Department of Health Care Policy and Financing

Funding Request for the FY 2026-27 Budget Cycle

Request Title

R-14 Pharmacy Changes

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 Initial Appropriation	FY 2025-26 Supplemental Request	FY 2026-27 Base Request	FY 2026-27 Change Request	FY 2027-28 Continuation
	Total	**$13,518,363,055**	**$0**	**$13,570,835,989**	**$906,058**	**$907,673**
	FTE	800.7	0.0	795.6	1.0	1.0
Total of All Line Items Impacted by Change Request	GF	$3,941,412,061	$0	$3,952,138,913	$298,495	$299,022
	CF	$1,493,717,985	$0	$1,496,545,210	$74,955	$75,235
	RF	$127,523,723	$0	$127,559,660	$0	$0
	FF	$7,955,709,286	$0	$7,994,592,206	$532,608	$533,416

Line Item Information	Fund	FY 2025-26 Initial Appropriation	FY 2025-26 Supplemental Request	FY 2026-27 Base Request	FY 2026-27 Change Request	FY 2027-28 Continuation
	Total	**$76,602,942**	**$0**	**$78,913,644**	**$67,886**	**$67,886**
	FTE	800.7	0.0	795.6	1.0	1.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Personal Services	GF	$29,477,201	$0	$30,293,906	$22,151	$22,151
	CF	$6,407,940	$0	$6,602,894	$11,792	$11,792
	RF	$3,155,881	$0	$3,211,037	$0	$0
	FF	$37,561,920	$0	$38,805,807	$33,943	$33,943
	Total	**$12,823,330**	**$0**	**$16,840,982**	**$16,152**	**$17,767**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Health, Life, and Dental	GF	$5,434,254	$0	$6,493,890	$5,270	$5,797
	CF	$702,241	$0	$1,438,304	$2,806	$3,086
	RF	$0	$0	$0	$0	$0
	FF	$6,686,835	$0	$8,908,788	$8,076	$8,884
	Total	**$51,482**	**$0**	**$64,918**	**$42**	**$42**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Short-term Disability	GF	$23,801	$0	$25,314	$14	$14
	CF	$427	$0	$5,360	$7	$7
	RF	$0	$0	$0	$0	$0
	FF	$27,254	$0	$34,244	$21	$21
	Total	**$377,655**	**$0**	**$417,668**	**$270**	**$270**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Paid Family and Medical Leave Insurance	GF	$152,639	$0	$162,880	$88	$88
	CF	$27,098	$0	$34,480	$47	$47
	RF	$0	$0	$0	$0	$0
	FF	$197,918	$0	$220,308	$135	$135
	Total	**$7,918,630**	**$0**	**$9,281,509**	**$6,003**	**$6,003**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Unfunded Liability AED Payments	GF	$3,391,947	$0	$3,619,548	$1,959	$1,959
	CF	$365,358	$0	$766,216	$1,043	$1,043
	RF	$0	$0	$0	$0	$0
	FF	$4,161,325	$0	$4,895,745	$3,001	$3,001

	Total	**$3,400,167**	**$0**	**$3,097,991**	**$735**	**$735**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Operating Expenses	GF	$1,344,473	$0	$1,287,723	$240	$240
	CF	$296,462	$0	$257,147	$127	$127
	RF	$50,071	$0	$30,852	$0	$0
	FF	$1,709,161	$0	$1,522,269	$368	$368

	Total	**$3,700,205**	**$0**	**$3,700,205**	**$4,650**	**$4,650**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - Leased Space	GF	$1,482,562	$0	$1,482,562	$1,517	$1,517
	CF	$322,276	$0	$322,276	$808	$808
	RF	$38,849	$0	$38,849	$0	$0
	FF	$1,856,518	$0	$1,856,518	$2,325	$2,325

	Total	**$45,936,358**	**$0**	**$40,397,469**	**$195,000**	**$195,000**
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1) General Administration - General Professional Services and Special Projects	GF	$16,663,486	$0	$14,707,769	$63,628	$63,628
	CF	$3,629,148	$0	$2,846,853	$33,872	$33,872
	RF	$81,000	$0	$81,000	$0	$0
	FF	$25,562,724	$0	$22,761,847	$97,500	$97,500

