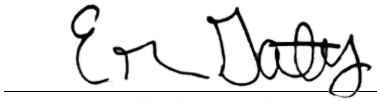
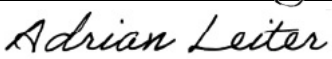
Department of Health Care Policy and Financing

Funding Request for the FY 2024-25 Budget Cycle

Request Title

R-06 Provider Rate Adjustment

Dept. Approval By: 

OSPB Approval By: 

	Supplemental FY 2023-24
	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**
	Total	**$12,788,611,276**	**$0**	**$12,802,536,515**	**$244,170,406**	**$270,302,214**
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	$3,766,238,112	$0	$3,796,033,390	$71,295,814	$94,312,020
	CF	$1,322,648,608	$0	$1,302,144,092	$29,376,802	$17,490,645
	RF	$99,768,813	$0	$99,768,813	$0	$0
	FF	$7,599,955,743	$0	$7,604,590,220	$143,497,790	$158,499,549

Line Item Information	Fund	FY 2023-24 Initial Appropriation	FY 2023-24 Supplemental Request	FY 2024-25 Base Request	FY 2024-25 Change Request	FY 2025-26 Continuation
01. Executive Director's Office, (D) Eligibility Determinations and Client Services, (1) Eligibility Determinations and Client Services - County Administration	**Total**	**$132,209,721**	**$0**	**$111,588,085**	**$1,115,881**	**$1,115,881**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$22,999,538	$0	$18,442,570	$184,426	$184,426
	CF	$26,966,487	$0	$25,523,159	$255,232	$255,232
	RF	$0	$0	$0	$0	$0
	FF	$82,243,696	$0	$67,622,356	$676,223	$676,223
02. Medical Services Premiums, (A) Medical Services Premiums, (1) Medical Services Premiums - Medical Services Premiums	**Total**	**$11,506,136,779**	**$0**	**$11,527,931,557**	**$203,665,783**	**$222,180,855**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$3,216,123,250	$0	$3,228,658,544	$51,452,680	$70,663,760
	CF	$1,248,504,293	$0	$1,243,922,989	$29,004,747	$17,107,972
	RF	$99,768,813	$0	$99,768,813	$0	$0
	FF	$6,941,740,423	$0	$6,955,581,211	$123,208,356	$134,409,123
03. Behavioral Health Community Programs, (A) Behavioral Health Community Programs, (1) Behavioral Health Community Programs - Behavioral Health Fee-for-Service Payments	**Total**	**$10,973,366**	**$0**	**$10,984,950**	**$113,636**	**$123,966**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$2,431,933	$0	$2,435,809	$27,304	$29,787
	CF	$661,577	$0	$662,326	$6,741	$7,354
	RF	$0	$0	$0	$0	$0
	FF	$7,879,856	$0	$7,886,815	$79,591	$86,825
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Comprehensive Services	**Total**	**$771,570,563**	**$0**	**$779,191,172**	**$29,065,932**	**$31,708,290**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$368,919,010	$0	$381,292,346	$14,520,607	$15,840,660
	CF	$9,151,410	$0	$1,212,369	$12,362	$13,485
	RF	$0	$0	$0	$0	$0
	FF	$393,500,143	$0	$396,686,457	$14,532,963	$15,854,145
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	**Total**	**$93,765,842**	**$0**	**$94,270,909**	**$3,175,565**	**$3,464,251**
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$38,926,121	$0	$40,425,937	$1,512,172	$1,649,641
	CF	$7,024,708	$0	$5,871,541	$75,613	$82,486
	RF	$0	$0	$0	$0	$0
	FF	$47,815,013	$0	$47,973,431	$1,587,780	$1,732,124

Line Item Information	Fund	FY 2023-24 Initial Appropriation	FY 2023-24 Supplemental Request	FY 2024-25 Base Request	FY 2024-25 Change Request	FY 2025-26 Continuation
	Total	**$62,870,839**	**$0**	**$63,271,288**	**$1,428,776**	**$1,558,663**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Extensive Support Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$29,190,545	$0	$30,245,087	$706,885	$771,147
	CF	$1,649,152	$0	$818,618	$7,504	$8,186
	RF	$0	$0	$0	$0	$0
	FF	$32,031,142	$0	$32,207,583	$714,387	$779,330
	Total	**$14,689,243**	**$0**	**$14,804,244**	**$509,827**	**$556,176**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,068,174	$0	$7,199,417	$254,308	$277,427
	CF	$132,200	$0	$66,096	$606	$661
	RF	$0	$0	$0	$0	$0
	FF	$7,488,869	$0	$7,538,731	$254,913	$278,088
	Total	**$115,903,041**	**$0**	**$134,403,915**	**$3,785,279**	**$8,266,594**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Case Management for People with Disabilities	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$52,206,300	$0	$65,960,439	$1,884,609	$4,124,537
	CF	$6,064,491	$0	$1,572,704	$13,997	$15,269
	RF	$0	$0	$0	$0	$0
	FF	$57,632,250	$0	$66,870,772	$1,886,673	$4,126,788
	Total	**$11,048,853**	**$0**	**$11,048,853**	**$101,281**	**$110,489**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Family Support Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$11,048,853	$0	$11,048,853	$101,281	$110,489
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0
	Total	**$5,193,524**	**$0**	**$5,193,524**	**$47,607**	**$51,935**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$5,193,524	$0	$5,193,524	$47,607	$51,935
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0

Line Item Information	Fund	FY 2023-24 Initial Appropriation	FY 2023-24 Supplemental Request	FY 2024-25 Base Request	FY 2024-25 Change Request	FY 2025-26 Continuation
	Total	**$5,061,041**	**$0**	**$5,061,041**	**$46,393**	**$50,610**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services Case Management	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$5,061,041	$0	$5,061,041	$46,393	$50,610
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0
	Total	**$69,823**	**$0**	**$69,823**	**$640**	**$698**
04. Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Preventative Dental Hygiene	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$69,823	$0	$69,823	$640	$698
	CF	$0	$0	$0	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$0	$0	$0	$0	$0
	Total	**$59,118,641**	**$0**	**$44,717,154**	**$1,113,806**	**$1,113,806**
05. Indigent Care Program, (A) Indigent Care Program, (1) Indigent Care Program - Primary Care Fund Program	FTE	0.0	0.0	0.0	0.0	0.0
	GF	$7,000,000	$0	$0	$556,902	$556,903
	CF	$22,494,290	$0	$22,494,290	$0	$0
	RF	$0	$0	$0	$0	$0
	FF	$29,624,351	$0	$22,222,864	$556,904	$556,903

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

Governor Jared Polis
FY 2024-25 Funding Request

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
November 1, 2023

Department Priority: R-6
Provider Rate Adjustments

Summary of Funding Change for FY 2024-25			
		Incremental Change	
	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2025-26 Request
Total Funds	$12,788,611,276	$244,170,406	$270,302,214
FTE	0.0	0.0	0.0
General Fund	$3,766,238,112	$71,295,814	$94,312,020
Cash Funds	$1,322,648,608	$29,376,802	$17,490,645
Reappropriated Funds	$99,768,813	$0	$0
Federal Funds	$7,599,955,743	$143,497,790	$158,499,549

Summary of Request

The Department requests $244 million in FY 2024-25 and $270 million ongoing in FY 2025-26 to provide an across-the-board rate increase of 1.0% and to make various targeted rate adjustments. The Department's proposed targeted rate adjustments include rebasing the single assessment tool rate, increasing the regional center transition rate, increasing funding for the primary care fund program in conjunction with sunsetting the Colorado Indigent Care Program (CICP), and an increase for home and community-based waiver services to reflect a $16.55 per hour base wage for workers statewide and $18.29 per hour in Denver. It also includes funding to implement the recommendations determined through the annual rate review process to promote equity in reimbursement for services. This request represents a 1.9% increase from the Department's FY 2023-24 Long Bill total funds appropriation. There would need to be statute changes to sunset the CICP.

Requires Legislation	Equity Impacts	Impacts Another Department?	Statutory Authority
Yes	Positive	No	C.R.S. 25.5-4-209 (1)(I)(A)(B) C.R.S. 25.5-6-202

Current Program

Medicaid Provider Rate Review Advisory Committee (MPRRAC)
Colorado's Medicaid program currently provides health care access to about 1.6 million people with a budget of $16 billion. Most providers are paid on a fee-for-service basis, meaning the Department pays for each incurred service based on a set rate. Pursuant to Section 25.5-4-401.5, C.R.S., the Department is required to periodically perform reviews of provider rates under the Colorado Medical Assistance Act. Section 25.5-4-401.5, C.R.S. also established the Medicaid Provider Rate Review Advisory Committee (MPRRAC) to assist in the review of provider reimbursement rates.

