

Department of Health Care Policy and Financing

Funding Request for the FY 2024-25 Budget Cycle

Request Title

R-14 Contract True Up

Dept. Approval By: Erin Dabbs \_\_\_\_\_ Supplemental FY 2023-24  
 OSPB Approval By: Adrian Leiter \_\_\_\_\_ Budget Amendment FY 2024-25  
 \_\_\_\_\_ X \_\_\_\_\_ Change Request FY 2024-25

Summary Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$6,258,496</b>	<b>\$0</b>	<b>\$6,258,496</b>	<b>\$2,018,390</b>	<b>\$2,018,390</b>
	FTE	0.0	0.0	0.0	0.0	0.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$68,048	\$0	\$68,048	\$90,668	\$90,668
	CF	\$2,279,719	\$0	\$2,279,719	\$473,690	\$473,690
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,910,729	\$0	\$3,910,729	\$1,454,032	\$1,454,032

Line Item Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$136,096</b>	<b>\$0</b>	<b>\$136,096</b>	<b>\$181,335</b>	<b>\$181,335</b>
01. Executive Director's Office, (B) Transfers to/ from Other	FTE	0.0	0.0	0.0	0.0	0.0
Departments, (1)	GF	\$68,048	\$0	\$68,048	\$90,668	\$90,668
Transfers to/from Other	CF	\$0	\$0	\$0	\$0	\$0
Departments - Transfer to DOLA for Host Home	RF	\$0	\$0	\$0	\$0	\$0
Reg	FF	\$68,048	\$0	\$68,048	\$90,667	\$90,667

	<b>Total</b>	<b>\$6,122,400</b>	<b>\$0</b>	<b>\$6,122,400</b>	<b>\$1,837,055</b>	<b>\$1,837,055</b>
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Eligibility Determinations and Client Services - Centralized Eligibility	GF	\$0	\$0	\$0	\$0	\$0
Vendor Contract Project	CF	\$2,279,719	\$0	\$2,279,719	\$473,690	\$473,690
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$3,842,681	\$0	\$3,842,681	\$1,363,365	\$1,363,365

Auxiliary Data	
Requires Legislation?	NO
Type of Request?	Health Care Policy and Financing Prioritized Request
	Interagency Approval or Related Schedule 13s:
	Impacts Other Agency



**Department Priority: R-14  
 Contract True-Up**

Summary of Funding Change for FY 2024-25			
		Incremental Change	
	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2025-26 Request
Total Funds	\$6,258,496	\$2,018,390	\$2,018,390
FTE	0.0	0.0	0.0
General Fund	\$68,048	\$90,668	\$90,668
Cash Funds	\$2,279,719	\$473,690	\$473,690
Reappropriated Funds	\$0	\$0	\$0
Federal	\$3,910,729	\$1,454,032	\$1,454,032

**Summary of Request**

The Department requests \$2.0 million total funds, including \$0.1 million General Fund, in FY 2024--25 and ongoing for increases in two existing Department programs to support program expansion and inflation. The Department is requesting funding for its centralized eligibility vendor, Denver Health, for market-based and inflationary increases for staff that provide critical eligibility and outreach services to Medicaid members. An efficient, fully-staffed eligibility vendor is critical to the successful execution of the operational component of the Department’s wildly important goal (WIG), Keep Coloradans Covered, which focuses on member experience and smooth transitions in coverage and minimizing impact to county eligibility workforce.

The Department also requests funding for the Host Home Inspection program for inflationary increases and an expansion of program services to meet the current demand for host homes by Medicaid members. Host homes and host home providers allow members with a disability to receive an appropriate level of care while maintaining a level of independence and autonomy similar to individuals who do not have a disability and live independently in the community.

This request represents less than a 0.5% increase over the Department’s FY 2023-24 appropriation.

Requires Legislation	Equity Impacts	Impacts Another Department?	Statutory Authority
No	Positive	Yes (DOLA)	25.5-1-201

## **Current Program**

### **Colorado Medical Assistance Program**

The Department’s Colorado Medical Assistance Program (CMAP), operated by a contracted, centralized eligibility vendor, provides eligibility and enrollment services for Colorado’s Medicaid and CHP+ medical assistance programs. These services include eligibility determination and case maintenance for Medicaid Buy-In programs, administering monthly premium payments for Medicaid Buy-In programs, managing the appeals and grievances process for eligibility and enrollment disputes, and processing CHP+ manual enrollment and disenrollment. The centralized eligibility vendor also runs the state’s customer service center for Medicaid and CHP+ eligibility and enrollment assistance, which processes over-the-phone medical assistance applications and renewals, assists callers with completing online and paper applications for medical assistance, assists with making premium and enrollment fee payments, provides information on Department programs and eligibility requirements, and processes case updates such as address and income changes.

