



COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Medical Services Premiums

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

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I. BACKGROUND

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

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

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

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

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

II. MEDICAID CASELOAD

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

III. BASIC APPROACH TO MEDICAL SERVICES PREMIUMS CALCULATIONS

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

Rationale for Grouping Services for Projection Purposes

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

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

Acute Care:

- Physician Services and the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT)
- Emergency Transportation
- Non-emergency Medical Transportation

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

Community Based Long-Term Care:

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

Long-Term Care:

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

Insurance:

- Supplemental Medicare Insurance Benefit
- Health Insurance Buy-In

Service Management:

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

Financing:

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

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

IV. PROJECTION METHODOLOGY AND DESCRIPTION OF EXHIBITS

EXHIBIT A - CALCULATION OF TOTAL REQUEST AND FUND SPLITS

Summary of Request

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

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

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

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

Federal Medical Assistance Percentages

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

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

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

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

Calculation of Fund Splits

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

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

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

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

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

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

- SB 11-250 "Eligibility for Pregnant Women in Medicaid": This bill increases the upper income limit for Medicaid eligibility among pregnant women from the current level of 133% to 185% of federal poverty level (FPL) to comply with federal law. By changing income limits, it also allows eligible pregnant women to move from CHP+ to Medicaid effective January 1, 2013. As with SB 11-008, the Department previously assumed the same enhanced FMAP would be available for these clients. As of July 31, 2025 the enhanced federal match rate is no longer available for this population as the final five-year extension of the 1115 waiver expired. This population now draws a 50% federal match rate.
- MAGI Parents/Caretakers 69% to 133% FPL: This population began participation in Medicaid in FY 2009-10 and is funded with a combination of federal funds and HAS Fee. SB 13-200 amended Medicaid eligibility for parents and caretakers of eligible children from 100% of the federal poverty line to 133% of the federal poverty line in keeping with Medicaid expansion under the Affordable Care Act, which also ensured that MAGI Parents/Caretakers 69% to 133% of the federal poverty line receive a 100% federal match rate through the end of CY 2016, effective January 1, 2014, with ramp down every year until it reaches 90% effective January 1, 2020. See Exhibit J for additional information and detailed calculations.
- MAGI Adults: This population began participation in Medicaid in FY 2011-12 and was previously labeled Adults without Dependent Children (AwDC). The population is funded with a combination of federal funds and HAS Fee. SB 13-200 amended the Medicaid eligibility criteria for MAGI Adults to 133% of the federal poverty line in accordance with Medicaid expansion under the Affordable Care Act. Effective January 1, 2014, the Affordable Care Act provides this population a 100% federal match rate from CY 2014 through CY 2016 with ramp down every year until it reaches 90% effective January 1, 2020. However, waiver services for this population receive the standard FMAP and not the enhanced FMAP per CMS. Calculations and information regarding this population can be found in Exhibit J.
- Continuous Eligibility for Children: HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, beginning March 2014, even if the family experiences an income change during any given year. The Department has the authority to use the HAS Fee Cash Fund to fund the

State share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives the standard federal financial participation rate. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department has broken this population out in its respective service categories to better show the impact of continuous eligibility for children. Calculations and information regarding this population can be found in Exhibit J.

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

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

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

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

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

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

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

EXHIBIT B - MEDICAID CASELOAD PROJECTION

Exhibit B1 contains historical and projected caseload for all eligibility types. Exhibit B-2 provides historical monthly caseload without retroactivity for each of the eligibility types. The Department is forecasting the annual average Medicaid caseload to increase by 2.43% in the current year to 1,237,203, although caseload is expected to grow monthly. In the request year FY 2026-27, the trend is projected to continue to increase by 0.79%, and then decrease in the out year by 3.37%. The decreased trend in the request and out years is due to the anticipated implementation of the H.R. 1 community engagement requirements and 6-month redetermination requirement, which are expected to take affect January 1, 2027. The H.R. 1 will require some members to work, volunteer or attend school for a minimum of 80 hours per month, and will require some members to undergo redetermination assessments every 6 months rather than annually. Both initiatives are expected to decrease Colorado’s Medicaid caseload. See the Department’s FY 2026-27 S-08/BA-08 Changes to Federal Policy for more information on H.R. 1.

EXHIBIT C - HISTORY AND PROJECTIONS OF PER CAPITA COSTS

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

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

EXHIBIT D - CASH FUNDS REPORT

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

EXHIBIT E - SUMMARY OF PREMIUM REQUEST BY SERVICE GROUP

Summary of Total Requested Expenditure by Service Group

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

EXHIBIT F - ACUTE CARE

Calculation of Acute Care Expenditure

Acute Care service expenditure is calculated in a series of steps. Exhibit F1 shows historical expenditure and the annual percent change. The first step of the calculation is to select a per capita percent change rate then to trend the last actual per capita to the next year. Bottom-line adjustments are then made to account for legislation and other impacts not included in historical trends. Total expenditure after bottom-line adjustments is then divided by the projected caseload to obtain a final per capita cost for the current year. To calculate the request year expenditure, the same methodology is applied to the projected request year per capita. The total estimated expenditure for Acute Care is then added to total estimated expenditure in other service groups and bottom-line impacts to generate the total request for Medical Services Premiums.

Calculation of Per Capita Percent Change

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

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

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

Legislative Impacts and Bottom-line Adjustments

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

- Annualization of Estimated Impact of Increasing PACE Enrollment accounts for the Department's initiative to increase enrollment of new PACE clients. The Department anticipates that this increased enrollment will cause a shift in expenditure from the Acute Care service group to the PACE service category.
- Acute Home Health 60 Day Limit will limit the Department's Acute Home Health Benefit to 60 days based on the current state and federal authority. The Department is planning to implement system edits in FY 2025-26.
- The Department Included a Bottom-Line Adjustment for new high-cost specialty drugs that are anticipated to become available for use upon approval from the FDA.
- HB 22-1290 Changes to Medicaid For Complex Rehab Technology - this bill prohibits the Department from requiring prior authorization for any repair of complex rehabilitation technology (CRT). It also increases Rural CRT reimbursement
- R-07 Utilization Management Acute Care Impact requests to compensate the Department's Utilization Management vendor for expanding medical necessity reviews for outpatient medical services and physician administered drugs that have been newly identified as having a high risk for fraud and overutilization.
- FY 2025-26 R-06 Accountable Care Collaborative Phase III - Hospital Savings - The Transitions of Care initiative portion of this budget request is expected to result in savings, given the assumption that members who receive improved care coordination will incur fewer hospital readmission costs in the future.
- FY 2025-26 R-06 Accountable Care Collaborative Phase III - BMTF Savings - The Baby and Me Tobacco Free Member Incentive program is expected to result in fewer NICU admissions, resulting in savings.

- SB 24-116 Discounted Care for Indigent Patients - HCPF will have costs to provide Medicaid coverage for patients determined to be presumptively eligible by hospitals. Currently, hospitals screen all uninsured patients for Medicaid eligibility and refer those eligible to HCPF to complete the Medicaid application process and then HCPF deems them as presumptively eligible if they meet the criteria. The fiscal note assumes that with hospitals able to provide this screening, more individuals will be covered under presumptive eligibility.
- SB 24-168 Remote Monitoring Services for Medicaid Members - This bill expands eligibility for remote patient monitoring (RPM) services. Additionally, this bill requires HCPF to provide coverage for continuous glucose monitors (CGMs) and related supplies to members under the Medicaid medical and pharmacy benefit, including repairs and replacement. The bill expands eligibility for coverage and aligns criteria with local determination standards issued by the Centers for Medicare and Medicaid and individuals with gestational diabetes.
- SB 25-084 Medicaid Access to Parenteral Nutrition - This bill provides funding for an increase in the reimbursement rate for the dispensing fee for Total Parenteral Nutrition services. These are services provided to Medicaid members who are unable to consume food and must receive their nutrition through an intravenous solution. This bill is pending CMS approval and may be updated in the future. Additionally, this bill corresponds directly to the FY 2026-27 R-13 Pharmacy Changes Budget Request, and a change to the funding detailed in this bill will impact the total funds requested in that request.
- SB 25-183 Coverage for Pregnancy Related Services - Labor and Delivery Savings - This bill created a state-only program that will provide coverage for Medicaid members' abortion services. As a result, there will be savings in terms of labor and delivery costs associated with this bill.
- HB 22-1289 "Health Benefits for Colorado Children and Pregnant Persons" directs the Department to cover all income-eligible pregnant adults on Medicaid/CHP+; create new State-Only CHP+ and Medicaid programs to cover income-eligible children, regardless of immigration status; provide full lactation supports & services to pregnant adults on CHP+/Medicaid; and provide breast pump coverage for all pregnant/postpartum members.
- R-07 Provider Rate Adjustments provides a 3% across the board rate increase to providers that did not receive a targeted rate increase, provides a targeted rate increase for MPPRAC recommendations, and implements a targeted rate increase for rural hospitals. The rate increase also increases base wages of HCBS workers.

- Advancing Birthing Equity - Provides Funding to promote increased health equity outcomes by implementing coverage for birth doulas and human donor milk.
- SB 242-175 Improving Perinatal Health Outcomes provides funding for Choline supplements for eligible pregnant adults beginning in FY 2025-26.
- JBC Action Provider Rate Increases - This included an across-the-board rate increase of 1.6% and targeted rate increases for physician services, dialysis and nephrology, laboratory and pathology, eyeglasses and vision, injections, non-medical transportation, group residential support services, and nursing facility rates.. Also included are payments to rural hospitals to support Health Information Technology advances, the removal of copayments from primary care, medical services, telemedicine, rural health clinic, pharmacy, optometrist, podiatrist, durable medical equipment, laboratory, and radiology services, and finally a minimum wage increase for home-and community-based services.
- JBC Action - Move Nurse Home Visitor Program into MSP - This funding is transferred from the Department of Human Services for eligible first-time mother Medicaid members to receive education on nutrition and general childcare from a nurse home visit. The original funding for this program is through the Tobacco Master Settlement Agreement money and is transferred into MSP.
- HB 22-1303- Level 2 Facilities -This bill requires the department of human services to renovate an existing facility at Fort Logan to expand the number of civil beds for people in need of residential behavioral health treatment. Additionally, the bill requires the department of human services to work in partnership with the department of health care policy and financing to add at least 125 additional beds at mental health residential treatment facilities for adults in need of supportive services.
- SB 24-110 Medicaid Prior Authorization Prohibition - This bill prohibits the Department from requiring adults to use antipsychotic drugs on the preferred drug list if they were unsuccessfully treated with such a drug within the previous year or if they are currently stable on an antipsychotic that is not on the list.
- HB 24-1038 High Acuity Crisis for Children and Youth - This bill mandates the Department, in partnership with the Behavioral Health Administration and the Department of Human Services, to establish a system of care for children and youth under 21 with complex behavioral health needs. This system must include a standardized assessment tool, intensive care coordination, expanded supportive services, and increased access to treatment foster care.
- FY 2025-26 Pharmacy MAC - This action allows the Department to set a lower Maximum Allowable cost (MAC) when setting drug prices to increase savings in pharmacy.
- FY 2025-26 JBC Action: Prepaid Inpatient Claims Review- This action assumes savings associated with enhanced reviews for NEMT claims to detect fraud.

- JBC Action Maternal Health Services - This action increased rates for three specific maternal health service on an ongoing basis.
- HB 23-1300 Continuous Eligibility - This bill requires the Department to extend continuous eligibility to two populations: children under three, including those eligible under HB 22-1289 at the time of implementation, and adults recently released from incarceration, pending federal approval. In July 2025 the federal government denied this portion of the 1115 waiver and so initiative will no be implemented.
- SB 23-002 Medicaid Reimbursement for Community Health Services - This bill requires the Department to seek federal authorization to provide Medicaid reimbursement for community health worker services.
- HB 24-1045 Treatment for Substance Use Disorders - This bill requires the Department to seek federal approval to provide medication-assisted treatment (MAT), case management services, and a 30-day supply of prescription medication to Medicaid members upon release from jail or juvenile facilities. It also mandates that the Department pursue federal authorization to offer partial hospitalization for substance use disorder treatment. These items have been moved to the Long Bill Item (7) Transfers to the Department of Corrections and Department of Local Affairs.
- SB 25-308 Medicaid Services Related to Federal Authorizations - This bill adds federal authorization of the 1115 waiver for Health-Related Social Needs and Reentry Services. This includes tenancy support payments through Medical Services Premiums.
- FY 2025-26 JBC Action: Enforce vision benefit rules that adults get one pair of glasses every two years.
- FY 2021-22 JBC Action: Restore Funding for SB 19-195
- FY 2024-25 BA-10 System of Care
- FY 2025-26 R-11 Hospital Backup Eligibility Expansion: The eligibility criteria for HBU is expanding to include members with disorders of consciousness, bariatric needs and certain neurological conditions. Members receiving care for these diagnoses in in-patient hospital settings are expected to transition into nursing facilities.

Breast and Cervical Cancer Program Per Capita Detail and Fund Splits

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

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

Per Capita Cost

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

Fund Splits

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

Adult Dental Cash Fund-eligible Per Capita Detail

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

Services reports total Dental expenditure for populations that have the State share of expenditure funded with the Adult Dental Cash Fund and subtracts out the estimated expenditure for emergency and co-occurring conditions to estimate the expenditure that will be funded by the Adult Dental Cash Fund.

Antipsychotic Drugs

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

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

Federal Funds Only Pharmacy Rebates

The Patient Protection and Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. Drug rebates are recorded as an offset to total funds expenditure in Acute Care (Exhibit F), and the Department's total funds expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure. In this exhibit, the Department estimates the incremental number of rebates that are federal funds only. Estimates are based on most

recent actuals. The Department increased costs in FY 2024-25 from previous forecasts based on FY 2023-24 data. The Department carried the forecasted growth from FY 2025-26 ongoing.

Family Planning - Calculation of Enhanced Federal Match

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

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

Indian Health Service

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

HB 22-1289 Coverage Expansion

On January 1, 2025, the Department implemented the service and eligibility expansions established by HB 22-1289. This bill directed the Department to expand coverage to pregnant persons who meet all eligibility criteria for Medicaid or

CHP, except that they lack a qualifying immigration status. This coverage expansion is known as the “from-conception-to-end-of-pregnancy (FCEP) option”, it was formerly known as the unborn child option. Additionally, HB 22-1289 directed the Department to create two new medical assistance programs that exactly mirror Medicaid and CHP, but that these new programs would be funded exclusively with General Fund and these programs would offer coverage to children (under age 19) who meet all eligibility requirements for the respective programs, except that they lack a qualifying immigration status. The programs for children are included in the R-4 Other Programs and Services request. For the programs for adults, the Department developed the new utilizer and per capita estimates found in Exhibit F7 using actual expenditure and caseload information from the program.

EXHIBIT G - COMMUNITY-BASED LONG-TERM CARE

Home- and Community-Based Services (HCBS) Waivers

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

Clients receiving CBLTC services currently have access to 10 HCBS waivers, each targeted to specific populations. Of the 9 waivers administered by the Department, five are included in the Medical Services Premiums line item and the remaining four fall under the Office of Community Living. The HCBS waivers that are included in the Medical Services Premiums line item are referred to throughout this narrative as HCBS-LTSS waivers. Two of the waivers have been combined effective July 1, 2025. The Children’s Home and Community-Based Services (CHCBS) and Children with Life Limiting Illness (CLLI) waivers have been combined into the Children with Complex Health Needs (CwCHN) waiver. The waivers included in the Medical Services Premiums line item are:

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

Calculation of Community-Based Long-Term Care Waiver Expenditure

The CBLTC forecasting methodology forecasts each of the Department’s HCBS-LTSS waivers individually. The Department believes this to be an accurate way of forecasting CBLTC because each waiver targets certain populations and provides services targeted at those clients. In CBLTC, each eligibility type has clients receiving services in the HCBS-LTSS waivers. Because each waiver’s services vary depending on the target population, any change to a program could impact multiple eligibility types, making it difficult to forecast and identify the root of significant changes in historical trend.

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

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

Legislative Impacts and Bottom-Line Adjustments

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

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

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

Expenditure

- FY 2024-25 had a 53rd payment period unlike most years where there are 52 weeks of expenditure. An extra week of expenditure has been added to the FY 2024-25 forecast to account for the additional pay period. The extra week of expenditure has been removed for FY 2025-26.
- FY 2024-25 Across the Board 2.0% Rate Increase - The Joint Budget Committee approved a 0.5% ongoing across-the-board rate increase, effective July 1, 2024.
- FY 2023-24 BA-07 Community First Choice - The JBC approved funding for the Department's initiative to provide additional services and information to HCBS waiver members to reduce institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The information initiative began on July 1, 2023.
- FY 2023-24 BA-07 Transition Coordinator Services - The JBC approved the initiative to provide additional services and information to HCBS waiver members to decrease institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The waiver transition will be implemented on July 1, 2026.
- JBC Authorization of 129 enrollments onto the HCBS - DD waiver -the General Assembly authorized an additional 129 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.
- FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers - This includes a 2% across-the-board rate increase and targeted rate changes for pediatric behavioral therapies, anesthesia, ambulatory surgery centers, maternity services, behavioral health fee-for-service, surgeries, abortion, and dental. Also included are a minimum wage rate increase for home-and community-based services and an increase to the primary care fund.
- FY 2025-26 1.6% Across the Board Rate Increase - The JBC approved a 1.6% ongoing across the board rate increase, effective July 1, 2025.
- FY 2025-26 BA-09 CDASS Rates - In accordance with the BA-09 legislation approved by the JBC, the Department is increasing the CDASS rates in accordance with the national average.
- FY 2024-25 R-11 OCL Benefits ACF Tiered Rates - As part of the R-11 OCL Benefits request, the Department is implementing a tiered rate structure for Alternative Care Facilities. The tiered rates are expected to be implemented on January 1, 2026.

- FY 2025-26 R-09 Provider Rate Adjustments - As part of the R-09, the Department is rebalancing the CFC rates in accordance with existing waiver service rates. The action is nearly budget neutral, causing minimal expenditure.
- CDASS Sick Time Recoupment - In FY 2024-25, the Department recouped some funding from unused sick time for CDASS caregivers. The Department has added this expenditure back into the forecast to account, as it was a one-time recoupment.

Hospice

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

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

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

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

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

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

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

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

Private Duty Nursing

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

Services are delivered in five categories:

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

RN services are associated with the highest hourly rate and LPN-group services with the lowest. The remaining three services - RN-group, LPN, and blended - charge similar rates. PDN rates are based on the Department's fee-schedule, and there is no mechanism forcing them to change. During the FY 2024-25 Legislative Session, PDN services received a 1.60% across the board rate increase, which was implemented on July 1, 2025. The Department expects rates to remain constant, expenditure forecasts for FY 2025-26, FY 2026-27 and FY 2027-28 are directly from the Department fee schedule for each service.

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

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

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

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

- Registered Nurse (RN) utilizers increased slowly beginning in January 2025, with the Department projecting continued growth in upcoming years.
- LPN utilization has risen since FY 2022-23, although growth slowed in early FY 2024-25.

- RN-group, LPN-group, and blended services represent smaller shares of expenditure but have shown fluctuations in utilization and units per client.

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

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

Long-Term Home Health

Long-Term Home Health (LTHH) services are deemed necessary by a medical need and are skilled nursing and therapy services that are generally provided in a client's home. LTHH services are either billed hourly or on a per-visit basis with a maximum number of hours. There are nine services under LTHH that are for both children under 21 and adults: clients under 21 that have a medical need can access Physical, Occupational, Speech and Language Therapies (PT, OT, and S/LT respectively), and all clients have access to Registered Nursing/Licensed Practical Nursing (RN/LPN), Home Health Aid Basic and Extended (HHA), Registered Nursing - Brief first visit of day and Brief Second or More Visit of Day, and telehealth. LTHH rates are based on the Department's fee-schedule. During the FY 2024-25 Legislative Session, LTHH services received a 1.6% across the board rate increase effective July 1, 2025.

Similarly to Private Duty Nursing, the LTHH forecast is based on the number of utilizers and units per utilizer. The most significant change in LTHH is the growth of Home Health Aid Basic (HHAB), and Home Health Aid Extended (HHAЕ). HHAB is defined as a medical professional who is responsible for assisting clients with activities of daily living such as bathing, dressing, and eating, whereas HHAЕ requires more medical support and attention, in addition to assistance with activities of daily living. Both services have seen a drastic increase in utilization over the past year, which is most likely due to the change in Prior Authorization Agreement (PAR) policy. PARs have been deactivated for LTHH and are gradually being reinstated starting on July 1st, 2025. The Department expects that all LTHH members will receive a PAR by May 2026. Because of this, many services including HHAB and HHAЕ have seen increase in utilization and units per utilizer. This has

caused a significant growth in forecasted expenditure. Additional details and specific growth trends can be found in Exhibit G.