Care and Case Management System Needs Assessment
All individuals seeking or receiving long-term services and supports (LTSS) participate in a needs assessment process to determine the individuals' needed level of care and supports. SB 16-192, "Assessment Tool Intellectual And Developmental Disabilities," established funding for the Department to create a needs assessment tool, which was initially piloted in FY 2019-20 and concluded in April 2020. The Level Of Care (LOC) Screen pilot had case managers assess participants using both the previous LOC eligibility assessment and the new LOC screening tool. Using data and information from this pilot period, the Department established a new single assessment tool rate, which will go into effect February 2024. The current funding for the assessment tool runs out in February 2025.

Regional Center Transition Rate
Regional Centers provide services for individuals with intellectual and developmental disabilities who have intensive needs through the Developmental Disabilities (DD) wavier and Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). Individuals transitioning from Regional Center services to private service providers often wait for a Level 7 reimbursement rate to be negotiated, delaying time for transitions. This not only keeps individuals receiving Regional Center services longer than is appropriate, but also increases Colorado Medicaid's costs in paying a higher rate for Regional Center services.

Increase Primary Care Fund
The Colorado Indigent Care Program (CICP) provides discounted health care services to low-income people and families at or below 250% of the Federal Poverty Level (FPL). Individuals enrolled in CICP cannot be eligible for Medicaid and or Child Health Plan Plus (CHP+). The CICP advisory committee

has recommended the CICP program be sunset and additional funding moved to the Primary Care Fund. SB 21-205 (Long Appropriations Bill) eliminated the CICP clinic line item. This change was made in part because of SB 21-212 (Primary Care Payment Align Federal Funding) which directed the Department to seek a federal match for the Primary Care Fund. The Primary Care Fund, created through the collection of additional tobacco taxes in Colorado, is a cash fund that disburses money to entities that provide comprehensive primary care services in an outpatient setting to uninsured or medically indigent patients in Colorado.

Home and Community Based Waiver Services

Home and Community-Based Services (HCBS) waiver members can receive care in their home or community with services such as personal care, residential care, day habilitation services, and behavioral services. These types of services allow individuals to receive essential care and remain in a community setting. Current shortages in the direct care workforce are anticipated to grow by 40% between 2018 and 2028. There are currently significant shortages in the workforce, and these shortages are anticipated to get worse as demand for direct care services increases. In FY 2021-22 and FY 2022-23, the Department used funding from Section 9817 of the American Rescue Plan Act (ARPA) to implement a $15 per hour base wage rate increase for HCBS services. In FY 2023-24, the Department increased the base wage in the HCBS rates to $17.29 per hour for Denver providers to align with the Denver minimum wage increase and $15.75 per hour for non-Denver providers.

Through SB 23-289 "Community First Choice Medicaid Benefit" services previously offered on waivers including Personal Care, Homemaker, and other services will become available as state plan benefits, increasing access to services beginning July 1, 2025[1]. This means that services that are moved from the HCBS waivers to the state plan will no longer be able to have differential rates based on waiver.

Problem or Opportunity

Investing in adequate provider rates and aligning payment with high-value services are critical components in ensuring members have sufficient access to care, that quality outcomes are achieved, and cost-effective services are provided. The Department has an opportunity to address provider rates in a variety of services categories, including rates that may be currently set below reasonable benchmarks. The Department requests to address these areas through a series of provider rate adjustments.

Rate Review Process Recommendations

The Department proposes to implement several key recommendations from the 2023 Medicaid Provider Rate Review Recommendations Report. These recommendations are informed by the results of the 2023 Medicaid Provider Rate Review Analysis Report, the Medicaid Provider Rate Review Advisory Committee's (MPRRAC) recommendation, the Department's rate setting process,

[1] Services moving to the State Plan include Homemaker, Personal Care, Health Maintenance Activities, Acquisition Maintenance and Enhancement of Skill (AME), Remote Supports, Home Delivered Meals, Transition Setup Services, and Electronic Monitoring

and the research of the Department's subject matter experts. For each service grouping, rate benchmark comparisons describe how Colorado Medicaid payments compare to other payers, such as Medicare and other State Medicaid Agencies. For most services, Medicare is picked as the appropriate comparator. Other State Medicaid Agency rates are used as comparators when Medicare does not cover the service, Medicare's population is different enough that services rendered do not necessarily translate to similar services covered by Colorado Medicaid, differences between Colorado Medicaid and Medicare's payment methodologies prohibit valid rate comparison, and there is a known issue with Medicare's rates. Each recommendation specifies which benchmark was used. For more information, please see the 2023 Medicaid Provider Rate Review Recommendations Report.

Pediatric Behavioral Therapies

The Department found that Colorado Medicaid payments for pediatric behavioral therapies were between 41.9% and 128.5% of the benchmark of other State Medicaid Agency rates. The other State Medicaid Agencies used for comparison are Florida, Massachusetts, Maryland, North Carolina, Nevada, Oregon, Texas, Utah, and Washington. These State Medicaid Agency rates were adjusted for cost of living compared to Colorado. The Department's recommendation is to rebalance the rates for pediatric behavioral therapies to 100% of the benchmark and leave the one rate that is above the benchmark above 100%.

Anesthesia

The Department found that Colorado Medicaid payments for anesthesia services are estimated at 137.5% of the benchmark. The Department also found that top 10 anesthesia codes utilized in this service category varied between 135.7% and 146.5% of Medicare reimbursement rates. For example, the most utilized anesthesia service is for anesthesia services during procedures on the lower abdomen. Colorado Medicaid reimburses $28.63 per 15 minute increment compared to Medicare's reimbursement of $21.08, a 135.8% difference. The greatest rate difference from the benchmark is for anesthesia for spinal taps, which Colorado Medicaid reimburses at a rate 271.7% higher than the Medicare rate. In FY 2019-20, the Department lowered anesthesia rates to 120% of Medicare rates. In addition, in 2021 Medicare lowered their rates once again which left Colorado Medicaid's rates higher than Medicare. The Department's recommendation is to rebalance the anesthesia rates that are above 100% of the benchmark to 100%.

Ambulatory Surgery Centers

The Department found that Colorado Medicaid payments for Ambulatory Surgery Center (ASC) services are estimated at 53.5% of the Medicare reimbursement rates. The Department also found that the top 10 ASC codes utilized in this service category varied between 30.8% and 78.8% of Medicare rates. The Department recommends rebalancing the rates that were identified below 75% of the benchmark to 75% of the benchmark.

Maternity Services

Most maternity services are reimbursed utilizing global maternity codes for services, including antepartum care, labor and delivery, and postpartum care, that are provided during the maternity period. The Department found that Colorado Medicaid payments for maternity services

are estimated at 76.1% of the benchmark of Medicare reimbursement rates. The Department recommends 14 out of 18 general maternity service and care codes increase to 100% of the benchmark, while the remaining 4 codes that are already above 90% of the benchmark to remain at their current state. The Department also recommends that 12 out of 14 pregnancy or non-viable pregnancy codes increase to 80% of the benchmark, while the remaining 2 codes that are already above 80% of the benchmark remain at their current state.

Behavioral Health Fee-For-Service

Colorado Medicaid pays for a small number of behavioral health services directly through a Fee-For-Service (FFS) model outside of the Capitated Behavioral Health Benefit. The Department found that Colorado Medicaid payments for behavioral health FFS services are estimated at 97.0% of the Medicare reimbursement rates. The Department also found that the top 10 behavioral health FFS codes utilized in this service category varied between 87.7% and 120.8% of the benchmark. The Department recommends reverting the rates for two Autism Spectrum Disorder and Development screening assessment codes to $18.39 to reflect the rates before the FY 2023-24 rate rebalancing plus a 3% increase. These two rates are currently at 100% of the benchmark.

Surgeries

The Medicaid Provider Rate Review Analysis and Recommendation Report examined the following sub-categories of surgeries: digestive system, musculoskeletal system, cardiovascular system, respiratory, integumentary system, eye and auditory system, and other surgeries. The Department recommends the following rebalancing for each surgery category:

Digestive System Surgeries

The Department found that Colorado Medicaid payments for digestive system surgeries are estimated at 96.4% of the Medicare benchmark. Individual rate ratios for digestive system surgeries were between 6.0% - 1453.2% of Medicare reimbursement rates. The Department recommends raising preventative surgery codes to 100% of the benchmark and keeping any preventative surgery codes over 100% at their current rate. The Department also recommends a rebalance of all other codes below 70% of the benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%

Musculoskeletal System Surgeries

The Department found that Colorado Medicaid payments for musculoskeletal system surgeries are estimated at 66.4% of the Medicare benchmark. Individual rate ratios for musculoskeletal system surgeries were between 6.1% and 1734.1% Medicare reimbursement rates. The Department recommends a rebalance of codes below 70% of the benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%.

Cardiovascular System Surgeries

The Department found that Colorado Medicaid payments for cardiovascular system surgeries were estimated at 162.4% of the Medicare benchmark. Individual rate ratios for musculoskeletal system surgeries were between 5.6% and 1302.4% of Medicare reimbursement rates. The Department recommends a rebalance of codes below 70% of the benchmark to be increased to 70% and codes

above 125% of the benchmark to be reduced to 125% using only non-facility Medicare rates as the benchmark.

