Schedule 13

Department of Health Care Policy and Financing

Funding Request for The FY 2021-22 Budget Cycle

Request Title

R-23 Behavioral Health Claims and Eligibility Processing

Dept. Approval By:

OSPB Approval By:

____	**Supplemental FY 2020-21**
____	**Budget Amendment FY 2021-22**
X	**Change Request FY 2021-22**

Summary Information	Fund	FY 2020-21 Initial Appropriation	FY 2020-21 Supplemental Request	FY 2021-22 Base Request	FY 2021-22 Change Request	FY 2022-23 Continuation
Total of All Line Items Impacted by Change Request	**Total**	**$174,907,625**	**$0**	**$179,234,713**	**$7,466,780**	**$2,052,479**
	FTE	520.4	0.0	521.2	0.0	0.0
	GF	$38,329,420	$0	$40,420,323	$7,488,276	$2,073,975
	CF	$17,207,991	$0	$17,694,424	$0	$0
	RF	$2,570,836	$0	$2,198,408	$0	$0
	FF	$116,799,378	$0	$118,921,558	($21,496)	($21,496)

Line Item Information	Fund	FY 2020-21 Initial Appropriation	FY 2020-21 Supplemental Request	FY 2021-22 Base Request	FY 2021-22 Change Request	FY 2022-23 Continuation
01. Executive Director's Office, (A) General Administration, (1) General Administration - Personal Services	**Total**	**$41,276,479**	**$0**	**$41,080,782**	**$1,585,701**	**$1,650,278**
	FTE	520.4	0.0	521.2	0.0	0.0
	GF	$14,487,249	$0	$14,650,129	$1,607,197	$1,671,774
	CF	$3,911,124	$0	$3,939,903	$0	$0
	RF	$2,305,357	$0	$1,892,777	$0	$0
	FF	$20,572,749	$0	$20,597,973	($21,496)	($21,496)
01. Executive Director's Office, (A) General Administration, (1) General Administration - Health, Life, and Dental	**Total**	**$5,264,801**	**$0**	**$6,826,728**	**$230,966**	**$230,966**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$1,342,322	$0	$2,480,588	$230,966	$230,966
	CF	$548,313	$0	$573,987	$0	$0
	RF	$138,532	$0	$173,157	$0	$0
	FF	$3,235,634	$0	$3,598,996	$0	$0

Line Item Information	Fund	FY 2020-21 Initial Appropriation	FY 2020-21 Supplemental Request	FY 2021-22 Base Request	FY 2021-22 Change Request	FY 2022-23 Continuation
01. Executive Director's Office, (A) General Administration, (1) General Administration - Short-term Disability	**Total**	**$72,366**	**$0**	**$71,148**	**$2,399**	**$2,497**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$26,778	$0	$26,526	$2,399	$2,497
	CF	$5,695	$0	$5,510	$0	$0
	RF	$1,607	$0	$1,644	$0	$0
	FF	$38,286	$0	$37,468	$0	$0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Amortization Equalization Disbursement	**Total**	**$2,188,905**	**$0**	**$2,223,320**	**$70,570**	**$73,444**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$810,157	$0	$828,912	$70,570	$73,444
	CF	$172,037	$0	$172,189	$0	$0
	RF	$48,635	$0	$51,380	$0	$0
	FF	$1,158,076	$0	$1,170,839	$0	$0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Supplemental Amortization Equalization Disbursement	**Total**	**$2,188,905**	**$0**	**$2,223,320**	**$70,570**	**$73,444**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$810,157	$0	$828,912	$70,570	$73,444
	CF	$172,037	$0	$172,189	$0	$0
	RF	$48,635	$0	$51,380	$0	$0
	FF	$1,158,076	$0	$1,170,839	$0	$0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Operating Expenses	**Total**	**$2,356,365**	**$0**	**$2,248,313**	**$130,019**	**$21,850**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$954,547	$0	$919,906	$130,019	$21,850
	CF	$214,413	$0	$200,711	$0	$0
	RF	$13,297	$0	$13,297	$0	$0
	FF	$1,174,108	$0	$1,114,399	$0	$0
01. Executive Director's Office, (C) Information Technology Contracts and Projects, (1) Information Technology Contracts and Projects - MMIS Maintenance and Projects	**Total**	**$73,227,142**	**$0**	**$76,228,440**	**$3,153,555**	**$0**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$9,703,222	$0	$10,490,362	$3,153,555	$0
	CF	$6,312,421	$0	$6,757,984	$0	$0
	RF	$12,204	$0	$12,204	$0	$0
	FF	$57,199,295	$0	$58,967,890	$0	$0