The centralized eligibility vendor is reimbursed according to a cost allocation methodology approved by the Centers for Medicare and Medicaid Services (CMS) and described in the Department’s public assistance cost allocation plan (PACAP) pursuant to federal requirements<sup>1</sup>. The methodology requires the vendor to report the direct cost of providing services including salaries, benefits, supplies, and travel. The direct cost is then inflated by an indirect cost rate to account for overhead and general administrative expenses. Finally, the total of the direct and indirect costs is split into a state and federal share of costs using a federal financial participation (FFP) rate. The FFP rate is determined by an ongoing random moment time study (RMTS) conducted on vendor staff to estimate time spent on different activities. Some activities are eligible for a 75% enhanced Medicaid administration FFP rate such as reviewing applications and processing eligibility determinations; some are eligible for a 50% standard Medicaid administration FFP rate such as staff training and general administration; and some are eligible for a variable CHP+ FFP rate such as processing manual enrollment and disenrollment for CHP+.

### **Host Home Inspections Program**

Host homes are residential settings in which a member on the Medicaid developmental disabilities (DD) waiver resides and receives services from a host home provider. A home host provider (HHP) is defined as an independent contractor providing caregiving services and supports in their

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<sup>1</sup>42 CFR Section 433.34 Cost allocation. A State plan under Title XIX of the Social Security Act (Medicaid) must provide that the single or appropriate Agency will have an approved cost allocation plan on file with the U.S. Department of Health & Human Services. A cost allocation plan is a written summary which shows how an organization allocates costs between two or more programs

personal home for up to three adults with an intellectual or developmental disability. Approximately 3,700 members are served across approximately 2,300 host homes. Inspections of host homes are managed via the Individual Residential Services and Supports (IRSS) inspections program within the Department of Local Affairs (DOLA) Division of Housing (DOH). Through an interagency agreement between DOLA and the Department of Health Care Policy and Financing (HCPF), a qualified vendor contracted by DOLA/DOH performs biannual inspections of host homes to ensure all health and safety requirements are met as required by Colorado Code of Regulations<sup>2</sup>.

Inspections of host homes are critical to ensuring the health, safety, and welfare of members. Examples of host home requirements are ensuring that the home is maintained in good repair, adequate and comfortable furnishings are provided, sufficient spacing requirements exist for bedrooms, exits are accessible and unobstructed, smoke alarms and carbon monoxide detectors are properly installed and tested, etc. Further, a re-inspection is required if the initial inspection reveals a safety concern within the home. Any safety issue must be addressed and rectified by the owner of the host home within 30 days of notification, after which a re-inspection takes place to ensure that the issue has been properly remedied.

## ***Problem or Opportunity***

### **Colorado Medical Assistance Program**

The program, run by the Department's centralized eligibility vendor, lacks sufficient spending authority to support the expected increases in cost due to increased personnel costs including inflationary increases. The vendor, Denver Health, has struggled to maintain sufficient staffing levels due to the tight labor market and the program's below-market compensation package. With staff members required to undergo an extensive training regimen to provide them with the knowledge and tools to complete their eligibility determination tasks, high staff turnover rates have proven to be a detriment to the program's overall efficiency and staff morale.

To comply with federal law after the public health emergency (PHE) ended on May 11, 2023, the Department must complete the entire redetermination process for the Medicaid population within twelve months. As the requirement drives an immediate increase in workload for the CMAP program, the Department identifies an opportunity for the program to be at, or near, full staffing levels as early as FY 2023-24, and a corresponding need for a supplemental request.

### **Host Home Inspections Program**

The Department lacks sufficient spending authority to support DOLA's projected costs for program expansion and inflationary increases in inspection costs. The original budget, funded through FY 2019-20 R-14, "Office of Community Living Governance," supported biannual inspections of 1,700 host homes, whereas the expected number of host homes is expected to be approximately 2,300 in FY 2024-25. This growth is due to the increased number of host homes chosen by Medicaid members on the comprehensive developmental disability waiver.