Respiratory System Surgeries
The Department found that Colorado Medicaid payments for respiratory system surgeries are estimated at 82.5% of the Medicare benchmark. Individual rate ratios for respiratory system surgeries were between 6.4% and 823.35 of the Medicare reimbursement rates. The Department recommends a rebalance of codes below the 70% benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%.

Integumentary System Surgeries
The Department found that Colorado Medicaid payments for integumentary system surgeries are estimated at 63.5% of the Medicare benchmark. Individual rate ratios for integumentary system surgeries were between 4.7% and 470.9% of the Medicare reimbursement rates. The Department recommends a rebalance of codes below the 70% benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%. Additionally, the Department recommends 1 preventative service (hair removal by electrolysis) to increase to 100% of the benchmark.

Eye and Auditory System Surgeries
The Department found that Colorado Medicaid payments for eye and auditory system surgeries are estimated at 95.0% of the Medicare benchmark. Individual rate ratios for eye and auditory system surgeries were between 7.8% and 653.8% of the Medicare reimbursement rates. The Department recommends a rebalance of codes below the 70% benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%.

Other Surgeries
This category includes procedures which are considered surgeries but are not included in any of the other surgical categories covered in this report. Services under "other surgeries" are as follows: endocrine system, female genital system, male genital system, intersex surgery, and urinary system. The Department found that Colorado Medicaid payments for other surgeries are estimated at 78.2% of the Medicare benchmark. Individual rate ratios for other surgeries were between 2.5% and 1335.2% of the Medicare reimbursement rates. The Department recommends a rebalance of codes below the 70% benchmark to be increased to 70% and codes above 100% of the benchmark to be reduced to 100%.

Co-Surgeries
Providers have expressed concern that the limited scope of co-surgery reimbursement does not allow the flexibility for two surgeons to collaborate on highly complex procedures where the skills of two surgeons are necessary. Therefore, the Department recommends expanding the reimbursable co-surgery codes from the current 287 to 2,469 based on Centers for Medicare and Medicaid Services (CMS) guidance.

Abortion

Per Federal and State guidelines, Health First Colorado covers abortion services if one of the three following circumstances exists: 1. A life-endangering condition for the pregnant individual and under situations of, 2. Rape, or 3. Incest. The Department found that Colorado Medicaid payments for abortion services were between 23.0% and 57.7% of the benchmark of other State Medicaid Agency rates. The other State Medicaid Agency rates used for comparison are California, Oregon, and Illinois. The Department recommends rebalancing three abortion services to 100% of the benchmark.

Dental

The Department found the average payment rate for dental services was 49.8% of the benchmark. The benchmark data for dental services is American Dental Association (ADA) 2022 survey data. The Department recommends increasing preventive dental service rates, endodontic, and periodontic service rates to 100% of the benchmark. This aligns with incentivizing dental prevention and efforts to improve member access and equity to oral health care. The Department also recommends increasing diagnostic services rates to 70% of the benchmark at this time.

Care and Case Management Needs Assessment

Through SB 16-192, the Department was provided with one year of funding for the new single assessment tool. With the rollout of the new Needs Assessment in February 2024 and the expiration of SB 16-192 funding in February 2025, the Department requires ongoing funding for reimbursement of the new Colorado Single Assessment.

Regional Center Transition Rate

Currently, individuals seeking to transition from Regional Center services to private provider services often wait for a Level 7 rate to be negotiated, delaying time for transitions, and thereby increasing Medicaid cost in paying a higher rate for Regional Center services. Members wait an average of 297 days post the determination of transition readiness or decision to leave Regional Center services before they transition, resulting in increased costs. Individuals may experience emotional distress during prolonged transition times that can lead to an increase in challenging behavior that further delays transition time.

Increase Primary Care Fund

Safety-net clinics use CICP funding to offer Sliding Fee Scale discounts to patients with incomes between 201 and 250% of the FPL. With the removal of the Clinic Based Indigent Care line item and sunsetting of the funding through SB 21-205, the FY 21-22 Long Bill, there is no longer additional funding to cover services for patients within these income brackets. With the loss of the line-item funding, 11 safety-net clinics have stopped participating in the CICP and only 7 continue to participate. However, the Primary Care Fund funding cannot currently be used to offer discounts to patients above 200% of the FPL. This means there has likely been a decrease in access to primary care services for lower income Coloradans above 200% of the FPL.

Home and Community Based Wavier Services

There are significant workforce shortages in the HCBS settings. The rates for HCBS services were increased to reflect a $17.29 per hour base wage in Denver and $15.75 per hour base wage outside

of Denver in the R-7 Provider Rate Adjustments request. However, there continues to be significant pressure on wages for direct care workers, who could make more money working in other industries. This is exacerbated in the City and County of Denver, which recently raised the local minimum wage to $18.29 per hour.

Additionally, many services that are set to transition to the State Plan from existing waivers are currently being reimbursed at different rates for different waiver populations. Under the State Plan, the Department must reimburse the same rate for each service regardless of the waiver the member is a part of.

Proposed Solution and Anticipated Outcomes

The Department requests $244,170,406 total funds and $71,295,813 General Fund in FY 2024-25 and $270,302,214 total funds and $94,312,020 General Fund in FY 2025-26 and ongoing to provide an across the board provider rate increase of 1.0% and to make various targeted rate adjustments. With the rising cost of living due to high inflation, the Department anticipates that providers are also seeing rising costs.[2] The Department proposes to increase rates significantly to account for current economic conditions. The most important thing the Department can do to help with the massive workforce shortage is increase reimbursement as the largest payer in the state. This will also help to prevent further exacerbating disparities as providers decide whether it makes financial sense to accept Medicaid members.

Investing in adequate provider rates and aligning payment with high-value services are critical components to ensuring members have access to care, that quality outcomes are achieved, and that services provided are cost-effective. Outcomes being measured to assess whether rate increases success or fail are quality of care, access to services, provider network capacity, adequacy of rates, increased member satisfaction, member feedback, and provider feedback. Approved rate increases are implemented in the Department's Medicaid Management Information (MMIS) system. Based on these components, this request falls under Step 3: Evidence Informed on the evidence continuum.

Across-the-Board Rate Adjustment
The Department request an across-the-board (ATB) provider rate increase of 1.0% for most services that are not addressed in the other components of this request. In aggregate, the increases will help address adequacy of payments and support providers who are subject to rising labor, unity, and capital costs, and other inflationary pressures.

MPRRAC Recommendations
Pediatric Behavioral Therapies, Anesthesia, Ambulatory Surgery Centers, Maternity Services, Behavioral Health Fee-For-Service, Surgeries, Co-Surgeries, Abortion, and Dental

[2] https://www.bls.gov/news.release/cpi.nr0.htm

The Department requests funding to increase and/or rebalance rates for certain services that were identified through the rate review process to be out of alignment with specific Medicare and other State Medicaid Agency benchmarks. Services that were found to be significantly above or below the benchmark rates will be rebalanced. The services recommended for rebalancing are pediatric behavioral therapies, anesthesia, ambulatory surgery center services, maternity services, behavioral health fee-for-service, surgeries, co-surgeries, abortion, and dental. Overall, this will result in a net increase to expenditure for each of these service categories, except anesthesia. As noted above, anesthesia services are reimbursed significantly above the benchmark rates. More information on the cost of maximum investment can be found in the 2023 Medicaid Provider Rate Review Analysis and Recommendation Report.

Care and Case Management Needs Assessment

The Department requests ongoing funding to cover the expected increase related to the implementation of the new needs assessment (Colorado Single Assessment) required in SB 16-192. As shown in Table 5.1 through Table 5.8 of the appendix, the Department request for ongoing needs assessment funding is partially offset with the removal of the Supports Intensity Scale (SIS) assessment, Children's Extensive Support (CES) application, and savings from combining Single Entry Points (SEPs) and Community Centered Boards (CCBs) into Case Management Agencies (CMAs) with a single level of care rate.

Regional Center Transition Rate

The Department requests to develop a set rate for individuals transitioning from Regional Center services. The set rate would decrease time for transition by removing the delay for negotiating a Level 7 rate and decrease readmissions into the Regional Centers by improving access to care.

Increase Primary Care Fund

As recommended by the Colorado Indigent Care Program (CICP) Advisory Council, the Department requests legislation to sunset the CICP as a distinct program to better serve lower income Coloradans considering other legislation and funding changes in recent years. The Department also requests that this legislation clean up hospital financial assistance requirements implemented via HB21-1198 "Health-care Billing Requirements For Indigent Patients," which addresses services provided to indigent patients not reimbursed through CICP, to address unintended impacts and administrative challenges. To ensure services to low-income Coloradans to 250% of the FPL, the Department requests funding to add to the Primary Care Fund for the express purpose of supporting care for uninsured Coloradans from 200-250% FPL at Federally Qualified Health Centers (FQHC).

