. But it is likely that a SPA and/or waiver amendment will be needed to support these changes once the methodology is ready for implementation.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for the Long Term Home Health services and HCBS residential settings and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment. The Department is confident that this model will position the State as a nationwide leader in this area for the future.

Project Changes

No change for this project over the previous quarter.



Initiative 8.06. PACE Licensure

Within the PACE program, the Department will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. The Department will establish a PACE audit structure including fee cost, resource needs, timeline, survey elements, corrective action plan templates, reporting requirements, valid sample size, appeal process, performance measures, and interview questions. The Department will also develop a system to record and capture incident reviews, complaints, survey results, and reports. This will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization.

State Plan Amendment and Waiver Information

This project will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization. The project anticipates developing the proposed audit structure in 2022, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in early 2023.

Sustainability Plan

The PACE audit paradigm that this project will support will launch toward the end of the project period and will be implemented well beyond the early 2024 end date of the ARPA funding.

Project Changes

No change for this project over the previous quarter.



Initiative 8.07 eConsult to Improve Quality

The Department is implementing an eConsult system in FY 2021-22 to increase the capacity and capability of primary care providers, to reduce unnecessary specialist visits, and to connect appropriate specialist referrals to higher performing specialist providers. The Department will research whether it is feasible to expand the eConsult program to include a broader array of specialists, such as providers that have expertise and good outcomes working with individuals with disabilities. The Department will adjust the overall eConsult design in accordance with federal feedback.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will inform future funding options that may expand access to eConsults to patients with disabilities and behavioral health needs.

Project Changes

No change for this project over the previous quarter.

Initiative 8.08. HCBS Provider Quality Dashboard

Note: As of June 2022, this project has incorporated project 8.01 Provider Scorecards under the scope of its efforts and has been renamed HCBS Provider Quality Dashboard (previously titled CMS Quality Metrics).

The purpose of this project is to develop metrics to gather insight into gaps in care with the goal of improving services and supports. To have robust data, with particular attention to CMS quality metrics, which can be stratified by disability and SMI status, the Department will invest in data repositories that enable more robust insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. The Department will share this data with the RAEs and CMAs to help them connect members with the highest-performing providers. This information may also be leveraged by the above-described eConsult

system. The Department will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

Additionally, to support quality performance, the Department will develop public-facing provider scorecards. Scorecards can be used to identify providers that may need more intense oversight and to help consumers and their families make choices about their care. Providers with continuously low scores could face additional corrective action. The Department will create provider and CMA scorecards and will add the scorecards to the public-facing provider search tool. Applicable performance measures will also be included in the scorecard. The Department will develop metrics and a weighting algorithm incorporating provider input. Providers should understand metrics and underlying data sources and believe that scores accurately and meaningfully represent care quality. Provider input and buy-in can help the Department develop a better methodology, promote higher quality data collection, and encourage providers to improve performance based on findings. The Department will continue to update these scorecards moving forward.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The data analysis anticipated with this project will inform policy, program, and project implementation in the future. In addition, establishing dashboards with more robust data will open opportunities to identify and share information about thriving programs, initiatives, and workflows in the administration of HCBS services. Additionally, the metrics and scorecard development will inform provider oversight and improve performance in the future.

Project Changes

No change for this project over the previous quarter.



Initiative 8.09. Waiver Quality Expansion



To better understand where there are quality gaps in the HCBS waiver programs, the Department will expand waiver quality surveys and metrics. This will provide insights into member experience, member satisfaction, and whether members received care that they reported needing. The Department will utilize the data to recommend changes to waiver programs.

The Department will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. The Department will design and/or procure the surveys and implement member outreach, engagement, and survey completion. Waiver amendments may be required if modifications to performance measures are made as part of this initiative.

State Plan Amendment and Waiver Information

Waiver amendments may be required if modifications to performance measures are made as a part of this initiative.

Sustainability Plan

The surveys, outreach, and engagement supported by this project, as well as any waiver amendments that occur as a result, will inform HCBS policy in Colorado beyond the life of the ARPA grant.

Project Changes

No change for this project over the previous quarter.



Initiative 8.10. Criminal Justice Partnership

***Note:** As of November 2021, this project has been renamed Criminal Justice Partnership (previously titled Department of Corrections Partnership), to reflect the engagement of the entire criminal justice system.*

The Department has engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This project will expand post-release support to members who are transitioning or may have already transitioned back into the community. The Department will address the following action items:

- Identification of best practices of engaging justice-involved members,
- Review and improve eligibility processes for waiver services prior to release,
- Identify most prevalent needs from these members and work with stakeholders to implement best practices,
- Collaborate with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Work with state and local government and community-based organizations to identify solutions, develop meaningful metrics and build lasting support systems for individuals involved with the justice system,

- Partner with the Regional Accountability Entities to create member-reported information about the need for justice-specific care coordination. Provide training materials and education to RAEs, and
- Identify data system opportunities to monitor member enrollments in multiple systems and develop strategies to ensure data system connections are in place to improve coordination activities.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA provides seed funding to create cross-agency connections both at an organizational and technical level to support an enterprise-wide paradigm shift in addressing behavioral health needs of individuals leaving the justice system.

Project Changes

This project was approved for a budget increase of \$6,500 to complete in-person stakeholder engagement with justice involved members and providers across the state.



Initiative 8.11. EPSDT Benefits Training



Note: As of March 2022, this project has been renamed *EPSDT Benefits Training* (previously titled *Quality Measures & Benefits Training*), to better reflect the scope and goals of the project.



To ensure the best use of services potentially available to the HCBS population, the Department will develop training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit metrics. The team will use an analysis of EPSDT to illuminate current gaps in the HCBS program. The analysis will be used to create training materials that will include specific learning objectives on how and when to use EPSDT and how and when to use HCBS services. To the extent this analysis exposes policy gaps, this information would be used to inform policy and program adjustments. These trainings will also be used to assist the state to meet the federal requirement of an intersection of EPSDT and waiver services as outlined in the CMS Part V Manual.

To complete this project, the Department will provide a standard, adult learning training on EPSDT benefit and performance metrics. The final product will be posted

on Department websites and updated regularly as a sustainability mechanism. The training is expected to be 4-6 separate training modules.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Future updates to the training will be absorbed into regular Department training workflows. Additionally, the policy and program adjustments that are revealed as a component of the EPSDT gap analysis will help set the stage for future work in this area, beyond the life of the ARPA grant.

Project Changes

No change for this project over the previous quarter.

Appendix 2: Resources

Colorado Department of Health Care Policy & Financing HCBS ARPA Links

- HCPF ARPA Webpage:
<https://hcpf.colorado.gov/arpa>
 - ARPA Project Pulse Newsletters:
<https://hcpf.colorado.gov/arpa/newsletter>
 - ARPA Grant Opportunities:
<https://hcpf.colorado.gov/arpa/arpa-grant-opportunities>

Center for Medicare & Medicaid Services (CMS) HCBS ARPA Links

- HCPF Spending Plan Submitted to CMS:
https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021_Acc.pdf
 - Appendix:
https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf
- Initial CMS Partial Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf>
- HCPF Response to Partial Approval:
<https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf>
- CMS Conditional Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf>

Quarterly Reports to CMS:

- CMS Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf>
- CMS Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20CMS-%20February%201%2C%202022.pdf>
- CMS Quarterly Report #3 (submitted April 18, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
- CMS Quarterly Report #4 (originally submitted July 18, 2022; resubmitted August 24, 2022):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q1%202023%20to%20CMS-%20July%2018%2C%202022-%20Revised%208.24.22.pdf>

- CMS Quarterly Report #5 (originally submitted October 18, 2022; resubmitted October 28, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q2%202023%20to%20CMS-%20October%2018%2C%202022-%20Revised%2010.28.22.pdf>
- CMS Quarterly Report #6 (originally submitted January 17, 2023; resubmitted February 28, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q3%202023%20to%20CMS-%20Resubmitted%20February%2028%2C%202023.pdf>

Joint Budget Committee ARPA HCBS Links

- Senate Bill 21-286:
http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf
- HCPF Spending Plan Submitted to the JBC:
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf>
- Presentation to the Joint Budget Committee:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf>

Quarterly Reports to the JBC:

- JBC Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf>
- JBC Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20the%20JBC-%20February%201%2C%202022.pdf>
 - Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20202-1-22.pdf>

- JBC Quarterly Report #3 (submitted May 2, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202005-01-2022.pdf>
- JBC Quarterly Report #4 (submitted August 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/Final%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%204%20to%20the%20JBC%20Aug%201%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202008-01-2022.pdf>
- JBC Quarterly Report #5 (submitted November 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%205%20to%20the%20JBC%20Nov%201%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2020-%20%20October%202022.pdf>
- JBC Quarterly Report #6 (submitted February 1, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%206%20to%20the%20JBC%20Feb%201%202023.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2020-%20February%202023.pdf>

Federal HCBS ARPA Links

- ARPA Legislation:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
- Home & Community Based Services Section of ARPA:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H04B309FDB3FA4109B306C6622D55C4D8>
- CMS ARPA Guidance:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

Supplemental Document 5-1-23: Assumptions and Calculations

Table 1.1 Total Savings to be Reinvested																
State Fiscal Year Quarter	Rehabilitative Services - HAS Fee	Rehabilitative Services - General Fund	Rehabilitative Services - Total	Fee For Service Savings Collected - HAS Fee	Fee For Service Savings Collected - General Fund	Fee For Service Savings Collected - Total	Last Submission Projected Savings - HAS Fee	Last Submission Projected Savings - General Fund	Last Submission Projected Savings - Total	Total Savings Identified to Date - HAS Fee	Total Savings Identified to Date - General Fund	Total Savings Identified to Date - Total	Revised Savings Expectations	Difference in Savings Collected - HAS Fee	Difference in Savings Collected - General Fund	Difference in Savings Collected - Total
SFY 2021 Q4	\$5,392,339	\$9,254,585	\$14,646,923	\$2,280,109	\$60,007,489	\$62,287,597	\$4,840,826	\$66,800,982	\$71,641,808	\$7,672,447	\$69,262,073	\$76,934,521	\$76,934,521	\$2,831,622	\$2,461,091	\$5,292,713
SFY 2022 Q1	\$6,057,222	\$9,524,876	\$15,582,098	\$2,389,645	\$60,799,063	\$63,188,708	\$5,241,864	\$72,335,112	\$77,576,976	\$8,446,866	\$70,323,939	\$78,770,805	\$78,770,805	\$3,205,002	(\$2,011,173)	\$1,193,829
SFY 2022 Q2	\$6,170,147	\$10,635,308	\$16,805,455	\$2,481,868	\$62,378,486	\$64,860,354	\$5,241,864	\$72,335,112	\$77,576,976	\$8,652,014	\$73,013,794	\$81,665,808	\$81,665,808	\$3,410,150	\$678,682	\$4,088,832
SFY 2022 Q3	\$6,787,285	\$11,060,037	\$17,847,322	\$2,566,114	\$64,767,938	\$67,334,052	\$5,241,864	\$72,335,112	\$77,576,976	\$9,353,399	\$75,827,975	\$85,181,374	\$85,181,374	\$4,111,535	\$3,492,864	\$7,604,398
SFY 2022 Q4	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Savings	\$24,406,992	\$40,474,805	\$64,881,798	\$9,717,734	\$247,952,977	\$257,670,711	\$20,566,418	\$283,806,318	\$304,372,736	\$34,124,727	\$288,427,782	\$322,552,509	\$322,552,509	\$13,558,309	\$4,621,464	\$18,179,773

1 These amounts will be recorded on the 12/31/21 CMS 64 report and the 3/31/22 CMS 64 report.

Table 1: Savings Collected by Fund Source Compared to Original Submission									
State Fiscal Year Quarter	Last Submission Projected Savings - HAS Fee	Last Submission Projected Savings - General Fund	Last Submission Projected Savings - Total	Total Savings Identified to Date - HAS Fee	Total Savings Identified to Date - General Fund	Total Savings Identified to Date - Total	Difference in Savings Collected - HAS Fee	Difference in Savings Collected - General Fund	Difference in Savings Collected - Total
SFY 2021 Q4	\$4,840,826	\$66,800,982	\$71,641,808	\$7,672,447	\$69,262,073	\$76,934,521	\$2,831,622	\$2,461,091	\$5,292,713
SFY 2022 Q1	\$5,241,864	\$72,335,112	\$77,576,976	\$8,446,866	\$70,323,939	\$78,770,805	\$3,205,002	(\$2,011,173)	\$1,193,829
SFY 2022 Q2	\$5,241,864	\$72,335,112	\$77,576,976	\$8,652,014	\$73,013,794	\$81,665,808	\$3,410,150	\$678,682	\$4,088,832
SFY 2022 Q3	\$5,241,864	\$72,335,112	\$77,576,976	\$9,353,399	\$75,827,975	\$85,181,374	\$4,111,535	\$3,492,864	\$7,604,398
SFY 2022 Q4	\$0	\$0	\$0			\$0	\$0	\$0	\$0
Total Savings	\$10,082,690	\$139,136,094	\$149,218,784	\$16,119,314	\$139,586,013	\$155,705,326	\$6,036,624	\$449,918	\$6,486,542

¹ These amounts will be recorded on the 12/31/21 CMS 64 report and the 3/31/22 CMS 64 report.