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<sup>2</sup> Section 10 CCR 2505-10-8.609.7 - Individual Residential Services & Supports (IRSS) Specifications

Additionally, the original budget assumed a per inspection cost of \$75, while the projected rate for FY 2024-25 is adjusted to the current market rate of approximately \$120.

### ***Proposed Solution and Anticipated Outcomes***

The Department requests \$2,018,390 total funds, including \$90,668 General Fund in FY 2024-25 and ongoing to increase the budgets for two critical Department contracts.

This request ties to the Department pillar of Operational Excellence and Customer Service<sup>3</sup>: Each Department pillar is an ongoing cornerstone towards execution of the Department’s strategic plan and ensuring the Department focuses on its most important work. This specific pillar is defined as the provision of excellent service to members, providers, and partners while adhering to compliant, efficient, and effective person- and family-centered practices.

#### **Colorado Medical Assistance Program**

The Department requests funding to facilitate an efficient and fully-staffed centralized eligibility vendor. Approval of this request would allow the Department’s centralized eligibility vendor to be fully staffed and provide their staff with a competitive wage package comparable with similar jobs in the local marketplace. The Department anticipates that the increase in funding would stabilize the staffing levels and greatly reduce turnover.

A fully staffed, efficient CMAP program would benefit Medicaid members and providers alike as the post-PHE redetermination process requires eligibility processing for approximately 1.7 million Coloradans. Additionally, because the centralized eligibility vendor serves as a customer service call center, a fully staffed CMAP program would provide additional support to local county workload.

If this request is not approved, the CMAP program would continue to struggle with staffing levels and critical member determination services would be delayed which could ultimately lead to unfavorable health outcomes. Also, local county offices could be overwhelmed with eligibility processing and customer service inquiries.

#### **Host Home Inspections Program**

The Department requests funding to expand the program and support increases in program costs. The funding would accommodate the expected number of host home inspections and the increase in inspection costs.

Evidence suggests that safe housing has a positive impact on health outcomes. A case study in the Journal of Public Health Management and Practice concluded “a growing body of research has estimated the numbers of people who become ill or die because of unhealthy housing. The

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<sup>3</sup> Colorado Department of Health Care Policy and Financing, *Fiscal Year 2022-23 Department Performance Plan*, July 1, 2022, <https://hcpf.colorado.gov/sites/hcpf/files/HCPF%202022-2023%20Performance%20Plan.pdf>

research also has provided estimates of the effectiveness of housing interventions to eliminate or reduce these adverse health outcomes.”<sup>4</sup>

If this request is not approved, the Department’s operational excellence would be compromised and potentially lead to unfavorable health outcomes for some of Medicaid’s most vulnerable members.

**Supporting Evidence and Evidence Continuum**

Program Objective	<p>CMAP: To provide efficient and effective customer service interactions with Coloradans regarding public medical assistance eligibility.</p> <p>Host Home Inspections: To provide effective oversight of provider responsibility of adequate infrastructure including general member comfort, effective service delivery and safety.</p>
Outputs being measured	<p>CMAP: Monthly reports are provided to the Department that show daily summaries of total # of calls in queue, total calls handled, average speed of answer (ASA), and abandonment rate (ABD).</p> <p>Host Home Inspections: Outputs measured are total number of host home inspections and the reinspection rates for both in-person and virtual re-inspections.</p>
Outcomes being measured	N/A
Type and Result of Evaluation	N/A
S.B. 21-284 Evidence Category and Evidence Continuum Level	Theory-informed, Step 2

**Promoting Equitable Outcomes**

If approved, this request would have a positive impact on the Department’s equity efforts for members. This request ensures that members with a disability who live in a host home receive the same level of care and are treated equitably to individuals who do not have a disability and can live independently in the community.

**Assumptions and Calculations**

<sup>4</sup> Mason, Jacquelyn MS, PhD; Brown, Mary Jean ScD, RN. Estimates of Costs for Housing-Related Interventions to Prevent Specific Illnesses and Deaths. Journal of Public Health Management and Practice 16(5): p 579-589, September/October 2010. | DOI: 10.1097/PHH.0b013e3181e28b2e

For detailed calculations, please see Appendix A.