Home and Community Based Waiver Services

The Department requests funding to increase the base wage to support direct care workers that provide HCBs services. This increase will be provided through a wage passthrough to ensure that workers receive at least a $16.55 per hour wage in non-Denver counties and $18.29 per hour in Denver county. Maintaining these rates will allow the Department to further support the financial stability of workers in the personal care industry in Colorado and ensure that patients have an adequate provider network to meet their needs. The Department requests to use funding from

the American Plan Rescue Act (ARPA) HCBS spending plan for the State share through December, 31 2024 and use General Fund as the state share ongoing after that. The Department also requests to bring rates that are transitioning from the waivers to the state plan on July 1, 2025 through Community First Choice closer into alignment. The Department requests to bring waiver rates closer in alignment by increasing the rates for waivers that are below the highest waiver rate while maintaining the existing waiver rate for services that are already being reimbursed above others. The Department's request does not fully align all services that are being transitioned from the waivers to the state plan.

Supporting Evidence and Evidence Continuum

Program Objective	Investing in adequate provider rates and aligning payment with high-value services are critical components in ensuring members have sufficient access to care, that quality outcomes are achieve, and that services provided are cost-effective. The objective of increasing provider rates is to increase access to care and to ensure adequate reimbursement of services for providers.
Outputs being measured	Quality of care, utilization of services, member feedback, and provider feedback.
Outcomes being measured	Access to services, provider network capacity, adequacy of rates, increased member satisfaction.
Type and Result of Evaluation	Increased rates lead to greater utilization of services, greater access to services, and increased provider network capacity.
S.B. 21-284 Evidence Category and Evidence Continuum Level	Step 3: Evidence Informed

Promoting Equitable Outcomes

This budget request affects uninsured and low-income Medicaid patients and Medicaid patients residing in rural communities. This request will have a positive equity impact on these populations as it increases money sent to providers, which in turn increases the provider resources and increases the number of providers willing to provide services to these populations. The 2023 Medicaid Provider Rate Review Analysis and Recommendation Report issues rate recommendations that contain comparisons of Colorado Medicaid provider rates to those of other payers, access to care analyses, and assessments of whether payments were sufficient to allow

for member access and provider retention and to support appropriate reimbursement of high-value services, including where additional research is necessary to identify potential access issues.

Assumptions and Calculations

Across-the-Board Rate Adjustments
Estimates are based on the Department's FY 2024-25 forecasted budget multiplied by 1.0%. Although these rates will affect most Medicaid providers, a number of providers will be exempted from rate increases or receive different rate increases. These distinctions include:

- Reimbursements to pharmacies are not eligible for the rate increase. Pharmaceutical reimbursement has transitioned to a methodology that reflects the actual costs of purchasing and dispensing medications. Further, pharmaceutical reimbursement is unique in that the reimbursement methodology is directly tied to a moving price statistic that increases reimbursement as provider costs increase;
- Rates for rural health clinics (RHCs) are based on actual cost or the Medicare upper payment limit. RHCs have previously not been subject to rate decreases or increases due to the unique manner in which these rates are calculated;
- Rates for Federally Qualified Health Centers will be ineligible due to recent increases bringing reimbursement for this provider type to the upper limit of allowed amount under the current reimbursement methodology;
- Physical health managed care programs, including risk-based health maintenance organizations such as the providers for the Program of All-Inclusive Care for the Elderly (PACE), are negotiated within the parameters of their respective rate setting methodology and may not be impacted by rate increases depending on the outcome of rate negotiations; and
- Risk-based physical health managed care programs for Medicaid and the Child Health Plan Plus (CHP+) and regional accountable entities (RAEs) will not receive direct rate increases as part of this change request. Rates are set in accordance with federal regulation and actuarial standards, which do not generally permit general provider rate increases. The department notes, however, that RAE and CHP+ rates generally increase in response to provider cost, and rates for Medicaid managed care organizations will increase indirectly based on increases applied to fee-for-service rates.

Services receiving targeted rate increases will not be eligible for the additional across-the-board rate increase, except for HCBS waiver services, which will receive the across-the-board increase in addition to the base wage increase for direct care workers.

Pediatric Behavioral Therapies, Anesthesia, Ambulatory Surgery Centers, Maternity Services, Behavioral Health Fee-For-Service, Surgeries, Co-Surgeries, Abortion, and Dental

The Department compared rates for pediatric behavioral therapies, anesthesia, ambulatory surgery centers, maternity services, behavioral health fee-for-service, surgeries, co-surgeries, abortion and dental services to their appropriate and corresponding benchmark rates and

estimated the Department's reimbursement rates compared to the benchmarks as a percentage. For these services, rates were mostly increased closer to or above 100% of the benchmark, with the exception of anesthesia services which were reduced to 100% of the benchmark. The Department estimated the cost by calculating the difference between the current rates and the proposed rates and multiplied that difference by the annual utilization.

Care and Case Management Needs Assessment

The Department estimated the total ongoing cost of implementing the needs assessment by evaluating the total ongoing cost of the new needs assessment tool, estimating the savings in combining the Level of Care rates for SEPs and CCBs, and by estimating the total saving to remove the Support Intensity Scale (SIS) assessment and CES application. The Department used the proposed rates for the CMA Level Of Care (LOC) Screen assessment and the new Needs Assessment tool from the piloted rate study. FY 2022-23 actuals were used for current functional eligibility tool called 100.2 LOC assessments, the number of participants seeking Long-Term Services and Supports (LTSS), and SIS assessment and CES application payments. Based on the pilot program, the Department assumes that 25% of participants will opt for the Basic Needs Assessment, and of that 25%, 4.2% of participants will be either newly eligible or new as they have transitioned from another waiver. The 4.2% is based on the member growth of HCBS waivers from FY 2021-22 to FY 2022-23. The remaining 75% are assumed to choose the Comprehensive Needs Assessment, with the same 4.2% of new participants defined above. The full population breakdown is calculated in Table 5.8 in the appendix. In following years, the Department expects that the ratio of Basic Needs Assessments to Comprehensive Needs Assessments will flip, with the majority of participants opting for the Basic Needs Assessments, and the minority choosing the Comprehensive Needs Assessment. The Department makes this assumption because most of the participants taking the Needs Assessment in FY 2025-26 will have already taken it in FY 2024-25 and are less likely to answer the voluntary questions than new participants, or participants who have not experienced a significant change over the past year. During the pilot program, the length of time to complete the Comprehensive and Basic Assessments were timed in order to determine accurate rates. The study found that it took participants an average of 2 hours and 17 minutes to complete the Comprehensive Assessment and had an average of 17 minutes time savings when only completing the Basic Assessment. The observed time savings corresponds to an 87% difference in time, so the rate for the Comprehensive Assessment was calculated as 87% of the original rate, which can be seen in Table 5.7 Row G.

Regional Center Transition Rate

The Department estimated the fiscal impact by multiplying the change in per diem rates by the estimated number of members who are expected to transition from regional center services annually, multiplied by 365 as these are per diem rates. The Department used the current DD waiver rate for Individual Residential Services and Supports (IRSS) Level 4 based on the average level of care members transitioning from Regional Center services received. The Department assumes that transitioning members from Regional Center services could result in some savings to state-run Regional Centers but did not include these savings in this request as vacant beds from DD waiver members could be filled with other patients, resulting in no net change cost in operating expenses.

Increase Primary Care Fund

The Department used the most recently available data from the FY 2021-22 Colorado Indigent Care Program and Primary Care Fund Annual Report to calculate this request.[3] The Department estimated the total cost to provide care for lower income Coloradans from 200 to 250% of the FPL by multiplying the total cost for all CICP clinics visits by the percentage of CICP clinic visits for clients with incomes from 201-250% FPL compared to all CICP clinic visits.

Home and Community Based Waiver Services

The Department estimated Home- and Community-Based rate increase by projecting expenditure by services receiving the proposed rate increase and calculating the increase in payments based on the variable percentage increase by service. The Department estimated increased rates for services moving to the state plan disproportionately by waiver to bring them closer in alignment prior to the July 1, 2025 service transition to the state plan.