	Total	**$13,367,552,286**	**$0**	**$13,418,121,603**	**$615,320**	**$615,320**
	FTE	0.0	0.0	0.0	0.0	0.0
02. Medical Services Premiums, (A) Medical Services Premiums, (1) Medical Services Premiums - Medical Services Premiums	GF	$3,883,441,698	$0	$3,894,065,321	$203,628	$203,628
	CF	$1,481,967,035	$0	$1,484,271,680	$24,453	$24,453
	RF	$124,197,922	$0	$124,197,922	$0	$0
	FF	$7,877,945,631	$0	$7,915,586,680	$387,239	$387,239

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

Governor Jared Polis
FY 2026-27 Funding Request

Kim Bimestefer, Executive Director
Department of Health Care Policy and Financing
November 3, 2025

Department Priority: R-14
Pharmacy Changes

Summary of Funding Change for FY 2026-27

Fund Type	FY 2026-27 Base Request	FY 2026-27 Incremental Request	FY 2027-28 Incremental Request
Total Funds	$13,570,835,989	$906,058	$907,673
General Fund	$3,952,138,913	$298,495	$299,022
Cash Funds	$1,496,545,210	$74,955	$75,235
Reappropriated Funds	$127,559,660	$0	$0
Federal Funds	$7,994,592,206	$532,608	$533,416
FTE	795.6	1.0	1.0

Summary of Request

Problem or Opportunity

There is currently only one pharmacy that provides Total Parenteral Nutritional (TPN) services to Medicaid members, which creates a tenuous access to care environment and geographic barriers for members in need of these services. Additionally, Colorado Medicaid is experiencing a decline in the number of providers able to treat members for chronic pain, which results in declining member health and other detrimental impacts for members.

Proposed Solution

For TPN services, the proposed solution is to implement an increased dispensing fee of $235.86 per claim, which is intended to incentivize other pharmacies to begin providing TPN services for Medicaid members. For chronic pain, the proposed solution is to continue funding for one Department FTE as well as for vendor services that serve to educate providers on chronic pain management.

Fiscal Impact of Solution

The total impact of this request is an estimated $0.91 million in total funds, including $0.30 million from General Fund and $0.07 million from cash funds. This request is ongoing, as the goal of this request is to make TPN services more widely accessible and continued provider education on chronic pain management available on a permanent basis.

Requires Legislation	Colorado for All Impacts	Revenue Impacts	Impacts Another Department?	Statutory Authority
No	Positive	No	No	25.5-5-519 (2) (a), C.R.S. The Centers of Excellence in Pain Management originated as an ARPA project and was authorized for continuation in the Department's FY 2024-25 R-9 request.

Background and Opportunity

Total Parenteral Nutrition

Total Parenteral Nutritional (TPN) services are currently provided for Medicaid members who are unable to consume food and must receive nutrition via intravenous infusion. Pharmacies are able to provide appropriate solutions for members requiring TPN services, however there is currently only one pharmacy providing these services for Medicaid members due to the low reimbursement rate of the dispensing fee.

It is problematic that there is only one pharmacy providing TPN services for Medicaid members, given that it places additional strain on the single pharmacy, while also creating a significant risk of access disruption and inadequate geographic coverage.

In order to ensure adequate market participation among pharmacies in relation to TPN services and reduce geographic barriers for Medicaid members, it is necessary to increase the reimbursement rate for the dispensing fee. The current reimbursement rate structure is a tier-based system dependent on the volume required by each claim, with reimbursement rates ranging from $9 to $14, with a weighted average of $11.91 per claim in FY2023-24.

