

Department of Health Care Policy and Financing

Funding Request for the FY 2026-27 Budget Cycle

Request Title R-02 Behavioral Health Programs

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	\$1,463,021,776	\$0	\$1,468,484,538	\$343,831,232	\$493,462,590
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$352,571,292	\$0	\$355,299,099	\$68,242,986	\$103,783,077
	CF	\$122,653,551	\$0	\$122,654,367	\$30,852,643	\$43,783,368
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$987,796,933	\$0	\$990,531,072	\$244,735,603	\$345,896,145

Line Item Information	Fund	FY 2025-26		FY 2026-27		FY 2027-28
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$1,451,675,162	\$0	\$1,457,124,162	\$344,395,438	\$493,723,233
03. Behavioral Health	FTE	0.0	0.0	0.0	0.0	0.0
Community Programs,	GF	\$349,844,933	\$0	\$352,569,433	\$68,378,553	\$103,845,704
(A) Behavioral Health	CF	\$121,980,456	\$0	\$121,980,456	\$30,886,110	\$43,798,827
Community Programs,	RF	\$0	\$0	\$0	\$0	\$0
(1) Behavioral Health	FF	\$979,849,773	\$0	\$982,574,273	\$245,130,775	\$346,078,702
Community Programs -						
Behavioral Health						
Capitation Payments						

	Total	\$11,346,614	\$0	\$11,360,376	(\$564,206)	(\$260,643)
03. Behavioral Health	FTE	0.0	0.0	0.0	0.0	0.0
Community Programs,	GF	\$2,726,359	\$0	\$2,729,666	(\$135,567)	(\$62,627)
(A) Behavioral Health	CF	\$673,095	\$0	\$673,911	(\$33,467)	(\$15,459)
Community Programs,	RF	\$0	\$0	\$0	\$0	\$0
(1) Behavioral Health	FF	\$7,947,160	\$0	\$7,956,799	(\$395,172)	(\$182,557)
Community Programs -						
Behavioral Health Fee-						
for-Service Payments						

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
Behavioral Health Community Programs**

FY 2025-26 and FY 2026-27 Budget Request

November 2025

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BEHAVIORAL HEALTH COMMUNITY PROGRAMS

The following is a description of the budget projection for the Behavioral Health Community Programs.

History and Background Information

In 1993, under Section 1915 (b) and Section 1902 (a) of Title XIX of the Social Security Act, the Centers for Medicare and Medicaid Services (CMS) granted the State waivers that allowed the State to implement a pilot managed care behavioral health program. The pilot program operated until 1995. In 1995, SB 95-078 directed the Department and the Department of Human Services to implement a statewide capitated mental health managed care program. In 1997, SB 97-005 authorized the Department to provide behavioral health services through a managed care program.

The structure of managed care in Colorado has evolved significantly over time. In 1995, the Behavioral Health Capitation Program rolled out in 51 counties, with the remaining 12 added in 1998; Broomfield became the 64th county in November 2001. With the implementation of the Accountable Care Collaborative Phase II on July 1, 2018, under HB 17-1353, behavioral and physical health services were integrated under Regional Accountable Entities (RAEs). The most recent evolution, ACC Phase III (ACC 3.0), launched on July 1, 2025, marking a shift to new contracts with both RAEs and Physical Health Managed Care Organizations (MCOs). HCPF's objectives for this phase include improving care quality, closing health disparities, enhancing access, optimizing member and provider experience, and managing costs to sustain coverage and reimbursements.

Each regional accountable entity is responsible for providing or arranging medically necessary behavioral health services to Medicaid-eligible adults 65 and older, individuals with disabilities through 64, MAGI parents and caretakers, MAGI adults, eligible children, foster care children, and breast and cervical cancer program adults enrolled with a behavioral health organization. Services provided by those organizations include, but are not limited to: inpatient hospitalization, psychiatric care, rehabilitation, and outpatient care; clinic services, case management, medication management, physician care, substance use disorder; and non-hospital residential care as it pertains to behavioral health. The capitation program also includes alternatives to institutionalization. The Department is required to make monthly capitation payments to contracted regional accountable entities for services for each eligible Medicaid recipient. Payments vary across each regional accountable entity, as well as each eligibility category.

Since the inception of the Behavioral Health Community Programs, the Department has been responsible for oversight and contracting with the managed care organizations. The budget projections, day-to-day operations, and administration of the program were the responsibility of the Department of Human Services. In 2004, the administration and

programmatic duties were transferred from the Department of Human Services to the Department. These duties include budget projections and accounting for the program, site reviews of the institutions, and contract negotiations. The transfer resulted in a new Long Bill group for the Department in the FY 2004-05 Long Bill (HB 04-1422). Subsequently, SB 05-112 transferred: (1) the Mental Health Administration appropriation for Personal Services, Operating Expenses, and External Quality Review Organization Mental Health from Behavioral Health Community Programs - Program Administration to the Executive Director's Office Long Bill group; (2) Single Entry Point case management services from Medicaid Mental Health Fee-for-Service Payments to Medical Services Premiums; and (3) services for the developmentally disabled from the Colorado Department of Human Services for People with Disabilities - Community Services and Regional Centers to Non-Emergency Medical Transportation, Medical Services Premiums, and Mental Health Fee-for-Service appropriations within the Department. As a result, only the Behavioral Health Community Programs expenditures are addressed in this section.

The recent history of the Behavioral Health Community Programs is summarized as follows:

- HB 17-1353, "Implement Medicaid Delivery & Payment Initiatives", authorized the Department to implement performance-based payments for medical providers. The payments are designed to incentivize BHOs to achieve performance-based goals regarding improving health outcomes, coordinating care, and containing costs. The bill also implemented the integration of behavioral health and physical health services under the new Regional Accountability Entity (RAE). Effective July 1, 2018, the Department began working with the new RAEs instead of the BHOs. Although care will be integrated between behavioral health and physical health services under one entity, the Department still pays actuarially sound capitation rates for behavioral health services. Therefore, there will be no changes to the forecasting methodology.
- HB 18-1136, "Substance Use Disorder Treatment", authorized the Department to add residential and inpatient substance use disorder services, and medical detoxification service to the behavioral health program. The Department anticipates that residential and inpatient substance use disorder service and medical detoxification services will begin January 1, 2021 after the Department seeks and receives federal authorization to secure federal financial participation in the program. The Department currently is forecasting the cost of the program based on a report produced by Colorado Health Institute called "Options for Residential and Inpatient Treatment of Substance Use Disorder¹", which was authorized under HB 17-1351 "Study Inpatient Substance Use Disorder Treatment" but assuming that the program will not reach full capacity until FY 2021-22. The Department will incorporate the costs of the new

¹ <https://www.coloradohealthinstitute.org/research/options-residential-and-inpatient-treatment-substance-use-disorder>

benefits through the Department's rate setting process for the RAEs and will make corresponding adjustments to estimated expenditure through the regular budget process.

- HB 22-1289, "Health Benefits for Colorado Children and Pregnant Persons", authorized the Department to provide full health insurance coverage for Colorado pregnant individuals who would qualify for Medicaid and CHP+ if not for their immigration status, extending coverage for 12 months postpartum at the CHP+ federal matching rate. It also ensures comprehensive health insurance coverage for all Colorado children who would otherwise be eligible for Medicaid and CHP+.
- On July 1, 2025, the Department implemented the Accountable Care Collaborative Phase III (ACC 3.0). This phase introduced new contracts with Regional Accountable Entities and Physical Health Managed Care Organizations to oversee both behavioral and physical health services. ACC 3.0 builds on prior phases by focusing on quality improvement, reducing health disparities, expanding access, and enhancing the experience of members and providers, while managing costs to preserve coverage and provider reimbursements.
- In 2023, the American Society of Addiction Medicine (ASAM) released the 4th Edition of its Criteria, establishing updated national standards for substance use disorder treatment. The Department, through its 1115 SUD demonstration waiver, will transition Medicaid services to align with ASAM 4th Edition over the next several years. This transition will occur in phases to allow providers time to adapt, with the goal of improving consistency, quality, and outcomes in the behavioral health system.

Program Administration

In FY 2005-06, SB 05-112 transferred all Behavioral Health Community Programs - Program Administration expenditures into the Executive Director's Office Long Bill group and they are reflected in the lines for Personal Services, Operating Expenses, and Behavioral Health External Quality Review Organization. The current year and out-year requests for Program Administration are included in the Executive Director's Office Long Bill group.

Medicaid Anti-Psychotic Pharmaceuticals

Prior to FY 2008-09, as part of the Long Bill, estimated expenditures for anti-psychotic pharmaceuticals were appropriated to this Long Bill group as Cash Funds Exempt. This was an informational-only line item; the costs for these drugs were and are paid in the Department's Medical Services Premiums Long Bill group, and no actual transfer took place. Because there was no corresponding decrease to the Medical Services Premiums Long Bill group, this double counted the funding for these drugs.

In its November 1, 2007 Budget Request, the Department officially requested the removal of the Medicaid Anti-Psychotic Pharmaceuticals line item and subsequently received approval. The Department continues to report expenditure for antipsychotics in Exhibit F of the R-1 Medical Services Premiums request.

Significant Changes between FY 2026-27 R-2 and Spending Authority

FY 2025-26

For FY 2025-26, the Department forecasts an increase of \$129,809,174 in total expenditure compared to the Spending Authority, including an increase of \$18,580,986 General Fund, an increase of \$6,635,629 cash funds, and an increase of \$104,592,559 federal funds.

FY 2026-27

For FY 2025-26, the Department requests an increase of \$343,831,232 in total expenditure compared to the Spending Authority, including an increase of \$68,242,986 General Fund, an increase of \$30,852,643 cash funds, and an increase of \$244,735,603 federal funds.

Behavioral Health Capitation Payments and Medicaid Behavioral Health Fee-for-Service Payments

The Behavioral Health Capitation Payments line item reflects the appropriation that funds behavioral health services throughout Colorado through managed care providers contracted by the Department. As a result of competitive procurement, five behavioral health organizations were awarded contracts with updated capitation rates and services effective January 1, 2005. Payments for Mental Health Institute Rate Refinance Adjustment, Alternatives to Inpatient Hospitalization at the Mental Health Institute at Pueblo, Alternatives to Inpatient Hospitalization at the Mental Health Institute at Fort Logan, and Alternatives to the Fort Logan Aftercare Program were separate payments prior to FY 2005-06 and incorporated into the Behavioral Health Capitation Payments line item in FY 2005-06. Effective July 1, 2009, the five behavioral health organizations were reprocured through a competitive bid process. As a result of the reprocurement, the same five organizations won their respective contract bids, leaving the program unchanged. Effective July 1, 2014, the behavioral health services contracts were up for reprocurement through a competitive bid process. Four of the five BHOs from the previous rebid won their respective regions, with the exception of the northeast region. That region is now managed by Access Behavioral Health - Northeast. The Department underwent a competitive bidding process to procure contractors for the seven regional accountable entities to be service providers for physical and behavioral health. These changes were effective July 1, 2018.

The regional accountable entities are responsible for providing or arranging all medically necessary behavioral health services to Medicaid-eligible members within a specified geographic location for a pre-determined capitation rate. The Department pays actuarially certified rates to each regional accountable entity for each Medicaid client in each Medicaid eligibility category. Retroactive eligibility is covered. Payments vary across regional accountable entities, as well as eligibility categories.

The Medicaid populations that are eligible for behavioral health services covered by capitation rates are combined into eight categories, as indicated below. Partial dual-eligible members and non-citizens are ineligible for behavioral health services. However, only Emergency Medical Services (EMS) non-citizens are excluded; non-citizens covered under the Cover All Coloradans (CAC) program authorized by HB 22-1289 are eligible for behavioral health services. The eligible behavioral health populations are:

- Adults 65 and Older
- Individuals with Disabilities
- Low Income Adults
- Expansion Parents & Caretakers
- MAGI Adults
- Eligible Children
- Foster Care
- Breast and Cervical Cancer Prevention and Treatment Program

Analysis of Historical Expenditure Allocations across Eligibility Categories

At the beginning of a contract cycle, behavioral health organization capitation rates were entered in the Medicaid Management Information System (MMIS). Monthly payments were paid based on eligibility categories. The MMIS provided detailed expenditures by behavioral health organization and eligibility category but did not include offline transactions and accounting adjustments. The only source that included all actual expenditure activity was the Colorado Financial Reporting System (COFRS). The drawback was the COFRS provided total expenditures, but not by eligibility category. The exception was the Breast and Cervical Cancer Treatment Program eligibility category, which was reported separately in the COFRS. Since an allocation had to be calculated to determine the amount of actual expenditures across the other eligibility categories, a ratio was calculated for each eligibility category by dividing the MMIS eligibility category expenditures (less the Breast and Cervical Cancer Treatment Program eligibility category) by the total MMIS expenditures

(less the Breast and Cervical Cancer Treatment Program eligibility category). The ratio for each category was multiplied by the total expenditures (less the Breast and Cervical Cancer Treatment Program eligibility category) from the COFRS. This calculation estimated actual COFRS expenditures across each eligibility category. Beginning July 1, 2014, the Department is using a new financial reporting tool. The Colorado Operations Resource Engine (CORE) is used in place of COFRS and the same overlay methodology is used between CORE and the MMIS.

Description of Methodology

The Department utilizes a capitation trend forecast model. In short, the methodology examines the trend in capitation rates across each eligibility category and applies that trend to the average per-claim, incurred expense rate. By examining the capitation rate trends directly, rather than through a per-capita methodology, future expenditures are forecasted directly through the primary cost drivers: the actuarially agreed-upon capitation rate and caseload. By tying forecasts directly to capitation rates, the methodology may provide more accurate estimates of expenditures by eligibility category, rather than simply in aggregate, as well as provide an additional window of transparency into the forecasting process by presenting a clear link between total expenditure and the rates being paid to regional accountable entities.

Additionally, the forecast utilizes an incurred but not reported methodology similar to other portions of this Request submitted by the Department (e.g., Nursing Facilities; see Section E, Exhibit H). The Department adjusts its request to capture the reality that some behavioral health claims incurred in any one fiscal year may not be paid during that same fiscal year. Similarly, some portion of expenditure in any fiscal year will be payments on claims incurred in prior fiscal years.

The following narrative describes in greater detail the assumptions and calculations used in developing the current year and out-year requests for Behavioral Health Community Programs. It should be noted that the data and values in many of the exhibits are contained and calculated in one or more other exhibits which may come before or after the exhibit being described. When this occurs, the source exhibit will be noted.

EXHIBIT A - CALCULATION OF CURRENT TOTAL LONG BILL GROUP IMPACT

Effective with the November 2, 2009 Budget Request, in this exhibit the Department sums the 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 estimated current year expenditures from Exhibit B. The difference between the two figures is the Department's Supplemental Request for the current fiscal year.

Exhibit A now presents a concise summary of spending authority affecting the Behavioral Health Community Programs. In previous budget requests, the Department presented historical expenditure and caseload figures in graphical form. This information can be found in table form in Exhibit D (see below).

For the request 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 Request year. The total Base Amount is compared to the total projected estimated request year expenditure from Exhibit B. The difference between the two figures is the Department's Funding Request in the November Budget Request and the Department's Budget Amendment in the February Supplemental Budget Request.

EXHIBIT B - CALCULATION OF FUND SPLITS

Exhibit B details fund splits for all Behavioral Health Community Programs budget lines for the current fiscal year supplemental and the out-year Budget Request. For all of the capitation payments for the base traditional members, the state receives the standard Medicaid federal match with the State's share coming from General Fund. In FY 2018-19 and ongoing the federal match is 50.00%. Payments for members in the Breast and Cervical Cancer Program receive an enhanced federal match rate, which in FY 2025-26 and ongoing is 65.00% and is described separately below.

Capitation expenditures are split between traditional members and expansion members. Expansion members are funded from Healthcare Affordability and Sustainability Fee funds. Finally, the reconciliation from prior years for behavioral health capitation overpayments, retractions for capitations paid for members later determined to be deceased, and system issues are also presented (see Exhibit I for reconciliation calculations).

The Department also calculates the fund splits for the fee-for-service expenditure in Exhibit BB. The make-up of the fee-for-service population is the same as the capitation program and therefore the same funding mechanisms are used for the same populations mentioned above in the fee-for-service environment (see Exhibit J and Exhibit K for fee-for-service calculations).

Medicaid Behavioral Health Fee-for-Service base traditional members also receive the standard Medicaid federal match with the State's share coming from General Fund. Similar to the populations within the capitation payments line, as of July 1, 2014, the Department is breaking out the fee-for-service expenditure by funding source according to population so that it may claim the correct federal match associated with who is obtaining services. The sum of the capitations and the fee-for-service payments comprise the Department's request.

Behavioral Health Services for Breast and Cervical Cancer Program Adults

SB 01S2-012 created the Breast and Cervical Cancer Prevention and Treatment Program. SB 05-209 and HB 08-1373 incorporated funding for the Breast and Cervical Cancer patients into the appropriation for Behavioral Health Community Programs Capitation Payments, effective with the FY 2005-06 budget. Behavioral health care for members in the Breast and Cervical Cancer Program is managed through the capitation contracts with the regional accountable entities. Therefore, the budget is based on the behavioral health caseload that includes the Breast and Cervical Cancer Program eligibility category. For this reason, they are shown as a separate eligibility category where appropriate.