For the CMAP component, the state share for the Medicaid program expenditures is entirely from the Healthcare Affordability & Sustainability Fee (HAS Fee) cash fund. The creation of the CMAP program was due to the rapid increase of Medicaid caseload from the various phases of Medicaid expansion, culminating with the Patient Protection Affordable Care Act. All Medicaid expansion expenditures are funded by the HAS Fee cash fund and federal funds. The ongoing existence of the program continues to be driven by the approximately one-third of Medicaid caseload represented by ‘expansion’ members.

The Department assumes a blended federal financial participation (FFP) rate of 77.03% for future year projections. This blended FFP rate is based on FY 2021-22 actuals (Table 5.1) and the percentage of expenditures attributed to each of the three categories of program costs: Medicaid 50% FFP expenditures, Medicaid 75% FFP expenditures and CHP+ expenditures. Incorporating the FY 2021-22 figures into the forecast calculations provides additional state share spending authority to account for the inherent uncertainty in the projection of program expenditures and reduces the potential for a future supplemental request.

The total fund projection of program expenditures is based on FY 2022-23 expenditures (Table 5.2). The highest monthly expenditure occurred in January 2023. This figure, \$638,031, represents the program at a near fully-staffed status and is used as the average monthly projection for FY 2023-24 (Table 5.3). The Department believes this is an appropriate basis because of the expectation that the program will reach a similar staffing level in FY 2023-24 and maintain that staffing level throughout future years. For FY 2024-25 projections (Table 5.4) an additional 3% growth rate was factored to account for salary increases for staff.

For the home health inspection component, the Department assumes the standard Medicaid administrative FFP of 50% for all program costs which are detailed in Table 3.2. The Department, together with the Department of Local Affairs, Division of Housing, have collaborated on the projected costs for program expansion beginning July 1, 2024. The expected number of annual inspections is 1,150. This represents half of the total number of 2,300 expected host homes with each host home required to have a biannual inspection. The cost of each inspection is expected to be \$120 with the pass/fail rate of the initial inspection assumed to be 65%. Further, of the host homes that require a re-inspection, it is assumed that half of the re-inspections can be completed virtually.

## ***Supplemental Request***

### **Colorado Medical Assistance Program**

The Department requests \$2.0 million total funds for FY 2023-24, including \$0.5 million Cash Funds and \$1.5 million in federal funds. The cash funds are from the Healthcare Affordability & Sustainability Fee cash fund. There is no General Fund in this request. The request is driven by new data provided to the Department in August 2023 demonstrating the lack of sufficient funding



in FY 2023-24 to support increased services during the post-PHE, eligibility re-determination period.

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

Table 1.0 Summary by Line Item FY 2023-24									
Row	Line Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Executive Directors Office; (D) Eligibility Determinations and Client Services; Centralized Eligibility Vendor Contract Project	\$1,974,480	\$0	\$0	\$521,534	\$0	\$1,452,946	73.59%	Table 2.0, Row B
<b>B</b>	<b>Total Request</b>	<b>\$1,974,480</b>	<b>\$0</b>	<b>\$0</b>	<b>\$521,534</b>	<b>\$0</b>	<b>\$1,452,946</b>	<b>73.59%</b>	<b>Row A</b>

Table 1.1 Summary by Line Item FY 2024-25									
Row	Line Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Executive Directors Office; (B) Transfers to/from Other Departments; Transfer to Dept of Local Affairs (DOLA) for Host Home Regulation	\$181,335	\$0	\$90,668	\$0	\$0	\$90,667	50.00%	Table 2.1, Row B
B	Executive Directors Office; (D) Eligibility Determinations and Client Services; Centralized Eligibility Vendor Contract Project	\$1,837,055	\$0	\$0	\$473,690	\$0	\$1,363,365	74.21%	Table 2.1, Row A
<b>C</b>	<b>Total Request</b>	<b>\$2,018,390</b>	<b>\$0</b>	<b>\$90,668</b>	<b>\$473,690</b>	<b>\$0</b>	<b>\$1,454,032</b>	<b>72.04%</b>	<b>Row A + Row B</b>