There have been previous attempts to rectify this market imbalance, specifically with Senate Bill 25-084, "Medicaid Access to Parenteral Nutrition," which aimed to increase the number of pharmacies providing TPN services by appropriating additional funds to the Department. This bill recognized the actual administrative cost of providing complex infusion services as $235.86 per claim, and required HCPF to cap the fee at 30% of this cost, with funding appropriated for the corresponding amount needed for the Department to make that reimbursement rate possible. As a result of this bill, additional funds were appropriated to the Department beginning in FY 2025-26. However, these additional funds will only be sufficient to cover a reimbursement rate of $70.76 per claim, which is still well below the actual administrative cost

of $235.86. The Department is in the process of submitting a State Plan Amendment (SPA) to CMS to formalize the 30% dispensing fee cap per SB 25-084. However, federal law requires that data be used to support cost based reimbursements for both ingredients and the actual dispensation cost.[1] Given that SB 25-084 only covers a portion of the dispensing fee that the analysis has determined to be appropriate, the Department is concerned that the SPA will be denied and CMS will require the Department to increase the dispensing fee to 100% of cost due to the existing access and adequacy issues facing TPN patients and pharmacies.

Chronic Pain

Chronic Pain Centers of Excellence is a program that was initiated at the Department in FY 2021-22 as a part of the American Rescue Plan Act (ARPA) funding.[2] Funding for this project was extended an additional two years through the FY 2024-25 R-09, "Access to Benefits," which included funding for the Centers of Excellence Chronic Pain program as well as the related administrative FTE through FY 2025-26.[3] This project was designed to address gaps in care experienced by people with chronic pain enrolled in Health First Colorado. To support Primary Care providers in managing chronic pain, the program offers accredited provider education, consults for complex pain cases, and connection to multidisciplinary care modalities for people who live with chronic pain through the Department's referral coordinator and locally available resources within each region.

The program has offered live and on-demand educational sessions to over 100 Medicaid enrolled providers, completed complex pain consultations with a double board certified pain specialist and/or pharmacist, provided support to RAE Representatives, and connected dozens of people who live with chronic pain to appropriate resources and options for individualized care.

These educational opportunities are provided by a contracted vendor, Regents of the University of Colorado, which acts on behalf of the University of Colorado's School of Pharmacy. In addition to the contracted vendor, one administrative FTE has been hired at the Department to assist in connecting members suffering with chronic pain to the appropriate care provider.

While this program is one effective method of improving chronic pain treatment, connecting members who suffer from chronic pain with providers continues to be a challenge. Patients with chronic pain who are unable to receive proper treatment are either left untreated, or end up in emergency departments due to having no other alternative, which likely creates an avoidable fiscal impact, given that there are other less costly methods of receiving care.

Both the vendor and FTE hired for this program have been effective in helping members with chronic pain receive appropriate care, and continued funding of these two parties is essential in this program's continued success. While success with this program has been demonstrated through provider surveys, it is difficult to gather conclusive data on the effectiveness of this program for members due to the nature of the program. Given that this program is intended to improve the care

[1] SSA 1902(a)(30)(A) for access and adequacy, CFR 447.518
[2] American Rescue Plan Act of 2021
[3] FY 2024-25 R-09: Access to Benefits

members receive in regards to chronic pain diagnoses, sufficient run-out time is required before accurate and appropriate data can be collected. While this program has been funded since FY 2021-22, with a two-year extension provided by the FY 2024-25 R-09 request through FY 2025-26, the nature of the program has prevented meaningful data from being collected. Intervention occurs at a different time for each impacted member, and getting a full year of post intervention data with such a long runout related to medical and hospital claims has been the primary challenge. The Department expects to be able to collect meaningful data in the next two years, provided this request is approved.

Proposed Solution and Anticipated Outcomes

Total Parenteral Nutrition

The fastest and most effective way to encourage adequate Medicaid participation for pharmacies providing TPN services is to increase the dispensing fee reimbursement rate. Current dispensing fee reimbursement averages to $11.91 per claim, however an analysis performed by a Department contractor concluded that a more appropriate reimbursement rate based on the actual cost of providing the TPN service would be a flat rate of $235.86 per claim. The Department's contractor drew this conclusion by collecting data from 87 specialized pharmacies that provide custom-prepared intravenous products and found that the average cost of dispensing such products, when adjusted for Medicaid's utilization volume, was $235.86 per claim.