Table 1.3 Savings Available for Reinvestment				
Item	Total	Health Care Affordability and Sustainability Fund	Home and Community Based Cash Fund Reimbursement	Notes and Calculations
Savings Collected YTD	\$322,522,509	\$34,124,727	\$288,427,782	Savings Collected through March
Savings Collected on Rate Increases from ARPA	\$4,559,936	\$82,130	\$4,477,806	Savings Collected on ARPA Expenditures
Total Available for Reinvestment	\$317,962,573	\$34,042,597	\$283,949,976	Savings Collected - Savings on ARPA Expenditures

Supplemental Document 5-1-23: Assumptions and Calculations

Table 3.1: Summary of Projected Expenditure and Savings from 10% FMAP Bump							
Row	Item	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	Total	Notes Calculation
A	Projected State Fund Expenditure	\$34,331,640	\$186,997,677	\$82,674,126	\$4,786,879	\$308,790,322	Projected Expenditure
B	Projected State Fund Savings	\$317,962,573	\$0	\$0	\$0	\$317,962,573	Projected Savings Collected
C	Projected Available Funding	\$283,630,933	(\$186,997,677)	(\$82,674,126)	(\$4,786,879)	\$9,172,251	Row B - Row A

Table 2.1 Summary by Project Across Fiscal Years

Row	Office	Description	Current Allocation - Total	Current Allocation - General Fund	Current Allocation - State Funds	Current Allocation - RF - Transfer	Current Allocation - Federal Funds	Obligated - Total	Obligated - GF	Obligated - CF - HCSI	Obligated - RF - Transfer	Obligated - FF - 1000	Expended - Total	Expended - GF	Expended - CF - HCSI	Expended - RF - Transfer	Expended - FF - 1000	Difference - Total	Difference - GF	Difference - CF - HCSI	Difference - RF - HED	Difference - FF - 1000	Revised Projection - Total	Revised Projection - GF	Revised Projection - State Funds	Revised Projection - RF - HED	Revised Projection - Federal Funds	Difference from Current Allocation - Total	Difference from Current Allocation - GF	Difference from Current Allocation - State Funds	Difference from Current Allocation - RF - HED	Difference from Current Allocation - Federal Funds						
A	ODL	Workforce and Rural Sustainability	\$27,725,405	\$0	\$18,652,118	\$0	\$149,073,287	\$2,632,727	\$0	\$2,123,568	\$0	\$509,159	\$89,249,347	\$0	\$21,895,604	\$0	\$67,353,693	\$185,843,331	\$0	\$104,832,896	\$0	\$81,210,435	\$277,925,226	\$0	\$128,825,252	\$0	\$149,073,287	\$169,821	\$0	\$205,134	\$0	\$159,692,974	\$169,821	\$0	\$159,523,153			
B	HPO	Crisis and Acute Services	\$17,179,380	\$0	\$16,736,778	\$0	\$46,604,004	\$5,943,209	\$0	\$2,971,650	\$0	\$2,971,650	\$1,583,464	\$0	\$2,971,650	\$0	\$1,611,814	\$2,971,650	\$0	\$13,887,254	\$0	\$12,495,600	\$0	\$17,179,380	\$0	\$16,736,778	\$0	\$16,736,778	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
C	ODL	HEBS for Underserved Population	\$41,266,990	\$0	\$34,179,740	\$0	\$7,266,944	\$16,199,450	\$0	\$6,990,825	\$0	\$6,990,825	\$1,722,098	\$0	\$1,722,098	\$0	\$1,722,098	\$2,971,650	\$0	\$15,122,602	\$0	\$13,400,508	\$0	\$41,266,990	\$0	\$34,179,740	\$0	\$34,179,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
D	ODL	Post-COVID Recovery and HEBS Innovate	\$61,164,826	\$0	\$51,451,957	\$0	\$9,712,869	\$2,934,312	\$0	\$4,466,552	\$0	\$4,466,552	\$0	\$18,847,480	\$0	\$18,847,480	\$0	\$18,847,480	\$0	\$11,133,844	\$0	\$9,712,869	\$0	\$61,164,826	\$0	\$51,451,957	\$0	\$51,451,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E	ODL	Care Management	\$8,979,746	\$0	\$8,979,746	\$0	\$0	\$0	\$0	\$1,410,099	\$0	\$1,410,099	\$0	\$0	\$0	\$0	\$1,410,099	\$0	\$0	\$0	\$0	\$0	\$0	\$8,979,746	\$0	\$8,979,746	\$0	\$8,979,746	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F	ODL	Tools and Technology	\$84,448,927	\$0	\$27,546,868	\$0	\$56,902,059	\$9,407,181	\$0	\$4,703,591	\$0	\$4,703,591	\$0	\$4,703,591	\$0	\$1,016,670	\$3,686,921	\$0	\$1,016,670	\$0	\$1,016,670	\$0	\$51,181,839	\$84,448,927	\$0	\$26,728,517	\$0	\$56,902,059	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G	ODL	Emergency Preparedness	\$8,471,750	\$0	\$8,471,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
H	ODL	Quality Outcomes	\$6,426,371	\$0	\$3,283,311	\$0	\$3,143,060	\$2,068,973	\$0	\$1,034,487	\$0	\$1,034,487	\$0	\$6,426,371	\$0	\$6,426,371	\$0	\$6,426,371	\$0	\$1,034,487	\$0	\$1,034,487	\$0	\$6,426,371	\$0	\$3,283,311	\$0	\$3,283,311	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
I	EDO	Overhead Contracts	\$17,281,359	\$0	\$8,640,773	\$0	\$8,640,773	\$1,205,438	\$0	\$602,719	\$0	\$602,719	\$0	\$17,281,359	\$0	\$17,281,359	\$0	\$17,281,359	\$0	\$602,719	\$0	\$602,719	\$0	\$17,281,359	\$0	\$8,640,773	\$0	\$8,640,773	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
J	Total		\$552,248,061	\$0	\$380,008,189	\$0	\$244,239,812	\$41,649,478	\$0	\$23,321,480	\$0	\$19,348,199	\$104,348,595	\$0	\$11,410,666	\$0	\$71,938,128	\$405,298,728	\$0	\$333,276,243	\$0	\$151,973,485	\$553,200,838	\$0	\$380,709,273	\$0	\$244,419,544	\$0	\$412,835	\$0	\$784,084	\$0	\$150,730	\$0	\$150,730			

Table 2.2 Summary by Project FY 2021-22

Row	Office	Description	Current Allocation - Total	Current Allocation - General Fund	Current Allocation - State Funds	Current Allocation - RF - Transfer	Current Allocation - Federal Funds	Obligated - Total	Obligated - GF	Obligated - CF - HCSI	Obligated - RF - Transfer	Obligated - FF - 1000	Expended - Total	Expended - GF	Expended - CF - HCSI	Expended - RF - Transfer	Expended - FF - 1000	Difference - Total	Difference - GF	Difference - CF - HCSI	Difference - RF - HED	Difference - FF - 1000	Revised Projection - Total	Revised Projection - GF	Revised Projection - State Funds	Revised Projection - RF - HED	Revised Projection - Federal Funds	Difference from Current Allocation - Total	Difference from Current Allocation - GF	Difference from Current Allocation - State Funds	Difference from Current Allocation - RF - HED	Difference from Current Allocation - Federal Funds					
A	ODL	Workforce and Rural Sustainability	\$82,944,874	\$0	\$32,471,446	\$0	\$50,473,428	\$0	\$0	\$0	\$0	\$0	\$82,944,874	\$0	\$16,425,232	\$0	\$66,519,642	(\$18)	\$0	\$16,425,232	\$0	\$16,425,232	\$82,944,874	\$0	\$32,471,446	\$0	\$50,473,428	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
B	HPO	Crisis and Acute Services	\$4,871,811	\$0	\$4,871,811	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,871,811	\$0	\$4,871,811	\$0	\$4,871,811	\$0	\$0	\$0	\$0	\$0	\$4,871,811	\$0	\$4,871,811	\$0	\$4,871,811	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
C	ODL	HEBS for Underserved Population	\$137,947	\$0	\$115,150	\$0	\$122,797	\$0	\$0	\$0	\$0	\$0	\$137,947	\$0	\$137,947	\$0	\$137,947	\$0	\$0	\$0	\$0	\$0	\$137,947	\$0	\$115,150	\$0	\$122,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
D	ODL	Post-COVID Recovery and HEBS Innovate	\$994,885	\$0	\$848,135	\$0	\$146,750	\$0	\$0	\$0	\$0	\$0	\$994,885	\$0	\$994,885	\$0	\$994,885	\$0	\$0	\$0	\$0	\$0	\$994,885	\$0	\$848,135	\$0	\$146,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
E	ODL	Care Management	\$633,844	\$0	\$338,421	\$0	\$295,423	\$0	\$0	\$0	\$0	\$0	\$633,844	\$0	\$633,844	\$0	\$633,844	\$0	\$0	\$0	\$0	\$0	\$633,844	\$0	\$338,421	\$0	\$295,423	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
F	ODL	Tools and Technology	\$641,419	\$0	\$320,807	\$0	\$320,612	\$0	\$0	\$0	\$0	\$0	\$641,419	\$0	\$320,807	\$0	\$320,612	\$0	\$0	\$0	\$0	\$0	\$641,419	\$0	\$320,807	\$0	\$320,612	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G	ODL	Emergency Preparedness	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
H	ODL	Quality Outcomes	\$134,103	\$0	\$134,103	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$134,103	\$0	\$134,103	\$0	\$134,103	\$0	\$0	\$0	\$0	\$0	\$134,103	\$0	\$134,103	\$0	\$134,103	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
I	EDO	Overhead Contracts	\$1,099,591	\$0	\$509,794	\$0	\$589,797	\$0	\$0	\$0	\$0	\$0	\$1,099,591	\$0	\$509,794	\$0	\$589,797	\$0	\$0	\$0	\$0	\$0	\$1,099,591	\$0	\$509,794	\$0	\$589,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
J	Total		\$46,803,443	\$0	\$34,133,637	\$0	\$52,472,006	\$0	\$0	\$0	\$0	\$0	\$46,803,443	\$0	\$18,102,009	\$0	\$48,677,744	\$33,894	\$0	\$16,229,422	\$0	\$16,229,422	\$46,803,443	\$0	\$34,133,637	\$0	\$52,472,006	\$0	\$33,423	\$0	\$53	\$0	\$3	\$0	\$3		

Table 2.3 Summary by Project FY 2022-23

Row	Office	Description	Current Allocation - Total	Current Allocation - General Fund	Current Allocation - State Funds	Current Allocation - RF - Transfer	Current Allocation - Federal Funds	Obligated - Total	Obligated - GF	Obligated - CF - HCSI	Obligated - RF - Transfer	Obligated - FF - 1000	Expended - Total	Expended - GF	Expended - CF - HCSI	Expended - RF - Transfer	Expended - FF - 1000	Difference - Total	Difference - GF	Difference - CF - HCSI	Difference - RF - HED	Difference - FF - 1000	Revised Projection - Total	Revised Projection - GF	Revised Projection - State Funds	Revised Projection - RF - HED	Revised Projection - Federal Funds	Difference from Current Allocation - Total	Difference from Current Allocation - GF	Difference from Current Allocation - State Funds	Difference from Current Allocation - RF - HED	Difference from Current Allocation - Federal Funds					
A	ODL	Workforce and Rural Sustainability	\$151,835,542	\$0	\$71,964,487	\$0	\$79,871,055	\$2,632,727	\$0	\$2,123,568	\$0	\$509,159	\$6,304,472	\$0	\$5,794,422	\$0	\$818,050	\$142,898,443	\$0	\$64,707,497	\$0	\$79,527,946	\$151,835,542	\$0	\$71,964,487	\$0	\$79,871,055	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
B	HPO	Crisis and Acute Services	\$9,256,256	\$0	\$9,256,256	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,256,256	\$0	\$9,256,256	\$0	\$9,256,256	\$0	\$0	\$0	\$0	\$0	\$9,256,256	\$0	\$9,256,256	\$0	\$9,256,256	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
C	ODL	HEBS for Underserved Population	\$31,147,301	\$0	\$28,185,489	\$0	\$2,961,812	\$16,199,450	\$0	\$6,990,825	\$0	\$6,990,825	\$0	\$31,147,301	\$0	\$31,147,301	\$0	\$31,147,301	\$0	\$0	\$0	\$0	\$31,147,301	\$0	\$28,185,489	\$0	\$2,961,812	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
D	ODL	Post-COVID Recovery and HEBS Innovate	\$44,229,054	\$0	\$36,571,147	\$0	\$7,657,907	\$2,934,312	\$0	\$4,466,552	\$0	\$4,466,552	\$0	\$44,229,054	\$0	\$44,229,054	\$0	\$44,229,054	\$0	\$0	\$0	\$0	\$44,229,054	\$0	\$36,571,147	\$0	\$7,657,907	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
E	ODL	Care Management	\$7,514,986	\$0	\$7,514,986	\$0	\$0	\$0	\$0	\$1,410,099	\$0	\$1,410,099	\$0	\$7,514,986	\$0	\$7,514,986	\$0	\$7,514,986	\$0	\$0	\$0	\$0	\$7,514,986	\$0	\$7,514,986	\$0	\$7,514,986	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
F	ODL	Tools and Technology	\$64,292,819	\$0	\$20,128,799	\$0	\$44,164,020	\$9,407,181	\$0	\$4,703,591	\$0	\$4,703,591	\$0	\$64,292,819	\$0	\$20,128,799	\$39,164,021	\$0	\$0	\$0	\$0	\$0	\$64,292,819	\$0	\$20,128,799	\$0	\$44,164,020	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G	ODL	Emergency Preparedness	\$8,471,750	\$0	\$8,471,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$0	\$0	\$0	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$8,471,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
H	ODL	Quality Outcomes	\$4,132,732	\$0	\$2,181,363	\$0	\$1,951,369	\$2,068,973	\$0	\$1,034,487	\$0	\$1,034,487	\$0	\$4,132,732	\$0	\$4,132,732	\$0	\$4,132,732	\$0	\$0	\$0	\$0	\$4,132,732	\$0	\$2,181,363	\$0	\$1,951,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
I	EDO	Overhead Contracts	\$1,766,008	\$0	\$862,072	\$0	\$903,936	\$1,205,438	\$0	\$602,719	\$0	\$602,719	\$0	\$1,766,008	\$0	\$862,072	\$903,936	\$0	\$0	\$0	\$0	\$0	\$1,766,008	\$0	\$862,072	\$0	\$903,936	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
J	Total		\$333,656,568	\$0	\$186,487,253	\$0	\$214,879,314	\$46,133,128	\$0	\$23,321,480	\$0	\$19,348,199	\$17,568,644	\$0	\$186,487,253	\$0	\$186,487,253	\$17,568,644	\$0	\$0	\$0	\$0	\$186,487,253	\$0	\$186,487,253	\$0	\$186,487,253	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Table 2.4 Summary by Project FY 2023-24