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

LTHH Trends and Justifications

The Department notes that the Physical Therapy Occupational Therapy and Speech and Language Therapy Prior Authorization Requests (PAR's) have come back into effect on July 1, 2025. Therefore, the Department has dampened several service trends in order to account for the expected decreased utilization from reinstated PAR's. The PARs for HHAB and HHAE will be reinstated between August 2025 and May 2026. Each month, providers will submit 10% of their member population to be evaluated for a PAR. By May of 2026, all members receiving HHAB and HHAE benefits will be on a PAR. In a similar way, each month providers will submit 15% of their member populations receiving RN/LPN, RN 1st and RN 2nd to be evaluated for a PAR between August 2025 and May 2026. Reinstating PAR's is expected to decrease enrollment and/or utilization in several services offered under LTHH, which will decrease the overall expenditure on the program. The Department has dampened the trends for enrollment and utilization in accordance with the expected PAR reinstatement timeline, assuming that all members receiving LTHH services will be on a PAR by May of 2026. Any new members who begin receiving LTHH services between August 2025 and May 2026 will be evaluated for a PAR before gaining access to services.

Home Health Aid Basic and Home Health Aid Extended:

Average utilizers per month for HHA Basic and Extended have steadily increased since FY 2012-13, with large increases in FY 2022-23 through FY 2024-25. HHA Basic experienced high growth throughout the first half of FY 2025-26, which influenced the higher trend selection. The Department chose a utilization trend that decreases by 0.08% each month between January 2026 and May 2026 to account for the reinstated PAR's, which has slightly flattened out the growth trend. This methodology has been applied to both HHA Basic and HHA Extended. HHA Extended also experienced growth throughout FY 2025-26 Side A, which is reflected in the trend selection. The Department chose a 14.74% growth trend for HHA Basic and a 4.86% trend for HHA Extended to align with historical data and recent growth. For FY 2026-

27, the Department chose an 8.79% and 3.18% growth trend for HHA Basic and HHA Extended, and for FY 2027-28 the Department chose a 3.76% and 4.39% growth trend for HHA Basic and HHA Extended.

While utilization for Basic has been increasing slightly over the past year, utilization for Extended has been decreasing during FY 2025-26 Side A. To align with the new PAR policy, the Department has opted to hold the growth for Basic constant, while including a decreasing trend for Extended. Therefore, the Department selected a -0.15% and a -6.12% trend respectively to align with historical data. For FY 2026-27, the Department chose a -0.79% and 3.45% growth trend for HHA Basic and HHA Extended, and for FY 2027-28 the Department chose a 0.02% and 3.63% growth trend for HHA Basic and HHA Extended.

Registered Nursing/Licensed Practical Nurse:

Utilizer numbers were increasing in FY 2021-22 and FY 2022-23 and continued to grow through the first half of FY 2025-26. Therefore, the Department selected a 7.11% trend to align with recent growth. The Department assumes a slight decrease in growth, with the trend dropping to 2.62% in FY 2026-27 and to pick back up to 4.06% in the out year.

The Department has seen an increase in units per utilizer throughout FY 2025-26 Side A, and has selected an increasing trend to reflect that. The Department selected a 4.79% utilization trend, and 0.51% and 0.16% trends in following years to align with recent historical data.

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

Utilizer counts have been growing since FY 2019-20, but the Department expects utilizers to slow with Prior Authorization Requests applied to this service. However, to account for FY 2025-26 Side A growth, the Department has selected higher trends for the current year. The Department selected a 15.43% trend and 15.81% trend respectively to align with historical and recent growth. For FY 2026-27, the Department chose a -0.09% and 7.79% growth trend for RN Brief First and RN Brief Second or more, and for FY 2027-28 the Department chose a 0.28% and 9.26% growth trend for RN Brief First and RN Brief Second, as the PAR's are expected to take full effect in later years.

Utilization for both services has decreased slightly for both from FY 2024-25 to FY 2025-26 Side A. Therefore, the Department selected a 0.20% trend and 0.24% trend respectively to align with current utilization patterns. For FY 2026-

27, the Department chose a 0.10% and 0.04% growth trend for RN Brief First and RN Brief Second or more, and for FY 2027-28 the Department chose a -0.48% and 0.00% growth trend for RN Brief First and RN Brief Second.

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

Growth in utilization for all the therapy services has been lower than previous years, though it has not decreased as much as expected with the implementation of the PAR's. To account for this, the Department has selected higher trends for each of the therapy services. For FY 2025-26, the Department has selected a 4.75% trend for PT, a 3.54% trend for OT, and a 3.10% trend for S/LT. For FY 2026-27, the Department has selected a 5.61% trend for PT, a 2.01% trend for OT, and a 1.54% trend for S/LT. For FY 2027-28, the Department has selected a 4.31% trend for PT, a 3.36% trend for OT, and a 2.70% trend for S/LT to account for decreasing utilization following the full implementation of the PAR's.

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

Legislative Impacts and Bottom-Line Adjustments

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

Expenditure

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

- FY 2024-25 has a 53rd payment period unlike most years where there are 52 weeks of expenditure. Therefore, an extra week of expenditure has been added to the FY 2024-25 forecast to account for the additional pay period. The Department has removed this extra week of expenditure from the FY 2025-26 forecast.
- JBC Authorization of 667 enrollments onto the HCBS - DD waiver -the General Assembly authorized an additional 667 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if

these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.

EXHIBIT H - LONG-TERM CARE AND INSURANCE SERVICES

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

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

Summary of Long-Term Care and Insurance Request

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

Class I Nursing Facilities

Class I Nursing Facilities are institutional Medicaid services that provide residential long-term care to individuals who need round-the-clock medical or personal support. Expenditures are shaped by reimbursement methodologies set in State statute, how services are utilized by Medicaid members, and offsets from recoveries such as estates and income trusts. The Department's objective is to balance fair reimbursement for providers with fiscal responsibility and quality care for members.

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

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

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

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

- The estimate starts with the estimated per diem allowable Medicaid rate for core components in claims that will be incurred.
- Using historic claims data from the Medicaid Management Information System (MMIS), the Department calculates the estimated patient payment for claims that will be paid. The difference between the estimated per-diem rate for core components and the estimated patient payment is an estimate of the amount the Department will reimburse nursing facilities per day for core components.
- Using the same data from above, the Department calculates the estimated number of patient days paid.
- The product of the estimated Medicaid per diem reimbursement rate for core components and the estimated number of patient days yields the estimated total reimbursement for core components in claims incurred.
- Of the estimated total reimbursement for claims incurred in FY 2025-26, only a portion of those claims will be paid in FY 2025-26. The remainder is assumed to be paid in FY 2026-27. The Department estimates that 92.83% of claims incurred in FY 2025-26 will also be paid during FY 2025-26. Footnote 4 details the calculation of the percentage of claims that were incurred and paid in FY 2025-26.

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

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

Legislative Impacts and Bottom-Line Adjustments

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

- Expenditure for the Hospital Backup Program are included as bottom-line adjustments for FY 2024-25 through FY 2026-27. Please refer to Footnote 6 in Exhibit H3 for more detail. The Department increased estimates from the previous forecast to align with recent growth trends.
- The Department recovers funds from in-house audits of nursing facilities; the estimated amount of recoveries is included as a bottom-line impact. Footnote 7 in Exhibit H3 contains additional detail about these recoveries.
- Minimum Wage Increases - In the 2020 legislative session, the JBC approved an action to increase rates for HCBS services, pediatric personal care, and class 1 nursing facility rates in the Denver metro area in response to Denver increasing its minimum wage starting 1/1/2021. Previously under the law, only NFs within a region that increased its minimum wage could receive supplemental payments to fund wage increases. HB22-1333 allows any Colorado NF to receive wage enhancement supplemental payments to increase their minimum wage to at least \$15/hour. Costs are offset by savings from eliminating HB 19-1210 Local Minimum Wage Payment requirements.

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

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

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

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

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

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

Class II Nursing Facilities

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

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

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

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

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

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

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

Per-enrollee costs for FY 2025-26 are determined by using FY 2025-26 rates net of patient payment for PACE services, combined with an eligibility-type distribution estimate derived from the first 6 months of FY 2025-26 enrollment projections. Per enrollee costs only represent an estimate to the extent that the exact eligibility type and exact provider distributions for FY 2025-26 are unknown.

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

The Department notes that the table showing the average cost per enrollee represents the total net amount spent in a fiscal year on PACE programs divided by the average number of monthly capitations paid in that specific year. These figures include retroactive capitations and recoupments and do not completely reflect the cost of services received in that fiscal year. For example, the average cost per enrollee in FY 2014-15 factors in approximately \$12.9 million in retroactive payments, while the average cost per enrollee in FY 2015-16 encompasses approximately \$5.4 million in recoupments.

Supplemental Medicare Insurance Benefit (SMIB)

The Supplemental Medicare Insurance Benefit (SMIB) consists of two parts: Medicare Part A, the insurance premium for hospital care, and Medicare Part B, the insurance premium for Medicare-covered physician and ambulatory care services. Only premiums are paid in this service category; co-payments and deductibles are paid under Acute Care. Medicaid clients who are dual-eligible (clients who have both Medicaid and Medicare coverage) or Partial Dual Eligible receive

payment for Medicare Part B and, in some cases, Medicare Part A. The Partial Dual Eligible aid category has two distinct groups: Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries. The Part A premium payments are made for a small subset of the Qualified Medicare Beneficiary eligibility group only.³ The Supplemental Medicare Insurance Benefit service category includes the estimate of payments for both Part B for all Medicare beneficiary client types and Part A payments for Qualified Medicare Beneficiary clients. Premium payments for Medicare clients who do not meet the Supplemental Security income limit do not receive a federal match.

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

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

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

On September 21, 2023, CMS published updated rules for eligibility in the Medicare Savings Programs (MSPs). Per this rule change, beginning October 1, 2024, State Medicaid Agencies “must deem eligible for the Qualified Medicare

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

Beneficiary Group...if the individual receives SSI determined eligible for medical assistance.” This caused an increase in SMIB enrollments which is included in the ongoing estimate of caseload.

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

Health Insurance Buy-In (HIBI)

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

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

EXHIBIT I - SERVICE MANAGEMENT

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

Summary of Service Management

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

Single Entry Points

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

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

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

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

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

Effective with the July 1, 2020 the Department revised the methodology used to calculate this portion of the Request. Because of the administrative nature of the service, SEPs were paid through a fixed contract amount for each year.

However, the Department has developed and implemented a rates methodology that pays the SEPs for administrative deliverables as well as for Case Management functions.

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

Disease Management

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

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

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

Accountable Care Collaborative

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

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

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

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

in the ACC contracts. Of the \$4.50 withhold, 75% is designated to paying the PCMPs, and 25% is designated to the RAEs. However, due to the delay in payment between the performance period and the payment date for incentive payments, there are still incentive payments to be made in FY 2025-26 for ACC Phase II. In order to prevent an over expenditure on ACC Incentive Payments, it has been outlined in the PCMPs' contracts that they will only be eligible for two months worth of incentive payments in FY 2025-26. The RAEs will be eligible for a full 12 months worth of incentive payments in FY 2025-26 and each year going forward.

Legislative Impacts and Bottom-Line Adjustments

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

Prepaid Inpatient Health Plan Administration

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

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

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

EXHIBIT J - HEALTHCARE AFFORDABILITY AND SUSTAINABILITY FEE FUNDED POPULATIONS

Summary of Cash Funded Expansion Populations

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

Healthcare Affordability and Sustainability Fee Fund

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

MAGI Parents/Caretakers 69% to 133% FPL

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

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

MAGI Adults

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

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

Non-Newly Eligibles

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

MAGI Parents/Caretakers 60% to 68% FPL

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

Continuous Eligibility for Children

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

Medicaid Buy-in Fund

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

Buy-in for Individuals with Disabilities

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

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

Hospital Supplemental Payments

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

Cash Fund Financing

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

EXHIBIT K - UPPER PAYMENT LIMIT FINANCING

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

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

The basic calculation for UPL financing incorporates the difference between Medicare and Medicaid reimbursement amounts, with slight adjustments made to account for different types of services and facilities. Because actual Medicare

and Medicaid reimbursement amounts are not yet known for the current fiscal year, prior year's data for discharges, claims, and charges are incorporated into the current year calculation.

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

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

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

EXHIBIT L - DEPARTMENT RECOVERIES

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

In addition to anticipated recovery revenue, Exhibit L also shows the anticipated contingency fee to be paid to contractors for recovery efforts. The Department's revised forecast for the activity reflects changes to contingency fee paid to the contractor as the contract was re-procured in FY 2017-18. Total revenue used to offset General Fund and federal funds, as shown in Exhibit A, is the sum of all recoveries less contingency fee paid to contractors. Recoveries made for dates of

service under periods where the State received an enhanced federal match are given the same federal match as was applicable when the services were rendered.

EXHIBIT M - CASH-BASED ACTUALS

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

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

EXHIBIT N - EXPENDITURE HISTORY BY SERVICE CATEGORY

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

EXHIBIT O - COMPARISON OF BUDGET REQUESTS AND APPROPRIATIONS

This exhibit displays the FY 2024-25 final actual total expenditure for Medical Services Premiums, including fund splits, the remaining balance of the FY 2024-25 appropriation, and the per capita cost per client. The per capita cost in this exhibit includes Upper Payment Limit and financing bills. This exhibit will not match Exhibit C due to these inclusions.

Additionally, this exhibit compares the Department's Budget Requests by broad service category to the Department's Long Bill and special bills appropriations for FY 2024-25 and 2025-26 in the chronological order of the requests/appropriations.

EXHIBIT P - GLOBAL REASONABLENESS

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

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

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

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

EXHIBIT R - FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

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

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

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

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

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

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

of 65 percent; Colorado's regular Medicaid FMAP is 50 percent. As a result, effective August 1, 2025, any continued coverage of this group under Medicaid authorities is matched at 50 percent instead of 65 percent.

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Exhibit A - Summary of Request

Calculation of Request FY 2025-26						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2025-26 Appropriation						
FY 2025-26 (SB 25-206)	\$13,365,398,428	\$2,591,984,332	\$1,292,968,309	\$1,480,091,193	\$124,197,922	\$7,876,156,672
HB 25-229 Reimbursement for Community Health Workers	(5,713,346)	(1,364,558)	0	(342,750)	0	(4,006,038)
SB 25-084 Medicaid Access to Parenteral Nutrition	\$109,664	\$54,832	\$0	\$0	\$0	\$54,832
SB 25-183 Coverage for Pregnancy-Related Services	(2,991,284)	(1,415,236)	0	0		(1,576,048)
SB 25-226 Extending Spinal and Related Med Program (CIH Waiver)	\$2,428,038	\$1,214,019	\$0	\$0		\$1,214,019
SB 25-228 Disability Buy In Premiums to Enterprise	\$0	\$0	\$0	\$0		\$0
SB 25-270 Enterprise Nursing Facility Provider Fees	\$0	\$0	\$0	\$0		\$0
SB 25-308 Medicaid Services Related to Federal Authorizations	\$8,320,786	\$0	\$0	\$2,218,592		\$6,102,194
SB 25-314 Recovery Audit Contractor Program	\$0	\$0	\$0	\$0		\$0
Calculation of Request FY 2025-26 Total Spending Authority	\$13,367,552,286	\$2,590,473,389	\$1,292,968,309	\$1,481,967,035	\$124,197,922	\$7,877,945,631
Total Projected Calculation of Request FY 2025-26 Expenditure	\$14,458,836,000	\$2,809,037,668	\$1,292,968,309	\$1,700,494,878	\$124,197,922	\$8,532,137,224
Calculation of Request FY 2025-26 Requested Change from Appropriation	\$1,091,283,714	\$218,564,279	\$0	\$218,527,843	\$0	\$654,191,593
Percent Change	8.16%	8.44%	0.00%	14.75%	0.00%	8.30%
FY 2025-26 November Supplemental Request	\$903,506,546	\$169,695,381	\$0	\$190,137,305	\$0	\$543,673,861
FY 2025-26 Current Supplemental Request	\$187,777,168	\$48,868,898	\$0	\$28,390,538	\$0	\$110,517,732
Incremental Percent Growth Relative to Appropriation	17.21%	22.36%	0.00%	12.99%	0.00%	16.89%
Calculation of Request FY 2026-27						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2026-27 Appropriation Plus Special Bills	\$13,367,552,286	\$2,590,473,389	\$1,292,968,309	\$1,481,967,035	\$124,197,922	\$7,877,945,631
Annualization of FY 2025-26 (SB 25-206)	\$50,569,317	\$10,623,623	\$0	\$2,304,645	\$0	\$37,641,049
Total Annualizations	\$50,569,317	\$10,623,623	\$0	\$2,304,645	\$0	\$37,641,049
Calculation of Request FY 2026-27 Total Spending Authority	\$13,418,121,603	\$2,601,097,012	\$1,292,968,309	\$1,484,271,680	\$124,197,922	\$7,915,586,680
Total Projected Calculation of Request FY 2026-27 Expenditure	\$16,000,414,867	\$3,170,615,757	\$1,292,968,309	\$1,939,262,358	\$124,197,922	\$9,473,370,521
Calculation of Request FY 2026-27 Requested Change from Appropriation	\$2,582,293,264	\$569,518,745	\$0	\$454,990,678	\$0	\$1,557,783,841
Percent Change	19.24%	21.90%	0.00%	30.65%	0.00%	19.68%
FY 2025-26 November Supplemental Request	\$2,282,305,963	\$431,286,496	\$0	\$443,437,318	\$0	\$1,407,582,149
FY 2025-26 Current Supplemental Request	\$299,987,301	\$138,232,249	\$0	\$11,553,360	\$0	\$150,201,692
Incremental Percent Growth Relative to Appropriation	11.62%	24.27%	0.00%	2.54%	0.00%	9.64%
Calculation of Request FY 2027-28						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2027-28 Appropriation Plus Special Bills	\$13,418,121,603	\$2,601,097,012	\$1,292,968,309	\$1,484,271,680	\$124,197,922	\$7,915,586,680
Bill Annualizations						
Annualization of FY 2025-26 (SB 25-206)	\$9,587,399	\$1,559,411	\$0.00	\$838,193.00	\$0.00	\$7,189,795.00
Total Annualizations	\$9,587,399	\$1,559,411	\$0.00	\$838,193.00	\$0.00	\$7,189,795.00
Calculation of Request FY 2027-28 Total Spending Authority	\$13,427,709,002	\$2,602,656,423	\$1,292,968,309	\$1,485,109,873	\$124,197,922	\$7,922,776,475
Total Projected Calculation of Request FY 2027-28 Expenditures	\$16,622,472,579	\$3,491,425,279	\$1,292,968,309	\$1,972,411,891	\$124,197,922	\$9,739,271,952
Calculation of Request FY 2027-28 Requested Change From Appropriation	\$3,194,763,577	\$888,768,856	\$0	\$487,302,018	\$0	\$1,816,495,477
Percent Change	23.79%	34.15%	0.00%	32.81%	0.00%	22.93%
FY 2025-26 November Supplemental Request	\$3,308,306,047	\$617,228,279	\$0	\$171,196,745	(\$716,036)	\$1,022,881,368
FY 2025-26 Current Supplemental Request	(\$113,542,470)	\$271,540,577	\$0	\$316,105,273	\$716,036	\$793,614,109
Incremental Percent Growth Relative to Appropriation	-3.55%	30.55%	0.00%	64.87%	0.00%	43.69%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$3,487,257,715	\$1,743,628,857	\$0	\$0	\$1,743,628,858	50.00%	
Breast and Cervical Cancer Program	\$1,372,955	\$0	\$480,534	\$0	\$892,421	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$18,867,281	\$1,886,728	\$0	\$0	\$16,980,553	90.00%	
Indian Health Service	\$13,976,666	\$0	\$0	\$0	\$13,976,666	100.00%	
Affordable Care Act Drug Rebate Offset	(\$50,361,246)	\$0	\$0	\$0	(\$50,361,246)	100.00%	
Affordable Care Act Preventive Services	\$63,629,211	\$31,178,313	\$0	\$0	\$32,450,898	51.00%	dated in ex. R reference. From last year has plus .01 in formula? pHE bump?
Non-Emergency Medical Transportation	\$208,694,686	\$104,345,302	\$2,041	\$0	\$104,347,343	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$149,693,766	\$52,392,818	\$0	\$0	\$97,300,948	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$40,250,166	\$20,125,083	\$0	\$0	\$20,125,083	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$236,076,306	\$0	\$25,070,939	\$0	\$211,005,367	89.38%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,224,767,856	\$0	\$267,172,991	\$0	\$1,957,594,865	87.99%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Non Citizen Emergency Services ACA Match Rate	\$56,038,451	\$0	\$6,729,673	\$0	\$49,308,778	87.99%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,464,830	\$0	\$18,232,415	\$0	\$18,232,415	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$189,815,130	\$0	\$97,121,286	\$0	\$92,693,844	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$100,065,181	\$0	\$20,013,036	\$0	\$80,052,145	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$18,830,366	\$0	\$9,415,183	\$0	\$9,415,183	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$124,177,148	\$0	\$61,743,686	\$0	\$62,433,462	Variable	CF: Adult Dental Fund
COVID Testing and Treatment Group - State Only Funding	\$26,309	\$26,309	\$0	\$0	\$0	0.00%	
COVID Vaccine Financing	\$255,626	\$0	\$0	\$0	\$255,626	100.00%	
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	73.34%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$6,933,083,293	\$1,958,447,514	\$508,200,376	\$0	\$4,466,435,403		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$2,051,474,081	\$1,025,737,040	\$0	\$0	\$1,025,737,041	50.00%	
BA-07: Community First Choice	\$873,011,205	\$384,124,930	\$0	\$0	\$488,886,275	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,346,021	\$2,921,107	\$0	\$0	\$5,424,914	65.00%	