Line Item Information	Fund	FY 2020-21 Initial Appropriation	FY 2020-21 Supplemental Request	FY 2021-22 Base Request	FY 2021-22 Change Request	FY 2022-23 Continuation
	Total	**$48,332,662**	**$0**	**$48,332,662**	**$2,223,000**	**$0**
01. Executive Director's Office, (C) Information Technology Contracts and Projects, (1) Information Technology Contracts and Projects - Colorado Benefits Management Systems, Operating & Contracts	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$10,194,988	$0	$10,194,988	$2,223,000	$0
	CF	$5,871,951	$0	$5,871,951	$0	$0
	RF	$2,569	$0	$2,569	$0	$0
	FF	$32,263,154	$0	$32,263,154	$0	$0

Auxiliary Data

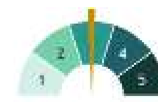
Requires Legislation?	NO		
Type of Request?	Department of Health Care Policy and Financing Prioritized Request	**Interagency Approval or Related Schedule 13s:**	Requires OIT Approval

Department Priority: R-23
Request Detail: Behavioral Health Claims and Eligibility Processing

Summary of Funding Change for FY 2021-22				
	Totals		Incremental Change	
	FY 2020-21 Appropriation	FY 2021-22 Base	FY 2021-22 Request	FY 2022-23 Request
Total Funds	$174,907,625	$179,234,713	$7,466,780	$2,052,479
FTE	520.4	521.2	0.0	0.0
General Fund	$38,329,420	$40,420,323	$7,488,276	$2,073,975
Cash Funds	$17,207,991	$17,694,424	$0	$0
Reappropriated Funds	$2,570,836	$2,198,408	$0	$0
Federal Funds	$116,799,378	$118,921,558	($21,496)	($21,496)

Summary of Request:

The Department requests funding in order to establish an eligibility system, a claims processing and submission system, and a data reporting system to serve all of the State's behavioral health programs. This request includes funding for contractor work and temporary staff to manage design, development, and implementation. The Department would leverage the State's existing Medicaid infrastructure to create these systems; rather than building new systems from the ground up, the Department would integrate the State's behavioral health programs into the existing infrastructure, which would reduce administrative cost and provide significant efficiencies over both the current model and any alternative which would build new systems that did not integrate with Medicaid. In addition, the Department requests rollforward authority for the appropriations in order to prevent delays in implementation.



The Department believes that the work of the Task Force is on Step 3 of the Evidence Continuum, "Assess Outcomes." The Task Force has provided detailed evidence demonstrating the shortcomings and lack of effectiveness of the current system, including the poor behavioral health outcomes on the current population. With a more comprehensive framework, the outcomes could be measured and compared, which would then assist in attaining evidence and demonstrating causal evidence for these programs.

Current Program:

On April 8, 2019, Gov. Jared Polis directed the Colorado Department of Human Services to spearhead Colorado's Behavioral Health Task Force ("Task Force").[1] The mission of the task force is to evaluate and set the roadmap to improve the current behavioral health system in the state. This includes developing Colorado's "Behavioral Health Blueprint" by the fall of 2020, with anticipated implementation of recommendations starting in late 2020. The executive committee is composed of the Lt. Governor, three members of Governor Polis' cabinet, the Commissioner of the Division of Insurance, and the Deputy County Manager for Douglas County. The BHTF itself is composed of 25 members, including legislators, providers, representatives of Colorado's tribes, and other stakeholders. There are three subcommittees with 25 members each.

In September 2020, the Task Force published its blueprint[2]: "Behavioral Health in Colorado: Putting People First. A Blueprint for Reform" ("the Blueprint"). The Blueprint identifies a path to providing a comprehensive, equitable, effective continuum of behavioral health services that meets the needs of all Coloradans in the right place at the right time to achieve whole person health and wellbeing. The Blueprint identifies six pillars of a strong behavioral health system: access; affordability; workforce and support; accountability; consumer and local guidance; and, whole person care.

To instigate reform, the Task Force is focusing on these key pillars that represent the fundamentals for a strong behavioral health system. The Task Force prioritized 19 actional recommendations across the six pillars. They are:

Access

1. Develop a single point of entry (with "no wrong door") to help individuals navigate the full continuum of behavioral health services.
2. Expand and enhance the crisis services system including co-responder and explore alternatives to reduce reliance on police for non-threatening behavioral health emergencies.
3. Address the bifurcation between mental health and substance use disorder.
4. Have an adequate, equitable, and complete continuum of behavioral health services, and address current disparities.