Row	Office	Description	Current Allocation - Total	Current Allocation - General Fund	Current Allocation - State Funds	Current Allocation - RF - Transfer	Current Allocation - Federal Funds	Obligated - Total	O
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Table 4.1 Workforce and Rural Sustainability											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments											
A	Increase Payments to Provider and Workers	\$257,968,284	\$82,800,679	\$139,511,736	\$29,944,695	\$5,711,174	\$257,968,284	\$0	Service	4/1/2023	
B	Total Cost	\$257,968,284	\$82,800,679	\$139,511,736	\$29,944,695	\$5,711,174	\$257,968,284	\$0			
Direct Care Workforce Data Infrastructure											
C	Contractor Cost	\$785,643	\$0	\$385,644	\$399,999	\$0	\$885,643	(\$100,000)	Admin	4/1/2023	\$500K moved from FY 2022-23to "Career Pathways (IA)." \$400K moved into FY 2023-24 from GPS reallocation fund.
D	Total Cost	\$785,643	\$0	\$385,644	\$399,999	\$0	\$885,643	(\$100,000)			
Skill, Advancement, & Awareness for the Direct Care Workers											
E	Standardized Core Curriculum & Specialization	\$1,975,000	\$0	\$1,300,000	\$675,000	\$0	\$1,975,000	\$0	Admin/State-Only	4/1/2023	
F	Resource & Job Hub	\$549,999	\$0	\$300,000	\$249,999	\$0	\$750,000	(\$200,001)	State-Only	4/1/2023	\$200K moved to "Career Pathways (IA)"
G	Establish a Training Fund	\$11,000,000	\$0	\$6,500,000	\$4,500,000	\$0	\$11,000,000	\$0	State-Only	4/1/2023	
H	Career Pathways (IA)	\$1,049,644	\$0	\$865,508	\$184,136	\$0	\$599,643	\$450,001	State-Only	4/1/2023	\$450K moved from "Direct Care Workforce Data Infrastructure" and "Establish a Training Fund"
I	Public Awareness Campaign	\$412,000	\$0	\$196,000	\$216,000	\$0	\$412,000	\$0	State-Only	4/1/2023	
J	Total Cost	\$14,986,643	\$0	\$9,161,508	\$5,825,135	\$0	\$14,736,643	\$250,000			
Home Health Delegation											
K	Contractor Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0	Admin	4/1/2023	
L	Incentives for New Models of Care	\$1,200,000	\$0	\$600,000	\$600,000	\$0	\$1,200,000	\$0	State-Only	4/1/2023	
M	Total Cost	\$1,350,000	\$0	\$750,000	\$600,000	\$0	\$1,350,000	\$0			
Workforce Compensation Research											
N	Contractor Cost	\$70,000	\$0	\$70,000	\$0	\$0	\$70,000	\$0	Admin	4/1/2023	
O	Total Cost	\$70,000	\$0	\$70,000	\$0	\$0	\$70,000	\$0			
Rural Sustainability and Investments											
P	Contractor Cost	\$1,349,999	\$0	\$1,100,000	\$249,999	\$0	\$1,350,000	(\$1)	Admin	4/1/2023	
Q	Total Cost	\$1,349,999	\$0	\$1,100,000	\$249,999	\$0	\$1,350,000	(\$1)			
Workforce & Rural Sustainability Full Time Employees											
R	FTE - Medicaid	\$756,258	\$144,196	\$315,981	\$296,081	\$0	\$726,879	\$29,379	FTE	4/1/2023	Increase due to reallocation of positions
S	FTE - State Only	\$628,402	\$0	\$292,141	\$286,363	\$49,898	\$637,957	(\$9,555)	FTE	4/1/2023	Decrease due to reallocation of positions
T	Total FTE Costs	\$1,384,660	\$144,196	\$608,122	\$582,444	\$49,898	\$1,364,836	\$19,824			
U	Total Cost for Workforce & Rural Sustainability Projects	\$277,895,229	\$82,944,875	\$151,587,010	\$37,602,272	\$5,761,072	\$277,725,406	\$169,823			
V	Admin Costs	\$7,098,543	\$144,196	\$4,683,133	\$2,271,214	\$0	\$6,919,165	\$179,378	Admin		
W	Services Costs	\$257,968,284	\$82,800,679	\$139,511,736	\$29,944,695	\$5,711,174	\$257,968,284	\$0	Services		
X	State-Only Costs	\$12,828,402	\$0	\$7,392,141	\$5,386,363	\$49,898	\$12,837,957	(\$9,555)	State-Only		

Table 4.2 FY 2021-22 Workforce and Rural Sustainability

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes	Column1	Column2
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments										
A	Increase Payments to Provider and Workers	\$82,800,679	\$0	\$82,800,679	\$0	Service	4/1/2023	Drawing services FMAP with additional 10% bump through March 2022		
B	Total Cost	\$82,800,679	\$0	\$82,800,679	\$0					
Direct Care Workforce Data Infrastructure										
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
D	Total Cost	\$0	\$0	\$0	\$0					
Skill, Advancement, & Awareness for the Direct Care Workers										
E	Standardized Core Curriculum & Specialization	\$0	\$0	\$0	\$0	Admin/State-Only	4/1/2023	Drawing administrative FFP		
F	Resource & Job Hub	\$0	\$0	\$0	\$0	State-Only	4/1/2023	Drawing administrative FFP		
G	Establish a Training Fund	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
H	Career Pathways (IA)	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
I	Public Awareness Campaign	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
J	Total Cost	\$0	\$0	\$0	\$0					
Home Health Delegation										
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
L	Incentives for New Models of Care	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
M	Total Cost	\$0	\$0	\$0	\$0					
Workforce Compensation Research										
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
O	Total Cost	\$0	\$0	\$0	\$0					
Rural Sustainability and Investments										
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
Q	Total Cost	\$0	\$0	\$0	\$0					
Workforce & Rural Sustainability Full Time Employees										
R	FTE - Medicaid	\$144,196	\$0	\$144,196	\$0	FTE	4/1/2023	Drawing administrative FFP		
S	FTE - State Only	\$0	\$0	\$0	\$0	FTE	4/1/2023	State-only - no federal draw		
T	Total FTE Costs	\$144,196	\$0	\$144,196	\$0					
U	Total Cost for Workforce & Rural Sustainability Projects	\$82,944,875	\$0	\$82,944,875	\$0					
V	Admin Costs	\$144,196	\$0	\$144,196	\$0	Admin				
W	Services Costs	\$82,800,679	\$0	\$82,800,679	\$0	Services				
X	State-Only Costs	\$0	\$0	\$0	\$0	State-Only				

Table 4.3 FY 2022-23 Workforce and Rural Sustainability

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes	Column3	Column4
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments										
A	Increase Payments to Provider and Workers	\$139,511,736	\$0	\$765,553	\$138,746,183	Service	4/1/2023	Drawing services FMAP with additional 10% bump through March 2022		
B	Total Cost	\$139,511,736	\$0	\$765,553	\$138,746,183					
Direct Care Workforce Data Infrastructure										
C	Contractor Cost	\$385,644	\$78,819	\$221,970	\$84,855	Admin	4/1/2023	Drawing administrative FFP		
D	Total Cost	\$385,644	\$78,819	\$221,970	\$84,855					
Skill, Advancement, & Awareness for the Direct Care Workers										
E	Standardized Core Curriculum & Specialization	\$1,300,000	\$308,650	\$110,850	\$880,500	Admin/State-Only	4/1/2023	Drawing administrative FFP		
F	Resource & Job Hub	\$300,000	\$400,000	\$0	(\$100,000)	Admin	4/1/2023	Drawing administrative FFP		
G	Establish a Training Fund	\$6,500,000	\$1,172,025	\$4,636,372	\$691,603	State-Only	4/1/2023	State-only - no federal draw		
H	Career Pathways (IA)	\$865,508	\$86,311	\$22,715	\$756,482	State-Only	4/1/2023	State-only - no federal draw		
I	Public Awareness Campaign	\$196,000	\$32,609	\$9,295	\$154,096	State-Only	4/1/2023	State-only - no federal draw		
J	Total Cost	\$9,161,508	\$1,999,595	\$4,779,232	\$2,382,681					
Home Health Delegation										
K	Contractor Cost	\$150,000	\$149,225	\$0	\$775	Admin	4/1/2023	Drawing administrative FFP		
L	Incentives for New Models of Care	\$600,000	\$0	\$0	\$600,000	State-Only	4/1/2023	State-only - no federal draw		
M	Total Cost	\$750,000	\$149,225	\$0	\$600,775					
Workforce Compensation Research										
N	Contractor Cost	\$70,000	\$7,000	\$63,000	\$0	Admin	4/1/2023	Drawing administrative FFP		
O	Total Cost	\$70,000	\$7,000	\$63,000	\$0					
Rural Sustainability and Investments										
P	Contractor Cost	\$1,100,000	\$398,088	\$26,000	\$675,912	Admin	4/1/2023	Drawing administrative FFP		
Q	Total Cost	\$1,100,000	\$398,088	\$26,000	\$675,912					
Workforce & Rural Sustainability Full Time Employees										
R	FTE - Medicaid	\$315,981	\$0	\$233,824	\$82,157	FTE	4/1/2023	Drawing administrative FFP		
S	FTE - State Only	\$292,141	\$0	\$214,893	\$77,248	FTE	4/1/2023	State-only - no federal draw		
T	Total FTE Costs	\$608,122	\$0	\$448,717	\$159,405					
U	Total Cost for Workforce & Rural Sustainability Projects	\$151,587,010	\$2,632,727	\$6,304,472	\$142,649,811					
V	Admin Costs	\$4,683,133	(\$538,893)	\$902,548	\$2,319,883	Admin				
W	Services Costs	\$139,511,736	\$0	\$765,553	\$138,746,183	Services				
X	State-Only Costs	\$7,392,141	\$1,172,025	\$4,636,372	\$1,583,744	State-Only				

Table 4.4 FY 2023-24 Workforce and Rural Sustainability

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes	Column3	Column4
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments										
A	Increase Payments to Provider and Workers	\$29,944,695	\$0	\$0	\$29,944,695	Service	4/1/2023	Drawing services FMAP with additional 10% bump through March 2022		
B	Total Cost	\$29,944,695	\$0	\$0	\$29,944,695					
Direct Care Workforce Data Infrastructure										
C	Contractor Cost	\$399,999	\$0	\$0	\$399,999	Admin	4/1/2023	Drawing administrative FFP		
D	Total Cost	\$399,999	\$0	\$0	\$399,999					
Skill, Advancement, & Awareness for the Direct Care Workers										
E	Standardized Core Curriculum & Specialization	\$675,000	\$0	\$0	\$675,000	Admin/State-Only	4/1/2023	Drawing administrative FFP		
F	Resource & Job Hub	\$249,999	\$0	\$0	\$249,999	Admin	4/1/2023	Drawing administrative FFP		
G	Establish a Training Fund	\$4,500,000	\$0	\$0	\$4,500,000	State-Only	4/1/2023	State-only - no federal draw		
H	Career Pathways (IA)	\$184,136	\$0	\$0	\$184,136	State-Only	4/1/2023	State-only - no federal draw		
I	Public Awareness Campaign	\$216,000	\$0	\$0	\$216,000	State-Only	4/1/2023	State-only - no federal draw		
J	Total Cost	\$5,825,135	\$0	\$0	\$5,825,135					
Home Health Delegation										
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
L	Incentives for New Models of Care	\$600,000	\$0	\$0	\$600,000	State-Only	4/1/2023	State-only - no federal draw		
M	Total Cost	\$600,000	\$0	\$0	\$600,000					
Workforce Compensation Research										
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
O	Total Cost	\$0	\$0	\$0	\$0					
Rural Sustainability and Investments										
P	Contractor Cost	\$249,999	\$0	\$0	\$249,999	Admin	4/1/2023	Drawing administrative FFP		
Q	Total Cost	\$249,999	\$0	\$0	\$249,999					
Workforce & Rural Sustainability Full Time Employees										
R	FTE - Medicaid	\$296,081	\$0	\$0	\$296,081	FTE	4/1/2023	Drawing administrative FFP		
S	FTE - State Only	\$286,363	\$0	\$0	\$286,363	FTE	4/1/2023	State-only - no federal draw		
T	Total FTE Costs	\$582,444	\$0	\$0	\$582,444					
U	Total Cost for Workforce & Rural Sustainability Projects	\$37,602,272	\$0	\$0	\$37,602,272					
V	Admin Costs	\$2,271,214	\$0	\$0	\$2,271,214	Admin				
W	Services Costs	\$29,944,695	\$0	\$0	\$29,944,695	Services				
X	State-Only Costs	\$5,386,363	\$0	\$0	\$5,386,363	State-Only				

Table 4.4 FY 2024-25 Workforce and Rural Sustainability

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes	Column3	Column4
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments										
A	Increase Payments to Provider and Workers	\$5,711,174	\$0	\$0	\$5,711,174	Service	4/1/2023	Drawing services FMAP with additional 10% bump through March 2022		
B	Total Cost	\$5,711,174	\$0	\$0	\$5,711,174					
Direct Care Workforce Data Infrastructure										
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
D	Total Cost	\$0	\$0	\$0	\$0					
Skill, Advancement, & Awareness for the Direct Care Workers										
E	Standardized Core Curriculum & Specialization	\$0	\$0	\$0	\$0	Admin/State-Only	4/1/2023	Drawing administrative FFP		
F	Resource & Job Hub	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
G	Establish a Training Fund	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
H	Career Pathways (IA)	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
I	Public Awareness Campaign	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
J	Total Cost	\$0	\$0	\$0	\$0					
Home Health Delegation										
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
L	Incentives for New Models of Care	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw		
M	Total Cost	\$0	\$0	\$0	\$0					
Workforce Compensation Research										
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
O	Total Cost	\$0	\$0	\$0	\$0					
Rural Sustainability and Investments										
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP		
Q	Total Cost	\$0	\$0	\$0	\$0					
Workforce & Rural Sustainability Full Time Employees										
R	FTE - Medicaid	\$0	\$0	\$0	\$0	FTE	4/1/2023	Drawing administrative FFP		
S	FTE - State Only	\$49,898	\$0	\$0	\$49,898	FTE	4/1/2023	State-only - no federal draw		
T	Total FTE Costs	\$49,898	\$0	\$0	\$49,898					
U	Total Cost for Workforce & Rural Sustainability Projects	\$5,761,072	\$0	\$0	\$5,761,072					
V	Admin Costs	\$0	\$0	\$0	\$0	Admin				
W	Services Costs	\$5,711,174	\$0	\$0	\$5,711,174	Services				
X	State-Only Costs	\$49,898	\$0	\$0	\$49,898	State-Only				

Table 5.1 Improve Crisis and Acute Services to Keep People in Their Communities												
Row	TASK	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization												
A	AR12	Contractor Cost	\$14,150,000	\$0	\$7,150,000	\$7,000,000	\$0	\$14,150,000	\$0	State-Only	4/1/2023	
B		Total Cost	\$14,150,000	\$0	\$7,150,000	\$7,000,000	\$0	\$14,150,000	\$0			
Expand Behavioral Health Crisis Teams												
C	AR13a	Contractor Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0	Admin	4/1/2023	
D	AR13b	Grant Funding	\$1,750,000	\$0	\$1,750,000	\$0	\$0	\$1,750,000	\$0	State-Only	4/1/2023	
E	AR13	Total Cost	\$1,900,000	\$0	\$1,900,000	\$0	\$0	\$1,900,000	\$0			
IMD Risk Mitigation												
F	AR14	Contractor Cost	\$450,000	\$0	\$300,000	\$150,000	\$0	\$450,000	\$0	Admin	4/1/2023	
G		Total Cost	\$450,000	\$0	\$300,000	\$150,000	\$0	\$450,000	\$0			
Behavioral Health Projects Full Time Employees												
H	BHFTEM	FTE - Medicaid	\$227,352	\$19,777	\$107,447	\$100,128	\$0	\$271,197	(\$43,845)	FTE	4/1/2023	Decrease due to reallocation of positions
I	BHFTESO	FTE - State Only	\$424,962	\$12,355	\$102,339	\$184,348	\$125,920	\$401,186	\$23,776	FTE	4/1/2023	Increase due to reallocation of positions
J	BHFTE	Total FTE Costs	\$652,314	\$32,132	\$209,786	\$284,476	\$125,920	\$672,383	(\$20,069)			
K		Total Cost for Behavioral Health Projects	\$17,152,314	\$32,132	\$9,559,786	\$7,434,476	\$125,920	\$17,172,383	(\$20,069)			
L		Admin Costs	\$827,352	\$19,777	\$557,447	\$250,128	\$0	\$871,197	(\$43,845)	Admin		
M		Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
N		State-Only Costs	\$16,324,962	\$12,355	\$9,002,339	\$7,184,348	\$125,920	\$16,301,186	\$23,776	State-Only		