[3] hcpf.colorado.gov/sites/hcpf/files/2021-22%20CICP%20Annual%20Report.pdf

Table 1.1
Summary by Line Item
FY 2024-25

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (D) Eligibility Determination and Client Services, County Administration	$1,115,881	0.0	$184,426	$255,232	$0	$676,223	60.60%	Table 3.1 Row B
B	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	$203,665,783	0.0	$51,452,680	$29,004,747	$0	$123,208,356	60.50%	Table 3.1 Row G + Corresponding rows in Summary by Initiative Table 2.1
C	(3) Behavioral Health Community Programs, Behavioral Health Fee-for-Service Payments	$113,636	0.0	$27,304	$6,741	$0	$79,591	70.04%	Table 3.1 Row I
D	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Comprehensive Services	$29,065,932	0.0	$14,520,607	$12,362	$0	$14,532,963	50.00%	Table 3.1 Row K
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	$3,175,565	0.0	$1,512,172	$75,613	$0	$1,587,780	50.00%	Table 3.1 Row M
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Extensive Support Services	$1,428,776	0.0	$706,885	$7,504	$0	$714,387	50.00%	Table 3.1 Row O
H	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	$509,827	0.0	$254,308	$606	$0	$254,913	50.00%	Table 3.1 Row Q
I	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Case Management	$3,785,279	0.0	$1,884,609	$13,997	$0	$1,886,673	49.84%	Table 3.1 Row S
J	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Family Support Services	$101,281	0.0	$101,281	$0	$0	$0	0.00%	Table 3.1 Row Y
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services	$47,607	0.0	$47,607	$0	$0	$0	0.00%	Table 3.1 Row U
L	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services Case Management	$46,393	0.0	$46,393	$0	$0	$0	0.00%	Table 3.1 Row W
M	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Preventive Dental Hygiene	$640	0.0	$640	$0	$0	$0	0.00%	Table 3.1 Row AA
N	(5) Indigent Care Program, Primary Care Fund Program	$1,113,806	0.0	$556,902	$0	$0	$556,904	50.00%	Table 3.1 Row M
O	**Total Request**	**$244,170,406**	**0.0**	**$71,295,814**	**$29,376,802**	**$0**	**$143,497,790**	**58.77%**	**Sum of Rows A thru M**

Table 1.2
Summary by Line Item
FY 2025-26

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (D) Eligibility Determination and Client Services, County Administration	$1,115,881	0.0	$184,426	$255,232	$0	$676,223	60.60%	Table 3.2 Row B
B	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	$222,180,855	0.0	$70,663,760	$17,107,972	$0	$134,409,123	60.50%	Table 3.2 Row G + Corresponding Rows in Summary by Initiative Table 2.2
C	(3) Behavioral Health Community Programs, Behavioral Health Fee-for-Service Payments	$123,966	0.0	$29,787	$7,354	$0	$86,825	70.04%	Table 3.2 Row I
D	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Comprehensive Services	$31,708,290	0.0	$15,840,660	$13,485	$0	$15,854,145	50.00%	Table 3.2 Row K
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	$3,464,251	0.0	$1,649,641	$82,486	$0	$1,732,124	50.00%	Table 3.2 Row M
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Extensive Support Services	$1,558,663	0.0	$771,147	$8,186	$0	$779,330	50.00%	Table 3.2 Row O
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	$556,176	0.0	$277,427	$661	$0	$278,088	50.00%	Table 3.2 Row Q
I	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Case Management	$8,266,594	0.0	$4,124,537	$15,269	$0	$4,126,788	49.92%	Table 3.2 Row S
J	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Family Support Services	$110,489	0.0	$110,489	$0	$0	$0	0.00%	Table 3.2 Row Y
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services	$51,935	0.0	$51,935	$0	$0	$0	0.00%	Table 3.2 Row U
L	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services Case Management	$50,610	0.0	$50,610	$0	$0	$0	0.00%	Table 3.2 Row W
M	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Preventive Dental Hygiene	$698	0.0	$698	$0	$0	$0	0.00%	Table 3.2 Row AA
N	(5) Indigent Care Program, Primary Care Fund Program	$1,113,806	**0.0**	$556,903	$0	$0	$556,903	50.00%	Table 3.1 Row M
O	**Total Request**	**$270,302,214**	**0.0**	**$94,312,020**	**$17,490,645**	**$0**	**$158,499,549**	**58.64%**	**Sum of Rows A thru M**

Table 1.3
Summary by Line Item
FY 2026-27

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Directors Office, (D) Eligibility Determination and Client Services, County Administration	$1,115,881	0.0	$184,426	$255,232	$0	$676,223	60.60%	Table 3.2 Row B
B	(2) Medical Services Premiums, Medical and Long-Term Care Services for Medicaid Eligible Individuals	$222,180,855	0.0	$70,663,760	$17,107,972	$0	$134,409,123	60.50%	Table 3.2 Row G + Corresponding Rows in Summary by Initiative Table 2.2
C	(3) Behavioral Health Community Programs, Behavioral Health Fee-for-Service Payments	$123,966	0.0	$29,787	$7,354	$0	$86,825	70.04%	Table 3.2 Row I
D	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Comprehensive Services	$31,708,290	0.0	$15,840,660	$13,485	$0	$15,854,145	50.00%	Table 3.2 Row K
F	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Adult Supported Living Services	$3,464,251	0.0	$1,649,641	$82,486	$0	$1,732,124	50.00%	Table 3.2 Row M
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Extensive Support Services	$1,558,663	0.0	$771,147	$8,186	$0	$779,330	50.00%	Table 3.2 Row O
G	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Children's Habilitation Residential Program	$556,176	0.0	$277,427	$661	$0	$278,088	50.00%	Table 3.2 Row Q
I	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (2) Medicaid Programs - Case Management	$8,266,594	0.0	$4,124,537	$15,269	$0	$4,126,788	49.92%	Table 3.2 Row S
J	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Family Support Services	$110,489	0.0	$110,489	$0	$0	$0	0.00%	Table 3.2 Row Y
K	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services	$51,935	0.0	$51,935	$0	$0	$0	0.00%	Table 3.2 Row U
L	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - State Supported Living Services Case Management	$50,610	0.0	$50,610	$0	$0	$0	0.00%	Table 3.2 Row W
M	(4) Office of Community Living, (A) Division of Intellectual and Developmental Disabilities, (3) State Only Programs - Preventive Dental Hygiene	$698	0.0	$698	$0	$0	$0	0.00%	Table 3.2 Row AA
N	(5) Indigent Care Program, Primary Care Fund Program	$1,113,806	0.0	$556,903	$0	$0	$556,903	50.00%	Table 3.1 Row M
O	**Total Request**	**$270,302,214**	**0.0**	**$94,312,020**	**$17,490,645**	**$0**	**$158,499,549**	**58.64%**	**Sum of Rows A thru M**

Table 2.1
Summary by Initiative
FY 2024-25

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Across the Board Rate Increase of 1.0%	$82,665,975	0.0	$29,464,829	$4,065,580	$0	$49,135,566	59.44%	Table 3.1 Row FF
	MPRRAC Recommendations								
B	Pediatric Behavioral Therapies	$11,934,437	0.0	$5,967,219	$0	$0	$5,967,218	50.00%	Table 4.1 Row A * (11/12)
C	Anesthesia	($9,073,136)	0.0	($2,654,982)	($376,353)	$0	($6,041,801)	66.59%	Table 4.1 Row B * (11/12)
D	ASCs	$4,002,748	0.0	$1,171,284	$166,034	$0	$2,665,430	66.59%	Table 4.1 Row C * (11/12)
E	Maternity	$7,786,537	0.0	$3,893,269	$0	$0	$3,893,268	50.00%	Table 4.1 Row D * (11/12)
F	Behavioral Health FFS	$1,507,144	0.0	$753,572	$0	$0	$753,572	50.00%	Table 4.1 Row E * (11/12)
G	Surgeries	$6,773,293	0.0	$1,982,002	$280,956	$0	$4,510,335	66.59%	Table 4.1 Row F * (11/12)
H	Co-Surgeries	$1,613,031	0.0	$472,005	$66,908	$0	$1,074,118	66.59%	Table 4.1 Row G * (11/12)
I	Abortion	$298	0.0	$149	$0	$0	$149	50.00%	Table 4.1 Row H * (11/12)
J	Dental	$78,485,021	0.0	$14,331,366	$11,851,238	$0	$52,302,417	66.64%	Table 4.1 Row I * (11/12)
K	**Total Funding For MPRRAC Recommendations**	**$103,029,373**	**0.0**	**$25,915,884**	**$11,988,783**	**$0**	**$65,124,706**		**Sum of Row B through Row J**
	Other Provider Rate Adjustments								
L	Rebase Single Assessment Tool Rate	$2,556,493	0.0	$1,278,246	$0	$0	$1,278,247	50.00%	Table 5.1 Row G
M	Regional Center Transition Rate	$948,008	0.0	$474,004	$0	$0	$474,004	50.00%	Table 6.1 Row E
N	Increase Primary Care Fund	$1,113,806	0.0	$556,902	$0	$0	$556,904	50.00%	Table 7.1 Row F
O	Denver Min Wage and Increase for Base Wage for HCBS Workers	$53,856,751	0.0	$13,605,949	$13,322,439	$0	$26,928,363	50.00%	Table 9.1 * (11/12)
P	**Total Funding For Provider Rate Adjustments**	**$58,475,058**	**0.0**	**$15,915,101**	**$13,322,439**	**$0**	**$29,237,518**		**Sum of Row L through Row O**
Q	**Total Request**	**$244,170,406**	**0.0**	**$71,295,813**	**$29,376,803**	**$0**	**$143,497,790**	**58.77%**	**(Row A) + (Row K) + (Row P)**