Annual designations of General Fund contributions to program costs are specified in sections 25.5-5-308(9), C.R.S. (2015). Exhibit B details funds splits for the Behavioral Health Community Programs Capitations line. Excluding the FMAP bump during the emergency period, the funding for the members enrolled in the program is 35.00% cash funds from the Breast and Cervical Cancer Prevention and Treatment Fund and 65.00% federal funds. The program was reauthorized in FY 2014-15 and sunsets at the end of FY 2018-19, with the potential to extend the program through new legislation. Beginning in FY 2016-17, the Breast and Cervical Cancer Prevention and Treatment Program expanded the age of eligibility for women being screened for cervical cancer from age 39 to age 21, which impacts the caseload forecast.

Behavioral Health Services for Healthcare Affordability and Sustainability Fee Expansion Members

HB 09-1293 established a funding mechanism for a series of expansion members. The first set of expansion members that are funded through the bill was parents with income up to 100% of the Federal Poverty Limit (FPL). Services for these members were funded through the Healthcare Affordability and Sustainability Fee cash fund. Starting in FY 2011-12, additional expansion populations also received funding through the Healthcare Affordability and Sustainability Fee cash fund. These include individuals with disabilities with income limits up to 450% of the federal poverty level and MAGI Adults, both of which received services through the RAEs as part of their benefit package. Individuals with disabilities with income limits up to 450% are assumed to be similar to other members with disabilities, and expenditure for these members is therefore calculated using the same per-capita rate as other members with disabilities (see exhibit J). See exhibits E, G, I, and J for more detailed explanations of these assumptions.

Behavioral Health Services for Expansion Populations in SB 11-008 and SB 11-250

The former CHP+ populations that transferred to Medicaid with SB 11-008 (Eligible Children) and SB 11-250 (Eligible Pregnant Adults) were historically eligible for the enhanced CHIP FMAP. For pregnant adults, this treatment was authorized under Colorado's "Adult Prenatal Coverage in CHP+" Section 1115 demonstration, which 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.

Behavioral Health Services for Expansion populations in SB 13-200

SB 13-200, "Expanding Medicaid Eligibility in Colorado," extends Medicaid eligibility to up to 133% of the FPL parents of Medicaid eligible children and MAGI Adults, effective January 1, 2014. The Department assumes that federal match rates will apply to each new population as follows: Parents from 60% to 68% FPL will receive the standard Medicaid match rate, with the state share coming from Healthcare Affordability and Sustainability Fee cash fund. Parents from 69% - 133% FPL and newly eligible MAGI Adults will receive the expansion federal match rate. And adults up to 60% FPL will continue to receive the standard Medicaid match. The Department also estimates that the non-newly eligible MAGI Adult population is 81.13%; Because some of these members may have been eligible prior to the expansion, the Department is unable to claim the expansion federal match. Therefore, the Department estimates that it can claim the expansion match on 75% percent of the population and the standard match on the other 25%. Beginning January 1, 2017, all expansion populations began a stepdown in federal matching. The current and ongoing match rate is 90.00%.

EXHIBIT C - BEHAVIORAL HEALTH COMMUNITY PROGRAMS SUMMARY

Exhibit C presents a summary of behavioral health caseload and capitation expenditures itemized by eligibility category as well as a summary of the rest of the Behavioral Health Community Programs. The net capitation payments include the impacts of actions with perpetual effect, such as caseload driven impacts such as the various reconciliations and retractions for members determined to be ineligible. Exhibit E illustrates the build to the final expenditure estimates presented in this exhibit.

EXHIBIT D - BEHAVIORAL HEALTH CASELOAD, PER CAPITA, AND EXPENDITURE HISTORY

Exhibit D contains the caseload, per-capita, and expenditure history for each of the 13 eligibility categories. Each of the tables that comprise Exhibit D is described below.

Behavioral Health Community Programs Caseload

Behavioral Health Community Programs caseload is displayed in this exhibit. The table displays caseload by all behavioral health eligibility categories that make up the eight rate cells. Figures for fiscal years up to the present fiscal year are actual caseloads, while the current fiscal year and the request year caseloads are estimates. The behavioral health caseload excludes the caseload for partial dual eligible members and non-citizens and ties to the caseload presented in the Request for Medical Services Premiums, Section E, Exhibit B. Please see the Medicaid Caseload section of the Medical Services Premiums narrative for further discussion of Medicaid caseload projections. The caseload numbers are used in numerous exhibits throughout the Behavioral Health Community Programs exhibits and narrative.

Behavioral Health Community Programs Per-Capita Historical Summary

Behavioral Health Community Programs per-capita is displayed in this exhibit. The table displays per-capita for all behavioral health eligibility categories. Figures for fiscal years up to the present fiscal year are actual per-capita, while the current fiscal year and the request year per-capita are estimates.

Behavioral Health Community Programs Expenditures Historical Summary

The history of expenditures includes combined category and expanded category tables as well as total expenditures for both capitation and fee-for-service expenditures. For fee-for-service expenditure, service categories are listed separately.

Actual expenditures are only available from the Colorado Operations Resource Engine (CORE). Expenditures by eligibility category are not available from the CORE. The Medicaid Management Information System (MMIS) does provide expenditures by eligibility category but does not include offline transactions and accounting adjustments. The two systems typically have minor discrepancies in reported expenditure, often due to accounting adjustments made to the CORE as fiscal periods close. Because the variance is minor, data from the MMIS can be used to distribute total expenditures from the CORE across eligibility categories.

A ratio is calculated for each eligibility category by dividing the MMIS eligibility category expenditures by the total MMIS expenditures. The ratio is multiplied by the total expenditures from the CORE. This calculation estimates actual CORE expenditures across each eligibility category. Once the overall expenditures by eligibility category are determined, they may be divided by the actual average monthly caseload for each eligibility category to determine the actual per capita for each eligibility category.

EXHIBIT E - ESTIMATE AND REQUEST BY ELIGIBILITY CATEGORY

Exhibit E provides capitation expenditure calculations for the current fiscal year and the request year.

The Department has adopted a methodology based on forecasting a capitation rate, multiplying that rate by monthly caseload, multiplying again by the number of months that the forecasted rate will be in effect, and then adjusting for incurred claims that will be paid in subsequent years as well as for claims from former years that will be paid in the year of the request. The methodology is a zero-based budget tool that allows the Department to examine projected expenditures each year without building in inappropriate assumptions, estimates, or calculations from preceding years.

The forecasted capitation rate is derived from Exhibits F through H and will be presented in more detail below. The caseload is the same as presented in the Department's budget request for Medical Services Premiums Exhibit B (excluding partial dual eligible members and non-citizens, as discussed above).

In order to adjust the calculations for cash accounting, the Department makes two adjustments to the calculation: first, the Department subtracts the incurred amount estimated to be paid in subsequent periods; then, the Department adds the claims incurred in prior periods expected to be paid in the forecast period. These adjustments transform the estimated incurred expenditure to a cash-based figure. The basis for these adjustments is described in this narrative below and is shown in Exhibit E.

After calculating total expenditure, the anticipated date-of-death retractions for each fiscal year are estimated and added to total expenditure. The Department began an aggressive retraction of payments for deceased members in FY 2009-10; this activity resulted in the retraction of payments originally made between FY 2004-05 and FY 2008-09 and reduced prior period dates of service expenditure. The Department is continuing to identify these claims and retracts payments twice a year. For the current year and the request year, the retractions are projected to be consistent with retractions in FY 2022-23.

Incurred-but-not-Reported Estimates

In order to estimate the necessary adjustments to convert the projection to a cash basis, the Department estimates monthly incurred-but-not-reported (IBNR) adjustments based on historical data. Monthly adjustments are required because, for example, claims incurred in July of the current fiscal year have 11 more months of the fiscal year in which the claims can be paid; however, claims incurred in June of the fiscal year only have the remainder of that month in which to be paid before the payment becomes part of the next fiscal year's expenditure.

The Department examined historical data from the last five fiscal years and determined the prior fiscal years would provide a representative model for the likelihood of claims being paid in the year in which they are incurred. This exhibit presents the percentage of claims paid in a six-month period that come from that same period and those which come from previous periods. The previous four years of expenditure experience were examined, and the average was applied to the forecast.

In Exhibit E, the Department calculates the estimated outstanding expenditure from claims remaining from previous period by aid category. The sums are then carried forward to the calculations in this exhibit.

Actuarially Certified Capitation Rates

Capitated rates for the regional accountable entities are required to be actuarially certified and approved by CMS. Thus, actuarially certified rate increases could reasonably be expected to be good predictors of future costs. As such, the Department used trends on the historically certified capitation rates to derive the capitation rate presented in Exhibit E. The methodology for determining the forecasted capitation rate is the subject of Exhibits F through H.

EXHIBIT F - BEHAVIORAL HEALTH RAE ENROLLMENT ADJUSTMENT

Historically, the Department would forecast RAE enrollment using the Medicaid caseload forecast minus select populations that are not eligible for behavioral health services. RAE enrollment was then multiplied by the weighted rates to estimate the total capitation expenditure. Recently the Department adjusted this estimate to account for the fact the members enrolled in the Program for All-Inclusive Care for the Elderly (PACE) do not receive a standard Behavioral Health Capitation and there is frequently a one-month lag between enrollment in Medicaid and enrollment in a RAE. However, there appear to be additional groups that did not receive a Behavioral Health capitation.

In this exhibit, the Department adjusts the rates to account for members who are spread across eligibility groups that typically receive a Behavioral Health capitation, but do not receive one because they are enrolled in PACE, live out-of-state, or are incarcerated. Historically, these groups account for most of the discrepancies between Medicaid enrollment and the number of Behavioral Health capitations paid.

EXHIBIT G - BEHAVIORAL HEALTH CAPITATION RATE TRENDS AND FORECASTS

As presented above, the expenditure forecast was derived by examining the trend on the capitation rate and then applying that trend to the monthly cost per client (i.e., the claims-based rate). For the purpose of trend analysis, the

weighted capitation rate (weighted by the proportion of total claims within an eligibility category covered by an individual behavioral health organization) was examined. Exhibit G presents historical data as well as the forecasted weighted rates.

The weighted rate is presented along with the percentage change from the previous fiscal year. The multiple forecast trend models and the criteria for selecting the forecasted capitation rate point estimate are presented in Exhibit HH.

Based on the Department's calculations and rate-setting process and input from the regional accountable entities, the Department's actuaries certify a capitation rate for each RAE and eligibility type as the rate point estimate for each fiscal year.

It is important to note the overall weighted rate point estimate presented in the exhibit is weighted across two factors. First, the rate is weighted within an eligibility category (that is, weighted by the regional accountable entities' proportion of claims processed within that eligibility category). Second, that rate is then weighted across all eligibility categories (with the weight derived from the total number of claims processed within an eligibility category as a percentage of total claims processed across all eligibility categories). Because caseload can be increasing or decreasing independently of any one capitation rate, the Weighted Behavioral Health Total rate may not be a clear indicator of the rate trends across all eligibility categories.

Exhibit G presents the weighted point estimate rates, and the trend of those rates is used for forecasting. The weighted point estimates differ from paid rates, which can change within the upper and lower bounds of the established rate range in response to new rate-setting processes and budget reduction measures. The paid rates, which are discussed below, are not presented in Exhibit G in order to allow for comparison across years and so as to not artificially inflate or deflate the rate trend and bias the estimated rate in future years.

EXHIBIT H - FORECAST MODEL COMPARISONS

Exhibit H produces the final capitation rate estimates that are used as the source of the expenditure calculations provided in Exhibit EE. This exhibit presents the final rate estimates in their entirety. The final rate estimates are a product of model selection (discussed below) and the necessary adjustments as presented in Exhibit F.

A series of forecast models are presented for each eligibility category. From the models or from historical changes, a point estimate is selected. Based on the point estimates, the adjustments presented in Exhibit F are then applied, and the final, adjusted point estimate is then used in the expenditure calculations of Exhibit E.

Capitation Trend Models

The forecasted capitation rates are the result of a point estimate selection from among several forecast trend models and historical information. These models are presented in Exhibit H and historical midpoint rates are presented in Exhibit GG.

For each eligibility category, four different trend model forecasts were performed: an average growth model, a constant growth model, a two-period moving average model, an exponential growth model, and a linear growth model. The average growth model examines the rate of change in the capitation rate and applies the average rate of change to the forecast period. The constant growth model assumes the most recent growth in rates will be duplicated in the coming years. The two-period moving average model projects the forecast period will see a change in the capitation rate that is the average of the last two changes in the capitation rate. The exponential growth model assumes the capitation rate is increasing faster as time moves forward (a best-fit exponential equation is applied to the historical data and trended into the future). The linear growth model is a regression model on time, fitting a linear equation line to the historical data and forecasting that line into the future. Each model in the exhibit also shows what the percent change would be from the prior period. The Department's decisions for trend factors are informed, in part, by preliminary calculations from the actual rate setting process. Because those calculations remain preliminary, the Department does not explicitly use them in estimating trend factors.

Capitation rates are required to be actuarially sound and are built from a blend of historical rates and recent year encounter data (provider expenditure on services). The trend models, as presented in this exhibit, are an attempt to predict the final outcome of this rate setting process. The Department has used the trend models to establish a range of reasonable rate values and has selected trends by considering the various factors that impact the respective eligibility populations as well as the impact that encounter data will have on the rate setting process. As such, the Department believes the most recent years' experience is the most predictive of the likely current year and future year experiences.

EXHIBIT I - RECONCILIATIONS

Capitation payments are made monthly throughout the year in the Medicaid Management Information System (MMIS). When members are determined to be eligible for benefits retroactively, retroactive capitation payments are made to the regional accountable entities through the MMIS. When members are determined to be ineligible for Medicaid benefits retroactively, recoupment of the capitation payments is completed separately. When known, this exhibit also shows the impact of the reconciliation process surrounding all populations.

Since FY 2018-19, the Department has paid incentive payments to the contracted behavioral health providers based on service performance and quality metrics of up to 5% of the total capitation expenditure paid from the previous fiscal year's services. Based on recent trends in incentive payment actuals, the Department has reduced the estimate of the incentive payments that will be made in FY 2025-26.

EXHIBIT J - ALTERNATIVE FINANCING POPULATIONS

Exhibit J is a stand-alone exhibit designed to show the effect of the Colorado Health Care Affordability Act (HB 09-1293), Aligning Medicaid Eligibility for Children (SB 11-008), Eligibility for Pregnant Women in Medicaid (SB 11-250), and Expanding Medicaid Eligibility in Colorado (SB 13-200) to the Behavioral Health Community Programs fund splits. This exhibit presents projected caseload and costs itemized by eligibility category for the current year and the request year. The exhibit also separates out the funding source and the calculation of federal match associated with each category. Note the caseloads shown are the average monthly number over each year and will fluctuate throughout the year.

Healthcare Affordability and Sustainability Fee Fund HB 09-1293, the "Colorado Health Care Affordability Act" provided funding to provide health care coverage for uninsured Coloradans in FY 2009-10 and beyond. The Department began collecting fees from hospitals in April 2010 for the Hospital Provider Fee cash fund and started extending benefits to expansion members in May 2010. In SB 17-267, The Hospital Provider Fee was changed to the Healthcare Affordability and Sustainability Fee Fund which provides for the costs of the following populations that impact the Behavioral Health budget:

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.

The Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for Low Income Adults in Exhibit D to forecast the total costs for this population.

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. On January 1, 2018, it fell to 94%. Then on January 1, 2019, it fell to 93%, and on January 1, 2020 it falls to 90%, where it will remain. Effective July 1, 2017, this population is financed with the HAS Fee for the State share of expenditure.

The Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for Expansion Parents & Caretakers in Exhibit D to forecast the total costs for this population.

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. On January 1, 2018, it fell to 94%. Then on January 1, 2019 it fell to 93% and it will fall to 90% on January 1, 2020, where it will remain. Effective July 1, 2017, the State share of expenditure for this population is financed with the HAS Fee.

The Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for MAGI Adults in Exhibit D to forecast the total costs for this population.

Non-Newly Eligible

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 eligible, 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.

The Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for MAGI Adults in Exhibit D to forecast the total costs for this population.

Buy-In for Disabled Individuals

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 Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for Disabled Individuals in Exhibit D to forecast the total costs for this population.

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.

The Department uses caseload figures from R-1 Medical Service Premiums, Exhibit J, and per capita costs for Eligible Children in Exhibit D to forecast the total costs for this population.

Aligning Medicaid Eligibility for Children and Eligibility for Pregnant Women in Medicaid

SB 11-008, “Aligning Medicaid Eligibility for Children,” extended Medicaid eligibility to up to 133% of the FPL for all children under the age of 19. Formerly, the eligibility limit for children ages six through 18 was 100% of the FPL and 133% of the FPL for children five and under. The bill shifted impacted children from the CHP+ to Medicaid beginning January 1, 2013. As with most of the Healthcare Affordability and Sustainability Fee populations, the Department assumed the per-capita costs for this expansion population would be the same as for the traditional population since the majority of behavioral health expenditure is paid through the capitation program.

SB 11-250, “Eligibility for Pregnant Women in Medicaid,” extended Medicaid eligibility from 133% to 185% of the FPL for all pregnant women. This bill shifted impacted women from CHP+ Medicaid on January 1, 2013. The Department assumes the expenditure for these women will continue to have per-capita costs that will be the same as for the traditional population.

EXHIBIT K - MEDICAID BEHAVIORAL HEALTH FEE-FOR-SERVICE PAYMENTS

Medicaid Behavioral Health Fee-for-Service Payments is a separate budget line item in Behavioral Health Community Programs. Expenditures for this line are calculated in Exhibit K. The data from Exhibit K also appear in Exhibit B, where the fund splits relating to the fee-for-service payments are calculated.

