

Department of Health Care Policy and Financing

Funding Request for the FY 2026-27 Budget Cycle

Request Title R-01 Medical Services Premiums

Dept. Approval By: Supplemental FY 2025-26
OSPB Approval By: Budget Amendment FY 2026-27
X Change Request FY 2026-27

Summary Information	Fund	FY 2025-26		FY 2026-27		FY 2027-28
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total of All Line Items Impacted by Change Request	Total	\$13,367,552,286	\$0	\$13,418,121,603	\$2,282,305,964	\$3,308,306,047
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$3,883,441,698	\$0	\$3,894,065,321	\$431,286,496	\$793,779,069
	CF	\$1,481,967,035	\$0	\$1,484,271,680	\$443,437,319	\$506,233,382
	RF	\$124,197,922	\$0	\$124,197,922	\$0	\$0
	FF	\$7,877,945,631	\$0	\$7,915,586,680	\$1,407,582,149	\$2,008,293,596

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02. Medical Services						
Premiums, (A) Medical	GF	\$3,883,441,698	\$0	\$3,894,065,321	\$431,286,496	\$793,779,069
Services Premiums, (1)	CF	\$1,481,967,035	\$0	\$1,484,271,680	\$443,437,319	\$506,233,382
Medical Services						
Premiums - Medical	RF	\$124,197,922	\$0	\$124,197,922	\$0	\$0
Services Premiums	FF	\$7,877,945,631	\$0	\$7,915,586,680	\$1,407,582,149	\$2,008,293,596

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



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Medical Services Premiums

FY 2025-26, FY 2026-27, and FY 2027-28 Budget Request

November 2025

TABLE OF CONTENTS

TABLE OF CONTENTS.....	II
I. BACKGROUND.....	1
II. MEDICAID CASELOAD.....	2
III. BASIC APPROACH TO MEDICAL SERVICES PREMIUMS CALCULATIONS	3
IV. PROJECTION METHODOLOGY AND DESCRIPTION OF EXHIBITS	6
Exhibit A - Calculation of Total Request and Fund Splits	6
Summary of Request.....	6
Calculation of Fund Splits.....	7
Exhibit B - Medicaid Caseload Projection	14
Exhibit C - History and Projections of Per Capita Costs.....	14
Exhibit D - Cash Funds Report	15
Exhibit E - Summary of Premium Request By Service Group	15
Summary of Total Requested Expenditure by Service Group	15
Exhibit F - Acute Care	15
Calculation of Acute Care Expenditure.....	15
Breast and Cervical Cancer Program Per Capita Detail and Fund Splits.....	20
Adult Dental Cash Fund-eligible Per Capita Detail	21
Antipsychotic Drugs	22
Family Planning - Calculation of Enhanced Federal Match	23
Indian Health Service	23
Exhibit G - Community-Based Long-Term Care	24
Home- and Community-Based Services (HCBS) Waivers	24
Hospice.....	27
Private Duty Nursing.....	29
Long-Term Home Health.....	30
Exhibit H - Long-Term Care And Insurance Services	34
Summary of Long-Term Care and Insurance Request.....	34

Class I Nursing Facilities	34
Class I Nursing Facilities - Cash-Based Actuals and Projections by Aid Category.....	38
Class II Nursing Facilities	39
Program of All-Inclusive Care for the Elderly (PACE)	39
Supplemental Medicare Insurance Benefit (SMIB).....	41
Health Insurance Buy-In (HIBI).....	42
Exhibit I - Service Management.....	42
Summary of Service Management	43
Single Entry Points	43
Disease Management	44
Accountable Care Collaborative.....	45
Prepaid Inpatient Health Plan Administration.....	46
Exhibit J - Healthcare Affordability and Sustainability Fee Funded Populations	47
Summary of Cash Funded Expansion Populations.....	47
Healthcare Affordability and Sustainability Fee Fund	47
Medicaid Buy-in Fund	49
Hospital Supplemental Payments.....	50
Cash Fund Financing.....	50
Exhibit K - Upper Payment Limit Financing.....	50
Exhibit L - Department Recoveries	51
Exhibit M - Cash-Based Actuals.....	52
Exhibit N - Expenditure History by Service Category.....	52
Exhibit O - Comparison of Budget Requests and Appropriations.....	52
Exhibit P - Global Reasonableness.....	53
Exhibit Q - Title XIX and Title XXI Total Cost of Care.....	53
Exhibit R - Federal Medical Assistance Percentage (FMAP)	53

I. BACKGROUND

Medicaid was enacted by Title XIX of the Social Security Act as an entitlement program to provide health care services to eligible older adults, people with disabilities, adults, and children. The Medicaid budget is constructed based on projected numbers of persons who will be eligible (caseload) and projected average costs per person/eligible (per capita cost). This Budget Request is a projection of services that entitled individuals will utilize during the year. The first section of the Medical Services Premiums Budget Narrative describes the Medicaid caseload projection. The second section describes the development of the per capita cost, the application of per capita caseload and bottom-line adjustments. A series of exhibits in this Budget Request supports the narrative.

Further discussion depends on several key points that complicate the projection of this line item. They are summarized as follows:

1. The Department's request identifies, and in some cases amends, the fiscal impact of various State and federal policy changes through a series of bottom-line impacts. Bottom-line impacts can be found by service category (e.g., Acute Care, Community-Based Long-Term Care, Long-Term Care, Insurance, etc.) in the respective sections of this request. Those bottom-line impacts include the identification number of the originally submitted request, so that the bottom-line impact in the current year may be traced to the originally submitted budget change request document. Additionally, the annualization of a reduction's fiscal impact can be found in the out-year bottom-line impacts. Revisions to bottom-line impacts between requests are primarily limited to changes in implementation timeline. The Department generally does not adjust fiscal impact assumptions unless a deviation from assumptions in the original budget action is clear and significant.
2. The presence of varying funding mechanisms makes the Department's request more complex. Different Medicaid services have different federal match rates that affect different populations under Medicaid. Certain categories of service have historically been federally matched at different percentages than others. Indian Health Services, described further in this narrative, have historically received a 100% federal medical assistance percentage (FMAP) while Family Planning Services receive a 90% FMAP. Breast and Cervical Cancer Program (BCCP) services are matched at 65% FMAP. Medicaid expansion populations receive a different match rate than existing populations. Expansion Adults to 133% and the MAGI Adults populations, for instance, a 90.0% FMAP. The former CHP+ population that

transferred to Medicaid with SB 11-008 (Eligible Children) and SB 11-250 (Eligible Pregnant Adults) receives the enhanced CHP+ FMAP of approximately 65%.

3. Under the Affordable Care Act, states are eligible for a one percentage point increase in the FMAP for adult vaccines and clinical preventive services if the state covers all the recommended services without cost-sharing. The recommended services are those that have been given an A or B rating by the United States Preventive Services Task Force.
4. Following the declaration of a public health emergency by the Secretary of Health and Human Services during the COVID-19 pandemic, CMS notified states that an increased FMAP would be available for each calendar quarter occurring during the public health emergency, including retroactively to January 1, 2020. To be eligible to receive the 6.2 percentage point FMAP increase, states must adhere to a set of requirements which include, but are not limited to, maintaining eligibility standards, methodologies, and procedures; covering medical costs related to the testing, services, and treatment of COVID-19; and not terminating individuals from Medicaid if such individuals were enrolled in the Medicaid program as of the date of the beginning of the emergency period or during the emergency period. The Department is compliant with all requirements and has been drawing the enhanced federal match accordingly. The Consolidated Appropriations Act of 2023 decoupled the continuous coverage requirement and the additional federal match from the public health emergency declaration. The continuous coverage requirement and additional federal match now both end on March 31, 2023. The current 6.2 percent additional match steps down to 5.0 percent from April 2023 through June 2023, 2.5 percent from July through September 2023, and 1.5 percent from October through December 2023, after which there is no more additional match.
5. The Colorado Operations Resource Engine (CORE) was implemented as a replacement for the Colorado Financial Reporting System (COFRS) in July 2014. Under COFRS, the previous fiscal year closed, and the data became final at the beginning of the current fiscal year. Under CORE, the previous fiscal year may not close until December of the current fiscal year. This introduces a small degree of uncertainty regarding actuals that was not present previously.

II. MEDICAID CASELOAD

The Medicaid caseload analysis is included in the Exhibit B series of this request.

III. BASIC APPROACH TO MEDICAL SERVICES PREMIUMS CALCULATIONS

Once the caseload forecast is complete, the next step in the process is to forecast per capita costs. Per capita costs contain price, utilization, and Special Bill impacts, also called Bottom Line Impacts. Inherent in the per capita cost is the differential “risk” of each eligibility category. The concept of “risk” can be roughly described as follows: due to the differences in health status (age, pre-existing condition, etc.), generally healthy clients are less costly to serve (lower “risk”) than clients with severe acute or chronic medical needs requiring medical intervention (higher “risk”). For example, a categorically eligible low-income child is substantially less costly to serve than a person with disabilities on an annual basis. Because Medicaid caseload is growing and receding at differing rates as measured by individual eligibility categories, it is essential to determine the anticipated cost per capita for all eligibility categories. In broad terms and for most services, the rate of change observed across actual expenditure reference periods is applied to future fiscal years to estimate the premiums needed for current and request years. Adjustments are made due to policy items or environmental changes (e.g., Change Requests and new legislation).

Rationale for Grouping Services for Projection Purposes

The Medical Services Premiums calculations are grouped into like kind of services, this allows premium calculations to be clustered into several groupings. This improves the reasonableness of the projections and allows service clusters to be examined. To project premiums by individual service category using historic rates, generates a materially higher and less accurate forecast.

The following are the service groupings used in computing the projections or summarizing individual service calculations.

Acute Care:

- Physician Services and the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)
- Emergency Transportation
- Non-emergency Medical Transportation
- Dental Services
- Family Planning
- Health Maintenance Organizations
- Inpatient Hospitals

- Outpatient Hospitals
- Lab and X-Ray
- Durable Medical Equipment
- Prescription Drugs
- Drug Rebate
- Rural Health Centers
- Federally Qualified Health Centers
- Co-Insurance (Title XVIII-Medicare)
- Breast and Cervical Cancer Treatment Program
- Other Medical Services
- Acute Home Health

Community Based Long-Term Care:

- Elderly, Blind and Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Children's Home-and Community-Based Services (CHCBS)
- Brain Injury (BI)
- Children with Life Limiting Illness (CLLI)
- Complimentary and Integrative Health (CIH)
- Developmental Disabilities (DD)
- Supported Living Services (SLS)
- Children's Extensive Support (CES)
- Children's Habilitation Residential Program (CHRP+)

Long-Term Care:

- Class I Nursing Facilities
- Class II Nursing Facilities
- Program of All-Inclusive Care for the Elderly

Insurance:

- Supplemental Medicare Insurance Benefit
- Health Insurance Buy-In

Service Management:

- Single Entry Points
- Disease Management
- Accountable Care Collaborative
- Prepaid Inpatient Health Plan Administration

Financing:

- Healthcare Affordability and Sustainability Fee Financed Programs and Populations
- Department Recoveries
- Upper Payment Limit Financing
- Outstationing Payments
- Other Supplemental Payments

Note that for services in the Community Based Long-Term Care, Long-Term Care, Insurance, Service Management and Financing categories, separate forecasts are performed. Only Acute Care is forecasted as a group.

IV. PROJECTION METHODOLOGY AND DESCRIPTION OF EXHIBITS

EXHIBIT A - CALCULATION OF TOTAL REQUEST AND FUND SPLITS

Summary of Request

For the current year, the Department sums total spending authority by fund source, including the Long Bill and any special bills which have appropriations that affect the Department. The total spending authority is compared to the total projected current year expenditure in Exhibit A-2. The difference between the two figures is the Department's request.

This calculation is derived by looking at the prior year's appropriation, including special bills, and adds in any required annualizations. This total is the Base Amount for the request year. The total Base Amount is compared to the total projected request year expenditure in Exhibit A-3. The difference between the two figures is the Department's request for the Medical Services Premiums line item for the request year.

For the out year, the Department starts with the prior year's appropriation, including special bills, and adds in any required annualizations. This total is the Base Amount for the out year. The total Base Amount is compared to the total projected out year expenditure in Exhibit A. The difference between the two figures is the Department's request for the Medical Services Premiums line item for the out year.

Totals for the base request on this page correspond with Columns 2, 4, and 5 on the Schedule 13.

Federal Medical Assistance Percentages

The Department's standard federal medical assistance percentage (FMAP) is approximately 50%. The FMAP for Medicaid is recomputed by the Federal Funds Information Service (FFIS) each year and is based on a statewide per capita earnings formula that is defined by federal law. For more information about historic FMAP and FMAP changes, see Exhibit R.

Certain populations and services receive different FMAPs than the standard 50.00% as summarized in Exhibit J-5. Members who transitioned from CHP+ to Medicaid under SB 11-008 and SB 11-250 and members in BCCP receive an enhanced FMAP, which is approximately 65%. The State's FMAP for Medicaid services for members receiving the enhanced match is currently 69.34% due to enhancements authorized through the Families First Coronavirus Response Act. The expansion

populations, MAGI Parents/Caretakers 69% to 133% and MAGI Adults, receive a match of 90.00% However, any Community-Based Long-Term Care waiver services for these individuals must be claimed at the standard match as they are not eligible to receive the enhanced FMAP. A sub-group of MAGI Adults, non-newly eligible individuals with disabilities, receive the ACA expansion FMAP for 75% of their expenditure and the standard FMAP for the remaining 25%. The Disabled Buy-In population receives the standard match for expenditure net of patient premiums. A summary of service based FMAPS can be found in Exhibit J-6,

The calculation of expenditure by financing type can be found in Exhibit A series and the calculation of FMAP can be found in Exhibit R.

Calculation of Fund Splits

The Exhibit A series calculates forecasted expenditure and fund source by service group. The FMAP calculations reflect the participation rate information provided from the federal Centers for Medicare and Medicaid Services (CMS), as reported through the Federal Register or as specified in federal law and/or regulation.

To calculate appropriate fund splits, the Department selectively breaks out the large service groups (e.g., Acute Care) by programs funded with either a different state source or a different FMAP rate. Most programs in Medical Services Premiums are paid with 50% General Fund and 50% federal funds. Legislation can impact the fund source for certain services. One key example of this, in FY 2016-17, the General Fund offset from the Old Age Pension Health and Medical Care Fund came entirely from Reappropriated funds based on JBC action. The following programs are paid for using varying funding mechanisms:

- Breast and Cervical Cancer Program: This program typically receives a 65.00% FMAP. Per 25.5-5-308(9)(g), C.R.S (2014), enacted in HB 14-1045, the state's share of expenditure shall be appropriated one hundred percent from the Breast and Cervical Cancer Prevention and Treatment Fund.
- Family Planning: The Department receives a 90% FMAP available for all documented family planning expenditure, except that which is billed by "prohibited entities" per H.R. 1, the "One Big Beautiful Bill Act". This includes those

services rendered through health maintenance organizations. Please see Exhibit F for calculations associated with the 90% FMAP expenditure.

- There was litigation associated with the implementation of Section 71113 of the One Big Beautiful Bill Act. An injunction was initially put in place to allow federal funds to continue to flow to prohibited entities. During that time, an extraordinary session of the Colorado General Assembly was called and Senate Bill 25B-002 (“State-Only Funding for Certain Entities”) was passed. This bill allows the Department to reimburse for services rendered at and by prohibited entities using state only funds.
- Indian Health Services: The federal financial participation rate for this program is 100%. Please see Exhibit F for calculations.
- Affordable Care Act Drug Rebate Offset: The Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. As a result, this provision of the ACA is intended to be budget neutral to the State. Drug rebates are recorded as an offset to total fund expenditure in Acute Care (Exhibit F), and the Department’s total fund expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure.
- Affordable Care Act Preventive Services: Under the Affordable Care Act, states are eligible for a one percentage point increase in the FMAP for adult vaccines and clinical preventive services if the state covers all the recommended services without cost-sharing.
- Non-Emergency Medical Transportation (NEMT): These services receive the administrative federal financial participation (FFP) rate of 50.00% rather than the various service FMAP rates. This entry adjusts the fund splits between federal and state funding to properly account for this service receiving FFP.
- SB 11-008 “Aligning Medicaid Eligibility for Children”: This bill specifies that the income eligibility criteria for Medicaid that applies to children aged five and under shall also apply to children from ages 6 to 19. Effective January 1, 2013, children under the age of 19 are eligible for Medicaid if their family income is less than 133% of the federal poverty

level (FPL). FMAP for these clients remains at the same level as if the clients had enrolled in Children's Basic Health Plan (CHP+) instead of Medicaid at the enhanced match.

- SB 11-250 "Eligibility for Pregnant Women in Medicaid": This bill increases the upper income limit for Medicaid eligibility among pregnant women from the current level of 133% to 185% of federal poverty level (FPL) to comply with federal law. By changing income limits, it also allows eligible pregnant women to move from CHP+ to Medicaid effective January 1, 2013. As with SB 11-008, the Department assumes the same enhanced FMAP will be available for these clients. The Department received permission from the Centers for Medicare and Medicaid Services (CMS) to continue receiving a higher match rate for this population, including Section 1205(b) of the Social Security Act, similar to the population under SB 11-008 "Aligning Medicaid Eligibility for Children".
- MAGI Parents/Caretakers 69% to 133% FPL: This population began participation in Medicaid in FY 2009-10 and is funded with a combination of federal funds and HAS Fee. SB 13-200 amended Medicaid eligibility for parents and caretakers of eligible children from 100% of the federal poverty line to 133% of the federal poverty line in keeping with Medicaid expansion under the Affordable Care Act, which also ensured that MAGI Parents/Caretakers 69% to 133% of the federal poverty line receive a 100% federal match rate through the end of CY 2016, effective January 1, 2014, with ramp down every year until it reaches 90% effective January 1, 2020. See Exhibit J for additional information and detailed calculations.
- MAGI Adults: This population began participation in Medicaid in FY 2011-12 and was previously labeled Adults without Dependent Children (AwDC). The population is funded with a combination of federal funds and HAS Fee. SB 13-200 amended the Medicaid eligibility criteria for MAGI Adults to 133% of the federal poverty line in accordance with Medicaid expansion under the Affordable Care Act. Effective January 1, 2014, the Affordable Care Act provides this population a 100% federal match rate from CY 2014 through CY 2016 with ramp down every year until it reaches 90% effective January 1, 2020. However, waiver services for this population receive the standard FMAP and not the enhanced FMAP per CMS. Calculations and information regarding this population can be found in Exhibit J.
- Continuous Eligibility for Children: HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, beginning March 2014, even if the family experiences an income change during any given year. The Department has the authority to use the HAS Fee Cash Fund to fund the State share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it

receives the standard federal financial participation rate. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department has broken this population out in its respective service categories to better show the impact of continuous eligibility for children. Calculations and information regarding this population can be found in Exhibit J.

- **Disabled Buy-In:** Funds for this population come from three sources: HAS Fee, premiums paid by clients, and federal funds. While the program receives federal match on the HAS Fee contribution, the premiums paid by clients are not eligible. Premium estimates and additional calculations of fund splits can be found in Exhibit J.
- **Non-Newly Eligibles:** MAGI Parents/Caretakers 69% to 133% FPL and MAGI Adults are funded with a combination of federal funds and HAS Fee. As explained above under those categories, the Affordable Care Act provides both populations with a 100% federal match rate, effective January 1, 2014, though it ramps down over time beginning in CY 2017. A caveat of this enhanced federal match rate is that the expansion population cannot have been eligible for Medicaid services prior to 2009 (or else those individuals are not considered part of the Medicaid expansion population). A subset of the population may have been eligible for Medicaid services prior to 2009 under disability criteria, had the clients chosen to provide asset information when they applied for Medicaid services. For this population, the Department is unable to prove that these clients would not have been eligible for Medicaid services prior to 2009 if they had provided asset information, and therefore cannot claim the full enhanced expansion FMAP on their expenditure. These clients are now eligible for Medicaid under the expansion and receive FMAP determined by a resource proxy with the State portion funded through the HAS Fee, as required by statute. The Department can claim 75% of the expenditure for Non-Newly Eligible clients at the enhanced expansion FMAP and the remaining 25% at standard FMAP. Please refer to Exhibit J for calculations and additional details.
- **MAGI Parents/Caretakers 60% to 68% FPL:** Parents/Caretakers over 60% FPL are funded with a combination of federal funds and HAS Fee. As explained above, the Affordable Care Act provides MAGI Parents/Caretakers 69% to 133% FPL with a 100% federal match rate, effective January 1, 2014, with a ramp down beginning January 1, 2017. Due to new MAGI conversion rules (please refer to the Caseload Narrative for additional details), the non-expansion eligibility category MAGI Parents/Caretakers to 68% FPL now includes FPL levels over 60%. The MAGI Parents/Caretakers to 68% FPL clients who have FPL levels over 60% are funded with HAS Fee for the State's contribution, rather than General Fund, as required by statute. Please refer to Exhibit J for calculations and additional details.

- Adult Dental Benefit Financing: SB 13-242 created a limited dental benefit for adults in the Medicaid program, implemented April 1, 2014. To fund the design and implementation of the adult dental benefit, SB 13-242 created the Adult Dental Fund effective July 1, 2013, financed by the Unclaimed Property Trust Fund. Please refer to Exhibit F for calculations and additional details.
- Supplemental Medicare Insurance Benefit: Medicare premiums are not federally matched for clients who exceed 134% of the federal poverty level. Premiums for clients between 120% and 134% of the federal poverty level receive federal financial participation (FFP) and certain individuals with limited resources qualify as a “Qualified Individual”, which receives 100% FFP.
- Tobacco Quit Line: The Tobacco Quit Line is administered by the Department of Public Health and Environment (DPHE); the Department pays for the share of costs for the quit line related to serving Medicaid members. The costs are administrative and therefore receive FFP rather than the applicable FMAP by eligibility category.
- Upper Payment Limit Financing: Offsets General Fund as a bottom-line adjustment to total expenditure. This is further described in Exhibit K.
- Department Recoveries Adjustment: Department Recoveries used to offset General Fund are incorporated as a bottom-line adjustment to total expenditure. Further detail is available in Exhibit L.
- Denver Health Outstationing: Federal funds are drawn to reimburse Denver Health Federally Qualified Health Centers for the federal share of their actual expenditure in excess of the current reimbursement methodology. Prior to FY 2017-18, these payments were made with certified public expenditure. Going forward, these payments are to be made with General Fund under a Random Moment Time Study (RMTS) methodology.
- Hospital Supplemental Payments: Hospital payments are increased for Medicaid hospital services through a total of five supplemental payments, three of which are paid out of Medical Services Premiums directly to hospitals, outside the Department’s Medicaid Management Information System (MMIS). The purpose of these payments is to increase hospital reimbursement payments for Medicaid inpatient and outpatient care, up to a maximum of the federal Upper Payment Limit (UPL), and to create hospital quality incentive payments that reward hospitals for enhanced quality, health outcomes and cost effectiveness.

- **Nursing Facility Supplemental Payments:** HB 08-1114 and SB 09-263 directed the Department to implement a new methodology for calculating nursing facility reimbursement rates, introduced a cap on General Fund growth for core components of the reimbursement rate, and authorized the Department to collect a provider fee from nursing facilities statewide. Any growth in the portion of the per-diem reimbursement rate for core components beyond the General Fund cap is paid from the Nursing Facility Provider Fee cash fund, as are all supplemental payments. Please refer to Exhibit H for calculations and additional details.
- **Physician Supplemental Payments:** Federal funds are drawn to reimburse Denver Health and the Memorial Health Systems in Colorado Springs for physician services provided in excess of the current reimbursement methodology. The Department retains 10% of the federally matched dollars as a General Fund offset.
- **Hospital High Volume Payment:** Colorado public hospitals that meet the definition of a high-volume Medicaid and Colorado Indigent Care Program (CICP) Hospital qualify to receive an additional supplemental reimbursement for uncompensated inpatient hospital care for Medicaid clients. To meet the definition of a high volume Medicaid and CICP Hospital a hospital must be: licensed as a General Hospital by the Department, classified as a state-owned government or non-state owned government hospital, a High Volume Medicaid and CICP hospital, defined as those hospitals which participate in CICP, whose Medicaid inpatient days per year total at least 35,000 and whose Medicaid and CICP days combined equal at least 30% of their total inpatient days, and maintain the hospital's percentage of Medicaid inpatient days compared total days at or above the prior State Fiscal Year's level. Historically, Memorial Health has been the only hospital to qualify for this payment.
- **Health Care Expansion Fund Transfer Adjustment:** In previous years, the Department received an appropriation from the Health Care Expansion Fund to cover the costs of programs funded with tobacco tax revenues. However, beginning in FY 2011-12, the Health Care Expansion Fund was insolvent and no longer covered the cost of the programs. The balance in the Health Care Expansion Fund is appropriated to the Department to offset the costs of these programs. In the Department's calculations in this exhibit, this transfer appears as a General Fund offset because the costs of the programs are included as General Fund in the calculations at the top of the exhibit.
- **Intergovernmental Transfer for Difficult to Discharge Clients:** Privately owned nursing facilities are eligible for receiving supplemental Medicaid reimbursements for costs incurred treating medically complex clients, such that the sum of all Medicaid reimbursement remains below the Upper Payment Limit for privately-owned nursing facilities. To

be eligible for these payments, nursing facilities must be privately owned; enter into an agreement with the discharging hospital regarding timelines and initial plans of care for the affected medically complex patients; and provide long-term care services and supports in the least restrictive manner for medically complex clients residing in an inpatient hospital setting for whom no other suitable discharge arrangements are available. The transfer is an annual payment of \$1,400,000 total funds, with the State share being transferred through Denver Health & Hospital Authority.

- Denver Health Ambulance Payments: Federal funds are drawn to reimburse Denver Health for ambulance services in excess of the current reimbursement methodology. This reimbursement does not require any increase in General Fund; the Department retains 10% of the federally matched dollars as a General Fund offset.
- Emergency Transportation Provider Payments: Public emergency medical transportation (EMT) providers incur significant uncompensated costs for services provided to Medicaid clients. Because these providers receive public funds, the Department has an opportunity to obtain a federal match on expenditures made by public entities. Implementation of a certified public expenditure (CPE) program for public ground EMT providers would allow the Department to make supplemental payments to public (EMT) providers for EMT services to Medicaid clients Pursuant to 42 CFR § 433.51, public funds may be considered as the State's share in claiming federal financial participation when the public funds are certified by the contributing public agency as representing expenditures eligible for federal financial participation. EMT service providers eligible to participate in this program would receive supplemental reimbursement payments by completing a federally approved cost report form. The supplemental reimbursement payment is based on claiming federal financial participation on CPEs that have already been incurred by the public provider. To be eligible for the reimbursement, the CPE cannot be claimed at any other time to receive federal funds under Medicaid or any other program. The supplemental reimbursement amount is determined by a methodology approved by Centers for Medicare and Medicaid Services (CMS).
- Nurse Home Visitor Program: This funding is transferred from the Department of Human Services for eligible first-time mother Medicaid members to receive education on nutrition and general childcare from a nurse home visit. The original funding for this program is through the Tobacco Master Settlement Agreement money, and is transferred into MSP.

- University of Colorado School of Medicine Payment: Originally approved under SB 17-254, the Colorado Legislature approved a transfer from the University of Colorado School of Medicine (UCSOM) to the Department to gain access to federal matching funds. The Department then would reimburse UCSOM through a UPL payment for physician services.
- Public School Health Services: Approved as part of the FY 2019-20 S-7, BA-7 “Public School Health Services Funding Adjustment”, this request allowed the Department to use certified public expenditure spent on Public School Health Services (SHS) programs to claim a federal match. Part of the claimed federal funds are applied as a General Fund offset in the Medical Services Premiums line.
- SB 21-213 Use of Increased Medicaid match accounts for the transfer of savings from cash fund financed services to the General Fund as a result of the enhanced federal match was authorized through the Families First Coronavirus Response Act.

See Exhibit A2-A4 for Cash and reappropriated fund financing detail.

EXHIBIT B - MEDICAID CASELOAD PROJECTION

Exhibit B1 contains historical and projected caseload for all eligibility types. Exhibit B-2 provides historical monthly caseload without retroactivity for each of the eligibility types. The Department is forecasting the annual average Medicaid caseload to increase by 4.36% in the current year to 1,260,431, although caseload is expected to grow monthly. In the request year FY 2025-26, the trend is projected to continue to increase by 3.21%, and then increase in the out year by 2.71%.

EXHIBIT C - HISTORY AND PROJECTIONS OF PER CAPITA COSTS

Medical Services Premiums per capita costs history through the most recently completed fiscal year and projections are included for historical reference and comparison. The Department provides two separate tables. In Exhibit C-1, the Department provides the per capita cost history based on the cash-based actuals (i.e., the actual expenditure paid in the fiscal year). In Exhibit C2, the Department provides the per capita cost history adjusted for the FY 2009-10 payment delay; that is, the claims delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals. Per capita trends can be affected by changes in caseload, utilization of services, and service costs.

For FY 2002-03 through FY 2008-09, expenditures for the Prenatal State-Only program are included in the Non-Citizens aid category. The Prenatal State-Only program allows legal immigrants that entered the United States after August 22, 1996 to receive State-funded prenatal care and Emergency only Medicaid benefits for labor and delivery. This expenditure is included in the MAGI Pregnant Adults aid category beginning in FY 2009-10. HB 09-1353 allows legal immigrants that have lived in the United States less than five years to qualify for Medicaid as pregnant adults, Medicaid children, or CHP+ clients. Funding for Medicaid pregnant adults was available July 2010. The population that was Prenatal State-Only now represents pregnant adults that are eligible under HB 09-1353. This expenditure is still included in the MAGI Pregnant Adults aid category. Funding for Medicaid children was available July 2015.

EXHIBIT D - CASH FUNDS REPORT

This exhibit displays spending authority, total request, and incremental request for each source of cash funds in the Medical Services Premiums line item. This information is a summary of the information presented in Exhibit A. In addition, current year total spending authority is broken out between the Long Bill and other special bills; this information is used to calculate the revised letter note amount on the Schedule 13. The Department also provides the specific requested changes to special bill appropriation clauses.

EXHIBIT E - SUMMARY OF PREMIUM REQUEST BY SERVICE GROUP

Summary of Total Requested Expenditure by Service Group

This exhibit is a summary of the requests by service group and by eligibility category for the current year, request year, and out-year. It aggregates information from the calculations contained in Exhibits F, G, H, I, and J and caseload information from Exhibit B.

EXHIBIT F - ACUTE CARE

Calculation of Acute Care Expenditure

Acute Care service expenditure is calculated in a series of steps. Exhibit F1 shows historical expenditure and the annual percent change. The first step of the calculation is to select a per capita percent change rate then to trend the last actual per capita to the next year. Bottom-line adjustments are then made to account for legislation and other impacts

not included in historical trends. Total expenditure after bottom-line adjustments is then divided by the projected caseload to obtain a final per capita cost for the current year. To calculate the request year expenditure, the same methodology is applied to the projected request year per capita. The total estimated expenditure for Acute Care is then added to total estimated expenditure in other service groups and bottom-line impacts to generate the total request for Medical Services Premiums.

Calculation of Per Capita Percent Change

The per capita percent change is computed for each eligibility category on a per capita cost basis. Exhibit F1 provides a list of historic trends. Included are two-year, three-year, four-year, and five-year trends, ending in the three most recent historical years. Typically, the same percentage selected to modify current-year per capita costs is used to modify the request-year and out-year per capita costs, although the Department adjusts the selected trend where necessary.

Percentages selected to modify per capita costs are calculated to assess the percentages considering any policy changes or one-time costs that may skew a one year trend. Per capita trend factors cannot take into account changes in caseload or changes accounted for as bottom-line adjustments. The eligibility categories differ in eligibility requirements, demographics, and utilization, thus different trends are used for each eligibility category.

The trend selections for FY 2025-26, FY 2026-27, and FY 2027-28 are available in Exhibit F9. This includes the selected trend factors for each Medicaid population.

Legislative Impacts and Bottom-line Adjustments

To account for programmatic changes which are not incorporated in the prior per capita or trend factors, the Department adds total-dollar bottom-line impacts to the projected expenditure. These impacts are described briefly below:

- Annualization of Estimated Impact of Increasing PACE Enrollment accounts for the Department's initiative to increase enrollment of new PACE clients. The Department anticipates that this increased enrollment will cause a shift in expenditure from the Acute Care service group to the PACE service category.
- Acute Home Health 60 Day Limit will limit the Department's Acute Home Health Benefit to 60 days based on the current state and federal authority. The Department is planning to implement system edits in FY 2025-26.

- The Department Included a Bottom-Line Adjustment for new high-cost specialty drugs that are anticipated to become available for use upon approval from the FDA.
- HB 22-1290 Changes to Medicaid For Complex Rehab Technology - this bill prohibits the Department from requiring prior authorization for any repair of complex rehabilitation technology (CRT). It also increases Rural CRT reimbursement
- R-07 Utilization Management Acute Care Impact requests to compensate the Department's Utilization Management vendor for expanding medical necessity reviews for outpatient medical services and physician administered drugs that have been newly identified as having a high risk for fraud and overutilization.
- FY 2025-26 R-06 Accountable Care Collaborative Phase III - Hospital Savings - The Transitions of Care initiative portion of this budget request is expected to result in savings, given the assumption that members who receive improved care coordination will incur fewer hospital readmission costs in the future.
- FY 2025-26 R-06 Accountable Care Collaborative Phase III - BMTF Savings - The Baby and Me Tobacco Free Member Incentive program is expected to result in fewer NICU admissions, resulting in savings.
- SB 24-116 Discounted Care for Indigent Patients - HCPF will have costs to provide Medicaid coverage for patients determined to be presumptively eligible by hospitals. Currently, hospitals screen all uninsured patients for Medicaid eligibility and refer those eligible to HCPF to complete the Medicaid application process and then HCPF deems them as presumptively eligible if they meet the criteria. The fiscal note assumes that with hospitals able to provide this screening, more individuals will be covered under presumptive eligibility.
- SB 24-168 Remote Monitoring Services for Medicaid Members - This bill expands eligibility for remote patient monitoring (RPM) services. Additionally, this bill requires HCPF to provide coverage for continuous glucose monitors (CGMs) and related supplies to members under the Medicaid medical and pharmacy benefit, including repairs and replacement. The bill expands eligibility for coverage and aligns criteria with local determination standards issued by the Centers for Medicare and Medicaid and individuals with gestational diabetes.
- SB 25-084 Medicaid Access to Parenteral Nutrition - This bill provides funding for an increase in the reimbursement rate for the dispensing fee for Total Parenteral Nutrition services. These are services provided to Medicaid members who are unable to consume food and must receive their nutrition through an intravenous solution. This bill is pending

CMS approval and may be updated in the future. Additionally, this bill corresponds directly to the FY 2026-27 R-13 Pharmacy Changes Budget Request, and a change to the funding detailed in this bill will impact the total funds requested in that request.

- SB 25-183 Coverage for Pregnancy Related Services - Labor and Delivery Savings - This bill created a state-only program that will provide coverage for Medicaid members' abortion services. As a result, there will be savings in terms of labor and delivery costs associated with this bill.
- HB 22-1289 "Health Benefits for Colorado Children and Pregnant Persons" directs the Department to cover all income-eligible pregnant adults on Medicaid/CHP+; create new State-Only CHP+ and Medicaid programs to cover income-eligible children, regardless of immigration status; provide full lactation supports & services to pregnant adults on CHP+/Medicaid; and provide breast pump coverage for all pregnant/postpartum members.
- R-07 Provider Rate Adjustments provides a 3% across the board rate increase to providers that did not receive a targeted rate increase, provides a targeted rate increase for MPPRAC recommendations, and implements a targeted rate increase for rural hospitals. The rate increase also increases base wages of HCBS workers.
- Advancing Birthing Equity - Provides Funding to promote increased health equity outcomes by implementing coverage for birth doulas and human donor milk.
- SB 242-175 Improving Perinatal Health Outcomes provides funding for Choline supplements for eligible pregnant adults beginning in FY 2025-26.
- JBC Action Provider Rate Increases - This included an across-the-board rate increase of 1.6% and targeted rate increases for physician services, dialysis and nephrology, laboratory and pathology, eyeglasses and vision, injections, non-medical transportation, group residential support services, and nursing facility rates.. Also included are payments to rural hospitals to support Health Information Technology advances, the removal of copayments from primary care, medical services, telemedicine, rural health clinic, pharmacy, optometrist, podiatrist, durable medical equipment, laboratory, and radiology services, and finally a minimum wage increase for home-and community-based services.
- JBC Action - Move Nurse Home Visitor Program into MSP - This funding is transferred from the Department of Human Services for eligible first-time mother Medicaid members to receive education on nutrition and general childcare from a nurse home visit. The original funding for this program is through the Tobacco Master Settlement Agreement money and is transferred into MSP.
- HB 22-1303- Level 2 Facilities -This bill requires the department of human services to renovate an existing facility at Fort Logan to expand the number of civil beds for people in need of residential behavioral health treatment.

Additionally, the bill requires the department of human services to work in partnership with the department of health care policy and financing to add at least 125 additional beds at mental health residential treatment facilities for adults in need of supportive services.

- SB 24-110 Medicaid Prior Authorization Prohibition - This bill prohibits the Department from requiring adults to use antipsychotic drugs on the preferred drug list if they were unsuccessfully treated with such a drug within the previous year or if they are currently stable on an antipsychotic that is not on the list.
- HB 24-1038 High Acuity Crisis for Children and Youth - This bill mandates the Department, in partnership with the Behavioral Health Administration and the Department of Human Services, to establish a system of care for children and youth under 21 with complex behavioral health needs. This system must include a standardized assessment tool, intensive care coordination, expanded supportive services, and increased access to treatment foster care.
- FY 2025-26 Pharmacy MAC - This action allows the Department to set a lower Maximum Allowable cost (MAC) when setting drug prices to increase savings in pharmacy.
- FY 2025-26 JBC Action: Prepaid Inpatient Claims Review- This action assumes savings associated with enhanced reviews for NEMT claims to detect fraud.
- JBC Action Maternal Health Services - This action increased rates for three specific maternal health service on an ongoing basis.
- HB 23-1300 Continuous Eligibility - This bill requires the Department to extend continuous eligibility to two populations: children under three, including those eligible under HB 22-1289 at the time of implementation, and adults recently released from incarceration, pending federal approval. In July 2025 the federal government denied this portion of the 1115 waiver and so initiative will no be implemented.
- SB 23-002 Medicaid Reimbursement for Community Health Services - This bill requires the Department to seek federal authorization to provide Medicaid reimbursement for community health worker services.
- HB 24-1045 Treatment for Substance Use Disorders - This bill requires the Department to seek federal approval to provide medication-assisted treatment (MAT), case management services, and a 30-day supply of prescription medication to Medicaid members upon release from jail or juvenile facilities. It also mandates that the Department pursue federal authorization to offer partial hospitalization for substance use disorder treatment. These items have been moved to the Long Bill Item (7) Transfers to the Department of Corrections and Department of Local Affairs.
- SB 25-308 Medicaid Services Related to Federal Authorizations - This bill adds federal authorization of the 1115 waiver for Health-Related Social Needs and Reentry Services. This includes tenancy support payments through Medical Services Premiums.

- FY 2025-26 JBC Action: Enforce vision benefit rules that adults get one pair of glasses every two years.
- FY 2021-22 JBC Action: Restore Funding for SB 19-195
- FY 2024-25 BA-10 System of Care
- FY 2025-26 R-11 Hospital Backup Eligibility Expansion: The eligibility criteria for HBU is expanding to include members with disorders of consciousness, bariatric needs and certain neurological conditions. Members receiving care for these diagnoses in in-patient hospital settings are expected to transition into nursing facilities.

Breast and Cervical Cancer Program Per Capita Detail and Fund Splits

In 2001, the General Assembly passed SB 01-012, which established a Breast and Cervical Cancer Treatment Program within the Department. In 2019, the General Assembly passed HB 19-1302 which extended the repeal date of the program to 2029. All Breast and Cervical Cancer Program expenditure receives an enhanced federal match rate of approximately 65.00%. Please refer to Exhibit A and Exhibit R for more specific information on the federal match rate for this program.

Beginning January 2017, the age range for clients receiving cervical cancer screening and treatment was expanded to include ages 21 through 39, based on CDPHE's FY 2016-17 R-4 "Cervical Cancer Eligibility Expansion." This change did not have an impact of the anticipated magnitude, and the previous caseload adjustment for this policy change has now been removed as the policy change is incorporated into the trend.

Per Capita Cost

With the implementation of the ACA expansion in January 2014 many clients who were eligible through the Breast and Cervical Cancer Program were re-determined as eligible for the MAGI Adult population instead. Per CMS direction, the Department was unable to claim the enhanced ACA FMAP for those clients while they were still actively receiving cancer treatment, and the Department manually moved them from MAGI Adults to the Breast and Cervical Cancer Program category. Based on analysis of affected clients, the Department determined that the clients included in the manual adjustment were no longer receiving cancer treatment and the Department stopped completing the adjustment as of July 2017. The number of clients in the Breast and Cervical Cancer Program is now much lower, but the per capita costs of clients remaining in the program are higher as they are more likely to use high-cost cancer treatment services.

Fund Splits

The second half of this exhibit calculates the portion of Breast and Cervical Cancer Program expenditure that will be allocated to the Breast and Cervical Cancer Prevention and Treatment Program Fund.

Adult Dental Cash Fund-eligible Per Capita Detail

In 2013, the General Assembly passed SB 13-242, which established the Adult Dental Benefit program along with the Adult Dental Cash Fund, funded through the Unclaimed Property Tax Fund. The Adult Dental Cash Fund provides the funding for the State share of the Adult Dental Benefit program, for expenditure that would otherwise be funded by General Fund for the State share. In 2014, the General Assembly passed HB 14-1336 which provided funding for the addition of full dentures as part of the Adult Dental Benefit. The Department previously covered dental services for adults only in emergencies or in the case of co-occurring conditions that required dental services. The Department does not have a way to systematically distinguish between dental services received in the case of emergency or co-occurring conditions and those covered under the Adult Dental Benefit. Exhibit F2.2 The Adult Dental Cash Fund-Eligible Dental Services reports total Dental expenditure for populations that have the State share of expenditure funded with the Adult Dental Cash Fund and subtracts out the estimated expenditure for emergency and co-occurring conditions to estimate the expenditure that will be funded by the Adult Dental Cash Fund.

The Department became aware of an error in the claims processing system operated by the dental ASO (administrative service organization), DentaQuest. This system error caused services with a Prior Authorization Requirement to be approved without the proper authorization. This led to increased expenditure and utilization that should not have been approved. The Department was made aware of this error after the error had been corrected, and the Department recouped approximately \$43.9 million from DentaQuest. Given the timeline of the error being created, discovered and corrected, the Department had limited accurate data available to use for the forecast. Therefore, the forecast was based off of the last five months of FY 2024-25, and was significantly reduced from the previous forecast. The Department assumed growth in the request year and the out year in alignment with the Acute Care forecast.

Antipsychotic Drugs

Antipsychotic drugs were moved from the Department's premiums line to the Department of Human Services for FY 2001-02. For FY 2003-04, the General Assembly moved antipsychotic drugs from the Department of Human Services' portion of the budget to the Medical Services Premiums line item of the Department. This expenditure is now included in the Acute Care service group within the Prescription Drugs service category. Exhibit F3 Acute Antipsych shows annual costs by aid category and per capita cost in two versions: with and without the estimated impact of drug rebate. The Department has eliminated the projection of expenditure in this area due to the elimination of the informational-only line item in Long Bill group (3), effective with HB 08-1375.

The Department experienced a large decrease in gross aggregate and per-capita acute antipsychotic pharmaceutical expenditure in FY 2012-13 due to several antipsychotic drugs going generic and per-unit costs decreasing significantly. FY 2014-15 resumed growth due to increases in cost, utilization, and caseload, which continued in FY 2015-16. The Department experienced a slight decrease in FY 2016-17 in gross expenditure. In FY 2017-18, there was another significant decrease in gross aggregate and per-capita expenditure due to the brand name preference of Abilify being removed in April 2017, as well as a large decrease in the unit price of aripiprazole (the generic version of Abilify).

Federal Funds Only Pharmacy Rebates

The Patient Protection and Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. Drug rebates are recorded as an offset to total funds expenditure in Acute Care (Exhibit F), and the Department's total funds expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure. In this exhibit, the Department estimates the incremental number of rebates that are federal funds only. Estimates are based on most recent actuals. The Department increased costs in FY 2024-25 from previous forecasts based on FY 2023-24 data. The Department carried the forecasted growth from FY 2025-26 ongoing.

Family Planning - Calculation of Enhanced Federal Match

Certain services that are family planning in nature are eligible for 90% federal financial participation. However, to claim the enhanced match, the State must uniquely identify these services. Some family planning services are provided through fee-for-service, and, beginning in late FY 2001-02, the Department was also able to identify those family planning services provided by health maintenance organizations. Therefore, the State receives the enhanced match on about 95% of the family planning services provided to Medicaid clients. Totals listed on page EF-14 are taken directly from the Department's reporting to the Centers for Medicare and Medicaid Services (CMS) for enhanced federal funds.

In FY 2016-17, the Department received more rebates attributed to Family Planning than it should have, as the result of a rebate payment error. As such, the Department's total reported expenditures are understated and artificially low in FY 2016-17. The Department has trended forward the FY 2024-25 expenditure by a fraction of previous growth rates to reach FY 2025-26, FY 2026-27, and FY 2027-28 estimates.

Indian Health Service

In 1976, the Indian Health Care Improvement Act (PL 94-437) passed with the goal of improving the health status of American Indians and Alaskan Natives and encouraging tribes to participate as much as possible in the management of their health services. The law specified that the payments for inpatient and outpatient services and emergency transportation for Medicaid clients who are American Indians with a legal tribe affiliation receive 100% federal financial participation. The Indian Health Service is the federal agency within the Department of Health and Human Services that provides services to American Indians and Alaskan Natives directly through its hospitals, health centers, and health stations, as well as indirectly by coordinating with tribe-administered health care facilities.

HB 22-1289 Coverage Expansion

On January 1, 2025, the Department implemented the service and eligibility expansions established by HB 22-1289. This bill directed the Department to expand coverage to pregnant persons who meet all eligibility criteria for Medicaid or CHP, except that they lack a qualifying immigration status. This coverage expansion is known as the "from-conception-to-end-of-pregnancy (FCEP) option", it was formerly known as the unborn child option. Additionally, HB 22-1289 directed the Department to create two new medical assistance programs that exactly mirror Medicaid and CHP, but that these new programs would be funded exclusively with General Fund and these programs would offer coverage to children

Page R-1.23

(under age 19) who meet all eligibility requirements for the respective programs, except that they lack a qualifying immigration status. The programs for children are included in the R-4 Other Programs and Services request. For the programs for adults, the Department developed the new utilizer and per capita estimates found in Exhibit F7 using actual expenditure and caseload information from the program.

EXHIBIT G - COMMUNITY-BASED LONG-TERM CARE

Home- and Community-Based Services (HCBS) Waivers

Community-Based Long-Term Care (CBLTC) services are designed to provide clients who meet the nursing facility level of care with services in the community. The increased emphasis on utilizing community-based services has served to keep the census in Class I Nursing Facilities relatively consistent.

Clients receiving CBLTC services currently have access to 10 HCBS waivers, each targeted to specific populations. Of the 10 waivers administered by the Department, five are included in the Medical Services Premiums line item and the remaining four fall under the Office of Community Living. The HCBS waivers that are included in the Medical Services Premiums line item are referred to throughout this narrative as HCBS-LTSS waivers. Two of the waivers have been combined effective July 1, 2025. The Children's Home and Community-Based Services (CHCBS) and Children with Life Limiting Illness (CLLI) waivers have been combined into the Children with Complex Health Needs (CwCHN) waiver. The waivers included in the Medical Services Premiums line item are:

- Elderly, Blind and Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Brain Injury (BI)
- Complimentary and Integrative Health (CIH)
- Children with Complex Health Needs (CwCHN)

Calculation of Community-Based Long-Term Care Waiver Expenditure

The CBLTC forecasting methodology forecasts each of the Department's HCBS-LTSS waivers individually. The Department believes this to be an accurate way of forecasting CBLTC because each waiver targets certain populations and provides services targeted at those clients. In CBLTC, each eligibility type has clients receiving services in the HCBS-LTSS waivers.

Because each waiver's services vary depending on the target population, any change to a program could impact multiple eligibility types, making it difficult to forecast and identify the root of significant changes in historical trend.

The current methodology includes a forecast for each waiver's enrollment, utilizers, and cost per utilizer. Percentages selected to modify enrollment, utilizer, or per-utilizer costs are calculated to consider policy changes or one-time costs that may skew just one trend year. Trend factors must not account for changes considered bottom-line adjustments. Because each HCBS-LTSS waiver differs in eligibility requirements, demographics, and utilization, different trends are used for each waiver.¹

Since the Department is using an enrollment-based methodology to define caseload, a utilization adjustment must be used prior to developing final projected expenditure. This utilization adjustment is determined by taking the ratio of paid claims in each month to the number of PARs in the same month. The Department then used this adjustment factor to estimate the FPE and adjust projected expenditure for each waiver in FY 2025-26, FY 2026-27, and FY 2027-28.

Legislative Impacts and Bottom-Line Adjustments

To account for programmatic changes not incorporated in the prior per-enrollee trend factors, the Department adds total-dollar bottom-line impacts to the projected enrollment or expenditure. The following impacts have been included in the Request for Community-Based Long-Term Care:

Expenditure

- FY 2024-25 had a 53rd payment period unlike most years where there are 52 weeks of expenditure. An extra week of expenditure has been added to the FY 2024-25 forecast to account for the additional pay period. The extra week of expenditure has been removed for FY 2025-26.

¹ The percentages selected to trend expenditures for the waivers are as follows. BLIs are not included in the calculation.

EBD: FY 24 is 3.53%, FY 25 is 3.53%, and FY 26 is 3.53%. **CMHS:** FY 24 is 2.69%, FY 25 is 2.69%, and FY 26 is 2.69%. **CHCBS:** FY 24 is 10.92%, FY 25 is 10.39%, and FY 26 is 0.00%. **BI:** FY 24 is 3.10%, FY 25 is 6.69%, and FY 26 is 6.69%. **CLLI:** FY 24 is 2.36%, FY 25 is 2.36%, and FY 26 is 2.36%. **CIH:** FY 24 is 6.73%, FY 25 is 6.73%, and FY 26 is 6.73%.

- FY 2024-25 Across the Board 2.0% Rate Increase - The Joint Budget Committee approved a 0.5% ongoing across-the-board rate increase, effective July 1, 2024.
- FY 2023-24 BA-07 Community First Choice - The JBC approved funding for the Department's initiative to provide additional services and information to HCBS waiver members to reduce institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The information initiative began on July 1, 2023.
- FY 2023-24 BA-07 Transition Coordinator Services - The JBC approved the initiative to provide additional services and information to HCBS waiver members to decrease institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The waiver transition will be implemented on July 1, 2026.
- Local Minimum Wage: In the 2020 legislative session, the JBC approved an action to increase rates for certain HCBS services in the Denver metro area in response to Denver increasing its minimum wage starting on January 1, 2020 with subsequent increases each January through January 1, 2022. This bottom-line impact includes the expenditure impact of three years of rate increases.
 - JBC Authorization of 129 enrollments onto the HCBS - DD waiver -the General Assembly authorized an additional 129 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.
- R-09 OCL Program Enhancements - The Department requested funding to increase rates and expand benefits for services offered through the Home and Community-Based Services (HCBS) waivers, increase provider bed capacity, and create additional opportunities for care in the community. Includes adjusted rates for high acuity Brain Injury Waiver Members.
 - SB 21-038 (Expansion of Complementary and Alternative Medicine) - This bill expands eligibility from Adamas, Arapahoe, Denver, Douglas, and Jefferson to anywhere in the state. Eligibility is also expanded to include individuals with a primary condition of MS, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability to walk(ambulate) resulting from one of these conditions. The Complementary and Integrated Health

Waiver has been extended with a five year repeal date. The appropriated funding for the waiver continuation is included as a bottom line impact.

- HB 22-1303 - This bill requires the department of human services to renovate an existing facility at Fort Logan to expand the number of civil beds for people in need of residential behavioral health treatment. Additionally, the bill requires the department of human services to work in partnership with the department of health care policy and financing to add at least 125 additional beds at mental health residential treatment facilities for adults in need of supportive services.
- FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers - This includes a 2% across-the-board rate increase and targeted rate changes for pediatric behavioral therapies, anesthesia, ambulatory surgery centers, maternity services, behavioral health fee-for-service, surgeries, abortion, and dental. Also included are a minimum wage rate increase for home-and community-based services and an increase to the primary care fund.
- FY 2025-26 1.6% Across the Board Rate Increase - The JBC approved a 1.6% ongoing across the board rate increase, effective July 1, 2025.
- FY 2025-26 BA-09 CDASS Rates - In accordance with the BA-09 legislation approved by the JBC, the Department is increasing the CDASS rates in accordance with the national average.
- FY 2024-25 R-11 OCL Benefits ACF Tiered Rates - As part of the R-11 OCL Benefits request, the Department is implementing a tiered rate structure for Alternative Care Facilities.
- FY 2025-26 R-09 Provider Rate Adjustments - As part of the R-09, the Department is rebalancing the CFC rates in accordance with existing waiver service rates. The action is nearly budget neutral, causing minimal expenditure.
- CDASS Sick Time Recoupment - In FY 2024-25, the Department recouped some funding from unused sick time for CDASS caregivers. The Department has added this expenditure back into the forecast to account, as it was a one time recoupment.
- Adjustment for Default Expenditure - The Department has identified defaulting expenditure under waiver fund codes, which has been adjusted for through a bottom line impact.
- Adjustment for CCT Services - The Department has been tracking CCT expenditure separately from main waiver expenditure. This adjustment adds CCT expenditure to the main waiver expenditure as a BLI for the forecast. Hospice

Hospice care provides comprehensive, end-of-life support for Medicaid members, prioritizing comfort, symptom management, and quality of life. Expenditures are divided into two primary categories: (1) Nursing Facility Room and Board, covering clients who receive hospice services in a full-time institutional setting, and (2) Hospice Services, which includes all other hospice care delivered in home or inpatient settings.

The largest component of Hospice Services is Hospice Routine Home Care; this is considered the standard level of hospice care provided to hospice clients in their homes typically two or three times per week, generally by nurses. Routine Care is aimed at increasing the client's quality of life and comfort as much as possible. This and can include pain management, symptom management, assistance with daily tasks, nutritional services, and therapeutic services. Hospice Routine Home Care expenditure is computed as a product of patient days and the daily rate.

The next-largest component of hospice services expenditure is Hospice General Inpatient Care. This expenditure is incurred for services provided to hospice patients at inpatient facilities under severe circumstances. Inpatient care may be necessary if a patient's symptoms can no longer be managed at home. The purpose of inpatient care is to control severe pain and stabilize symptoms so that the patient can return home, if possible.

The remaining components of Hospice Services, Respite and Continuous Home Care, expenditure is significantly lower than the other two services, and show significant variation in these remaining services by fiscal year.

COVID-19 shifted some hospice utilization toward inpatient care, as more patients required intensive support, but patterns are gradually returning to historical norms.

Hospice Nursing Facility Room and Board total expenditure estimates for a fiscal year are the product of forecasted patient days and forecasted room and board per diem rate. Bottom-line impact adjustments are made for rate changes applied to claims paid that were incurred in the previous fiscal year. To create the patient days forecast, the Department uses claims information adjusted by an incurred-but-not-reported (IBNR) analysis to determine historical patient day counts. Payments made to nursing facilities for services provided to hospice clients differ from payments made for Class I Nursing Facility clients in two predominant ways: there is no patient payment component of the per diem rate for hospice services, and the per diem for hospice clients is prescribed at approximately 95% of the per diem rate for Class I Nursing Facility clients. Otherwise, the methodology for forecasting nursing facility room and board expenditure for hospice clients mirrors the Class I Nursing Facility forecast. As hospice client per diems are linked to the per diem for Class I Nursing Facility clients, rate reductions are accounted for in the same fashion as they are for nursing facilities.

Please refer to the portion of the narrative devoted to Class I Nursing Facilities for a more detailed description of IBNR analysis, the growth cap for nursing facility rates, and nursing facility rate reductions.

Hospice expenditures are expected to grow modestly as utilization of Routine Home Care increases alongside Colorado's aging population. Inpatient and respite services will continue to fluctuate, reflecting changes in patient acuity. Since hospice rates are linked to Class I Nursing Facility per diems, future changes in NF reimbursement—such as statutory growth caps or wage adjustments—will directly shape hospice costs.

Private Duty Nursing

Private Duty Nursing (PDN) services are face-to-face skilled nursing services provided in a more individualized fashion than comparable services available under the home health benefit or in hospitals or nursing facilities and are generally provided in a client's home. Unlike broader home health services, hospitals, or nursing facilities, PDN offers more tailored one-on-one support. PDN is a critical benefit for medically fragile individuals who need continuous or frequent skilled care to remain safely at home. PDN services are designed for Medicaid members who require ongoing, skilled nursing care in a home or community setting. Eligible populations include children and adults with complex medical needs that cannot be met through standard home health or institutional services.

Services are delivered in five categories:

- Individual RN services
- Group RN services
- Individual LPN services
- Group LPN services
- Blended RN/LPN services

RN services are associated with the highest hourly rate and LPN-group services with the lowest. The remaining three services - RN-group, LPN, and blended - charge similar rates. PDN rates are based on the Department's fee-schedule, and there is no mechanism forcing them to change. During the FY 2024-25 Legislative Session, PDN services received a 1.60% across the board rate increase, which was implemented on July 1, 2025. The Department expects rates to remain

Page R-1.29

constant, expenditure forecasts for FY 2025-26, FY 2026-27 and FY 2027-28 are directly from the Department fee schedule for each service.

Expenditure forecasts and utilization trends are built from MMIS claims data and tracked by service category. Key measures include:

- Utilizers: The number of distinct Medicaid members using PDN
- Units per Utilizer: The average number of service hours (or visits) per client
- Rates: Hourly reimbursement amounts for each service type, derived from the fee schedule

Additional information on specific trends picked for each service can be found in Exhibit G.

PDN utilization is shaped by shifts in both the number of utilizers and the average hours per client. Trends vary by provider type:

- Registered Nurse (RN) utilizers increased slowly beginning in January 2025, with the Department projecting continued growth in upcoming years.
- LPN utilization has risen since FY 2022-23, although growth slowed in early FY 2024-25.
- RN-group, LPN-group, and blended services represent smaller shares of expenditure but have shown fluctuations in utilization and units per client.

COVID-19 had less dramatic systemwide impacts on PDN than on institutional services, though utilization patterns remain somewhat variable.

PDN utilization is expected to grow modestly, particularly for RN and LPN services, as Medicaid members with complex needs remain in community settings rather than institutions. Rates will remain tied to the fee schedule, with limited change absent legislative action. Group services and blended models will likely remain a smaller share of overall PDN expenditure, though fluctuations in units per client may drive year-to-year variance.

Long-Term Home Health

Long-Term Home Health (LTHH) services are deemed necessary by a medical need and are skilled nursing and therapy services that are generally provided in a client's home. LTHH services are either billed hourly or on a per-visit basis with a maximum number of hours. There are nine services under LTHH that are for both children under 21 and adults: clients under 21 that have a medical need can access Physical, Occupational, Speech and Language Therapies (PT, OT, and S/LT respectively), and all clients have access to Registered Nursing/Licensed Practical Nursing (RN/LPN), Home Health Aid Basic and Extended (HHA), Registered Nursing - Brief first visit of day and Brief Second or More Visit of Day, and telehealth. LTHH rates are based on the Department's fee-schedule. During the FY 2023-24 Legislative Session, LTHH services received a 2.0% across the board rate increase effective July 1, 2024.

Similarly to Private Duty Nursing, the LTHH forecast is based on the number of utilizers and units per utilizer. The most significant change in LTHH is the growth of Home Health Aid Basic (HHAB), and Home Health Aid Extended (HHAЕ). HHAB is defined as a medical professional who is responsible for assisting clients with activities of daily living such as bathing, dressing, and eating, whereas HHAЕ requires more medical support and attention, in addition to assistance with activities of daily living. Both services have seen a drastic increase in utilization over the past year, which is most due to the change in Prior Authorization Agreement (PAR) policy. PARs have been deactivated for LTHH and are expected to be reinstated on July 1st, 2025. Because of this, many services including HHAB and HHAЕ have seen increase in utilization and units per utilizer. This has caused a significant growth in forecasted expenditure. Additional details and specific growth trends can be found in Exhibit G.

All but one of the services in LTHH are forecasted individually using the average monthly service utilizers, the average units per utilizer, and the rate. The rate is assumed to be constant beyond the current year legislative rate increases. Due to low utilization, telehealth is forecasted by total expenditure.

LTHH Trends and Justifications

The Department notes that the Physical Therapy Occupational Therapy and Speech and Language Therapy Prior Authorization Requests (PAR's) have come back into effect on July 1, 2025. Therefore, the Department has dampened several service trends in order to account for the expected decreased utilization from reinstated PAR's. The PARs for HHAB and HHAЕ will be reinstated between August 1, 2025 and May 1st, 2026. Each month, providers will submit 10% of their member population to be evaluated for a PAR. By May of 2026, all members receiving HHAB and HHAЕ benefits will be on a PAR. In a similar way, each month providers will submit 15% of their member populations receiving RN/LPN, RN

1st and RN 2nd to be evaluated for a PAR between August 2025 and May 2026. Reinstating PAR's is expected to decrease enrollment and/or utilization in several services offered under LTHH, which will decrease the overall expenditure on the program. The Department has dampened the trends for enrollment and utilization in accordance with the expected PAR reinstatement timeline, assuming that all members receiving LTHH services will be on a PAR by May of 2026. Any new members who begin receiving LTHH services between August 2025 and May 2026 will be evaluated for a PAR before gaining access to services. All services are expected to be affected by PARs, so trends for in enrollment and/or utilization have been dampened for all services.

Home Health Aid Basic and Home Health Aid Extended:

Average utilizers per month for HHA Basic and Extended have steadily increased since FY 2012-13, with large increases in FY 2022-23 and FY 2023-24. HHA Basic experienced high growth throughout FY 2024-25, which influenced the higher trend selection. The Department chose a utilization trend that decreases by 10% each month between August 2025 and May 2026 to account for the reinstated PAR's, which has flattened out the growth trend. This methodology has been applied to both HHA Basic and HHA Extended. HHA Extended also experienced growth throughout FY 2024-25, which is reflected in the trend selection. The Department chose a 5.82% growth trend for HHA Basic and a 3.43% trend for HHA Extended to align with historical data and recent growth.

While utilization for Basic has been increasing slightly over the past year, utilization for Extended has been decreasing during FY 2024-25. To align with the new PAR policy, the Department has opted to hold the growth for Basic constant, while including a slight trend for Extended. Therefore, the Department selected a 0.05% and a -0.71% trend respectively to align with historical data.

Registered Nursing/Licensed Practical Nurse:

Utilizer numbers were increasing in FY 2021-22 and FY 2022-23 and continued to grow through FY 2024-25. Therefore, the Department selected a 6.74% trend to align with recent growth. The Department assumes a slight decrease in growth, with the trend dropping to 1.42% in FY 2026-27 and to pick back up to 2.60% in the out year.

The Department has seen an increase in units per utilizer throughout FY 2024-25 Side A, and has selected an increasing trend to reflect that. The Department selected a 7.65% utilization trend, and a 0.00% trend in following years to align with recent historical data.

RN Brief First of Day and RN Brief Second or more:

Utilizer counts have been growing since FY 2019-20, but the Department expects utilizers to slow with Prior Authorization Requests applied to this service. However, to account for FY 2024-25 growth, the Department has selected higher trends for the current year. The Department selected a 5.74% trend and 13.22% trend respectively to align with historical and recent growth.

Utilization for both services has decreased slightly for both from FY 2023-24 to FY 2024-25 . Therefore, the Department selected a 0.25% trend and -0.73% trend respectively to align with current utilization patterns.

Physical (PT), Occupational (OT), and Speech/Language Therapy (S/LT):

Growth in utilization for all the therapy services has been lower than previous years, and is expected to continue decreasing with the PAR's implemented on July 1, 2025. To account for this, the Department had selected lower trends for each of the therapy services. For FY 2025-26, the Department has selected a -0.67% trend for PT, a 1.73% trend for OT, and a 0.66% trend for S/LT.

The Department believes that the units per client is relatively stable but has increased slightly since Prior Authorization Requests (PARs) were turned off. The Department assumes that units per client will return to its historical levels since the PARs have been reactivated.

Legislative Impacts and Bottom-Line Adjustments

To account for programmatic changes not incorporated in the prior average monthly enrollment and utilization/cost per client trend factors, the Department adds total-dollar bottom-line impacts to projected enrollment or expenditure. The following impacts have been included in the Request for Long-Term Home Health:

Expenditure

Telehealth Expenditure Adjustment: Due to small cell sizes that prevent the Telehealth forecast from using the same methodology as the other LTHH services, expenditure for Telehealth is adjusted via bottom line impact.

- FY 2024-25 Across the Board 2.0% Rate Increase - The Joint Budget Committee approve a 2.0% across the board rate increase, effective July 1, 2024.

- FY 2024-25 has a 53rd payment period unlike most years where there are 52 weeks of expenditure. Therefore, an extra week of expenditure has been added to the FY 2024-25 forecast to account for the additional pay period. The Department has removed this extra week of expenditure from the FY 2025-26 forecast.
- JBC Authorization of 667 enrollments onto the HCBS - DD waiver -the General Assembly authorized an additional 667 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.

EXHIBIT H - LONG-TERM CARE AND INSURANCE SERVICES

This section is for a series of services that, for a variety of reasons, are individually computed and then allocated to the eligibility categories based on experience. Those services are:

- Class I Nursing Facilities
- Class II Nursing Facilities
- Program of All-Inclusive Care for the Elderly (PACE)
- Supplemental Medicare Insurance Benefits
- Health Insurance Buy-In

Summary of Long-Term Care and Insurance Request

This exhibit summarizes the total requests from the worksheets within Exhibit H.

Class I Nursing Facilities

Class I Nursing Facilities are institutional Medicaid services that provide residential long-term care to individuals who need round-the-clock medical or personal support. Expenditures are shaped by reimbursement methodologies set in State statute, how services are utilized by Medicaid members, and offsets from recoveries such as estates and income trusts.

The Department's objective is to balance fair reimbursement for providers with fiscal responsibility and quality care for members.

Services in Class I Nursing Facilities are available to Medicaid-eligible individuals who require institutional-level long-term care. This population is primarily made up of elderly individuals and persons with disabilities who cannot be supported in community-based alternatives.

The traditional strategy for estimating the cost of these services is to predict: 1) the costs driven by the estimated Medicaid reimbursement methodology (the weighted average per diem allowable Medicaid rate and the estimated average patient payment), 2) the estimated utilization by clients (patient days without hospital backup and out of state placement), and 3) the estimated cost offsets from refunds and recoveries and the expected adjustments due to legislative impacts. Patient payment is primarily a function of client income. As clients receive cost-of-living adjustments in their supplemental security income, their patient payment has increased accordingly.

Patient days and expenditure significantly decreased in FY 2020-21 with significant impacts from the Public Health Emergency (PHE). Over the past few years, patient days have started to increase again. The Department is closely monitoring this growth.

The methodology for the Class I request in Exhibit H is as follows²:

- The estimate starts with the estimated per diem allowable Medicaid rate for core components in claims that will be incurred.
- Using historic claims data from the Medicaid Management Information System (MMIS), the Department calculates the estimated patient payment for claims that will be incurred. The difference between the estimated per-diem rate for core components and the estimated patient payment is an estimate of the amount the Department will reimburse nursing facilities per day for core components.
- Using the same data from above, the Department calculates the estimated number of patient days .
- The product of the estimated Medicaid per diem reimbursement rate for core components and the estimated number of patient days yields the estimated total reimbursement for core components in claims incurred.

² For clarity, FY 2021-22 is used as an example. The estimates for FY 2022-23 and FY 2023-24 are based on the estimate for FY 2021-22, and follow the same methodology.

- Of the estimated total reimbursement for claims incurred in FY 2024-25, only a portion of those claims will be paid in FY 2024-25. The remainder is assumed to be paid in FY 2025-26. The Department estimates that 91.50% of claims incurred in FY 2024-25 will also be paid during FY 2024-25. Footnote 4 details the calculation of the percentage of claims that were incurred and paid in FY 2024-25.
- During FY 2024-25, the Department also paid for some claims incurred during FY 2023-24 and prior years (“prior year claims”). In Footnote 5, the Department applies the percentages calculated in Footnote 4 to claims incurred during FY 2023-24 to calculate an estimate of outstanding claims to be paid in FY 2024-25.
- The sum of the current year claims and the prior year claims is the estimated expenditure in FY 2024-25, prior to adjustments.
- Other non-rate factors are then added or subtracted from this estimate. These include the hospital backup program (HBU), recoveries from Department overpayment reviews, and program reductions. Information and calculations regarding these adjustments are contained in Footnotes 6 and 7.
- Legislative impacts are added as bottom-line adjustments.
- Once the “non-rate” factors are estimated, the non-rate adjustments are added into the current estimate to yield the total estimated FY 2024-25 expenditure.

Legislative Impacts and Bottom-Line Adjustments

To account for programmatic changes that are not incorporated in the prior per capita or trend factors, the Department adds total-dollar bottom-line impacts to the projected expenditure. The following impacts have been included in the FY 2025-26, FY 2026-27, and FY 2027-28 calculations for Class I Nursing Facilities:

- Expenditure for the Hospital Backup Program are included as bottom-line adjustments for FY 2024-25 through FY 2026-27. Please refer to Footnote 6 in Exhibit H3 for more detail. The Department increased estimates from the previous forecast to align with recent growth trends.
- The Department recovers funds from in-house audits of nursing facilities; the estimated amount of recoveries is included as a bottom-line impact. Footnote 7 in Exhibit H3 contains additional detail about these recoveries.
- Minimum Wage Increases - In the 2020 legislative session, the JBC approved an action to increase rates for HCBS services, pediatric personal care, and class 1 nursing facility rates in the Denver metro area in response to Denver increasing its minimum wage starting 1/1/2021. Previously under the law, only NFs within a region that increased its minimum wage could receive supplemental payments to fund wage increases. HB22-1333 allows any Colorado NF to

receive wage enhancement supplemental payments to increase their minimum wage to at least \$15/hour. Costs are offset by savings from eliminating HB 19-1210 Local Minimum Wage Payment requirements.

- In the 2022 legislative session, the JBC allocated funds to provide 10 private nursing facility beds to Medicaid-eligible parolees. The Department of Health Care Policy & Financing is currently working with the Department of Corrections to figure out how to provide beds in private nursing facilities for parolees.
- HB 23-1228 was passed during the 2023 legislative session. This bill adjusts the supplemental Medicaid payment rates a nursing facility receives from the Department. This includes changes to the rate setting process, including removing the current statutory limitation on nursing facility per diem rates, and requires the Department to issue additional supplemental payments to nursing facility providers with disproportionately high Medicaid utilization. This bill also mandates that the Department increase the aggregate statewide average of the per diem rate by at least 10%, 3% and 1.5% for FY 2023-24, FY 2024-25, and FY 2025-26.
- Options Counseling - The Department has included expenditure for Options Counseling, which is a service members can utilize to discuss options for transitioning from a nursing facility into community-based services. This program is included as a bottom-line adjustment for FY 2024-25 through 2025-26.
- Beginning in FY 2026-27, funding for options counseling will shift to support in-reach counseling for nursing facility residents. In-reach counseling replaces the broader options counseling model by providing proactive, facility-based support to residents who may wish to transition to the community.
- NPBA-04 Nursing Facility Transitions Costs to HCBS Waivers - The Department expects savings to nursing facilities due to the increase in DOLA housing vouchers by 322. When a member leaves a NF, the Department would accrue savings based on how much that member would have cost if they were still in the NF. DOLA assumed a three-year ramp up to pass out all housing vouchers beginning in FY 2022-23. The savings are paired with additional costs to HCBS as members transition out of NFs and can begin using community-based living services.
- *Incurred-But-Not-Reported Adjustments*

As part of the estimates for the allowable per-diem rate, patient payment, and patient days, the Department utilizes the most recent five years of incurred claims to calculate estimates for the current year and the request year. However, because not all claims which have been incurred have been reported, the Department must adjust the incurred data for the expected incidence of claims which will be paid in the future for prior dates of service. Without such an adjustment, the claims data would appear to drop off at the end of the year, erroneously introducing a negative trend into the estimate.

The Department uses an extensive model that examines past claims by month of service and month of payment to estimate the claims that will be paid in the future. This is known as an “Incurred But Not Reported” (IBNR) adjustment. IBNR adjustments analyze the prior pattern of expenditure (the lag between when past claims were incurred and when they were paid) and applies that pattern to the data. This enables the Department to use its most recent data, even where there is a significant volume of claims which have yet to be paid.

Separate IBNR adjustment factors are calculated for each month, based upon the number of months between the time claims in that month were incurred and the last month in the data set. These adjustments are applied to the collected data, and the Department calculates the estimate of nursing facility expenditure using the methodology described above. This adjustment is most apparent in the Department’s estimate of claims paid in the current year for current year dates of service, particularly Footnotes 4 and 5 in Exhibit H. In these footnotes, the Department uses the calculated monthly IBNR adjustment factors to estimate the percentage of claims in FY 2024-25 that will be paid in FY 2025-26 and the percentage of claims incurred in FY 2025-26 that will be paid in FY 2026-27 and subsequent years. The Department applies the same factor to the FY 2027-28 estimates. The Department observed an increase in IBNR patient days in FY 2024-25, possibly due to residual effects from the COVID-19 pandemic. The Department increased its assumptions in nursing facility utilization for the patient days forecast. Looking forward, the Department anticipates continued modest growth in patient days and expenditures as Colorado’s elderly population increases. Legislative actions—including wage mandates and payment reforms—will play a major role in shaping facility finances. Savings from HCBS transitions and recoveries will partially offset these costs, but overall growth is expected in line with demographic trends.

Class I Nursing Facilities - Cash-Based Actuals and Projections by Aid Category

For comparison purposes to other service categories, this exhibit lists prior-year expenditure along with the projected expenditure. Estimated totals by aid category are split proportionally to the most recent year of actual expenditure. Additionally, the Department calculates per capita costs for each year. Supplemental payments made to Class I Nursing Facilities through the Nursing Facility Provider Fee program are broken out separately and can be found in Exhibit Totals for each aid category are used to calculate total expenditure by aid category in Exhibit E, and total per capita by aid category in Exhibit C.

Class II Nursing Facilities

This service category is for specialized private nursing facility care for developmentally disabled clients, which was the focus of the Department of Human Services' initiative to deinstitutionalize these clients by placing them in appropriate care settings. Enrollment, utilization, and per-utilizer cost are forecasted using historical actuals.

Program of All-Inclusive Care for the Elderly (PACE)

The Program of All-Inclusive Care for the Elderly (PACE) is a Medicare/Medicaid managed care system that provides health care and support services to persons 55 years of age and older. The goal of PACE is to assist frail individuals to live in their communities as independently as possible by providing comprehensive services depending on their needs. PACE is only used by Adults 65 and Older (OAP-A), Disabled Adults 60-64 (OAP-B), and Disabled individuals to 59 (AND/AB). PACE rates are amended once per year, generally on July 1 of each year.

Exhibit H6 contains two distinct summary measures by fiscal year: average monthly enrollment and average cost per enrollee. The average monthly enrollment is based on the number of distinct clients for whom capitations were paid to PACE providers in each fiscal year, as determined by claims information from the Medicaid Management Information System (MMIS). The average cost per enrollee is the total expenditure divided by the average monthly enrollment for each fiscal year.

The Department has added several PACE providers over the last ten years. Senior Community Care of Colorado (Volunteers of America) began serving clients on August 1, 2008, in Montrose and Delta counties. Rocky Mountain Health Care began serving clients on December 1, 2008, in El Paso County. InnovAge (formerly Total Long-Term Care), the Department's oldest PACE organization, opened a facility in late 2009 to serve clients in Pueblo, and another facility opened in Loveland in November 2015. TRU Community Care opened in February 2017 and serves Boulder and Weld counties. Most recently, Hope West, opened in Spring of 2021 and will serve clients in Mesa county.

Expenditure estimates for PACE in FY 2025-26, FY 2026-27 and FY 2027-28 are the product of two pieces: projected enrollment and cost per enrollee. PACE enrollment was estimated by taking actual enrollment census numbers reported by PACE facilities and applying the average change in monthly enrollment over the last year and applying that trend to FY 2025-26, FY 2026-27 and FY 2027-28. This method was used to estimate future enrollment on an aggregate-provider by-eligibility-type basis. Enrollment caps are not anticipated to limit growth for the forecast period because of the way PACE services are provided: that is, clients are not full-time residents of PACE facilities. Systems issues since CY 2013 have resulted in clients who are eligible for Medicaid and receiving PACE services showing up in the MMIS as not having an enrollment span in the program, causing a delay in monthly capitation payments for these clients. The Department is closely monitoring these systems issues going forward.

On December 23, 2021, the Department requested that InnovAge Colorado suspend the enrollment of any new Medicaid members for all InnovAge Colorado centers. This request came after an audit was conducted on the operations of all InnovAge Colorado centers. This audit was performed by both the Department and Colorado Department of Public Health (CDPHE). The state identified numerous concerns related to the delivery of services, timeliness of service provision, and appropriate level staffing to meet participant's needs. As an outcome of these results, the Department concluded that InnovAge Colorado failed to provide its participants with medically necessary items and services covered under PACE, which adversely affected or had the substantial likelihood of adversely affecting its participants. On January 23, 2023 the enrollment sanctions for InnovAge Colorado PACE centers were lifted.

Per-enrollee costs for FY 2025-26 are determined by using FY 2025-26 rates net of patient payment for PACE services, combined with an eligibility-type distribution estimate derived from FY 2024-25 enrollment projections. Per enrollee costs only represent an estimate to the extent that the exact eligibility type and exact provider distributions for FY 2025-26 are unknown.

SB 19-209 repealed previous statute directing the Department to apply a grade of membership method in determining the upper payment limit methodology. It also requires the Department to meet with PACE organizations to negotiate an appropriate contracted rate for PACE program services for the FY 2025-26 fiscal year.

The Department notes that the table showing the average cost per enrollee represents the total net amount spent in a fiscal year on PACE programs divided by the average number of monthly capitations paid in that specific year. These figures include retroactive capitations and recoupments and do not completely reflect the cost of services received in

Page R-1.40

that fiscal year. For example, the average cost per enrollee in FY 2014-15 factors in approximately \$12.9 million in retroactive payments, while the average cost per enrollee in FY 2015-16 encompasses approximately \$5.4 million in recoupments.

Supplemental Medicare Insurance Benefit (SMIB)

The Supplemental Medicare Insurance Benefit (SMIB) consists of two parts: Medicare Part A, the insurance premium for hospital care, and Medicare Part B, the insurance premium for Medicare-covered physician and ambulatory care services. Only premiums are paid in this service category; co-payments and deductibles are paid under Acute Care. Medicaid clients who are dual-eligible (clients who have both Medicaid and Medicare coverage) or Partial Dual Eligible receive payment for Medicare Part B and, in some cases, Medicare Part A. The Partial Dual Eligible aid category has two distinct groups: Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries. The Part A premium payments are made for a small subset of the Qualified Medicare Beneficiary eligibility group only.³ The Supplemental Medicare Insurance Benefit service category includes the estimate of payments for both Part B for all Medicare beneficiary client types and Part A payments for Qualified Medicare Beneficiary clients. Premium payments for Medicare clients who do not meet the Supplemental Security income limit do not receive a federal match.

The federal law that requires Medicaid to pay the Medicare Part B premium for qualifying individuals whose income is between 120% and 135% of the federal poverty level was scheduled to expire September 30, 2003. However, eligibility was extended. This population was referred to as “Medicare Qualified Individual (1).” Legislation for the second group, referred to as “Medicare Qualified Individual (2),” comprised of individuals whose income was between 135% and 175% of the federal poverty level and expired April 30, 2003. Formerly, Medicaid paid the portion of the increase in the Part B premium due to the shift of home health services from Medicare Part A to Part B insurance. Qualified Individuals are 100% federally funded, subject to an annual cap.

Supplemental Medicare Insurance Benefit (SMIB) expenditure is related to two primary factors: the number of dual-eligible clients and the increase in the Medicare premiums. For reference, the historical increases in the Medicare premiums are listed in Exhibit H7.3.

³ Most Medicare beneficiaries do not make a Part A payment, because they have contributed to Medicare for 40 or more quarters during their working life. The Department only subsidizes Part A payments for Qualified Medicare Beneficiaries who do not meet the 40-quarter requirement.

These premiums reflect the standard Medicare premiums paid by most Medicare recipients or by the Department on their behalf. Clients with between 30 and 39 work quarters of Medicare Covered Employment require a higher Part A premium. Additionally, some clients pay higher Part B premiums based on higher adjusted gross income; however, the Department is only required to pay the base premium cost.

On September 21, 2023, CMS published updated rules for eligibility in the Medicare Savings Programs (MSPs). Per this rule change, beginning October 1, 2024, State Medicaid Agencies “must deem eligible for the Qualified Medicare Beneficiary Group...if the individual receives SSI determined eligible for medical assistance.” This caused an increase in SMIB enrollments which is included in the ongoing estimate of caseload.

To forecast growth the Department estimated enrollment growth based on the forecasted growth in the relevant Medicaid populations and used the following projected premiums from the CMS Medicare Trustees Report. Additionally, the Department assumed small amounts of retroactive payments and recoupments for newly added or disenrolled clients based on the most recent actuals.

Health Insurance Buy-In (HIBI)

The Medicaid program purchases the premiums for private health insurance for individuals eligible for Medicaid if it is cost-effective. This is known as the Health Insurance Buy-In (HIBI) program, permitted under 25.5-4-210, C.R.S. (2013). The Department found that, with rare exceptions, it was no longer cost effective to purchase commercial insurance for clients in the Adults 65 and Older (OAP-A) aid category. Instead, the majority of expenditure was shifted to Disabled Individuals to 59 (AND/AB) for clients who do not qualify for the Medicare Part D benefit.

The Department estimates expenditure based directly on the contractor’s program enrollment estimates to calculate provider and premiums payments for clients enrolled in HIBI.

EXHIBIT I - SERVICE MANAGEMENT

This service group includes administrative-like contract services within the Medical Services Premiums budget. The group is comprised of Single-Entry Point agencies, disease management, and administrative fees for prepaid inpatient health plans.

Summary of Service Management

This exhibit summarizes the total requests from the worksheets within Exhibit I.

Single Entry Points

Single entry point agencies (SEPs) were authorized by HB 91-1287. Statewide implementation was achieved July 1, 1995. The single-entry point system was established for the coordination of access to existing services and service delivery for all long-term care clients to provide utilization of more appropriate services by long-term care clients over time and better information on the unmet service needs of clients, pursuant to section 25.5-6-105, C.R.S. (2013). A SEP is an agency in a local community through which persons 18 years or older can access needed long-term care services.

The SEP is required to serve clients of publicly funded long-term care programs including nursing facility care, HCBS-LTSS waivers, long-term home health care, home care allowance, alternative care facilities, adult foster care, and certain in-home services available pursuant to the federal Older Americans Act of 1965.

The major functions of SEPs include providing information, screening and referral, assessing clients' needs, developing plans of care, determining payment sources available, authorizing provision of long-term care services, determining eligibility for certain long-term care programs, delivering case management services, targeting outreach efforts to those most at risk of institutionalization, identifying resource gaps, coordinating resource development, recovering overpayment of benefits and maintaining fiscal accountability. SEPs also serve as the utilization review coordinator for all community based long-term care services.

The Department pays SEPs a case-management fee for each client admitted into a community-based service program. SEPs also receive payment for services provided in connection with the development and management of long-term home health prior authorization requests for work associated with client appeals and for utilization review services related to HCBS and nursing facilities.

Annual financial audits are conducted by the Department to verify expenditures were made according to the contract scope of work and to assure SEP compliance with general accounting principles and federal Office of Management and Budget (OMB) circulars. If the audit identifies misused funds, the amount misused is collected through a recovery order.

Effective with the July 1, 2020 the Department revised the methodology used to calculate this portion of the Request. Because of the administrative nature of the service, SEPs were paid through a fixed contract amount for each year. However, the Department has developed and implemented a rates methodology that pays the SEPs for administrative deliverables as well as for Case Management functions.

Effective with the approval of the Department's FY 2021-22 R-14, "Technical Adjustments," funding for SEP agencies and Community Centered Boards (CCBs) has been consolidated into a new line item. Both SEPs and CCBs provide case management and administrative functions for individuals in the Department's HCBS waiver programs. As of FY 2021-22, the Department will report estimates for SEP expenditure in the Department's R-5 Office of Community Living, alongside the forecast for CCB expenditure for services for individuals with intellectual or developmental disabilities (IDD). In effect, starting in FY 2021-22, there will be no fiscal impact of SEPs on R-1 Medical Services Premiums expenditures.

Disease Management

Beginning in July 2002, the Department implemented several targeted disease management pilot programs, as permitted by HB 02-1003. Specifically, the Department was authorized "to address over- or under-utilization or the inappropriate use of services or prescription drugs, and that may affect the total cost of health care utilization by a Medicaid recipient with a particular disease or combination of diseases" (25.5-5-316, C.R.S. (2013)). Initially, pilot programs were funded solely by pharmaceutical companies; the programs began and ended at different times between July 2002 and December 2004.

Because of the pilot programs, the Department entered into permanent contracts with two disease management companies for two health conditions: clients with asthma and clients with diabetes. Effective June 30, 2009, the Department discontinued the five specific Disease Management programs. The remaining funds were applied toward services related to the treatment of the health conditions specified in 24-22-117(2)(d)(V), C.R.S. (2013) (further described in Exhibit A).

The only remaining expenditure in the Disease Management program is for the tobacco quit line, administered by the Department of Public Health and Environment (DPHE). The Department pays for the share of costs for the quit line related to serving Medicaid members. The February 2023 request aligns the Department's projected expenditure with the Reappropriated funds in DPHE's budget that are funded by Medicaid.

Accountable Care Collaborative

In FY 2010-11, the Department implemented the Accountable Care Collaborative (ACC). The monthly management fees paid to the Regional Accountable Entities (RAEs) that receive service FMAP and that are incorporated in the ACC exhibit.

The ACC is a Department initiative requested originally in FY 2009-10 DI-6 “Medicaid Value Based Care Coordination Initiative” and revised in FY 2010-11 S-6/BA-5 “Accountable Care Collaborative.” The Department enrolled the first clients into the program in May 2011 and enrollment increased to 60,000 by December 2011. Enrollment expanded to 123,000 clients in May 2012, which was requested in FY 2011-12 BA-9 “Medicaid Budget Balancing Reductions.” The cost savings estimated for this program are included in Acute Care; please see Exhibit F for more information on its impact to Acute Care. The monthly management fees are estimated in the Accountable Care Collaborative exhibit.

The Department implemented Phase II of the ACC, which was requested in the FY 2017-18 R-6 “Delivery System and Payment Reforms” request approved in HB 17-1353 “Implement Medicaid Delivery & Payment Initiatives”. Phase II of the ACC includes mandatory enrollment of the Medicaid population into the ACC, which would only exclude clients enrolled in a managed care program such as a health maintenance organization or the Program of All-Inclusive Care for the Elderly (PACE) and the Non-Citizens-Emergency Services and Partial Dual Eligibles eligibility categories. The ACC Phase II also combines the RCCOs and Behavioral Health Organizations (BHOs) into a single entity called a Regional Accountable Entity (RAE). RAEs will be responsible for further integrating behavioral and physical health care to achieve improved outcomes and cost reduction. PMPM for the RAEs increased from \$15.76 to \$15.95 in July 2021, with a portion of the PMPM pushed through from the RAEs to PCMPs. RAEs will receive capitated payments for managed Behavioral Health just as BHOs did.

The Department implemented Phase III of the ACC, which was requested in the FY 2025-26 R-06 Accountable Care Collaborative Phase III request. Phase III of the ACC reduces the number of Regional Accountable Entities (RAEs) from 7 to 4, and implements new Per Member Per Month (PMPM) rates for each of the RAEs. Phase III also intends to shift the payment structure of the incentive portion of the PMPM payments from a Quarterly basis to an annual basis. While each RAE will receive a different administrative PMPM, all RAEs will have \$4.50 withheld per member per month, which will then be used to make incentive payments. The incentive payments are paid based on the performance of RAEs and Primary Care Medical Providers (PCMPs) over a given time frame, and their ability to meet the Quality Measures indicated in the ACC contracts. Of the \$4.50 withhold, 75% is designated to paying the PCMPs, and 25% is designated to the RAEs.

However, due to the delay in payment between the performance period and the payment date for incentive payments, there are still incentive payments to be made in FY 2025-26 for ACC Phase II. In order to prevent an over expenditure on ACC Incentive Payments, it has been outlined in the PCMPs' contracts that they will only be eligible for two months worth of incentive payments in FY 2025-26. The RAEs will be eligible for a full 12 months worth of incentive payments in FY 2025-26 and each year going forward.

Legislative Impacts and Bottom-Line Adjustments

As part of the FY 2025-26 R-06 Accountable Care Collaborative Phase III request, the Department has implemented three member incentive programs to support healthy member behaviors around core program areas. These incentives activate members in their own care in ways that assist providers, RAEs, and the Department in achieving shared equity, outcome and affordability goals. The member incentive programs include: Baby and Me Tobacco Free, Contingency Management and Early Entry to Care.

Prepaid Inpatient Health Plan Administration

Prepaid inpatient health plans (formerly known as Administrative Service Organizations) are an alternative to traditional health maintenance organizations. They offer the case management and care coordination services of a health maintenance organization for a fixed fee. The organizations do this by not taking on the risk traditionally assumed by health maintenance organizations. The Department began using this type of organization to deliver health care to Medicaid clients during FY 2003-04. In FY 2005-06, the Department ended its contract with Management Team Solutions. Until FY 2009-10, the Department contracted with only one prepaid inpatient health plan, Rocky Mountain Health Plans. The Department then contracted with three additional prepaid inpatient health plans in FY 2009-10. These included

Colorado Access and Kaiser Foundation Health Plan, jointly part of the Colorado Regional Integrated Care Collaborative (CRICC), and Colorado Alliance and Health Independence (CAHI).

Currently, there are no prepaid inpatient health plans, as Rocky Mountain Health Plans ended in November of 2014. The exhibit contains historical information only.

EXHIBIT J - HEALTHCARE AFFORDABILITY AND SUSTAINABILITY FEE FUNDED POPULATIONS

Summary of Cash Funded Expansion Populations

These exhibits summarize the source of funding for the Health Care Affordability Act of 2009 cash-funded expansion populations. These estimates are incorporated into the Calculation of Fund Splits in Exhibit A.

Healthcare Affordability and Sustainability Fee Fund

HB 09-1293 originally established the Hospital Provider Fee Fund to provide for the costs of certain expansion populations on Medicaid, outlined below. SB 17-267 replaced the Hospital Provider Fee Fund with the Healthcare Affordability and Sustainability (HAS) Fee Fund, which provides for the costs of the following expansion populations that impact the Medical Services Premiums budget:

MAGI Parents/Caretakers 69% to 133% FPL

The Health Care Expansion Fund originally provided funding for parents of children enrolled in Medicaid from approximately 24% to at least 60% of the federal poverty level. This expansion population receives standard Medicaid benefits. SB 13-200 extended this eligibility through 133% FPL, effective July 1, 2013; the Hospital Provider Fee Fund had funded this population up to 100% FPL in the interim before the Affordable Care Act's 100% enhanced federal match began and the population expanded to 133% FPL on January 1, 2014. Beginning January 1, 2017, the enhanced federal match fell to 95%. On January 1, 2018, it fell to 94%, then on January 1, 2019, it fell to 93%, and on January 1, 2020 it fell to 90%, where it will remain. Effective July 1, 2017, this population is financed with the HAS Fee for the State share of expenditure.

For caseload estimates and methodology, please see the Acute Care and caseload sections of this narrative.

MAGI Adults

With the advent of SB 13-200, effective July 1, 2013, MAGI Adults are covered up to 133% FPL as of January 1, 2014. Similar to MAGI Parents/Caretakers 69% to 133% FPL, the Hospital Provider Fee Fund had funded this population in the interim before the population expanded and the enhanced federal match began on January 1, 2014. Beginning January 1, 2017, the enhanced federal match fell to 95%. On January 1, 2018, it fell to 94%, and then to 93% on January 1, 2019 and 90% on January 1, 2020, where it will remain. However, the Public Health Emergency locked several members into this population who are not eligible for the enhanced match because they are over 65 years of age and receiving Medicare benefits. To account for this the Department dampened the assumed FMAP by less than 1%. Effective July 1, 2017, the State share of expenditure for this population is financed with the HAS Fee. Clients in this category are not eligible to receive HCBS Waiver services; in cases where it appears that these clients have received waiver services, this expenditure receives the standard match rate and not the expansion match rate. This incidence can occur for numerous reasons, including clients awaiting disability redeterminations that have caused them to be temporarily moved from their usual eligibility category to this one.

Currently, the Department uses historical actuals as a basis for projecting both caseload and per capita costs for this population.

Non-Newly Eligibles

Medicaid expansion clients who were eligible for Medicaid prior to 2009 are not eligible for the enhanced expansion federal medical assistance percentage (FMAP) that began January 1, 2014. Clients who may be eligible for Medicaid through Home- and Community-Based Services waivers due to a disability are required to provide asset information to be determined eligible for Medicaid waiver services. With Medicaid expansion, clients who may have been eligible but did not provide asset information can still be eligible under different eligibility categories, such as MAGI Adults. It is difficult for the State to prove whether these clients would have been eligible for Medicaid services prior to 2009, had they provided their asset information at that time. For this reason, some clients under expansion categories are not eligible for the full enhanced expansion FMAP. Instead, with the approval of a resource proxy for the non-newly eligibles, 75% of expenditure receives expansion FMAP while the remaining 25% receives the standard FMAP, funded from the HAS Fee Fund. The Department has incorporated the resource proxy in this request.

MAGI Parents/Caretakers 60% to 68% FPL

Historically, clients who fell under the Expansion Parents to 133% FPL eligibility category (any client over 60% FPL) were considered expansion clients and the State's share of funding was provided through the Hospital Provider Fee Fund. The MAGI conversion has resulted in some clients with over 60% FPL falling into the MAGI Parents/Caretakers 60% to 68% FPL category. The State share of funding for these clients comes from the HAS Fee Fund, effective July 1, 2017, in compliance with statute.

Continuous Eligibility for Children

HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, even if the family experiences an income change during any given year, contingent on available funding. The Department implemented continuous eligibility for children in March 2014 and has the authority to use the HAS Fee Cash Fund to fund the state share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives standard FMAP. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department breaks this population out in its respective service categories in Exhibit J to better show the impact of continuous eligibility for children.

Medicaid Buy-in Fund

This fund is administered by the Department to collect buy-in premiums and support expenditure for the Buy-in for Individuals with Disabilities expansion population, as authorized by HB 09-1293.

Buy-in for Individuals with Disabilities

This expansion allows for individuals with disabilities with income up to 450% of the federal poverty level to pay premiums to purchase Medicaid benefits. Eligibility for the working adults with disabilities with income up to 450% of the FPL began in March 2012, with eligibility to children with disabilities with income up to 300% of the FPL following in June 2012. The Department does not have an implementation timeframe for non-working adults with disabilities at this time. The premiums from the Medicaid Buy-in fund are applied first, and then the remaining expenditure is split at standard medical FMAP as federal funds and HAS Fee Cash Fund. For more information on the funding detail for this population, see Calculation of Fund Splits under Exhibit A. The Department has suspended collecting premiums from this population during the public health emergency.

The Department uses historical actuals as a basis for projecting both caseload and per capita costs for this population.

Hospital Supplemental Payments

The Department increases hospital payments for Medicaid hospital services through a total of five supplemental payments, three of which are paid out of Medical Services Premiums directly to hospitals, outside the Department's Medicaid Management Information System (MMIS). The purpose of these inpatient and outpatient Medicaid payments, Colorado Indigent Care Program (CICP) and Disproportionate Share Hospital (DSH) payments, and targeted payments is to reduce hospitals' uncompensated care costs for providing care for Medicaid clients and the uninsured and to ensure access to hospital services for Medicaid and CICP clients.

Cash Fund Financing

An offset of \$15,700,000 is made from the HAS Fee to offset the loss of federal matching funds due to the decrease in certification of public expenditure for outpatient hospital services resulting from the authorization of the Hospital Provider Fee in HB 09-1293. The HAS Fee replaced the Hospital Provider Fee effective July 1, 2017, under SB 17-267.

EXHIBIT K - UPPER PAYMENT LIMIT FINANCING

The Upper Payment Limit (UPL) financing methodology accomplishes the following:

- Increases the Medicaid payment up to the federally allowable percentage for all public government owned or operated home health agencies and nursing facilities without an increase in General Fund.
- Maximizes the use of federal funds available to the State under the Medicare upper payment limit using certification of public expenditure.
- Reduces the necessary General Fund cost by using the federal funds for a portion of the State's share of the expenditure.

The basic calculation for UPL financing incorporates the difference between Medicare and Medicaid reimbursement amounts, with slight adjustments made to account for different types of services and facilities. Because actual Medicare and Medicaid reimbursement amounts are not yet known for the current fiscal year, prior year's data for discharges, claims, and charges are incorporated into the current year calculation.

Funds received through the UPL for home health services and nursing facilities are used to offset General Fund expenditure. These offsets started in FY 2001-02. Nursing facilities account for the larger portion of Upper Payment Limit funding. Home health has expenditure that is less by comparison and will experience little impact related to changes in reimbursement rates.

During FY 2007-08, the Department was informed by the Centers for Medicare and Medicaid Services (CMS) it would no longer be permitted to certify public expenditure for nursing facilities. However, in FY 2008-09, CMS and the Department came to an agreement which allowed for a certification process if it included a reconciliation process to provider cost. Therefore, the Department has included expenditure for certification of public nursing facility expenditure. Where applicable, the Department's estimates will be adjusted for any reconciliation performed.

In prior fiscal years, the Department could utilize UPL financing for outpatient hospital services as well. However, FY 2010-11 was the last year the Department could certify public expenditure for Outpatient Hospital services. This was due to HB 09-1293, which allowed the Department to use other State funds to draw federal funds to the upper payment limit.

EXHIBIT L - DEPARTMENT RECOVERIES

This exhibit displays the Department's forecast for estate recoveries, trust recoveries, and tort/casualty recoveries. Prior to FY 2010-11, these recoveries were used as an offset to expenditure in Medical Services Premiums. In compliance with State Fiscal Rule 6-6, the Department now reports the recovery types listed above as revenue. A new line of recoveries, Credit Balance and Audits, was added in the re-procured contract effective July 1, 2017. Based on the Department's FY 2018-19 R-08 "Assorted Medicaid Savings Initiatives", the Department was appropriated two FTE to increase staffing to review trust compliance issues and identify additional recoveries for the Department.

In addition to anticipated recovery revenue, Exhibit L also shows the anticipated contingency fee to be paid to contractors for recovery efforts. The Department's revised forecast for the activity reflects changes to contingency fee paid to the contractor as the contract was re-procured in FY 2017-18. Total revenue used to offset General Fund and federal funds, as shown in Exhibit A, is the sum of all recoveries less contingency fee paid to contractors. Recoveries made for dates of service under periods where the State received an enhanced federal match are given the same federal match as was applicable when the services were rendered.

EXHIBIT M - CASH-BASED ACTUALS

Actual final expenditure data by service category for the past 9 years are included for historical purpose and comparison. This history is built around cash-based accounting, with a 12-month period for each fiscal year, based on paid date. This exhibit displays the estimated distribution of final service category expenditure by aid category from the estimated final expenditure by service categories. This is a necessary step because expenditure in the Colorado Operations Resource Engine (CORE) is not allocated to eligibility categories. The basis for this allocation is data obtained from the Department's Medicaid Management Information System (MMIS). This data provides detailed monthly data by eligibility category and by service category. From that step, the percent of the total represented by service-specific eligibility categories was computed and then applied to the final estimate of expenditure for each service category within each major service grouping: Acute Care, Community-Based Long-Term Care, Long-Term Care and Insurance (including subtotals for long-term care and insurance pieces separately), and Service Management.

The Colorado Operations Resource Engine (CORE) was implemented as a replacement for the Colorado Financial Reporting System (COFRS) in July 2014. Under COFRS, the previous fiscal year closed, and the data became final at the beginning of the current fiscal year. Under CORE, the previous fiscal year may not close until December of the current fiscal year. This introduces a small degree of uncertainty regarding actuals that was not present previously. The data presented in this request is based on information available as of September 4, 2024.

EXHIBIT N - EXPENDITURE HISTORY BY SERVICE CATEGORY

Annual rates of change of final expenditures in medical services are included in the Budget Request for historical context and comparison. Rates from FY 2008-09 through FY 2023-24 are organized by service group.