Table 1.2 Summary by Line Item FY 2025-26 and Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Executive Directors Office; (B) Transfers to/from Other Departments; Transfer to Dept of Local Affairs (DOLA) for Host Home Regulation	\$181,335	\$0	\$90,668	\$0	\$0	\$90,667	0.00%	Table 2.2, Row B
B	Executive Directors Office; (D) Eligibility Determinations and Client Services; Centralized Eligibility Vendor Contract Project	\$1,837,055	\$0	\$0	\$473,690	\$0	\$1,363,365	100.00%	Table 2.2, Row A
<b>C</b>	<b>Total Request</b>	<b>\$2,018,390</b>	<b>\$0</b>	<b>\$90,668</b>	<b>\$473,690</b>	<b>\$0</b>	<b>\$1,454,032</b>	<b>100.00%</b>	<b>Row A + Row B</b>

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

Table 2.0 Summary by Initiative FY 2023-24									
Row	Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Colorado Medical Assistance Program (CMAP) - Denver Health	\$1,974,480	0.0	\$0	\$521,534	\$0	\$1,452,946	73.59%	Table 4.0, Row J
<b>B</b>	<b>Total Request</b>	<b>\$1,974,480</b>	<b>0.0</b>	<b>\$0</b>	<b>\$521,534</b>	<b>\$0</b>	<b>\$1,452,946</b>	<b>73.59%</b>	<b>Row A</b>

Table 2.1 Summary by Initiative FY 2024-25									
Row	Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Colorado Medical Assistance Program (CMAP) - Denver Health	\$1,837,055	0.0	\$0	\$473,690	\$0	\$1,363,365	74.21%	Table 4.1, Row J
B	Home Health Inspection Program	\$181,335	0.0	\$90,668	\$0	\$0	\$90,667	50.00%	Table 3.1, Row C
<b>C</b>	<b>Total Request</b>	<b>\$2,018,390</b>	<b>0.0</b>	<b>\$90,668</b>	<b>\$473,690</b>	<b>\$0</b>	<b>\$1,454,032</b>	<b>72.04%</b>	<b>Row A + Row B</b>

Table 2.2 Summary by Initiative FY 2025-26									
Row	Item	Total Funds	FTE	General Fund	HAS Fee CF	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Colorado Medical Assistance Program (CMAP) - Denver Health	\$1,837,055	0.0	\$0	\$473,690	\$0	\$1,363,365	74.21%	Table 4.2, Row J
B	Home Health Inspection Program	\$181,335	0.0	\$90,668	\$0	\$0	\$90,667	50.00%	Table 3.1, Row C
<b>C</b>	<b>Total Request</b>	<b>\$2,018,390</b>	<b>0.0</b>	<b>\$90,668</b>	<b>\$473,690</b>	<b>\$0</b>	<b>\$1,454,032</b>	<b>72.04%</b>	<b>Row A + Row B</b>

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

<b>Table 3.1</b>								
<b>Home Health Inspection Program</b>								
<b>Budget Shortfall Calculation</b>								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	FFP Rate	Source
A	Program Cost	\$317,431	0.0	\$158,716	\$0	\$158,716	50.00%	Table 3.2
B	Current Budget	\$136,096	0.0	\$68,048	\$0	\$68,048	50.00%	FY 2023-24 Long Bill (SB 23-214)
C	<b>Budget Shortfall</b>	<b>\$181,335</b>	<b>0.0</b>	<b>\$90,668</b>	<b>\$0</b>	<b>\$90,667</b>	<b>50.00%</b>	<b>Row A - Row B</b>

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Appendix A: Assumptions and Calculations

<b>Table 3.2 - Home Health Inspection Program Program Cost</b>					
Row	Description	Quantity	Rate	Cost	Source
<i>Home Inspections</i>					
A	Annual In-Person	1,150	\$120.00	\$138,000	Department Forecast
B	Follow-up - In-person	202	\$120.00	\$24,240	Department Forecast
C	Follow-up - Remote	201	\$60.00	\$12,060	Department Forecast
<b>D</b>	<b>Subtotal - Inspections</b>	<b>1,553</b>	<b>\$112.23</b>	<b>\$174,300</b>	<b>Row A + Row B + Row C</b>
<i>Personal Services &amp; Operating Expenses</i>					
E	Program Manager plus Partial Administrative Staff	NA	NA	\$128,266	Department Forecast
F	Operating Expenses	NA	\$14,865.00	\$14,865	DOLA & HCPF Department Staff Travel & Software Licensing Costs
<b>G</b>	<b>Subtotal - Personal Svcs &amp; Operating</b>			<b>\$143,131</b>	<b>Row E + Row F</b>
<b>H</b>	<b>Grand Total</b>			<b>\$317,431</b>	<b>Row D + Row G</b>