Affordability

5. Ensure adequate rates of payments and reimbursement, by all payers and payment sources, for the full continuum of services.
6. Streamline and consolidate funding streams that include maximizing federal dollars.
7. Prioritize the community investment funding available from not-for-profit hospitals to support implementation of the BHTF recommendations.

---

[1] https://www.colorado.gov/pacific/cdhs/colorado-behavioral-health-task-force
[2] https://drive.google.com/file/d/1lWVIG3IHPM8OUgVFgLuqWFn8waqgUseZ/view

Workforce and Support

8. Expand the capacity for a culturally competent licensed and unlicensed workforce.
9. Support and fund the use of non-traditional workforce, especially peers.
10. Reduce the administrative burden for providers.

Accountability

11. Research, develop, and publish population-specific standards of care and reasonable outcomes to measure quality.
12. Address high suicide incidences and disparities in care access, delivery, and outcomes for specific and marginalized populations.
13. Designate a single fiscal management system to be used to account for all publicly funded services to improve allocations.

Consumer and Local Guidance

14. Collaboratively identify local, regional and systemic service gaps and solutions.
15. Form and engage advisory groups to continuously provide input and guidance on system improvements.
16. Identify and provide sustainable, flexible funding streams for local communities to prioritize primary prevention and invest in solutions to mental wellness disparities.

Whole Person Care

17. Offer and expand care coordination services to address social determinants of health.
18. Expand high-intensity case management with treatment for individuals being discharged from a psychiatric hospital.
19. Create planned and facilitated education opportunities on behavioral health and cognitive disabilities for law enforcement, first responders, judges and court officials, and other partners.

Problem or Opportunity:

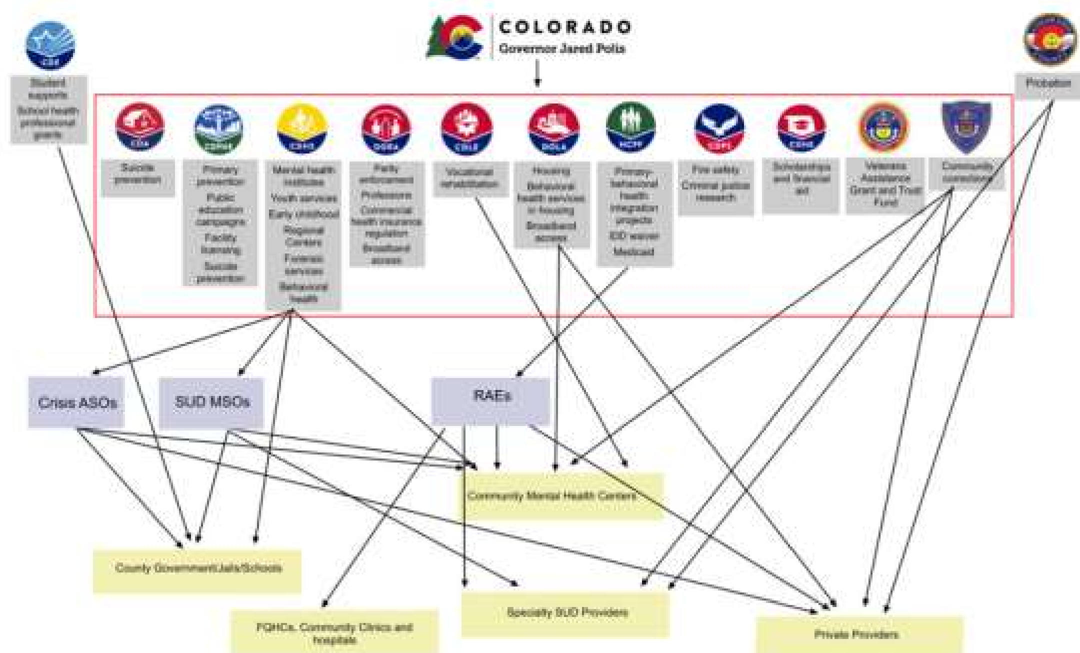
Colorado is well regarded as a healthy state with comparatively low obesity rates and a reputation for active residents. While these perceptions hold true, Colorado is not without its challenges, some less visible than others. When it comes to behavioral health and our State's ability to serve the needs of its residents, there is room for improvement. Colorado has historically struggled to consistently and equitably meet the overarching community needs for mental health and substance use services. Colorado's behavioral health system adequately serves some, but far from all of its constituents. The State ranks in the bottom half of states (29th) for prevalence of mental illness and access to care for adults and children.[3] In 2018, Colorado had the 7th highest suicide rate in