Table 2.2
Summary by Initiative
FY 2025-26

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Across the Board Rate Increase of 1.0%	$90,079,620	0.0	$32,126,685	$4,411,973	$0	$53,540,962	59.44%	Table 3.2 Row FF
	MPRRAC Recommendations								
B	Pediatric Behavioral Therapies	$13,019,386	0.0	$6,509,693	$0	$0	$6,509,693	50.00%	Table 4.1 Row A
C	Anesthesia	($9,897,967)	0.0	($2,896,344)	($410,567)	$0	($6,591,056)	66.59%	Table 4.1 Row B
D	ASCs	$4,366,634	0.0	$1,277,764	$181,128	$0	$2,907,742	66.59%	Table 4.1 Row C
E	Maternity	$8,494,404	0.0	$4,247,202	$0	$0	$4,247,202	50.00%	Table 4.1 Row D
F	Behavioral Health FFS	$1,644,157	0.0	$822,078	$0	$0	$822,079	50.00%	Table 4.1 Row E
G	Surgeries	$7,389,047	0.0	$2,162,184	$306,497	$0	$4,920,366	66.59%	Table 4.1 Row F
H	Co-Surgeries	$1,759,670	0.0	$514,915	$72,991	$0	$1,171,764	66.59%	Table 4.1 Row G
I	Abortion	$325	0.0	$162	$0	$0	$163	50.15%	Table 4.1 Row H
J	Dental	$85,620,023	0.0	$15,634,217	$12,928,623	$0	$57,057,183	66.64%	Table 4.1 Row I
G	**Total Funding For MPRRAC Recommendations**	**$112,395,679**	**0.0**	**$28,271,871**	**$13,078,672**	**$0**	**$71,045,136**		**Sum of Row B through Row J**
	Other Provider Rate Adjustments								
H	Rebase Single Assessment Tool Rate	$6,926,100	0.0	$3,463,050	$0	$0	$3,463,050	50.00%	Table 5.1 Row G
I	Regional Center Transition Rate	$1,034,191	0.0	$517,095	$0	$0	$517,096	50.00%	Table 6.1 Row E
J	Increase Primary Care Fund	$1,113,806	0.0	$556,903	$0	$0	$556,903	50.00%	Table 7.1 Row F
M	Denver Min Wage and Increase for Base Wage for HCBS Workers	$58,752,818	0.0	$29,376,416	$0	$0	$29,376,402	50.00%	Table 9.1
N	**Total Funding For Provider Rate Adjustments**	**$67,826,915**	**0.0**	**$33,913,464**	**$0**	**$0**	**$33,913,451**		**Sum of Row L through Row O**
O	**Total Request**	**$270,302,214**	**0.0**	**$94,312,020**	**$17,490,645**	**$0**	**$158,499,549**	**58.64%**	**(Row A) + (Row K) + (Row P)**

Table 2.3
Summary by Initiative
FY 2026-27

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Across the Board Rate Increase of 1.0%	$90,079,620	0.0	$32,126,685	$4,411,973	$0	$53,540,962	59.44%	Table 3.2 Row FF
	MPRRAC Recommendations								
B	Physician Services	$13,019,386	0.0	$6,509,693	$0	$0	$6,509,693	50.00%	Table 4.1 Row A
C	Anesthesia	($9,897,967)	0.0	($2,896,344)	($410,567)	$0	($6,591,056)	66.59%	Table 4.1 Row B
D	ASCs	$4,366,634	0.0	$1,277,764	$181,128	$0	$2,907,742	66.59%	Table 4.1 Row C
E	Maternity	$8,494,404	0.0	$4,247,202	$0	$0	$4,247,202	50.00%	Table 4.1 Row D
F	Behavioral Health FFS	$1,644,157	0.0	$822,078	$0	$0	$822,079	50.00%	Table 4.1 Row E
G	Surgeries	$7,389,047	0.0	$2,162,184	$306,497	$0	$4,920,366	66.59%	Table 4.1 Row F
H	Co-Surgeries	$1,759,670	0.0	$514,915	$72,991	$0	$1,171,764	66.59%	Table 4.1 Row G
I	Abortion	$325	0.0	$162	$0	$0	$163	50.15%	Table 4.1 Row H
J	Dental	$85,620,023	0.0	$15,634,217	$12,928,623	$0	$57,057,183	66.64%	Table 4.1 Row I
G	**Total Funding For MPRRAC Recommendations**	**$112,395,679**	**0.0**	**$28,271,871**	**$13,078,672**	**$0**	**$71,045,136**		**Sum of Row B through Row J**
	Other Provider Rate Adjustments								
H	Rebase Single Assessment Tool Rate	$6,926,100	0.0	$3,463,050	$0	$0	$3,463,050	50.00%	Table 5.1 Row G
I	Regional Center Transition Rate	$1,034,191	0.0	$517,095	$0	$0	$517,096	50.00%	Table 6.1 Row E
J	Increase Primary Care Fund	$1,113,806	0.0	$556,903	$0	$0	$556,903	50.00%	Table 7.1 Row F
M	Denver Min Wage and Increase for Base Wage for HCBS Workers	$58,752,818	0.0	$29,376,416	$0	$0	$29,376,402	50.00%	Table 9.1
N	**Total Funding For Provider Rate Adjustments**	**$67,826,915**	**0.0**	**$33,913,464**	**$0**	**$0**	**$33,913,451**		**Sum of Row L through Row O**
O	**Total Request**	**$270,302,214**	**0.0**	**$94,312,020**	**$17,490,645**	**$0**	**$158,499,549**	**58.64%**	**(Row A) + (Row K) + (Row P)**

Table 3.1: FY 2024-25 - Amounts Eligible for 1.00% Rate Change by Funding Source (November Forecasted Budget)

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(1) Executive Director's Office					
A	(D) Eligibility Determination and Clients	$111,588,085	$18,442,570	$25,523,159	$0	$67,622,356
B	**Impact of 1.00% Rate Change**	**$1,115,881**	**$184,426**	**$255,232**	**$0**	**$676,223**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $43,385; Local Funds: $188,767

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(2) Medical Services Premiums					
C	Acute Care	$5,342,053,076	$1,501,855,626	$357,525,351	$0	$3,482,672,098
D	Community Based Long Term Care	$2,132,466,223	$1,039,575,883	$20,743,572	$0	$1,072,146,768
E	Service Management	$257,141,264	$74,328,699	$24,661,067	$0	$158,151,498
F	**Total Medical Services Premiums**	**$7,731,660,563**	**$2,615,760,208**	**$402,929,990**	**$0**	**$4,712,970,365**
G	**Impact of 1.00% Rate Change**	**$70,873,555**	**$23,977,802**	**$3,693,525**	**$0**	**$43,202,228**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $3,420,268; Breast and Cervical Cancer Prevention and Treatment Fund: $5,071; Adult Dental Cash Fund: $268,186

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(3) Behavioral Health Community Programs					
H	Behavioral Health Fee-for-Service	$12,396,605	$2,978,650	$735,384	$0	$8,682,571
I	**Impact of 1.00% Rate Change**	**$113,636**	**$27,304**	**$6,741**	**$0**	**$79,591**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $6,735; Breast and Cervical Cancer Prevention and Treatment Fund: $6

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(4) Office of Community Living					
J	Adult Comprehensive Services	$811,330,505	$404,316,705	$1,348,547	$0	$405,665,253
K	**Impact of 1.00% Rate Change**	**$7,437,196**	**$3,706,236**	**$12,362**	**$0**	**$3,718,598**
L	Adult Supported Living Services	$97,873,480	$40,688,092	$8,248,649	$0	$48,936,739
M	**Impact of 1.00% Rate Change**	**$897,174**	**$372,974**	**$75,613**	**$0**	**$448,587**
N	Children's Extensive Support Services	$71,453,646	$34,908,205	$818,618	$0	$35,726,823
O	**Impact of 1.00% Rate Change**	**$654,992**	**$319,992**	**$7,504**	**$0**	**$327,496**
P	Children's Habitation/Rehabilitation Program	$16,236,487	$8,052,147	$66,096	$0	$8,118,244
Q	**Impact of 1.00% Rate Change**	**$148,834**	**$73,811**	**$606**	**$0**	**$74,417**
R	Case Management	$134,049,414	$66,148,718	$1,526,925	$0	$66,373,771
S	**Impact of 1.00% Rate Change**	**$1,228,786**	**$606,363**	**$13,997**	**$0**	**$608,426**
T	State Supported Living Services	$5,193,524	$5,193,524	$0	$0	$0
U	**Impact of 1.00% Rate Change**	**$47,607**	**$47,607**	**$0**	**$0**	**$0**
V	State Supported Living Services Case Management	$5,061,041	$5,061,041	$0	**$0**	**$0**
W	**Impact of 1.00% Rate Change**	**$46,393**	**$46,393**	**$0**	**$0**	**$0**
X	Family Support Services	$11,048,853	$11,048,853	$0	$0	$0
Y	**Impact of 1.00% Rate Change**	**$101,281**	**$101,281**	**$0**	**$0**	**$0**
Z	Preventive Dental Hygiene	$69,823	$69,823	$0	$0	$0
AA	**Impact of 1.00% Rate Change**	**$640**	**$640**	**$0**	**$0**	**$0**
BB	Eligibility Determination and Waitlist Management	$0	$0	$0	$0	$0
CC	**Impact of 1.00% Rate Change**	**$0**	**$0**	**$0**	**$0**	**$0**
DD	**Total Office of Community Living**	**$1,152,316,773**	**$575,487,108**	**$12,008,835**	**$0**	**$564,820,830**
EE	**Impact of 1.00% Rate Change**	**$10,562,904**	**$5,275,298**	**$110,081**	**$0**	**$5,177,525**
FF	**Total Impact**	**$82,665,975**	**$29,464,829**	**$4,065,580**	**$0**	**$49,135,566**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $101,972; Home-and Community Based Services Cash Fund: $8,110