Table 5.2 FY 2021-22 Improve Crisis and Acute Services to Keep People in Their Communities

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$0		\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0	\$0			
Expand Behavioral Health Crisis Teams									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Grant Funding	\$0		\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0	\$0			
IMD Risk Mitigation									
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0	\$0			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$19,777		\$0	\$19,777	\$0	FTE	4/1/2023	Drawing administrative FFP
I	FTE - State Only	\$12,355		\$0	\$12,355	\$0	FTE	4/1/2023	State-only - no federal draw
J	Total FTE Costs	\$32,132	\$0	\$0	\$32,132	\$0			
K	Total Cost for Behavioral Health Projects	\$32,132	\$0	\$0	\$32,132	\$0			
L	Admin Costs	\$19,777	\$0	\$0	\$19,777	\$0	Admin		
M	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
N	State-Only Costs	\$12,355	\$0	\$0	\$12,355	\$0	State-Only		

Table 5.3 FY 2022-23 Improve Crisis and Acute Services to Keep People in Their Communities

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$7,150,000		\$4,042,858	\$0	\$3,107,142	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$7,150,000	\$0	\$4,042,858	\$0	\$3,107,142			
Expand Behavioral Health Crisis Teams									
C	Contractor Cost	\$150,000		\$0	\$0	\$150,000	Admin	4/1/2023	Drawing administrative FFP
D	Grant Funding	\$1,750,000		\$1,750,000	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
E	Total Cost	\$1,900,000	\$0	\$1,750,000	\$0	\$150,000			
IMD Risk Mitigation									
F	Contractor Cost	\$300,000		\$150,441	\$103,739	\$45,820	Admin	4/1/2023	Drawing administrative FFP
G	Total Cost	\$300,000	\$0	\$150,441	\$103,739	\$45,820			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$107,447		\$0	\$79,663	\$27,784	FTE	4/1/2023	Drawing administrative FFP
I	FTE - State Only	\$102,339		\$0	\$69,930	\$32,409	FTE	4/1/2023	State-only - no federal draw
J	Total FTE Costs	\$209,786	\$0	\$0	\$149,593	\$60,193			
K	Total Cost for Behavioral Health Projects	\$9,559,786	\$0	\$5,943,299	\$253,332	\$3,363,155			
L	Admin Costs	\$557,447	\$0	\$150,441	\$183,402	\$223,604	Admin		
M	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
N	State-Only Costs	\$9,002,339	\$0	\$5,792,858	\$69,930	\$3,139,551	State-Only		

Table 5.4 FY 2023-24 Improve Crisis and Acute Services to Keep People in Their Communities

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$7,000,000		\$0	\$0	\$7,000,000	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$7,000,000	\$0	\$0	\$0	\$7,000,000			
Expand Behavioral Health Crisis Teams									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Grant Funding	\$0		\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0	\$0			
IMD Risk Mitigation									
F	Contractor Cost	\$150,000		\$0	\$0	\$150,000	Admin	4/1/2023	Drawing administrative FFP
G	Total Cost	\$150,000	\$0	\$0	\$0	\$150,000			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$100,128		\$0	\$0	\$100,128	FTE	4/1/2023	Drawing administrative FFP
I	FTE - State Only	\$184,348		\$0	\$0	\$184,348	FTE	4/1/2023	State-only - no federal draw
J	Total FTE Costs	\$284,476	\$0	\$0	\$0	\$284,476			
K	Total Cost for Behavioral Health Projects	\$7,434,476	\$0	\$0	\$0	\$7,434,476			
L	Admin Costs	\$250,128	\$0	\$0	\$0	\$250,128	Admin		
M	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
N	State-Only Costs	\$7,184,348	\$0	\$0	\$0	\$7,184,348	State-Only		

Table 5.4 FY 2024-25 Improve Crisis and Acute Services to Keep People in Their Communities

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$0		\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0	\$0			
Expand Behavioral Health Crisis Teams									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Grant Funding	\$0		\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0	\$0			
IMD Risk Mitigation									
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0	\$0			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$0		\$0	\$0	\$0	FTE	4/1/2023	Drawing administrative FFP
I	FTE - State Only	\$125,920		\$0	\$0	\$125,920	FTE	4/1/2023	State-only - no federal draw
J	Total FTE Costs	\$125,920	\$0	\$0	\$0	\$125,920			
K	Total Cost for Behavioral Health Projects	\$125,920	\$0	\$0	\$0	\$125,920			
L	Admin Costs	\$0	\$0	\$0	\$0	\$0	Admin		
M	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
N	State-Only Costs	\$125,920	\$0	\$0	\$0	\$125,920	State-Only		

Table 6.1 Improve Access to HCBS for Underserved Populations											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Equity Improvement Projects											
A	Equity Study	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0	Admin	4/1/2023	
B	Total Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0			
Buy-In Analysis											
C	Access for Workers with Disabilities	\$250,000	\$0	\$250,000	\$0	\$0	\$250,000	\$0	Admin	4/1/2023	
D	Total Cost	\$250,000	\$0	\$250,000	\$0	\$0	\$250,000	\$0			
Community Transitions Support											
E	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	\$0	\$4,922,349	(\$523,444)	State-Only	4/1/2023	\$523,444 moved to services reallocation fund
F	Contractor Cost	\$904,962	\$0	\$0	\$904,962	\$0	\$904,961	\$1	Admin	4/1/2023	
G	Systems Costs	\$41,625	\$0	\$0	\$41,625	\$0	\$41,625	\$0	Admin	4/1/2023	
H	Total Cost	\$5,345,492	\$0	\$0	\$5,345,492	\$0	\$5,868,935	(\$523,443)			
HCBS Training for Members & Families											
I	Contractor Cost	\$403,964	\$0	\$337,964	\$66,000	\$0	\$403,966	(\$2)	Admin	4/1/2023	
J	Total Cost	\$403,964	\$0	\$337,964	\$66,000	\$0	\$403,966	(\$2)			
Translation of Case Management Material											
K	Contractor Cost	\$375,000	\$0	\$325,000	\$50,000	\$0	\$375,000	\$0	Admin	4/1/2023	
L	Total Cost	\$375,000	\$0	\$325,000	\$50,000	\$0	\$375,000	\$0			
Expand Behavioral Health Safety Net											
M	Contractor Costs	\$6,790,000	\$170,000	\$4,620,000	\$2,000,000	\$0	\$6,790,000	\$0	Admin	4/1/2023	
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$26,000,000	\$0	\$14,000,000	\$12,000,000	\$0	\$24,000,000	\$2,000,000	State-Only	4/1/2023	\$2M moved from "Member Emergency Preparedness"
O	Total Cost	\$32,790,000	\$170,000	\$18,620,000	\$14,000,000	\$0	\$30,790,000	\$2,000,000			
Wrap-Around Services, incl Peer Supports for Members with Complex Needs											
P	Contractor Costs	\$3,060,000	\$0	\$1,530,000	\$1,530,000	\$0	\$3,060,000	\$0	Admin/State-Only	4/1/2023	
Q	Housing Wrap-Around Services	\$14,300,000	\$0	\$8,950,000	\$5,350,000	\$0	\$14,300,000	\$0	State-Only	4/1/2023	
R	Total Cost	\$17,360,000	\$0	\$10,480,000	\$6,880,000	\$0	\$17,360,000	\$0			
AI-AN Culturally Responsive Services Capacity Grants											
S	Contractor Cost	\$5,000,000	\$0	\$2,500,000	\$2,500,000	\$0	\$5,000,000	\$0	State-Only	4/1/2023	
T	Total Cost	\$5,000,000	\$0	\$2,500,000	\$2,500,000	\$0	\$5,000,000	\$0			
Access for Underserved Populations Full Time Employees											
U	FTE - Medicaid	\$207,998	\$75,591	\$132,407	\$0	\$0	\$237,528	(\$29,530)	FTE	4/1/2023	Decrease due to reallocation of positions
V	FTE - State Only	\$1,172,349	\$23,894	\$391,802	\$449,570	\$307,083	\$1,151,262	\$21,087	FTE	4/1/2023	Increase due to reallocation of positions
W	Total FTE Costs	\$1,380,347	\$99,485	\$524,209	\$449,570	\$307,083	\$1,388,790	(\$8,443)			
X	Total Cost for Access for Underserved Populations	\$63,054,803	\$269,485	\$33,187,173	\$29,291,062	\$307,083	\$61,586,691	\$1,468,112			
Y	Admin Costs	\$12,183,549	\$245,591	\$7,345,371	\$4,592,587	\$0	\$17,135,429	(\$552,975)	Admin		
Z	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	\$0	\$0	\$0	Services		
AA	State-Only Costs	\$46,472,349	\$23,894	\$25,841,802	\$20,299,570	\$307,083	\$44,451,262	\$2,021,087	State-Only		

Table 6.2 FY 2021-22 Improve Access to HCBS for Underserved Populations

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated
Equity Improvement Projects								
A	Equity Study	\$0		\$0	\$0	\$0	Admin	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0	\$0		
Buy-In Analysis								
C	Access for Workers with Disabilities	\$0		\$0	\$0	\$0	Admin	4/1/2023
D	Total Cost	\$0	\$0	\$0	\$0	\$0		
Community Transitions Support								
E	Services Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
G	Systems Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0	\$0		
HCBS Training for Members & Families								
I	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
J	Total Cost	\$0	\$0	\$0	\$0	\$0		
Translation of Case Management Material								
K	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
L	Total Cost	\$0	\$0	\$0	\$0	\$0		
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$170,000		\$0	\$170,000	\$0	Admin	4/1/2023
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$0		\$0	\$0	\$0	State-Only	4/1/2023
O	Total Cost	\$170,000	\$0	\$0	\$170,000	\$0		
Wrap-Around Services, incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$0		\$0	\$0	\$0	Admin/State-Only	4/1/2023
Q	Housing Wrap-Around Services	\$0		\$0	\$0	\$0	State-Only	4/1/2023
R	Total Cost	\$0	\$0	\$0	\$0	\$0		
AI-AN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$0		\$0	\$0	\$0	State-Only	4/1/2023
T	Total Cost	\$0	\$0	\$0	\$0	\$0		
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$75,591		\$0	\$75,591	\$0	FTE	4/1/2023
V	FTE - State Only	\$23,894		\$0	\$23,894	\$0	FTE	4/1/2023
W	Total FTE Costs	\$99,485	\$0	\$0	\$99,485	\$0		
X	Total Cost for Access for Underserved Populations	\$269,485	\$0	\$0	\$269,485	\$0		
Y	Admin Costs	\$245,591		\$0	\$245,591	\$0	Admin	
Z	Services Costs	\$0		\$0	\$0	\$0	Services	
AA	State-Only Costs	\$23,894	\$0	\$0	\$23,894	\$0	State-Only	

Notes
Drawing administrative FFP
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State-only - no federal draw
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State-only - no federal draw
State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw

Table 6.3 FY 2022-23 Improve Access to HCBS for Underserved Populations

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated
Equity Improvement Projects								
A	Equity Study	\$150,000		\$88,930	\$61,070	\$0	Admin	4/1/2023
B	Total Cost	\$150,000	\$0	\$88,930	\$61,070	\$0		
Buy-In Analysis								
C	Access for Workers with Disabilities	\$250,000		\$0	\$0	\$250,000	Admin	4/1/2023
D	Total Cost	\$250,000	\$0	\$0	\$0	\$250,000		
Community Transitions Support								
E	Services Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
G	Systems Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0	\$0		
HCBS Training for Members & Families								
I	Contractor Cost	\$337,964		\$155,000	\$6,442	\$176,522	Admin	4/1/2023
J	Total Cost	\$337,964	\$0	\$155,000	\$6,442	\$176,522		
Translation of Case Management Material								
K	Contractor Cost	\$325,000		\$0	\$0	\$325,000	Admin	4/1/2023
L	Total Cost	\$325,000	\$0	\$0	\$0	\$325,000		
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$4,620,000		\$35,740	\$166,360	\$4,417,900	Admin	4/1/2023
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$14,000,000		\$11,175,980	\$2,824,020	\$0	State-Only	4/1/2023
O	Total Cost	\$18,620,000	\$0	\$11,211,720	\$2,990,380	\$4,417,900		
Wrap-Around Services, incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$1,530,000		\$0	\$0	\$1,530,000	Admin/State-Only	4/1/2023
Q	Housing Wrap-Around Services	\$8,950,000		\$4,725,000	\$0	\$4,225,000	State-Only	4/1/2023
R	Total Cost	\$10,480,000	\$0	\$4,725,000	\$0	\$5,755,000		
AI-AN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$2,500,000		\$15,000	\$0	\$2,485,000	State-Only	4/1/2023
T	Total Cost	\$2,500,000	\$0	\$15,000	\$0	\$2,485,000		
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$132,407		\$0	\$103,979	\$28,428	FTE	4/1/2023
V	FTE - State Only	\$391,802		\$0	\$291,142	\$100,660	FTE	4/1/2023
W	Total FTE Costs	\$524,209	\$0	\$0	\$395,121	\$129,088		
X	Total Cost for Access for Underserved Populations	\$33,187,173	\$0	\$16,195,650	\$3,453,013	\$13,538,510		
Y	Admin Costs	\$7,345,371		\$279,670	\$337,851	\$6,727,850	Admin	
Z	Services Costs	\$0		\$0	\$0	\$0	Services	
AA	State-Only Costs	\$25,841,802	\$0	\$15,915,980	\$3,115,162	\$6,810,660	State-Only	

Notes
Drawing administrative FFP
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State-only - no federal draw
Drawing administrative FFP & no federal draw
State-only - no federal draw
State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw

Table 6.4 FY 2023-24 Improve Access to HCBS for Underserved Populations

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated
Equity Improvement Projects								
A	Equity Study	\$0		\$0	\$0	\$0	Admin	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0	\$0		
Buy-In Analysis								
C	Access for Workers with Disabilities	\$0		\$0	\$0	\$0	Admin	4/1/2023
D	Total Cost	\$0	\$0	\$0	\$0	\$0		
Community Transitions Support								
E	Services Costs	\$4,398,905		\$0	\$0	\$4,398,905	Admin	4/1/2023
F	Contractor Cost	\$904,962		\$0	\$0	\$904,962	Admin	4/1/2023
G	Systems Costs	\$41,625		\$0	\$0	\$41,625	Admin	4/1/2023
H	Total Cost	\$5,345,492		\$0	\$0	\$5,345,492		
HCBS Training for Members & Families								
I	Contractor Cost	\$66,000		\$0	\$0	\$66,000	Admin	4/1/2023
J	Total Cost	\$66,000	\$0	\$0	\$0	\$66,000		
Translation of Case Management Material								
K	Contractor Cost	\$50,000		\$0	\$0	\$50,000	Admin	4/1/2023
L	Total Cost	\$50,000	\$0	\$0	\$0	\$50,000		
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$2,000,000		\$0	\$0	\$2,000,000	Admin	4/1/2023
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$12,000,000		\$0	\$0	\$12,000,000	State-Only	4/1/2023
O	Total Cost	\$14,000,000	\$0	\$0	\$0	\$14,000,000		
Wrap-Around Services, incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$1,530,000		\$0	\$0	\$1,530,000	Admin/State-Only	4/1/2023
Q	Housing Wrap-Around Services	\$5,350,000		\$0	\$0	\$5,350,000	State-Only	4/1/2023
R	Total Cost	\$6,880,000	\$0	\$0	\$0	\$6,880,000		
AI-AN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$2,500,000		\$0	\$0	\$2,500,000	State-Only	4/1/2023
T	Total Cost	\$2,500,000		\$0	\$0	\$2,500,000		
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$0		\$0	\$0	\$0	FTE	4/1/2023
V	FTE - State Only	\$449,570		\$0	\$0	\$449,570	FTE	4/1/2023
W	Total FTE Costs	\$449,570	\$0	\$0	\$0	\$449,570		
X	Total Cost for Access for Underserved Populations	\$29,291,062	\$0	\$0	\$0	\$29,291,062		
Y	Admin Costs	\$4,592,587		\$0	\$0	\$4,592,587	Admin	
Z	Services Costs	\$4,398,905		\$0	\$0	\$4,398,905	Services	
AA	State-Only Costs	\$20,299,570	\$0	\$0	\$0	\$20,299,570	State-Only	

Notes
Drawing administrative FFP
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State-only - no federal draw
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State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw

Table 6.4 FY 2024-25 Improve Access to HCBS for Underserved Populations

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated
Equity Improvement Projects								
A	Equity Study	\$0		\$0	\$0	\$0	Admin	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0	\$0		
Buy-In Analysis								
C	Access for Workers with Disabilities	\$0		\$0	\$0	\$0	Admin	4/1/2023
D	Total Cost	\$0	\$0	\$0	\$0	\$0		
Community Transitions Support								
E	Services Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
G	Systems Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0		\$0	\$0	\$0		
HCBS Training for Members & Families								
I	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
J	Total Cost	\$0	\$0	\$0	\$0	\$0		
Translation of Case Management Material								
K	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023
L	Total Cost	\$0	\$0	\$0	\$0	\$0		
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$0		\$0	\$0	\$0	State-Only	4/1/2023
O	Total Cost	\$0	\$0	\$0	\$0	\$0		
Wrap-Around Services, incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$0		\$0	\$0	\$0	Admin/State-Only	4/1/2023
Q	Housing Wrap-Around Services	\$0		\$0	\$0	\$0	State-Only	4/1/2023
R	Total Cost	\$0	\$0	\$0	\$0	\$0		
AI-AN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$0		\$0	\$0	\$0	State-Only	4/1/2023
T	Total Cost	\$0		\$0	\$0	\$0		
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$0		\$0	\$0	\$0	FTE	4/1/2023
V	FTE - State Only	\$307,083		\$0	\$0	\$307,083	FTE	4/1/2023
W	Total FTE Costs	\$307,083	\$0	\$0	\$0	\$307,083		
X	Total Cost for Access for Underserved Populations	\$307,083	\$0	\$0	\$0	\$307,083		
Y	Admin Costs	\$0	\$0	\$0	\$0	\$0	Admin	
Z	Services Costs	\$0	\$0	\$0	\$0	\$0	Services	
AA	State-Only Costs	\$307,083	\$0	\$0	\$0	\$307,083	State-Only	

Notes
Drawing administrative FFP
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State-only - no federal draw
Drawing administrative FFP & no federal draw
State-only - no federal draw
State-only - no federal draw
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State-only - no federal draw

Table 7.1 Post-COVID Recovery and HCBS Innovation											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Residential Innovation											
A	Contractor Cost	\$1,081,868	\$0	\$1,081,868	\$0	\$0	\$1,081,870	(\$2)	State-Only	4/1/2023	
B	Total Cost	\$1,081,868	\$0	\$1,081,868	\$0	\$0	\$1,081,870	(\$2)			
Promote Single Occupancy											
C	Contractor Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0	Admin	4/1/2023	
D	Grants to Providers and Communities	\$20,000,000	\$0	\$10,000,000	\$10,000,000	\$0	\$20,000,000	\$0	State-Only	4/1/2023	
E	Total Cost	\$20,150,000	\$0	\$10,150,000	\$10,000,000	\$0	\$20,150,000	\$0			
Child/Youth Step-down Options Program and Provider Recruitment											
F	Contractor Cost	\$3,900,000	\$0	\$3,900,000	\$0	\$0	\$3,900,000	\$0	Admin	4/1/2023	
G	Total Cost	\$3,900,000	\$0	\$3,900,000	\$0	\$0	\$3,900,000	\$0			
Tiered Residential Rates & Benefits											
H	Contractor Cost	\$498,000	\$0	\$498,000	\$0	\$0	\$498,000	\$0	Admin	4/1/2023	
I	Total Cost	\$498,000	\$0	\$498,000	\$0	\$0	\$498,000	\$0			
Pilot CAPABLE											
J	Contractor Cost	\$3,150,000	\$0	\$1,600,000	\$1,550,000	\$0	\$3,150,000	\$0	State-Only	4/1/2023	
K	Total Cost	\$3,150,000	\$0	\$1,600,000	\$1,550,000	\$0	\$3,150,000	\$0			
Supported Employment Pilot Extension											
L	Contractor Cost	\$975,000	\$0	\$450,000	\$525,000	\$0	\$975,000	\$0	State-Only	4/1/2023	
M	Total Cost	\$975,000	\$0	\$450,000	\$525,000	\$0	\$975,000	\$0			
New System of Care											
N	Contractor Cost	\$15,250,000	\$0	\$15,250,000	\$0	\$0	\$15,250,000	\$0	State-Only	4/1/2023	
O	Total Cost	\$15,250,000	\$0	\$15,250,000	\$0	\$0	\$15,250,000	\$0			
Respite Grant Program											
P	Contractor Cost	\$1,399,287	\$0	\$825,000	\$574,287	\$0	\$1,575,000	(\$175,713)	State-Only	4/1/2023	\$175,713 moved to GPS reallocation fund
Q	Total Cost	\$1,399,287	\$0	\$825,000	\$574,287	\$0	\$1,575,000	(\$175,713)			
Respite Rate Enhancement											
R	Service Costs	\$4,326,573	\$816,005	\$3,510,568	\$0	\$0	\$4,326,573	\$0	Service	4/1/2023	
S	State-Only Crisis Services	\$625,000	\$0	\$625,000	\$0	\$0	\$625,000	\$0	State-Only	4/1/2023	
T	Contractor Cost	\$20,000	\$0	\$20,000	\$0	\$0	\$20,000	\$0	Admin	4/1/2023	
U	Total Cost	\$4,971,573	\$816,005	\$4,155,568	\$0	\$0	\$4,971,573	\$0			
Home Modification Enhancements											
V	Contractor Cost (IA with DOLA)	\$167,172	\$0	\$126,256	\$40,916	\$0	\$167,172	\$0	Admin	4/1/2023	
W	Home Modification Enhancements	\$3,500,000	\$0	\$2,000,000	\$1,500,000	\$0	\$3,500,000	\$0	Service	4/1/2023	
X	Total Cost	\$3,667,172	\$0	\$2,126,256	\$1,540,916	\$0	\$3,667,172	\$0			
Hospital Community Investment Requirements											
Y	Contractor Cost	\$300,000	\$0	\$300,000	\$0	\$0	\$300,000	\$0	State-Only	4/1/2023	
Z	Total Cost	\$300,000	\$0	\$300,000	\$0	\$0	\$300,000	\$0			
Community First Choice											
AA	Contractor Cost	\$447,532	\$0	\$216,380	\$231,152	\$0	\$277,430	\$170,102	Admin	4/1/2023	\$170,102 moved from the GPS reallocation fund
AB	IT Costs	\$2,967,084	\$0	\$2,778,296	\$188,788	\$0	\$2,967,086	(\$2)	Admin/Enhanced	4/1/2023	
AC	Total Cost	\$3,414,616	\$0	\$2,994,676	\$419,940	\$0	\$3,244,516	\$170,100			
Post-COVID Recovery and HCBS Innovation Full Time Employees											
AD	FTE - Medicaid	\$2,037,641	\$178,879	\$694,486	\$794,242	\$370,034	\$2,004,601	\$33,040	FTE	4/1/2023	Increase due to reallocation of positions
AE	FTE - State Only	\$397,562	\$0	\$206,080	\$191,482	\$0	\$397,094	\$468	FTE	4/1/2023	Increase due to reallocation of positions
AF	Total FTE Costs	\$2,435,203	\$178,879	\$900,566	\$985,724	\$370,034	\$2,401,695	\$33,508			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$61,192,719	\$994,884	\$44,231,934	\$15,595,867	\$370,034	\$61,164,826	\$27,893			
AH	Admin Costs	\$36,879,687	\$178,879	\$12,694,030	\$3,239,182	\$370,034	\$36,675,613	\$27,425	Admin		
AI	Services Costs	\$4,493,745	\$816,005	\$3,636,824	\$40,916	\$0	\$4,493,745	\$0	Services		
AJ	State-Only Costs	\$19,819,287	\$0	\$27,901,080	\$12,315,769	\$0	\$19,995,468	\$468	State-Only		

Table 7.2 FY 2021-22 Post-COVID Recovery and HCBS Innovation

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Residential Innovation							
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0		
Promote Single Occupancy							
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
D	Grants to Providers and Communities	\$0	\$0	\$0	\$0	State-Only	4/1/2023
E	Total Cost	\$0	\$0	\$0	\$0		
Child/Youth Step-down Options Program and Provider Recruitment							
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
G	Total Cost	\$0	\$0	\$0	\$0		
Tiered Residential Rates & Benefits							
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
I	Total Cost	\$0	\$0	\$0	\$0		
Pilot CAPABLE							
J	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
K	Total Cost	\$0	\$0	\$0	\$0		
Supported Employment Pilot Extension							
L	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
M	Total Cost	\$0	\$0	\$0	\$0		
New System of Care							
N	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
O	Total Cost	\$0	\$0	\$0	\$0		
Respite Grant Program							
P	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
Q	Total Cost	\$0	\$0	\$0	\$0		
Respite Rate Enhancement							
R	Service Costs	\$816,005	\$0	\$816,004	\$1	Service	4/1/2023
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	4/1/2023
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
U	Total Cost	\$816,005	\$0	\$816,004	\$1		
Home Modification Enhancements							
V	Contractor Cost (IA with DOLA)	\$0	\$0	\$0	\$0	Admin	4/1/2023
W	Home Modification Enhancements	\$0	\$0	\$0	\$0	Service	4/1/2023
X	Total Cost	\$0	\$0	\$0	\$0		
Hospital Community Investment Requirements							
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
Z	Total Cost	\$0	\$0	\$0	\$0		
Community First Choice							
AA	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
AB	IT Costs	\$0	\$0	\$0	\$0	Admin/Enhanced	4/1/2023
AC	Total Cost	\$0	\$0	\$0	\$0		
Post-COVID Recovery and HCBS Innovation Full Time Employees							
AD	FTE - Medicaid	\$178,879	\$0	\$178,879	\$0	FTE	4/1/2023
AE	FTE - State Only	\$0	\$0	\$0	\$0	FTE	4/1/2023
AF	Total FTE Costs	\$178,879	\$0	\$178,879	\$0		
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$994,884	\$0	\$994,883	\$1		
AH	Admin Costs	\$178,879	\$0	\$178,879	\$0	Admin	
AI	Services Costs	\$816,005	\$0	\$816,004	\$1	Services	
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only	

Notes
State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw
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State-only - no federal draw
State-only - no federal draw
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
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Drawing services FMAP with additional 10% bump through March 2022
Drawing administrative FFP
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Drawing administrative FFP, drawing enhanced FMAP
Drawing administrative FFP
State-only - no federal draw