This request is unlikely to change utilization patterns, as TPN services are vital for members who require them, so all who need them are already likely receiving them. The purpose of this request is to increase the number of pharmacies providing TPN services to Medicaid members. Given that all members who require these vital services are likely already receiving them, the primary concern is the possibility of production shortages. With only one pharmacy providing TPN services to Medicaid members, there is a higher possibility of leaving members vulnerable should that pharmacy suffer from staffing shortages, natural disaster, or an inability to procure the necessary ingredients. If this request were not funded, the one pharmacy currently providing TPN services would continue to be over-burdened, and members would have less access to these vital services. The Department will need to submit a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services in order to enact this rate increase.

Chronic Pain

It is important to continue to provide support to members with chronic pain by continuing to fund the systems that are in place and have demonstrated effectiveness in treating members with chronic pain. According to a Department-issued survey of primary care providers participating in the Centers of Excellence provider education program, regarding provider satisfaction with the Centers of Excellence for Chronic Pain resources, 70% of providers surveyed were comfortable incorporating skills learned during training into their everyday work, and 96% found the instructional materials useful. While provider surveys are valuable in gauging the more immediate effects of this program, it is important to gather data regarding improvement in members' chronic pain management as well. However, due to the long-term nature of this treatment, the Department does not yet have sufficient data regarding post-intervention analysis. It is expected that sufficient data will be available in the next two years. Given the initial success of this program, it is necessary to continue this program in order to continue to see results and obtain sufficient data to demonstrate positive outcomes.

Additionally, the Department's administrative FTE directly communicates with both members and providers and is integral to connecting members to the appropriate care. This position assists members with finding new providers to treat their chronic pain, and informs members of benefits available to them. Additional responsibilities for this position include setting up peer-to-peer consults between Primary Care Providers (PCPs) and pain management specialists, working with case managers to assist with member issues, and recruiting providers for Centers of Excellence educational opportunities.

Given that the vendor and FTE already exist and perform these services, this budget request will not create any additional workload. This project was previously funded by one-time ARPA funding. However, it has been shown through the Department's own research, as well as a study published by JAMA Network, that educating providers on how to provide effective chronic pain management has positive impacts on patients and their healthcare outcomes.[4] Given this program's effectiveness in both connecting members to appropriate providers, as well as educating providers on the best ways to treat these members, it is essential to continue to fund these programs.

If this funding were not approved,members suffering from chronic pain would be more likely to receive inadequate care and providers would have no state-supported resources available to support members.

[4] Collaborative Care for Chronic Pain in Primary Care

Supporting Evidence and Evidence Designation

Evidence Summary

Program Objective	TPN: Increasing the reimbursement rate on dispensing fees for TPN services is intended to remove geographic barriers to these services. Chronic Pain: Continuing to fund the Centers for Excellence Chronic Pain program is intended to improve the care members receive when seeking treatment for chronic pain management.
Outputs being measured	TPN: Number of pharmacies providing TPN services for Medicaid members. Chronic Pain: the number of members assisted, and the number of PCMPs participating in educational programs.
Outcomes being measured	TPN: Number of Medicaid members requiring TPN services that are able to get them at the closest available pharmacy. Chronic Pain: Number of Medicaid members suffering with chronic pain who are receiving appropriate treatment.
Evidence Designation with Brief Justification	TPN: ● Not applicable Chronic Pain: ● Collaborative Care for Chronic Pain in Primary Care ○ Proven ○ Randomized trial showing the benefits of provider education on chronic pain treatment ● Department Survey ○ Evidence-Informed ○ Department-issued survey that displays effectiveness of Centers for Excellence Chronic Pain program

Total Parenteral Nutrition

This initiative is not eligible for an evidence designation, given that it does not properly fit under the definition of program or practice, as defined in HB 24-1428: Evidence-Based Designations for Budget. While it is expected that increasing the reimbursement rate of the TPN dispensing fee will improve outcomes for members, it cannot be proven due to its inability to be replicated. Market conditions vary depending on the geographic location and economic climate, making it difficult to predict the specific outcomes that will occur when the reimbursement rate is increased.