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$854	\$427	\$0	\$0	\$427	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$1,970,957	\$0	\$197,096	\$0	\$1,773,861	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$15,382,653	\$0	\$1,685,939	\$0	\$13,696,714	89.04%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$3,004,520	\$0	\$1,502,260	\$0	\$1,502,260	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$90,352,974	\$0	\$46,230,229	\$0	\$44,122,745	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$722,625	\$0	\$144,525	\$0	\$578,100	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$83,849	\$0	\$41,924	\$0	\$41,925	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Services Sub-Total	\$3,044,349,739	\$1,412,783,504	\$49,801,973	\$0	\$1,581,764,262		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$875,171,478	\$437,585,739	\$0	\$0	\$437,585,739	50.00%	
Use Nursing Home Penalty Cash Fund for Closure of Union Printers Home	\$0	\$0	\$0	\$0	\$0	N/A	CF: Nursing Home Penalty Cash Fund
Class II Nursing Facilities	\$7,412,801	\$3,706,400	\$0	\$0	\$3,706,401	50.00%	
PACE	\$366,289,593	\$183,144,796	\$0	\$0	\$183,144,797	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$307,882,973	\$187,086,258	\$0	\$0	\$120,796,715	39.23%	Weighted FMAP
Health Insurance Buy-In	\$2,623,292	\$1,311,646	\$0	\$0	\$1,311,646	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,678	\$0	\$4,668	\$0	\$42,010	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,829,576	\$0	\$529,321	\$0	\$4,300,255	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,391	\$0	\$2,195	\$0	\$2,196	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$115,215	\$0	\$58,951	\$0	\$56,264	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$229,165	\$0	\$45,833	\$0	\$183,332	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$383,194	\$0	\$191,597	\$0	\$191,597	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,564,988,356	\$812,834,839	\$832,565	\$0	\$751,320,952		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Accountable Care Collaborative	\$104,870,304	\$52,435,152	\$0	\$0	\$52,435,152	50.00%	
Accountable Care Collaborative Incentive Payments	\$56,989,230	\$18,521,006	\$9,973,609	\$0	\$28,494,615	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$11,834,237	\$5,917,118	\$0	\$0	\$5,917,119	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,158,341	\$1,079,170	\$0	\$0	\$1,079,171	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$6,891,725	\$0	\$689,172	\$0	\$6,202,553	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$47,084,471	\$0	\$5,160,458	\$0	\$41,924,013	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,259,847	\$0	\$1,129,923	\$0	\$1,129,924	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$3,972,977	\$0	\$2,032,823	\$0	\$1,940,154	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,891,874	\$0	\$578,375	\$0	\$2,313,499	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$723,875	\$0	\$361,937	\$0	\$361,938	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$241,394,220	\$78,168,253	\$20,783,448	\$0	\$142,442,520		
FY 2025-26 Estimate of Total Expenditures for Medical Services to Clients	\$11,783,815,608	\$4,262,234,110	\$579,618,362	\$0	\$6,941,963,137		
Financing							
Upper Payment Limit Financing	\$5,058,908	(\$5,058,908)	\$5,058,908	\$0	\$5,058,908	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,188,261)	\$81,106,480	\$0	(\$40,918,219)	50.45%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$32,112,015)	\$64,807,296		(\$32,695,281)	50.45%	CF: Recoveries Audit Contractor Fund
Denver Health Outstationing	\$2,399,144	\$864,473	\$0	\$0	\$1,534,671	63.97%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,779,309,165	\$0	\$622,758,207	\$0	\$1,156,550,958	65.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Healthcare Affordability and Sustainability Fee Supplemental Payments- State Directed Payments	\$389,550,000	\$0	\$136,342,500	\$0	\$253,207,500	65.00%	CF: Intergovernmental Transfer
Nursing Facility Supplemental Payments	\$123,003,902	\$0	\$61,501,951	\$0	\$61,501,951	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$17,738,343	(\$1,617,087)	\$9,469,148	\$0	\$9,886,283	53.80%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,266,714	(\$128,757)	\$1,188,752	\$0	\$1,206,719	50.38%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2025-26							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$5,342,378	(\$376,391)	\$2,768,932	\$0	\$2,949,837	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Specialty Education Programs
Emergency Transportation Provider Payments	\$105,805,023	(\$6,753,512)	\$55,153,682	\$0	\$57,404,853	51.00%	CF: Certification of Public Expenditure
Public School Health Services	(\$125,000)	(\$1,283,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,491,000)	\$1,491,000	\$0	\$0	N/A	CF: Tabacoo Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$2,675,020,392	(\$160,228,133)	\$1,120,876,516	\$124,197,922	\$1,590,174,087		
Total Projected Expenditures ⁽²⁾	\$14,458,836,000	\$4,102,005,977	\$1,700,494,878	\$124,197,922	\$8,532,137,224		
Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2026-27							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$3,792,269,553	\$1,896,134,776	\$0	\$0	\$1,896,134,777	50.00%	
Breast and Cervical Cancer Program	\$1,571,643	\$0	\$550,075	\$0	\$1,021,568	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$20,496,185	\$2,049,618	\$0	\$0	\$18,446,567	90.00%	
Indian Health Service	\$15,045,328	\$0	\$0	\$0	\$15,045,328	100.00%	
Affordable Care Act Drug Rebate Offset	(\$54,273,793)	\$0	\$0	\$0	(\$54,273,793)	100.00%	
Affordable Care Act Preventive Services	\$63,177,443	\$30,956,947	\$0	\$0	\$32,220,496	51.00%	
Non-Emergency Medical Transportation	\$223,914,184	\$111,954,806	\$2,286	\$0	\$111,957,092	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$169,578,213	\$59,352,375	\$0	\$0	\$110,225,838	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$40,676,167	\$20,338,083	\$0	\$0	\$20,338,084	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$259,326,463	\$0	\$27,540,581	\$0	\$231,785,882	89.38%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,306,663,321	\$0	\$277,457,288	\$0	\$2,029,206,033	87.97%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Non Citizen Emergency Services ACA Match Rate	\$58,436,897	\$0	\$23,671,109	\$0	\$34,765,788	59.49%	
Continuous Eligibility for Children	\$36,530,002	\$0	\$18,265,001	\$0	\$18,265,001	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$205,329,555	\$0	\$104,887,329	\$0	\$100,442,226	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$100,288,430	\$0	\$20,057,686	\$0	\$80,230,744	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$19,728,568	\$0	\$9,864,284	\$0	\$9,864,284	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$134,497,858	\$0	\$66,820,119	\$0	\$67,677,739	Variable	CF: Adult Dental Fund
Covid Vaccine Financing	\$0	\$0	\$0	\$0	\$0	100.00%	
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	73.34%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$7,406,440,907	\$2,125,650,709	\$551,334,350	\$0	\$4,729,455,848		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,588,992,426	\$794,496,213	\$0	\$0	\$794,496,213	50.00%	
BA -07 Community First Choice	\$1,648,623,465	\$725,394,325	\$0	\$0	\$923,229,140	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$8,862,228	\$3,101,780	\$0	\$0	\$5,760,448	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$891	\$445	\$0	\$0	\$446	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$3,659,163	\$0	\$1,604,416	\$0	\$2,054,747	56.15%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$15,924,292	\$0	\$3,055,747	\$0	\$12,868,545	80.81%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$3,131,444	\$0	\$1,565,722	\$0	\$1,565,722	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$97,124,376	\$0	\$49,613,493	\$0	\$47,510,883	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$650,788	\$0	\$130,158	\$0	\$520,630	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$85,968	\$0	\$42,984	\$0	\$42,984	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$3,367,055,041	\$1,522,992,763	\$56,012,520	\$0	\$1,788,049,758		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$926,687,225	\$463,343,612	\$0	\$0	\$463,343,613	50.00%	
Use Nursing Home Penalty Cash Fund for Closure of Union Printers Home	\$0	\$0	\$0	\$0	\$0	N/A	CF: Nursing Home Penalty Cash Fund
Class II Nursing Facilities	\$7,492,917	\$3,746,458	\$0	\$0	\$3,746,459	50.00%	
PACE	\$408,927,188	\$204,463,594	\$0	\$0	\$204,463,594	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$344,845,953	\$209,889,196	\$0	\$0	\$134,956,757	39.14%	Weighted FMAP
Health Insurance Buy-In	\$2,615,826	\$1,307,913	\$0	\$0	\$1,307,913	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,545	\$0	\$4,654	\$0	\$41,891	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$5,145,112	\$0	\$514,511	\$0	\$4,630,601	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,213	\$0	\$2,106	\$0	\$2,107	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$121,973	\$0	\$62,307	\$0	\$59,666	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$207,777	\$0	\$41,556	\$0	\$166,221	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$231,016	\$0	\$115,507	\$0	\$115,509	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,696,325,745	\$882,750,773	\$740,641	\$0	\$812,834,331		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2026-27							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Service Management							
Base Accountable Care Collaborative	\$102,107,422	\$51,053,711	\$0	\$0	\$51,053,711	50.00%	
American Rescue Plan Act Spending	\$0	\$0	\$0	\$0	\$0	50.00%	
Accountable Care Collaborative Incentive Payments	\$54,002,768	\$17,610,598	\$9,390,786	\$0	\$27,001,384	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,726	\$0	\$857,151	\$0	\$428,575	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$12,519,109	\$6,259,554	\$0	\$0	\$6,259,555	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,545,837	\$1,272,918	\$0	\$0	\$1,272,919	50.00%	
MAGI Parents/ Caretakers to 133% FPL	\$7,198,490	\$0	\$719,849	\$0	\$6,478,641	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$44,989,392	\$0	\$4,498,939	\$0	\$40,490,453	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,067,749	\$0	\$1,033,874	\$0	\$1,033,875	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$3,941,853	\$0	\$2,013,594	\$0	\$1,928,259	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,380,225	\$0	\$476,045	\$0	\$1,904,180	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/ Caretakers 60% to 68% FPL	\$683,548	\$0	\$341,774	\$0	\$341,774	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$234,153,732	\$76,412,588	\$19,332,012	\$0	\$138,409,133		
FY 2026-27 Estimate of Total Expenditures for Medical Services to Clients	\$12,703,975,425	\$4,607,806,833	\$627,419,523	\$0	\$7,468,749,070		
Financing							
Upper Payment Limit Financing	\$5,328,548	(\$5,328,548)	\$5,328,548	\$0	\$5,328,548	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,188,261)	\$81,106,480	\$0	(\$40,918,219)	50.45%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$17,373,228)	\$35,062,015		(\$17,688,787)	50.45%	
Denver Health Outstationing	\$2,527,019	\$910,549	\$0	\$0	\$1,616,470	63.97%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,799,400,000	\$0	\$629,790,000	\$0	\$1,169,610,000	65.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Healthcare Affordability and Sustainability Fee Supplemental Payments- State Directed Payments	\$974,550,000	\$0	\$341,092,500	\$0	\$633,457,500	65.00%	CF: Intergovernmental Transfer
Nursing Facility Supplemental Payments	\$131,000,000	\$0	\$65,500,000	\$0	\$65,500,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$18,387,658	(\$967,772)	\$9,677,715	\$0	\$9,677,715	55.90%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,396,992	(\$126,158)	\$1,261,575	\$0	\$1,261,575	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$5,722,400	(\$301,179)	\$3,011,790	\$0	\$3,011,789	52.63%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs
Emergency Transportation Provider Payments	\$112,630,011	(\$5,927,895)	\$59,278,953	\$0	\$59,278,953	50.00%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tabacoo Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$3,296,439,442	(\$144,222,767)	\$1,311,842,836	\$124,197,922	\$2,004,621,451		
Total Projected Expenditures ⁽²⁾	\$16,000,414,867	\$4,463,584,066	\$1,939,262,358	\$124,197,922	\$9,473,370,521		
Definitions: FMAP: Federal Medical Assistance Percentage MAGI: Modified Adjusted Gross Income PACE: Program of All-Inclusive Care for the Elderly ACA: Patient Protection and Affordable Care Act of 2010 FPL: Federal Poverty Level FFP: Federal Financial Participation CHCBS: Children's Home- and Community-Based Services							
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2027-28							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Acute Care Services							
Base Acute	\$4,147,914,320	\$2,073,957,160	\$0	\$0	\$2,073,957,160	50.00%	
Breast and Cervical Cancer Program	\$1,868,703	\$0	\$654,046	\$0	\$1,214,657	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$21,581,476	\$2,158,148	\$0	\$0	\$19,423,328	90.00%	
Indian Health Service	\$15,812,243	\$0	\$0	\$0	\$15,812,243	100.00%	
Affordable Care Act Drug Rebate Offset	(\$58,490,305)	\$0	\$0	\$0	(\$58,490,305)	100.00%	
Affordable Care Act Preventive Services	\$64,718,973	\$31,712,297	\$0	\$0	\$33,006,676	51.00%	
Non-Emergency Medical Transportation	\$227,843,050	\$113,918,850	\$2,676	\$0	\$113,921,525	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$190,442,366	\$66,654,828	\$0	\$0	\$123,787,538	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$41,961,888	\$20,980,944	\$0	\$0	\$20,980,944	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$290,921,272	\$0	\$30,885,702	\$0	\$260,035,570	89.38%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,158,850,666	\$0	\$260,912,924	\$0	\$1,897,937,742	87.91%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Non Citizen Emergency Services ACA Match Rate	\$60,634,124	\$0	\$29,218,448	\$0	\$29,218,449	48.19%	
Continuous Eligibility for Children	\$36,525,892	\$0	\$18,262,946	\$0	\$18,262,946	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$228,948,515	\$0	\$116,746,676	\$0	\$112,201,839	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$102,012,867	\$0	\$20,402,573	\$0	\$81,610,294	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$20,442,286	\$0	\$10,221,143	\$0	\$10,221,143	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$141,229,823	\$0	\$70,186,100	\$0	\$71,043,723	Variable	CF: Adult Dental Fund
SB 25B-002 State-Only Funding for Certain Entities	\$4,864,104	\$4,864,104	\$0	\$0	\$0	0.00%	
SB 25-308 "Medicaid Services Related to Federal Authorizations"	\$8,320,786	\$0	\$2,218,592	\$0	\$6,102,194	100.00%	CF: Affordable Housing Support Fund
Acute Care Services Sub-Total	\$7,706,403,049	\$2,314,246,331	\$559,711,826	\$0	\$4,830,247,666		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,675,805,826	\$837,902,913	\$0	\$0	\$837,902,913	50.00%	
BA -07 Community First Choice	\$1,693,119,200	\$744,972,448	\$0	\$0	\$948,146,752	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$9,056,956	\$3,169,935	\$0	\$0	\$5,887,021	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$892	\$446	\$0	\$0	\$446	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$4,111,342	\$0	\$1,802,680	\$0	\$2,308,662	56.15%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$15,172,590	\$0	\$2,911,501	\$0	\$12,261,089	80.81%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$3,163,842	\$0	\$1,581,921	\$0	\$1,581,921	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$101,266,257	\$0	\$51,638,242	\$0	\$49,628,015	Variable	CF: Healthcare Affordability and Sustainability Fee and Medicaid Buy-In Fund
Non-Newly Eligibles	\$825,615	\$0	\$165,123	\$0	\$660,492	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$88,494	\$0	\$44,247	\$0	\$44,247	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$3,502,611,014	\$1,586,045,742	\$58,143,714	\$0	\$1,858,421,558		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$980,396,329	\$490,198,164	\$0	\$0	\$490,198,165	50.00%	
Class II Nursing Facilities	\$7,583,343	\$3,791,671	\$0	\$0	\$3,791,672	50.00%	
PACE	\$443,809,707	\$221,904,853	\$0	\$0	\$221,904,854	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$381,139,502	\$232,115,330	\$0	\$0	\$149,024,172	39.10%	Weighted FMAP
Health Insurance Buy-In	\$2,615,826	\$1,307,913	\$0	\$0	\$1,307,913	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$46,545	\$0	\$8,932	\$0	\$37,613	80.81%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$5,377,267	\$0	\$537,727	\$0	\$4,839,540	80.81%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,087	\$0	\$2,043	\$0	\$2,044	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$129,043	\$0	\$65,802	\$0	\$63,241	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$283,451	\$0	\$56,690	\$0	\$226,761	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$252,135	\$0	\$126,067	\$0	\$126,068	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,821,637,235	\$949,317,931	\$797,261	\$0	\$871,522,043		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2027-28							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP	Notes
Service Management							
Base Accountable Care Collaborative	\$103,953,193	\$51,976,596	\$0	\$0	\$51,976,597	50.00%	
Accountable Care Collaborative Incentive Payments	\$50,516,737	\$17,807,090	\$7,451,278	\$0	\$25,258,369	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$431,613	\$215,807	\$0	\$0	\$215,807	50.00%	
Tobacco Quit Line	\$1,285,727	\$0	\$857,151	\$0	\$428,576	33.33%	CF: Tobacco Education Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$13,668,872	\$6,834,436	\$0	\$0	\$6,834,436	50.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$2,555,438	\$1,277,719	\$0	\$0	\$1,277,719	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$7,608,252	\$0	\$760,825	\$0	\$6,847,427	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$34,681,036	\$0	\$3,468,104	\$0	\$31,212,932	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,039,462	\$0	\$1,019,731	\$0	\$1,019,731	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$4,011,672	\$0	\$2,045,653	\$0	\$1,966,019	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,381,440	\$0	\$476,288	\$0	\$1,905,152	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$684,689	\$0	\$342,344	\$0	\$342,345	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$223,818,131	\$78,111,648	\$16,421,374	\$0	\$129,285,110		
FY 2027-28 Estimate of Total Expenditures for Medical Services to Clients	\$13,254,469,429	\$4,927,721,652	\$635,074,175	\$0	\$7,689,476,377		
Financing							
Upper Payment Limit Financing	\$5,612,560	(\$5,612,559)	\$5,612,560	\$0	\$5,612,559	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$40,188,261)	\$81,106,480	\$0	(\$40,918,219)	50.45%	CF: Department Recoveries
Recoveries Audit Contractor Adjustment	\$0	(\$16,671,530)	\$33,645,873		(\$16,974,343)	50.45%	
Denver Health Outstationing	\$2,661,709	\$959,081	\$0	\$0	\$1,702,628	63.97%	
Healthcare Affordability and Sustainability Fee Supplemental Payments- Fee for Service	\$1,835,388,000	\$0	\$642,385,800	\$0	\$1,193,002,200	65.00%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Healthcare Affordability and Sustainability Fee Supplemental Payments- State Directed Payments	\$994,041,000	\$0	\$347,914,350	\$0	\$646,126,650	65.00%	CF: Intergovernmental Transfer
Nursing Facility Supplemental Payments	\$139,250,000	\$0	\$69,625,000	\$0	\$69,625,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$19,367,721	(\$1,019,354)	\$10,193,537	\$0	\$10,193,537	50.00%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$2,524,752	(\$132,882)	\$1,328,817	\$0	\$1,328,817	50.00%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,110,400)	\$46,110,400	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$6,027,404	(\$317,232)	\$3,172,318	\$0	\$3,172,318	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$224,561,814	\$0	\$0	\$112,280,907	\$112,280,907	50.00%	CF: Intergovernmental Transfer from Department of Higher Education RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs
Emergency Transportation Provider Payments	\$118,633,190	(\$6,243,852)	\$62,438,521	\$0	\$62,438,521	50.00%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tabacoo Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$3,368,003,150	(\$143,328,064)	\$1,337,337,716	\$124,197,922	\$2,049,795,575		
Total Projected Expenditures⁽²⁾	\$16,622,472,579	\$4,784,393,588	\$1,972,411,891	\$124,197,922	\$9,739,271,952		
(1) This line adjusts for transfers from cash funds to the General Fund that are not broken out elsewhere. See Narrative for more information.							
(2) Of the General Fund total, \$1,292,968,309 is General Fund Exempt.							