The Medicaid Behavioral Health Fee-for-Service Payments appropriation allows Medicaid members not enrolled in a regional accountable entity to receive behavioral health services or enrolled Medicaid members to receive behavioral health services not covered by the regional accountable entities. The services are not covered either because the client is not enrolled in a regional accountable entity regional accountable entity, or the services are outside the scope of the regional accountable entity contract. Medicare crossover claims are included in the fee-for-service category; these are regional accountable entity regional accountable entity covered services for members enrolled in a regional accountable entity who are eligible for both Medicare and Medicaid.

Fee-for-service providers include, but are not limited to hospitals, psychiatrists, psychologists, primary care physicians, and behavioral health centers. The State also reimburses providers through fee-for-service if either the diagnosis or the procedure is not included in the RAE contract, or the patient is not enrolled in a RAE.

EXHIBIT L - GLOBAL REASONABLENESS TEST FOR BEHAVIORAL HEALTH CAPITATION PAYMENTS

The Global Reasonableness Test presented in Exhibit L compares the percent change between behavioral health capitation expenditures as reported in Exhibit D and forecasted in Exhibit E.

Exhibit	Title of Exhibit
Exhibit A	Calculation of Current Total Long Bill Group Impact
Exhibit B	Calculation of Fund Splits
Exhibit B	Cash Funds Report
Exhibit C	Behavioral Health Community Programs Summary
Exhibit D	Behavioral Health Community Programs, Caseload
Exhibit D	Behavioral Health Community Programs, Behavioral Health Capitation Payments Per Capita Historical Summary
Exhibit D	Behavioral Health Community Programs, Expenditures Historical Summary
Exhibit E	Expenditure Calculations by Eligibility Category
Exhibit E	Incurred But Not Reported Runout by Fiscal Period
Exhibit E	Incurred But Not Reported Expenditures by Fiscal Period
Exhibit F	Medicaid Behavioral Health Retroactivity Adjustment
Exhibit F	Medicaid Behavioral Health Partial Month Adjustment Multiplier
Exhibit G	Medicaid Behavioral Health Capitation Rate Trends and Forecasts
Exhibit H	Forecast Model Comparisons - Final Forecasts
Exhibit H	Forecast Model Comparisons - Capitation Trend Models
Exhibit I	Reconciliations
Exhibit J	Alternative Financing Populations
Exhibit K	Medicaid Behavioral Health Fee-for-Service Forecast
Exhibit L	Global Reasonableness Test for Medicaid Behavioral Health Capitation Payments

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2025-26 Behavioral Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Behavioral Health Capitation Appropriation						
FY 2025-26 Long Bill Appropriation (SB 25-206)	\$1,451,675,162	\$349,844,933	\$0	\$121,980,456	\$0	\$979,849,773
Base Adjustments	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 Total Behavioral Health Capitation Spending Authority	\$1,451,675,162	\$349,844,933	\$0	\$121,980,456	\$0	\$979,849,773
Projected Total FY 2025-26 Behavioral Health Capitation Expenditure	\$1,582,373,911	\$368,639,665	\$0	\$128,668,855	\$0	\$1,085,065,391
FY 2025-26 Behavioral Health Capitation Estimated Change from Appropriation	\$130,698,749	\$18,794,732	\$0	\$6,688,399	\$0	\$105,215,618
Percent Change from Spending Authority	9.00%	5.37%	0.00%	5.48%	0.00%	10.74%
FY 2025-26 Behavioral Health Fee-for-Service						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Behavioral Health Fee-For-Service Appropriation						
FY 2025-26 Long Bill Appropriation (SB 25-206)	\$11,346,614	\$2,726,359	\$0	\$673,095	\$0	\$7,947,160
Special Bills	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 Total Behavioral Health Fee-For-Service Spending Authority	\$11,346,614	\$2,726,359	\$0	\$673,095	\$0	\$7,947,160
Projected Total FY 2025-26 Behavioral Health Fee-for-Service Expenditure	\$10,457,039	\$2,512,613	\$0	\$620,325	\$0	\$7,324,101
Total FY 2025-26 Behavioral Health Fee-For-Service Change from Appropriation	(\$889,575)	(\$213,746)	\$0	(\$52,770)	\$0	(\$623,059)
Percent Change from Spending Authority	-7.84%	-7.84%	0.00%	-7.84%	0.00%	-7.84%
FY 2025-26 Medicaid Behavioral Health Programs						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Total Spending Authority	\$1,463,021,776	\$352,571,292	\$0	\$122,653,551	\$0	\$987,796,933
Total Projected FY 2025-26 Expenditures	\$1,592,830,950	\$371,152,278	\$0	\$129,289,180	\$0	\$1,092,389,492
FY 2025-26 Estimated Change from Appropriation	\$129,809,174	\$18,580,986	\$0	\$6,635,629	\$0	\$104,592,559
Percent Change from Spending Authority	8.87%	5.27%	0.00%	5.41%	0.00%	10.59%

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2026-27 Behavioral Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Behavioral Health Capitation Appropriation Plus Special Bills	\$1,451,675,162	\$349,844,933	\$0	\$121,980,456	\$0	\$979,849,773
Bill Annualizations	\$5,449,000	\$2,724,500	\$0	\$0	\$0	\$2,724,500
FY 2026-27 Behavioral Health Capitation Base Amount	\$1,457,124,162	\$352,569,433	\$0	\$121,980,456	\$0	\$982,574,273
Projected Total FY 2026-27 Behavioral Health Capitation Expenditure	\$1,801,519,600	\$420,947,986	\$0	\$152,866,566	\$0	\$1,227,705,048
Total FY 2026-27 Behavioral Health Capitation Request	\$344,395,438	\$68,378,553	\$0	\$30,886,110	\$0	\$245,130,775
Percent Change from FY 2026-27 Behavioral Health Capitation Base	23.64%	19.39%	0.00%	25.32%	0.00%	24.95%
Percent Change from FY 2025-26 Estimated Behavioral Health Capitation Expenditure	13.85%	14.19%	0.00%	18.81%	0.00%	13.15%
FY 2026-27 Behavioral Health Fee-for-Service						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2025-26 Behavioral Health Fee-For-Service Appropriation Plus Special Bills	\$11,346,614	\$2,726,359	\$0	\$673,095	\$0	\$7,947,160
Bill Annualizations	\$13,762	\$3,307	\$0	\$816	\$0	\$9,639
FY 2026-27 Behavioral Health Fee-For-Service Base Amount	\$11,360,376	\$2,729,666	\$0	\$673,911	\$0	\$7,956,799
Projected Total FY 2026-27 Behavioral Health Fee-for-Service Expenditure	\$10,796,170	\$2,594,099	\$0	\$640,444	\$0	\$7,561,627
Total FY 2026-27 Behavioral Health Fee-For-Service Request	(\$564,206)	(\$135,567)	\$0	(\$33,467)	\$0	(\$395,172)
Percent Change from FY 2026-27 Behavioral Health Fee-For-Service Base	-4.97%	-4.97%	0.00%	-4.97%	0.00%	-4.97%
Percent Change from FY 2025-26 Estimated Behavioral Health Fee-For-Service Expenditure	3.24%	3.24%	0.00%	3.24%	0.00%	3.24%
FY 2026-27 Medicaid Behavioral Health Programs						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2026-27 Base Amount	\$1,468,484,538	\$355,299,099	\$0	\$122,654,367	\$0	\$990,531,072
Total Projected FY 2026-27 Expenditure	\$1,812,315,770	\$423,542,085	\$0	\$153,507,010	\$0	\$1,235,266,675
Total FY 2026-27 Request	\$343,831,232	\$68,242,986	\$0	\$30,852,643	\$0	\$244,735,603
Percent Change from Spending Authority	23.41%	19.21%	0.00%	25.15%	0.00%	24.71%

Exhibit A - Calculation of Current Total Long Bill Group Impact						
FY 2027-28 Behavioral Health Capitation						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2026-27 Behavioral Health Capitation Appropriation Plus Special Bills	\$1,457,124,162	\$352,569,433	\$0	\$121,980,456	\$0	\$982,574,273
Bill Annualizations	\$72,000	\$36,000	\$0	\$0	\$0	\$36,000
FY 2027-28 Behavioral Health Capitation Base Amount	\$1,457,196,162	\$352,605,433	\$0	\$121,980,456	\$0	\$982,610,273
Projected Total FY 2027-28 Behavioral Health Capitation Expenditure	\$1,950,919,395	\$456,451,137	\$0	\$165,779,283	\$0	\$1,328,688,975
Total FY 2027-28 Behavioral Health Capitation Continuation Amount	\$493,723,233	\$103,845,704	\$0	\$43,798,827	\$0	\$346,078,702
Percent Change from FY 2027-28 Behavioral Health Capitation Base	33.88%	29.45%	0.00%	35.91%	0.00%	35.22%
Percent Change from FY 2026-27 Estimated Behavioral Health Capitation Expenditure	8.29%	8.43%	0.00%	8.45%	0.00%	8.23%
FY 2027-28 Behavioral Health Fee-for-Service						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2026-27 Behavioral Health Fee-For-Service Appropriation Plus Special Bills	\$11,360,376	\$2,729,666	\$0	\$673,911	\$0	\$7,956,799
Bill Annualizations	\$0	\$0	\$0	\$0	\$0	\$0
FY 2027-28 Behavioral Health Fee-For-Service Base Amount	\$11,360,376	\$2,729,666	\$0	\$673,911	\$0	\$7,956,799
Projected Total FY 2027-28 Behavioral Health Fee-for-Service Expenditure	\$11,099,733	\$2,667,039	\$0	\$658,452	\$0	\$7,774,242
Total FY 2027-28 Behavioral Health Fee-For-Service Continuation Amount	(\$260,643)	(\$62,627)	\$0	(\$15,459)	\$0	(\$182,557)
Percent Change from FY 2026-27 Behavioral Health Fee-For-Service Base	-2.29%	-2.29%	0.00%	-2.29%	0.00%	-2.29%
Percent Change from FY 2026-27 Estimated Behavioral Health Fee-For-Service Expenditure	2.81%	2.81%	0.00%	2.81%	0.00%	2.81%
FY 2027-28 Medicaid Behavioral Health Programs						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2027-28 Base Amount	\$1,468,556,538	\$355,335,099	\$0	\$122,654,367	\$0	\$990,567,072
Total Projected FY 2027-28 Expenditure	\$1,962,019,128	\$459,118,176	\$0	\$166,437,735	\$0	\$1,336,463,217
Total FY 2027-28 Continuation Amount	\$493,462,590	\$103,783,077	\$0	\$43,783,368	\$0	\$345,896,145
Percent Change from Spending Authority	33.60%	29.21%	0.00%	35.70%	0.00%	34.92%

Exhibit B - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2025-26 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$679,341,559	\$339,670,780	\$0	\$0	\$339,670,779	50.00%	General Fund
Breast and Cervical Cancer Program	\$106,959	\$0	\$37,436	\$0	\$69,523	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$6,537,098	\$0	\$3,268,549	\$0	\$3,268,549	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$704,732,955	(\$1)	\$70,473,296	\$0	\$634,259,660	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$8,200,163	\$0	\$1,640,033	\$0	\$6,560,130	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$72,034,046	\$0	\$36,017,023	\$0	\$36,017,023	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$12,044,803	\$0	\$6,022,401	\$0	\$6,022,402	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$32,913,761	\$11,519,816	\$0	\$0	\$21,393,945	65.00%	General Fund
SB 11-250 Eligible Pregnant Adults	\$13,455,959	\$5,718,783	\$0	\$0	\$7,737,176	57.50%	General Fund
Estimated FY 2025-26 Capitation Expenditure Before Adjustments	\$1,529,367,303	\$356,909,378	\$117,458,738	\$0	\$1,054,999,187		
JBC Action DD Enrollments	\$16,436	\$8,218	\$0	\$0	\$8,218	50.00%	General Fund
Estimated Date of Death Retractions	(\$2,062,053)	(\$626,427)	(\$121,041)	\$0	(\$1,314,585)	63.75%	CF: Variable
Estimated Incentive Payment	\$38,573,860	\$9,648,541	\$9,638,389	\$0	\$19,286,930	50.00%	CF: Variable
Risk Corridor Payment and MLR Recoupment	\$21,643,395	\$5,282,470	\$1,692,769	\$0	\$14,668,156	67.77%	CF: Variable
HB 22-1303 Increased Residential Beds	(\$5,165,030)	(\$2,582,515)	\$0	\$0	(\$2,582,515)	50.00%	General Fund
Estimated FY 2025-26 Capitation Expenditure	\$1,582,373,911	\$368,639,665	\$128,668,855	\$0	\$1,085,065,391		
Behavioral Health Fee-for-Service Traditional Clients	\$4,790,925	\$2,395,463	\$0	\$0	\$2,395,462	50.00%	General Fund
Breast and Cervical Cancer Program	\$1,596	\$0	\$559	\$0	\$1,037	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$48,389	\$0	\$24,194	\$0	\$24,195	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$5,088,815	\$0	\$508,881	\$0	\$4,579,934	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$32,029	\$0	\$6,406	\$0	\$25,623	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$73,761	\$0	\$36,880	\$0	\$36,881	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$86,811	\$0	\$43,405	\$0	\$43,406	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$334,713	\$117,150	\$0	\$0	\$217,563	65.00%	General Fund
SB 11-250: Eligibility for Pregnant Women in Medicaid	\$0	\$0	\$0	\$0	\$0	57.50%	General Fund
Estimated FY 2025-26 Fee-for-Service Payments	\$10,457,039	\$2,512,613	\$620,325	\$0	\$7,324,101		
Final Estimated FY 2025-26 Medicaid Behavioral Health Community Programs Expenditure	\$1,592,830,950	\$371,152,278	\$129,289,180	\$0	\$1,092,389,492		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Exhibit B - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2026-27 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$768,401,409	\$384,200,705	\$0	\$0	\$384,200,704	50.00%	General Fund
Breast and Cervical Cancer Program	\$131,605	\$0	\$46,062	\$0	\$85,543	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$7,166,806	\$0	\$3,583,403	\$0	\$3,583,403	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$796,602,074	\$0	\$79,660,208	\$0	\$716,941,866	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$8,989,627	\$0	\$1,797,925	\$0	\$7,191,702	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$82,413,996	\$0	\$41,206,998	\$0	\$41,206,998	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$13,204,131	\$0	\$6,602,065	\$0	\$6,602,066	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$39,142,049	\$13,699,717	\$0	\$0	\$25,442,332	65.00%	General Fund
SB 11-250 Eligible Pregnant Adults	\$16,211,393	\$8,105,696	\$0	\$0	\$8,105,697	50.00%	General Fund
Estimated FY 2026-27 Capitation Expenditure Before Adjustments	\$1,732,263,090	\$406,006,118	\$132,896,661	\$0	\$1,193,360,311		
JBC Action DD Enrollments	\$16,436	\$8,218	\$0	\$0	\$8,218	50.00%	General Fund
Estimated Date of Death Retractions	(\$2,062,053)	(\$626,468)	(\$121,041)	\$0	(\$1,314,544)	63.75%	CF: Variable
Estimated Incentive Payment	\$76,467,157	\$18,142,633	\$20,090,946	\$0	\$38,233,578	50.00%	CF: Variable
HB 22-1303 Increased Residential Beds	(\$5,165,030)	(\$2,582,515)	\$0	\$0	(\$2,582,515)	50.00%	General Fund
Estimated FY 2026-27 Capitation Expenditure	\$1,801,519,600	\$420,947,986	\$152,866,566	\$0	\$1,227,705,048		
Behavioral Health Fee-for-Service Traditional Clients	\$4,946,299	\$2,473,150	\$0	\$0	\$2,473,149	50.00%	General Fund
Breast and Cervical Cancer Program	\$1,648	\$0	\$577	\$0	\$1,071	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$49,958	\$0	\$24,979	\$0	\$24,979	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$5,253,850	\$0	\$525,385	\$0	\$4,728,465	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$33,068	\$0	\$6,614	\$0	\$26,454	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$76,153	\$0	\$38,076	\$0	\$38,077	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$89,626	\$0	\$44,813	\$0	\$44,813	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$345,568	\$120,949	\$0	\$0	\$224,619	65.00%	General Fund
SB 11-250: Eligibility for Pregnant Women in Medicaid	\$0	\$0	\$0	\$0	\$0	50.00%	General Fund
Estimated FY 2026-27 Fee-for-Service Payments	\$10,796,170	\$2,594,099	\$640,444	\$0	\$7,561,627		
Final Estimated FY 2026-27 Medicaid Behavioral Health Community Programs Expenditure	\$1,812,315,770	\$423,542,085	\$153,507,010	\$0	\$1,235,266,675		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Exhibit B - Calculation of Fund Splits							
Calculation of Fund Splits - FY 2027-28 Behavioral Health Estimate							
Item	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate ⁽¹⁾	Source of Funding
Behavioral Health Capitation Base Traditional Clients	\$830,181,588	\$415,090,795	\$1	\$0	\$415,090,792	50.00%	General Fund
Breast and Cervical Cancer Program	\$152,986	\$0	\$53,545	\$0	\$99,441	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$7,511,716	\$0	\$3,755,858	\$0	\$3,755,858	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$860,110,563	\$0	\$86,011,056	\$0	\$774,099,507	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$9,422,132	\$0	\$1,884,426	\$0	\$7,537,706	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$89,125,861	\$0	\$44,562,930	\$0	\$44,562,931	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$13,840,412	\$0	\$6,920,206	\$0	\$6,920,206	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008 Eligible Children	\$44,126,550	\$15,444,292	\$0	\$0	\$28,682,258	65.00%	General Fund
SB 11-250 Eligible Pregnant Adults	\$17,047,430	\$8,523,715	\$0	\$0	\$8,523,715	50.00%	General Fund
Estimated FY 2027-28 Capitation Expenditure Before Adjustments	\$1,871,519,238	\$439,058,802	\$143,188,022	\$0	\$1,289,272,414		
JBC Action DD Enrollments	\$16,436	\$8,218	\$0	\$0	\$8,218	50.00%	General Fund
Estimated Date of Death Retractions	(\$2,062,053)	(\$626,468)	(\$121,041)	\$0	(\$1,314,544)	63.75%	General Fund
Estimated Incentive Payment	\$86,610,804	\$20,593,100	\$22,712,302	\$0	\$43,305,402	50.00%	CF: Variable
HB 22-1303 Increased Residential Beds	(\$5,165,030)	(\$2,582,515)	\$0	\$0	(\$2,582,515)	50.00%	General Fund
Estimated FY 2026-27 Capitation Expenditure	\$1,950,919,395	\$456,451,137	\$165,779,283	\$0	\$1,328,688,975		
Behavioral Health Fee-for-Service Traditional Clients	\$5,085,377	\$2,542,689	\$0	\$0	\$2,542,688	50.00%	General Fund
Breast and Cervical Cancer Program	\$1,694.00	\$0	\$593	\$0	\$1,101	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
MAGI Parents and Caretakers 60% - 68% FPL	\$51,363	\$0	\$25,681	\$0	\$25,682	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
HB 09-1293: MAGI Parents and Caretakers 69% - 133% FPL and MAGI Adults	\$5,401,576	\$0	\$540,158	\$0	\$4,861,418	90.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Non Newly Eligible	\$33,998	\$0	\$6,800	\$0	\$27,198	80.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Disabled Buy-In	\$78,294	\$0	\$39,147	\$0	\$39,147	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Continuous Eligibility for Children	\$92,146	\$0	\$46,073	\$0	\$46,073	50.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
SB 11-008: Aligning Medicaid Eligibility for Children	\$355,285	\$124,350	\$0	\$0	\$230,935	65.00%	General Fund
SB 11-250: Eligibility for Pregnant Women in Medicaid	\$0	\$0	\$0	\$0	\$0	50.00%	General Fund
Estimated FY 2027-28 Fee-for-Service Payments	\$11,099,733	\$2,667,039	\$658,452	\$0	\$7,774,242		
Final Estimated FY 2027-28 Medicaid Behavioral Health Community Programs Expenditure	\$1,962,019,128	\$459,118,176	\$166,437,735	\$0	\$1,336,463,217		

¹ Using a weighted average FFP because the match rate changes on various timelines.