EXHIBIT O - COMPARISON OF BUDGET REQUESTS AND APPROPRIATIONS

This exhibit displays the FY 2023-24 final actual total expenditure for Medical Services Premiums, including fund splits, the remaining balance of the FY 2023-24 appropriation, and the per capita cost per client. The per capita cost in this exhibit includes Upper Payment Limit and financing bills. This exhibit will not match Exhibit C due to these inclusions.

Additionally, this exhibit compares the Department's Budget Requests by broad service category to the Department's Long Bill and special bills appropriations for FY 2023-24 and 2024-25 in the chronological order of the requests/appropriations.

EXHIBIT P - GLOBAL REASONABLENESS

This exhibit displays several global reasonableness tests as a comparison to the projection in this Budget Request. This exhibit is a rough projection utilizing past expenditure patterns as a guide to future expenditure. The Cash Flow Pattern is one forecasting tool used to estimate final expenditure on a monthly basis. It is not meant to replace the extensive forecasting used in the official Budget Request and is not always a predictor of future expenditure.

In places where the Department does not expect the prior year cash flow pattern to be relevant to the current year, the Department has adjusted based on knowledge of current program trends.

EXHIBIT Q - TITLE XIX AND TITLE XXI TOTAL COST OF CARE

This exhibit details the total cost of Medicaid services, including lines outside of Medical Services Premiums, such as service expenses for Medicaid Behavioral Health, the Office of Community Living, Medicaid-funded Department of Human Services (DHS) services, and CHP+, separating Title XIX and Title XXI fund sources, to show the total services cost of providing care to clients. This exhibit also includes a total cost of care per capita exhibit for these combined services, including both Title XIX expenditure and Title XXI expenditure, by eligibility category. Effective with the November 2016 Budget Request, the Department added the request amounts for the current, request, and out years to this exhibit.

EXHIBIT R - FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

This exhibit calculates expected FMAP for the current year, the request year, and the out year. CMS calculates FMAP using Bureau of Economic Analysis (BEA) personal income data and population data for the United States and each state. FMAP is calculated using the following formula:

$$\text{FMAP}_{\text{state}} = 1 - ((\text{Per capita income}_{\text{state}})^2 / (\text{Per capita income}_{\text{U.S.}})^2 * 0.45)$$

where per capita incomes are based on a rolling three-year average and the FMAP for a given year is taken from the calculation from two years prior.

Estimates are calculated using historic data from the BEA. This calculation only changes if the BEA restates its historical data. However, CMS has informed the Department of the FMAP the Department is eligible for beginning October 1, 2021. Therefore, FMAP for FY 2021-22 and past time periods is not subject to change, as CMS does not restate announced FMAP even in cases where the BEA's updated data results in different calculations. The forecasts for personal income come from the legislative council's most recent forecast for the U.S. and Colorado, and the population forecasts come from the U.S. census for U.S. data and the Department of Local Affairs' most recent forecasts for Colorado.

Forecasts throughout this request use these FMAP estimates rather than holding FMAP constant in the request and out years, as was previously done. In cases where a restatement of the BEA's data would result in a different FMAP than was previously anticipated, the Department would submit a supplemental funding request to account for the change in federal funds.

Colorado's "Adult Prenatal Coverage in CHIP+" Section 1115 demonstration was first approved in 2002 and implemented in 2003 to extend prenatal, delivery, and postpartum services to pregnant people with incomes roughly 141-195 percent of the federal poverty level. The waiver allowed the State to treat these expenditures as Title XXI (CHIP) costs rather than Medicaid, drawing the CHIP enhanced federal match instead of the regular Medicaid FMAP. The demonstration operated for over two decades and was subject to periodic federal renewals, with the most recent approval expiring on July 31, 2025. CMS did not approve another renewal, and with the conclusion of the demonstration, federal authority for the enhanced match also ended. While the demonstration was in effect, the Department drew the CHIP enhanced FMAP of 65 percent; Colorado's regular Medicaid FMAP is 50 percent. As a result, effective August 1, 2025, any continued coverage of this group under Medicaid authorities is matched at 50 percent instead of 65 percent.

TABLE OF CONTENTS
Exhibits for the Medical Services Premiums Budget Request

Exhibit	Description
Exhibit A	Calculation of Request; Calculation of Fund Splits
Exhibit B	Medicaid Caseload Forecast
Exhibit C	History and Projections of Per Capita Costs
Exhibit D	Cash Funds Report
Exhibit E	Summary of Total Requested Expenditure by Service Group
Exhibit F	Acute Care; Breast and Cervical Cancer Program Per Capita Detail; Adult Dental Cash Fund-Eligible Dental Services; Antipsychotic Drug Expenditure and Pharmacy Enhanced Rebates; Family Planning Enhanced Match Calculation; Indian Health Services; Non-Emergent Medical Transportation
Exhibit G	Community Based Long-Term Care Summary, Eligibility, Request, and Enrollment to Utilizers; Private Duty Nursing; Long-Term Home Health; Colorado Choice Transitions; Hospice Request and Footnotes
Exhibit H	Long-Term Care and Insurance Summary; Class I Nursing Facilities Request, Footnotes, and Supplemental Payments; Class II Nursing Facilities; Program for All-Inclusive Care for the Elderly (PACE); Supplemental Medicare Insurance Benefit (SMIB); Health Insurance Buy-In (HIBI)
Exhibit I	Service Management - Summary; Single Entry Points; Disease Management; Accountable Care Collaborative
Exhibit J	Healthcare Affordability and Sustainability Fee Financing; Expansion Population Fund Splits; Population-Based FMAPs
Exhibit K	Upper Payment Limit Financing Summary, Nursing Facilities, Home Health, In-Patient
Exhibit L	Department Recoveries
Exhibit M	Expenditure History by Aid Category and Service Category
Exhibit N	Expenditure History by Service Category
Exhibit O	Comparison of Budget Requests; Appropriations and Expenditure for Prior Years
Exhibit P	Global Reasonableness; Expenditure and Caseload History (Reference Only)
Exhibit Q	Total Cost of Care Title XIX and Title XXI; Total Title XIX and Title XXI Services Per Capita Costs
Exhibit R	Federal Medical Assistance Percentage (FMAP) Estimate

Exhibit A - Summary of Request

Calculation of Request FY 2025-26						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2025-26 Appropriation						
FY 2025-26 (SB 25-206)	\$13,365,398,428	\$2,591,984,332	\$1,292,968,309	\$1,480,091,193	\$124,197,922	\$7,876,156,672
HB 25-229 Reimbursement for Community Health Workers	(5,713,346)	(1,364,558)	0	(342,750)	0	(4,006,038)
SB 25-084 Medicaid Access to Parenteral Nutrition	\$109,664	\$54,832	\$0	\$0	\$0	\$54,832
SB 25-183 Coverage for Pregnancy-Related Services	(2,991,284)	(1,415,236)	0	0		(1,576,048)
SB 25-226 Extending Spinal and Related Med Program (CIH Waiver)	\$2,428,038	\$1,214,019	\$0	\$0		\$1,214,019
SB 25-228 Disability Buy In Premiums to Enterprise	\$0	\$0	\$0	\$0		\$0
SB 25-270 Enterprise Nursing Facility Provider Fees	\$0	\$0	\$0	\$0		\$0
SB 25-308 Medicaid Services Related to Federal Authorizations	\$8,320,786	\$0	\$0	\$2,218,592		\$6,102,194
SB 25-314 Recovery Audit Contractor Program	\$0	\$0	\$0	\$0		\$0
Calculation of Request FY 2025-26 Total Spending Authority	\$13,367,552,286	\$2,590,473,389	\$1,292,968,309	\$1,481,967,035	\$124,197,922	\$7,877,945,631
Total Projected Calculation of Request FY 2025-26 Expenditure	\$14,271,058,832	\$2,760,168,770	\$1,292,968,309	\$1,672,104,340	\$124,197,922	\$8,421,619,492
Calculation of Request FY 2025-26 Requested Change from Appropriation	\$903,506,546	\$169,695,381	\$0	\$190,137,305	\$0	\$543,673,861
Percent Change	6.76%	6.55%	0.00%	12.83%	0.00%	6.90%
Calculation of Request FY 2026-27						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2026-27 Appropriation Plus Special Bills	\$13,367,552,286	\$2,590,473,389	\$1,292,968,309	\$1,481,967,035	\$124,197,922	\$7,877,945,631
Annualization of FY 2025-26 (SB 25-206)	\$50,569,317	\$10,623,623	\$0	\$2,304,645	\$0	\$37,641,049
Total Annualizations	\$50,569,317	\$10,623,623	\$0	\$2,304,645	\$0	\$37,641,049
Calculation of Request FY 2026-27 Total Spending Authority	\$13,418,121,603	\$2,601,097,012	\$1,292,968,309	\$1,484,271,680	\$124,197,922	\$7,915,586,680
Total Projected Calculation of Request FY 2026-27 Expenditure	\$15,700,427,566	\$3,032,383,508	\$1,292,968,309	\$1,927,708,998	\$124,197,922	\$9,323,168,829
Calculation of Request FY 2026-27 Requested Change from Appropriation	\$2,282,305,963	\$431,286,496	\$0	\$443,437,318	\$0	\$1,407,582,149
Percent Change	17.01%	16.58%	0.00%	29.88%	0.00%	17.78%
Calculation of Request FY 2027-28						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2027-28 Appropriation Plus Special Bills	\$13,418,121,603	\$2,601,097,012	\$1,292,968,309	\$1,484,271,680	\$124,197,922	\$7,915,586,680
Bill Annualizations						
Annualization of FY 2025-26 (SB 25-206)	\$9,587,399	\$1,559,411	\$0.00	\$838,193.00	\$0.00	\$7,189,795.00
Total Annualizations	\$9,587,399	\$1,559,411	\$0.00	\$838,193.00	\$0.00	\$7,189,795.00
Calculation of Request FY 2027-28 Total Spending Authority	\$13,427,709,002	\$2,602,656,423	\$1,292,968,309	\$1,485,109,873	\$124,197,922	\$7,922,776,475
Total Projected Calculation of Request FY 2027-28 Expenditures	\$16,736,015,049	\$3,396,435,492	\$1,292,968,309	\$1,991,343,255	\$124,197,922	\$9,931,070,071
Calculation of Request FY 2027-28 Requested Change From Appropriation	\$3,308,306,047	\$793,779,069	\$0	\$506,233,382	\$0	\$2,008,293,596
Percent Change	24.64%	30.50%	0.00%	34.09%	0.00%	25.35%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$3,491,409,736	\$1,745,704,868	\$0	\$0	\$1,745,704,868	50.00%	
Breast and Cervical Cancer Program	\$1,531,732	\$0	\$536,106	\$0	\$995,626	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$18,469,883	\$1,846,988	\$0	\$0	\$16,622,895	90.00%	
Indian Health Service	\$13,976,666	\$0	\$0	\$0	\$13,976,666	100.00%	
Affordable Care Act Drug Rebate Offset	(\$50,361,246)	\$0	\$0	\$0	(\$50,361,246)	100.00%	
Affordable Care Act Preventive Services	\$63,629,211	\$31,178,313	\$0	\$0	\$32,450,898	51.00%	ated in ex. R reference. From last year has plus .01 in formula? pHE bump?
Non-Emergency Medical Transportation	\$155,235,669	\$77,617,834	\$0	\$0	\$77,617,835	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$145,388,778	\$50,886,072	\$0	\$0	\$94,502,706	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$71,697,461	\$35,848,730	\$0	\$0	\$35,848,731	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$221,845,728	\$0	\$22,184,573	\$0	\$199,661,155	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,174,606,869	\$0	\$234,766,027	\$0	\$1,939,840,842	89.20%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Non Citizen Emergency Services ACA Match Rate	\$56,038,451	\$0	\$6,049,794	\$0	\$49,988,657	89.20%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,119,891	\$0	\$18,059,945	\$0	\$18,059,946	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$226,764,587	\$0	\$115,746,164	\$0	\$111,018,423	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$100,521,645	\$0	\$20,104,329	\$0	\$80,417,316	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$18,794,146	\$0	\$9,397,073	\$0	\$9,397,073	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$119,075,772	\$0	\$59,033,715	\$0	\$60,042,057	Variable	CF: Adult Dental Fund
COVID Testing and Treatment Group - State Only Funding	\$26,309	\$26,309	\$0	\$0	\$0	0.00%	
COVID Vaccine Financing	\$255,626	\$0	\$0	\$0	\$255,626	100.00%	
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	73.34%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$6,878,211,804	\$1,947,973,218	\$488,096,318	\$0	\$4,442,142,268		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,825,432,708	\$912,716,354	\$0	\$0	\$912,716,354	50.00%	
BA-07: Community First Choice	\$940,599,476	\$413,863,769	\$0	\$0	\$526,735,707	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,078,357	\$2,827,425	\$0	\$0	\$5,250,932	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$915	\$457	\$0	\$0	\$458	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$1,748,395	\$0	\$174,839	\$0	\$1,573,556	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$15,387,394	\$0	\$1,686,458	\$0	\$13,700,936	89.04%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,891,940	\$0	\$1,445,970	\$0	\$1,445,970	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$86,549,922	\$0	\$44,177,186	\$0	\$42,372,736	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$577,269	\$0	\$115,454	\$0	\$461,815	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$47,369	\$0	\$23,684	\$0	\$23,685	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Services Sub-Total	\$2,881,313,745	\$1,329,408,005	\$47,623,591	\$0	\$1,504,282,149		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$908,569,467	\$454,284,733	\$0	\$0	\$454,284,734	50.00%	
Use Nursing Home Penalty Cash Fund for Closure of Union Printers Home	\$0	\$0	\$0	\$0	\$0	N/A	CF: Nursing Home Penalty Cash Fund
Class II Nursing Facilities	\$7,771,604	\$3,885,802	\$0	\$0	\$3,885,802	50.00%	
PACE	\$362,460,541	\$181,230,270	\$0	\$0	\$181,230,271	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$315,851,914	\$193,350,590	\$0	\$0	\$122,501,324	38.78%	Weighted FMAP
Health Insurance Buy-In	\$2,626,489	\$1,313,244	\$0	\$0	\$1,313,245	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,734	\$0	\$4,673	\$0	\$42,061	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$5,024,311	\$0	\$550,664	\$0	\$4,473,647	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,982	\$0	\$2,491	\$0	\$2,491	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$119,607	\$0	\$61,050	\$0	\$58,557	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$225,724	\$0	\$45,145	\$0	\$180,579	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$365,125	\$0	\$182,562	\$0	\$182,563	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,603,066,498	\$834,064,639	\$846,585	\$0	\$768,155,274		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Service Management						50.00%	
Base Accountable Care Collaborative	\$110,195,183	\$55,097,591	\$0	\$0	\$55,097,592	50.00%	
Accountable Care Collaborative Incentive Payments	\$56,862,625	\$18,391,238	\$10,040,075	\$0	\$28,431,312	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$11,470,003	\$5,735,001	\$0	\$0	\$5,735,002	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,236,607	\$1,118,303	\$0	\$0	\$1,118,304	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$7,117,422	\$0	\$711,742	\$0	\$6,405,680	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$49,943,934	\$0	\$5,473,855	\$0	\$44,470,079	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,109,037	\$0	\$1,054,518	\$0	\$1,054,519	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$4,686,195	\$0	\$2,391,948	\$0	\$2,294,247	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$2,930,030	\$0	\$586,006	\$0	\$2,344,024	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$713,815	\$0	\$356,907	\$0	\$356,908	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$249,982,190	\$80,557,940	\$21,472,202	\$0	\$147,952,049		
FY 2025-26 Estimate of Total Expenditures for Medical Services to Clients	\$11,612,574,237	\$4,192,003,802	\$558,038,696	\$0	\$6,862,531,740		
Financing							
Upper Payment Limit Financing	\$4,902,035	(\$5,074,699)	\$4,902,035	\$0	\$5,074,699	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,553,240)	\$81,106,480	\$0	(\$40,553,240)	50.00%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$10,450,294)	\$20,900,588	\$0	(\$10,450,294)	50.00%	CF: Recoveries Audit Contractor Fund
Denver Health Outstationing	\$2,195,390	\$788,890	\$0	\$0	\$1,406,500	64.07%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,764,300,000	\$0	\$652,791,000	\$0	\$1,111,509,000	63.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$123,003,902	\$0	\$61,501,951	\$0	\$61,501,951	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$17,738,343	(\$1,617,087)	\$9,469,148	\$0	\$9,886,283	53.80%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,396,228	(\$136,113)	\$1,256,674	\$0	\$1,275,667	54.98%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$4,046,859	(\$212,993)	\$2,129,926	\$0	\$2,129,926	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Specialty Education Programs
Emergency Transportation Provider Payments	\$105,805,023	(\$6,753,512)	\$55,153,682	\$0	\$57,404,853	55.90%	CF: Certification of Public Expenditure
Public School Health Services	(\$125,000)	(\$1,283,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,491,000)	\$1,491,000	\$0	\$0	N/A	CF: Tobacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$2,658,484,595	(\$138,866,723)	\$1,114,065,644	\$124,197,922	\$1,559,087,752		
Total Projected Expenditures⁽²⁾	\$14,271,058,832	\$4,053,137,079	\$1,672,104,340	\$124,197,922	\$8,421,619,492		
Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2026-27							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$3,788,434,884	\$1,894,217,442	\$0	\$0	\$1,894,217,442	50.00%	
Breast and Cervical Cancer Program	\$1,803,904	\$0	\$631,366	\$0	\$1,172,538	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$19,939,323	\$1,993,932	\$0	\$0	\$17,945,391	90.00%	
Indian Health Service	\$15,045,328	\$0	\$0	\$0	\$15,045,328	100.00%	
Affordable Care Act Drug Rebate Offset	(\$54,273,793)	\$0	\$0	\$0	(\$54,273,793)	100.00%	
Affordable Care Act Preventive Services	\$63,177,443	\$30,956,947	\$0	\$0	\$32,220,496	51.00%	
Non-Emergency Medical Transportation	\$169,370,245	\$84,685,122	\$0	\$0	\$84,685,123	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$160,950,025	\$56,332,509	\$0	\$0	\$104,617,516	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$80,252,455	\$40,126,227	\$0	\$0	\$40,126,228	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$238,235,295	\$0	\$23,823,529	\$0	\$214,411,766	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,324,005,003	\$0	\$232,400,500	\$0	\$2,091,604,503	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Non Citizen Emergency Services ACA Match Rate	\$14,009,613	\$0	\$1,400,962	\$0	\$12,608,651	90.00%	
Continuous Eligibility for Children	\$36,414,709	\$0	\$18,207,354	\$0	\$18,207,355	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$253,950,687	\$0	\$129,373,874	\$0	\$124,576,813	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$100,492,794	\$0	\$20,098,559	\$0	\$80,394,235	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$19,284,583	\$0	\$9,642,291	\$0	\$9,642,292	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$127,805,530	\$0	\$63,334,953	\$0	\$64,470,577	Variable	CF: Adult Dental Fund
Covid Vaccine Financing	\$0	\$0	\$0	\$0	\$0	100.00%	
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	73.34%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$7,372,082,918	\$2,113,176,283	\$501,131,980	\$0	\$4,757,774,655		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,304,955,934	\$652,477,967	\$0	\$0	\$652,477,967	50.00%	
BA -07 Community First Choice	\$1,669,492,949	\$734,576,897	\$0	\$0	\$934,916,052	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,419,095	\$2,946,683	\$0	\$0	\$5,472,412	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$973	\$486	\$0	\$0	\$487	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$1,951,662	\$0	\$835,713	\$0	\$1,115,949	57.18%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$16,418,566	\$0	\$3,087,351	\$0	\$13,331,215	81.20%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,633,610	\$0	\$1,316,805	\$0	\$1,316,805	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$92,249,956	\$0	\$46,996,266	\$0	\$45,253,690	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$505,305	\$0	\$101,061	\$0	\$404,244	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$43,625	\$0	\$21,812	\$0	\$21,813	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$3,096,671,675	\$1,390,002,033	\$52,359,008	\$0	\$1,654,310,634		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$948,562,604	\$474,281,302	\$0	\$0	\$474,281,302	50.00%	
Use Nursing Home Penalty Cash Fund for Closure of Union Printers Home	\$0	\$0	\$0	\$0	\$0	N/A	CF: Nursing Home Penalty Cash Fund
Class II Nursing Facilities	\$7,885,069	\$3,942,534	\$0	\$0	\$3,942,535	50.00%	
PACE	\$371,468,746	\$185,734,373	\$0	\$0	\$185,734,373	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$350,767,445	\$214,966,680	\$0	\$0	\$135,800,765	38.72%	Weighted FMAP
Health Insurance Buy-In	\$2,626,489	\$1,313,244	\$0	\$0	\$1,313,245	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,734	\$0	\$4,673	\$0	\$42,061	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$5,275,044	\$0	\$527,505	\$0	\$4,747,539	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,799	\$0	\$2,399	\$0	\$2,400	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$124,849	\$0	\$63,603	\$0	\$61,246	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$203,253	\$0	\$40,651	\$0	\$162,602	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$214,257	\$0	\$107,128	\$0	\$107,129	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,687,179,289	\$880,238,133	\$745,959	\$0	\$806,195,197		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2026-27							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Accountable Care Collaborative	\$108,259,909	\$54,129,954	\$0	\$0	\$54,129,955	50.00%	
American Rescue Plan Act Spending	\$0	\$0	\$0	\$0	\$0	50.00%	
Accountable Care Collaborative Incentive Payments	\$55,795,921	\$17,997,745	\$9,900,216	\$0	\$27,897,960	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$11,793,727	\$5,896,863	\$0	\$0	\$5,896,864	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,590,991	\$1,295,495	\$0	\$0	\$1,295,496	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$7,369,600	\$0	\$736,960	\$0	\$6,632,640	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$51,810,294	\$0	\$5,181,029	\$0	\$46,629,265	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,072,549	\$0	\$1,036,274	\$0	\$1,036,275	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$4,890,428	\$0	\$2,491,403	\$0	\$2,399,025	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$2,678,251	\$0	\$535,650	\$0	\$2,142,601	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$687,034	\$0	\$343,517	\$0	\$343,517	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$249,666,043	\$79,535,864	\$21,082,200	\$0	\$149,047,980		
FY 2026-27 Estimate of Total Expenditures for Medical Services to Clients	\$12,405,599,925	\$4,462,952,313	\$575,319,147	\$0	\$7,367,328,466		
Financing							
Upper Payment Limit Financing	\$5,254,247	(\$5,254,247)	\$5,254,247	\$0	\$5,254,247	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,553,240)	\$81,106,480	\$0	(\$40,553,240)	50.00%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$10,450,294)	\$20,900,588	\$0	(\$10,450,294)	50.00%	
Denver Health Outstationing	\$2,312,404	\$830,938	\$0	\$0	\$1,481,466	64.07%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,799,400,000	\$0	\$665,778,000	\$0	\$1,133,622,000	63.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Healthcare Affordability and Sustainability Fee Supplemental Payments- State Directed Payments	\$974,550,000	\$0	\$360,583,500	\$0	\$613,966,500	63.00%	CF: Intergovernmental Transfer
Nursing Facility Supplemental Payments	\$131,000,000	\$0	\$65,500,000	\$0	\$65,500,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$18,387,658	(\$967,772)	\$9,677,715	\$0	\$9,677,715	55.90%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,533,950	(\$133,366)	\$1,333,658	\$0	\$1,333,658	54.85%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$4,262,557	(\$224,345)	\$2,243,451	\$0	\$2,243,451	52.63%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs
Emergency Transportation Provider Payments	\$112,630,011	(\$5,927,895)	\$59,278,953	\$0	\$59,278,953	55.90%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tabacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$3,294,827,641	(\$137,600,496)	\$1,352,389,852	\$124,197,922	\$1,955,840,363		
Total Projected Expenditures⁽²⁾	\$15,700,427,566	\$4,325,351,817	\$1,927,708,998	\$124,197,922	\$9,323,168,829		
Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation CHCBS: Children's Home- and Community-Based Services							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2027-28							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$4,093,010,021	\$2,046,505,010	\$0	\$0	\$2,046,505,011	50.00%	
Breast and Cervical Cancer Program	\$2,105,678	\$0	\$736,987	\$0	\$1,368,691	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$21,479,173	\$2,147,917	\$0	\$0	\$19,331,256	90.00%	
Indian Health Service	\$15,812,243	\$0	\$0	\$0	\$15,812,243	100.00%	
Affordable Care Act Drug Rebate Offset	(\$58,490,305)	\$0	\$0	\$0	(\$58,490,305)	100.00%	
Affordable Care Act Preventive Services	\$64,718,973	\$31,712,297	\$0	\$0	\$33,006,676	51.00%	
Non-Emergency Medical Transportation	\$169,370,245	\$84,685,122	\$0	\$0	\$84,685,123	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$178,023,080	\$62,308,078	\$0	\$0	\$115,715,002	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$84,245,373	\$42,122,686	\$0	\$0	\$42,122,687	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$257,449,444	\$0	\$25,744,944	\$0	\$231,704,500	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,487,625,919	\$0	\$248,762,592	\$0	\$2,238,863,327	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,586,221	\$0	\$18,293,110	\$0	\$18,293,111	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$264,536,821	\$0	\$134,603,260	\$0	\$129,933,561	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$102,543,582	\$0	\$20,508,716	\$0	\$82,034,866	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$20,630,870	\$0	\$10,315,435	\$0	\$10,315,435	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$136,438,571	\$0	\$67,634,902	\$0	\$68,803,669	Variable	CF: Adult Dental Fund
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	0.00%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$7,889,270,799	\$2,274,345,214	\$528,818,538	\$0	\$5,086,107,047		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,382,694,232	\$691,347,116	\$0	\$0	\$691,347,116	50.00%	
BA -07 Community First Choice	\$1,920,443,861	\$844,995,299	\$0	\$0	\$1,075,448,562	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,673,622	\$3,035,768	\$0	\$0	\$5,637,854	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$991	\$495	\$0	\$0	\$496	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$2,181,487	\$0	\$934,126	\$0	\$1,247,361	57.18%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$17,748,119	\$0	\$3,337,360	\$0	\$14,410,759	81.20%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,461,361	\$0	\$1,230,680	\$0	\$1,230,681	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$106,160,978	\$0	\$54,017,484	\$0	\$52,143,494	Variable	CF: Healthcare Affordability and Sustainability Fee and Medicaid Buy-In Fund
Non-Newly Eligibles	\$492,759	\$0	\$98,552	\$0	\$394,207	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$44,938	\$0	\$22,469	\$0	\$22,469	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$3,440,902,348	\$1,539,378,678	\$59,640,671	\$0	\$1,841,882,999		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$998,090,089	\$499,045,044	\$0	\$0	\$499,045,045	50.00%	
Class II Nursing Facilities	\$8,000,191	\$4,000,095	\$0	\$0	\$4,000,096	50.00%	
PACE	\$388,153,521	\$194,076,760	\$0	\$0	\$194,076,761	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$380,266,408	\$233,230,475	\$0	\$0	\$147,035,933	38.67%	Weighted FMAP
Health Insurance Buy-In	\$2,626,489	\$1,313,244	\$0	\$0	\$1,313,245	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,734	\$0	\$8,788	\$0	\$37,946	81.20%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$5,575,587	\$0	\$557,558	\$0	\$5,018,029	81.20%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,637	\$0	\$2,318	\$0	\$2,319	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$131,368	\$0	\$66,843	\$0	\$64,525	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$186,551	\$0	\$37,310	\$0	\$149,241	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$230,117	\$0	\$115,058	\$0	\$115,059	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,783,311,692	\$931,665,618	\$787,875	\$0	\$850,858,199		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2027-28							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Service Management							
Base Accountable Care Collaborative	\$110,760,369	\$55,380,184	\$0	\$0	\$55,380,185	50.00%	
Accountable Care Collaborative Incentive Payments	\$56,957,257	\$18,201,672	\$10,276,956	\$0	\$28,478,629	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,727	\$0	\$857,151	\$0	\$428,576	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$12,640,615	\$6,320,307	\$0	\$0	\$6,320,308	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,600,768	\$1,300,384	\$0	\$0	\$1,300,384	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$7,621,779	\$0	\$762,178	\$0	\$6,859,601	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$53,464,180	\$0	\$5,346,418	\$0	\$48,117,762	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,073,285	\$0	\$1,036,642	\$0	\$1,036,643	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$5,046,034	\$0	\$2,567,554	\$0	\$2,478,480	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$2,638,945	\$0	\$527,789	\$0	\$2,111,156	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$704,198	\$0	\$352,099	\$0	\$352,099	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$256,224,770	\$81,418,354	\$21,726,787	\$0	\$153,079,630		
FY 2027-28 Estimate of Total Expenditures for Medical Services to Clients	\$13,369,709,609	\$4,826,807,864	\$610,973,871	\$0	\$7,931,927,875		
Financing							
Upper Payment Limit Financing	\$5,534,299	(\$5,534,298)	\$5,534,299	\$0	\$5,534,298	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,553,240)	\$81,106,480	\$0	(\$40,553,240)	50.00%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$10,450,294)	\$20,900,588	\$0	(\$10,450,294)	50.00%	
Denver Health Outstationing	\$2,435,655	\$875,227	\$0	\$0	\$1,560,428	64.07%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,835,388,000	\$0	\$679,093,560	\$0	\$1,156,294,440	63.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Healthcare Affordability and Sustainability Fee Supplemental Payments- State Directed Payments	\$994,041,000	\$0	\$367,795,170	\$0	\$626,245,830	63.00%	CF: Intergovernmental Transfer
Nursing Facility Supplemental Payments	\$139,250,000	\$0	\$69,625,000	\$0	\$69,625,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$19,367,721	(\$1,019,354)	\$10,193,537	\$0	\$10,193,537	50.00%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,669,010	(\$140,474)	\$1,404,742	\$0	\$1,404,742	50.38%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,110,400)	\$46,110,400	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$4,489,751	(\$236,303)	\$2,363,027	\$0	\$2,363,027	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs
Emergency Transportation Provider Payments	\$118,633,190	(\$6,243,852)	\$62,438,521	\$0	\$62,438,521	51.00%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tobacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$3,366,305,440	(\$137,404,063)	\$1,380,369,384	\$124,197,922	\$1,999,142,196		
Total Projected Expenditures⁽²⁾	\$16,736,015,049	\$4,689,403,801	\$1,991,343,255	\$124,197,922	\$9,931,070,071		
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit B - Medicaid Caseload

Final Request																		
Official Medicaid Caseload Actuals and Projection without Retroactivity																		
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	MAGI Eligible Children	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	HB 22-1289 Medicaid Adults	TOTAL
FY 2000-01 Actuals	33,649	5,157	46,046	-	27,081	-	-	-	123,221	-	13,076	6,561	-	12,451	8,157	N/A	N/A	275,399
FY 2001-02 Actuals	33,916	5,184	46,349	-	33,347	-	-	-	143,909	-	13,121	7,131	-	4,028	8,428	N/A	0	295,413
% Change from FY 2000-01	0.79%	0.52%	0.66%	0.00%	23.14%	0.00%	0.00%	0.00%	16.79%	0.00%	0.34%	8.69%	0.00%	-67.65%	3.32%	N/A	0.00%	7.27%
FY 2003-04 Actuals	34,329	5,548	46,789	-	47,562	-	-	105	195,279	-	14,914	8,398	-	4,793	9,842	N/A	0	367,559
% Change from FY 2001-02	1.22%	7.02%	0.75%	0.00%	42.63%	0.00%	0.00%	0.00%	35.70%	0.00%	13.67%	17.77%	0.00%	18.99%	16.78%	N/A	0.00%	24.42%
FY 2004-05 Actuals	35,780	6,082	47,929	-	57,140	-	-	87	222,472	-	15,795	5,984	-	5,150	9,605	0	0	406,024
% Change from FY 2003-04	4.23%	9.63%	2.44%	0.00%	20.14%	0.00%	0.00%	-17.14%	13.93%	0.00%	5.91%	-28.74%	0.00%	7.45%	-2.41%	0.00%	0.00%	10.46%
FY 2005-06 Actuals	36,207	6,042	47,855	-	58,885	-	-	188	214,158	-	16,460	5,119	-	6,212	11,092	0	0	402,218
% Change from FY 2004-05	1.19%	-0.66%	-0.15%	0.00%	3.05%	0.00%	0.00%	116.09%	-3.74%	0.00%	4.21%	-14.46%	0.00%	20.62%	15.48%	0.00%	0.00%	-0.94%
FY 2006-07 Actuals	35,888	6,059	48,799	-	55,850	-	-	228	205,390	-	16,724	5,182	-	5,201	12,908	0	0	392,229
% Change from FY 2005-06	-0.88%	0.28%	1.97%	0.00%	-5.15%	0.00%	0.00%	21.28%	-4.09%	0.00%	1.60%	1.23%	0.00%	-16.27%	16.37%	0.00%	0.00%	-2.48%
FY 2007-08 Actuals	36,284	6,146	49,933	-	53,473	-	-	270	204,022	-	17,141	6,288	-	4,191	14,214	0	0	391,962
% Change from FY 2006-07	1.10%	1.44%	2.32%	0.00%	-4.26%	0.00%	0.00%	18.42%	-0.67%	0.00%	2.49%	21.34%	0.00%	-19.42%	10.12%	0.00%	0.00%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	-	61,874	-	-	317	235,129	-	18,033	6,976	-	3,987	15,075	0	0	436,812
% Change from FY 2007-08	3.68%	4.90%	2.85%	0.00%	15.71%	0.00%	0.00%	17.41%	15.25%	0.00%	5.20%	10.94%	0.00%	-4.87%	6.06%	0.00%	0.00%	11.44%
FY 2009-10 Actuals	38,487	7,049	53,264	-	74,839	-	-	425	275,672	-	18,381	7,830	-	3,693	15,919	0	0	498,797
% Change from FY 2008-09	2.31%	9.34%	3.72%	0.00%	20.95%	0.00%	0.00%	34.07%	17.24%	0.00%	1.93%	12.24%	0.00%	-7.37%	5.60%	0.00%	0.00%	14.19%
FY 2010-11 Actuals	38,921	7,767	56,285	-	81,114	-	-	531	302,410	-	18,393	7,868	-	3,213	17,090	0	0	560,759
% Change from FY 2009-10	1.13%	10.19%	5.67%	0.00%	8.38%	739.01%	0.00%	24.94%	9.70%	0.00%	0.07%	0.49%	0.00%	-13.00%	7.36%	0.00%	0.00%	12.42%
FY 2011-12 Actuals	39,740	8,383	59,434	52	93,224	35,461	1,134	597	334,633	-	18,034	7,630	-	2,770	18,871	0	0	619,963
% Change from FY 2010-11	2.10%	7.93%	5.59%	0.00%	14.93%	30.53%	0.00%	12.43%	10.66%	0.00%	-1.95%	-3.02%	0.00%	-13.79%	10.42%	0.00%	0.00%	10.56%
FY 2012-13 Actuals	40,827	9,051	61,920	888	99,392	41,545	10,634	623	359,843	8,236	17,777	8,024	344	2,684	21,206	0	0	682,994
% Change from FY 2011-12	2.74%	7.97%	4.18%	1607.69%	6.62%	17.16%	837.74%	4.36%	7.53%	0.00%	-1.43%	5.16%	0.00%	-3.10%	12.37%	0.00%	0.00%	10.17%
FY 2013-14 Actuals	41,836	9,853	64,424	2,560	124,680	47,082	87,243	559	399,032	25,345	18,267	13,160	1,057	2,481	23,378	0	0	860,957
% Change from FY 2012-13	2.47%	8.86%	4.04%	188.29%	25.44%	13.33%	720.42%	-10.27%	10.89%	207.73%	2.76%	64.01%	207.27%	-7.56%	10.24%	0.00%	0.00%	26.06%
FY 2014-15 Actuals	41,817	10,466	66,548	3,627	161,682	71,989	241,392	351	445,723	50,113	20,036	14,897	1,749	2,722	28,045	0	0	1,161,157
% Change from FY 2013-14	-0.05%	6.22%	3.30%	41.68%	29.68%	52.90%	176.69%	-37.21%	11.70%	9.72%	9.68%	13.20%	65.47%	9.71%	19.96%	0.00%	0.00%	34.87%
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	0	0	1,296,986
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	20.80%	32.72%	-8.26%	4.38%	18.73%	-0.50%	-3.25%	0.57%	-2.68%	16.19%	0.00%	0.00%	11.70%
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	0	1,346,114
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	9.09%	1.88%	-5.87%	11.88%	-0.34%	3.76%	0.00%	0.00%	3.79%
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	64,346	21,473	10,125	2,229	2,809	34,828	0	0	1,315,217
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	26.17%	1.37%	-34.04%	-6.50%	-0.86%	5.73%	-25.37%	13.26%	6.40%	3.01%	0.00%	0.00%	-2.30%
FY 2018-19 Actuals	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	0	1,261,365
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	-7.72%	1.59%	20.45%	2.86%	-5.52%	-0.41%	0.00%	0.00%	-4.09%
FY 2019-20 Actuals	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	55,924	21,320	11,547	2,209	2,417	33,441	0	0	1,219,245
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	0.00%	0.00%	-3.34%
FY 2020-21 Actuals	48,277	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	7,016	35,302	0	0	1,404,955
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	0.00%	0.00%	15.23%
FY 2021-22 Actuals	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	0	1,561,560
% Change from FY 2020-21	2.13%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	-5.76%	7.44%	8.62%	-1.96%	4.74%	20.78%	112.03%	2.02%	0.00%	0.00%	11.15%
FY 2022-23 Actuals	50,477	13,848	64,933	18,451	198,516	104,683	530,332	133	505,036	76,963	20,070	24,842	6,305	26,516	33,861	44,653	0	1,719,619
% Change from FY 2021-22	2.44%	0.46%	-1.55%	19.63%	4.74%	2.23%	10.92%	1.53%	4.23%	6.02%	-1.30%	74.28%	44.64%	78.25%	-5.98%	0.00%	0.00%	10.12%
FY 2023-24 Actuals	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,663	31,914	29,013	36,475	0	1,390,188
% Change from FY 2022-23	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-36.80%	-23.48%	-10.53%	-18.32%	-23.99%	-4.92%	-3.21%	-10.18%	20.36%	-14.32%	-18.31%	0.00%	-19.16%
FY 2024-25 Actuals	49,806	12,233	57,984	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	24,735	1,841	1,207,812
% Change from FY 2023-24	4.46%	-3.62%	-1.72%	30.31%	-14.21%	-35.38%	-19.45%	-3.36%	-10.95%	-22.10%	-3.19%	-1.61%	-14.06%	14.59%	-4.22%	-32.19%	0.00%	-13.12%
FY 2025-26 Projection	50,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	51,719	18,521	24,611	4,821	40,436	31,957	24,188	7,512	1,260,431
% Change from FY 2024-25	1.12%	-1.28%	3.55%	8.00%	-0.12%	2.98%	3.57%	-14.78%	4.76%	13.49%	0.25%	4.03%	-0.95%	10.57%	5.69%	-2.21%	308.04%	4.36%
FY 2026-27 Projection	51,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	56,106	18,557	25,667	4,865	43,072	33,515	24,188	8,685	1,300,838
% Change from FY 2025-26	1.88%	1.21%	7.13%	4.36%	2.42%	3.54%	3.05%	12.24%	1.99%	8.48%	0.19%	4.29%	0.91%	6.52%	4.88%	0.00%	15.62%	3.21%
FY 2027-28 Projection	52,260	12,368	68,897	30,783	144,830	47,149	359,223	122	398,921	60,343	18,593	26,723	4,909	43,072	35,073	24,188	8,685	1,336,139
% Change from FY 2026-27	1.85%	1.19%	7.11%	3.18%	2.37%	3.42%	2.96%	10.91%	1.65%	7.55%	0.19%	4.11%	0.90%	0.00%	4.65%	0.00%	0.00%	2.71%
FY 2025-26 Appropriation	52,986	12,429	60,683	32,760	142,787	45,056	361,735	130	377,842	48,330	18,477	24,074	5,247	30,701	32,032	24,687	2,248	1,272,204
Difference between the Total FY 2025-26 Projection and Appropriation	(2,622)	(353)	(641)	(4,173)	(4,653)	(1,027)	(23,188)	(32)	6,947	3,389	44	537	(426)	9,735	(75)	(499)	5,264	(11,773)

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2010-11															TOTAL	Monthly Growth	Monthly Growth Rate
FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services			
July 2010	39,381	7,795	54,560	-	71,769	27,446	497	-	18,628	1,909	3,492	16,339	-	-	531,485	4,649	0.87%
August 2010	38,848	7,492	55,032	-	75,863	24,193	491	-	18,455	8,014	-	3,178	-	-	539,073	7,438	1.44%
September 2010	38,774	7,562	55,223	-	76,239	25,071	503	-	18,451	7,971	-	3,231	-	-	541,285	2,212	0.41%
October 2010	38,901	7,602	55,568	-	77,291	26,016	505	-	18,464	7,985	-	3,280	-	-	546,784	5,505	0.93%
November 2010	39,009	7,682	55,859	-	78,778	26,524	511	-	18,597	7,891	-	3,249	-	-	551,168	4,387	0.80%
December 2010	38,709	7,711	55,717	-	79,771	27,586	526	-	18,710	7,764	-	3,213	-	-	556,103	4,935	0.90%
January 2011	38,813	7,781	56,417	-	82,824	27,188	532	-	18,542	7,856	-	3,116	-	-	564,115	7,995	1.44%
February 2011	38,913	7,819	56,549	-	83,544	27,213	540	-	18,549	7,849	-	3,168	-	-	567,648	3,533	0.63%
March 2011	38,939	7,966	57,024	-	85,574	28,568	556	-	18,444	7,881	-	3,271	-	-	578,192	9,104	1.60%
April 2011	38,861	7,987	57,385	-	85,763	29,251	569	-	18,280	7,864	-	3,274	-	-	579,436	1,244	0.21%
May 2011	38,981	8,051	57,658	-	86,796	30,102	587	-	18,176	7,879	-	3,255	-	-	581,951	2,515	0.43%
June 2011	39,153	8,089	57,986	-	87,827	30,724	589	-	17,955	7,828	-	3,229	-	-	588,905	6,974	0.86%
Year-to-Date Average	39,921	7,767	56,285	-	81,114	27,167	531	-	18,393	7,868	-	3,213	-	-	560,799	5,179	0.94%
Medicaid Caseload FY 2011-12															TOTAL	Monthly Growth	Monthly Growth Rate
FY 2011-12	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services			
July 2011	39,341	8,133	56,294	-	87,556	31,500	587	-	179,065	18,125	7,810	3,089	17,923	-	591,843	2,918	0.50%
August 2011	39,537	8,222	56,712	-	88,518	32,462	-	-	182,779	18,084	7,786	2,973	18,046	-	597,705	5,862	0.99%
September 2011	39,600	8,280	56,937	-	90,005	33,152	596	-	182,672	18,119	7,828	2,976	18,156	-	602,910	5,205	0.87%
October 2011	39,697	8,328	59,159	-	91,462	33,838	592	-	182,622	18,096	7,958	2,957	18,314	-	608,213	5,323	0.91%
November 2011	39,789	8,343	59,206	-	92,441	34,875	602	-	182,182	18,097	7,971	2,943	18,364	-	614,168	5,953	0.98%
December 2011	39,843	8,355	59,384	-	94,778	34,886	606	-	182,051	18,172	7,133	2,991	18,798	-	620,799	6,635	1.08%
January 2012	39,740	8,371	59,709	-	93,523	35,481	603	-	182,096	17,968	7,465	2,617	18,983	-	620,562	2,577	0.42%
February 2012	39,800	8,401	59,635	-	94,864	35,962	604	-	182,523	17,863	7,994	2,936	19,023	-	626,106	5,544	0.90%
March 2012	39,849	8,445	59,847	-	97,319	37,141	604	-	182,747	17,930	7,734	2,852	19,466	-	632,511	6,405	1.03%
April 2012	39,837	8,507	59,793	-	98,137	37,902	596	-	181,546	17,944	7,705	2,846	19,396	-	630,899	1,387	0.22%
May 2012	39,924	8,600	60,167	202	99,581	38,955	5,860	-	182,521	18,012	7,744	2,844	19,440	-	642,649	11,950	1.89%
June 2012	39,931	8,609	60,207	240	99,138	39,412	5,907	-	182,233	18,001	7,818	2,818	19,485	-	651,103	8,457	1.34%
Year-to-Date Average	39,740	8,383	59,434	52	93,224	35,461	1,134	-	182,633	18,034	7,630	2,770	18,871	-	619,963	5,183	0.84%
Medicaid Caseload FY 2012-13															TOTAL	Monthly Growth	Monthly Growth Rate
FY 2012-13	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services			
July 2012	40,117	8,689	60,389	338	93,988	38,961	9,652	-	186,510	17,959	7,824	2,764	20,117	-	649,015	12,107	0.13%
August 2012	40,460	8,771	60,680	449	95,777	39,881	9,673	-	191,539	17,932	7,864	2,744	20,018	-	655,796	6,781	1.05%
September 2012	40,468	8,877	60,534	539	95,155	39,889	9,880	-	190,610	18,004	7,877	2,629	20,615	-	660,305	4,509	0.70%
October 2012	40,773	8,949	61,303	640	96,112	40,899	9,869	-	192,526	18,000	7,891	2,569	20,764	-	667,214	6,909	0.19%
November 2012	41,059	8,997	61,371	753	96,333	41,895	9,974	-	196,897	17,967	7,400	2,598	20,998	-	669,203	7,989	1.21%
December 2012	41,034	9,077	61,699	857	97,784	42,442	9,788	-	191,486	17,898	7,466	2,541	21,221	-	671,879	2,676	0.40%
January 2013	41,966	9,096	61,801	968	99,456	42,895	9,777	-	191,203	17,920	7,955	2,555	21,868	-	680,513	8,634	1.29%
February 2013	41,993	9,152	62,245	1,056	101,309	43,236	9,959	-	192,034	17,673	8,322	2,666	21,532	-	693,805	13,292	1.96%
March 2013	42,097	9,130	62,485	1,135	103,243	44,110	9,611	-	191,071	17,619	8,311	2,713	21,530	-	698,117	4,312	0.63%
April 2013	42,898	9,222	62,976	1,232	107,576	42,997	12,076	-	192,016	17,998	8,477	2,798	21,738	-	707,290	9,173	1.31%
May 2013	42,188	9,295	63,476	1,316	108,140	42,155	12,463	-	191,548	17,957	8,546	2,646	22,460	-	715,968	8,678	1.23%
June 2013	41,153	9,358	63,548	1,388	108,773	43,600	14,772	-	193,607	17,681	8,497	2,739	22,706	-	729,074	9,107	1.31%
Year-to-Date Average	40,827	9,051	61,920	888	99,392	41,545	10,634	-	192,843	17,777	8,024	2,684	21,206	-	682,924	6,496	0.95%
Medicaid Caseload FY 2013-14															TOTAL	Monthly Growth	Monthly Growth Rate
FY 2013-14	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services			
July 2013	41,343	9,466	63,919	1,494	105,843	43,321	16,073	-	179,207	11,487	17,652	9,203	334	2,754	724,724	14,350	0.60%
August 2013	41,540	9,538	64,283	1,616	106,672	45,336	17,388	-	182,923	8,984	17,659	9,219	186	2,562	731,093	6,369	0.88%
September 2013	41,696	9,641	64,320	1,692	110,520	43,457	18,468	-	184,468	4,368	17,619	9,240	105	2,511	744,082	12,992	1.75%
October 2013	41,861	9,709	64,151	2,200	111,276	37,884	19,168	-	182,709	11,193	17,675	13,079	549	2,392	739,592	8,133	1.09%
November 2013	42,098	9,768	64,296	2,490	112,206	44,332	17,796	-	182,506	10,969	17,712	12,746	1,002	2,352	747,807	7,215	0.97%
December 2013	42,354	9,797	64,478	2,490	115,830	40,228	17,792	-	189,900	10,007	17,793	14,140	1,293	2,114	772,504	19,447	2.54%
January 2014	41,861	9,818	64,838	2,217	122,548	40,639	105,068	-	196,421	29,967	17,684	14,582	1,390	2,399	889,665	116,711	15.10%
February 2014	42,003	9,919	64,795	3,146	125,795	51,272	105,397	-	193,853	17,744	16,691	14,671	1,374	2,374	913,503	33,861	3.81%
March 2014	42,145	10,027	64,312	3,188	138,165	57,246	38,398	-	408,290	38,398	17,704	14,991	2,426	2,426	976,972	53,446	5.59%
April 2014	42,184	10,139	64,488	3,288	144,689	58,524	171,990	-	415,668	39,128	19,534	15,469	1,559	2,463	1,009,487	32,517	3.19%
May 2014	41,991	10,162	64,492	3,257	145,311	54,497	176,627	-	420,786	39,624	20,168	15,086	1,549	2,487	1,021,745	12,262	1.21%
June 2014	41,564	10,263	64,968	3,186	149,549	58,549	186,802	-	420,952	40,754	20,268	15,007	1,634	2,621	1,047,466	25,721	2.52%
Year-to-Date Average	41,636	9,851	64,424	2,500	124,480	47,082	67,483	-	399,013	23,345	18,267	13,160	1,092	2,481	916,752	36,333	1.60%

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2014-15																		
FY 2014-15	Adults 65 and Older (QAP-A)	Disabled Adults 60 to 64 (QAP-B)	Disabled Individuals to 59 (QAP-C)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2014	41,551	10,346	65,429	1,005	153,837	60,981	194,454	472	431,203	41,550	20,190	15,038	1,492	2,551	25,763	1,668,332	20,866	1.99%
August 2014	42,513	10,350	65,785	2,970	156,343	62,711	202,855	463	436,077	42,750	20,213	15,436	1,800	2,494	26,747	1,689,078	20,746	1.94%
September 2014	42,463	10,362	66,054	2,762	157,540	63,064	210,593	439	438,991	44,001	20,124	15,386	1,854	2,474	26,781	1,706,507	17,519	1.61%
October 2014	41,763	10,355	66,009	2,927	160,707	63,453	218,453	454	442,075	45,249	20,187	14,838	1,769	2,433	27,229	1,726,100	13,523	1.23%
November 2014	41,918	10,341	66,301	3,033	158,376	63,811	222,453	425	443,141	46,464	20,160	14,681	1,713	2,444	27,601	1,735,105	6,485	0.40%
December 2014	41,927	10,424	66,441	3,556	162,727	64,441	227,045	396	446,354	47,275	20,056	14,542	1,675	2,541	27,944	1,753,171	28,066	2.49%
January 2015	41,392	10,395	66,758	3,772	160,406	64,807	227,056	379	444,669	53,548	19,951	14,290	1,722	2,611	28,426	1,772,332	19,361	1.68%
February 2015	41,334	10,312	66,651	4,112	161,480	65,163	231,108	368	446,886	55,465	19,932	14,443	1,795	2,778	28,188	1,794,159	21,397	1.81%
March 2015	41,518	10,615	66,972	4,226	163,641	65,972	237,714	368	450,778	56,155	19,925	14,804	1,810	2,984	28,914	1,809,612	15,781	1.32%
April 2015	41,831	10,690	67,401	4,301	165,811	67,133	243,431	355	455,065	57,043	19,941	15,041	1,826	3,096	29,611	1,827,965	12,748	1.00%
May 2015	41,778	10,703	67,261	4,279	167,183	67,471	248,709	358	456,426	56,104	19,945	14,914	1,684	3,070	30,224	1,844,004	10,074	0.62%
June 2015	42,849	10,501	67,276	4,309	169,912	67,610	252,110	351	457,893	57,009	19,791	14,822	1,665	2,885	30,560	1,861,458	16,349	0.76%
Year-to-Date Average	41,817	10,364	66,548	3,427	161,482	65,183	241,192	391	449,731	50,016	20,016	14,897	1,749	2,722	28,673	1,761,107	16,164	1.24%
Notes:																		
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2015-16																		
FY 2015-16	Adults 65 and Older (QAP-A)	Disabled Adults 60 to 64 (QAP-B)	Disabled Individuals to 59 (QAP-C)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2015	41,461	10,437	67,780	3,670	166,118	67,560	247,183	344	454,976	56,220	19,576	14,627	1,596	2,774	30,807	1,887,547	6,107	0.49%
August 2015	41,769	10,521	67,163	3,713	167,340	67,155	251,155	342	457,343	57,056	19,626	14,466	1,635	2,696	31,254	1,901,266	13,727	1.09%
September 2015	42,134	10,348	68,763	3,875	168,127	67,810	257,680	342	460,317	58,330	19,776	14,204	1,614	2,620	31,278	1,969,735	8,467	0.67%
October 2015	41,817	10,190	69,576	4,038	167,734	68,442	260,302	336	466,623	58,336	19,814	13,176	1,568	2,491	31,263	1,972,851	3,216	0.20%
November 2015	42,404	10,429	69,113	5,339	164,975	69,784	270,244	324	466,734	59,640	19,936	14,428	1,620	2,605	31,903	1,981,903	10,932	0.65%
December 2015	42,408	10,451	69,813	5,717	163,088	69,548	269,093	318	469,009	59,867	19,975	14,252	1,646	2,616	32,461	1,998,264	14,461	1.13%
January 2016	42,301	10,362	67,571	5,811	162,764	67,653	267,564	314	470,109	59,564	19,967	14,399	1,611	2,574	33,011	1,988,011	6,657	0.74%
February 2016	42,504	10,531	67,298	5,393	162,450	68,610	271,627	310	470,758	59,950	19,963	14,381	1,646	2,631	33,539	1,993,386	5,345	0.41%
March 2016	42,733	10,664	67,975	5,634	163,417	69,344	273,451	311	472,221	60,614	20,008	14,616	1,656	2,722	33,445	1,991,253	6,339	0.61%
April 2016	42,778	10,749	67,825	5,192	161,967	69,644	280,862	308	472,964	60,790	20,133	14,675	1,846	2,676	33,478	1,996,889	5,144	0.39%
May 2016	42,900	10,788	67,843	5,152	165,232	69,385	287,731	308	472,190	61,169	20,196	14,684	1,670	2,707	33,493	1,997,076	2,187	0.10%
June 2016	43,015	10,876	67,891	5,265	162,249	69,706	290,766	304	472,050	61,888	20,162	14,831	1,693	2,635	33,813	1,990,947	1,907	0.10%
Year-to-Date Average	42,403	10,529	68,806	6,217	163,342	68,964	280,374	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	1,996,986	7,462	0.58%
Notes:																		
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2016-17																		
FY 2016-17	Adults 65 and Older (QAP-A)	Disabled Adults 60 to 64 (QAP-B)	Disabled Individuals to 59 (QAP-C)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2016	43,104	10,931	67,836	5,134	170,888	69,622	251,908	313	470,563	62,982	20,118	14,896	1,881	2,830	33,312	1,997,920	11,857	0.21%
August 2016	43,314	11,011	67,906	5,452	170,673	69,693	259,913	310	471,980	63,735	20,023	14,911	1,872	2,834	33,436	1,998,602	10,722	0.81%
September 2016	43,633	11,039	68,051	5,708	171,211	69,651	266,125	308	471,754	64,411	20,026	14,401	1,911	2,771	33,613	1,999,241	11,091	0.28%
October 2016	43,725	11,131	67,951	5,825	173,579	69,370	263,170	312	471,116	64,654	20,260	14,168	1,790	2,495	33,461	1,992,154	12,749	0.51%
November 2016	43,913	11,233	67,914	5,918	173,687	69,158	268,386	306	471,650	65,306	20,306	13,876	1,738	2,434	33,616	1,991,888	9,264	0.50%
December 2016	43,481	11,181	66,509	6,114	167,155	69,730	262,193	302	472,054	62,524	20,296	13,608	1,790	2,430	33,390	1,983,704	2,306	0.17%
January 2017	43,888	11,405	66,174	6,467	168,224	67,522	264,098	295	469,992	64,722	20,297	13,527	1,816	2,506	33,173	1,983,976	2,172	0.05%
February 2017	43,649	11,363	67,891	6,562	167,569	67,891	267,569	292	467,756	64,616	20,235	13,565	1,785	2,504	33,066	1,980,691	2,295	0.25%
March 2017	44,361	11,397	67,558	6,964	164,569	68,165	264,427	289	466,588	68,165	20,034	12,813	2,392	2,789	33,523	1,983,769	13,680	1.02%
April 2017	44,837	11,381	67,301	7,018	162,085	69,197	261,480	290	466,511	67,908	20,433	12,799	2,361	2,668	34,007	1,982,438	6,689	0.40%
May 2017	44,816	11,401	67,183	7,042	179,878	69,609	271,778	284	467,064	67,394	20,681	12,782	2,276	2,992	34,806	1,993,103	6,645	0.49%
June 2017	46,814	11,420	67,009	7,100	180,130	69,811	268,291	284	466,931	68,903	20,557	12,436	2,243	2,941	34,708	1,985,966	13,583	0.71%
Year-to-Date Average	43,943	11,241	67,413	6,251	161,452	69,091	267,648	293	466,297	64,907	20,310	13,907	1,968	2,640	33,691	1,986,114	9,814	0.21%
Notes:																		
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2017-18																		
FY 2017-18	Adults 65 and Older (QAP-A)	Disabled Adults 60 to 64 (QAP-B)	Disabled Individuals to 59 (QAP-C)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2017	44,886	11,410	67,407	7,714	181,480	68,329	270,614	190	477,780	65,467	20,651	11,543	2,197	2,925	34,813	1,999,300	16,180	0.38%
August 2017	45,333	11,486	67,079	7,364	182,123	68,011	274,722	140	457,320	66,382	20,804	11,069	2,109	2,957	35,078	1,996,880	6,120	0.43%
September 2017	45,431	11,509	66,918	7,462	181,322	68,088	275,011	132	459,116	66,778	20,941	10,343	2,105	2,831	35,127	1,991,074	15,706	0.62%
October 2017	45,606	11,558	66,985	7,797	179,352	68,985	270,968	139	448,501	67,170	21,093	9,948	2,197	2,842	34,883	1,978,019	42,151	1.01%
November 2017	45,824	11,643	67,142	7,980	179,750	69,489	269,249	149	447,219	66,396	21,305	9,401	2,222	2,716	34,999	1,993,234	15,782	0.41%
December 2017	45,985	11,718	67,566	8,204	179,571	69,577	268,178	151	449,244	66,577	21,485	9,138	2,154	2,677	35,001	1,998,354	5,100	0.39%
January 2018	46,055	11,812	67,365	8,438	180,333	69,705	265,699	145	447,260	66,699	21,602	9,038	2,137	2,680	35,063	1,994,660	5,643	1.13%
February 2018	46,038	11,860	67,688	8,364	180,744	69,644	265,404	144	447,301	66,644	21,701	9,067	2,219	2,868	34,979	1,992,809	14,874	0.77%
March 2018	46,038	11,968	68,252	8,689	179,619	69,721	266,913	143	447,562	66,156	21,766	9,082	2,216	2,841	34,871	1,990,990	14,999	0.55%
April 2018	46,012	12,054	67,963	8,998	177,031	69,717	267,991	140	447,817	66,747	21,767	9,067	2,216	2,778	34,753	1,989,736	16,533	0.82%
May 2018	46,034	12,138	68,275	8,842	176,499	69,721	268,381	140	447,935	66,912	21,763	9,098	2,212	2,801	34,766	1,990,446	17,742	0.90%
June 2018	46,061	12,417	68,017	8,957	180,017	69,721	268,381	140	447,935	66,912	21,763	9,098	2,212	2,801	34,766	1,990,446	17,742	0.90%
Year-to-Date Average	45,907	11,797	67,531	8,175	179,853	69,610	267,607	135	448,772	64,546	21,473	10,125	2,229	2,809	34,828	1,993,217	16,181	0.46%
Notes:																		
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		

Exhibit B – Medicaid Caseload Forecast

Medicaid Caseload FY 2018-19																		
FY 2018-19	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2018	47,275	12,999	69,243	8,791	183,930	68,773	336,317	160	429,609	40,022	22,099	12,567	2,399	2,868	34,626	1,291,160	(610)	-0.05%
August 2018	47,463	12,959	69,237	8,734	183,083	68,299	340,105	158	429,302	40,213	21,913	12,450	2,443	2,796	34,802	1,294,359	3,199	0.25%
September 2018	47,564	12,947	69,233	8,697	182,793	68,236	343,428	156	429,176	40,400	21,836	12,375	2,490	2,754	34,978	1,298,818	4,459	0.34%
October 2018	47,546	12,681	68,963	8,606	178,103	66,710	341,696	150	423,792	41,197	21,804	12,319	2,432	2,583	35,244	1,283,860	(11,950)	-0.93%
November 2018	47,544	12,696	68,776	8,641	176,119	66,480	344,945	148	426,435	41,569	21,741	12,138	2,366	2,513	35,078	1,289,239	(4,631)	-1.14%
December 2018	47,612	12,643	68,461	8,619	175,299	66,461	345,299	138	417,916	42,213	22,127	11,881	2,499	2,428	34,728	1,292,293	(6,941)	-0.53%
January 2019	48,091	12,746	69,051	9,147	175,180	67,132	347,637	142	416,568	42,891	21,646	12,073	2,347	2,604	34,607	1,293,984	(8,311)	-0.64%
February 2019	47,571	12,699	68,711	9,099	173,809	67,075	347,111	140	417,176	43,171	21,766	11,969	2,312	2,568	34,518	1,295,318	(1,666)	-0.13%
March 2019	47,504	12,713	68,729	9,113	171,958	66,326	345,467	140	415,601	43,407	21,720	11,907	2,322	2,500	34,426	1,244,320	(50,988)	-5.53%
April 2019	47,704	12,818	67,927	9,235	170,750	66,944	347,866	131	414,766	43,610	21,706	12,220	2,184	2,456	34,271	1,230,860	(13,460)	-1.08%
May 2019	48,018	12,802	67,911	9,309	169,711	66,981	348,368	131	415,174	43,691	21,693	12,146	2,190	2,711	34,847	1,230,174	(686)	-0.06%
June 2019	48,125	12,994	67,907	9,415	169,889	67,246	350,719	131	414,130	43,709	21,705	12,112	2,239	2,640	35,099	1,229,139	(1,035)	-0.08%
Year to date Average	47,685	12,711	68,630	8,987	175,837	67,563	350,515	140	420,253	43,415	21,716	12,196	2,293	2,654	34,687	1,241,365	(5,203)	-0.41%
Notes: 1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2019-20																		
FY 2019-20	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2019	48,316	13,013	67,869	9,613	168,544	66,961	316,042	127	412,451	44,796	21,628	12,333	2,201	2,720	33,847	1,221,502	(8,822)	-0.72%
August 2019	48,486	12,992	67,931	9,583	169,760	67,511	318,314	131	410,831	44,344	21,674	11,929	2,127	2,531	34,058	1,200,589	(11,003)	-0.90%
September 2019	48,388	13,012	67,382	9,644	167,329	67,640	320,213	136	409,522	44,644	21,595	11,716	2,094	2,376	33,890	1,193,429	(11,150)	-0.93%
October 2019	48,434	12,986	67,105	9,740	165,651	68,277	315,572	146	407,413	45,241	21,599	11,490	2,073	2,386	33,554	1,188,474	(13,123)	-1.10%
November 2019	48,414	12,998	66,382	9,841	164,251	68,381	305,753	146	405,225	45,316	21,579	11,081	2,066	2,174	33,566	1,180,213	(15,160)	-1.28%
December 2019	47,575	12,914	66,059	10,140	161,386	69,126	319,312	136	404,097	46,038	21,585	10,832	2,129	2,119	33,218	1,207,566	(15,598)	-1.28%
January 2020	47,695	12,981	66,931	10,144	160,801	68,735	315,372	136	403,449	47,319	21,458	10,824	2,191	2,270	33,011	1,198,103	(9,245)	-0.76%
February 2020	48,391	13,005	66,189	10,277	159,454	67,851	315,302	131	398,831	46,886	20,793	10,763	2,249	2,249	32,739	1,193,435	(4,697)	-0.41%
March 2020	48,567	13,076	65,220	11,536	159,124	66,320	313,914	136	398,268	46,155	20,886	11,089	2,180	2,176	32,440	1,189,413	(13,022)	-1.10%
April 2020	48,628	13,042	64,601	11,504	158,601	65,603	309,335	136	396,335	45,816	20,763	11,807	2,174	2,174	32,043	1,179,430	(9,983)	-1.10%
May 2020	47,172	13,105	66,303	11,443	160,303	65,964	306,281	141	415,599	46,473	20,955	12,221	2,417	2,495	33,689	1,254,804	34,668	2.88%
June 2020	47,938	13,125	66,781	12,132	162,237	67,025	308,782	146	411,306	46,960	20,960	12,404	2,439	2,439	33,815	1,277,011	22,127	1.80%
Year to date Average	47,931	13,029	66,530	10,675	164,467	67,499	322,951	137	407,547	45,924	21,320	11,547	2,209	2,417	33,641	1,219,249	3,921	0.32%
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2020-21																		
FY 2020-21	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2020	47,686	13,413	67,064	12,239	166,034	74,285	307,091	141	424,876	46,762	20,814	12,667	2,908	2,449	34,711	1,297,404	77,088	6.40%
August 2020	47,952	13,310	65,977	14,063	167,283	77,429	306,900	146	430,134	47,267	20,809	12,830	3,139	2,486	34,886	1,320,376	22,952	1.73%
September 2020	48,151	13,376	65,712	14,398	169,873	79,159	313,860	141	433,629	44,954	20,796	12,852	3,002	2,381	34,919	1,340,803	20,427	1.53%
October 2020	48,496	13,433	65,623	14,484	170,503	82,760	323,431	140	440,714	47,223	20,852	12,923	3,546	2,442	34,955	1,365,254	24,451	1.80%
November 2020	48,821	13,481	65,995	14,335	171,851	86,094	331,266	146	446,544	47,632	20,862	13,290	3,629	2,500	35,190	1,384,219	18,965	1.39%
December 2020	48,614	13,584	66,113	14,325	172,340	89,599	401,547	143	450,341	47,793	20,829	13,440	3,749	2,610	35,318	1,404,220	20,001	1.44%
January 2021	48,377	13,587	66,654	14,508	174,619	90,560	413,226	140	454,650	48,814	20,765	13,740	3,912	2,722	35,647	1,424,014	20,031	1.43%
February 2021	48,041	13,619	66,421	14,489	177,053	91,158	418,052	138	460,438	46,987	20,792	13,950	3,713	8,559	35,620	1,439,006	14,755	1.04%
March 2021	48,051	13,632	66,431	14,608	177,776	92,701	424,621	137	464,277	46,723	20,758	14,463	3,675	9,169	35,716	1,453,033	14,029	0.97%
April 2021	48,193	13,651	66,355	14,695	178,411	93,604	430,160	132	466,374	46,709	20,539	14,510	3,849	9,564	35,744	1,465,213	12,228	0.84%
May 2021	48,348	13,721	66,356	14,767	177,618	97,968	435,288	135	468,211	46,448	20,571	14,597	3,960	10,196	35,833	1,477,219	11,956	0.82%
June 2021	48,543	13,678	65,861	15,001	175,547	101,091	451,503	136	470,188	46,770	20,521	15,017	4,072	10,808	35,828	1,488,388	11,169	0.76%
Year to date Average	48,348	13,541	66,187	14,747	175,150	88,429	402,847	139	460,956	46,833	20,742	13,609	3,609	7,016	35,502	1,404,955	22,413	1.60%
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2021-22																		
FY 2021-22	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2021	48,368	13,444	65,821	15,118	174,186	106,316	407,233	137	471,463	46,305	20,454	12,796	3,891	11,408	35,367	1,499,301	34,540	2.33%
August 2021	49,063	13,751	66,130	15,130	178,824	103,699	432,598	129	475,807	47,253	20,454	14,399	4,034	12,066	35,513	1,512,239	12,936	0.86%
September 2021	49,147	13,789	66,989	15,287	180,180	108,331	438,311	130	479,255	47,388	20,410	14,162	4,116	12,681	35,713	1,523,193	10,946	0.72%
October 2021	49,289	13,815	66,149	15,156	185,523	109,446	444,005	131	479,742	47,297	20,334	14,798	4,132	13,275	36,060	1,534,041	10,848	0.71%
November 2021	49,294	13,764	66,073	15,251	187,956	109,424	470,063	130	481,260	47,080	20,482	14,000	4,196	13,857	36,091	1,544,921	10,880	0.71%
December 2021	49,216	13,781	66,009	15,438	189,731	109,401	496,168	129	483,737	47,227	20,454	14,837	4,389	14,488	36,054	1,555,333	10,437	0.69%
January 2022	49,258	13,791	66,142	15,457	191,813	109,385	493,158	128	485,412	47,325	20,325	14,961	4,429	15,061	36,019	1,570,345	14,792	0.95%
February 2022	49,387	13,813	66,133	15,462	193,934	109,494	487,764	130	487,327	47,396	20,253	14,959	4,502	15,745	36,008	1,579,845	9,503	0.61%
March 2022	49,426	13,807	66,063	15,536	195,867	109,532	493,637	128	490,528	47,426	20,168	14,420	4,677	16,337	35,989	1,590,468	10,603	0.68%
April 2022	49,362	13,801	66,059	15,599	197,839	109,531	497,639	128	491,320	47,461	20,133	14,511	4,599	16,184	35,996	1,600,912	10,594	0.65%
May 2022	49,343	13,889	66,016	15,664	199,813	109,494	501,614	130	494,290	47,301	20,210	14,734	4,604	17,883	36,			

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2022-23																			
FY 2022-23	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-825 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2022	49,831	11,890	65,937	18,756	199,224	196,310	508,880	138	490,717	81,725	26,159	15,885	4,864	19,803	35,154	22,637	1,650,834	32,786	2.03%
August 2022	50,003	11,963	65,941	19,826	197,876	194,223	512,903	131	499,211	75,060	26,200	20,466	5,496	20,801	34,974	26,868	1,664,889	14,045	0.85%
September 2022	50,179	11,861	65,882	17,135	195,315	193,803	515,830	134	500,572	76,315	26,301	24,901	6,091	21,889	34,789	33,706	1,680,793	15,884	0.95%
October 2022	50,417	11,883	65,949	17,331	195,902	194,296	520,801	129	501,786	77,225	26,318	25,360	6,368	22,046	34,596	37,954	1,695,285	14,532	0.86%
November 2022	50,584	11,920	65,859	17,480	196,391	194,391	525,882	131	503,354	77,982	26,321	25,715	6,482	24,147	34,420	45,991	1,714,092	18,767	1.13%
December 2022	50,661	11,937	65,848	17,921	197,830	195,404	531,070	139	504,743	78,854	26,278	26,130	6,933	25,396	34,091	48,495	1,727,530	13,478	0.79%
January 2023	50,727	11,883	66,489	19,622	199,801	197,101	537,341	140	507,131	78,039	26,338	26,638	6,782	26,973	33,936	50,869	1,743,109	15,570	0.90%
February 2023	50,874	11,927	66,594	19,653	201,249	199,466	542,306	138	509,191	79,108	26,266	26,540	6,658	28,527	33,782	53,231	1,755,590	12,400	0.72%
March 2023	51,003	11,948	66,529	19,893	202,818	195,890	547,464	133	511,000	79,904	26,741	26,384	6,887	30,160	33,663	55,724	1,769,442	13,832	0.79%
April 2023	50,432	11,718	63,310	19,871	199,508	194,473	542,881	132	511,406	74,903	19,481	26,961	6,794	31,360	33,588	54,018	1,751,681	17,841	-1.03%
May 2023	50,834	11,734	63,358	19,698	200,164	195,236	545,959	129	513,061	75,158	19,626	26,892	6,295	32,963	32,563	53,084	1,758,774	7,113	0.41%
June 2023	50,198	11,809	63,099	19,488	196,424	197,758	533,486	129	501,272	76,093	19,388	26,907	6,234	33,122	31,893	50,426	1,720,590	10,297	-2.15%
Year to date Average	50,977	11,848	64,913	19,491	198,516	194,483	535,372	133	504,493	77,905	26,074	24,872	6,305	29,516	33,861	44,429	1,719,393	8,977	0.52%
Medicaid Caseload FY 2023-24																			
FY 2023-24	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-825 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2023	49,368	11,502	62,543	19,225	191,276	186,794	518,720	120	488,229	71,006	19,281	26,114	6,183	32,893	31,221	47,486	1,674,561	(46,396)	-2.70%
August 2023	49,192	11,344	61,747	19,176	186,139	181,481	500,109	122	472,596	68,199	19,324	25,544	6,214	32,544	30,376	42,647	1,654,239	(50,325)	-3.07%
September 2023	48,708	11,133	61,210	19,315	178,254	186,585	482,991	119	457,272	67,657	19,466	25,018	6,130	32,795	29,339	43,830	1,597,882	(82,374)	-5.22%
October 2023	48,374	11,056	60,910	19,211	174,837	181,499	474,914	119	451,374	67,207	19,161	24,919	6,101	32,655	29,626	43,492	1,550,315	(21,547)	-1.37%
November 2023	47,883	10,890	59,564	19,636	168,091	172,328	457,199	118	420,238	65,556	19,401	23,998	5,977	31,943	28,490	39,784	1,450,830	(99,445)	-6.81%
December 2023	47,386	12,789	59,370	19,775	160,732	167,794	414,456	118	411,592	60,585	19,164	23,907	5,796	31,550	28,398	37,756	1,401,334	(49,536)	-3.41%
January 2024	46,781	12,633	59,104	19,720	156,238	161,266	388,873	121	396,097	60,877	19,111	23,782	5,700	31,421	28,285	36,683	1,368,832	(54,662)	-3.90%
February 2024	45,706	12,308	57,449	20,166	151,378	155,540	368,483	121	387,587	54,360	18,968	23,367	5,636	31,011	28,348	32,394	1,293,272	(53,400)	-3.97%
March 2024	46,248	12,131	56,397	20,433	147,690	150,057	344,276	121	377,767	51,635	18,942	23,035	5,643	30,979	28,339	30,970	1,244,663	(48,609)	-3.76%
April 2024	46,480	11,983	56,746	21,546	143,456	146,133	333,373	117	366,133	46,796	19,001	22,808	5,128	31,013	28,479	28,479	1,198,089	(46,583)	-3.91%
May 2024	47,153	12,182	56,400	22,491	140,807	141,786	307,564	116	357,409	43,943	18,779	22,863	4,948	31,262	28,324	25,884	1,181,116	(36,964)	-3.09%
June 2024	47,699	12,216	56,684	23,149	140,079	142,119	288,187	118	359,381	43,187	18,024	23,173	4,743	32,496	28,916	25,355	1,165,236	4,148	0.36%
Year to date Average	47,681	12,071	56,707	20,372	141,111	146,161	305,823	119	412,408	58,501	19,083	24,003	5,663	31,974	29,071	36,479	1,176,186	(46,508)	-3.95%

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2024-25																				
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-425 Family Planning Services	HB 21-1289 Medicaid Adults	TOTAL	Monthly Growth	Monthly Growth Rate
July 2024	48,097	12,238	56,767	21,837	140,587	41,249	312,348	119	362,073	43,384	18,833	23,435	4,726	33,779	25,218	25,000		1,175,160	5,904	0.005
August 2024	48,631	12,264	57,073	24,186	140,786	42,143	318,208	118	364,744	43,954	18,420	23,434	4,710	35,082	25,564	26,800		1,188,997	12,937	1.105
September 2024	49,139	12,271	57,328	24,537	140,894	43,645	319,520	121	365,228	43,925	18,415	23,473	4,762	36,763	25,996	25,100		1,195,380	4,452	0.303
October 2024	49,595	12,314	57,581	25,559	140,470	42,238	322,123	122	365,977	44,425	18,455	23,368	4,807	38,332	30,070	24,887		1,200,323	7,934	0.670
November 2024	49,913	12,332	57,793	26,101	140,004	42,403	325,980	124	366,355	44,930	18,458	23,567	4,847	40,284	30,427	24,933		1,206,233	7,908	0.065
December 2024	50,154	12,389	57,827	26,863	138,906	42,404	327,778	126	366,100	44,958	18,426	23,511	4,718	41,728	30,344	24,687		1,211,051	2,768	0.231
January 2025	50,418	12,331	58,241	27,437	137,736	43,605	333,454	120	366,150	46,535	18,468	23,454	5,120	33,546	30,438	25,074	2,347	1,214,424	3,395	0.283
February 2025	50,485	12,278	58,444	28,036	136,756	43,154	331,842	116	363,783	45,825	18,448	23,359	4,985	34,343	30,328	24,779	2,092	1,209,523	14,899	1.245
March 2025	50,727	12,300	58,847	28,180	135,483	43,838	333,000	117	364,260	46,365	18,492	23,807	5,043	35,116	30,102	24,754	3,521	1,213,953	4,427	0.370
April 2025	50,631	12,167	58,582	28,364	136,186	43,615	334,042	114	371,408	46,360	18,465	24,117	4,864	36,058	30,579	24,409	3,584	1,223,788	9,836	0.811
May 2025	50,681	12,007	58,038	27,456	136,233	43,505	332,445	91	374,743	47,203	18,503	24,154	4,823	36,814	30,740	24,199	4,463	1,229,507	2,419	0.200
June 2025	49,850	11,997	58,691	26,946	136,320	43,184	332,947	91	376,908	48,857	18,501	24,039	4,797	37,322	31,113	24,188	4,882	1,230,433	4,426	0.363
Year to date Average	49,850	12,233	57,984	26,488	136,303	42,755	328,887	119	367,111	45,373	18,455	23,658	4,887	36,300	30,437	24,726	3,688	1,207,813	7,826	0.651

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Cash Based																
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2015-16	\$24,168	\$19,636	\$16,195	\$6,651	\$3,029	\$2,535	\$3,786	\$12,069	\$1,870	\$1,587	\$4,278	\$10,894	\$9,739	\$14,864	\$1,221	\$4,337
% Change from FY 2014-15	5.24%	4.81%	5.88%	-7.45%	0.46%	2.51%	-2.29%	-16.83%	3.42%	7.32%	2.03%	3.83%	3.02%	-0.20%	9.82%	0.42%
FY 2016-17	\$25,941	\$18,311	\$16,138	\$6,484	\$2,611	\$2,251	\$3,369	\$16,425	\$1,788	\$1,471	\$4,247	\$9,777	\$7,846	\$15,432	\$1,215	\$4,125
% Change from FY 2015-16	7.34%	-6.75%	-0.35%	-2.50%	-13.82%	-11.19%	-10.99%	36.09%	-4.39%	-7.35%	-0.74%	-10.25%	-19.43%	3.83%	-0.56%	-4.89%
FY 2017-18	\$27,846	\$19,877	\$18,599	\$7,571	\$3,060	\$2,838	\$3,833	\$19,630	\$2,088	\$1,734	\$4,701	\$12,038	\$9,280	\$18,362	\$1,254	\$4,801
% Change from FY 2016-17	7.34%	8.55%	15.25%	16.76%	17.22%	26.06%	13.75%	19.52%	16.78%	17.91%	10.70%	23.13%	18.28%	18.98%	3.22%	16.39%
FY 2018-19	\$27,525	\$21,266	\$19,904	\$7,803	\$2,879	\$2,639	\$3,810	\$15,423	\$2,137	\$1,660	\$4,900	\$11,331	\$8,840	\$16,078	\$1,393	\$5,001
% Change from FY 2017-18	-1.15%	6.99%	7.01%	3.05%	-5.92%	-7.03%	-0.58%	-21.44%	2.37%	-4.29%	4.24%	-5.87%	-4.74%	-12.44%	11.09%	4.17%
FY 2019-20	\$30,298	\$22,757	\$21,661	\$8,097	\$3,088	\$2,976	\$4,294	\$19,507	\$2,239	\$1,776	\$5,151	\$11,924	\$9,120	\$17,522	\$1,486	\$5,504
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	12.70%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.06%
FY 2020-21	\$28,155	\$23,212	\$22,809	\$6,995	\$3,030	\$2,842	\$3,941	\$20,531	\$2,068	\$1,750	\$6,589	\$9,033	\$6,654	\$8,575	\$2,703	\$5,080
% Change from FY 2019-20	-7.07%	2.00%	5.30%	-13.61%	-1.87%	-4.49%	-8.24%	5.25%	-7.63%	-1.46%	27.92%	-24.24%	-27.04%	-51.06%	81.91%	-7.70%
FY 2021-22	\$28,702	\$22,563	\$25,130	\$5,889	\$3,119	\$3,001	\$3,847	\$9,882	\$2,381	\$2,048	\$7,082	\$8,828	\$6,230	\$5,231	\$3,078	\$5,124
% Change from FY 2020-21	1.95%	-2.80%	10.18%	-15.81%	2.94%	5.61%	-2.37%	-51.87%	15.15%	17.01%	7.49%	-2.28%	-6.38%	-39.00%	13.87%	0.87%
FY 2022-23	\$30,775	\$26,912	\$28,940	\$7,681	\$3,284	\$3,133	\$3,941	\$12,182	\$2,530	\$1,996	\$8,177	\$5,490	\$4,150	\$3,402	\$3,399	\$5,223
% Change from FY 2021-22	7.22%	19.28%	15.16%	30.42%	5.29%	4.38%	2.45%	23.27%	6.26%	2.56%	15.46%	-37.82%	-33.38%	-34.96%	10.44%	1.93%
FY 2023-24	\$37,844	\$32,196	\$34,746	\$8,611	\$4,146	\$3,881	\$5,076	\$12,450	\$3,198	\$2,564	\$9,839	\$5,586	\$4,870	\$3,358	\$3,790	\$6,806
% Change from FY 2022-23	22.97%	19.63%	20.06%	12.11%	26.25%	23.89%	28.79%	2.20%	26.38%	28.46%	20.33%	1.76%	17.34%	-1.29%	11.52%	30.31%
FY 2024-25	\$42,475	\$36,050	\$40,841	\$9,666	\$5,068	\$4,970	\$6,586	\$14,721	\$3,731	\$2,994	\$19,413	\$6,330	\$10,250	\$2,919	\$3,950	\$8,727
% Change from FY 2023-24	12.24%	11.97%	17.54%	12.25%	22.25%	28.05%	29.76%	18.24%	16.69%	16.76%	97.30%	13.32%	110.47%	-13.07%	4.22%	28.23%
FY 2025-26 Projection	\$47,741	\$39,453	\$44,028	\$11,177	\$5,324	\$5,291	\$7,002	\$15,960	\$4,010	\$3,189	\$11,654	\$6,904	\$15,336	\$2,926	\$4,323	\$9,213
% Change from FY 2024-25	12.40%	9.44%	7.80%	15.64%	5.04%	6.46%	6.31%	8.42%	7.48%	6.53%	-39.96%	9.06%	49.62%	0.21%	9.44%	5.57%
FY 2026-27 Projection	\$48,604	\$41,146	\$44,456	\$11,821	\$5,447	\$5,479	\$7,230	\$16,723	\$4,098	\$3,229	\$12,334	\$6,516	\$17,029	\$3,021	\$4,563	\$9,537
% Change from FY 2025-26	1.81%	4.29%	0.97%	5.76%	2.31%	3.55%	3.26%	4.78%	2.18%	1.25%	5.83%	-5.61%	11.04%	3.25%	5.56%	3.52%
FY 2027-28 Projection	\$54,326	\$44,626	\$45,554	\$12,259	\$5,654	\$5,717	\$7,494	\$17,589	\$4,162	\$3,303	\$13,469	\$6,689	\$17,691	\$3,126	\$4,734	\$10,006
% Change from FY 2026-27	11.77%	8.46%	2.47%	3.71%	3.80%	4.35%	3.65%	5.18%	1.57%	2.31%	9.20%	2.65%	3.89%	3.48%	3.73%	4.92%
Notes:																
1. This exhibit does not include supplemental payments, outstationing payments, or upper payment limit financing.																
2. See narrative for a description of events that alter trends.																

Exhibit D - Cash Funds Report

Cash Funds Report									
Cash Fund	FY 2025-26 Base Spending Authority	FY 2025-26 Request	FY 2025-26 Change	FY 2026-27 Base Spending Authority	FY 2026-27 Request	FY 2026-27 Change	FY 2027-28 Base Spending Authority	FY 2027-28 Request	FY 2027-28 Change
<i>Cash Funds</i>									
Certified Funds	\$88,751,115	\$88,611,465	(\$139,650)	\$88,751,115	\$93,488,024	\$4,736,909	\$88,751,115	\$97,634,126	\$8,883,011
Healthcare Affordability and Sustainability Fee Cash Fund	\$1,121,187,975	\$1,301,356,871	\$180,168,896	\$1,123,414,253	\$1,543,677,824	\$420,263,571	\$1,124,252,446	\$1,595,454,208	\$471,201,762
Healthcare Afford & Sust Medicaid Buy-in Cash	\$6,660,761	\$6,660,761	\$0	\$6,660,761	\$6,660,761	\$0	\$6,660,761	\$6,660,761	\$0
Tobacco Tax Cash Fund	\$1,503,600	\$1,491,000	(\$12,600)	\$1,503,600	\$1,503,600	\$0	\$1,503,600	\$1,503,600	\$0
Health Care Expansion Fund	\$46,929,200	\$46,929,200	\$0	\$46,929,200	\$46,929,200	\$0	\$46,929,200	\$46,110,400	(\$818,800)
Breast and Cervical Cancer Fund	\$836,182	\$536,106	(\$300,076)	\$836,182	\$631,366	(\$204,816)	\$836,182	\$736,987	(\$99,195)
Healthcare Afford. & Sust., Nursing Facility Provider Fee Cash Fund	\$62,525,000	\$61,501,951	(\$1,023,049)	\$62,525,000	\$65,500,000	\$2,975,000	\$62,525,000	\$69,625,000	\$7,100,000
Affordable Housing Support Fund	\$2,218,592	\$2,218,592	\$0	\$2,218,592	\$2,218,592	\$0	\$2,218,592	\$2,218,592	\$0
Tobacco Education Program Fund	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0
Department Recoveries Fund	\$55,110,150	\$81,106,480	\$25,996,330	\$55,110,150	\$81,106,480	\$25,996,330	\$55,110,150	\$81,106,480	\$25,996,330
Recoveries Audit Contractor Fund	\$20,900,588	\$20,900,588	\$0	\$20,900,588	\$20,900,588	\$0	\$20,900,588	\$20,900,588	\$0
Healthcare Afford. & Sust., Intermediate Care Facility Fee Cash Fund	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0
Adult Dental Fund	\$73,586,261	\$59,033,715	(\$14,552,546)	\$73,664,628	\$63,334,953	(\$10,329,675)	\$73,664,628	\$67,634,902	(\$6,029,726)
Transfer from Denver Health	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0
Total Cash Funds	\$1,481,967,035	\$1,672,104,340	\$190,137,305	\$1,484,271,680	\$1,927,708,999.00	\$443,437,319	\$1,485,109,873	\$1,991,343,255	\$506,233,382
<i>Reappropriated Funds</i>									
(6) Other Medical Services; (B) Old Age Pension State Medical Program	\$9,253,841	\$9,253,841	\$0	\$9,253,841	\$9,253,841.00	\$0	\$9,253,841	\$9,253,841	\$0
Public School Health Services	\$1,158,174	\$1,158,174	\$0	\$1,158,174	\$1,158,174.00	\$0	\$1,158,174	\$1,158,174	\$0
Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs	\$112,280,907	\$112,280,907	\$0	\$112,280,907	\$112,280,907.00	\$0	\$112,280,907	\$112,280,907	\$0
Department of Early Childhood	\$1,505,000	\$1,505,000	\$0	\$1,505,000	\$1,505,000.00	\$0	\$1,505,000	\$1,505,000	\$0
Total Reappropriated Funds	\$124,197,922	\$124,197,922	\$0	\$124,197,922	\$124,197,922	\$0	\$124,197,922	\$124,197,922	\$0

Note: Calculation of letternote changes for FY 2022-23 can be found on page ED-2. Request amounts shown above for FY 2022-23 and FY 2023-24 represent the total letternote amount that would appear in the Long Bill.