Exhibit B - Medicaid Caseload

Final Request																					
Official Medicaid Caseload Actuals and Projection without Retroactivity																					
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	MAGI Eligible Children	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	HB 22-1289 Medicaid Adults	TOTAL			
FY 2000-01 Actuals	33,649	5,157	46,046	-	27,081	-	-	-	123,221	-	13,076	6,561	-	12,451	8,157	N/A	N/A	275,399			
FY 2001-02 Actuals	33,916	5,184	46,349	-	33,347	-	-	-	143,909	-	13,121	7,131	-	4,028	8,428	N/A	N/A	295,413			
% Change from FY 2000-01	0.79%	0.52%	0.66%	0.00%	23.14%	-	-	-	8.09%	-	0.36%	16.79%	-	-47.67%	3.32%	-	-	7.27%			
FY 2003-04 Actuals	34,329	5,548	46,789	-	47,562	-	-	-	195,279	-	14,914	8,398	-	4,793	9,842	N/A	-	367,599			
% Change from FY 2001-02	1.22%	7.02%	0.95%	0.00%	42.63%	-	-	-	35.70%	-	13.67%	17.77%	-	18.99%	16.78%	N/A	-	24.42%			
FY 2004-05 Actuals	35,780	6,082	47,929	-	57,140	-	-	-	222,472	-	15,795	9,984	-	5,150	9,605	0	-	406,026			
% Change from FY 2003-04	4.23%	9.43%	2.44%	0.00%	20.14%	-	-	-	13.93%	-	5.91%	28.74%	-	7.45%	2.41%	0.00%	-	19.46%			
FY 2005-06 Actuals	36,207	6,042	47,855	-	58,885	-	-	-	214,158	-	16,460	9,119	-	6,212	11,092	0	-	402,818			
% Change from FY 2004-05	1.19%	-0.66%	-0.15%	0.00%	3.05%	-	-	-	116.09%	-	4.21%	-14.46%	-	20.62%	15.48%	0.00%	-	-0.94%			
FY 2006-07 Actuals	35,888	6,059	48,799	-	55,850	-	-	-	205,390	-	16,724	5,182	-	5,201	12,908	0	-	392,229			
% Change from FY 2005-06	-0.88%	0.28%	1.97%	0.00%	-5.15%	-	-	-	-4.09%	-	1.60%	1.23%	-	-16.27%	16.37%	0.00%	-	-2.48%			
FY 2007-08 Actuals	36,284	6,146	49,933	-	53,473	-	-	-	204,022	-	17,141	6,288	-	4,191	14,214	0	-	391,962			
% Change from FY 2006-07	1.10%	1.44%	2.32%	0.00%	-4.26%	-	-	-	-0.67%	-	2.49%	21.34%	-	0.00%	-19.42%	10.12%	0.00%	-0.07%			
FY 2008-09 Actuals	37,619	6,447	51,355	-	61,874	-	-	-	235,129	-	18,033	6,976	-	3,987	15,075	0	-	436,812			
% Change from FY 2007-08	3.68%	4.90%	2.85%	0.00%	15.71%	-	-	-	17.41%	-	5.20%	10.94%	-	0.00%	-4.87%	6.96%	0.00%	11.44%			
FY 2009-10 Actuals	38,487	7,049	53,264	-	74,839	-	-	-	275,672	-	18,381	7,830	-	3,693	15,919	0	-	498,797			
% Change from FY 2008-09	2.31%	9.34%	3.72%	0.00%	20.95%	-	-	-	34.07%	-	1.93%	12.24%	-	0.00%	-7.37%	5.60%	0.00%	14.19%			
FY 2010-11 Actuals	38,921	7,767	56,285	-	81,114	-	-	-	302,410	-	18,393	7,868	-	3,213	17,090	0	-	560,759			
% Change from FY 2009-10	1.13%	10.19%	5.67%	0.00%	8.38%	-	-	-	24.94%	-	0.07%	0.49%	-	-13.00%	7.36%	0.00%	-	12.42%			
FY 2011-12 Actuals	39,740	8,383	59,434	52	93,224	-	-	-	324,633	-	18,034	7,630	-	2,770	18,871	0	-	619,963			
% Change from FY 2010-11	2.10%	7.93%	5.59%	0.00%	14.93%	-	-	-	10.66%	-	-1.95%	-3.02%	-	0.00%	-13.79%	10.42%	0.00%	10.56%			
FY 2012-13 Actuals	40,827	9,051	61,920	888	99,392	-	-	-	359,843	-	17,777	8,024	-	344	2,684	21,206	0	682,994			
% Change from FY 2011-12	2.74%	7.97%	4.18%	1607.69%	6.62%	-	-	-	7.53%	-	-1.43%	5.16%	-	0.00%	-3.10%	12.37%	0	10.73%			
FY 2013-14 Actuals	41,836	9,853	64,424	2,560	124,680	-	-	-	399,032	-	18,267	13,160	-	1,057	23,378	0	-	860,957			
% Change from FY 2012-13	2.47%	8.86%	4.04%	188.29%	25.44%	-	-	-	10.27%	-	20.77%	64.01%	-	207.22%	7.56%	0.00%	-	26.06%			
FY 2014-15 Actuals	41,817	10,466	66,548	3,627	161,682	-	-	-	445,723	-	20,036	14,897	-	1,749	27,222	28,045	0	1,161,157			
% Change from FY 2013-14	-0.05%	6.22%	3.30%	41.68%	29.68%	-	-	-	17.66%	-	9.68%	13.20%	-	65.47%	9.71%	19.96%	0.00%	34.87%			
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	-	-	-	467,193	-	19,935	14,413	-	1,759	22,585	33,589	0	1,296,986			
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	-	-	-	8.26%	-	0.50%	4.13%	-	0.57%	-2.68%	16.19%	0.00%	11.70%			
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	-	-	-	469,297	-	20,310	13,567	-	1,968	23,809	32,805	0	1,346,114			
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	-	-	-	0.45%	-	1.39%	-5.87%	-	11.88%	-0.34%	3.76%	0.00%	3.79%			
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,853	-	-	-	438,772	-	21,473	10,125	-	2,229	23,828	34,828	0	1,315,217			
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	-	-	-	-34.04%	-	5.63%	-5.73%	-	13.26%	6.40%	0.00%	-	-2.30%			
FY 2018-19 Actuals	47,686	12,721	68,639	8,987	175,827	-	-	-	420,253	-	21,815	12,196	-	2,293	24,687	34,687	0	1,261,365			
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.44%	-	-	-	-6.67%	-	1.59%	20.45%	-	2.86%	-5.52%	-0.41%	0.00%	-4.09%			
FY 2019-20 Actuals	47,551	13,029	66,530	13,029	164,467	-	-	-	407,548	-	21,320	11,547	-	2,209	23,441	33,441	0	1,219,245			
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-	-	-	-3.02%	-	-5.81%	-5.32%	-	-3.65%	-8.93%	0.00%	-	-3.34%			
FY 2020-21 Actuals	48,248	13,541	66,187	14,347	173,150	-	-	-	402,847	-	20,742	13,609	-	3,609	23,706	35,302	0	1,404,953			
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	-	-	-	10.65%	-	-1.91%	17.65%	-	63.38%	190.28%	5.57%	0.00%	15.23%			
FY 2021-22 Actuals	49,277	13,784	65,958	15,424	189,524	-	-	-	478,103	-	20,335	14,254	-	4,359	24,876	36,015	0	1,561,568			
% Change from FY 2020-21	2.13%	1.79%	-0.35%	7.51%	8.46%	-	-	-	5.76%	-	-1.96%	4.74%	-	20.78%	112.03%	3.02%	0.00%	11.15%			
FY 2022-23 Actuals	50,477	13,848	64,933	18,451	198,516	-	-	-	500,683	-	76,963	24,036	-	6,305	26,516	33,861	44,653	1,719,619			
% Change from FY 2021-22	2.44%	0.46%	-1.55%	19.63%	7.23%	-	-	-	1.53%	-	4.23%	1.96%	-	6.30%	78.25%	-5.98%	0.00%	10.12%			
FY 2023-24 Actuals	47,681	12,692	58,997	20,312	161,211	-	-	-	405,823	-	58,501	19,083	-	24,045	5,663	31,914	29,013	1,390,188			
% Change from FY 2022-23	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-	-	-	-10.53%	-	-23.99%	-4.92%	-	-3.21%	-10.18%	20.36%	-14.32%	-18.31%	-19.16%		
FY 2024-25 Actuals	49,806	12,233	57,984	26,469	138,303	-	-	-	42,754	-	367,311	18,475	-	23,658	36,570	30,327	24,735	1,207,815			
% Change from FY 2023-24	4.46%	-3.62%	-1.72%	30.31%	-14.21%	-	-	-	-35.38%	-	-19.45%	-3.36%	-	-3.19%	-1.61%	14.59%	4.22%	-13.12%			
FY 2025-26 Projection	50,620	11,848	59,008	24,909	135,395	-	-	-	43,562	-	34,192	24,394	-	18,398	24,394	26,151	6,939	1,237,203			
% Change from FY 2024-25	1.63%	-3.15%	1.77%	20.00%	-5.89%	-	-	-	-26.96%	-	2.62%	18.91%	-	-0.42%	3.11%	2.32%	5.72%	27.91%	2.43%		
FY 2026-27 Projection	51,976	11,898	60,029	24,445	134,081	-	-	-	45,354	-	318,181	91	-	24,938	4,751	42,094	34,652	1,266,975			
% Change from FY 2025-26	2.68%	0.42%	1.73%	-2.00%	-0.96%	-	-	-	3.83%	-	1.94%	0.00%	-	0.00%	-0.06%	8.79%	21.21%	0.79%	1.07%		
FY 2027-28 Projection	53,312	12,010	61,103	24,630	135,607	-	-	-	47,036	-	393,140	66,060	-	18,471	25,804	4,795	42,094	1,204,909			
% Change from FY 2026-27	2.57%	0.94%	1.79%	0.76%	1.14%	-	-	-	5.69%	-	2.31%	9.39%	-	0.22%	3.47%	0.93%	0.00%	-3.37%			
FY 2025-26 Appropriation	52,986	12,429	60,683	32,760	142,787	-	-	-	367,735	-	130	377,842	-	18,477	24,074	5,247	30,701	1,272,204			
Difference between the Total FY 2025-26 Projection and Appropriation	(2,366)	(581)	(1,675)	(7,851)	(9,192)	-	-	-	(1,494)	-	(31,128)	(46)	-	(79)	320	(493)	7,991	465	1,464	4,691	(35,001)

Exhibit B - Medicaid Caseload

Medicaid Caseload FY 2014-15																		
FY 2014-15	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-C)	Disabled Buy-In (DAP-D)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2014	41,351	10,346	65,459	3,065	451,203	153,837	194,454	472	431,203	45,550	20,190	15,038	1,672	2,551	25,963	1,068,332	10,866	1.9%
August 2014	42,513	10,320	65,785	2,971	186,345	62,711	202,825	483	436,077	42,760	20,213	15,436	1,800	2,494	26,367	1,089,078	20,746	1.9%
September 2014	42,814	10,361	66,544	2,929	195,740	63,247	210,990	519	435,991	40,145	20,145	15,380	1,854	2,474	26,767	1,106,307	17,229	1.6%
October 2014	41,763	10,355	66,309	2,927	185,307	65,552	218,403	463	442,075	40,387	20,187	14,538	1,789	2,333	27,259	1,120,120	11,813	1.2%
November 2014	41,518	10,341	66,343	3,041	186,451	66,811	222,464	452	445,161	40,460	20,160	14,611	1,733	2,444	27,401	1,125,336	4,216	0.4%
December 2014	41,927	10,404	66,441	3,196	182,727	70,388	237,045	396	446,354	47,275	20,056	14,542	1,675	2,341	27,844	1,131,771	28,066	2.4%
January 2015	41,701	10,351	66,355	3,172	182,456	70,497	247,456	379	445,649	43,561	19,951	14,520	1,722	2,315	28,225	1,135,351	3,574	0.3%
February 2015	41,334	10,332	66,351	4,112	181,480	78,710	261,108	345	446,886	35,445	19,932	14,643	1,795	2,725	28,138	1,136,172	11,197	1.0%
March 2015	41,303	10,351	66,355	3,772	181,480	82,447	274,927	316	447,155	33,155	19,915	14,643	1,795	2,815	28,138	1,136,172	0	0%
April 2015	41,621	10,490	67,132	4,161	186,835	79,437	273,043	305	450,223	35,565	19,982	14,554	1,743	1,986	29,170	1,221,961	12,879	1.0%
May 2015	41,701	10,491	67,132	4,161	186,835	79,437	273,043	305	450,223	35,565	19,982	14,554	1,743	1,986	29,170	1,221,961	0	0%
June 2015	41,639	10,503	67,130	4,509	186,773	79,836	282,910	307	450,875	37,059	19,971	14,833	1,683	2,385	30,560	1,247,434	9,348	0.7%
Year-to-Date Average	41,817	10,466	66,548	3,627	181,683	71,989	247,192	351	445,723	35,113	20,036	14,897	1,749	2,722	28,045	1,161,187	16,144	1.4%
Notes: 1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2015-16																		
FY 2015-16	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-C)	Disabled Buy-In (DAP-D)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2015	41,461	10,437	71,760	3,670	189,716	79,502	287,183	344	454,996	36,222	19,378	14,627	1,596	2,774	30,827	1,247,941	6,107	0.4%
August 2015	41,509	10,431	71,717	3,713	189,740	81,701	291,153	342	455,151	35,926	19,326	14,666	1,615	2,699	31,244	1,251,268	3,327	0.3%
September 2015	42,134	10,548	72,705	3,702	189,727	82,010	297,680	342	461,377	38,130	19,276	14,854	1,614	2,785	31,289	1,269,735	8,467	0.6%
October 2015	41,817	10,700	73,076	3,610	189,744	82,440	302,362	346	466,231	38,136	19,414	15,139	1,568	2,491	31,797	1,277,961	7,226	0.5%
November 2015	42,456	10,429	83,113	5,539	182,975	85,784	310,294	324	466,734	39,640	19,936	14,628	1,743	2,405	31,603	1,281,903	10,938	0.8%
December 2015	42,618	10,461	88,313	5,777	183,083	87,540	320,091	318	469,083	39,867	19,975	14,623	1,646	2,456	31,854	1,286,364	4,461	0.3%
January 2016	42,501	10,462	87,571	5,911	182,364	88,891	327,633	314	470,109	39,934	19,987	14,589	1,611	2,403	31,851	1,288,021	9,657	0.7%
February 2016	42,354	10,331	87,298	5,393	182,450	89,103	331,622	310	470,728	39,950	19,963	14,566	1,596	2,351	31,829	1,293,363	5,342	0.4%
March 2016	42,733	10,644	87,879	5,424	183,417	90,346	335,491	311	472,821	40,414	20,028	14,618	1,626	2,722	31,462	1,321,375	8,139	0.6%
April 2016	42,718	10,548	87,858	5,192	183,417	90,346	335,491	311	472,821	40,414	20,028	14,618	1,626	2,722	31,462	1,321,375	0	0%
May 2016	42,900	10,788	87,842	5,152	183,252	92,385	347,731	308	475,169	40,196	19,996	14,684	1,620	2,707	31,691	1,329,076	2,167	0.1%
June 2016	43,075	10,876	87,891	5,263	183,479	93,497	350,136	304	477,093	40,306	19,993	14,683	1,601	2,635	31,813	1,330,977	1,901	0.1%
Year-to-Date Average	42,405	10,529	88,309	5,177	183,142	86,964	339,374	312	467,193	39,501	19,935	14,613	1,739	2,449	31,895	1,296,366	7,461	0.5%
Notes: 1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2016-17																		
FY 2016-17	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-C)	Disabled Buy-In (DAP-D)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2016	43,134	10,931	87,836	5,334	190,889	90,022	351,508	313	470,563	42,362	20,118	14,896	1,883	2,430	33,012	1,337,500	11,057	0.7%
August 2016	43,174	11,271	87,806	5,372	191,044	90,975	355,971	312	471,980	43,715	20,203	14,871	1,872	2,434	33,428	1,348,499	10,999	0.8%
September 2016	43,633	11,039	88,043	5,598	191,271	90,010	356,125	311	471,754	44,431	20,296	14,401	1,797	2,571	33,931	1,354,903	11,789	0.8%
October 2016	43,175	11,131	87,951	5,613	191,279	88,517	353,170	312	471,116	45,100	20,205	14,568	1,780	2,405	33,461	1,332,114	12,799	0.9%
November 2016	43,113	11,013	87,914	5,718	190,827	90,788	357,661	308	471,863	41,500	20,306	13,916	1,718	2,454	33,716	1,341,968	7,854	0.6%
December 2016	43,481	11,131	88,300	6,114	191,135	90,730	362,133	303	472,054	43,524	20,285	13,628	1,736	2,430	33,360	1,343,504	2,366	0.1%
January 2017	43,888	11,405	88,174	6,202	191,224	87,000	366,908	299	469,924	44,724	20,277	13,507	1,816	2,326	33,173	1,345,979	2,476	0.1%
February 2017	43,649	11,363	87,879	6,382	190,909	86,966	361,877	295	467,770	44,616	20,235	12,860	1,765	2,465	33,167	1,340,089	11,805	0.8%
March 2017	44,351	11,397	87,558	6,964	194,407	86,407	366,108	296	468,105	45,004	20,041	12,813	1,782	2,389	33,133	1,343,319	3,230	0.2%
April 2017	44,637	11,381	87,367	7,018	194,885	86,997	367,197	296	468,511	47,008	20,433	12,786	2,321	2,868	34,607	1,362,458	8,889	0.6%
May 2017	44,616	11,401	87,183	7,042	194,885	86,997	367,197	296	468,511	47,008	20,433	12,786	2,321	2,868	34,607	1,362,458	0	0%
June 2017	44,814	11,420	87,109	7,102	194,885	86,997	367,197	296	468,511	47,008	20,433	12,786	2,321	2,868	34,607	1,362,458	0	0%
Year-to-Date Average	43,541	11,241	87,619	6,251	191,422	87,000	347,848	295	469,297	44,507	20,310	13,587	1,768	2,449	33,805	1,346,114	7,916	0.5%
Notes: 1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2017-18																		
FY 2017-18	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (DAP-C)	Disabled Buy-In (DAP-D)	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2017	45,086	11,410	87,089	7,274	197,440	87,370	379,814	310	497,780	45,467	20,655	11,545	2,177	2,535	34,831	1,366,760	15,100	0.9%
August 2017	45,133	11,486	87,072	7,366	197,123	83,071	374,722	310	497,126	46,362	20,824	11,049	2,119	2,907	35,029	1,366,804	4,120	0.3%
September 2017	45,401	11,509	86,818	7,482	197,151	82,580	376,611	312	497,116	46,778	20,941	10,955	2,105	2,817	35,129	1,367,174	3,369	0.2%
October 2017	45,066	11,558	86,985	7,797	197,085	83,068	376,588	310	497,007	47,110	21,093	9,938	2,197	2,842	35,119	1,371,616	4,443	0.3%
November 2017	45,654	11,443	87,142	7,980	197,250	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	10,702	0.7%
December 2017	45,363	11,718	87,366	8,254	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
January 2018	46,005	11,812	87,303	8,418	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
February 2018	46,018	11,802	87,366	8,464	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
March 2018	46,018	11,788	87,366	8,499	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
April 2018	46,304	12,054	87,366	8,642	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
May 2018	46,304	12,054	87,366	8,642	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
June 2018	46,304	12,054	87,366	8,642	197,271	83,480	380,249	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%
Year-to-Date Average	45,507	11,797	87,351	8,175	197,853	84,610	382,607	310	497,116	46,966	21,000	9,861	2,222	2,716	34,980	1,371,616	0	0%