Chronic Pain

Collaborative Care for Chronic Pain in Primary Care

A cluster randomized controlled study published by JAMA Network describes the importance of provider education surrounding chronic pain treatment in regards to long-term health outcomes.[5] In this study, 42 clinicians were randomly assigned to either the intervention group or the non-intervention group. Clinicians assigned to the intervention group received a two-session educational program, symptom monitoring for patients, as well as additional educational opportunities and resources. 401 patients were surveyed for this study, all diagnosed with musculoskeletal pain of a moderate or great degree, with disability lasting 12 weeks or longer. Patients were assigned to the same group as their clinicians.

After a 12-month period, results were collected, which included patient surveys regarding their pain-related disability, pain intensity and depression. There were statistically significant differences between the two groups, with patients who were a part of the intervention group displaying improvement in all three areas. The study concluded that the intervention program yielded modest but statistically significant improvements in patients' health outcomes.

This study earns the designation of Proven due to the use of randomized controlled trials that yielded significant results over time. This study is relevant to this request because it shows the importance and effectiveness of provider education regarding treatment for chronic pain patients.

Department Survey

The Department conducted a survey of providers regarding their responsiveness to the training provided by the Centers for Excellence in Chronic Pain. Providers were surveyed in the following categories: Comfort incorporating skills from training into daily work, whether the content was presented in a balanced and equitable manner, usefulness of instructional materials, whether the presentation met their educational needs, whether the presentation met the stated learning objectives and the effectiveness of the presenter's teaching methods. In all categories, 70% or more providers agreed or strongly agreed with the effectiveness of the teachings, indicating the Centers for Excellence in Chronic Pain provided useful and helpful information in the majority of cases.

Given that this was not a randomized controlled study and there isn't a comparison group, this evidence does not meet the qualifications for a Proven or Promising designation. However, due to the strong correlation found between educational opportunity and provider satisfaction and increased effectiveness of provider treatment, this survey earns the designation of Evidence Informed.

[5] Collaborative Care for Chronic Pain in Primary Care

Promoting Colorado for All

Total Parenteral Nutrition

Increasing the dispensing rate for TPN services will have a positive impact on in-need populations. Increasing provider participation through improved reimbursement may reduce geographic and availability barriers, ensuring more equitable access to these life-sustaining treatments for all eligible members, regardless of location. There are no risks associated with this reimbursement increase. While it is possible that the increased rate will not result in the desired level of market participation from other pharmacies, it would not cause a decrease in the number of pharmacies providing this service or the number of members served.

Chronic Pain

Continuing the Centers for Excellence Chronic Pain program will also have a positive impact on in-need populations. Those who suffer from chronic pain will be impacted the most by this request, as they will likely have increased access to better care. This request may also benefit all Coloradans, as providers will continue to receive educational resources and opportunities that they may use in their treatment of all patients. By improving chronic pain member access to care providers, members receive higher quality, cost effective care and avoid unnecessary ED visits. By offering up to date, no cost provider education, we can keep more eligible providers and give them the skills and support to continue providing great care to our members. There are no risks associated with this program, as it has been successful in the past and only serves to provide members with the best care possible.

Department Performance Plan

Additionally, this request aims to meet several of the goals laid out in the FY25-26 Department Performance Plan.[6] Increasing the dispensing fee for TPN services is ultimately intended to improve Care Access for members by reducing geographical barriers, providing members with easier access to these essential services. Continued implementation of the Centers for Excellence Chronic Pain program not only strives to improve the quality of care members receive, but intends to improve the member experience in regards to seeking out care for chronic pain. The Department Performance Plan details the Department's most valuable goals for the upcoming year, and this request aligns with several of those goals.

Assumptions and Calculations

Total Parenteral Nutrition

The current reimbursement rate for TPN services dispensing varies, utilizing a tier-based system dependent on the volume of infusion required, with rates ranging from $9 to $15 per claim. In FY 2023-24, the weighted average reimbursement rate for TPN dispensing was $11.91, with a utilization of 3,727 claims made in the same year. An analysis performed by the Department's contractor analyzed current market trends and estimated that, based on Medicaid volume, a

[6] FY 2025-26 Department Performance Plan

flat reimbursement rate of $235.86 would be the most effective in getting other pharmacies to provide services for Medicaid members.