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2025-26 Base Expenditures																	
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$237,417,047	\$155,186,667	\$1,056,942,379	\$226,764,587	\$687,650,282	\$221,845,728	\$2,280,232,484	\$1,531,732	\$1,350,206,871	\$145,388,778	\$130,012,143	\$164,172,509	\$71,697,461	\$118,033,497	\$27,200,545	\$3,929,099	\$6,878,211,804
Community Based Long-Term Care																	
Base CBLTC	\$879,634,084	\$161,347,531	\$686,117,722	\$70,874,662	\$1,348,424	\$1,434,583	\$3,513,832	\$0	\$2,792,663	\$946,112	\$1,714,513	\$130,627	\$0	\$261,253	\$3,962,573	\$0	\$1,814,078,579
Hospice	\$60,066,341	\$4,791,720	\$5,246,914	\$935,736	\$386,120	\$228,934	\$5,066,469	\$8,193	\$277,348	\$16,885	\$66,032	\$0	\$915	\$0	\$0	\$0	\$77,091,607
Private Duty Nursing & Long-Term Home Health	\$110,489,767	\$28,121,874	\$638,236,632	\$14,739,524	\$1,358,044	\$84,878	\$7,384,362	\$0	\$103,010,506	\$7,115,360	\$79,517,734	\$0	\$0	\$0	\$84,878	\$0	\$990,143,559
Subtotal CBLTC	\$1,050,190,192	\$194,261,125	\$1,329,601,268	\$86,549,922	\$3,092,588	\$1,748,395	\$15,964,663	\$8,193	\$106,080,517	\$8,078,357	\$81,298,279	\$130,627	\$915	\$261,253	\$4,047,451	\$0	\$2,881,313,745
Long-Term Care																	
Class I Nursing Facilities	\$672,712,726	\$74,837,360	\$154,463,861	\$119,607	\$6,926,484	\$0	\$5,207,974	\$0	\$0	\$0	\$77,633	\$10,305	\$0	\$0	\$0	\$0	\$914,355,950
Class II Nursing Facilities	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
PACE	\$319,310,661	\$34,198,583	\$8,951,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$362,460,541
Subtotal Long-Term Care	\$992,761,622	\$109,581,902	\$169,902,568	\$119,607	\$6,926,484	\$0	\$5,207,974	\$0	\$0	\$0	\$77,633	\$10,305	\$0	\$0	\$0	\$0	\$1,284,588,095
Insurance																	
Supplemental Medicare Insurance Benefit	\$114,472,716	\$14,952,511	\$71,370,073	\$0	\$8,151,465	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,905,149	\$0	\$315,851,914
Heath Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$114,491,409	\$14,975,879	\$73,660,073	\$0	\$8,179,506	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$106,905,149	\$0	\$318,478,403
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,726
ACC and PIHP Administration	\$7,308,494	\$1,834,439	\$10,105,952	\$4,686,195	\$22,459,827	\$7,117,422	\$52,873,964	\$18,040	\$66,863,272	\$8,983,408	\$3,405,789	\$4,337,318	\$1,839,719	\$0	\$0	\$0	\$191,833,839
ACC Incentive Payment	\$2,232,024	\$573,004	\$3,011,285	\$1,360,944	\$6,906,598	\$2,133,397	\$15,793,415	\$6,153	\$19,784,681	\$2,486,595	\$1,002,002	\$1,180,876	\$390,419	\$1,231	\$0	\$0	\$56,862,625
Subtotal Service Management	\$9,547,014	\$2,433,370	\$13,443,481	\$6,093,587	\$29,558,691	\$9,307,210	\$69,180,724	\$24,193	\$86,647,953	\$11,470,003	\$4,463,280	\$5,574,844	\$2,236,607	\$1,231	\$0	\$0	\$249,982,190
Medical Services Total	\$2,404,407,284	\$476,438,943	\$2,643,549,769	\$319,527,703	\$735,407,551	\$232,948,067	\$2,370,627,906	\$1,564,118	\$1,543,098,912	\$164,937,138	\$215,851,335	\$169,902,305	\$73,934,983	\$118,295,981	\$138,153,145	\$3,929,099	\$11,612,574,237
Caseload	\$0,364	\$12,076	\$60,042	\$28,587	\$138,134	\$44,029	\$38,547	\$98	\$384,789	\$1,719	\$18,521	\$24,611	\$4,821	\$40,436	\$31,957	\$24,188	\$1,260,431
Medical Services Per Capita	\$47,740.59	\$39,453.37	\$44,028.34	\$11,177.38	\$5,323.87	\$5,290.79	\$7,002.36	\$15,960.39	\$4,010.25	\$3,189.10	\$11,654.41	\$6,903.51	\$15,336.03	\$2,925.51	\$4,323.09	\$162.44	\$9,213.18
Financing	\$390,055,585	\$79,985,285	\$403,722,940	\$20,532,149	\$265,902,564	\$108,738,943	\$768,097,225	\$683,526	\$388,024,943	\$33,999,877	\$30,666,538	\$110,725,854	\$11,908,465	\$45,440,701	\$0	\$0	\$2,658,484,595
Grand Total Medical Services Premiums	\$2,794,462,869	\$556,424,228	\$3,047,272,709	\$340,059,852	\$1,001,310,115	\$341,687,010	\$3,138,725,131	\$2,247,644	\$1,931,123,855	\$198,937,015	\$246,517,873	\$280,628,159	\$85,843,448	\$163,736,682	\$138,153,145	\$3,929,099	\$14,271,058,832
Total Per Capita	\$55,485.32	\$46,076.87	\$50,752.35	\$11,895.61	\$7,248.83	\$7,760.50	\$9,271.17	\$22,935.14	\$5,018.66	\$3,846.50	\$13,310.18	\$11,402.55	\$17,806.15	\$4,049.28	\$4,323.09	\$162.44	\$11,322.36

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2026-27 Base Expenditures																	
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$253,094,850	\$163,700,002	\$1,182,945,963	\$253,950,687	\$728,124,555	\$238,235,295	\$2,429,601,767	\$1,803,904	\$1,414,664,406	\$160,950,025	\$139,716,244	\$161,363,470	\$80,252,455	\$129,828,012	\$29,922,183	\$3,929,099	\$7,372,082,918
Community Based Long-Term Care																	
Base CBLTC	\$986,457,784	\$172,104,460	\$734,452,980	\$75,907,533	\$1,441,457	\$1,613,738	\$3,756,447	\$0	\$2,986,645	\$1,010,792	\$1,833,035	\$138,628	\$0	\$277,256	\$4,210,219	\$0	\$1,986,190,974
Hospice	\$62,616,149	\$5,111,076	\$5,923,840	\$1,029,161	\$416,797	\$249,823	\$5,502,631	\$9,692	\$298,102	\$19,305	\$69,727	\$0	\$973	\$0	\$0	\$0	\$81,247,276
Private Duty Nursing & Long-Term Home Health	\$114,791,848	\$29,204,421	\$663,368,267	\$15,313,262	\$1,409,617	\$88,101	\$7,664,793	\$0	\$106,965,018	\$7,388,998	\$82,950,999	\$0	\$0	\$0	\$88,101	\$0	\$1,029,233,425
Subtotal CBLTC	\$1,163,865,781	\$206,419,957	\$1,403,745,087	\$92,249,956	\$3,267,871	\$1,951,662	\$16,923,871	\$9,692	\$110,249,765	\$8,419,095	\$84,853,761	\$138,628	\$973	\$277,256	\$4,298,320	\$0	\$3,096,671,675
Long-Term Care																	
Class I Nursing Facilities	\$709,021,582	\$78,117,430	\$161,233,905	\$124,849	\$405,746	\$0	\$5,436,236	\$0	\$0	\$0	\$81,035	\$10,757	\$0	\$0	\$0	\$0	\$954,431,540
Class II Nursing Facilities	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
PACE	\$327,246,465	\$35,048,518	\$9,173,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$371,468,746
Subtotal Long-Term Care	\$1,037,017,060	\$113,719,878	\$176,989,794	\$124,849	\$405,746	\$0	\$5,436,236	\$0	\$0	\$0	\$81,035	\$10,757	\$0	\$0	\$0	\$0	\$1,333,785,355
Insurance																	
Supplemental Medicare Insurance Benefit	\$127,126,987	\$16,605,422	\$79,259,606	\$0	\$9,052,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,722,870	\$0	\$350,767,445
Heath Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$127,145,680	\$16,628,790	\$81,549,606	\$0	\$9,080,602	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$118,722,870	\$0	\$353,393,934
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,726
ACC and PIHP Administration	\$7,416,898	\$1,857,016	\$10,826,186	\$4,890,428	\$23,004,196	\$7,369,600	\$54,488,545	\$20,260	\$63,858,416	\$9,126,390	\$3,211,239	\$4,505,575	\$2,009,647	\$0	\$0	\$0	\$192,584,396
ACC Incentive Payment	\$2,130,562	\$533,876	\$3,051,766	\$1,396,820	\$6,588,359	\$2,103,249	\$15,574,523	\$5,637	\$19,044,767	\$2,667,337	\$959,675	\$1,164,474	\$574,875	\$0	\$0	\$0	\$55,795,921
Subtotal Service Management	\$9,553,956	\$2,416,819	\$14,204,196	\$6,333,696	\$29,784,821	\$9,529,240	\$70,576,413	\$25,897	\$82,903,183	\$11,793,727	\$4,226,403	\$5,726,699	\$2,590,991	\$0	\$0	\$0	\$249,666,043
Medical Services Total	\$2,590,677,327	\$502,885,446	\$2,859,434,646	\$352,659,188	\$770,663,595	\$249,762,931	\$2,522,580,348	\$1,839,493	\$1,607,980,925	\$181,162,847	\$228,877,443	\$167,253,574	\$82,844,419	\$130,105,268	\$152,943,373	\$3,929,099	\$12,405,599,925
Caseload	51,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	56,106	18,557	25,667	4,865	43,072	33,515	24,188	1,300,838
Medical Services Per Capita	\$50,488.72	\$41,145.92	\$44,455.69	\$11,821.11	\$5,447.08	\$5,478.58	\$7,230.41	\$16,722.66	\$4,097.51	\$3,228.94	\$12,333.75	\$6,516.29	\$17,028.66	\$3,020.65	\$4,563.43	\$162.44	\$9,536.62
Financing	\$483,021,731	\$99,174,312	\$500,484,319	\$25,370,173	\$329,482,764	\$134,758,451	\$952,205,188	\$988,448	\$481,044,836	\$42,173,794	\$37,890,518	\$137,064,830	\$14,826,724	\$56,341,553	\$0	\$0	\$3,294,827,641
Grand Total	\$3,073,699,058	\$602,059,758	\$3,359,918,965	\$378,029,361	\$1,100,146,359	\$384,521,382	\$3,474,785,536	\$2,827,941	\$2,089,025,761	\$223,336,641	\$266,767,961	\$304,318,404	\$97,671,143	\$186,446,821	\$152,943,373	\$3,929,099	\$15,700,427,566
Medical Services Premiums																	
Total Per Capita	\$59,902.15	\$49,260.33	\$52,236.73	\$12,671.52	\$7,775.88	\$8,434.52	\$9,959.69	\$25,708.56	\$5,323.32	\$3,980.62	\$14,375.60	\$11,856.41	\$20,076.29	\$4,328.72	\$4,563.43	\$162.44	\$12,069.47

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2027-28 Base Expenditures																	
FY 2027-28	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$263,670,315	\$174,540,311	\$1,330,717,720	\$264,536,821	\$774,451,611	\$257,449,444	\$2,595,273,471	\$2,105,678	\$1,463,045,022	\$178,023,080	\$158,069,486	\$172,604,376	\$84,245,373	\$134,312,721	\$32,296,272	\$3,929,100	\$7,889,270,799
Community Based Long-Term Care																	
Base CBLTC	\$1,156,003,151	\$202,092,448	\$828,857,807	\$89,295,077	\$1,692,186	\$1,819,634	\$4,420,741	\$0	\$3,158,991	\$1,059,039	\$1,955,451	\$161,813	\$0	\$323,626	\$4,925,603	\$0	\$2,295,765,567
Hospice	\$65,036,111	\$5,433,132	\$6,665,482	\$1,115,522	\$448,190	\$271,410	\$5,951,589	\$11,292	\$318,325	\$21,811	\$73,388	\$0	\$991	\$0	\$0	\$0	\$85,347,243
Private Duty Nursing & Long-Term Home Health	\$118,071,243	\$30,012,086	\$682,922,433	\$15,750,379	\$1,447,089	\$90,443	\$7,868,548	\$0	\$109,899,893	\$7,592,772	\$86,044,210	\$0	\$0	\$0	\$90,442	\$0	\$1,059,789,538
Subtotal CBLTC	\$1,339,110,505	\$237,537,666	\$1,518,445,722	\$106,160,978	\$3,587,465	\$2,181,487	\$18,240,878	\$11,292	\$113,377,209	\$8,673,622	\$88,073,049	\$161,813	\$991	\$323,626	\$5,016,045	\$0	\$3,440,902,348
Long-Term Care																	
Class I Nursing Facilities	\$746,041,584	\$82,196,159	\$169,652,379	\$131,368	\$426,931	\$0	\$5,720,077	\$0	\$0	\$0	\$85,266	\$11,319	\$0	\$0	\$0	\$0	\$1,004,265,083
Class II Nursing Facilities	\$759,949	\$562,017	\$6,678,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000,191
PACE	\$341,944,966	\$36,622,746	\$9,585,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$388,153,521
Subtotal Long-Term Care	\$1,088,746,499	\$119,380,922	\$185,916,413	\$131,368	\$426,931	\$0	\$5,720,077	\$0	\$0	\$0	\$85,266	\$11,319	\$0	\$0	\$0	\$0	\$1,400,418,795
Insurance																	
Supplemental Medicare Insurance Benefit	\$137,818,155	\$18,001,910	\$85,925,207	\$0	\$9,813,866	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$128,707,268	\$0	\$380,266,408
Heath Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$137,836,848	\$18,025,278	\$88,215,207	\$0	\$9,841,907	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$128,707,268	\$0	\$382,892,897
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,727
ACC and PHP Administration	\$7,525,302	\$1,879,593	\$11,596,348	\$5,046,034	\$23,548,564	\$7,621,779	\$56,103,125	\$22,480	\$64,914,833	\$9,815,651	\$3,217,469	\$4,673,833	\$2,016,775	\$0	\$0	\$0	\$197,981,786
ACC Incentive Payment	\$2,170,849	\$542,267	\$3,337,983	\$1,454,649	\$6,790,664	\$2,196,967	\$16,174,554	\$6,462	\$18,724,736	\$2,824,964	\$928,636	\$1,227,004	\$577,524	\$0	\$0	\$0	\$56,957,257
Subtotal Service Management	\$9,702,648	\$2,447,787	\$15,260,575	\$6,547,131	\$30,531,494	\$9,875,137	\$72,791,025	\$28,942	\$83,639,569	\$12,640,615	\$4,201,594	\$5,957,487	\$2,600,768	\$0	\$0	\$0	\$256,224,770
Medical Services Total	\$2,839,066,815	\$551,931,964	\$3,138,555,637	\$377,376,298	\$818,839,408	\$269,552,802	\$2,692,067,512	\$2,145,912	\$1,660,225,371	\$199,337,317	\$250,429,395	\$178,749,015	\$86,847,132	\$134,636,347	\$166,019,585	\$3,929,100	\$13,369,709,609
Caseload	\$2,260	\$12,368	\$68,897	\$30,783	\$144,830	\$47,149	\$359,223	\$122	\$398,921	\$60,343	\$18,593	\$26,723	\$4,909	\$43,072	\$35,073	\$24,188	\$1,336,139
Medical Services Per Capita	\$54,325.81	\$44,625.81	\$45,554.31	\$12,259.24	\$5,653.80	\$5,717.04	\$7,494.14	\$17,589.44	\$4,161.79	\$3,303.40	\$13,469.01	\$6,688.96	\$17,691.41	\$3,125.84	\$4,733.54	\$162.44	\$10,006.23
Financing	\$493,500,378	\$101,325,794	\$511,341,796	\$25,920,552	\$336,630,544	\$137,681,892	\$972,862,272	\$1,009,892	\$491,480,594	\$43,088,710	\$38,712,513	\$140,038,306	\$15,148,374	\$57,563,823	\$0	\$0	\$3,366,305,440
Grand Total Medical Services Premiums	\$3,332,567,193	\$653,257,758	\$3,649,897,433	\$403,296,850	\$1,155,469,952	\$407,234,694	\$3,664,929,784	\$3,155,804	\$2,151,705,965	\$242,426,027	\$289,141,908	\$318,787,321	\$101,995,506	\$192,200,170	\$166,019,585	\$3,929,100	\$16,736,015,049
Total Per Capita	\$63,768.99	\$52,818.38	\$52,976.14	\$13,101.28	\$7,978.11	\$8,637.19	\$10,202.38	\$25,867.25	\$5,393.81	\$4,017.47	\$15,551.12	\$11,929.32	\$20,777.25	\$4,462.30	\$4,733.54	\$162.44	\$12,525.65

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Cash Based Actuals																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$106,075,443	\$78,577,110	\$474,531,470	\$33,281,608	\$401,912,496	\$216,356,793	\$1,122,454,953	\$3,829,098	\$741,180,436	\$84,324,401	\$55,056,770	\$33,399,088	\$15,255,372	\$40,584,431	\$12,455,005	\$0	\$3,517,254,474
FY 2017-18	\$126,193,389	\$98,060,577	\$591,181,109	\$51,031,201	\$57,459,758	\$203,548,722	\$1,292,890,664	\$2,946,908	\$821,500,491	\$108,865,831	\$67,577,283	\$20,921,305	\$20,485,004	\$51,361,546	\$13,079,499	\$0	\$4,099,317,699
FY 2018-19	\$128,083,508	\$103,145,930	\$602,496,576	\$58,472,526	\$480,353,432	\$158,121,334	\$1,203,469,458	\$2,202,429	\$792,870,689	\$87,237,080	\$67,677,694	\$136,554,559	\$19,967,867	\$42,669,295	\$17,747,353	\$0	\$3,907,069,730
FY 2019-20	\$139,538,084	\$106,534,717	\$622,443,894	\$70,779,044	\$478,544,353	\$166,498,974	\$1,322,819,882	\$2,628,918	\$786,237,313	\$86,234,855	\$63,236,283	\$135,840,838	\$19,805,137	\$42,350,221	\$18,245,315	\$0	\$4,061,737,928
FY 2020-21	\$144,358,455	\$119,127,719	\$652,242,994	\$72,307,289	\$490,494,351	\$177,108,020	\$1,518,374,049	\$2,738,017	\$799,081,832	\$102,055,354	\$81,941,181	\$130,911,863	\$23,492,450	\$40,157,931	\$18,192,826	\$0	\$4,442,816,830
FY 2021-22	\$149,877,574	\$128,240,020	\$685,424,174	\$70,092,492	\$554,575,354	\$290,216,173	\$1,758,533,291	\$1,253,751	\$1,007,690,023	\$132,006,466	\$86,868,598	\$123,703,283	\$26,509,640	\$77,800,501	\$23,795,555	\$0	\$5,116,586,715
FY 2022-23	\$179,024,657	\$149,676,363	\$779,766,979	\$89,046,949	\$610,958,193	\$309,988,034	\$1,996,403,897	\$1,590,590	\$1,120,077,482	\$135,456,171	\$99,846,961	\$134,228,986	\$25,189,115	\$90,200,720	\$18,564,528	\$334,951	\$5,740,324,126
FY 2023-24	\$211,017,522	\$160,443,495	\$841,468,644	\$121,581,589	\$627,948,587	\$242,554,815	\$1,964,114,990	\$1,454,710	\$1,148,711,232	\$131,523,133	\$116,044,116	\$134,178,396	\$26,540,384	\$100,080,960	\$20,165,646	\$714,621	\$5,855,491,663
FY 2024-25	\$230,862,134	\$158,469,663	\$930,318,547	\$190,417,614	\$645,765,210	\$303,261,169	\$2,080,401,811	\$1,658,136	\$1,252,750,948	\$173,584,078	\$149,636,809	\$47,381,099	\$106,477,970	\$23,618,999	\$16,207,000	\$0	\$6,207,000,330
Estimated FY 2025-26	\$237,417,047	\$155,186,667	\$1,056,942,379	\$226,764,587	\$687,506,282	\$221,845,728	\$2,280,232,484	\$1,531,732	\$1,350,206,871	\$145,388,778	\$130,012,143	\$164,172,509	\$71,697,461	\$118,033,497	\$27,200,545	\$3,929,099	\$6,878,211,804
Estimated FY 2026-27	\$253,094,850	\$163,700,002	\$1,182,945,963	\$253,950,687	\$728,124,555	\$238,325,295	\$2,429,601,767	\$1,803,904	\$1,414,664,406	\$160,950,025	\$139,716,244	\$161,363,470	\$80,252,455	\$129,828,012	\$29,922,183	\$3,929,099	\$7,372,082,199
Estimated FY 2027-28	\$263,670,315	\$174,540,311	\$1,330,717,720	\$284,536,821	\$774,451,611	\$257,440,444	\$2,595,272,471	\$2,105,678	\$1,463,045,022	\$178,023,080	\$158,069,486	\$172,604,376	\$84,245,373	\$134,312,721	\$32,296,271	\$3,929,099	\$7,889,270,799
Percent Change in Cash Based Actuals																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	18.97%	24.80%	24.58%	53.33%	31.24%	-23.04%	15.18%	-23.04%	10.84%	19.65%	22.74%	-7.97%	34.28%	27.05%	5.18%		16.26%
FY 2018-19	1.50%	5.19%	1.91%	14.58%	-8.93%	-22.32%	-6.92%	-13.54%	-3.49%	-13.54%	0.15%	-12.93%	-2.52%	-17.25%	35.69%		-4.60%
FY 2019-20	8.94%	3.29%	3.31%	21.05%	-0.38%	5.30%	9.92%	19.36%	-0.84%	-1.15%	-6.56%	-0.52%	-0.81%	-0.75%	2.81%		4.12%
FY 2020-21	3.45%	12.01%	4.76%	2.16%	3.50%	42.41%	14.78%	4.91%	18.35%	29.58%	-10.99%	18.42%	-10.99%	-0.29%	9.38%		9.38%
FY 2021-22	3.82%	7.47%	5.09%	-3.06%	13.06%	22.40%	15.82%	-54.54%	26.10%	29.35%	6.01%	2.31%	12.84%	29.33%	30.80%		15.17%
FY 2022-23	19.45%	16.72%	13.76%	27.04%	6.81%	13.53%	26.87%	11.15%	2.61%	14.94%	8.51%	-4.98%	15.94%	-21.98%	12.99%		12.99%
FY 2023-24	17.87%	7.19%	7.91%	36.54%	2.78%	-21.75%	-1.62%	6.54%	2.56%	16.22%	-0.04%	5.40%	-18.71%	8.63%	2.01%		2.01%
FY 2024-25	9.41%	-1.23%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	16.20%	36.57%	
Estimated FY 2025-26	2.84%	-2.07%	13.61%	19.09%	3.29%	9.14%	9.61%	-7.62%	7.78%	17.64%	7.53%	9.72%	51.32%	10.64%	13.67%	302.59%	9.40%
Estimated FY 2026-27	6.60%	5.49%	11.92%	11.99%	5.89%	7.39%	6.55%	17.73%	4.77%	10.70%	7.46%	1.71%	11.93%	9.99%	10.01%	0.00%	7.18%
Estimated FY 2027-28	4.18%	6.62%	12.49%	4.73%	6.36%	8.07%	6.82%	16.73%	3.42%	10.61%	13.14%	6.97%	4.98%	3.45%	7.93%	0.00%	7.02%
Per Capita Cost																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$2,414.04	\$6,990.22	\$7,017.72	\$5,324.21	\$2,489.82	\$2,140.90	\$3,226.85	\$16,294.03	\$1,579.34	\$1,299.16	\$2,710.82	\$9,685.20	\$7,751.71	\$15,372.89	\$367.80		\$2,612.89
FY 2017-18	\$2,748.90	\$8,312.33	\$8,754.22	\$6,242.35	\$2,932.70	\$2,728.17	\$3,666.66	\$19,012.31	\$1,872.27	\$1,568.02	\$3,147.08	\$11,942.84	\$9,190.22	\$18,356.55	\$375.55		\$3,109.24
FY 2018-19	\$2,686.00	\$8,108.37	\$8,777.74	\$6,506.47	\$2,731.97	\$2,487.63	\$3,641.09	\$15,224.16	\$1,886.65	\$1,469.24	\$3,102.30	\$11,196.90	\$8,709.13	\$16,077.86	\$511.65		\$3,092.74
FY 2019-20	\$2,934.49	\$9,176.74	\$9,355.84	\$6,630.36	\$2,909.67	\$2,788.35	\$4,096.04	\$19,189.18	\$1,929.19	\$1,542.00	\$2,966.05	\$11,754.17	\$8,965.66	\$17,521.81	\$945.60		\$3,331.36
FY 2020-21	\$2,992.02	\$8,812.33	\$9,854.54	\$9,039.89	\$2,832.79	\$2,681.34	\$3,769.11	\$19,841.85	\$1,772.00	\$1,527.02	\$3,950.50	\$8,884.70	\$6,509.41	\$8,574.39	\$515.35		\$3,162.25
FY 2021-22	\$3,041.53	\$9,303.54	\$10,391.83	\$4,544.38	\$2,926.15	\$2,834.17	\$3,678.15	\$9,570.62	\$2,079.74	\$1,818.45	\$4,271.88	\$8,678.50	\$6,081.55	\$5,229.93	\$660.71		\$3,276.59
FY 2022-23	\$3,546.66	\$10,808.52	\$12,008.79	\$4,826.13	\$3,077.63	\$2,961.21	\$3,764.44	\$11,959.32	\$2,217.82	\$1,760.02	\$4,974.94	\$5,403.31	\$3,995.10	\$3,401.73	\$548.26		\$3,338.15
FY 2023-24	\$4,425.61	\$12,641.31	\$14,051.89	\$5,985.70	\$3,895.20	\$3,666.13	\$4,839.83	\$12,224.45	\$2,784.77	\$2,748.27	\$6,081.02	\$5,580.30	\$4,688.22	\$3,355.29	\$695.96	\$19.59	\$4,712.01
FY 2024-25	\$4,635.33	\$12,954.28	\$16,044.40	\$7,193.99	\$4,813.82	\$4,754.20	\$6,364.34	\$14,418.57	\$3,410.60	\$2,711.78	\$6,544.35	\$6,324.91	\$9,735.28	\$2,917.09	\$991.37	\$39.46	\$5,213.21
Estimated FY 2025-26	\$4,714.02	\$12,850.83	\$17,603.38	\$7,912.44	\$4,978.14	\$5,038.63	\$6,735.35	\$15,429.92	\$3,508.95	\$2,811.13	\$7,019.72	\$6,670.70	\$14,871.91	\$2,919.02	\$851.16	\$162.44	\$5,489.75
Estimated FY 2026-27	\$4,932.47	\$13,393.88	\$18,391.29	\$8,512.41	\$5,146.41	\$5,225.72	\$6,963.90	\$16,399.13	\$3,604.89	\$2,868.68	\$7,529.03	\$6,286.81	\$16,495.88	\$3,014.21	\$892.80	\$162.44	\$5,705.27
Estimated FY 2027-28	\$5,045.36	\$14,112.25	\$19,314.60	\$8,593.60	\$5,347.31	\$5,460.34	\$7,229.69	\$17,259.66	\$3,667.51	\$2,950.19	\$8,901.56	\$6,499.02	\$17,161.41	\$3,118.31	\$920.83	\$162.44	\$5,943.16
Percent Change in Per Capita Cost																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	13.87%	18.91%	24.74%	17.24%	17.79%	27.43%	13.63%	16.88%	18.55%	20.69%	16.09%	23.31%	18.56%	19.41%	2.11%		19.00%
FY 2018-19	-2.29%	-2.45%	0.27%	4.23%	-6.84%	-8.82%	-0.70%	-19.92%	0.77%	-6.30%	-1.42%	-6.25%	-5.23%	-12.41%	36.24%		-0.53%
FY 2019-20	9.25%	0.84%	6.59%	1.90%	6.50%	12.49%	12.49%	26.04%	2.25%	4.95%	-4.59%	5.07%	2.95%	8.98%	6.64%		7.75%
FY 2020-21	1.96%	7.77%	5.33%	-23.99%	-2.64%	-4.18%	-3.40%	-9.97%	-8.15%	-0.97%	33.19%	-24.46%	-27.40%	-51.06%	-5.54%		-5.08%
FY 2021-22	1.65%	5.57%	5.45%	-9.83%	3.30%	5.70%	-51.77%	17.37%	19.08%	-2.41%	18.14%	-2.32%	-6.57%	-39.01%	28.21%		3.62%
FY 2022-23	16.61%	16.18%	15.56%	6.20%	5.18%	4.48%	2.35%	24.96%	6.64%	-3.21%	16.46%	-37.74%	-34.31%	-34.96%	-17.02%		1.88%
FY 2023-24	24.78%	16.96%	18.76%	24.03%	26.56%	23.81%	28.57%	2.22%	25.56%	27.74%	22.23%	3.28%	17.35%	-1.37%	26.78%		26.78%
FY 2024-25	4.74%	2.48%	12.50%	20.19%	23.58%	29.68%	31.50%	17.95%	22.47%	20.62%	7.62%	13.34%	107.65%	-13.06%	13.86%	101.43%	23.72%
Estimated FY 2025-26	1.70%	-0.80%	9.72%	10.26%	5.98%	3.71%	8.40%	3.66%	7.26%	3.88%	7.26%	5.47%	52.76%	0.07%	7.56%	311.66%	5.30%
Estimated FY 2026-27	4.63%	4.23%	4.48%	7.31%	3.38%	3.71%	4.92%	7.73%	4.92%								

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Current Year Projection																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Percentage Selected to Modify Per Capita ⁽¹⁾	5.82%	1.98%	10.70%	10.28%	3.09%	3.39%	5.55%	3.40%	2.49%	2.49%	7.74%	2.39%	2.39%	3.44%	4.72%	0.00%	
Estimated FY 2025-26 Base Per Capita	\$4,905.11	\$13,211.13	\$17,761.15	\$7,933.53	\$4,960.64	\$4,915.37	\$6,717.56	\$14,908.98	\$3,495.58	\$2,739.35	\$7,051.10	\$6,476.08	\$9,967.95	\$3,031.36	\$828.70	\$162.44	\$5,472.32
Estimated FY 2025-26 Eligible	\$0.34	\$12.07%	\$60.042	\$8.587	\$138.14	\$44.029	\$38.541	\$8	\$384.791	\$17.51	\$18.521	\$16.816	\$4.436	\$11.957	\$24.181	\$12.918	\$2,314.918
Estimated FY 2025-26 Base Expenditure	\$247,040,960	\$159,537,606	\$1,066,414,968	\$226,795,822	\$685,233,046	\$216,418,826	\$2,274,209,785	\$1,461,080	\$1,345,060,733	\$143,745,203	\$130,593,423	\$159,382,805	\$48,095,487	\$122,009,969	\$26,482,766	\$3,929,099	\$6,856,371,578
Bottom Line Impacts																	
Annualization of SB 10-167: "Colorado False Claims Act - HBI"	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$264,631)	\$0	\$0	\$0	(\$264,631)
FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,498	\$16,816	\$0	\$0	\$0	\$125,314
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$1,992	\$1,155	\$13,682	\$895	\$1,879	\$27	\$57	\$0	\$6,480	\$766	\$1,499	\$455	\$109	\$0	\$0	\$0	\$28,916
JBC Action: Adult Dental Cap	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$425,813	\$98,387	\$0	\$0	\$0	\$524,400
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 23-002 Medicaid Reimbursement for Community Health Services	\$52,258	\$347,530	\$2,146,726	\$239,512	\$1,440,301	\$799,466	\$4,857,959	\$4,165	\$1,078,478	\$220,479	\$179,995	\$41,898	\$17,920	\$2	\$0	\$0	\$11,426,689
FY 2022-23 R-07 Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 R-6 Dental Services	\$224,595	\$63,456	\$305,228	\$101,587	\$869,057	\$441,181	\$2,385,825	\$604	\$2,261,523	\$353,866	\$98,187	\$2,091	\$27,802	\$0	\$0	\$0	\$7,135,002
FY 2024-25 R-6 Physician Services	\$1,791	\$7,969	\$72,295	\$7,409	\$59,662	\$26,048	\$164,545	\$4	\$187,529	\$20,658	\$15,812	\$13,515	\$495	\$0	\$0	\$0	\$577,732
FY 23-24 R-7 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 23-24 R-7 Rural Hospital Technology Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-113b Prosthetic Devices For Recreational Activity	\$0	\$217,980	\$1,143,144	\$165,182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,526,305
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,912,795	\$0	\$211,205	\$0	\$0	\$0	\$0	\$0	\$2,124,000
HB24-1045 Treatment for SUD	\$13,657	\$67,484	\$340,385	\$49,375	\$630,343	\$216,405	\$1,421,876	\$2,074	\$847,498	\$113,564	\$160,359	\$102,688	\$23,615	\$0	\$0	\$0	\$3,989,322
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-7 FY 23-24 MPRBAC Recommendations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$3,231	\$14,223	\$139,493	\$16,085	\$108,061	\$41,012	\$285,135	\$7	\$341,130	\$34,835	\$29,729	\$26,374	\$994	\$0	\$0	\$0	\$1,038,311
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$1,816	\$7,994	\$78,398	\$9,040	\$59,609	\$23,050	\$160,252	\$4	\$191,723	\$10,578	\$16,709	\$14,823	\$599	\$0	\$0	\$0	\$583,554
Specialty Drugs BLI	\$967,244	\$2,522,377	\$16,225,139	\$3,187,293	\$12,443,548	\$5,549,761	\$39,137,019	\$75,656	\$7,397,934	\$1,600,099	\$1,052,573	\$1,201,952	\$255,242	\$45,015	\$0	\$0	\$91,660,852
Supportive PCMP Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extra Payment Period	(\$4,463,182)	(\$3,313,855)	(\$17,522,136)	(\$3,253,699)	(\$11,304,469)	(\$3,295,124)	(\$33,265,290)	(\$29,316)	(\$21,508,519)	(\$2,270,565)	(\$2,479,308)	(\$2,661,107)	(\$478,313)	(\$2,185,563)	(\$433,547)	\$0	(\$108,463,993)
Rebate Over Invoicing	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1)
FY 2021-22 JBC Action: Restore Fundings for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,837,930	\$762,070	\$0	\$0	\$0	\$0	\$0	\$0	\$9,600,000
PACE Enroll Savings	\$146,087	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$146,087
Acute Home Health 60 day limit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 22-1303 Increased Residential Beds	\$0	\$0	(\$2,582,515)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,582,515)
FY 2024-25 R-6 Across the Board Rate Increase	\$231,438	\$198,190	\$1,022,599	\$126,399	\$756,126	\$290,053	\$2,348,325	\$1,955	\$1,317,590	\$164,464	\$139,677	\$186,425	\$31,829	\$124,645	\$20,525	\$0	\$6,960,202
Adopting Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$71,993)	(\$11,158)	\$0	\$0	\$0	(\$83,151)
HB 23-1300: Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,505,209	\$1,628,161	\$0	\$0	\$0	\$12,133,370
FY26 R-6: Accountable Care Collaborative Phase III - BMTF Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,080,759	(\$40,741)	\$0	\$0	\$0	(\$1,121,500)
FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	(\$581,987)	(\$1,622,620)	(\$5,886,119)	(\$403,035)	(\$3,259,220)	(\$1,089,194)	(\$16,405,116)	(\$3,785)	(\$420,255)	(\$20,471)	(\$30,511)	(\$1,728,933)	(\$1,211)	(\$3,027,876)	\$0	\$0	(\$34,480,352)
Hospital Backup Eligibility - Acute Savings	(\$46,572)	(\$129,845)	(\$471,077)	(\$32,252)	(\$260,808)	(\$87,159)	(\$1,312,766)	(\$303)	(\$654,187)	(\$31,866)	(\$47,494)	\$0	\$0	(\$242,296)	\$0	\$0	(\$3,316,565)
SB25-084: Medicaid Access to Parenteral Nutrition	\$1,866	\$6,696	\$38,750	\$1,756	\$15,807	\$4,171	\$30,627	\$0	\$5,379	\$1,756	\$1,976	\$768	\$0	\$0	\$0	\$0	\$109,554
SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,882,618)	(\$108,666)	\$0	\$0	\$0	(\$2,991,284)
FY 2025-26 JBC action NEMT Rate Reduction	(\$6,297,534)	(\$3,207,307)	(\$9,619,841)	(\$1,448,787)	(\$3,407,187)	(\$589,683)	(\$17,735,102)	(\$118)	(\$1,838,500)	(\$170,618)	(\$340,268)	(\$583,665)	(\$34,547)	\$0	\$0	\$0	(\$45,493,157)
FY 2025-26 JBC action Prepayment Claims Review	(\$2,713,192)	(\$1,381,817)	(\$4,144,555)	(\$710,354)	(\$1,467,932)	(\$254,056)	(\$7,640,885)	(\$51)	(\$792,088)	(\$73,508)	(\$155,216)	(\$251,463)	(\$14,884)	\$0	\$0	\$0	(\$19,600,000)
FY 2025-26 R-09 1.6% ATB	\$3,604,963	\$2,740,970	\$14,374,383	\$2,077,065	\$10,727,693	\$4,143,737	\$33,554,375	\$24,852	\$19,624,252	\$2,246,903	\$1,982,464	\$2,292,265	\$453,562	\$1,829,334	\$344,508	\$0	\$100,021,326
FY 2025-26 r-15 Pharmacy MAT	(\$9,694)	(\$58,632)	(\$379,192)	(\$69,646)	(\$376,272)	(\$115,994)	(\$890,228)	(\$901)	(\$169,529)	(\$35,959)	(\$28,894)	(\$28,508)	(\$4,765)	\$0	\$0	\$0	(\$2,866,341)
FY 2025-26 R-12 Integrated Care Benefit	(\$46,374)	(\$101,178)	(\$526,524)	(\$165,363)	(\$866,521)	(\$267,079)	(\$2,817,381)	(\$570)	(\$2,020,457)	(\$386,554)	(\$220,550)	(\$192,021)	(\$33,773)	\$0	(\$73,481)	\$0	(\$7,717,826)
HB24-1045	(\$13,657)	(\$67,484)	(\$340,385)	(\$49,375)	(\$630,343)	(\$216,405)	(\$1,421,876)	(\$2,074)	(\$847,498)	(\$113,564)	(\$160,359)	(\$102,688)	(\$23,615)	\$0	\$0	\$0	(\$3,989,322)
Vision Services	(\$4,327)	(\$3,041)	(\$17,482)	(\$4,268)	(\$12,944)	(\$4,110)	(\$41,774)	(\$42)	(\$4,590,243)	(\$493,911)	(\$442,352)	(\$3,207)	(\$686)	(\$1,983)	(\$4,24)	\$0	(\$54,248)
JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,590,243)	(\$493,911)	(\$442,352)	(\$3,207)	(\$686)	(\$1,983)	(\$4,24)	\$0	(\$54,248)
SB 25-229 Reimbursement for Community Health Workers	(\$210,743)	(\$144,637)	(\$848,244)	(\$173,597)	(\$606,692)	(\$185,207)	(\$1,896,848)	(\$1,509)	(\$1,141,664)	(\$112,578)	(\$110,160)	(\$136,417)	(\$25,920)	(\$97,336)	(\$21,774)	\$0	(\$5,713,346)
FY 2024-25 BA-10 System of Care	(\$910,245)	(\$624,718)	(\$3,663,832)	\$0	(\$2,620,432)	\$0	\$0	\$0	(\$4,931,088)	(\$486,249)	(\$475,807)	(\$589,212)	(\$111,956)	(\$420,415)	(\$94,047)	\$0	(\$14,928,000)
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-308 Tenancy Support	\$422,696	\$108,170	\$629,051	\$497,583	\$19,970	\$0	\$5,103,970	\$0	\$49,925	\$300,380	\$39,108	\$173,904	\$0	\$0	\$976,028	\$0	\$8,320,785
Total Bottom Line Impacts	(\$9,623,913)	(\$4,350,939)	(\$9,472,589)	(\$31,235)	\$2,417,236	\$5,426,902	\$6,022,699	\$70,652	\$5,146,138	\$1,643,575	(\$581,280)	\$4,789,704	\$23,641,974	(\$3,976,472)	\$717,779	\$0	\$21,840,226
Estimated FY 2025-26 Expenditure	\$237,417,047	\$155,186,667	\$1,056,942,379	\$226,764,587	\$687,650,282	\$221,845,728	\$2,280,232,484	\$1,531,732	\$1,350,206,871	\$145,388,778	\$130,012,143	\$164,172,509	\$71,697,461	\$118,033,497	\$27,200,545	\$3,929,099	\$6,878,211,804
Estimated FY 2025-26 Per Capita	\$4,714.02	\$12,850.83	\$17,603.38	\$7,932.44	\$4,978.14	\$5,038.63	\$6,735.35	\$15,629.92	\$3,508.95	\$2,811.33	\$7,019.72	\$6,670.70	\$14,871.91	\$2,919.02	\$851.16	\$162.44	\$5,489.75
% Change over FY 2024-25 Per Capita	1.70%	-0.80%	9.72%	-10.26%	3.41%	5.98%	3.83%	8.40%	2.88%	3.66%	7.26%	5.47%	5.07%	7.34%	5.30%		
% Change over FY 2024-25 Per Capita	\$141,420,913	\$102,607,714	\$592,480,920	\$68,766,203	\$452,483,128	\$157,810,666	\$1,240,234,236	\$2,779,087	\$773,803,038	\$93,232,089	\$60,178,699	\$128,398,558	\$20,472,099	\$55,616,865	\$18,699,183	\$18,699,184	\$3,908,984,296

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

ACUTE CARE	Request Year Projection																TOTAL
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	
	Percentage Selected to Modify Per Capita ⁽¹⁾																
	Estimated FY 2026-27 Base Per Capita																
	\$4,923.47	\$13,444.54	\$18,277.08	\$8,485.33	\$5,129.97	\$5,209.44	\$6,932.02	\$16,161.53	\$3,596.38	\$2,881.17	\$7,554.57	\$6,830.13	\$15,227.35	\$3,019.36	\$891.32	\$162.44	
	\$1,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	36,106	18,557	25,647	4,865	43,072	33,515	24,188	
	Estimated FY 2026-27 Base Expenditure	\$292,433,093	\$164,319,168	\$1,182,032,163	\$253,142,850	\$725,798,416	\$237,493,160	\$2,418,477,788	\$1,777,796	\$1,411,323,807	\$161,650,924	\$146,190,135	\$175,338,947	\$74,081,058	\$130,049,874	\$28,872,590	
Bottom Line Impacts																	
	Annualization of SB 10-167; "Colorado False Claims Act - HBH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	JBC Action: Adult Dental Cap	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$1,693,900	\$814,137	\$6,464,545	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB 23-002 Medicaid Reimbursement for Community Health Services	\$8,959	\$59,577	\$368,010	\$41,060	\$246,909	\$137,051	\$832,793	\$714	\$184,882	\$37,796	\$30,856	\$7,182	\$3,072	\$0	\$0	
	FY 2022-23 R-07 Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2024-25 R-6 Dental Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2024-25 R-6 Physician Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 23-24 R-7 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 23-24 R-7 Rural Hospital Technology Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB 23-1136 Prosthetic Devices For Recreational Activity	\$0	\$217,980	\$1,143,144	\$165,182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,669,443	\$0	\$0	\$184,357	\$0	\$0	\$0	\$0	
	HB24-1045 Treatment for SUD	\$13,456	\$67,324	\$340,374	\$49,373	\$630,321	\$216,398	\$1,421,830	\$2,074	\$113,561	\$847,471	\$110,324	\$102,484	\$23,614	\$0	\$0	
	Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	R-7-FY 23-24 MPRAAC Recommendations	(\$137,524)	(\$622,574)	(\$5,206,720)	(\$519,802)	(\$5,137,483)	(\$2,480,548)	(\$15,517,587)	(\$1,316)	(\$13,750,072)	(\$1,523,288)	(\$1,131,153)	(\$1,335,210)	(\$87,124)	(\$481,432)	\$0	
	SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$6,462	\$28,444	\$278,966	\$32,167	\$212,107	\$82,018	\$570,230	\$15	\$682,212	\$69,665	\$59,454	\$52,745	\$1,988	\$0	\$0	
	SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$526	\$2,317	\$22,720	\$2,620	\$17,275	\$6,680	\$46,442	\$55,562	\$55,562	\$5,674	\$4,842	\$4,296	\$1,62	\$0	\$0	
	SB24-168: Remote Monitoring Services for Medicaid Members - Specialty Drugs	\$296,541	\$773,319	\$4,974,359	\$977,172	\$3,814,985	\$1,701,465	\$11,998,761	\$23,195	\$2,268,084	\$490,564	\$322,702	\$368,499	\$78,251	\$13,801	\$0	
	Supporting RCM Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Extra Payment Period	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Rebate Over Invoicing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2021-22 JBC Action: Restore Funding for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	PACE Enroll Savings	\$781,998	(\$1,069,470)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Acute Home Health 60 day limit	(\$474,983)	(\$115,315)	(\$1,915,161)	(\$97,407)	(\$16,594)	(\$132)	(\$741)	(\$695,923)	(\$66,331)	(\$190,010)	(\$699)	(\$57)	\$0	\$0	\$0	
	HB 22-1303 Increased Residential beds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2024-25 R-6 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Advancing Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$71,993	\$0	\$0	\$0	
	HB 23-1300 Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$287,847	\$0	\$1,524,795	\$0	\$10,320,728	\$0	\$0	(\$10,505,209)	(\$1,628,116)	\$0	\$0	
	FY26 R-6: Accountable Care Collaborative Phase III - BMFT Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Hospital Backup Eligibility - Acute Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB25-084: Medicaid Access to Parenteral Nutrition	\$1,866	\$6,696	\$38,756	\$1,756	\$15,807	\$4,171	\$30,626	\$5,378	\$1,756	\$1,976	\$768	\$0	\$0	\$0	\$0	
	SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,882,617	(\$108,666)	\$0	\$0	\$0	
	FY 2025-26 JBC action NEMT Rate Reduction	(\$524,526)	(\$267,139)	(\$801,243)	(\$137,329)	(\$283,787)	(\$49,115)	(\$1,477,168)	(\$10)	(\$153,130)	(\$14,211)	(\$30,007)	(\$48,614)	(\$2,877)	\$0	\$0	
	FY 2025-26 JBC action Prescription Claims Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2025-26 R-09-168-118	\$300,413	\$228,855	\$1,197,865	\$173,089	\$893,971	\$345,311	\$2,796,198	\$2,071	\$1,635,256	\$187,242	\$165,206	\$191,602	\$152,444	\$28,126	\$0	
	FY 2025-26-15 Pharmacy MAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FY 2025-26 R-12 Integrated Care Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HB24-1045	(\$13,457)	(\$67,324)	(\$340,373)	(\$49,373)	(\$630,321)	(\$216,398)	(\$1,421,830)	(\$2,074)	(\$113,561)	(\$847,471)	(\$110,324)	(\$102,485)	(\$23,614)	\$0	\$0	
	Visitation Services	(\$4,128)	(\$3,040)	(\$17,482)	(\$4,268)	(\$12,944)	(\$5,170)	(\$41,773)	(\$43)	\$0	\$0	(\$160,354)	(\$3,207)	(\$587)	(\$1,983)	(\$433)	
	JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB 25-229 Reimbursement for Community Health Workers	\$210,743	\$144,637	\$848,254	\$173,597	\$606,692	\$185,207	\$1,896,848	\$1,509	\$1,141,664	\$112,578	\$110,146	\$25,421	\$97,336	\$11,774	\$0	
	FY 2024-25 BA-10 System of Care	(\$4,390)	(\$3,013)	(\$17,871)	\$0	(\$17,639)	\$0	\$0	(\$2,783)	(\$2,345)	(\$2,295)	\$13,847	(\$2,028)	(\$54)	\$0	\$0	
	HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	SB25-308 Tenancy Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

ACUTE CARE	Out Year Projection																
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Percentage Selected to Modify Per Capita ⁽¹⁾	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.40%	0.77%	2.39%	12.55%	2.39%	2.39%	3.44%	3.14%	0.00%	
Estimated FY 2027-28 Base Per Capita	\$5,036.32	\$14,012.68	\$19,199.62	\$8,543.08	\$5,303.38	\$5,402.87	\$7,167.25	\$16,956.90	\$3,632.58	\$2,937.24	\$8,473.92	\$6,437.06	\$16,890.13	\$3,117.82	\$920.83	\$162.44	\$5,899.40
Estimated FY 2027-28 Eligibles	52,260	12,168	58,897	30,783	144,830	47,149	399,223	122	396,921	40,343	18,593	26,723	4,909	43,072	35,073	24,188	1,327,454
Estimated FY 2027-28 Base Expenditure	\$263,198,083	\$173,308,826	\$1,322,796,219	\$262,940,708	\$768,088,523	\$254,729,918	\$2,574,641,047	\$2,066,742	\$1,449,112,446	\$177,241,873	\$157,555,595	\$172,017,354	\$82,913,448	\$134,290,743	\$32,296,271	\$3,929,099	\$7,831,179,297
Bottom Line Impacts																	
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC Action: Adult Dental Gap	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Specialty Drugs BUI	\$472,232	\$1,231,485	\$7,921,501	\$1,556,113	\$6,075,238	\$2,709,526	\$19,107,630	\$36,936	\$3,611,848	\$781,207	\$513,891	\$586,822	\$124,616	\$21,978	\$0	\$0	\$44,751,023
Supporting PCMP Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extra Payment Period	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rebate Over Invoicing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2021-22 JBC Action: Restore Funding for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health 60 day limit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Advancing Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-1300 Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$287,848	\$0	\$1,524,794	\$0	\$10,320,784	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,133,770
FY26 R-6: Accountable Care Collaborative Phase III - BMFT Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Backup Eligibility - Acute Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-084: Medicaid Access to Parenteral Nutrition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-084: Medicaid Access to Parenteral Nutrition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 JBC action NEAT Rate Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 JBC action Prepayment Claims Review	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-09 1.6% ATB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 r-15 Pharmacy MAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-12 Integrated Care Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB24-1045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 25-229 Reimbursement for Community Health Workers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 Ba-10 System of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-308 Tenancy Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Acute Care Per Capita Trend Selections			
Medicaid Pop	Percentage selected to modify Per Capita amounts for Estimated FY 2025-26	Percentage selected to modify Per Capita amounts for Estimated FY 2026-27	Percentage selected to modify Per Capita amounts for Estimated FY 2027-28
OAP-A	The Department increased the Trend from the February Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 3 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 3 years.
OAP-B	The Department decreased the Trend from the February Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 5 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 5 years.
AND/AB	The Department increased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
Disabled Buy-in	The Department increased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Parents/ Caretakers to 68% FPL	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Parents/ Caretakers 69% to 133% FPL	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Adults	The Department increased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
BCCP	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast..	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
Eligible Children (AFDC-C/BC)	The Department increased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
SB 11-008 Eligible Children	The Department increased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 5 years.
Foster Care	The Department decreased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
MAGI Pregnant Adults	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of moderate growth.
SB 11-250 Eligible Pregnant Adults	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of moderate growth.
Non-Citizens Emergency Services	The Department decreased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
Partial Dual Eligibles	The Department maintained the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
SB 21-025 Family Planning Services	Cost and utilization of services in the populations are still new, the Department forecasted the per capita based on program expectations for total costs.	The Department expects moderate growth in the per capita costs going forward	The Department expects moderate growth in the per capita costs going forward

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Breast and Cervical Cancer Program Costs				
Fiscal Year	Total	Caseload	Per Capita	Percent Change
FY 2018-19	\$2,202,429	235	\$9,372.04	
FY 2019-20	\$2,628,918	155	\$16,960.76	80.97%
FY 2020-21	\$2,758,017	145	\$19,064.63	12.40%
FY 2021-22	\$1,253,751	137	\$9,151.47	-52.00%
FY 2022-23	\$1,590,590	139	\$11,443.09	25.04%
FY 2023-24	\$1,454,710	131	\$11,104.66	-2.96%
FY 2024-25	\$1,658,136	133	\$12,467.19	12.27%
FY 2023-24 Estimate⁽¹⁾	\$1,531,732	115	\$13,319.41	6.84%
FY 2024-25 Estimate⁽¹⁾	\$1,803,904	98	\$18,407.18	38.20%
FY 2025-26 Estimate⁽¹⁾	\$2,105,678	110	\$19,142.53	3.99%

Fiscal Year	Per Capita	Caseload	Total Funds	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds	Federal Funds	FFP
FY 2021-22 Estimate	\$13,319.41	115	\$1,531,732	\$0	\$536,106	\$0	\$995,626	65.00%
FY 2022-23 Estimate	\$18,407.18	98	\$1,803,904	\$0	\$631,366	\$0	\$1,172,538	65.00%
FY 2023-24 Estimate	\$19,142.53	110	\$2,105,678	\$0	\$736,987	\$0	\$1,368,691	65.00%

(1) 25.5-5-308 (9) (g), C.R.S. (2014). 100% of the State share is from the Breast and Cervical Cancer Prevention and Treatment Fund, 65.00% federal financial participation beginning October 1, 2016.

Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2016-17	\$9,626,404	\$3,310,233	\$15,679,512	\$0	\$29,215,409	\$0	\$0	\$0	\$0	\$236,132	\$2,163,344	\$318,121	\$0	\$0	\$0	\$60,549,155
	FY 2017-18	\$10,149,574	\$3,420,176	\$16,218,317	\$0	\$31,055,704	\$0	\$0	\$0	\$0	\$162,853	\$1,488,264	\$300,308	\$0	\$0	\$0	\$62,795,196
	FY 2018-19	\$10,249,854	\$3,497,187	\$16,200,905	\$0	\$22,136,356	\$0	\$0	\$0	\$0	\$155,386	\$1,950,505	\$335,014	\$0	\$0	\$0	\$54,525,206
	FY 2019-20	\$8,111,894	\$2,978,002	\$13,565,945	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$54,616,673
	FY 2020-21	\$7,790,543	\$2,897,405	\$13,208,248	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$53,857,028
	FY 2021-22	\$9,258,885	\$3,425,188	\$14,567,966	\$0	\$35,075,844	\$0	\$0	\$0	\$0	\$184,146	\$2,448,104	\$726,378	\$0	\$0	\$0	\$65,686,511
	FY 2022-23	\$9,841,874	\$3,502,950	\$13,803,392	\$0	\$36,120,494	\$0	\$0	\$0	\$0	\$202,481	\$5,019,946	\$1,197,449	\$0	\$0	\$0	\$69,688,586
	FY 2023-24	\$10,191,804	\$3,656,004	\$14,693,703	\$0	\$50,695,831	\$0	\$0	\$0	\$0	\$305,794	\$7,513,579	\$1,661,877	\$0	\$0	\$0	\$88,718,594
	FY 2024-25	\$17,345,364	\$5,921,295	\$24,648,759	\$0	\$78,287,184	\$0	\$0	\$0	\$0	\$379,702	\$12,201,332	\$2,227,695	\$0	\$0	\$0	\$141,011,332
	Estimated FY 2025-26	\$15,474,843	\$4,994,634	\$23,762,822	\$0	\$66,668,994	\$0	\$0	\$0	\$0	\$340,307	\$11,239,105	\$3,644,032	\$0	\$0	\$0	\$126,124,737
	Estimated FY 2026-27	\$16,466,534	\$5,288,582	\$26,574,864	\$0	\$70,367,488	\$0	\$0	\$0	\$0	\$366,697	\$12,001,376	\$4,099,282	\$0	\$0	\$0	\$135,164,823
	Estimated FY 2027-28	\$17,124,035	\$5,598,994	\$29,716,654	\$0	\$74,229,720	\$0	\$0	\$0	\$0	\$412,719	\$12,793,903	\$4,210,877	\$0	\$0	\$0	\$144,086,902
Percent Change in Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2017-18	5.43%	3.32%	3.44%	0.00%	6.30%	0.00%	0.00%	0.00%	0.00%	-31.03%	-31.21%	-5.60%	0.00%	0.00%	0.00%	3.71%
	FY 2018-19	0.99%	2.25%	-0.11%	0.00%	-28.72%	0.00%	0.00%	0.00%	0.00%	-4.99%	31.06%	11.56%	0.00%	0.00%	0.00%	-13.17%
	FY 2019-20	-20.86%	-14.85%	-16.26%	0.00%	24.37%	0.00%	0.00%	0.00%	0.00%	6.33%	0.07%	-6.92%	0.00%	0.00%	0.00%	0.17%
	FY 2020-21	-3.96%	-2.71%	-2.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.39%
	FY 2021-22	18.85%	18.22%	10.29%	0.00%	27.40%	0.00%	0.00%	0.00%	0.00%	11.45%	25.42%	132.93%	0.00%	0.00%	0.00%	21.96%
	FY 2022-23	6.30%	2.27%	-5.25%	0.00%	2.98%	0.00%	0.00%	0.00%	0.00%	9.96%	105.05%	64.85%	0.00%	0.00%	0.00%	6.09%
	FY 2023-24	3.56%	4.37%	6.45%	0.00%	40.35%	0.00%	0.00%	0.00%	0.00%	51.02%	49.67%	38.78%	0.00%	0.00%	0.00%	27.31%
	FY 2024-25	70.19%	61.96%	67.75%	0.00%	54.43%	0.00%	0.00%	0.00%	0.00%	24.17%	62.39%	34.05%	0.00%	0.00%	0.00%	58.94%
	Estimated FY 2025-26	-10.78%	-15.65%	-3.59%	0.00%	-14.84%	0.00%	0.00%	0.00%	0.00%	-10.38%	-7.89%	63.58%	0.00%	0.00%	0.00%	-10.56%
	Estimated FY 2026-27	6.41%	5.89%	11.83%	0.00%	5.55%	0.00%	0.00%	0.00%	0.00%	7.75%	6.78%	12.49%	0.00%	0.00%	0.00%	7.17%
	Estimated FY 2027-28	3.99%	5.87%	11.82%	0.00%	5.49%	0.00%	0.00%	0.00%	0.00%	12.55%	6.60%	2.72%	0.00%	0.00%	0.00%	6.60%
Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2016-17	\$219.08	\$294.48	\$231.88	\$0.00	\$180.99	\$0.00	\$0.00	\$0.00	\$0.00	\$173.75	\$159.46	\$161.65	\$0.00	\$0.00	\$0.00	\$201.08
	FY 2017-18	\$221.09	\$289.92	\$240.16	\$0.00	\$172.67	\$0.00	\$0.00	\$0.00	\$0.00	\$113.33	\$146.99	\$134.73	\$0.00	\$0.00	\$0.00	\$196.92
	FY 2018-19	\$214.95	\$274.92	\$236.03	\$0.00	\$125.90	\$0.00	\$0.00	\$0.00	\$0.00	\$106.50	\$159.93	\$146.12	\$0.00	\$0.00	\$0.00	\$169.96
	FY 2019-20	\$170.59	\$228.57	\$203.91	\$0.00	\$167.40	\$0.00	\$0.00	\$0.00	\$0.00	\$115.86	\$169.04	\$141.17	\$0.00	\$0.00	\$0.00	\$178.04
	FY 2020-21	\$161.47	\$213.97	\$199.56	\$0.00	\$159.01	\$0.00	\$0.00	\$0.00	\$0.00	\$119.04	\$143.43	\$86.41	\$0.00	\$0.00	\$0.00	\$168.44
	FY 2021-22	\$187.89	\$248.49	\$220.87	\$0.00	\$185.07	\$0.00	\$0.00	\$0.00	\$0.00	\$135.40	\$171.75	\$166.64	\$0.00	\$0.00	\$0.00	\$194.04
	FY 2022-23	\$194.98	\$252.96	\$212.58	\$0.00	\$181.95	\$0.00	\$0.00	\$0.00	\$0.00	\$150.77	\$202.07	\$189.92	\$0.00	\$0.00	\$0.00	\$193.44
	FY 2023-24	\$213.75	\$288.06	\$249.06	\$0.00	\$314.47	\$0.00	\$0.00	\$0.00	\$0.00	\$239.46	\$232.48	\$293.46	\$0.00	\$0.00	\$0.00	\$284.75
	FY 2024-25	\$348.26	\$484.04	\$425.10	\$0.00	\$566.06	\$0.00	\$0.00	\$0.00	\$0.00	\$257.25	\$515.74	\$332.10	\$0.00	\$0.00	\$0.00	\$485.96
	Estimated FY 2025-26	\$307.26	\$413.60	\$395.77	\$0.00	\$482.64	\$0.00	\$0.00	\$0.00	\$0.00	\$230.56	\$456.67	\$295.47	\$0.00	\$0.00	\$0.00	\$421.77
	Estimated FY 2026-27	\$320.91	\$432.71	\$413.16	\$0.00	\$497.36	\$0.00	\$0.00	\$0.00	\$0.00	\$248.44	\$467.58	\$302.53	\$0.00	\$0.00	\$0.00	\$435.97
	Estimated FY 2027-28	\$327.67	\$452.70	\$431.32	\$0.00	\$512.53	\$0.00	\$0.00	\$0.00	\$0.00	\$279.62	\$478.76	\$309.76	\$0.00	\$0.00	\$0.00	\$450.06
Percent Change in Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2017-18	0.92%	-1.55%	3.57%	0.00%	-4.60%	0.00%	0.00%	0.00%	0.00%	-34.77%	-7.82%	-16.65%	0.00%	0.00%	0.00%	-2.07%
	FY 2018-19	-2.78%	-5.17%	-1.72%	0.00%	-27.09%	0.00%	0.00%	0.00%	0.00%	-6.03%	8.80%	8.45%	0.00%	0.00%	0.00%	-13.69%
	FY 2019-20	-20.64%	-16.86%	-13.61%	0.00%	32.96%	0.00%	0.00%	0.00%	0.00%	8.79%	5.70%	-3.39%	0.00%	0.00%	0.00%	-4.75%
	FY 2020-21	-5.35%	-6.39%	-2.13%	0.00%	-5.01%	0.00%	0.00%	0.00%	0.00%	2.74%	-15.15%	-38.79%	0.00%	0.00%	0.00%	-5.39%
	FY 2021-22	16.36%	16.13%	10.68%	0.00%	16.39%	0.00%	0.00%	0.00%	0.00%	13.74%	19.74%	92.85%	0.00%	0.00%	0.00%	15.20%
	FY 2022-23	3.77%	1.80%	-3.75%	0.00%	-1.69%	0.00%	0.00%	0.00%	0.00%	11.35%	17.65%	13.97%	0.00%	0.00%	0.00%	-0.31%
	FY 2023-24	9.63%	13.88%	17.16%	0.00%	72.83%	0.00%	0.00%	0.00%	0.00%	58.82%	54.64%	54.52%	0.00%	0.00%	0.00%	47.20%
	FY 2024-25	62.93%	68.03%	70.68%	0.00%	80.00%	0.00%	0.00%	0.00%	0.00%	7.43%	65.05%	13.17%	0.00%	0.00%	0.00%	70.66%
	Estimated FY 2025-26	-11.77%	-14.55%	-6.90%	0.00%	-14.74%	0.00%	0.00%	0.00%	0.00%	-10.38%	-11.45%	-11.03%	0.00%	0.00%	0.00%	-13.21%
	Estimated FY 2026-27	4.44%	4.62%	4.39%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	7.76%	2.39%	2.39%	0.00%	0.00%	0.00%	3.37%
	Estimated FY 2027-28	2.11%	4.62%	4.40%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	12.55%	2.39%	2.39%	0.00%	0.00%	0.00%	3.23%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$902,830	\$295,832	\$1,522,771	\$0	\$3,898,656	\$0	\$0	\$0	\$0	\$0	\$24,636	\$209,906	\$29,324	\$0	\$0	\$0	\$6,883,956
FY 2017-18	\$932,793	\$306,643	\$1,500,822	\$0	\$4,347,059	\$0	\$0	\$0	\$0	\$0	\$20,708	\$156,727	\$32,995	\$0	\$0	\$0	\$7,297,747
FY 2018-19	\$961,345	\$328,195	\$1,515,555	\$0	\$4,205,776	\$0	\$0	\$0	\$0	\$0	\$20,112	\$186,839	\$33,566	\$0	\$0	\$0	\$7,251,387
FY 2019-20	\$949,118	\$333,026	\$1,455,673	\$0	\$3,894,579	\$0	\$0	\$0	\$0	\$0	\$20,011	\$175,054	\$31,985	\$0	\$0	\$0	\$6,859,445
FY 2020-21	\$951,002	\$330,996	\$1,389,213	\$0	\$3,799,065	\$0	\$0	\$0	\$0	\$0	\$19,994	\$194,093	\$49,839	\$0	\$0	\$0	\$6,754,201
FY 2021-22	\$978,231	\$376,974	\$1,323,437	\$0	\$4,055,016	\$0	\$0	\$0	\$0	\$0	\$19,657	\$224,841	\$93,799	\$0	\$0	\$0	\$7,071,954
FY 2022-23	\$1,502,160	\$555,336	\$1,905,688	\$0	\$6,277,618	\$0	\$0	\$0	\$0	\$0	\$29,094	\$544,734	\$186,651	\$0	\$0	\$0	\$11,001,281
FY 2023-24	\$1,414,209	\$515,662	\$1,710,923	\$0	\$5,010,443	\$0	\$0	\$0	\$0	\$0	\$23,351	\$521,773	\$163,555	\$0	\$0	\$0	\$9,359,915
FY 2024-25	\$1,405,527	\$485,811	\$1,672,535	\$0	\$4,271,170	\$0	\$0	\$0	\$0	\$0	\$20,015	\$448,327	\$170,736	\$0	\$0	\$0	\$8,474,120
Estimated FY 2025-26	\$1,421,272	\$479,538	\$1,731,611	\$0	\$4,265,578	\$0	\$0	\$0	\$0	\$0	\$255,053	\$466,378	\$313,875	\$0	\$0	\$0	\$8,933,305
Estimated FY 2026-27	\$1,448,024	\$485,336	\$1,855,018	\$0	\$4,368,964	\$0	\$0	\$0	\$0	\$0	\$255,053	\$486,390	\$344,848	\$0	\$0	\$0	\$9,243,633
Estimated FY 2027-28	\$1,474,777	\$491,133	\$1,986,989	\$0	\$4,472,350	\$0	\$0	\$0	\$0	\$0	\$255,053	\$506,401	\$345,967	\$0	\$0	\$0	\$9,532,670
Percent Change in Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	3.32%	3.65%	-1.44%	0.00%	11.50%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.95%	-25.33%	12.52%	0.00%	0.00%	0.00%	6.01%
FY 2018-19	3.06%	7.03%	0.98%	0.00%	-3.25%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.88%	19.21%	1.73%	0.00%	0.00%	0.00%	-0.64%
FY 2019-20	-1.27%	1.47%	-3.95%	0.00%	-7.40%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.50%	-6.31%	-4.71%	0.00%	0.00%	0.00%	-5.41%
FY 2020-21	0.20%	5.40%	-4.57%	0.00%	-2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.09%	10.88%	55.82%	0.00%	0.00%	0.00%	-1.53%
FY 2021-22	2.86%	7.40%	-4.73%	0.00%	6.74%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.68%	15.84%	88.20%	0.00%	0.00%	0.00%	4.70%
FY 2022-23	53.56%	47.31%	44.00%	0.00%	54.81%	0.00%	0.00%	0.00%	0.00%	0.00%	48.01%	142.27%	98.99%	0.00%	0.00%	0.00%	55.56%
FY 2023-24	-5.85%	-7.14%	-10.22%	0.00%	-20.19%	0.00%	0.00%	0.00%	0.00%	0.00%	-19.74%	-4.22%	-12.37%	0.00%	0.00%	0.00%	-14.92%
FY 2024-25	-0.61%	-5.79%	-2.24%	0.00%	-14.75%	0.00%	0.00%	0.00%	0.00%	0.00%	-14.29%	-14.08%	4.39%	0.00%	0.00%	0.00%	-9.46%
Estimated FY 2025-26	1.12%	-1.29%	3.53%	0.00%	-0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	1174.34%	4.03%	83.84%	0.00%	0.00%	0.00%	5.42%
Estimated FY 2026-27	1.88%	1.21%	7.13%	0.00%	2.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.29%	9.87%	0.00%	0.00%	0.00%	3.47%
Estimated FY 2027-28	1.85%	1.19%	7.11%	0.00%	2.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.11%	0.32%	0.00%	0.00%	0.00%	3.13%
Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$20.55	\$26.32	\$22.52	\$0.00	\$24.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.13	\$15.47	\$14.90	\$0.00	\$0.00	\$0.00	\$22.86
FY 2017-18	\$20.32	\$25.99	\$22.22	\$0.00	\$24.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.41	\$15.48	\$14.80	\$0.00	\$0.00	\$0.00	\$22.89
FY 2018-19	\$20.16	\$25.80	\$22.08	\$0.00	\$23.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$15.32	\$14.64	\$0.00	\$0.00	\$0.00	\$22.60
FY 2019-20	\$19.96	\$25.56	\$21.88	\$0.00	\$23.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.03	\$15.16	\$14.48	\$0.00	\$0.00	\$0.00	\$22.36
FY 2020-21	\$19.71	\$25.92	\$20.99	\$0.00	\$21.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.40	\$14.26	\$13.81	\$0.00	\$0.00	\$0.00	\$21.12
FY 2021-22	\$19.85	\$27.35	\$20.06	\$0.00	\$21.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.45	\$15.77	\$21.52	\$0.00	\$0.00	\$0.00	\$20.89
FY 2022-23	\$29.76	\$40.10	\$29.35	\$0.00	\$31.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.66	\$21.93	\$29.60	\$0.00	\$0.00	\$0.00	\$30.54
FY 2023-24	\$29.66	\$40.63	\$29.00	\$0.00	\$31.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.29	\$21.70	\$28.88	\$0.00	\$0.00	\$0.00	\$30.04
FY 2024-25	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.56	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.20
Estimated FY 2025-26	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.87
Estimated FY 2026-27	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.82
Estimated FY 2027-28	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.78
Percent Change in Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
EMERGENCY AND CO-OCCURRING EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	-1.12%	-1.25%	-1.33%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	-20.52%	0.06%	-0.67%	0.00%	0.00%	0.00%	0.13%
FY 2018-19	-0.79%	-0.73%	-0.63%	0.00%	-1.03%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.37%	-1.03%	-1.08%	0.00%	0.00%	0.00%	-1.27%
FY 2019-20	-0.99%	-0.93%	-0.91%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.81%	-1.04%	-1.09%	0.00%	0.00%	0.00%	-1.06%
FY 2020-21	-1.25%	1.41%	-4.07%	0.00%	-7.35%	0.00%	0.00%	0.00%	0.00%	0.00%	2.64%	-5.94%	-4.63%	0.00%	0.00%	0.00%	-5.55%
FY 2021-22	0.71%	5.52%	-4.43%	0.00%	-2.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	10.59%	55.83%	0.00%	0.00%	0.00%	-1.09%
FY 2022-23	49.92%	46.62%	46.31%	0.00%	47.76%	0.00%	0.00%	0.00%	0.00%	0.00%	49.90%	39.06%	37.55%	0.00%	0.00%	0.00%	46.19%
FY 2023-24	-0.34%	1.32%	-1.19%	0.00%	-1.71%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.56%	-1.05%	-2.43%	0.00%	0.00%	0.00%	-1.64%
FY 2024-25	-4.86%	-2.26%	-0.55%	0.00%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	-25.86%	-12.67%	-11.88%	0.00%	0.00%	0.00%	-2.80%
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1174.34%	0.00%	0.00%	0.00%	0.00%	0.00%	2.29%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.17%
Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.13%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																	
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$8,723,524	\$3,014,401	\$14,156,741	\$0	\$25,316,753	\$0	\$0	\$0	\$0	\$0	\$211,496	\$1,953,438	\$288,797	\$0	\$0	\$0	\$53,665,199
FY 2017-18	\$9,216,781	\$3,113,533	\$14,717,495	\$0	\$26,708,645	\$0	\$0	\$0	\$0	\$0	\$142,145	\$1,331,537	\$267,313	\$0	\$0	\$0	\$55,497,449
FY 2018-19	\$9,288,509	\$3,168,991	\$14,685,350	\$0	\$17,930,580	\$0	\$0	\$0	\$0	\$0	\$135,274	\$1,763,666	\$301,448	\$0	\$0	\$0	\$47,273,819
FY 2019-20	\$7,162,776	\$2,644,976	\$12,110,272	\$0	\$23,637,247	\$0	\$0	\$0	\$0	\$0	\$145,210	\$1,776,892	\$279,855	\$0	\$0	\$0	\$47,757,228
FY 2020-21	\$6,839,541	\$2,546,409	\$11,819,035	\$0	\$23,732,761	\$0	\$0	\$0	\$0	\$0	\$145,227	\$1,757,853	\$262,002	\$0	\$0	\$0	\$47,102,827
FY 2021-22	\$8,280,654	\$3,048,214	\$13,244,530	\$0	\$31,020,828	\$0	\$0	\$0	\$0	\$0	\$164,489	\$2,223,262	\$632,580	\$0	\$0	\$0	\$58,614,557
FY 2022-23	\$8,339,714	\$2,947,614	\$11,897,704	\$0	\$29,842,876	\$0	\$0	\$0	\$0	\$0	\$173,387	\$4,475,212	\$1,010,798	\$0	\$0	\$0	\$58,687,305
FY 2023-24	\$8,777,596	\$3,140,342	\$12,982,780	\$0	\$45,685,388	\$0	\$0	\$0	\$0	\$0	\$282,443	\$6,991,807	\$1,498,323	\$0	\$0	\$0	\$79,358,678
FY 2024-25	\$15,939,837	\$5,435,485	\$22,976,223	\$0	\$74,016,014	\$0	\$0	\$0	\$0	\$0	\$359,688	\$11,753,005	\$2,056,960	\$0	\$0	\$0	\$132,537,212
Estimated FY 2025-26	\$14,285,704	\$4,594,475	\$22,362,782	\$0	\$63,439,819	\$0	\$0	\$0	\$0	\$0	\$90,308	\$10,941,555	\$3,361,129	\$0	\$0	\$0	\$119,075,772
Estimated FY 2026-27	\$15,250,642	\$4,882,625	\$25,051,418	\$0	\$67,034,926	\$0	\$0	\$0	\$0	\$0	\$116,699	\$11,683,814	\$3,785,406	\$0	\$0	\$0	\$127,805,530
Estimated FY 2027-28	\$15,881,390	\$5,187,239	\$28,061,236	\$0	\$70,793,773	\$0	\$0	\$0	\$0	\$0	\$162,720	\$12,456,331	\$3,895,882	\$0	\$0	\$0	\$136,438,571
Percent Change in Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																	
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	5.65%	3.29%	3.96%	0.00%	5.50%	0.00%	0.00%	0.00%	0.00%	0.00%	-32.79%	-31.84%	-7.44%	0.00%	0.00%	0.00%	3.41%
FY 2018-19	0.78%	1.78%	-0.22%	0.00%	-32.87%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.83%	32.45%	12.77%	0.00%	0.00%	0.00%	-14.82%
FY 2019-20	-22.89%	-16.54%	-17.54%	0.00%	31.83%	0.00%	0.00%	0.00%	0.00%	0.00%	7.34%	0.75%	-7.16%	0.00%	0.00%	0.00%	1.02%
FY 2020-21	-4.51%	-3.73%	-2.40%	0.00%	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	-1.07%	-6.38%	0.00%	0.00%	0.00%	-1.37%
FY 2021-22	21.07%	19.71%	12.06%	0.00%	30.71%	0.00%	0.00%	0.00%	0.00%	0.00%	13.26%	26.48%	141.44%	0.00%	0.00%	0.00%	24.44%
FY 2022-23	0.71%	-3.30%	-10.17%	0.00%	-3.80%	0.00%	0.00%	0.00%	0.00%	0.00%	5.41%	101.29%	59.79%	0.00%	0.00%	0.00%	0.12%
FY 2023-24	5.25%	6.54%	9.12%	0.00%	53.09%	0.00%	0.00%	0.00%	0.00%	0.00%	62.90%	56.23%	48.23%	0.00%	0.00%	0.00%	35.22%
FY 2024-25	81.60%	73.09%	76.97%	0.00%	62.01%	0.00%	0.00%	0.00%	0.00%	0.00%	27.35%	68.10%	37.28%	0.00%	0.00%	0.00%	67.01%
Estimated FY 2025-26	-10.38%	-15.47%	-2.67%	0.00%	-14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	-74.89%	-6.90%	63.40%	0.00%	0.00%	0.00%	-10.16%
Estimated FY 2026-27	6.75%	6.27%	12.02%	0.00%	5.67%	0.00%	0.00%	0.00%	0.00%	0.00%	29.22%	6.78%	12.62%	0.00%	0.00%	0.00%	7.33%
Estimated FY 2027-28	4.14%	6.24%	12.01%	0.00%	5.61%	0.00%	0.00%	0.00%	0.00%	0.00%	39.44%	6.61%	2.92%	0.00%	0.00%	0.00%	6.75%
Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																	
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$198.53	\$268.16	\$209.36	\$0.00	\$156.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155.63	\$143.98	\$146.75	\$0.00	\$0.00	\$0.00	\$178.22
FY 2017-18	\$200.77	\$263.93	\$217.94	\$0.00	\$148.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98.92	\$131.51	\$119.92	\$0.00	\$0.00	\$0.00	\$174.04
FY 2018-19	\$194.79	\$249.12	\$213.95	\$0.00	\$101.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92.72	\$144.61	\$131.48	\$0.00	\$0.00	\$0.00	\$147.35
FY 2019-20	\$150.63	\$203.01	\$182.03	\$0.00	\$143.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101.83	\$153.88	\$126.69	\$0.00	\$0.00	\$0.00	\$155.68
FY 2020-21	\$141.76	\$188.05	\$178.57	\$0.00	\$137.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$104.63	\$129.17	\$72.60	\$0.00	\$0.00	\$0.00	\$147.32
FY 2021-22	\$168.04	\$221.14	\$200.80	\$0.00	\$163.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.95	\$155.97	\$145.12	\$0.00	\$0.00	\$0.00	\$173.15
FY 2022-23	\$165.22	\$212.85	\$183.23	\$0.00	\$150.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$129.10	\$180.15	\$160.32	\$0.00	\$0.00	\$0.00	\$162.90
FY 2023-24	\$184.09	\$247.43	\$220.06	\$0.00	\$283.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$221.18	\$290.78	\$264.58	\$0.00	\$0.00	\$0.00	\$254.71
FY 2024-25	\$320.04	\$444.33	\$396.25	\$0.00	\$555.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$243.69	\$496.79	\$306.64	\$0.00	\$0.00	\$0.00	\$456.76
Estimated FY 2025-26	\$283.65	\$380.46	\$372.45	\$0.00	\$459.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.18	\$444.58	\$272.53	\$0.00	\$0.00	\$0.00	\$398.20
Estimated FY 2026-27	\$297.21	\$399.49	\$389.47	\$0.00	\$473.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$79.06	\$455.21	\$279.37	\$0.00	\$0.00	\$0.00	\$412.24
Estimated FY 2027-28	\$303.89	\$419.41	\$407.29	\$0.00	\$488.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$110.24	\$466.13	\$286.59	\$0.00	\$0.00	\$0.00	\$426.17
Percent Change in Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																	
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	1.13%	-1.58%	4.10%	0.00%	-5.32%	0.00%	0.00%	0.00%	0.00%	0.00%	-36.44%	-8.66%	-18.28%	0.00%	0.00%	0.00%	-2.35%
FY 2018-19	-2.98%	-5.61%	-1.83%	0.00%	-31.33%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.27%	9.96%	9.64%	0.00%	0.00%	0.00%	-15.34%
FY 2019-20	-22.67%	-18.51%	-14.92%	0.00%	40.93%	0.00%	0.00%	0.00%	0.00%	0.00%	9.83%	6.41%	-3.64%	0.00%	0.00%	0.00%	5.65%
FY 2020-21	-5.89%	-7.37%	-1.90%	0.00%	-4.63%	0.00%	0.00%	0.00%	0.00%	0.00%	2.75%	-16.06%	-42.69%	0.00%	0.00%	0.00%	-5.37%
FY 2021-22	18.54%	17.60%	12.45%	0.00%	19.42%	0.00%	0.00%	0.00%	0.00%	0.00%	15.60%	20.75%	99.89%	0.00%	0.00%	0.00%	17.53%
FY 2022-23	-1.68%	-3.75%	-8.75%	0.00%	-8.16%	0.00%	0.00%	0.00%	0.00%	0.00%	6.74%	15.50%	10.47%	0.00%	0.00%	0.00%	-5.92%
FY 2023-24	11.42%	16.25%	20.10%	0.00%	88.51%	0.00%	0.00%	0.00%	0.00%	0.00%	71.32%	61.41%	65.03%	0.00%	0.00%	0.00%	56.36%
FY 2024-25	73.85%	79.58%	80.06%	0.00%	88.85%	0.00%	0.00%	0.00%	0.00%	0.00%	10.18%	70.85%	15.90%	0.00%	0.00%	0.00%	79.33%
Estimated FY 2025-26	-11.37%	-14.37%	-6.01%	0.00%	-14.18%	0.00%	0.00%	0.00%	0.00%	0.00%	-74.89%	-10.51%	-11.12%	0.00%	0.00%	0.00%	-12.82%
Estimated FY 2026-27	4.78%	5.00%	4.57%	0.00%	3.17%	0.00%	0.00%	0.00%	0.00%	0.00%	29.23%	2.39%	2.51%	0.00%	0.00%	0.00%	3.53%
Estimated FY 2027-28	2.25%	4.99%	4.58%	0.00%	3.17%	0.00%	0.00%	0.00%	0.00%	0.00%	39.44%	2.40%	2.58%	0.00%	0.00%	0.00%	3.38%

Current Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
Total Dental																	
Partial FY 2025-26 Total Dental Expenditure	\$6,045,128	\$2,067,163	\$8,634,654	\$0	\$26,989,658	\$0	\$0	\$0	\$0	\$0	\$131,605	\$4,396,564	\$806,555	\$0	\$0	\$0	\$49,071,328
Annualization Factor	2.4	2.4	2.4		2.4						2.4	2.4	2.4	-			
Modified Total Dental Per Capita	\$291.30	\$405.56	\$357.39	\$0.00	\$468.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$213.99	\$446.01	\$288.57				\$421.77
Total Dental Per Capita Trend Factor	5.48%	1.98%	10.74%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	0.00%	7.74%	2.39%	2.39%	0.00%	0.00%	0.00%	3.92%
Estimated FY 2025-26 Total Dental Per Capita	\$307.26	\$413.60	\$395.77	\$0.00	\$482.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$230.56	\$456.67	\$295.47	\$0.00	\$0.00	\$0.00	\$421.77
Estimated FY 2025-26 Eligible Caseload	50,364	12,076	60,042	-	138,134	-	-	-	-	-	1,476	24,611	12,333	-	-	-	299,036
Estimated FY 2025-26 Total Dental Expenditure	\$15,474,843	\$4,994,634	\$23,762,822	\$0	\$66,668,994	\$0	\$0	\$0	\$0	\$0	\$340,307	\$11,239,105	\$3,644,032	\$0	\$0	\$0	\$126,124,737
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	-0.54%	-3.03%	0.00%	-3.54%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	-2.90%	-2.77%	0.00%	0.00%	0.00%	
Estimated FY 2025-26 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.87
Estimated FY 2025-26 Eligible Caseload	50,364	12,076	60,042	-	138,134	-	-	-	-	-	1,476	24,611	12,333	-	-	-	299,036
Estimated FY 2025-26 Emergency and Co-Occurring Dental Expenditure	\$1,421,272	\$479,538	\$1,731,611	\$0	\$4,265,578	\$0	\$0	\$0	\$0	\$0	\$255,053	\$466,378	\$313,875	\$0	\$0	\$0	\$8,933,305
Bottom Line Impacts																	
JBC Adult Dental Cap Removal																	
FY26 R-09 ATB Rate Increase	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Total Bottom Line Impacts	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Adult Dental Benefit																	
Estimated FY 2025-26 Adult Dental Benefit Per Capita	\$279.04	\$373.89	\$366.93	\$0.00	\$451.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$57.76	\$437.72	\$270.02	\$0.00	\$0.00	\$0.00	\$398.20
Estimated FY 2025-26 Eligible Caseload	50,364	12,076	60,042	-	138,134	-	-	-	-	-	1,476	24,611	12,333	-	-	-	299,036
Estimated FY 2025-26 Adult Dental Benefit Expenditure	\$14,285,704	\$4,594,475	\$22,362,782	\$0	\$63,439,819	\$0	\$0	\$0	\$0	\$0	\$90,308	\$10,941,555	\$3,361,129	\$0	\$0	\$0	\$119,075,772
Request Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
Total Dental																	
Total Dental Per Capita Trend Factor	4.44%	4.62%	4.40%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	0.00%	7.76%	2.39%	2.39%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Total Dental Per Capita	\$320.91	\$432.71	\$413.16	\$0.00	\$497.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$248.44	\$467.58	\$302.53	\$0.00	\$0.00	\$0.00	\$435.97
Estimated FY 2026-27 Eligible Caseload	51,312	12,222	64,321	-	141,482	-	-	-	-	-	1,476	25,667	13,550	-	-	-	310,030
Estimated FY 2026-27 Total Dental Expenditure	\$16,466,534	\$5,288,582	\$26,574,864	\$0	\$70,367,488	\$0	\$0	\$0	\$0	\$0	\$366,697	\$12,001,376	\$4,099,282	\$0	\$0	\$0	\$135,164,823
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.82
Estimated FY 2026-27 Eligible Caseload	51,312	12,222	64,321	-	141,482	-	-	-	-	-	1,476	25,667	13,550	-	-	-	310,030
Estimated FY 2026-27 Emergency and Co-Occurring Dental Expenditure	\$1,448,024	\$485,336	\$1,855,018	\$0	\$4,368,964	\$0	\$0	\$0	\$0	\$0	\$255,053	\$486,390	\$344,848	\$0	\$0	\$0	\$9,243,633
Bottom Line Impacts																	
JBC Adult Dental Cap Removal															\$0	\$0	\$0
FY26 R-09 ATB Rate Increase	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Total Bottom Line Impacts	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Adult Dental Benefit																	
Estimated FY 2026-27 Adult Dental Benefit Per Capita	\$292.69	\$393.00	\$384.32	\$0.00	\$466.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75.64	\$448.63	\$277.08	\$0.00	\$0.00	\$0.00	\$412.24
Estimated FY 2026-27 Eligible Caseload	51,312	12,222	64,321	-	141,482	-	-	-	-	-	1,476	25,667	13,550	-	-	-	310,030
Estimated FY 2026-27 Adult Dental Benefit Expenditure	\$15,250,642	\$4,882,625	\$25,051,418	\$0	\$67,034,926	\$0	\$0	\$0	\$0	\$0	\$116,699	\$11,683,814	\$3,785,406	\$0	\$0	\$0	\$127,805,530
Out Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
Total Dental																	
Total Dental Per Capita Trend Factor	2.11%	4.62%	4.40%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	0.00%	12.55%	2.39%	2.39%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Total Dental Per Capita	\$327.67	\$452.70	\$431.32	\$0.00	\$512.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$279.62	\$478.76	\$309.76	\$0.00	\$0.00	\$0.00	\$450.06
Estimated FY 2026-27 Eligible Caseload	52,260	12,368	68,897	-	144,830	-	-	-	-	-	1,476	26,723	13,594	-	-	-	320,148
Estimated FY 2026-27 Total Dental Expenditure	\$17,124,035	\$5,598,994	\$29,716,654	\$0	\$74,229,720	\$0	\$0	\$0	\$0	\$0	\$412,719	\$12,793,903	\$4,210,877	\$0	\$0	\$0	\$144,086,902
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$0.00	\$29.78
Estimated FY 2026-27 Eligible Caseload	52,260	12,368	68,897	-	144,830	-	-	-	-	-	1,476	26,723	13,594	-	-	-	320,148
Estimated FY 2026-27 Emergency and Co-Occurring Dental Expenditure	\$1,474,777	\$491,133	\$1,986,989	\$0	\$4,472,350	\$0	\$0	\$0	\$0	\$0	\$255,053	\$506,401	\$345,967	\$0	\$0	\$0	\$9,532,670
Bottom Line Impacts																	
JBC Dental Cap Removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY26 R-09 ATB Rate Increase	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Total Bottom Line Impacts	\$232,133	\$79,379	\$331,571	\$0	\$1,036,403	\$0	\$0	\$0	\$0	\$0	\$5,054	\$168,828	\$30,972	\$0	\$0	\$0	\$1,884,340
Adult Dental Benefit																	
Estimated FY 2026-27 Adult Dental Benefit Per Capita	\$299.45	\$412.99	\$402.48	\$0.00	\$481.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.82	\$499.81	\$284.31	\$0.00	\$0.00	\$0.00	\$426.17
Estimated FY 2026-27 Eligible Caseload	52,260	12,368	68,897	-	144,830	-	-	-	-	-	1,476	26,723	13,594	-	-	-	320,148
Estimated FY 2026-27 Adult Dental Benefit Expenditure	\$15,881,390	\$5,187,239	\$28,061,236	\$0	\$70,793,773	\$0	\$0	\$0	\$0	\$0	\$162,720	\$12,456,331	\$3,895,882	\$0	\$0	\$0	\$136,438,571

Adult Dental Cash Fund - Fund Splits							
FY 2025-26							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	50,364	\$279.04	50.00%	\$14,285,704	\$0	\$7,142,852	\$7,142,852
Disabled Adults 60 to 64 (OAP-B)	12,076	\$373.89	50.00%	\$4,594,475	\$0	\$2,297,237	\$2,297,238
Disabled Individuals to 59 (AND/AB)	60,042	\$366.93	50.00%	\$22,362,782	\$0	\$11,181,391	\$11,181,391
MAGI Parents/Caretakers to 68% FPL	138,134	\$451.76	50.00%	\$63,439,819	\$0	\$31,719,909	\$31,719,910
Foster Care	1,476	\$57.76	50.00%	\$90,308	\$0	\$45,154	\$45,154
MAGI Pregnant Adults	24,611	\$437.72	50.00%	\$10,941,555	\$0	\$5,470,777	\$5,470,778
SB 11-250 Eligible Pregnant Adults	12,333	\$270.02	65.00%	\$3,361,129	\$0	\$1,176,395	\$2,184,734
Total	299,036	\$398.20		\$119,075,772	\$0	\$59,033,715	\$60,042,057
FY 2026-27							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	51,312	\$292.69	50.00%	\$15,250,642	\$0	\$7,625,321	\$7,625,321
Disabled Adults 60 to 64 (OAP-B)	12,222	\$393.00	50.00%	\$4,882,625	\$0	\$2,441,312	\$2,441,313
Disabled Individuals to 59 (AND/AB)	64,321	\$384.32	50.00%	\$25,051,418	\$0	\$12,525,709	\$12,525,709
MAGI Parents/Caretakers to 68% FPL	141,482	\$466.48	50.00%	\$67,034,926	\$0	\$33,517,463	\$33,517,463
Foster Care	1,476	\$75.64	50.00%	\$116,699	\$0	\$58,349	\$58,350
MAGI Pregnant Adults	25,667	\$448.63	50.00%	\$11,683,814	\$0	\$5,841,907	\$5,841,907
SB 11-250 Eligible Pregnant Adults	13,550	\$277.08	65.00%	\$3,785,406	\$0	\$1,324,892	\$2,460,514
Total	310,030	\$412.24		\$127,805,530	\$0	\$63,334,953	\$64,470,577
FY 2027-28							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	52,260	\$299.45	50.00%	\$15,881,390	\$0	\$7,940,695	\$7,940,695
Disabled Adults 60 to 64 (OAP-B)	12,368	\$412.99	50.00%	\$5,187,239	\$0	\$2,593,619	\$2,593,620
Disabled Individuals to 59 (AND/AB)	68,897	\$402.48	50.00%	\$28,061,236	\$0	\$14,030,618	\$14,030,618
MAGI Parents/Caretakers to 68% FPL	144,830	\$481.65	50.00%	\$70,793,773	\$0	\$35,396,886	\$35,396,887
Foster Care	1,476	\$106.82	50.00%	\$162,720	\$0	\$81,360	\$81,360
MAGI Pregnant Adults	26,723	\$459.81	50.00%	\$12,456,331	\$0	\$6,228,165	\$6,228,166
SB 11-250 Eligible Pregnant Adults	13,594	\$284.31	65.00%	\$3,895,882	\$0	\$1,363,559	\$2,532,323
Total	320,148	\$426.17		\$136,438,571	\$0	\$67,634,902	\$68,803,669
(1) Figures may not sum due to rounding.							

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Cash Based Actuals																
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$259,232	\$2,010,465	\$23,818,224	\$503,378	\$7,886,521	\$2,413,652	\$25,638,231	\$399	\$5,604,379	\$1,062,480	\$3,824,278	\$241,380	\$19,282	\$0	\$0	\$73,281,900
FY 2017-18	\$201,496	\$1,323,004	\$16,755,858	\$506,658	\$4,990,697	\$1,434,034	\$15,046,293	\$269	\$1,432,537	\$292,790	\$1,104,068	\$102,622	\$13,953	\$0	\$0	\$43,204,278
FY 2018-19	\$179,281	\$1,204,921	\$16,828,944	\$499,396	\$4,160,594	\$1,074,259	\$14,588,981	\$8,509	\$1,203,837	\$227,192	\$886,389	\$125,888	\$546	\$0	\$0	\$40,988,737
FY 2019-20	\$95,420	\$1,581,346	\$18,115,296	\$655,328	\$4,485,683	\$1,156,944	\$15,597,667	\$13,430	\$1,306,954	\$239,288	\$967,758	\$131,379	\$2,338	\$0	\$28	\$44,348,860
FY 2020-21	\$243,870	\$1,917,757	\$18,029,960	\$1,146,923	\$4,628,990	\$2,130,006	\$18,242,402	\$14,081	\$1,182,675	\$324,606	\$904,496	\$106,952	\$30,872	\$1,866	\$19,874	\$48,925,328
FY 2021-22	\$200,849	\$2,465,263	\$21,098,453	\$4,383,020	\$6,201,168	\$2,458,429	\$23,389,612	\$19,287	\$1,241,787	\$437,517	\$965,376	\$187,090	\$56,854	\$0	\$481	\$63,105,186
FY 2022-23	\$486,444	\$2,617,691	\$25,836,491	\$2,350,266	\$6,320,077	\$2,608,432	\$29,760,087	\$6,089	\$1,395,835	\$534,796	\$912,767	\$522,501	\$94,213	\$0	\$240	\$73,445,929
FY 2023-24	\$225,092	\$2,543,299	\$22,804,701	\$2,920,932	\$4,250,698	\$1,226,891	\$27,088,455	\$163	\$795,323	\$193,875	\$645,685	\$370,398	\$28,079	\$63	\$83,935	\$63,177,589
FY 2024-25	\$356,489	\$2,525,379	\$26,517,572	\$4,006,763	\$5,098,925	\$1,206,085	\$31,077,971	\$228	\$713,735	\$199,001	\$778,481	\$411,514	\$25,038	\$30,667	\$0	\$72,947,848
Percent Change in Cash Based Actuals																
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-22.27%	-34.19%	-29.65%	0.65%	-36.72%	-40.59%	-41.31%	-32.54%	-74.44%	-72.44%	-71.13%	-57.49%	-27.64%	0.00%	0.00%	-41.04%
FY 2018-19	-11.03%	-8.93%	0.44%	-1.43%	-16.63%	-25.09%	-3.04%	3060.38%	-15.96%	-22.40%	-19.72%	22.67%	-96.09%	0.00%	0.00%	-5.13%
FY 2019-20	-46.78%	31.24%	7.64%	31.22%	7.81%	7.70%	6.91%	57.83%	8.57%	5.32%	9.18%	4.36%	328.21%	0.00%	100.00%	8.20%
FY 2020-21	155.57%	21.27%	-0.47%	75.02%	3.19%	84.11%	16.96%	4.85%	-9.51%	35.65%	-6.54%	-18.59%	1220.18%	100.00%	70374.54%	10.32%
FY 2021-22	-17.64%	28.55%	17.02%	282.15%	33.96%	15.42%	28.22%	36.97%	5.00%	34.78%	6.73%	74.93%	84.16%	-100.00%	-97.58%	28.98%
FY 2022-23	142.19%	6.18%	22.46%	-46.38%	1.92%	6.10%	27.24%	-68.43%	12.41%	22.23%	-5.45%	179.28%	65.71%	0.00%	-50.05%	16.39%
FY 2023-24	-53.73%	-2.84%	-11.73%	24.28%	-32.74%	-52.96%	-97.32%	-43.02%	-63.75%	-29.26%	-29.26%	-29.11%	-70.20%	100.00%	34811.82%	-13.98%
FY 2024-25	58.37%	-0.70%	16.28%	37.17%	19.96%	-1.70%	14.73%	39.88%	-10.26%	2.64%	20.57%	11.10%	-10.83%	48577.78%	-100.00%	15.48%
Per Capita Cost																
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$5.90	\$178.85	\$352.24	\$80.53	\$48.86	\$23.88	\$73.71	\$1.70	\$11.94	\$16.37	\$188.30	\$17.79	\$9.80	\$0.00	\$0.00	#DIV/0!
FY 2017-18	\$4.39	\$112.15	\$248.12	\$61.98	\$27.75	\$19.22	\$42.67	\$1.74	\$3.26	\$4.55	\$51.42	\$10.14	\$6.26	\$0.00	\$0.00	#DIV/0!
FY 2018-19	\$3.76	\$94.72	\$245.18	\$55.57	\$23.66	\$16.90	\$44.14	\$58.82	\$2.86	\$3.83	\$40.63	\$10.32	\$0.24	\$0.00	\$0.00	#DIV/0!
FY 2019-20	\$2.01	\$121.37	\$272.29	\$61.39	\$27.27	\$19.44	\$48.30	\$98.03	\$3.21	\$4.28	\$45.39	\$11.38	\$1.06	\$0.00	\$0.00	#DIV/0!
FY 2020-21	\$5.05	\$141.63	\$272.41	\$79.94	\$26.73	\$24.09	\$45.28	\$101.30	\$2.62	\$4.86	\$43.61	\$7.86	\$8.55	\$0.27	\$0.56	#DIV/0!
FY 2021-22	\$4.08	\$178.85	\$319.88	\$284.17	\$32.72	\$24.01	\$48.92	\$147.23	\$2.56	\$6.03	\$47.47	\$13.13	\$13.04	\$0.00	\$0.01	#DIV/0!
FY 2022-23	\$9.64	\$189.03	\$397.89	\$127.38	\$31.84	\$24.92	\$56.12	\$45.78	\$2.76	\$6.95	\$45.48	\$21.03	\$14.94	\$0.00	\$0.01	#DIV/0!
FY 2023-24	\$4.72	\$200.39	\$386.54	\$143.80	\$26.37	\$18.54	\$66.75	\$1.37	\$1.93	\$3.31	\$33.84	\$15.40	\$4.96	\$0.00	\$2.89	#DIV/0!
FY 2024-25	\$7.16	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0.00	-
Percent Change in Per Capita Cost																
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-25.59%	-37.29%	-29.56%	-23.03%	-43.21%	-19.51%	-42.11%	2.35%	-72.70%	-72.21%	-72.69%	-43.00%	-36.12%	0.00%	0.00%	#DIV/0!
FY 2018-19	-14.35%	-15.54%	-1.18%	-10.34%	-14.74%	-12.07%	3.45%	3280.46%	-12.27%	-15.82%	-20.98%	1.78%	-96.17%	0.00%	0.00%	#DIV/0!
FY 2019-20	-46.54%	28.14%	11.06%	10.47%	15.26%	15.03%	9.42%	66.66%	12.24%	11.75%	11.72%	10.27%	341.67%	0.00%	0.00%	#DIV/0!
FY 2020-21	151.24%	16.69%	0.04%	30.22%	-1.98%	23.92%	-6.25%	3.34%	-18.38%	13.55%	-30.93%	706.60%	100.00%	100.00%	100.00%	#DIV/0!
FY 2021-22	-19.21%	26.28%	17.43%	255.48%	22.41%	-0.33%	8.04%	45.34%	2.29%	24.07%	8.85%	67.05%	52.51%	-100.00%	-98.21%	#DIV/0!
FY 2022-23	136.27%	5.69%	24.39%	-55.17%	-2.69%	3.79%	14.72%	-68.91%	7.81%	15.26%	-4.19%	60.17%	14.57%	0.00%	0.00%	#DIV/0!
FY 2023-24	-51.04%	6.01%	-2.85%	12.89%	-17.18%	-25.60%	18.94%	-97.01%	-30.07%	-52.37%	-25.59%	-26.77%	-66.80%	0.00%	28800.00%	#DIV/0!
FY 2024-25	51.69%	-	-	-	-	-	-	-	-	-	-	-	-	-	-100.00%	-

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Cash Based Actuals																
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$192,931	\$1,496,269	\$17,726,484	\$374,634	\$5,869,467	\$1,796,337	\$19,081,007	\$297	\$4,171,005	\$790,741	\$2,846,182	\$179,645	\$14,351	\$0	\$0	\$54,539,350
FY 2017-18	\$122,319	\$803,135	\$10,171,721	\$307,569	\$3,029,625	\$870,537	\$9,133,921	\$163	\$869,628	\$177,740	\$670,229	\$62,297	\$8,470	\$0	\$0	\$26,227,354
FY 2018-19	\$100,113	\$672,846	\$9,397,532	\$278,870	\$2,323,337	\$599,882	\$8,146,704	\$4,752	\$672,240	\$126,868	\$494,973	\$70,298	\$305	\$0	\$0	\$22,888,720
FY 2019-20	\$49,812	\$825,511	\$9,456,742	\$342,101	\$2,341,665	\$603,960	\$8,142,462	\$7,011	\$682,270	\$124,916	\$505,199	\$68,584	\$1,221	\$0	\$15	\$23,151,469
FY 2020-21	\$125,437	\$986,417	\$9,273,888	\$589,931	\$2,380,967	\$1,095,590	\$9,383,160	\$7,243	\$608,321	\$166,964	\$465,236	\$55,012	\$15,879	\$960	\$10,222	\$25,165,227
FY 2021-22	\$88,250	\$1,083,195	\$9,270,300	\$1,925,824	\$2,724,688	\$1,080,192	\$10,276,996	\$8,474	\$545,620	\$192,237	\$424,170	\$82,204	\$24,980	\$0	\$211	\$27,727,341
FY 2022-23	\$267,877	\$1,441,522	\$14,227,758	\$1,294,255	\$3,480,369	\$1,436,423	\$16,388,422	\$3,353	\$768,665	\$294,504	\$502,647	\$287,733	\$51,882	\$0	\$132	\$40,445,542
FY 2023-24	\$122,030	\$1,378,803	\$12,363,154	\$1,583,530	\$2,304,439	\$665,137	\$14,685,514	\$88	\$431,170	\$105,106	\$350,046	\$200,805	\$15,223	\$34	\$45,504	\$34,250,583
FY 2024-25	\$181,800	\$1,287,875	\$13,523,247	\$2,043,341	\$2,600,314	\$615,071	\$15,848,928	\$116	\$363,986	\$101,485	\$397,004	\$209,861	\$12,769	\$15,639	\$0	\$37,201,436
Percent Change in Cash Based Actuals																
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-36.60%	-46.32%	-42.62%	-17.90%	-48.38%	-51.54%	-52.13%	-45.12%	-79.15%	-77.52%	-76.45%	-65.32%	-40.98%	0.00%	0.00%	-51.91%
FY 2018-19	-18.15%	-16.22%	-7.61%	-9.33%	-23.31%	-31.09%	-10.81%	2815.34%	-22.70%	-28.62%	-26.15%	12.84%	-96.40%	0.00%	0.00%	-12.73%
FY 2019-20	-50.24%	22.69%	0.63%	22.67%	0.79%	0.68%	-0.05%	47.54%	1.49%	-1.54%	2.07%	-2.44%	300.33%	0.00%	100.00%	1.15%
FY 2020-21	151.82%	19.49%	-1.93%	72.44%	1.68%	81.40%	15.24%	3.31%	-10.84%	33.66%	-7.91%	-19.79%	1200.49%	100.00%	68046.67%	8.70%
FY 2021-22	-29.65%	9.81%	-0.04%	226.45%	14.44%	-1.41%	9.53%	17.00%	-10.31%	15.14%	-8.83%	49.43%	57.31%	-100.00%	-97.94%	10.18%
FY 2022-23	203.54%	33.08%	53.48%	-32.79%	27.73%	32.98%	59.47%	-60.43%	40.88%	53.20%	18.50%	250.02%	107.69%	0.00%	-37.44%	45.87%
FY 2023-24	-54.45%	-4.35%	-13.11%	22.35%	-33.79%	-53.69%	-10.39%	-97.38%	-43.91%	-64.31%	-30.36%	-30.21%	-70.66%	100.00%	34372.73%	-15.32%
FY 2024-25	-48.98%	-6.59%	9.38%	29.04%	12.84%	-7.53%	7.92%	31.82%	-15.58%	-3.45%	13.41%	4.51%	-16.12%	45897.06%	-100.00%	8.62%
Per Capita Cost																
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$4.39	\$133.11	\$262.15	\$59.93	\$36.36	\$17.78	\$54.85	\$1.26	\$8.89	\$12.18	\$140.14	\$13.24	\$7.29	\$0.00	\$0.00	#DIV/0!
FY 2017-18	\$2.66	\$68.08	\$150.62	\$37.62	\$16.85	\$11.67	\$25.90	\$1.05	\$1.98	\$2.76	\$31.21	\$6.15	\$3.80	\$0.00	\$0.00	#DIV/0!
FY 2018-19	\$2.10	\$52.89	\$136.91	\$31.03	\$13.21	\$9.44	\$24.65	\$32.85	\$1.60	\$2.14	\$22.69	\$5.76	\$0.13	\$0.00	\$0.00	#DIV/0!
FY 2019-20	\$1.05	\$63.36	\$142.14	\$32.05	\$14.24	\$25.21	\$25.21	\$51.18	\$1.67	\$2.23	\$23.70	\$5.94	\$0.55	\$0.00	\$0.00	#DIV/0!
FY 2020-21	\$2.60	\$72.85	\$140.12	\$41.12	\$13.75	\$12.39	\$23.29	\$52.11	\$1.35	\$2.50	\$22.43	\$4.04	\$4.40	\$0.14	\$0.29	#DIV/0!
FY 2021-22	\$1.79	\$78.58	\$140.55	\$124.86	\$14.38	\$10.55	\$21.50	\$64.69	\$1.13	\$2.65	\$20.86	\$5.77	\$5.73	\$0.00	\$0.01	#DIV/0!
FY 2022-23	\$5.31	\$104.10	\$219.11	\$70.15	\$17.53	\$13.72	\$30.90	\$25.21	\$1.52	\$3.83	\$25.04	\$11.58	\$8.23	\$0.00	\$0.00	#DIV/0!
FY 2023-24	\$2.56	\$108.64	\$209.56	\$77.96	\$14.29	\$10.05	\$36.19	\$0.74	\$1.05	\$1.80	\$18.34	\$8.35	\$2.69	\$0.00	\$1.57	#DIV/0!
FY 2024-25	\$3.65	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0.00	-
Percent Change in Per Capita Cost																
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-39.41%	-48.85%	-42.54%	-37.23%	-53.66%	-34.36%	-52.78%	-16.67%	-77.73%	-77.34%	-77.73%	-53.55%	-47.87%	0.00%	0.00%	#DIV/0!
FY 2018-19	-21.05%	-22.31%	-9.10%	-17.52%	-21.60%	-19.11%	-4.83%	3028.57%	-19.19%	-22.46%	-27.30%	-6.34%	-96.58%	0.00%	0.00%	#DIV/0!
FY 2019-20	-50.00%	19.80%	3.82%	3.29%	7.80%	7.52%	2.27%	55.80%	4.38%	4.21%	4.45%	3.13%	323.08%	0.00%	0.00%	#DIV/0!
FY 2020-21	147.62%	14.98%	-1.42%	28.30%	-3.44%	22.07%	-7.62%	1.82%	-19.16%	12.11%	-5.36%	-31.99%	700.00%	100.00%	100.00%	#DIV/0!
FY 2021-22	-31.15%	7.87%	0.31%	203.65%	4.58%	-14.85%	-7.69%	24.14%	-16.30%	6.00%	-42.82%	30.23%	-100.00%	-96.55%	0.00%	#DIV/0!
FY 2022-23	196.65%	32.48%	55.89%	-43.82%	21.91%	30.05%	43.72%	-61.03%	34.51%	44.53%	20.04%	100.69%	-43.63%	0.00%	-100.00%	#DIV/0!
FY 2023-24	-51.79%	4.36%	-4.36%	11.13%	-18.48%	-26.75%	17.12%	-97.06%	-30.92%	-53.00%	-26.76%	-27.89%	-67.31%	0.00%	-100.00%	#DIV/0!
FY 2024-25	42.58%	-	-	-	-	-	-	-	-	-	-	-	-	-	-100.00%	-

(1) Totals for FY 2010-11 are adjusted to account for the June 2010 payment delays.

(2) Antipsychotic expenditures decreased significantly in FY 2017-18 due to the brand name preference of Abilify being removed in April 2017, as well as a significant decrease in the unit price of aripiprazole (the generic version of Abilify).