Table 7.3 FY 2022-23 Post-COVID Recovery and HCBS Innovation

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Residential Innovation							
A	Contractor Cost	\$1,081,868	\$536,469	\$17,712	\$527,687	State-Only	4/1/2023
B	Total Cost	\$1,081,868	\$536,469	\$17,712	\$527,687		
Promote Single Occupancy							
C	Contractor Cost	\$150,000	\$0	\$0	\$150,000	Admin	4/1/2023
D	Grants to Providers and Communities	\$10,000,000	\$0	\$0	\$10,000,000	State-Only	4/1/2023
E	Total Cost	\$10,150,000	\$0	\$0	\$10,150,000		
Child/Youth Step-down Options Program and Provider Recruitment							
F	Contractor Cost	\$3,900,000	\$1,114,286	\$0	\$2,785,714	Admin	4/1/2023
G	Total Cost	\$3,900,000	\$1,114,286	\$0	\$2,785,714		
Tiered Residential Rates & Benefits							
H	Contractor Cost	\$498,000	\$258,500	\$235,000	\$4,500	Admin	4/1/2023
I	Total Cost	\$498,000	\$258,500	\$235,000	\$4,500		
Pilot CAPABLE							
J	Contractor Cost	\$1,600,000	\$94,906	\$654,094	\$851,000	State-Only	4/1/2023
K	Total Cost	\$1,600,000	\$94,906	\$654,094	\$851,000		
Supported Employment Pilot Extension							
L	Contractor Cost	\$450,000	\$210,441	\$287,532	(\$47,973)	State-Only	4/1/2023
M	Total Cost	\$450,000	\$210,441	\$287,532	(\$47,973)		
New System of Care							
N	Contractor Cost	\$15,250,000	\$116,066	\$97,638	\$15,036,296	State-Only	4/1/2023
O	Total Cost	\$15,250,000	\$116,066	\$97,638	\$15,036,296		
Respite Grant Program							
P	Contractor Cost	\$825,000	\$545,314	\$34,400	\$245,286	State-Only	4/1/2023
Q	Total Cost	\$825,000	\$545,314	\$34,400	\$245,286		
Respite Rate Enhancement							
R	Service Costs	\$3,510,568	\$0	\$0	\$3,510,568	Service	4/1/2023
S	State-Only Crisis Services	\$625,000	\$0	\$0	\$625,000	State-Only	4/1/2023
T	Contractor Cost	\$20,000	\$0	\$0	\$20,000	Admin	4/1/2023
U	Total Cost	\$4,155,568	\$0	\$0	\$4,155,568		
Home Modification Enhancements							
V	Contractor Cost (IA with DOLA)	\$126,256	\$0	\$0	\$126,256	Admin	4/1/2023
W	Home Modification Enhancements	\$2,000,000	\$0	\$0	\$2,000,000	Service	4/1/2023
X	Total Cost	\$2,126,256	\$0	\$0	\$2,126,256		
Hospital Community Investment Requirements							
Y	Contractor Cost	\$300,000	\$0	\$0	\$300,000	State-Only	4/1/2023
Z	Total Cost	\$300,000	\$0	\$0	\$300,000		
Community First Choice							
AA	Contractor Cost	\$216,380	\$58,250	\$0	\$158,130	Admin	4/1/2023
AB	IT Costs	\$2,778,296	\$0	\$0	\$2,778,296	Admin/Enhanced	4/1/2023
AC	Total Cost	\$2,994,676	\$58,250	\$0	\$2,936,426		
Post-COVID Recovery and HCBS Innovation Full Time Employees							
AD	FTE - Medicaid	\$694,486	\$0	\$486,410	\$208,076	FTE	4/1/2023
AE	FTE - State Only	\$206,080	\$0	\$152,948	\$53,132	FTE	4/1/2023
AF	Total FTE Costs	\$900,566	\$0	\$639,358	\$261,208		
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$44,231,934	\$2,934,232	\$1,965,734	\$39,331,968		
AH	Admin Costs	\$10,370,286	\$1,967,505	\$739,122	\$7,663,659	Admin	
AI	Services Costs	\$5,510,568	\$0	\$0	\$5,510,568	Services	
AJ	State-Only Costs	\$28,351,080	\$966,727	\$1,226,612	\$26,157,741	State-Only	

Notes
State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw
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State-only - no federal draw
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State-only - no federal draw
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP, drawing enhanced FMAP
Drawing administrative FFP
State-only - no federal draw

Table 7.4 FY 2023-24 Post-COVID Recovery and HCBS Innovation

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Residential Innovation							
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0		
Promote Single Occupancy							
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
D	Grants to Providers and Communities	\$10,000,000	\$0	\$0	\$10,000,000	State-Only	4/1/2023
E	Total Cost	\$10,000,000	\$0	\$0	\$10,000,000		
Child/Youth Step-down Options Program and Provider Recruitment							
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
G	Total Cost	\$0	\$0	\$0	\$0		
Tiered Residential Rates & Benefits							
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
I	Total Cost	\$0	\$0	\$0	\$0		
Pilot CAPABLE							
J	Contractor Cost	\$1,550,000	\$0	\$0	\$1,550,000	State-Only	4/1/2023
K	Total Cost	\$1,550,000	\$0	\$0	\$1,550,000		
Supported Employment Pilot Extension							
L	Contractor Cost	\$525,000	\$0	\$0	\$525,000	State-Only	4/1/2023
M	Total Cost	\$525,000	\$0	\$0	\$525,000		
New System of Care							
N	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
O	Total Cost	\$0	\$0	\$0	\$0		
Respite Grant Program							
P	Contractor Cost	\$574,287	\$0	\$0	\$574,287	State-Only	4/1/2023
Q	Total Cost	\$574,287	\$0	\$0	\$574,287		
Respite Rate Enhancement							
R	Service Costs	\$0	\$0	\$0	\$0	Service	4/1/2023
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	4/1/2023
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
U	Total Cost	\$0	\$0	\$0	\$0		
Home Modification Enhancements							
V	Contractor Cost (IA with DOLA)	\$40,916	\$0	\$0	\$40,916	Admin	4/1/2023
W	Home Modification Enhancements	\$1,500,000	\$0	\$0	\$1,500,000	Service	4/1/2023
X	Total Cost	\$1,540,916	\$0	\$0	\$1,540,916		
Hospital Community Investment Requirements							
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
Z	Total Cost	\$0	\$0	\$0	\$0		
Community First Choice							
AA	Contractor Cost	\$231,152	\$0	\$0	\$231,152	Admin	4/1/2023
AB	IT Costs	\$188,788	\$0	\$0	\$188,788	Admin/Enhanced	4/1/2023
AC	Total Cost	\$419,940	\$0	\$0	\$419,940		
Post-COVID Recovery and HCBS Innovation Full Time Employees							
AD	FTE - Medicaid	\$794,242	\$0	\$0	\$794,242	FTE	4/1/2023
AE	FTE - State Only	\$191,482	\$0	\$0	\$191,482	FTE	4/1/2023
AF	Total FTE Costs	\$985,724	\$0	\$0	\$985,724		
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$15,595,867	\$0	\$0	\$15,595,867		
AH	Admin Costs	\$1,255,098	\$0	\$0	\$1,255,098	Admin	
AI	Services Costs	\$1,500,000	\$0	\$0	\$1,500,000	Services	
AJ	State-Only Costs	\$12,840,769	\$0	\$0	\$12,840,769	State-Only	

Notes
State-only - no federal draw
Drawing administrative FFP
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State-only - no federal draw
State-only - no federal draw
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP, drawing enhanced FMAP
Drawing administrative FFP
State-only - no federal draw

Table 7.4 FY 2024-25 Post-COVID Recovery and HCBS Innovation

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Residential Innovation							
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
B	Total Cost	\$0	\$0	\$0	\$0		
Promote Single Occupancy							
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
D	Grants to Providers and Communities	\$0	\$0	\$0	\$0	State-Only	4/1/2023
E	Total Cost	\$0	\$0	\$0	\$0		
Child/Youth Step-down Options Program and Provider Recruitment							
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
G	Total Cost	\$0	\$0	\$0	\$0		
Tiered Residential Rates & Benefits							
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
I	Total Cost	\$0	\$0	\$0	\$0		
Pilot CAPABLE							
J	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
K	Total Cost	\$0	\$0	\$0	\$0		
Supported Employment Pilot Extension							
L	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
M	Total Cost	\$0	\$0	\$0	\$0		
New System of Care							
N	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
O	Total Cost	\$0	\$0	\$0	\$0		
Respite Grant Program							
P	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
Q	Total Cost	\$0	\$0	\$0	\$0		
Respite Rate Enhancement							
R	Service Costs	\$0	\$0	\$0	\$0	Service	4/1/2023
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	4/1/2023
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023
U	Total Cost	\$0	\$0	\$0	\$0		
Home Modification Enhancements							
V	Contractor Cost (IA with DOLA)	\$0	\$0	\$0	\$0	Admin	4/1/2023
W	Home Modification Enhancements	\$0	\$0	\$0	\$0	Service	4/1/2023
X	Total Cost	\$0	\$0	\$0	\$0		
Hospital Community Investment Requirements							
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	4/1/2023
Z	Total Cost	\$0	\$0	\$0	\$0		
Community First Choice							
AA	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023
AB	IT Costs	\$0	\$0	\$0	\$0	Admin/Enhanced	4/1/2023
AC	Total Cost	\$0	\$0	\$0	\$0		
Post-COVID Recovery and HCBS Innovation Full Time Employees							
AD	FTE - Medicaid	\$370,034	\$0	\$0	\$370,034	FTE	4/1/2023
AE	FTE - State Only	\$0	\$0	\$0	\$0	FTE	4/1/2023
AF	Total FTE Costs	\$370,034	\$0	\$0	\$370,034		
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$370,034	\$0	\$0	\$370,034		
AH	Admin Costs	\$370,034	\$0	\$0	\$370,034	Admin	
AI	Services Costs	\$0	\$0	\$0	\$0	Services	
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only	

Notes
State-only - no federal draw
Drawing administrative FFP
State-only - no federal draw
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State-only - no federal draw
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State-only - no federal draw
State-only - no federal draw
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP, drawing enhanced FMAP
Drawing administrative FFP
State-only - no federal draw

Supplemental Document 5-1-23: Assumptions and Calculations

Table 8.1 Case Management											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building											
A	Contractor Costs	\$11,115,476	\$467,452	\$9,248,024	\$1,400,000	\$0	\$11,115,473	\$3	Admin	4/1/2023	
B	Total Cost	\$11,115,476	\$467,452	\$9,248,024	\$1,400,000	\$0	\$11,115,473	\$3			
Improve & Expedite Long-Term Care Eligibility Processes											
C	System Costs	\$3,000,000	\$0	\$1,600,000	\$1,400,000	\$0	\$2,000,000	\$1,000,000	Admin	4/1/2023	Merged with "Eligibility Systems Improvements"
D	Total Cost	\$3,000,000	\$0	\$1,600,000	\$1,400,000	\$0	\$2,000,000	\$1,000,000			
Case Management Rates											
E	Contractor Cost	\$385,216	\$126,272	\$258,944	\$0	\$0	\$500,000	(\$114,784)	Admin	4/1/2023	\$114,784 moved to GPS reallocation fund
F	Total Cost	\$385,216	\$126,272	\$258,944	\$0	\$0	\$500,000	(\$114,784)			
Case Management Best Practices											
G	Contractor Cost	\$2,459,999	\$0	\$2,300,000	\$159,999	\$0	\$2,460,000	(\$1)	Admin	4/1/2023	
H	Total Cost	\$2,459,999	\$0	\$2,300,000	\$159,999	\$0	\$2,460,000	(\$1)			
Case Management Agency Training Programs											
I	Contractor Cost	\$2,139,000	\$0	\$1,139,000	\$1,000,000	\$0	\$939,000	\$1,200,000	Admin/State-Only	4/1/2023	\$1.2M moved from GPS reallocation fund
J	Total Cost	\$939,000	\$0	\$739,000	\$200,000	\$0	\$939,000	\$0			
Case Management Full Time Employees											
K	FTE - Medicaid	\$957,627	\$39,123	\$380,824	\$400,110	\$137,570	\$945,270	\$12,357		4/1/2023	Increase due to reallocation of positions
L	FTE	\$957,627	\$39,123	\$380,824	\$400,110	\$137,570	\$945,270	\$12,357	FTE		
M	Total Cost for Case Management	\$18,857,318	\$632,847	\$14,526,792	\$3,560,109	\$137,570	\$17,959,743	\$897,575			
N	Admin Costs	\$18,857,318	\$632,847	\$14,526,792	\$3,560,109	\$137,570	\$17,959,743	\$897,575	Admin		
O	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
P	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 8.2 FY 2021-22 Case Management

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$467,452	\$0	\$467,451	\$1	Admin	4/1/2023	Drawing administrative FFP
B	Total Cost	\$467,452	\$0	\$467,451	\$1			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Total Cost	\$0	\$0	\$0	\$0			
Case Management Rates								
E	Contractor Cost	\$126,272	\$0	\$126,270	\$2	Admin	4/1/2023	Drawing administrative FFP
F	Total Cost	\$126,272	\$0	\$126,270	\$2			
Case Management Best Practices								
G	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
H	Total Cost	\$0	\$0	\$0	\$0			
Case Management Agency Training Programs								
I	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Case Management Full Time Employees								
K	FTE - Medicaid	\$39,123	\$0	\$39,123	\$0		4/1/2023	Drawing administrative FFP
L	FTE	\$39,123	\$0	\$39,123	\$0	FTE		
M	Total Cost for Case Management	\$632,847	\$0	\$632,844	\$3			
N	Admin Costs	\$632,847	\$0	\$632,844	\$3	Admin		
O	Services Costs	\$0	\$0	\$0	\$0	Services		
P	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.3 FY 2022-23 Case Management

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$9,248,024	\$1,717,683	\$651,307	\$6,879,034	Admin	4/1/2023	Drawing administrative FFP
B	Total Cost	\$9,248,024	\$1,717,683	\$651,307	\$6,879,034			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$1,600,000	\$0	\$0	\$1,600,000	Admin	4/1/2023	Drawing administrative FFP
D	Total Cost	\$1,600,000	\$0	\$0	\$1,600,000			
Case Management Rates								
E	Contractor Cost	\$258,944	\$0	\$258,945	(\$1)	Admin	4/1/2023	Drawing administrative FFP
F	Total Cost	\$258,944	\$0	\$258,945	(\$1)			
Case Management Best Practices								
G	Contractor Cost	\$2,300,000	\$309,104	\$0	\$1,990,896	Admin	4/1/2023	Drawing administrative FFP
H	Total Cost	\$2,300,000	\$309,104	\$0	\$1,990,896			
Case Management Agency Training Programs								
I	Contractor Cost	\$1,139,000	\$255,391	\$325,659	\$557,950	Admin/State-Only	4/1/2023	Drawing administrative FFP
J	Total Cost	\$739,000	\$255,391	\$325,659	\$157,950			
Case Management Full Time Employees								
K	FTE - Medicaid	\$380,824	\$0	\$274,377	\$106,447		4/1/2023	Drawing administrative FFP
L	FTE	\$380,824	\$0	\$274,377	\$106,447	FTE		
M	Total Cost for Case Management	\$14,526,792	\$2,282,178	\$1,510,288	\$10,734,326			
N	Admin Costs	\$14,526,792	\$2,282,178	\$1,510,288	\$10,734,326	Admin		
O	Services Costs	\$0	\$0	\$0	\$0	Services		
P	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.4 FY 2023-24 Case Management

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$1,400,000	\$0	\$0	\$1,400,000	Admin	4/1/2023	Drawing administrative FFP
B	Total Cost	\$1,400,000	\$0	\$0	\$1,400,000			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$1,400,000	\$0	\$0	\$1,400,000	Admin	4/1/2023	Drawing administrative FFP
D	Total Cost	\$1,400,000	\$0	\$0	\$1,400,000			
Case Management Rates								
E	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
F	Total Cost	\$0	\$0	\$0	\$0			
Case Management Best Practices								
G	Contractor Cost	\$159,999	\$0	\$0	\$159,999	Admin	4/1/2023	Drawing administrative FFP
H	Total Cost	\$159,999	\$0	\$0	\$159,999			
Case Management Agency Training Programs								
I	Contractor Cost	\$1,000,000	\$0	\$0	\$1,000,000	Admin/State-Only	4/1/2023	Drawing administrative FFP
J	Total Cost	\$200,000	\$0	\$0	\$200,000			
Case Management Full Time Employees								
K	FTE - Medicaid	\$400,110	\$0	\$0	\$400,110		4/1/2023	Drawing administrative FFP
L	FTE	\$400,110	\$0	\$0	\$400,110	FTE		
M	Total Cost for Case Management	\$3,560,109	\$0	\$0	\$3,560,109			
N	Admin Costs	\$3,560,109	\$0	\$0	\$3,560,109	Admin		
O	Services Costs	\$0	\$0	\$0	\$0	Services		
P	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.4 FY 2024-25 Case Management