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

Table 4.0 - Colorado Medical Assistance Program (CMAP) - Denver Health Budget Shortfall Calculation FY 2023-24								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	FFP Rate	Source
<i>Program Cost - Vendor Services</i>								
A	Medicaid @ 50% FFP	\$2,892,795	0.0	\$0	\$1,446,398	\$1,446,398	50.00%	Table 5.3
B	Medicaid @ 75% FFP	\$4,992,282	0.0	\$0	\$1,248,071	\$3,744,212	75.00%	Table 5.3
C	CHP+	\$536,451	0.0	\$0	\$187,758	\$348,693	65.00%	Table 5.3
D	Total with CHP+	\$8,421,529	0.0	\$0	\$2,883,110	\$5,538,419	65.77%	Row A + Row B + Row C
E	Removing CHP+ component	(\$536,451)	0.0	\$0	(\$187,758)	(\$348,693)	65.00%	Row C * -1
F	Total Cost - Vendor Services (Medicaid)	\$7,885,078	0.0	\$0	\$2,695,352	\$5,189,726	65.82%	Row D + Row E
<i>Program Cost - Software Licenses</i>								
G	Five9 Licensing	\$211,802	0.0	\$0	\$105,901	\$105,901	50.00%	Department Forecast
H	Total Program Cost (Medicaid)	\$8,096,880		\$0	\$2,801,253	\$5,295,627	65.40%	Row F + Row G
<i>Current Budget</i>								
I	Spending Authority	\$6,122,400	0.0	\$0	\$2,279,719	\$3,842,681	62.76%	FY 2023-24 Long Bill (SB 23-214)
J	Budget Shortfall	\$1,974,480	0.0	\$0	\$521,534	\$1,452,946	73.59%	Row H - Row I

Table 4.1 - Colorado Medical Assistance Program (CMAP) - Denver Health Budget Shortfall Calculation FY 2024-25								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	FFP Rate	Source
<i>Program Cost - Vendor Services</i>								
A	Medicaid @ 50% FFP	\$2,842,378	0.0	\$0	\$1,421,189	\$1,421,189	50.00%	Table 5
B	Medicaid @ 75% FFP	\$4,905,275	0.0	\$0	\$1,226,319	\$3,678,956	75.00%	Table 5
C	CHP+	\$527,102	0.0	\$0	\$184,486	\$342,616	65.00%	Table 5
D	Total with CHP+	\$8,274,755	0.0	\$0	\$2,831,994	\$5,442,761	65.77%	Row A + Row B + Row C
E	Removing CHP+ component	(\$527,102)	0.0	\$0	(\$184,486)	(\$342,616)	65.00%	Row C * -1
F	Total Cost - Vendor Services (Medicaid)	\$7,747,653	0.0	\$0	\$2,647,508	\$5,100,145	65.83%	Row D + Row E
<i>Program Cost - Software Licenses</i>								
G	Five9 Licensing	\$211,802	0.0	\$0	\$105,901	\$105,901	50.00%	Department Forecast
H	Total Program Cost (Medicaid)	\$7,959,455	0.0	\$0	\$2,753,409	\$5,206,046	65.41%	Row F + Row G
<i>Current Budget</i>								
I	Spending Authority	\$6,122,400	0.0	\$0	\$2,279,719	\$3,842,681	62.76%	FY 2023-24 Long Bill (SB 23-214)
J	Budget Shortfall	\$1,837,055	0.0	\$0	\$473,690	\$1,363,365	74.21%	Row H - Row I