It is assumed that utilization will remain the same, given that the population requiring these services is relatively small. Therefore, with the new rate, it is estimated that approximately $880,000 will be required to fund dispensing fees. After subtracting out the amount that is already being spent on dispensing fees (approximately $45,000), the new total cost will be approximately $835,000.

Additionally, the Department was appropriated $219,326 to fund an increase in TPN dispensing reimbursements, as a result of Senate Bill 25-084: Medicaid Access to Parenteral Nutrition. This bill was intended to encourage adequate market participation from infusion pharmacies, and is sufficient to cover reimbursements up to 30% of the Myers & Stauffer-recommended rate.

After subtracting out the amount appropriated from SB 25-308, it is estimated that increasing the reimbursement rate for TPN dispensing fees will cost $615,320 in total funds in FY 2026-27 and all ongoing years. Based on the utilization distribution of members receiving TPN services in FY2023-24, it is estimated that the weighted average federal match rate for these costs will be approximately 63%, indicating that this portion of the request will cost $203,628 in general fund, $24,453 in cash funds, and $387,239 in federal funds.

Chronic Pain

In regard to the Centers for Excellence Chronic Pain program, the vendor currently contracted by the Department is contracted at a rate of $16,250 per month. This is the continued estimated cost of hiring this contractor, for a total annual cost of $195,000, which will be split between General Fund and federal funds. Historically, this vendor was budgeted at $250,000 to account for potential overtime fees. However, those overtime requirements have not been previously met. Therefore, in order to keep our estimate consistent with accurate historical expenditure, the budget going forward for this vendor has been reduced to $195,000 total funds.

The FTE associated with this position was initially hired at an Administrator II level. However, due to the available growth within this position, this request increases the classification to an Administrator III.

Table 1.1
Summary by Line Item
FY 2026-27

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	$67,886	1.0	$22,151	$11,792	$0	$33,943	50.00%	Table 5
B	(1) Executive Director's Office; (A)	$16,152	0.0	$5,270	$2,806	$0	$8,076	50.00%	Table 5
C	(1) Executive Director's Office; (A) Administration, Short Term Disablity	$42	0.0	$14	$7	$0	$21	50.00%	Table 5
D	(1) Executive Director's Office; (A)	$6,003	0.0	$1,959	$1,043	$0	$3,001	50.00%	Table 5
E	(1) Executive Director's Office; (A)	$270	0.0	$88	$47	$0	$135	50.00%	Table 5
F	(1) Executive Director's Office; (A)	$735	0.0	$240	$127	$0	$368	50.00%	Table 5
G	(1) Executive Director's Office; (A)	$4,650	0.0	$1,517	$808	$0	$2,325	50.00%	Table 5
H	(1) Executive Director's Office (A) General	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
I	(2) Medical Services Premiums; Medical and Long-Term Care Services for Medicaid Eligible Individuals	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
J	**Total Request**	**$906,058**	**1.0**	**$298,495**	**$74,955**	**$0**	**$532,608**	**Blended**	**Sum of Rows A through K**

Table 1.2
Summary by Line Item
FY 2027-28

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A)	$67,886	1.0	$22,151	$11,792	$0	$33,943	50.00%	Table 5
B	(1) Executive Director's Office; (A)	$17,767	0.0	$5,797	$3,086	$0	$8,884	50.00%	Table 5
C	(1) Executive Director's Office; (A)	$42	0.0	$14	$7	$0	$21	50.00%	Table 5
D	(1) Executive Director's Office; (A)	$6,003	0.0	$1,959	$1,043	$0	$3,001	50.00%	Table 5
E	(1) Executive Director's Office; (A)	$270	0.0	$88	$47	$0	$135	50.00%	Table 5
F	(1) Executive Director's Office; (A)	$735	0.0	$240	$127	$0	$368	50.00%	Table 5
G	(1) Executive Director's Office; (A)	$4,650	0.0	$1,517	$808	$0	$2,325	50.00%	Table 5
H	(1) Executive Director's Office (A) General	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
I	(2) Medical Services Premiums; Medical and Long-Term Care Services for Medicaid Eligible Individuals	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
L	**Total Request**	**$907,673**	**1.0**	**$299,022**	**$75,235**	**$0**	**$533,416**		Sum of Rows A through K