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Estimated Increase in Rebates Attributable to the Affordable Care Act						
Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Percentage Change
FY 2015-16	\$2,844,435	\$2,078,580	\$3,217,760	\$1,876,367	\$10,017,142	-
FY 2016-17	\$3,665,910	\$3,333,782	\$2,724,407	\$3,309,038	\$13,033,137	30.11%
FY 2017-18	\$3,163,574	\$3,658,125	\$3,515,812	\$5,159,840	\$15,497,352	18.91%
FY 2018-19	\$4,276,352	\$4,184,873	\$4,358,848	(\$1,453,415)	\$11,366,658	-26.65%
FY 2019-20	\$7,000,143	\$9,556,025	\$8,774,817	\$6,069,395	\$31,400,380	176.25%
FY 2020-21	\$4,151,969	\$6,248,080	\$5,152,235	\$8,844,886	\$24,397,170	-22.30%
FY 2021-22	\$14,504,107	\$2,799,166	\$3,733,360	\$11,996,889	\$33,033,522	35.40%
FY 2022-23	\$5,831,641	\$6,904,987	\$4,175,006	\$7,978,285	\$24,889,919	-24.65%
FY 2023-24	\$15,058,208	\$9,718,927	\$7,040,276	\$10,129,843	\$41,947,255	68.53%
FY 2024-25	\$9,132,024	\$8,512,615	\$8,592,981	\$8,104,690	\$34,342,310	-18.13%
FY 2025-26	\$13,253,699	\$10,558,915	\$9,948,356	\$16,600,276	\$50,361,246	46.64%
FY 2026-27	\$15,939,599	\$11,916,638	\$9,877,719	\$16,539,837	\$54,273,793	7.77%
FY 2027-28	\$17,177,941	\$12,842,437	\$10,645,116	\$17,824,811	\$58,490,305	7.77%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Total Family Planning Expenditure						
Fiscal Year	Total Reported Expenditures	General Fund	Cash Funds	Federal Funds (90% FMAP)	Change	% Change
FY 2011-12	\$9,616,143	\$961,614	\$0	\$8,654,529	-	-
FY 2012-13	\$7,948,469	\$794,847	\$0	\$7,153,622	(\$1,667,674)	-17.34%
FY 2013-14	\$9,583,635	\$958,363	\$0	\$8,625,272	\$1,635,166	20.57%
FY 2014-15	\$11,582,466	\$1,158,247	\$0	\$10,424,219	\$1,998,831	20.86%
FY 2015-16	\$11,741,307	\$1,174,131	\$0	\$10,567,176	\$158,841	1.37%
FY 2016-17	\$4,933,998	\$493,400	\$0	\$4,440,598	(\$6,807,309)	-57.98%
FY 2017-18	\$16,066,065	\$1,606,606	\$0	\$14,459,459	\$11,132,067	225.62%
FY 2018-19	\$21,547,443	\$2,154,744	\$0	\$19,392,699	\$5,481,378	34.12%
FY 2019-20	\$17,101,730	\$1,710,173	\$0	\$15,391,557	(\$4,445,713)	-20.63%
FY 2020-21	\$17,539,025	\$1,753,903	\$0	\$15,785,122	\$437,295	2.56%
FY 2021-22	\$17,041,996	\$1,685,297	\$18,903	\$15,337,796	(\$497,029)	-2.83%
FY 2022-23	\$17,627,319	\$1,743,440	\$19,292	\$15,864,587	\$585,323	3.43%
FY 2023-24	\$17,809,952	\$1,761,703	\$19,292	\$16,028,957	\$182,633	1.04%
FY 2024-25	\$18,707,262	\$1,870,726	\$0	\$16,836,536	\$897,310	5.04%
Traditional Expenditure						
FY 2025-26 Estimate	\$20,465,745	\$2,046,575	\$0	\$18,419,170	\$1,758,483	9.40%
FY 2026-27 Estimate	\$21,935,185	\$2,193,519	\$0	\$19,741,666	\$1,469,440	7.18%
FY 2027-28 Estimate	\$23,475,035	\$2,347,504	\$0	\$21,127,531	\$1,539,850	7.02%
Bottom Line impacts						
FY 2025-26 Estimate	\$2,868,242	\$286,824	\$0	\$2,581,418	\$0	0.00%
FY 2026-27 Estimate	\$2,868,242	\$286,824	\$0	\$2,581,418	\$0	0.00%
FY 2027-28 Estimate	\$2,868,242	\$286,824	\$0	\$2,581,418	\$0	0.00%
Total Expenditure						
FY 2025-26 Estimate	\$23,333,987	\$2,333,399	\$0	\$21,000,588	\$4,626,725	24.73%
FY 2026-27 Estimate	\$24,803,427	\$2,480,342	\$0	\$22,323,085	\$1,469,440	6.30%
FY 2027-28 Estimate	\$26,343,277	\$2,634,327	\$0	\$23,708,950	\$1,539,850	6.21%
1. FY 2016-17 actuals are currently understated as a result of an over payment of drug rebates.						
2. Total reported expenditures for FY 2017-18 are restated due to previous reporting errors.						
3. FY 2021-22 and FY 2022-23 Expenditure includes costs associated with SB 21-025 "Family Planning Services for Eligible Individuals"						

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Total Expenditure for Indian Health Service			
Fiscal Year	Total Reported Expenditures: 100% FF	Change	% Change
FY 2010-11 (DA)	\$1,672,353	-	-
FY 2011-12	\$1,434,711	(\$237,642)	-14.21%
FY 2012-13	\$1,238,524	(\$196,187)	-13.67%
FY 2013-14	\$1,450,187	\$211,663	17.09%
FY 2014-15	\$4,281,827	\$2,831,640	195.26%
FY 2015-16	\$4,286,478	\$4,651	0.11%
FY 2016-17	\$3,571,625	(\$714,853)	-16.68%
FY 2017-18	\$5,983,465	\$2,411,840	67.53%
FY 2018-19	\$5,184,197	(\$799,268)	-13.36%
FY 2019-20	\$5,464,611	\$280,414	5.41%
FY 2020-21	\$6,300,264	\$835,653	15.29%
FY 2021-22	\$7,347,276	\$1,047,012	16.62%
FY 2022-23	\$9,771,660	\$2,424,384	33.00%
FY 2023-24	\$12,443,805	\$2,672,145	27.35%
FY 2024-25	\$14,568,886	\$2,125,081	17.08%
FY 2025-26 Estimated Total	\$13,976,666	(\$592,220)	-4.06%
FY 2026-27 Estimated Total	\$15,045,328	\$1,068,662	7.65%
FY 2027-28 Estimated Total	\$15,812,243	\$766,915	5.10%
1. Increase in expenditure in FY 2017-18 is primarily due to better tracking of Indian Health Services expenditure in the interChange.			
2. Expenditure estimate includes anticipated savings to Acute Care from better coordination of services for clients eligible under Indian			

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Total Non-Emergent Medical Transportation Expenditure																
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$6,297,730	\$1,952,972	\$7,461,686	\$293,810	\$1,347,113	\$757,555	\$5,371,101	\$4,899	\$1,781,902	\$193,559	\$283,182	\$257,988	\$5,917	\$20,117	\$11	\$26,029,542
FY 2017-18	\$7,080,487	\$3,535,875	\$13,592,151	\$710,271	\$2,916,246	\$924,059	\$11,008,489	\$25,852	\$4,026,624	\$334,537	\$504,574	\$493,367	\$14,100	\$100,181	\$0	\$45,266,813
FY 2018-19	\$7,894,928	\$4,112,109	\$15,960,491	\$1,044,472	\$3,879,152	\$339,530	\$14,837,929	(\$43)	\$4,114,668	\$244,265	\$520,776	\$1,091,729	\$20,296	\$111,675	(\$16)	\$54,171,961
FY 2019-20	\$8,419,531	\$4,769,713	\$16,160,671	\$1,139,025	\$3,416,393	\$586,294	\$14,299,029	(\$2,091)	\$2,705,545	\$121,939	\$431,569	\$582,012	\$24,955	\$516	\$0	\$52,655,101
FY 2020-21	\$9,959,966	\$5,239,048	\$16,120,370	\$1,792,572	\$3,738,517	\$1,223,153	\$18,176,196	\$1,450	\$2,516,181	\$307,105	\$533,300	\$570,393	\$39,313	\$1,625	\$0	\$60,219,189
FY 2021-22	\$12,506,652	\$6,260,495	\$19,250,458	\$2,096,276	\$4,216,531	\$883,787	\$20,548,552	\$5,430	\$3,266,107	\$233,533	\$711,138	\$450,157	\$32,838	\$27,005	\$0	\$70,488,959
FY 2022-23	\$31,641,598	\$16,903,397	\$48,189,190	\$7,200,287	\$14,023,282	\$3,443,859	\$76,659,889	\$10,462	\$8,492,969	\$998,807	\$1,546,840	\$2,634,843	\$157,847	\$4,976	\$0	\$211,908,246
FY 2023-24	\$41,937,526	\$21,358,598	\$64,061,953	\$10,979,861	\$22,689,671	\$3,926,912	\$118,104,366	\$789	\$12,243,226	\$1,136,206	\$2,399,150	\$3,886,832	\$230,061	\$0	\$0	\$302,955,153
FY 2024-25	\$51,059,422	\$21,250,989	\$69,096,878	\$14,971,250	\$18,081,041	\$3,207,390	\$99,771,700	\$5,114	\$11,184,121	\$974,573	\$2,498,605	\$3,651,762	\$174,758	\$2,510	\$0	\$295,930,113
Estimated FY 2025-26	\$54,636,625	\$21,394,246	\$79,204,798	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$155,235,669
Estimated FY 2026-27	\$58,138,040	\$22,653,225	\$88,578,980	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$169,370,245
Estimated FY 2027-28	\$60,458,826	\$23,982,922	\$99,050,989	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$183,492,737
Percent Change in Total Non-Emergent Medical Transportation Expenditure																
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	12.43%	81.05%	82.16%	141.75%	116.48%	21.98%	104.96%	427.70%	125.97%	72.83%	78.18%	91.24%	138.30%	397.99%	-100.00%	73.91%
FY 2018-19	11.50%	16.30%	17.42%	47.05%	33.02%	-63.26%	34.79%	-100.17%	2.19%	-26.98%	3.21%	121.28%	43.94%	11.47%	100.00%	19.67%
FY 2019-20	6.64%	15.99%	1.25%	9.05%	-11.93%	72.68%	-3.63%	4762.79%	-34.25%	-50.08%	-17.13%	-46.69%	22.96%	-99.54%	-100.00%	-2.80%
FY 2020-21	18.30%	9.84%	-0.25%	57.38%	9.43%	108.62%	27.11%	-169.34%	-7.00%	151.85%	23.57%	-2.00%	57.54%	214.92%	0.00%	14.37%
FY 2021-22	25.57%	19.50%	19.42%	16.94%	12.79%	-27.75%	13.05%	274.48%	29.80%	-23.96%	33.35%	-21.08%	-16.47%	1561.85%	0.00%	17.05%
FY 2022-23	153.00%	170.00%	150.33%	243.48%	232.58%	289.67%	273.07%	92.67%	160.03%	327.69%	117.52%	485.32%	380.68%	-81.57%	0.00%	200.63%
FY 2023-24	32.54%	26.36%	32.94%	52.49%	61.80%	14.03%	54.06%	-92.46%	44.16%	13.76%	55.10%	47.52%	45.75%	-100.00%	0.00%	42.97%
FY 2024-25	21.75%	-0.50%	7.86%	36.35%	-20.31%	-18.32%	-15.52%	548.16%	-8.65%	-14.23%	4.15%	-6.05%	-24.04%	100.00%	0.00%	-2.32%
Estimated FY 2025-26	7.01%	0.67%	14.63%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-47.54%
Estimated FY 2026-27	6.41%	5.88%	11.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.11%
Estimated FY 2027-28	3.99%	5.87%	11.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.34%
Per Capita Cost for Total Non-Emergent Medical Transportation Expenditure for Populations Eligible for Non-Emergent Medical Transportation Cash Fund Funding																
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$143.32	\$173.74	\$110.35	\$47.00	\$8.35	\$7.50	\$15.44	\$20.85	\$3.80	\$2.98	\$13.94	\$19.02	\$3.01	\$7.62	\$0.00	\$19.34
FY 2017-18	\$154.24	\$299.73	\$201.27	\$86.88	\$16.21	\$12.39	\$31.22	\$166.79	\$9.18	\$5.20	\$23.50	\$48.73	\$6.33	\$35.66	\$0.00	\$34.42
FY 2018-19	\$165.56	\$323.26	\$232.53	\$116.22	\$22.06	\$5.34	\$44.89	(\$0.30)	\$9.79	\$4.11	\$23.87	\$89.52	\$8.85	\$42.08	\$0.00	\$42.95
FY 2019-20	\$177.06	\$366.08	\$242.91	\$106.70	\$20.77	\$9.85	\$44.28	(\$15.26)	\$6.64	\$2.18	\$20.24	\$50.40	\$11.30	\$0.21	\$0.00	\$43.19
FY 2020-21	\$206.43	\$386.90	\$243.56	\$124.94	\$21.59	\$13.83	\$45.12	\$10.43	\$5.58	\$4.60	\$25.71	\$41.91	\$10.89	\$0.23	\$0.00	\$42.86
FY 2021-22	\$253.80	\$454.19	\$291.86	\$135.91	\$22.25	\$8.63	\$42.98	\$41.45	\$6.74	\$3.22	\$34.97	\$31.58	\$7.53	\$1.82	\$0.00	\$45.14
FY 2022-23	\$626.85	\$1,220.64	\$742.14	\$390.24	\$70.64	\$32.90	\$144.55	\$78.66	\$16.82	\$12.98	\$77.07	\$106.06	\$25.04	\$0.19	\$0.00	\$126.51
FY 2023-24	\$879.54	\$1,682.84	\$1,085.85	\$540.56	\$140.75	\$59.35	\$291.02	\$6.63	\$29.68	\$19.42	\$125.72	\$161.65	\$40.63	\$0.00	\$0.00	\$223.80
FY 2024-25	\$1,025.17	\$1,737.19	\$1,191.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Estimated FY 2025-26	\$1,084.83	\$1,771.63	\$1,319.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.34
Estimated FY 2026-27	\$1,133.03	\$1,853.48	\$1,377.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133.58
Estimated FY 2027-28	\$1,156.89	\$1,939.11	\$1,437.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.79
Percent Change in Per Capita Cost for Total Non-Emergent Medical Transportation Expenditure for Populations Eligible for Non-Emergent Medical Transportation Cash Fund Funding																
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	7.62%	72.52%	82.39%	84.85%	94.13%	65.20%	102.20%	699.95%	141.58%	74.50%	68.58%	156.20%	110.30%	367.98%	0.00%	77.97%
FY 2018-19	7.34%	7.85%	15.53%	33.77%	36.09%	-56.90%	43.79%	-100.18%	6.64%	-20.96%	1.57%	83.71%	39.81%	18.00%	0.00%	24.78%
FY 2019-20	6.95%	13.25%	4.46%	-8.19%	-5.85%	84.46%	-1.36%	4986.67%	-32.18%	-46.96%	-15.21%	-43.70%	27.68%	-99.50%	0.00%	0.56%
FY 2020-21	16.59%	5.69%	0.27%	17.09%	3.95%	40.41%	1.90%	-168.35%	-15.96%	111.01%	27.03%	-16.85%	-3.63%	9.52%	0.00%	-0.76%
FY 2021-22	22.95%	17.39%	19.83%	8.78%	3.06%	-37.60%	-4.74%	297.41%	20.79%	-30.00%	36.02%	-24.65%	-30.85%	691.30%	0.00%	5.32%
FY 2022-23	146.99%	168.75%	154.28%	187.13%	217.48%	281.23%	236.32%	89.77%	149.55%	303.11%	120.39%	235.85%	232.54%	-89.56%	0.00%	180.26%
FY 2023-24	40.31%	37.87%	46.31%	38.52%	99.25%	80.40%	101.33%	-91.57%	76.46%	49.61%	63.12%	52.41%	62.26%	-100.00%	0.00%	76.90%
FY 2024-25	16.56%	3.23%	9.74%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	#DIV/0!
Estimated FY 2025-26	5.82%	1.98%	10.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Estimated FY 2026-27	4.44%	4.62%	4.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.73%
Estimated FY 2027-28	2.11%	4.62%	4.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.40%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Current Year Projection																
Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation Services	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Total Non-Emergent Medical Transportation																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	5.82%	1.98%	10.70%	10.28%	3.05%	3.39%	5.55%	3.40%	2.49%	2.49%	7.74%	2.39%	2.39%	3.44%	4.72%	
Estimated FY 2022-23 Total Non-Emergent Medical Transportation Per Capita	\$1,084.83	\$1,771.63	\$1,319.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.34
Estimated FY 2022-23 Eligible Caseload	50,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	51,719	18,521	24,611	4,821	40,436	31,957	1,228,731
Estimated FY 2022-23 Total Non-Emergent Medical Transportation Expenditure	\$54,636,625	\$21,394,246	\$79,204,798	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$155,235,669
Non-Emergent Medical Transportation Benefit																
Estimated FY 2022-23 Non-Emergent Medical Transportation Benefit Per Capita	\$1,084.83	\$1,771.63	\$1,319.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.34
Estimated FY 2022-23 Eligible Caseload	50,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	51,719	18,521	24,611	4,821	40,436	31,957	1,228,731
Estimated FY 2022-23 Non-Emergent Medical Transportation Benefit Expenditure	\$54,636,625	\$21,394,246	\$79,204,798	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$155,235,669
Request Year Projection																
Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation Services	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Total Non-Emergent Medical Transportation																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	4.44%	4.62%	4.40%	6.97%	3.05%	3.39%	2.92%	3.40%	2.49%	2.49%	7.62%	2.39%	2.39%	3.44%	4.72%	
Estimated FY 2023-24 Total Non-Emergent Medical Transportation Per Capita	\$1,133.03	\$1,853.48	\$1,377.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133.58
Estimated FY 2023-24 Eligible Caseload	51,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	56,106	18,557	25,667	4,865	43,072	33,515	1,267,965
Estimated FY 2023-24 Total Non-Emergent Medical Transportation Expenditure	\$58,138,040	\$22,653,225	\$88,578,980	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$169,370,245
Bottom Line Impacts																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergent Medical Transportation Benefit																
Estimated FY 2023-24 Non-Emergent Medical Transportation Benefit Per Capita	\$1,133.03	\$1,853.48	\$1,377.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$133.58
Estimated FY 2023-24 Eligible Caseload	51,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	56,106	18,557	25,667	4,865	43,072	33,515	1,267,965
Estimated FY 2023-24 Non-Emergent Medical Transportation Benefit Expenditure	\$58,138,040	\$22,653,225	\$88,578,980	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$169,370,245
Out Year Projection																
CALCULATION OF Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Total Non-Emergent Medical Transportation																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.40%	0.77%	2.39%	12.55%	2.39%	2.39%	3.44%	3.14%	
Estimated FY 2024-25 Total Non-Emergent Medical Transportation Per Capita	\$1,156.89	\$1,939.11	\$1,437.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.79
Estimated FY 2024-25 Eligible Caseload	52,260	12,368	68,897	30,783	144,830	47,149	359,223	122	398,921	60,343	18,593	26,723	4,909	43,072	35,073	1,303,266
Estimated FY 2024-25 Total Non-Emergent Medical Transportation Expenditure	\$60,458,826	\$23,982,922	\$99,050,989	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$183,492,737
Bottom Line Impacts																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergent Medical Transportation Benefit																
Estimated FY 2024-25 Non-Emergent Medical Transportation Benefit Per Capita	\$1,156.89	\$1,939.11	\$1,437.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140.79
Estimated FY 2024-25 Eligible Caseload	52,260	12,368	68,897	30,783	144,830	47,149	359,223	122	398,921	60,343	18,593	26,723	4,909	43,072	35,073	1,303,266
Estimated FY 2024-25 Non-Emergent Medical Transportation Benefit Expenditure	\$60,458,826	\$23,982,922	\$99,050,989	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$183,492,737

Total Cost of Cover All Coloradans		
Fiscal Year	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
FY 2024-25	\$20,424,318	\$20,424,318
FY 2025-26	\$42,665,506	\$42,665,506
FY 2026-27	\$50,906,664	\$50,906,664
FY 2027-28	\$51,713,774	\$51,713,774

Current Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,547.07	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,679.65	\$5,679.65
Previous Year Eligibles	1,841	1,841
Estimated Growth in Eligibility	0.00%	
Estimated Current Year Eligibles	7,512	7,512
Total Estimated Expenditures for Current Year	\$42,665,506	\$42,665,506

Request Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,679.65	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,815.39	\$5,815.39
Previous Year Eligibles	7,512	15,024
Estimated Growth in Eligibility		
Estimated Current Year Eligibles	8,685	8,685
Total Estimated Expenditures for Current Year	\$50,906,664	\$50,906,664

Out Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,815.39	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,954.38	\$5,954.38
Previous Year Eligibles	7,512	15,024
Estimated Growth in Eligibility		
Estimated Current Year Eligibles	8,685	8,685
Total Estimated Expenditures for Current Year	\$51,713,774	\$51,713,774

Exhibit G - COMMUNITY-BASED LONG-TERM CARE
Summary

FY 2025-26 Community-Based Long-Term Care Request																
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$879,634,084	\$161,347,531	\$686,117,722	\$70,874,662	\$1,348,424	\$1,434,583	\$3,513,832	\$0	\$2,792,663	\$946,112	\$1,714,513	\$130,627	\$0	\$261,253	\$3,962,573	\$1,814,078,579
Private Duty Nursing	\$10,079,416	\$1,385,390	\$84,918,728	\$1,328,843	\$0	\$0	\$0	\$0	\$4,043,076	\$325,142	\$39,285,691	\$0	\$0	\$0	\$0	\$141,366,286
Long-Term Home Health	\$100,410,351	\$26,736,484	\$553,317,904	\$13,410,681	\$1,358,044	\$84,878	\$7,384,362	\$0	\$98,967,430	\$6,790,218	\$40,232,043	\$0	\$0	\$0	\$84,878	\$848,777,273
Hospice	\$60,066,341	\$4,791,720	\$5,246,914	\$935,736	\$386,120	\$228,934	\$5,066,469	\$8,193	\$277,348	\$16,885	\$66,032	\$0	\$915	\$0	\$0	\$77,091,607
Total Community-Based Long-Term Care	\$1,050,190,192	\$194,261,125	\$1,329,601,268	\$86,549,922	\$3,092,588	\$1,748,395	\$15,964,663	\$8,193	\$106,080,517	\$8,078,357	\$81,298,279	\$130,627	\$915	\$261,253	\$4,047,451	\$2,881,313,745
FY 2026-27 Community-Based Long-Term Care Request																
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$986,457,784	\$172,104,460	\$734,452,980	\$75,907,533	\$1,441,457	\$1,613,738	\$3,756,447	\$0	\$2,986,645	\$1,010,792	\$1,833,035	\$138,628	\$0	\$277,256	\$4,210,219	\$1,986,190,974
Private Duty Nursing	\$10,568,280	\$1,452,583	\$89,037,381	\$1,393,293	\$0	\$0	\$0	\$0	\$4,239,169	\$340,912	\$41,191,091	\$0	\$0	\$0	\$0	\$148,222,709
Long-Term Home Health	\$104,223,568	\$27,751,838	\$574,330,886	\$13,919,969	\$1,409,617	\$88,101	\$7,664,793	\$0	\$102,725,849	\$7,048,086	\$41,759,908	\$0	\$0	\$0	\$88,101	\$881,010,716
Hospice	\$62,616,149	\$5,111,076	\$5,923,840	\$1,029,161	\$416,797	\$249,823	\$5,502,631	\$9,692	\$298,102	\$19,305	\$69,727	\$0	\$973	\$0	\$0	\$81,247,276
Total Community-Based Long-Term Care	\$1,163,865,781	\$206,419,957	\$1,403,745,087	\$92,249,956	\$3,267,871	\$1,951,662	\$16,923,871	\$9,692	\$110,249,765	\$8,419,095	\$84,853,761	\$138,628	\$973	\$277,256	\$4,298,320	\$3,096,671,675
FY 2027-28 Community-Based Long-Term Care Request																
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$1,156,003,151	\$202,092,448	\$828,857,807	\$89,295,077	\$1,692,186	\$1,819,634	\$4,420,741	\$0	\$3,158,991	\$1,059,039	\$1,955,451	\$161,813	\$0	\$323,626	\$4,925,603	\$2,295,765,567
Private Duty Nursing	\$11,077,078	\$1,522,515	\$93,323,985	\$1,460,372	\$0	\$0	\$0	\$0	\$4,443,259	\$357,325	\$43,174,189	\$0	\$0	\$0	\$0	\$155,358,723
Long-Term Home Health	\$106,994,165	\$28,489,571	\$589,598,448	\$14,290,007	\$1,447,089	\$90,443	\$7,868,548	\$0	\$105,456,634	\$7,235,447	\$42,870,021	\$0	\$0	\$0	\$90,442	\$904,430,815
Hospice	\$65,036,111	\$5,433,132	\$6,665,482	\$1,115,522	\$448,190	\$271,410	\$5,951,589	\$11,292	\$318,325	\$21,811	\$73,388	\$0	\$991	\$0	\$0	\$85,347,243
Total Community-Based Long-Term Care	\$1,339,110,505	\$237,537,666	\$1,518,445,722	\$106,160,978	\$3,587,465	\$2,181,487	\$18,240,878	\$11,292	\$113,377,209	\$8,673,622	\$88,073,049	\$161,813	\$991	\$0	\$5,016,045	\$3,440,902,348

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
Cash Based Actuals and Projections by Eligibility

Cash Based Actuals																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2016-17	\$215,180,559	\$37,057,401	\$185,020,240	\$2,510,268	\$333,517	\$32,557	\$1,404,076	\$0	\$742,570	\$5,742	\$82,643	\$2,552	\$0	\$0	\$545,091	\$0	\$442,917,216
FY 2017-18	\$259,292,717	\$41,590,679	\$205,761,366	\$3,114,427	\$0	\$0	\$1,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$509,760,559
FY 2018-19	\$259,577,445	\$52,058,415	\$257,041,035	\$2,894,708	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$571,571,603
FY 2019-20	\$319,597,241	\$65,859,051	\$266,425,144	\$3,637,836	\$0	\$0	\$77,210	\$0	\$0	\$0	\$36,392	\$0	\$0	\$0	\$0	\$0	\$655,632,874
FY 2020-21	\$339,900,621	\$70,244,967	\$302,852,797	\$12,916,718	\$0	\$0	\$3,586	\$0	\$0	\$0	\$137,265	\$0	\$0	\$0	\$0	\$0	\$726,055,954
FY 2021-22	\$350,145,290	\$75,437,115	\$395,197,352	\$4,267,068	\$0	\$0	\$0	\$0	\$0	\$0	\$67,486	\$0	\$0	\$0	\$0	\$0	\$825,114,313
FY 2022-23	\$425,562,293	\$92,819,603	\$481,244,574	\$19,822,131	\$0	\$0	\$0	\$0	\$2,513,325	\$28,922	\$406,007	\$0	\$0	\$0	\$36	\$0	\$1,046,374,891
FY 2023-24	\$551,752,362	\$112,789,707	\$522,884,888	\$36,960,414	\$0	\$0	\$0	\$0	\$1,204,326	\$16,660	\$584,006	\$0	\$0	\$100	\$0	\$0	\$1,226,192,465
FY 2024-25	\$729,837,247	\$140,277,559	\$658,938,984	\$48,544,845	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$1,090,135	\$0	\$0	\$0	\$0	\$0	\$1,578,923,572
Estimated FY 2025-26	\$879,634,084	\$161,347,531	\$868,117,722	\$70,874,662	\$1,348,424	\$1,434,583	\$3,513,832	\$0	\$2,792,663	\$946,112	\$1,714,513	\$130,627	\$0	\$261,253	\$3,962,573	\$0	\$1,814,078,579
Estimated FY 2026-27	\$986,027,784	\$172,104,460	\$1,174,452,180	\$74,907,533	\$1,441,457	\$1,613,738	\$3,724,467	\$0	\$2,866,645	\$1,010,792	\$1,833,035	\$138,628	\$0	\$277,256	\$4,210,215	\$0	\$1,986,190,974
Estimated FY 2027-28	\$1,156,003,151	\$202,092,448	\$828,857,807	\$89,295,077	\$1,692,186	\$1,819,634	\$4,420,741	\$0	\$3,158,991	\$1,059,039	\$1,955,451	\$161,813	\$0	\$323,626	\$4,925,603	\$0	\$2,295,765,567
Percent Change in Cash Based Actuals																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2017-18	20.50%	12.23%	11.21%	24.07%	-100.00%	-100.00%	-99.90%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	100.00%
FY 2018-19	0.11%	25.17%	24.92%	-7.05%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2019-20	23.12%	26.51%	3.65%	25.67%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2020-21	6.35%	6.66%	13.67%	255.07%	0.00%	0.00%	-95.36%	0.00%	0.00%	0.00%	277.18%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2021-22	3.01%	7.39%	30.49%	-66.96%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-50.83%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2022-23	22.67%	23.04%	21.77%	833.24%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	501.66%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
FY 2023-24	28.45%	21.51%	8.65%	-7.19%	0.00%	0.00%	0.00%	0.00%	-52.08%	-42.40%	43.84%	0.00%	0.00%	177.78%	0.00%	0.00%	100.00%
FY 2024-25	32.28%	24.37%	26.02%	31.34%	0.00%	0.00%	0.00%	0.00%	-81.53%	-25.98%	86.67%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	20.52%	15.02%	4.12%	46.00%	100.00%	100.00%	0.00%	0.00%	1155.30%	7572.63%	57.28%	100.00%	0.00%	100.00%	0.00%	0.00%	100.00%
Estimated FY 2026-27	12.14%	6.67%	7.04%	7.10%	6.90%	12.49%	6.90%	0.00%	6.95%	6.84%	6.91%	6.13%	0.00%	6.13%	6.25%	0.00%	100.00%
Estimated FY 2027-28	17.19%	17.42%	12.85%	17.64%	17.39%	12.76%	17.68%	0.00%	5.77%	4.77%	6.68%	16.72%	0.00%	16.72%	16.99%	0.00%	100.00%
Per Capita Cost																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2016-17	\$4,897	\$3,297	\$2,736	\$402	\$2	\$0	\$4	\$0	\$2	\$0	\$4	\$0	\$0	\$0	\$16	\$0	\$13,101
FY 2017-18	\$5,648	\$3,526	\$3,047	\$381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,637
FY 2018-19	\$5,444	\$4,092	\$3,745	\$322	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,478
FY 2019-20	\$6,721	\$5,055	\$4,005	\$341	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$0	\$0	\$0	\$0	\$0	\$19,606
FY 2020-21	\$7,045	\$5,188	\$4,576	\$900	\$0	\$0	\$0	\$0	\$0	\$0	\$7	\$0	\$0	\$0	\$0	\$0	\$20,567
FY 2021-22	\$7,106	\$5,473	\$5,992	\$277	\$0	\$0	\$0	\$0	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$0	\$22,910
FY 2022-23	\$8,510	\$6,703	\$7,411	\$2,158	\$0	\$0	\$0	\$0	\$5	\$0	\$20	\$0	\$0	\$0	\$0	\$0	\$30,902
FY 2023-24	\$11,572	\$8,887	\$8,863	\$1,820	\$0	\$0	\$0	\$0	\$3	\$0	\$31	\$0	\$0	\$0	\$0	\$0	\$42,264
FY 2024-25	\$14,654	\$11,467	\$11,364	\$1,834	\$0	\$0	\$0	\$0	\$1	\$0	\$59	\$0	\$0	\$0	\$0	\$0	\$52,218
Estimated FY 2025-26	\$17,466	\$13,361	\$11,427	\$2,479	\$10	\$33	\$10	\$0	\$7	\$18	\$93	\$5	\$0	\$6	\$124	\$0	\$56,766
Estimated FY 2026-27	\$19,225	\$14,082	\$11,419	\$2,544	\$10	\$35	\$11	\$0	\$8	\$18	\$99	\$5	\$0	\$6	\$126	\$0	\$59,263
Estimated FY 2027-28	\$22,120	\$16,340	\$12,030	\$2,901	\$12	\$39	\$12	\$0	\$8	\$18	\$105	\$6	\$0	\$8	\$140	\$0	\$65,457
Percent Change in Per Capita Cost																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2017-18	15.34%	6.94%	11.36%	-5.13%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	100.00%
FY 2018-19	-3.62%	16.08%	22.91%	-15.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2019-20	23.47%	23.52%	6.94%	5.80%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2020-21	4.82%	2.63%	14.26%	164.19%	0.00%	0.00%	-95.83%	0.00%	0.00%	0.00%	287.13%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2021-22	0.86%	5.50%	30.94%	-69.27%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-49.85%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2022-23	19.76%	22.47%	23.70%	680.14%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	509.34%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	35.98%	32.58%	19.58%	-15.69%	0.00%	0.00%	0.00%	0.00%	-41.37%	-26.32%	51.26%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2024-25	26.63%	29.04%	28.22%	0.79%	0.00%	0.00%	0.00%	0.00%	-79.11%	-3.57%	92.84%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	19.19%	16.52%	0.56%	35.18%	100.00%	100.00%	0.00%	0.00%	1090.18%	6674.07%	56.87%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%
Estimated FY 2026-27	10.07%	5.39%	-0.08%	2.63%	4.41%	8.66%	3.76%	0.00%	4.82%	-1.48%	6.71%	1.69%	0.00%	-0.31%	1.11%	0.00%	100.00%
Estimated FY 2027-28	15.06%	16.04%	5.36%	14.01%	14.62%	9.01%	14.30%	0.00%	4.07%	-2.61%	6.47%	12.22%	0.00%	16.91%	11.80%	0.00%	100.00%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
Cash Based Actuals and Projections by Eligibility

Current Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$757,730,350	\$137,467,182	\$319,649,526	\$54,424,739	\$1,149,818	\$0	\$2,810,667	\$0	\$127,758	\$0	\$127,758	\$127,758	\$0	\$255,515	\$3,704,971	\$0	\$1,277,576,042
Community Mental Health Supports Waiver	\$23,097,061	\$13,908,322	\$51,193,027	\$7,597,224	\$28,895	\$0	\$414,167	\$0	\$96,318	\$0	\$96,318	\$0	\$0	\$0	\$183,004	\$0	\$96,318,018
Brain Injury Waiver	\$8,945,590	\$7,071,047	\$43,440,477	\$6,870,960	\$146,758	\$0	\$220,138	\$0	\$73,379	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$66,708,349
Complementary and Integrative Health Waiver	\$35,870,531	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,870,531
Children with Complex Health Needs Waiver	(\$53,372)	\$0	\$262,099,610	\$830,362	\$0	\$0	\$0	\$0	\$2,571,442	\$937,505	\$1,473,222	\$0	\$0	\$0	\$0	\$0	\$267,858,569
IDW Waivers CFC Expenditure	\$41,055,406	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,055,406
Community First Choice State Plan Only Services	\$12,988,718	\$2,960,980	\$9,735,082	\$1,351,377	\$22,953	\$1,434,583	\$68,860	\$0	\$20,084	\$8,607	\$17,215	\$2,869	\$0	\$5,738	\$74,998	\$0	\$28,691,664
Estimated FY 2025-26 Total Expenditure	\$879,634,084	\$161,347,531	\$686,117,722	\$70,874,662	\$1,348,424	\$1,434,583	\$3,513,832	\$0	\$2,792,663	\$946,112	\$1,714,513	\$130,627	\$0	\$261,253	\$3,962,573	\$0	\$1,814,078,579
Request Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$803,061,423	\$145,691,130	\$338,772,497	\$57,680,689	\$1,218,606	\$0	\$2,978,815	\$0	\$135,401	\$0	\$135,401	\$135,401	\$0	\$270,801	\$3,926,620	\$0	\$1,354,006,784
Community Mental Health Supports Waiver	\$25,202,376	\$15,176,076	\$55,859,310	\$8,071,486	\$31,529	\$0	\$451,919	\$0	\$105,097	\$0	\$105,097	\$0	\$0	\$0	\$199,685	\$0	\$105,097,478
Brain Injury Waiver	\$10,088,122	\$7,906,500	\$48,988,703	\$7,748,520	\$165,502	\$0	\$248,254	\$0	\$82,751	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$75,282,352
Complementary and Integrative Health Waiver	\$51,441,464	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,441,464
Children with Complex Health Needs Waiver	(\$57,207)	\$0	\$279,881,647	\$886,697	\$0	\$0	\$0	\$0	\$2,745,901	\$1,001,110	\$1,573,172	\$0	\$0	\$0	\$0	\$0	\$286,031,320
IDW Waivers CFC Expenditure	\$82,110,826	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$82,110,826
Community First Choice State Plan Only Services	\$14,610,780	\$3,330,754	\$10,950,823	\$1,520,141	\$35,820	\$1,613,738	\$77,499	\$9,483	\$32,592	\$19,365	\$3,227	\$9,495	\$0	\$83,914	\$0	\$0	\$32,274,750
Estimated FY 2026-27 Total Expenditure	\$986,457,784	\$172,104,460	\$734,452,980	\$75,907,533	\$1,441,457	\$1,613,738	\$3,756,447	\$0	\$2,986,645	\$1,010,792	\$1,833,035	\$138,628	\$0	\$277,256	\$4,210,219	\$0	\$1,986,190,974
Out Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$938,127,452	\$170,194,763	\$395,750,277	\$67,381,942	\$1,423,562	\$0	\$3,479,819	\$0	\$158,174	\$0	\$158,174	\$158,174	\$0	\$316,347	\$4,587,034	\$0	\$1,581,735,718
Community Mental Health Supports Waiver	\$30,788,762	\$18,540,022	\$68,241,147	\$9,860,621	\$38,518	\$0	\$552,092	\$0	\$128,394	\$0	\$128,394	\$0	\$0	\$0	\$243,948	\$0	\$128,393,504
Brain Injury Waiver	\$12,251,381	\$9,601,939	\$59,493,652	\$9,410,083	\$200,992	\$0	\$301,488	\$0	\$100,496	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$91,360,031
Complementary and Integrative Health Waiver	\$70,773,025	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70,773,025
Children with Complex Health Needs Waiver	(\$59,892)	\$0	\$293,024,695	\$928,336	\$0	\$0	\$0	\$0	\$2,874,846	\$1,048,121	\$1,647,047	\$0	\$0	\$0	\$0	\$0	\$299,463,153
IDW Waivers CFC Expenditure	\$87,647,457	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,647,457
Community First Choice State Plan Only Services	\$16,407,466	\$3,755,424	\$12,348,036	\$1,714,609	\$39,174	\$1,819,634	\$87,342	\$12,495	\$10,918	\$21,836	\$3,639	\$7,279	\$0	\$94,621	\$0	\$0	\$32,274,750
Estimated FY 2027-28 Total Expenditure	\$1,156,003,151	\$202,092,448	\$828,857,807	\$89,295,077	\$1,692,186	\$1,819,634	\$4,420,741	\$0	\$3,158,991	\$1,059,039	\$1,955,451	\$161,813	\$0	\$323,626	\$4,925,063	\$0	\$2,295,765,567
FY 2024-25 Actuals - Expenditures (From Exhibit M)																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$697,402,207	\$117,975,534	\$324,171,542	\$33,514,846	\$0	\$0	\$0	\$0	\$0	\$0	\$143,507	\$0	\$0	\$0	\$0	\$0	\$1,173,207,636
Community Mental Health Supports Waiver	\$21,454,831	\$12,969,596	\$51,241,597	\$5,091,244	\$0	\$0	\$0	\$0	\$0	\$0	\$40,939	\$0	\$0	\$0	\$0	\$0	\$90,798,207
Brain Injury Waiver	\$8,726,977	\$8,049,321	\$38,526,492	\$3,178,728	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,417,718
Complementary and Integrative Health Waiver	\$2,253,232	\$1,283,108	\$15,644,665	\$6,759,778	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,940,783
Children with Complex Health Needs Waiver	\$0	\$0	\$229,354,488	\$249	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$905,689	\$0	\$0	\$0	\$0	\$0	\$230,495,226
IDW Waivers CFC Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Community First Choice State Plan Only Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$729,837,247	\$140,277,559	\$658,938,984	\$48,544,845	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$1,090,135	\$0	\$0	\$0	\$0	\$0	\$1,578,933,570
FY 2024-25 Percentage - Expenditures																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	59.44%	10.06%	27.63%	2.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Community Mental Health Supports Waiver	23.43%	14.28%	56.43%	5.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Brain Injury Waiver	14.92%	13.76%	65.88%	5.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Complementary and Integrative Health Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Children with Complex Health Needs Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
IDW Waivers CFC Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community First Choice State Plan Only Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	46.22%	8.88%	41.73%	3.07%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2024-25 Actuals - Total Unique Clients																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	COFRS TOTAL
Elderly, Blind and Disabled Waiver	20,486	3,717	8,646	1,472	30	0	76	0	1	0	2	1	0	6	100	30	34,568
Community Mental Health Supports Waiver	1,016	613	2,257	326	1	0	18	0	0	0	4	0	0	0	8	4	4,247
Brain Injury Waiver	123	97	601	95	2	0	3	0	1	0	0	0	0	0	1	923	1,346
Complementary and Integrative Health Waiver	42	23	268	126	0	2	4	0	0	0	0	0	0	0	0	0	465
Children with Complex Health Needs Waiver	0	0	2,859	9	0	0	0	0	28	10	16	0	0	0	0	0	2,922
IDW Waivers CFC Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community First Choice State Plan Only Services	54	12	41	6	0	4	0	0	0	0	0	0	0	0	0	0	110
Total	21,721	4,462	14,672	2,034	33	8	101	0	30	10	23	1	0	6	108	35	43,244
FY 2024-25 Percentage - Total Unique Clients																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	59.27%	10.76%	25.02%	4.26%	0.09%	0.00%	0.22%	0.00%	0.01%	0.00%	0.01%	0.01%	0.00%	0.02%	0.29%	0.09%	100.00%
Community Mental Health Supports Waiver	23.93%	14.44%	53.15%	7.68%	0.03%	0.00%	0.43%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.19%	0.10%	100.00%
Brain Injury Waiver	13.33%	10.51%	65.12%	10.30%	0.00%	0.00%	0.33%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.11%	100.00%
Complementary and Integrative Health Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Children with Complex Health Needs Waiver	0.00%	0.00%	97.85%	0.31%	0.00%	0.00%	0.00%	0.00%	0.96%	0.35%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
IDW Waivers CFC Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community First Choice State Plan Only Services	45.23%	10.32%	33.93%	4.71%	0.08%	0.00%	0.24%	0.00%	0.07%	0.03%	0.06%	0.01%	0.00%	0.02%	0.26%	0.09%	0.00%
Total	50.23%	10.32%	33.93%	4.71%	0.08%	0.02%											

**Exhibit G - COMMUNITY BASED-TERM CARE - HCBS WAIVERS
BASE**

Cash Based Actuals								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver ⁽¹⁾	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	\$418,506,526	\$41,334,782	\$22,155,440	\$5,658,425	\$26,115,667	\$0	\$0	\$513,770,840
FY 2018-19	\$460,036,072	\$45,292,226	\$26,179,750	\$6,814,633	\$38,462,235	\$0	\$0	\$576,784,916
FY 2019-20	\$524,508,159	\$50,043,198	\$28,048,466	\$8,441,234	\$53,010,487	\$0	\$0	\$664,051,544
FY 2020-21	\$570,076,575	\$51,795,158	\$31,990,425	\$9,365,269	\$72,251,604	\$0	\$0	\$735,479,031
FY 2021-22	\$629,852,388	\$57,477,877	\$35,169,013	\$11,314,696	\$102,615,035	\$0	\$0	\$836,429,009
FY 2022-23	\$773,665,219	\$69,347,396	\$41,819,077	\$18,079,592	\$143,463,607	\$0	\$0	\$1,046,374,891
FY 2023-24	\$895,388,876	\$74,692,783	\$47,155,499	\$18,602,825	\$190,352,482	\$0	\$0	\$1,226,192,465
FY 2024-25	\$1,173,207,637	\$90,798,207	\$58,481,718	\$25,940,783	\$230,495,227	\$0	\$0	\$1,578,923,572
Estimated FY 2025-26	\$1,277,576,042	\$96,318,018	\$66,708,349	\$35,870,531	\$267,858,569	\$41,055,406	\$28,691,664	\$1,814,078,579
Estimated FY 2026-27	\$1,354,006,784	\$105,097,478	\$75,228,352	\$51,441,464	\$286,031,320	\$82,110,826	\$32,274,750	\$1,986,190,974
Estimated FY 2027-28	\$1,581,735,718	\$128,393,504	\$91,360,031	\$70,773,025	\$299,463,153	\$87,647,457	\$36,392,679	\$2,295,765,567
Percent Change in Cash Based Actuals								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver ⁽¹⁾	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	9.92%	9.57%	18.16%	20.43%	47.28%	0.00%	0.00%	12.27%
FY 2019-20	14.01%	10.49%	7.14%	23.87%	37.82%	0.00%	0.00%	15.13%
FY 2020-21	8.69%	3.50%	14.05%	10.95%	36.30%	0.00%	0.00%	10.76%
FY 2021-22	10.49%	10.97%	9.94%	20.82%	42.02%	0.00%	0.00%	13.73%
FY 2022-23	22.83%	20.65%	18.91%	59.79%	39.81%	0.00%	0.00%	25.10%
FY 2023-24	15.73%	7.71%	12.76%	2.89%	32.68%	0.00%	0.00%	17.18%
FY 2024-25	31.03%	21.56%	24.02%	39.45%	21.09%	0.00%	0.00%	28.77%
Estimated FY 2025-26	8.90%	6.08%	14.07%	38.28%	16.21%	100.00%	100.00%	14.89%
Estimated FY 2026-27	5.98%	9.12%	12.77%	43.41%	6.78%	100.00%	12.49%	9.49%
Estimated FY 2027-28	16.82%	22.17%	21.44%	37.58%	4.70%	6.74%	12.76%	15.59%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
BASE**

HCBS Waiver Enrollment ⁽²⁾								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	23,827	3,399	427	109	1,649	N/A	N/A	29,411
FY 2018-19	24,424	3,498	498	156	1,814	N/A	N/A	30,390
FY 2019-20	24,804	3,477	508	178	1,897	N/A	N/A	30,864
FY 2020-21	26,407	3,688	570	198	2,140	N/A	N/A	33,003
FY 2021-22	26,644	3,783	618	220	2,306	N/A	N/A	33,571
FY 2022-23	27,780	3,808	679	250	2,435	N/A	N/A	34,952
FY 2023-24	27,404	3,637	684	286	2,392	N/A	N/A	34,403
FY 2024-25	28,826	3,622	761	370	2,462	N/A	N/A	36,041
Estimated FY 2025-26	31,968	3,720	844	525	2,431	19,991	0	59,479
Estimated FY 2026-27	32,726	3,772	890	651	2,487	21,576	1,750	63,851
Estimated FY 2027-28	33,120	3,816	934	784	2,488	23,020	1,778	65,940
Percent Change in Enrollment								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	2.51%	2.91%	16.63%	43.12%	10.01%	N/A	N/A	3.33%
FY 2019-20	1.56%	-0.60%	2.01%	14.10%	4.58%	N/A	N/A	1.56%
FY 2020-21	6.46%	6.07%	12.20%	11.24%	12.81%	N/A	N/A	6.93%
FY 2021-22	0.90%	2.58%	8.42%	11.11%	7.76%	N/A	N/A	1.72%
FY 2022-23	4.26%	0.66%	9.87%	13.64%	5.59%	N/A	N/A	4.11%
FY 2023-24	-1.35%	-4.49%	0.74%	14.40%	-1.77%	N/A	N/A	-1.57%
FY 2024-25	5.19%	-0.41%	11.26%	29.28%	2.91%	N/A	N/A	4.76%
Estimated FY 2025-26	10.90%	2.69%	10.91%	42.02%	-1.24%	N/A	N/A	65.03%
Estimated FY 2026-27	2.37%	1.41%	5.49%	23.92%	2.30%	7.93%	100.00%	7.35%
Estimated FY 2027-28	1.21%	1.16%	4.90%	20.48%	0.04%	6.69%	1.62%	3.27%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
BASE**

HCBS Cost Per Enrollee								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	\$18,484	\$13,355	\$56,279	\$55,821	\$23,775	\$0	\$0	\$17,469
FY 2018-19	\$20,643	\$14,484	\$59,180	\$52,580	\$32,210	\$0	\$0	\$18,979
FY 2019-20	\$23,061	\$15,973	\$60,417	\$50,461	\$39,140	\$0	\$0	\$21,515
FY 2020-21	\$23,972	\$15,658	\$62,695	\$51,482	\$46,694	\$0	\$0	\$22,285
FY 2021-22	\$26,634	\$18,007	\$66,103	\$56,176	\$57,026	\$0	\$0	\$24,915
FY 2022-23	\$31,464	\$21,678	\$72,045	\$65,944	\$75,079	\$0	\$0	\$29,937
FY 2023-24	\$35,953	\$24,310	\$77,612	\$72,796	\$98,111	\$0	\$0	\$35,642
FY 2024-25	\$44,556	\$28,359	\$86,636	\$75,887	\$123,191	\$0	\$0	\$43,809
Estimated FY 2025-26	\$39,454	\$25,606	\$78,433	\$71,602	\$118,386	\$0	\$0	\$333,482
Estimated FY 2026-27	\$40,545	\$27,385	\$83,268	\$77,970	\$164,568	\$0	\$0	\$393,736
Estimated FY 2027-28	\$47,758	\$33,646	\$97,816	\$90,272	\$166,186	\$0	\$0	\$435,677
Percent Change in Cost Per Enrollee								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	11.68%	8.45%	5.15%	-5.81%	35.47%	0.00%	0.00%	8.65%
FY 2019-20	11.71%	10.28%	2.09%	-4.03%	21.52%	0.00%	0.00%	13.36%
FY 2020-21	3.95%	-1.97%	3.77%	2.02%	19.30%	0.00%	0.00%	3.58%
FY 2021-22	11.10%	15.00%	5.44%	9.12%	22.13%	0.00%	0.00%	11.80%
FY 2022-23	18.13%	20.39%	8.99%	17.39%	31.66%	0.00%	0.00%	20.16%
FY 2023-24	14.27%	12.14%	7.73%	10.39%	30.68%	0.00%	0.00%	19.05%
FY 2024-25	23.93%	16.66%	11.63%	4.25%	25.56%	0.00%	0.00%	22.92%
Estimated FY 2025-26	-11.45%	-9.71%	-9.47%	-5.65%	-3.90%	0.00%	0.00%	661.21%
Estimated FY 2026-27	2.77%	6.95%	6.16%	8.89%	39.01%	0.00%	0.00%	18.07%
Estimated FY 2027-28	17.79%	22.86%	17.47%	15.78%	0.98%	0.00%	0.00%	10.65%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
BASE**

Current Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2024-25 Enrollment	28,826	3,622	761	370	2,462	N/A	N/A	36,041
Enrollment Trend Selected	10.90%	2.69%	10.91%	42.02%	113.33%	N/A	N/A	10.56%
FY 2025-26 Estimated Enrollment	31,968	3,720	844	525	2,790	N/A	N/A	39,846
Bottom Line Impacts	0	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0	0
FY 2025-26 Enrollment	31,968	3,720	844	525	2,790	0	0	39,846
FY 2024-25 Cost Per Enrollee	\$40,699.05	\$25,068.53	\$76,848.51	\$70,157.63	\$93,640.15	N/A	N/A	\$43,809.50
Percentage Selected to Modify Cost Per Enrollee	-3.06%	2.14%	2.06%	2.06%	0.01%	N/A	N/A	
FY 2025-26 Estimated Cost Per Enrollee	\$39,453.92	\$25,605.90	\$78,433.25	\$71,602.21	\$93,653.62	N/A	\$0.00	\$43,205.14
Estimated FY 2025-26 Base Expenditure	\$1,261,260,852	\$95,243,407	\$66,199,946	\$37,600,039	\$261,263,672	\$0	\$0	\$1,721,567,916
Bottom Line Impacts								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$0	\$28,691,664	\$28,691,664
CDASS Sick Time Recoupment	\$1,040,599	\$0	\$0	\$0	\$0	\$0	\$0	\$1,040,599
Remove Additional Payment Period	(\$21,945,133)	(\$1,728,234)	(\$1,109,711)	(\$495,308)	(\$4,447,234)	\$0	\$0	(\$29,725,620)
FY 2025-26 R-11 ACF Tiered Rates	(\$665,237)	(\$52,389)	\$0	\$0	\$0	\$0	\$0	(\$717,626)
FY 2024-25 R-6 Provider Rate Request; Across the Board Rate Increase	\$7,813,352	\$719,439	\$447,775	\$217,128	\$1,915,865	\$0	\$0	\$11,113,559
FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers	\$2,740,974	\$252,385	\$157,083	\$76,171	\$672,098	\$0	\$0	\$3,898,711
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$198,250)	\$0	\$0	\$0	\$0	\$0	\$0	(\$198,250)
Adjustment for Default Expenditure	\$2,819,932	\$121,107	\$80,400	\$225,120	\$2,484,813	\$0	\$0	\$5,731,372
Adjustment for CCT Services	\$5,761,256	\$270,125	\$0	\$259,048	\$2,230,878	\$0	\$0	\$8,521,307
Relocating IDD Community First Choice State Plan Services	\$0	\$0	\$0	\$0	\$0	\$41,055,406	\$0	
FY 2024-25 ATB 1.6% ATB Rate Increase	\$18,258,351	\$1,437,891	\$923,279	\$412,096	\$3,700,099	\$0	\$0	\$24,731,716
BA-09 CDASS Rates	\$499,965	\$39,374	\$0	\$0	\$0	\$0	\$0	\$539,339
CFC Rate Rebalance	\$189,381	\$14,914	\$9,577	\$4,274	\$38,378	\$0	\$0	\$256,524
Annualization of SB 21-038 Complementary Integrated Health Waiver Expenditure	\$0	\$0	\$0	(\$1,719,323)	\$0	\$0	\$0	(\$1,719,323)
Annualization of SB 19-197 Complementary and Integrated Health Waiver Expenditure	\$0	\$0	\$0	(\$708,714)	\$0	\$0	\$0	(\$708,714)
Total Bottom Line Impacts	\$16,315,190	\$1,074,611	\$508,403	(\$1,729,508)	\$6,594,897	\$41,055,406	\$28,691,664	\$92,510,664
Estimated FY 2025-26 Expenditure	\$1,277,576,042	\$96,318,018	\$66,708,349	\$35,870,531	\$267,858,569	\$41,055,406	\$28,691,664	\$1,814,078,579
Estimated FY 2025-26 Cost Per Enrollee	\$39,964	\$25,895	\$79,036	\$68,309	\$96,018	N/A	N/A	\$45,527
% Change over FY 2024-25 Cost Per Enrollee	-1.81%	3.30%	2.85%	-2.64%	2.54%	N/A	N/A	3.92%

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
BASE**

Request Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Services Only	TOTAL
FY 2025-26 Enrollment	31,968	3,720	844	525	2,790	N/A	0	39,846
Enrollment Trend Selected	2.37%	1.41%	5.49%	23.92%	5.07%	N/A	0.00%	2.82%
FY 2026-27 Estimated Enrollment	32,726	3,772	890	651	2,931	N/A	0	40,970
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	0	0	0	0	0	1750	1750	3,500
Total Bottom Line Impacts	0	0	0	0	0	1,750	1,750	3,500
FY 2026-27 Enrollment	32,726	3,772	890	651	2,931	1,750	1,750	44,470
FY 2025-26 Cost Per Enrollee	\$39,964.28	\$25,894.81	\$79,035.60	\$68,308.69	\$96,017.65	\$23,460.23	\$16,395.24	\$45,526.82
Percentage Selected to Modify Cost Per Utilizer	1.45%	5.76%	5.35%	14.14%	-0.63%	0%	0%	
FY 2026-27 Estimated Cost Per Utilizer	\$40,545.44	\$27,385.31	\$83,267.56	\$77,969.56	\$95,409.55	\$23,460.24	\$16,395.24	\$42,825.48
Estimated FY 2026-27 Base Expenditure	\$1,326,872,793	\$103,303,073	\$74,137,147	\$50,737,843	\$279,645,942	\$41,055,420	\$28,691,670	\$1,904,443,888
<i>Bottom Line Impacts</i>								
Relocating IDD Community First Choice State Plan Services	\$0	\$0	\$0	\$0	\$0	\$41,055,406	\$0	\$41,055,406
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$0	\$3,583,080	\$3,583,080
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$198,250)	\$0	\$0	\$0	\$0	\$0	\$0	(\$198,250)
FY 2024-25 R-6 Provider Rate Request; Across the Board Rate Increase	\$6,740,868	\$265,776	\$100,599	\$205,230	\$1,892,865	\$0	\$0	\$9,205,337
FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers	\$2,364,740	\$93,236	\$35,291	\$71,997	\$664,030	\$0	\$0	\$3,229,294
FY 2024-25 ATB 1.6% ATB Rate Increase	\$18,258,351	\$1,437,891	\$923,279	\$412,096	\$3,700,099	\$0	\$0	\$24,731,716
BA-09 CDASS Rates	\$444,139	\$34,977	\$22,459	\$10,024	\$90,006	\$0	\$0	\$601,605
CFC Rate Rebalance	\$189,381	\$14,914	\$9,577	\$4,274	\$38,378	\$0	\$0	\$256,524
FY 2025-26 R-11 ACF Tiered Rates	(\$665,237)	(\$52,389)	\$0	\$0	\$0	\$0	\$0	(\$717,626)
Total Bottom Line Impacts	\$27,133,991	\$1,794,405	\$1,091,205	\$703,621	\$6,385,378	\$41,055,406	\$3,583,080	\$81,747,086
Estimated FY 2026-27 Expenditure	\$1,354,006,784	\$105,097,478	\$75,228,352	\$51,441,464	\$286,031,320	\$82,110,826	\$32,274,750	\$1,986,190,974
Estimated FY 2026-27 Cost Per Enrollee	\$41,375	\$27,861	\$84,493	\$79,051	\$97,588	\$46,920	\$18,443	\$44,664
% Change over FY 2025-26 Cost Per Enrollee	3.53%	7.59%	6.91%	15.73%	1.64%	N/A	N/A	-1.90%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
BASE

Out Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2026-27 Enrollment	32,726	3,772	890	651	2,931	1,750	1,750	44,470
Enrollment Trend Selected	1.21%	1.16%	4.90%	20.48%	3.30%	6.69%	1.62%	1.93%
FY 2027-28 Estimated Enrollment	33,120	3,816	934	784	3,028	1,867	1,778	45,327
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	0	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0	0
FY 2027-28 Enrollment	33,120	3,816	934	784	3,028	1,868	1,779	45,329
FY 2026-27 Cost Per Enrollee	\$41,374.58	\$27,861.00	\$84,493.15	\$79,050.82	\$97,588.12	\$46,920.47	\$18,442.71	\$44,663.74
Percentage Selected to Modify Cost Per Utilizer	15.43%	20.76%	15.77%	14.19%	1%	0%	0%	
FY 2026-27 Estimated Cost Per Utilizer	\$47,757.72	\$33,646.10	\$97,815.88	\$90,271.72	\$98,904.95	\$46,920.48	\$18,442.72	\$50,567.92
Estimated FY 2026-27 Base Expenditure	\$1,581,735,718	\$128,393,504	\$91,360,031	\$70,773,025	\$299,463,153	\$87,647,457	\$32,809,599	\$2,292,182,487
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$0	\$3,583,080	\$3,583,080
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$3,583,080	\$3,583,080
Estimated FY 2027-28 Expenditure	\$1,581,735,718	\$128,393,504	\$91,360,031	\$70,773,025	\$299,463,153	\$87,647,457	\$36,392,679	\$2,295,765,567
Estimated FY 2027-28 Cost Per Enrollee	\$47,758	\$33,646	\$97,816	\$90,272	\$98,905	N/A	\$20,457	\$50,647
% Change over FY 2026-27 Cost Per Enrollee	15.43%	20.76%	15.77%	14.19%	1.35%	N/A	N/A	13.40%

(1) The Department has combined the historical expenditure of the CHCBS waiver and CLLI waiver.

CFC Carveout											
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver	Developmental Disabilities	Supported Living Services	Children's Extensive Support	Childrens Habilitative and Residential Services	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2018-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2019-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2020-21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2021-22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2022-23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2023-24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2024-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
Estimated FY 2025-26	\$661,327,264	\$21,349,148	\$8,992,175	\$20,342,912	\$158,748,614	\$19,558	\$20,142,028	\$20,893,820	\$0	\$28,691,664	\$940,599,476
Estimated FY 2026-27	\$1,168,151,735	\$38,825,232	\$16,901,096	\$48,622,511	\$282,524,922	\$19,588	\$40,284,056	\$41,787,640	\$0	\$32,274,750	\$1,669,492,949
Estimated FY 2027-28	\$1,364,621,909	\$47,431,277	\$20,525,302	\$66,894,717	\$295,798,890	\$0	\$42,455,866	\$46,212,297	\$0	\$36,392,679	\$1,920,443,861

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
Average Monthly Enrollment Utilization Adjustment

HCBS Waivers Average Monthly Enrollment vs. Average Monthly Waiver Utilizers					
YOY Monthly Measurements	Elderly, Blind and Disabled Wavier (HCBS-EBD)	Community Mental Health Supports Waiver (HCBS-CMHS)	Brain Injury Waiver (HCBS-BI)	Complementary and Integrative Health Waiver (HCBS-CIH) ⁽⁴⁾	Children with Complex Health Needs Waiver (HCBS-CwCHN)
FY 2015-16 Average Monthly Enrollment ⁽¹⁾	21,625	3,049	336	N/A	1,317
FY 2015-16 Average Monthly Waiver Utilizers ⁽²⁾	20,567	2,835	319	N/A	1,243
FY 2015-16 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.11%	92.99%	94.97%	70.00%	88.73%
FY 2016-17 Monthly Enrollment ⁽¹⁾	22,770	3,277	371	77	1,521
FY 2016-17 Average Monthly Waiver Utilizers ⁽²⁾	19,885	2,788	303	55	1,262
FY 2016-17 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	87.33%	85.08%	81.67%	71.43%	82.94%
FY 2017-18 Average Monthly Enrollment ⁽¹⁾	23,827	3,399	427	109	1,649
FY 2017-18 Average Monthly Waiver Utilizers ⁽²⁾	22,641	3,095	390	103	1,517
FY 2017-18 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.02%	91.06%	91.33%	94.50%	91.02%
FY 2018-19 Average Monthly Enrollment ⁽¹⁾	24,424	3,498	498	156	1,814
FY 2018-19 Average Monthly Waiver Utilizers ⁽²⁾	22,285	3,127	442	130	1,515
FY 2018-19 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.24%	89.39%	88.76%	83.33%	82.42%
FY 2019-2020 Average Monthly Enrollment ⁽¹⁾	24,805	3,477	508	178	1,897
FY 2019-2020 Average Monthly Waiver Utilizers ⁽²⁾	22,744	3,133	459	166	1,626
FY 2019-2020 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.69%	90.11%	90.35%	93.26%	84.25%
FY 2019-2020 Average Monthly Enrollment ⁽¹⁾	26,407	3,688	570	198	2,140
FY 2020-2021 Average Monthly Waiver Utilizers ⁽²⁾	23,781	3,308	511	183	1,889
FY 2020-2021 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	90.06%	89.70%	89.65%	92.42%	84.41%
FY 2020-2021 Average Monthly Enrollment ⁽¹⁾	26,644	3,783	618	220	2,306
FY 2021-22 Average Monthly Waiver Utilizers ⁽²⁾	23,648	3,192	532	201	2,055
FY 2021-22 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	88.76%	84.38%	86.08%	91.36%	78.95%
FY 2022-23 Average Monthly Enrollment ⁽¹⁾	27,780	3,808	679	250	2,435
FY 2022-23 Average Monthly Waiver Utilizers ⁽²⁾	24,589	3,199	580	227	2,101
FY 2022-23 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	88.51%	84.01%	85.42%	82.36%	72.80%
FY 2023-24 Average Monthly Enrollment ⁽¹⁾	27,404	3,637	684	286	2,392
FY 2023-24 Average Monthly Waiver Utilizers ⁽²⁾	24,904	3,190	614	256	2,149
FY 2023-24 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	90.88%	87.72%	89.74%	89.50%	89.84%
FY 2024-25 Selected Average Monthly Utilizers Conversion Factor ⁽³⁾	89.46%	87.05%	87.46%	90.52%	85.42%
FY 2025-26 Selected Average Monthly Utilizers Conversion Factor ⁽³⁾	89.46%	87.05%	87.46%	90.52%	85.42%
FY 2026-27 Selected Average Monthly Utilizers Conversion Factor ⁽³⁾	89.46%	87.05%	87.46%	90.52%	85.42%
Definitions: HCBS: Home- and Community-Based Services; PAR: Prior Authorization; HIPAA: Health Insurance Portability and Accountability Act of 1996 (1) Average Monthly Enrollment is defined by the average number of active PARs, for each waiver, per month. (2) Average Monthly Waiver Utilizers is defined by the average number of clients with a paid claim, for each waiver, per month of service. (3) The selected FY 2022-23, FY 2023-24, FY 2024-25 Average Monthly Utilizer Conversion Factor for all waivers is an average of the two previous fiscal year actuals. See narrative for more detail. (4) N/A - Wavier ended operation on 1/1/2019. (5) Waiver ended operation 6/30/2018					

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
HISTORICALS**

Historical Cash Based Actuals					
HCBS WAIVERS	Children's Home-and Community-Based Waiver ⁽¹⁾	Consumer Directed Attendant Support- State Plan	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽¹⁾	TOTAL
FY 2016-17	\$16,895,299	(\$1,224,402)	\$566,699	\$717,215	\$16,954,811
FY 2017-18	\$25,354,895	\$1,088,619	\$559,525	\$760,772	\$27,763,811
FY 2018-19	\$37,791,586	\$1,573,249	\$28,071	\$670,649	\$40,063,555
FY 2019-20	\$52,318,816	(\$12,221)	\$34,785	\$691,671	\$53,033,051
FY 2020-21	\$71,659,568	(\$57,721)	(\$87)	\$592,036	\$72,193,796
FY 2021-22	\$102,074,336	\$0	\$0	\$540,699	\$102,615,035
FY 2022-23	\$143,109,877	\$0	\$0	\$353,730	\$143,463,607
FY 2023-24	\$189,978,063	\$0	\$0	\$374,419	\$190,352,482
FY 2024-25	\$174,611,384	\$0	\$0	\$396,773	\$175,008,157
Historical HCBS Waiver Enrollment					
HCBS WAIVERS	Children's Home-and Community-Based Waiver ⁽¹⁾	Consumer Directed Attendant Support- State Plan	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽¹⁾	TOTAL
FY 2016-17	1,369	25	46	152	1,592
FY 2017-18	1,492	22	35	157	1,706
FY 2018-19	1,645	N/A	N/A	169	1,814
FY 2019-20	1,726	N/A	N/A	171	1,897
FY 2020-21	1,948	N/A	N/A	192	2,140
FY 2021-22	2,122	N/A	N/A	184	2,306
FY 2022-23	2,278	N/A	N/A	157	2,435
FY 2023-24	2,265	N/A	N/A	127	2,392
FY 2024-25	2,343	N/A	N/A	119	2,462

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
HISTORICALS**

Historical HCBS Waiver Cost Per Enrollee					
HCBS WAIVERS	Children's Home-and Community-Based Waiver ⁽¹⁾	Consumer Directed Attendant Support- State Plan	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽¹⁾	TOTAL
FY 2016-17	\$9,173	(\$48,976)	\$12,320	\$4,719	(\$22,765)
FY 2017-18	\$11,324	\$49,483	\$15,986	\$4,846	\$81,639
FY 2018-19	\$15,413	N/A	N/A	\$3,968	\$19,381
FY 2019-20	\$21,895	N/A	N/A	\$4,045	\$25,940
FY 2020-21	\$26,858	N/A	N/A	\$3,084	\$29,942
FY 2021-22	\$33,770	N/A	N/A	\$2,939	\$36,709
FY 2022-23	\$44,809	N/A	N/A	\$2,253	\$47,062
FY 2023-24	\$63,183	N/A	N/A	\$2,948	\$66,131
FY 2024-25	\$74,525	N/A	N/A	\$3,348	\$77,873
Historical HCBS Waiver Utilizers					
HCBS WAIVERS	Children's Home-and Community-Based Waiver ⁽¹⁾	Consumer Directed Attendant Support- State Plan	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽¹⁾	TOTAL
FY 2016-17	1,136	25	25	126	1,312
FY 2017-18	1,376	22	N/A	141	1,539
FY 2018-19	1,378	N/A	N/A	137	1,515
FY 2019-20	1,485	N/A	N/A	141	1,626
FY 2020-21	1,736	N/A	N/A	153	1,889
FY 2021-22	1,932	N/A	N/A	123	2,055
FY 2022-23	2,011	N/A	N/A	90	2,101
FY 2023-24	2,058	N/A	N/A	91	2,149
FY 2024-25	1,959	N/A	N/A	70	2,029

**Exhibit G - COMMUNITY BASED LONG-TERM CARE - HCBS WAIVERS
HISTORICALS**

Historical HCBS Cost Per Utilizer					
HCBS WAIVERS	Children's Home-and Community-Based Waiver ⁽¹⁾	Consumer Directed Attendant Support- State Plan	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽¹⁾	TOTAL
FY 2016-17	\$14,873	(\$48,976)	\$22,668	\$5,692	(\$5,743)
FY 2017-18	\$18,427	\$49,483	N/A	\$5,396	\$73,305
FY 2018-19	\$27,425	N/A	N/A	\$4,895	\$32,320
FY 2019-20	\$35,232	N/A	N/A	\$4,905	\$40,137
FY 2020-21	\$41,279	N/A	N/A	\$3,870	\$33,735
FY 2021-22	\$52,834	N/A	N/A	\$4,396	\$44,499
FY 2022-23	\$71,164	N/A	N/A	\$3,930	\$58,917
FY 2023-24	\$92,323	N/A	N/A	\$4,103	\$79,579
FY 2024-25	\$89,133	N/A	N/A	\$5,668	\$94,801
(1) The Children's Home and Community-Based Services (CHCBS) waiver is being merged with the Children's Life-Limiting Illness (CLLI) waiver, and the merged waiver will be retitled as the Children with Complex Health Needs (CwCHN) waiver as of July 1, 2025. This transition is due to the CHCBS waiver only having one remaining service, the Wellness Education Benefit (WEB), as In Home Support Services (IHSS) is moving to the Community First Choice (CFC) Option as of July 1, 2025. (2)The CWA waiver was terminated in CY 2018 because Behavioral Therapies were moved into the State Plan.					

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING
Cash Based Actuals and Projections by Eligibility

Private Duty Nursing Total Expenditure by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$3,880,834	\$578,753	\$58,520,406	\$802,048	\$0	\$0	\$0	\$0	\$8,821,733	\$256,094	\$14,219,624	\$0	\$0	\$0	\$0	\$87,079,492
FY 2017-18	\$1,278,789	\$327,281	\$1,655,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,261,916
FY 2018-19	\$5,348,458	\$453,390	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,953,404
FY 2019-20	\$4,958,904	\$747,100	\$70,623,359	\$343,970	(\$15,885)	(\$6,217)	(\$54,204)	\$0	\$2,880,338	\$174,629	\$22,611,357	\$0	\$0	\$0	\$0	\$102,263,351
FY 2020-21	\$5,998,770	\$757,042	\$67,936,742	\$1,174,542	\$0	\$0	\$1,820	\$0	\$4,237,533	\$332,608	\$29,160,075	\$0	\$0	\$0	\$0	\$109,199,132
FY 2021-22	\$5,554,456	\$846,213	\$70,384,372	\$1,151,967	\$0	\$0	\$3,047	\$0	\$4,460,753	\$622,935	\$29,534,576	\$0	\$0	\$0	\$0	\$112,558,319
FY 2022-23	\$7,749,906	\$1,360,733	\$69,384,527	\$350,440	\$0	\$0	\$0	\$0	\$2,695,787	\$210,588	\$33,743,282	\$0	\$0	\$0	\$0	\$115,495,263
FY 2023-24	\$9,149,022	\$1,656,026	\$73,937,482	\$886,490	\$0	\$0	\$0	\$0	\$4,878,008	\$366,603	\$36,012,655	\$0	\$0	\$0	\$0	\$126,886,286
FY 2024-25	\$58,053,476	\$8,013,706	\$488,871,908	\$7,628,636	\$0	\$0	\$0	\$0	\$23,296,138	\$1,869,766	\$226,139,382	\$0	\$0	\$0	\$0	\$813,873,012
Estimated FY 2025-26	\$10,079,416	\$1,385,390	\$84,918,728	\$1,328,843	\$0	\$0	\$0	\$0	\$4,043,076	\$325,142	\$39,285,691	\$0	\$0	\$0	\$0	\$141,366,286
Estimated FY 2026-27	\$10,568,280	\$1,452,583	\$89,037,381	\$1,393,293	\$0	\$0	\$0	\$0	\$4,239,169	\$340,912	\$41,191,091	\$0	\$0	\$0	\$0	\$148,222,709
Estimated FY 2027-28	\$11,077,078	\$1,522,515	\$93,323,985	\$1,460,372	\$0	\$0	\$0	\$0	\$4,443,259	\$357,325	\$43,174,189	\$0	\$0	\$0	\$0	\$155,358,723
Private Duty Nursing Total Expenditure Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-67.05%	-43.45%	-97.17%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-96.25%
FY 2018-19	318.24%	38.53%	3885.31%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	2841.63%
FY 2019-20	-7.28%	64.78%	7.02%	-47.89%	-226.18%	-401.36%	-161.41%	0.00%	-34.69%	5069.60%	19.10%	0.00%	0.00%	0.00%	0.00%	6.58%
FY 2020-21	12.90%	1.33%	-3.80%	241.47%	-100.00%	-103.36%	-103.36%	0.00%	47.12%	90.47%	28.96%	0.00%	0.00%	0.00%	0.00%	6.78%
FY 2021-22	-0.79%	11.78%	-1.92%	-1.92%	0.00%	0.00%	67.42%	0.00%	5.27%	87.29%	1.28%	0.00%	0.00%	0.00%	0.00%	3.08%
FY 2022-23	39.53%	60.80%	-1.42%	49.58%	0.00%	0.00%	-100.00%	0.00%	-39.57%	46.19%	14.25%	0.00%	0.00%	0.00%	0.00%	2.61%
FY 2023-24	18.05%	21.56%	6.56%	152.96%	0.00%	0.00%	0.00%	0.00%	6.95%	74.09%	6.73%	0.00%	0.00%	0.00%	0.00%	9.86%
FY 2024-25	534.53%	383.91%	561.20%	760.54%	0.00%	0.00%	0.00%	0.00%	377.57%	410.02%	527.94%	0.00%	0.00%	0.00%	0.00%	541.42%
Estimated FY 2025-26	-82.64%	-82.71%	-82.63%	-82.58%	0.00%	0.00%	0.00%	0.00%	-82.64%	-82.61%	-82.63%	0.00%	0.00%	0.00%	0.00%	-82.63%
Estimated FY 2026-27	4.85%	4.85%	4.85%	4.85%	0.00%	0.00%	0.00%	0.00%	4.85%	4.85%	4.85%	0.00%	0.00%	0.00%	0.00%	4.85%
Estimated FY 2027-28	4.81%	4.81%	4.81%	4.81%	0.00%	0.00%	0.00%	0.00%	4.81%	4.81%	4.81%	0.00%	0.00%	0.00%	0.00%	4.81%
Private Duty Nursing Per Capita Costs by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$88.32	\$51.49	\$865.44	\$128.31	\$0.00	\$0.00	\$0.00	\$0.00	\$18.80	\$3.95	\$700.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2017-18	\$27.86	\$27.74	\$24.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2018-19	\$112.16	\$35.64	\$961.41	\$73.44	\$0.07	\$0.03	\$0.27	\$0.00	\$10.49	\$0.06	\$870.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$104.29	\$57.34	\$1,061.53	\$32.22	(\$0.10)	(\$0.10)	(\$0.17)	\$0.00	\$7.07	\$3.12	\$1,060.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2020-21	\$116.04	\$55.91	\$1,026.44	\$81.87	\$0.00	\$0.00	\$0.00	\$0.00	\$9.40	\$4.98	\$1,405.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2021-22	\$112.72	\$61.39	\$1,067.11	\$74.69	\$0.00	\$0.00	\$0.01	\$0.00	\$9.21	\$8.58	\$1,452.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2022-23	\$153.53	\$98.26	\$1,068.56	\$18.99	\$0.00	\$0.00	\$0.00	\$0.00	\$5.34	\$2.74	\$1,681.28	\$0.00	\$0.00	\$0.00	\$0.00	\$2,586.51
FY 2023-24	\$191.88	\$130.48	\$1,253.24	\$43.64	\$0.00	\$0.00	\$0.00	\$0.00	\$11.83	\$6.27	\$1,887.16	\$0.00	\$0.00	\$0.00	\$0.00	\$3,478.72
FY 2024-25	\$1,165.59	\$655.09	\$8,431.15	\$288.21	\$0.00	\$0.00	\$0.00	\$0.00	\$63.42	\$41.03	\$12,240.29	\$0.00	\$0.00	\$0.00	\$0.00	\$32,903.70
Estimated FY 2025-26	\$200.13	\$114.72	\$1,414.32	\$46.48	\$0.00	\$0.00	\$0.00	\$0.00	\$10.51	\$6.29	\$2,121.14	\$0.00	\$0.00	\$0.00	\$0.00	\$5,844.48
Estimated FY 2026-27	\$205.96	\$118.85	\$1,384.27	\$46.70	\$0.00	\$0.00	\$0.00	\$0.00	\$10.80	\$6.08	\$2,219.71	\$0.00	\$0.00	\$0.00	\$0.00	\$6,127.94
Estimated FY 2027-28	\$211.96	\$123.10	\$1,354.54	\$47.44	\$0.00	\$0.00	\$0.00	\$0.00	\$11.14	\$5.92	\$2,322.07	\$0.00	\$0.00	\$0.00	\$0.00	\$6,422.97
Private Duty Nursing Per Capita Cost Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-68.46%	-46.13%	-97.17%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2018-19	302.58%	28.48%	3820.92%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	-7.02%	60.89%	10.41%	-56.13%	-242.86%	-433.33%	-162.96%	0.00%	-32.60%	5100.00%	21.87%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2020-21	11.27%	-2.49%	-3.31%	154.10%	-100.00%	-100.00%	-100.00%	0.00%	32.96%	59.62%	32.56%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2021-22	-2.86%	9.86%	-8.77%	-8.77%	0.00%	0.00%	100.00%	0.00%	-2.02%	72.29%	3.31%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2022-23	36.20%	60.06%	0.14%	-74.57%	0.00%	0.00%	-100.00%	0.00%	-42.02%	48.07%	15.76%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	24.98%	32.79%	17.28%	129.81%	0.00%	0.00%	0.00%	0.00%	121.54%	128.83%	12.25%	0.00%	0.00%	0.00%	0.00%	34.49%
FY 2024-25	507.46%	402.06%	572.75%	560.43%	0.00%	0.00%	0.00%	0.00%	436.09%	554.39%	548.61%	0.00%	0.00%	0.00%	0.00%	845.86%
Estimated FY 2025-26	-82.83%	-82.49%	-83.23%	-83.43%	0.00%	0.00%	0.00%	0.00%	-83.43%	-84.67%	-82.67%	0.00%	0.00%	0.00%	0.00%	-82.24%
Estimated FY 2026-27	2.91%	3.60%	-2.12%	0.47%	0.00%	0.00%	0.00%	0.00%	2.76%	-3.34%	4.65%	0.00%	0.00%	0.00%	0.00%	4.85%
Estimated FY 2027-28	2.91%	3.58%	-2.15%	1.58%	0.00%	0.00%	0.00%	0.00%	3.15%	-2.63%	4.61%	0.00%	0.00%	0.00%	0.00%	4.81%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING
Cash Based Actuals and Projections by Service

Private Duty Nursing (PDN) Cost Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2016-17	\$59,525,854	\$16,479,472	\$1,440,953	\$309,597	\$9,323,616	\$11,074,166	\$87,079,492
FY 2017-18	\$61,916,304	\$17,141,257	\$1,498,819	\$322,030	\$9,698,036	\$11,518,885	\$90,576,446
FY 2018-19	\$66,486,113	\$15,352,545	\$1,832,710	\$287,860	\$11,994,176	\$14,114,746	\$95,953,404
FY 2019-20	\$69,963,731	\$15,349,173	\$2,075,134	\$324,699	\$14,550,614	\$16,950,447	\$102,263,351
FY 2020-21	\$75,908,089	\$14,384,847	\$4,313,230	\$155,039	\$14,437,927	\$18,906,196	\$109,199,132
FY 2021-22	\$77,808,108	\$13,164,916	\$15,492,111	\$485,241	\$10,341,311	\$26,318,664	\$117,291,688
FY 2022-23	\$73,214,779	\$15,346,490	\$16,739,345	\$146,811	\$11,432,827	\$28,318,983	\$116,880,252
FY 2023-24	\$79,853,684	\$16,709,415	\$16,858,974	\$853,427	\$12,610,787	\$30,323,187	\$126,886,286
FY 2024-25	\$82,742,860	\$16,381,400	\$17,021,267	\$970,376	\$15,163,026	\$33,154,669	\$132,278,930
Estimated FY 2025-26	\$88,831,772	\$16,828,108	\$21,550,250	\$2,110,235	\$12,045,921	\$35,706,406	\$141,366,286
Estimated FY 2026-27	\$93,873,767	\$17,132,100	\$22,410,321	\$2,608,180	\$12,198,341	\$37,216,842	\$148,222,709
Estimated FY 2027-28	\$99,036,109	\$17,441,583	\$23,304,718	\$3,223,623	\$12,352,690	\$38,881,031	\$155,358,723
Private Duty Nursing (PDN) Percent Change in Cost Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2017-18	4.02%	4.02%	4.02%	4.02%	4.02%	4.02%	4.02%
FY 2018-19	7.38%	-10.44%	22.28%	-10.61%	23.68%	22.54%	5.94%
FY 2019-20	5.23%	-0.02%	13.23%	12.80%	21.31%	20.09%	6.58%
FY 2020-21	8.50%	-6.28%	107.85%	-52.25%	-0.77%	11.54%	6.78%
FY 2021-22	2.50%	-8.48%	259.18%	212.98%	-28.37%	39.21%	7.41%
FY 2022-23	-5.90%	16.57%	8.05%	-69.74%	10.55%	7.60%	-0.35%
FY 2023-24	9.07%	8.88%	0.71%	481.31%	10.30%	7.08%	8.56%
FY 2024-25	3.62%	-1.96%	0.96%	13.70%	20.24%	9.34%	4.25%
Estimated FY 2025-26	7.36%	2.73%	26.61%	117.47%	-20.56%	7.70%	6.87%
Estimated FY 2026-27	5.68%	1.81%	3.99%	23.60%	1.27%	4.23%	4.85%
Estimated FY 2027-28	5.50%	1.81%	3.99%	23.60%	1.27%	4.47%	4.81%
Private Duty Nursing (PDN) Average Utilizers Per Month Per Service Per Fiscal Year ⁽²⁾							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL ⁽⁴⁾
FY 2016-17	474	240	11	8	49	68	569
FY 2017-18	515	258	10	8	54	72	637
FY 2018-19	554	292	11	8	62	81	680
FY 2019-20	559	267	14	6	77	97	696
FY 2020-21	606	251	14	6	90	110	756
FY 2021-22	565	230	28	5	98	131	741
FY 2022-23	526	199	74	8	76	158	883
FY 2023-24	558	207	68	13	78	159	924
FY 2024-25	546	198	66	9	83	158	902
Estimated FY 2025-26	563	198	81	18	64	162	1,086
Estimated FY 2026-27	587	198	82	20	63	165	1,115
Estimated FY 2027-28	611	198	83	22	63	168	1,145
Private Duty Nursing (PDN) Percent Change Average Utilizers Per Month Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL ⁽⁴⁾
FY 2017-18	8.60%	7.50%	-9.09%	0.00%	10.41%	N/A	11.98%
FY 2018-19	7.57%	13.18%	10.00%	0.00%	14.60%	N/A	6.75%
FY 2019-20	0.90%	-8.56%	27.27%	-25.00%	24.19%	N/A	2.35%
FY 2020-21	8.41%	-5.99%	0.00%	0.00%	16.88%	13.40%	8.58%
FY 2021-22	-6.77%	-8.37%	100.00%	-16.67%	8.89%	19.09%	-2.00%
FY 2022-23	-6.90%	-13.48%	164.29%	60.00%	-22.45%	20.61%	19.22%
FY 2023-24	6.08%	4.02%	-8.11%	62.50%	2.63%	0.63%	4.64%
FY 2024-25	-2.15%	-4.35%	-2.94%	-30.77%	6.41%	-0.63%	-2.38%
Estimated FY 2025-26	3.11%	0.00%	22.17%	100.12%	-23.21%	2.77%	20.37%
Estimated FY 2026-27	4.26%	0.00%	1.47%	11.16%	-0.75%	1.67%	2.71%
Estimated FY 2027-28	4.09%	0.00%	1.47%	11.16%	-0.75%	1.79%	2.68%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING
Cash Based Actuals and Projections by Service

Private Duty Nursing (PDN) Cost Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL
FY 2016-17	\$125,529	\$68,664	\$130,995.73	\$38,699.63	\$190,277.88	N/A	\$153,084
FY 2017-18	\$120,226	\$66,439	\$149,881.90	\$40,253.75	\$179,261.29	N/A	\$142,192
FY 2018-19	\$120,011	\$52,577	\$166,610.00	\$35,982.50	\$193,454.45	N/A	\$141,108
FY 2019-20	\$125,159	\$57,488	\$148,223.86	\$54,116.50	\$188,969.01	\$174,747	\$146,930
FY 2020-21	\$125,261	\$57,310	\$308,087.86	\$25,839.83	\$160,421.41	\$171,875	\$144,491
FY 2021-22	\$137,713	\$57,239	\$553,289.68	\$97,048.20	\$105,523.58	\$200,906	\$158,360
FY 2022-23	\$139,192	\$77,118	\$226,207.36	\$18,351.38	\$150,431.93	\$179,234	\$132,367
FY 2023-24	\$143,107	\$80,722	\$247,926.09	\$65,648.23	\$161,676.76	\$190,712	\$137,323
FY 2024-25	\$151,544	\$82,734	\$257,897.98	\$107,819.56	\$182,687.06	\$209,840	\$146,651
Estimated FY 2025-26	\$157,783	\$84,990	\$267,257.23	\$117,165.44	\$188,990.17	\$219,889	\$130,199
Estimated FY 2026-27	\$159,921	\$86,526	\$273,901.67	\$130,278.12	\$192,835.30	\$225,424	\$132,912
Estimated FY 2027-28	\$162,089	\$88,089	\$280,711.31	\$144,858.30	\$196,758.67	\$231,359	\$135,671
Private Duty Nursing (PDN) Percent Change in Cost Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL
FY 2017-18	-4.22%	-3.24%	14.42%	4.02%	-5.79%	N/A	-7.12%
FY 2018-19	-0.18%	-20.86%	11.16%	-10.61%	7.92%	N/A	-0.76%
FY 2019-20	4.29%	9.34%	-11.04%	50.40%	-2.32%	N/A	4.13%
FY 2020-21	0.08%	-0.31%	107.85%	-52.25%	-15.11%	-1.64%	-1.66%
FY 2021-22	9.94%	-0.12%	79.59%	275.58%	-34.22%	16.89%	9.60%
FY 2022-23	1.07%	34.73%	-59.12%	-81.09%	42.56%	-10.79%	-16.41%
FY 2023-24	2.81%	4.67%	9.60%	257.73%	7.48%	6.40%	3.74%
FY 2024-25	5.90%	2.49%	4.02%	64.24%	13.00%	10.03%	6.79%
Estimated FY 2025-26	4.12%	2.73%	3.63%	8.67%	3.45%	4.79%	-11.22%
Estimated FY 2026-27	1.36%	1.81%	2.49%	11.19%	2.03%	2.52%	2.08%
Estimated FY 2027-28	1.36%	1.81%	2.49%	11.19%	2.03%	2.63%	2.08%
Private Duty Nursing (PDN) Units Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2016-17	2,553	1,773	4,289	3,065	4,235	3,863	19,778
FY 2017-18	2,901	1,968	4,530	3,918	4,548	4,332	22,196
FY 2018-19	2,618	1,744	4,152	3,205	4,958	4,105	20,782
FY 2019-20	2,758	1,856	4,762	1,958	5,200	3,973	20,507
FY 2020-21	2,729	1,877	4,898	2,249	4,684	3,944	20,381
FY 2021-22	2,563	1,955	6,165	1,854	4,230	4,083	20,850
FY 2022-23	2,683	2,032	6,911	1,924	4,794	4,543	22,886
FY 2023-24	2,737	2,041	6,905	2,218	4,752	4,625	23,278
FY 2024-25	2,826	2,046	7,089	3,710	5,297	5,365	26,334
Estimated FY 2025-26	2,898	2,066	7,184	3,932	5,383	5,500	26,963
Estimated FY 2026-27	2,938	2,104	7,363	4,372	5,492	5,742	28,011
Estimated FY 2027-28	2,977	2,142	7,546	4,861	5,604	6,004	29,134
Private Duty Nursing (PDN) Percent Change in Units Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2017-18	13.63%	11.00%	5.62%	27.83%	7.38%	12.14%	12.23%
FY 2018-19	-9.76%	-11.38%	-8.34%	-18.19%	9.03%	-5.23%	-6.37%
FY 2019-20	5.35%	6.42%	14.69%	-38.91%	4.88%	-3.21%	-1.32%
FY 2020-21	-1.05%	1.13%	2.86%	-14.86%	-9.92%	-0.75%	-0.62%
FY 2021-22	-6.08%	4.16%	25.87%	-17.56%	-9.69%	3.53%	2.30%
FY 2022-23	4.68%	3.94%	12.10%	3.75%	13.33%	11.26%	9.77%
FY 2023-24	2.01%	0.45%	-0.09%	15.31%	-0.87%	1.81%	1.71%
FY 2024-25	3.26%	0.27%	2.67%	67.29%	11.46%	16.01%	13.13%
Estimated FY 2025-26	2.55%	0.98%	1.34%	5.96%	1.63%	2.50%	2.39%
Estimated FY 2026-27	1.40%	1.80%	2.49%	11.19%	2.03%	4.41%	3.88%
Estimated FY 2027-28	1.36%	1.80%	2.49%	11.19%	2.03%	4.55%	4.01%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING
Cash Based Actuals and Projections by Service

Current Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2024-25 Estimated Average Paid Utilizers Per Month	546	198	66	9	83	157	1,059
Utilizer Trend Selected ⁽⁵⁾	3.03%	0.13%	22.95%	101.99%	-23.05%	3.21%	21.01%
Estimated FY 2025-26 Average Paid Utilizers Per Month	563	198	81	18	64	162	1,086
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2025-26 Average Paid Utilizers Per Month	563	198	81	18	64	162	1,086
FY 2024-25 Average Paid Units Per Utilizer Per Year	2,826	2,046	7,089	3,710	5,297	16,096	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	2.55%	0.98%	1.34%	5.96%	1.63%	2.50%	
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,898	2,066	7,184	3,932	5,383	16,499	
FY 2024-25 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$31.57	
Unit Average Paid Rate Trend Selected	1.61%	1.61%	1.61%	1.60%	1.59%	1.60%	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2025-26 Base Expenditure	\$88,831,772	\$16,828,108	\$21,550,250	\$2,110,235	\$12,045,921	\$35,706,406	\$141,366,286
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Expenditure	\$88,831,772	\$16,828,108	\$21,550,250	\$2,110,235	\$12,045,921	\$35,706,406	\$141,366,286
Estimated FY 2025-26 Per Utilizer Cost	\$157,782.90	\$84,990.44	\$267,257.23	\$117,165.44	\$188,990.17	\$219,888.78	\$130,199.36
% Change Over FY 2024-25 Per Utilizer Cost	4.12%	2.73%	3.63%	8.67%	3.45%	4.79%	-11.22%
Request Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
Estimated FY 2025-26 Average Paid Utilizers Per Month	563	198	81	18	64	162	1,086
Utilizer Trend Selected ⁽⁵⁾	4.26%	0.00%	1.47%	11.16%	-0.75%	1.67%	3.23%
Estimated FY 2026-27 Average Paid Utilizers Per Month	587	198	82	20	63	165	1,115
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2026-27 Average Paid Utilizers Per Month	587	198	82	20	63	165	1,115
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,898	2,066	7,184	3,932	5,383	16,499	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	1.36%	1.81%	2.49%	11.19%	2.03%	4.41%	
Estimated FY 2026-27 Average Paid Units Per Utilizer	2,938	2,104	7,363	4,372	5,492	17,227	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2026-27 Base Expenditure	\$93,873,767	\$17,132,100	\$22,410,321	\$2,608,180	\$12,198,341	\$37,216,842	\$148,222,709
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Expenditure	\$93,873,767	\$17,132,100	\$22,410,321	\$2,608,180	\$12,198,341	\$37,216,842	\$148,222,709
Estimated FY 2026-27 Per Utilizer Cost	\$159,921.24	\$86,525.76	\$273,901.67	\$130,278.12	\$192,835.30	\$225,424.41	\$132,912.09
% Change Over FY 2025-26 Per Utilizer Cost	1.36%	1.81%	2.49%	11.19%	2.03%	2.52%	2.08%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - PRIVATE DUTY NURSING
Cash Based Actuals and Projections by Service

Out Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2026-27 Estimated Average Paid Utilizers Per Month	587	198	82	20	63	165	1,115
Utilizer Trend Selected ⁽⁵⁾	4.09%	0.00%	1.47%	11.16%	-0.75%	1.79%	3.19%
Estimated FY 2027-28 Average Paid Utilizers Per Month	611	198	83	22	63	168	1,145
Bottom Line Impacts							
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2027-28 Average Paid Utilizers Per Month	611	198	83	22	63	168	1,145
Estimated FY 2026-27 Average Paid Units Per Utilizer	2,938	2,104	7,363	4,372	5,492	17,227	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	1.36%	1.81%	2.49%	11.19%	2.03%	4.55%	
Estimated FY 2027-28 Average Paid Units Per Utilizer	2,977	2,142	7,546	4,861	5,604	18,011	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2027-28 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2027-28 Base Expenditure	\$99,036,109	\$17,441,583	\$23,304,718	\$3,223,623	\$12,352,690	\$38,881,031	\$155,358,723
Bottom Line Impacts	0	0	0	0	0	0	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Expenditure	\$99,036,109	\$17,441,583	\$23,304,718	\$3,223,623	\$12,352,690	\$38,881,031	\$155,358,723
Estimated FY 2027-28 Per Utilizer Cost	\$162,088.56	\$88,088.80	\$280,711.31	\$144,858.30	\$196,758.67	\$231,359.27	\$135,671.49
% Change Over FY 2026-27 Per Utilizer Cost	1.36%	1.81%	2.49%	11.19%	2.03%	2.63%	2.08%
(1) RN Group/LPN Group and Blended RN/LPN Services are forecasted individually, but due to small cells sizes, the three services are grouped together. The rate is weighted across the three services based on utilization. The unit of service (hour) is constant across the three							
(2) Presented information regarding the utilizer per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for PDN services as clients typically continue services once a need is							
(3) N/A - Rows cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).							
(4) Since Clients can access multiple services, the total average utilizers per month does not reflect the sum of the services but rather the total average utilizers per month for PDN as a benefit.							
(5) Percentages Selected to Modify Utilizers for FY 2025-26 through FY 2027-28	RN					1.79%, 1.76%, 1.90%	
	LPN					0.13%, 0.00%, 0.00%	
	Blended & Group					3.21%, 1.67%, 1.79%	
	Total PDN Utilizers					21.01%, 3.23%, 3.19%	
(6) Percentages Selected to Modify Units Per Utilizer for FY 2025-26 through FY 2027-28	RN					2.55%, 1.36%, 1.36%	
	LPN					0.98%, 1.81%, 1.81%	
	Blended & Group					2.50%, 4.41%, 4.55%	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH
Cash Based Actuals and Projections by Eligibility

Long-Term Home Health Total Expenditure by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$39,750,102	\$8,739,054	\$173,793,283	\$2,904,097	\$583,453	\$242,459	\$2,827,143	\$0	\$28,451,344	\$2,333,066	\$14,000,869	\$13,497	\$1,036	\$0	\$0	\$273,639,403
FY 2017-18	\$48,628,171	\$8,428,469	\$201,637,564	\$4,424,728	\$766,240	\$151,912	\$3,479,504	\$0	\$31,770,989	\$2,906,178	\$15,106,259	\$12,651	\$0	\$0	\$16,814	\$317,329,470
FY 2018-19	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,609	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$356,906,370
FY 2019-20	\$46,750,388	\$12,904,867	\$240,666,507	\$8,340,382	\$857,641	\$59,092	\$3,349,535	\$0	\$50,749,128	\$3,348,054	\$19,823,165	\$5,421	\$0	\$0	\$0	\$407,015,498
FY 2020-21	\$51,187,820	\$14,129,706	\$285,407,109	\$9,131,947	\$939,261	\$108,059	\$3,798,839	\$0	\$55,565,872	\$3,665,827	\$21,704,638	\$5,935	\$1,706	\$0	\$0	\$445,046,719
FY 2021-22	\$56,685,471	\$15,647,259	\$316,060,273	\$10,112,732	\$1,040,139	\$119,664	\$4,206,840	\$0	\$61,533,732	\$4,099,542	\$24,035,750	\$6,573	\$1,889	\$0	\$0	\$493,509,864
FY 2022-23	\$66,032,020	\$17,556,450	\$363,841,734	\$8,820,107	\$905,811	\$70,809	\$4,861,235	\$0	\$65,080,542	\$4,483,032	\$26,473,945	\$7,948	\$0	\$0	\$0	\$558,133,633
FY 2023-24	\$76,965,658	\$20,463,462	\$424,086,955	\$10,280,548	\$1,055,796	\$82,534	\$5,666,162	\$0	\$75,856,633	\$5,225,337	\$30,857,523	\$9,264	\$0	\$0	\$0	\$650,549,872
FY 2024-25	\$15,747,815	\$4,186,995	\$86,771,727	\$2,103,486	\$216,025	\$16,887	\$1,159,344	\$0	\$15,520,900	\$1,069,147	\$6,113,706	\$1,895	\$0	\$0	\$0	\$133,107,927
Estimated FY 2025-26	\$100,410,351	\$26,736,484	\$553,317,904	\$13,410,681	\$1,338,044	\$84,878	\$7,384,362	\$0	\$98,967,430	\$6,792,118	\$40,232,043	\$0	\$0	\$0	\$0	\$844,878
Estimated FY 2026-27	\$104,223,568	\$27,751,838	\$574,330,886	\$13,919,969	\$1,469,617	\$88,101	\$7,664,793	\$0	\$102,725,849	\$7,048,086	\$41,759,908	\$0	\$0	\$0	\$0	\$88,101
Estimated FY 2027-28	\$106,994,165	\$28,489,571	\$589,598,448	\$14,290,007	\$1,447,089	\$90,443	\$7,868,548	\$0	\$105,456,634	\$7,235,447	\$42,870,021	\$0	\$0	\$0	\$0	\$90,443
Long-Term Home Health Total Expenditure Percent Change by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	22.33%	-3.55%	16.02%	52.36%	31.33%	-37.35%	23.07%	0.00%	11.67%	24.56%	7.90%	-6.27%	-100.00%	0.00%	100.00%	15.97%
FY 2018-19	-6.20%	20.62%	14.58%	27.87%	-19.46%	-67.34%	-12.68%	0.00%	29.06%	-6.50%	12.45%	0.55%	0.00%	0.00%	-100.00%	12.47%
FY 2019-20	2.49%	26.94%	12.82%	47.41%	39.00%	98.94%	14.20%	0.00%	23.76%	23.21%	16.69%	-57.38%	100.00%	0.00%	0.00%	14.04%
FY 2020-21	9.49%	9.49%	9.49%	9.49%	9.49%	9.49%	9.49%	0.00%	9.49%	9.49%	9.49%	9.49%	0.00%	0.00%	0.00%	9.49%
FY 2021-22	10.74%	10.74%	10.74%	10.74%	10.74%	10.74%	10.74%	0.00%	10.74%	10.74%	10.74%	10.74%	0.00%	0.00%	0.00%	10.74%
FY 2022-23	16.49%	12.20%	15.12%	-12.78%	-12.91%	-40.83%	15.56%	0.00%	5.76%	10.43%	10.14%	20.92%	-100.00%	0.00%	0.00%	13.09%
FY 2023-24	16.56%	16.56%	16.56%	16.56%	16.56%	16.56%	16.56%	0.00%	16.56%	16.56%	16.56%	16.56%	0.00%	0.00%	0.00%	16.56%
FY 2024-25	-79.54%	-79.54%	-79.54%	-79.54%	-79.54%	-79.54%	-79.54%	0.00%	-79.54%	-79.54%	-79.54%	-79.54%	0.00%	0.00%	0.00%	-79.54%
Estimated FY 2025-26	537.61%	538.56%	537.67%	537.55%	538.65%	402.62%	536.94%	0.00%	537.64%	535.11%	537.22%	-100.00%	0.00%	0.00%	100.00%	537.66%
Estimated FY 2026-27	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%	0.00%	3.80%	3.80%	3.80%	0.00%	0.00%	0.00%	0.00%	3.80%
Estimated FY 2027-28	2.66%	2.66%	2.66%	2.66%	2.66%	2.66%	2.66%	0.00%	2.66%	2.66%	2.66%	0.00%	0.00%	0.00%	0.00%	2.66%
Long-Term Home Health Per Capita Costs by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$904.62	\$777.43	\$2,570.18	\$464.58	\$3.61	\$2.40	\$8.13	\$0.00	\$60.63	\$35.94	\$689.36	\$0.99	\$0.53	\$0.00	\$0.00	\$0.00
FY 2017-18	\$1,059.28	\$714.46	\$2,985.85	\$541.25	\$4.26	\$2.04	\$9.87	\$0.00	\$72.41	\$45.16	\$703.50	\$1.25	\$0.00	\$0.00	\$0.48	\$0.00
FY 2018-19	\$956.58	\$799.16	\$3,366.01	\$629.59	\$3.51	\$0.78	\$9.19	\$0.00	\$97.57	\$45.76	\$778.69	\$1.04	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$983.17	\$990.47	\$3,918.03	\$781.30	\$5.22	\$1.66	\$10.74	\$0.00	\$124.52	\$59.87	\$929.79	\$0.47	\$0.71	\$0.00	\$0.00	\$0.00
FY 2020-21	\$1,060.93	\$1,043.48	\$4,312.13	\$636.51	\$5.42	\$1.22	\$9.43	\$0.00	\$123.22	\$54.85	\$1,046.41	\$0.44	\$0.47	\$0.00	\$0.00	\$0.00
FY 2021-22	\$1,150.34	\$1,135.18	\$4,791.84	\$655.65	\$5.49	\$1.17	\$8.80	\$0.00	\$127.00	\$55.92	\$1,181.99	\$0.46	\$0.43	\$0.00	\$0.00	\$0.00
FY 2022-23	\$1,308.16	\$1,267.80	\$5,603.34	\$478.03	\$4.56	\$0.68	\$9.17	\$0.00	\$128.86	\$58.25	\$1,319.08	\$0.32	\$0.00	\$0.00	\$0.00	\$12,499.35
FY 2023-24	\$1,614.18	\$1,612.31	\$7,188.28	\$506.13	\$6.55	\$1.25	\$13.96	\$0.00	\$183.90	\$89.32	\$1,617.02	\$0.39	\$0.00	\$0.00	\$0.00	\$17,835.50
FY 2024-25	\$316.18	\$342.27	\$1,496.48	\$79.47	\$1.56	\$0.39	\$3.55	\$0.00	\$46.26	\$23.46	\$341.74	\$0.08	\$0.00	\$0.00	\$0.00	\$5,381.36
Estimated FY 2025-26	\$1,993.69	\$2,214.02	\$9,215.51	\$669.72	\$9.83	\$1.93	\$21.81	\$0.00	\$257.20	\$131.29	\$2,172.24	\$0.00	\$0.00	\$0.00	\$0.00	\$35,090.84
Estimated FY 2026-27	\$2,031.17	\$2,270.65	\$8,929.13	\$466.60	\$9.96	\$1.93	\$21.97	\$0.00	\$261.77	\$125.62	\$2,250.36	\$0.00	\$0.00	\$0.00	\$0.00	\$36,423.46
Estimated FY 2027-28	\$2,047.34	\$2,303.49	\$8,557.68	\$464.22	\$9.99	\$1.92	\$21.90	\$0.00	\$264.35	\$119.91	\$2,305.71	\$0.00	\$0.00	\$0.00	\$2.58	\$37,391.72
Long-Term Home Health Per Capita Cost Percent Change by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	17.10%	-8.10%	16.17%	16.50%	18.01%	-15.00%	21.40%	0.00%	19.43%	25.63%	2.05%	26.26%	-100.00%	0.00%	100.00%	0.00%
FY 2018-19	-9.70%	11.86%	12.73%	16.32%	-17.61%	-61.76%	-6.89%	0.00%	34.75%	1.33%	10.69%	-16.80%	0.00%	0.00%	-100.00%	0.00%
FY 2019-20	2.78%	23.94%	16.40%	24.10%	48.72%	112.82%	16.87%	0.00%	27.62%	30.83%	19.40%	-54.81%	100.00%	0.00%	0.00%	0.00%
FY 2020-21	7.91%	5.35%	10.06%	-18.53%	3.83%	-26.51%	-12.20%	0.00%	-1.04%	-8.38%	12.54%	-6.38%	-33.80%	0.00%	0.00%	0.00%
FY 2021-22	8.43%	8.79%	11.12%	3.01%	1.29%	-4.10%	-6.68%	0.00%	3.07%	1.95%	12.96%	-4.55%	-4.51%	0.00%	0.00%	0.00%
FY 2022-23	13.72%	11.68%	16.94%	-27.09%	-16.94%	-41.88%	-4.20%	0.00%	1.46%	4.17%	11.60%	-30.43%	-100.00%	0.00%	0.00%	100.00%
FY 2023-24	23.39%	27.17%	28.29%	5.88%	43.64%	83.82%	52.24%	0.00%	42.71%	53.34%	22.59%	21.88%	0.00%	0.00%	0.00%	42.69%
FY 2024-25	-80.41%	-78.77%	-79.18%	-84.30%	-76.18%	-68.80%	-74.57%	0.00%	-77.02%	-73.73%	-78.87%	-79.49%	0.00%	0.00%	0.00%	-69.83%
Estimated FY 2025-26	530.56%	546.86%	515.81%	490.31%	530.13%	394.87%	514.37%	0.00%	508.61%	459.63%	535.64%	-100.00%	0.00%	0.00%	100.00%	552.08%
Estimated FY 2026-27	1.88%	2.56%	-3.11%	-0.54%	1.32%	0.00%	0.73%	0.00%	1.78%	-4.32%	3.60%	0.00%	0.00%	0.00%	-1.13%	3.80%
Estimated FY 2027-28	0.80%	1.45%	-4.16%	-0.51%	0.30%	-0.52%	-0.32%	0.00%	0.99%	-4.55%	2.46%	0.00%	0.00%	0.00%	-1.90%	2.66%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH
Cash Based Actuals and Projections by Service