Exhibit B - Cash Funds Report									
Cash Fund	FY 2025-26 Spending Authority	FY 2025-26 Estimate	FY 2025-26 Change	FY 2026-27 Base Spending Authority	FY 2026-27 Estimate	FY 2026-27 Change	FY 2027-28 Base Spending Authority	FY 2027-28 Estimate	FY 2027-28 Change
<i>Behavioral Health Capitations</i>									
Healthcare Affordability and Sustainability Fee Cash Fund	\$121,934,607	\$128,629,361	\$6,694,754	\$121,934,607	\$152,817,830	\$30,883,223	\$121,934,607	\$165,722,447	\$43,787,840
Breast and Cervical Cancer Prevention and Treatment Fund	\$45,849	\$39,494	(\$6,355)	\$45,849	\$48,736	\$2,887	\$45,849	\$56,836	\$10,987
Behavioral Health Capitations Total Cash Funds	\$121,980,456	\$128,668,855	\$6,688,399	\$121,980,456	\$152,866,566	\$30,886,110	\$121,980,456	\$165,779,283	\$43,798,827
<i>Behavioral Health Fee-for-Service</i>									
Healthcare Affordability and Sustainability Fee Cash Fund	\$672,498	\$619,766	(\$52,732)	\$673,314	\$639,867	(\$33,447)	\$673,314	\$657,859	(\$15,455)
Breast and Cervical Cancer Prevention and Treatment Fund	\$597	\$559	(\$38)	\$597	\$577	(\$20)	\$597	\$593	(\$4)
Behavioral Health Fee-for-Service Total Cash Funds	\$673,095	\$620,325	(\$52,770)	\$673,911	\$640,444	(\$33,467)	\$673,911	\$658,452	(\$15,459)

Exhibit C - Medicaid Behavioral Health Community Programs Expenditure Summary																		
Actuals, Appropriations and Estimates Prior to Recoupments																		
Item	FY 2024-25 Caseload Actual	FY 2024-25 Expenditure Actual	FY 2025-26 Appropriated Caseload	FY 2025-26 Appropriated Expenditure	FY 2025-26 Estimated Caseload	FY 2025-26 Estimated Expenditure	FY 2025-26 Caseload Change from Appropriation	FY 2025-26 Expenditure Change from Appropriation	FY 2026-27 Estimated Caseload	FY 2026-27 Estimated Expenditure	FY 2026-27 Change from FY 2025-26 Estimated Caseload	FY 2026-27 Change from FY 2025-26 Estimated Expenditure	FY 2026-27 Change from FY 2025-26 Appropriated Caseload	FY 2026-27 Change from FY 2025-26 Appropriated Expenditure	FY 2027-28 Estimated Caseload	FY 2027-28 Estimated Expenditure	FY 2027-28 Change from FY 2026-27 Estimated Caseload	FY 2027-28 Change from FY 2026-27 Estimated Expenditure
Behavioral Health Capitation Payments																		
Adults 65 and Older (OAP-A)	49,806	\$27,318,352	52,986	\$34,148,177	50,364	\$33,468,951	(2,622)	(\$679,226)	51,312	\$37,376,586	948	\$3,907,635	(1,674)	\$3,228,409	52,260	\$39,893,529	948	\$2,516,943
Disabled Individuals	96,686	\$241,298,964	105,872	\$264,320,408	100,705	\$253,750,407	(5,167)	(\$10,570,001)	106,376	\$293,867,675	5,671	\$40,117,268	504	\$29,547,267	112,048	\$324,417,500	5,672	\$30,549,825
Low Income Adults	166,828	\$163,832,250	174,356	\$167,992,803	175,078	\$191,064,947	722	\$23,072,144	180,699	\$216,196,377	5,621	\$25,131,430	6,343	\$48,203,574	185,147	\$232,179,590	4,448	\$15,983,213
Expansion Parents & Caretakers	42,754	\$27,624,081	45,056	\$28,210,695	44,029	\$29,321,067	(1,027)	\$1,110,372	45,589	\$33,280,845	1,560	\$3,959,778	533	\$5,070,150	47,149	\$36,078,878	1,560	\$2,798,033
MAGI Adults	326,884	\$529,202,718	361,735	\$602,824,671	338,547	\$683,612,051	(23,188)	\$80,787,380	348,885	\$772,310,856	10,338	\$88,698,805	(12,850)	\$169,486,185	359,223	\$833,453,817	10,338	\$61,142,961
Eligible Children	412,884	\$240,782,635	426,172	\$253,102,319	436,508	\$277,788,608	10,336	\$24,686,289	448,535	\$312,915,094	12,027	\$35,126,486	22,363	\$59,812,775	459,264	\$335,839,364	10,729	\$22,924,270
Foster Care	18,475	\$55,725,214	18,477	\$57,936,321	18,521	\$60,254,313	44	\$2,317,992	18,557	\$66,184,052	36	\$5,929,739	80	\$8,247,731	18,593	\$69,503,574	36	\$3,319,522
Breast and Cervical Cancer Program	115	\$106,806	130	\$125,254	98	\$106,959	(32)	(\$18,295)	110	\$131,605	12	\$24,646		\$6,351	122	\$152,986	12	\$21,381
Sub-Total Behavioral Health Capitation Payments	1,114,432	\$1,285,891,020	1,184,784	\$1,408,660,648	1,163,850	\$1,529,367,303	(20,934)	\$120,706,655	1,200,063	\$1,732,263,090	36,213	\$202,895,787	15,279	\$323,602,442	1,233,806	\$1,871,519,238	33,743	\$139,256,148
Date of Death Retractions				(\$999,016)		(\$2,062,053)		(\$1,063,037)		(\$2,062,053)		\$0		(\$1,063,037)		(\$2,062,053)		\$0
Incentive Payment				\$37,609,574		\$38,573,860		\$964,286		\$76,467,157		\$37,893,297		\$38,857,583		\$86,610,804		\$10,143,647
Risk Corridor and MLR Reconciliation				\$0		\$21,643,395		\$21,643,395		\$0		(\$21,643,395)		\$0		\$0		\$0
FY 2025-26 R-12 Integrated Care Benefit				\$9,293,199		\$0		(\$9,293,199)		\$0		\$0		(\$9,293,199)		\$0		\$0
JBC Action DD Enrollment				\$43,345		\$16,436		(\$26,909)		\$16,436		\$0		(\$26,909)		\$16,436		\$0
JBC Action 988 Crisis Hotline				\$1,200,000		\$0		\$1,200,000		\$0		\$0		\$1,200,000		\$0		\$0
JBC Action Peer Supports				(\$20,467,763)		\$0		\$20,467,763		\$0		\$0		\$20,467,763		\$0		\$0
HB 24-1038 High Acuity Crisis for Children and Youth				\$5,000,000		\$0		(\$5,000,000)		\$0		\$0		(\$5,000,000)		\$0		\$0
FY 2024-25 R-07 Behavioral Health Continuum				\$8,892,914		\$0		(\$8,892,914)		\$0		\$0		(\$8,892,914)		\$0		\$0
HB 24-1045 Treatment for Substance Use Disorders				\$1,025,500		\$0		(\$1,025,500)		\$0		\$0		(\$1,025,500)		\$0		\$0
FY 2025-26 RA-10 System of Care Funding				\$8,979,000		\$0		(\$8,979,000)		\$0		\$0		(\$8,979,000)		\$0		\$0
HB 22-1303 Increased Residential Beds				(\$5,165,030)		(\$5,165,030)		\$0		(\$5,165,030)		\$0		\$0		(\$5,165,030)		\$0
LTC Private Nursing Home DOC Parolees				\$2,791		\$0		(\$2,791)		\$0		\$0		(\$2,791)		\$0		\$0
Total Behavioral Health Capitation Payments	1,114,432	\$1,285,891,020	1,184,784	\$1,451,675,162	1,163,850	\$1,582,373,911	(20,934)	\$130,698,749	1,200,063	\$1,801,519,600	36,213	\$219,145,689	15,279	\$349,844,438	1,233,806	\$1,950,919,395	33,743	\$149,399,795
Incremental Percent Change							-1.77%	9.00%			3.11%	13.85%	1.29%	24.10%			2.81%	8.29%
Behavioral Health Fee-for-Service Payments																		
Inpatient Services		\$0		\$770,721		\$710,297		(\$60,424)		\$733,333		\$23,036		(\$37,388)		\$753,951		\$20,618
Outpatient Services		\$0		\$10,333,445		\$9,523,302		(\$810,143)		\$9,832,151		\$308,849		(\$501,294)		\$10,108,609		\$276,458
Physician Services		\$0		\$242,448		\$223,440		(\$19,008)		\$230,686		\$7,246		(\$11,762)		\$227,173		\$6,487
Total Behavioral Health Fee-for-Service Payments		\$0		\$11,346,614		\$10,457,039		(\$889,575)		\$10,796,170		\$339,131		(\$550,444)		\$11,099,733		\$303,563
Total Behavioral Health Community Programs		\$1,285,891,020		\$1,463,021,776		\$1,592,830,950		\$129,809,174		\$1,812,315,770		\$219,484,820		\$349,293,994		\$1,962,019,128		\$149,703,358
Incremental Percent Change								8.87%				13.78%		23.87%				8.26%

Exhibit D - Medicaid Behavioral Health Community Programs, Caseload														
Expanded Medicaid Average Monthly Caseload for Behavioral Health Community Programs														
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 Pregnant Adults	SB 11-250 Eligible Pregnant Adults	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	Breast & Cervical Cancer Program	TOTAL BEHAVIORAL HEALTH
FY 2013-14 Actuals	40,827	9,051	61,920	888	99,392	8,024	344	41,545	10,634	359,843	8,236	17,777	623	659,104
FY 2014-15 Actuals	41,817	10,466	66,548	3,627	161,682	14,897	1,749	71,989	241,392	445,723	50,113	20,036	351	1,130,390
% Change from FY 2013-14	-0.05%	6.22%	3.30%	41.68%	29.68%	13.20%	65.47%	52.90%	176.69%	11.70%	97.72%	9.68%	-37.21%	71.50%
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	14,413	1,759	86,964	320,374	467,193	59,501	19,935	322	1,261,752
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	-3.25%	0.57%	20.80%	32.72%	4.82%	18.73%	-0.50%	-8.26%	11.62%
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	13,567	1,968	101,059	347,848	469,297	64,907	20,310	235	1,309,665
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	-5.87%	11.88%	16.21%	8.58%	0.45%	9.09%	1.88%	-27.02%	3.80%
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,853	10,125	2,229	74,610	352,607	438,772	64,346	21,473	155	1,277,580
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-25.37%	13.26%	-26.17%	1.37%	-6.50%	-0.86%	5.73%	-34.04%	-2.45%
FY 2018-19 Actuals	47,686	12,721	68,639	8,987	175,827	12,196	2,293	63,563	330,525	420,253	59,376	21,815	145	1,224,024
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	20.45%	2.86%	-14.81%	-6.26%	-4.22%	-7.72%	1.59%	-6.67%	-4.19%
FY 2019-20 Actuals	47,551	13,029	66,530	10,675	164,467	11,547	2,209	59,499	322,951	407,548	55,924	21,320	137	1,183,387
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-5.32%	-3.65%	-6.39%	-2.29%	-3.02%	-5.81%	-2.27%	-5.30%	-3.32%
FY 2020-21 Actuals	48,248	13,541	66,187	14,347	173,150	13,609	3,609	88,429	402,847	450,956	66,833	20,742	139	1,362,637
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	17.86%	63.38%	48.62%	24.74%	10.65%	19.51%	-2.71%	1.46%	15.15%
FY 2021-22 Actuals	49,277	13,784	65,958	15,424	189,524	14,254	4,359	102,399	478,103	484,528	72,593	20,335	131	1,510,669
% Change from FY 2020-21	2.13%	1.79%	-0.35%	7.51%	9.46%	4.74%	20.78%	15.80%	18.68%	7.44%	8.62%	-1.96%	-5.76%	10.86%
FY 2022-23 Actuals	50,477	13,848	64,933	18,451	198,516	24,842	6,305	104,683	530,332	505,036	76,963	20,070	133	1,614,589
% Change from FY 2021-22	2.44%	0.46%	-1.55%	19.63%	4.74%	74.28%	44.64%	2.23%	10.92%	4.23%	6.02%	-1.30%	1.53%	6.88%
FY 2023-24 Actuals	47,681	12,692	58,997	20,312	161,211	24,045	5,663	66,161	405,823	412,498	58,501	19,083	119	1,292,786
% Change from FY 2022-23	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-3.21%	-10.18%	-36.80%	-23.48%	-18.32%	-23.99%	-4.92%	-10.53%	-19.93%
FY 2024-25 Actuals	49,806	12,233	57,984	26,469	138,303	23,658	4,867	42,754	326,884	367,311	45,573	18,475	115	1,114,432
% Change from FY 2022-23	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-3.21%	-10.18%	-36.80%	-23.48%	-18.32%	-23.99%	-4.92%	-10.53%	-13.80%
FY 2025-26 Projections	50,364	12,076	60,042	28,587	138,134	24,611	12,333	44,029	338,547	384,789	51,719	18,521	98	1,163,850
% Change from FY 2024-25	1.12%	-1.28%	3.55%	8.00%	-0.12%	4.03%	153.40%	2.98%	3.57%	4.76%	13.49%	0.25%	-14.78%	-9.97%
FY 2026-27 Projections	51,312	12,222	64,321	29,833	141,482	25,667	13,550	45,589	348,885	392,429	56,106	18,557	110	1,200,063
% Change from FY 2025-26	1.88%	1.21%	7.13%	4.36%	2.42%	4.29%	9.87%	3.54%	3.05%	1.99%	8.48%	0.19%	12.24%	3.11%
FY 2027-28 Projections	52,260	12,368	68,897	30,783	144,830	26,723	13,594	47,149	359,223	398,921	60,343	18,593	122	1,233,806
% Change from FY 2026-27	1.85%	1.19%	7.11%	3.18%	2.37%	4.11%	0.32%	3.42%	2.96%	1.65%	7.55%	0.19%	10.91%	2.81%
FY 2025-26 Appropriation	52,986	12,429	60,683	32,760	142,787	24,074	5,247	45,056	361,735	377,842	48,330	18,477	130	1,182,536
Difference between the Total FY 2025-26 Projection and Appropriation	(2,622)	(353)	(641)	(4,173)	(4,653)	537	7,086	(1,027)	(23,188)	6,947	3,389	44	(32)	(18,686)