[3] Overall Ranking. Mental Health America. (n.d.) Accessed August 28, 2020. https://www.mhanational.org/issues/ranking-states

the nation[4] and suicide is the second leading cause of death among Colorado youth. With approximately one million residents in need of behavioral health services,[5] a comprehensive system that puts people first is critical.

Currently, the State's Behavioral Health System is fragmented. It is confusing for consumers, administratively burdensome for behavioral health providers, and exasperating to Coloradans who are trying to support their loved ones. The Behavioral Health Task Force heard from hundreds of Coloradans who have shared their personal experiences, or those of a loved one, about the challenges they faced in our current behavioral health system. Common themes emerged, and highlighted the need to boldly change behavioral health delivery in Colorado to put people first.

In early 2020, a financial analysis was done that found that Colorado has $1.4 billion in behavioral health funding, spread across at least 10 different agencies and over 75 programs. Over $825 million of those dollars are non-Medicaid community behavioral health funds. Over half of the programs are less than $10 million, meaning that the State dedicates significant administrative overhead to administer relatively small programs. Coloradans will benefit when public monies are used more efficiently, eventually leading to more funding for direct service delivery. The current system looks like this:



---

[4] National Center for Health Statistics. Stats of the State - Suicide Mortality. Centers for Disease Control and Prevention. Updated April 29, 2020. Accessed May 22, 2020. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

[5] Reinert M, Nguyen T, Fritze D. The State of Mental Health in America 2020. Mental Health America. 2019. Accessed August 28, 2020: 28. https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020.pdf

To combat this fragmentation, this request addresses the following recommendations:

- Develop a single point of entry (with "no wrong door") to help individuals navigate the full continuum of behavioral health services.
- Reduce the administrative burden for providers.
- Designate a single fiscal management system to be used to account for all publicly funded services to improve allocations.

As identified in the Behavioral Health Task Force Subcommittee Report,[6] a new governance structure is needed. The new structure should streamline an individual's access to services regardless of payer (i.e., reduces the 60+ "wrong doors"), ensures timely access, offers centralized system navigation services and establishes a core set of essential services that are readily available across the State. Numerous subcommittee recommendations addressed the difficulty for providers and individuals to determine program eligibility, coordinate between programs, and see and review data that would provide information about the effectiveness of the program.

Currently, there is no single eligibility or claims framework for the State's behavioral health programs. Over 75 programs, scattered across various state agencies, use different methodologies and procedures for determining eligibility and paying for services. As a result, the system is fragmented. This creates a myriad of complex problems which not only prevent individuals from receiving comprehensive care, but also drive excess administrative costs. As examples: individuals must be determined eligible for each program individually; there is no reporting to providers or care coordinators about the services that have been delivered; and, there is no management between systems to ensure that services have not been duplicated. This fragmentation leads to preventable problems that drive State cost. For example, the lack of data reporting, particularly for marginalized populations, hides behavioral health disparities and level of need.

Coloradans are not receiving quality care across all services because there is not a standardized process to publicly share data for the purpose of transparency. Providers are spending an inordinate amount of time on data submissions, reports, and other paperwork because the different funding sources do not share a standardized platform for data collection. Colorado must address the disparities in care access, delivery, and outcomes for marginalized populations.

A systemic approach to collecting, reporting, and analyzing data and demographics can help identify inequities that need to be addressed. A single fiscal-management system can be used to account for all publicly funded services. Without additional investment in this area, the State would be unable to consolidate the various disparate eligibility and claims processes, which would

[6] https://drive.google.com/file/d/16SGHGkjtC7ZfsCG_aOQXFJPrdLNnOdNm/view

inhibit the State from achieving the vision of the Task Force and meetings the behavioral health needs of its citizens.