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

Table 4.2 - Colorado Medical Assistance Program (CMAP) - Denver Health Budget Shortfall Calculation FY 2025-26								
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Federal Funds	FFP Rate	Source
<i>Program Cost</i>								
A	Medicaid @ 50% FFP	\$2,842,378	0.0	\$0	\$1,421,189	\$1,421,189	50.00%	Table 5
B	Medicaid @ 75% FFP	\$4,905,275	0.0	\$0	\$1,226,319	\$3,678,956	75.00%	Table 5
C	CHP+	\$527,102	0.0	\$0	\$184,486	\$342,616	65.00%	Table 5
D	<b>Total with CHP+</b>	<b>\$8,274,755</b>	<b>0.0</b>	<b>\$0</b>	<b>\$2,831,994</b>	<b>\$5,442,761</b>	<b>65.78%</b>	<b>Row A + Row B + Row C</b>
E	Removing CHP+ component	(\$527,102)	0.0	\$0	(\$184,486)	(\$342,616)	65.00%	Row C * -1
F	<b>Total Cost - Vendor Services (Medicaid)</b>	<b>\$7,747,653</b>	<b>0.0</b>	<b>\$0</b>	<b>\$2,647,508</b>	<b>\$5,100,145</b>	<b>65.83%</b>	<b>Row D + Row E</b>
<i>Program Cost - Software Licenses</i>								
G	Five9 Licensing	\$211,802	0.0	\$0	\$105,901	\$105,901	50.00%	Department Forecast
H	<b>Total Program Cost (Medicaid)</b>	<b>\$7,959,455</b>	<b>0.0</b>	<b>\$0</b>	<b>\$2,753,409</b>	<b>\$5,206,046</b>	<b>65.41%</b>	<b>Row F + Row G</b>
<i>Current Budget</i>								
I	Spending Authority	\$6,122,400	0.0	\$0	\$2,279,719	\$3,842,681	62.76%	FY 2023-24 Long Bill (SB 23-214)
J	<b>Budget Shortfall</b>	<b>\$1,837,055</b>	<b>0.0</b>	<b>\$0</b>	<b>\$473,690</b>	<b>\$1,363,365</b>	<b>74.21%</b>	<b>Row H - Row I</b>

R-14 Contract True-Up  
Appendix A: Assumptions and Calculations

Table 5.1 - FY 2021-22 Denver Health CMAP Payments (Actuals) - Breakdown of Funding Sources							
Invoice	\$ Medicaid 50%	\$ Medicaid 75%	\$ CHP	\$ Total	% Medicaid 50%	% Medicaid 75%	% CHP
Jul-21	\$82,196.40	\$331,311.18	\$39,167.68	\$452,675.26	18.16%	73.19%	8.65%
Aug-21	\$83,066.42	\$334,817.97	\$39,582.25	\$457,466.64	18.16%	73.19%	8.65%
Sep-21	\$402,097.19	\$338,919.48	\$75,610.81	\$816,627.48	49.24%	41.50%	9.26%
Oct-21	\$177,592.82	\$332,829.21	\$44,334.84	\$554,756.87	32.01%	60.00%	7.99%
Nov-21	\$189,664.96	\$355,453.78	\$47,348.57	\$592,467.31	32.01%	60.00%	7.99%
Dec-21	\$205,698.49	\$385,502.44	\$51,351.23	\$642,552.16	32.01%	60.00%	7.99%
Jan-22	\$350,971.58	\$299,698.06	\$31,158.21	\$681,827.85	51.48%	43.96%	4.56%
Feb-22	\$154,072.41	\$300,761.21	\$34,554.59	\$489,388.21	31.48%	61.46%	7.06%
Mar-22	\$173,794.38	\$339,260.01	\$38,977.73	\$552,032.12	31.48%	61.46%	7.06%
Apr-22	\$174,581.19	\$333,479.36	\$40,995.31	\$549,055.86	31.80%	60.74%	7.46%
May-22	\$168,852.63	\$365,594.53	\$30,641.30	\$565,088.46	29.88%	64.70%	5.42%
Jun-22	\$187,663.59	\$337,968.59	\$49,236.83	\$574,869.01	32.64%	58.79%	8.57%
<b>FY 2022 Total</b>	<b>\$2,350,252.06</b>	<b>\$4,055,595.82</b>	<b>\$522,959.35</b>	<b>\$6,928,807.23</b>	<b>33.92%</b>	<b>58.53%</b>	<b>7.55%</b>