Exhibit D - Medicaid Behavioral Health Community Programs, Behavioral Health Capitation Payments Per Capita Historical Summary														
Expanded Medicaid Per Capita Summary for Behavioral Health Capitation Payments														
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 Pregnant Adults	SB 11-250 Eligible Pregnant Adults	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	Breast & Cervical Cancer Program	Total Per Capita
FY 2015-16 Actuals	\$163.34	\$1,709.83	\$1,696.05	\$1,116.77	\$313.94	\$273.61	\$377.13	\$361.71	\$520.35	\$214.80	\$249.68	\$2,608.74	\$419.02	\$451.72
FY 2016-17 Actuals	\$170.75	\$1,345.14	\$1,496.77	\$1,620.65	\$308.16	\$278.98	\$262.80	\$535.36	\$589.31	\$224.29	\$207.26	\$1,835.61	\$528.71	\$460.59
FY 2017-18 Actuals	\$196.04	\$1,519.10	\$1,624.48	\$1,242.95	\$302.10	\$392.11	\$298.28	\$478.53	\$595.36	\$243.75	\$250.11	\$1,368.07	\$520.14	\$472.68
% Change from FY 2016-17	14.81%	12.93%	8.53%	-23.31%	-1.97%	40.55%	13.50%	-10.62%	1.03%	8.68%	20.67%	-25.47%	-1.62%	2.62%
FY 2018-19 Actuals	\$180.97	\$1,273.00	\$1,387.73	\$1,221.58	\$320.52	\$241.66	\$309.98	\$96.34	\$560.28	\$208.78	\$258.75	\$1,253.23	\$310.55	\$419.00
% Change from FY 2017-18	-7.69%	-16.20%	-14.57%	-1.72%	6.10%	-38.37%	3.92%	-79.87%	-5.89%	-14.35%	3.45%	-8.39%	-40.29%	-11.36%
FY 2019-20 Actuals	\$252.16	\$1,650.26	\$1,746.07	\$1,366.32	\$393.18	\$358.26	\$389.74	\$245.57	\$660.00	\$258.56	\$300.44	\$1,471.15	\$378.27	\$519.92
% Change from FY 2018-19	39.34%	29.64%	25.82%	11.85%	22.67%	48.25%	25.73%	154.90%	0.00%	23.84%	16.11%	17.39%	21.81%	24.09%
FY 2020-21 Actuals	\$284.88	\$1,592.59	\$1,687.69	\$1,151.43	\$364.04	\$314.83	\$221.86	\$199.20	\$588.50	\$275.00	\$291.98	\$1,574.78	\$371.76	\$486.25
% Change from FY 2019-20	12.98%	-3.49%	-3.34%	-15.73%	-7.41%	-12.12%	-43.07%	-18.88%	-10.83%	6.36%	-2.82%	7.04%	-1.72%	-6.48%
FY 2021-22 Actuals	\$261.04	\$1,431.46	\$1,491.78	\$1,328.86	\$467.22	\$478.59	\$417.35	\$295.97	\$670.92	\$308.91	\$421.40	\$1,568.73	\$549.25	\$537.51
% Change from FY 2020-21	-8.37%	-10.12%	-11.61%	15.41%	28.34%	52.02%	88.11%	48.58%	14.01%	12.33%	0.00%	-0.38%	47.74%	10.54%
FY 2022-23 Actuals	\$290.54	\$1,560.25	\$1,602.30	\$1,228.51	\$622.54	\$366.14	\$440.38	\$392.06	\$850.10	\$336.55	\$485.78	\$1,669.93	\$655.54	\$638.72
% Change from FY 2021-22	11.30%	9.00%	7.41%	-7.55%	33.24%	-23.50%	5.52%	32.47%	26.71%	8.95%	15.28%	6.45%	19.35%	18.83%
FY 2023-24 Actuals	\$281.04	\$1,518.78	\$1,553.39	\$1,067.72	\$785.02	\$626.60	\$790.79	\$708.79	\$1,178.12	\$398.74	\$707.99	\$1,763.44	\$744.90	\$817.42
% Change from FY 2022-23	-3.27%	-2.66%	-3.05%	-13.09%	26.10%	71.14%	79.57%	80.79%	38.59%	18.48%	45.74%	5.60%	13.63%	27.98%
FY 2024-25 Actuals	\$383.87	\$2,201.52	\$2,157.40	\$1,337.55	\$776.40	\$674.09	\$850.37	\$757.99	\$1,291.05	\$438.51	\$690.08	\$2,408.26	\$748.26	\$920.24
% Change from FY 2023-24	36.59%	44.95%	38.88%	25.27%	-1.10%	7.58%	7.53%	6.94%	9.59%	9.97%	-2.53%	36.57%	0.45%	12.58%
FY 2025-26 Projections	\$664.54	\$2,519.74	\$2,519.74	\$2,519.74	\$1,091.31	\$1,091.31	\$1,091.31	\$665.95	\$2,019.25	\$636.39	\$636.39	\$3,253.30	\$1,091.42	\$1,314.06
% Change from FY 2024-25	73.12%	14.45%	16.80%	88.38%	40.56%	61.89%	28.33%	-12.14%	56.40%	45.13%	-7.78%	35.09%	45.86%	42.80%
FY 2026-27 Projections	\$728.42	\$2,762.54	\$2,762.54	\$2,762.54	\$1,196.44	\$1,196.44	\$1,196.44	\$730.02	\$2,213.65	\$697.64	\$697.64	\$3,566.53	\$1,196.40	\$1,443.48
% Change from FY 2025-26	9.61%	9.64%	9.64%	9.64%	9.63%	9.63%	9.63%	9.62%	9.63%	9.62%	9.62%	9.63%	9.62%	9.85%
FY 2027-28 Projections	\$763.37	\$2,895.34	\$2,895.34	\$2,895.34	\$1,254.03	\$1,254.03	\$1,254.03	\$765.21	\$2,320.16	\$731.26	\$731.26	\$3,738.16	\$1,253.99	\$1,516.87
% Change from FY 2026-27	4.80%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.82%	4.81%	4.82%	4.82%	4.81%	4.81%	5.08%

Exhibit D - Medicaid Behavioral Health Community Programs Expenditures Historical Summary

Expanded Annual Total Expenditures															
	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 Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	Breast and Cervical Cancer Program	TOTAL BEHAVIORAL HEALTH
FY 2017-18	Capitations	\$8,629,729	\$16,193,719	\$95,252,770	\$10,978,119	\$56,355,586	\$2,947,186	\$710,714	\$6,123,381	\$185,185,277	\$87,738,823	\$15,363,719	\$27,339,713	\$44,926	\$512,863,662
	Fee-for-Service														
	Inpatient Services	\$40,632	\$4,329	\$98,014	\$13,394	\$49,246	\$0	\$0	\$101,011	\$703,434	\$169,692	\$0	\$4,622	\$0	\$1,184,373
	Outpatient Services	\$10,978	\$90,168	\$617,406	\$51,082	\$1,792,777	\$86,688	\$7,977	\$1,220,134	\$3,127,821	\$1,604,442	\$396,900	\$174,562	\$250,522	\$9,431,458
	Physician Services	\$0	\$0	\$160	\$408	\$511	\$962	\$0	\$1,801	\$722	\$2,408	\$0	\$111	\$0	\$7,082
	Subtotal Fee-for-Service	\$51,611	\$94,497	\$715,579	\$64,884	\$1,842,533	\$87,650	\$7,977	\$1,322,946	\$3,831,977	\$1,776,542	\$396,900	\$179,294	\$250,522	\$10,622,912
	Total	\$8,681,340	\$16,288,216	\$95,968,349	\$11,043,003	\$58,198,119	\$3,034,836	\$718,691	\$7,446,327	\$189,017,254	\$89,515,365	\$15,760,619	\$27,519,007	\$295,448	\$523,486,574
FY 2018-19	Capitations	\$11,990,404	\$21,501,218	\$116,166,042	\$14,585,483	\$64,665,397	\$4,136,771	\$860,939	\$14,611,428	\$213,149,227	\$105,377,433	\$16,801,627	\$31,364,940	\$51,823	\$615,262,734
	Fee-for-Service														
	Inpatient Services	\$40,632	\$4,329	\$98,014	\$13,394	\$49,246	\$0	\$0	\$101,011	\$703,434	\$169,692	\$0	\$4,622	\$0	\$1,184,373
	Outpatient Services	\$10,978	\$90,168	\$617,406	\$51,082	\$1,792,777	\$86,688	\$7,977	\$1,220,134	\$3,127,821	\$1,604,442	\$396,900	\$174,562	\$250,522	\$9,431,458
	Physician Services	\$0	\$0	\$160	\$408	\$511	\$962	\$0	\$1,801	\$722	\$2,408	\$0	\$111	\$0	\$7,082
	Subtotal Fee-for-Service	\$51,611	\$94,497	\$715,579	\$64,884	\$1,842,533	\$87,650	\$7,977	\$1,322,946	\$3,831,977	\$1,776,542	\$396,900	\$179,294	\$250,522	\$10,622,912
	Total	\$12,042,014	\$21,595,716	\$116,881,621	\$14,650,367	\$66,507,930	\$4,224,421	\$868,917	\$15,934,374	\$216,981,203	\$107,153,975	\$17,198,527	\$31,544,234	\$302,345	\$625,885,645
	% Change from Previous Year	38.71%	32.58%	21.79%	32.67%	14.28%	39.20%	20.90%	113.99%	14.79%	19.70%	9.12%	14.63%	2.33%	19.56%
FY 2019-20	Capitations	\$13,744,754	\$21,565,283	\$111,703,226	\$16,519,529	\$63,034,191	\$4,284,499	\$800,702	\$17,615,002	\$237,073,838	\$124,013,809	\$19,514,069	\$32,664,067	\$51,674	\$662,584,643
	Fee-for-Service														
	Inpatient Services	\$0	\$1,790	\$70,985	\$7,377	\$61,652	\$2,387	\$0	\$148,676	\$782,088	\$107,514	\$24,643	\$14,562	\$0	\$1,221,675
	Outpatient Services	\$12,459	\$172,327	\$1,087,793	\$84,007	\$2,087,040	\$98,775	\$2,405	\$1,410,076	\$4,287,624	\$1,441,902	\$789,011	\$216,743	\$2,677	\$11,692,840
	Physician Services	\$0	\$330	\$382	\$121	\$1,483	\$0	\$0	\$1,075	\$2,209	\$1,155	\$1,418	\$235	\$0	\$9,119
	Subtotal Fee-for-Service	\$12,459	\$174,447	\$1,159,160	\$91,505	\$2,150,176	\$101,162	\$2,405	\$1,560,537	\$5,071,921	\$1,550,571	\$815,072	\$231,541	\$2,677	\$12,923,634
	Total	\$13,757,213	\$21,739,730	\$112,862,386	\$16,611,034	\$65,184,367	\$4,385,661	\$803,107	\$19,175,539	\$242,145,759	\$125,564,380	\$20,329,141	\$32,895,608	\$54,351	\$675,508,277
	% Change from Previous Year	14.24%	0.67%	-3.44%	13.38%	-1.99%	3.82%	-7.57%	20.34%	11.60%	17.18%	18.20%	4.28%	-82.02%	7.93%
FY 2020-21	Capitations	\$12,863,494	\$19,731,234	\$98,394,848	\$20,496,322	\$88,549,090	\$6,821,822	\$1,819,249	\$30,307,333	\$320,770,281	\$149,675,824	\$30,590,836	\$31,900,140	\$71,952	\$811,992,425
	Fee-for-Service														
	Inpatient Services	\$17,865	\$0	\$31,706	\$8,033	\$29,037	\$5,006	\$0	\$153,776	\$973,759	\$156,332	\$22,027	\$27,938	\$0	\$1,425,479
	Outpatient Services	\$334,791	\$166,518	\$948,840	\$95,202	\$2,299,141	\$125,556	\$0	\$1,681,504	\$4,833,874	\$2,054,793	\$506,558	\$250,905	\$2,837	\$13,300,518
	Physician Services	\$144	\$3,775	\$15,675	\$6,603	\$17,028	\$2,048	\$0	\$14,204	\$62,780	\$1,972	\$81	\$1,587	\$0	\$125,897
	Subtotal Fee-for-Service	\$352,799	\$170,293	\$996,221	\$109,839	\$2,345,206	\$132,609	\$0	\$1,849,484	\$5,870,413	\$2,213,096	\$528,667	\$280,430	\$2,837	\$14,851,894
	Total	\$13,216,293	\$19,901,527	\$99,391,069	\$20,606,161	\$90,894,296	\$6,954,431	\$1,819,249	\$32,156,817	\$326,640,694	\$151,888,920	\$31,119,503	\$32,180,570	\$74,789	\$826,844,319
	% Change from Previous Year	-3.93%	-8.46%	-11.94%	24.05%	39.44%	58.57%	126.53%	67.70%	34.89%	20.96%	53.08%	-2.17%	37.60%	22.40%
FY 2021-22	Capitations	\$14,665,480	\$21,606,328	\$104,041,996	\$22,667,294	\$123,583,466	\$9,095,687	\$2,776,627	\$41,041,688	\$450,835,485	\$169,967,610	\$37,386,755	\$33,515,535	\$87,187	\$1,031,271,138
	Fee-for-Service														
	Inpatient Services	\$44,881	\$27,003	\$173,587	\$18,065	\$48,522	\$1,560	\$0	\$140,236	\$877,027	\$122,369	\$0	\$11,927	\$0	\$1,465,178
	Outpatient Services	\$9,534	\$143,365	\$744,626	\$60,596	\$1,482,096	\$217,405	\$0	\$1,068,823	\$3,863,609	\$2,484,012	\$396,373	\$233,648	\$1,890	\$10,705,977
	Physician Services	\$50	\$1,450	\$18,226	\$8,688	\$37,695	\$2,014	\$0	\$18,131	\$96,357	\$22,399	\$0	\$7,225	\$0	\$212,235
	Subtotal Fee-for-Service	\$54,464	\$171,818	\$936,439	\$87,348	\$1,568,314	\$220,979	\$0	\$1,227,190	\$4,836,993	\$2,628,780	\$396,373	\$252,800	\$1,890	\$12,383,389
	Total	\$14,719,944	\$21,778,146	\$104,978,435	\$22,754,642	\$125,151,780	\$9,316,666	\$2,776,627	\$42,268,878	\$455,672,478	\$172,596,390	\$37,783,128	\$33,768,335	\$89,077	\$1,043,654,527
	% Change from Previous Year	11.38%	9.43%	5.62%	10.43%	37.69%	33.97%	52.62%	31.45%	39.50%	13.63%	21.41%	4.93%	19.10%	26.22%
FY 2022-23	Capitations	\$13,400,051	\$19,276,370	\$91,645,292	\$21,687,496	\$126,554,047	\$15,066,700	\$4,478,269	\$46,893,959	\$478,108,249	\$164,481,139	\$41,418,174	\$33,651,703	\$88,643	\$1,056,750,092
	Fee-for-Service														
	Inpatient Services	\$44,881	\$27,003	\$178,730	\$25,248	\$48,522	\$1,560	\$0	\$147,414	\$909,137	\$122,369	\$0	\$11,927	\$0	\$1,516,792
	Outpatient Services	\$10,294	\$150,709	\$784,545	\$61,993	\$1,613,207	\$239,803	\$0	\$1,096,068	\$4,560,452	\$2,649,725	\$0	\$244,303	\$2,658	\$11,413,756
	Physician Services	\$50	\$1,450	\$18,567	\$9,114	\$38,122	\$2,185	\$0	\$18,095	\$99,685	\$22,468	\$0	\$7,225	\$0	\$216,962
	Subtotal Fee-for-Service	\$55,224	\$179,162	\$981,842	\$96,356	\$1,699,851	\$243,548	\$0	\$1,261,577	\$5,569,274	\$2,794,563	\$0	\$263,456	\$2,658	\$13,147,510
	Total	\$13,455,275	\$19,455,532	\$92,627,134	\$21,783,852	\$128,253,898	\$15,310,248	\$4,478,269	\$48,155,536	\$483,677,523	\$167,275,702	\$41,418,174	\$33,915,159	\$91,301	\$1,069,897,602
	% Change from Previous Year	-8.59%	-10.66%	-11.77%	-4.27%	2.48%	13.33%	61.28%	6.15%	-3.08%	6.43%	0.33%	2.50%	2.51%	
FY 2023-24	Capitations	\$19,119,238	\$26,931,228	\$125,094,814	\$35,403,639	\$107,378,778	\$15,947,574	\$4,138,751	\$32,407,249	\$422,024,431	\$161,070,549	\$31,448,980	\$44,492,638	\$86,050	\$1,025,543,919
	Fee-for-Service														
	Inpatient Services	\$0	\$395,365	\$135,191	\$18,255	\$38,298	\$2,209	\$0	\$50,659	\$668,159	\$126,506	\$0	\$16,780	\$0	\$1,451,424
	Outpatient Services	\$9,274	\$145,261	\$735,512	\$66,351	\$1,377,834	\$189,299	\$0	\$1,126,837	\$3,110,933	\$2,292,298	\$0	\$214,477	\$1,283	\$9,269,358
	Physician Services	\$0	\$336	\$20,469	\$8,201	\$37,624	\$2,775	\$0	\$15,821	\$134,844	\$10,483	\$0	\$5,468	\$0	\$236,022
	Subtotal Fee-for-Service	\$9,274	\$540,962	\$891,172	\$92,808	\$1,453,756	\$194,284	\$0	\$1,193,318	\$3,913,936	\$2,429,287	\$0	\$236,724	\$1,283	\$10,956,804
	Total	\$19,128,512	\$27,472,190	\$125,985,986	\$35,496,447	\$108,832,534	\$16,141,858	\$4,138,751	\$33,600,567	\$425,938,367	\$163,499,836	\$31,448,980	\$44,729,362	\$87,333	\$1,036,500,723
	% Change from Previous Year	42.16%	41.21%	36.01%	62.95%	-15.14%	5.43%	-7.58%	-30.22%	-11.94%	-2.26%	-24.07%	31.89%	-4.35%	-3.12%
FY 2024-25	Capitations	\$27,318,352	\$30,840,690	\$143,689,459	\$66,768,815	\$137,408,975	\$21,901,829	\$4,521,445	\$27,624,081	\$529,202,718	\$213,901,281	\$26,881,355	\$55,725,214	\$106,806	\$1,285,891,020
	Fee-for-Service														
	Inpatient Services	\$0	\$359,933	\$128,130	\$15,165	\$4,549	\$975	\$0	\$64,934	\$494,290	\$121,629	\$0	\$12,108	\$0	\$1,201,713
	Outpatient Services	\$6,888	\$113,925	\$643,733	\$57,846	\$1,273,530	\$168,253	\$0	\$981,695	\$2,696,883	\$1,996,493	\$0	\$211,709	\$2,951	\$8,153,906
	Physician Services	\$0	\$5,222	\$19,061	\$7,655	\$59,803	\$4,893	\$0	\$50,236	\$282,402	\$46,098	\$0	\$6,376	\$0	\$481,746
	Subtotal Fee-for-Service	\$6,888	\$479,080	\$790,924	\$80,666	\$1,337,882	\$174,121	\$0	\$1,096,865	\$3,473,575	\$2,164,220	\$0	\$230,193	\$2,951	\$9,837,365
	Total	\$27,325,240	\$31,319,770	\$144,480,383	\$66,849,481	\$138,746,857	\$22,075,950	\$4,521,445	\$28,720,946	\$532,676,293	\$216,065,501	\$26,881,355	\$55,955,407	\$109,757	\$1,295,728,385
	% Change from Previous Year	42.85%	14.01%	14.68%	88.33%	27.49%	36.76%	9.25%	-14.52%	25.06%	32.15%	-14.52%	25.10%	25.68%	25.01%