Table 3.2: FY 2025-26 - Amounts Eligible for 1.00% Rate Change by Funding Source (November Forecasted Budget)

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(1) Executive Director's Office					
A	(D) Eligibility Determination and Clients	$111,588,085	$18,442,570	$25,523,159	$0	$67,622,356
B	**Impact of 1.00% Rate Change**	**$1,115,881**	**$184,426**	**$255,232**	**$0**	**$676,223**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $66,465; Local Funds: $0,000

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(2) Medical Services Premiums					
C	Acute Care	$5,342,053,076	$1,501,855,626	$357,525,351	$0	$3,482,672,098
D	Community Based Long Term Care	$2,132,466,223	$1,039,575,883	$20,743,572	$0	$1,072,146,768
E	Service Management	$257,141,264	$74,328,699	$24,661,067	$0	$158,151,498
F	**Total Medical Services Premiums**	**$7,731,660,563**	**$2,615,760,208**	**$402,929,990**	**$0**	**$4,712,970,365**
G	**Impact of 1.00% Rate Change**	**$77,316,606**	**$26,157,602**	**$4,029,300**	**$0**	**$47,129,704**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $3,731,201; Breast and Cervical Cancer Prevention and Treatment Fund: $5,532; Adult Dental Cash Fund: $292,567

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(3) Behavioral Health Community Programs					
H	Behavioral Health Fee-for-Service	$12,396,605	$2,978,650	$735,384	$0	$8,682,571
I	**Impact of 1.00% Rate Change**	**$123,966**	**$29,787**	**$7,354**	**$0**	**$86,825**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $7,354; Breast and Cervical Cancer Prevention and Treatment Fund: $7

Row	Long Bill Group	Total Funds	General Fund	Cash Funds[1]	Reappropriated Funds	Federal Funds
	(4) Office of Community Living					
J	Adult Comprehensive Services	$811,330,505	$404,316,705	$1,348,547	$0	$405,665,253
K	**Impact of 1.00% Rate Change**	**$8,113,305**	**$4,043,167**	**$13,485**	**$0**	**$4,056,653**
L	Adult Supported Living Services	$97,873,480	$40,688,092	$8,248,649	$0	$48,936,739
M	**Impact of 1.00% Rate Change**	**$978,735**	**$406,881**	**$82,486**	**$0**	**$489,368**
N	Children's Extensive Support Services	$71,453,646	$34,908,205	$818,618	$0	$35,726,823
O	**Impact of 1.00% Rate Change**	**$714,536**	**$349,082**	**$8,186**	**$0**	**$357,268**
P	Children's Habitation/Rehabilitation Program	$16,236,487	$8,052,147	$66,096	$0	$8,118,244
Q	**Impact of 1.00% Rate Change**	**$162,365**	**$80,521**	**$661**	**$0**	**$81,183**
R	Case Management	$134,049,414	$66,148,718	$1,526,925	$0	$66,373,771
S	**Impact of 1.00% Rate Change**	**$1,340,494**	**$661,487**	**$15,269**	**$0**	**$663,738**
T	State Supported Living Services	$5,193,524	$5,193,524	$0	$0	$0
U	**Impact of 1.00% Rate Change**	**$51,935**	**$51,935**	**$0**	**$0**	**$0**
V	State Supported Living Services Case Management	$5,061,041	$5,061,041	$0	**$0**	**$0**
W	**Impact of 1.00% Rate Change**	**$50,610**	**$50,610**	**$0**	**$0**	**$0**
X	Family Support Services	$11,048,853	$11,048,853	$0	$0	$0
Y	**Impact of 1.00% Rate Change**	**$110,489**	**$110,489**	**$0**	**$0**	**$0**
Z	Preventive Dental Hygiene	$69,823	$69,823	$0	$0	$0
AA	**Impact of 1.00% Rate Change**	**$698**	**$698**	**$0**	**$0**	**$0**
BB	Eligibility Determination and Waitlist Management	$0	$0	$0	$0	$0
CC	**Impact of 1.00% Rate Change**	**$0**	**$0**	**$0**	**$0**	**$0**
DD	**Total Office of Community Living**	**$1,152,316,773**	**$575,487,108**	**$12,008,835**	**$0**	**$564,820,830**
EE	**Impact of 1.00% Rate Change**	**$11,523,168**	**$5,754,871**	**$120,088**	**$0**	**$5,648,209**
FF	**Total Impact**	**$90,079,620**	**$32,126,685**	**$4,411,973**	**$0**	**$53,540,962**

(1) Amount of cash by cash fund:
Healthcare Affordability & Sustainability Fee: $119,426

Table 4.1 Repricing Services				
Row	**Service**	**Current Cost**	**Projected Cost**	**Difference**
A	Pediatric Behavioral Therapies	$124,914,666	$137,934,052	$13,019,386
B	Anesthesia	$34,584,601	$24,686,634	($9,897,967)
C	ASCs	$13,381,112	$17,747,746	$4,366,634
D	Maternity	$25,186,891	$33,681,295	$8,494,404
E	Behavioral Health FFS	$18,734,736	$20,378,893	$1,644,157
F	Surgeries	$99,474,824	$106,863,871	$7,389,047
G	Co-Surgeries	$79,984,984	$81,744,654	$1,759,670
H	Abortion	$195	$520	$325
I	Dental	$276,056,155	$361,676,178	$85,620,023
N	**Total Services**	**$672,318,164**	**$784,713,843**	**$112,395,679**

Table 5.1 - Colorado Needs Assessment Tool Total Expenditure				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculation**
A	CCB Rate Adjustment Savings	($126,731)	($380,193)	Table 5.2 Row J
B	SEP Rate Adjustment Savings	($834,396)	($2,503,187)	Table 5.3 Row J
C	Non-Waiver Adjustment Savings	($583,358)	($1,750,074)	Table 5.4 Row J
D	SIS Assessment Savings	($163,359)	($490,077)	Table 5.5 Row C
E	CES Application Savings	($210,679)	($632,037)	Table 5.6 Row C
F	New Assessment Tool Expenditure	$4,475,016	$12,681,668	Table 5.7 Row M
G	**Total Expenditure**	**$2,556,493**	**$6,926,100**	**Sum of Row A through Row F**
Table 5.2 - Community Center Boards (CCB) Rate Adjustment				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculations**
A	Current CCB Initial LOC Assessment	$231.87	$231.87	FY 2022-23 Actuals
B	Current CSR LOC Assessment	$209.83	$209.83	FY 2022-23 Actuals
C	Number of Participants - Original Rate	14,782	14,782	FY 2022-23 CCB Member Actuals
D	**Estimated Cost - Current CCB**	**$3,427,502**	**$3,427,502**	**Row A * Row C**
E	New Rate - Initial LOC Screen	$206.15	$206.15	Projected Rate
F	Annual Reassessment LOC Screen	$191.79	$191.79	Projected Rate
G	Number of Participants - New Rate	14,782	14,782	FY 2022-23 CCB Member Actuals
H	**Estimated Cost - New Rate**	**$3,047,309**	**$3,047,309**	**Row E * Row G**
I	Implementation Adjustment	33.00%	100.00%	Implementation Date: March 1, 2025
J	Difference	($126,731)	($380,193)	(Row H - Row D) * Row I
Table 5.3 - Single Entry Points (SEP) Rate Adjustment				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculations**
A	Current SEP Initial LOC Assessment	$278.06	$278.06	FY 2022-23 Actuals
B	Current CSR LOC Assessment	$193.28	$193.28	FY 2022-23 Actuals
C	Number of Participants - Original Rate	34,810	34,810	FY 2022-23 SEP Actuals
D	**Estimated Cost - Current SEP**	**$9,679,269**	**$9,679,269**	**Row A * Row C**
E	New Rate - Initial LOC Screen	$206.15	$206.15	Row A * Row C
F	Annual Reassessment LOC Screen	$191.79	$191.79	Projected Rate
G	Number of Participants - New Rate	34,810	34,810	FY 2022-23 SEP Actuals
H	**Estimated Cost - New Rate**	**$7,176,082**	**$7,176,082**	**Projected Rate**
I	Implementation Adjustment	33.00%	100.00%	Implementation Date: March 1, 2025
J	Difference	($834,396)	($2,503,187)	(Row H - Row D) * Row I