Table 5.2 - FY 2022-23 Denver Health CMAP Payments (Actuals) - Breakdown of Funding Sources							
Invoice	\$ Medicaid 50%	\$ Medicaid 75%	\$ CHP	\$ Total	% Medicaid 50%	% Medicaid 75%	% CHP
Jul-22	\$175,403.26	\$345,617.39	\$34,839.77	\$555,860.42	31.56%	62.18%	6.26%
Aug-22	\$174,819.82	\$344,467.78	\$34,723.89	\$554,011.49	31.56%	62.18%	6.26%
Sep-22	\$174,338.21	\$343,518.79	\$34,628.22	\$552,485.22	31.56%	62.18%	6.26%
Oct-22	\$182,119.68	\$386,444.92	\$26,513.05	\$595,077.65	30.60%	64.94%	4.46%
Nov-22	\$186,791.16	\$363,662.99	\$46,826.51	\$597,280.66	31.27%	60.89%	7.84%
Dec-22	\$196,111.83	\$381,809.38	\$49,163.10	\$627,084.31	31.27%	60.89%	7.84%
Jan-23	\$199,662.65	\$397,542.80	\$40,825.73	\$638,031.18	31.29%	62.31%	6.40%
Feb-23	(\$158,075.37)	\$669,369.92	\$62,716.26	\$574,010.81	-27.54%	116.61%	10.93%
Mar-23	\$197,626.24	\$393,488.14	\$40,409.33	\$631,523.71	31.29%	62.31%	6.40%
Apr-23	\$182,964.34	\$367,730.48	\$35,557.61	\$586,252.43	31.21%	62.73%	6.06%
May-23	(\$175,446.28)	\$796,435.78	\$12,333.71	\$633,323.21	-27.70%	125.76%	1.94%
Jun-23	\$183,866.31	\$369,543.31	\$35,732.91	\$589,142.53	31.21%	62.73%	6.06%
<b>FY 2023 Total</b>	<b>\$1,520,181.85</b>	<b>\$5,159,631.68</b>	<b>\$454,270.09</b>	<b>\$7,134,083.62</b>	<b>21.31%</b>	<b>72.32%</b>	<b>6.37%</b>
<b>FY 2023 Total - Corrected Splits</b>	<b>\$2,450,823.58</b>	<b>\$4,228,989.95</b>	<b>\$454,270.09</b>	<b>\$7,134,083.62</b>	<b>34.35%</b>	<b>59.28%</b>	<b>6.37%</b>

Table 5.3 - FY 2023-24 Denver Health CMAP Payments (Actuals/Projected) - Breakdown of Funding Sources							
Invoice	\$ Medicaid 50%	\$ Medicaid 75%	\$ CHP	\$ Total	% Medicaid 50%	% Medicaid 75%	% CHP
Jul-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Aug-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Sep-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Oct-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Nov-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Dec-23 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Jan-24 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Feb-24 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Mar-24 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Apr-24 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
May-24 (Projected)	\$241,066.27	\$416,023.53	\$44,704.28	\$701,794.08	34.35%	59.28%	6.37%
Jun-24 (Projected)	\$241,066.28	\$416,023.55	\$44,704.29	\$701,794.12	34.35%	59.28%	6.37%
<b>FY 2024 Total</b>	<b>\$2,892,795.25</b>	<b>\$4,992,282.38</b>	<b>\$536,451.37</b>	<b>\$8,421,529.00</b>	<b>34.35%</b>	<b>59.28%</b>	<b>6.37%</b>

Table 5.4 - FY 2024-25 Denver Health CMAP Payments (Actuals/Projected) - Breakdown of Funding Sources							
Invoice	\$ Medicaid 50%	\$ Medicaid 75%	\$ CHP	\$ Total	% Medicaid 50%	% Medicaid 75%	% CHP
Jul-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Aug-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Sep-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Oct-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Nov-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Dec-24 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Jan-25 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Feb-25 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Mar-25 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Apr-25 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
May-25 (Projected)	\$236,864.86	\$408,772.90	\$43,925.16	\$689,562.92	34.35%	59.28%	6.37%
Jun-25 (Projected)	\$236,864.85	\$408,772.88	\$43,925.15	\$689,562.88	34.35%	59.28%	6.37%
<b>FY 2025 Total</b>	<b>\$2,842,378.31</b>	<b>\$4,905,274.78</b>	<b>\$527,101.91</b>	<b>\$8,274,755.00</b>	<b>34.35%</b>	<b>59.28%</b>	<b>6.37%</b>