Exhibit E - Expenditure Calculations by Eligibility Category									
Behavioral Health Capitation Calculations by Eligibility Category for FY 2025-26									
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$54.83	\$227.32	\$90.45	\$58.50	\$170.43	\$54.13	\$285.63	\$90.45	
Adjusted Weighted Capitation Rate	\$55.36	\$209.97	\$90.95	\$55.50	\$168.27	\$53.03	\$271.11	\$90.95	
Estimated Monthly Caseload ⁽¹⁾	50,364	100,705	175,078	44,029	338,547	436,508	18,521	98	1,163,850
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2025-26 Capitated Payments	\$33,455,526	\$253,743,825	\$191,082,770	\$29,321,998	\$683,596,780	\$277,781,370	\$60,253,915	\$106,959	\$1,529,343,143
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.23%	100.09%	99.95%	99.95%	100.01%	100.02%	100.01%	99.95%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$33,532,473	\$253,972,194	\$190,987,229	\$29,307,337	\$683,665,140	\$277,836,926	\$60,259,940	\$106,906	\$1,529,668,145
Estimated Expenditures for Prior Period Dates of Service	(\$63,522)	(\$221,788)	\$77,718	\$13,730	(\$53,087)	(\$48,320)	(\$5,627)	\$54	(\$300,842)
Total Estimated Expenditures in FY 2025-26 Before Adjustments	\$33,468,951	\$253,750,406	\$191,064,947	\$29,321,067	\$683,612,053	\$277,788,606	\$60,254,313	\$106,960	\$1,529,367,303
Estimated Date of Death Retractions	(\$418,706)	(\$812,398)	(\$44,159)	(\$8,771)	(\$700,112)	(\$35,701)	(\$42,206)	\$0	(\$2,062,053)
Estimated Incentive Payment	\$828,551	\$7,392,932	\$4,663,102	\$823,800	\$15,926,174	\$7,247,939	\$1,688,148	\$3,214	\$38,573,860
JBC Action DO Enrollments	\$0	\$16,436	\$0	\$0	\$0	\$0	\$0	\$0	\$16,436
Risk Corridor Payment and MLR Recoupment	\$465,242	\$4,148,773	\$2,615,968	\$462,202	\$8,935,593	\$4,066,655	\$947,158	\$1,803	\$21,643,395
HB 22-1303 Increased Residential Beds	\$0	(\$5,165,030)	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,165,030)
Total Estimated FY 2025-26 Expenditures Including Adjustments	\$34,344,038	\$259,331,118	\$198,299,858	\$30,598,298	\$707,773,708	\$289,067,500	\$62,847,413	\$111,977	\$1,582,373,910
Estimated FY 2025-26 Adjusted Per Capita Expenditure	\$644.54	\$2,519.74	\$1,091.31	\$665.95	\$2,019.25	\$636.39	\$3,253.30	\$1,091.42	\$1,314.06
⁽¹⁾ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.									
⁽²⁾ Exhibit E, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.									
Exhibit E - Expenditure Calculations by Eligibility Category									
Behavioral Health Capitation Calculations by Eligibility Category for FY 2026-27									
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$60.11	\$249.20	\$99.16	\$64.13	\$186.84	\$59.34	\$313.13	\$99.16	
Adjusted Weighted Capitation Rate	\$60.69	\$230.18	\$99.71	\$60.84	\$184.47	\$58.14	\$297.21	\$99.71	
Estimated Monthly Caseload ⁽¹⁾	51,312	106,376	180,699	45,589	348,885	448,535	18,557	110	1,200,063
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2026-27 Capitated Payments	\$37,367,588	\$293,831,596	\$216,208,940	\$33,282,825	\$772,301,984	\$312,908,068	\$66,183,459	\$131,617	\$1,732,216,077
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.23%	100.09%	99.95%	99.95%	100.01%	100.02%	100.01%	99.95%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$37,453,533	\$294,096,044	\$216,100,836	\$33,266,184	\$772,379,214	\$312,970,650	\$66,190,077	\$131,551	\$1,732,588,089
Estimated Expenditures for Prior Period Dates of Service	(\$76,948)	(\$228,369)	\$95,541	\$14,661	(\$68,360)	(\$55,556)	(\$6,025)	\$53	(\$325,003)
Total Estimated Expenditures in FY 2026-27	\$37,376,585	\$293,867,675	\$216,196,377	\$33,280,845	\$772,310,854	\$312,915,094	\$66,184,052	\$131,604	\$1,732,263,084
Estimated Date of Death Retractions	(\$418,706)	(\$812,398)	(\$44,159)	(\$8,771)	(\$700,112)	(\$35,701)	(\$42,206)	\$0	(\$2,062,053)
Estimated Incentive Payment	\$1,672,776	\$12,687,191	\$9,554,139	\$1,466,100	\$34,179,839	\$13,889,069	\$3,012,696	\$5,348	\$76,467,157
JBC Action DO Enrollments	\$0	\$16,436	\$0	\$0	\$0	\$0	\$0	\$0	\$16,436
HB 22-1303 Increased Residential Beds	\$0	(\$5,165,030)	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,165,030)
Total Estimated FY 2026-27 Expenditures Including Adjustments	\$38,630,656	\$300,593,873	\$225,706,357	\$34,738,174	\$805,790,581	\$326,768,461	\$69,154,542	\$136,952	\$1,801,519,596
Estimated FY 2026-27 Adjusted Per Capita Expenditure	\$728.42	\$2,762.54	\$1,196.44	\$730.02	\$2,213.65	\$697.64	\$3,566.53	\$1,196.40	\$1,443.48
⁽¹⁾ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.									
⁽²⁾ Exhibit E, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.									
Exhibit E - Expenditure Calculations by Eligibility Category									
Behavioral Health Capitation Calculations by Eligibility Category for FY 2027-28									
Service Expenditures	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Breast and Cervical Cancer Program	Totals
Weighted Capitation Rate	\$63.00	\$261.19	\$103.93	\$67.22	\$195.83	\$62.20	\$328.20	\$103.93	
Adjusted Weighted Capitation Rate	\$63.60	\$241.26	\$104.51	\$63.77	\$193.35	\$60.94	\$311.51	\$104.51	
Estimated Monthly Caseload ⁽¹⁾	52,260	112,048	185,147	47,149	359,223	459,264	18,593	122	1,233,806
Number of Months Rate is Effective	12	12	12	12	12	12	12	12	
Total Estimated Costs for FY 2027-28 Capitated Payments	\$39,887,733	\$324,389,998	\$232,187,581	\$36,080,277	\$833,447,703	\$335,834,780	\$69,503,242	\$152,997	\$1,871,484,311
Estimated Percentage of Claims Paid in Current Period with Current Period Dates of Service ⁽²⁾	100.23%	100.09%	99.95%	99.95%	100.01%	100.02%	100.01%	99.95%	
Estimated Expenditures for Claims Paid in Current Period with Current Period Dates of Service	\$39,979,475	\$324,681,949	\$232,071,487	\$36,062,237	\$833,531,048	\$335,901,947	\$69,510,192	\$152,921	\$1,871,891,256
Estimated Expenditures for Prior Period Dates of Service	(\$85,945)	(\$264,448)	\$108,104	\$16,641	(\$77,230)	(\$42,582)	(\$6,618)	\$66	(\$372,012)
Total Estimated Expenditures in FY 2027-28	\$39,893,530	\$324,417,501	\$232,179,591	\$36,078,878	\$833,453,818	\$335,839,365	\$69,503,574	\$152,987	\$1,871,519,244
Estimated Date of Death Retractions	(\$418,706)	(\$812,399)	(\$44,159)	(\$8,771)	(\$700,112)	(\$35,701)	(\$42,206)	\$0	(\$2,062,054)
Estimated Incentive Payment	\$1,868,380	\$14,691,580	\$10,810,447	\$1,664,141	\$38,615,099	\$15,645,403	\$3,309,173	\$6,581	\$86,610,804
JBC Action DO Enrollments	\$0	\$16,436	\$0	\$0	\$0	\$0	\$0	\$0	\$16,436
HB 22-1303 Increased Residential Beds	\$0	(\$5,165,030)	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,165,030)
Total Estimated FY 2027-28 Expenditures Including Adjustments	\$41,343,204	\$333,148,088	\$242,945,879	\$37,734,248	\$871,368,805	\$351,449,067	\$72,770,541	\$159,568	\$1,950,919,400
Estimated FY 2027-28 Adjusted Per Capita Expenditure	\$763.37	\$2,895.34	\$1,254.03	\$765.21	\$2,320.16	\$731.26	\$3,738.16	\$1,253.99	\$1,516.87
⁽¹⁾ This number is based on the projected average monthly caseload for the entire fiscal year, as applied through each month's trended growth in caseload.									
⁽²⁾ Exhibit E, pages 4 and 5 present the estimated percentage of incurred claims from any six month period that will be paid in that same six month period.									

Exhibit E - Incurred But Not Reported Runout by Fiscal Period			
Adults 65 and Older (OAP-A)			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	-0.23%	-	-
Incurred in FY 2025-26	100.23%	-0.23%	-
Incurred in FY 2026-27	-	100.23%	-0.23%
Incurred in FY 2027-28	-	-	100.23%
Disabled Individuals			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	-0.09%	-	-
Incurred in FY 2025-26	100.09%	-0.09%	-
Incurred in FY 2026-27	-	100.09%	-0.09%
Incurred in FY 2027-28	-	-	100.09%
Low Income Adults			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	0.05%	-	-
Incurred in FY 2025-26	99.95%	0.05%	-
Incurred in FY 2026-27	-	99.95%	0.05%
Incurred in FY 2027-28	-	-	99.95%
Expansion Parents & Caretakers			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	0.05%	-	-
Incurred in FY 2025-26	99.95%	0.05%	-
Incurred in FY 2026-27	-	99.95%	0.05%
Incurred in FY 2027-28	-	-	99.95%
MAGI Adults			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	-0.01%	-	-
Incurred in FY 2025-26	100.01%	-0.01%	-
Incurred in FY 2026-27	-	100.01%	-0.01%
Incurred in FY 2027-28	-	-	100.01%
Eligible Children			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	-0.02%	-	-
Incurred in FY 2025-26	100.02%	-0.02%	-
Incurred in FY 2026-27	-	100.02%	-0.02%
Incurred in FY 2027-28	-	-	100.02%
Foster Care			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	-0.01%	-	-
Incurred in FY 2025-26	100.01%	-0.01%	-
Incurred in FY 2026-27	-	100.01%	-0.01%
Incurred in FY 2027-28	-	-	100.01%
Breast and Cervical Cancer Program			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	0.05%	-	-
Incurred in FY 2025-26	99.95%	0.05%	-
Incurred in FY 2026-27	-	99.95%	0.05%
Incurred in FY 2027-28	-	-	99.95%

Exhibit E - Incurred But Not Reported Expenditures by Fiscal Period			
Adults 65 and Older (OAP-A)			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	(\$78,991)	-	-
Incurred in FY 2025-26	\$34,344,038	(\$88,851)	-
Incurred in FY 2026-27	-	\$38,630,657	(\$95,089)
Incurred in FY 2027-28	-	-	\$41,343,203
Total Paid in Current Period	\$34,344,038	\$38,630,657	\$41,343,203
Total IBNR Amount	(\$78,991)	(\$88,851)	(\$95,089)
Total Paid for All Incurred Dates	\$34,265,047	\$38,541,806	\$41,248,113
Disabled Individuals			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	(\$233,398)	-	-
Incurred in FY 2025-26	\$259,331,119	(\$270,534)	-
Incurred in FY 2026-27	-	\$300,593,874	(\$299,833)
Incurred in FY 2027-28	-	-	\$333,148,087
Total Paid in Current Period	\$259,331,119	\$300,593,874	\$333,148,087
Total IBNR Amount	(\$233,398)	(\$270,534)	(\$299,833)
Total Paid for All Incurred Dates	\$259,097,721	\$300,323,339	\$332,848,254
Low Income Adults			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	\$99,150	-	-
Incurred in FY 2025-26	\$198,299,858	\$112,853	-
Incurred in FY 2026-27	-	\$225,706,356	\$121,473
Incurred in FY 2027-28	-	-	\$242,945,878
Total Paid in Current Period	\$198,299,858	\$225,706,356	\$242,945,878
Total IBNR Amount	\$99,150	\$112,853	\$121,473
Total Paid for All Incurred Dates	\$198,399,008	\$225,819,210	\$243,067,351
Expansion Parents & Caretakers			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	\$15,299	-	-
Incurred in FY 2025-26	\$30,598,298	\$17,369	-
Incurred in FY 2026-27	-	\$34,738,174	\$18,867
Incurred in FY 2027-28	-	-	\$37,734,249
Total Paid in Current Period	\$30,598,298	\$34,738,174	\$37,734,249
Total IBNR Amount	\$15,299	\$17,369	\$18,867
Total Paid for All Incurred Dates	\$30,613,597	\$34,755,543	\$37,753,116
MAG Adults			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	(\$70,777)	-	-
Incurred in FY 2025-26	\$707,773,706	(\$80,579)	-
Incurred in FY 2026-27	-	\$805,790,583	(\$87,137)
Incurred in FY 2027-28	-	-	\$871,368,804
Total Paid in Current Period	\$707,773,706	\$805,790,583	\$871,368,804
Total IBNR Amount	(\$70,777)	(\$80,579)	(\$87,137)
Total Paid for All Incurred Dates	\$707,702,928	\$805,710,004	\$871,281,667
Eligible Children			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	(\$57,814)	-	-
Incurred in FY 2025-26	\$289,067,501	(\$65,354)	-
Incurred in FY 2026-27	-	\$326,768,461	(\$70,290)
Incurred in FY 2027-28	-	-	\$351,449,064
Total Paid in Current Period	\$289,067,501	\$326,768,461	\$351,449,064
Total IBNR Amount	(\$57,814)	(\$65,354)	(\$70,290)
Total Paid for All Incurred Dates	\$289,009,688	\$326,703,107	\$351,378,776
Foster Care			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	(\$6,285)	-	-
Incurred in FY 2025-26	\$62,847,413	(\$6,915)	-
Incurred in FY 2026-27	-	\$69,154,542	(\$7,277)
Incurred in FY 2027-28	-	-	\$72,770,541
Total Paid in Current Period	\$62,847,413	\$69,154,542	\$72,770,541
Total IBNR Amount	(\$6,285)	(\$6,915)	(\$7,277)
Total Paid for All Incurred Dates	\$62,841,129	\$69,147,627	\$72,763,264
Breast and Cervical Cancer Program			
Item	Paid in FY 2025-26	Paid in FY 2026-27	Paid in FY 2027-28
Incurred in all other previous periods	\$56	-	-
Incurred in FY 2025-26	\$111,977	\$68	-
Incurred in FY 2026-27	-	\$136,953	\$80
Incurred in FY 2027-28	-	-	\$159,567
Total Paid in Current Period	\$111,977	\$136,953	\$159,567
Total IBNR Amount	\$56	\$68	\$80
Total Paid for All Incurred Dates	\$112,033	\$137,021	\$159,647