Table 5.4 - Non-Waiver Rate Adjustment				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculations**
A	Current SEP Initial LOC Assessment	$278.06	$278.06	FY 2022-23 Actuals
B	Current CSR LOC Assessment	$193.28	$193.28	FY 2022-23 Actuals
C	Number of Participants - Original Rate	24,337	24,337	Table 5.8 Row A - Table 5.7 Row B
D	**Estimated Cost - Current SEP**	**$6,767,146**	**$6,767,146**	**Row A * Row C**
E	New Rate - Initial LOC Screen	$206.15	$206.15	Row A * Row C
F	Annual Reassessment LOC Screen	$191.79	$191.79	Row A * Row C
G	Number of Participants - New Rate	24,337	24,337	Table 5.8 Row A - Table 5.7 Row B
H	**Estimated Cost - New Rate**	**$5,017,073**	**$5,017,072.55**	**Projected Rate**
I	Implementation Adjustment	33.00%	100.00%	Implementation Date: March 1, 2025
J	Difference	($583,358)	($1,750,074)	(Row H - Row D) * Row I
Table 5.5 - Supports Intensity Scale (SIS) Savings				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/Calculations**
A	SIS Forecasted Fiscal Impact	$490,077	$490,077	SIS Assessment Forecast
B	Implementation Adjustment	33.00%	100.00%	Implementation Date: March 1, 2025
C	**Total Savings**	**($163,359)**	**($490,077)**	**Row A * Row B * -1**
Table 5.6 - Children's Extensive Services (CES) Waiver Application Savings				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculation**
A	CES Forecasted Fiscal Impact	$632,037	$632,037	CES Assessment Forecast
B	Implementation Adjustment	33.00%	100.00%	Implementation Date: March 1, 2025
C	**Total Savings**	**($210,679)**	**($632,037)**	**Row A * Row B * -1**

Table 5.7 - Colorado Needs Assessment Tool Expenditure				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/Calculations**
A	Initial Needs Assessment (Formally Basic)	$260.28	$260.28	FY 2024-25 Rate Adjustment
B	Annual Reassessment Needs Assessment (Formally Basic)	$244.31	$244.31	FY 2024-25 Rate Adjustment
C	Number of New Participants	527	1,583	Table 5.8 Row E * 4.2% Growth Rate
D	Number of Returning Participants	12,035	36,104	Table 5.8 Row E - Row C
E	**Basic Total**	**$3,077,438**	**$9,232,591**	**(Row A * Row C) + (Row B * Row D)**
F	Initial Needs Assessment (Formally Comprehensive)	$325.36	$325.36	FY 2024-25 Rate Adjustment
G	Annual Reassessment Needs Assessment (Formally Comprehensive)	$272.34	$272.34	FY 2024-25 Rate Adjustment
H	Number of New Participants	1,583	527	Table 5.8 Row F * 4.2% Growth Rate
I	Number of Returning Participants	36,104	12,035	Table 5.8 Row F - Row H
J	**Comprehensive Total**	**$10,347,608**	**$3,449,077**	**(Row F * Row H) + (Row G * Row I)**
K	**Total Expenditure Excluding Implementation Adjustment**	**$13,425,047**	**$12,681,668**	**Row E + Row J**
L	Implementation Adjustment	30.00%	100.00%	Implementation Date: March 1, 2025
M	Total Cost	$4,475,016	$12,681,668	Row K * Row L

Table 5.8 - Colorado Needs Assessment Tool Population Breakdown				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/ Calculations**
A	Total Clients	74,586	74,586	Current LOC Assessment Actuals
B	Total HCBS Clients	50,249	50,249	Current LOC Assessment Actuals
C	Percentage of HCBS Clients - Basic	25%	75%	Estimated number of members based on FY 2021-22 Actuals
D	Percentage of HCBS Clients - Comprehensive	75%	25%	Estimated number of members based on FY 2021-22 Actuals
E	HCBS Clients Estimated to Choose Basic	12,562	37,687	Row B * Row C
F	HCBS Clients Estimated to Choose Comprehensive	37,687	12,562	Row B * Row D

Table 6.1 - Regional Center Transition Rate Expenditure				
Row	**Item**	**FY 2024-25**	**FY 2025-26**	**Source/Calculations**
A	Per Diem Rate (Level 4 Care)	$208.33	$208.33	DD Waiver Individual Residential Services and Supports (Level 4) - Fee Schedule
B	Proposed Regional Center Transition Rate	$350.00	$350.00	DD Waiver Individual Residential Services and Supports (Level 4) - Fee Schedule
C	**Difference in Rates**	**$141.67**	**$141.67**	Row B - Row A
D	Estimated Number of Clients	20	20	Estimated number of clients
E	***Total Estimated Increase in Costs***	***$948,008***	***$1,034,191***	**Row C * Row D *365**

Table 7.1 - Increase in Primary Care Fund Cost Calculation			
Row	**Item**	**Figure**	**Source/Calculations**
A	Total Number of Visits	72,638	HCPF CICP FY2020-21 Annual Report
B	Percentage of Visits Coming from Clients 201-250% FPL	18.70%	HCPF CICP FY2020-21 Annual Report
C	Number of Visits From Clients 201-250% FPL	13,583	Row A * Row B
D	Total Visit Cost	$5,979,386	HCPF CICP FY2020-21 Annual Report
E	Cost Per Visit	$82.00	Row D / Row A
F	**Total Cost**	**$1,113,806**	**Row C * Row E**

Table 8.1 Home and Community Based Wage Passthrough Rate Increase					
Service	**County**	**Waiver**	**Expenditure[1]**	**Percent Increase[2]**	**Estimated Increase[3]**
Adult Day Services	Denver	SCI, EBD, CMHS, BI	$13,633,039	5.60%	$768,703
Adult Day Services	Non-Denver	SCI, EBD, CMHS, BI	$24,973,785	6.20%	$1,234,354
Alternative Care Facility	Denver	EBD, CMHS	$12,695,626	4.00%	$505,856
Alternative Care Facility	Non-Denver	EBD, CMHS	$74,949,875	4.30%	$2,549,769
Community First Choice Services[4]	Denver	All	$168,006,402	Vary	$5,824,553
Community First Choice Services[4]	Non-Denver	All	$719,559,375	Vary	$21,411,070
Day Habilitation	Denver	SLS, DD	$11,619,791	4.40%	$509,032
Day Habilitation	Non-Denver	SLS, DD	$114,590,219	4.80%	$4,365,413
Mentorship	Denver	SLS	$1,689,718	2.10%	$35,588
Mentorship	Non-Denver	SLS	$23,171,108	2.20%	$403,327
Non Medical Transportation	Denver	SCI, EBD, CMHS, BI, SLS, DD	$7,937,144	3.70%	$293,997
Non Medical Transportation	Non-Denver	SCI, EBD, CMHS, BI, SLS, DD	$34,308,957	4.10%	$1,115,239
Prevocational Services	Denver	SLS, DD	$34,284	5.60%	$1,928
Prevocational Services	Non-Denver	SLS, DD	$967,181	5.90%	$45,810
Residential Habilitation	Denver	DD, CHRP	$42,280,997	4.30%	$1,806,950
Residential Habilitation	Non-Denver	DD, CHRP	$449,533,511	4.40%	$15,908,483
Respite Care	Denver	CES, SCI, EBD, CMHS, BI, SLS, CHRP, CLLI	$1,765,640	3.60%	$62,685
Respite Care	Non-Denver	CES, SCI, EBD, CMHS, BI, SLS, CHRP, CLLI	$21,374,287	3.90%	$672,459
Supported Employment	Denver	SLS, DD	$3,915,835	2.70%	$105,343
Supported Employment	Non-Denver	SLS, DD	$25,807,408	2.90%	$594,370
Supported Living Program	Denver	BI	$1,178,246	2.20%	$25,679
Supported Living Program	Non-Denver	BI	$29,475,604	2.20%	$511,229
Transitional Living Program	Denver	BI	$40,808	2.40%	$982
Transitional Living Program	Non-Denver	BI	$0	2.50%	$0
Total			**$1,882,678,409**		**$58,752,819**

[1]Actual Expenditure from July 1 , 2022 to June 30, 2023 by category of service

[2]The Department estimated increases in rates based on increasing wages in Denver county to $18.29 and wages in Non-Denver Counties to $16.55

[3] The estimated increase is calculated by multiplying the SFY 2022-23 expenditure by the percentage increase

[4]Community First Choice Services include Personal Care, Homemaker, and Health Maintenance Activities offered in any setting. The actual rate increases will vary by service in order to bring the rates closer in alignment in anticipation of the implementation of Community First Choice on the State Plan.