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
B	Total Cost	\$0	\$0	\$0	\$0			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Total Cost	\$0	\$0	\$0	\$0			
Case Management Rates								
E	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
F	Total Cost	\$0	\$0	\$0	\$0			
Case Management Best Practices								
G	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
H	Total Cost	\$0	\$0	\$0	\$0			
Case Management Agency Training Programs								
I	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Case Management Full Time Employees								
K	FTE - Medicaid	\$137,570	\$0	\$0	\$137,570		4/1/2023	Drawing administrative FFP
L	FTE	\$137,570	\$0	\$0	\$137,570	FTE		
M	Total Cost for Case Management	\$137,570	\$0	\$0	\$137,570			
N	Admin Costs	\$137,570	\$0	\$0	\$137,570	Admin		
O	Services Costs	\$0	\$0	\$0	\$0	Services		
P	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 9.1 Tools and Technology											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool											
A	Contractor Cost	\$4,919,008	\$0	\$4,619,008	\$300,000	\$0	\$4,919,008	\$0	Admin	4/1/2023	
B	System Costs to Connect to CCM Tool	\$1,000,000	\$0	\$1,000,000	\$0	\$0	\$1,000,000	\$0	Enhanced Admin	4/1/2023	
C	Total Cost	\$5,919,008	\$0	\$5,619,008	\$300,000	\$0	\$5,919,008	\$0			
Specialty Search in Provider Specialty Tool											
D	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$150,000	(\$150,000)	Admin	4/1/2023	\$150K moved to GPS reallocation fund
E	Total Cost	\$0	\$0	\$0	\$0	\$0	\$150,000	(\$150,000)			
Member Facing Provider Finder Tool Improvement											
F	Contractor Cost	\$204,020	\$0	\$204,020	\$0	\$0	\$259,022	(\$55,002)	Enhanced Admin	4/1/2023	\$55K moved to GPS reallocation fund
G	Total Cost	\$204,020	\$0	\$204,020	\$0	\$0	\$259,022	(\$55,002)			
Digital Transformation Projects											
H	Member Tech Literacy	\$500,000	\$0	\$500,000	\$0	\$0	\$498,000	\$2,000	Admin/State-Only	4/1/2023	\$2K moved from GPS reallocation fund
I	HCBS Provider Digital Transformation	\$25,236,008	\$285,716	\$17,700,292	\$7,250,000	\$0	\$25,236,008	\$0	Admin	4/1/2023	
J	Total Cost	\$25,736,008	\$285,716	\$18,200,292	\$7,250,000	\$0	\$25,734,008	\$2,000			
Innovative Tech Integration											
K	Contractor Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0	Admin	4/1/2023	
L	Total Cost	\$150,000	\$0	\$150,000	\$0	\$0	\$150,000	\$0			
Care & Case Management System Investments											
M	System Costs	\$16,000,000	\$0	\$10,100,000	\$5,652,800	\$247,200	\$16,000,000	\$0	Enhanced Admin	4/1/2023	
N	Contractor Cost	\$1,295,876	\$0	\$1,295,876	\$0	\$0	\$1,295,876	\$0	Admin	4/1/2023	
O	Total Cost	\$17,295,876	\$0	\$11,395,876	\$5,652,800	\$247,200	\$17,295,876	\$0			
Updates to Salesforce Database for CM/Quality/Clinical											
P	Contractor Cost	\$500,000	\$223,260	\$276,740	\$0	\$0	\$500,000	\$0	Admin	4/1/2023	
Q	Total Cost	\$500,000	\$223,260	\$276,740	\$0	\$0	\$500,000	\$0			
Member Data Sharing											
R	Contractor Cost	\$12,200,000	\$0	\$12,200,000	\$0	\$0	\$12,200,000	\$0	Enhanced Admin	4/1/2023	
S	Total Cost	\$12,200,000	\$0	\$12,200,000	\$0	\$0	\$12,200,000	\$0			
Centers for Excellence in Pain Management											
T	Contractor Cost	\$475,000	\$0	\$475,000	\$0	\$0	\$475,000	\$0	Admin	4/1/2023	
U	Total Cost	\$475,000	\$0	\$475,000	\$0	\$0	\$475,000	\$0			
Systems Infrastructure for Social Determinants of Health											
V	Contractor Costs for System Changes	\$12,000,000	\$0	\$8,000,000	\$4,000,000	\$0	\$12,000,000	\$0	Enhanced Admin	4/1/2023	
W	Community Grants	\$3,000,000	\$0	\$2,000,000	\$1,000,000	\$0	\$3,000,000	\$0	State-Only	4/1/2023	
X	Total Cost	\$15,000,000	\$0	\$10,000,000	\$5,000,000	\$0	\$15,000,000	\$0			
Expand Data Sharing Across Entities											
Y	Connect CMAs to ADT Data	\$1,345,500	\$0	\$897,000	\$448,500	\$0	\$1,345,500	\$0	Admin	4/1/2023	
Z	Data Sharing with SUA	\$100,000	\$0	\$100,000	\$0	\$0	\$100,000	\$0	Admin	4/1/2023	
AA	Improvements - System Communication (Trails)	\$2,000,000	\$0	\$2,000,000	\$0	\$0	\$2,000,000	\$0	Admin	4/1/2023	
AB	Total Cost	\$3,445,500	\$0	\$2,997,000	\$448,500	\$0	\$3,445,500	\$0			
Eligibility Systems Improvements											
AC	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$1,000,000	(\$1,000,000)	Admin	4/1/2023	Merged with "Improve & Expedite Long-Term Care Eligibility Processes"
AD	Total Cost	\$0	\$0	\$0	\$0	\$0	\$1,000,000	(\$1,000,000)			
Tools and Technology Full Time Employees											
AE	FTE	\$2,643,645	\$132,643	\$857,829	\$1,019,685	\$633,488	\$2,320,551	\$323,094	FTE	4/1/2023	Increase due to reallocation of positions
AF	Total FTE Costs	\$2,643,645	\$132,643	\$857,829	\$1,019,685	\$633,488	\$2,320,551	\$323,094			
AG	Total Cost for Tools and Technology	\$83,569,057	\$641,619	\$62,375,765	\$19,670,985	\$880,688	\$84,448,965	(\$879,908)			
AH	Admin Costs	\$79,273,181	\$641,619	\$59,079,889	\$18,670,985	\$880,688	\$80,153,089	(\$879,908)	Admin		
AI	Services Costs	\$1,295,876	\$0	\$1,295,876	\$0	\$0	\$1,295,876	\$0	Services		
AJ	State-Only Costs	\$3,000,000	\$0	\$2,000,000	\$1,000,000	\$0	\$3,000,000	\$0	State-Only		

Table 9.2 FY 2021-22 Tools and Technology

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool								
A	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
C	Total Cost	\$0	\$0	\$0	\$0			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$0	\$0	\$131,006	(\$131,006)	Admin/State-Only	4/1/2023	Drawing enhanced administrative FFP
I	HCBS Provider Digital Transformation	\$285,716	\$0	\$154,710	\$131,007	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$285,716	\$0	\$285,716	\$0			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
O	Total Cost	\$0	\$0	\$0	\$0			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$223,260	\$0	\$223,260	\$0	Admin	4/1/2023	Drawing administrative FFP
Q	Total Cost	\$223,260	\$0	\$223,260	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
U	Total Cost	\$0	\$0	\$0	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
W	Community Grants	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
X	Total Cost	\$0	\$0	\$0	\$0			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
Z	Data Sharing with SUA	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AA	Improvements - System Communication (Trails)	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AB	Total Cost	\$0	\$0	\$0	\$0			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$132,643	\$0	\$132,643	\$0	FTE	4/1/2023	Drawing administrative FFP
AF	Total FTE Costs	\$132,643	\$0	\$132,643	\$0			
AG	Total Cost for Tools and Technology	\$641,619	\$0	\$641,619	\$0			
AH	Admin Costs	\$641,619	\$0	\$641,619	\$0	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 9.3 FY 2022-23 Tools and Technology

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool								
A	Contractor Cost	\$4,619,008	\$455,473	\$0	\$4,163,535	Admin	4/1/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$1,000,000	\$0	\$0	\$1,000,000	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
C	Total Cost	\$5,619,008	\$455,473	\$0	\$5,163,535			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$204,020	\$204,022	\$0	(\$2)	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
G	Total Cost	\$204,020	\$204,022	\$0	(\$2)			
Digital Transformation Projects								
H	Member Tech Literacy	\$500,000	\$264,300	\$7,200	\$228,500	Admin/State-Only	4/1/2023	Drawing enhanced administrative FFP
I	HCBS Provider Digital Transformation	\$17,700,292	\$3,401,221	\$685,704	\$13,613,367	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$18,200,292	\$3,665,521	\$692,904	\$13,841,867			
Innovative Tech Integration								
K	Contractor Cost	\$150,000	\$0	\$0	\$150,000	Admin	4/1/2023	Drawing administrative FFP
L	Total Cost	\$150,000	\$0	\$0	\$150,000			
Care & Case Management System Investments								
M	System Costs	\$10,100,000	\$4,337,165	\$98,966	\$5,663,869	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$1,295,876	\$0	\$0	\$1,295,876	Admin	4/1/2023	Drawing administrative FFP
O	Total Cost	\$11,395,876	\$4,337,165	\$98,966	\$13,919,489			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$276,740	\$0	\$0	\$276,740	Admin	4/1/2023	Drawing administrative FFP
Q	Total Cost	\$276,740	\$0	\$0	\$276,740			
Member Data Sharing								
R	Contractor Cost	\$12,200,000	\$0	\$0	\$12,200,000	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
S	Total Cost	\$12,200,000	\$0	\$0	\$12,200,000			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$475,000	\$225,000	\$0	\$250,000	Admin	4/1/2023	Drawing administrative FFP
U	Total Cost	\$475,000	\$225,000	\$0	\$250,000			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$8,000,000	\$0	\$0	\$8,000,000	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
W	Community Grants	\$2,000,000	\$0	\$0	\$2,000,000	State-Only	4/1/2023	State-only - no federal draw
X	Total Cost	\$10,000,000	\$0	\$0	\$10,000,000			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$897,000	\$520,000	\$0	\$377,000	Admin	4/1/2023	Drawing administrative FFP
Z	Data Sharing with SUA	\$100,000	\$0	\$0	\$100,000	Admin	4/1/2023	Drawing administrative FFP
AA	Improvements - System Communication (Trails)	\$2,000,000	\$0	\$0	\$2,000,000	Admin	4/1/2023	Drawing administrative FFP
AB	Total Cost	\$2,997,000	\$520,000	\$0	\$2,477,000			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$857,829	\$0	\$599,850	\$257,979	FTE	4/1/2023	Drawing administrative FFP
AF	Total FTE Costs	\$857,829	\$0	\$599,850	\$257,979			
AG	Total Cost for Tools and Technology	\$62,375,765	\$9,407,181	\$1,391,721	\$58,536,608			
AH	Admin Costs	\$60,375,765	\$9,407,181	\$1,391,721	\$56,536,608	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$2,000,000	\$0	\$0	\$2,000,000	State-Only		

Table 9.4 FY 2023-24 Tools and Technology

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool								
A	Contractor Cost	\$300,000	\$0	\$0	\$300,000	Admin	4/1/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
C	Total Cost	\$300,000	\$0	\$0	\$300,000			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$0	\$0	\$0	\$0	Admin/State-Only	4/1/2023	Drawing enhanced administrative FFP
I	HCBS Provider Digital Transformation	\$7,250,000	\$0	\$0	\$7,250,000	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$7,250,000	\$0	\$0	\$7,250,000			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$5,652,800	\$0	\$0	\$5,652,800	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
O	Total Cost	\$5,652,800	\$0	\$0	\$5,652,800			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
Q	Total Cost	\$0	\$0	\$0	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
U	Total Cost	\$0	\$0	\$0	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$4,000,000	\$0	\$0	\$4,000,000	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
W	Community Grants	\$1,000,000	\$0	\$0	\$1,000,000	State-Only	4/1/2023	State-only - no federal draw
X	Total Cost	\$5,000,000	\$0	\$0	\$5,000,000			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$448,500	\$0	\$0	\$448,500	Admin	4/1/2023	Drawing administrative FFP
Z	Data Sharing with SUA	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AA	Improvements - System Communication (Trails)	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AB	Total Cost	\$448,500	\$0	\$0	\$448,500			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$1,019,685	\$0	\$0	\$1,019,685	FTE	4/1/2023	Drawing administrative FFP
AF	Total FTE Costs	\$1,019,685	\$0	\$0	\$1,019,685			
AG	Total Cost for Tools and Technology	\$19,670,985	\$0	\$0	\$19,670,985			
AH	Admin Costs	\$18,670,985	\$0	\$0	\$18,670,985	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$1,000,000	\$0	\$0	\$1,000,000	State-Only		

Table 9.4 FY 2024-25 Tools and Technology

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool								
A	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
C	Total Cost	\$0	\$0	\$0	\$0			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$0	\$0	\$0	\$0	Admin/State-Only	4/1/2023	Drawing enhanced administrative FFP
I	HCBS Provider Digital Transformation	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$247,200	\$0	\$0	\$247,200	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
O	Total Cost	\$247,200	\$0	\$0	\$247,200			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
Q	Total Cost	\$0	\$0	\$0	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
U	Total Cost	\$0	\$0	\$0	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$0	\$0	\$0	\$0	Enhanced Admin	4/1/2023	Drawing enhanced administrative FFP
W	Community Grants	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
X	Total Cost	\$0	\$0	\$0	\$0			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
Z	Data Sharing with SUA	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AA	Improvements - System Communication (Trails)	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AB	Total Cost	\$0	\$0	\$0	\$0			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$633,488	\$0	\$0	\$633,488	FTE	4/1/2023	Drawing administrative FFP
AF	Total FTE Costs	\$633,488	\$0	\$0	\$633,488			
AG	Total Cost for Tools and Technology	\$880,688	\$0	\$0	\$880,688			
AH	Admin Costs	\$880,688	\$0	\$0	\$880,688	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.1 Emergency Preparedness											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Emergency Response Plan											
A	Contractor Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only	4/1/2023	
B	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Member Emergency Preparedness											
C	Contractor Costs	\$6,471,752	\$0	\$6,471,752	\$0	\$0	\$8,471,750	(\$1,999,998)	State-Only	4/1/2023	\$2M moved to "Expand the Behavioral Health Safety Net"
D	Total Cost	\$6,471,752	\$0	\$6,471,752	\$0	\$0	\$8,471,750	(\$1,999,998)			
E	Total Cost for Emergency Preparedness	\$6,471,752	\$0	\$6,471,752	\$0	\$0	\$8,471,750	(\$1,999,998)			
F	Admin Costs	\$6,471,752	\$0	\$6,471,752	\$0	\$0	\$8,471,750	(\$1,999,998)	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 10.2 FY 2021-22 Emergency Preparedness