Long-Term Home Health (LTHH) Cost Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2016-17	\$7,566,236	\$10,175,849	\$16,371,130	\$37,740,979	\$135,690,548	\$54,661,018	\$8,756,039	\$2,677,286	\$319	\$273,639,403
FY 2017-18	\$8,774,284	\$11,800,555	\$18,984,993	\$43,766,815	\$157,355,301	\$63,388,357	\$10,154,054	\$3,104,749	\$370	\$317,329,479
FY 2018-19	\$10,314,592	\$14,633,158	\$24,876,369	\$44,827,430	\$180,487,512	\$68,276,174	\$10,385,973	\$3,105,085	\$78	\$356,906,370
FY 2019-20	\$12,681,087	\$19,434,951	\$30,106,071	\$48,432,221	\$206,780,057	\$73,516,744	\$12,427,366	\$3,631,377	\$5,824	\$407,015,698
FY 2020-21	\$16,062,970	\$25,815,462	\$40,504,630	\$52,271,162	\$220,901,379	\$72,732,122	\$13,508,698	\$3,850,295	\$0	\$445,646,719
FY 2021-22	\$19,050,558	\$32,185,322	\$50,785,186	\$62,367,604	\$236,060,325	\$73,514,376	\$15,359,415	\$4,174,982	\$12,096	\$493,509,864
FY 2022-23	\$21,545,177	\$36,399,902	\$57,435,367	\$70,534,472	\$266,971,780	\$83,140,883	\$17,370,689	\$4,721,684	\$13,680	\$558,133,634
FY 2023-24	\$66,115,815	\$113,461,628	\$151,393,082	\$75,647,610	\$128,923,882	\$93,438,988	\$16,832,327	\$4,736,539	\$0	\$650,549,872
FY 2024-25	\$13,144,784	\$23,051,671	\$28,522,105	\$16,264,612	\$28,056,993	\$18,790,529	\$4,164,542	\$1,112,691	\$0	\$133,107,927
Estimated FY 2025-26	\$27,462,926	\$50,336,057	\$67,811,901	\$117,082,219	\$462,422,395	\$80,604,216	\$35,560,053	\$7,550,509	(\$53,003)	\$848,777,273
Estimated FY 2026-27	\$27,914,823	\$53,771,977	\$71,009,053	\$120,659,056	\$473,468,161	\$89,934,690	\$36,140,669	\$8,164,980	(\$52,693)	\$881,010,716
Estimated FY 2027-28	\$28,432,714	\$56,340,308	\$72,928,634	\$124,091,293	\$480,884,307	\$97,315,239	\$35,881,683	\$8,609,334	(\$52,693)	\$904,430,815
LTHH Percent Change in Cost Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2017-18	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%
FY 2018-19	17.55%	24.00%	31.03%	2.42%	14.70%	7.71%	2.28%	0.01%	-78.93%	12.47%
FY 2019-20	22.94%	32.81%	21.02%	8.04%	14.57%	7.68%	19.66%	16.95%	7366.78%	14.04%
FY 2020-21	26.67%	32.83%	34.54%	7.93%	6.83%	-1.07%	8.70%	6.03%	-100.00%	9.49%
FY 2021-22	18.60%	24.67%	25.38%	19.32%	6.86%	1.08%	13.70%	8.43%	0.00%	10.74%
FY 2022-23	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%
FY 2023-24	206.87%	211.71%	163.59%	7.25%	-51.71%	12.39%	-3.10%	0.31%	-100.00%	16.56%
FY 2024-25	-80.12%	-79.68%	-81.16%	-78.50%	-78.24%	-79.89%	-75.26%	-76.51%	0.00%	-79.54%
Estimated FY 2025-26	108.93%	118.36%	137.75%	619.86%	1548.15%	328.96%	753.88%	578.58%	0.00%	537.66%
Estimated FY 2026-27	6.83%	6.83%	4.71%	3.05%	1.33%	11.58%	1.63%	8.14%	-0.58%	3.80%
Estimated FY 2027-28	1.86%	4.78%	2.70%	2.84%	1.57%	8.21%	-0.72%	5.44%	0.00%	2.66%
LTHH Average Utilizers Per Month Per Service Per Fiscal Year ⁽²⁾										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2016-17	1,366	1,774	2,192	3,372	4,201	3,023	426	174	9,290	25,818
FY 2017-18	1,533	2,134	2,894	3,939	4,799	3,577	499	201	10,957	30,533
FY 2018-19	1,725	2,399	3,526	3,642	5,103	3,839	454	182	11,829	32,699
FY 2019-20	2,000	3,046	4,287	3,581	5,372	4,038	507	185	12,947	35,963
FY 2020-21	2,399	3,748	5,278	3,663	5,581	4,196	556	202	14,148	39,771
FY 2021-22	2,756	4,596	6,357	3,768	5,675	4,240	596	205	15,695	43,888
FY 2022-23	3,189	5,456	7,474	3,847	6,071	4,471	656	214	31,378	62,756
FY 2023-24	3,378	5,797	7,735	3,865	6,587	4,774	860	242	33,238	66,476
FY 2024-25	3,674	6,443	7,972	4,546	7,842	5,252	1,164	311	37,204	74,408
Estimated FY 2025-26	3,649	6,554	8,025	4,852	8,298	5,432	1,230	352	38,897	77,289
Estimated FY 2026-27	3,662	6,866	8,241	4,921	8,333	5,702	1,225	369	39,823	79,143
Estimated FY 2027-28	3,675	7,194	8,463	5,049	8,463	5,953	1,222	384	40,839	81,244
LTHH Percent Change Average Utilizers Per Month Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2017-18	12.19%	20.30%	32.01%	16.82%	14.23%	18.33%	17.21%	15.42%	17.95%	18.26%
FY 2018-19	12.56%	12.42%	21.84%	-7.55%	6.35%	7.32%	-9.06%	-9.17%	7.95%	7.09%
FY 2019-20	15.95%	26.96%	21.60%	-1.67%	5.27%	5.19%	11.65%	1.42%	9.45%	9.98%
FY 2020-21	19.95%	23.05%	23.12%	2.29%	3.89%	3.91%	9.66%	9.19%	9.28%	10.59%
FY 2021-22	14.88%	22.63%	20.44%	2.87%	1.68%	1.05%	7.19%	1.49%	10.94%	10.35%
FY 2022-23	15.71%	18.71%	17.57%	2.10%	6.98%	5.45%	10.07%	4.39%	99.92%	42.99%
FY 2023-24	5.93%	6.25%	3.49%	0.47%	8.50%	6.78%	31.10%	13.08%	5.93%	5.93%
FY 2024-25	8.76%	11.14%	3.06%	17.62%	19.05%	10.01%	35.35%	28.51%	11.93%	11.93%
Estimated FY 2025-26	-0.68%	1.72%	0.66%	6.74%	5.82%	3.43%	5.70%	13.04%	4.55%	3.87%
Estimated FY 2026-27	0.40%	4.76%	2.69%	1.42%	0.41%	4.98%	-0.42%	4.85%	2.38%	2.40%
Estimated FY 2027-28	0.40%	4.77%	2.70%	2.60%	1.57%	4.39%	-0.24%	4.27%	2.55%	2.65%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH
Cash Based Actuals and Projections by Service

LTHH Cost Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth	Total
FY 2016-17	\$5,538.97	\$5,736.10	\$7,468.58	\$11,192.46	\$32,299.58	\$18,081.71	\$20,554.08	\$15,386.70	\$29,456.32	\$145,714.50
FY 2017-18	\$5,725.47	\$5,529.35	\$6,560.88	\$11,110.68	\$32,791.46	\$17,721.10	\$20,335.22	\$15,459.33	\$28,960.69	\$144,194.18
FY 2018-19	\$5,979.76	\$6,099.27	\$7,056.12	\$12,309.03	\$35,367.75	\$17,786.04	\$22,872.39	\$17,021.94	\$30,172.79	\$154,665.09
FY 2019-20	\$6,340.54	\$6,380.48	\$7,022.64	\$13,524.78	\$38,492.19	\$18,206.23	\$24,511.57	\$19,629.07	\$31,437.67	\$165,545.17
FY 2020-21	\$6,695.69	\$6,887.80	\$7,674.24	\$14,270.04	\$39,580.97	\$17,333.68	\$24,296.22	\$19,060.87	\$31,498.74	\$167,298.25
FY 2021-22	\$6,912.39	\$7,002.90	\$7,988.86	\$16,551.91	\$41,596.53	\$17,338.30	\$25,770.83	\$20,365.76	\$31,443.10	\$174,970.58
FY 2022-23	\$6,756.09	\$6,671.54	\$7,684.69	\$18,334.93	\$43,974.93	\$18,595.59	\$26,479.71	\$22,063.95	\$17,787.42	\$168,348.85
FY 2023-24	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.48	\$19,572.47	\$176,152.24
FY 2024-25	\$3,577.79	\$3,577.79	\$3,577.79	\$3,577.79	\$3,577.79	\$3,577.79	\$3,577.79	\$3,577.78	\$3,577.79	\$32,200.10
Estimated FY 2025-26	\$7,526.23	\$7,680.10	\$8,450.59	\$24,128.68	\$55,726.42	\$14,838.64	\$28,901.23	\$21,477.54	\$21,821.15	\$190,550.58
Estimated FY 2026-27	\$7,622.84	\$7,831.37	\$8,616.68	\$24,517.21	\$56,819.29	\$15,771.29	\$29,497.93	\$22,150.46	\$22,123.16	\$194,950.23
Estimated FY 2027-28	\$7,736.33	\$7,831.83	\$8,616.90	\$24,575.12	\$56,819.42	\$16,347.57	\$29,356.70	\$22,399.96	\$22,146.25	\$195,830.08
LTHH Percent Change in Cost Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth	Total
FY 2017-18	3.37%	-3.60%	-12.15%	-0.73%	1.52%	-1.99%	-1.06%	0.47%	-1.68%	-1.04%
FY 2018-19	4.44%	10.31%	7.55%	10.79%	7.86%	0.37%	12.48%	10.11%	4.19%	7.26%
FY 2019-20	6.03%	4.61%	-0.47%	9.88%	8.83%	2.36%	7.17%	15.32%	4.19%	7.03%
FY 2020-21	5.60%	7.95%	9.28%	5.51%	2.83%	-4.79%	-0.88%	-2.89%	0.19%	1.06%
FY 2021-22	3.24%	1.67%	4.10%	15.99%	5.09%	0.03%	6.07%	6.85%	-0.18%	4.59%
FY 2022-23	-2.26%	-4.73%	-3.81%	10.77%	5.72%	7.25%	2.75%	8.34%	-43.43%	-3.78%
FY 2023-24	189.70%	193.37%	154.69%	6.75%	-55.49%	5.25%	-26.09%	-11.29%	10.04%	4.64%
FY 2024-25	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%	-81.72%
Estimated FY 2025-26	110.36%	114.66%	136.20%	574.40%	1457.57%	314.74%	707.80%	500.30%	509.91%	491.77%
Estimated FY 2026-27	1.28%	1.97%	1.97%	1.61%	1.96%	6.29%	2.06%	3.13%	1.38%	2.31%
Estimated FY 2027-28	1.49%	0.01%	0.00%	0.24%	0.00%	3.65%	-0.48%	1.13%	0.10%	0.45%
LTHH Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2016-17	55	52	52	109	864	1,724	301	377		
FY 2017-18	51	95	53	167	903	1,654	285	308		
FY 2018-19	51	51	55	115	942	1,581	309	324		
FY 2019-20	52	53	53	122	1,007	1,542	326	375		
FY 2020-21	58	58	59	131	1,060	1,543	328	369		
FY 2021-22	55	54	56	141	1,089	1,426	319	361		
FY 2022-23	54	52	55	152	1,260	1,416	322	365		
FY 2023-24	52	60	56	170	1,240	1,325	336	380		
FY 2024-25	54	58	59	188	1,349	1,212	331	357		
Estimated FY 2025-26	54	54	55	185	1,349	1,204	332	355		
Estimated FY 2026-27	54	54	55	185	1,349	1,255	332	359		
Estimated FY 2027-28	54	54	55	185	1,349	1,301	330	362		
LTHH Percent Change in Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2017-18	-7.27%	82.69%	1.92%	53.21%	4.51%	-4.06%	-5.32%	-18.30%		
FY 2018-19	0.00%	-46.32%	3.77%	-31.14%	4.32%	-4.41%	8.42%	5.19%		
FY 2019-20	1.96%	3.92%	-3.64%	6.09%	6.90%	-2.47%	5.50%	15.74%		
FY 2020-21	11.54%	9.43%	11.32%	7.38%	5.26%	0.06%	0.61%	-1.60%		
FY 2021-22	-5.17%	-6.90%	-5.08%	7.63%	2.74%	-7.58%	-2.74%	-2.17%		
FY 2022-23	-1.82%	-3.70%	-1.79%	7.80%	15.70%	-0.70%	0.94%	1.11%		
FY 2023-24	-3.70%	15.38%	1.82%	11.84%	-1.59%	-6.43%	4.35%	4.11%		
FY 2024-25	3.85%	-3.33%	5.36%	10.59%	8.79%	-8.53%	-1.49%	-6.05%		
Estimated FY 2025-26	0.00%	-7.60%	-7.46%	-1.51%	0.00%	-0.67%	0.20%	-0.64%		
Estimated FY 2026-27	-0.67%	0.00%	0.00%	-0.35%	0.00%	4.23%	0.10%	1.08%		
Estimated FY 2027-28	1.48%	0.00%	0.00%	0.23%	0.00%	3.65%	-0.48%	1.08%		

Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH
Cash Based Actuals and Projections by Service

Current Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2024-25 Average Monthly Clients	3,674	6,443	7,972	4,546	7,842	5,252	1,164	311	N/A	37,204
Utilizer Trend Selected ⁽⁴⁾	-0.68%	1.72%	0.66%	6.74%	5.82%	3.43%	5.70%	13.04%	N/A	4.55%
Estimated FY 2025-26 Average Utilizers Per Month	3,649	6,554	8,025	4,852	8,298	5,432	1,230	352	N/A	38,897
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Estimated FY 2025-26 Average Utilizers Per Month	3,649	6,554	8,025	4,852	8,298	5,432	1,230	352	N/A	38,897
FY 2023-24 Average Units Per Utilizer Per Year	54	58	59	188	1,349	1,212	331	357	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	0.00%	-7.60%	-7.46%	-1.51%	0.03%	-0.67%	0.20%	-0.64%	N/A	
Estimated FY 2025-26 Average Units Per Utilizer	54	54	55	185	1,349	1,204	332	355	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$140.22	\$141.19	\$152.43	\$128.28	\$40.64	\$12.14	\$85.90	\$60.12	N/A	
Unit Average Paid Rate Trend Selected	1.60%	3.63%	3.63%	3.64%	3.63%	3.61%	3.63%	3.63%	N/A	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2025-26 Base Expenditure	\$28,071,581	\$51,393,205	\$69,211,712	\$119,448,115	\$471,559,667	\$82,254,857	\$36,327,475	\$7,768,725	\$12,099	\$866,047,436
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,025.00	\$4,025.00
53rd Payment Week	(\$539,838)	(\$988,331)	(\$1,330,994)	(\$2,297,079)	(\$9,068,455)	(\$1,581,824)	(\$698,605)	(\$149,399)	(\$310)	(\$16,654,835.00)
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357.00)
Total Bottom Line Impacts	(\$608,655)	(\$1,057,148)	(\$1,399,811)	(\$2,365,896)	(\$9,137,272)	(\$1,650,641)	(\$767,422)	(\$218,216)	(\$65,102)	(\$17,270,167)
Estimated FY 2025-26 Expenditure	\$27,462,926	\$50,336,057	\$67,811,901	\$117,082,219	\$462,422,395	\$80,604,216	\$35,560,053	\$7,550,509	(\$53,003)	\$848,777,273
Estimated FY 2025-26 Per Utilizer Cost	\$7,526.23	\$7,680.10	\$8,450.59	\$24,128.68	\$55,726.42	\$14,838.64	\$28,901.23	\$21,477.54	N/A	\$21,821.15
% Change Over FY 2024-25 Per Utilizer Cost	\$1.10	\$1.15	\$1.36	\$5.74	\$14.58	\$3.15	\$7.08	\$5.00	N/A	\$5.10
Request Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
Estimated FY 2025-26 Average Utilizers Per Month	3,649	6,554	8,025	4,852	8,298	5,432	1,230	352	N/A	38,897
Utilizer Trend Selected ⁽⁴⁾	0.36%	4.76%	2.70%	1.42%	0.42%	4.98%	-0.42%	4.85%	N/A	2.38%
Estimated FY 2025-26 Average Utilizers Per Month	3,662	6,866	8,241	4,921	8,333	5,702	1,225	369	N/A	39,823
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Estimated FY 2025-26 Average Utilizers Per Month	3,662	6,866	8,241	4,921	8,333	5,702	1,225	369	N/A	39,823
FY 2024-25 Average Units Per Utilizer Per Year	54	54	55	185	1,349	1,204	332	355	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	-0.67%	0.00%	0.00%	-0.35%	0.00%	4.23%	0.10%	1.08%	N/A	
Estimated FY 2025-26 Average Units Per Utilizer	54	54	55	185	1,349	1,255	332	359	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2024-25 Base Expenditure	\$27,983,640	\$53,840,794	\$71,077,870	\$120,727,873	\$473,536,978	\$90,003,507	\$36,209,486	\$8,233,797	\$12,099	\$881,626,044
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Annualization of FY 2018-19 R-8 Assorted Medicaid Savings Initiatives -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357)
Total Bottom Line Impacts	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$64,792)	(\$615,332)
Estimated FY 2025-26 Expenditure	\$27,914,823	\$53,771,977	\$71,009,053	\$120,659,056	\$473,468,161	\$89,934,690	\$36,140,669	\$8,164,980	(\$52,693)	\$881,010,716
Estimated FY 2024-25 Per Utilizer Cost	\$7,622.84	\$7,831.37	\$8,616.68	\$24,517.21	\$56,819.29	\$15,771.29	\$29,497.93	\$22,150.46	N/A	\$22,123.16
% Change Over FY 2023-24 Per Utilizer Cost	1.28%	1.97%	1.97%	1.61%	1.96%	6.29%	2.06%	3.13%	N/A	1.38%

Exhibit G - COMMUNITY BASED LONG-TERM CARE - LONG-TERM HOME HEALTH
Cash Based Actuals and Projections by Service

Out Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
Estimated FY 2025-26 Average Utilizers Per Month	3,662	6,866	8,241	4,921	8,333	5,702	1,225	369	N/A	39,823
Utilizer Trend Selected ⁽⁴⁾	0.36%	4.77%	2.70%	2.60%	1.57%	4.39%	-0.24%	4.27%	N/A	2.55%
FY 2026-27 Estimated Average Utilizers Per Month	3,675	7,194	8,463	5,049	8,463	5,953	1,222	384	N/A	40,839
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
FY 2026-27 Estimated Average Utilizers Per Month	3,675	7,194	8,463	5,049	8,463	5,953	1,222	384	N/A	40,839
Estimated FY 2025-26 Average Units Per Utilizer Per Year	54	54	55	185	1,349	1,255	332	359	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	1.48%	0.00%	0.00%	0.23%	0.00%	3.65%	-0.48%	1.08%	N/A	
Estimated FY 2026-27 Average Units Per Utilizer	54	54	55	185	1,349	1,301	330	362	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2025-26 Base Expenditure	\$28,501,531	\$56,409,125	\$72,997,451	\$124,160,110	\$480,953,124	\$97,384,056	\$35,950,500	\$8,678,151	\$12,099	\$905,046,147
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Amortization of FY 2016-19 K-6 Assorted Medicaid savings initiatives - RAD, Caudine	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357)
Total Bottom Line Impacts	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$64,792)	(\$615,332)
Estimated FY 2026-27 Expenditure	\$28,432,714	\$56,340,308	\$72,928,634	\$124,091,293	\$480,884,307	\$97,315,239	\$35,881,683	\$8,609,334	(\$52,693)	\$904,430,815
Estimated FY 2026-27 Per Utilizer Cost	\$7,736.33	\$7,831.83	\$8,616.90	\$24,575.12	\$56,819.42	\$16,347.57	\$29,356.70	\$22,399.96	N/A	\$22,146.25
% Change Over FY 2025-26 Per Utilizer Cost	1.49%	0.01%	0.00%	0.24%	0.00%	3.65%	-0.48%	1.13%	N/A	0.10%
(1) Due to cell sizes, the Telehealth forecast is done at the total expenditure level. Telehealth is not a widely utilized service and displaying utilization figures would violate The Health Insurance Portability and Accountability Act of 1996 (HIPAA).										
(2) Presented information regarding the utilizers per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for LTHH services as clients typically continue services once a need is identified.										
(3) Since clients can access multiple services, the average utilizers does not reflect the sum of the services but rather the total Average Utilizers Per Month for LTHH as a benefit.										
(5) Percentages Selected to Modify Utilizers for FY 2025-26 through FY 2027-28	Physical Therapy (for 0-21 years LTHH)	-0.68%, 0.36%, 0.36%	Registered Nursing/Licensed Practical Nurse	6.74%, 1.42%, 2.60%	Registered Nursing Brief First Visit of Day	5.70%, -0.42%, -0.24%				
	Occupational Therapy (for 0-21 years LTHH)	1.72%, 4.76%, 4.77%	Home Health Aid Basic	5.82%, 0.42%, 1.57%	Registered Nursing Brief Second or More Visit of	13.04%, 4.85%, 4.27%				
	Speech and Language Therapy (for 0-21 years LTHH)	0.66%, 2.70%, 2.70%	Home Health Aid Extended	3.43%, 4.98%, 4.39%						
(6) Percentages Selected to Modify Units Per Utilizer for FY 2025-26 through FY 2027-28	Physical Therapy (for 0-21 years LTHH)	0.00%, -0.67%, 1.48%	Registered Nursing/Licensed Practical Nurse	-1.51%, -0.35%, 0.23%	Registered Nursing Brief First Visit of Day	0.20%, 0.10%, -0.48%				
	Occupational Therapy (for 0-21 years LTHH)	-7.60%, 0.00%, 0.00%	Home Health Aid Basic	0.03%, 0.00%, 0.00%	Registered Nursing Brief Second or More Visit of	-0.64%, 1.08%, 1.08%				
	Speech and Language Therapy (for 0-21 years LTHH)	-7.46%, 0.00%, 0.00%	Home Health Aid Extended	-0.67%, 4.23%, 3.65%						
(7) Due to small cell sizes that prevent the Telehealth forecast from using the same methodology as the other LTHH services, expenditure for Telehealth is adjusted via bottom line impact. See (1) for more information.										

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

Hospice Calculations for FY 2025-26, FY 2026-27, FY 2027-28

FY 2025-26 Calculation

Nursing Facility Room and Board

<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days	259,760	G5.2
Total Estimated Costs for FY 2025-26 Days of Service	\$59,926,138	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	88.80%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$53,214,411	
Estimated Expenditure for FY 2024-25 Dates of Service	\$7,544,613	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2025-26 Prior to Adjustments	\$60,759,024	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2025-26 Total Fund Expenditure	\$60,759,024	
Percentage Change in Core Component Expenditure Over Prior Year	10.48%	

Hospice Services

<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,514,322	
Hospice General Inpatient	\$3,079,937	
Other Services	\$249,928	
Estimated Hospice Services Expenditure in FY 2025-26 Prior to Adjustments	\$17,844,187	
<u>Bottom Line Adjustments:</u>		
Additional Payment Period	(\$1,511,604)	
Total Bottom Line Adjustments:	(\$1,511,604)	
Total Estimated Hospice Services FY 2025-26 Total Fund Expenditure	\$16,332,583	
Percentage Change in Expenditure Over Prior Year	26.88%	
Total Estimated FY 2025-26 Expenditure	\$77,091,607	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2026-27 Calculation		
Nursing Facility Room and Board		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2026-27 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days	276,664	G5.2
Total Estimated Costs for FY 2026-27 Days of Service	\$63,825,663	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	88.80%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$56,677,189	
Estimated Expenditure for FY 2025-26 Dates of Service	\$6,711,506	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2026-27 Prior to Adjustments	\$63,388,695	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:		
Total Estimated Nursing Facility Room and Board FY 2026-27 Total Fund Expenditure	\$63,388,695	
Percentage Change in Core Component Expenditure Over Prior Year	4.33%	
Hospice Services		
<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,514,322	
Hospice General Inpatient	\$3,064,484	
Other Services	\$279,775	
Estimated Hospice Services Expenditure in FY 2026-27 Prior to Adjustments	\$17,858,581	
<u>Bottom Line Adjustments:</u>		
Remove Additional Payment Period	\$0	
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2026-27 Total Fund Expenditure	\$17,858,581	
Percentage Change in Expenditure Over Prior Year	9.34%	
Total Estimated FY 2026-27 Expenditure	\$81,247,276	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2027-28 Calculation		
Nursing Facility Room and Board		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2027-28 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days	294,667	G5.2
Total Estimated Costs for FY 2027-28 Days of Service	\$67,978,939	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	88.80%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$60,365,298	
Estimated Expenditure for FY 2026-27 Dates of Service	\$7,148,292	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2027-28 Prior to Adjustments	\$67,513,590	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2027-28 Total Fund Expenditure	\$67,513,590	
Percentage Change in Core Component Expenditure Over Prior Year	6.51%	
Hospice Services		
<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,514,322	
Hospice General Inpatient	\$3,005,927	
Other Services	\$313,403	
Estimated Hospice Services Expenditure in FY 2027-28 Prior to Adjustments	\$17,833,653	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2027-28 Total Fund Expenditure	\$85,347,243	
Percentage Change in Expenditure Over Prior Year	5.05%	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE
Footnotes

Hospice Nursing Facility Room and Board FY 2025-26, FY 2026-27 and FY 2027-28 Footnotes:

- (1) Fiscal year per diems are the quotient of annual IBNR-adjusted expenditure and patient days, by first-date-of-service. Estimates for FY 2025-26, FY 2026-27, and FY 2027-28 are computed by applying rate reductions where appropriate and projecting the maximum-allowable-growth (2%) in General Fund expenditure. See footnote (4) for a detailed discussion of incurred-but-not-reported analysis. Rate reduction in FY 2025-26, FY 2026-27, and FY 2027-28 due to HB 13-1152; see footnote (6) for further detail.

Year	Per Diem After Reductions	Maximum Allowable Growth in General Fund Portion	Percentage Change in Per Diem
FY 2016-17	\$168.03	3.00%	
FY 2017-18	\$173.76	3.00%	3.30%
FY 2018-19	\$180.20	3.00%	3.57%
FY 2019-20	\$186.91	3.00%	3.59%
FY 2020-21	\$186.65	3.00%	-0.14%
FY 2021-22	\$193.36	3.00%	3.47%
FY 2022-23	\$193.55	3.00%	0.10%
FY 2023-24	\$216.60	10.00%	10.64%
FY 2024-25	\$227.29	3.00%	4.70%
Estimated FY 2025-26	\$230.70	1.50%	1.50%
Estimated FY 2026-27	\$230.70	0.00%	0.00%
Estimated FY 2027-28	\$230.70	0.00%	0.00%

- (2) The Department estimated patient days based on a trend and seasonality model for FY 2020-21, FY 2021-22 and FY 2022-23.

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change2
FY 2016-17	238,694	-	654	-
FY 2017-18	259,967	8.91%	712	8.87%
FY 2018-19	261,062	0.42%	715	0.42%
FY 2019-20	279,891	7.21%	765	6.99%
FY 2020-21	218,222	-22.03%	598	-21.83%
FY 2021-22	199,287	-8.68%	546	-8.70%
FY 2022-23	222,577	11.69%	610	11.72%
FY 2023-24	230,861	3.72%	631	3.44%
FY 2024-25	243,890	5.64%	668	5.86%
Estimated FY 2025-26	259,760	6.51%	712	6.59%
Estimated FY 2026-27	276,664	6.51%	758	6.46%
Estimated FY 2027-28	294,667	6.51%	805	6.20%

- (3) Estimated cost for current year dates of service is the amount the Department expects to pay for services rendered in the current fiscal year regardless of which fiscal year the payment is made.
- (4) Of the estimated costs for the current year dates of service, a portion of those claims will be paid during the same fiscal year in which they were incurred while the rest of the claims will be paid in a future period. In order to estimate how much of the total expenditure incurred in the current year will be paid in the current year, expenditure patterns must be analyzed by month. This is because, for example, a claim incurred in July 2017 has 11 more months to pay during FY 2017-18 (from August 2017 to June 2018), while a claim incurred in May 2018 only has one additional month to pay during FY 2017-18 (June 2018). Thus, more claims from May 2018 will pay in FY 2018-19 than claims from July 2017. Based on the Department's estimate of incurred-but-not-reported (IBNR) claims, the Department estimates in the table below the portion of claims outstanding for any given fiscal year by analyzing estimated IBNR (based on five years of data) and averages the total to provide an estimate of the total percentage of claims that will pay in the same fiscal year that the claim was incurred.

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE
Footnotes

Estimate of Claims Incurred and Paid in the Same Fiscal Year (Last 12 Months of Utilization)		
Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
July-24	11	99.68%
August-24	10	99.36%
September-24	9	98.90%
October-24	8	98.33%
November-24	7	97.51%
December-24	6	96.47%
January-25	5	95.14%
February-25	4	84.98%
March-25	3	75.16%
April-25	2	65.43%
May-25	1	54.70%
June-25	0	54.70%
Average		88.80%

- (6) HB 10-1324 imposed a rate reduction of 1.5% effective March 1, 2010 and effective until June 30, 2011. HB 10-1379 imposed a rate reduction of 1% in addition to the rate reduction of HB 10-1324 for the period of July 1, 2010 to June 30, 2011. SB 11-215 imposed a rate reduction of 1.5% effective July 1, 2011 for FY 2011-12 that was extended for FY 2012-13 by HB 12-1340. HB 13-1152 extended the 1.5% rate reduction indefinitely, effective July 1, 2013. The rate reductions apply to all days incurred under the effective periods of each bill. As not all days will be reported in the fiscal year in which they are incurred, the impact of the rate cuts extends over multiple fiscal years. The tables below show the incremental impact of HB 13-1152. These figures may vary from previous submissions of the Department's requests due to revised forecasts for rates and patient days. Because HB 13-1152 made the 1.5% rate reduction permanent, potential rate reductions of 1.5% for FY 2022-23, FY 2023-24, and FY 2024-25 are accounted for here.

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE
Footnotes

HB 13-1152	Per Diem Impact of Reduction
FY 2024-25 Rates	\$227.29
FY 2024-25 Patient Days	243,890
FY 2024-25 Days Paid in FY 2024-25	210,696
Total FY 2023-24 Impact in FY 2024-25	7,106,785
Total FY 2024-25 Impact	\$54,995,554
Estimated FY 2024-25 Days Paid in FY 2025-26	33,194
FY 2025-26 Impact from Carryover from FY 2024-25	\$7,544,613
Estimated FY 2025-26 Rates	\$230.70
Estimated FY 2025-26 Patient Days	259,760
Estimated FY 2025-26 Days Paid in FY 2025-26	230,668
FY 2025-26 Impact from FY 2025-26	\$53,214,632
Total FY 2025-26 Impact	\$60,759,246
Estimated FY 2025-26 Days Paid in FY 2026-27	29,092
FY 2026-27 Impact from Carryover from FY 2025-26	\$6,711,506
Estimated FY 2026-27 Rates	\$230.70
Estimated FY 2026-27 Patient Days	276,664
Estimated FY 2026-27 Days Paid in FY 2026-27	245,678
FY 2026-27 Impact from FY 2026-27	\$56,677,371
Total FY 2026-27 Impact	\$63,388,876
Estimated FY 2026-27 Days Paid in FY 2027-28	30,986
FY 2027-28 Impact from Carryover from FY 2026-27	\$7,148,292
Estimated FY 2027-28 Rates	\$230.70
Estimated FY 2027-28 Patient Days	294,667
Estimated FY 2027-28 Days Paid in FY 2027-28	261,665
FY 2027-28 Impact from FY 2027-28	\$60,365,550
Total FY 2027-28 Impact	\$67,513,842

- (7) Hospice Services refers here to the following categories of service: hospice routine home care, hospice general inpatient, continuous home care, hospice inpatient respite, hospice physician visit, and hearing, vision, dental, and other PETI services. Hospice routine home care (HRHC) expenditure is forecast by multiplying estimated patient days by estimated rates in FY 2020-21, FY 2021-22, and FY 2022-23. HRHC patient days for FY 2020-21 are estimated by trending forward FY 2019-20 patient days by 2.79%, while FY 2021-22 and FY 2022-23 patient days are estimated by trending forward the previous year's patient days estimate also by 2.79%. HRHC rates are estimated by trending forward the previous years rates by 3.00%. Hospice general inpatient expenditure estimates are produced by assuming an increase of 2.77% for FY 2019-20, FY 2020-21, and FY 2021-22. Expenditure estimates for the remaining service categories are based on trending FY 2019-20 actuals forward by 10.00% for FY 2020-21.

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE
Cash-Based Actuals and Projections

Cash Based Actuals																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$40,464,888	\$3,047,499	\$5,646,291	\$231,548	\$352,449	\$197,716	\$3,656,340	\$28,585	\$141,542	\$7,016	\$5,060	\$5,814	\$10,115	\$156,497	\$0	\$53,951,360
FY 2017-18	\$48,628,171	\$8,428,469	\$201,637,564	\$4,424,728	\$766,240	\$151,912	\$3,479,504	\$0	\$31,770,989	\$2,906,178	\$15,106,259	\$12,651	\$0	\$0	\$16,814	\$317,329,479
FY 2018-19	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,609	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$356,906,370
FY 2019-20	\$52,938,304	\$5,147,520	\$6,622,281	\$377,947	\$453,358	\$188,882	\$3,817,150	\$18,997	\$365,092	(\$16,915)	\$154,519	\$9,091	\$0	\$0	\$0	\$70,076,226
FY 2020-21	\$43,875,976	\$4,556,311	\$5,843,431	\$501,820	\$397,234	\$363,283	\$4,953,089	\$70,300	\$90,256	\$10,232	\$62,401	\$0	\$0	\$0	\$0	\$60,724,333
FY 2021-22	\$39,358,091	\$5,086,336	\$5,315,686	\$370,873	\$425,981	\$346,476	\$4,994,353	\$17,064	\$264,309	\$2,736	\$26,109	\$0	\$14,127	\$11,048	\$0	\$56,233,189
FY 2022-23	\$43,335,416	\$3,723,503	\$5,859,545	\$264,466	\$442,242	\$290,529	\$4,591,497	\$5,300	\$197,062	\$0	\$99,006	\$0	\$470	\$2,348	\$0	\$58,811,384
FY 2023-24	\$47,380,494	\$3,872,183	\$5,933,771	\$355,838	\$466,338	\$191,175	\$5,394,386	\$0	\$185,402	\$7,725	\$106,017	\$9,001	\$0	\$77,941	\$0	\$63,980,270
FY 2024-25	\$57,119,193	\$4,592,600	\$4,794,180	\$819,747	\$365,772	\$210,332	\$4,628,470	\$9,096	\$250,492	\$14,077	\$62,321	\$0	\$874	\$72,624	\$0	\$72,939,778
Estimated FY 2025-26	\$60,066,341	\$4,791,720	\$5,246,914	\$935,736	\$386,120	\$228,934	\$5,066,469	\$8,193	\$277,348	\$16,885	\$66,032	\$0	\$915	\$0	\$0	\$77,091,607
Estimated FY 2026-27	\$62,616,149	\$5,111,076	\$5,923,840	\$1,029,161	\$416,797	\$249,823	\$5,502,631	\$9,692	\$298,102	\$19,305	\$69,727	\$0	\$973	\$0	\$0	\$81,247,276
Estimated FY 2027-28	\$65,036,111	\$5,433,132	\$6,665,482	\$1,115,522	\$448,190	\$271,410	\$5,951,589	\$11,292	\$318,325	\$21,811	\$73,388	\$0	\$991	\$0	\$0	\$85,347,243
Percent Change in Cash Based Actuals																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	20.17%	176.57%	3471.15%	1810.93%	117.40%	-23.17%	-4.84%	-100.00%	22346.33%	41322.15%	298442.67%	117.60%	-100.00%	-100.00%	100.00%	488.18%
FY 2018-19	-6.20%	20.62%	14.58%	27.87%	-19.46%	-67.34%	-12.68%	0.00%	29.06%	-6.50%	12.45%	0.55%	0.00%	0.00%	-100.00%	12.47%
FY 2019-20	16.05%	-49.37%	-97.13%	-93.32%	-26.54%	280.74%	25.64%	100.00%	-99.11%	-100.62%	-99.09%	-28.53%	0.00%	0.00%	0.00%	-80.37%
FY 2020-21	-17.12%	-11.49%	-11.76%	32.78%	-12.38%	92.33%	29.76%	270.06%	-75.28%	-160.49%	-59.62%	-100.00%	0.00%	0.00%	0.00%	-13.35%
FY 2021-22	-10.30%	11.63%	-9.03%	-26.09%	7.24%	-4.63%	0.83%	-75.73%	192.84%	-73.26%	-58.16%	0.00%	100.00%	100.00%	0.00%	-7.40%
FY 2022-23	10.11%	-26.79%	10.23%	-28.69%	3.82%	-16.15%	-8.07%	-68.94%	-25.44%	-100.00%	279.20%	0.00%	-96.67%	-78.75%	0.00%	4.58%
FY 2023-24	9.33%	3.99%	1.27%	34.55%	5.45%	-34.20%	17.49%	-100.00%	-5.92%	100.00%	7.08%	100.00%	-100.00%	3219.46%	0.00%	8.79%
FY 2024-25	20.55%	18.60%	-19.21%	130.37%	-21.57%	10.02%	-14.20%	100.00%	35.11%	-41.22%	82.23%	-100.00%	100.00%	-6.82%	0.00%	14.00%
Estimated FY 2025-26	5.16%	4.34%	9.44%	14.15%	5.56%	8.84%	9.46%	-9.93%	10.72%	19.95%	5.95%	0.00%	4.69%	-100.00%	0.00%	5.69%
Estimated FY 2026-27	4.24%	6.66%	12.90%	9.98%	7.94%	9.12%	8.61%	18.30%	7.48%	14.33%	5.60%	0.00%	6.34%	0.00%	0.00%	5.39%
Estimated FY 2027-28	3.86%	6.30%	12.52%	8.39%	7.53%	8.64%	8.16%	16.51%	6.78%	12.98%	5.25%	0.00%	1.85%	0.00%	0.00%	5.05%
Per Capita Cost																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$921	\$271	\$84	\$37	\$2	\$2	\$11	\$122	\$0	\$0	\$0	\$0	\$5	\$59	\$0	\$40
FY 2017-18	\$1,059	\$714	\$2,986	\$541	\$4	\$2	\$10	\$0	\$72	\$45	\$704	\$1	\$0	\$0	\$0	\$241
FY 2018-19	\$957	\$799	\$3,366	\$630	\$4	\$1	\$9	\$0	\$98	\$46	\$779	\$1	\$0	\$0	\$0	\$283
FY 2019-20	\$1,113	\$395	\$100	\$35	\$3	\$3	\$12	\$139	\$1	(\$0)	\$7	\$1	\$0	\$0	\$0	\$57
FY 2020-21	\$909	\$336	\$88	\$35	\$2	\$4	\$12	\$506	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$43
FY 2021-22	\$799	\$369	\$81	\$24	\$2	\$3	\$10	\$130	\$1	\$0	\$1	\$0	\$3	\$1	\$0	\$36
FY 2022-23	\$859	\$269	\$90	\$14	\$2	\$3	\$9	\$40	\$0	\$0	\$5	\$0	\$0	\$0	\$0	\$35
FY 2023-24	\$994	\$305	\$101	\$18	\$3	\$3	\$13	\$0	\$0	\$0	\$6	\$0	\$0	\$2	\$0	\$47
FY 2024-25	\$1,147	\$375	\$83	\$31	\$3	\$5	\$14	\$79	\$1	\$0	\$3	\$0	\$0	\$2	\$0	\$62
Estimated FY 2025-26	\$1,193	\$397	\$87	\$33	\$3	\$5	\$15	\$84	\$1	\$0	\$4	\$0	\$0	\$0	\$0	\$63
Estimated FY 2026-27	\$1,220	\$418	\$92	\$34	\$3	\$5	\$16	\$88	\$1	\$0	\$4	\$0	\$0	\$0	\$0	\$64
Estimated FY 2027-28	\$1,244	\$439	\$97	\$36	\$3	\$6	\$17	\$93	\$1	\$0	\$4	\$0	\$0	\$0	\$0	\$65
Percent Change in Per Capita Cost																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	15.03%	163.54%	3475.80%	1361.19%	95.13%	4.07%	-6.12%	-100.00%	23907.91%	41683.29%	282273.29%	191.57%	-100.00%	-100.00%	100.00%	501.99%
FY 2018-19	-9.70%	11.86%	12.73%	16.32%	-17.61%	-61.67%	-6.85%	0.00%	34.75%	1.33%	10.69%	-16.53%	0.00%	0.00%	-100.00%	17.27%
FY 2019-20	16.38%	-50.56%	-97.04%	-94.38%	-21.47%	306.75%	28.59%	100.00%	-99.08%	-100.66%	-99.07%	-24.51%	0.00%	0.00%	0.00%	-79.69%
FY 2020-21	-18.32%	-14.83%	-11.30%	-1.21%	-16.77%	29.41%	4.02%	264.73%	-77.66%	-150.62%	-58.49%	-100.00%	0.00%	0.00%	0.00%	-24.80%
FY 2021-22	-12.17%	9.66%	-8.72%	-31.25%	-2.03%	-17.64%	-15.04%	-74.24%	172.55%	-75.38%	-57.32%	0.00%	100.00%	100.00%	0.00%	-16.68%
FY 2022-23	7.49%	-27.13%	11.97%	-40.39%	-0.89%	-17.98%	-17.12%	-28.47%	-69.41%	-100.00%	284.21%	0.00%	-97.70%	-88.08%	0.00%	-2.50%
FY 2023-24	15.75%	13.46%	11.46%	22.22%	29.85%	4.12%	53.53%	-100.00%	15.19%	100.00%	12.62%	100.00%	-100.00%	2658.00%	0.00%	34.61%
FY 2024-25	15.41%	23.06%	-17.79%	76.78%	-8.57%	70.25%	6.52%	100.00%	51.73%	133.92%	-39.28%	-100.00%	100.00%	-18.69%	0.00%	30.65%
Estimated FY 2025-26	3.99%	5.69%	5.69%	5.69%	5.69%	5.69%	5.69%	5.70%	5.69%	5.69%	5.69%	0.00%	5.69%	-100.00%	0.00%	1.61%
Estimated FY 2026-27	2.32%	5.39%	5.39%	5.39%	5.39%	5.39%	5.39%	5.39%	5.39%	5.39%	5.39%	0.00%	5.38%	0.00%	0.00%	2.13%
Estimated FY 2027-28	1.98%	5.05%	5.05%	5.05%	5.05%	5.05%	5.05%	5.05%	5.05%	5.05%	5.05%	0.00%	0.94%	0.00%	0.00%	2.20%

**Exhibit H - LONG-TERM CARE AND INSURANCE
Summary**

FY 2025-26 Long-Term Care and Insurance Request																
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$672,712,726	\$74,837,360	\$154,463,861	\$119,607	\$6,926,484	\$0	\$5,207,974	\$0	\$0	\$0	\$77,633	\$10,305	\$0	\$0	\$0	\$914,355,950
Class II Nursing Facilities	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
Program for All-Inclusive Care for the Elderly	\$319,310,661	\$34,198,583	\$8,951,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$362,460,541
Subtotal Long-Term Care	\$992,761,622	\$109,581,902	\$169,902,568	\$119,607	\$6,926,484	\$0	\$5,207,974	\$0	\$0	\$0	\$77,633	\$10,305	\$0	\$0	\$0	\$1,284,588,095
Supplemental Medicare Insurance Benefit	\$114,472,716	\$14,952,511	\$71,370,073	\$0	\$8,151,465	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,905,149	\$315,851,914
Health Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$114,491,409	\$14,975,879	\$73,660,073	\$0	\$8,179,506	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$106,905,149	\$318,478,403
Total Long-Term Care and Insurance	\$1,107,253,031	\$124,557,781	\$243,562,641	\$119,607	\$15,105,990	\$46,734	\$5,250,035	\$0	\$163,571	\$0	\$77,633	\$24,325	\$0	\$0	\$106,905,149	\$1,603,066,498
Class I Nursing Facility Supplemental Payments	\$90,496,802	\$10,067,510	\$20,779,279	\$16,090	\$931,787	\$0	\$700,604	\$0	\$0	\$0	\$10,444	\$1,386	\$0	\$0	\$0	\$123,003,902
Total Long-Term Care and Insurance Including Financing	\$1,197,749,833	\$134,625,291	\$264,341,920	\$135,697	\$16,037,777	\$46,734	\$5,950,639	\$0	\$163,571	\$0	\$88,077	\$25,711	\$0	\$0	\$106,905,149	\$1,726,070,400
FY 2026-27 Long-Term Care and Insurance Request																
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$709,021,582	\$78,117,430	\$161,233,905	\$124,849	\$405,746	\$0	\$5,436,236	\$0	\$0	\$0	\$81,035	\$10,757	\$0	\$0	\$0	\$954,431,540
Class II Nursing Facilities	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
Program for All-Inclusive Care for the Elderly	\$327,246,465	\$35,048,518	\$9,173,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$371,468,746
Subtotal Long-Term Care	\$1,037,017,060	\$113,719,878	\$176,989,794	\$124,849	\$405,746	\$0	\$5,436,236	\$0	\$0	\$0	\$81,035	\$10,757	\$0	\$0	\$0	\$1,333,785,355
Supplemental Medicare Insurance Benefit	\$127,126,987	\$16,605,422	\$79,259,606	\$0	\$9,052,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,722,871	\$350,767,445
Health Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$127,145,680	\$16,628,790	\$81,549,606	\$0	\$9,080,602	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$118,722,871	\$353,393,934
Total Long-Term Care and Insurance	\$1,164,162,740	\$130,348,668	\$258,539,400	\$124,849	\$9,486,348	\$46,734	\$5,478,297	\$0	\$163,571	\$0	\$81,035	\$24,777	\$0	\$0	\$118,722,871	\$1,687,179,289
Class I Nursing Facility Supplemental Payments	\$97,316,386	\$10,721,967	\$22,130,075	\$17,136	\$55,690	\$0	\$746,148	\$0	\$0	\$0	\$11,122	\$1,476	\$0	\$0	\$0	\$131,000,000
Total Long-Term Care and Insurance Including Financing	\$1,261,479,126	\$141,070,635	\$280,669,475	\$141,985	\$9,542,038	\$46,734	\$6,224,445	\$0	\$163,571	\$0	\$92,157	\$26,253	\$0	\$0	\$118,722,871	\$1,818,179,289
FY 2027-28 Long-Term Care and Insurance Request																
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$746,041,584	\$82,196,159	\$169,652,379	\$131,368	\$426,931	\$0	\$5,720,077	\$0	\$0	\$0	\$85,266	\$11,319	\$0	\$0	\$0	\$1,004,265,083
Class II Nursing Facilities	\$759,949	\$562,017	\$6,678,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000,191
Program for All-Inclusive Care for the Elderly	\$341,944,966	\$36,622,746	\$9,585,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$385,153,521
Subtotal Long-Term Care	\$1,088,746,499	\$119,380,922	\$185,916,413	\$131,368	\$426,931	\$0	\$5,720,077	\$0	\$0	\$0	\$85,266	\$11,319	\$0	\$0	\$0	\$1,400,418,795
Supplemental Medicare Insurance Benefit	\$137,818,155	\$18,001,910	\$85,925,207	\$0	\$9,813,866	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$128,707,268	\$380,266,408
Health Insurance Buy-In	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$2,626,489
Subtotal Insurance	\$137,836,848	\$18,025,278	\$88,215,207	\$0	\$9,841,907	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$128,707,268	\$382,892,897
Total Long-Term Care and Insurance	\$1,226,583,347	\$137,406,200	\$274,131,620	\$131,368	\$10,268,838	\$46,734	\$5,762,138	\$0	\$163,571	\$0	\$85,266	\$25,339	\$0	\$0	\$128,707,268	\$1,783,311,692
Class I Nursing Facility Supplemental Payments	\$103,445,089	\$11,397,205	\$23,523,763	\$18,215	\$59,198	\$0	\$793,138	\$0	\$0	\$0	\$11,823	\$1,569	\$0	\$0	\$0	\$139,250,000
Total Long-Term Care and Insurance Including Financing	\$1,330,028,436	\$148,803,405	\$297,655,383	\$149,583	\$10,328,036	\$46,734	\$6,555,276	\$0	\$163,571	\$0	\$97,089	\$26,908	\$0	\$0	\$128,707,268	\$1,922,561,692

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2025-26 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Total Fund Portion of Per Diem Rate	\$284.82	Footnote 1
Estimate of FY 2025-26 Patient Payment (per day)	(\$44.88)	Footnote 1
Estimated FY 2025-26 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days (without Hospital Back Up)	3,557,129	Footnote 2
Total Estimated Costs for FY 2025-26 Days of Service	\$853,497,594	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	91.50%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$780,923,072	
Estimated Expenditure for FY 2024-25 Dates of Service	\$68,695,010	Footnote 5
Estimated Expenditure in FY 2025-26 Prior to Adjustments	\$849,618,082	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$33,314,698	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
HBU Eligibility Expansion	\$1,242,570	
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
Options Counseling	\$0	
Total Bottom Line Adjustments:	\$35,968,742	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$8,719,921	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$28,769,126	
Total Estimated FY 2025-26 Total Fund Expenditure	\$914,355,950	
Percentage Change in Core Component Expenditure Over Prior Year	12.43%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$35,235,307	Page EH-9
Prior Year Rate Reconciliation	\$7,133,299	Page EH-9
Rate Cut Backfill	\$0	Page EH-9
Cognitive Performance Scale	\$1,809,962	Page EH-9
PASRR - Resident	\$11,497,126	Page EH-9
PASRR - Facility	\$5,721,197	Page EH-9
Medicaid Supplemental Payment	\$46,859,031	Page EH-9
Pay for Performance	\$14,747,980	Page EH-9
Total Estimated Supplemental Payments	\$123,003,902	
Total Estimated FY 2025-26 Expenditure	\$1,037,359,852	

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2026-27 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2026-27 Total Fund Portion of Per Diem Rate	\$285.41	Footnote 1
Estimate of FY 2026-27 Patient Payment (per day)	(\$45.47)	Footnote 1
Estimated FY 2026-27 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days (without Hospital Back Up)	3,734,986	Footnote 2
Total Estimated Costs for FY 2026-27 Days of Service	\$896,172,474	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	91.50%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$819,997,814	
Estimated Expenditure for FY 2025-26 Dates of Service	\$72,574,522	Footnote 5
Estimated Expenditure in FY 2026-27 Prior to Adjustments	\$892,572,336	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$37,913,385	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
Options Counseling	\$0	
HBU Eligibility Expansion	\$2,485,140	
Total Bottom Line Adjustments:	\$41,809,999	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$0	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$20,049,205	
Total Estimated FY 2026-27 Expenditure	\$954,431,540	
Percentage Change in Core Component Expenditure Over Prior Year	4.38%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$40,000,000	Page EH-9
Prior Year Rate Reconciliation	\$6,000,000	Page EH-9
Rate Cut Backfill	\$0	Page EH-9
Cognitive Performance Scale	\$2,000,000	Page EH-9
PASRR - Resident	\$11,000,000	Page EH-9
PASRR - Facility	\$5,000,000	Page EH-9
Medicaid Supplemental Payment	\$48,000,000	Page EH-9
Pay for Performance	\$19,000,000	Page EH-9
Total Estimated Supplemental Payments	\$131,000,000	
Total Estimated FY 2026-27 Expenditure	\$1,085,431,540	

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2027-28 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2027-28 Total Fund Portion of Per Diem Rate	\$286.00	Footnote 1
Estimate of FY 2027-28 Patient Payment (per day)	(\$46.06)	Footnote 1
Estimated FY 2027-28 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days (without Hospital Back Up)	3,921,735	Footnote 2
Total Estimated Costs for FY 2027-28 Days of Service	\$940,981,098	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	91.50%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$860,997,705	
Estimated Expenditure for FY 2026-27 Dates of Service	\$76,174,660	Footnote 5
Estimated Expenditure in FY 2027-28 Prior to Adjustments	\$937,172,365	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$43,146,899	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
HBU Eligibility Expansion	\$2,485,140	
Total Bottom Line Adjustments:	\$47,043,513	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$0	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$20,049,205	
Total Estimated FY 2027-28 Expenditure	\$1,004,265,083	
Percentage Change in Core Component Expenditure Over Prior Year	5.22%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$43,000,000	Page EH-9
Prior Year Rate Reconciliation	\$6,000,000	Page EH-9
Rate Cut Backfill	\$0	Page EH-9
Cognitive Performance Scale	\$2,250,000	Page EH-9
PASRR - Resident	\$11,000,000	Page EH-9
PASRR - Facility	\$5,000,000	Page EH-9
Medicaid Supplemental Payment	\$50,000,000	Page EH-9
Pay for Performance	\$22,000,000	Page EH-9
Total Estimated Supplemental Payments	\$139,250,000	
Total Estimated FY 2027-28 Expenditure	\$1,143,515,083	

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

Class I Nursing Home Calculations for FY 2025-26 , FY 2026-27 and FY 2027-28 Footnotes:

- (1) Per HB 08-1114 and SB 09-263, the Department implemented significant changes in the reimbursement rate methodology for nursing facilities. Beginning in FY 2008-09, instead of reimbursement based on an overall per diem rate, facilities are reimbursed based on a per diem rate for core components as well as supplemental per diem rates for eligible facilities. The core components include fair rental value; direct and indirect health care; and administrative and general costs. Supplemental payments are made for providers who have residents with moderate to severe mental health conditions, cognitive dementia, or acquired brain injury; and to providers who meet performance standards. In addition, supplemental payments are made as part of the prior year rate reconciliation process and as a provider fee offset. The following table includes the historical per diem reimbursement rates and the estimated and projected per diem rates for FY 2015-2016 through FY 2026-2027. The core per diem less patient payment represents the Total Fund portion of nursing facility reimbursement.

Year	Per Diem	Patient Payment	Final Paid Rate	Rate Reduction	Per Diem Before Rate Reduction
FY 2016-17	\$213.22	\$35.00	\$178.22	0.00%	\$213.22
FY 2017-18	\$220.91	\$37.20	\$183.71	0.00%	\$220.91
FY 2018-19	\$228.21	\$37.75	\$190.47	0.00%	\$228.21
FY 2019-20	\$233.38	\$38.29	\$195.09	0.00%	\$233.38
FY 2020-21	\$238.10	\$38.76	\$199.34	0.00%	\$238.10
FY 2021-22	\$242.22	\$39.66	\$202.56	0.00%	\$242.22
FY 2022-23	\$249.92	\$41.28	\$208.64	0.00%	\$249.92
FY 2023-24	\$273.39	\$43.89	\$229.50	0.00%	\$273.39
FY 2024-25	\$281.59	\$45.20	\$236.39	0.00%	\$281.59
Estimated FY 2025-26	\$284.82	\$44.88	\$239.94	0.00%	\$284.82
Estimated FY 2026-27	\$285.41	\$45.47	\$239.94	0.00%	\$285.41
Estimated FY 2027-28	\$286.00	\$46.06	\$239.94	0.00%	\$286.00

- (2) The patient days estimate is a trended value using incurred-but-not-reported (IBNR) adjusted data. Values for prior years differ slightly from prior Budget Requests due to the inclusion of claims paid between those requests and this request. Hospital Back Up days are removed from this calculation.

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change2
FY 2016-17	3,700,793	-	10,139	-
FY 2017-18	3,686,680	-0.38%	10,100	-0.38%
FY 2018-19	3,672,496	-0.38%	10,062	-0.38%
FY 2019-20	3,628,931	-1.19%	9,915	-1.46%
FY 2020-21	3,092,106	-14.79%	8,472	-14.55%
FY 2021-22	3,049,584	-1.38%	8,355	-1.38%
FY 2022-23	3,064,270	0.48%	8,395	0.48%
FY 2023-24	3,070,984	0.22%	8,391	-0.05%
FY 2024-25	3,417,580	11.29%	9,363	11.58%
Estimated FY 2025-26	3,557,129	4.08%	9,746	4.09%
Estimated FY 2026-27	3,734,986	5.00%	10,233	0.60%
Estimated FY 2027-28	3,921,735	5.00%	10,744	0.61%

- (3) Estimated costs for current year dates of service is the amount the Department expects to pay for services rendered in the current fiscal year regardless of which fiscal year the payment is made.

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (4) Of the estimated costs for the current year dates of service, a portion of those claims will be paid during the same fiscal year in which they were incurred while the rest of the claims will be paid in a future period. In order to estimate how much of the total expenditure incurred in the current year will be paid in the current year, expenditure patterns must be analyzed by month. This is because, for example, a claim incurred in July 2019 has 11 more months to pay during FY 2019-20 (from August 2019 to June 2020), while a claim incurred in May 2020 only has one additional month to pay during FY 2019-20 (June 2020). Thus, more claims from May 2020 will pay in FY 2021-22 than claims from July 2019. Based on the Department's estimate of incurred but not reported (IBNR) claims, the Department estimates in the table below the portion of claims outstanding for any given fiscal year by analyzing estimated IBNR (based on five years of data) and averages the total to provide an estimate of the total percentage of claims that will pay in the same fiscal year that the claim was incurred.

Estimate of Claims Incurred and Paid in the Same Fiscal Year		
Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
January	11	99.80%
February	10	99.64%
March	9	99.34%
April	8	98.86%
May	7	98.33%
June	6	97.54%
July	5	96.56%
August	4	95.30%
September	3	93.74%
October	2	91.70%
November	1	88.56%
December	0	38.58%
Average		91.50%

The IBNR factor does not apply to supplemental payments since these payments are calculated and paid once per year with no retroactive adjustments.

- (5) As calculated in the table below, the estimated FY 2025-26 expenditure for core components with FY 2024-25 dates of service is the estimated FY 2024-25 core components per diem rate, less the estimated per diem patient payment rate, multiplied by the estimated number of patient days. This calculation is then multiplied by one minus the calculated IBNR rate.

Calculation of Expenditure From Claims in Previous Fiscal Year	FY 2024-25	Source
IBNR Factor	91.50%	Footnote (4)
Estimated Patient Days from previous fiscal year	3,417,580	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$281.59	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$45.20	Footnote (1)
Estimated claims expenditure for core components from previous fiscal year to be paid in the current fiscal year	\$68,695,010	As described in Footnote (5) narrative

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (6) Hospital Back Up (HBU) and out of state placements are programs where the Department pays a much higher per diem for specialized clients which can be several times the statewide average Nursing Facilities Medicaid reimbursement rate. This is an intermediate level of care in between the hospital and a skilled nursing facility. Types of clients treated under this program include ventilator, wound care, medically complex and traumatic brain injury with severe behaviors. This group is difficult to budget for due to the fluctuation in client base. FY 2007-08 expenditure was lower than previous years due to a facility which was placed under a "Denial of Payment for New Admissions" status for failure to comply with certain standards, although this has since been rectified. In FY 2008-09, expenditure rose sharply due to an increase in billed patient days. In FY 2009-10 no facilities were accepting new clients. In FY 2010-11 one new client was added to the program. In FY 2013-14, there was a spike in enrollment. It appears there was a level shift in enrollment in FY 2013-14 with enrollment figures staying consistent into FY 2014-15. Currently, the Department is working to evaluate the efficacy and design of the HBU program. As the Department continues through this process, client admission into the program will be evaluated on a case by case basis. HBU expenditure has been increasing since FY 2019-20 and the Department expects this trend may continue into the future.

Fiscal Year	Hospital Back Up	Percent Difference
FY 2016-17	\$9,342,305	
FY 2017-18	\$10,643,606	13.93%
FY 2018-19	\$10,398,266	-2.31%
FY 2019-20	\$10,900,595	4.83%
FY 2020-21	\$12,225,213	12.15%
FY 2021-22	\$13,341,353	9.13%
FY 2022-23	\$14,814,738	11.04%
FY 2023-24	\$17,466,725	17.90%
FY 2024-25	\$28,185,570	61.37%
Estimated FY 2025-26	\$33,314,698	18.20%
Estimated FY 2026-27	\$37,913,385	13.80%
Estimated FY 2027-28	\$43,146,899	13.80%

- (7) Overpayment review recoveries are amounts that the Department recovers from nursing homes. The Department contracted with a contingency based contractor to do a five year historical audit of all the facilities, and the contract expired at the end of FY 2005-06. In the most recent fiscal years, the Department audited a number of facilities with fewer overpayment issues and thus did not recover as much.

Fiscal Year	Overpayment Recoveries	Percent Difference
FY 2019-20	\$500,000	-
FY 2020-21	\$488,738	-2.25%
FY 2021-22	\$721,515	47.63%
FY 2022-23	\$915,938	26.95%
FY 2023-24	(\$2,547,804)	-378.16%
FY 2024-25	(\$2,547,804)	0.00%
Estimated FY 2025-26	(\$2,547,804)	0.00%
Estimated FY 2026-27	(\$2,547,804)	0.00%
Estimated FY 2027-28	(\$2,547,804)	0.00%

- (8) As of July 1, 2014, SB 14-130 raised the basic minimum amount payable for personal needs to any recipient admitted to a nursing facility or intermediate care facility for individuals with intellectual disabilities from \$50.00 to \$75.00, monthly. This amount increases by 3.0% annually on January 1st of each year. HB20-1362 limited the increase to 2.0% for SFY 2020-21 and SFY 2021-22.

- (9) **Minimum Wage Increases** - In the 2020 legislative session, the JBC approved an action to increase rates for HCBS services, pediatric personal care, and class 1 nursing facility rates in the Denver metro area in response to Denver increasing its minimum wage starting 1/1/2021. Previously under the law, only NFs within a region that increased its minimum wage could receive supplemental payments to fund wage increases. HB22-1333 allows any Colorado NF to receive wage enhancement supplemental payments to increase their minimum wage to at least \$15/hour. Costs are offset by savings from eliminating HB 19-1210 Local Minimum Wage Payment requirements.

- (10) In the 2022 legislative session, the JBC allocated funds to provide 10 private nursing facility beds to Medicaid-eligible parolees. The Department of Health Care Policy & Financing is currently working with the Department of Corrections to figure out how to provide beds in private nursing facilities for parolees.

**Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES
Supplemental Payments**

Class I Nursing Facilities Supplemental Payments											
Year	Provider Fee Per Non Medicare Day Paid by Low Total Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Total Volume Facilities	Growth Beyond General Fund Cap ⁽¹⁾	Prior Year Rate Reconciliation ⁽²⁾	Rate Cut Backfill	Cognitive Performance Scale	PASRR - Resident ⁽³⁾	PASRR - Facility ⁽³⁾	Medicaid Supplemental Payment	Pay for Performance	Total Effective Add-on/ Supplemental
FY 2018-19	\$14.80	\$2.77	\$0	\$54,596,738	\$0	\$696,340	\$4,177,626	\$1,298,711	\$42,682,266	\$7,805,535	\$111,257,216
FY 2019-20	\$15.26	\$2.86	\$0	\$57,883,452	\$0	\$689,305	\$4,165,615	\$2,081,611	\$44,379,617	\$8,997,343	\$118,196,943
FY 2020-21	\$15.66	\$2.93	\$0	\$56,104,930	\$0	\$669,079	\$4,215,945	\$1,934,874	\$46,155,172	\$9,048,881	\$118,128,881
FY 2021-22	\$16.06	\$3.00	\$0	\$52,369,264	\$0	\$653,466	\$3,457,302	\$1,856,009	\$44,506,364	\$9,469,711	\$112,312,116
FY 2022-23	\$16.06	\$3.00	\$0	\$51,500,558	\$0	\$780,501	\$3,611,473	\$1,966,060	\$41,568,590	\$6,936,907	\$106,364,089
FY 2023-24	\$16.06	\$3.00	\$37,145,423	\$6,304,848	\$63,214	\$2,200,719	\$9,339,739	\$3,827,130	\$41,868,525	\$7,164,271	\$107,913,869
FY 2024-25	\$17.17	\$3.31	\$40,152,413	\$2,024,311	\$2,094	\$2,335,402	\$9,750,331	\$3,523,394	\$44,711,097	\$13,895,457	\$116,394,499
Projected FY 2025-26	\$17.69	\$3.41	\$35,235,307	\$7,133,299	\$0	\$1,809,962	\$11,497,126	\$5,721,197	\$46,859,031	\$14,747,980	\$123,003,902
Projected FY 2026-27	\$18.22	\$3.51	\$40,000,000	\$6,000,000	\$0	\$2,000,000	\$11,000,000	\$5,000,000	\$48,000,000	\$19,000,000	\$131,000,000
Projected FY 2027-28	\$18.77	\$3.62	\$43,000,000	\$6,000,000	\$0	\$2,250,000	\$11,000,000	\$5,000,000	\$50,000,000	\$22,000,000	\$139,250,000
Class I Nursing Facilities Supplemental Payments - Percent Change											
Year	Provider Fee Per Non Medicare Day Paid by Low Medicaid Volume Facilities	Provider Fee Per Non Medicare Day Paid by High Medicaid Volume Facilities	Growth Beyond General Fund Cap	Prior Year Rate Reconciliation	Rate Cut Backfill	Cognitive Performance Scale	PASRR - Resident ⁽²⁾	PASRR - Facility ⁽²⁾	Medicaid Supplemental Payment	Pay for Performance	Total Effective Add-on/ Supplemental
FY 2019-20	3.11%	3.25%	0.00%	6.02%	0.00%	-1.01%	-0.29%	60.28%	3.98%	15.27%	6.24%
FY 2020-21	2.62%	2.5%	0.00%	-3.07%	0.00%	-2.93%	1.21%	-7.05%	4.00%	0.57%	-0.06%
FY 2021-22	2.55%	2.4%	0.00%	-6.66%	0.00%	-2.33%	-17.99%	-4.08%	-3.57%	4.65%	-4.92%
FY 2022-23	0.00%	0.0%	0.00%	-1.66%	0.00%	19.44%	4.46%	5.93%	-6.60%	-26.75%	-5.30%
FY 2023-24	0.00%	0.0%	100.00%	-87.76%	100.00%	181.96%	158.61%	94.66%	0.72%	3.28%	1.46%
FY 2024-25	6.91%	10.3%	8.10%	-67.89%	-96.69%	6.12%	4.40%	-7.94%	6.79%	93.95%	7.86%
Projected FY 2025-26	3.03%	3.0%	-12.25%	252.38%	-100.00%	-22.50%	17.92%	62.38%	4.80%	6.14%	5.68%
Projected FY 2026-27	3.00%	2.9%	13.52%	-15.89%	0.00%	10.50%	-4.32%	-12.61%	2.43%	28.83%	6.50%
Projected FY 2027-28	3.02%	3.1%	7.50%	0.00%	0.00%	12.50%	0.00%	0.00%	4.17%	15.79%	6.30%

(1) Supplemental payments made under Growth Beyond General Fund Cap were discontinued in FY 2016-17. These payments will instead be made as part of the Prior Year Rate Reconciliation.
(2) Totals of Prior Year Rate Reconciliation in FY 2016-17 and after include acuity adjustments, rate true-ups, and prior year rate true-up payments.
(3) PASRR: Preadmission Screening and Resident Review

Exhibit H - LONG-TERM CARE - CLASS I NURSING FACILITIES
Cash-Based Actuals and Projections (Reference Only)

Cash Based Actuals																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$492,617,483	\$50,923,191	\$100,809,620	\$177,065	\$217,731	\$315,596	\$4,098,376	\$0	\$70,792	\$1,184	\$27,882	\$3,702	\$0	\$0	\$0	\$649,262,622
FY 2017-18	\$531,601,092	\$53,246,932	\$90,576,120	\$414,594	\$313,773	\$452,428	\$13,048,950	\$0	(\$35,815)	\$4,737	\$0	\$0	\$0	\$2,511	\$0	\$689,625,322
FY 2018-19	\$537,588,982	\$62,636,697	\$99,246,348	\$97,119	\$215,595	\$187,698	\$4,861,556	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$704,897,534
FY 2019-20	\$550,552,816	\$64,177,056	\$99,621,447	\$188,133	\$144,231	\$79,644	\$5,106,269	\$0	\$31,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$719,906,372
FY 2020-21	\$474,500,714	\$61,306,807	\$89,580,142	\$59,180	\$146,999	\$8,108	\$2,411,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,013,907
FY 2021-22	\$477,214,167	\$63,576,451	\$90,410,393	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$633,189,414
FY 2022-23	\$493,647,533	\$62,131,056	\$87,384,080	\$377,995	\$245,381	\$32,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$645,066,421
FY 2023-24	\$555,846,283	\$65,151,070	\$92,983,515	\$699,492	\$248,145	\$5,880,876	\$169,682	\$0	\$82,085	\$0	\$0	\$0	\$0	\$0	\$0	\$721,061,148
FY 2024-25	\$621,929,618	\$77,924,762	\$107,818,484	\$910,064	\$136,591	(\$44,527)	\$4,995,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$813,270,939
Estimated FY 2025-26	\$672,712,726	\$74,837,360	\$154,463,861	\$119,607	\$6,926,484	\$0	\$5,207,974	\$0	\$0	\$0	\$77,633	\$10,305	\$0	\$0	\$0	\$914,355,950
Estimated FY 2026-27	\$709,021,582	\$78,117,430	\$161,233,905	\$124,849	\$405,746	\$0	\$5,436,236	\$0	\$0	\$0	\$81,035	\$10,757	\$0	\$0	\$0	\$954,431,540
Estimated FY 2027-28	\$746,041,584	\$82,196,159	\$169,652,379	\$131,368	\$426,931	\$0	\$5,720,077	\$0	\$0	\$0	\$85,266	\$11,319	\$0	\$0	\$0	\$1,004,265,083
Percent Change in Cash Based Actuals																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	7.91%	4.56%	-10.15%	134.15%	44.11%	43.36%	218.39%	0.00%	-150.59%	300.08%	-100.00%	-100.00%	0.00%	100.00%	0.00%	6.22%
FY 2018-19	1.13%	17.63%	9.57%	-76.57%	-31.29%	-58.51%	-62.74%	0.00%	-290.73%	-200.72%	0.00%	-100.00%	0.00%	-100.00%	0.00%	2.21%
FY 2019-20	2.41%	2.46%	0.38%	93.71%	-33.10%	-57.57%	5.03%	0.00%	-53.48%	-100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	2.13%
FY 2020-21	-13.81%	-4.47%	-10.08%	-68.54%	1.92%	-89.82%	-52.76%	0.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-12.76%
FY 2021-22	0.57%	3.70%	0.93%	146.19%	-42.46%	-100.00%	-25.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%
FY 2022-23	3.44%	-2.27%	-3.35%	159.44%	344.68%	100.00%	-30.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.88%
FY 2023-24	12.60%	4.86%	6.41%	85.05%	1.13%	417.12%	371.39%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.78%
FY 2024-25	11.89%	19.61%	15.95%	30.10%	-44.96%	-126.24%	-21.85%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.79%
Estimated FY 2025-26	8.17%	-3.96%	43.26%	-86.86%	4970.97%	-100.00%	13.32%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	12.43%
Estimated FY 2026-27	5.40%	4.38%	4.38%	4.38%	-94.14%	0.00%	4.38%	0.00%	0.00%	0.00%	4.38%	4.39%	0.00%	0.00%	0.00%	4.38%
Estimated FY 2027-28	5.22%	5.22%	5.22%	5.22%	5.22%	0.00%	5.22%	0.00%	0.00%	0.00%	5.22%	5.22%	0.00%	0.00%	0.00%	5.22%
Per Capita Cost																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$11,210.88	\$4,530.13	\$1,490.85	\$28.33	\$1.35	\$3.12	\$11.78	\$0.00	\$0.15	\$0.02	\$1.37	\$0.27	\$0.00	\$0.00	\$0.00	\$482.32
FY 2017-18	\$11,579.96	\$4,513.60	\$1,341.25	\$50.71	\$1.74	\$6.06	\$37.01	\$0.00	(\$0.08)	\$0.07	\$0.00	\$0.00	\$0.00	\$0.89	\$0.00	\$524.34
FY 2018-19	\$11,273.62	\$4,923.91	\$1,445.91	\$10.81	\$1.23	\$2.95	\$14.71	\$0.00	\$0.16	(\$0.08)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$558.84
FY 2019-20	\$11,578.15	\$4,925.71	\$1,497.39	\$17.62	\$0.88	\$1.34	\$15.81	\$0.00	\$0.08	\$0.00	\$0.43	\$0.00	\$0.00	\$0.00	\$0.00	\$590.45
FY 2020-21	\$9,834.62	\$4,527.49	\$1,353.44	\$4.12	\$0.85	\$0.09	\$5.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$447.00
FY 2021-22	\$9,684.32	\$4,612.34	\$1,370.73	\$9.45	\$0.29	\$0.00	\$3.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$405.49
FY 2022-23	\$9,779.65	\$4,486.64	\$1,345.76	\$12.24	\$0.31	\$0.00	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$375.12
FY 2023-24	\$11,657.61	\$5,133.24	\$1,576.07	\$34.44	\$1.54	\$2.56	\$14.49	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$518.68
FY 2024-25	\$12,487.04	\$6,370.05	\$1,859.45	\$34.38	\$0.99	(\$1.04)	\$14.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$673.34
Estimated FY 2025-26	\$13,357.02	\$6,197.20	\$2,572.60	\$4.18	\$50.14	\$0.00	\$15.38	\$0.00	\$0.00	\$0.00	\$4.19	\$0.42	\$0.00	\$0.00	\$0.00	\$725.43
Estimated FY 2026-27	\$13,817.85	\$6,391.54	\$2,506.71	\$4.18	\$2.87	\$0.00	\$15.58	\$0.00	\$0.00	\$0.00	\$4.37	\$0.42	\$0.00	\$0.00	\$0.00	\$733.71
Estimated FY 2027-28	\$14,275.58	\$6,645.87	\$2,462.41	\$4.27	\$2.95	\$0.00	\$15.92	\$0.00	\$0.00	\$0.00	\$4.99	\$0.42	\$0.00	\$0.00	\$0.00	\$751.62
Percent Change in Per Capita Cost																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	3.29%	-0.36%	-10.03%	79.00%	28.89%	94.23%	214.18%	0.00%	-153.33%	250.00%	-100.00%	-100.00%	0.00%	100.00%	0.00%	8.71%
FY 2018-19	-2.65%	9.09%	7.80%	-78.68%	-29.31%	-31.32%	-60.25%	0.00%	-300.00%	-214.29%	0.00%	0.00%	0.00%	-100.00%	0.00%	6.58%
FY 2019-20	2.70%	0.04%	3.56%	63.00%	-28.46%	-54.58%	7.48%	0.00%	-50.00%	-100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	5.66%
FY 2020-21	-15.06%	-8.08%	-9.61%	-76.62%	-3.41%	-93.28%	-62.11%	0.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-24.30%
FY 2021-22	-1.53%	1.87%	1.28%	129.37%	-65.88%	-100.00%	-37.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.29%
FY 2022-23	0.98%	-2.73%	-1.82%	116.83%	327.59%	100.00%	-37.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.49%
FY 2023-24	19.20%	14.41%	17.11%	68.08%	24.19%	725.81%	516.60%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.27%
FY 2024-25	7.11%	24.09%	17.98%	-0.17%	-35.71%	-140.63%	-2.97%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.82%
Estimated FY 2025-26	6.97%	-2.71%	38.35%	-87.84%	4964.65%	-100.00%	9.39%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	7.74%
Estimated FY 2026-27	3.45%	3.14%	-2.56%	0.00%	-94.28%	0.00%	1.30%	0.00%	0.00%	0.00%	4.30%	0.00%	0.00%	0.00%	0.00%	1.14%
Estimated FY 2027-28	3.31%	3.98%	-1.77%	2.15%	2.79%	0.00%	2.18%	0.00%	0.00%	0.00%	5.03%	0.00%	0.00%	0.00%	0.00%	2.44%
Totals do not include supplemental payments funded by the Medicaid Nursing Facility Cash Fund.																

Exhibit H - LONG-TERM CARE - CLASS II NURSING FACILITIES
Actual and Projected Expenditure by Eligibility

Cash Based Actuals																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$1,361,188	\$199,288	\$2,315,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,875,951
FY 2017-18	\$4,623,021	\$42,992	\$860,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,526,095
FY 2018-19	\$2,585,226	\$136,322	\$2,566,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
FY 2019-20	\$766,194	\$315,266	\$5,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,331
FY 2020-21	\$759,487	\$270,953	\$5,506,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,537,381
FY 2021-22	\$524,244	\$235,857	\$5,336,802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,096,903
FY 2022-23	\$798,219	\$725,209	\$4,946,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,469,801
FY 2023-24	\$829,519	\$321,357	\$5,146,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,297,002
FY 2024-25	\$718,742	\$531,543	\$6,316,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Estimated FY 2025-26	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
Estimated FY 2026-27	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
Estimated FY 2027-28	\$759,949	\$562,017	\$6,678,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000,191
Percent Change In Cash Based Actuals																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	239.63%	-78.43%	-62.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	42.57%
FY 2018-19	-44.08%	217.09%	198.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.31%
FY 2019-20	-70.36%	131.27%	109.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.11%
FY 2020-21	-0.88%	-14.06%	2.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.24%
FY 2021-22	-30.97%	-12.95%	-3.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.74%
FY 2022-23	52.36%	207.48%	-7.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.12%
FY 2023-24	3.92%	-55.69%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.67%
FY 2024-25	-13.35%	65.41%	22.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.16%
Estimated FY 2025-26	2.71%	2.71%	2.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.71%
Estimated FY 2026-27	1.46%	1.46%	1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%
Estimated FY 2027-28	1.46%	1.46%	1.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.46%
Per Capita Cost																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$30.98	\$17.73	\$34.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.28
FY 2017-18	\$100.70	\$3.64	\$12.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.30
FY 2018-19	\$54.21	\$10.72	\$37.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.30
FY 2019-20	\$16.11	\$24.20	\$80.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.16
FY 2020-21	\$15.74	\$20.01	\$83.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.59
FY 2021-22	\$10.64	\$17.11	\$80.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.97
FY 2022-23	\$15.81	\$52.37	\$76.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.85
FY 2023-24	\$17.40	\$25.32	\$87.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.47
FY 2024-25	\$14.43	\$43.45	\$108.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.85
Estimated FY 2025-26	\$14.66	\$45.21	\$108.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.77
Estimated FY 2026-27	\$14.60	\$45.32	\$102.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.69
Estimated FY 2027-28	\$14.54	\$45.44	\$96.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.63

Exhibit H - LONG-TERM CARE - CLASS II NURSING FACILITIES
Actual and Projected Expenditure by Eligibility

Percent Change in Per Capita Cost																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	225.05%	-79.47%	-62.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	44.74%
FY 2018-19	-46.17%	194.51%	193.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	-70.28%	125.75%	116.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.06%
FY 2020-21	-2.30%	-17.31%	2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-13.70%
FY 2021-22	-32.40%	-14.49%	-2.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-17.27%
FY 2022-23	48.59%	206.08%	-5.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.04%
FY 2023-24	10.06%	-51.65%	14.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.75%
FY 2024-25	-17.07%	71.60%	24.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	39.77%
Estimated FY 2025-26	1.59%	4.05%	-0.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.65%
Estimated FY 2026-27	-0.41%	0.24%	-5.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.68%
Estimated FY 2027-28	-0.41%	0.26%	-5.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.28%
Current Year Projection																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2024-25 Expenditure	\$718,742	\$531,543	\$6,316,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Percentage Selected to Modify Expenditure ⁽¹⁾	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%	2.71%
Estimated FY 2025-26 Base Expenditure	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Total Expenditure	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
Estimated FY 2025-26 Per Capita	\$14.66	\$45.21	\$108.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.77
% Change over FY 2024-25 Per Capita	1.59%	4.05%	-0.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.65%
Request Year Projection																
Estimated FY 2025-26 Expenditure	\$738,235	\$545,959	\$6,487,410	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,771,604
Percentage Selected to Modify Expenditure ⁽¹⁾	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%
Estimated FY 2026-27 Base Expenditure	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Total Expenditure	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
Estimated FY 2026-27 Per Capita	\$14.60	\$45.32	\$102.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.69
% Change over FY 2025-26 Per Capita	-0.41%	0.24%	-5.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.68%
Out Year Projection																
Estimated FY 2026-27 Expenditure	\$749,013	\$553,930	\$6,582,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,885,069
Percentage Selected to Modify Expenditure ⁽¹⁾	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%	1.46%
Estimated FY 2027-28 Base Expenditure	\$759,949	\$562,017	\$6,678,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000,191
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Total Expenditure	\$759,949	\$562,017	\$6,678,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,000,191
Estimated FY 2027-28 Per Capita	\$14.54	\$45.44	\$96.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.63
% Change over FY 2026-27 Per Capita	-0.41%	0.26%	-5.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.28%

(1) The percentages selected to trend expenditure for FY 2025-26 is 2.71%, FY 2026-27 is 1.46%, and FY 2027-28 is 1.46%. The trend has been set to match expected increases in class II nursing facility cost.

Exhibit H - LONG-TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)
Cash-Based Actuals and Projections

Cash Based Actuals																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2016-17	\$128,240,295	\$16,912,508	\$8,496,888	\$0	(\$15,917)	\$0	(\$97,888)	\$0	\$0	\$0	\$0	\$0	\$0	(\$824,674)	\$152,711,212
	FY 2017-18	\$134,528,891	\$17,703,757	\$8,823,522	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$161,056,170
	FY 2018-19	\$161,681,815	\$25,839,762	\$12,235,422	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,756,999
	FY 2019-20	\$195,389,245	\$27,502,274	\$12,242,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$235,134,507
	FY 2020-21	\$194,810,719	\$26,736,616	\$11,041,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$232,588,736
	FY 2021-22	\$233,650,345	\$6,317,933	\$3,735,116	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,703,394
	FY 2022-23	\$221,031,400	\$28,353,759	\$7,858,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$257,243,464
	FY 2023-24	\$244,596,883	\$28,270,820	\$7,616,664	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,660	\$0	\$280,490,027
	FY 2024-25	\$291,371,770	\$31,206,292	\$8,168,081	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,746,143
	Estimated FY 2025-26	\$319,310,661	\$34,198,583	\$8,951,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$362,460,541
	Estimated FY 2026-27	\$327,246,465	\$35,048,518	\$9,173,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$371,468,746
	Estimated FY 2027-28	\$341,944,966	\$36,622,746	\$9,585,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$388,153,521
Percent Change in Cash Based Actuals																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2017-18	4.90%	4.68%	3.84%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	5.46%
	FY 2018-19	20.18%	45.96%	38.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.03%
	FY 2019-20	20.85%	6.43%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.71%
	FY 2020-21	-0.30%	-2.78%	-9.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.08%
	FY 2021-22	19.94%	-76.37%	-66.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.78%
	FY 2022-23	-5.40%	348.78%	110.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.56%
	FY 2023-24	10.66%	-0.29%	-3.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.04%
	FY 2024-25	19.12%	10.38%	7.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	17.92%
	Estimated FY 2025-26	9.59%	9.59%	9.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.59%
	Estimated FY 2026-27	2.49%	2.49%	2.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.49%
	Estimated FY 2027-28	4.49%	4.49%	4.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.49%
Per Capita Cost																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2016-17	\$2,918.47	\$1,504.54	\$125.66	\$0.00	(\$0.10)	\$0.00	(\$0.28)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$24.39)	\$113.45
	FY 2017-18	\$2,930.47	\$1,500.70	\$130.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.46
	FY 2018-19	\$3,390.58	\$2,031.28	\$178.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$158.37
	FY 2019-20	\$4,109.05	\$2,110.85	\$184.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$192.85
	FY 2020-21	\$4,037.70	\$1,974.49	\$166.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165.55
	FY 2021-22	\$4,741.57	\$458.35	\$56.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156.06
	FY 2022-23	\$4,378.85	\$2,047.50	\$121.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$149.59
	FY 2023-24	\$5,129.86	\$2,227.45	\$129.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18	\$0.00	\$201.76
	FY 2024-25	\$5,850.13	\$2,550.99	\$140.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$273.84
	Estimated FY 2025-26	\$6,340.06	\$2,831.95	\$149.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$287.57
	Estimated FY 2026-27	\$6,377.58	\$2,867.66	\$142.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.56
	Estimated FY 2027-28	\$6,543.15	\$2,961.09	\$139.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$290.50
Percent Change in Per Capita Cost																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Dtsabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2017-18	0.41%	-0.26%	3.98%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	7.94%
	FY 2018-19	15.70%	35.36%	36.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.32%
	FY 2019-20	21.19%	3.92%	3.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.77%
	FY 2020-21	-1.74%	-6.46%	-9.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-14.16%
	FY 2021-22	17.43%	-76.79%	-66.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.73%
	FY 2022-23	-7.65%	346.71%	113.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.15%
	FY 2023-24	17.15%	8.79%	6.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	34.88%
	FY 2024-25	14.04%	14.53%	9.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	35.73%
	Estimated FY 2025-26	8.37%	11.01%	5.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.01%
	Estimated FY 2026-27	0.59%	1.26%	-4.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.70%
	Estimated FY 2027-28	2.60%	3.26%	-2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.73%

Exhibit H - LONG-TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)
Cash-Based Actuals and Projections

PACE Enrollment and Cost Per Enrollee																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
PACE Average Monthly Paid Enrollment⁽¹⁾																
FY 2016-17	2,610	367	184	0	0	0	0	0	0	0	0	0	0	0	0	3,161
FY 2017-18	2,786	610	291	0	0	0	0	0	0	0	0	0	0	0	0	3,687
FY 2018-19	3,263	471	220	0	0	0	0	0	0	0	0	0	0	0	0	3,954
FY 2019-20	3,795	516	224	0	0	0	0	0	0	0	0	0	0	0	0	4,535
FY 2020-21	4,229	566	228	0	0	0	0	0	0	0	0	0	0	0	0	5,023
FY 2021-22	4,116	549	188	0	0	0	0	0	0	0	0	0	0	0	0	4,853
FY 2022-23	3,744	499	171	0	0	0	0	0	0	0	0	0	0	0	0	4,415
FY 2023-24	3,798	506	174	0	0	0	0	0	0	0	0	0	0	0	0	4,478
FY 2024-25	4,062	542	186	0	0	0	0	0	0	0	0	0	0	0	0	4,790
Estimated FY 2025-26	4,418	338	169	0	0	0	0	0	0	0	0	0	0	0	0	4,925
Estimated FY 2026-27	4,657	341	170	0	0	0	0	0	0	0	0	0	0	0	0	5,168
Estimated FY 2027-28	4,896	343	172	0	0	0	0	0	0	0	0	0	0	0	0	5,411
Percent Changes in Enrollment																
FY 2017-18	6.74%	66.21%	58.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.64%
FY 2018-19	17.12%	-22.79%	-24.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.24%
FY 2019-20	16.30%	9.55%	1.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.69%
FY 2020-21	11.44%	9.69%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.76%
FY 2021-22	-2.67%	-3.00%	-17.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.38%
FY 2022-23	-9.04%	-9.11%	-9.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.03%
FY 2023-24	1.44%	1.40%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%
FY 2024-25	6.95%	7.11%	6.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.97%
Estimated FY 2025-26	8.76%	-37.62%	-9.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.82%
Estimated FY 2026-27	5.41%	0.79%	0.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.93%
Estimated FY 2027-28	5.13%	0.78%	0.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.70%
Average Cost Per Enrollee⁽³⁾⁽⁴⁾																
FY 2016-17	\$49,134.21	\$46,083.13	\$46,178.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,311.04
FY 2017-18	\$48,287.47	\$29,022.55	\$30,321.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,682.17
FY 2018-19	\$49,550.05	\$54,861.49	\$55,615.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,520.21
FY 2019-20	\$51,485.97	\$53,298.98	\$54,656.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,848.84
FY 2020-21	\$46,065.43	\$47,237.84	\$48,427.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,304.75
FY 2021-22	\$56,766.36	\$11,508.07	\$19,867.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,217.06
FY 2022-23	\$59,036.16	\$56,821.16	\$45,955.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,265.79
FY 2023-24	\$64,401.50	\$55,871.19	\$43,773.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62,637.34
FY 2024-25	\$71,731.11	\$37,576.18	\$43,914.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$69,049.30
Estimated FY 2025-26	\$73,993.74	\$73,993.74	\$73,993.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63,677.15
Estimated FY 2026-27	\$74,697.65	\$74,697.65	\$74,697.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,905.85
Estimated FY 2027-28	\$75,818.11	\$75,818.11	\$75,818.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,212.55
Percent Changes in Cost Per Enrollee																
FY 2017-18	-1.72%	-37.02%	-34.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.58%
FY 2018-19	2.61%	89.03%	83.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.65%
FY 2019-20	3.91%	-2.85%	-1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.63%
FY 2020-21	-10.53%	-11.37%	-11.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-10.69%
FY 2021-22	23.23%	-75.64%	-58.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.45%
FY 2022-23	4.00%	393.75%	131.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.03%
FY 2023-24	9.09%	-1.67%	-4.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.50%
FY 2024-25	11.38%	3.05%	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.24%
Estimated FY 2025-26	2.60%	27.82%	67.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.78%
Estimated FY 2026-27	1.50%	1.50%	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%
Estimated FY 2027-28	1.50%	1.50%	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%

Exhibit H - LONG-TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)
Cash-Based Actuals and Projections

Current Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2024-25 Average Monthly Paid Enrollment	4,062	542	186	-	-	-	-	-	-	-	-	-	-	-	-	4,790
Trend Factor ⁽¹⁾	8.76%	-37.62%	-9.11%	-	-	-	-	-	-	-	-	-	-	-	-	2.82%
Estimated FY 2025-26 Monthly Paid Enrollment	4,418	338	169	-	-	-	-	-	-	-	-	-	-	-	-	4,925
FY 2025-26 Estimated Cost Per Enrollee	\$73,593.74	\$73,593.74	\$73,593.74	-	-	-	-	-	-	-	-	-	-	-	-	\$63,677.15
Bottom Line Impacts	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
FY 2023-24 Retroactive Payments	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
American Rescue Plan Act Spending	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Expenditure	\$319,310,661	\$34,198,583	\$8,951,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$362,460,541
Estimated FY 2025-26 Per Capita	\$6,340.06	\$2,831.95	\$149.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$287.57
% Change over FY 2024-25 Per Capita	8.37%	11.01%	5.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.01%
Request Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2025-26 Monthly Paid Enrollment	4,418	338	169	-	-	-	-	-	-	-	-	-	-	-	-	4,925
Trend Factor ⁽¹⁾	5.41%	0.79%	0.79%	-	-	-	-	-	-	-	-	-	-	-	-	4.93%
Estimated FY 2026-27 Monthly Paid Enrollment	4,657	341	170	-	-	-	-	-	-	-	-	-	-	-	-	5,168
FY 2026-27 Estimated Cost Per Enrollee	\$74,697.65	\$74,697.65	\$74,697.65	-	-	-	-	-	-	-	-	-	-	-	-	\$65,905.85
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Expenditure	\$327,246,465	\$35,048,518	\$9,173,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$371,468,746
Estimated FY 2026-27 Per Capita	\$6,377.58	\$2,867.66	\$142.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$285.56
% Change over FY 2025-26 Per Capita	0.59%	1.26%	-4.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.70%
Out Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2026-27 Monthly Paid Enrollment	4,657	341	170	-	-	-	-	-	-	-	-	-	-	-	-	5,168
Trend Factor ⁽¹⁾	5.13%	0.78%	0.78%	-	-	-	-	-	-	-	-	-	-	-	-	4.70%
Estimated FY 2027-28 Monthly Paid Enrollment	4,896	343	172	-	-	-	-	-	-	-	-	-	-	-	-	5,411
FY 2027-28 Estimated Cost Per Enrollee	\$75,818.11	\$75,818.11	\$75,818.11	-	-	-	-	-	-	-	-	-	-	-	-	\$68,212.55
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PACE Rate Reduction JBC Action	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Expenditure	\$341,944,966	\$36,622,746	\$9,585,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$388,153,522
Estimated FY 2027-28 Per Capita	\$6,543.15	\$2,961.09	\$139.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$290.50
% Change over FY 2026-27 Per Capita	2.60%	3.26%	-2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.73%
Footnotes																
(1) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's PACE program. This figure reflects the number of capitations paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Line Item Description.																
(2) The FY 2010-11 Per Enrollee cost is adjusted for the PACE reconciliation with providers from FY 2009-10. These figures are subtracted out the reconciliation to keep trend consistent historically.																
(3) Per-enrollee costs for FY 2023-24, FY 2024-25, FY 2025-26 are a weighted average of FY 2023-24 rates by forecasted FY 2023-24 provider distribution and FY 2023-24 third-party-liability status.																
(4) Estimated costs per enrollee in this exhibit do not represent future rates in FY 2021-22 forward, as information that is necessary to accurately calculate actuarially sound rates is not available at this time. The cost per enrollee information in this exhibit is for informational purposes only. Please see the Narrative for more information on PACE rates.																
(5) Monthly Paid Enrollment figures for FY 2023-24, FY 2024-25, and FY 2025-26 are estimated via month to month trends in enrollment growth.																

Footnotes
 (1) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's PACE program. This figure reflects the number of capitations paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Line Item Description.
 (2) The FY 2010-11 Per Enrollee costs are adjusted for the PACE reconciliation with providers from FY 2009-10. These figures subtract out the reconciliation to keep trends consistent historically.
 (3) Per-enrollee costs for FY 2023-24, FY 2024-25, FY 2025-26 are a weighted average of FY 2023-24 rates by forecasted FY 2023-24 provider distribution and FY 2023-24 third-party-liability status.
 (4) Estimated costs per enrollee in this exhibit do not represent future rates in FY 2021-22 forward, as information that is necessary to accurately calculate actuarially sound rates is not available at this time. The cost per enrollee information in this exhibit is for informational purposes only. Please see the Narrative for more information on PACE rates.
 (5) Monthly Paid Enrollment figures for FY 2023-24, FY 2024-25, and FY 2025-26 are estimated via month to month trends in enrollment growth.