Exhibit B - Medicaid Caseload

Medicaid Caseload FY 2018-19																		
FY 2018-19	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/BS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2018	47,275	12,499	49,243	8,791	183,300	68,770	336,317	190	429,605	60,022	22,059	12,587	2,395	2,868	34,656	1,291,160	(850)	-0.05%
August 2018	47,463	12,559	49,221	8,734	183,300	68,797	340,705	158	429,302	60,233	21,913	12,490	2,443	2,796	34,802	1,294,359	3,199	0.25%
September 2018	47,564	12,647	49,235	8,647	183,300	68,783	342,428	154	429,176	60,450	21,826	12,375	2,180	2,654	35,024	1,298,218	3,859	0.30%
October 2018	47,546	12,681	48,763	8,606	178,102	66,770	341,096	195	421,792	61,797	21,804	12,378	2,412	2,983	35,264	1,283,860	(11,958)	-0.93%
November 2018	47,621	12,656	48,776	8,590	179,339	66,800	344,506	148	421,560	61,564	21,741	12,333	2,366	2,937	35,023	1,289,213	5,353	0.42%
December 2018	47,622	12,683	48,768	8,619	179,349	63,665	333,558	138	417,476	62,777	22,127	13,887	2,323	2,495	34,728	1,282,395	(6,544)	-0.51%
January 2019	47,571	12,675	48,771	9,249	173,809	61,020	327,312	148	416,302	60,720	21,794	11,977	2,312	2,502	34,608	1,270,778	(11,617)	-0.91%
February 2019	47,504	12,773	48,709	9,113	171,958	60,326	323,455	140	415,410	61,287	21,720	12,122	2,112	2,602	34,426	1,264,100	(6,678)	-0.52%
March 2019	47,504	12,818	48,702	9,113	171,962	61,306	323,455	140	415,410	61,287	21,720	12,122	2,112	2,602	34,426	1,264,100	(6,678)	-0.52%
April 2019	47,504	12,818	48,702	9,113	171,962	61,306	323,455	140	415,410	61,287	21,720	12,122	2,112	2,602	34,426	1,264,100	(6,678)	-0.52%
May 2019	47,504	12,818	48,702	9,113	171,962	61,306	323,455	140	415,410	61,287	21,720	12,122	2,112	2,602	34,426	1,264,100	(6,678)	-0.52%
June 2019	47,504	12,818	48,702	9,113	171,962	61,306	323,455	140	415,410	61,287	21,720	12,122	2,112	2,602	34,426	1,264,100	(6,678)	-0.52%
Year to date Average	47,466	12,721	48,639	8,767	175,827	63,563	330,325	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	1,261,365	(5,203)	-0.41%
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2019-20																		
FY 2019-20	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/BS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2019	48,316	13,013	47,860	9,613	188,544	58,861	316,040	127	411,451	54,796	21,628	12,313	2,201	2,720	33,801	1,221,392	(8,822)	-0.72%
August 2019	48,406	12,962	47,557	9,583	187,563	57,931	318,314	131	410,883	54,364	21,674	11,987	2,127	2,531	33,609	1,220,569	(1,823)	-0.15%
September 2019	48,386	13,012	47,382	9,644	187,391	57,640	320,313	136	409,522	54,961	21,993	11,916	2,094	2,376	33,890	1,219,429	(1,159)	-0.09%
October 2019	48,414	12,986	47,507	9,740	188,381	58,277	319,577	146	407,413	55,217	21,999	11,499	2,079	2,386	33,914	1,216,714	(2,715)	-0.22%
November 2019	47,674	12,898	46,382	9,841	184,578	58,658	320,755	144	405,220	56,378	21,579	11,681	2,146	2,274	33,568	1,213,074	(3,640)	-0.30%
December 2019	47,575	12,914	46,389	10,140	181,384	57,336	319,312	136	403,697	56,586	20,933	11,480	2,195	2,319	33,218	1,207,566	(5,508)	-0.45%
January 2020	47,095	12,981	46,351	10,244	180,361	56,192	315,372	136	400,849	57,379	21,458	10,942	2,191	2,270	33,011	1,198,332	(9,234)	-0.76%
February 2020	46,301	12,953	46,189	10,277	179,643	57,351	313,302	137	398,833	56,866	20,916	10,743	2,187	2,249	32,789	1,193,405	(4,927)	-0.41%
March 2020	46,562	12,976	45,222	11,546	178,580	53,531	313,531	139	398,268	56,365	20,806	11,088	2,190	2,326	32,729	1,188,613	(4,792)	-0.40%
April 2020	46,916	13,042	46,916	12,004	184,401	56,902	317,339	136	400,139	56,807	20,928	11,008	2,112	2,374	33,005	1,179,836	(8,783)	-0.74%
May 2020	47,173	13,005	46,953	12,220	187,303	63,004	340,281	141	410,395	56,473	20,955	12,211	2,417	2,495	33,608	1,204,304	14,468	1.24%
June 2020	47,518	13,125	46,781	12,752	187,257	69,676	348,362	144	417,306	58,208	20,960	12,424	2,630	2,712	33,813	1,217,411	13,107	1.08%
Year to date Average	47,551	13,029	46,332	10,975	184,347	58,467	322,961	137	407,347	55,924	21,340	11,567	2,209	2,417	33,441	1,219,245	7,821	0.64%
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2020-21																		
FY 2020-21	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/BS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2020	48,366	13,444	49,248	10,329	188,544	74,281	317,381	144	410,830	60,503	20,814	12,383	2,508	2,491	34,313	1,237,454	17,068	1.38%
August 2020	47,993	13,100	48,977	10,363	187,383	77,829	344,450	144	410,114	63,269	20,809	12,330	3,139	2,503	34,466	1,230,776	33,322	2.70%
September 2020	48,101	13,176	49,712	10,399	187,871	79,139	377,846	144	418,429	64,954	20,796	12,853	3,350	2,881	34,769	1,240,803	10,027	0.81%
October 2020	48,066	13,613	49,826	10,464	176,913	83,703	382,611	144	440,714	67,813	21,832	13,310	3,546	3,402	34,951	1,255,814	15,011	1.20%
November 2020	48,021	13,481	45,993	10,551	186,094	397,656	341,290	140	455,544	67,862	21,290	13,280	3,676	6,029	35,190	1,384,219	128,405	9.29%
December 2020	48,614	13,566	46,113	10,535	189,099	401,507	345,903	140	459,301	67,903	21,605	13,429	3,749	6,633	35,518	1,426,009	41,790	2.93%
January 2021	48,277	13,587	46,434	14,508	176,619	411,236	341,290	140	456,620	68,914	20,763	13,340	3,912	7,272	35,607	1,424,251	2,042	0.14%
February 2021	48,044	13,619	46,421	14,489	177,034	418,062	341,290	138	460,420	68,907	20,792	13,590	3,713	6,559	35,603	1,429,086	4,835	0.34%
March 2021	48,051	13,637	46,431	14,608	177,776	422,781	342,677	137	466,377	68,932	20,768	13,613	3,975	6,187	35,716	1,433,035	3,949	0.27%
April 2021	48,152	13,613	46,355	14,695	177,831	425,304	340,705	136	466,314	68,939	20,839	14,210	3,849	6,803	35,824	1,446,282	11,247	0.78%
May 2021	48,348	13,722	46,396	14,767	177,818	427,968	343,238	135	468,211	69,448	20,971	14,397	3,960	7,000	35,833	1,477,279	30,998	2.10%
June 2021	48,444	13,678	46,363	15,050	178,547	432,000	345,903	134	470,188	69,520	20,921	14,337	3,872	7,000	35,833	1,486,388	9,109	0.61%
Year to date Average	48,248	13,541	46,187	14,347	175,130	442,427	345,903	139	450,956	68,833	20,742	13,609	3,609	7,016	35,302	1,404,955	22,413	1.60%
1. Due to rounding, the average monthly totals may differ slightly from annual totals reported elsewhere.																		
Medicaid Caseload FY 2021-22																		
FY 2021-22	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/BS)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2021	49,366	13,444	49,248	10,329	178,196	106,136	447,229	137	471,462	70,302	20,454	13,796	3,892	11,408	35,502	1,499,303	14,048	0.93%
August 2021	49,042	13,591	48,107	10,101	178,824	103,099	457,788	129	479,867	71,263	20,454	14,039	4,014	12,064	35,803	1,512,299	12,996	0.86%
September 2021	49,179	13,801	49,087	10,287	180,180	108,111	468,111	130	477,705	71,368	20,410	14,312	4,116	12,644	36,107	1,521,133	8,834	0.58%
October 2021	49,389	13,813	49,149	10,246	180,913	104,046	464,026	131	479,742	71,267	20,344	14,338	4,132	13,225	36,400	1,534,441	13,308	0.87%
November 2021	49,264	13,747	49,057	10,277	180,664	103,001	463,001	131	478,001	71,001	20,301	14,201	4,101	13,101	36,301	1,524,001	9,560	0.63%
December 2021	49,216	13,781	48,033	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024	1,555,552	31,551	2.03%
January 2022	49,191	13,791	48,047	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
February 2022	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
March 2022	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
April 2022	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
May 2022	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
June 2022	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			
Year to date Average	49,206	13,807	48,063	10,418	180,711	106,148	476,148	131	480,831	72,737	20,426	13,837	4,138	14,387	36,024			

Exhibit B - Medicaid Caseload

Medicaid Caseload FY 2022-23																			
FY 2022-23	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 65% FPL	MAGI Parents/ Caretakers 66% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizen- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2022	49,837	13,890	45,457	14,794	199,224	185,350	568,880	128	460,777	81,705	20,159	15,810	4,864	19,803	35,154	27,437	1,450,824	32,786	2.33%
August 2022	50,020	13,825	45,761	14,827	197,254	184,223	573,309	127	459,511	81,286	20,200	16,464	5,294	20,201	34,974	27,402	1,444,867	13,045	0.93%
September 2022	50,179	13,861	45,882	14,739	196,195	183,803	575,839	134	460,572	80,515	20,591	14,991	5,091	21,889	34,789	27,366	1,480,793	15,884	0.93%
October 2022	50,479	13,862	45,949	14,731	195,454	184,209	580,801	129	461,786	79,257	20,114	15,760	5,264	22,446	34,956	27,958	1,499,489	14,522	0.94%
November 2022	50,584	13,920	45,891	14,467	196,384	185,311	581,883	131	463,354	77,982	20,321	15,715	5,482	24,127	34,420	28,425	1,514,062	18,767	1.15%
December 2022	50,461	13,937	45,848	14,761	197,430	185,484	581,070	139	464,743	78,854	20,278	16,130	5,933	25,396	34,091	28,495	1,527,530	13,478	0.70%
January 2023	50,727	13,863	44,489	19,842	199,809	185,350	587,321	143	467,331	78,709	20,338	16,638	6,782	26,971	33,794	30,809	1,545,100	15,570	0.90%
February 2023	50,874	13,927	44,584	19,653	202,249	185,466	582,304	138	469,191	79,108	20,246	16,349	6,848	28,537	33,782	31,371	1,555,990	12,490	0.72%
March 2023	51,003	13,948	44,531	19,893	202,838	185,490	587,484	133	471,000	78,864	20,243	16,784	6,877	30,340	33,464	31,724	1,565,482	11,871	0.76%
Apr 8 2023	50,427	13,718	43,533	19,817	199,508	184,473	582,481	132	471,456	74,932	19,481	16,921	6,194	31,380	32,548	34,418	1,551,401	(17,841)	-1.01%
May 2023	50,434	13,724	43,538	19,888	200,144	185,234	582,979	129	473,587	75,728	19,619	16,881	6,275	32,943	32,563	37,089	1,558,714	(7,177)	-0.45%
June 2023	50,708	13,605	43,009	19,448	198,424	185,758	581,486	123	461,772	74,093	19,308	16,477	6,274	33,127	31,859	30,242	1,525,907	(37,757)	-2.18%
Year to date Average	50,477	13,848	44,933	18,451	198,514	184,683	580,312	133	464,493	77,505	20,070	16,842	6,305	26,216	32,861	34,429	1,519,393	8,577	0.52%
Medicaid Caseload FY 2023-24																			
FY 2023-24	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 65% FPL	MAGI Parents/ Caretakers 66% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CRC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizen- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2023	49,768	13,502	42,543	19,225	191,235	186,794	578,720	120	488,229	71,886	19,281	16,114	6,183	32,893	31,221	27,486	1,474,561	(46,796)	-2.70%
August 2023	49,189	13,484	41,527	19,124	189,129	187,481	580,829	122	473,996	69,224	19,234	15,524	6,214	32,944	30,078	29,471	1,454,239	(20,322)	-1.37%
September 2023	48,708	13,133	41,230	19,215	179,224	186,053	492,991	119	457,572	69,406	19,457	15,013	6,130	32,795	29,779	27,862	1,377,862	(52,374)	-3.22%
October 2023	48,514	13,054	40,914	19,211	178,827	185,989	493,914	119	457,224	67,307	19,183	14,919	6,107	32,635	29,626	27,426	1,355,815	(21,547)	-1.77%
November 2023	47,861	12,850	40,584	19,635	176,831	185,958	497,036	118	455,336	66,143	19,108	14,769	6,061	32,403	29,492	27,781	1,349,493	(19,465)	-1.41%
December 2023	47,786	12,785	40,530	19,775	180,730	187,794	494,455	118	451,592	60,885	19,144	14,760	5,766	31,700	28,788	27,756	1,401,334	(49,536)	-3.41%
January 2024	46,761	12,633	39,104	19,720	186,338	187,364	488,872	121	456,597	59,777	19,117	14,782	5,700	27,421	28,285	27,862	1,364,872	(54,621)	-3.90%
February 2024	46,926	12,598	37,589	20,164	191,593	187,589	484,483	121	457,987	54,360	18,968	13,257	5,626	27,011	28,348	27,394	1,293,277	(55,405)	-3.97%
March 2024	46,348	12,111	36,707	20,433	197,491	187,091	484,125	121	457,787	47,433	18,924	11,035	5,453	30,579	28,335	28,578	1,244,663	(46,405)	-3.74%
Apr 8 2024	46,480	12,180	36,780	21,584	193,686	187,103	483,377	117	466,123	46,394	19,001	12,908	5,118	31,013	28,777	28,479	1,198,080	(46,582)	-3.74%
May 2024	47,139	12,185	36,400	22,491	192,099	187,384	487,544	119	472,807	42,945	18,779	12,801	4,988	31,267	28,244	27,889	1,161,116	(26,964)	-2.69%
June 2024	47,439	12,214	36,684	23,149	190,079	187,179	488,187	118	475,391	42,187	18,674	13,173	4,793	32,496	28,914	28,105	1,165,266	4,148	0.34%
Year to date Average	47,481	12,692	38,907	20,312	187,211	186,181	485,821	119	472,408	49,851	19,083	14,045	5,663	27,312	29,011	31,242	1,299,188	(48,838)	-3.19%

Exhibit B - Medicaid Caseload

MEDICAID C&B0100B FY 2024-25																				
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AMD/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	HB 22-1289 Medicaid Adults	TOTAL	Monthly Growth	Monthly Growth Rate
July 2024	48,097	12,138	58,760	23,637	140,587	41,349	312,344	119	362,073	43,344	18,433	23,435	4,726	31,779	29,218	25,001	1,175,160	5,904	0.855	
August 2024	48,631	12,264	57,073	24,189	140,768	42,143	318,208	118	364,744	43,954	18,420	23,434	4,710	31,682	29,564	24,803	1,188,897	12,937	1.101	
September 2024	49,139	12,371	57,101	24,521	140,494	41,865	318,305	121	365,228	43,925	18,415	23,453	4,726	31,670	29,996	25,103	1,192,389	4,225	0.361	
October 2024	49,595	12,314	57,581	25,559	140,470	42,238	322,123	122	365,957	44,420	18,405	23,368	4,807	31,612	30,070	24,887	1,200,313	7,934	0.670	
November 2024	49,712	12,232	57,793	26,121	140,604	42,403	322,760	124	366,225	44,920	18,408	23,567	4,840	31,604	30,427	24,932	1,208,217	7,908	0.660	
December 2024	50,154	12,289	57,827	26,883	139,926	42,404	327,778	126	366,100	44,950	18,426	23,511	4,910	31,723	30,334	24,687	1,211,029	2,788	0.230	
January 2025	50,418	12,321	58,241	27,437	139,120	43,805	331,474	120	366,180	46,510	18,468	23,454	5,120	31,746	30,438	25,074	1,214,424	3,396	0.280	
February 2025	50,468	12,279	58,444	28,038	138,326	43,454	331,862	115	363,763	46,831	18,468	23,335	5,101	31,761	30,308	24,779	1,216,521	14,091	1.160	
March 2025	50,727	12,305	58,847	28,180	135,483	43,838	331,000	117	364,260	46,360	18,480	23,807	5,043	31,118	30,101	24,754	1,213,952	4,427	0.370	
April 2025	50,831	12,179	58,150	28,341	136,116	43,615	334,042	114	371,400	46,301	18,461	24,117	4,844	30,608	30,379	24,429	1,221,788	7,836	0.640	
May 2025	50,268	12,027	58,838	27,456	136,233	43,065	332,645	91	374,763	47,477	18,503	24,334	4,813	30,199	30,790	24,199	1,226,207	2,419	0.200	
June 2025	49,830	11,907	58,495	28,766	136,100	43,184	332,967	93	376,968	48,831	18,501	24,039	4,790	31,723	31,113	24,108	1,230,813	4,429	0.360	
Year to date Average	49,826	12,213	57,984	28,463	136,303	42,754	326,884	113	367,111	45,571	18,475	23,458	4,867	31,630	30,237	24,735	1,207,813	5,468	0.455	
MEDICAID C&B0100B FY 2025-26																				
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AMD/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	HB 22-1289 Medicaid Adults	TOTAL	Monthly Growth	Monthly Growth Rate
July 2025	49,835	11,941	58,411	25,971	135,510	43,616	334,393	88	376,631	49,641	18,424	24,246	4,780	31,638	31,442	24,391	5,329	1,232,489	1,856	0.150
August 2025	50,143	11,903	58,678	25,854	136,121	46,121	333,494	92	378,763	51,180	18,427	25,276	4,910	31,680	31,663	25,086	4,869	1,235,329	2,840	0.230
September 2025	50,320	11,856	58,776	25,051	135,540	46,960	331,730	91	378,323	53,412	18,380	25,393	4,950	31,609	31,448	25,044	4,453	1,235,008	13,011	1.050
October 2025	50,320	11,910	58,913	25,794	135,540	43,256	331,936	87	377,917	52,928	18,368	24,475	4,775	31,609	32,056	25,062	5,999	1,235,943	935	0.080
November 2025	50,479	11,869	58,930	25,056	132,426	42,613	326,484	80	377,060	54,480	18,388	24,917	4,605	31,709	32,512	24,017	7,227	1,241,808	14,140	1.140
December 2025	50,584	11,781	58,970	24,253	132,481	42,665	328,375	78	374,985	54,480	18,380	24,036	4,700	31,523	32,448	24,017	6,490	1,229,916	8,108	0.660
Year to date Average	50,226	11,882	58,726	25,511	134,724	43,705	331,024	86	375,360	52,124	18,396	24,500	4,726	31,676	31,628	24,514	5,241	1,231,548	12,861	1.040