Exhibit F - Medicaid Behavioral Health RAE Enrollment Adjustment								
Fiscal Year	Item	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2019-20	FY 2019-20 Estimated Average Monthly RAE Enrollment	43,615	89,289	177,733	59,139	321,901	460,897	21,294
	FY 2019-20 Average Caseload	47,551	90,234	178,223	59,499	322,951	463,472	21,320
	FY 2019-20 RAE Enrollment as a Percentage of Caseload	91.72%	98.95%	99.73%	99.39%	99.67%	99.44%	99.88%
FY 2020-21	FY 2020-21 Estimated Average Monthly RAE Enrollment	43,967	93,246	190,133	87,729	401,725	517,558	20,338
	FY 2020-21 Average Caseload	48,248	94,075	190,368	88,429	402,847	517,789	20,742
	FY 2020-21 RAE Enrollment as a Percentage of Caseload	91.13%	99.12%	99.88%	99.21%	99.72%	99.96%	98.05%
FY 2021-22	FY 2021-22 Estimated Average Monthly RAE Enrollment	45,347	94,279	206,942	102,017	471,541	554,079	19,710
	FY 2021-22 Average Caseload	49,277	95,166	208,137	102,399	478,103	557,121	20,335
	FY 2021-22 RAE Enrollment as a Percentage of Caseload	92.03%	99.07%	99.43%	99.63%	98.63%	99.45%	96.93%
FY 2022-23	FY 2022-23 Estimated Average Monthly RAE Enrollment	46,608	96,389	228,526	104,310	523,934	578,763	19,433
	FY 2022-23 Average Caseload	50,477	97,232	229,663	104,683	530,332	581,999	20,070
	FY 2022-23 RAE Enrollment as a Percentage of Caseload	92.33%	99.13%	99.50%	99.64%	98.79%	99.44%	96.82%
FY 2023-24	FY 2023-24 Estimated Average Monthly RAE Enrollment	43,871	91,309	190,338	66,010	400,670	469,113	18,510
	FY 2023-24 Average Caseload	47,681	92,001	190,919	66,161	405,823	470,999	19,083
	FY 2023-24 RAE Enrollment as a Percentage of Caseload	92.01%	99.25%	99.70%	99.77%	98.73%	99.60%	97.00%
FY 2024-25	FY 2024-25 Estimated Average Monthly RAE Enrollment	45,502	95,976	166,550	42,731	322,209	412,044	17,934
	FY 2024-25 Average Caseload	49,806	96,686	166,943	42,754	326,884	412,884	18,475
	FY 2024-25 RAE Enrollment as a Percentage of Caseload	91.36%	99.27%	99.76%	99.95%	98.57%	99.80%	97.07%
Adjustment Factor	Source	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2019-20	FY 2019-20 RAE Enrollment as a Percentage of Caseload - 1	-8.28%	-1.05%	-0.27%	-0.61%	-0.33%	-0.56%	-0.12%
FY 2020-21	FY 2020-21 RAE Enrollment as a Percentage of Caseload - 1	-8.87%	-0.88%	-0.12%	-0.79%	-0.28%	-0.04%	-1.95%
FY 2021-22	FY 2021-22 RAE Enrollment as a Percentage of Caseload - 1	-7.97%	-0.93%	-0.57%	-0.37%	-1.37%	-0.55%	-3.07%
FY 2022-23	FY 2022-23 RAE Enrollment as a Percentage of Caseload - 1	-7.67%	-0.87%	-0.50%	-0.36%	-1.21%	-0.56%	-3.18%
FY 2023-24	FY 2023-24 RAE Enrollment as a Percentage of Caseload - 1	-7.99%	-0.75%	-0.30%	-0.23%	-1.27%	-0.40%	-3.00%
FY 2024-25	FY 2024-25 RAE Enrollment as a Percentage of Caseload - 1	-8.64%	-0.73%	-0.24%	-0.05%	-1.43%	-0.20%	-2.93%
FY 2025-26	Paid Claims as a Percentage of Caseload - 1	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%
FY 2026-27	Assumed Constant	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%
FY 2027-28	Assumed Constant	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%

Exhibit G - Medicaid Behavioral Health Capitation Rate Trends and Forecasts								
Capitation Rate Trends								
Fiscal Year ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Weighted Behavioral Health Total ⁽²⁾
FY 2015-16 Actuals	\$14.22	\$146.82	\$25.96	\$26.01	\$55.52	\$19.20	\$215.40	\$41.44
% Change from FY 2014-15	1.86%	1.26%	8.08%	8.28%	-30.06%	11.50%	23.23%	-5.38%
FY 2016-17 Actuals	\$16.49	\$130.24	\$26.66	\$19.37	\$56.17	\$19.89	\$165.94	\$39.72
% Change from FY 2015-16	15.96%	-11.29%	2.70%	-25.53%	1.17%	3.59%	-22.96%	-4.14%
FY 2017-18 Actuals	\$18.35	\$137.78	\$28.47	\$15.65	\$52.42	\$19.46	\$123.59	\$39.50
% Change from FY 2016-17	11.28%	5.79%	6.79%	-19.20%	-6.68%	-2.16%	-25.52%	-0.55%
FY 2018-19 Actuals	\$19.51	\$132.94	\$29.12	\$14.43	\$46.23	\$19.55	\$120.92	\$38.15
% Change from FY 2017-18	6.32%	-3.51%	2.28%	-7.80%	-11.81%	0.46%	-2.16%	-3.43%
FY 2019-20 Actuals	\$21.74	\$138.41	\$30.80	\$16.62	\$53.16	\$20.65	\$121.41	\$41.69
% Change from FY 2018-19	11.43%	4.11%	5.77%	15.18%	15.00%	5.63%	0.41%	9.28%
FY 2020-21 Actuals	\$25.01	\$125.86	\$42.18	\$26.26	\$67.03	\$28.72	\$130.03	\$49.88
% Change from FY 2019-20	15.04%	-9.07%	36.95%	58.00%	26.09%	39.08%	7.10%	19.64%
FY 2021-22 Actuals	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64	\$58.96
% Change from FY 2020-21	9.96%	8.44%	32.86%	20.56%	22.47%	10.06%	11.24%	18.20%
FY 2022-23 Actuals	\$26.83	\$131.24	\$60.98	\$37.31	\$84.18	\$32.46	\$161.26	\$61.19
% Change from FY 2021-22	-2.44%	-3.84%	8.82%	17.85%	2.55%	2.69%	11.49%	3.79%
FY 2023-24 Actuals	\$33.62	\$166.35	\$54.36	\$36.18	\$83.18	\$32.26	\$190.15	\$63.65
% Change from FY 2022-23	25.31%	26.75%	-10.86%	-3.03%	-1.19%	-0.62%	17.92%	4.01%
FY 2024-25 Actuals	\$50.58	\$213.96	\$77.83	\$53.55	\$137.30	\$48.86	\$261.48	\$97.25
% Change from FY 2023-24	50.45%	28.62%	43.18%	48.01%	65.06%	51.46%	37.51%	52.80%
FY 2025-26 Estimated Weighted Average Rate	\$54.83	\$227.32	\$90.45	\$58.50	\$170.43	\$54.13	\$285.63	\$112.28
% Change from FY 2024-25	8.40%	6.24%	16.21%	9.24%	24.13%	10.79%	9.24%	15.45%
FY 2026-27 Estimated Weighted Average Rate	\$60.11	\$249.20	\$99.16	\$64.13	\$186.84	\$59.34	\$313.13	\$123.40
% Change from FY 2025-26	9.63%	9.63%	9.63%	9.63%	9.63%	9.63%	9.63%	9.90%
FY 2027-28 Estimated Weighted Average Rate	\$63.00	\$261.19	\$103.93	\$67.22	\$195.83	\$62.20	\$328.20	\$129.69
% Change from FY 2026-27	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	4.81%	5.10%
¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.								
² The Weighted Behavioral Health Total is the weighted capitation rate distributed by Regional Accountable Entity (RAE) across each eligibility category based on the total number of claims processed (i.e. Adults 65 and older make up a percentage of all client claims, and each RAE services some subset of the total number of claims for Adults 65 and older).								
Exhibit G - Medicaid Behavioral Health Capitation Rate Trends and Forecasts								
Capitation Rate Across Eligibility Categories								
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care	Total
FY 2015-16 Average Caseload	42,403	85,546	179,514	86,964	320,374	526,694	19,935	1,261,430
Percentage of Total Caseload	3.36%	6.78%	14.23%	6.89%	25.40%	41.75%	1.58%	100.00%
FY 2015-16 Average Weighted Capitation Rate	\$14.22	\$146.82	\$25.96	\$26.01	\$55.52	\$19.20	\$215.40	\$41.44
FY 2016-17 Average Caseload	43,941	85,111	176,957	101,059	347,848	534,204	20,310	1,309,430
Percentage of Total Caseload	3.36%	6.50%	13.51%	7.72%	26.56%	40.80%	1.55%	100.00%
FY 2016-17 Average Weighted Capitation Rate	\$16.49	\$130.24	\$26.66	\$19.37	\$56.17	\$19.89	\$165.94	\$39.72
FY 2017-18 Average Estimated Caseload	45,907	87,603	192,207	74,610	352,607	503,118	21,473	1,277,425
Percentage of Total Caseload	3.59%	6.85%	15.05%	5.84%	27.60%	39.39%	1.68%	100.00%
FY 2017-18 Average Weighted Capitation Rate	\$18.35	\$137.78	\$28.47	\$15.65	\$52.42	\$19.46	\$123.59	\$39.50
FY 2018-19 Average Estimated Caseload	47,686	90,347	190,316	63,563	330,525	479,629	21,815	1,223,880
Percentage of Total Caseload	3.90%	7.38%	15.55%	5.19%	27.01%	39.19%	1.78%	100.00%
FY 2018-19 Average Weighted Capitation Rate	\$19.51	\$132.94	\$29.12	\$14.43	\$46.23	\$19.55	\$120.92	\$38.15
FY 2019-20 Average Estimated Caseload	47,551	90,234	178,223	59,499	322,951	463,472	21,320	1,183,250
Percentage of Total Caseload	4.02%	7.63%	15.06%	5.03%	27.29%	39.17%	1.80%	100.00%
FY 2019-20 Average Weighted Capitation Rate	\$21.74	\$138.41	\$30.80	\$16.62	\$53.16	\$20.65	\$121.41	\$41.69
FY 2020-21 Average Estimated Caseload	48,248	94,075	190,368	88,429	402,847	517,789	20,742	1,362,498
Percentage of Total Caseload	3.54%	6.90%	13.97%	6.49%	29.57%	38.00%	1.52%	100.00%
FY 2020-21 Average Weighted Capitation Rate	\$25.01	\$125.86	\$42.18	\$26.26	\$67.03	\$28.72	\$130.03	\$49.88
FY 2021-22 Average Estimated Caseload	49,277	95,166	208,137	102,399	478,103	557,121	20,335	1,510,538
Percentage of Total Caseload	3.26%	6.30%	13.78%	6.78%	31.65%	36.88%	1.35%	100.00%
FY 2021-22 Average Weighted Capitation Rate	\$27.50	\$136.48	\$56.04	\$31.66	\$82.09	\$31.61	\$144.64	\$58.96
FY 2022-23 Average Estimated Caseload	50,477	97,232	229,663	104,683	530,332	581,999	20,070	1,614,456
Percentage of Total Caseload	3.13%	6.02%	14.23%	6.48%	32.85%	36.05%	1.24%	100.00%
FY 2022-23 Average Weighted Capitation Rate	\$26.83	\$131.24	\$60.98	\$37.31	\$84.18	\$32.46	\$161.26	\$61.19
FY 2023-24 Average Estimated Caseload	47,681	92,001	190,919	66,161	405,823	470,999	19,083	1,292,667
Percentage of Total Caseload	3.69%	7.12%	14.77%	5.12%	31.39%	36.44%	1.48%	100.00%
FY 2023-24 Average Weighted Capitation Rate	\$33.62	\$166.35	\$54.36	\$36.18	\$83.18	\$32.26	\$190.15	\$63.65
FY 2024-25 Average Estimated Caseload	49,806	96,686	166,828	42,754	326,884	412,884	18,475	1,114,317
Percentage of Total Caseload	4.47%	8.68%	14.97%	3.84%	29.33%	37.05%	1.66%	100.00%
FY 2024-25 Average Weighted Capitation Rate	\$50.58	\$213.96	\$77.83	\$53.55	\$137.30	\$48.86	\$261.48	\$97.25
FY 2025-26 Average Estimated Caseload	50,364	100,705	175,078	44,029	338,547	436,508	18,521	1,163,752
Percentage of Total Caseload	4.33%	8.65%	15.04%	3.78%	29.09%	37.51%	1.59%	100.00%
FY 2025-26 Average Weighted Capitation Rate	\$54.83	\$227.32	\$90.45	\$58.50	\$170.43	\$54.13	\$285.63	\$112.28
FY 2026-27 Average Estimated Caseload	51,312	106,376	180,699	45,589	348,885	448,535	18,557	1,199,953
Percentage of Total Caseload	4.28%	8.87%	15.06%	3.80%	29.07%	37.38%	1.55%	100.00%
FY 2026-27 Average Weighted Capitation Rate	\$60.11	\$249.20	\$99.16	\$64.13	\$186.84	\$59.34	\$313.13	\$123.40
FY 2027-28 Average Estimated Caseload	52,360	112,048	185,147	47,149	359,223	459,264	18,593	1,213,684
Percentage of Total Caseload	4.24%	9.08%	15.01%	3.82%	29.12%	37.23%	1.51%	100.00%
FY 2027-28 Average Weighted Capitation Rate	\$63.00	\$261.19	\$103.93	\$67.22	\$195.83	\$62.20	\$328.20	\$129.69
¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a separate analysis was not performed.								

Exhibit H - Forecast Model Comparisons - Final Forecasts							
Adjustment Factors for Forecasted Rates							
Model ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2025-26 Estimated Rate							
Weighted Capitation Point Estimate	\$54.83	\$227.32	\$90.45	\$58.50	\$170.43	\$54.13	\$285.63
Retroactivity Adjustment Multiplier (Exhibit F)	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%
FY 2025-26 Estimated Rate Final Paid	\$55.36	\$209.97	\$90.95	\$55.50	\$168.27	\$53.03	\$271.11
FY 2026-27 Estimated Rate							
Weighted Capitation Point Estimate	\$60.11	\$249.21	\$99.16	\$64.13	\$186.84	\$59.34	\$313.14
Retroactivity Adjustment Multiplier (Exhibit F)	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%
FY 2026-27 Estimated Rate Final Paid	\$60.69	\$230.19	\$99.71	\$60.84	\$184.47	\$58.14	\$297.22
FY 2027-28 Estimated Rate							
Weighted Capitation Point Estimate	\$65.90	\$273.21	\$108.71	\$70.30	\$204.83	\$65.05	\$343.30
Retroactivity Adjustment Multiplier (Exhibit F)	0.96%	-7.63%	0.55%	-5.13%	-1.27%	-2.03%	-5.08%
FY 2027-28 Estimated Rate Final Paid	\$66.53	\$252.36	\$109.31	\$66.69	\$202.23	\$63.73	\$325.84
¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population, and comprise less than 1% of that total population. As such, a forecast for BCCP program eligible was not performed.							
² The number presented here reflects the final outcome of payment of partial capitations and the estimate of full IBNR based on that component of IBNR runout that has been completed. Because the IBNR component is estimated, this final figure is estimated and may change in future requests.							

Exhibit H - Forecast Model Comparisons - Capitation Trend Models							
Capitation Rate Forecast Model							
Model ⁽¹⁾	Adults 65 and Older (OAP-A)	Disabled Individuals	Low Income Adults	Expansion Parents & Caretakers	MAGI Adults	Eligible Children	Foster Care
FY 2025-26 Estimated Weighted Average Rate	\$54.83	\$227.32	\$90.45	\$58.50	\$170.43	\$54.13	\$285.63
Selected Trend Models							
Constant Growth Model Averaged Across Eligibility Groups	\$60.11	\$249.20	\$99.16	\$64.13	\$186.84	\$59.34	\$313.13
% Difference from FY 2025-26	9.63%	9.63%	9.63%	9.62%	9.63%	9.62%	9.63%
Constant Growth Model	\$26.20	\$126.12	\$66.33	\$43.97	\$86.18	\$33.91	\$179.90
% Difference from FY 2025-26	-52.22%	-44.52%	-26.66%	-24.84%	-49.43%	-37.35%	-37.02%
Average Growth Model	\$28.86	\$129.23	\$76.95	\$49.30	\$98.41	\$38.49	\$177.37
% Difference from FY 2025-26	-47.36%	-43.15%	-14.93%	-15.73%	-42.26%	-28.89%	-37.90%
Two Period Moving Average Model	\$27.17	\$133.84	\$58.51	\$34.49	\$83.10	\$32.18	\$152.98
% Difference from FY 2025-26	-50.45%	-41.12%	-35.31%	-41.04%	-51.24%	-40.55%	-46.44%
Exponential Growth Model	\$28.36	\$136.67	\$75.78	\$44.64	\$97.06	\$35.31	\$179.59
% Difference from FY 2025-26	-48.28%	-39.88%	-16.22%	-23.69%	-43.05%	-34.77%	-37.12%
Linear Growth Model ²	\$28.25	\$136.53	\$71.87	\$42.81	\$94.82	\$35.11	\$176.65
% Difference from FY 2025-26	-48.47%	-39.94%	-20.55%	-26.83%	-44.36%	-35.14%	-38.16%
Forecast Minimum	\$27.17	\$129.23	\$58.51	\$34.49	\$83.10	\$32.18	\$152.98
Forecast Maximum	\$28.86	\$136.67	\$76.95	\$49.30	\$98.41	\$38.49	\$179.59
% Change from FY 2021-22 Rate to Selected FY 2022-23 Capitation Rate ⁽²⁾	9.63%	9.63%	9.63%	9.62%	9.63%	9.62%	9.63%
FY 2026-27 Forecast Point Estimate	\$60.11	\$249.21	\$99.16	\$64.13	\$186.84	\$59.34	\$313.14
% Change from FY 2022-23 Rate to Selected FY 2023-24 Capitation Rate ⁽³⁾	9.63%	9.63%	9.63%	9.62%	9.63%	9.62%	9.63%
FY 2027-28 Forecast Point Estimate	\$65.90	\$273.21	\$108.71	\$70.30	\$204.83	\$65.05	\$343.30
¹ Breast and Cervical Cancer Program participants share a capitation rate with the remainder of the Low Income Adult population and comprise less than 1% of that total population. As such, a forecast for BCCP program eligible was not performed.							
(2) Percentage selected to modify capitation rates for FY 2024-25	Adults 65 and Older (OAP-A)	Constant Growth Model Averaged Across Eligibility Groups	MAGI Adults/ Expansion Parents & Caretakers	Constant Growth Model Averaged Across Eligibility Groups			
	Disabled Individuals	Constant Growth Model Averaged Across Eligibility Groups	Eligible Children	Constant Growth Model Averaged Across Eligibility Groups			
	Low Income Adults	Constant Growth Model Averaged Across Eligibility Groups	Foster Care	Constant Growth Model Averaged Across Eligibility Groups			
(3) Percentage selected to modify capitation rates for FY 2025-26	Adults 65 and Older (OAP-A)	Constant Growth Model Averaged Across Eligibility Groups	MAGI Adults/ Expansion Parents & Caretakers	Constant Growth Model Averaged Across Eligibility Groups			
	Disabled Individuals	Constant Growth Model Averaged Across Eligibility Groups	Eligible Children	Constant Growth Model Averaged Across Eligibility Groups			
	Low Income Adults	Constant Growth Model Averaged Across Eligibility Groups	Foster Care	Constant Growth Model Averaged Across Eligibility Groups			