Table 1.3
Summary by Line Item
FY 2028-29 and Ongoing

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A)	$67,886	1.0	$22,151	$11,792	$0	$33,943	50.00%	Table 5
B	(1) Executive Director's Office; (A)	$17,767	0.0	$5,797	$3,086	$0	$8,884	50.00%	Table 5
C	(1) Executive Director's Office; (A)	$42	0.0	$14	$7	$0	$21	50.00%	Table 5
D	(1) Executive Director's Office; (A)	$6,003	0.0	$1,959	$1,043	$0	$3,001	50.00%	Table 5
E	(1) Executive Director's Office; (A)	$270	0.0	$88	$47	$0	$135	50.00%	Table 5
F	(1) Executive Director's Office; (A)	$735	0.0	$240	$127	$0	$368	50.00%	Table 5
G	(1) Executive Director's Office; (A)	$4,650	0.0	$1,517	$808	$0	$2,325	50.00%	Table 5
H	(1) Executive Director's Office (A) General	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
I	(2) Medical Services Premiums; Medical and Long-Term Care Services for Medicaid Eligible Individuals	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
L	**Total Request**	**$907,673**	**1.0**	**$299,022**	**$75,235**	**$0**	**$533,416**		Sum of Rows A through K

Table 2.1
Summary by Initiative
FY 2026-27

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Total Parenteral Nutrition Services	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
B	Vendor Cost	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
C	FTE	$95,738	1.0	$31,239	$16,630	$0	$47,869	50.00%	Table 5
D	**Total Request**	**$906,058**	**1.0**	**$298,495**	**$74,955**	**$0**	**$532,608**	**N/A**	**Sum of Rows A through C**

Table 2.2
Summary by Initiative
FY 2027-28

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Total Parenteral Nutrition Services	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
B	Vendor Cost	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
C	FTE	$97,353	1.0	$31,766	$16,910	$0	$48,677	50.00%	Table 5
D	**Total Request**	**$907,673**	**1.0**	**$299,022**	**$75,235**	**$0**	**$533,416**	**N/A**	**Sum of Rows A through Q**

Table 2.3
Summary by Initiative
FY 2028-29 and Ongoing

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Total Parenteral Nutrition Services	$615,320	0.0	$203,628	$24,453	$0	$387,239	62.93%	Table 3.1 Row C
B	Vendor Cost	$195,000	0.0	$63,628	$33,872	$0	$97,500	50.00%	Table 4.1 Row C
C	FTE	$97,353	1.0	$31,766	$16,910	$0	$48,677	50.00%	Table 5
D	**Total Request**	**$907,673**	**1.0**	**$299,022**	**$75,235**	**$0**	**$533,416**	**N/A**	**Sum of Rows A through C**

Table 3.1: TPN Summary Costs FY 2026-27 and Ongoing			
Row	**Item**	**Amount**	**Notes**
A	TPN Reimbursement	$834,646	Table 3.2 Row G
B	Offset from bill appropriation	$219,326	Appropriation from SB 25-084
C	**Total Cost**	**$615,320**	**Row A - Row B**

Table 3.2: TPN Reimbursement			
Row	**Item**	**Amount**	**Notes**
A	Current Utilization	3,727	Department Data
B	Current Average Cost per Claim	$11.91	Department Data
C	**Current Total Cost**	**$44,404**	**Row A * Row B**
D	New Proposed Rate	$235.86	New rate calculated by
E	New Estimated Utilization	3,727	Row A; given small population size, no significant utilization increase expected
F	**New Estimated Total Cost**	**$879,050**	**Row D * Row E**
G	**New Costs**	**$834,646**	**Row F - Row C**

Table 4.1: Vendor Costs			
Row	**Item**	**Amount**	**Notes**
A	Vendor Monthly Rate	$16,250	Contracted rate
B	Months Contracted	12	Length of contract
C	**Total Vendor Cost**	**$195,000**	**Row A * Row B**