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Cash Based																
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2015-16	\$24,168	\$19,636	\$16,195	\$6,651	\$3,029	\$2,535	\$3,786	\$12,069	\$1,870	\$1,587	\$4,278	\$10,894	\$9,739	\$14,864	\$1,221	\$4,337
% Change from FY 2014-15	5.24%	4.81%	5.88%	-7.45%	0.46%	2.51%	-2.29%	-16.83%	3.42%	7.32%	2.03%	3.83%	3.02%	-0.20%	9.82%	0.42%
FY 2016-17	\$25,941	\$18,311	\$16,138	\$6,484	\$2,611	\$2,251	\$3,369	\$16,425	\$1,788	\$1,471	\$4,247	\$9,777	\$7,846	\$15,432	\$1,215	\$4,125
% Change from FY 2015-16	7.34%	-6.75%	-0.35%	-2.50%	-13.82%	-11.19%	-10.99%	36.09%	-4.39%	-7.35%	-0.74%	-10.25%	-19.43%	3.83%	-0.56%	-4.89%
FY 2017-18	\$27,846	\$19,877	\$18,599	\$7,571	\$3,060	\$2,838	\$3,833	\$19,630	\$2,088	\$1,734	\$4,701	\$12,038	\$9,280	\$18,362	\$1,254	\$4,801
% Change from FY 2016-17	7.34%	8.55%	15.25%	16.76%	17.22%	26.06%	13.75%	19.52%	16.78%	17.91%	10.70%	23.13%	18.28%	18.98%	3.22%	16.39%
FY 2018-19	\$27,525	\$21,266	\$19,904	\$7,803	\$2,879	\$2,639	\$3,810	\$15,423	\$2,137	\$1,660	\$4,900	\$11,331	\$8,840	\$16,078	\$1,393	\$5,001
% Change from FY 2017-18	-1.15%	6.99%	7.01%	3.05%	-5.92%	-7.03%	-0.58%	-21.44%	2.37%	-4.29%	4.24%	-5.87%	-4.74%	-12.44%	11.09%	4.17%
FY 2019-20	\$30,298	\$22,757	\$21,661	\$8,097	\$3,088	\$2,976	\$4,294	\$19,507	\$2,239	\$1,776	\$5,151	\$11,924	\$9,120	\$17,522	\$1,486	\$5,504
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	12.70%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.06%
FY 2020-21	\$28,155	\$23,212	\$22,809	\$6,995	\$3,030	\$2,842	\$3,941	\$20,531	\$2,068	\$1,750	\$6,589	\$9,033	\$6,654	\$8,575	\$2,703	\$5,080
% Change from FY 2019-20	-7.07%	2.00%	5.30%	-13.61%	-1.87%	-4.49%	-8.24%	5.25%	-7.63%	-1.46%	27.92%	-24.24%	-27.04%	-51.06%	81.91%	-7.70%
FY 2021-22	\$28,702	\$22,563	\$25,130	\$5,889	\$3,119	\$3,001	\$3,847	\$9,882	\$2,381	\$2,048	\$7,082	\$8,828	\$6,230	\$5,231	\$3,078	\$5,124
% Change from FY 2020-21	1.95%	-2.80%	10.18%	-15.81%	2.94%	5.61%	-2.37%	-51.87%	15.15%	17.01%	7.49%	-2.28%	-6.38%	-39.00%	13.87%	0.87%
FY 2022-23	\$30,775	\$26,912	\$28,940	\$7,681	\$3,284	\$3,133	\$3,941	\$12,182	\$2,530	\$1,996	\$8,177	\$5,490	\$4,150	\$3,402	\$3,399	\$5,223
% Change from FY 2021-22	7.22%	19.28%	15.16%	30.42%	5.29%	4.38%	2.45%	23.27%	6.26%	-2.56%	15.46%	-37.82%	-33.38%	-34.96%	10.44%	1.93%
FY 2023-24	\$37,844	\$32,196	\$34,746	\$8,611	\$4,146	\$3,881	\$5,076	\$12,450	\$3,198	\$2,564	\$9,839	\$5,586	\$4,870	\$3,358	\$3,790	\$6,886
% Change from FY 2022-23	22.97%	19.63%	20.06%	12.11%	26.25%	23.89%	28.79%	2.20%	26.38%	28.46%	20.33%	1.76%	17.34%	-1.29%	11.52%	30.31%
FY 2024-25	\$42,475	\$36,050	\$40,841	\$9,666	\$5,068	\$4,970	\$6,586	\$14,721	\$3,731	\$2,994	\$19,413	\$6,330	\$10,250	\$2,919	\$3,950	\$8,727
% Change from FY 2023-24	12.24%	11.97%	17.54%	12.25%	22.25%	28.05%	29.76%	18.24%	16.69%	16.76%	97.30%	13.32%	110.47%	-13.07%	4.22%	28.23%
FY 2025-26 Projection	\$49,118	\$41,233	\$44,869	\$11,466	\$5,999	\$5,674	\$7,296	\$16,676	\$4,187	\$3,135	\$11,297	\$6,621	\$8,921	\$2,921	\$4,189	\$9,525
% Change from FY 2024-25	15.64%	14.38%	9.86%	18.62%	18.36%	14.17%	10.78%	13.27%	12.22%	4.71%	-41.81%	4.60%	-12.97%	0.08%	6.05%	9.14%
FY 2026-27 Projection	\$52,933	\$44,086	\$48,266	\$12,588	\$6,434	\$6,006	\$7,956	\$17,587	\$4,401	\$3,162	\$11,879	\$6,652	\$9,098	\$3,046	\$4,387	\$10,188
% Change from FY 2025-26	7.77%	6.92%	7.57%	9.79%	7.25%	5.84%	9.04%	5.47%	0.88%	5.15%	0.46%	1.98%	4.27%	4.71%	6.96%	6.96%
FY 2027-28 Projection	\$54,634	\$46,055	\$51,123	\$13,624	\$6,990	\$6,362	\$9,513	\$18,464	\$4,494	\$3,227	\$12,585	\$6,865	\$9,284	\$3,161	\$4,564	\$10,997
% Change from FY 2025-26	3.21%	4.47%	5.92%	8.23%	8.65%	5.93%	19.57%	4.98%	2.12%	2.05%	5.94%	3.21%	2.05%	3.76%	4.05%	7.94%
Notes:																
1. This exhibit does not include supplemental payments, outstanding payments, or upper payment limit financing.																
2. See narrative for a description of events that alter trends.																

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Adjusted for Payment Delays																
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2015-16	\$24,168	\$19,636	\$16,195	\$6,651	\$3,029	\$2,535	\$3,786	\$12,069	\$1,870	\$1,587	\$4,278	\$10,894	\$9,739	\$14,864	\$1,221	\$4,337
% Change from FY 2014-15	5.24%	4.81%	5.88%	-7.45%	0.46%	2.51%	-2.29%	-16.83%	3.42%	7.32%	2.03%	3.83%	3.02%	-0.20%	9.82%	0.00%
FY 2016-17	\$25,941	\$18,311	\$16,138	\$6,484	\$2,611	\$2,251	\$3,369	\$16,425	\$1,788	\$1,471	\$4,247	\$9,777	\$7,846	\$15,432	\$1,215	\$4,125
% Change from FY 2015-16	7.34%	-6.75%	-0.35%	-2.50%	-13.82%	-11.19%	-10.99%	36.09%	-4.39%	-7.35%	-0.74%	-10.25%	-19.43%	3.83%	-0.56%	-4.89%
FY 2017-18	\$27,846	\$19,877	\$18,599	\$7,571	\$3,060	\$2,838	\$3,833	\$19,630	\$2,088	\$1,734	\$4,701	\$12,038	\$9,280	\$18,362	\$1,254	\$4,801
% Change from FY 2016-17	7.34%	8.55%	15.25%	16.76%	17.22%	26.06%	13.75%	19.52%	16.78%	17.91%	10.70%	23.13%	18.28%	18.98%	3.22%	16.39%
FY 2018-19	\$27,525	\$21,266	\$19,904	\$7,803	\$2,879	\$2,639	\$3,810	\$15,423	\$2,137	\$1,660	\$4,900	\$11,331	\$8,840	\$16,078	\$1,393	\$5,001
% Change from FY 2017-18	-1.15%	6.99%	7.01%	3.05%	-5.92%	-7.03%	-0.58%	-21.44%	2.37%	-4.29%	4.24%	-5.87%	-4.74%	-12.44%	11.09%	4.17%
FY 2019-20	\$30,298	\$22,757	\$21,661	\$8,097	\$3,088	\$2,976	\$4,294	\$19,507	\$2,239	\$1,776	\$5,151	\$11,924	\$9,120	\$17,522	\$1,486	\$5,504
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	12.70%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.06%
FY 2020-21	\$28,155	\$23,212	\$22,809	\$6,995	\$3,030	\$2,842	\$3,941	\$20,531	\$2,068	\$1,750	\$6,589	\$9,033	\$6,654	\$8,575	\$2,703	\$5,080
% Change from FY 2019-20	-7.07%	-2.00%	5.30%	-13.61%	-1.87%	-4.49%	-8.24%	5.25%	-7.63%	-1.46%	27.92%	-24.24%	-27.04%	-51.06%	81.91%	-7.70%
FY 2021-22	\$28,702	\$22,563	\$25,130	\$5,889	\$3,119	\$3,001	\$3,847	\$9,882	\$2,381	\$2,048	\$7,082	\$8,828	\$6,230	\$5,231	\$3,078	\$5,124
% Change from FY 2020-21	1.95%	-2.80%	10.18%	-15.81%	2.94%	5.61%	-2.37%	-51.87%	15.15%	17.01%	7.49%	-2.28%	-6.38%	-39.00%	13.87%	0.87%
FY 2022-23	\$30,775	\$26,912	\$28,940	\$7,681	\$3,284	\$3,133	\$3,941	\$12,182	\$2,530	\$1,996	\$8,177	\$5,490	\$4,150	\$3,402	\$3,399	\$5,223
% Change from FY 2021-22	7.22%	19.28%	15.16%	30.42%	5.29%	4.38%	2.45%	23.27%	6.26%	-2.56%	15.46%	-37.82%	-33.38%	-34.96%	10.44%	1.93%
FY 2023-24	\$37,844	\$32,196	\$34,746	\$8,611	\$4,146	\$3,881	\$5,076	\$12,450	\$3,198	\$2,564	\$9,839	\$5,586	\$4,870	\$3,358	\$3,790	\$6,806
% Change from FY 2022-23	22.97%	19.63%	20.06%	12.11%	26.25%	23.89%	28.79%	2.20%	26.38%	28.46%	20.33%	17.34%	-1.29%	11.52%	30.31%	30.31%
FY 2023-24	\$42,475	\$36,050	\$40,841	\$9,666	\$5,068	\$4,970	\$6,586	\$14,721	\$3,731	\$2,994	\$19,413	\$6,330	\$10,250	\$2,919	\$3,950	\$8,727
% Change from FY 2022-23	12.24%	11.97%	17.54%	12.25%	22.25%	28.05%	29.76%	18.24%	16.69%	16.76%	97.30%	13.32%	110.47%	-13.07%	4.22%	28.23%
FY 2025-26 Projection	\$49,920	\$39,935	\$45,662	\$10,790	\$5,795	\$5,781	\$7,380	\$12,180	\$4,297	\$3,728	\$11,250	\$6,827	\$8,714	\$3,091	\$4,503	\$9,756
% Change from FY 2023-24	17.53%	10.78%	11.80%	11.63%	14.33%	16.33%	12.04%	-17.26%	15.16%	24.52%	-42.05%	7.85%	-14.99%	5.88%	13.98%	11.79%
FY 2026-27 Projection	\$54,351	\$44,273	\$49,102	\$12,354	\$6,457	\$6,253	\$7,537	\$19,052	\$4,486	\$3,524	\$11,901	\$6,800	\$9,092	\$3,314	\$4,678	\$10,268
% Change from FY 2024-25	8.88%	10.86%	7.53%	14.49%	11.43%	8.15%	2.13%	56.42%	4.40%	5.47%	5.78%	-0.40%	4.34%	7.21%	3.89%	5.25%
FY 2027-28 Projection	\$56,038	\$46,489	\$52,038	\$13,727	\$7,070	\$6,724	\$7,443	\$20,898	\$4,598	\$3,530	\$12,612	\$7,103	\$9,370	\$3,161	\$4,843	\$10,626
% Change from FY 2025-26	3.10%	5.01%	5.98%	11.12%	9.49%	7.54%	-1.24%	9.69%	2.50%	0.18%	5.98%	4.46%	3.06%	-4.63%	3.53%	3.49%
Notes:																
1. This exhibit does not include supplemental payments, outstanding payments, or upper payment limit financing.																
2. See narrative for a description of events that alter trends.																
3. The per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.																

Exhibit D - Cash Funds Report

Cash Funds Report									
Cash Fund	FY 2025-26 Base Spending Authority	FY 2025-26 Request	FY 2025-26 Change	FY 2026-27 Base Spending Authority	FY 2026-27 Request	FY 2026-27 Change	FY 2027-28 Base Spending Authority	FY 2027-28 Request	FY 2027-28 Change
<i>Cash Funds</i>									
Certified Funds	\$88,751,115	\$89,339,422	\$588,307	\$757,380,172	\$94,258,581	(\$663,121,591)	\$757,380,172	\$98,445,753	(\$658,934,419)
CF-2410: Healthcare Afford. & Sust. Fee Cash Fund	\$1,121,187,975	\$1,282,456,304	\$161,268,329	\$12,022,797,526	\$1,536,893,039	(\$10,485,904,487)	\$12,023,635,719	\$1,560,494,999	(\$10,463,140,720)
CF-2413: CHASE Medicaid Buy-in Cash Fund	\$6,660,761	\$6,660,761	\$0	\$53,286,088	\$6,660,761	(\$46,625,327)	\$53,286,088	\$6,660,761	(\$46,625,327)
CF-4360: Tobacco Cash Tax Fund	\$1,503,600	\$1,503,600	\$0	\$12,028,800	\$1,503,600	(\$10,525,200)	\$12,028,800	\$1,503,600	(\$10,525,200)
CF-18K0: Health Care Expansion Fund	\$46,929,200	\$46,929,200	\$0	\$372,977,200	\$46,929,200	(\$326,048,000)	\$372,977,200	\$46,110,400	(\$326,866,800)
CF-15D0: BCCPT Program	\$836,182	\$482,575	(\$353,607)	\$4,238,803	\$552,361	(\$3,686,442)	\$4,238,803	\$656,722	(\$3,582,081)
CF-2411: CHASE Nursing Facility Provider Fee Cash Fund	\$62,525,000	\$61,501,951	(\$1,023,049)	\$527,355,853	\$65,500,000	(\$461,855,853)	\$527,355,853	\$69,625,000	(\$457,730,853)
CF-XXX4: Affordable Housing Support Fund	\$2,218,592	\$2,218,592	\$0	\$17,748,736	\$2,218,592	(\$15,530,144)	\$17,748,736	\$2,218,592	(\$15,530,144)
CF-18M0: Tobacco Education Programs Fund	\$857,151	\$857,151	\$0	\$6,857,208	\$857,151	(\$6,000,057)	\$6,857,208	\$857,151	(\$6,000,057)
CF-1000-RECOV: Recoveries and Recoupments	\$55,110,150	\$81,106,480	\$25,996,330	\$674,848,171	\$81,106,480	(\$593,741,691)	\$674,848,171	\$81,106,480	(\$593,741,691)
CF-RAC: Recover Audit Contractor Recoveries Fund	\$20,900,588	\$64,807,296	\$43,906,708	\$379,644,970	\$35,062,015	(\$344,582,955)	\$379,644,970	\$33,645,873	(\$345,999,097)
CF-2412: CHASE ICF Fee Cash Fund	\$200,460	\$0	(\$200,460)	\$1,002,300	\$200,460	(\$801,840)	\$1,002,300	\$200,460	(\$801,840)
CF-28C0: Adult Dental Fund	\$73,586,261	\$61,743,686	(\$11,842,575)	\$522,820,180	\$66,820,119	(\$456,000,061)	\$522,820,180	\$70,186,100	(\$452,634,080)
Transfer from Denver Health	\$700,000	\$700,000	\$0	\$5,600,000	\$700,000	(\$4,900,000)	\$5,600,000	\$700,000	(\$4,900,000)
Total Cash Funds	\$1,481,967,035	\$1,700,307,018	\$218,339,983	\$15,358,586,008	\$1,939,262,359.00	(\$13,419,323,649)	\$15,359,424,201	\$1,972,411,891	(\$13,387,012,310)
<i>Reappropriated Funds</i>									
(6) Other Medical Services; (B) Old Age Pension State Medical Program	\$9,253,841	\$0	(\$9,253,841)	\$50,784,206	\$10,758,841.00	(\$40,025,365)	\$50,784,206	\$0	(\$50,784,206)
Public School Health Services	\$1,158,174	\$1,158,174	\$0	\$9,265,392	\$1,158,174.00	(\$8,107,218)	\$9,265,392	\$1,158,174	(\$8,107,218)
Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs	\$112,280,907	\$112,280,907	\$0	\$898,247,256	\$112,280,907.00	(\$785,966,349)	\$898,247,256	\$112,280,907	(\$785,966,349)
Department of Early Childhood	\$1,505,000	\$1,505,000	\$0	\$7,525,000	\$1,505,000.00	(\$6,020,000)	\$7,525,000	\$1,505,000	(\$6,020,000)
Total Reappropriated Funds	\$124,197,922	\$114,944,081	(\$9,253,841)	\$965,821,854	\$125,702,922	(\$840,118,932)	\$965,821,854	\$114,944,081	(\$850,877,773)

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

Exhibit D - Cash Funds Report

Cash Funds Spending Authority by Source of Authority FY 2025-26				
Spending Authority	FY 2025-26 (SB 25-206)	HB 25-229 Reimbursement for Community Health Workers	SB 25-084 Medicaid Access to Parenteral Nutrition	Total
Certified Funds	\$88,751,115	\$0	\$0	\$88,751,115
CF-2410: Healthcare Afford. & Sust. Fee Cash Fund	\$1,121,530,725	(\$342,750)	\$0	\$1,121,187,975
CF-2413: CHASE Medicaid Buy-in Cash Fund	\$0	\$0	\$0	\$0
CF-4360: Tobacco Cash Tax Fund	\$1,503,600	\$0	\$0	\$1,503,600
CF-18K0: Health Care Expansion Fund	\$46,929,200	\$0	\$0	\$46,929,200
CF-15D0: BCCPT Program	\$836,182	\$0	\$0	\$836,182
CF-2411: CHASE Nursing Facility Provider Fee Cash Fund	\$0	\$0	\$0	\$0
CF-XXX4: Affordable Housing Support Fund	\$0	\$0	\$0	\$0
CF-18M0: Tobacco Education Programs Fund	\$857,151	\$0	\$0	\$857,151
CF-1000-RECOV: Recoveries and Recoupments	\$76,010,738	\$0	\$0	\$76,010,738
CF-RAC: Recover Audit Contractor Recoveries Fund	\$0	\$0	\$0	\$0
CF-2412: CHASE ICF Fee Cash Fund	\$0	\$0	\$0	\$0
CF-28C0: Adult Dental Fund	\$73,586,261	\$0	\$0	\$73,586,261
Transfer from Denver Health	\$700,000	\$0	\$0	\$700,000
HCPF Cash Fund	\$0	\$0	\$0	\$0
Total Cash Funds	\$1,410,704,972	(\$342,750)	\$0	\$1,410,362,222

Exhibit D - Cash Funds Report

Revised Totals for Letternotes and Appropriation Clauses FY 2025-26				
FY 2024-25 Request	FY 2025-26 (SB 25-206)	HB 25-229 Reimbursement for Community Health Workers	SB 25-084 Medicaid Access to Parenteral Nutrition	Total
Certified Funds	<u>\$89,339,422</u>	\$0	\$0	\$89,339,422
Healthcare Affordability and Sustainability Fee Cash Fund	<u>\$1,282,799,054</u>	(\$342,750)	\$0	\$1,282,456,304
Medicaid Buy-In Fund	<u>\$6,660,761</u>	\$0	\$0	\$6,660,761
Tobacco Tax Cash Fund	\$1,503,600	\$0	\$0	\$1,503,600
Health Care Expansion Fund	\$46,929,200	\$0	\$0	\$46,929,200
Breast and Cervical Cancer Fund	<u>\$482,575</u>	\$0	\$0	\$482,575
Colorado Autism Treatment Fund	\$0	\$0	\$0	\$0
Nursing Facility Fund	<u>\$61,501,951</u>	\$0	\$0	\$61,501,951
ARPA Healthcare Afford&Sustain Fee	<u>\$2,218,592</u>	\$0	\$0	\$2,218,592
HCBS Improvement Cash Fund	\$0	\$0	\$0	\$0
Nursing Home Penalty Cash Fund	<u>\$2,218,592</u>	\$0	\$0	\$2,218,592
Tobacco Education Program Fund	<u>\$857,151</u>	\$0	\$0	\$857,151
Department Recoveries Fund	<u>\$81,106,480</u>	\$0	\$0	\$81,106,480
ICF-IID Provider Fee	\$0	\$0	\$0	\$0
Adult Dental Fund	<u>\$61,743,686</u>	\$0	\$0	\$61,743,686
Transfer from Denver Health	\$700,000	\$0	\$0	\$700,000
HCPF Cash Fund	\$0	\$0	\$0	\$0
Total Cash Funds	\$1,638,061,064	(\$342,750)	\$0	\$1,637,718,314
Cells in <u>bold and underline</u> font indicate a requested change from the appropriation. The font in the "Total" columns is intentionally left unchanged. Please note, this table shows the total change required to the letternotes and appropriation clauses and includes the incremental amounts from prior budget requests, if applicable.				