STATE OF COLORADO FY 2026-27 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING MEDICAID BEHAVIORAL HEALTH COMMUNITY PROGRAMS

Exhibit I - Reconciliations				
Total Reconciliations by Fiscal Year				
Item	FY 2024-25 ¹	FY 2025-26 Estimate ²	FY 2026-27 Estimate ³	FY 2027-28 Estimate ⁴
Estimated Reconciliation for FY 2022-23	(\$54,169,878)	\$0	\$0	\$0
Estimated Reconciliation for FY 2023-24	\$15,835,830	\$21,643,395	\$0	\$0
Estimated Reconciliation for FY 2024-25	\$0	\$38,573,860	\$0	\$0
Estimated Reconciliation for FY 2025-26	\$0	\$0	\$76,467,157	\$0
Estimated Reconciliation for FY 2026-27	\$0	\$0	\$0	\$86,610,804
Net Impact of Estimated Reconciliations	(\$38,334,048)	\$60,217,255	\$76,467,157	\$86,610,804
(1) This reconciliation is made up of \$22,738,030 for the Incentive Payments for service dates in FY 2022-23, \$15,835,830 for the Incentive Payments for service dates in FY 2023-24, (\$71,033,954) for the Risk Corridor reconciliation for service dates in FY 2022-23, and (\$5,873,954) for the Medical Loss Ratio Reconciliation for services dates in FY 2022-23.				
(2) This reconciliation is made up of \$38,573,860 for the Incentive Payments for service dates in FY 2024-25 and \$21,643,395 for the Risk Corridor Payment for service dates in FY 2023-24.				
(3) This reconciliation is made up of \$76,467,157 for the Incentive Payments for service dates in FY 2025-26.				
(4) This reconciliation is made up of \$86,610,804 for the Incentive Payments for service dates in FY 2026-27.				
Reconciliation Fund Splits				
Item	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Estimated Reconciliation for FY 2025-26	\$14,931,011	\$11,331,158	\$0	\$33,955,086
Estimated Reconciliation for FY 2026-27	\$18,142,633	\$20,090,946	\$0	\$38,233,578
Estimated Reconciliation for FY 2027-28	\$20,593,100	\$22,712,302	\$0	\$43,305,402

Exhibit J - Alternative Financing Populations ⁽¹⁾								
FY 2025-26 Calculation								
Capitations								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$1,091.34	\$6,537,098	\$0	\$3,268,549	\$0	\$3,268,549	50.00%
Expansion Parents & Caretakers	44,029	\$665.95	\$29,321,067	\$0	\$2,932,107	\$0	\$26,388,960	90.00%
MAGI Adults	334,486	\$2,019.25	\$675,411,888	\$0	\$67,541,189	\$0	\$607,870,699	90.00%
Non Newly Eligible	4,061	\$2,019.25	\$8,200,163	\$0	\$1,640,033	\$0	\$6,560,130	80.00%
Disabled Buy-In	28,587	\$2,519.82	\$72,034,046	\$0	\$36,017,023	\$0	\$36,017,023	50.00%
Continuous Eligibility for Children	18,927	\$636.38	\$12,044,803	\$0	\$6,022,401	\$0	\$6,022,402	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$803,549,065	\$0	\$117,421,302	\$0	\$686,127,763	
SB 11-008 Eligible Children								
Former CHP+ Kids	51,719	\$636.40	\$32,913,761	\$11,519,816	\$0	\$0	\$21,393,945	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	12,333	\$1,091.05	\$13,455,959	\$5,718,783	\$0	\$0	\$7,737,176	57.50%
Fee-for-Service								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$8.08	\$48,389	\$0	\$24,194	\$0	\$24,195	50.00%
Expansion Parents & Caretakers	44,029	\$23.54	\$1,036,289	\$0	\$103,628	\$0	\$932,661	90.00%
MAGI Adults	334,486	\$12.12	\$4,052,525	\$0	\$405,252	\$0	\$3,647,273	90.00%
Non Newly Eligible	4,061	\$7.89	\$32,029	\$0	\$6,406	\$0	\$25,623	80.00%
Disabled Buy-In	28,587	\$2.58	\$73,761	\$0	\$36,880	\$0	\$36,881	50.00%
Continuous Eligibility for Children	18,927	\$4.59	\$86,811	\$0	\$43,405	\$0	\$43,406	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$5,329,805	\$0	\$619,766	\$0	\$4,710,039	
SB 11-008 Eligible Children								
Former CHP+ Kids	51,719	\$6.47	\$334,713	\$117,150	\$0	\$0	\$217,563	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	12,333	\$0.00	\$0	\$0	\$0	\$0	\$0	57.50%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit J - Alternative Financing Populations ⁽¹⁾								
FY 2026-27 Calculation								
Capitations								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$1,196.46	\$7,166,806	\$0	\$3,583,403	\$0	\$3,583,403	50.00%
Expansion Parents & Caretakers	45,589	\$730.02	\$33,280,845	\$0	\$3,328,084	\$0	\$29,952,761	90.00%
MAGI Adults	344,824	\$2,213.65	\$763,321,229	\$0	\$76,332,123	\$0	\$686,989,106	90.00%
Non Newly Eligible	4,061	\$2,213.65	\$8,989,627	\$0	\$1,797,925	\$0	\$7,191,702	80.00%
Disabled Buy-In	29,833	\$2,762.51	\$82,413,996	\$0	\$41,206,998	\$0	\$41,206,998	50.00%
Continuous Eligibility for Children	18,927	\$697.63	\$13,204,131	\$0	\$6,602,065	\$0	\$6,602,066	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$908,376,634	\$0	\$132,850,598	\$0	\$775,526,036	
SB 11-008 Eligible Children								
Former CHP+ Kids	56,106	\$697.64	\$39,142,049	\$13,699,717	\$0	\$0	\$25,442,332	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	13,550	\$1,196.41	\$16,211,393	\$8,105,696	\$0	\$0	\$8,105,697	50.00%
Fee-for-Service								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$8.34	\$49,958	\$0	\$24,979	\$0	\$24,979	50.00%
Expansion Parents & Caretakers	45,589	\$23.47	\$1,069,897	\$0	\$106,989	\$0	\$962,908	90.00%
MAGI Adults	344,824	\$12.13	\$4,183,952	\$0	\$418,395	\$0	\$3,765,557	90.00%
Non Newly Eligible	4,061	\$8.14	\$33,068	\$0	\$6,614	\$0	\$26,454	80.00%
Disabled Buy-In	29,833	\$2.55	\$76,153	\$0	\$38,076	\$0	\$38,077	50.00%
Continuous Eligibility for Children	18,927	\$4.74	\$89,626	\$0	\$44,813	\$0	\$44,813	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$5,502,655	\$0	\$639,867	\$0	\$4,862,788	
SB 11-008 Eligible Children								
Former CHP+ Kids	56,106	\$6.16	\$345,568	\$120,949	\$0	\$0	\$224,619	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	13,550	\$0.00	\$0	\$0	\$0	\$0	\$0	50.00%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit J - Alternative Financing Populations ⁽¹⁾								
FY 2027-28 Calculation								
Capitations								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$1,254.04	\$7,511,716	\$0	\$3,755,858	\$0	\$3,755,858	50.00%
Expansion Parents & Caretakers	47,149	\$765.21	\$36,078,878	\$0	\$3,607,888	\$0	\$32,470,990	90.00%
MAGI Adults	355,162	\$2,320.16	\$824,031,685	\$0	\$82,403,168	\$0	\$741,628,517	90.00%
Non Newly Eligible	4,061	\$2,320.15	\$9,422,132	\$0	\$1,884,426	\$0	\$7,537,706	80.00%
Disabled Buy-In	30,783	\$2,895.29	\$89,125,861	\$0	\$44,562,930	\$0	\$44,562,931	50.00%
Continuous Eligibility for Children	18,927	\$731.25	\$13,840,412	\$0	\$6,920,206	\$0	\$6,920,206	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$980,010,684	\$0	\$143,134,476	\$0	\$836,876,208	
SB 11-008 Eligible Children								
Former CHP+ Kids	60,343	\$731.26	\$44,126,550	\$15,444,292	\$0	\$0	\$28,682,258	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	13,594	\$1,254.04	\$17,047,430	\$8,523,715	\$0	\$0	\$8,523,715	50.00%
Fee-for-Service								
DESCRIPTION OF ESTIMATE				CALCULATION OF MATCH				
Eligibility Category	Caseload	Estimated Per Capita Cost	Total Estimate	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate
Healthcare Affordability and Sustainability Fee Cash Fund:								
MAGI Parents and Caretakers 60% - 68% FPL	5,990	\$8.57	\$51,363	\$0	\$25,681	\$0	\$25,682	50.00%
Expansion Parents & Caretakers	47,149	\$23.33	\$1,099,980	\$0	\$109,998	\$0	\$989,982	90.00%
MAGI Adults	355,162	\$12.11	\$4,301,595	\$0	\$430,159	\$0	\$3,871,436	90.00%
Non Newly Eligible	4,061	\$8.37	\$33,998	\$0	\$6,800	\$0	\$27,198	80.00%
Disabled Buy-In	30,783	\$2.54	\$78,294	\$0	\$39,147	\$0	\$39,147	50.00%
Continuous Eligibility for Children	18,927	\$4.87	\$92,146	\$0	\$46,073	\$0	\$46,073	50.00%
Total from Healthcare Affordability and Sustainability Fee Fund	-	-	\$5,657,377	\$0	\$657,859	\$0	\$4,999,518	
SB 11-008 Eligible Children								
Former CHP+ Kids	60,343	\$5.89	\$355,285	\$124,350	\$0	\$0	\$230,935	65.00%
SB 11-250 Eligible Pregnant Adults								
Former CHP+ Prenatal	13,594	\$0.00	\$0	\$0	\$0	\$0	\$0	50.00%

¹ The Department's allocation methodology is described in the Alternative Financing Populations section of this Budget Request.

Exhibit K - Behavioral Health Fee-for-Service Projection							
FY 2025-26 Projection							
Item	FY 2024-25 Expenditures	FY 2025-26 Appropriation	FY 2024-25 Caseload	FY 2025-26 Forecasted Caseload	Forecasted Change in Caseload	FY 2025-26 Estimate	FY 2025-26 Change from Appropriation
<i>Inpatient Services</i>	\$668,205	\$770,721	1,114,432	1,163,850	4.43%	\$710,297	(\$60,424)
<i>Outpatient Services</i>	\$8,958,961	\$10,333,445	1,114,432	1,163,850	4.43%	\$9,523,302	(\$810,143)
<i>Physician Services</i>	\$210,199	\$242,448	1,114,432	1,163,850	4.43%	\$223,440	(\$19,008)
Total After Prior Year Adjustments	\$9,837,365	\$11,346,614				\$10,457,039	(\$889,575)
FY 2026-27 Projection							
Item	FY 2025-26 Estimate	FY 2026-27 Base Estimate	FY 2025-26 Forecasted Caseload	FY 2026-27 Forecasted Caseload	Forecasted Change in Caseload	FY 2026-27 Estimate	FY 2026-27 Change from FY 2025-26 Estimate
<i>Inpatient Services</i>	\$710,297	\$710,297	1,163,850	1,200,063	3.11%	\$733,332	\$23,036
<i>Outpatient Services</i>	\$9,523,302	\$9,523,302	1,163,850	1,200,063	3.11%	\$9,832,151	\$308,849
<i>Physician Services</i>	\$223,440	\$223,440	1,163,850	1,200,063	3.11%	\$230,686	\$7,246
Total After Prior Year Adjustments	\$10,457,039	\$10,457,039				\$10,796,170	\$339,131
FY 2027-28 Projection							
Item	FY 2026-27 Estimate	FY 2026-27 Base Estimate	FY 2026-27 Forecasted Caseload	FY 2027-28 Forecasted Caseload	Forecasted Change in Caseload	FY 2027-28 Estimate	FY 2027-28 Change from FY 2026-27 Estimate
<i>Inpatient Services</i>	\$733,332	\$733,332	1,200,063	1,233,806	2.81%	\$753,952	\$20,620
<i>Outpatient Services</i>	\$9,832,151	\$9,832,151	1,200,063	1,233,806	2.81%	\$10,108,609	\$276,457
<i>Physician Services</i>	\$230,686	\$230,686	1,200,063	1,233,806	2.81%	\$237,173	\$6,486
Total After Prior Year Adjustments	\$10,796,170	\$10,796,170				\$11,099,733	\$303,563

Exhibit L - Global Reasonableness Test for Medicaid Behavioral Health Capitation Payments⁽¹⁾

Item	Actual/Estimated Expenditures	Percent Change	Dollar Change	Two-year Rolling Average	Percent Change Two-year Average	Three-year Rolling Average	Percent Change Three-year Average
FY 2007-08 Actual	\$197,346,769	-	-	-	-	-	-
FY 2008-09 Actual	\$217,637,190	10.28%	\$20,290,421	\$207,491,980	-	-	-
FY 2009-10 Actual	\$229,208,480	5.32%	\$11,571,290	\$223,422,835	7.68%	\$214,730,813	-
FY 2010-11 Actual	\$255,016,621	11.26%	\$25,808,141	\$242,112,551	8.37%	\$233,954,097	8.95%
FY 2011-12 Actual	\$275,399,032	7.99%	\$20,382,411	\$265,207,827	9.54%	\$253,208,045	8.23%
FY 2012-13 Actual	\$305,872,244	11.07%	\$30,473,212	\$290,635,638	9.59%	\$278,762,633	10.09%
FY 2013-14 Actual	\$421,229,684	37.71%	\$115,357,440	\$363,550,964	25.09%	\$334,166,987	19.88%
FY 2014-15 Actual	\$577,485,822	37.10%	\$156,256,138	\$499,357,753	37.36%	\$434,862,583	30.13%
FY 2015-16 Actual	\$611,305,508	5.86%	\$33,819,686	\$594,395,665	19.03%	\$536,673,671	23.41%
FY 2016-17 Actual	\$611,638,692	0.05%	\$333,184	\$611,472,100	2.87%	\$600,143,341	11.83%
FY 2017-18 Actual	\$523,486,574	-14.41%	(\$88,152,118)	\$567,562,633	-7.18%	\$582,143,591	-3.00%
FY 2018-19 Actual	\$625,885,645	19.56%	\$102,399,071	\$574,686,110	1.26%	\$587,003,637	0.83%
FY 2019-20 Actual	\$675,508,277	7.93%	\$49,622,631	\$650,696,961	13.23%	\$608,293,499	3.63%
FY 2020-21 Actual	\$826,844,319	22.40%	\$151,336,042	\$751,176,298	15.44%	\$709,412,747	16.62%
FY 2021-22 Actual	\$1,043,654,527	26.22%	\$216,810,208	\$935,249,423	24.50%	\$848,669,041	19.63%
FY 2022-23 Actual	\$1,069,897,602	2.51%	\$26,243,075	\$1,056,776,065	12.99%	\$980,132,150	15.49%
FY 2023-24 Actuals	\$1,036,500,723	-3.12%	(\$33,396,879)	\$1,050,017,617	-0.64%	\$1,050,017,617	7.13%
FY 2024-25 Actuals	\$1,285,891,020	24.06%	\$249,390,297	\$1,130,763,115	7.69%	\$1,130,763,115	7.69%
FY 2025-26 Appropriation vs. FY 2024-25 Actual	\$1,451,675,162	12.89%	\$381,777,560	\$1,210,991,127	7.10%	\$1,177,523,807	4.14%
FY 2025-26 Estimate vs. FY 2024-25 Actual	\$1,582,373,911	23.06%	\$956,488,265	\$1,104,129,778	-2.36%	\$1,231,975,347	8.95%
FY 2025-26 Estimate vs. FY 2025-26 Appropriation	\$1,582,373,911	9.00%	\$130,698,749	\$1,104,129,778	-8.82%	\$1,231,975,347	4.62%
FY 2026-27 Estimate vs. FY 2025-26 Appropriation	\$1,801,519,600	24.10%	\$349,844,438	\$1,626,597,381	34.32%	\$1,329,096,821	12.87%
FY 2026-27 Estimate vs. FY 2025-26 Estimate	\$1,801,519,600	13.85%	\$219,145,689	\$1,691,946,755	53.24%	\$1,484,597,038	20.51%
FY 2027-28 Estimate vs. FY 2025-26 Appropriation	\$1,950,919,395	34.39%	\$499,244,233	\$1,701,297,278	40.49%	\$1,734,704,719	47.32%
FY 2027-28 Estimate vs. FY 2026-27 Estimate	\$1,950,919,395	8.29%	\$149,399,795	\$1,876,219,497	10.89%	\$1,778,270,968	19.78%

⁽¹⁾This analysis compares the percent change between Behavioral Health Capitation Payments Reported in Exhibit D. Other Medicaid Behavioral Health Payments have been excluded.