Proposed Solution:

The Department requests $7,466,780 total funds, including $7,488,276 General Fund and a reduction of $21,496 federal funds in FY 2021-22 and $2,052,479 total funds, including $2,073,975 General Fund and a reduction of $21,496 federal funds in FY 2022-23, in order to establish an eligibility system, a claims processing and submission system, and a data reporting system to serve all of the State's behavioral health programs. This request includes funding for contractor work and temporary staff to manage design, development, and implementation. The Department would leverage the State's existing Medicaid infrastructure to create these systems; rather than building new systems from the ground up, the Department would integrate the State's behavioral health programs into the existing infrastructure, which would reduce administrative cost and provide significant efficiencies over both the current model and any alternative which would build new systems that did not integrate with Medicaid.

Further, the Department requests that appropriations made for this request be given rollforward authority in the Long Bill through FY 2022-23, to allow for the funding to remain available through the completion of the project. This is preferable to individual appropriations in each year because system development and implementation timelines will not perfectly be known in advance. Segmenting appropriations across fiscal years may cause unnecessary delayed in project implementation.

Proposed Changes to Eligibility, Claims, and Data Systems

This proposed solution is composed of three connected efforts: eligibility processing; claims and encounter processing; and, data reporting.

Eligibility Processing

The Department requests funding to integrate eligibility processing for the State's behavioral health programs into the Colorado Benefits Management System (CBMS) and the Colorado Program and Eligibility Application Kit (PEAK). With the requested funding, the Department would modify its systems to allow for Coloradans to have eligibility determined for all programs simultaneously. This would replace the current framework where program eligibility is determined on a case-by-case basis for each individual program. In lieu of sending individuals to their county offices, providers would be given the ability to enter application information to help streamline and expedite the process.

Claims and Encounter Processing

The Department requests funding to integrate claims processing for the State's behavioral health programs with the current Medicaid Management Information System (MMIS, also known as "interChange"). With the requested funding, the Department would develop a framework for

providers to submit claims and encounter information through a standard format, consistent with existing industry standards, that would enable claim adjudication, payment, and data reporting. This request would not change how providers are paid; in many cases, providers are not currently reimbursed a per visit or per encounter rate, and this system would not mandate programs moving to a fee-for-service environment. Rather, the data submitted would be used by program managers to validate that services were provided to eligible individuals and show the distribution of services across various providers; this would inform how existing funding is distributed under current methodologies. This would also help maintain expenditures within existing appropriations, as most of the State's behavioral health programs have a fixed annual appropriation that cannot be exceeded.

Data Reporting

The Department requests funding to integrate the eligibility and claims information into its' current data reporting system, known as the Business Intelligence and Data Management (BIDM) system. The BIDM is a data warehouse that collects, consolidates, and organized data from multiple sources, and fully integrates with eligibility and claims data for reporting, analytics, and decision support. BIDM is able to provide reports to program administrators and providers about the amount, frequency, and scope of services being provided to members. With the requested funding, the Department would update the BIDM to accept the new data from the State's behavioral health programs, develop reports that can be distributed to providers, the public, and the General Assembly, and ultimately inform outcome evaluation and decision making about the future of the programs.

Expected Expenditures

The Department would use the requested funding primarily to increase existing contracts for CBMS, PEAK, MMIS, and BIDM to allow for system design, development, and implementation. Because the vendors for these systems are already in place, the Department would be able to begin work quickly, as opposed to issuing new procurements for new systems. Further, the Department would require 23 temporary staff to serve as project managers and design experts to lead the system change development and implementation. The Department cannot reassign existing staff to this project without incurring a significant cost. Costs for existing system development staff at the Department are paid largely by the federal government through grants for the Medicaid program, frequently at a 75% or 90% federal matching rate. As this project creates systems for a non-Medicaid program, federal funding is not available for support. Therefore, any time that a state employee works on this development, the State must backfill those costs with General Fund (or another cash fund source). In addition, reallocating staff to this project would delay other needed improvements to the Department's systems.

Evidence Continuum

The Department believes that the work of the Task Force is on Step 3 of the Evidence Continuum, "Assess Outcomes." The Task Force, through its large membership and multiple subcommittees,

has provided detailed evidence demonstrating the shortcomings and lack of effectiveness of the current system, including the poor behavioral health outcomes on the current population. The proposal to create a shared eligibility, claims, and data reporting framework is theory-informed in that there is a multitude of evidence demonstrating the inefficiencies of the current system. With a more comprehensive framework, the Department and the Task Force would able to build comprehensive data on which outcomes could be measured and compared, which would then assist in attaining evidence and demonstrating causal evidence for these programs.