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2025-26 Base Expenditures																	
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$229,691,055	\$160,550,491	\$1,034,124,984	\$189,815,130	\$755,453,647	\$236,076,306	\$2,324,833,037	\$1,372,955	\$1,384,154,372	\$149,693,766	\$126,518,347	\$155,894,144	\$40,250,166	\$112,758,863	\$27,648,042	\$4,247,968	\$6,933,083,293
Community Based Long-Term Care																	
Base CBLTC	\$993,492,749	\$170,290,205	\$709,889,722	\$74,441,925	\$1,419,950	\$1,667,751	\$3,699,873	\$0	\$2,826,672	\$956,258	\$1,740,799	\$138,760	\$0	\$277,518	\$4,200,957	\$0	\$1,965,043,139
Hospice	\$57,290,471	\$4,451,263	\$4,882,357	\$771,989	\$353,575	\$214,461	\$4,684,555	\$6,449	\$257,252	\$16,752	\$62,106	\$0	\$854	\$0	\$0	\$0	\$72,992,284
Private Duty Nursing & Long-Term Home Health	\$113,460,549	\$29,119,632	\$649,930,654	\$15,139,060	\$1,419,926	\$88,745	\$7,720,850	\$0	\$106,876,541	\$7,373,011	\$75,096,602	\$0	\$0	\$0	\$88,746	\$0	\$1,006,314,316
Subtotal CBLTC	\$1,164,243,769	\$203,861,100	\$1,364,702,733	\$90,352,974	\$3,193,451	\$1,970,957	\$16,105,278	\$6,449	\$109,960,465	\$8,346,021	\$76,899,507	\$138,760	\$854	\$277,518	\$4,289,703	\$0	\$3,044,349,739
Long-Term Care																	
Class I Nursing Facilities	\$648,009,903	\$72,089,242	\$148,791,762	\$115,215	\$6,672,135	\$0	\$5,016,731	\$0	\$0	\$0	\$74,782	\$9,927	\$0	\$0	\$0	\$0	\$880,779,697
Class II Nursing Facilities	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
PACE	\$322,683,875	\$34,559,859	\$9,045,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$366,289,593
Subtotal Long-Term Care	\$971,397,930	\$107,169,854	\$164,025,517	\$115,215	\$6,672,135	\$0	\$5,016,731	\$0	\$0	\$0	\$74,782	\$9,927	\$0	\$0	\$0	\$0	\$1,254,482,091
Insurance																	
Supplemental Medicare Insurance Benefit	\$111,584,571	\$14,575,260	\$69,569,407	\$0	\$7,945,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,207,933	\$0	\$307,882,973
Health Insurance Buy-In	\$18,671	\$23,340	\$2,287,212	\$0	\$28,007	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$0	\$0	\$2,623,292
Subtotal Insurance	\$111,603,242	\$14,598,600	\$71,856,619	\$0	\$7,973,811	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$104,207,933	\$0	\$310,506,265
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,726
ACC and PHP Administration	\$7,145,117	\$1,749,194	\$9,585,887	\$3,972,977	\$21,085,146	\$6,891,725	\$49,976,345	\$15,314	\$64,190,972	\$9,251,988	\$3,286,480	\$4,216,232	\$1,751,887	\$0	\$0	\$0	\$183,119,264
ACC Incentive Payment	\$2,250,721	\$571,568	\$3,020,249	\$1,306,628	\$6,870,072	\$2,138,001	\$15,760,942	\$5,826	\$19,885,728	\$2,582,249	\$1,009,997	\$1,186,300	\$399,985	\$965	\$0	\$0	\$56,989,230
Subtotal Service Management	\$9,402,334	\$2,346,689	\$12,932,380	\$5,326,053	\$28,147,484	\$9,086,117	\$66,250,632	\$21,140	\$84,076,700	\$11,834,237	\$4,351,966	\$5,459,182	\$2,158,341	\$965	\$0	\$0	\$241,394,220
Medical Services Total	\$2,486,338,330	\$488,526,734	\$2,647,642,333	\$285,609,372	\$801,440,548	\$247,180,058	\$2,412,247,688	\$1,400,744	\$1,578,354,909	\$169,874,024	\$207,844,602	\$161,516,016	\$42,409,361	\$113,037,346	\$136,145,678	\$4,247,968	\$11,783,815,608
Caseload	\$0,620	\$1,848	\$9,008	\$4,909	\$133,595	\$3,562	\$30,607	\$4	\$76,952	\$4,193	\$18,398	\$4,394	\$4,754	\$8,692	\$2,497	\$6,151	\$1,237,203
Medical Services Per Capita	\$49,117.71	\$41,232.84	\$44,869.21	\$11,466.11	\$5,999.03	\$5,674.21	\$7,296.42	\$16,675.52	\$4,187.15	\$3,134.61	\$11,297.13	\$6,621.14	\$8,920.77	\$2,921.47	\$4,189.48	\$162.44	\$9,524.56
Financing	\$390,828,932	\$80,350,454	\$405,865,287	\$20,679,825	\$267,822,527	\$109,526,576	\$773,862,541	\$688,334	\$390,852,238	\$34,238,780	\$30,853,928	\$111,624,524	\$12,005,745	\$45,819,721	\$0	\$0	\$2,675,020,392
Grand Total	\$2,877,167,262	\$568,877,188	\$3,053,507,500	\$306,289,197	\$1,069,264,075	\$356,706,634	\$3,186,110,229	\$2,089,078	\$1,969,207,147	\$204,112,804	\$238,698,530	\$273,140,540	\$54,415,106	\$158,857,067	\$136,145,678	\$4,247,968	\$14,458,836,000
Medical Services Premiums																	
Total Per Capita	\$56,838.55	\$48,014.62	\$51,747.35	\$12,296.33	\$8,003.77	\$8,188.48	\$9,637.15	\$24,869.98	\$5,224.03	\$3,766.41	\$12,974.16	\$11,197.04	\$11,446.17	\$4,105.68	\$4,189.48	\$162.44	\$11,686.71

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2026-27 Base Expenditures																	
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$245,228,577	\$172,796,537	\$1,127,059,896	\$205,329,555	\$822,384,287	\$259,326,463	\$2,406,951,751	\$1,571,643	\$1,496,929,961	\$169,578,213	\$135,207,995	\$160,207,922	\$40,676,167	\$127,926,440	\$30,716,368	\$4,549,132	\$7,406,440,907
Community Based Long-Term Care																	
Base CBLTC	\$1,141,184,993	\$183,022,339	\$829,273,298	\$80,751,726	\$1,526,801	\$3,334,758	\$3,995,940	\$0	\$3,655,411	\$1,253,803	\$2,230,046	\$148,294	\$0	\$296,587	\$4,488,707	\$0	\$2,255,162,703
Hospice	\$59,944,851	\$4,665,722	\$5,184,256	\$790,773	\$370,395	\$233,057	\$4,631,892	\$7,518	\$273,710	\$19,485	\$64,941	\$0	\$891	\$0	\$0	\$0	\$76,187,491
Private Duty Nursing & Long-Term Home Health	\$116,779,163	\$29,972,353	\$668,917,912	\$15,581,877	\$1,461,563	\$91,348	\$7,947,248	\$0	\$110,007,114	\$7,588,940	\$77,265,983	\$0	\$0	\$0	\$91,346	\$0	\$1,035,704,847
Subtotal CBLTC	\$1,317,909,007	\$217,660,414	\$1,503,375,466	\$97,124,376	\$3,358,759	\$3,659,163	\$16,575,080	\$7,518	\$113,936,235	\$8,862,228	\$79,560,970	\$148,294	\$891	\$296,587	\$4,580,053	\$0	\$3,367,055,041
Long-Term Care																	
Class I Nursing Facilities	\$692,687,525	\$76,317,802	\$157,519,486	\$121,973	\$396,399	\$0	\$5,310,999	\$0	\$0	\$0	\$79,168	\$10,509	\$0	\$0	\$0	\$0	\$932,443,861
Class II Nursing Facilities	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
PACE	\$360,245,587	\$38,582,767	\$10,096,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,927,188
Subtotal Long-Term Care	\$1,053,644,874	\$115,426,950	\$173,873,094	\$121,973	\$396,399	\$0	\$5,310,999	\$0	\$0	\$0	\$79,168	\$10,509	\$0	\$0	\$0	\$0	\$1,348,863,966
Insurance																	
Supplemental Medicare Insurance Benefits	\$124,980,889	\$16,325,097	\$77,921,582	\$0	\$8,899,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$116,718,646	\$0	\$344,845,953
Health Insurance Buy-In	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Subtotal Insurance	\$124,999,507	\$16,348,371	\$80,202,284	\$0	\$8,927,667	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$116,718,646	\$0	\$347,461,779
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,726
ACC and PHP Administration	\$7,317,396	\$1,763,606	\$9,694,857	\$3,941,853	\$21,187,946	\$7,198,490	\$47,389,617	\$16,549	\$61,348,128	\$9,654,733	\$3,103,104	\$4,304,484	\$1,964,476	\$0	\$0	\$0	\$178,865,238
ACC Incentive Payment	\$2,147,335	\$519,302	\$2,855,671	\$1,158,050	\$6,236,207	\$2,090,483	\$14,872,578	\$4,698	\$18,598,866	\$2,864,376	\$943,620	\$1,136,691	\$574,882	\$0	\$0	\$0	\$54,002,768
Subtotal Service Management	\$9,471,227	\$2,308,835	\$12,876,772	\$5,146,351	\$27,616,419	\$9,345,364	\$62,755,540	\$21,247	\$79,946,994	\$12,519,109	\$4,102,213	\$5,497,825	\$2,545,837	\$0	\$0	\$0	\$234,153,732
Medical Services Total	\$2,751,253,192	\$524,541,107	\$2,897,387,512	\$307,722,255	\$862,683,531	\$272,377,535	\$2,491,635,260	\$1,600,408	\$1,690,976,096	\$190,959,550	\$218,950,346	\$165,878,513	\$43,222,895	\$128,223,027	\$152,015,067	\$4,549,132	\$22,703,975,425
Caseload	\$1,976	11,898	60,029	24,445	134,081	45,354	313,181	91	384,248	60,390	18,431	24,938	4,751	42,094	34,652	28,005	1,246,975
Medical Services Per Capita	\$52,933.15	\$44,086.49	\$48,266.46	\$12,588.35	\$6,434.05	\$6,005.59	\$7,955.90	\$17,586.90	\$4,400.74	\$3,162.11	\$11,879.46	\$6,651.64	\$9,097.64	\$3,046.11	\$4,386.91	\$162.44	\$10,187.83
Financing	\$481,939,447	\$98,893,183	\$500,399,507	\$25,382,584	\$329,973,588	\$134,824,373	\$953,659,931	\$988,932	\$481,609,802	\$42,194,425	\$37,909,054	\$137,461,525	\$14,833,977	\$56,369,114	\$0	\$0	\$3,296,439,442
Grand Total Medical Services Premiums	\$3,233,192,639	\$623,434,290	\$3,397,787,019	\$333,104,839	\$1,192,657,119	\$407,201,908	\$3,445,295,191	\$2,589,340	\$2,172,585,898	\$233,153,975	\$256,859,400	\$303,340,038	\$58,056,872	\$184,592,141	\$152,015,067	\$4,549,132	\$16,000,414,867
Total Per Capita	\$62,205.49	\$52,398.24	\$56,602.43	\$13,626.71	\$8,895.05	\$8,978.30	\$11,000.97	\$28,454.29	\$5,654.12	\$3,860.80	\$13,936.27	\$12,163.77	\$12,219.93	\$4,385.24	\$4,386.91	\$162.44	\$12,831.38

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2027-28 Base Expenditures																	
FY 2027-28	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$262,487,677	\$183,177,522	\$1,281,276,279	\$228,948,515	\$906,267,600	\$290,921,272	\$2,260,863,533	\$1,868,703	\$1,569,363,539	\$190,442,366	\$145,935,858	\$171,283,345	\$41,961,888	\$132,736,848	\$34,055,008	\$4,813,098	\$7,706,403,049
Community Based Long-Term Care																	
Base CLTC	\$1,196,003,853	\$191,039,256	\$869,134,996	\$84,544,994	\$1,590,646	\$3,740,572	\$4,182,080	\$0	\$3,831,457	\$1,314,563	\$2,341,741	\$153,885	\$0	\$307,769	\$4,668,167	\$0	\$2,362,853,979
Hospice	\$62,777,817	\$4,864,183	\$5,450,167	\$822,902	\$386,903	\$254,408	\$3,742,957	\$8,789	\$289,233	\$22,014	\$67,218	\$0	\$892	\$0	\$0	\$0	\$78,687,483
Private Duty Nursing & Long-Term Home Health	\$118,989,087	\$30,494,695	\$682,591,207	\$15,876,148	\$1,484,512	\$92,782	\$8,072,036	\$0	\$111,885,371	\$7,720,237	\$79,945,716	\$0	\$0	\$0	\$92,781	\$0	\$1,057,244,572
Subtotal CLTC	\$1,377,770,757	\$226,398,134	\$1,557,176,370	\$101,244,044	\$3,462,061	\$4,087,762	\$15,997,073	\$8,789	\$116,006,061	\$9,056,814	\$82,354,675	\$153,885	\$892	\$307,769	\$4,760,948	\$0	\$3,498,786,034
Long-Term Care																	
Class I Nursing Facilities	\$732,836,102	\$80,741,227	\$166,649,408	\$129,043	\$419,374	\$0	\$5,618,828	\$0	\$0	\$0	\$83,757	\$11,118	\$0	\$0	\$0	\$0	\$986,488,857
Class II Nursing Facilities	\$720,352	\$532,733	\$6,330,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,583,343
PACE	\$390,975,443	\$41,873,974	\$10,960,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$443,809,707
Subtotal Long-Term Care	\$1,124,531,897	\$123,147,934	\$183,939,956	\$129,043	\$419,374	\$0	\$5,618,828	\$0	\$0	\$0	\$83,757	\$11,118	\$0	\$0	\$0	\$0	\$1,437,881,907
Insurance																	
Supplemental Medicare Insurance Benefit	\$138,134,586	\$18,043,243	\$86,122,492	\$0	\$9,836,399	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,002,781	\$0	\$381,139,502
Health Insurance Buy-In	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Subtotal Insurance	\$138,153,204	\$18,066,517	\$88,403,194	\$0	\$9,864,326	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$129,002,781	\$0	\$383,755,328
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$0	\$1,285,727
ACC and PHP Administration	\$7,474,769	\$1,781,089	\$9,779,654	\$4,011,672	\$21,429,153	\$7,608,252	\$37,062,476	\$18,743	\$62,767,805	\$10,561,210	\$3,109,838	\$4,439,518	\$1,971,488	\$0	\$0	\$0	\$172,015,667
ACC Incentive Payments	\$2,205,427	\$525,756	\$2,886,973	\$1,183,822	\$6,325,245	\$2,241,740	\$10,833,903	\$5,508	\$18,518,404	\$3,107,662	\$918,279	\$1,186,537	\$577,481	\$0	\$0	\$0	\$50,516,737
Subtotal Service Management	\$9,686,693	\$2,332,772	\$12,992,871	\$5,241,942	\$27,946,664	\$9,906,383	\$48,409,725	\$24,251	\$81,286,209	\$13,668,872	\$4,083,606	\$5,682,705	\$2,555,438	\$0	\$0	\$0	\$223,818,131
Medical Services Total	\$2,912,630,228	\$553,122,879	\$3,123,788,670	\$335,363,544	\$947,940,025	\$304,961,962	\$2,330,931,049	\$1,901,743	\$1,766,818,715	\$213,168,052	\$232,457,896	\$177,145,016	\$44,518,218	\$133,044,617	\$167,818,737	\$4,813,098	\$13,250,644,449
Caseload	53,312	12,010	61,103	24,630	135,607	47,936	245,036	103	93,140	66,060	18,471	25,804	4,795	42,094	36,767	29,630	1,204,909
Medical Services Per Capita	\$54,633.67	\$46,055.19	\$51,123.33	\$13,624.18	\$6,990.49	\$6,361.86	\$9,512.61	\$18,463.52	\$4,494.12	\$3,226.89	\$12,585.02	\$6,865.02	\$9,284.30	\$3,160.66	\$4,564.38	\$162.44	\$10,997.22
Financing	\$492,402,062	\$101,040,095	\$511,262,878	\$25,933,624	\$337,137,115	\$137,751,329	\$974,363,311	\$1,010,401	\$492,065,260	\$43,110,440	\$38,732,036	\$140,445,731	\$15,156,014	\$57,592,854	\$0	\$0	\$3,368,003,190
Grand Total Medical Services Premiums	\$3,405,032,290	\$654,162,974	\$3,635,051,548	\$361,497,168	\$1,285,097,140	\$442,713,291	\$3,305,294,360	\$2,912,144	\$2,258,883,975	\$256,278,492	\$271,189,932	\$317,590,747	\$59,674,232	\$190,637,471	\$167,818,737	\$4,813,098	\$16,618,647,599
Total Per Capita	\$63,869.90	\$54,468.19	\$59,490.56	\$14,677.11	\$9,476.63	\$9,235.51	\$13,489.02	\$28,273.24	\$5,745.75	\$3,879.48	\$14,681.93	\$12,307.81	\$12,445.10	\$4,528.85	\$4,564.38	\$162.44	\$13,792.45