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT
Cash-Based Actuals and Projections

Supplemental Medicare Insurance Benefit - Cash Based Actuals																	
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$99,587,634	\$5,807,375	\$52,202,417	\$0	\$326,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,817,019	\$0	\$186,740,969
FY 2017-18	\$105,305,731	\$6,140,821	\$55,199,761	\$0	\$345,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,471,626	\$0	\$197,463,212
FY 2018-19	\$105,608,721	\$6,158,490	\$55,358,585	\$0	\$346,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,559,301	\$0	\$198,031,363
FY 2019-20	\$108,653,508	\$6,336,044	\$56,954,618	\$0	\$356,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,440,350	\$0	\$203,740,769
FY 2020-21	\$82,686,799	\$10,800,611	\$51,552,571	\$0	\$5,888,028	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,220,536	\$0	\$228,148,545
FY 2021-22	\$93,206,563	\$12,174,711	\$58,111,307	\$0	\$6,637,127	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,044,859	\$0	\$257,174,567
FY 2022-23	\$103,354,415	\$13,500,231	\$64,438,167	\$0	\$7,359,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,521,856	\$0	\$285,174,413
FY 2023-24	\$96,160,031	\$12,360,495	\$59,952,699	\$0	\$6,847,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,803,079	\$0	\$265,323,744
FY 2024-25	\$102,278,715	\$13,359,222	\$63,767,904	\$0	\$7,583,145	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$95,512,720	\$0	\$282,206,356
Estimated FY 2025-26	\$114,472,716	\$14,952,511	\$71,370,073	\$0	\$8,151,465	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,905,149	\$0	\$315,851,914
Estimated FY 2026-27	\$127,126,987	\$16,605,422	\$79,259,606	\$0	\$9,052,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$118,722,871	\$0	\$350,767,445
Estimated FY 2027-28	\$137,818,155	\$18,001,910	\$85,925,207	\$0	\$9,813,866	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$128,707,268	\$0	\$380,266,408
Supplemental Medicare Insurance Benefit - Percent Change in Cash Based Actuals																	
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	5.74%	5.74%	5.74%	0.00%	5.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.74%	0.00%	5.74%
FY 2018-19	0.29%	0.29%	0.29%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.29%
FY 2019-20	2.88%	2.88%	2.88%	0.00%	2.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.88%	0.00%	2.88%
FY 2020-21	-23.90%	70.46%	-9.48%	0.00%	1552.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	145.61%	0.00%	11.98%
FY 2021-22	12.72%	12.72%	12.72%	0.00%	12.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%	0.00%	12.72%
FY 2022-23	10.89%	10.89%	10.89%	0.00%	10.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.89%	0.00%	10.89%
FY 2023-24	-6.96%	-6.96%	-6.96%	0.00%	-6.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.96%	0.00%	-6.96%
FY 2024-25	6.36%	6.36%	6.36%	0.00%	6.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.36%	0.00%	6.36%
Estimated FY 2025-26	11.92%	11.92%	11.92%	0.00%	11.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.92%	0.00%	11.92%
Estimated FY 2026-27	11.05%	11.05%	11.05%	0.00%	11.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.05%	0.00%	11.05%
Estimated FY 2027-28	8.41%	8.41%	8.41%	0.00%	8.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.41%	0.00%	8.41%
Supplemental Medicare Insurance Benefit - Per Capita Cost																	
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$2,266.39	\$516.62	\$772.01	\$0.00	\$2.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$852.35	\$0.00	\$138.73
FY 2017-18	\$2,293.89	\$520.54	\$817.40	\$0.00	\$1.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$874.92	\$0.00	\$150.14
FY 2018-19	\$2,214.69	\$484.12	\$806.52	\$0.00	\$1.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$881.01	\$0.00	\$157.00
FY 2019-20	\$2,384.99	\$486.30	\$854.07	\$0.00	\$2.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$940.17	\$0.00	\$167.00
FY 2020-21	\$1,713.79	\$797.62	\$778.89	\$0.00	\$34.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,187.43	\$0.00	\$162.39
FY 2021-22	\$1,891.48	\$883.25	\$881.04	\$0.00	\$35.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,416.91	\$0.00	\$164.69
FY 2022-23	\$2,047.55	\$974.89	\$992.38	\$0.00	\$37.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,850.53	\$0.00	\$165.84
FY 2023-24	\$2,016.74	\$989.64	\$1,016.20	\$0.00	\$42.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,095.27	\$0.00	\$190.85
FY 2024-25	\$2,053.54	\$1,092.11	\$1,099.74	\$0.00	\$52.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,158.95	\$0.00	\$233.65
Estimated FY 2025-26	\$2,272.91	\$1,238.20	\$1,188.67	\$0.00	\$59.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,345.28	\$0.00	\$250.59
Estimated FY 2026-27	\$2,477.53	\$1,358.65	\$1,232.25	\$0.00	\$63.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,542.38	\$0.00	\$269.65
Estimated FY 2027-28	\$2,637.16	\$1,455.52	\$1,247.15	\$0.00	\$67.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,669.70	\$0.00	\$284.60
Supplemental Medicare Insurance Benefit - Percent Change in Per Capita Cost																	
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	1.21%	0.76%	5.88%	0.00%	-4.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.65%	0.00%	8.22%
FY 2018-19	-3.45%	-7.00%	-1.33%	0.00%	2.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	4.57%
FY 2019-20	3.17%	0.45%	6.14%	0.00%	10.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.72%	0.00%	6.43%
FY 2020-21	-25.00%	64.02%	-9.02%	0.00%	1467.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	132.66%	0.00%	-2.82%
FY 2021-22	10.37%	10.74%	13.11%	0.00%	2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.49%	0.00%	1.42%
FY 2022-23	8.25%	10.38%	12.64%	0.00%	5.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.94%	0.00%	0.70%
FY 2023-24	-1.50%	1.51%	2.40%	0.00%	14.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.59%	0.00%	15.08%
FY 2024-25	1.82%	10.35%	8.22%	0.00%	23.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	0.00%	22.43%
Estimated FY 2025-26	10.68%	13.38%	8.09%	0.00%	12.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.90%	0.00%	7.25%
Estimated FY 2026-27	9.00%	9.73%	3.67%	0.00%	8.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.89%	0.00%	7.61%
Estimated FY 2027-28	6.44%	7.13%	1.21%	0.00%	5.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.59%	0.00%	5.54%
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Supplemental Medicare Insurance Benefit - Caseload																	
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17 Actuals	43941	11241	67619	6251	161422	101059	347848	235	469297	64907	20310	13567	1968	2640	33809	0	1,346,114
FY 2017-18 Actuals	45907	11797	67531	8175	179853	74610	352607	155	438772	64346	21473	10125	2229	2809	34828	0	1,315,217
FY 2018-19 Actuals	47685	58333	12720	91667	68639	83333	175827	63563	330524	66667	144	6666667	420253	59375	666667	420253	1,261,666
FY 2019-20 Actuals	47551	13029	66530	10675	164467	99499	32951	137	407948	59924	21320	11547	2209	2417	33441	0	1,219,245
FY 2020-21 Actuals	48248	13541	66187	14347	173150	88429	402847	139	450956	66833	20742	13609	3609	7016	35302	0	1,404,955
FY 2021-22 Actuals	49277	13784	65958	15424	189524	102399	478103	131	484528	72593	20335	14254	4359	14876	36015	0	1,561,560
FY 2022-23 Actuals	50477	13648	64933	16451	196516	104683	530332	133	505038	76963	20070	14842	4305	16516	33661	44653	1,719,619
FY 2023-24 Actuals	47681	1269															

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT
Cash-Based Actuals and Projections

Supplemental Medicare Insurance Benefit - Previous Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2024-25 Q1 & Q2 Member Months	201,662	465,235	29,226	696,123	N/A	Actuals
FY 2024-25 Q1 & Q2 Standard Payments	35,186,307	82,258,516	5,087,704	122,532,527	37.72%	Actuals
FY 2024-25 Q3 & Q4 Member Months	202,502	495,777	29,174	727,453	N/A	Actuals
FY 2024-25 Q3 & Q4 Standard Payments	37,336,224	92,969,510	5,348,295	135,654,029	38.21%	Actuals
FY 2024-25 Q3 & Q4 Standard Expenditure	72,522,531	175,228,026	10,435,999	258,186,556	37.98%	Actuals
FY 2024-25 Q3 & Q4 Retroactivity	3,342,693	18,652,435	2,024,779	24,019,907	47.26%	Actuals
FY 2024-25 Q3 & Q4 Total Expenditure	\$75,865,224	\$193,880,461	\$12,460,778	\$282,206,463	38.77%	Actuals
Total	\$184.37	\$187.52	\$183.32	\$164.90		
Supplemental Medicare Insurance Benefit - Current Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2025-26 Q1 & Q2 Expected Member Months Growth	1.62%	1.62%	1.62%	1.62%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2025-26 Q1 & Q2 Expected Member Months	205,780	503,802	29,646	739,229	N/A	Previous Half x Expected Growth
FY 2025-26 Q1 & Q2 Expected Premium	\$183,000	\$185,000	\$185,000	N/A	N/A	Based on 2025 Trustees Report
FY 2025-26 Q1 & Q2 Expected Standard Expenditure	\$38,069,295	\$93,203,430	\$5,484,556	\$136,757,282	38.09%	Expected Member Months x Expected Premium
FY 2025-26 Q3 & Q4 Expected Member Months Growth	1.59%	1.59%	1.59%	1.59%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2025-26 Q3 & Q4 Expected Member Months	209,045	511,796	30,117	750,957	N/A	Previous Half x Expected Growth
FY 2025-26 Q3 & Q4 Expected Premium	\$206,500	\$206,500	\$206,500	N/A	N/A	Based on 2025 Trustees Report
FY 2025-26 Q3 & Q4 Expected Standard Expenditure	\$43,167,768	\$105,685,803	\$6,219,082	\$155,072,652	38.09%	Expected Member Months x Expected Premium
FY 2024-25 Expected Standard Expenditure	\$81,237,063	\$198,889,233	\$11,703,638	\$291,829,933	38.09%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2024-25 Expected Retroactivity	\$3,342,693	\$18,652,435	\$2,026,852	\$24,021,980	47.26%	Assumed Constant
FY 2024-25 Expected Total Expenditure	\$84,579,756	\$217,541,667	\$13,730,490	\$315,851,914	38.78%	Standard Expenditure + Retroactivity
Supplemental Medicare Insurance Benefit - Request Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2026-27 Q1 & Q2 Expected Member Months Growth	1.56%	1.56%	1.56%	1.56%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2026-27 Q1 & Q2 Expected Member Months	212,297	519,758	30,585	762,641	N/A	Previous Half x Expected Growth
FY 2026-27 Q1 & Q2 Expected Premium	\$206,500	\$206,500	\$206,500	N/A	N/A	Based on 2025 Trustees Report
FY 2026-27 Q1 & Q2 Expected Standard Expenditure	\$43,839,395	\$107,330,120	\$6,315,841	\$157,485,357	38.09%	Expected Member Months x Expected Premium
FY 2026-27 Q2 & Q3 Expected Member Months Growth	1.53%	1.53%	1.53%	1.53%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2026-27 Q2 & Q3 Expected Member Months	215,538	527,692	31,052	774,282	N/A	Previous Half x Expected Growth
FY 2026-27 Q2 & Q3 Expected Premium	\$218,600	\$218,600	\$218,600	N/A	N/A	Based on 2025 Trustees Report
FY 2026-27 Q2 & Q3 Expected Standard Expenditure	\$47,116,571	\$115,353,488	\$6,787,977	\$169,258,035	38.09%	Expected Member Months x Expected Premium
FY 2025-26 Expected Standard Expenditure	\$90,955,966	\$222,683,608	\$13,103,818	\$326,743,392	38.09%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2025-26 Expected Retroactivity	\$3,342,693	\$18,652,435	\$2,028,926	\$24,024,054	47.27%	Assumed Constant
FY 2025-26 Expected Total Expenditure	\$94,298,659	\$241,336,042	\$15,132,744	\$350,767,445	38.72%	Standard Expenditure + Retroactivity
Q3 & Q4						
Supplemental Medicare Insurance Benefit - Out Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2027-28 Q1 & Q2 Expected Member Months Growth	1.50%	1.50%	1.50%	1.50%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2027-28 Q1 & Q2 Expected Member Months	218,767	535,598	31,517	785,882	N/A	Previous Half x Expected Growth
FY 2027-28 Q1 & Q2 Expected Premium	\$218,600	\$218,600	\$218,600	N/A	N/A	Based on 2025 Trustees Report
FY 2027-28 Q1 & Q2 Expected Standard Expenditure	\$47,822,457	\$117,081,680	\$6,889,672	\$171,793,810	38.09%	Expected Member Months x Expected Premium
FY 2027-28 Q3 & Q4 Expected Member Months Growth	1.47%	1.47%	1.47%	1.47%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2027-28 Q3 & Q4 Expected Member Months	221,985	543,477	31,981	797,443	N/A	Previous Half x Expected Growth
FY 2027-28 Q3 & Q4 Expected Premium	\$231,300	\$231,300	\$231,300	N/A	N/A	Based on 2025 Trustees Report
FY 2027-28 Q3 & Q4 Expected Standard Expenditure	\$51,345,172	\$125,706,192	\$7,397,181	\$184,448,545	38.09%	Expected Member Months x Expected Premium
FY 2026-27 Expected Standard Expenditure	\$99,167,629	\$242,787,872	\$14,286,854	\$356,242,355	38.09%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2026-27 Expected Retroactivity	\$3,342,693	\$18,652,435	\$2,028,926	\$24,024,054	47.27%	Assumed Constant
FY 2026-27 Expected Total Expenditure	\$102,510,322	\$261,440,306	\$16,315,780	\$380,266,408	38.67%	Standard Expenditure + Retroactivity
Supplemental Medicare Insurance Benefit - Expected Growth						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
Positive Retroactivity - Current Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Current Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Request Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Request Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Out Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Out Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Current Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Current Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Request Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Request Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Out Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Out Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Supplemental Medicare Insurance Benefit - Retroactivity						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
Positive Retroactivity - Previous Year 1st Half	\$2,754,957	\$16,938,580	\$1,598,447	\$20,991,984	46.53%	Actuals
Positive Retroactivity - Previous Year 2nd Half	\$2,524,667	\$17,339,269	\$1,306,742	\$21,170,678	47.12%	Actuals
Negative Retroactivity - Previous Year 1st Half	(\$816,888)	(\$7,863,330)	(\$274,962)	(\$8,955,179)	46.97%	Actuals
Negative Retroactivity - Previous Year 2nd Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Actuals
Positive Retroactivity - Current Year 1st Half	\$2,639,812	\$17,138,925	\$1,302,594	\$21,081,331	46.83%	Average Last Two Halves
Positive Retroactivity - Current Year 2nd Half	\$2,639,812	\$17,138,925	\$1,304,668	\$21,083,405	46.83%	Previous Half x Expected Growth
Negative Retroactivity - Current Year 1st Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Average Last Two Halves
Negative Retroactivity - Current Year 2nd Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Previous Half x Expected Growth
Positive Retroactivity - Request Year 1st Half	\$2,639,812	\$17,138,925	\$1,304,668	\$21,083,405	46.83%	Previous Half x Expected Growth
Positive Retroactivity - Request Year 2nd Half	\$2,639,812	\$17,138,925	\$1,304,668	\$21,083,405	46.83%	Previous Half x Expected Growth
Negative Retroactivity - Request Year 1st Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Previous Half x Expected Growth
Negative Retroactivity - Request Year 2nd Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Previous Half x Expected Growth
Positive Retroactivity - Out Year 1st Half	\$2,639,812	\$17,138,925	\$1,304,668	\$21,083,405	46.83%	Previous Half x Expected Growth
Positive Retroactivity - Out Year 2nd Half	\$2,639,812	\$17,138,925	\$1,304,668	\$21,083,405	46.83%	Previous Half x Expected Growth
Negative Retroactivity - Out Year 1st Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Previous Half x Expected Growth
Negative Retroactivity - Out Year 2nd Half	(\$968,466)	(\$7,812,707)	(\$290,205)	(\$9,071,378)	46.26%	Previous Half x Expected Growth

History of Medicare Premiums					
Calendar Year	Part A	Part A % Change	Part B	Part B % Change	Calculation
2015	\$407.00	N/A	\$104.90	N/A	Annual Percentage Difference
2016	\$411.00	0.98%	\$123.70	17.92%	Annual Percentage Difference
2017	\$413.00	0.49%	\$134.00	8.33%	Annual Percentage Difference
2018	\$422.00	2.18%	\$134.00	0.00%	Annual Percentage Difference
2019	\$437.00	3.55%	\$135.50	1.12%	Annual Percentage Difference
2020	\$458.00	4.81%	\$144.60	6.72%	Annual Percentage Difference
2021	\$478.00	4.37%	\$148.50	2.70%	Annual Percentage Difference
2022	\$499.00	4.39%	\$170.10	14.55%	Annual Percentage Difference
2023	\$506.00	1.40%	\$164.90	-3.06%	Annual Percentage Difference
2024	\$505.00	-0.20%	\$174.70	5.94%	Annual Percentage Difference
2025	\$518.00	2.57%	\$185.00	5.90%	Annual Percentage Difference

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN
Cash-Based Actuals and Projections

Health Insurance Buy-In - Cash Based Actuals																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$15,177	\$18,972	\$1,859,221	\$0	\$22,766	\$37,943	\$34,149	\$0	\$132,802	\$0	\$0	\$11,383	\$0	\$0	\$0	\$0	\$2,132,413
FY 2017-18	\$17,511	\$21,889	\$2,145,101	\$0	\$26,267	\$43,778	\$39,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$2,460,300
FY 2018-19	\$18,345	\$22,932	\$2,247,306	\$0	\$27,518	\$45,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$0	\$0	\$2,577,522
FY 2019-20	\$8,039	\$13,913	\$2,330,714	\$0	\$9,252	\$12,480	\$114,913	\$0	\$31,591	\$0	\$0	\$5,617	\$0	\$0	\$0	\$0	\$2,526,519
FY 2020-21	\$7,940	\$13,746	\$2,302,636	\$0	\$9,141	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$0	\$2,496,082
FY 2021-22	\$8,156	\$14,118	\$2,365,044	\$0	\$9,388	\$12,664	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$0	\$0	\$2,563,733
FY 2022-23	\$19,280	\$24,100	\$2,361,796	\$0	\$28,920	\$48,200	\$43,380	\$0	\$168,700	\$0	\$0	\$14,460	\$0	\$0	\$0	\$0	\$2,708,836
FY 2023-24	\$19,552	\$24,439	\$2,395,061	\$0	\$29,327	\$48,879	\$43,991	\$0	\$171,076	\$0	\$0	\$14,664	\$0	\$0	\$0	\$0	\$2,746,989
FY 2024-25	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,545
Estimated FY 2025-26	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Estimated FY 2026-27	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Estimated FY 2027-28	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Health Insurance Buy-In - Percent Change in Cash Based Actuals																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	15.38%	15.38%	15.38%	0.00%	15.38%	15.38%	15.38%	0.00%	15.38%	0.00%	0.00%	15.37%	0.00%	0.00%	0.00%	0.00%	N/A
FY 2018-19	4.76%	4.76%	4.76%	0.00%	4.76%	4.76%	4.76%	0.00%	4.77%	0.00%	0.00%	4.77%	0.00%	0.00%	0.00%	0.00%	15.38%
FY 2019-20	-56.18%	-39.33%	3.71%	0.00%	-66.38%	-72.79%	178.39%	0.00%	-80.32%	0.00%	0.00%	-59.18%	0.00%	0.00%	0.00%	0.00%	4.76%
FY 2020-21	-1.23%	-1.20%	-1.20%	0.00%	-1.20%	-1.20%	-1.20%	0.00%	-1.20%	0.00%	0.00%	-1.21%	0.00%	0.00%	0.00%	0.00%	-1.98%
FY 2021-22	2.72%	2.71%	2.71%	0.00%	2.70%	2.71%	2.71%	0.00%	2.71%	0.00%	0.00%	2.72%	0.00%	0.00%	0.00%	0.00%	-1.20%
FY 2022-23	136.39%	70.70%	-0.14%	0.00%	208.05%	280.61%	-62.80%	0.00%	426.25%	0.00%	0.00%	153.68%	0.00%	0.00%	0.00%	0.00%	2.71%
FY 2023-24	1.41%	1.41%	1.41%	0.00%	1.41%	1.41%	1.41%	0.00%	1.41%	0.00%	0.00%	1.41%	0.00%	0.00%	0.00%	0.00%	5.66%
FY 2024-25	-1.62%	-1.62%	-1.62%	0.00%	-1.62%	-1.62%	-1.62%	0.00%	-1.62%	0.00%	0.00%	-1.62%	0.00%	0.00%	0.00%	0.00%	-1.41%
Estimated FY 2025-26	-2.82%	-2.81%	-2.81%	0.00%	-2.81%	-2.82%	-2.81%	0.00%	-2.81%	0.00%	0.00%	-2.81%	0.00%	0.00%	0.00%	0.00%	-1.62%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.81%
Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Health Insurance Buy-In - Per Capita Cost																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$0.35	\$1.69	\$27.50	\$0.00	\$0.14	\$0.38	\$0.10	\$0.00	\$0.28	\$0.00	\$0.00	\$0.84	\$0.00	\$0.00	\$0.00	\$0.00	\$1.58
FY 2017-18	\$0.38	\$1.86	\$31.76	\$0.00	\$0.15	\$0.59	\$0.11	\$0.00	\$0.35	\$0.00	\$0.00	\$1.30	\$0.00	\$0.00	\$0.00	\$0.00	\$1.87
FY 2018-19	\$0.38	\$1.80	\$32.74	\$0.00	\$0.16	\$0.72	\$0.12	\$0.00	\$0.38	\$0.00	\$0.00	\$1.13	\$0.00	\$0.00	\$0.00	\$0.00	\$2.04
FY 2019-20	\$0.17	\$1.07	\$35.03	\$0.00	\$0.06	\$0.21	\$0.36	\$0.00	\$0.08	\$0.00	\$0.00	\$0.49	\$0.00	\$0.00	\$0.00	\$0.00	\$2.07
FY 2020-21	\$0.16	\$1.02	\$34.79	\$0.00	\$0.05	\$0.14	\$0.28	\$0.00	\$0.07	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$1.78
FY 2021-22	\$0.17	\$1.02	\$35.86	\$0.00	\$0.05	\$0.12	\$0.24	\$0.00	\$0.07	\$0.00	\$0.00	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1.64
FY 2022-23	\$0.38	\$1.74	\$36.37	\$0.00	\$0.15	\$0.46	\$0.08	\$0.00	\$0.33	\$0.00	\$0.00	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	\$1.58
FY 2023-24	\$0.41	\$1.93	\$40.60	\$0.00	\$0.18	\$0.74	\$0.11	\$0.00	\$0.41	\$0.00	\$0.00	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$1.98
FY 2024-25	\$0.39	\$1.97	\$40.64	\$0.00	\$0.21	\$1.12	\$0.13	\$0.00	\$0.46	\$0.00	\$0.00	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$2.24
Estimated FY 2025-26	\$0.37	\$1.94	\$38.14	\$0.00	\$0.20	\$1.06	\$0.12	\$0.00	\$0.43	\$0.00	\$0.00	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$2.08
Estimated FY 2026-27	\$0.36	\$1.91	\$35.60	\$0.00	\$0.20	\$1.03	\$0.12	\$0.00	\$0.42	\$0.00	\$0.00	\$0.55	\$0.00	\$0.00	\$0.00	\$0.00	\$2.02
Estimated FY 2027-28	\$0.36	\$1.89	\$33.24	\$0.00	\$0.19	\$0.99	\$0.12	\$0.00	\$0.41	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$1.97
Health Insurance Buy-In - Percent Change in Per Capita Cost																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	8.57%	10.06%	15.49%	0.00%	7.14%	55.26%	10.00%	0.00%	25.00%	0.00%	0.00%	54.76%	0.00%	0.00%	0.00%	0.00%	N/A
FY 2018-19	0.00%	-3.23%	3.09%	0.00%	6.67%	22.03%	9.09%	0.00%	8.57%	0.00%	0.00%	-13.08%	0.00%	0.00%	0.00%	0.00%	18.35%
FY 2019-20	-55.26%	-40.56%	6.99%	0.00%	-42.50%	-70.83%	200.00%	0.00%	-78.95%	0.00%	0.00%	-56.64%	0.00%	0.00%	0.00%	0.00%	9.09%
FY 2020-21	-5.88%	-4.67%	-0.69%	0.00%	-16.67%	-33.33%	-22.22%	0.00%	-12.50%	0.00%	0.00%	-16.33%	0.00%	0.00%	0.00%	0.00%	-1.47%
FY 2021-22	6.25%	0.00%	3.08%	0.00%	0.00%	-14.29%	-14.29%	0.00%	0.00%	0.00%	0.00%	-2.44%	0.00%	0.00%	0.00%	0.00%	-14.01%
FY 2022-23	123.53%	70.59%	1.42%	0.00%	200.00%	283.33%	-66.67%	0.00%	371.43%	0.00%	0.00%	45.00%	0.00%	0.00%	0.00%	0.00%	-7.87%
FY 2023-24	7.89%	10.92%	11.63%	0.00%	20.00%	60.87%	37.50%	0.00%	24.24%	0.00%	0.00%	5.17%	0.00%	0.00%	0.00%	0.00%	-3.66%
FY 2024-25	-4.88%	2.07%	0.10%	0.00%	16.67%	51.35%	18.18%	0.00%	12.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.32%
Estimated FY 2025-26	-5.13%	-1.52%	-6.15%	0.00%	-4.76%	-5.36%	-7.69%	0.00%	-6.52%	0.00%	0.00%	-6.56%	0.00%	0.00%	0.00%	0.00%	13.13%
Estimated FY 2026-27	-2.70%	-1.55%	-6.66%	0.00%	-2.83%	-2.83%	0.00%	0.00%	-2.33%	0.00%	0.00%	-3.51%	0.00%	0.00%	0.00%	0.00%	-7.14%
Estimated FY 2027-28	0.00%	-1.05%	-6.63%	0.00%	-5.00%	-3.88%	0.00%	0.00%	-2.38%	0.00%	0.00%	-5.45%	0.00%	0.00%	0.00%	0.00%	-2.88%

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN
Cash-Based Actuals and Projections

Health Insurance Buy-In - Expenditure Trends																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Actual FY 2024-25 Expenditure	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,545
Average of FY 2018-19 through FY 2022-23	17.29%	7.53%	1.97%	0.00%	29.59%	42.82%	24.37%	0.00%	70.44%	0.00%	0.00%	20.16%	0.00%	0.00%	0.00%	0.00%	3.93%
Average of FY 2019-20 through FY 2022-23	20.43%	8.22%	1.27%	0.00%	35.79%	52.33%	29.28%	0.00%	86.86%	0.00%	0.00%	24.00%	0.00%	0.00%	0.00%	0.00%	1.07%
Average of FY 2020-21 through FY 2022-23	45.96%	24.07%	0.46%	0.00%	69.85%	94.04%	20.43%	0.00%	142.59%	0.00%	0.00%	51.73%	0.00%	0.00%	0.00%	0.00%	-0.16%
Average of FY 2021-22 through FY 2022-23	69.56%	36.71%	1.29%	0.00%	105.38%	141.66%	30.05%	0.00%	214.48%	0.00%	0.00%	78.20%	0.00%	0.00%	0.00%	0.00%	0.76%
Average of FY 2019-20 through FY 2023-24	16.62%	6.86%	1.30%	0.00%	28.92%	42.15%	23.70%	0.00%	69.77%	0.00%	0.00%	19.48%	0.00%	0.00%	0.00%	0.00%	1.99%
Average of FY 2020-21 through FY 2023-24	34.82%	18.41%	0.70%	0.00%	52.74%	70.88%	14.97%	0.00%	107.29%	0.00%	0.00%	39.15%	0.00%	0.00%	0.00%	0.00%	1.30%
Average of FY 2021-22 through FY 2023-24	46.84%	24.94%	1.33%	0.00%	70.72%	94.91%	19.56%	0.00%	143.46%	0.00%	0.00%	52.60%	0.00%	0.00%	0.00%	0.00%	2.39%
Average of FY 2022-23 through FY 2023-24	68.90%	36.06%	0.64%	0.00%	104.73%	141.01%	30.70%	0.00%	213.83%	0.00%	0.00%	77.55%	0.00%	0.00%	0.00%	0.00%	4.19%
Average of FY 2020-21 through FY 2024-25	27.53%	14.40%	0.23%	0.00%	41.87%	56.38%	12.30%	0.00%	85.51%	0.00%	0.00%	31.00%	0.00%	0.00%	0.00%	0.00%	1.32%
Average of FY 2021-22 through FY 2024-25	34.73%	18.30%	0.59%	0.00%	52.64%	70.78%	15.08%	0.00%	107.19%	0.00%	0.00%	39.05%	0.00%	0.00%	0.00%	0.00%	2.15%
Average of FY 2022-23 through FY 2024-25	45.39%	23.50%	-0.12%	0.00%	69.28%	93.47%	21.00%	0.00%	142.01%	0.00%	0.00%	51.16%	0.00%	0.00%	0.00%	0.00%	3.26%
Average of FY 2023-24 through FY 2024-25	-0.11%	-0.11%	-0.11%	0.00%	-0.11%	-0.11%	-0.11%	0.00%	-0.11%	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	0.00%	3.54%
Health Insurance Buy-In - Current Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2024-25 Total Expenditure	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,544
<i>Estimated Incremental Expenditure for FY 2025-26</i>																	
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	(\$112)	(\$139)	(\$13,603)	\$0	(\$167)	(\$278)	(\$250)	\$0	(\$972)	\$0	\$0	(\$83)	\$0	\$0	\$0	\$0	(\$15,602)
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	(\$430)	(\$537)	(\$52,708)	\$0	(\$645)	(\$1,076)	(\$968)	\$0	(\$3,765)	\$0	\$0	(\$323)	\$0	\$0	\$0	\$0	(\$60,453)
Total Incremental Expenditure	(\$542)	(\$676)	(\$66,311)	\$0	(\$812)	(\$1,354)	(\$1,218)	\$0	(\$4,737)	\$0	\$0	(\$406)	\$0	\$0	\$0	\$0	(\$76,055)
Estimated FY 2025-26 Total Expenditure	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Estimated FY 2025-26 Per Capita	\$0.37	\$1.94	\$38.14	\$0.00	\$0.20	\$1.06	\$0.12	\$0.00	\$0.43	\$0.00	\$0.00	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$2.08
% Change over FY 2024-25 Per Capita	-5.13%	-1.52%	-6.15%	0.00%	-4.76%	-5.36%	-7.69%	0.00%	-6.52%	0.00%	0.00%	-6.56%	0.00%	0.00%	0.00%	0.00%	-7.14%
Health Insurance Buy-In - Request Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Estimated FY 2025-26 Total Expenditure	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
<i>Estimated Incremental Expenditure for FY 2026-27</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Incremental Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Total Expenditure	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Estimated FY 2026-27 Per Capita	\$0.36	\$1.91	\$35.60	\$0.00	\$0.20	\$1.03	\$0.12	\$0.00	\$0.42	\$0.00	\$0.00	\$0.55	\$0.00	\$0.00	\$0.00	\$0.00	\$2.02
% Change over FY 2025-26 Per Capita	-2.70%	-1.55%	-6.66%	0.00%	0.00%	-2.83%	0.00%	0.00%	-2.33%	0.00%	0.00%	-3.51%	0.00%	0.00%	0.00%	0.00%	-2.88%
Health Insurance Buy-In - Out Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Estimated FY 2026-27 Total Expenditure	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
<i>Estimated Incremental Expenditure for FY 2027-28</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Incremental Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Total Expenditure	\$18,693	\$23,368	\$2,290,000	\$0	\$28,041	\$46,734	\$42,061	\$0	\$163,571	\$0	\$0	\$14,020	\$0	\$0	\$0	\$0	\$2,626,489
Estimated FY 2027-28 Per Capita	\$0.36	\$1.89	\$33.24	\$0.00	\$0.19	\$0.99	\$0.12	\$0.00	\$0.41	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$1.97
% Change over FY 2026-27 Per Capita	0.00%	-1.05%	-6.63%	0.00%	-5.00%	-3.88%	0.00%	0.00%	-2.38%	0.00%	0.00%	-5.45%	0.00%	0.00%	0.00%	0.00%	-2.48%

Exhibit I - SERVICE MANAGEMENT
Summary

FY 2025-26 Service Management Request																
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$9,540,518	\$2,407,443	\$13,117,237	\$6,047,139	\$29,366,425	\$9,250,819	\$68,667,379	\$24,193	\$86,647,953	\$11,470,003	\$4,407,791	\$5,518,194	\$2,230,138	\$1,231	\$0	\$248,696,464
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,547,014	\$2,433,370	\$13,443,481	\$6,093,587	\$29,558,691	\$9,307,210	\$69,180,724	\$24,193	\$86,647,953	\$11,470,003	\$4,463,280	\$5,574,844	\$2,236,607	\$1,231	\$0	\$249,982,190
FY 2026-27 Service Management Request																
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$9,547,460	\$2,390,892	\$13,877,952	\$6,287,248	\$29,592,555	\$9,472,849	\$70,063,068	\$25,897	\$82,903,183	\$11,793,727	\$4,170,914	\$5,670,049	\$2,584,522	\$0	\$0	\$248,380,317
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,553,956	\$2,416,819	\$14,204,196	\$6,333,696	\$29,784,821	\$9,529,240	\$70,576,413	\$25,897	\$82,903,183	\$11,793,727	\$4,226,403	\$5,726,699	\$2,590,991	\$0	\$0	\$249,666,043
FY 2027-28 Service Management Request																
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,727
Accountable Care Collaborative	\$9,696,151	\$2,421,860	\$14,934,331	\$6,500,683	\$30,339,228	\$9,818,746	\$72,277,679	\$28,942	\$83,639,569	\$12,640,615	\$4,146,105	\$5,900,837	\$2,594,299	\$0	\$0	\$254,939,043
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,702,648	\$2,447,787	\$15,260,575	\$6,547,131	\$30,531,494	\$9,875,137	\$72,791,025	\$28,942	\$83,639,569	\$12,640,615	\$4,201,594	\$5,957,487	\$2,600,768	\$0	\$0	\$256,224,770

Exhibit I - SERVICE MANAGEMENT
Summary

Cash Based Actuals																
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2016-17	\$8,784,331	\$2,598,679	\$18,717,289	\$215,488	\$36,556	\$3,848	\$221,260	\$0	\$237,934	\$10,903	\$182,138	\$1,283	\$0	\$0	\$79,525	\$31,089,234
FY 2017-18	\$11,229,722	\$3,052,457	\$19,516,828	\$144,404	\$66,825	\$19,971	\$307,243	\$66,057	\$129,810	\$74,506	\$96,781	\$0	\$0	\$0	\$95,245	\$34,799,849
FY 2018-19	\$9,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$0	\$26,182,831
FY 2019-20	\$12,024,920	\$3,152,715	\$17,667,701	\$5,400	\$9,328	\$2,700	\$48,726	\$0	\$6,260	\$736	\$44,430	\$0	\$0	\$0	\$0	\$32,962,916
FY 2020-21	\$11,415,586	\$2,992,959	\$16,772,433	\$5,127	\$8,855	\$2,563	\$46,257	\$0	\$5,942	\$699	\$42,179	\$0	\$0	\$0	\$0	\$31,292,600
FY 2021-22	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2022-23	(\$1,590)	(\$419)	(\$2,334)	(\$1)	(\$1)	\$0	(\$4)	\$0	(\$1)	\$0	(\$5)	\$0	\$0	\$0	\$0	(\$4,355)
FY 2023-24	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change in Cash Based Actuals																
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2017-18	27.84%	17.46%	4.27%	-32.99%	82.80%	419.00%	38.86%	100.00%	-45.44%	583.35%	-46.86%	-100.00%	0.00%	0.00%	0.00%	19.77%
FY 2018-19	-14.94%	-17.96%	-28.09%	-97.03%	-88.91%	-89.26%	-87.40%	-100.00%	-96.17%	-99.21%	-63.53%	0.00%	0.00%	0.00%	-100.00%	-24.76%
FY 2019-20	25.90%	25.90%	25.90%	25.87%	25.90%	25.87%	25.89%	0.00%	25.91%	25.81%	25.89%	0.00%	0.00%	0.00%	0.00%	25.90%
FY 2020-21	-5.07%	-5.07%	-5.07%	-5.06%	-5.07%	-5.07%	-5.07%	0.00%	-5.08%	-5.03%	-5.07%	0.00%	0.00%	0.00%	0.00%	-5.07%
FY 2021-22	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%
FY 2022-23	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%
FY 2024-25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Per Capita Cost																
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2016-17	\$199.91	\$231.18	\$276.81	\$34.47	\$0.23	\$0.04	\$0.64	\$0.00	\$0.51	\$0.17	\$8.97	\$0.09	\$0.00	\$0.00	\$2.35	\$0.00
FY 2017-18	\$244.62	\$258.75	\$289.01	\$17.66	\$0.37	\$0.27	\$0.87	\$426.17	\$0.30	\$1.16	\$4.51	\$0.00	\$0.00	\$0.00	\$2.73	\$0.00
FY 2018-19	\$200.30	\$196.86	\$204.46	\$0.48	\$0.04	\$0.03	\$0.12	\$0.00	\$0.01	\$0.01	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$252.88	\$241.98	\$265.56	\$0.51	\$0.06	\$0.05	\$0.15	\$0.00	\$0.02	\$0.01	\$2.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2020-21	\$236.60	\$221.03	\$253.41	\$0.36	\$0.05	\$0.03	\$0.11	\$0.00	\$0.01	\$0.01	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2021-22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2022-23	(\$0.03)	(\$0.03)	(\$0.04)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$0.10)
FY 2023-24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2024-25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2025-26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2026-27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2027-28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Percent Change in Per Capita Cost																
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2017-18	22.37%	11.93%	4.41%	-48.77%	60.87%	575.00%	35.94%	100.00%	-41.18%	582.35%	-49.72%	-100.00%	0.00%	0.00%	0.00%	16.17%
FY 2018-19	-18.12%	-23.92%	-29.26%	-97.28%	-89.19%	-88.89%	-86.21%	-100.00%	-96.67%	-99.14%	-64.08%	0.00%	0.00%	0.00%	-100.00%	0.00%
FY 2019-20	26.25%	22.92%	29.88%	6.25%	50.00%	66.67%	25.00%	0.00%	100.00%	0.00%	28.40%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2020-21	-6.44%	-8.66%	-4.58%	-29.41%	-16.67%	-40.00%	-26.67%	0.00%	-50.00%	0.00%	-2.40%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2021-22	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2022-23	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%
FY 2024-25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Exhibit I - SERVICE MANAGEMENT Summary

Cash Based Actuals																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2016-17	\$21,390	\$19,223	\$135,054	\$15,538	\$179,636	\$125,847	\$338,068	\$0	\$0	\$74,506	\$34,168	\$56,620	\$11,787	\$0	\$937,331
	FY 2017-18	\$19,227-18	\$3,052-457	\$19,516,828	\$144,404	\$66,825	\$19,971	\$307,243	\$66,057	\$129,810	\$0	\$96,781	\$66,057	\$0	\$0	\$893,053
	FY 2018-19	\$5,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$705,408
	FY 2019-20	\$3,158	\$11,340	\$96,878	\$14,044	\$26,631	\$29,627	\$192,864	\$0	\$0	\$25,844	\$25,844	\$4,446	\$0	\$0	\$483,709
	FY 2020-21	\$3,531	\$13,197	\$118,093	\$13,550	\$102,256	\$49,054	\$260,062	\$0	\$0	\$0	\$23,042	\$28,226	\$3,792	\$0	\$616,803
	FY 2021-22	\$2,198	\$9,768	\$83,926	\$8,624	\$77,023	\$38,935	\$200,869	\$0	\$0	\$0	\$18,944	\$19,155	\$512	\$0	\$459,954
	FY 2022-23	\$1,562	\$7,299	\$63,181	\$6,276	\$56,111	\$27,559	\$150,408	\$0	\$0	\$0	\$13,733	\$14,191	\$495	\$0	\$340,618
	FY 2023-24	\$1,782	\$7,845	\$6,872	\$7,782	\$58,989	\$22,620	\$157,268	\$0	\$0	\$0	\$16,907	\$14,547	\$0	\$0	\$366,316
	FY 2024-25	\$1,829	\$7,299	\$91,843	\$13,076	\$54,126	\$144,515	\$0	\$0	\$0	\$0	\$15,621	\$15,948	\$1,821	\$0	\$361,953
	Estimated FY 2025-26	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Estimated FY 2026-27	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Estimated FY 2027-28	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,727
Percent Change in Cash Based Actuals																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2018-19	-14.94%	-17.96%	-28.09%	-97.03%	-88.91%	-89.26%	-87.40%	-100.00%	-96.17%	-99.21%	-63.53%	0.00%	0.00%	0.00%	-21.01%
	FY 2019-20	-99.97%	-99.55%	-99.31%	180.75%	1066.57%	1283.54%	398.31%	0.00%	-100.00%	-100.00%	-40.40%	100.00%	100.00%	0.00%	-31.43%
	FY 2020-21	11.81%	16.35%	21.90%	12.50%	18.31%	65.29%	34.84%	0.00%	0.00%	0.00%	19.05%	14.71%	0.00%	0.00%	27.51%
	FY 2021-22	-37.75%	-25.98%	-28.93%	-36.35%	-24.68%	-22.76%	-20.33%	0.00%	0.00%	0.00%	-24.35%	-32.14%	-86.50%	0.00%	-25.43%
	FY 2022-23	-28.94%	-25.28%	-24.72%	-27.23%	-27.15%	-29.22%	-25.12%	0.00%	0.00%	0.00%	-27.51%	-25.91%	-3.32%	0.00%	-25.90%
	FY 2023-24	-14.08%	-7.48%	-21.78%	-41.36%	-4.25%	-17.95%	-4.56%	0.00%	0.00%	0.00%	19.40%	12.51%	4.00%	0.00%	-7.19%
	FY 2024-25	2.64%	-4.96%	-19.57%	-47.39%	-7.44%	-29.82%	-8.11%	0.00%	0.00%	0.00%	-7.43%	9.63%	232.30%	0.00%	-9.72%
	Estimated FY 2025-26	255.17%	255.21%	255.22%	255.22%	255.22%	255.22%	255.22%	0.00%	0.00%	0.00%	255.22%	255.22%	255.24%	0.00%	255.22%
	Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
	Estimated FY 2027-28	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Per Capita Cost																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2017-18	\$244.62	\$258.75	\$289.01	\$17.66	\$0.37	\$0.27	\$0.87	\$426.17	\$0.30	\$1.16	\$4.51	\$0.00	\$0.00	\$0.00	\$0.00
	FY 2018-19	\$200.30	\$196.86	\$204.46	\$0.48	\$0.04	\$0.03	\$0.12	\$0.00	\$0.01	\$0.01	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00
	FY 2019-20	\$0.07	\$0.87	\$1.46	\$1.13	\$0.53	\$0.30	\$0.60	\$0.00	\$0.00	\$0.99	\$2.24	\$2.01	\$0.00	\$0.00	\$0.00
	FY 2020-21	\$0.07	\$0.59	\$0.78	\$0.39	\$0.18	\$0.09	\$0.65	\$0.19	\$0.01	\$0.19	\$1.25	\$1.09	\$0.00	\$0.00	\$0.00
	FY 2021-22	\$0.04	\$0.51	\$1.27	\$0.56	\$0.41	\$0.38	\$0.42	\$0.00	\$0.00	\$0.00	\$0.93	\$1.34	\$0.00	\$0.00	\$0.00
	FY 2022-23	\$0.03	\$0.53	\$0.97	\$0.34	\$0.28	\$0.26	\$0.28	\$0.00	\$0.00	\$0.00	\$0.68	\$0.57	\$0.08	\$0.00	\$0.00
	FY 2023-24	\$0.04	\$0.63	\$0.48	\$0.44	\$0.36	\$0.34	\$0.39	\$0.00	\$0.00	\$0.00	\$0.86	\$0.50	\$0.40	\$0.00	\$0.00
	FY 2024-25	\$0.04	\$0.60	\$1.58	\$0.49	\$0.39	\$0.37	\$0.44	\$0.00	\$0.00	\$0.00	\$0.85	\$0.67	\$0.37	\$0.00	\$196.61
	Estimated FY 2025-26	\$0.13	\$2.15	\$5.43	\$1.62	\$1.39	\$1.28	\$1.52	\$0.00	\$0.00	\$0.00	\$3.00	\$2.30	\$1.34	\$0.00	\$171.16
	Estimated FY 2026-27	\$0.13	\$2.12	\$5.07	\$1.56	\$1.36	\$1.24	\$1.43	\$0.00	\$0.00	\$0.00	\$2.99	\$2.21	\$1.33	\$0.00	\$148.04
	Estimated FY 2027-28	\$0.12	\$2.10	\$4.74	\$1.51	\$1.33	\$1.20	\$1.43	\$0.00	\$0.00	\$0.00	\$2.98	\$2.12	\$1.32	\$0.00	\$148.04
Percent Change in Per Capita Cost																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2018-19	-18.12%	-23.92%	-29.26%	-97.28%	-89.19%	-88.89%	-86.21%	-100.00%	-96.67%	-99.14%	-64.08%	0.00%	0.00%	0.00%	0.00%
	FY 2019-20	-99.97%	-99.56%	-99.29%	135.42%	106.67%	156.67%	100.00%	0.00%	-38.89%	-100.00%	-38.89%	100.00%	100.00%	0.00%	0.00%
	FY 2020-21	0.00%	11.49%	21.92%	-16.81%	11.32%	10.00%	8.33%	0.00%	0.00%	0.00%	22.22%	-7.59%	-44.76%	0.00%	0.00%
	FY 2021-22	-42.86%	-16.80%	-28.65%	-40.43%	-30.51%	-30.51%	-35.38%	0.00%	0.00%	0.00%	-23.14%	-35.27%	-88.57%	0.00%	0.00%
	FY 2022-23	-25.00%	-25.35%	-23.62%	-39.29%	-31.31%	-33.33%	-33.33%	0.00%	0.00%	0.00%	-26.88%	-57.46%	-33.33%	0.00%	0.00%
	FY 2023-24	33.33%	16.98%	34.02%	-29.41%	28.57%	30.77%	39.29%	0.00%	0.00%	0.00%	26.47%	5.26%	25.00%	0.00%	0.00%
	FY 2024-25	21.23%	21.24%	11.38%	8.33%	8.85%	12.82%	12.82%	0.00%	0.00%	0.00%	11.11%	12.47%	20.00%	0.00%	100.00%
	Estimated FY 2025-26	225.00%	258.33%	243.67%	230.61%	256.41%	245.95%	245.45%	0.00%	0.00%	0.00%	252.94%	243.28%	262.16%	0.00%	-12.94%
	Estimated FY 2026-27	0.00%	-1.40%	-6.63%	-2.06%	-1.33%	-3.13%	-3.29%	0.00%	0.00%	0.00%	-0.33%	-3.91%	-0.75%	0.00%	-13.51%
	Estimated FY 2027-28	-7.69%	-0.94%	-6.51%	-3.21%	-2.21%	-3.23%	-2.72%	0.00%	0.00%	0.00%	-0.33%	-4.07%	-0.75%	0.00%	0.00%
FY 2025-26 Projection																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	Estimated FY 2025-26 Base Per Capita	\$0.13	\$2.15	\$5.43	\$1.62	\$1.39	\$1.28	\$1.52	\$0.00	\$0.00	\$0.00	\$3.00	\$2.30	\$1.34	\$0.00	\$171.16
	Estimated FY 2025-26 Expenditure	\$0,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	\$1,719	18,521	24,611	4,821	40,436	7,512
	Estimated FY 2025-26 Base Expenditure	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Estimated FY 2025-26 Total Expenditure	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Estimated FY 2025-26 Per Capita	\$0.13	\$2.15	\$5.43	\$1.62	\$1.39	\$1.28	\$1.52	\$0.00	\$0.00	\$0.00	\$3.00	\$2.30	\$1.34	\$0.00	\$171.16
	% Change over FY 2024-25 Per Capita	225.00%	258.33%	243.67%	230.61%	256.41%	245.95%	245.45%	0.00%	0.00%	0.00%	252.94%	243.28%	262.16%	0.00%	-12.94%
FY 2026-27 Projection																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	Estimated FY 2026-27 Base Per Capita	\$0.13	\$2.12	\$5.07	\$1.56	\$1.36	\$1.24	\$1.43	\$0.00	\$0.00	\$0.00	\$2.99	\$2.21	\$1.33	\$0.00	\$148.04
	Estimated FY 2026-27 Eligibles	51,312	12,222	64,321	29,833	141,482	45,589	348,885	110	392,429	56,106	18,557	25,667	4,865	43,072	8,685
	Estimated FY 2026-27 Base Expenditure	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Estimated FY 2026-27 Total Expenditure	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,727
	Estimated FY 2026-27 Per Capita	\$0.13	\$2.12	\$5.07	\$1.56	\$1.36	\$1.24	\$1.43	\$0.00	\$0.00	\$0.00	\$2.99	\$2.21	\$1.33	\$0.00	\$148.04
	% Change over FY 2025-26 Per Capita	0.00%	-1.40%	-6.63%	-2.06%	-1.33%	-3.13%	-3.29%	0.00%	0.00%	0.00%	-0.33%	-3.91%	-0.75%	0.00%	-13.51%
FY 2027-28 Projection																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2024-25 Projection	\$0.13	\$2.10	\$4.74	\$1.51	\$1.33	\$1.20	\$1.43	\$0.00	\$0.00	\$0.00	\$2.98	\$2.12	\$1.32	\$0.00	\$148.04
	Estimated FY 2027-28 Base Per Capita	\$0.12	\$2.08	\$4.69	\$1.51	\$1.33	\$1.20	\$1.43	\$0.00	\$0.00	\$0.00	\$2.98	\$2.12	\$1.32	\$0.00	\$148.04
	Estimated FY 2027-28 Eligibles	52,220	12,368	68,897	30,783	144,830	47,149	399,223	122	398,921	60,343	18,593	26,723	4,909	43,072	8,685
	Estimated FY 2027-28 Base Expenditure	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
	Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Estimated FY 2027-28 Total Expenditure	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0							

**Exhibit I - SERVICE MANAGEMENT
Summary**

Cash Based Actuals																		
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL	
	FY 2016-17	\$2,914,538	\$1,131,754	\$7,654,416	\$394,525	\$17,469,934	\$10,220,432	\$37,096,754	\$2,115	\$59,169,454	\$8,511,080	\$2,639,850	\$1,146,380	\$162,819	\$61	\$9,566	\$0	\$148,523,678
	FY 2017-18	\$3,718,887	\$1,287,216	\$8,162,944	\$764,936	\$20,808,430	\$7,201,612	\$36,969,970	\$15,390	\$54,334,599	\$7,446,617	\$3,146,443	\$893,378	\$190,728	\$321	\$0	\$144,941,471	
	FY 2018-19	\$5,976,019	\$1,610,944	\$9,376,506	\$1,176,416	\$23,985,873	\$8,973,111	\$43,550,316	\$20,310	\$59,414,184	\$8,506,771	\$3,121,813	\$1,575,582	\$292,882	\$383	\$0	\$167,580,760	
	FY 2019-20	\$7,227,245	\$2,036,339	\$11,368,847	\$1,641,058	\$27,385,988	\$10,147,138	\$51,274,240	\$24,477	\$72,099,580	\$9,605,383	\$3,886,210	\$1,794,421	\$335,828	\$226	\$0	\$198,864,960	
	FY 2020-21	\$6,995,355	\$2,011,261	\$10,713,853	\$2,401,305	\$26,613,270	\$13,662,557	\$57,517,184	\$25,453	\$73,509,448	\$10,923,886	\$3,587,278	\$1,984,626	\$516,773	\$1,458	\$0	\$210,444,157	
	FY 2021-22	\$6,930,892	\$2,031,491	\$10,558,967	\$2,475,157	\$28,282,579	\$16,615,132	\$69,449,153	\$23,750	\$79,732,303	\$11,994,398	\$4,464,076	\$2,096,951	\$2,628,610	\$873	\$0	\$234,284,332	
	FY 2022-23	\$7,373,490	\$2,099,474	\$10,684,825	\$3,038,109	\$31,874,897	\$17,484,336	\$85,954,654	\$24,320	\$87,121,141	\$13,422,453	\$5,324,813	\$2,105,903	\$3,689,500	\$639	\$0	\$262,488,495	
	FY 2023-24	\$8,583,547	\$2,390,724	\$12,070,829	\$4,129,349	\$33,691,044	\$28,717,434	\$26,862	\$87,960,671	\$12,849,152	\$14,142,036	\$89,123	\$1,028,676	\$6,203	\$0	\$0	\$257,395,939	
	FY 2024-25	\$4,668,626	\$1,305,447	\$6,053,069	\$5,306,176	\$27,104,809	\$8,970,634	\$61,994,377	\$25,738	\$77,948,931	\$9,839,327	\$1,966,745	\$92,414	\$2,301,597	\$6,949	\$0	\$209,784,822	
	Estimated FY 2025-26	\$9,205,518	\$2,407,443	\$13,117,237	\$6,040,139	\$29,366,425	\$9,250,819	\$80,667,199	\$24,193	\$86,647,953	\$11,400,003	\$4,407,791	\$5,518,194	\$2,230,138	\$1,731	\$0	\$248,696,464	
	Estimated FY 2026-27	\$9,547,460	\$2,390,892	\$13,877,952	\$6,287,248	\$29,592,555	\$9,472,849	\$80,663,068	\$25,897	\$82,903,183	\$11,793,727	\$4,170,514	\$5,670,049	\$2,584,522	\$0	\$0	\$248,380,317	
	Estimated FY 2027-28	\$9,696,151	\$2,421,860	\$14,934,331	\$6,500,683	\$30,339,228	\$9,818,746	\$72,277,679	\$28,942	\$83,639,569	\$12,640,615	\$4,146,105	\$5,900,837	\$2,994,299	\$0	\$0	\$254,939,043	
Percent Change in Cash Based Actuals																		
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL	
	FY 2017-18	27.60%	13.74%	6.44%	93.89%	19.11%	-29.54%	-0.34%	627.66%	-8.17%	-12.51%	19.19%	-22.07%	17.14%	426.23%	-100.00%	0.00%	-2.41%
	FY 2018-19	60.69%	25.12%	14.87%	53.79%	15.27%	24.60%	17.80%	31.97%	9.35%	14.24%	-0.78%	5.66%	19.31%	0.00%	0.00%	15.62%	
	FY 2019-20	21.94%	26.45%	21.25%	41.20%	14.75%	13.09%	17.74%	20.52%	21.28%	12.91%	24.49%	13.89%	14.66%	-40.99%	0.00%	0.00%	18.67%
	FY 2020-21	-4.55%	-1.24%	-5.76%	46.56%	2.74%	34.64%	12.18%	3.99%	2.01%	13.73%	-7.68%	10.60%	53.88%	545.13%	0.00%	0.00%	5.82%
	FY 2021-22	-0.35%	1.01%	-1.45%	3.08%	6.19%	21.61%	20.75%	-6.69%	8.47%	9.90%	-3.45%	5.66%	21.64%	-40.12%	0.00%	0.00%	11.33%
	FY 2022-23	6.39%	3.35%	1.19%	22.34%	12.70%	19.45%	2.40%	9.27%	11.91%	1.75%	0.41%	35.35%	322.22%	0.00%	0.00%	12.12%	
	FY 2023-24	16.41%	13.87%	12.97%	36.27%	0.38%	21.61%	-5.11%	10.45%	0.96%	-4.27%	17.51%	-95.77%	5.34%	68.99%	0.00%	0.00%	-2.01%
	FY 2024-25	-45.61%	-45.40%	-49.85%	-28.95%	-14.47%	-34.58%	-21.24%	-4.18%	-11.38%	-23.42%	-4.23%	3.69%	141.18%	12.03%	0.00%	0.00%	-18.50%
	Estimated FY 2025-26	104.35%	84.43%	116.70%	13.96%	8.34%	3.12%	10.76%	-1.06%	11.16%	16.57%	11.12%	3871.75%	-10.85%	82.79%	0.00%	0.00%	18.55%
	Estimated FY 2026-27	0.07%	-0.69%	5.80%	3.97%	0.77%	2.40%	2.03%	7.04%	4.32%	2.82%	-5.5%	1.53%	15.89%	-100.00%	0.00%	0.00%	-1.13%
	Estimated FY 2027-28	1.56%	1.30%	7.61%	3.39%	2.92%	3.65%	3.16%	11.76%	0.89%	7.18%	-0.59%	4.07%	0.38%	0.00%	0.00%	2.64%	
Per Capita Cost																		
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL	
	FY 2016-17	\$66.33	\$100.68	\$113.20	\$63.11	\$108.23	\$101.13	\$106.05	\$9.00	\$126.08	\$131.13	\$129.98	\$84.50	\$82.73	\$0.02	\$0.28	\$0.00	\$110.34
	FY 2017-18	\$81.01	\$109.11	\$120.88	\$93.57	\$115.70	\$96.52	\$104.85	\$99.29	\$123.83	\$115.73	\$146.53	\$88.23	\$85.57	\$0.11	\$0.00	\$0.00	\$110.20
	FY 2018-19	\$125.31	\$126.61	\$136.80	\$136.90	\$136.42	\$141.17	\$131.76	\$146.39	\$141.38	\$143.10	\$129.19	\$127.74	\$0.34	\$0.00	\$0.00	\$132.86	
	FY 2019-20	\$153.25	\$156.31	\$170.88	\$155.60	\$166.50	\$170.35	\$158.77	\$178.66	\$176.81	\$171.76	\$182.28	\$155.40	\$152.03	\$0.09	\$0.00	\$0.00	\$161.11
	FY 2020-21	\$144.65	\$148.53	\$161.87	\$147.37	\$153.82	\$154.50	\$142.78	\$163.12	\$163.45	\$172.97	\$145.83	\$143.19	\$0.21	\$0.00	\$0.00	\$149.79	
	FY 2021-22	\$140.16	\$147.38	\$160.09	\$160.47	\$149.23	\$146.26	\$145.26	\$181.30	\$164.56	\$165.23	\$170.35	\$147.11	\$144.21	\$0.06	\$0.00	\$0.00	\$150.03
	FY 2022-23	\$156.08	\$151.61	\$164.55	\$164.12	\$160.57	\$167.12	\$156.42	\$182.86	\$172.50	\$174.40	\$175.63	\$154.76	\$154.88	\$0.14	\$0.00	\$0.00	\$152.76
	FY 2023-24	\$180.02	\$188.36	\$204.60	\$203.15	\$196.58	\$200.27	\$191.97	\$225.73	\$213.24	\$219.64	\$217.05	\$181.65	\$181.65	\$0.19	\$0.00	\$0.00	\$185.15
	FY 2024-25	\$93.74	\$106.72	\$104.39	\$200.47	\$195.98	\$209.82	\$189.65	\$222.81	\$212.22	\$215.90	\$214.71	\$151.91	\$151.99	\$0.19	\$0.00	\$0.00	\$173.69
	Estimated FY 2025-26	\$189.43	\$199.36	\$216.47	\$211.53	\$212.39	\$212.39	\$202.83	\$246.87	\$225.18	\$221.78	\$237.99	\$224.22	\$240.39	\$0.03	\$0.00	\$0.00	\$192.31
	Estimated FY 2026-27	\$186.07	\$199.62	\$210.75	\$209.16	\$207.76	\$207.76	\$207.61	\$241.26	\$211.26	\$210.20	\$224.76	\$220.91	\$239.94	\$0.00	\$0.00	\$0.00	\$190.94
	Estimated FY 2027-28	\$185.54	\$195.82	\$216.76	\$211.18	\$209.48	\$208.25	\$201.21	\$237.23	\$209.66	\$209.48	\$222.99	\$220.81	\$238.48	\$0.00	\$0.00	\$0.00	\$190.80
Percent Change in Per Capita Cost																		
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL	
	FY 2017-18	22.13%	8.37%	6.78%	48.26%	6.90%	-4.56%	-1.69%	1003.22%	-1.78%	-11.74%	12.73%	4.41%	3.43%	450.00%	-100.00%	0.00%	-0.13%
	FY 2018-19	54.70%	16.04%	13.01%	46.26%	17.91%	23.80%	25.67%	41.29%	26.26%	41.29%	24.49%	46.42%	27.27%	0.00%	0.00%	0.00%	20.56%
	FY 2019-20	22.29%	23.46%	25.09%	18.87%	22.05%	20.81%	20.50%	27.26%	25.06%	19.89%	27.38%	20.29%	19.02%	-35.71%	0.00%	0.00%	22.77%
	FY 2020-21	-5.93%	-4.98%	-5.27%	7.56%	7.62%	6.81%	-10.07%	-2.50%	-2.80%	-4.64%	-6.16%	-5.11%	-5.81%	133.33%	0.00%	0.00%	-8.17%
	FY 2021-22	-0.77%	-1.07%	-1.10%	-4.12%	-2.98%	5.02%	1.74%	0.95%	1.09%	-1.51%	0.88%	-0.71%	-71.43%	0.00%	0.00%	0.16%	
	FY 2022-23	3.86%	2.87%	2.79%	2.77%	7.60%	3.00%	7.68%	0.86%	4.82%	5.55%	3.10%	-42.38%	7.40%	133.33%	0.00%	0.00%	1.82%
	FY 2023-24	23.13%	24.24%	24.34%	23.78%	22.43%	24.02%	24.01%	23.44%	23.44%	23.38%	24.62%	25.41%	35.71%	17.28%	0.00%	0.00%	21.20%
	FY 2024-25	-47.93%	-43.34%	-48.98%	-1.32%	-0.31%	1.23%	-2.33%	-0.85%	-1.70%	-1.08%	-5.39%	182.96%	0.00%	0.00%	0.00%	-6.19%	
	Estimated FY 2025-26	102.08%	86.81%	109.28%	5.52%	8.48%	0.14%	6.95%	10.30%	6.11%	2.72%	10.84%	\$634.53%	-10.00%	-84.21%	0.00%	0.00%	13.60%
	Estimated FY 2026-27	-1.77%	-1.08%	-1.24%	-0.37%	1.61%	-1.03%	-0.99%	-6.63%	-6.18%	-5.22%	-5.56%	-1.48%	-14.84%	-100.00%	0.00%	0.00%	-3.23%
	Estimated FY 2027-28	-0.28%	0.10%	0.46%	0.20%	0.15%	0.22%	0.19%	-0.76%	-0.76%	-0.76%	-0.76%	-0.09%	-0.52%	0.00%	0.00%	0.00%	-0.07%
Current Year Projection																		
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL	
Estimated Expenditure for RAEs in the ACC	\$7,308,494	\$1,834,439	\$10,105,952	\$4,686,195	\$22,459,827	\$7,117,422	\$52,873,964	\$18,480	\$66,863,272	\$8,983,48								

**Exhibit I - SERVICE MANAGEMENT
Summary**

Cash Based Actuals by Provider			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2018-19	\$167,280,766	\$0	\$167,280,766
FY 2019-20	\$195,864,960	\$0	\$195,864,960
FY 2020-21	\$210,444,157	\$0	\$210,444,157
FY 2021-22	\$234,284,332	\$0	\$234,284,332
FY 2022-23	\$262,688,449	\$0	\$262,688,449
FY 2023-24	\$257,395,939	\$0	\$257,395,939
FY 2024-25	\$209,784,822	\$0	\$209,784,822
Estimated FY 2025-26	\$248,696,464	\$0	\$248,696,464
Estimated FY 2026-27	\$248,380,317	\$0	\$248,380,317
Estimated FY 2027-28	\$254,939,043	\$0	\$254,939,043
Percent Change in Cash Based Actuals			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2019-20	16.67%	0.00%	16.67%
FY 2020-21	5.82%	0.00%	5.82%
FY 2021-22	11.33%	0.00%	11.33%
FY 2022-23	12.12%	0.00%	12.12%
FY 2023-24	-2.01%	0.00%	-2.01%
Estimated FY 2025-26	-3.38%	0.00%	-3.38%
Estimated FY 2026-27	-0.13%	0.00%	-0.13%
Estimated FY 2027-28	2.64%	0.00%	2.64%
Accountable Care Collaborative Enrollment ⁽¹⁾			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL ⁽²⁾
FY 2019-20	937,822	-	937,822
FY 2020-21	951,521	-	951,521
FY 2021-22	1,084,955	-	1,084,955
FY 2022-23	1,038,106	-	1,038,106
FY 2023-24	1,212,332	-	1,212,332
FY 2024-25	1,348,844	-	1,348,844
Estimated FY 2025-26	1,384,893	-	1,384,893
Estimated FY 2026-27	1,236,602	-	1,236,602
Estimated FY 2027-28	1,276,848	-	1,276,848
Annual Percent Change in Enrollment			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL ⁽²⁾
FY 2020-21	1.46%	0.00%	1.46%
FY 2021-22	14.02%	0.00%	14.02%
FY 2022-23	-4.32%	0.00%	-4.32%
FY 2023-24	16.78%	0.00%	16.78%
Estimated FY 2025-26	14.23%	0.00%	14.23%
Estimated FY 2026-27	-10.71%	0.00%	-10.71%
Estimated FY 2027-28	3.25%	0.00%	3.25%
Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2019-20	\$178.69	\$0.00	\$178.69
FY 2020-21	\$209.00	\$0.00	\$209.00
FY 2021-22	\$193.97	\$0.00	\$193.97
FY 2022-23	\$225.68	\$0.00	\$225.68
FY 2023-24	\$212.31	\$0.00	\$212.31
Estimated FY 2025-26	\$179.58	\$0.00	\$179.58
Estimated FY 2026-27	\$200.86	\$0.00	\$200.86
Estimated FY 2027-28	\$199.66	\$0.00	\$199.66
Percent Change in Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2020-21	16.96%	0.00%	16.96%
FY 2021-22	-7.19%	0.00%	-7.19%
FY 2022-23	16.35%	0.00%	16.35%
FY 2023-24	-5.92%	0.00%	-5.92%
Estimated FY 2025-26	-15.42%	0.00%	-15.42%
Estimated FY 2026-27	11.85%	0.00%	11.85%
Estimated FY 2027-28	-0.60%	0.00%	-0.60%

Exhibit I - SERVICE MANAGEMENT
Summary

Current Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2025-26 Enrollment	1,384,893	N/A	1,384,893
FY 2025-26 PMPM Administration Fee	\$11.52	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2025-26 Base Expenditure	\$191,402,226	\$0	\$191,402,226
ACC Phase II Incentive Payments	\$43,806,868	\$0	\$43,806,868
ACC Phase III Incentive Payments	\$13,055,757	\$0	\$13,055,757
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$57,294,238	\$0	\$57,294,238
Estimated FY 2025-26 Total Expenditure	\$248,696,464	\$0	\$248,696,464
Estimated FY 2025-26 Cost Per Enrollee	\$179.58	\$0.00	\$179.58
% Change over FY 2023-24 Cost Per Enrollee	-15.42%	0.00%	-15.42%
Request Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2026-27 Enrollment	1,236,602	N/A	1,236,602
FY 2026-27 PMPM Administration Fee	\$12.95	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2026-27 Base Expenditure	\$192,152,783	\$0	\$192,152,783
ACC Phase II Incentive Payments	\$0	\$0	\$0
ACC Phase III Incentive Payments	\$55,795,921	\$0	\$55,795,921
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$56,227,534	\$0	\$56,227,534
Estimated FY 2026-27 Total Expenditure	\$248,380,317	\$0	\$248,380,317
Estimated FY 2026-27 Cost Per Enrollee	\$200.86	\$0.00	\$200.86
% Change over FY 2025-26 Cost Per Enrollee	11.85%	0.00%	11.85%
Out Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2027-28 Enrollment	1,276,848	N/A	1,276,848
FY 2027-28 PMPM Administration Fee	\$12.89	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2027-28 Base Expenditure	\$197,550,173	\$0	\$197,550,173
ACC Phase II Incentive Payments	\$0	\$0	\$0
ACC Phase III Incentive Payments	\$56,957,257	\$0	\$56,957,257
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$57,388,870	\$0	\$57,388,870
Estimated FY 2027-28 Total Expenditure	\$254,939,043	\$0	\$254,939,043
Estimated FY 2027-28 Cost Per Enrollee	\$199.86	\$0.00	\$199.86
% Change over FY 2026-27 Cost Per Enrollee	-0.60%	0.00%	-0.60%
Footnotes:			
(1) Estimates for enrollment are based on the Department's implementation plan. SDAC is paid on a fixed-price contract and is not a function of enrollment.			

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Cash Funded Expansion Populations							
Source of Funding							
FY 2025-26 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	42,754	\$232,891,676	\$0	\$24,142,525	\$0	\$208,749,151	89.63%
Buy-in for Individuals with Disabilities	26,469	\$319,481,255	\$0	\$156,410,246	\$6,660,761	\$156,410,248	48.96%
MAGI Adults	322,660	\$2,259,935,551	\$0	\$249,963,525	\$0	\$2,009,972,026	88.94%
Non-Newly Eligibles	4,224	\$105,075,040	\$0	\$21,261,120	\$0	\$83,813,920	79.77%
MAGI Parents/Caretakers 60% to 68% FPL	4,769	\$20,115,553	\$0	\$10,057,775	\$0	\$10,057,778	50.00%
Continuous Eligibility for Children	18,927	\$41,694,775	\$0	\$20,847,386	\$0	\$20,847,389	50.00%
Non-Citizen Emergency Services with and ACA Match	40,436	\$56,038,451	\$0	\$6,049,794	\$0	\$49,988,657	89.20%
Subtotal		\$3,035,232,301	\$0	\$488,732,371	\$6,660,761	\$2,539,839,169	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$959,800,000	\$0	\$355,126,000	\$0	\$604,674,000	63.00%
Outpatient Hospital Rates		\$652,100,000	\$0	\$241,277,000	\$0	\$410,823,000	63.00%
Essential Access Payment		\$26,400,000	\$0	\$9,768,000	\$0	\$16,632,000	63.00%
Hospital Quality Incentive Payment		\$126,000,000	\$0	\$46,620,000	\$0	\$79,380,000	63.00%
Subtotal		\$1,764,300,000	\$0	\$652,791,000	\$0	\$1,111,509,000	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$125,250,000	\$0	\$46,342,500	\$0	\$78,907,500	63.00%
Outpatient Hospital SDP		\$264,300,000	\$0	\$97,791,000	\$0	\$166,509,000	63.00%
Subtotal		\$389,550,000	\$0	\$144,133,500	\$0	\$245,416,500	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$5,189,082,301	(\$15,700,000)	\$1,301,356,871	\$6,660,761	\$3,896,764,669	
FY 2026-27 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	44,029	\$249,706,540	\$0	\$26,452,499	\$0	\$223,254,041	89.41%
Buy-in for Individuals with Disabilities	28,587	\$352,612,740	\$0	\$172,975,988	\$6,660,761	\$172,975,991	49.06%
MAGI Adults	334,417	\$2,412,436,188	\$0	\$248,660,025	\$0	\$2,163,776,163	89.69%
Non-Newly Eligibles	4,130	\$104,526,845	\$0	\$21,099,542	\$0	\$83,427,303	79.81%
MAGI Parents/Caretakers 60% to 68% FPL	4,725	\$20,403,227	\$0	\$10,201,612	\$0	\$10,201,615	50.00%
Continuous Eligibility for Children	18,927	\$41,651,395	\$0	\$20,825,696	\$0	\$20,825,699	50.00%
Non-Citizen Emergency Services with and ACA Match	43,072	\$14,009,613	\$0	\$1,400,962	\$0	\$12,608,651	90.00%
Subtotal		\$3,195,346,548	\$0	\$501,616,324	\$6,660,761	\$2,687,069,463	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$952,800,000	\$0	\$352,536,000	\$0	\$600,264,000	63.00%
Outpatient Hospital Rates		\$694,500,000	\$0	\$256,965,000	\$0	\$437,535,000	63.00%
Essential Access Payment		\$25,200,000	\$0	\$9,324,000	\$0	\$15,876,000	63.00%
Hospital Quality Incentive Payment		\$126,900,000	\$0	\$46,953,000	\$0	\$79,947,000	63.00%
Subtotal		\$1,799,400,000	\$0	\$665,778,000	\$0	\$1,133,622,000	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$313,350,000	\$0	\$115,939,500	\$0	\$197,410,500	63.00%
Outpatient Hospital SDP		\$661,200,000	\$0	\$244,644,000	\$0	\$416,556,000	63.00%
Subtotal		\$974,550,000	\$0	\$360,583,500	\$0	\$613,966,500	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$5,969,296,548	(\$15,700,000)	\$1,543,677,824	\$6,660,761	\$4,434,657,963	
FY 2027-28 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	45,589	\$269,496,411	\$0	\$28,544,404	\$0	\$240,952,007	89.41%
Buy-in for Individuals with Disabilities	29,833	\$377,329,850	\$0	\$185,334,543	\$6,660,761	\$185,334,546	49.12%
MAGI Adults	344,755	\$2,579,941,578	\$0	\$265,767,814	\$0	\$2,314,173,764	89.70%
Non-Newly Eligibles	4,130	\$106,508,618	\$0	\$21,495,757	\$0	\$85,012,861	79.82%
MAGI Parents/Caretakers 60% to 68% FPL	4,925	\$21,786,543	\$0	\$10,893,271	\$0	\$10,893,272	50.00%
Continuous Eligibility for Children	18,927	\$41,651,152	\$0	\$20,825,574	\$0	\$20,825,578	50.00%
Subtotal		\$3,396,714,152	\$0	\$532,861,363	\$6,660,761	\$2,857,192,028	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$971,856,000	\$0	\$359,586,720	\$0	\$612,269,280	63.00%
Outpatient Hospital Rates		\$708,390,000	\$0	\$262,104,300	\$0	\$446,285,700	63.00%
Essential Access Payment		\$25,704,000	\$0	\$9,510,480	\$0	\$16,193,520	63.00%
Hospital Quality Incentive Payment		\$129,438,000	\$0	\$47,892,060	\$0	\$81,545,940	63.00%
Subtotal		\$1,835,388,000	\$0	\$679,093,560	\$0	\$1,156,294,440	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$319,617,000	\$0	\$118,258,290	\$0	\$201,358,710	63.00%
Outpatient Hospital SDP		\$674,424,000	\$0	\$249,536,880	\$0	\$424,887,120	63.00%
Subtotal		\$994,041,000	\$0	\$367,795,170	\$0	\$626,245,830	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$6,226,143,152	(\$15,700,000)	\$1,595,450,093	\$6,660,761	\$4,639,732,298	

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2025-26							
MAGI Parents/Caretakers 69% to 133% FPL ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,188.89	\$221,845,728	\$0	\$22,184,573	\$0	\$199,661,155
Community-Based Long-Term Care		\$40.89	\$1,748,395	\$0	\$174,839	\$0	\$1,573,556
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.09	\$46,734	\$0	\$4,673	\$0	\$42,061
Service Management		\$166.47	\$7,117,422	\$0	\$711,742	\$0	\$6,405,680
ACC Incentive		\$49.90	\$2,133,397	\$0	\$1,066,698	\$0	\$1,066,699
Total	42,754	\$5,447.24	\$232,891,676	\$0	\$24,142,525	\$0	\$208,749,151
Buy-in for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,567.18	\$226,764,587	\$0	\$111,018,423	\$4,727,741	\$111,018,423
Community-Based Long-Term Care		\$3,269.86	\$86,549,922	\$0	\$42,372,735	\$1,804,451	\$42,372,736
Long-Term Care		\$4.52	\$119,607	\$0	\$58,556	\$2,494	\$58,557
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$177.04	\$4,686,195	\$0	\$2,294,247	\$97,701	\$2,294,247
ACC Incentive		\$51.42	\$1,360,944	\$0	\$666,285	\$28,374	\$666,285
Total	26,469	\$12,070.02	\$319,481,255	\$0	\$156,410,246	\$6,660,761	\$156,410,248
MAGI Adults ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$6,739.62	\$2,174,606,869	\$0	\$234,766,027	\$0	\$1,939,840,842
Community-Based Long-Term Care		\$47.69	\$15,387,394	\$0	\$1,686,458	\$0	\$13,700,936
Long-Term Care		\$15.45	\$4,984,373	\$0	\$546,287	\$0	\$4,438,086
Insurance		\$0.12	\$39,938	\$0	\$4,377	\$0	\$35,561
Service Management		\$154.79	\$49,943,934	\$0	\$5,473,855	\$0	\$44,470,079
ACC Incentive		\$46.41	\$14,973,043	\$0	\$7,486,521	\$0	\$7,486,522
Total	322,660	\$7,004.08	\$2,259,935,551	\$0	\$249,963,525	\$0	\$2,009,972,026
Non-Citizen Emergency Services with and ACA Match							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$1,385.86	\$56,038,451	\$0	\$6,049,794	\$0	\$49,988,657
Community-Based Long-Term Care	-	-	-	\$0	\$0	\$0	\$0
Long-Term Care	-	-	-	\$0	\$0	\$0	\$0
Insurance	-	-	-	\$0	\$0	\$0	\$0
Service Management	-	-	-	\$0	\$0	\$0	\$0
ACC Incentive	-	-	-	\$0	\$0	\$0	\$0
Total	40,436	\$173.68	\$56,038,451	\$0	\$6,049,794	\$0	\$49,988,657
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$23,798	\$100,521,645	\$0	\$20,104,329	\$0	\$80,417,316
Community-Based Long-Term Care	-	\$137	\$577,269	\$0	\$115,454	\$0	\$461,815
Long-Term Care	-	\$53	\$223,601	\$0	\$44,720	\$0	\$178,881
Insurance	-	\$1	\$2,123	\$0	\$425	\$0	\$1,698
Service Management	-	\$694	\$2,930,030	\$0	\$586,006	\$0	\$2,344,024
ACC Incentive	-	\$194	\$820,372	\$0	\$410,186	\$0	\$410,186
Total	4,224	\$24,681	\$105,075,040	\$0	\$21,261,120	\$0	\$83,813,920
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,940.94	\$18,794,146.00	\$0	\$9,397,073	\$0	\$9,397,073
Community-Based Long-Term Care	-	\$9.93	\$47,369	\$0	\$23,684	\$0	\$23,685
Long-Term Care	-	\$35.06	\$167,218	\$0	\$83,609	\$0	\$83,609
Insurance	-	\$41.50	\$197,907	\$0	\$98,953	\$0	\$98,954
Service Management	-	\$149.68	\$713,815	\$0	\$356,907	\$0	\$356,908
ACC Incentive	-	\$40.91	\$195,098	\$0	\$97,549	\$0	\$97,549
Total	4,769	\$4,135.62	\$20,115,553	\$0	\$10,057,775	\$0	\$10,057,778
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,908.38	\$36,119,891	\$0	\$18,059,945	\$0	\$18,059,946
Community-Based Long-Term Care	-	\$152.79	\$2,891,940	\$0	\$1,445,970	\$0	\$1,445,970
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.26	\$4,982	\$0	\$2,491	\$0	\$2,491
Service Management	-	\$111.43	\$2,109,037	\$0	\$1,054,518	\$0	\$1,054,519
ACC Incentive	-	\$30.06	\$568,925	\$0	\$284,462	\$0	\$284,463
Total	18,927	\$2,172.60	\$41,694,775	\$0	\$20,847,386	\$0	\$20,847,389
FY 2025-26 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	419,803	\$7,230.14	\$3,035,232,301	\$0	\$488,732,371	\$6,660,761	\$2,539,839,169

(1) The matching federal funds for this population decreased to 90% on January 1, 2020 in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2026-27							
MAGI Parents/Caretakers 69% to 133% FPL⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,410.9	\$238,235,295	\$0	\$23,823,529	\$0	\$214,411,766
Community-Based Long-Term Care		\$44.33	\$1,951,662	\$0	\$835,713	\$0	\$1,115,949
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.06	\$46,734	\$0	\$4,673	\$0	\$42,061
Service Management		\$167.38	\$7,369,600	\$0	\$736,960	\$0	\$6,632,640
ACC Incentive		\$47.77	\$2,103,249	\$0	\$1,051,624	\$0	\$1,051,625
Total	44,029	\$5,671.41	\$249,706,540	\$0	\$26,452,499	\$0	\$223,254,041
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,883.43	\$253,950,687	\$0	\$124,576,813	\$4,797,061	\$124,576,813
Community-Based Long-Term Care		\$3,226.99	\$92,249,956	\$0	\$45,253,689	\$1,742,577	\$45,253,690
Long-Term Care		\$4.37	\$124,849	\$0	\$61,245	\$2,358	\$61,246
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$171.07	\$4,890,428	\$0	\$2,399,024	\$92,379	\$2,399,025
ACC Incentive		\$48.86	\$1,396,820	\$0	\$685,217	\$26,386	\$685,217
Total	28,587	\$12,334.72	\$352,612,740	\$0	\$172,975,988	\$6,660,761	\$172,975,991
MAGI Adults⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$6,949.42	\$2,324,005,003	\$0	\$232,400,500	\$0	\$2,091,604,503
Community-Based Long-Term Care		\$49.10	\$16,418,566	\$0	\$3,087,351	\$0	\$13,331,215
Long-Term Care		\$15.65	\$5,234,827	\$0	\$523,483	\$0	\$4,711,344
Insurance		\$0.12	\$40,217	\$0	\$4,022	\$0	\$36,195
Service Management		\$154.93	\$51,810,294	\$0	\$5,181,029	\$0	\$46,629,265
ACC Incentive		\$44.64	\$14,927,281	\$0	\$7,463,640	\$0	\$7,463,641
Total	334,417	\$7,213.86	\$2,412,436,188	\$0	\$248,660,025	\$0	\$2,163,776,163
Non-Citizen Emergency Services with and ACA Match							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$325.26	\$14,009,613	\$0	\$1,400,962	\$0	\$12,608,651
Community-Based Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0	\$0
ACC Incentive		\$0.00	\$0	\$0	\$0	\$0	\$0
Total	43,072	\$325.26	\$14,009,613	\$0	\$1,400,962	\$0	\$12,608,651
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,332.40	\$100,492,794	\$0	\$20,098,559	\$0	\$80,394,235
Community-Based Long-Term Care	-	\$122.35	\$505,305	\$0	\$101,061	\$0	\$404,244
Long-Term Care	-	\$48.77	\$201,409	\$0	\$40,382	\$0	\$161,027
Insurance	-	\$0.45	\$1,844	\$0	\$369	\$0	\$1,475
Service Management	-	\$648.49	\$2,678,251	\$0	\$535,650	\$0	\$2,142,601
ACC Incentive	-	\$156.72	\$647,242	\$0	\$323,621	\$0	\$323,621
Total	4,130	\$25,152.00	\$104,526,845	\$0	\$21,099,542	\$0	\$83,427,303
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$4,081.39	\$19,284,583	\$0	\$9,642,291	\$0	\$9,642,292
Community-Based Long-Term Care	-	\$9.23	\$43,625	\$0	\$21,812	\$0	\$21,813
Long-Term Care	-	\$1.97	\$9,310	\$0	\$4,655	\$0	\$4,655
Insurance	-	\$43.38	\$204,947	\$0	\$102,473	\$0	\$102,474
Service Management	-	\$145.40	\$687,034	\$0	\$343,517	\$0	\$343,517
ACC Incentive	-	\$36.77	\$173,728	\$0	\$86,864	\$0	\$86,864
Total	4,725	\$4,238.00	\$20,403,227	\$0	\$10,201,612	\$0	\$10,201,615
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,923.96	\$36,414,709	\$0	\$18,207,354	\$0	\$18,207,355
Community-Based Long-Term Care	-	\$139.15	\$2,633,610	\$0	\$1,316,805	\$0	\$1,316,805
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.25	\$4,799	\$0	\$2,399	\$0	\$2,400
Service Management	-	\$109.50	\$2,072,549	\$0	\$1,036,274	\$0	\$1,036,275
ACC Incentive	-	\$27.78	\$525,728	\$0	\$262,864	\$0	\$262,864
Total	18,927	\$2,172.60	\$41,651,395	\$0	\$20,825,696	\$0	\$20,825,699
FY 2026-27 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	434,815	\$7,316.53	\$3,181,336,935	\$0	\$500,215,362	\$6,660,761	\$2,674,460,812

(1) The matching federal funds for this population decreased to 90% on January 1, 2020 in accordance with the Affordable Care Act.

(2) Figures may not sum due to rounding.

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2027-28							
MAGI Parents/Caretakers 69% to 133% FPL⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,647.18	\$257,449,444	\$0	\$25,744,944	\$0	\$231,704,500
Community-Based Long-Term Care		\$47.85	\$2,181,487	\$0	\$934,126	\$0	\$1,247,361
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.03	\$46,734	\$0	\$4,673	\$0	\$42,061
Service Management		\$167.18	\$7,621,779	\$0	\$762,178	\$0	\$6,859,601
ACC Incentive		\$48.19	\$2,196,967	\$0	\$1,098,483	\$0	\$1,098,484
Total	45,589	\$5,911.44	\$269,496,411	\$0	\$28,544,404	\$0	\$240,952,007
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,867.26	\$264,536,821	\$0	\$129,933,561	\$4,669,699	\$129,933,561
Community-Based Long-Term Care		\$3,558.51	\$106,160,978	\$0	\$52,143,493	\$1,873,991	\$52,143,494
Long-Term Care		\$4.40	\$131,368	\$0	\$64,524	\$2,319	\$64,525
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$169.14	\$5,046,034	\$0	\$2,478,480	\$89,074	\$2,478,480
ACC Incentive		\$48.76	\$1,454,649	\$0	\$714,485	\$25,678	\$714,486
Total	29,833	\$12,648.07	\$377,329,850	\$0	\$185,334,543	\$6,660,761	\$185,334,546
MAGI Adults⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$7,215.63	\$2,487,625,919	\$0	\$248,762,592	\$0	\$2,238,863,327
Community-Based Long-Term Care		\$51.48	\$17,748,119	\$0	\$3,337,360	\$0	\$14,410,759
Long-Term Care		\$16.06	\$5,535,203	\$0	\$553,520	\$0	\$4,981,683
Insurance		\$0.12	\$40,384	\$0	\$4,038	\$0	\$36,346
Service Management		\$155.08	\$53,464,180	\$0	\$5,346,418	\$0	\$48,117,762
ACC Incentive		\$45.04	\$15,527,773	\$0	\$7,763,886	\$0	\$7,763,887
Total	344,755	\$7,483.41	\$2,579,941,578	\$0	\$265,767,814	\$0	\$2,314,173,764
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,828.95	\$102,543,582	\$0	\$20,508,716	\$0	\$82,034,866
Community-Based Long-Term Care	-	\$119.31	\$492,759	\$0	\$98,552	\$0	\$394,207
Long-Term Care	-	\$44.76	\$184,874	\$0	\$36,975	\$0	\$147,899
Insurance	-	\$0.41	\$1,677	\$0	\$335	\$0	\$1,342
Service Management	-	\$638.97	\$2,638,945	\$0	\$527,789	\$0	\$2,111,156
ACC Incentive	-	\$156.61	\$646,781	\$0	\$323,390	\$0	\$323,391
Total	4,130	\$25,632.00	\$106,508,618	\$0	\$21,495,757	\$0	\$85,012,861
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$4,189.01	\$20,630,870	\$0	\$10,315,435	\$0	\$10,315,435
Community-Based Long-Term Care	-	\$9.12	\$44,938	\$0	\$22,469	\$0	\$22,469
Long-Term Care	-	\$1.88	\$9,329	\$0	\$4,634	\$0	\$4,635
Insurance	-	\$44.84	\$220,848	\$0	\$110,424	\$0	\$110,424
Service Management	-	\$142.98	\$704,198	\$0	\$352,099	\$0	\$352,099
ACC Incentive	-	\$35.82	\$176,420	\$0	\$88,210	\$0	\$88,210
Total	4,925	\$4,343.00	\$21,786,543	\$0	\$10,893,271	\$0	\$10,893,272
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,933.02	\$36,586,221	\$0	\$18,293,110	\$0	\$18,293,111
Community-Based Long-Term Care	-	\$130.04	\$2,461,361	\$0	\$1,230,680	\$0	\$1,230,681
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.24	\$4,637	\$0	\$2,318	\$0	\$2,319
Service Management	-	\$109.54	\$2,073,285	\$0	\$1,036,642	\$0	\$1,036,643
ACC Incentive	-	\$27.77	\$525,648	\$0	\$262,824	\$0	\$262,824
Total	18,927	\$2,172.60	\$41,651,152	\$0	\$20,825,574	\$0	\$20,825,578
FY 2027-28 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	448,159	\$7,579.26	\$3,396,714,152	\$0	\$532,861,363	\$6,660,761	\$2,857,192,028
(1) The matching federal funds for this population decreased to 90% on January 1, 2020 in accordance with the Affordable Care Act.							
(2) Figures may not sum due to rounding.							

Population-Based FMAPs		
FY 2025-26:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A2
65.00%	Clients in the BCCP Program	Please see Exhibit A2
90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
89.40%	MAGI Adults	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%
FY 2026-27:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A3
65.00%	Clients in the BCCP Program	Please see Exhibit A3
90.00%	MAGI Parents/Caretakers 69% to 133% FPL	Please see Exhibit J
89.40%	MAGI Adult	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%
FY 2027-28:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A4
65.00%	Clients in the BCCP Program	Please see Exhibit A4
90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
89.40%	MAGI Adults	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%

Exhibit J - Healthcare Affordability and Sustainability Fee Cash Funded Populations and Supplemental Payments

Service-Based FMAPs		
FY 2025-26:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A2
51.00%	ACA Preventative Services	Please see Exhibit A2
90.00%	Family Planning Services	Please see Exhibit A2
100.00%	Indian Health Services	Please see Exhibit A2
FY 2026-27:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A3
51.00%	ACA Preventative Services	Please see Exhibit A3
90.00%	Family Planning Services	Please see Exhibit A3
100.00%	Indian Health Services	Please see Exhibit A3
FY 2027-28:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A4
51.00%	ACA Preventative Services	Please see Exhibit A4
90.00%	Family Planning Services	Please see Exhibit A4
100.00%	Indian Health Services	Please see Exhibit A4

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing			
Nursing Facilities UPL	FY 2025-26	FY 2026-27	FY 2027-28
Total Funds	\$4,292,139	\$4,520,910	\$4,761,875
General Fund	(\$4,292,139)	(\$4,520,910)	(\$4,761,874)
Cash Funds	\$4,292,139	\$4,520,910	\$4,761,875
Federal Funds	\$4,292,139	\$4,520,910	\$4,761,874
Home Health UPL			
Total Funds	\$609,896	\$733,337	\$772,424
General Fund	(\$782,560)	(\$733,337)	(\$772,424)
Cash Funds	\$609,896	\$733,337	\$772,424
Federal Funds	\$782,560	\$733,337	\$772,424
Total Upper Payment Limit Financing			
Total Funds	\$4,902,035	\$5,254,247	\$5,534,299
General Fund	(\$5,074,699)	(\$5,254,247)	(\$5,534,298)
Cash Funds	\$4,902,035	\$5,254,247	\$5,534,299
Federal Funds	\$5,074,699	\$5,254,247	\$5,534,298

Exhibit K - Upper Payment Limit Financing

Nursing Facilities Upper Payment Limit Calculation Estimate Based on CY 2023 Actual Upper Payment Limit & CY 2023 Interim Public Nursing Facility Calculations		
State Nursing Facilities		
Provider Name	Upper Payment Limit (Amount Remaining after Medicaid Payment)	Certified Uncompensated Cost
Colorado St. Veterans - Fitzsimmons	\$718,455	\$1,284,351
Colorado St. Veterans - Florence	\$801,200	\$2,312,296
Colorado St. Veterans - Homelake	\$466,446	\$372,626
Colorado St. Veterans - Rifle	\$706,962	\$1,235,665
State Nursing Facilities Total	\$2,693,065	\$5,204,938
Government Nursing Facilities		
Colorado St. Veterans - Walsenburg	\$542,358	\$860,683
Bent County Healthcare Center	(\$197,035)	(\$162,869)
Cheyenne Manor	\$245,887	\$628,525
Cripple Creek Rehabilitation & Wellness Center	\$0	\$0
E. Dene Moore Care Center	\$3,309,348	\$4,244,320
Gunnison Valley Health Senior Care	\$133,471	\$2,314,122
Lincoln Community Hospital & Nursing Home	\$209,909	\$1,013,716
Prospect Park Living Center	\$0	\$0
Sedgwick County Hospital & Nursing Home	\$147,402	\$132,929
Southeast Colorado Hospital & LTC Center	\$673,223	\$1,855,621
Walbridge Memorial Convalescent Wing	\$49,383	\$996,644
Walsh Healthcare Center	(\$36,296)	\$533,801
Washington County Nursing Home	\$379,175	\$413,175
Government Nursing Facilities Total	\$5,456,824	\$12,830,668
(1) Certified uncompensated costs will be updated in the Department's February Medical Services Premiums request.		

Exhibit K - Upper Payment Limit Financing

Item	Amount
Supplemental Medicaid Nursing Facilities Payment	
Estimated CY 2025 Upper Payment Limit	\$8,584,278
Estimated CY 2026 Upper Payment Limit	\$9,041,820
Estimated CY 2027 Upper Payment Limit	\$9,523,749
Supplemental Medicaid Nursing Facility Payment FY 2024-25	
Total Funds	\$4,292,139
General Fund (offset by Federal Funds)	(\$4,292,139)
Cash Funds	\$4,292,139
Federal Funds	\$4,292,139
Supplemental Medicaid Nursing Facility Payment FY 2025-26	
Total Funds	\$4,520,910
General Fund (offset by Federal Funds)	(\$4,520,910)
Cash Funds	\$4,520,910
Federal Funds	\$4,520,910
Supplemental Medicaid Nursing Facility Payment FY 2026-27	
Total Funds	\$4,761,875
General Fund (offset by Federal Funds)	(\$4,761,874)
Cash Funds	\$4,761,875
Federal Funds	\$4,761,874
CY 2022 Inflation Factor ⁽¹⁾	5.33%
(1) Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average	

Exhibit K - Upper Payment Limit Financing

Home Health Certified Public Expenditure Calculation Estimate Based on Calendar Year 2024 Interim Payment Made in June 2025	
Provider Name	Total Uncompensated Costs by Provider
Delta Montrose Home Health Services	\$292,085
Lincoln Community Home Health	\$36,829
Pioneers Hospital Home Health	\$8,519
Prowers Home Health	\$486,524
Southeast Colorado Hospital Home Health	\$363,601
Yuma District Home Health Care	\$134,436
Home Health Total	\$1,321,994

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	Amount
CY 2024 Upper Payment Limit	\$1,392,456
CY 2025 Upper Payment Limit	\$1,466,674
CY 2026 Upper Payment Limit	\$1,544,848
Supplemental Medicaid Home Health Payment FY 2024-25	
Total Funds	\$609,896
General Fund	(\$782,560)
Cash Funds	\$609,896
Federal Funds	\$782,560
Supplemental Medicaid Home Health Payment FY 2025-26	
Total Funds	\$733,337
General Fund	(\$733,337)
Cash Funds	\$733,337
Federal Funds	\$733,337
Supplemental Medicaid Home Health Payment FY 2026-27	
Total Funds	\$772,424
General Fund	(\$772,424)
Cash Funds	\$772,424
Federal Funds	\$772,424
CY 2022 Inflation Factor ⁽¹⁾	5.33%
(1) Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average.	

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days from the Cost Report Ending in Calendar Year 2016 for FY 2017-18 Participating Colorado Indigent Care Program Providers per HB 04-1438			
Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
State Owned			
University of Colorado Hospital	60,567	179,252	33.79%
Non State-Owned Public			
Arkansas Valley Regional Medical Center	1,305	3,495	37.34%
Aspen Valley Hospital	310	2,504	12.38%
Delta County Memorial Hospital	1,248	5,045	24.74%
Denver Health Medical Center	71,780	115,506	62.14%
East Morgan County Hospital	273	1,149	23.76%
Estes Park Health	209	1,073	19.48%
Grand River Hospital District	282	1,340	21.04%
Gunnison Valley Health	231	1,567	14.74%
Heart of the Rockies Regional Medical Center	572	3,271	17.49%
Middle Park Medical Center - Kremmling	53	339	15.63%
Melissa Memorial Hospital	56	260	21.54%
Memorial Hospital Central	44,643	114,139	39.11%
Memorial Regional Health	1,478	2,578	57.33%
Montrose Memorial Hospital	2,409	11,173	21.56%
North Colorado Medical Center	14,696	42,476	34.60%
Poudre Valley Hospital	14,329	56,995	25.14%
Prowers Medical Center	1,018	1,960	51.94%
Sedgwick County Health Center	66	301	21.93%
Southeast Colorado Hospital District	127	492	25.81%
Southwest Health System, Inc.	1,197	3,608	33.18%
Spanish Peaks Regional Health Center	49	498	9.84%
St. Vincent General Hospital District	9	5	180.00%
Wray Community District Hospital	362	968	37.40%
Yuma District Hospital	80	483	16.56%
Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
Private			
Banner Fort Collins Medical Center	712	2,328	30.58%
Boulder Community Health	6,407	35,299	18.15%
St. Thomas More Hospital	1,756	5,730	30.65%
Children's Hospital Colorado	53,069	97,177	54.61%
Colorado Plains Medical Center	1,366	7,172	19.05%
Community Hospital	1,172	7,252	16.16%
Colorado Canyons Hospital and Medical Center	181	952	19.01%
Longmont United Hospital	7,341	25,642	28.63%
McKee Medical Center	3,463	11,445	30.26%
Medical Center of the Rockies	8,021	48,106	16.67%
Mercy Regional Medical Center	4,258	15,436	27.58%
Mt. San Rafael Hospital	583	1,988	29.33%
National Jewish Health	49	69	71.01%
Parkview Medical Center	23,385	85,771	27.26%
Penrose-St. Francis Health Services	22,302	96,501	23.11%
Pikes Peak Regional Hospital	309	1,481	20.86%
Platte Valley Medical Center	5,231	11,601	45.09%
Rio Grande Hospital	263	1,103	23.84%
San Luis Valley Health Conejos County Hospital	67	328	20.43%
St. Mary-Corwin Medical Center	8,527	26,740	31.89%
St. Mary's Hospital & Medical Center, Inc.	20,150	65,192	30.91%
Sterling Regional MedCenter	943	3,392	27.80%
Valley View Hospital	6,433	13,751	46.78%
Yampa Valley Medical Center	1,023	4,519	22.64%
Note: Figures from Cost Report Year End (CRYE) 2016.			

Exhibit L - Recoveries

Department Recovery Revenue													
Recovery Category	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27
Estate Recoveries ⁽¹⁾	\$5,526,967	\$6,261,038	\$6,743,602	\$9,216,130	\$7,039,020	\$7,510,514	\$2,639,737	\$648,049	\$1,591,459	\$4,639,098	\$3,541,646	\$3,541,646	\$3,541,646
Income Trust and Repayments ⁽¹⁾	\$6,716,046	\$6,090,938	\$5,628,684	\$9,992,986	\$7,363,768	\$8,370,393	\$5,804,157	\$2,715,439	\$6,274,084	\$9,916,234	\$7,446,304	\$7,446,304	\$7,446,304
Third Party Health Insurance	\$28,691,812	\$31,434,219	\$25,476,789	\$38,022,040	\$37,175,342	\$46,043,086	\$46,255,739	\$28,287,153	\$79,456,908	\$97,645,808	\$75,915,523	\$75,915,523	\$75,915,523
Third Party Casualty	\$8,457,430	\$7,341,535	\$9,239,387	\$17,832,295	\$17,430,179	\$15,726,737	\$16,545,862	\$10,086,711	\$22,809,013	\$24,148,553	\$22,375,263	\$22,375,263	\$22,375,263
Credit Balance Audits ⁽²⁾	\$0	\$0	\$997,742	\$709,519	\$451,097	\$992,830	\$1,285,792	\$1,473,224	\$1,473,224	\$926,839	\$1,291,096	\$1,291,096	\$1,291,096
Total Recoveries Including Bottom Line Impacts⁽³⁾	\$49,392,255	\$51,127,730	\$48,086,205	\$75,772,969	\$69,459,406	\$78,643,561	\$72,531,288	\$43,210,576	\$111,604,688	\$137,276,532	\$110,569,831	\$110,569,831	\$110,569,831
(1) Historical Estate and Income Trust recoveries have been restated to reflect changes in accounting classifications.													
(2) Credit Balance and Audits is a new line procured in the 2017 contract.													
(3) Figures represent only recovery types classified as revenue by the Department. Additionally, figures are adjusted for cash flow. As a result, differences may exist between historical recovery totals reported here and totals reported elsewhere by the Department.													

Contingency and Contractor Payments													
Recovery Category	Contingency Amount ⁽⁵⁾	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27
Estate Recoveries	12.00%	\$657,409	\$708,078	\$967,694	\$739,097	\$863,709	\$303,570	\$77,766	\$190,975	\$77,766	\$424,998	\$424,998	\$424,998
Income Trust and Repayments ⁽⁴⁾	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Third Party Health Insurance	7.50%	\$1,854,619	\$1,503,131	\$2,243,300	\$2,193,345	\$3,176,973	\$3,191,646	\$2,121,536	\$5,959,268	\$2,121,536	\$5,693,664	\$5,693,664	\$5,693,664
Third Party Casualty	10.00%	\$616,689	\$776,109	\$1,497,913	\$1,464,135	\$1,478,313	\$1,555,311	\$1,008,671	\$2,280,901	\$1,008,671	\$2,237,526	\$2,237,526	\$2,237,526
Credit Balance Audits	16.00%	\$0	\$159,639	\$113,523	\$72,175	\$158,853	\$205,727	\$235,716	\$235,716	\$235,716	\$206,575	\$206,575	\$206,575
Total		\$3,128,717	\$3,146,957	\$4,822,430	\$4,468,752	\$5,677,848	\$5,256,254	\$3,443,689	\$8,666,860	\$3,443,689	\$8,562,763	\$8,562,763	\$8,562,763
(4) Income Trust and Repayments are processed by Department staff. No contingency fee is paid.													
(5) The Department's recovery contract was reprocured for the beginning of FY 2017. Contingency rates shown reflect the new contract amounts.													