Anticipated Outcomes:

This request aligns to Governor's Health Cabinet Wildly Important Goal to "Implement Behavioral Health Task Force Recommendations.[7]" By creating a shared eligibility, claims processing, and data reporting framework, the Department will enable additional work to be completed by the Task Force to improve the state's behavioral health system. Building these shared systems is a necessary precursor to many of the Task Force's recommendations, particularly those recommendations where data is needed to find and address health disparities and inequities. Even in isolation, these systems would enable significant improvements and efficiencies in the behavioral health system. Providers would reduce the amount of time they spend in eligibility determination and billing, which reduces their overhead costs. Program managers, including State staff, may be able to be repurposed to more beneficial activities and program management, instead of manual processing of eligibility, invoices, and claims. In addition, the state would be able to report data and outcomes out across the entirety of the behavioral health system, informing policy makers and stakeholders about where gaps and disparities exist, which will enable better and more targeted policy interventions designed to improve the lives of Coloradans.

The Department anticipates that financial efficiencies gained by implementing these shared systems will offset the cost of maintenance and ongoing operations in the future, to at least some degree. At this time, these future costs and savings are unclear; the Department would use the regular budget process in a future budget cycle to request necessary funding adjustments when more information is available.

Assumptions and Calculations:

The Department estimates that system development and implementation would take between 18 and 24 months, depending on how quickly contract amendments can be executed and staff can be hired. The implementation timeline depends on the development of detailed system requirements, coding, user acceptance testing, provider outreach and testing, and error checking to ensure that the system changes do not adversely impact other programs. Because of the uncertainty in the timeline, the Department is requesting rollforward authority on all appropriations through FY 2022-23.

[7] https://www.colorado.gov/pacific/sites/default/files/HCPF%202020-2021%20Performance%20Plan.pdf

The Department assumes that it would begin hiring processes immediately after funding was approved by the Joint Budget Committee in order to have staff available on July 1, 2021 to begin implementation. The temporary staff hired for this project would be required to sign to contracts that limits their term to a maximum two years; these staff would not receive retention rights under the State Personnel System. The Department estimates that it would require the equivalent of 23 full time staff to implement this project, although most positions would not be employed for the full two-year period. Instead, the Department would bring on staff as needed at the right time in the project; for example, the Department may employ a project manager for the duration, while business analysts developing system requirements may only be needed at the beginning, and user acceptance testers may only be needed at the end. The Department's request allows for flexibility to bring on appropriate expertise to support the project on an as-needed basis. As the personnel in the project would change over time, the Department estimated all the personnel costs using the Administrator IV classification, with benefits; the Department would manage expenditures within the requested amounts to ensure the cost does not exceed available appropriations. The Department also assumes that current staff would have to provide some level of support to the temporary staff throughout the project. The Department estimates that seven management level staff with an average salary of about $122,000 would spend about 5% of their time providing support. Because staff would be working on non-Medicaid programs, that time would not be eligible for federal financial participation (FFP).

The Department's detailed estimates for system costs and staff are contained in Appendix A.

R-23 Behavioral Health Claims and Eligibility Processing

Appendix A: Assumptions and Calculations

Table 1.1
Summary by Line Item
FY 2021-22

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	$1,585,701	0.0	$1,607,197	$0	$0	($21,496)	0.00%	Table 3; Sum of Salary, PERA, and Medicare
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	$230,966	0.0	$230,966	$0	$0	$0	0.00%	Table 3, Health-Life-Dental
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	$2,399	0.0	$2,399	$0	$0	$0	0.00%	Table 3, STD
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	$70,570	0.0	$70,570	$0	$0	$0	0.00%	Table 3, AED
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization	$70,570	0.0	$70,570	$0	$0	$0	0.00%	Table 3, SAED
F	(1) Executive Director's Office; (A) General Administration; Operating Expenses	$130,019	0.0	$130,019	$0	$0	$0	0.00%	Sum of Table 3, Operating Expenses
G	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; MMIS Maintenance and Projects	$3,153,555	0.0	$3,153,555	$0	$0	$0	0.00%	Table 2.1, Row G
H	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Colorado Benefits Management Systems, Operating and Contract Expenses	$2,223,000	0.0	$2,223,000	$0	$0	$0	0.00%	Table 2.1, Row H
I	**Total Request**	**$7,466,780**	**0.0**	**$7,488,276**	**$0**	**$0**	**($21,496)**	**NA**	**Sum of Rows A through H**

Note: The Department is requesting rollforward authority for all appropriations in FY 2021-22.