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
<i>Emergency Response Plan</i>								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
<i>Member Emergency Preparedness</i>								
C	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
D	Total Cost	\$0	\$0	\$0	\$0			
E	Total Cost for Emergency Preparedness	\$0	\$0	\$0	\$0			
F	Admin Costs	\$0	\$0	\$0	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.3 FY 2022-23 Emergency Preparedness

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Member Emergency Preparedness								
C	Contractor Costs	\$6,471,752	\$3,463,450	\$61,000	\$2,947,302	State-Only	4/1/2023	State-only - no federal draw
D	Total Cost	\$6,471,752	\$3,463,450	\$61,000	\$2,947,302			
E	Total Cost for Emergency Preparedness	\$6,471,752	\$3,463,450	\$61,000	\$2,947,302			
F	Admin Costs	\$6,471,752	\$3,463,450	\$61,000	\$2,947,302	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.4 FY 2023-24 Emergency Preparedness

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
<i>Emergency Response Plan</i>								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
<i>Member Emergency Preparedness</i>								
C	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
D	Total Cost	\$0	\$0	\$0	\$0			
E	Total Cost for Emergency Preparedness	\$0	\$0	\$0	\$0			
F	Admin Costs	\$0	\$0	\$0	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.4 FY 2024-25 Emergency Preparedness

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
Member Emergency Preparedness								
C	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	4/1/2023	State-only - no federal draw
D	Total Cost	\$0	\$0	\$0	\$0			
E	Total Cost for Emergency Preparedness	\$0	\$0	\$0	\$0			
F	Admin Costs	\$0	\$0	\$0	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 11.1 Quality Outcomes											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Provider Oversight											
C	Contractor Cost	\$399,999	\$0	\$300,000	\$99,999	\$0	\$300,000	\$99,999	Admin	4/1/2023	Moved \$100K from GPS reallocation fund
D	Total Cost	\$399,999	\$0	\$300,000	\$99,999	\$0	\$300,000	\$99,999			
Pay for Performance for Home Health & Residential HCBS											
I	Contractor Cost	\$500,000	\$0	\$500,000	\$0	\$0	\$500,000	\$0	Admin	4/1/2023	
J	Total Cost	\$500,000	\$0	\$500,000	\$0	\$0	\$500,000	\$0			
Pay for Performance for PACE & PACE Licensure											
K	Contractor Cost	\$1,375,480	\$185,800	\$689,680	\$500,000	\$0	\$1,375,478	\$2	Admin	4/1/2023	
L	Total Cost	\$1,375,480	\$185,800	\$689,680	\$500,000	\$0	\$1,375,478	\$2			
eConsult to Improve Quality											
M	Contractor Cost	\$150,000	\$0	\$0	\$150,000	\$0	\$150,000	\$0	Admin	4/1/2023	
N	Total Cost	\$150,000	\$0	\$0	\$150,000	\$0	\$150,000	\$0			
HCBS Provider Quality Expansion											
O	Contractor Cost	\$1,050,001	\$0	\$550,000	\$500,001	\$0	\$1,050,000	\$1	Admin	4/1/2023	
P	Total Cost	\$1,050,001	\$0	\$550,000	\$500,001	\$0	\$1,050,000	\$1			
Waiver Quality Expansion											
Q	Contractor Cost	\$864,356	\$0	\$864,356	\$0	\$0	\$864,357	(\$1)	Admin	4/1/2023	
R	Total Cost	\$864,356	\$0	\$864,356	\$0	\$0	\$864,357	(\$1)			
Criminal Justice Partnership											
S	Only FTE Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	4/1/2023	
T	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
EPSDT Benefits Training											
U	Contractor Cost	\$750,000	\$0	\$750,000	\$0	\$0	\$750,000	\$0	Admin	4/1/2023	
V	Total Cost	\$750,000	\$0	\$750,000	\$0	\$0	\$750,000	\$0			
Quality Outcomes Full Time Employees											
W	FTE	\$1,477,505	\$82,413	\$626,578	\$645,205	\$123,309	\$1,466,841	\$10,664	FTE	4/1/2023	Increase due to reallocation of positions
X	Total FTE Costs	\$1,477,505	\$82,413	\$626,578	\$645,205	\$123,309	\$1,466,841	\$10,664			
Y	Total Cost for Quality Outcomes	\$6,567,341	\$268,213	\$4,280,614	\$1,895,205	\$123,309	\$6,456,676	\$110,665			
Z	Admin Costs	\$6,567,341	\$268,213	\$4,280,614	\$1,895,205	\$123,309	\$6,456,676	\$110,665	Admin		
AA	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
AB	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 11.3 FY 2022-23 Quality Outcomes

Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Provider Oversight									
C	Contractor Cost	\$300,000		\$245,000	\$55,000	\$0	Admin	4/1/2023	Drawing administrative FFP
D	Total Cost	\$300,000	\$0	\$245,000	\$55,000	\$0			
Pay for Performance for Home Health & Residential HCBS									
I	Contractor Cost	\$500,000		\$0	\$0	\$500,000	Admin	4/1/2023	Drawing administrative FFP
J	Total Cost	\$500,000		\$0	\$0	\$500,000			
Pay for Performance for PACE & PACE Licensure									
K	Contractor Cost	\$689,680		\$989,288	\$200,660	(\$500,268)	Admin	4/1/2023	Drawing administrative FFP
L	Total Cost	\$689,680		\$989,288	\$200,660	(\$500,268)			
eConsult to Improve Quality									
M	Contractor Cost	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
N	Total Cost	\$0		\$0	\$0	\$0			
HCBS Provider Quality Expansion									
O	Contractor Cost	\$550,000		\$565,820	\$54,145	(\$69,965)	Admin	4/1/2023	Drawing administrative FFP
P	Total Cost	\$550,000		\$565,820	\$54,145	(\$69,965)			
Waiver Quality Expansion									
Q	Contractor Cost	\$864,356		\$173,865	\$327,994	\$362,498	Admin	4/1/2023	Drawing administrative FFP
R	Total Cost	\$864,356	\$0	\$173,865	\$327,994	\$362,498			
Criminal Justice Partnership									
S	Only FTE Costs	\$0		\$0	\$0	\$0	Admin	4/1/2023	Drawing administrative FFP
T	Total Cost	\$0	\$0	\$0	\$0	\$0			
EPSDT Benefits Training									
U	Contractor Cost	\$750,000		\$95,000	\$0	\$655,000	Admin	4/1/2023	Drawing administrative FFP
V	Total Cost	\$750,000		\$95,000	\$0	\$655,000			
Quality Outcomes Full Time Employees									
W	FTE	\$626,578		\$0	\$451,651	\$174,927	FTE	4/1/2023	Drawing administrative FFP
X	Total FTE Costs	\$626,578	\$0	\$0	\$451,651	\$174,927			
Y	Total Cost for Quality Outcomes	\$4,280,614	\$0	\$2,068,973	\$1,089,450	\$1,122,192			
Z	Admin Costs	\$4,280,614	\$0	\$2,068,973	\$1,089,450	\$1,122,192	Admin		
AA	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
AB	State-Only Costs	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 12.1 Overhead Costs											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Department Administrative Overhead Costs											
A	Contractor Costs	\$8,744,180	\$510,952	\$3,262,912	\$4,470,316	\$500,000	\$12,553,625	(\$3,809,445)	Admin	4/1/2023	\$3,457,132 moved to GPS reallocation fund, \$352,313 moved to various projects
B	Reallocation Fund - Contracts	\$3,217,032	\$0	\$237,784	\$2,979,248	\$0	\$0	\$3,217,032	Admin	4/1/2023	GPS reallocation fund created, funds moved from various projects
C	Reallocation Fund - Services	\$523,444	\$0	\$0	\$523,444	\$0	\$0	\$523,444	Services	4/1/2023	State-Only reallocation fund created, funds moved from "Community Transitions Support"
D	Reallocation Fund - State-Only	\$175,712	\$0	\$0	\$175,712	\$0	\$0	\$175,712	State-Only	4/1/2023	Services reallocation fund created, funds moved from "Respite Grant Program"
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	4/1/2023	Systems reallocation fund created
F	Total Cost	\$12,900,468	\$510,952	\$3,580,696	\$8,308,820	\$500,000	\$12,553,625	\$346,843			
Project Coordination Contract											
G	Contractor Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	4/1/2023	
H	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Overhead Cost Full Time Employees											
I	FTE	\$4,579,935	\$508,642	\$1,402,869	\$1,585,463	\$1,082,961	\$4,727,932	(\$147,997)	FTE	4/1/2023	Decrease due to reallocation of positions
J	Total FTE Costs	\$4,579,935	\$508,642	\$1,402,869	\$1,585,463	\$1,082,961	\$4,727,932	(\$147,997)			
K	Total Cost for Overhead Costs	\$17,480,403	\$1,019,594	\$4,983,565	\$9,894,283	\$1,582,961	\$17,281,557	\$198,846			
L	Admin Costs	\$16,781,247	\$1,019,594	\$4,983,565	\$9,195,127	\$1,582,961	\$17,281,557	(\$500,310)	Admin		
M	Services Costs	\$523,444	\$0	\$0	\$523,444	\$0	\$0	\$523,444	Services		
N	State-Only Costs	\$175,712	\$0	\$0	\$175,712	\$0	\$0	\$175,712	State-Only		

Table 12.2 FY 2021-22 Overhead Costs

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	\$510,952	\$0	\$510,950	\$2	Admin	4/1/2023
B	Reallocation Fund - Contracts	\$0	\$0	\$0	\$0	Admin	4/1/2023
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	4/1/2023
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	4/1/2023
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	4/1/2023
F	Total Cost	\$510,952	\$0	\$510,950	\$2		
Project Coordination Contract							
G	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0		
Overhead Cost Full Time Employees							
I	FTE	\$508,642	\$0	\$508,642	\$0	FTE	4/1/2023
J	Total FTE Costs	\$508,642	\$0	\$508,642	\$0		
K	Total Cost for Overhead Costs	\$1,019,594	\$0	\$1,019,592	\$2		
L	Admin Costs	\$1,019,594	\$0	\$1,019,592	\$2	Admin	
M	Services Costs	\$0	\$0	\$0	\$0	Services	
N	State-Only Costs	\$0	\$0	\$0	\$0	State-Only	

Notes
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP

Table 12.3 FY 2022-23 Overhead Costs

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	\$3,262,912	\$1,205,438	\$540,883	\$1,516,591	Admin	4/1/2023
B	Reallocation Fund - Contracts	\$237,784	\$0	\$0	\$237,784	Admin	4/1/2023
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	4/1/2023
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	4/1/2023
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	4/1/2023
F	Total Cost	\$3,580,696	\$1,205,438	\$540,883	\$1,834,375		
Project Coordination Contract							
G	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0		
Overhead Cost Full Time Employees							
I	FTE	\$1,402,869	\$0	\$998,953	\$403,916	FTE	4/1/2023
J	Total FTE Costs	\$1,402,869	\$0	\$998,953	\$403,916		
K	Total Cost for Overhead Costs	\$4,983,565	\$1,205,438	\$1,539,836	\$2,238,291		
L	Admin Costs	\$4,983,565	\$1,205,438	\$1,539,836	\$2,238,291	Admin	
M	Services Costs	\$0	\$0	\$0	\$0	Services	
N	State-Only Costs	\$0	\$0	\$0	\$0	State-Only	

Table 12.4 FY 2023-24 Overhead Costs

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	\$4,470,316	\$0	\$0	\$4,470,316	Admin	4/1/2023
B	Reallocation Fund - Contracts	\$2,979,248	\$0	\$0	\$2,979,248	Admin	4/1/2023
C	Reallocation Fund - Services	\$523,444	\$0	\$0	\$523,444	Services	4/1/2023
D	Reallocation Fund - State-Only	\$175,712	\$0	\$0	\$175,712	State-Only	4/1/2023
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	4/1/2023
F	Total Cost	\$8,308,820	\$0	\$0	\$8,308,820		
Project Coordination Contract							
G	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0		
Overhead Cost Full Time Employees							
I	FTE	\$1,585,463	\$0	\$0	\$1,585,463	FTE	4/1/2023
J	Total FTE Costs	\$1,585,463	\$0	\$0	\$1,585,463		
K	Total Cost for Overhead Costs	\$9,894,283	\$0	\$0	\$9,894,283		
L	Admin Costs	\$9,195,127	\$0	\$0	\$9,195,127	Admin	
M	Services Costs	\$523,444	\$0	\$0	\$523,444	Services	
N	State-Only Costs	\$175,712	\$0	\$0	\$175,712	State-Only	

Notes
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP

Table 12.4 FY 2024-25 Overhead Costs

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	\$500,000	\$0	\$0	\$500,000	Admin	4/1/2023
B	Reallocation Fund - Contracts	\$0	\$0	\$0	\$0	Admin	4/1/2023
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	4/1/2023
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	4/1/2023
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	4/1/2023
F	Total Cost	\$500,000	\$0	\$0	\$500,000		
Project Coordination Contract							
G	Contractor Costs	\$0	\$0	\$0	\$0	Admin	4/1/2023
H	Total Cost	\$0	\$0	\$0	\$0		
Overhead Cost Full Time Employees							
I	FTE	\$1,082,961	\$0	\$0	\$1,082,961	FTE	4/1/2023
J	Total FTE Costs	\$1,082,961	\$0	\$0	\$1,082,961		
K	Total Cost for Overhead Costs	\$1,582,961	\$0	\$0	\$1,582,961		
L	Admin Costs	\$1,582,961	\$0	\$0	\$1,582,961	Admin	
M	Services Costs	\$0	\$0	\$0	\$0	Services	
N	State-Only Costs	\$0	\$0	\$0	\$0	State-Only	

Notes
Drawing administrative FFP
Drawing administrative FFP
Drawing services FMAP with additional 10% bump through March 2022
State-only - no federal draw
Drawing administrative FFP
Drawing administrative FFP
Drawing administrative FFP