Fund Splits					
Total Medical Services Premiums Impact	Total Funds	General Fund	Cash Funds	Federal Funds	FFP
FY 2024-25	\$0	(\$51,003,534)	\$102,007,068	(\$51,003,534)	50.00%
FY 2025-26	\$0	(\$51,003,534)	\$102,007,068	(\$51,003,534)	50.00%
FY 2026-27	\$0	(\$51,003,534)	\$102,007,068	(\$51,003,534)	50.00%

Exhibit H

Cash-based Actuals																	
FY 2024-25	Adults 45 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (MOID-B)	Disabled Bay-In	MAGI Parents/ Caretakers to 68% PPS	MAGI Parents/ Caretakers 69% to 125% PPS	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFCC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	CORE TOTAL
Acute Care																	
Physician Services & EPDST	\$4,491,720	\$17,921,006	\$235,466,483	\$152,103,946	\$132,890,506	\$38,905,553	\$304,815,387	\$7,438	\$463,365,002	\$38,553,346	\$38,351,964	\$38,154,837	\$4,472,058	\$17,260,590	\$0	\$182,804	\$0
Emergency Transportation	\$422,621	\$2,519,246	\$9,141,075	\$1,064,053	\$6,481,199	\$1,455,105	\$32,540,985	\$6,494	\$10,159,886	\$860,347	\$1,315,179	\$1,783,040	\$347,305	\$1,625,089	\$0	\$76,126,113	\$0
Non-emergency medical Transportation	\$86,395,271	\$20,774,777	\$68,166,784	\$14,776,660	\$17,846,031	\$3,162,302	\$31,628,250	\$3,067	\$11,628,250	\$981,906	\$2,469,729	\$1,624,748	\$244,195	\$2,467	\$0	\$294,156,458	\$0
Dental Services	\$17,753,833	\$1,766,371	\$15,864,032	\$14,535,504	\$17,544,124	\$24,589,134	\$174,395,321	\$9,629	\$193,541,802	\$28,793,687	\$9,763,861	\$245,348	\$2,399,133	\$63,495	\$0	\$335,817,495	\$0
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organization	\$7,353,872	\$1,444,871	\$42,811,488	\$16,745,929	\$27,214,682	\$18,760,302	\$384,877,777	\$0	\$44,565,711	\$5,408,151	\$1,115,131	\$442,138	\$5,227,831	\$51,864	\$0	\$534,841,480	\$0
Inpatient Hospital	\$13,406,974	\$36,819,836	\$149,723,921	\$17,535,468	\$29,116,308	\$20,118,116	\$408,709,511	\$148,683	\$200,658,291	\$6,481,572	\$14,771,512	\$44,817,348	\$7,572,849	\$69,384,622	\$0	\$10,545	\$0
Outpatient Hospital	\$2,143,228	\$12,359,366	\$61,793,293	\$11,146,188	\$88,719,949	\$27,739,880	\$230,281,146	\$369,641	\$142,663,007	\$16,124,244	\$24,500,718	\$18,168,418	\$4,882,913	\$16,985,571	\$0	\$730,436	\$0
Lab & X-Ray	\$465,289	\$1,911,753	\$1,111,555	\$1,497,764	\$35,544,583	\$7,480,131	\$82,171,960	\$37,743	\$9,142,464	\$1,236,863	\$1,922,913	\$1,162,901	\$4,436,119	\$137,903	\$0	\$69,093	\$0
Durable Medical Equipment	\$18,453,978	\$10,792,874	\$19,268,834	\$11,567,705	\$19,268,834	\$14,430,737	\$227,082	\$0	\$33,586,194	\$5,718,322	\$12,734,730	\$4,486,738	\$954,964	\$387,746	\$0	\$348,063,818	\$0
Prescription Drug	\$7,705,100	\$97,46,175	\$108,051,031	\$82,507,712	\$118,035,324	\$16,176,757	\$331,107,894	\$1,133,534	\$12,429,511	\$2,145,029	\$2,480,000	\$15,485,155	\$2,768,114	\$0	\$0	\$428,634	\$0
Physician Assistant/Drugs	\$5,714,405	\$3,946,297	\$26,171,947	\$10,552,956	\$9,231,611	\$14,327,552	\$26,260	\$17,528,112	\$1,562,741	\$3,295,324	\$3,295,324	\$3,295,324	\$3,295,324	\$3,295,324	\$0	\$180,497,931	\$0
Drug Rehab	\$54,877,267	\$120,807,920	\$268,364,700	\$106,826,820	\$138,098,703	\$247,244,663	\$660,257,129	\$177,954	\$16,911,833	\$14,533,253	\$14,363,240	\$9,757,781	\$15,753,113	\$0	\$0	\$127,491	\$0
Rural Health Centers	\$64,754	\$891,966	\$359,564	\$6,317,508	\$2,444,371	\$1,607,562	\$309,631	\$13,413,802	\$3,508,649	\$475,375	\$1,090,439	\$6,400,339	\$6,400,339	\$1,437	\$0	\$1,437	\$0
Federally Qualified Health Centers	\$7,536,123	\$2,860,761	\$9,125,364	\$2,883,777	\$33,873,615	\$7,775,396	\$93,300,896	\$32,836	\$53,497,879	\$6,106,096	\$1,830,078	\$1,469,098	\$6,351,099	\$66,691	\$0	\$201,146	\$0
Community (Title VIII) Medication	\$524,931,458	\$12,703,091	\$41,881,763	\$25,568,563	\$35,891,613	\$357,428	\$4,148,791	\$1,799	\$2,384,316	\$20,139	\$234,005	\$275,521	\$17,244	\$81,503	\$0	\$2,344,837	\$0
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Proposed Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services	\$177,870	\$320,966	\$2,013,496	\$484,049	\$4,767,017	\$1,474,436	\$10,413,189	\$7,444	\$3,329,302	\$12,247	\$270,119	\$638,457	\$149,928	\$0	\$0	\$36,260	\$0
Acute Home Health	\$5,321,857	\$1,160,030	\$19,633,115	\$5,126,302	\$109,463	\$3,456	\$6,351,038	\$267,518	\$1,779,630	\$50,700	\$11,533	\$0	\$0	\$0	\$0	\$26,581,454	\$0
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1
Subtotal of Acute Care	\$230,887,134	\$158,465,663	\$930,310,547	\$190,417,614	\$665,765,210	\$203,261,169	\$2,080,497,811	\$1,458,136	\$1,252,750,968	\$123,584,078	\$120,906,928	\$149,634,809	\$47,381,599	\$106,477,878	\$23,928,642	\$975,944	\$6,287,000,565
Community Based Long Term Care																	
HCBS - Elders, Blind, and Disabled	\$997,402,207	\$177,975,534	\$334,171,542	\$132,514,884	\$0	\$0	\$0	\$0	\$0	\$0	\$143,300	\$0	\$0	\$0	\$0	\$0	\$1,171,207,637
HCBS - Community Mental Health Services	\$21,454,811	\$12,965,956	\$51,241,597	\$5,091,244	\$0	\$0	\$0	\$0	\$0	\$0	\$40,539	\$0	\$0	\$0	\$0	\$0	\$10,798,207
HCBS - Children HCBS	\$0	\$0	\$228,955,217	\$249	\$0	\$0	\$0	\$0	\$0	\$222,469	\$12,311	\$902,384	\$0	\$0	\$0	\$0	\$2,80,092,447
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Assisted Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Adult, Adult, Adult	\$8,756,977	\$8,094,121	\$18,324,690	\$3,176,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,481,718
HCBS - Children with Autism	\$0	\$0	\$999,279	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,305	\$0	\$0	\$0	\$0	\$0	\$482,560
HCBS - Senior Care HCBS	\$2,253,310	\$1,381,108	\$15,444,460	\$6,798,778	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,946,783
CCY - Services	\$2,897,758	\$1,101,280	\$1,880,137	\$102,500	\$1,040	\$1,076	\$41,165	\$0	\$389,232	\$36,992	\$192,489	\$0	\$0	\$0	\$0	\$0	\$8,987,207
Private Duty Nursing	\$2,496,534	\$170,630	\$29,796,396	\$2,270,654	\$0	\$0	\$13,020,000	\$30,298	\$36,864,817	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,102,938
Long Term Home Health	\$96,388,193	\$25,605,607	\$330,555,477	\$10,361,521	\$1,120,857	\$103,354	\$7,088,675	\$0	\$94,900,744	\$6,537,178	\$38,644,427	\$11,090	\$0	\$0	\$0	\$0	\$813,873,072
Hospice	\$957,119	\$142,602	\$4,976,128	\$819,747	\$365,772	\$230,332	\$14,636,400	\$9,096	\$250,462	\$14,077	\$62,321	\$0	\$874	\$72,624	\$0	\$8,482	\$3,978,778
Subtotal Community Based Long Term Care	\$995,616,965	\$175,882,967	\$1,278,123,779	\$63,576,273	\$1,698,674	\$314,662	\$11,760,390	\$9,096	\$99,575,962	\$6,906,376	\$76,894,189	\$11,390	\$874	\$72,624	\$0	\$8,482	\$8,487,441,453
Long Term Care																	
Class I Nursing Facilities	\$621,925,618	\$77,024,762	\$107,816,486	\$910,054	\$136,091	(\$44,527)	\$4,595,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$813,270,939
Class II Nursing Facilities	\$718,740	\$531,543	\$6,316,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Program of All-Inclusive Care for the Elderly	\$291,171,170	\$11,205,292	\$8,148,081	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102,746,142
Subtotal Long Term Care	\$914,005,130	\$109,664,597	\$123,302,671	\$910,054	\$136,091	(\$44,527)	\$4,595,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,151,583,473
Insurance																	
Supplemental Medicare Insurance Benefits	\$102,278,713	\$13,359,722	\$63,767,554	\$0	\$7,283,145	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,517,270	\$0	\$0	\$382,356,356
Health Insurance Pay to Program	\$119,115	\$19,644	\$2,756,111	\$0	\$18,873	\$48,089	\$43,279	\$0	\$148,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,703,145
Subtotal Insurance	\$102,297,950	\$13,383,766	\$66,123,665	\$0	\$7,311,998	\$48,088	\$43,279	\$0	\$148,308	\$0	\$0	\$14,426	\$0	\$19,517,270	\$0	\$0	\$384,906,901
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Dispute Management	\$1,839	\$7,295	\$91,843	\$13,870	\$34,129	\$15,875	\$144,515	\$0	\$0	\$0	\$15,817	\$15,818	\$1,817	\$0	\$1	\$361,951	\$0
Proposed Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$4,486,626	\$1,305,447	\$6,054,089	\$5,176,176	\$27,154,859	\$8,595,634	\$81,994,327	\$25,738	\$77,448,587	\$9,839,327	\$3,966,745	\$92,444	\$2,901,579	\$6,549	\$0	\$288,746,422	\$0
Subtotal Service Management	\$4,486,626	\$1,312,746	\$6,144,912	\$5,319,252	\$27,158,935	\$8,596,509	\$82,138,892	\$25,738	\$77,448,591	\$9,839,327	\$3,982,346	\$108,362	\$2,903,400	\$6,549	\$0	\$290,146,775	\$0
Total Services	\$2,147,472,434	\$455,711,739	\$2,463,013,715	\$360,223,203	\$702,071,408	\$212,545,901	\$2,158,940,239	\$1,492,970	\$1,430,441,199	\$140,239,781	\$201,783,483	\$149,769,187	\$49,885,873	\$106,757,351	\$119,445,912	\$984,426	\$10,541,080,742
Financing & Supplemental Payments																	
Upper Payment Limit Financing	\$1,215,485	\$199,132	\$1,224,707	\$78,231	\$152,034	\$46,493	\$385,195	\$601	\$529,777	\$51,645	\$126,948	\$29,923	\$8,349	\$27,600	\$0	\$4,872,834	\$0
Hospital Supplemental Payments	\$13,967,394	\$43,152,358	\$186,226,712	\$26,367,356	\$149,238,764	\$42,762,909	\$963,998,834	\$463,401	\$331,655,786	\$20,996,998	\$35,001,404	\$55,447,537	\$11,007,131	\$76,774,973	\$0	\$72,835	\$0
Nursing Facility Supplemental Payments	\$20,021,932	\$1,118,260	\$15,454,694	\$7,027,089	\$17,529,4	\$6,229	\$67,738	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,404,939
Physician Supplemental Payments	\$55,900	\$23,020	\$2,856,326	\$299,537	\$1,653,835	\$480,504	\$4,415,712	\$93	\$5,517,721	\$479,800	\$477,284	\$487,286	\$55,655	\$0	\$0	\$17,277,887	\$0
Outstanding Payments	\$8,118	\$42,927	\$216,199	\$41,803	\$330,428	\$27,743	\$805,638	\$1,293	\$699,139	\$68,448	\$83,719	\$33,546	\$17,08	\$0	\$0	\$12,088	\$0
University of California of Medicine Payments	\$370,962	\$2,836,548	\$20,991,795	\$5,081,486	\$12,014,835	\$6,168,111	\$26,190,195	\$1,177	\$15,755,781	\$6,102,269	\$6,070,415	\$6,797,495	\$16,776	\$0	\$0	\$60,951	\$0
Other Supplemental Payments	\$6,204,316	\$1,434,237	\$14,277,820	\$3,875,118	\$18,188,28	\$5,928,711	\$17,018,621	\$27,385	\$240,174,039	\$1,609,691	\$47,480	\$3,177,186	\$497,079	\$1,657,403	\$0	\$8,187	\$1,511,514,411
Accounting Adjustments	\$15,480,123	\$1,131,702	\$1,131,702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,548,285
Subtotal Financing and Supplemental Payments	\$121,473,277	\$6,426,429	\$260,653,017	\$53,879,478	\$186,455	\$37,741,945	\$67,376,945	\$506,805	\$410,174,039	\$23,922,224	\$45,385,473	\$64,745,703	\$102,751,643	\$84,034,023	\$120,884	\$154,998	\$2,095,595,151
Grand Total	\$2,268,945,711	\$519,138,168	\$2,723,666,732	\$395,832,682	\$888,727,859	\$236,307,396	\$2,835,334,816	\$2,199,775	\$1,840,615,238	\$199,722,005	\$247,146,956	\$216,514,267	\$642,373,36	\$199,791,376	\$119,564,96	\$1,139,424	\$12,596,386,295
Notes: FY 2024-25 actuals are from data accessed on 6/11/2025.																	

Exhibit H

FY 2023-24	Cash-based Actuals																		
	Adults 45 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (MOBIS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% PFC	MAGI Parents/ Caretakers 69% to 125% PFC	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFCC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizen Emergency Services	Partial Dual Eligibles	SB 21-035 Family Planning Services	CORE TOTAL		
Acute Care	Physician Services & EPDST	\$3,804,888	\$16,748,207	\$164,256,357	\$18,940,023	\$124,889,300	\$48,282,495	\$335,753,761	\$8,576	\$401,488,957	\$41,079,201	\$35,006,995	\$31,086,311	\$1,170,779	\$75,462,078	\$0	\$330,256	\$1,238,426,316	
	Emergency Transportation	\$754,189	\$2,283,933	\$8,272,018	\$786,017	\$6,241,107	\$1,839,213	\$32,092,164	\$2,082	\$9,633,297	\$1,020,386	\$1,257,852	\$1,429,943	\$428,536	\$1,832,552	\$0	\$0	\$68,089,288	
	Non-emergency Medical Transportation	\$46,937,326	\$21,158,598	\$68,961,953	\$10,919,861	\$22,489,671	\$2,542,226	\$18,136,268	\$189	\$12,642,226	\$1,136,268	\$2,399,750	\$1,889,812	\$230,861	\$0	\$0	\$166,955,153		
	Dental Services	\$15,273,043	\$4,277,892	\$20,586,452	\$7,434,382	\$24,758,217	\$143,089,079	\$41,587	\$143,375,249	\$22,205,517	\$6,745,597	\$155,303	\$1,817,137	\$45,986	\$0	\$0	\$469,066,515		
	Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Health Maintenance Organizations	\$74,213,439	\$17,431,167	\$63,385,151	\$11,514,347	\$63,251,937	\$29,048,052	\$214,448,153	\$0	\$26,237,348	\$5,889,130	\$764,341	\$346,461	\$4,255,837	\$24,713	\$0	\$0	\$644,917,611	
	Inpatient Hospital	\$13,999,662	\$39,031,991	\$141,990,131	\$9,494,964	\$28,492,386	\$26,230,468	\$384,623,800	\$9,039	\$196,651,446	\$9,579,127	\$14,276,964	\$41,589,347	\$29,413	\$27,833,316	\$0	\$5,406	\$1,639,939,763	
	Outpatient Hospital	\$2,405,369	\$11,886,145	\$39,952,750	\$8,486,468	\$59,235,150	\$38,171,938	\$250,428,275	\$365,128	\$148,171,683	\$35,022,718	\$28,244,225	\$18,086,600	\$4,199,383	\$15,984,493	\$0	\$61,257	\$392,706,267	
	Lab & X-Ray	\$38,728	\$1,708,900	\$6,217,834	\$948,122	\$28,565,927	\$9,539,767	\$79,235,314	\$45,377	\$9,381,707	\$1,481,900	\$1,573,614	\$15,493,791	\$5,497,616	\$145,453	\$0	\$1,472	\$149,361,788	
	Durable Medical Equipment	\$56,777,138	\$9,925,179	\$17,562,717	\$7,488,343	\$16,145,087	\$535,174	\$487,669	\$0	\$33,485,512	\$6,379,963	\$12,533,138	\$5,911,492	\$960,131	\$23,181	\$0	\$1,401	\$248,713,967	
	Prescription Drug	\$7,135,918	\$4,141,923	\$16,745,138	\$10,419,713	\$108,116,725	\$67,746,767	\$617,348	\$1,141,324	\$26,746,767	\$7,114,037	\$21,169,391	\$17,114,149	\$14,818,108	\$0	\$0	\$0	\$91,136	
	Physician Administrative	\$5,100,520	\$4,534,213	\$28,429,666	\$6,896,956	\$25,779,119	\$12,344,133	\$17,429,128	\$161,440	\$13,938,284	\$3,200,683	\$829,972	\$3,486,443	\$395,950	\$0	\$0	\$0	\$180,497,933	
	Drug Rebate	(54,762,956)	(28,929,872)	(157,298,650)	(34,364,418)	(178,116,289)	(259,246,478)	(649,249,908)	(144,320)	(281,468,011)	(17,742,763)	(14,086,262)	(11,276,778)	(12,366,576)	(5,719)	\$0	\$0	(190,078)	
	Rural Health Centers	\$56,873	\$97,026	\$179,532	\$386,112	\$5,819,514	\$2,507,968	\$11,130,462	\$51,113	\$12,175,753	\$1,921,947	\$399,306	\$5,147,857	\$6,462,958	\$1,875	\$0	\$0	\$1,875	
	Federally Qualified Health Centers	\$1,497,458	\$5,784,633	\$9,797,558	\$1,463,478	\$24,632,569	\$10,424,361	\$99,132,788	\$36,933	\$51,646,042	\$7,737,740	\$1,881,138	\$10,538,524	\$2,161,681	\$885	\$0	\$0	\$146,349	
	Colorectal (T10) Medication	\$85,321,962	\$26,918,365	\$26,155,162	\$26,255,944	\$420,767	\$1,227,573	\$13,211,204	\$18,465	\$1,491,054	\$218,848	\$295,329	\$247,135	\$55,026	\$28,165,846	\$0	\$0	\$16,687	
	Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Proposed Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Other Medical Services	(23)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Preventive Services	\$153,348	\$312,461	\$1,675,072	\$338,377	\$4,287,468	\$2,021,652	\$9,879,455	\$6,178	\$3,827,891	\$149,208	\$236,291	\$615,793	\$148,486	\$0	\$0	\$0	\$16,444	
	Acute Home Health	\$4,786,108	\$1,161,952	\$9,262,871	\$989,504	\$102,209	\$5,122	\$9,469	\$0	\$7,251,375	\$488,372	\$1,994,653	\$7,048	\$374	\$0	\$0	\$0	\$26,000,403	
	Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Subtotal of Acute Care	\$211,017,522	\$160,445,495	\$841,408,644	\$121,981,989	\$627,948,987	\$242,554,815	\$1,964,114,990	\$1,454,710	\$1,146,711,232	\$131,523,133	\$116,044,116	\$134,178,296	\$26,549,384	\$107,080,990	\$28,165,846	\$714,621	\$5,855,491,663	
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$526,487,026	\$74,165,155	\$249,243,421	\$24,535,734	\$0	\$0	\$0	\$0	\$0	\$0	\$163,987	\$0	\$0	\$0	\$0	\$0	\$979,388,826	
	HCBS - Community Mental Health Services	\$27,443,354	\$11,621,354	\$41,124,056	\$4,304,117	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$74,672,763	
	HCBS - Children HCBS	\$0	\$0	\$188,335,920	\$1,441	\$0	\$0	\$0	\$0	\$1,204,326	\$16,460	\$417,616	\$0	\$100	\$0	\$0	\$0	\$189,978,063	
	HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HCBS - Consumer Directed Assisted Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HCBS - Adult, Elderly	\$1,801,277	\$4,021,144	\$13,454,976	\$2,414,047	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,135,499	
	HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	HCBS - Children with Life Limiting Illness	\$0	\$0	\$37,074	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,403	\$0	\$0	\$0	\$0	\$0	\$374,419	
	HCBS - Senior Care Injury	\$1,560,721	\$98,470	\$16,963,979	\$5,107,077	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,963,979	
	CCY - Services	\$2,144,500	\$681,421	\$1,411,472	\$0	\$6,147	\$3,324	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,247,209	
	Private Duty Nursing	\$7,149,522	\$1,638,026	\$15,915,482	\$886,499	\$0	\$0	\$0	\$0	\$4,878,008	\$366,403	\$36,121,453	\$0	\$0	\$0	\$0	\$0	\$17,586,596	
	Long Term Home Health	\$76,965,458	\$20,461,462	\$424,066,955	\$10,263,548	\$1,055,796	\$80,534	\$5,466,162	\$0	\$75,896,633	\$5,225,137	\$30,857,523	\$9,364	\$0	\$0	\$0	\$0	\$650,549,871	
	Subtotal Community Based Long Term Care	\$887,292,036	\$139,462,999	\$1,008,254,568	\$46,463,290	\$1,258,276	\$277,233	\$11,060,548	\$0	\$82,134,349	\$5,616,315	\$47,560,201	\$18,263	\$0	\$77,941	\$0	\$238	\$2,071,056,151	
Long Term Care	Class I Nursing Facilities	\$555,846,383	\$65,151,070	\$92,983,515	\$699,492	\$246,145	\$169,082	\$5,580,874	\$0	\$82,085	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$721,061,148	
	Class II Nursing Facilities	\$820,519	\$321,357	\$5,146,128	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,297,002	
	Program of All-Inclusive Care for the Elderly	\$246,796,883	\$28,878,820	\$7,414,664	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,460	\$0	\$0	\$26,490,027	
	Subtotal Long Term Care	\$882,172,485	\$93,743,247	\$105,746,305	\$699,492	\$246,145	\$169,082	\$5,580,874	\$0	\$82,085	\$0	\$0	\$0	\$0	\$5,460	\$0	\$0	\$1,007,848,177	
Insurance	Supplemental Medicare Insurance Benefits	\$96,160,031	\$12,560,495	\$39,952,499	\$0	\$6,847,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,803,079	\$0	\$265,323,744	
	Health Insurance Buy-In Program	\$15,153	\$21,430	\$2,705,051	\$0	\$35,327	\$48,879	\$41,991	\$0	\$171,076	\$0	\$0	\$0	\$0	\$14,644	\$0	\$0	\$2,746,988	
	Subtotal Insurance	\$96,175,183	\$12,581,924	\$42,657,550	\$0	\$6,882,767	\$48,879	\$41,991	\$0	\$171,076	\$0	\$0	\$0	\$0	\$14,644	\$0	\$0	\$266,070,732	
Service Management	Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Dispute Management	\$1,762	\$7,865	\$16,933	\$8,872	\$38,498	\$22,420	\$197,268	\$0	\$0	\$0	\$16,107	\$14,147	\$148	\$0	\$1	\$0	\$163,174	
	Proposed Inpatient Health Plan Administration	\$0	\$0	\$17,038,820	\$4,136,199	\$11,401,044	\$17,113,389	\$38,717,454	\$36,862	\$87,960,671	\$12,649,152	\$4,142,236	\$89,131	\$1,038,676	\$6,203	\$0	\$0	\$152,399,519	
	Accountable Care Collaboration	\$6,383,547	\$2,396,724	\$13,147,768	\$4,135,221	\$31,745,562	\$13,735,909	\$78,874,763	\$36,862	\$87,960,671	\$12,649,152	\$4,142,236	\$89,131	\$1,038,676	\$6,203	\$0	\$0	\$257,761,255	
	Subtotal Service Management	\$6,383,547	\$2,396,724	\$13,147,768	\$4,135,221	\$31,745,562	\$13,735,909	\$78,874,763	\$36,862	\$87,960,671	\$12,649,152	\$4,142,236	\$89,131	\$1,038,676	\$6,203	\$0	\$0	\$257,761,255	
	Total Services	\$1,804,447,155	\$408,633,244	\$2,049,905,045	\$174,899,992	\$668,351,317	\$236,786,518	\$2,099,935,107	\$1,481,572	\$1,319,049,433	\$149,988,610	\$187,762,730	\$134,314,995	\$27,578,608	\$107,170,494	\$108,968,925	\$714,659	\$9,461,027,978	
Financing & Supplemental Payments	Upper Payment Limit Financing	\$1,305,444	\$214,994	\$1,313,638	\$66,761	\$200,084	\$77,661	\$523,083	\$739	\$630,308	\$71,296	\$155,290	\$36,886	\$8,439	\$32,348	\$0	\$124	\$4,707,063	
	Hospital Supplemental Payments	\$1,487,769	\$41,867,414	\$163,791,838	\$15,120,042	\$242,582,140	\$32,497,129	\$330,349,932	\$79,114	\$384,399,688	\$24,316,523	\$34,953,590	\$46,064,360	\$5,442,747	\$71,034,515	\$0	\$54,790	\$1,421,836,987	
	Nursing Facility Supplemental Payments	\$22,128,926	\$7,747,112	\$15,669,022	\$10,649	\$27,129	\$28,624	\$69,604	\$0	\$12,281	\$0	\$20,333	\$0	\$0	\$0	\$0	\$0	\$107,671,459	
	Physician Supplemental Payments	\$35,502	\$150,271	\$1,532,407	\$176,723	\$1,165,290	\$450,957	\$1,332,779	\$80	\$3,745,993	\$382,213	\$326,636	\$289,775	\$10,924	\$144,251	\$0	\$1,081	\$17,555,347	
	Outpatient Supplemental Payments	\$5,242	\$25,900	\$136,480	\$207,105	\$83,461	\$545,146	\$796	\$325,288	\$43,388	\$61,548	\$39,414	\$5,044	\$14,813	\$0	\$133	\$0	\$13,531,231	
	University of Colorado School of Medicine Payments	\$817,544	\$176,273	\$56,409,188	\$1,070,015	\$20,763,823	\$7,857,864	\$54,493,614	\$1,393	\$16,069,049	\$6,627,511	\$5,681,716	\$5,082,548	\$190,014	\$2,309,197	\$0	\$33,601	\$168,999,463	
	Other Supplemental Payments	\$3,851,479	\$1,245,078	\$12,468,120	\$1,185,106	\$9,752,844	\$3,017,868	\$22,423	\$21,011,206	\$1,866,321	\$2,443,176	\$1,230,138	\$217,115	\$4,492,406	\$0	\$6,426	\$0	\$104,736,110	
	Accounting Adjustments	\$6,401,526	\$1,408,033	\$8,423,233	\$81,320	\$2,904,009	\$1,139,889	\$9,236,229	\$7,537	\$5,140,403	\$199,235	\$67,178	\$176,006	\$110,469	\$423,639	\$75,895	\$0	\$4,509	\$1,719,864
	Subtotal Financing and Supplemental Payments	\$110,950,662	\$55,957,977	\$220,069,305	\$220,475,096	\$177,116,424	\$66,124,584	\$634,134,563	\$408,071	\$380,487,235	\$33,933,797	\$44,463,728	\$58,279,343	\$198,772	\$80,673,377	\$79,895	\$12,912	\$1,900,889,870	
Grand Total		\$1,915,397,817	\$468,214,821	\$2,270,974,350	\$195,374,688	\$845,469,741	\$322,911,104	\$2,696,109,410	\$1,899,43	\$1,699,536,6									

Exhibit H

FY 2022-23	Cash-based Actuals																	CORE TOTAL
	Adults 65 and Older (AOP-6)	Disabled Adults 60 to 64 (AOP-6)	Disabled Individuals to 59 (AOP-6)	Disabled Bay-In	MAGI Parents/ Caretakers at 68% PFC	MAGI Parents/ Caretakers 68% to 125% PFC	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFCC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizen Emergency Services	Partial Dual Eligibles	SB 21-035 Family Planning Services		
Acute Care	Physician Services & EPDST	\$1,480,871	\$16,269,289	\$140,850,348	\$157,979,279	\$126,063,371	\$61,424,860	\$335,237,478	\$8,211	\$394,442,543	\$41,104,282	\$30,469,153	\$51,429,196	\$1,004,269	\$71,225,081	\$0	\$153,362	\$1,188,778,458
	Emergency Transportation	\$796,928	\$2,186,271	\$8,496,492	\$576,964	\$2,372,460	\$2,372,460	\$11,593,392	\$1,708	\$10,320,238	\$1,112,041	\$1,233,393	\$1,493,218	\$374,046	\$722,222	\$0	\$0	\$67,582,229
	Non-emergency medical Transportation	\$31,447,298	\$16,762,297	\$48,184,190	\$7,280,287	\$14,021,024	\$3,442,859	\$19,699,880	\$30,462	\$38,492,969	\$19,699,880	\$1,546,940	\$157,847	\$4,976	\$157,847	\$0	\$0	\$1,908,246
	Dental Services	\$11,529,432	\$1,309,728	\$16,650,432	\$4,481,943	\$48,451,927	\$77,207,124	\$128,598,441	\$12,963	\$115,321,356	\$19,499,431	\$3,599,762	\$1,497,071	\$1,795,154	\$1,497,071	\$0	\$0	\$398,355,413
	Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Health Maintenance Organization	\$16,113,136	\$18,088,474	\$48,504,611	\$9,454,227	\$73,428,174	\$47,461,480	\$181,381,387	\$0	\$42,447,481	\$7,139,446	\$1,082,130	\$5,404,127	\$4,044,765	\$4,044,765	\$0	\$0	\$576,925,154
	Inpatient Hospital	\$16,140,064	\$14,957,278	\$153,844,480	\$9,813,716	\$77,558,435	\$35,728,177	\$396,248,492	\$32,212	\$212,446,176	\$12,040,170	\$11,524,108	\$41,414,229	\$48,273	\$42,781,543	\$0	\$0	\$1,066,867,491
	Outpatient Hospital	\$2,188,092	\$1,717,130	\$35,500,190	\$6,116,119	\$91,451,719	\$48,447,199	\$248,579,122	\$154,964	\$155,147,529	\$21,046,118	\$21,783,803	\$15,331,457	\$15,718,144	\$12,796,512	\$0	\$0	\$495,688,717
	Lab & X-Ray	\$399,139	\$1,441,964	\$6,050,881	\$397,564	\$77,857,117	\$11,896,969	\$63,512,782	\$38,131	\$15,138,070	\$1,797,053	\$1,168,436	\$8,114,813	\$5,026,906	\$187,001	\$0	\$0	\$19,727,054
	Durable Medical Equipment	\$51,077,720	\$9,802,472	\$107,831,874	\$5,764,857	\$14,846,449	\$332,047	\$664,933	\$0	\$49,480,551	\$6,196,794	\$11,429,761	\$2,315,287	\$549,179	\$113,081	\$0	\$0	\$224,187,425
	Prescription Drug	\$7,210,620	\$44,464,743	\$106,811,944	\$11,135,071	\$198,846,129	\$113,132,821	\$448,457,508	\$79,425	\$337,413,300	\$32,099,027	\$28,111,810	\$11,404,955	\$4,331,432	\$1,114	\$0	\$0	\$66,148
	Physician Assistant Drugg	\$4,910,724	\$4,974,897	\$22,464,889	\$4,055,158	\$28,448,663	\$19,033,389	\$27,282,178	\$488,404	\$15,564,028	\$2,416,218	\$730,473	\$3,123,246	\$300,734	\$300,734	\$0	\$0	\$77,489,556
	Drug Rebate	(54,480,796)	(54,480,796)	(17,427,933)	(17,427,933)	(128,096,603)	(128,096,603)	(150,497,273)	(150,497)	(889,135,773)	(150,497,273)	(15,424,240)	(17,417,244)	(12,444,760)	(87,210)	\$0	\$0	(861,413)
	Rural Health Centers	\$61,788	\$484,844	\$1,469,388	\$146,183	\$454,488	\$1,738,461	\$9,595,397	\$19,742	\$11,937,346	\$3,971,381	\$424,442	\$1,429,408	\$7,071,725	\$6,445	\$0	\$0	\$4,810
	Federally Qualified Health Centers	\$1,547,481	\$2,499,548	\$8,924,956	\$1,118,323	\$33,162,704	\$24,531,689	\$87,138,824	\$21,823	\$48,887,857	\$7,962,454	\$1,634,791	\$9,991,532	\$1,738,231	(51,611)	\$0	\$0	\$71,805
	Consolidated T101 (HIV) Medication	\$68,891,753	\$2,497,286	\$26,182,320	\$26,182,320	\$4,231,777	\$1,432,495	\$14,576,354	\$38,838	\$79,746,340	\$12,136,134	\$172,131	\$183,588	\$7,142	\$2,495	\$18,524,524	\$0	\$15,533
	Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Proposed Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Other Medical Services	\$37	\$32	\$19	\$19	\$112	\$377	\$0	\$0	\$0	\$0	\$0	\$0	\$23	\$4	\$16	\$4	\$1
	Preventive Services	\$176,243	\$332,240	\$1,538,157	\$348,578	\$4,313,253	\$2,488,157	\$10,237,383	\$6,068	\$3,922,145	\$330,748	\$300,976	\$302,372	\$148,655	(5,660)	\$0	\$11,407	\$23,398,979
Acute Home Health	\$2,631,198	\$1,633,450	\$5,826,305	\$603,647	\$106,128	\$7,023	\$41,495	\$5,763,353	\$451,080	\$1,496,358	\$4,135	\$24	\$24	\$0	\$0	\$0	\$2,623,491	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal of Acute Care	\$179,024,457	\$149,674,363	\$779,746,979	\$89,046,949	\$610,958,193	\$309,988,034	\$1,996,403,897	\$1,290,590	\$1,120,077,482	\$135,456,171	\$99,846,961	\$134,228,986	\$25,189,115	\$90,200,270	\$18,364,528	\$334,951	\$5,740,126	\$26,126,126
Community Based Long Term Care	HCBS - Elders, Blind, and Disabled	\$408,467,448	\$74,095,848	\$246,114,739	\$27,024,713	\$0	\$0	\$0	\$0	\$0	\$0	\$68,377	\$0	\$0	\$0	\$0	\$0	\$773,463,219
	HCBS - Community Mental Health Services	\$14,950,979	\$10,905,262	\$39,796,930	\$4,093,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,347,396
	HCBS - Children HCBS	\$0	\$0	\$140,230,743	\$244	\$0	\$0	\$0	\$0	\$2,513,325	\$28,922	\$336,427	\$0	\$0	\$0	\$0	\$0	\$143,129,877
	HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	HCBS - Consumer Directed Assisted Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	HCBS - Adult Literacy	\$1,916,127	\$4,801,112	\$18,817,048	\$5,174,768	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,817,077
	HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	HCBS - Children with Life Limiting Illness	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,103	\$0	\$0	\$0	\$0	\$0	\$13,730
	HCBS - Senior Care Injury	\$1,811,543	\$965,341	\$10,859,485	\$4,824,221	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,279,592
	CCY - Services	\$1,509,362	\$366,312	\$1,129,387	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,548,343
Private Duty Nursing	\$7,507,906	\$1,760,713	\$38,383,521	\$106,460	\$0	\$0	\$0	\$0	\$2,486,387	\$102,548	\$33,742,481	\$0	\$0	\$0	\$0	\$0	\$11,499,263	
Long Term Home Health	\$66,022,020	\$75,550,450	\$383,841,716	\$8,861,235	\$905,811	\$70,809	\$4,861,235	\$0	\$65,080,542	\$4,483,032	\$26,473,945	\$7,948	\$0	\$0	\$0	\$0	\$558,133,033	
Hospice	\$40,335,416	\$17,166,501	\$93,899,546	\$30,464	\$442,342	\$260,520	\$4,991,497	\$5,300	\$170,962	\$0	\$99,006	\$0	\$470	\$4,348	\$0	\$0	\$38,811,384	
Subtotal Community Based Long Term Care	\$582,360,073	\$116,166,491	\$992,695,749	\$46,252,544	\$1,346,053	\$361,338	\$9,452,712	\$5,300	\$70,496,716	\$4,722,542	\$40,722,440	\$7,948	\$470	\$4,348	\$0	\$0	\$1,766,260,774	
Long Term Care		\$990,824,521	\$265,840,854	\$1,772,442,728	\$135,309,493	\$617,011,246	\$2,356,741,635	\$1,586,832,507	\$1,125,195,677	\$140,472,713	\$100,569,511	\$145,174,426	\$32,191,237	\$90,200,270	\$18,383,056	\$336,902	\$5,745,852	\$27,892,250
	Class I Nursing Facilities	\$493,647,513	\$62,131,056	\$87,384,080	\$377,995	\$245,381	\$12,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$645,066,421
Class II Nursing Facilities	\$780,219	\$723,269	\$4,946,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,489,801
Program of All Inclusive Care for the Elderly	\$221,021,400	\$18,923,759	\$7,453,320	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$257,453,484
Subtotal Long Term Care	\$715,477,152	\$91,210,024	\$1,008,188,758	\$377,995	\$245,381	\$12,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$968,779,486
Insurance	Supplemental Medicare Insurance Benefits	\$103,354,413	\$13,500,231	\$64,438,167	\$0	\$7,109,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$185,174,413
	Health Insurance Pay to Program	\$15,138	\$25,100	\$2,357,796	\$0	\$18,920	\$48,200	\$41,380	\$0	\$148,700	\$0	\$14,460	\$0	\$14,460	\$0	\$0	\$0	\$2,708,836
Subtotal Insurance	\$103,373,495	\$13,524,331	\$66,795,963	\$0	\$7,188,664	\$48,200	\$41,380	\$0	\$148,700	\$0	\$14,460	\$0	\$14,460	\$0	\$0	\$0	\$0	\$187,883,249
Service Management	Single Entry Points	(87,390)	(\$419)	(82,336)	(87)	(57)	\$0	(54)	\$0	(51)	\$0	\$30	\$0	\$0	\$0	\$0	\$0	(84,355)
	Dispute Management	\$1,562	\$7,295	\$6,113	\$5,174	\$16,111	\$27,031	\$10,468	\$0	\$0	\$0	\$13,113	\$4,181	\$495	\$0	\$0	\$0	\$14,816
Proposed Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Accountable Care Collaborative	\$2,377,490	\$2,099,434	\$16,084,870	\$118,199	\$17,418,672	\$17,418,136	\$87,504,654	\$24,330	\$87,521,143	\$12,442,493	\$3,343,813	\$2,105,202	\$976,349	\$3,486	\$0	\$0	\$282,488,499	
Subtotal Service Management	\$7,377,482	\$1,109,354	\$10,745,672	\$3,034,384	\$31,931,007	\$17,532,095	\$83,105,058	\$24,330	\$87,521,142	\$12,442,493	\$3,338,561	\$2,119,894	\$977,021	\$3,486	\$0	\$0	\$283,024,910	
Total Services	\$1,553,414,463	\$372,483,673	\$1,879,161,121	\$141,716,472	\$651,871,298	\$372,951,480	\$2,090,252,430	\$1,420,210	\$1,277,854,040	\$153,461,166	\$164,107,762	\$136,371,088	\$26,166,406	\$90,200,340	\$115,086,384	\$334,951	\$8,982,402,485	\$10,922,402,485
Financing & Supplemental Payments	Upper Payment Limit Financing	\$949,095	\$163,209	\$995,800	\$40,832	\$155,474	\$75,320	\$495,906	\$586	\$472,779	\$53,436	\$107,414	\$25,796	\$6,199	\$21,128	\$0	\$49	\$3,442,861
	Hospital Supplemental Payments	\$15,962,841	\$40,228,976	\$180,167,364	\$13,787,027	\$41,495,809	\$87,476,465	\$48,340,037	\$29,496	\$11,435,571	\$27,442,296	\$29,218,078	\$48,960,123	\$5,011,415	\$60,832,818	\$0	\$23,810	\$1,494,060,213
	Nursing Facility Supplemental Payments	\$207,504,506	\$10,200,899	\$424,245,576	\$20,069	\$40,287	\$20,287	\$204,209	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$106,000,920
	Physician Supplemental Payments	\$97,380	\$455,144	\$3,935,547	\$391,363	\$3,498,730	\$1,718,457	\$9,378,487	\$230	\$10,481,457	\$1,149,919	\$866,311	\$884,486	\$30,893	\$369,978	\$0	\$4,290	\$13,550,920
	Outstanding Payments	\$5,498	\$25,492	\$139,579	\$15,871	\$235,715	\$119,294	\$634,465	\$892	\$389,839	\$22,883	\$59,762	\$29,026	\$9,343	\$12,514	\$0	\$0	\$143,030
	University of Colorado School of Medicine Payments	\$337,413	\$1,745,292	\$11,749,267	\$16,293	\$19,315,677	\$9,406,892	\$11,776,452	\$1,268	\$10,803,549	\$6,148,414	\$4,727,495	\$14,883,018	\$170,551	\$2,462,564	\$0	\$0	\$14,883,018
	Other Supplemental Payments	\$5,030,820	\$2,733,512	\$11,287,363	\$853,900	\$8,402,994	\$4,043,431	\$31,151,980	\$16,968	\$19,425,586	\$1,787,634	\$1,783,662	\$2,794,894	\$164,769	\$5,472,475	\$0	\$0	\$59,936,926
Accounting Adjustments	\$14,431,329	\$979,610	\$28,923,329	\$11,647	\$1,799,766	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

Exhibit M

Cath-based Actuals																
FY 2021-22	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
Acute Care																
Physician Services & EPDST	\$3,389,060	\$15,045,341	\$129,268,647	\$13,283,778	\$118,638,174	\$39,971,422	\$309,396,245	\$172,916	\$322,996,826	\$36,972,164	\$29,178,962	\$29,504,758	\$789,261	\$9,948,453	\$0	\$1,079,552,987
Emergency Transportation	\$303,393	\$1,087,579	\$4,361,899	\$372,593	\$1,960,539	\$1,388,429	\$28,877,029	\$2,214	\$5,450,297	\$375,888	\$686,377	\$78,421	\$105,549	\$24,947,499	\$0	\$71,162,274
Non-emergency Medical Transportation	\$12,506,652	\$6,960,495	\$19,256,458	\$2,996,376	\$4,216,531	\$683,787	\$25,548,552	\$5,430	\$13,866,107	\$213,533	\$911,138	\$480,157	\$32,838	\$37,005	\$0	\$76,488,495
Dental Services	\$9,263,079	\$1,409,684	\$18,838,547	\$1,903,114	\$36,566,252	\$20,364,960	\$82,796,511	\$31,088	\$147,778,539	\$29,972,072	\$5,933,805	\$2,669,824	\$777,411	\$1,229	\$0	\$382,326,115
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$16,520,527	\$16,174,642	\$61,836,239	\$7,463,798	\$61,343,707	\$40,764,830	\$255,602,167	\$0	\$43,606,823	\$7,113,501	\$1,495,431	\$13,126,897	\$4,541,980	\$4,367	\$0	\$53,574,669
Inpatient Hospitals	\$30,481,549	\$34,101,709	\$145,637,053	\$8,058,308	\$81,109,790	\$36,470,827	\$78,740,422	\$112,091	\$190,056,046	\$8,371,354	\$14,962,766	\$45,790,644	\$7,264,682	\$33,147,977	\$0	\$1,004,502,218
Outpatient Hospitals	\$2,714,729	\$11,804,187	\$14,212,301	\$6,006,034	\$91,444,963	\$47,939,329	\$279,833,116	\$174,123	\$121,864,106	\$18,902,289	\$12,387,616	\$14,610,811	\$2,837,291	\$8,899,683	\$0	\$64,226,279
LAB & X-Ray	\$175,148	\$1,717,673	\$6,543,062	\$693,418	\$26,557,051	\$12,838,242	\$56,142,660	\$44,004	\$14,347,866	\$2,211,285	\$1,306,866	\$5,075,500	\$114,844	\$173,780	\$0	\$179,000,651
Durable Medical Equipment	\$13,183,982	\$6,646,276	\$78,610,650	\$3,395,124	\$6,518,550	\$4,114,600	\$30,498,231	\$41,555	\$32,027,562	\$8,261,128	\$7,988,034	\$315,851	\$252,924	\$83,206	\$0	\$194,147,233
Prescription Drugs	\$6,308,305	\$41,291,009	\$255,008,491	\$28,487,131	\$171,136,158	\$94,386,780	\$577,137,626	\$494,888	\$138,117,009	\$26,795,613	\$17,385,546	\$4,938,015	\$2,125,118	\$192	\$14	\$7,357,638,630
Physician Administrative Drugs	\$2,344,282	\$4,411,735	\$20,182,250	\$2,940,935	\$20,559,139	\$11,788,080	\$63,030,467	\$17,530	\$10,823,282	\$1,562,962	\$906,050	\$1,367,227	\$497,384	\$273,750	\$1,299,797	\$143,124,260
Drug Rebate	\$(5,833,497)	\$(26,138,715)	\$(161,584,873)	\$(18,028,186)	\$(108,411,990)	\$(60,176,106)	\$(365,660,397)	\$(331,471)	\$(81,177,464)	\$(16,995,505)	\$(13,548,258)	\$(5,153,676)	\$(1,148,841)	\$123	\$(5)	\$(880,281,110)
Rural Health Centers	\$57,983	\$350,384	\$1,683,049	\$168,635	\$5,159,571	\$3,131,393	\$9,342,307	\$109,853	\$11,497,880	\$1,424,346	\$355,384	\$1,166,818	\$5,797,343	\$13,572	\$0	\$40,639,037
Federally Qualified Health Centers	\$1,330,338	\$2,541,387	\$9,440,308	\$1,060,839	\$23,066,153	\$12,756,747	\$52,968,750	\$28,640	\$38,281,868	\$5,864,441	\$1,404,585	\$6,228,977	\$13,14,627	\$614,569	\$0	\$159,102,439
Co-Insurance (Title XVIII/Medicare)	\$62,563,251	\$8,119,496	\$22,445,474	\$9,497,729	\$4,276,417	\$476,417	\$881,884	\$8,766,325	\$5,363	\$191,364	\$39,058	\$49,285	\$100,853	\$13,331	\$112,159	\$22,496,361
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services (P&G)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services	\$144,631	\$322,132	\$1,927,088	\$342,442	\$4,482,814	\$2,306,204	\$10,170,638	\$5,812	\$3,884,184	\$209,655	\$294,730	\$405,445	\$88,886	\$14,263	\$0	\$28,833,056
Acute Home Health	\$2,821,606	\$924,969	\$15,164,901	\$802,689	\$116,941	\$35,101	\$493,473	\$1,807	\$3,658,175	\$684,720	\$1,385,498	\$7,811	\$1,403	\$0	\$0	\$26,005,094
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$149,877,574	\$128,240,020	\$485,424,174	\$70,092,482	\$554,575,340	\$290,146,173	\$1,758,333,291	\$1,253,751	\$1,007,460,023	\$132,006,466	\$86,848,798	\$123,703,283	\$26,509,460	\$77,800,591	\$23,795,553	\$5,116,386,715
Community Based Long Term Care																
HCBS - Elderly, Blind, and Disabled	\$136,877,211	\$64,764,174	\$218,007,892	\$291,937	\$0	\$0	\$0	\$0	\$0	\$0	\$51,184	\$0	\$0	\$0	\$0	\$629,883,388
HCBS - Community Mental Health Services	\$11,858,122	\$8,774,890	\$35,303,731	\$1,541,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,477,877
HCBS - Children's HCBS	\$0	\$0	\$102,071,779	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,557	\$0	\$0	\$0	\$0	\$102,074,336
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$1,609,957	\$1,898,051	\$29,224,998	\$2,434,007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,169,013
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$526,952	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,747	\$0	\$0	\$0	\$0	\$540,699
HCBS - Spinal Cord Injury	\$1,188,314	\$497,177	\$7,418,401	\$2,210,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,314,696
CCF - Services	\$121,432	\$482,921	\$7,141,827	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,062,250
Private Duty Nursing	\$5,554,456	\$846,213	\$70,384,372	\$1,151,562	\$0	\$0	\$3,047	\$0	\$4,460,763	\$622,935	\$29,534,576	\$0	\$0	\$0	\$0	\$112,508,319
Long Term Home Health	\$56,685,471	\$15,647,259	\$16,060,273	\$10,112,732	\$1,040,139	\$19,664	\$4,206,840	\$0	\$61,533,732	\$4,099,542	\$24,035,750	\$6,573	\$1,889	\$0	\$0	\$493,909,864
Hospice	\$19,158,091	\$5,006,136	\$23,153,686	\$703,817	\$453,781	\$45,996,353	\$17,084	\$146,475	\$24,329	\$2,726	\$26,197	\$14,127	\$11,048	\$0	\$0	\$59,233,185
Subtotal Community Based Long-Term Care	\$452,949,074	\$98,407,021	\$801,517,941	\$18,113,444	\$1,466,120	\$466,140	\$9,204,240	\$17,064	\$66,258,794	\$4,685,213	\$53,663,923	\$6,573	\$16,016	\$11,048	\$0	\$1,506,782,631
Long Term Care																
Class I Nursing Facilities	\$477,214,167	\$63,576,451	\$90,410,393	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$633,189,414
Class II Nursing Facilities	\$524,244	\$235,897	\$5,136,802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,096,903
Program of All-Inclusive Care for the Elderly	\$213,626,305	\$6,157,933	\$1,725,116	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$443,703,394
Subtotal Long-Term Care	\$711,388,756	\$70,130,241	\$99,482,311	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$882,989,711
Insurance																
Supplemental Medicare Insurance Benefits	\$93,208,563	\$12,174,711	\$58,111,307	\$0	\$6,637,127	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,044,859
Health Insurance Buy-In Program	\$8,136	\$14,118	\$2,365,044	\$0	\$9,388	\$12,644	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$0	\$2,363,733
Subtotal Insurance	\$93,216,719	\$12,188,829	\$60,476,351	\$0	\$6,646,515	\$12,644	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$0	\$87,044,859
Service Management																
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$2,198	\$9,768	\$83,926	\$8,624	\$77,023	\$38,935	\$200,869	\$0	\$0	\$0	\$18,844	\$19,155	\$512	\$0	\$0	\$495,954
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$6,933,090	\$2,031,491	\$10,105,967	\$2,475,157	\$28,282,576	\$16,645,132	\$69,460,153	\$23,790	\$79,732,303	\$11,994,398	\$3,483,020	\$2,116,106	\$629,122	\$973	\$0	\$234,284,132
Subtotal Service Management	\$6,933,090	\$2,041,259	\$10,164,893	\$2,483,281	\$28,359,602	\$16,664,067	\$69,660,022	\$23,790	\$79,732,303	\$11,994,398	\$3,483,020	\$2,116,106	\$629,122	\$973	\$0	\$234,284,132
Total Services	\$1,414,363,213	\$311,007,370	\$1,657,542,690	\$90,835,413	\$991,102,773	\$307,349,044	\$1,839,291,684	\$1,294,565	\$1,153,732,177	\$148,686,077	\$144,015,541	\$125,831,662	\$27,154,598	\$77,812,422	\$110,840,414	\$8,000,841,643
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$1,848,563	\$326,311	\$1,853,807	\$74,114	\$315,119	\$741,892	\$842,226	\$1,317	\$764,561	\$103,075	\$168,067	\$39,444	\$9,809	\$29,905	\$0	\$6,538,570
Hospital Supplemental Payments	\$18,910,657	\$37,582,213	\$163,814,048	\$11,296,912	\$137,150,217	\$66,434,172	\$498,918,660	\$375,425	\$299,086,155	\$21,245,787	\$21,829,381	\$87,279,751	\$8,248,333	\$34,574,911	\$0	\$1,326,746,414
Nursing Facility Supplemental Payments	\$105,133,310	\$14,086,296	\$19,917,983	\$32,098	\$12,157	\$0	\$393,803	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,495,647
Physician Supplemental Payments	\$31,037	\$93,473	\$883,135	\$82,539	\$712,071	\$372,588	\$1,922,205	\$1,074	\$2,012,815	\$229,699	\$181,382	\$181,306	\$4,903	\$61,897	\$0	\$6,702,084
Outstanding Payments	\$6,950	\$37,054	\$172,094	\$18,853	\$287,047	\$149,293	\$752,229	\$1,174	\$413,933	\$59,329	\$38,573	\$36,447	\$8,906	\$27,843	\$0	\$2,009,725
University of Colorado School of Medicine Payments	\$527,835	\$2,323,135	\$19,960,238	\$2,091,134	\$18,118,796	\$9,260,216	\$47,771,658	\$26,500	\$50,010,009	\$5,708,833	\$4,505,493	\$4,555,798	\$21,849	\$1,536,130	\$0	\$16,092,640
Other Supplemental Payments	\$5,726,100	\$2,462,118	\$9,352,476	\$613,887	\$7,101,732	\$3,438,838	\$24,334,664	\$18,373	\$16,162,997	\$1,218,417	\$1,210,162	\$2,305,151	\$380,112	\$1,640,730	\$0	\$76,435,556
Accounting Adjustments	\$3,882,466	\$1,181,383	\$6,361,968	\$432,140	\$2,826,568	\$1,495,972	\$9,061,181	\$6,590	\$5,097,007	\$676,683	\$616,732	\$545,822	\$118,666	\$377,988	\$88,379	\$12,621,745
Subtotal Financing and Supplemental Payments	\$136,093,320	\$58,012,183	\$222,135,717	\$14,402,067	\$166,748,707	\$81,332,839	\$584,998,516	\$493	\$2,331,577	\$29,361,823	\$28,549,082	\$59,599,790	\$8,992,096	\$39,190,314	\$88,379	\$7,525,451,146
Grand Total	\$1,550,416,533	\$369,019,553	\$1,879,679,407	\$105,437,480	\$1,157,851,489	\$388,681,883	\$2,423,890,200	\$1,725,217	\$1,485,295,354	\$177,947,900	\$172,565,331	\$180,831,381	\$136,046,996	\$116,011,736	\$110,928,793	\$9,596,293,144
Notes:																
2021-22 actuals are from data processed in CORE on January 1, 2023.																

Exhibit B

FY 2020-21	Adults 65 and Older (DAP-A)	Disabled Adults 65 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-B)	Disabled Boys to 18 (DAP-B)	MAGI Parents/Carers to 65% PPL	MAGI Parents/Carers 65% to 130% PPL	Cash-based Activities										Foster Care	MAGI Pregnant Adults	58 11-250 Eligible Pregnant Adults	Non-Citizen Emergency Services	Partial Dual Eligible	CORE TOTAL	
							MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (MPC-CDC)	58 11-008 Eligible Children	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (MPC-CDC)	58 11-008 Eligible Children									
Acute Care	Physician Services & EPDST	\$3,572,059	\$1,350,349	\$179,467,236	\$13,708,144	\$55,445,570	\$49,624,272	\$23,087,322	\$58,846	\$246,898,819	\$28,442,494	\$26,333,299	\$28,054,138	\$3,836,443	\$8,229,849	\$0	\$908,256,791						
	Emergency Transportation	\$567,710	\$893,782	\$0	\$538,336	\$330,160	\$3,223,188	\$0	\$378,488	\$32,986,449	\$7,537	\$6,875,217	\$480,713	\$589,784	\$666,563	\$96,564	\$56,454,435					\$65,292,174	
	Non-emergency Medical Transportation	\$8,576,706	\$3,233,438	\$58,128,375	\$1,776,272	\$3,728,927	\$3,823,353	\$58,776,376	\$1,450	\$5,426,181	\$307,028	\$58,776,376	\$1,450	\$5,426,181	\$307,028	\$58,776,376	\$1,450	\$5,426,181				\$60,116,109	
	Dental Services	\$1,261,469	\$3,978,825	\$22,804,461	\$3,372,620	\$39,389,666	\$18,288,845	\$71,576,774	\$48,041	\$46,821,773	\$25,668,825	\$7,972,266	\$2,958,540	\$484,119	\$1,920	\$0	\$0	\$0	\$0	\$0	\$0	\$45,719,164	
	Health Maintenance Organization	\$35,946,024	\$16,463,348	\$50,028,773	\$7,795,055	\$40,293,818	\$33,983,278	\$223,846,976	\$0	\$44,815,000	\$6,336,779	\$3,854,866	\$13,848,995	\$4,238,544	\$60,963	\$0	\$0	\$0	\$0	\$0	\$0	\$507,235,891	
	Physician Hospitalists	\$61,466,467	\$32,964,545	\$164,124,406	\$35,773,724	\$77,126,028	\$33,506,028	\$354,054,113	\$399,451	\$149,736,585	\$5,943,441	\$16,736,585	\$5,943,441	\$16,736,585	\$5,943,441	\$16,736,585	\$5,943,441	\$16,736,585	\$5,943,441	\$16,736,585	\$5,943,441	\$167,547,814	
	Outpatient Hospitalist	\$6,709,221	\$1,914,087	\$49,854,461	\$6,113,026	\$76,363,171	\$39,851,809	\$199,158,484	\$7,916	\$109,458,111	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$13,959,451	\$117,427,131	
	Lab & X-Ray	\$79,825	\$1,949,791	\$7,487,514	\$83,706	\$7,747,483	\$17,580,827	\$54,446,781	\$63,810	\$9,745,801	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$17,517,332
	Diagnostic Radiology Equipment	\$11,576,779	\$1,979,173	\$79,295,301	\$13,220,926	\$7,747,483	\$17,580,827	\$54,446,781	\$63,810	\$9,745,801	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$1,999,669	\$17,517,332
	Physician Hospitalist	\$3,554,189	\$7,135,377	\$12,295,333	\$25,142,447	\$16,457,268	\$38,881,389	\$489,846,189	\$487,884	\$110,247,299	\$24,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$26,881,189	\$1,187,447,437
	Physician Hospitalist	\$2,177,711	\$16,130,929	\$16,130,929	\$4,420,929	\$10,171,492	\$19,979,305	\$63,149,192	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,977,492	\$1,187,447,437
	Drug Reimbursement	\$4,047,881	\$27,178,177	\$168,447,888	\$17,139,177	\$106,148,071	\$27,442,744	\$156,440,713	\$14,419	\$80,278,487	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$18,880,713	\$180,114,878
	Respiratory Services	\$67,737	\$4,641	\$1,537,313	\$14,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$4,641	\$18,716,328
	Federally Qualified Health Centers	\$1,236,343	\$2,520,839	\$9,776,136	\$1,161,414	\$22,547,277	\$77,887,814	\$51,106,714	\$14,493	\$28,389,393	\$4,242,791	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$145,162,471
	Outpatient Clinic/Endocrinology	\$38,851,964	\$8,364,084	\$38,084,716	\$1,161,414	\$22,547,277	\$77,887,814	\$51,106,714	\$14,493	\$28,389,393	\$4,242,791	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$8,258,428	\$1,145,746	\$145,162,471
	Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Prepared Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Preventive Services	\$196,524	\$279,997	\$7,706,513	\$25,624	\$1,891,556	\$2,256,944	\$8,731,727	\$7,587	\$1,411,213	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$199,757	\$17,850,881
	Acute Home Health	\$3,343,323	\$3,309,209	\$12,341,485	\$28,824	\$13,613,613	\$12,307	\$58,491	\$1,717	\$4,071,846	\$38,218	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$1,717,846	\$28,779,274
	Preventive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Subtotal of Acute Care	\$146,156,826	\$179,327,719	\$682,342,494	\$73,287,289	\$490,496,839	\$237,108,050	\$1,518,174,049	\$2,758,817	\$99,081,832	\$162,055,384	\$81,941,181	\$108,911,863	\$23,492,456	\$46,167,931	\$18,792,828	\$4,442,616,826						
	Community Based Long Term Care																						
HCBS - Elderly, Blind, and Disabled	\$326,507,971	\$58,576,125	\$175,986,367	\$8,936,184	\$0	\$0	\$3,586	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$270,276,576	
HCBS - Community Mental Health Services	\$15,188,068	\$8,253,585	\$38,532,457	\$2,230,851	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,795,158	
HCBS - Children's HCBS	\$0	\$0	\$7,458,832	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,458,832	
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
HCBS - Consumer Directed Assistance Support	\$13,029	\$13,029	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	\$17,813	
HCBS - Brain Injury	\$3,037,644	\$3,481,188	\$23,736,919	\$1,760,473	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,990,426	
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
HCBS - Children with Life Limiting Condition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
HCBS - Smart Care Units	\$1,613,432	\$362,823	\$6,139,449	\$1,613,432	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,155,289	
HCBS - Care Services	\$1,613,432	\$362,823	\$6,139,449	\$1,613,432	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,155,289	
Private Elderly Housing	\$3,518,759	\$197,262	\$87,936,740	\$1,741,607	\$0	\$0	\$1,807	\$0	\$0	\$1,807	\$0	\$0	\$1,807	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,199,137	
Long Term Home Health	\$17,778,820	\$14,729,706	\$48,487,189	\$6,717,787	\$55,817	\$108,889	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$1,766,817	\$48,487,189	
Respite	\$41,876,774	\$4,908,112	\$8,841,431	\$107,234	\$183,181	\$4,933,289	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$10,730	\$60,774,111	
Subtotal Community Based Long Term Care	\$448,763,814	\$95,837,292	\$649,835,493	\$25,735,795	\$1,340,761	\$471,544	\$6,757,314	\$70,380	\$99,893,461	\$4,008,407	\$1,184,479	\$5,938	\$1,764	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,354,764,338	
Long Term Care																							
Care & Nursing Facilities	\$474,500,714	\$61,356,287	\$88,586,142	\$59,180	\$146,399	\$8,508	\$2,411,997	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,811,907	
Care & Nursing Facilities	\$799,487	\$250,953	\$8,586,541	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,537,981	
Program of All-Inclusive Care for the Elderly	\$194,030,719	\$59,746,816	\$17,441,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$272,588,776	
Subtotal Long Term Care	\$670,070,920	\$121,103,103	\$106,027,543	\$59,180	\$146,399	\$8,508	\$2,411,997	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$897,440,624	
Insurance																							
Supplemental Medicare Insurance Benefits	\$82,456,789	\$16,880,611	\$57,582,371	\$0	\$5,488,088	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$107,268,556	
Health Insurance Buy-In Program	\$7,940	\$13,746	\$8,882,836	\$0	\$0	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$2,496,085	
Subtotal Insurance	\$82,464,729	\$16,894,357	\$57,591,207	\$0	\$5,491,834	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$13,746	\$109,764,641	
Service Management																							
Single Entry Entry Point	\$11,415,586	\$2,992,999	\$16,772,431	\$5,137	\$8,835	\$2,363	\$46,297	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,292,800	
Slower Management	\$5,331	\$11,199	\$178,091	\$33,500	\$106,236	\$46,844	\$46,862	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,803	
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Accountable Care Collaborative	\$6,935,351	\$2,221,261	\$17,771,813	\$2,407,051	\$26,323,209	\$13,682,927	\$15,717,148	\$21,411	\$1,709,448	\$16,921,885	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$11,787,728	\$104,444,337	
Subtotal Service Management	\$17,346,937	\$4,214,260	\$17,948,244	\$2,407,051	\$26,349,535	\$13,729,774	\$15,732,890	\$21,422	\$1,726,446	\$16,938,873	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$11,805,516	\$104,466,165	
Total Services	\$1,338,401,811	\$174,171,141	\$1,306,665,966	\$100,361,644	\$524,624,495	\$279,131,974	\$1,587,480,373	\$2,883,770	\$99,321,674	\$164,988,436	\$84,666,609	\$108,911,863	\$23,492,456	\$46,167,931	\$18,792,828	\$4,442,616,826						\$7,177,719,098	
Financing & Supplemental Payments																							
Major Dependent Local Financing	\$125,998	\$81,213	\$193,541	\$4,369	\$117,652	\$59,861	\$52,871	\$1,089	\$1,089	\$1,089	\$1,08												

Exhibit B

Core-based Adults																		
	FY 2019-20	Adults 65 and Older (OAP-A)	Disabled Adults 65 to 64 (OAP-B)	Disabled Individuals to 59 (OAP-B)	Disabled Boys to 18 (OAP-B)	MAGI Parents/ Caretakers to 65% PPL	MAGI Parents/ Caretakers 65% to 135% PPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (MPC-CDC)	58 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	58 11-250 Eligible Pregnant Adults	Non-Citizen Emergency Services	Partial Dual Eligible	CORE TOTAL	
Acute Care																		
Physician Services & EPD01	\$1,501,893	\$1,582,476	\$1,017,493	\$13,363,351	\$55,902,135	\$52,928,799	\$13,796,562	\$10,528	\$263,887,721	\$27,979,277	\$23,159,368	\$28,478,271	\$4,933,377	\$7,402,617	\$0	\$0	\$0	\$836,068,168
Emergency Transportation	\$223,416	\$1,140,617	\$5,243,485	\$19,588	\$1,494,287	\$823,562	\$28,246,534	\$5,446	\$5,115,124	\$432,463	\$681,257	\$844,224	\$138,072	\$11,385,259	\$0	\$0	\$0	\$58,537,516
Non-emergency Medical Transportation	\$8,190,521	\$6,269,713	\$16,162,811	\$1,139,025	\$1,474,100	\$888,249	\$14,590,021	\$23,091	\$1,025,345	\$11,019	\$451,589	\$68,812	\$34,053	\$35	\$0	\$0	\$0	\$52,655,171
Dental Services	\$5,466,160	\$1,133,112	\$10,688,520	\$2,832,129	\$33,131,273	\$12,801,536	\$59,838,428	\$33,531	\$117,881,489	\$21,425,151	\$6,479,186	\$2,474,838	\$338,048	\$1,466	\$0	\$0	\$0	\$189,770,417
Pharmacy Planning	\$1,462,423	\$1,462,423	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,462,423
Health Maintenance Organization	\$16,628,205	\$14,871,807	\$68,548,349	\$5,737,853	\$16,571,427	\$2,632,938	\$167,939,351	\$0	\$40,846,525	\$4,968,457	\$14,730,409	\$2,839,574	\$0	\$0	\$0	\$0	\$0	\$400,205,126
Insurance Hospitals	\$21,101,264	\$22,288,535	\$158,485,186	\$12,626,354	\$7,129,287	\$22,077,355	\$159,844,312	\$16,621	\$146,881,250	\$15,944,426	\$6,326,766	\$37,371,724	\$6,879,316	\$17,767,198	\$0	\$0	\$0	\$875,136,165
Outpatient Hospital	\$6,153,656	\$10,050,001	\$19,128,108	\$6,705,454	\$75,051,483	\$17,072,253	\$79,581	\$69,126,158	\$13,172,051	\$5,950,005	\$12,881,457	\$1,431,461	\$5,370,825	\$0	\$0	\$0	\$0	\$494,124,855
Lab & X-Ray	\$19,881	\$2,171,450	\$15,648,237	\$870,759	\$18,406,530	\$17,205,488	\$45,338,867	\$88,083	\$6,512,832	\$586,088	\$1,464,917	\$5,103,081	\$1,126,110	\$180,403	\$0	\$0	\$0	\$146,105,116
Diagnostic Radiology Equipment	\$17,539,312	\$17,001,893	\$79,799,709	\$1,570,100	\$7,399,709	\$2,953,763	\$25,137,763	\$0	\$28,894,748	\$12,268,747	\$5,769,761	\$97,875	\$0	\$0	\$0	\$0	\$0	\$113,499,518
Fluoroscopic Drugs	\$3,473,737	\$1,165,884	\$12,264,259	\$25,979,824	\$15,195,571	\$10,205,544	\$405,384,631	\$467,736	\$10,141,181	\$22,038,466	\$20,819,879	\$5,851,864	\$737,877	\$1,448	\$0	\$0	\$0	\$111,468
Physician Administrative Costs	\$2,476,521	\$4,171,175	\$15,507,561	\$4,148,455	\$18,114,814	\$7,874,187	\$51,384,761	\$0	\$1,046,785	\$88,112	\$2,477,488	\$139,418	\$1,015,475	\$178,384,318	\$0	\$0	\$0	\$178,384,318
Drug Reimburse	\$15,474,471	\$22,361,471	\$148,797,161	\$19,002,424	\$88,178,012	\$11,148,881	\$156,860,173	\$177,201	\$54,879,851	\$13,887,567	\$13,195,160	\$3,710,841	\$461,130	\$18,121	\$0	\$0	\$0	\$671,743,131
Health Services	\$86,321	\$168,538	\$1,128,105	\$168,469	\$1,364,761	\$1,862,187	\$1,137,461	\$1,427	\$17,409,185	\$1,737,295	\$681,619	\$2,717,626	\$186,151	\$14,426	\$0	\$0	\$0	\$68,786,129
Federally Qualified Health Centers	\$1,562,044	\$2,481,749	\$10,663,130	\$1,030,669	\$21,138,739	\$7,327,835	\$43,999,348	\$37,111	\$79,610,366	\$1,336,086	\$19,287,444	\$1,124,886	\$705,132	\$0	\$0	\$0	\$0	\$121,722,519
Outpatient Clinic Visit Medication	\$34,181,124	\$8,711,921	\$28,036,547	\$6,648,665	\$2,846,701	\$275,517	\$2,183,004	\$14,913	\$247,981	\$26,000	\$16,511	\$67,381	\$5,468	\$12,201	\$17,080,881	\$0	\$0	\$121,661,124
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$175,900
Prepared Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$1,466	\$10,213	\$68,468	\$7,073	\$45,776	\$15,173	\$18,669	\$24	\$67,819	\$8,091	\$16,258	\$10,258	\$1,511	\$2,711	\$1,362	\$0	\$0	\$371,000
Preventive Services	\$174,224	\$488,227	\$87,217,517	\$134,121	\$8,268,890	\$2,314,013	\$12,103,547	\$17,446	\$17,316,044	\$15,529,599	\$684,661	\$1,808,564	\$54,876	\$59,286	\$0	\$0	\$0	\$42,193,050
Acute Home Health	\$3,435,469	\$1,860,021	\$12,884,380	\$25,129	\$10,817	\$27,385	\$55,361	\$0	\$4,011,426	\$36,321	\$1,110,010	\$16,461	\$0	\$0	\$0	\$0	\$0	\$28,377,028
Preventive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$159,158,084	\$108,554,717	\$622,443,894	\$70,779,044	\$478,544,251	\$166,486,916	\$1,322,679,962	\$2,628,916	\$986,237,315	\$86,234,825	\$63,938,283	\$105,846,838	\$19,806,137	\$42,590,231	\$18,246,315	\$0	\$0	\$4,061,131,928
Community Based Long Term Care																		
HCBS - Elderly, Blind, and Disabled	\$307,798,079	\$54,638,183	\$199,597,940	\$2,762,239	\$0	\$0	\$77,272	\$0	\$0	\$0	\$0	\$54,507	\$0	\$0	\$0	\$0	\$0	\$224,508,139
HCBS - Community Mental Health Services	\$3,674,356	\$7,993,181	\$19,854,813	\$480,640	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50,843,198
HCBS - Children's HCBS	\$0	\$0	\$10,118,495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$52,118,616
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Assistance Support	\$17,109	\$12,873	\$13,713	\$699	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,310
HCBS - Brain Injury	\$2,531,971	\$3,028,962	\$25,927,507	\$160,056	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,048,466
HCBS - Children with Autism	\$0	\$0	\$0	\$19,165	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$19,165
HCBS - Children with Life Limiting Illness	\$0	\$0	\$680,148	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,520	\$0	\$0	\$0	\$0	\$0	\$681,668
HCBS - Smart Land Grants	\$18,606	\$389,203	\$6,428,741	\$1,099,122	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,449,249
HCBS - CNA Services	\$1,421,381	\$1,377,922	\$6,423,117	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,256,118
Private Duty Nursing	\$4,918,004	\$167,107	\$16,823,599	\$14,707	\$15,885	\$56,273	\$54,256	\$0	\$2,881,138	\$174,627	\$32,611,357	\$0	\$0	\$0	\$0	\$0	\$0	\$102,631,101
Private Duty Home Health	\$46,702,928	\$11,905,897	\$106,468,307	\$6,146,707	\$87,451	\$88,881	\$1,340,781	\$0	\$10,740,138	\$1,148,014	\$19,811,130	\$5,441	\$1,508	\$0	\$0	\$0	\$0	\$497,611,698
Respite	\$27,138,224	\$5,147,520	\$6,822,181	\$177,407	\$463,738	\$188,882	\$1,817,101	\$18,767	\$165,292	\$16,711	\$164,519	\$9,381	\$0	\$0	\$0	\$0	\$0	\$70,076,226
Subtotal Community Based Long Term Care	\$168,407,314	\$26,416,490	\$613,607,168	\$13,793,467	\$13,793,586	\$381,257	\$7,369,491	\$18,937	\$83,944,938	\$3,509,768	\$43,925,433	\$14,511	\$1,504	\$0	\$0	\$0	\$0	\$1,446,751,708
Long Term Care																		
Care & Nursing Facilities	\$550,552,814	\$64,077,266	\$99,621,407	\$18,131	\$144,213	\$79,844	\$5,106,269	\$0	\$11,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$0	\$0	\$719,806,177
Care & Nursing Facilities	\$16,194	\$10,368	\$8,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,187
Program of All-Inclusive Care for the Elderly	\$195,301,425	\$7,762,274	\$12,242,188	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$175,145,009
Subtotal Long Term Care	\$762,026,235	\$82,049,596	\$112,340,596	\$18,131	\$144,213	\$79,844	\$5,106,269	\$0	\$11,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$0	\$0	\$961,098,210
Insurance																		
Supplemental Medicare Insurance Benefits	\$108,451,508	\$6,366,684	\$99,654,618	\$0	\$266,248	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$99,740,308
Health Insurance Buy-Back Program	\$8,033	\$13,913	\$5,135,714	\$0	\$9,262	\$12,480	\$14,913	\$0	\$11,901	\$0	\$5,617	\$0	\$0	\$0	\$0	\$0	\$0	\$7,526,516
Subtotal Insurance	\$108,461,542	\$6,349,957	\$99,265,312	\$0	\$266,248	\$12,480	\$14,913	\$0	\$11,901	\$0	\$5,617	\$0	\$0	\$0	\$0	\$0	\$0	\$107,266,824
Service Management																		
Single Entry Entry Points	\$12,024,929	\$1,162,771	\$17,657,701	\$5,400	\$5,138	\$2,760	\$46,766	\$0	\$6,320	\$736	\$64,430	\$0	\$0	\$0	\$0	\$0	\$0	\$32,462,916
Financial Management	\$1,109	\$11,340	\$86,876	\$12,064	\$86,431	\$28,277	\$192,864	\$0	\$0	\$27,020	\$25,866	\$4,466	\$0	\$0	\$0	\$0	\$0	\$481,717
Prepared Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaboration	\$7,287,241	\$2,038,519	\$17,368,849	\$1,661,038	\$17,381,588	\$18,147,138	\$51,274,240	\$24,437	\$10,050,580	\$9,606,361	\$1,886,210	\$1,794,421	\$135,828	\$101	\$0	\$0	\$0	\$108,884,000
Subtotal Service Management	\$19,113,123	\$3,202,430	\$29,113,426	\$14,065,506	\$17,475,547	\$18,179,716	\$51,515,830	\$24,437	\$12,068,840	\$9,606,361	\$1,886,210	\$1,794,421	\$135,828	\$101	\$0	\$0	\$0	\$132,611,568
Total Services	\$1,440,680,322	\$196,496,234	\$1,441,110,137	\$86,495,146	\$987,829,018	\$177,063,170	\$1,386,846,485	\$2,647,290	\$992,181,079	\$99,346,711	\$105,813,291	\$137,686,233	\$26,146,961	\$42,590,447	\$48,685,665	\$0	\$0	\$6,710,516,911
Financing & Supplemental Payments																		
Upper Payment Limit Financing	\$2,809,582	\$475,103	\$2,851,254	\$76,181	\$596,128	\$138,841	\$936,411	\$3,737	\$794,230	\$97,041	\$142,287	\$64,037	\$9,038	\$17,063	\$0	\$0	\$0	\$7,717,440
Hospital Supplemental Payments	\$18,515,127	\$25,344,304	\$122,406,188	\$15,054,582	\$122,060,279	\$19,295,138	\$197,162,748	\$805,148	\$194,812,695	\$16,500,231	\$9,337,796	\$49,485,377	\$6,531,738	\$18,009,634	\$0	\$0	\$0	\$1,056,458,101
Nursing Facility Supplemental Payments	\$103,432,128	\$12,005,449	\$18,714,175	\$26,271	\$21,054	\$14,781	\$59,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$135,246,499
Physician Supplemental Payments	\$6,864	\$26,469	\$2,020,369	\$255,113	\$1,802,269	\$68,821	\$4,021,572	\$7,876	\$4,963,523	\$326,806	\$458,816	\$338,942	\$69,711	\$108,175	\$0	\$0	\$0	\$15,711,932
Outpatient Supplemental Payments	\$66,964	\$111,054	\$556,359	\$12,066	\$877,675	\$399,451	\$1,369,667	\$6,444	\$1,014,088	\$152,062	\$99,421	\$141,005	\$61,147	\$0	\$0	\$0	\$0	\$5,488,006
University of Colorado School of Medicine - Payments	\$58,414	\$6,361,365	\$															
Other Supplemental Payments	\$2,127,466	\$661,726	\$1,453,067	\$120,048	\$1,466,397	\$979,279	\$9,260,220	\$10,760	\$10,126	\$22,125	\$47,521	\$227,074	\$1,100,000	\$41,134	\$0	\$0	\$0	\$20,540,213
Subtotal Financing & Supplemental Payments	\$128,345,740	\$14,917,523	\$172,172,982	\$170,070,735	\$146,368,378	\$40,616,012	\$453,237,718	\$96,905	\$269,724,682	\$22,044,916	\$14,991,647	\$35,891,892	\$7,139,400	\$204,278	\$2,951	\$1,386,724,238	\$5,951	\$1,386,724,238
Grand Total	\$1,569,026,063	\$213,777,877	\$1,613,283,119	\$1,056,515,881	\$1,634,217,636													

Exhibit B

FY 2018-19 Actuals	Cash-based Actuals															
	Adults 65 and Older (DAP-A)	Disabled Adults 66 to 64 (DAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 132% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFCC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
Acute Care																
Physician Services & EPST	\$4,993,872	\$11,940,319	\$101,861,163	\$11,079,694	\$102,715,505	\$34,591,039	\$207,514,462	\$822,435	\$198,670,769	\$20,698,842	\$19,430,882	\$32,102,668	\$6,198,370	\$6,125,760	\$0	\$758,535,680
Emergency Transportation	\$1,747,382	\$1,547,414	\$9,230,328	\$486,148	\$6,326,910	\$64,193	\$35,841,269	\$3,764	\$3,572,327	\$1,302,907	\$1,107,771	\$883,912	\$19,830	\$288,146	\$0	\$54,833,003
Non-emergency Medical Transportation	\$7,894,928	\$4,112,109	\$15,560,491	\$1,044,472	\$3,879,132	\$379,330	\$14,537,529	\$5,431	\$4,114,648	\$244,245	\$520,776	\$1,091,729	\$30,296	\$111,475	\$0	\$54,171,365
Dental Services	\$10,467,813	\$1,571,309	\$21,212,340	\$2,533,205	\$35,168,578	\$14,610,722	\$63,567,575	\$33,816	\$17,439,297	\$25,490,009	\$6,837,209	\$2,328,152	\$376,032	\$1,065	\$0	\$124,041,201
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$12,233,233	\$14,415,209	\$70,002,446	\$4,150,641	\$59,443,132	\$7,800,909	\$161,447,773	\$14,311	\$18,192,437	\$4,306,020	\$1,322,089	\$14,298,048	\$2,769,385	\$6,946	\$0	\$400,359,785
Inpatient Hospital	\$19,299,028	\$26,547,991	\$115,750,788	\$11,179,823	\$46,757,913	\$19,709,203	\$280,947,201	\$199,800	\$147,831,540	\$5,281,129	\$12,484,200	\$30,229,510	\$7,129,604	\$34,177,096	\$0	\$797,201,786
Outpatient Hospital	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lab & X-Ray	\$157,094	\$2,356,667	\$11,051,514	\$796,449	\$11,809,611	\$8,879,209	\$55,892,410	\$77,719	\$8,231,860	\$1,054,411	\$1,450,359	\$9,095,890	\$405,939	\$285,697	\$0	\$112,517,739
Durable Medical Equipment	\$1,508,159	\$1,024,466	\$6,075,423	\$2,446,440	\$6,827,460	\$1,777,814	\$1,465,023	\$26,131	\$1,713,730	\$1,444,183	\$6,303,018	\$144,188	\$17,175	\$1,087	\$0	\$1,407,427,349
Prescription Drugs	\$5,105,289	\$32,311,656	\$215,730,195	\$22,908,773	\$173,883,515	\$48,217,211	\$307,710,630	\$407,406	\$102,552,873	\$19,574,433	\$17,779,832	\$7,736,701	\$811,313	\$417	\$0	\$995,005,037
Physician Administrative Group	\$3,018,464	\$4,442,647	\$27,253,714	\$5,407,097	\$30,009,592	\$6,171,855	\$55,820,331	\$127,349	\$7,873,354	\$602,111	\$907,702	\$2,549,190	\$270,425	\$357	\$0	\$1,252,764
Other Medical Services	\$1,925,419	\$21,823,744	\$140,448,140	\$17,430,316	\$110,838,669	\$17,048,423	\$182,466,731	\$181,234	\$79,883,094	\$13,094,540	\$13,812,811	\$5,985,031	\$623,796	\$313	\$0	\$2,648,876,068
Rural Health Clinics	\$74,268	\$487,172	\$2,080,336	\$136,196	\$4,886,116	\$3,150,367	\$6,560,190	\$16,250	\$10,131,047	\$1,480,266	\$663,049	\$1,144,077	\$30,887	\$29,802	\$0	\$34,369,949
Federally Qualified Health Centers	\$1,871,153	\$2,446,201	\$10,776,952	\$872,850	\$22,794,462	\$8,574,184	\$46,570,993	\$24,618	\$49,764,346	\$5,583,703	\$1,836,483	\$8,905,086	\$288,290	\$146,900	\$0	\$1,660,403,137
Continuance (HSA/ACA) Medicines	\$46,797,143	\$8,393,251	\$17,468,759	\$5,843,539	\$2,986,033	\$21,587	\$2,329,005	\$77	\$195,971	\$69,527	\$86,566	\$78,199	\$3,905	\$409	\$0	\$113,163,862
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$41	\$34	\$260	\$20	\$144	\$49	\$364	\$1	\$221	\$23	\$24	\$4	\$4	\$0	\$0	\$1,215
Preventive Services	\$222,924	\$512,405	\$3,882,525	\$402,723	\$10,079,630	\$4,092,540	\$16,348,498	\$30,880	\$37,197,742	\$1,631,833	\$1,631,763	\$1,464,999	\$55,492	\$9,150	\$0	\$77,522,796
Acute Home Health	\$3,942,991	\$1,079,059	\$19,257,863	\$483,161	\$140,711	\$33,533	\$65,101	\$0	\$3,242,105	\$97,595	\$1,414,899	\$23,170	\$143	\$0	\$0	\$30,766,913
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$128,083,308	\$101,145,930	\$602,496,576	\$38,472,526	\$480,353,432	\$158,121,334	\$1,203,469,458	\$2,202,429	\$792,870,689	\$87,237,080	\$87,477,694	\$136,054,559	\$19,967,867	\$42,669,290	\$17,747,353	\$3,961,069,730
Community Based Long Term Care																
HCBS - Elderly, Blind, and Disabled	\$344,483,737	\$43,435,145	\$169,105,484	\$2,811,706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$460,538,077
HCBS - Community Mental Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children's HCBS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Assistant Support	\$836,779	\$145,541	\$578,113	\$9,416	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,973,149
HCBS - Brain Injury	\$4,314,281	\$2,183,125	\$19,663,284	\$17,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,179,750
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Spinal Cord Injury	\$995,818	\$219,246	\$4,967,475	\$732,074	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,814,633
HCBS - CTE Services	\$1,508,437	\$1,180,794	\$2,945,431	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,553,667
Private Duty Nursing	\$5,348,458	\$453,390	\$65,790,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,935,404
Long Term Home Health	\$45,614,951	\$10,166,037	\$231,040,432	\$5,058,015	\$617,195	\$49,609	\$3,038,174	\$0	\$4,204,505	\$2,717,319	\$1,587,403	\$12,720	\$0	\$0	\$0	\$356,906,750
Respite	\$48,508,554	\$14,409,676	\$6,400,220	\$400,026	\$498,792	\$380,500	\$5,654,609	\$0	\$217,305	\$77,305	\$20,708	\$0	\$0	\$0	\$0	\$65,403,862
Subtotal Community Based Long-Term Care	\$387,454,623	\$66,457,978	\$568,477,311	\$10,353,692	\$1,128,456	\$330,676	\$7,191,284	\$8,991	\$45,662,018	\$2,798,003	\$36,041,983	\$12,720	\$0	\$0	\$0	\$1,051,902,934
Long Term Care																
Class I Nursing Facilities	\$537,588,562	\$62,636,697	\$99,246,348	\$97,119	\$215,595	\$187,898	\$4,861,554	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$704,897,534
Class II Nursing Facilities	\$2,585,236	\$136,322	\$2,566,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
Program of All-Inclusive Care for the Elderly	\$161,681,815	\$23,879,762	\$12,233,432	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,756,999
Subtotal Long-Term Care	\$701,856,023	\$86,612,781	\$114,048,139	\$97,119	\$215,595	\$187,898	\$4,861,554	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$909,942,450
Insurance																
Supplemental Medicare Insurance Benefit	\$105,408,721	\$6,158,490	\$55,358,585	\$0	\$146,246	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,559,301
Health Insurance Buy-In Program	\$16,140	\$22,922	\$2,207,306	\$0	\$27,118	\$0	\$16,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$2,537,527
Subtotal Insurance	\$105,424,861	\$6,181,412	\$57,565,891	\$0	\$173,364	\$0	\$16,879	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$30,559,301
Service Management																
Single Entry Points	\$5,551,535	\$1,504,239	\$14,033,660	\$4,704	\$7,409	\$2,148	\$4,792	\$0	\$4,972	\$583	\$35,292	\$0	\$0	\$0	\$0	\$26,182,331
Dietary Management	\$5,787	\$16,653	\$136,067	\$16,034	\$133,777	\$46,740	\$281,058	\$0	\$0	\$23,205	\$19,235	\$7,382	\$0	\$0	\$0	\$705,408
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$5,976,019	\$1,610,954	\$9,376,306	\$1,176,414	\$22,985,873	\$8,971,111	\$43,530,314	\$20,010	\$59,414,184	\$8,906,771	\$3,121,813	\$1,575,882	\$292,882	\$183	\$0	\$167,580,760
Subtotal Service Management	\$15,533,341	\$4,131,486	\$23,546,223	\$1,196,749	\$24,127,059	\$9,022,496	\$43,870,048	\$20,010	\$59,419,156	\$8,907,356	\$3,180,310	\$1,614,817	\$300,264	\$383	\$0	\$168,468,999
Total Services	\$1,513,554,561	\$276,529,197	\$1,344,174,150	\$70,120,277	\$506,196,326	\$167,713,067	\$1,259,433,623	\$2,231,130	\$896,165,695	\$96,537,667	\$166,899,987	\$138,195,655	\$20,268,131	\$42,669,678	\$48,306,654	\$6,307,992,996
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$2,488,750	\$369,673	\$1,728,342	\$65,813	\$410,325	\$142,369	\$924,200	\$4,163	\$646,263	\$63,094	\$12,089	\$53,584	\$11,096	\$8,203	\$0	\$7,029,904
Hospital Supplemental Payments	\$19,127,756	\$15,177,128	\$19,897,750	\$18,076,518	\$142,040,997	\$69,094,471	\$425,133,273	\$1,046,426	\$226,977,614	\$16,733,118	\$18,773,130	\$54,365,054	\$6,483,720	\$17,232,629	\$0	\$1,201,546,143
Nursing Facility Supplemental Payments	\$84,850,139	\$7,886,238	\$15,454,536	\$15,729	\$34,028	\$5,923	\$79,722	\$0	\$10,782	\$75,931	\$0	\$0	\$0	\$0	\$0	\$111,237,716
Physician Supplemental Payments	\$38,143	\$109,746	\$896,883	\$105,690	\$881,794	\$304,791	\$1,852,403	\$6,272	\$1,517,431	\$160,309	\$152,953	\$258,621	\$48,459	\$46,713	\$0	\$6,400,433
Outpatient Hospital Payments	\$12,718	\$46,761	\$271,804	\$38,008	\$381,400	\$113,652	\$615,721	\$3,991	\$449,087	\$55,040	\$36,143	\$49,708	\$10,524	\$7,786	\$0	\$3,530,878
University of Colorado School of Medicine Payments	\$183,932	\$2,342,276	\$19,138,494	\$2,255,301	\$18,616,436	\$4,502,869	\$19,528,055	\$133,830	\$12,806,931	\$1,420,804	\$1,263,844	\$5,518,669	\$1,038,327	\$994,805	\$0	\$116,577,576
Accounting Adjustments	(\$1,268,498)	(\$306,723)	\$1,531,494	(\$94,503)	(\$642,335)	(\$113,059)	(\$1,813,785)	(\$7,988)	(\$989,914)	(\$112,804)	(\$129,610)	(\$151,654)	(\$12,219)	(\$54,774)	(\$19,605)	(\$7,189,052)
Subtotal Financing and Supplemental Payments	\$196,494,982	\$45,624,721	\$176,063,123	\$30,662,218	\$161,922,445	\$53,404,658	\$467,396,988	\$1,119,274	\$261,435,196	\$20,110,806	\$22,123,949	\$49,091,982	\$9,376,107	\$32,247,763	(\$19,605)	\$1,437,843,088
Grand Total	\$1,419,049,543	\$316,153,918	\$1,520,237,273	\$90,782,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,350,404	\$1,058,305,885	\$108,348,486	\$109,601,633	\$187,287,639	\$29,284,238	\$74,917,041	\$48,287,049	\$7,745,936,096
Notes:																
FY 2018-19 actuals are from data accessed in CORE on August 19, 2019																

Exhibit B

		Core-Based Adults																
	FY 2017-18	Adults 65 and Older (DAP-A)	Disabled Adults 65 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-B)	Disabled Boys to 18 (DAP-B)	MAGI Parents/Carers to 65% PPL	MAGI Parents/Carers 65% to 130% PPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (MPC-CDC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL	
Acute Care	Physician Services & EPD01	\$6,248,395	\$10,984,856	\$82,561,136	\$9,546,721	\$58,993,376	\$43,212,777	\$217,249,813	\$1,429,123	\$205,248,180	\$23,179,792	\$17,325,520	\$29,896,888	\$6,447,503	\$7,493,457	\$0	\$0	\$765,307,220
	Emergency Transportation	\$1,023,224	\$1,457,165	\$8,686,582	\$107,668	\$6,389,251	\$1,821,353	\$25,513,589	\$8,425	\$5,285,114	\$688,361	\$1,070,552	\$645,145	\$0	\$0	\$0	\$0	\$33,939,669
Acute Care	Non-emergency Medical Transportation	\$2,770,427	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$45,364,613
	Dental Services	\$10,111,678	\$1,440,459	\$20,575,728	\$2,454,054	\$26,184,227	\$16,248,689	\$66,509,703	\$37,496	\$137,730,328	\$25,887,871	\$6,491,712	\$7,728,352	\$327,344	\$419	\$0	\$0	\$326,818,855
Acute Care	Health Maintenance Organization	\$11,435,323	\$11,337,658	\$80,474,907	\$1,146,953	\$68,503,480	\$22,325,517	\$174,845,953	\$0	\$46,984,202	\$4,951,349	\$363,532	\$12,143,320	\$2,281,843	\$1,240	\$249,809	\$0	\$457,869,113
	Diagnostic Imaging	\$18,421,184	\$22,643,204	\$111,242,068	\$8,488,424	\$17,137,876	\$28,536,509	\$278,712,248	\$247,271	\$149,713,503	\$5,253,543	\$12,454,588	\$56,323,124	\$7,719,207	\$45,414,188	\$0	\$0	\$792,880,152
Acute Care	Outpatient Hospital	\$6,432,264	\$6,223,237	\$49,422,842	\$1,483,126	\$17,212,856	\$29,135,441	\$159,039,413	\$109,039	\$69,102,403	\$12,149,354	\$1,310,010	\$1,650,805	\$1,635,356	\$1,635,356	\$0	\$0	\$450,188,118
	Lab & X-Ray	\$26,263	\$1,455,752	\$7,455,752	\$618,422	\$26,453,726	\$40,407,519	\$27,987,779	\$27,987,779	\$2,385,549	\$1,518,770	\$7,495,151	\$422,127	\$146,402	\$0	\$0	\$0	\$107,117,397
Acute Care	Diagnostic Radiology	\$16,176,186	\$6,227,029	\$49,422,842	\$1,483,126	\$17,212,856	\$29,135,441	\$159,039,413	\$109,039	\$69,102,403	\$12,149,354	\$1,310,010	\$1,650,805	\$1,635,356	\$1,635,356	\$0	\$0	\$174,567,114
	Physician Group	\$6,235,769	\$10,984,856	\$82,561,136	\$9,546,721	\$58,993,376	\$43,212,777	\$17,249,813	\$1,429,123	\$205,248,180	\$23,179,792	\$17,325,520	\$29,896,888	\$6,447,503	\$7,493,457	\$0	\$0	\$903,488,707
Acute Care	Physician Assistant Group	\$1,659,326	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$1,520,727	\$101,311,807
	State Radiology	\$15,117,429	\$16,621,201	\$114,541,763	\$11,417,429	\$137,188,862	\$150,302,517	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$120,138,412	\$156,142,817
Acute Care	Health Maintenance	\$10,111,678	\$1,440,459	\$20,575,728	\$2,454,054	\$26,184,227	\$16,248,689	\$66,509,703	\$37,496	\$137,730,328	\$25,887,871	\$6,491,712	\$7,728,352	\$327,344	\$419	\$0	\$0	\$679,642,139
	Federally Qualified Health Centers	\$1,444,343	\$1,774,267	\$10,444,320	\$688,424	\$24,360,316	\$10,312,404	\$48,130,174	\$113,838	\$38,681,426	\$5,941,170	\$1,969,335	\$17,719,118	\$267,410	\$85,708	\$0	\$0	\$172,408,456
Acute Care	Outpatient & Home Care Services	\$19,076,126	\$6,383,727	\$24,271,812	\$6,375,619	\$2,281,310	\$24,864	\$1,863,131	\$2,271	\$191,995	\$26,488	\$47,875	\$189,551	\$1,861	\$176	\$17,688,626	\$0	\$91,600,314
	Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,513	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,513
Acute Care	Prepared Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Care	Preventive Services	\$278,860	\$205,308	\$1,971,511	\$191,544	\$12,199,488	\$1,160,261	\$19,427,222	\$22,738	\$27,948,426	\$2,492,679	\$1,466,736	\$1,764,835	\$97,139	\$17,186	\$0	\$0	\$75,675,226
	Acute Home Health	\$6,539,423	\$8,833,514	\$12,560,855	\$496,124	\$1,492,299	\$380,364	\$6,413,276	\$1,631	\$1,631,646	\$37,496	\$164,105	\$245,975	\$5,676	\$1,126	\$0	\$0	\$13,600,668
Acute Care	Preventive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Subtotal of Acute Care	\$136,193,549	\$168,980,577	\$991,161,106	\$51,031,201	\$527,495,758	\$260,546,712	\$1,492,890,644	\$2,946,906	\$821,500,691	\$100,895,821	\$67,517,283	\$120,921,305	\$20,486,004	\$51,563,546	\$15,076,499	\$0	\$4,089,313,649
Community Based Long Term Care	HCBS - Elderly, Blind, and Disabled	\$242,816,144	\$14,770,319	\$17,989,345	\$2,929,348	\$0	\$0	\$1,170	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$418,506,526
	HCBS - Community Mental Health Services	\$15,465,993	\$5,271,392	\$26,475,289	\$129,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,334,782
Community Based Long Term Care	HCBS - Children's HCBS	\$0	\$0	\$25,254,895	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,254,895
	HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Community Based Long Term Care	HCBS - Consumer Directed Assistance Program	\$51,019,019	\$50,445	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412	\$1,048,412
	HCBS - Brain Injury	\$5,179,563	\$1,458,523	\$10,262,001	\$54,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,155,446
Community Based Long Term Care	HCBS - Children with Autism	\$0	\$0	\$109,510	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$109,510
	HCBS - Children with Life Limiting Condition	\$0	\$0	\$762,178	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$762,178
Community Based Long Term Care	HCBS - Smart Land Lease	\$1,178,494	\$103,818	\$4,088,448	\$105,495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,345,424
	HCBS - CPE Services	\$1,178,494	\$103,818	\$4,088,448	\$105,495	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,345,424
Community Based Long Term Care	Private Study Housing	\$5,179,563	\$1,458,523	\$10,262,001	\$54,709	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,155,446
	Long Term Home Health	\$48,378,711	\$4,101,191	\$6,888,395	\$47,029	\$484,771	\$218,838	\$4,133,842	\$14,146	\$180,721	\$20,581	\$6,769	\$0	\$0	\$0	\$0	\$0	\$17,177,478
Community Based Long Term Care	Respite	\$45,297,818	\$4,101,191	\$6,888,395	\$47,029	\$484,771	\$218,838	\$4,133,842	\$14,146	\$180,721	\$20,581	\$6,769	\$0	\$0	\$0	\$0	\$0	\$17,177,478
	Subtotal Community Based Long Term Care	\$161,289,819	\$14,911,507	\$479,401,463	\$9,333,609	\$1,201,539	\$413,363	\$7,845,908	\$14,146	\$195,446,361	\$1,131,477	\$160,994,402	\$13,451	\$0	\$12,670	\$16,814	\$0	\$987,439,446
Long Term Care	Class & Nursing Facilities	\$531,001,001	\$53,346,312	\$96,576,120	\$14,594	\$13,173	\$402,438	\$13,946,990	\$0	\$15,815	\$4,737	\$0	\$0	\$0	\$0	\$0	\$0	\$689,425,121
	Class & Nursing Facilities	\$4,423,021	\$42,992	\$860,205	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,326,006
Long Term Care	Program of All-Inclusive Care for the Elderly	\$114,528,891	\$10,767,752	\$8,821,322	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$191,256,170
	Subtotal Long Term Care	\$649,753,004	\$64,990,881	\$106,269,724	\$14,594	\$13,173	\$402,438	\$13,946,990	\$0	\$15,815	\$4,737	\$0	\$0	\$0	\$0	\$0	\$0	\$886,207,567
Insurance	Supplemental Medicare Insurance Benefits	\$205,305,324	\$6,160,821	\$92,199,765	\$0	\$196,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$197,462,324
	Health Insurance Buy-In Program	\$17,511	\$1,887	\$5,145,101	\$0	\$59,267	\$43,778	\$19,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$2,460,356
Insurance	Subtotal Insurance	\$109,323,242	\$6,162,708	\$97,344,866	\$0	\$255,540	\$43,778	\$19,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$199,923,512
	Single Entry Points	\$11,229,722	\$1,022,425	\$19,514,818	\$14,484	\$66,825	\$16,911	\$66,027	\$129,810	\$14,506	\$66,781	\$0	\$0	\$0	\$0	\$0	\$0	\$34,799,838
Service Management	Disaster Management	\$9,959	\$10,086	\$143,408	\$17,009	\$178,818	\$17,806	\$0	\$0	\$27,020	\$47,145	\$10,344	\$0	\$0	\$0	\$0	\$0	\$81,051
	Prepared Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Service Management	Accountable Care Collaborative	\$1,718,807	\$1,287,818	\$8,162,344	\$164,916	\$10,888,432	\$17,201,812	\$36,169,710	\$15,792	\$14,314,588	\$7,446,417	\$1,148,441	\$881,378	\$180,738	\$107	\$0	\$0	\$144,941,412
	Subtotal Service Management	\$14,768,168	\$14,108,759	\$27,423,470	\$196,729	\$1,019,051	\$17,284,417	\$17,449,474	\$61,447	\$14,464,469	\$7,451,123	\$1,149,244	\$146,733	\$107,072	\$107	\$0	\$0	\$186,424,122
Financing & Supplemental Payments	Total Services	\$1,278,718,232	\$134,487,234	\$1,236,010,817	\$61,895,802	\$160,396,793	\$211,791,762	\$1,511,445,941	\$3,842,791	\$816,030,807	\$111,375,144	\$160,944,919	\$120,887,812	\$20,846,076	\$51,576,296	\$43,863,184	\$0	\$6,313,736,465
	Upper Payment Limit Financing	\$1,889,480	\$241,467	\$1,182,096	\$1,188	\$13,832	\$21,894	\$794,182	\$1,182	\$482,816	\$4,011	\$77,746	\$36,326	\$7,484	\$6,727	\$0	\$0	\$5,172,513
Financing & Supplemental Payments	Hospital Supplemental Payments	\$14,729,427	\$21,988,901	\$178,756,717	\$6,770,477	\$13,755,713	\$41,615,763	\$130,100,824	\$818,181	\$170,444,742	\$15,492,656	\$14,622,910	\$18,120,118	\$6,948,543	\$10,357,922	\$0	\$0	\$344,781,538
	Nursing Facility Supplemental Payments	\$81,970,428	\$8,721,877	\$141,140,344	\$64,126	\$49,188	\$79,812	\$2,237,179	\$0	\$1,057,071	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$107,683,678
Financing & Supplemental Payments	Private Insurance Payments	\$88,424	\$109,520	\$7,276,227	\$155,556	\$1,588,147	\$638,435	\$3,346,455	\$1,942	\$2,762,139	\$14,721	\$229,885	\$420,489	\$91,871	\$95,516	\$0	\$0	\$11,123,550
	Outstanding Payments	\$5,369	\$17,579	\$102,116	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102,116
Financing & Supplemental Payments	University of Colorado School of Medicine Payments	\$96,121	\$1,02	\$14,712,811	\$1,482,590	\$17,436,720	\$7,206,797	\$26,726,411	\$251,718	\$18,043,446	\$14,955,027	\$63,867,929	\$14,840,644	\$1,050,267	\$1,060,753	\$0	\$0	\$123,629,217
	Subtotal Financing & Supplemental Payments	\$142,323,019	\$15,102,406	\$235,322,527	\$27,696,261	\$102,226,643	\$129,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$231,371,277	\$1,018,157,151
Grand Total	Total	\$1,774,890,712	\$205,844,232	\$1,491,999,382	\$72,335,067	\$487,847,541	\$284,497,803	\$1,719,088,066	\$4,708,880	\$1,512,424,283	\$130,530,240	\$116,746,294	\$207,740,935	\$28,642,493	\$82,915,426	\$42,614,481	\$0	\$7,472,466,499
	Notes: 2017-18 amounts are final audited amounts as of 03/01/2019. 2018																	