Table 1.2
Summary by Line Item
FY 2022-23

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	$1,650,278	0.0	$1,671,774	$0	$0	($21,496)	0.00%	Table 3; Sum of Salary, PERA, and Medicare
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	$230,966	0.0	$230,966	$0	$0	$0	0.00%	Table 3, Health-Life-Dental
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	$2,497	0.0	$2,497	$0	$0	$0	0.00%	Table 3, STD
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	$73,444	0.0	$73,444	$0	$0	$0	0.00%	Table 3, AED
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization	$73,444	0.0	$73,444	$0	$0	$0	0.00%	Table 3, SAED
F	(1) Executive Director's Office; (A) General Administration; Operating Expenses	$21,850	0.0	$21,850	$0	$0	$0	0.00%	Sum of Table 3, Operating Expenses
G	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; MMIS Maintenance and Projects	$0	0.0	$0	$0	$0	$0	0.00%	Table 2.2, Row G
H	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Colorado Benefits Management Systems, Operating and Contract Expenses	$0	0.0	$0	$0	$0	$0	0.00%	Table 2.2, Row H
I	**Total Request**	**$2,052,479**	**0.0**	**$2,073,975**	**$0**	**$0**	**($21,496)**	**NA**	**Sum of Rows A through H**

Table 2.1
Summary by Initiative
FY 2021-22

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	**Temporary Staff Costs**	**$2,090,225**	**0.0**	**$2,090,225**	**$0**	**$0**	**$0**	**0.00%**	**Sum of Rows B through D**
B	*Salary, PERA, Medicare*	*$1,585,701*	*0.0*	*$1,585,701*	*$0*	*$0*	*$0*	*0.00%*	*Table 3*
C	*AED, SAED, STD and HLD*	*$374,505*	*0.0*	*$374,505*	*$0*	*$0*	*$0*	*0.00%*	*Table 3*
D	*Operating Expenses*	*$130,019*	*0.0*	*$130,019*	*$0*	*$0*	*$0*	*0.00%*	*Table 3*
E	Funding Adjustment for Existing Staff	$0	0.0	$21,496	$0	$0	($21,496)	N/A	Table 6, Row C
F	**System Change Costs**	***$5,376,555***	***0.0***	***$5,376,555***	***$0***	***$0***	***$0***	***0.00%***	**Sum of Rows G through H**
G	*MMIS*	*$3,153,555*	*0.0*	*$3,153,555*	*$0*	*$0*	*$0*	*0.00%*	*Table 4, Row M*
H	*CBMS / PEAK*	*$2,223,000*	*0.0*	*$2,223,000*	*$0*	*$0*	*$0*	*0.00%*	*Table 5, Row G*
I	**Total Costs**	**$7,466,780**	**0.0**	**$7,488,276**	**$0**	**$0**	**($21,496)**		**Row A + Row E + Row F**

Note: The Department is requesting rollforward authority for all appropriations in FY 2021-22.

Table 2.2
Summary by Initiative
FY 2022-23

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	**Temporary Staff Costs**	**$2,052,479**	**0.0**	**$2,052,479**	**$0**	**$0**	**$0**	**0.00%**	**Sum of Rows B through D**
B	*Salary, PERA, Medicare*	*$1,650,278*	*0.0*	*$1,650,278*	*$0*	*$0*	*$0*	*0.00%*	*Table 3 + Table 6, Row C*
C	*AED, SAED, STD and HLD*	*$380,351*	*0.0*	*$380,351*	*$0*	*$0*	*$0*	*0.00%*	*Table 3*
D	*Operating Expenses*	*$21,850*	*0.0*	*$21,850*	*$0*	*$0*	*$0*	*0.00%*	*Table 3*
E	Funding Adjustment for Existing Staff	$0	0.0	$21,496	$0	$0	($21,496)	N/A	Table 6, Row C
F	**System Change Costs**	***$0***	***0.0***	***$0***	***$0***	***$0***	***$0***	***0.00%***	**Sum of Rows G through H**
G	*MMIS*	*$0*	*0.0*	*$0*	*$0*	*$0*	*$0*	*0.00%*	*No System Change Costs in FY 2022-23*
H	*CBMS / PEAK*	*$0*	*0.0*	*$0*	*$0*	*$0*	*$0*	*0.00%*	*No System Change Costs in FY 2022-23*
H	**Total Costs**	**$2,052,479**	**0.0**	**$2,073,975**	**$0**	**$0**	**($21,496)**		**Row A + Row E + Row F**