Exhibit H

FY 2015-16	Adults 65 and Older (DAP-A)	Disabled Adults 65 to 64 (DAP-B)	Disabled Individuals 65 to 59 (AND-MS)	Disabled Buy-In	MAGI Parent/ Caregiver 16-64% PPL	MAGI Parent/ Caregiver 65% to 135% PPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFSC-CR)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Eligible-Emergency Services	Partial Dual Eligibles	CORE TOTAL
Acute Care																
Physician Services & EDP&P	\$4,708,474	\$70,332,475	\$7,397,380	\$6,460,990	\$99,149,751	\$40,238,830	\$218,046,360	\$463,520	\$209,475,242	\$749,477,574	\$14,507,420	\$38,526,890	\$4,462,839	\$5,546,197	\$7,963	\$747,048,026
Other Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Emergency Transportation	\$2,680,046	\$1,386,469	\$6,466,389	\$6,466,389	\$2,127,877	\$803,246	\$12,079,740	\$4,474	\$12,079,740	\$60,649	\$28,000	\$28,000	\$28,000	\$28,000	\$28,000	\$28,000
Non-emergency Medical Transportation	\$3,302,871	\$1,795,147	\$6,930,873	\$163,703	\$1,057,025	\$163,703	\$1,747,409	\$5,809	\$1,747,409	\$15,343	\$273,308	\$147,007	\$52,079	\$52,079	\$52,079	\$18,473,308
Dental Services	\$9,482,512	\$1,235,630	\$20,237,136	\$1,862,795	\$34,062,114	\$14,438,214	\$64,187,405	\$74,846	\$145,712,015	\$41,225,541	\$6,361,894	\$2,438,029	\$352,079	\$352,079	\$352,079	\$189,502,705
Family Planning	\$0	\$0	\$0	\$0	\$719,229	\$380,210	\$974,319	\$0	\$719,229	\$0,464	\$32,761	\$101,773	\$11,705	\$11,705	\$11,705	\$2,394,764
Health Maintenance Organizations	\$9,447,795	\$12,238,477	\$68,878,367	\$1,239,360	\$68,708,207	\$37,737,867	\$12,878,413	\$56,903	\$48,884,767	\$4,527,717	\$397,464	\$17,638,308	\$1,436,071	\$1,436,071	\$1,436,071	\$384,880,737
Hospital Inpatient	\$18,282,243	\$16,439,326	\$80,026,289	\$6,743,902	\$35,717,337	\$22,916,902	\$289,837,386	\$72,828	\$174,138,721	\$5,776,888	\$6,217,130	\$24,923,374	\$7,256,767	\$7,256,767	\$7,256,767	\$699,279,321
Hospital Outpatient	\$1,024,976	\$8,709,705	\$63,421,210	\$5,126,306	\$97,931,288	\$39,891,296	\$212,876,107	\$237,732	\$113,906,211	\$13,486,631	\$7,727,226	\$12,433,562	\$1,174,484	\$1,174,484	\$1,174,484	\$382,139,243
Lab & X-Ray	\$481,211	\$1,437,160	\$9,447,110	\$668,794	\$25,707,856	\$10,420,174	\$46,862,704	\$67,526	\$17,724,430	\$1,436,175	\$1,620,621	\$8,417,120	\$922,946	\$922,946	\$922,946	\$175,713,649
Oral Care Medical Equipment	\$27,108,768	\$7,702,732	\$65,947,901	\$1,833,863	\$16,363,819	\$1,217,209	\$39,745,407	\$22,814	\$23,115,766	\$2,518,711	\$6,489,788	\$18,429,429	\$37,402	\$37,402	\$37,402	\$197,205,262
Physician Group	\$6,237,499	\$24,836,767	\$174,113,037	\$17,460,688	\$109,979,215	\$46,990,767	\$296,662,239	\$34,009	\$174,386,767	\$17,311,462	\$32,265,307	\$7,566,212	\$296,782	\$296,782	\$296,782	\$334,402,417
Private Care	\$1,207,424	\$12,296,763	\$38,134,876	\$3,366,441	\$19,466,441	\$13,196,775	\$146,372,366	\$118,760	\$36,912,000	\$8,306,889	\$1,638,452	\$1,638,452	\$1,638,452	\$1,638,452	\$1,638,452	\$198,479,468
Rural Health Centers	\$6,618	\$247,203	\$1,176,723	\$89,442	\$1,087,704	\$1,438,332	\$4,775,705	\$2,725	\$7,882,566	\$740,919	\$192,381	\$657,960	\$50,332	\$50,332	\$50,332	\$30,725,126
Federally Qualified Health Centers	\$702,716	\$1,137,125	\$2,438,289	\$379,738	\$1,907,719	\$2,799,766	\$47,768,311	\$42,808	\$26,472,426	\$4,433,811	\$7,477,739	\$17,428,017	\$317,507	\$317,507	\$317,507	\$146,816,108
Geriatric Care	\$39,410,286	\$5,273,218	\$21,261,966	\$2,322,116	\$1,942,588	\$36,267	\$166,798	\$1,711	\$19,711	\$2,212	\$35,020	\$36,939	\$64	\$64	\$14,301,133	\$36,013,667
Head and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,991,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,991,000
Prepaid Inpatient Health Plan Services	\$90,616	\$161,824	\$2,566,614	\$53,150	\$420,973	\$26,395	\$263,970	\$0	\$999,888	\$0	\$63,521	\$246,229	\$96,119	\$96,119	\$96,119	\$5,706,469
Other Medical Services	\$327	\$971	\$689	\$38	\$465	\$38	\$1,154	\$4	\$760	\$83	\$70	\$148	\$15	\$15	\$15	\$3,878
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health	\$5,440,889	\$2,990,755	\$10,879,686	\$333,098	\$1,213,589	\$346,330	\$4,992,413	\$1,094	\$1,827,338	\$18,585	\$674,253	\$221,168	\$28,663	\$28,663	\$28,663	\$28,195,974
Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$111,344,853	\$46,107,634	\$537,717,814	\$35,297,880	\$475,749,516	\$131,745,770	\$1,167,458,451	\$3,047,336	\$783,219,383	\$85,464,099	\$57,929,304	\$155,773,423	\$16,985,317	\$16,985,317	\$16,985,317	\$1,514,591,949
Community Based Long Term Care																
HCBS - Elderly, Blind, and Disabled	\$158,254,237	\$29,445,404	\$158,796,767	\$1,967,856	\$337,114	\$40,361	\$1,422,526	\$0	\$29,465	\$0	\$160,367	\$34,095	\$0	\$0	\$796,932	\$321,321,224
HCBS - Community Mental Health Services	\$5,480,834	\$4,844,801	\$24,777,527	\$60,720	\$12,364	\$0	\$162,841	\$0	\$0	\$0	\$2,227	\$0	\$0	\$0	\$213,426	\$26,571,549
HCBS - Children with ASD	\$0	\$0	\$11,624,301	\$30,767	\$0	\$0	\$0	\$0	\$906,589	\$1,468	\$1,270	\$0	\$0	\$0	\$0	\$12,058,413
HCBS - Parents Living with ASD	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Assistant Support	\$1,403,367	\$190,089	\$504,119	\$13,180	\$2,184	\$274	\$9,217	\$0	\$190	\$0	\$909	\$221	\$0	\$0	\$4,779	\$2,091,999
HCBS - Children with Autism	\$198,081	\$2,031,776	\$16,587,501	\$17,736	\$292	\$0	\$97,100	\$0	\$1,421	\$0	\$0	\$0	\$0	\$0	\$14,511	\$19,740,536
HCBS - Children with Autism	\$0	\$0	\$168,368	\$415	\$0	\$0	\$0	\$0	\$27,138	\$0	\$2,767	\$0	\$0	\$0	\$0	\$168,368
HCBS - Children with Life-Congestive Illness	\$0	\$0	\$66,768	\$16	\$0	\$0	\$0	\$0	\$46,569	\$649	\$2,244	\$0	\$0	\$0	\$0	\$66,768
HCBS - School Child Injury	\$199,217	\$36,790	\$1,748,320	\$1,976	\$232	\$0	\$5,700	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,839	\$1,974,424
CCF Services	\$347,658	\$122,861	\$1,367,764	\$17,423	\$0	\$0	\$13,138	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,647	\$2,308,394
Private Day Housing	\$2,446,778	\$202,461	\$49,806,896	\$109,441	\$0	\$0	\$463,514	\$0	\$7,827,464	\$19,885	\$111,426,454	\$0	\$0	\$0	\$17,429,315	\$72,609,125
Long Term Home Health	\$17,647,015	\$8,813,487	\$157,177,050	\$2,297,176	\$448,105	\$36,719	\$2,007,772	\$0	\$22,807,203	\$1,196,440	\$13,665,368	\$9,226	\$0	\$0	\$239,436,389	\$239,436,389
Hospice	\$197,000,301	\$1,024,711	\$6,726,726	\$199,800	\$180,800	\$88,340	\$1,367,003	\$7,287	\$19,820,001	\$1,130	\$0	\$0	\$0	\$0	\$0	\$65,586,776
Subtotal Community Based Long-Term Care	\$237,702,380	\$50,137,270	\$1,597,587,865	\$5,186,822	\$1,091,435	\$145,262	\$7,150,113	\$17,489	\$31,582,678	\$1,390,480	\$24,674,344	\$43,542	\$0	\$2,099	\$689,340	\$759,440,659
Long Term Care																
Class 1 Nursing Facilities	\$471,562,512	\$48,106,538	\$95,971,539	\$185,970	\$167,980	\$16,396	\$1,458,057	\$0	\$0	\$0	\$5,103	\$0	\$0	\$0	\$2,361	\$619,673,468
Class 1 Nursing Facilities	\$397,026	\$37,020	\$1,313,821	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,042,258
Program of All-Inclusive Care for the Elderly	\$108,848,086	\$13,887,769	\$6,481,465	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,091,491
Subtotal Long-Term Care	\$581,807,604	\$62,114,117	\$1,057,770,847	\$185,970	\$167,980	\$16,396	\$1,458,057	\$0	\$0	\$0	\$5,103	\$0	\$0	\$0	\$2,361	\$752,727,463
Insurance																
Supplemental Medicare Insurance Benefits	\$83,423,420	\$4,864,774	\$43,729,393	\$0	\$273,526	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,139,700	\$196,430,863
Health Insurance Buy-In Program	\$11,486	\$14,327	\$1,406,177	\$0	\$17,228	\$38,774	\$25,842	\$0	\$100,469	\$0	\$0	\$0	\$0	\$0	\$0	\$1,613,778
Subtotal Insurance	\$83,434,906	\$4,879,101	\$45,135,570	\$0	\$290,754	\$38,774	\$25,842	\$0	\$100,469	\$0	\$0	\$0	\$0	\$0	\$24,163,839	\$198,044,641
Service Management																
Single Entry Points	\$8,708,028	\$2,502,485	\$18,504,126	\$200,734	\$28,772	\$4,015	\$71,762	\$0	\$98,734	\$5,368	\$231,484	\$669	\$0	\$0	\$90,999	\$17,383,068
Disease Management	\$4,417	\$11,103	\$36,687	\$6,833	\$100,014	\$48,818	\$211,06	\$0	\$0	\$0	\$13,397	\$40,803	\$4,719	\$0	\$0	\$64,223
Prepaid Inpatient Health Plan Administration	\$10	\$1	\$27	\$1	\$1	\$1	\$1	\$0	\$10	\$0	\$0	\$0	\$0	\$0	\$0	\$11
Accountable Care Collaborative	\$2,337,026	\$997,923	\$7,482,114	\$48,572	\$17,148,402	\$8,867,761	\$34,091,486	\$21,242	\$37,830,026	\$7,577,936	\$1,441,763	\$1,142,468	\$140,820	\$1,411	\$84,313	\$140,949,203
Subtotal Service Management	\$17,149,481	\$3,517,546	\$15,781,158	\$676,141	\$17,482,419	\$8,877,605	\$34,493,543	\$17,282	\$18,418,466	\$7,581,764	\$1,440,840	\$1,144,147	\$145,140	\$1,411	\$178,213	\$172,714,473
Total Services	\$1,024,809,272	\$206,749,498	\$1,114,195,074	\$41,346,813	\$494,800,304	\$220,473,187	\$1,212,787,707	\$3,886,249	\$873,541,299	\$94,440,543	\$85,289,797	\$157,009,728	\$17,130,937	\$19,373,491	\$19,798,892	\$5,432,612,711
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$1,580,837	\$199,201	\$772,954	\$55,196	\$246,355	\$108,534	\$554,716	\$586	\$341,423	\$16,491	\$51,466	\$31,516	\$2,983	\$0	\$0	\$3,586,407
Hospital Supplemental Payments	\$7,812,702	\$21,881,118	\$130,021,962	\$10,049,700	\$11,387,357	\$93,887,861	\$399,925,058	\$273,130	\$193,933,461	\$16,122,936	\$11,897,599	\$64,037,547	\$6,966,104	\$9,383	\$37,364,164	\$1,084,777,966
Nursing Facility Supplemental Payments	\$16,546,709	\$1,865,261	\$15,512,360	\$36,176	\$27,257	\$2,468	\$101,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$105,560,224
Prevention Supplemental Payments	\$108,125	\$17,083	\$1,107,266	\$192,265	\$1,020,249	\$1,123,845	\$5,664,462	\$1,211	\$5,451,451	\$58,626	\$776,535	\$996,264	\$15,534	\$0	\$0	\$15,767,564
Accountable Care Collaborative	\$2,337,026	\$997,923	\$7,482,114	\$48,572	\$17,148,402	\$8,867,761	\$34,091,486	\$21,242	\$37,830,026	\$7,577,936	\$1,441,763	\$1,142,468	\$140,820	\$1,411	\$84,313	\$140,949,203
Subtotal Supplemental Payments	\$21,385,799	\$58,338,729	\$341,147,942	\$37,870,509	\$42,609,813	\$43,683,993	\$194,546,962	\$28,637	\$188,886,543	\$16,746,122	\$11,440,840	\$68,380,196	\$7,595,237	\$7,595,237	\$7,595,237	\$246,447,813
Total Services	\$1,024,809,272	\$206,749,498	\$1,114,195,074	\$41,346,813	\$494,800,304	\$220,473,187	\$1,212,787,707	\$3,886,249	\$873,541,299	\$94,440,543	\$85,289,797	\$157,009,728	\$17,130,937	\$19,373,491	\$19,798,892	\$5,432,612,711
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$1,580,837	\$199,201	\$772,954	\$55,196	\$246,355	\$108,534	\$554,716	\$586	\$341,423	\$16,491	\$51,466	\$31,516	\$2,983	\$0	\$0	\$3,586,407
Hospital Supplemental Payments	\$7,812,702	\$21,881,118	\$130,021,962	\$10,049,700	\$11,387,357	\$93,887,861	\$399,925,058	\$273,130	\$193,933,461	\$16,122,936	\$11,897,599	\$64,037,547	\$6,966,104	\$9,383	\$37,364,164	\$1,084,777,966
Nursing Facility Supplemental Payments	\$16,546,709	\$1,865,261	\$15,512,360	\$36,176	\$27,257	\$2,468	\$101,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$105,560,224
Prevention Supplemental Payments	\$108,125	\$17,083	\$1,107,266	\$192,265	\$1,020,249	\$1,123,845	\$5,664,462	\$1,211	\$5,451,451	\$58,626	\$776,535	\$996,264	\$15,534	\$0	\$0	\$15,767,564
Accountable Care Collaborative	\$2,337,026	\$997,923	\$7,482,114	\$48,572	\$17,148,402	\$8,867,761	\$34,091,486	\$21,242	\$37,830,026	\$7,577,936	\$1,441,763	\$1,142,468	\$140,820	\$1,411	\$8	

Exhibit N - Expenditure History by Service Category

ACUTE CARE	FY 2023-24	Percent Change from Prior	FY 2023-24	Percent Change from Prior2	FY 2023-23	Percent Change from Prior3	FY 2021-22	Percent Change from Prior4	FY 2020-21	Percent Change from Prior5	FY 2019-20	Percent Change from Prior6	FY 2018-19	Percent Change from Prior7	FY 2017-18	Percent Change from Prior8	FY 2016-17	Percent Change from Prior Year	FY 2015-16
Physician Services & EPDST	\$1,388,272,597	12.00%	\$1,238,426,316	4.88%	\$1,188,779,438	10.12%	\$1,079,536,987	18.89%	\$908,056,991	8.41%	\$836,068,148	10.22%	\$758,335,680	-6.91%	\$765,507,258	13.01%	\$677,367,440	9.33%	\$747,048,455
Clinic Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Emergency Transportation	\$70,126,113	2.99%	\$68,089,288	0.00%	\$69,582,229	0.73%	\$71,922,274	14.33%	\$65,292,174	11.58%	\$58,537,916	10.33%	\$54,835,031	2.23%	\$53,639,004	13.81%	\$47,130,610	48.88%	\$31,635,356
Non-Emergency Medical Transportation	\$290,159,454	12.38%	\$261,668,494	-9.66%	\$271,684,499	3.82%	\$270,488,959	-0.44%	\$260,444,189	14.12%	\$228,416,761	12.80%	\$194,208,811	-12.67%	\$194,028,171	7.15%	\$148,028,183	-37.61%	\$119,735,849
Dental Services	\$552,671,195	24.71%	\$440,355,618	-20.40%	\$394,355,618	-12.86%	\$382,326,115	-3.04%	\$345,719,164	19.51%	\$289,720,417	-16.73%	\$324,041,021	-4.95%	\$326,815,805	-1.39%	\$329,502,305	2.87%	\$329,502,305
Family Planning	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Health Maintenance Organizations	\$28,841,487	12.70%	\$26,911,011	-6.87%	\$27,920,914	3.72%	\$29,704,669	6.40%	\$26,379,785	19.28%	\$400,305,148	4.96%	\$600,309,785	1.72%	\$411,088,171	1.56%	\$480,450,099	4.13%	\$388,488,337
Inpatient Hospitals	\$1,069,885,716	3.01%	\$1,038,399,765	-2.95%	\$1,064,867,493	4.01%	\$1,004,502,218	6.03%	\$913,741,249	12.07%	\$815,336,135	12.07%	\$797,091,196	2.29%	\$797,880,332	9.26%	\$725,671,567	3.80%	\$699,994,320
Outpatient Hospitals	\$659,048,244	6.21%	\$702,709,267	7.30%	\$669,488,711	8.35%	\$668,236,239	23.66%	\$517,747,218	4.74%	\$494,132,697	8.89%	\$469,823,722	-0.74%	\$445,188,132	-15.30%	\$535,045,613	8.01%	\$582,139,241
Lab & X-Ray	\$560,160,454	12.38%	\$543,381,186	-4.89%	\$576,770,014	9.86%	\$570,000,651	4.90%	\$519,613,532	16.28%	\$516,106,116	10.23%	\$512,577,719	-2.46%	\$507,571,387	5.18%	\$511,119,719	-2.39%	\$519,735,849
Durable Medical Equipment	\$264,065,818	6.98%	\$248,713,361	-5.83%	\$224,187,623	-15.47%	\$194,147,233	-14.68%	\$163,849,635	10.48%	\$154,924,514	-6.90%	\$150,457,643	-3.55%	\$173,992,731	0.03%	\$167,085,542	4.01%	\$167,085,542
Prescription Drugs	\$1,446,285,013	5.33%	\$1,562,906,455	8.09%	\$1,555,881,047	14.90%	\$1,397,836,620	14.89%	\$1,181,641,425	11.16%	\$1,063,054,914	9.03%	\$995,015,037	-1.60%	\$990,848,747	2.47%	\$965,104,927	13.66%	\$834,402,471
Physician Assistant/ Nurse Practitioner	\$189,497,933	0.00%	\$189,497,933	0.00%	\$177,488,750	24.01%	\$144,124,280	7.37%	\$154,418,361	19.40%	\$129,384,216	0.00%	\$127,866,638	0.00%	\$0	0.00%	\$0	0.00%	\$0
Drug Refill	\$1,042,314,999	2.26%	\$1,019,696,781	-2.26%	\$1,011,844,528	17.64%	\$860,091,110	-14.04%	\$860,434,891	27.71%	\$673,743,353	-10.16%	\$739,776,080	34.80%	\$556,362,811	-24.73%	\$573,278,868	79.58%	\$408,879,660
Rural Health Centers	\$52,476,408	12.27%	\$46,742,427	-9.11%	\$42,840,599	5.31%	\$40,676,027	26.42%	\$32,178,999	11.11%	\$36,186,621	5.63%	\$34,269,949	33.54%	\$28,663,355	48.83%	\$17,243,332	-14.80%	\$20,725,156
Federally Qualified Health Centers	\$182,236,408	0.38%	\$183,733,913	0.82%	\$174,126,837	9.80%	\$159,100,639	15.65%	\$162,462,473	28.21%	\$160,603,127	4.96%	\$172,608,445	13.32%	\$179,276,156	11.34%	\$168,816,140	-5.94%	\$168,816,140
Co-Insurance (Title VIII/Medicare)	\$218,244,832	15.74%	\$188,565,118	-13.71%	\$163,807,496	17.38%	\$139,558,150	4.50%	\$133,565,541	10.07%	\$121,261,316	7.15%	\$113,165,862	21.68%	\$93,000,514	58.76%	\$58,577,663	22.94%	\$76,012,667
Breast and Cervical Cancer Treatment Program	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Prepaid Inpatient Health Plan Services	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Other Medical Services	\$0	0.00%	\$0	0.00%	\$1,116	-146.77%	(\$2,386)	-15.96%	(\$2,839)	-100.76%	\$73,002	3099.75%	\$1,215	-91.81%	\$14,835	1133.17%	\$1,203	53.87%	\$3,875
Preventive Services	\$24,149,691	6.56%	\$22,663,462	-5.71%	\$23,396,179	5.81%	\$24,833,056	13.63%	\$21,890,881	-151.54%	\$64,393,005	-154.68%	\$77,522,796	2.44%	\$75,675,246	100.00%	\$0	0.00%	\$0
Acute Home Health	\$30,581,434	1.60%	\$30,006,403	-1.86%	\$28,423,493	9.30%	\$26,000,094	-10.88%	\$26,177,274	-1.48%	\$26,677,508	1.54%	\$26,766,913	4.43%	\$23,600,668	-15.42%	\$25,111,112	3.23%	\$28,195,914
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Subtotal of Acute Care	\$6,287,000,230	7.37%	\$5,855,491,643	-6.85%	\$5,740,354,126	12.19%	\$5,116,586,715	15.17%	\$4,442,816,630	9.38%	\$4,061,737,928	4.12%	\$3,907,089,730	-2.12%	\$3,985,637,883	13.23%	\$3,917,234,474	-7.01%	\$3,782,445,393
COMMUNITY BASED LONG-TERM CARE																			
HCBS - Elderly, Blind, and Disabled	\$1,173,207,637	31.03%	\$895,388,876	-23.73%	\$773,661,148	22.83%	\$629,852,388	10.49%	\$570,076,575	8.69%	\$524,508,139	14.01%	\$460,036,072	9.92%	\$418,506,526	14.83%	\$364,380,354	13.40%	\$321,321,224
HCBS - Community Mental Health Services	\$90,798,207	21.56%	\$74,492,783	-17.71%	\$69,347,396	20.65%	\$57,477,897	10.97%	\$51,795,158	3.50%	\$50,043,198	10.49%	\$45,292,226	9.37%	\$41,334,782	8.23%	\$38,195,913	6.93%	\$35,721,561
HCBS - Children's HCBS	\$230,092,447	21.12%	\$189,978,963	-17.35%	\$163,108,877	-16.05%	\$150,074,336	42.40%	\$117,659,566	38.97%	\$50,118,818	38.44%	\$37,791,586	-69.05%	\$25,354,895	50.07%	\$18,895,299	14.31%	\$12,538,073
HCBS - Persons Living with AIDS	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Consumer Directed Attendant Support	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Home Based Therapy	\$58,481,718	24.03%	\$47,155,499	-19.45%	\$41,817,027	-12.76%	\$35,168,013	9.94%	\$31,990,425	14.03%	\$28,048,466	7.16%	\$26,179,700	-18.16%	\$22,155,445	7.87%	\$20,667,950	7.87%	\$19,160,548
HCBS - Children with Autism	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Children with Life Limiting Illness	\$402,580	7.52%	\$374,419	-7.49%	\$353,730	-34.58%	\$292,699	8.67%	\$269,699	-14.40%	\$249,699	3.13%	\$230,649	-11.85%	\$210,772	6.07%	\$197,215	11.54%	\$184,290
HCBS - Special Care Units	\$25,940,703	19.45%	\$18,002,825	-30.99%	\$18,009,292	59.79%	\$11,314,466	20.82%	\$9,305,289	10.95%	\$8,441,234	23.87%	\$6,818,433	-20.43%	\$5,650,421	108.17%	\$2,774,188	17.47%	\$1,974,624
CCT - Services	\$8,597,073	102.41%	\$4,247,259	-50.59%	\$3,545,541	-55.97%	\$8,002,250	111.43%	\$5,292,517	-28.71%	\$5,292,517	0.74%	\$5,292,517	61.07%	\$3,261,916	-36.94%	\$2,789,457	26.31%	\$2,408,394
Private Duty Nursing	\$133,107,928	4.90%	\$126,886,266	-4.66%	\$115,495,263	-2.61%	\$112,558,319	3.08%	\$109,195,132	6.78%	\$102,263,351	6.58%	\$95,551,464	-5.94%	\$90,576,446	4.02%	\$87,079,492	19.93%	\$72,609,335
Long Term Home Health	\$81,812,012	23.11%	\$62,049,871	-24.16%	\$55,813,633	-13.05%	\$49,509,864	10.74%	\$44,646,719	6.49%	\$40,713,608	14.04%	\$35,806,710	-12.47%	\$31,725,475	15.97%	\$27,635,403	14.28%	\$23,938,389
Hospice	\$72,939,778	14.00%	\$63,980,270	-12.34%	\$58,881,384	-4.38%	\$56,233,189	-7.40%	\$50,626,233	13.34%	\$46,076,236	7.19%	\$40,403,062	-7.13%	\$36,052,619	13.16%	\$31,366,916	5.03%	\$27,609,335
Subtotal of Community Based Long-Term Care	\$2,607,441,363	25.80%	\$2,071,856,151	-19.56%	\$1,782,360,714	-18.29%	\$1,506,782,631	11.22%	\$1,354,764,258	8.49%	\$1,248,721,900	13.32%	\$1,101,902,934	-11.97%	\$987,639,444	14.79%	\$860,766,928	13.26%	\$759,640,659
LONG-TERM CARE AND INSURANCE																			
Class I Nursing Facilities	\$812,170,939	12.79%	\$721,061,148	-11.78%	\$645,066,421	-11.88%	\$563,189,414	0.82%	\$528,013,907	-12.76%	\$719,906,372	2.13%	\$704,897,534	2.11%	\$689,625,324	6.22%	\$649,262,622	4.77%	\$619,673,488
Class II Nursing Facilities	\$7,566,391	20.16%	\$6,297,002	-16.27%	\$6,096,903	6.12%	\$6,469,801	-4.74%	\$6,497,331	1.24%	\$6,497,331	22.11%	\$5,287,917	-4.31%	\$5,526,095	42.57%	\$4,571,951	-4.12%	\$4,042,506
Program of All-Inclusive Care for the Elderly	\$350,746,143	17.82%	\$280,490,037	-20.45%	\$257,453,464	-5.56%	\$243,703,394	4.30%	\$232,588,736	1.08%	\$235,345,507	17.71%	\$199,756,999	-26.03%	\$161,056,150	5.40%	\$152,711,212	18.17%	\$129,811,409
Supplemental Medical Insurance Benefits	\$282,206,356	6.36%	\$260,321,744	-7.76%	\$285,174,413	10.89%	\$297,176,567	-4.96%	\$282,148,545	11.98%	\$203,740,769	2.88%	\$198,013,363	0.29%	\$197,462,212	5.74%	\$186,430,863	19.38%	\$166,430,863
Health Insurance Buy-In Program	\$2,702,545	-1.62%	\$2,748,968	1.70%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968	0.00%	\$2,748,968
Subtotal of Long-Term Care and Insurance	\$1,316,492,374	12.38%	\$1,275,518,909	-3.79%	\$1,196,463,935	-6.42%	\$1,196,463,935	4.72%	\$1,142,728,011	4.69%	\$1,097,784,051	5.99%	\$1,110,913,335	5.15%	\$1,096,131,099	6.17%	\$994,723,167	9.25%	\$900,772,062
SERVICE MANAGEMENT																			
Single Entry Points	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Insurance Management	\$361,953	0.91%	\$365,116	0.89%	\$368,819	-25.90%	\$495,819	25.90%	\$495,819	27.51%	\$643,719	-13.43%	\$705,488	-21.07%	\$801,031	4.72%	\$927,331	7.87%	\$942,235
Prepaid Inpatient Health Plan Administration	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Accountable Care Collaborative	\$209,784,822	-18.50%	\$257,995,939	27.73%	\$268,488,449	12.12%	\$234,394,332	-12.33%	\$234,394,332	5.82%	\$186,866,960	16.61%	\$146,941,497	-2.41%	\$146,941,497	3.17%	\$140,949,203	5.00%	\$140,949,203
Subtotal Service Management	\$210,146,775	-18.47%	\$257,791,255	27.69%	\$268,488,449	12.00%	\$234,394,332	-12.33%	\$234,394,332	5.82%	\$186,866,960	16.61%	\$146,941,497	-2.41%	\$146,941,497	3.17%	\$140,949,203	5.00%	\$140,949,203
Total Services	\$10,541,080,742	11.42%	\$9,461,027,978	-10.25%	\$8,982,402,483	-12.27%	\$8,000,841,643	12.09%	\$7,137,179,928	6.39%	\$6,710,366,921	6.39%	\$6,307,992,998	1.98%	\$6,210,042,799	11.83%	\$5,952,904,812	-1.29%	\$5,625,632,711

Exhibit O - Appropriations and Expenditures
Final FY 2024-25 Funding Splits

Item	Total Funds	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
HB 24-1430 Long Appropriations Bill	\$11,926,618,728	\$2,324,935,891	\$1,247,280,333	\$1,321,302,705	\$120,304,766	\$6,912,795,033
FY 2024-25 S-01 Medical Services Premiums	\$150,904,277	\$55,921,277	\$0	\$71,026,444	(\$716,036)	\$24,672,592
FY 2024-25 S-10 System of Care Funding	(\$1,350,000)	(\$675,000)	\$0	\$0	\$0	(\$675,000)
FY 2024-25 S-11 ARPA True Up	\$12,358,071	\$0	\$0	\$7,526,065	\$0	\$4,832,006
JBC Action: FY 2024-25 DHS S-2 MH Transitional Living Home Medicaid	(\$2,582,515)	(\$1,291,257)	\$0	\$0	\$0	(\$1,291,258)
JBC Action: FY 2024-25 S-12 NEMT True Up	(\$3,950,066)	(\$1,975,033)	\$0	\$0	\$0	(\$1,975,033)
FY 2024-25 S-01A Medical Services Premiums	\$371,869,517	\$42,480,360	\$0	\$23,503,056	\$0	\$305,886,101
JBC Action- Referendum C Adjustment	\$0	\$0	\$0	\$0	\$0	\$0
JBC Action: Aspheric Lenses Pending Rule	\$0	\$0	\$0	\$0	\$0	\$0
JBC Action: Medicaid Buy In Premiums for IDD	\$0	\$0	\$0	\$555,063	\$0	(\$555,063)
Appropriations Totals	\$12,453,868,012	\$2,419,396,238	\$1,247,280,333	\$1,423,913,333	\$119,588,730	\$7,243,689,378
Final Expenditures	\$12,627,795,252	\$2,465,553,736	\$1,248,839,667	\$1,346,192,427	\$118,098,773	\$7,449,110,649
Remaining Balance	(\$173,927,240)	(\$46,157,498)	(\$1,559,334)	\$77,720,906	\$1,489,957	(\$205,421,271)
Percentage Difference	-1.40%	-1.30%	2.85%	5.46%	1.25%	-2.84%
Notes:						
1. Totals reflect final CORE close as of August 21, 2025; they do not include post-closing entries past this date.						
2. Totals may not match those found elsewhere, due to the rounding.						

Exhibit O - Final Expenditures for Prior Fiscal Year by Aid Category

FY 2024-25 Final Actuals			
Aid Category	Caseload	Per Capita	Total
Adults 65 and Older (OAP-A)	49,806	\$44,917.61	\$2,237,166,435
Disabled Adults 60 to 64 (OAP-B)	12,233	\$41,234.18	\$504,417,741
Disabled Individuals to 59 (AND/AB)	57,984	\$45,481.30	\$2,637,187,792
Disabled Buy-In	26,469	\$11,000.11	\$291,161,829
MAGI Parents/Caretakers to 68% FPL	138,303	\$6,417.96	\$887,623,027
MAGI Parents/Caretakers 69% to 133% FPL	42,754	\$6,226.81	\$266,221,029
MAGI Adults	326,884	\$8,655.69	\$2,829,405,485
Breast & Cervical Cancer Program	115	\$19,128.48	\$2,199,775
Eligible Children (AFDC-C/BC)	367,311	\$4,847.99	\$1,780,721,477
SB 11-008 Eligible Children	45,573	\$3,638.51	\$165,817,942
Foster Care	18,475	\$21,869.16	\$404,032,800
MAGI Pregnant Adults	23,658	\$9,151.43	\$216,504,572
SB 11-250 Eligible Pregnant Adults	4,867	\$12,869.80	\$62,637,336
Non-Citizens- Emergency Services	36,570	\$5,217.16	\$190,791,576
Partial Dual Eligibles	30,237	\$3,954.31	\$119,566,496
SB 21-025 Family Planning Services	24,735	\$46.07	\$1,139,424
TOTAL	1,205,974	TF	\$12,627,795,252
		GF	\$2,465,553,736
		GFE	\$1,248,839,667
		CF	\$1,346,192,427
		RF	\$118,098,773
		FF	\$7,449,110,649

Total Funds include upper payment limit financing and supplemental payments and other Medicaid financing. Totals reflect final CORE close as of August 21, 2025 and do not include post-closing entries past this date. Totals may not match due to rounding.

Exhibit O - Comparison of Budget Requests and Appropriations

FY 2024-25 Comparison of Requests and Appropriations										
FY 2024-25 Comparison of Requests and Appropriations	November 1, 2023	February 15, 2024	% Change	FY 2024-25 Long Bill and Special Bills Appropriation	November 1, 2024	February 15, 2025	% Change over Appropriation	FY 2024-25 Final Appropriation	FY 2024-25 Actuals	% Change over Feb.
Acute Care	\$6,163,759,133	\$5,598,548,736	-9.17%	\$5,796,990,201	\$5,998,774,988	\$6,265,778,931	8.09%	\$6,284,015,785	\$6,287,000,230	0.34%
Community Based Long-Term Care	\$2,207,092,823	\$2,342,547,092	6.14%	\$2,428,156,089	\$2,404,425,680	\$2,497,907,675	2.87%	\$2,479,408,988	\$2,607,441,363	4.39%
Long-Term Care	\$1,169,461,789	\$1,128,046,199	-3.54%	\$1,128,046,199	\$1,107,447,583	\$1,146,198,341	1.61%	\$1,146,198,341	\$1,151,583,473	0.47%
Insurance	\$285,066,131	\$292,475,760	2.60%	\$292,475,760	\$295,571,522	\$282,402,044	-3.44%	\$282,402,044	\$284,908,901	0.89%
Service Management	\$257,141,264	\$214,423,890	-16.61%	\$218,354,995	\$212,010,672	\$210,783,405	-3.47%	\$210,783,405	\$210,146,775	-0.30%
Financing	\$2,041,492,903	\$2,025,484,128	-0.78%	\$2,067,332,806	\$2,064,029,883	\$2,051,059,449	-0.79%	\$2,051,059,449	\$2,055,505,513	0.22%
Total	\$12,124,014,043	\$11,601,525,805	-4.31%	\$11,933,458,715	\$12,082,260,328	\$12,454,129,845	4.36%	\$12,453,868,012	\$12,596,586,255	1.14%
Class I Nursing Facilities	\$816,925,250	\$788,229,488	-3.51%	\$788,229,488	\$779,928,099	\$808,305,822	2.55%	\$808,305,822	\$813,270,939	0.61%

FY 2025-26 Comparison of Requests and Appropriations										
FY 2025-26 Comparison of Requests and Appropriations	November 1, 2024	February 15, 2025	% Change	FY 2025-26 Long Bill and Special Bills Appropriation	November 1, 2025	February 15, 2026	% Change over Appropriation	FY 2024-25 Final Appropriation	FY 2025-26 Actuals	% Change over Feb.
Acute Care	\$6,592,507,811	\$6,863,130,568	4.11%	\$6,835,607,458	\$6,878,211,804					
Community Based Long-Term Care	\$2,580,021,180	\$2,661,286,008	3.15%	\$2,705,299,417	\$2,881,313,745					
Long-Term Care	\$1,158,232,939	\$1,192,596,907	2.97%	\$1,192,596,907	\$1,284,588,095					
Insurance	\$317,105,989	\$301,746,335	-4.84%	\$301,746,335	\$318,478,403					
Service Management	\$217,736,559	\$215,626,100	-0.97%	\$220,197,618	\$249,982,190					
Financing	\$2,113,200,806	\$2,102,866,457	-0.49%	\$2,112,084,753	\$2,658,484,595					
Total	\$12,978,805,284	\$13,337,252,375	2.76%	\$13,367,532,488	\$14,271,058,832					
Class I Nursing Facilities	\$796,589,241	\$827,730,283	3.91%	\$827,730,283	\$914,355,950					

FY 2026-27 Comparison of Requests and Appropriations										
FY 2026-27 Comparison of Requests and Appropriations	November 1, 2025	February 15, 2026	% Change	FY 2026-27 Long Bill and Special Bills Appropriation	November 1, 2026	February 15, 2027	% Change over Appropriation	FY 2025-26 Final Appropriation	FY 2026-27 Actuals	% Change over Feb.
Acute Care	\$7,372,082,918									
Community Based Long-Term Care	\$3,096,671,675									
Long-Term Care	\$1,333,785,355									
Insurance	\$353,393,934									
Service Management	\$249,666,043									
Financing	\$3,294,827,641									
Total	\$15,700,427,566									
Class I Nursing Facilities	\$954,431,540									

Yearly Expenditures by Eligibility Category																	
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2014-15	\$1,044,291,631	\$217,931,810	\$1,108,322,123	\$30,521,839	\$569,129,005	\$206,228,721	\$1,145,194,212	\$5,578,806	\$925,982,289	\$82,362,752	\$92,006,877	\$193,228,921	\$20,411,857	\$56,781,957	\$31,220,993	\$0	\$5,729,193,793
FY 2015-16	\$1,120,115,780	\$236,325,255	\$1,262,962,468	\$51,661,112	\$630,016,796	\$275,992,247	\$1,621,597,144	\$4,174,196	\$1,074,344,794	\$111,240,961	\$97,684,729	\$222,185,018	\$24,225,165	\$66,804,909	\$39,805,896	\$0	\$6,839,136,470
FY 2016-17	\$1,227,329,450	\$228,007,673	\$1,187,717,155	\$46,755,354	\$496,699,138	\$270,635,116	\$1,420,477,846	\$4,278,354	\$965,142,881	\$105,372,205	\$94,437,790	\$164,997,565	\$19,079,890	\$58,303,900	\$41,044,441	\$0	\$6,330,278,758
FY 2017-18	\$1,374,850,712	\$265,844,232	\$1,401,999,382	\$72,335,007	\$681,687,561	\$262,493,865	\$1,719,088,068	\$4,109,880	\$1,122,426,285	\$130,530,240	\$118,166,204	\$164,702,655	\$28,682,493	\$82,915,426	\$43,614,481	\$0	\$7,473,446,491
FY 2018-19	\$1,419,049,543	\$316,153,918	\$1,562,217,882	\$90,582,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,422,864	\$1,159,595,891	\$118,856,473	\$129,112,556	\$198,287,837	\$29,838,238	\$74,917,041	\$48,287,034	\$0	\$7,765,936,096
FY 2019-20	\$1,569,226,283	\$337,873,877	\$1,611,283,109	\$105,469,881	\$654,192,856	\$224,663,102	\$1,842,104,413	\$3,633,297	\$1,169,085,161	\$122,391,638	\$124,805,058	\$194,501,125	\$27,885,429	\$62,454,725	\$49,691,616	\$0	\$8,099,261,570
FY 2020-21	\$1,502,236,694	\$373,192,056	\$1,740,775,717	\$119,566,743	\$689,387,649	\$329,486,462	\$2,167,933,755	\$3,959,656	\$1,207,536,021	\$142,264,585	\$167,121,070	\$180,419,087	\$33,059,084	\$93,372,855	\$95,459,050	\$0	\$8,845,770,481
FY 2021-22	\$1,550,416,533	\$369,019,553	\$1,879,679,407	\$105,437,480	\$757,851,480	\$388,681,883	\$2,423,890,200	\$1,725,217	\$1,485,259,354	\$177,947,900	\$172,565,231	\$180,831,381	\$36,046,996	\$116,011,736	\$110,928,793	\$0	\$9,756,293,144
FY 2022-23	\$1,660,716,543	\$429,988,244	\$2,116,771,970	\$159,343,586	\$826,809,350	\$412,201,442	\$2,738,180,874	\$1,975,054	\$1,681,364,606	\$190,831,356	\$201,321,889	\$194,321,379	\$29,629,458	\$162,022,890	\$115,140,877	\$390,762	\$10,921,010,281
FY 2023-24	\$1,915,397,817	\$468,214,821	\$2,279,974,350	\$195,374,688	\$845,469,741	\$322,911,104	\$2,694,109,610	\$1,889,643	\$1,699,536,668	\$183,922,407	\$232,226,478	\$192,594,338	\$31,567,380	\$187,841,873	\$110,048,820	\$837,770	\$11,361,917,258
FY 2024-25	\$2,237,166,435	\$504,417,741	\$2,637,187,792	\$291,161,829	\$887,623,027	\$266,221,029	\$2,829,405,485	\$2,199,775	\$1,780,721,477	\$165,817,942	\$404,032,800	\$216,504,572	\$62,637,336	\$190,791,576	\$119,566,496	\$1,139,424	\$12,596,586,255
Yearly Percent Change in Expenditures																	
Fiscal Year	Expenditures	Percent Change	Dollar Increase/ Decrease	Average Yearly Percent Change From FY 2000-01	Percent Change2	Three-year Moving Average	Percent Change3										
FY 2014-15	\$5,729,193,793																
FY 2015-16	\$6,839,136,470	19.37%	\$1,109,942,677														
FY 2016-17	\$6,330,278,758	-7.44%	(\$508,857,712)	5.97%													
FY 2017-18	\$7,473,446,491	18.06%	\$1,143,167,733	10.00%	67.56%	10.00%											
FY 2018-19	\$7,765,936,096	3.91%	\$292,489,605	8.48%	-15.21%	4.84%	-51.55%										
FY 2019-20	\$8,099,261,570	4.29%	\$333,325,474	7.64%	-9.87%	8.75%	80.74%										
FY 2020-21	\$8,845,770,481	9.22%	\$746,508,911	7.90%	3.44%	5.81%	-33.66%										
FY 2021-22	\$9,756,293,144	10.29%	\$910,522,663	8.24%	4.32%	7.93%	36.62%										
FY 2022-23	\$10,921,010,281	11.94%	\$1,164,717,137	8.71%	5.60%	10.48%	32.12%										
FY 2023-24	\$11,361,917,258	4.04%	\$440,906,977	8.19%	-5.96%	8.76%	-16.47%										
FY 2024-25	\$12,596,586,255	10.87%	\$1,234,668,997	8.46%	3.27%	8.95%	2.18%										
FY 2025-26 Projections																	
	Official Projection	Percent Change	Dollar Increase/ Decrease	Projection Using Most Recent Average Change	Percent Change over Official Projection	Projection Using Most Recent Three-year Average	Percent Change over Premium Workbook Projection										
FY 2025-26 Projection	\$14,271,058,832	13.29%	\$1,674,472,577	\$13,661,628,319	-4.27%	\$13,723,648,116	-3.84%										
FY 2026-27 Projection	\$15,700,427,566	10.02%	\$1,429,368,734	\$15,477,677,645	-1.42%	\$15,547,941,775	-0.97%										
FY 2027-28 Projection	\$16,736,015,049	6.60%	\$1,035,587,484	\$17,027,899,584	1.74%	\$17,105,201,268	2.21%										
FY 2025-26 Appropriation	\$13,367,552,286																
Difference Between FY 2025-26 Projections and FY 2025-26 Appropriation	\$903,506,546	6.76%		\$294,076,033	2.20%	\$356,095,830	2.66%										
Difference Between FY 2026-27 Projections and FY 2025-26 Appropriation	\$2,332,875,280	17.45%		\$2,110,125,359	15.79%	\$2,180,389,489	16.31%										
Difference Between FY 2027-28 Projections and FY 2025-26 Appropriation	\$3,368,462,763	25.20%		\$3,660,347,298	27.38%	\$3,737,648,982	27.96%										
Actuals, Projection, and Appropriation <u>exclude</u> Upper Payment Limit Financing.																	

Actuals, Projection, and Appropriation exclude Upper Payment Limit Financing.

Exhibit P - Estimate of FY Expenditures with Prior Year Cash Flow Pattern (For Reference Only - Not the Department's Request)

Fiscal Year	Total Expenditures ⁽¹⁾	Annual % Change	Total Caseload ⁽²⁾	Annual % Change2
FY 2014-15	\$5,729,193,793	0.00%	1,161,157	34.87%
FY 2015-16	\$6,839,136,470	19.37%	1,296,986	11.70%
FY 2016-17	\$6,330,278,758	-7.44%	1,346,114	3.79%
FY 2017-18	\$7,473,446,491	18.06%	1,315,217	-2.30%
FY 2018-19	\$7,765,936,096	3.91%	1,261,365	-4.09%
FY 2019-20	\$8,099,261,570	4.29%	1,219,245	-3.34%
FY 2020-21	\$8,845,770,481	9.22%	1,404,955	15.23%
FY 2021-22	\$9,756,293,144	10.29%	1,561,560	11.15%
FY 2022-23	\$10,921,010,281	11.94%	1,719,619	10.12%
FY 2023-24	\$11,361,917,258	4.04%	1,390,188	-19.16%
FY 2024-25	\$12,596,586,255	10.87%	1,207,815	-13.12%
FY 2025-26 Projection	\$14,271,058,832	30.68%	1,260,431	-9.33%
FY 2026-27 Projection	\$15,700,427,566	10.02%	1,300,838	3.21%
FY 2027-28 Projection	\$16,736,015,049	6.60%	1,336,139	2.71%
(1) Expenditures are for Medical Services Premiums only.				
(2) Caseload does not include retroactivity.				

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

[illegible]

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Fiscal Year	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (ATDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHIP+ Children	CHIP+ Prenatal	TOTAL CHIP+	TOTAL Medicaid and CHIP+
FY 2016-17	\$27,549.77	\$27,567.17	\$24,894.02	\$10,292.29	\$2,988.61	\$2,622.57	\$4,050.69	\$16,788.64	\$2,125.48	\$1,720.53	\$6,571.07	\$10,167.73	\$8,185.71	\$15,432.19	\$1,238.05	\$0.00	\$5,131.40	\$1,807.15	\$1,710.94	\$1,806.22	\$4,978.49
FY 2017-18	\$5,701.57	\$10,073.79	\$9,588.44	\$3,147.92	\$477.41	\$217.26	\$727.53	\$2,097.96	\$441.00	\$360.98	\$2,562.09	\$516.09	\$407.99	\$4.39	\$19.63	\$0.00	\$1,487.12	\$2,364.82	\$8,628.59	\$2,434.83	\$1,251.16
% Change from FY 2016-17	20.3%	36.2%	39.7%	30.6%	16.3%	8.3%	17.8%	23.6%	20.3%	20.9%	39.0%	50.8%	49.2%	0.3%	1.6%	0.0%	28.8%	32.3%	41.8%	34.8%	72.6%
FY 2018-19	\$29,311.43	\$30,331.14	\$29,907.12	\$11,173.60	\$3,198.87	\$2,910.08	\$4,549.29	\$17,512.50	\$2,513.05	\$1,949.22	\$7,185.19	\$11,783.56	\$9,219.08	\$16,078.00	\$1,393.20	\$0.00	\$6,181.23	\$2,274.79	\$8,353.82	\$2,343.42	\$5,949.79
% Change from FY 2017-18	41.0%	60.9%	61.9%	234.0%	566.9%	329.4%	52.5%	714.7%	40.0%	13.0%	188.2%	218.2%	219.6%	364.4%	697.30%	0.0%	30.3%	1.8%	5.3%	1.7%	440.3%
FY 2019-20	\$32,227.57	\$32,562.07	\$33,145.77	\$9,653.41	\$3,505.55	\$3,298.00	\$5,044.15	\$19,903.23	\$2,483.77	\$2,139.97	\$7,615.72	\$12,435.31	\$9,483.96	\$17,521.91	\$2,405.16	\$0.00	\$6,850.62	\$2,374.95	\$8,214.01	\$2,443.16	\$6,587.11
% Change from FY 2018-19	9.9%	7.3%	11.5%	-11.6%	6.2%	13.3%	10.88%	13.6%	6.2%	9.7%	3.1%	5.5%	2.8%	8.9%	86.9%	0.0%	10.8%	4.4%	-1.6%	4.6%	10.2%
FY 2020-21	\$30,014.06	\$32,802.15	\$34,402.38	\$9,551.82	\$3,589.33	\$3,221.04	\$4,800.95	\$21,068.77	\$2,543.07	\$2,214.09	\$9,192.02	\$9,641.72	\$7,158.21	\$8,574.40	\$2,703.12	\$0.00	\$6,374.30	\$2,782.94	\$9,967.48	\$2,864.69	\$6,216.48
% Change from FY 2019-20	-6.8%	8.7%	11.5%	-1.0%	2.4%	-3.3%	-4.4%	-5.4%	-5.4%	-5.4%	-20.4%	-22.0%	-24.5%	-24.5%	-51.0%	0.0%	-6.9%	17.1%	21.3%	6.9%	-5.6%
FY 2021-22	\$31,037.13	\$33,799.54	\$38,076.23	\$8,876.15	\$3,822.26	\$3,432.85	\$4,881.85	\$10,342.15	\$2,874.75	\$2,568.69	\$9,928.44	\$9,578.65	\$6,866.53	\$5,210.74	\$3,107.41	\$0.00	\$6,527.09	\$2,440.98	\$7,310.54	\$2,490.91	\$6,193.77
% Change from FY 2020-21	3.4%	8.6%	10.6%	-7.0%	4.4%	6.3%	1.2%	-49.8%	11.0%	15.9%	8.4%	4.8%	4.8%	4.0%	39.0%	0.0%	2.4%	-13.2%	28.6%	13.0%	2.0%
FY 2022-23	\$32,993.00	\$39,357.48	\$43,299.02	\$10,263.55	\$3,977.00	\$3,611.24	\$4,930.71	\$12,868.50	\$3,037.29	\$2,533.94	\$10,700.68	\$6,114.29	\$4,860.41	\$3,401.96	\$3,425.83	\$0.00	\$6,763.09	\$2,369.85	\$8,317.22	\$2,490.69	\$6,645.53
% Change from FY 2021-22	6.3%	16.4%	11.7%	15.6%	4.0%	3.2%	1.0%	21.8%	5.6%	-1.3%	7.8%	-36.1%	-29.2%	-34.9%	10.2%	0.0%	3.2%	-2.9%	13.7%	0.0%	3.4%
FY 2023-24	\$40,575.05	\$49,417.05	\$54,542.45	\$11,804.23	\$4,888.24	\$4,422.01	\$6,239.60	\$13,184.08	\$3,862.56	\$3,101.44	\$13,068.34	\$6,337.02	\$5,600.81	\$3,358.10	\$3,824.63	\$9.18	\$8,674.00	\$2,613.29	\$6,542.96	\$2,695.02	\$8,392.97
% Change from FY 2022-23	22.9%	25.5%	25.9%	15.0%	22.6%	22.4%	26.5%	27.1%	22.4%	22.1%	2.9%	15.3%	1.2%	11.6%	0.0%	0.0%	28.2%	10.7%	21.3%	8.2%	26.2%
FY 2024-25	\$45,910.43	\$60,026.12	\$65,525.21	\$13,474.23	\$6,147.88	\$5,668.58	\$8,365.34	\$15,620.23	\$4,888.90	\$3,669.08	\$15,947.80	\$7,266.85	\$11,178.82	\$2,919.27	\$3,996.72	\$28.70	\$11,266.34	\$2,086.65	\$4,594.10	\$2,086.43	\$10,721.68
% Change from FY 2023-24	13.5%	27.4%	20.1%	14.1%	15.5%	15.5%	38.0%	16.7%	35.0%	18.3%	18.3%	15.9%	15.9%	15.9%	15.9%	0.0%	11.6%	-35.5%	28.7%	22.3%	27.2%
FY 2025-26 Projection	\$50,690.71	\$71,938.38	\$69,382.95	\$13,887.09	\$6,606.14	\$6,474.03	\$9,075.95	\$17,585.72	\$4,994.38	\$4,100.09	\$16,809.03	\$7,919.55	\$16,448.93	\$2,919.05	\$4,228.77	\$182.47	\$12,139.00	\$3,496.46	\$8,340.40	\$3,625.33	\$11,617.54
% Change from FY 2024-25	10.4%	18.8%	5.7%	3.6%	7.4%	14.2%	4.4%	12.3%	2.6%	12.0%	5.4%	8.8%	48.3%	0.0%	5.3%	462.0%	6.9%	70.5%	81.5%	72.3%	8.3%
FY 2026-27 Projection	\$51,814.91	\$75,362.79	\$69,500.45	\$14,791.34	\$6,869.45	\$6,776.47	\$9,517.72	\$18,370.23	\$5,110.67	\$4,196.68	\$17,584.50	\$7,624.84	\$18,509.87	\$3,014.21	\$4,467.17	\$162.44	\$12,564.28	\$3,871.70	\$6,973.37	\$3,996.72	\$12,042.14
% Change from FY 2024-25	2.2%	4.7%	0.3%	6.5%	3.9%	4.6%	8.7%	4.6%	3.1%	2.7%	7.0%	3.2%	11.1%	3.2%	3.2%	0.0%	5.6%	12.0%	16.3%	3.6%	3.6%
FY 2027-28 Projection	\$57,733.11	\$80,787.07	\$70,133.10	\$15,261.03	\$7,199.10	\$7,075.35	\$9,963.83	\$19,197.66	\$5,217.03	\$4,278.40	\$19,653.72	\$7,847.55	\$19,381.08	\$3,118.13	\$4,621.30	\$162.44	\$13,232.87	\$4,515.82	\$6,281.98	\$4,593.15	\$12,711.19
% Change from FY 2026-27	11.5%	7.9%	-13.0%	3.4%	3.7%	1.9%	9.0%	4.5%	2.0%	2.4%	2.4%	2.4%	2.4%	3.4%	3.4%	0.0%	5.3%	16.6%	9.9%	14.9%	5.5%

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Fiscal Year	Total Title XIX and Title XXI Caseload																		TOTAL Medicaid and CHIP+		
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (ANDAB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizen- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHIP- Children		CHIP- Prenatal	TOTAL CHIP-
FY 2016-17	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	1,346,114	64,260	626	64,886	1,411,000
FY 2017-18	45,907	11,797	67,531	6,175	179,833	74,610	352,407	155	438,772	64,346	21,473	10,125	2,229	2,809	34,838	0	1,315,217	76,890	842	77,732	1,392,949
% Change from FY 2016-17	4.6%	4.9%	-0.1%	-1.2%	11.4%	-26.1%	3.3%	-34.0%	-6.5%	-8.6%	5.7%	-25.3%	13.2%	6.4%	3.0%	0.0%	-2.3%	19.4%	14.5%	13.4%	19.2%
FY 2018-19	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	1,261,365	80,035	914	80,949	1,342,314
% Change from FY 2017-18	3.8%	7.8%	1.6%	3.9%	-2.2%	-18.8%	-6.2%	-2.8%	-4.2%	-7.7%	1.9%	20.4%	-2.8%	-5.5%	-0.4%	0.0%	-4.9%	8.5%	4.1%	3.4%	4.1%
FY 2019-20	47,551	13,009	66,530	10,675	164,487	59,499	322,951	137	407,548	55,904	21,320	11,547	2,309	2,417	33,441	0	1,219,245	76,562	905	77,467	1,296,712
% Change from FY 2018-19	-0.2%	2.4%	-3.0%	18.7%	-6.6%	-6.3%	-2.4%	-2.2%	-3.0%	-5.8%	-2.7%	-5.3%	-3.4%	-8.9%	-3.9%	0.0%	-4.3%	-4.3%	-0.8%	-4.3%	-4.3%
FY 2020-21	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	7,016	35,302	0	1,404,955	65,421	766	66,187	1,471,142
% Change from FY 2019-20	1.4%	3.3%	-0.5%	31.4%	5.2%	48.4%	21.7%	1.4%	10.4%	19.5%	2.7%	17.8%	63.3%	192.3%	5.5%	0.0%	15.2%	-14.5%	15.3%	14.5%	14.5%
FY 2021-22	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	1,561,560	52,795	547	53,342	1,614,902
% Change from FY 2020-21	2.1%	1.7%	-0.5%	7.5%	9.4%	15.8%	18.6%	-5.7%	7.4%	8.6%	-1.9%	4.7%	20.7%	112.0%	2.0%	0.0%	11.1%	-19.3%	28.5%	19.4%	19.4%
FY 2022-23	50,477	13,846	64,913	18,451	196,516	104,683	530,332	133	505,036	76,963	20,070	24,842	6,305	26,516	33,881	44,653	1,674,966	46,431	963	47,394	1,722,360
% Change from FY 2021-22	2.4%	0.4%	-1.5%	19.4%	4.7%	2.2%	10.9%	1.5%	4.2%	1.3%	-4.0%	14.2%	44.6%	78.5%	-5.8%	0.0%	7.2%	-12.0%	76.0%	11.1%	11.1%
FY 2023-24	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,643	31,914	29,013	36,475	1,390,188	67,138	1,426	68,564	1,458,752
% Change from FY 2022-23	-5.4%	-8.4%	-9.1%	10.0%	-18.7%	-36.8%	-23.4%	-10.5%	-18.3%	-23.9%	-4.9%	-3.2%	-10.1%	-20.3%	-14.3%	0.0%	-17.0%	44.6%	48.0%	44.6%	44.6%
FY 2024-25	49,809	12,223	57,984	26,469	138,303	42,754	326,884	115	367,311	45,573	18,477	23,658	4,847	36,570	30,237	24,735	1,205,914	86,572	2,044	88,616	1,294,630
% Change from FY 2023-24	4.4%	-3.6%	-1.7%	30.3%	-14.2%	-35.3%	-19.4%	-3.3%	-10.9%	-22.1%	-3.1%	-14.6%	-14.6%	14.5%	4.2%	100.0%	-13.2%	28.9%	44.7%	29.2%	11.2%
FY 2025-26 Projection	50,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	51,719	18,521	24,611	4,821	40,436	31,957	24,188	1,252,919	78,904	2,826	81,730	1,334,649
% Change from FY 2024-25	1.1%	-1.2%	3.5%	8.0%	-0.1%	2.9%	3.5%	-14.7%	4.7%	13.4%	0.2%	4.0%	-0.9%	10.5%	5.6%	-2.2%	3.8%	-8.8%	36.5%	7.7%	3.0%
FY 2026-27 Projection	51,312	12,222	64,321	29,833	140,482	45,589	348,585	110	392,429	56,106	18,557	25,667	4,845	43,072	33,515	24,188	1,292,153	80,476	3,380	83,856	1,376,009
% Change from FY 2025-26	1.8%	1.2%	5.3%	4.3%	1.5%	3.5%	3.5%	1.2%	2.0%	9.4%	0.3%	4.5%	0.1%	6.5%	4.8%	0.0%	3.4%	1.9%	16.0%	1.0%	2.60%
FY 2027-28 Projection	52,260	12,368	68,897	30,783	144,830	47,149	359,223	122	398,921	60,343	18,593	26,723	4,909	43,072	35,073	24,188	1,327,454	81,556	3,752	85,308	1,412,762
% Change from FY 2026-27	1.8%	1.1%	7.1%	3.1%	3.1%	3.4%	2.9%	10.9%	1.6%	7.5%	0.1%	4.1%	0.0%	0.0%	4.6%	0.0%	2.7%	1.4%	11.0%	1.4%	2.67%

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizen- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHIP- Children	CHIP- Prenatal	TOTAL CHIP+	Total Medicaid and CHIP+
FY 2016-17	\$1,210,564,654	\$309,882,556	\$1,683,309,032	\$64,337,116	\$482,428,184	\$265,034,075	\$1,409,021,376	\$3,945,330	\$997,480,646	\$111,674,502	\$133,458,445	\$137,945,545	\$16,105,484	\$40,740,989	\$41,519,199	\$0	\$6,907,453,132	\$116,127,203	\$1,071,049	\$117,198,252	\$7,024,651,384
FY 2017-18	\$261,741,794	\$118,840,480	\$647,381,691	\$27,361,208	\$85,961,487	\$16,309,804	\$256,533,881	\$325,184	\$193,497,748	\$23,227,819	\$55,015,700	\$5,325,381	\$909,419	\$12,137	\$483,334	\$0	\$1,692,837,463	\$7,433,475	\$1,810,902	\$7,435,287	\$1,882,102,044
% Change from FY 2015-16	-78.38%	-61.65%	-61.54%	-82.20%	-93.88%	(0.82)	-91.76%	-80.60%	-79.20%	-58.78%	-96.21%	-94.35%	-99.79%	-98.35%	-98.35%	0.00%	-75.49%	-56.58%	-594.06%	-61.49%	-73.21%
FY 2018-19	\$1,397,732,640	\$385,839,924	\$2,052,800,099	\$100,415,262	\$580,030,489	\$184,973,685	\$1,503,653,427	\$2,533,475	\$1,056,117,096	\$115,736,194	\$161,110,327	\$143,709,311	\$21,137,047	\$42,669,678	\$48,325,296	\$0	\$7,796,783,952	\$182,062,512	\$7,635,394	\$189,697,906	\$7,986,481,858
% Change from FY 2016-17	434.01%	224.67%	217.09%	2.67	575.53%	1041.12%	4.86	679.09%	445.80%	396.27%	192.84%	2650.22%	2224.24%	34567.54%	6969.92%	0.00%	360.57%	0.13%	2.71%	0.23%	324.34%
FY 2019-20	\$1,532,452,982	\$424,251,182	\$2,216,494,274	\$103,050,188	\$575,546,741	\$196,227,709	\$1,629,012,444	\$2,726,743	\$1,093,764,472	\$119,675,863	\$162,367,148	\$143,589,344	\$20,900,076	\$42,330,447	\$47,119,001	\$0	\$8,352,573,606	\$181,830,903	\$7,433,675	\$189,264,577	\$8,541,843,183
% Change from FY 2017-18	9.64%	9.96%	8.07%	2.62%	0.60%	6.08%	8.34%	7.63%	3.56%	3.40%	0.78%	-0.08%	-0.88%	-0.75%	80.28%	0.00%	7.13%	-0.13%	-2.44%	-0.23%	6.93%
FY 2020-21	\$1,448,156,912	\$444,177,968	\$2,277,003,461	\$137,040,017	\$621,596,756	\$284,831,283	\$1,942,104,139	\$2,928,559	\$1,146,811,025	\$148,108,139	\$189,934,869	\$131,486,391	\$25,833,970	\$60,199,389	\$95,432,513	\$0	\$8,955,603,392	\$182,062,512	\$7,635,394	\$189,697,906	\$9,145,301,298
% Change from FY 2018-19	-5.50%	-4.70%	-2.64%	32.98%	7.81%	48.15%	19.23%	7.40%	4.85%	23.76%	16.98%	-8.43%	23.31%	42.05%	9.54%	0.00%	7.22%	0.13%	2.71%	0.23%	7.00%
FY 2021-22	\$1,529,416,685	\$465,892,794	\$2,511,431,753	\$136,905,677	\$724,409,551	\$351,519,971	\$2,334,028,733	\$1,383,642	\$1,392,895,089	\$186,489,205	\$201,894,877	\$136,534,023	\$29,931,225	\$77,812,422	\$111,913,437	\$0	\$10,192,439,083	\$128,871,283	\$3,998,865	\$132,870,148	\$10,325,309,233
% Change from FY 2019-20	5.61%	4.89%	10.30%	-0.10%	16.54%	23.41%	20.18%	-52.75%	21.46%	25.90%	6.30%	3.84%	15.86%	29.34%	17.27%	0.00%	13.81%	-29.22%	-47.63%	-29.96%	12.90%
FY 2022-23	\$1,665,387,712	\$545,022,136	\$2,811,535,535	\$189,372,740	\$789,497,174	\$378,035,519	\$2,614,912,039	\$1,711,511	\$1,533,942,850	\$195,019,340	\$214,762,599	\$151,891,141	\$30,644,875	\$90,206,340	\$116,002,128	\$0	\$11,327,943,869	\$110,034,479	\$8,009,480	\$118,043,959	\$11,445,987,828
% Change from FY 2020-21	8.86%	16.96%	11.95%	38.32%	8.96%	7.54%	12.03%	23.70%	10.13%	4.59%	6.37%	11.25%	2.38%	15.93%	1.65%	0.00%	11.14%	-14.62%	100.29%	-11.16%	10.85%
FY 2023-24	\$1,934,659,017	\$627,201,242	\$3,217,840,813	\$239,767,592	\$787,715,785	\$292,564,275	\$2,532,173,118	\$1,568,905	\$1,593,296,594	\$181,437,590	\$249,383,210	\$150,690,570	\$31,717,359	\$107,170,494	\$110,963,966	\$334,951	\$12,098,485,481	\$175,450,996	\$9,330,255	\$184,781,251	\$12,243,266,732
% Change from FY 2021-22	16.17%	15.08%	14.45%	26.61%	0.22%	22.61%	-3.16%	8.33%	-3.87%	-4.96%	16.12%	-0.79%	3.50%	18.81%	-4.34%	0.00%	6.45%	59.45%	16.49%	56.54%	6.97%
FY 2024-25	\$2,286,615,014	\$734,299,608	\$3,799,413,608	\$356,657,404	\$850,270,813	\$242,354,593	\$2,734,496,436	\$1,799,276	\$1,773,709,035	\$167,211,136	\$294,633,687	\$171,919,027	\$54,407,318	\$106,757,151	\$120,909,252	\$714,859	\$13,695,496,272	\$175,450,996	\$9,462,231	\$184,913,217	\$13,880,389,492
% Change from FY 2022-23	18.19%	17.08%	18.07%	48.75%	7.94%	17.16%	7.99%	14.72%	11.32%	7.84%	18.15%	14.09%	71.54%	-0.39%	8.96%	0.00%	113.42%	1.63%	1.08%	1.37%	13.37%
FY 2025-26 Projection	\$2,552,986,941	\$868,726,639	\$4,159,886,633	\$396,990,142	\$912,532,960	\$285,045,088	\$3,072,635,409	\$1,721,401	\$1,906,382,751	\$212,569,905	\$311,319,962	\$194,908,114	\$80,264,479	\$118,034,728	\$135,170,660	\$3,929,099	\$15,209,177,813	\$272,728,173	\$23,569,979	\$296,298,152	\$15,505,475,965
% Change from FY 2023-24	11.65%	18.31%	9.49%	11.31%	17.61%	12.37%	4.24%	7.48%	27.13%	5.66%	13.74%	13.17%	47.53%	10.56%	11.80%	449.63%	11.09%	55.44%	148.57%	60.22%	11.71%
FY 2026-27 Projection	\$2,658,726,793	\$921,083,963	\$4,470,338,273	\$441,270,177	\$971,904,157	\$308,932,221	\$3,320,591,452	\$2,020,725	\$2,005,573,755	\$235,458,707	\$333,745,796	\$195,706,871	\$90,056,407	\$129,038,012	\$149,717,312	\$3,929,099	\$16,234,948,759	\$311,578,796	\$23,569,979	\$335,148,775	\$16,570,097,534
% Change from FY 2024-25	4.14%	6.03%	7.46%	11.15%	6.51%	8.38%	8.07%	17.25%	5.20%	10.77%	7.20%	0.41%	12.19%	9.99%	10.76%	0.00%	10.76%	14.25%	0.00%	6.74%	6.87%
FY 2027-28 Projection	\$3,019,222,514	\$999,174,472	\$4,845,732,826	\$469,780,178	\$1,036,880,885	\$333,592,655	\$3,557,682,164	\$2,342,114	\$2,081,183,863	\$258,171,503	\$361,665,841	\$209,549,759	\$94,650,810	\$134,312,721	\$162,082,712	\$3,929,100	\$17,566,028,016	\$368,292,050	\$23,569,979	\$391,862,029	\$17,957,890,045
% Change from FY 2025-26	13.56%	8.48%	8.40%	6.46%	6.69%	7.96%	7.14%	15.90%	3.77%	9.63%	8.37%	7.07%	5.11%	3.45%	8.26%	0.00%	8.26%	18.20%	0.00%	16.92%	8.38%

Notes:

1. See Page EQ-1 for a list of services that are included in the calculations for payment caps for Title XIX and Title XXI services.

2. See Narrative for a description of events that alter trends.

3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay, that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Notes:

1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.

2. See Narrative for a description of events that alter trends.

3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays and Excluding Financing																		
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRHC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizen- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	TOTAL Medicaid	CHP+ Children
FY 2016-17	\$29,539.73	\$29,539.86	\$26,320.84	\$11,287.68	\$3,454.97	\$3,049.07	\$4,764.82	\$18,569.73	\$2,394.38	\$1,873.41	\$6,974.26	\$12,552.72	\$10,034.68	\$22,084.81	\$1,227.48	\$0.00	\$5,708.90	\$1,807.15
FY 2017-18	\$5,611.01	\$10,000.40	\$9,517.71	\$3,314.99	\$465.14	\$209.78	\$711.89	\$2,022.25	\$433.32	\$2,443.71	\$471.63	\$173.98	\$62.42	\$17.99	\$0.00	\$1,699.28	\$2,084.82	\$2,434.83
% Change from FY 2016-17	81.01%	46.35%	43.84%	29.71%	13.61%	6.85%	15.45%	11.73%	18.51%	30.38%	7.03%	8.53%	0.61%	0.08%	0.00%	5.91%	36.30%	34.80%
FY 2018-19	\$29,330.02	\$33,433.61	\$31,956.76	\$13,450.51	\$4,217.82	\$3,743.11	\$5,963.40	\$25,750.29	\$3,135.14	\$2,291.43	\$8,403.40	\$16,710.85	\$13,393.15	\$28,228.86	\$511.62	\$0.00	\$7,180.08	\$2,274.79
% Change from FY 2017-18	62.72%	234.32%	235.76%	306.39%	808.39%	1718.99%	7.38	117.35%	62.52%	546.60%	230.36%	342.23%	3487.25%	45334.06%	2743.91%	0.00%	465.69%	1.81%
FY 2019-20	\$29,951.18	\$32,083.18	\$32,496.96	\$9,656.59	\$3,504.54	\$3,299.14	\$5,048.77	\$19,910.44	\$2,684.54	\$2,140.63	\$7,617.61	\$12,439.11	\$9,486.98	\$17,527.17	\$1,665.16	\$0.00	\$6,685.37	\$2,374.95
% Change from FY 2018-19	2.12%	-4.04%	1.69%	-28.21%	-16.91%	-11.86%	-15.39%	-22.68%	-14.37%	-8.58%	9.35%	-25.56%	29.17%	37.91%	225.47%	0.00%	-6.89%	4.40%
FY 2020-21	\$30,073.40	\$32,858.19	\$32,459.28	\$9,572.38	\$3,598.78	\$3,229.40	\$4,832.87	\$21,128.07	\$2,548.45	\$2,220.92	\$9,174.93	\$9,485.10	\$7,175.15	\$8,955.99	\$2,704.63	\$0.00	\$6,387.42	\$2,782.94
% Change from FY 2019-20	0.41%	2.42%	6.04%	-0.87%	2.69%	-2.11%	4.22%	6.12%	-5.07%	-1.75%	20.44%	-22.14%	-24.37%	50.96%	62.42%	0.00%	-4.46%	17.18%
FY 2021-22	\$31,115.94	\$33,885.26	\$38,171.17	\$8,904.18	\$3,837.17	\$3,447.45	\$4,900.81	\$10,612.46	\$2,885.27	\$2,578.02	\$9,958.77	\$9,616.94	\$6,893.76	\$5,252.78	\$3,109.87	\$0.00	\$6,547.98	\$2,440.98
% Change from FY 2020-21	3.42%	3.13%	19.77%	6.98%	4.62%	6.70%	1.61%	49.77%	13.22%	16.08%	8.54%	0.70%	3.52%	-38.89%	14.98%	0.00%	\$6,387.42	\$2,782.94
FY 2022-23	\$35,118.72	\$43,495.59	\$46,958.35	\$11,218.90	\$4,858.22	\$4,416.04	\$6,152.45	\$15,536.50	\$3,836.27	\$3,017.68	\$12,554.89	\$8,447.04	\$5,409.63	\$6,110.38	\$3,427.44	\$0.00	\$7,920.46	\$2,369.85
% Change from FY 2021-22	12.86%	28.36%	23.02%	26.00%	26.81%	28.10%	25.54%	46.40%	32.96%	17.09%	26.07%	12.16%	21.53%	16.33%	10.21%	0.00%	\$6,547.98	\$2,440.98
FY 2023-24	\$42,655.23	\$53,532.70	\$56,620.49	\$11,795.43	\$5,993.75	\$5,388.52	\$7,492.00	\$16,633.24	\$4,785.36	\$3,687.50	\$15,400.16	\$8,687.09	\$6,305.16	\$5,893.39	\$6,215.27	\$29.97	\$10,311.58	\$2,613.29
% Change from FY 2022-23	21.46%	24.00%	24.84%	25.14%	23.37%	22.02%	25.02%	6.93%	24.74%	22.00%	22.66%	2.84%	16.55%	-3.55%	81.34%	0.00%	30.19%	10.27%
FY 2024-25	\$48,353.42	\$65,510.00	\$70,165.12	\$14,808.78	\$7,497.50	\$6,925.58	\$10,434.56	\$20,057.23	\$5,945.60	\$4,314.63	\$18,404.39	\$10,088.09	\$13,798.80	\$5,217.16	\$4,000.71	\$46.07	\$13,334.14	\$2,026.63
% Change from FY 2023-24	13.36%	30.91%	19.69%	25.95%	25.99%	28.52%	35.63%	30.73%	24.25%	24.25%	17.18%	16.33%	18.85%	-11.27%	-25.60%	100.57%	29.31%	22.65%
FY 2025-26 Projection	\$59,724.47	\$68,827.34	\$69,189.63	\$27,669.25	\$6,417.87	\$5,845.58	\$8,032.27	\$18,377.49	\$4,735.35	\$3,735.67	\$16,817.63	\$21,447.58	\$21,145.43	\$10,869.21	\$3,753.18	\$158.85	\$17,284.77	\$3,456.46
% Change from FY 2024-25	23.52%	1.55%	1.39%	62.79%	17.07%	44.47%	23.01%	8.39%	20.36%	23.27%	16.62%	112.02%	52.24%	10.64%	6.33%	244.80%	15.53%	70.55%
FY 2026-27 Projection	\$63,079.72	\$83,402.13	\$85,727.49	\$17,629.69	\$9,409.68	\$10,377.76	\$13,071.29	\$26,166.72	\$6,769.79	\$6,092.04	\$20,115.63	\$14,065.93	\$21,548.64	\$5,090.77	\$4,951.46	\$162.44	\$16,201.54	\$3,871.70
% Change from FY 2025-26	5.62%	21.18%	23.90%	57.47%	24.87%	16.33%	33.01%	76.40%	24.46%	24.46%	18.61%	34.40%	53.17%	31.93%	2.26%	12.01%	\$17,284.77	\$3,871.70
FY 2027-28 Projection	\$69,746.70	\$91,131.15	\$89,222.12	\$17,340.08	\$9,543.13	\$10,703.80	\$13,382.32	\$32,268.14	\$6,685.91	\$5,834.96	\$17,617.53	\$14,204.55	\$22,775.19	\$4,745.15	\$5,071.90	\$162.44	\$16,706.83	\$4,515.82
% Change from FY 2026-27	10.52%	9.42%	4.08%	1.64%	1.64%	5.62%	3.14%	2.38%	30.72%	1.24%	-8.38%	7.47%	6.99%	5.69%	6.29%	0.00%	3.12%	16.64%
TOTAL	\$1,806.22	\$1,710.94	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22	\$1,806.22
TOTAL Medicaid and CHP+	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43	\$5,529.43

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Fiscal Year	Total Title XIX and Title XXI Caseload																				TOTAL Medicaid	CHIP- Children	CHIP- Prenatal	TOTAL CHIP-	TOTAL Medicaid and CHIP-
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast B Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services									
FY 2016-17	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	1,346,114	64,260	626	64,886	1,411,000				
FY 2017-18	45,807	11,797	67,531	8,175	179,853	74,610	352,407	195	438,772	64,346	21,473	10,125	2,329	2,809	34,838	0	1,315,217	76,390	942	77,332	1,392,549				
% Change from FY 2016-17	2.47%	8.86%	4.04%	1.88	25.46%	0	7.20	-10.27%	-10.89%	-2	2.76%	-64.01%	2	-7.56%	10.24%	0.00%	-2.30%	19.65%	34.50%	19.80%	-1.28%				
FY 2018-19	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	1,261,365	80,035	914	80,949	1,342,314				
% Change from FY 2017-18	-0.05%	6.22%	1.30%	0.42	-9.68%	-1	-1.77	-37.21%	-37.21%	-1	9.68%	-11.20%	-1	9.71%	19.96%	0.00%	-4.09%	4.09%	8.55%	6.14%	-3.64%				
FY 2019-20	47,551	13,659	66,330	10,675	164,467	59,499	322,951	137	407,548	55,924	23,350	11,547	2,209	2,417	33,441	0	1,219,245	76,562	905	77,467	1,296,712				
% Change from FY 2018-19	-1.40%	0.60%	-3.38%	1	-1.03%	-20.80%	-0	-8.26%	-4.82%	-0	-5.50%	-3.25%	-0	-2.68%	-16.19%	0.00%	-3.34%	-4.34%	-0.98%	-4.30%	-3.40%				
FY 2020-21	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	2,016	35,302	0	1,404,955	65,421	766	66,187	1,471,142				
% Change from FY 2019-20	3.63%	6.36%	-1.72%	0	-1.88%	16.21%	0	27.02%	0.45%	0	1.88%	5.87%	0	-0.34%	3.76%	0.00%	15.23%	-14.55%	15.36%	-14.55%	13.45%				
FY 2021-22	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	1,561,560	52,795	547	53,342	1,614,902				
% Change from FY 2020-21	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	(6)	5.73%	-25.37%	0	6.40%	3.01%	0.00%	11.15%	-19.30%	-28.59%	-19.41%	9.77%				
FY 2022-23	50,477	13,848	64,933	18,451	198,516	104,683	530,112	133	505,036	76,963	20,070	24,842	6,505	26,516	33,861	44,653	1,674,966	46,431	563	47,394	1,722,360				
% Change from FY 2021-22	3.67%	7.83%	-1.64%	9.93%	-2.24%	-14.81%	-4.36%	-6.57%	-4.22%	-7.72%	-1.59%	20.45%	2,863	-5.52%	-0.41%	0.00%	7.26%	-12.05%	-11.15%	-4.63%	6.65%				
FY 2023-24	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,663	31,914	29,013	36,475	1,353,713	67,138	1,426	68,564	1,422,277				
% Change from FY 2022-23	-0.28%	-2.42%	-3.07%	-18.78%	-6.46%	-4.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	0.00%	-19.18%	44.60%	48.08%	44.67%	-17.42%				
FY 2024-25	49,808	12,233	57,864	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	24,735	1,181,239	86,572	2,044	88,616	1,269,855				
% Change from FY 2023-24	1.47%	3.93%	-0.52%	34.46%	-5.28%	-48.62%	-24.74%	-1.66%	-10.65%	-19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	0.00%	-12.74%	28.95%	44.74%	29.27%	-10.72%				
FY 2025-26 Projection	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	1,586,295	78,904	2,826	81,730	1,668,025				
% Change from FY 2024-25	-0.27%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	-5.76%	-7.44%	-8.62%	-1.96%	4.74%	20.78%	112.03%	2.02%	-32.19%	34.29%	-8.86%	36.92%	-7.79%	31.35%				
FY 2026-27 Projection	49,808	12,233	57,864	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	24,188	1,205,427	80,476	3,380	83,856	1,289,283				
% Change from FY 2025-26	4.46%	-3.62%	-1.72%	30.31%	-14.21%	-35.38%	-19.45%	-3.36%	-10.95%	-22.10%	-3.19%	-1.61%	-14.06%	14.59%	4.22%	-2.21%	-24.01%	1.99%	19.60%	2.60%	-22.71%				
FY 2027-28 Projection	50,364	12,076	60,042	28,587	138,134	44,029	338,547	98	384,789	51,719	18,521	24,611	4,821	40,436	31,957	24,188	1,252,919	81,596	3,752	85,308	1,338,227				
% Change from FY 2026-27	1.12%	-1.28%	1.55%	8.00%	-0.12%	2.98%	3.57%	-14.78%	4.76%	17.49%	0.25%	4.03%	-0.95%	10.57%	5.49%	0.00%	3.44%	1.34%	11.01%	1.73%	3.80%				

Exhibit Q - Title XIX and Title XXI Services Expenditure History by Service Category - Delay Adjusted

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 64% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	TOTAL Medicaid	CHP- Children	CHP- Prenatal	TOTAL CHP-	TOTAL Medicaid and CHP-
FY 2016-17	\$1,298,005,182	\$332,057,598	\$1,779,789,147	\$70,559,316	\$557,708,177	\$308,136,000	\$1,657,433,467	\$4,363,886	\$1,123,674,920	\$121,597,221	\$141,647,231	\$170,302,791	\$19,748,245	\$58,303,500	\$41,499,998	\$0	\$7,684,827,078	\$116,127,203	\$1,071,049	\$117,198,252	\$7,802,025,330
FY 2017-18	\$257,534,641	\$117,574,768	\$642,740,305	\$27,100,064	\$83,457,575	\$15,353,016	\$251,016,461	\$313,449	\$190,126,511	\$22,803,023	\$54,620,989	\$4,775,250	\$431,593	\$178,339	\$636,492	\$0	\$1,669,350,498	\$181,830,902	\$7,433,675	\$189,264,577	\$1,858,615,375
% Change from FY 2016-17	-80.16%	-64.51%	-63.89%	-62.01%	-85.00%	-95.02%	-82.82%	-83.08%	-87.25%	-91.44%	-97.20%	-95.78%	-100.30%	-98.49%	0.00%		-98.28%	-56.58%	-94.06%	-61.49%	-76.18%
FY 2018-19	\$1,398,618,901	\$425,306,135	\$2,193,485,246	\$120,877,497	\$741,606,868	\$237,923,343	\$1,971,050,415	\$3,725,209	\$1,317,552,292	\$136,055,000	\$183,322,896	\$203,801,293	\$30,707,154	\$74,917,041	\$17,746,375	\$0	\$9,056,695,687	\$182,062,512	\$7,635,394	\$189,697,906	\$9,246,393,593
% Change from FY 2017-18	442.97%	260.51%	241.27%	3.46	785.48%	1469.68%	6.85	1088.46%	592.99%	496.65%	235.63%	4167.87%	3983.71%	42826.97%	2732.66%	0.00%	442.53%	0.13%	2.71%	0.23%	397.49%
FY 2019-20	\$1,424,208,392	\$418,011,795	\$2,162,022,647	\$103,084,146	\$559,380,999	\$196,955,297	\$1,629,537,866	\$2,727,730	\$1,094,027,231	\$119,715,623	\$160,407,432	\$163,636,383	\$30,956,729	\$42,363,171	\$55,684,602	\$0	\$8,151,105,038	\$181,830,902	\$7,433,675	\$189,264,577	\$8,340,369,615
% Change from FY 2018-19	1.83%	-1.72%	-1.43%	14.72%	12.28%	-17.50%	-17.33%	-26.78%	-16.96%	-12.01%	-11.41%	-29.52%	-31.75%	-43.45%	213.78%	0.00%	-10.00%	-0.13%	-2.64%	-0.23%	-9.80%
FY 2020-21	\$1,450,991,159	\$444,932,711	\$2,280,756,368	\$137,334,924	\$623,128,616	\$285,990,398	\$1,946,905,957	\$2,936,802	\$1,149,238,235	\$148,430,622	\$190,306,375	\$131,804,572	\$25,895,105	\$60,309,451	\$95,478,201	\$0	\$8,974,039,497	\$182,062,512	\$7,635,394	\$189,697,906	\$9,163,737,403
% Change from FY 2019-20	1.88%	6.44%	5.49%	33.23%	8.71%	45.49%	19.48%	7.66%	5.04%	23.99%	17.18%	8.28%	23.56%	42.36%	71.46%	0.00%	10.10%	0.13%	2.71%	0.23%	9.87%
FY 2021-22	\$1,533,300,151	\$467,024,377	\$2,517,693,721	\$137,338,017	\$727,236,119	\$383,015,943	\$2,343,090,114	\$1,390,332	\$1,397,992,696	\$187,145,888	\$202,511,609	\$137,079,845	\$30,049,891	\$78,140,410	\$112,001,816	\$0	\$10,225,060,830	\$128,871,283	\$3,998,865	\$132,870,148	\$10,357,930,978
% Change from FY 2020-21	5.67%	6.07%	10.39%	0.00%	16.71%	23.61%	20.35%	-52.66%	21.65%	26.08%	6.41%	4.00%	16.04%	29.57%	17.31%	0.00%	13.94%	-29.22%	-47.63%	-29.96%	13.03%
FY 2022-23	\$1,772,687,792	\$602,326,947	\$3,049,146,384	\$206,999,844	\$964,435,228	\$462,284,481	\$3,262,840,283	\$2,086,355	\$1,937,453,416	\$232,249,530	\$251,976,726	\$209,841,432	\$34,107,727	\$162,022,890	\$116,056,621	\$0	\$13,266,495,654	\$110,034,479	\$8,009,480	\$118,043,959	\$13,384,539,613
% Change from FY 2021-22	15.61%	28.96%	21.11%	50.72%	32.62%	30.95%	39.35%	28.35%	48.63%	38.99%	24.10%	24.43%	53.08%	13.50%	107.35%	0.00%	29.74%	14.62%	100.29%	-11.16%	29.22%
FY 2023-24	\$2,033,843,935	\$684,513,886	\$3,458,433,064	\$239,588,873	\$964,259,135	\$356,511,670	\$3,121,592,133	\$1,976,976	\$1,973,952,196	\$215,371,387	\$293,881,189	\$208,880,986	\$35,706,131	\$188,081,690	\$180,323,652	\$837,770	\$13,958,916,903	\$175,450,996	\$9,330,255	\$184,781,251	\$14,143,698,154
% Change from FY 2022-23	14.73%	13.64%	13.42%	15.74%	0.19%	22.88%	-4.33%	-4.33%	-1.88%	-7.27%	16.63%	-0.46%	4.89%	16.08%	55.38%	0.00%	5.22%	59.45%	16.49%	56.54%	5.67%
FY 2024-25	\$2,408,240,230	\$797,716,425	\$4,086,454,123	\$391,973,103	\$1,036,927,284	\$296,096,088	\$3,410,891,013	\$2,306,581	\$2,183,883,074	\$196,603,360	\$340,621,160	\$238,644,107	\$67,158,781	\$190,799,576	\$121,029,836	\$1,139,424	\$15,750,806,792	\$175,450,996	\$9,482,221	\$184,932,217	\$15,935,740,009
% Change from FY 2023-24	18.41%	16.54%	17.64%	63.60%	7.31%	16.95%	9.27%	16.67%	10.64%	-8.71%	15.70%	14.26%	88.09%	1.44%	-32.88%	36.01%	1.63%	0.00%	1.63%	0.08%	12.67%
FY 2025-26 Projection	\$2,943,042,526	\$946,711,924	\$4,563,609,573	\$417,522,291	\$1,178,425,524	\$393,784,031	\$3,840,732,634	\$2,406,927	\$2,294,407,694	\$246,569,782	\$341,986,500	\$305,633,968	\$92,172,944	\$163,475,429	\$135,170,660	\$3,929,099	\$17,867,662,408	\$272,728,173	\$23,569,979	\$296,298,152	\$18,163,960,560
% Change from FY 2024-25	22.20%	18.93%	12.17%	6.52%	13.65%	32.99%	12.60%	4.35%	5.06%	25.41%	0.58%	28.06%	37.25%	14.32%	11.68%	244.83%	244.83%	55.44%	148.57%	60.22%	13.98%
FY 2026-27 Projection	\$3,141,748,523	\$1,020,258,275	\$4,970,822,391	\$466,640,350	\$1,301,386,921	\$443,690,723	\$4,272,786,640	\$3,009,373	\$2,486,618,991	\$277,632,501	\$371,636,314	\$332,771,701	\$104,877,221	\$186,169,565	\$149,717,312	\$3,929,099	\$19,529,776,400	\$311,578,796	\$29,952,106	\$341,530,902	\$19,871,307,302
% Change from FY 2024-25	6.75%	7.54%	8.92%	11.76%	10.43%	12.67%	11.25%	25.02%	8.38%	12.60%	8.67%	8.88%	13.78%	13.88%	10.76%	0.00%	9.30%	14.25%	27.08%	15.27%	9.40%
FY 2027-28 Projection	\$3,512,722,892	\$1,100,500,266	\$5,357,074,622	\$495,700,730	\$1,373,511,429	\$471,277,547	\$4,530,544,636	\$3,352,026	\$2,572,664,457	\$301,260,213	\$400,378,354	\$349,588,065	\$109,799,184	\$191,876,544	\$162,082,712	\$3,929,100	\$20,932,333,456	\$368,292,090	\$35,424,604	\$403,716,654	\$21,336,050,110
% Change from FY 2025-26	11.81%	9.86%	11.77%	6.23%	5.54%	6.22%	6.03%	11.39%	3.46%	8.51%	7.73%	5.05%	4.69%	3.07%	8.26%	0.00%	7.18%	18.20%	18.27%	18.21%	7.17%

Notes:

1. See Page EQ1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.

2. See Narrative for a description of events that alter trends.

3. The expenditure and per capita costs reported here are adjusted for the ten-year FY 2009-10 payment delay, that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Notes:
1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.
2. See Narrative for a description of events that alter trends.
3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.

Exhibit R - Estimate of Federal Medicaid Assistance Percentage (FMAP)

FMAP Forecast					
United States Per Capita Income					
Calendar Year	Personal Income	Population	Per Capita Personal Income	U.S. 3-year Average Per Capita	(U.S. Average Per Capita) ²
2000	\$8,652,600,000,000	282,162,411	\$30,665.32	-	-
2001	\$9,005,600,000,000	284,968,955	\$31,602.04	-	-
2002	\$9,159,001,000,000	287,625,193	\$31,843.53	\$31,370.30	\$984,095,722.09
2003	\$9,487,500,000,000	290,107,933	\$32,703.35	\$32,049.64	\$1,027,179,424.13
2004	\$10,035,100,000,000	292,805,298	\$34,272.26	\$32,939.71	\$1,085,024,494.88
2005	\$10,598,200,000,000	295,516,599	\$35,863.30	\$34,279.64	\$1,175,093,718.53
2006	\$11,381,700,000,000	298,379,912	\$38,144.99	\$36,093.52	\$1,302,742,185.99
2007	\$12,007,841,900,000	301,231,207	\$39,862.54	\$37,956.94	\$1,440,729,294.16
2008	\$12,442,000,000,000	304,093,966	\$40,914.98	\$39,640.84	\$1,571,396,195.91
2009	\$12,591,000,000,000	306,771,529	\$41,043.57	\$40,607.03	\$1,648,930,885.42
2010	\$12,551,600,000,000	309,348,193	\$40,574.34	\$40,844.30	\$1,668,256,842.49
2011	\$13,263,000,000,000	311,663,358	\$42,555.53	\$41,391.15	\$1,713,227,298.32
2012	\$14,010,100,000,000	313,998,379	\$44,618.38	\$42,582.75	\$1,813,290,597.56
2013	\$14,181,100,000,000	316,204,908	\$44,847.82	\$44,007.24	\$1,936,637,172.42
2014	\$14,991,800,000,000	318,563,456	\$47,060.64	\$45,508.95	\$2,071,064,530.10
2015	\$15,719,500,000,000	320,896,618	\$48,986.18	\$46,964.88	\$2,205,699,953.41
2016	\$16,125,100,000,000	323,127,513	\$49,903.21	\$48,650.01	\$2,366,823,473.00
2017	\$16,830,900,000,000	325,511,000	\$51,706.09	\$50,198.49	\$2,519,888,398.28
2018	\$17,588,000,000,000	327,892,000	\$53,639.61	\$51,749.64	\$2,678,025,240.13
2019	\$18,325,000,000,000	330,269,000	\$55,485.07	\$53,610.26	\$2,874,059,977.27
2020	\$19,727,900,000,000	332,639,000	\$59,307.24	\$56,143.97	\$3,152,145,367.36
2021	\$21,294,800,000,000	334,998,000	\$62,481.87	\$59,091.39	\$3,491,792,372.13
2022	\$22,088,900,000,000	333,288,000	\$66,275.71	\$62,688.27	\$3,929,819,195.59
2023	\$23,402,500,000,000	334,906,000	\$69,877.82	\$66,211.80	\$4,384,002,459.24
2024	\$24,669,300,000,000	336,482,000	\$73,315.36	\$69,822.96	\$4,875,245,743.16
2025	\$25,927,400,000,000	338,016,000	\$76,704.65	\$73,299.28	\$5,372,784,448.52
2026	\$27,172,000,000,000	339,513,000	\$80,032.28	\$73,241.16	\$5,364,267,518.15
2027	\$28,340,300,000,000	340,970,000	\$83,116.70	\$76,609.36	\$5,868,994,039.61
Colorado Per Capita Income					
Calendar Year	Personal Income	Population	Per Capita Personal Income	Colorado 3-year Average Per Capita	(Colorado Average Per Capita) ²
2001	\$154,409,814,000	4,444,513	\$34,741.67	-	-
2002	\$154,765,500,000	4,504,709	\$34,356.38	\$34,344.04	117951308352.00%
2003	\$157,543,201,000	4,555,084	\$34,586.23	\$34,561.43	\$1,194,492,443.64
2004	\$163,427,008,000	4,608,811	\$35,459.69	\$34,800.77	\$1,211,093,592.59
2005	\$174,771,645,000	4,662,534	\$37,484.26	\$35,843.39	\$1,284,748,606.69
2006	\$188,803,293,000	4,745,660	\$39,784.41	\$37,576.12	\$1,411,964,794.25
2007	\$201,227,297,000	4,821,784	\$41,732.96	\$39,667.21	\$1,573,487,549.18
2008	\$207,772,729,000	4,901,938	\$42,385.83	\$41,301.07	\$1,705,778,383.14
2009	\$198,147,196,000	4,976,853	\$39,813.75	\$41,310.85	\$1,706,586,327.72
2010	\$204,691,900,000	5,049,935	\$40,533.57	\$40,911.05	\$1,673,714,012.10
2011	\$222,571,956,000	5,119,538	\$43,475.01	\$41,274.11	\$1,703,552,156.29
2012	\$236,687,388,000	5,191,086	\$45,594.97	\$43,201.18	\$1,866,341,953.39
2013	\$248,958,974,000	5,268,413	\$47,255.02	\$45,441.67	\$2,064,945,372.39
2014	\$271,101,038,000	5,350,118	\$50,671.97	\$47,840.65	\$2,288,727,792.42
2015	\$284,142,915,000	5,448,055	\$52,154.93	\$50,027.31	\$2,502,731,745.84
2016	\$289,620,855,000	5,538,180	\$52,295.31	\$51,707.40	\$2,673,655,214.76
2017	\$306,411,131,000	5,609,445	\$54,624.14	\$53,024.79	\$2,811,628,354.54
2018	\$324,183,000,000	5,689,227	\$56,981.90	\$54,633.78	\$2,984,849,917.09
2019	\$342,546,000,000	5,769,985	\$59,366.88	\$56,990.97	\$3,247,970,661.54
2020	\$368,920,000,000	5,813,209	\$63,462.37	\$59,937.05	\$3,592,449,962.70
2021	\$410,948,000,000	5,814,672	\$66,671.29	\$63,166.85	\$3,990,050,938.92
2022	\$447,854,000,000	5,840,234	\$76,684.26	\$68,939.31	\$4,752,628,463.28
2023	\$470,606,000,000	5,876,300	\$80,085.43	\$74,480.33	\$5,547,319,556.91
2024	\$493,195,000,000	5,919,130	\$83,322.21	\$80,030.63	\$6,404,901,738.20
2025	\$516,868,000,000	5,970,544	\$86,569.66	\$83,325.77	\$6,943,183,946.09
2026	\$540,644,000,000	6,022,777	\$89,766.57	\$86,552.81	\$7,491,388,918.90

Exhibit R - Estimate of Federal Medicaid Assistance Percentage (FMAP)

FMAP Forecast										
Calendar Year	CO APC ² / U.S. APC ²	*0.45	FMAP ⁽¹⁾ Calculation	eFMAP ⁽²⁾ Calculation	FFY/ SFY	FFY FMAP ⁽³⁾	FFY eFMAP ⁽³⁾	SFY FMAP ⁽⁴⁾	SFY eFMAP ⁽⁴⁾	
2001	-	-	-	-	2001-02	50.00%	65.00%	50.00%	65.00%	
2002	119.86%	53.94%	50.00%	65.00%	2002-03	50.00%	65.00%	50.00%	65.00%	
2003	116.29%	52.33%	50.00%	65.00%	2003-04	50.00%	65.00%	50.00%	65.00%	
2004	111.62%	50.23%	50.00%	65.00%	2004-05	50.00%	65.00%	50.00%	65.00%	
2005	109.33%	49.20%	50.80%	65.56%	2005-06	50.00%	65.00%	50.00%	65.00%	
2006	108.38%	48.77%	51.23%	65.86%	2006-07	50.00%	65.00%	50.00%	65.00%	
2007	109.21%	49.14%	50.86%	65.60%	2007-08	50.00%	65.00%	50.00%	65.00%	
2008	108.55%	48.85%	51.15%	65.81%	2008-09	50.00%	65.00%	50.00%	65.00%	
2009	103.50%	46.58%	53.42%	67.39%	2009-10	50.00%	65.00%	50.00%	65.00%	
2010	100.33%	45.15%	54.85%	68.40%	2010-11	50.00%	65.00%	50.00%	65.00%	
2011	99.44%	44.75%	55.25%	68.68%	2011-12	50.00%	65.00%	50.00%	65.00%	
2012	102.93%	46.32%	53.68%	67.58%	2012-13	50.00%	65.00%	50.00%	65.00%	
2013	106.63%	47.98%	52.02%	66.41%	2013-14	50.00%	65.00%	50.00%	65.00%	
2014	110.51%	49.73%	50.27%	65.19%	2014-15	51.01%	65.71%	50.76%	65.53%	
2015	113.47%	51.06%	50.00%	65.00%	2015-16	50.72%	65.50%	50.79%	65.55%	
2016	112.96%	50.83%	50.00%	65.00%	2016-17	50.02%	65.01%	50.20%	65.13%	
2017	111.58%	50.21%	50.00%	65.00%	2017-18	50.00%	65.00%	50.00%	65.00%	
2018	111.46%	50.16%	50.00%	65.00%	2018-19	50.00%	65.00%	50.00%	65.00%	
2019	113.01%	50.85%	50.00%	65.00%	2019-20	54.65%	68.26%	53.10%	67.17%	
2020	113.97%	51.29%	50.00%	65.00%	2020-21	56.20%	69.34%	56.20%	69.34%	
2021	114.27%	51.42%	50.00%	65.00%	2021-22	56.20%	69.34%	56.20%	69.34%	
2022	150.77%	67.85%	50.00%	65.00%	2022-23	56.20%	69.34%	56.20%	69.34%	
2023	158.87%	71.49%	50.00%	65.00%	2023-24	51.55%	66.09%	51.00%	65.70%	
2024	162.98%	73.34%	50.00%	65.00%	2024-25	50.00%	65.00%	50.00%	65.00%	
2025	170.88%	76.90%	50.00%	65.00%	2025-26	50.00%	65.00%	50.00%	65.00%	
2026	139.43%	62.74%	50.00%	65.00%	2026-27	50.00%	65.00%	50.00%	65.00%	
2027	150.43%	67.69%	50.00%	65.00%	2027-28	50.00%	65.00%	50.00%	65.00%	
Definitions: FMAP: Federal medical assistance percentage eFMAP: Enhanced FMAP SFY: State fiscal year FFY: Federal fiscal year (1) FMAP is calculated with the following formula: $FMAP_{state} = 1 - ((Per\ capita\ income_{state})^2 / (Per\ capita\ income_{U.S.})^2 * 0.45)$, where per capita incomes are based on a rolling three-year average. (Source: http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm) (2) eFMAP is calculated by lowering the State share under the regular FMAP rate by 30% (Source: http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm) (3) There is a lag between the time period that an FMAP is calculated in, and the time period it goes into effect. For example, the FFY 2014-15 FMAP of 51.01% was calculated based on data from CY 2012. (4) The SFY FMAP and eFMAP are calculated as one quarter of the previous FFY FMAP/eFMAP and three quarters of the current FFY FMAP/eFMAP. This is due to FMAP changes going into effect on the FFY on October 1, which is one quarter through the SFY. (5) FY 2025-26 estimated FMAP is calculated based on forecasts of Personal Income from "Forecast September 2025," Colorado General Assembly, September 22, 2025. Accessed October 1, 2025. https://leg.colorado.gov/sites/default/files/images/sept2025forecast.pdf . U.S. Population forecasts come from US Census Bureau. "Table 1. Projected Population Size and Births, Deaths, and Migration," November 1, 2023. Accessed October 1, 2025. https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html . Colorado population estimates comes from Colorado State Demographer's Office. "forecast1yrsubstate" Population, Totals, Age & Race/Hispanic Origin Spreadsheets: Download population data for all geographies: State, Substate Regions, County Population 1-year Forecasts, 2000 to 2050. Accessed October 1, 2025. https://demography.dola.colorado.gov/assets/html/population.html										