R-23 Behavioral Health Claims and Eligibility Processing
Appendix A: Assumptions and Calculations

Table 3 - FTE Calculation Assumptions:

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

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

General Fund FTE -- Beginning July 1, 2019, new employees will be paid on a bi-weekly pay schedule; therefore **new full-time General Fund positions are reflected in Year 1 as 0.9615 FTE** to account for the pay-date shift (25/26 weeks of pay). **This applies to personal services costs only; operating costs are not subject to the pay-date shift.**

Expenditure Detail		FY 2021-22		FY 2022-23	
Personal Services:					
Classification Title	Biweekly Salary	FTE		FTE	
ADMINISTRATOR IV	$2,456	22.1	$1,411,394	23.0	$1,468,872
PERA			$153,842		$160,107
AED			$70,570		$73,444
SAED			$70,570		$73,444
Medicare			$20,465		$21,299
STD			$2,399		$2,497
Health-Life-Dental			$230,966		$230,966
Subtotal		**22.1**	**$1,960,206**	**23.0**	**$2,030,629**
Subtotal Personal Services		22.1	**$1,960,206**	23.0	**$2,030,629**
Operating Expenses:					
		FTE		FTE	
Regular FTE Operating	$500	23.0	$11,500	23.0	$11,500
Telephone Expenses	$450	23.0	$10,350	23.0	$10,350
PC, One-Time	$1,230	23.0	$28,290	-	
Office Furniture, One-Time	$3,473	23.0	$79,879	-	
Subtotal Operating Expenses			**$130,019**		**$21,850**
TOTAL REQUEST		22.1	**$2,090,225**	23.0	**$2,052,479**

R-23 Behavioral Health Claims and Eligibility Processing
Appendix A: Assumptions and Calculations

Table 4 FY 2021-22 MMIS Changes			
Row	**Item**	**Amount**	**Notes/Calculations**
System Design and Development - MMIS			
A	Estimated hours of work	15,600	10 FTE for 9 months of work
B	Hourly rate	$116	Vendor rate for FY 2021-22
C	**Total Cost**	**$1,809,600**	**Row A * Row B**
System Integration Testing - MMIS			
D	Estimated hours of work	5,200	10 FTE for 3 months of work
E	Hourly rate	$119	Vendor rate for FY 2022-23
F	**Total Cost**	**$616,356**	**Row D * Row E**
Call Center Support - MMIS			
G	Estimated hours of work	4,160	Estimate from vendor
H	Hourly rate	$31	Vendor rate for FY 2022-23
I	**Total Cost**	**$127,587**	**Row G * Row H**
BIDM Enhancements			
J	Estimated hours of work	3,600	Estimate from vendor
K	Hourly rate	$167	Vendor rate for FY 2021-22
L	**Total Cost**	**$600,012**	**Row J * Row K**
M	**Grand Total**	**$3,153,555**	**Sum of Rows C and F and I and L**

R-23 Behavioral Health Claims and Eligibility Processing
Appendix A: Assumptions and Calculations

Table 5 FY 2021-22 CBMS / PEAK Changes			
Row	**Item**	**Amount**	**Notes/Calculations**
System Design and Development			
A	Estimated hours of work	13,000	Estimate from current vendor
B	Hourly rate	$138	Vendor rate for FY 2021-22
C	**Total Cost**	**$1,794,000**	**Row A * Row B**
System Integration Testing			
D	Estimated hours of work	3,000	Estimate from current vendor
E	Hourly rate	$143	Vendor rate for FY 2022-23
F	**Total Cost**	**$429,000**	**Row D * Row E**
G	**Grand Total**	**$2,223,000**	**Row C + Row F**

Table 6: HCPF FTE Cost Allocation									
Row	**Item**	**Total Funds**	**FTE**	**General Fund**	**Cash Funds**	**Reappropriated Funds**	**Federal Funds**	**FFP Rate**	**Notes/Calculations**
A	Current Salaries - Full FFP	$42,993	0.0	$21,497	$0	$0	$21,496	50.00%	Assumes full Medicaid match
B	Current Salaries - GF-Only	$42,993	0.0	$42,993	$0	$0	$0	0.00%	Assumes 5% of time will be GF-only
C	**Total Costs**	**$0**	**0.0**	**$21,496**	**$0**	**$0**	**($21,496)**	**N/A**	**Row B - Row A**