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

Cash Based Actuals																		
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
	FY 2016-17	\$106,075,443	\$78,577,110	\$474,531,470	\$33,281,608	\$401,912,496	\$216,356,793	\$1,122,454,953	\$3,829,098	\$741,180,436	\$84,324,401	\$55,056,770	\$131,399,088	\$15,255,372	\$40,584,431	\$12,435,005	\$0	\$3,517,254,474
	FY 2017-18	\$126,193,589	\$98,060,577	\$591,181,109	\$51,031,201	\$527,455,758	\$203,548,722	\$1,292,890,664	\$2,946,908	\$821,500,691	\$100,895,831	\$67,577,283	\$120,921,305	\$20,485,004	\$51,563,548	\$13,079,499	\$0	\$4,089,331,689
	FY 2018-19	\$128,083,508	\$103,145,930	\$602,496,576	\$58,472,526	\$480,353,432	\$158,121,334	\$1,203,469,458	\$2,202,429	\$792,870,689	\$87,237,080	\$67,677,694	\$136,554,559	\$19,967,867	\$42,669,295	\$17,747,353	\$0	\$3,901,069,730
	FY 2019-20	\$139,538,084	\$106,534,717	\$622,443,894	\$70,779,044	\$478,544,353	\$166,498,974	\$1,322,819,982	\$2,628,918	\$786,237,313	\$86,234,855	\$63,236,283	\$135,840,838	\$19,805,137	\$42,350,221	\$18,245,315	\$0	\$4,061,737,928
	FY 2020-21	\$144,358,826	\$119,327,719	\$652,242,404	\$72,307,289	\$490,496,839	\$237,108,020	\$1,518,374,049	\$2,758,017	\$799,091,832	\$102,055,384	\$81,941,181	\$120,911,863	\$23,492,450	\$60,157,931	\$18,192,826	\$0	\$4,442,816,630
	FY 2021-22	\$149,877,574	\$128,240,020	\$685,424,174	\$70,092,492	\$554,575,354	\$290,216,173	\$1,758,533,291	\$1,253,751	\$1,007,690,023	\$132,006,466	\$86,868,598	\$123,703,283	\$26,509,460	\$77,800,501	\$23,795,555	\$0	\$5,116,586,715
	FY 2022-23	\$179,024,657	\$149,676,363	\$779,766,979	\$89,046,949	\$610,958,193	\$309,988,034	\$1,996,403,897	\$1,590,590	\$1,120,077,482	\$135,456,171	\$99,846,961	\$134,228,986	\$25,189,115	\$90,200,270	\$18,564,528	\$334,951	\$5,740,354,126
	FY 2023-24	\$211,017,522	\$160,443,495	\$841,408,644	\$121,581,589	\$627,948,587	\$242,554,815	\$1,964,114,990	\$1,454,710	\$1,148,711,232	\$131,523,133	\$116,044,116	\$134,178,396	\$26,549,384	\$107,080,590	\$20,165,846	\$714,621	\$5,855,491,663
	FY 2024-25	\$230,867,134	\$158,469,663	\$930,318,547	\$190,417,614	\$665,765,210	\$203,261,169	\$2,080,401,811	\$1,658,136	\$1,252,750,968	\$123,584,078	\$120,906,928	\$149,634,809	\$47,381,599	\$106,677,978	\$23,928,642	\$975,944	\$6,287,000,230
	Estimated FY 2025-26	\$229,691,055	\$160,550,491	\$1,034,124,984	\$189,815,130	\$755,453,667	\$236,076,306	\$2,324,833,037	\$1,372,955	\$1,384,154,372	\$149,693,766	\$126,518,347	\$155,894,144	\$40,250,166	\$112,758,863	\$27,648,042	\$4,247,968	\$6,933,083,293
	Estimated FY 2026-27	\$245,228,577	\$172,796,537	\$1,127,059,896	\$205,329,555	\$822,384,287	\$259,326,463	\$2,406,951,751	\$1,571,643	\$1,496,929,961	\$169,578,213	\$135,207,995	\$160,207,922	\$40,676,167	\$127,926,440	\$30,716,368	\$4,549,132	\$7,406,440,907
	Estimated FY 2027-28	\$262,487,677	\$183,177,522	\$1,281,276,279	\$228,948,515	\$906,267,600	\$290,921,272	\$2,260,863,533	\$1,868,703	\$1,569,363,539	\$190,442,366	\$145,935,858	\$171,283,345	\$41,961,888	\$132,736,848	\$34,055,007	\$4,813,097	\$7,706,403,049
Percent Change in Cash Based Actuals																		
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
	FY 2017-18	18.97%	24.80%	24.58%	53.33%	31.24%	-5.92%	15.18%	-23.04%	10.84%	19.65%	22.74%	-7.97%	34.28%	27.05%	5.18%		16.26%
	FY 2018-19	1.50%	5.19%	1.91%	14.58%	-8.93%	-22.32%	-6.92%	-25.26%	-3.49%	-13.54%	0.15%	12.93%	-2.52%	-17.25%	35.69%		-4.60%
	FY 2019-20	8.94%	3.29%	3.31%	21.05%	-0.38%	5.30%	9.92%	19.36%	-0.84%	-1.15%	-6.56%	-0.52%	-0.81%	-0.75%	2.81%		4.12%
	FY 2020-21	3.45%	12.01%	4.79%	2.16%	2.50%	42.41%	14.78%	4.91%	18.35%	29.58%	-10.99%	18.62%	42.05%	-0.29%	9.38%		9.38%
	FY 2021-22	3.82%	7.47%	5.09%	-3.06%	13.06%	22.40%	15.82%	-54.54%	26.10%	29.35%	6.01%	2.31%	12.84%	29.33%	30.80%		15.17%
	FY 2022-23	19.45%	16.72%	13.76%	27.04%	10.17%	6.81%	13.53%	26.87%	11.15%	2.61%	14.94%	8.51%	-4.98%	15.94%	-21.98%		12.19%
	FY 2023-24	17.87%	7.19%	7.91%	36.54%	2.78%	-21.75%	-1.62%	-8.54%	2.56%	-2.90%	16.22%	-0.04%	5.40%	18.71%	8.63%		2.01%
	FY 2024-25	9.41%	-1.23%	10.57%	56.62%	6.02%	-16.20%	5.92%	-6.04%	13.98%	9.06%	11.52%	78.47%	-0.38%	18.66%	4.19%	36.57%	7.37%
	Estimated FY 2025-26	-0.51%	1.31%	11.16%	-0.32%	13.47%	16.14%	11.75%	-17.20%	10.49%	21.13%	4.64%	4.18%	-15.05%	5.70%	15.54%	335.27%	10.28%
	Estimated FY 2026-27	6.76%	7.63%	8.99%	8.17%	8.86%	9.85%	3.53%	14.47%	8.15%	13.28%	6.87%	2.77%	1.06%	13.45%	11.10%	7.09%	6.83%
	Estimated FY 2027-28	7.04%	6.01%	13.68%	11.50%	10.20%	12.18%	-6.07%	18.90%	4.84%	12.30%	7.93%	6.91%	3.16%	3.76%	10.87%	5.80%	4.05%
Per Capita Cost																		
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
	FY 2016-17	\$2,414.04	\$6,990.22	\$7,017.72	\$5,324.21	\$2,489.82	\$2,140.90	\$3,226.85	\$16,294.03	\$1,579.34	\$1,299.16	\$2,710.82	\$9,685.20	\$7,751.71	\$15,372.89	\$367.80		\$2,612.89
	FY 2017-18	\$2,748.90	\$8,312.33	\$8,754.22	\$6,242.35	\$2,932.70	\$2,728.17	\$3,666.66	\$19,012.31	\$1,872.27	\$1,568.02	\$3,147.08	\$11,942.84	\$9,190.22	\$18,356.55	\$375.55		\$3,109.24
	FY 2018-19	\$2,686.00	\$8,108.37	\$8,777.74	\$6,506.47	\$2,731.97	\$2,487.63	\$3,641.09	\$15,224.16	\$1,886.65	\$1,469.24	\$3,102.30	\$11,196.90	\$8,709.13	\$16,077.86	\$511.65		\$3,092.74
	FY 2019-20	\$2,934.49	\$8,176.74	\$9,355.84	\$6,630.36	\$2,909.67	\$2,798.35	\$4,096.04	\$19,189.18	\$1,929.19	\$1,542.00	\$2,966.05	\$11,764.17	\$8,965.66	\$17,521.81	\$545.60		\$3,331.36
	FY 2020-21	\$2,992.02	\$8,812.33	\$9,854.54	\$5,039.89	\$2,832.79	\$2,681.34	\$3,769.11	\$19,841.85	\$1,772.00	\$1,527.02	\$3,950.50	\$8,884.70	\$6,509.41	\$8,574.39	\$515.35		\$3,162.25
	FY 2021-22	\$3,041.53	\$9,303.54	\$10,391.83	\$4,544.38	\$2,926.15	\$2,834.17	\$3,678.15	\$9,570.62	\$2,079.74	\$1,818.45	\$4,271.88	\$8,678.50	\$6,081.55	\$5,229.93	\$660.71		\$3,276.59
	FY 2022-23	\$3,546.66	\$10,808.52	\$12,008.79	\$4,826.13	\$3,077.63	\$2,961.21	\$3,764.44	\$11,959.32	\$2,217.82	\$1,760.02	\$4,974.94	\$5,403.31	\$3,995.10	\$3,401.73	\$548.26		\$3,338.15
	FY 2023-24	\$4,425.61	\$12,641.31	\$14,261.89	\$5,985.70	\$3,895.20	\$3,666.13	\$4,839.83	\$12,224.45	\$2,784.77	\$2,248.22	\$6,081.02	\$5,580.30	\$4,688.22	\$3,355.29	\$695.06	\$19.59	\$4,212.01
	FY 2024-25	\$4,635.33	\$12,954.28	\$16,044.40	\$7,193.99	\$4,813.82	\$4,754.20	\$6,364.34	\$14,418.57	\$3,410.60	\$2,711.78	\$6,544.35	\$6,324.91	\$9,735.28	\$2,917.09	\$791.37	\$39.46	\$5,213.21
	Estimated FY 2025-26	\$4,537.56	\$13,550.85	\$17,525.17	\$7,620.34	\$5,654.80	\$5,419.32	\$7,032.01	\$6,344.70	\$3,671.96	\$2,762.23	\$6,876.74	\$6,390.68	\$8,466.59	\$2,914.27	\$850.79	\$162.44	\$5,635.44
	Estimated FY 2026-27	\$4,718.11	\$14,523.16	\$18,775.26	\$8,399.65	\$6,133.49	\$5,717.83	\$7,685.50	\$17,270.80	\$3,895.74	\$2,808.05	\$7,335.90	\$6,424.25	\$8,561.60	\$3,039.07	\$886.42	\$162.44	\$5,979.86
	Estimated FY 2027-28	\$4,923.61	\$15,252.08	\$20,969.12	\$9,295.51	\$6,683.04	\$6,068.95	\$9,226.66	\$18,142.75	\$3,991.87	\$2,882.87	\$7,900.81	\$6,637.86	\$8,751.18	\$3,153.34	\$926.24	\$162.44	\$6,440.80
Percent Change in Per Capita Cost																		
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
	FY 2017-18	13.87%	18.91%	24.74%	17.24%	17.79%	27.43%	13.63%	16.68%	18.55%	20.69%	16.09%	23.31%	18.56%	19.41%	2.11%		19.00%

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

Current Year Projection																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Percentage Selected to Modify Per Capita ⁽¹⁾	2.11%	7.89%	10.70%	6.43%	17.47%	11.94%	10.51%	9.24%	6.62%	1.04%	5.80%	4.96%	-12.39%	3.44%	4.72%	0.00%	
Estimated FY 2025-26 Base Per Capita	\$4,732.92	\$13,976.50	\$17,761.15	\$7,656.72	\$5,654.84	\$5,321.92	\$7,033.53	\$15,750.85	\$3,636.32	\$2,740.01	\$6,924.04	\$6,638.50	\$8,529.08	\$3,017.36	\$828.70	\$162.44	\$5,653.18
Estimated FY 2025-26 Eligibles	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	26,151	1,230,264
Estimated FY 2025-26 Base Expenditure	\$239,580,410	\$165,593,572	\$1,048,049,939	\$190,721,238	\$755,458,350	\$231,833,479	\$2,325,334,253	\$1,323,071	\$1,370,718,097	\$148,489,362	\$127,388,488	\$161,939,569	\$40,547,246	\$116,747,693	\$26,930,264	\$4,247,968	\$6,954,902,999
Bottom Line Impacts																	
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$264,631)	\$0	\$0	\$0	(\$264,631)
FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$1,952	\$1,155	\$13,682	\$895	\$1,879	\$27	\$57	\$0	\$6,480	\$766	\$1,459	\$455	\$109	\$0	\$0	\$0	\$125,314
FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,916
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$705,829	\$339,224	\$2,693,560	\$0	\$0	\$0	\$0	\$0	\$425,813	\$98,587	\$0	\$0	\$524,400
SB 23-002 Medicaid Reimbursemt for Community Health Services	\$52,258	\$347,530	\$2,146,726	\$239,512	\$1,440,301	\$799,466	\$4,857,959	\$4,165	\$1,078,478	\$220,479	\$179,995	\$41,898	\$17,920	\$2	\$0	\$0	\$3,738,613
FY 2022-23 R-07 Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$11,426,689
FY 2024-25 R-6 Dental Services	\$224,595	\$63,456	\$305,228	\$101,587	\$869,057	\$441,181	\$2,385,825	\$604	\$2,261,523	\$353,866	\$98,187	\$2,091	\$27,802	\$0	\$0	\$0	\$7,135,002
FY 2024-25 R-6 Physician Services	\$1,791	\$7,969	\$72,295	\$7,409	\$59,662	\$26,048	\$164,545	\$4	\$187,529	\$20,658	\$15,812	\$13,515	\$495	\$0	\$0	\$0	\$577,732
FY 23-24 R-7 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 23-24 R-7 Rural Hospital Technology Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-1136 Prosthetic Devices For Recreational Activity	\$0	\$217,980	\$1,143,144	\$165,182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,526,306
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,912,795	\$0	\$211,205	\$0	\$0	\$0	\$0	\$0	\$2,124,000
HB24-1045 Treatment for SUD	\$13,657	\$67,484	\$340,385	\$49,375	\$630,343	\$216,405	\$1,421,876	\$2,074	\$847,498	\$113,564	\$160,359	\$102,688	\$23,615	\$0	\$0	\$0	\$3,989,323
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-7 FY 23-24 MPRRAC Recommendations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$3,231	\$14,223	\$139,493	\$16,085	\$106,061	\$41,012	\$285,135	\$7	\$341,130	\$34,835	\$29,729	\$26,374	\$994	\$0	\$0	\$0	\$1,038,309
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$1,816	\$7,994	\$78,398	\$9,040	\$59,609	\$23,050	\$160,252	\$4	\$191,723	\$19,578	\$16,709	\$14,823	\$559	\$0	\$0	\$0	\$583,555
Specialty Drugs BLI	\$701,725	\$1,829,957	\$11,771,159	\$2,312,346	\$9,027,656	\$4,026,290	\$28,393,473	\$54,888	\$5,367,119	\$1,160,854	\$763,630	\$872,003	\$185,175	\$32,658	\$0	\$0	\$66,498,933
Supporting PCMP Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extra Payment Period	(\$4,463,182)	(\$3,313,855)	(\$17,522,136)	(\$3,253,699)	(\$11,304,469)	(\$3,295,124)	(\$33,265,290)	(\$29,316)	(\$21,508,519)	(\$2,270,565)	(\$2,479,308)	(\$2,661,107)	(\$478,313)	(\$2,185,563)	(\$433,547)	\$0	(\$108,463,993)
Rebate Over Invoicing	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1)
FY 2021-22 JBC Action: Restore Funding for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,837,930	\$762,070	\$0	\$0	\$0	\$0	\$0	\$0	\$9,600,000
PACE Enroll Savings	\$146,087	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$146,087
Acute Home Health 60 day limit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 22-1303 Increased Residential Beds	\$0	\$0	(\$2,582,515)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,582,515)
FY 2024-25 R-6 Across the Board Rate Increase	\$231,438	\$198,190	\$1,022,599	\$126,359	\$756,126	\$290,053	\$2,348,325	\$1,955	\$1,317,590	\$164,464	\$139,677	\$186,425	\$31,829	\$124,645	\$20,525	\$0	\$6,960,200
Advancing Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$71,993)	(\$11,158)	\$0	\$0	\$0	(\$83,151)
HB 23-1300 Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$0	\$0	\$1,524,795	\$0	\$10,320,728	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,133,371
FY26 R-6: Accountable Care Collaborative Phase III - BMTF Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,080,759)	(\$40,741)	\$0	\$0	\$0	(\$1,121,500)
FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	(\$581,987)	(\$1,622,620)	(\$5,886,119)	(\$403,035)	(\$3,259,220)	(\$1,089,194)	(\$16,405,116)	(\$3,785)	(\$420,255)	(\$20,471)	(\$30,511)	(\$1,728,933)	(\$1,231)	(\$3,027,876)	\$0	\$0	(\$34,480,353)
Hospital Backup Eligibility - Acute Savings	(\$46,572)	(\$129,845)	(\$471,017)	(\$32,252)	(\$260,808)	(\$87,159)	(\$1,312,766)	(\$303)	(\$654,187)	(\$31,866)	(\$47,494)	\$0	\$0	(\$242,296)	\$0	\$0	(\$3,316,565)
SB25-084: Medicaid Access to Parenteral Nutrition	\$1,944	\$6,975	\$40,364	\$1,830	\$16,466	\$4,345	\$31,903	\$0	\$5,603	\$1,830	\$2,058	\$800	\$0	\$0	\$0	\$0	\$114,118
SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,882,618)	(\$108,666)	\$0	\$0	\$0	(\$2,991,284)
FY 2025-26 JBC action NEAT Rate Reduction	(\$6,297,534)	(\$3,207,307)	(\$9,619,841)	(\$1,648,787)	(\$3,407,187)	(\$589,683)	(\$17,735,102)	(\$118)	(\$1,838,500)	(\$170,618)	(\$360,268)	(\$583,665)	(\$34,547)	\$0	\$0	\$0	(\$45,493,157)
FY 2025-26 JBC action Prepayment Claims Review	(\$2,713,192)	(\$1,381,817)	(\$4,144,555)	(\$710,354)	(\$1,467,932)	(\$254,056)	(\$7,640,885)	(\$51)	(\$792,088)	(\$73,508)	(\$155,216)	(\$251,463)	(\$14,884)	\$0	\$0	\$0	(\$19,600,001)
FY 2025-26 R-09 1.6% ATB	\$3,604,963	\$2,740,970	\$14,374,383	\$2,077,065	\$10,727,693	\$4,143,737	\$33,554,375	\$24,852	\$19,624,252	\$2,246,903	\$1,982,464	\$2,292,265	\$453,562	\$1,829,334	\$344,508	\$0	\$100,021,326
FY 2025-26 r-15 Pharmacy MAC	(\$9,694)	(\$58,632)	(\$379,192)	(\$69,646)	(\$276,272)	(\$119,994)	(\$890,228)	(\$901)	(\$169,529)	(\$35,959)	(\$28,508)	(\$22,894)	(\$4,785)	\$0	\$0	\$0	(\$2,066,234)
FY 2025-26 R-12 Integrated Care Benefit	(\$46,374)	(\$101,178)	(\$526,524)	(\$165,363)	(\$866,521)	(\$267,079)	(\$2,817,381)	(\$570)	(\$2,020,457)	(\$386,554)	(\$220,550)	(\$192,021)	(\$33,773)	\$0	(\$73,481)	\$0	(\$7,717,826)
HB24-1045	(\$13,657)	(\$67,484)	(\$340,385)	(\$49,375)	(\$630,343)	(\$216,405)	(\$1,421,876)	(\$2,074)	(\$847,498)	(\$113,564)	(\$160,359)	(\$102,688)	(\$23,615)	\$0	\$0	\$0	(\$3,989,323)
Vision Services	(\$4,327)	(\$3,041)	(\$17,482)	(\$4,268)	(\$12,944)	(\$4,110)	(\$41,774)	(\$42)	\$0	\$0	\$0	(\$3,207)	(\$686)	(\$1,983)	(\$434)	\$0	(\$94,298)
JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,590,243)	(\$493,911)	(\$442,352)	\$0	\$0	\$0	\$0	\$0	(\$5,526,506)
SB 25-229 Reimbursement for Community Health Workers	(\$210,743)	(\$144,637)	(\$848,264)	(\$173,597)	(\$606,692)	(\$185,207)	(\$1,896,848)	(\$1,509)	(\$1,141,664)	(\$112,578)	(\$110,160)	(\$136,417)	(\$25,920)	(\$97,336)	(\$21,774)	\$0	(\$5,713,346)
FY 2024-25 BA-10 System of Care	(\$910,245)	(\$624,718)	(\$3,663,832)	\$0	(\$2,620,432)	\$0	\$0	\$0	(\$4,931,088)	(\$486,249)	(\$475,807)	(\$589,212)	(\$111,956)	(\$420,415)	(\$94,047)	\$0	(\$14,928,001)
HR1 Qualified Immigrant Updates	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HR1 Retroactive Coverage Update	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HR1 Work Requirements - NNE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 25-308 Tenancy	\$422,696	\$108,170	\$629,051	\$497,583	\$19,970	\$0	\$5,103,970	\$0	\$49,925	\$300,380	\$39,108	\$173,904	\$0	\$0	\$976,028	\$0	\$8,320,785
Total Bottom Line Impacts																	
Estimated FY 2025-26 Expenditure	\$229,691,055	\$160,550,491	\$1,034,124,984	\$189,815,130	\$755,453,667	\$236,076,306	\$2,324,833,037	\$1,372,955	\$1,384,154,372	\$149,693,766	\$126,518,347	\$155,894,144	\$40,250,166	\$112,758,863	\$27,648,042	\$4,247,968	\$6,933,083,293
Estimated FY 2025-26 Per Capita	\$4,537.56	\$13,550.85	\$17,525.17	\$7,620.34	\$5,654.80	\$5,419.32	\$7,032.01	\$16,344.70	\$3,671.96	\$2,762.23	\$6,876.74	\$6,390.68	\$8,466.59	\$2,914.27	\$850.79	\$162.44	\$5,635.44
% Change over FY 2024-25 Per Capita	-2.11%	4.61%	9.23%	5.93%	17.47%	13.99%	10.49%	13.36%	7.66%	1.86%	5.08%	1.04%	-13.03%	-0.10%	7.51%		8.10%
	\$141,420,913	\$102,607,714	\$592,480,920	\$68,766,203	\$452,483,128	\$157,810,666	\$1,240,234,236	\$2,779,087	\$773,803,038	\$93,232,089	\$60,178,699	\$128,398,558	\$20,472,999	\$55,616,865	\$18,699,183	\$18,699,184	\$3,908,984,296

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

Request Year Projection																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Percentage Selected to Modify Per Capita ⁽²⁾	4.44%	7.89%	4.40%	10.28%	8.52%	5.54%	10.51%	3.40%	6.45%	2.49%	7.62%	3.28%	2.39%	3.44%	4.72%	0.00%	
Estimated FY 2026-27 Base Per Capita	\$4,739.17	\$14,620.15	\$18,295.43	\$8,403.71	\$6,136.59	\$5,719.55	\$7,771.41	\$16,900.62	\$3,908.72	\$2,831.06	\$7,400.70	\$6,600.01	\$8,668.94	\$3,014.45	\$890.93	\$162.44	\$5,989.95
Estimated FY 2026-27 Eligibles	51,976	11,898	60,029	24,445	134,081	45,354	313,181	91	384,248	60,390	18,431	24,938	4,751	42,094	34,652	28,005	1,238,564
Estimated FY 2026-27 Base Expenditure	\$246,323,100	\$173,950,545	\$1,098,256,367	\$205,428,691	\$822,800,124	\$259,404,471	\$2,433,857,955	\$1,537,956	\$1,501,917,843	\$170,967,713	\$136,402,302	\$164,591,049	\$41,186,134	\$126,890,258	\$30,872,506	\$4,549,132	\$7,418,936,146
Bottom Line Impacts																	
Annualization of SB 10-167: "Colorado False Claims Act - HIBI"	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$988,161	\$474,913	\$3,770,985	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,234,059
SB 23-002 Medicaid Reimbursemt for Community Health Services	\$8,959	\$59,577	\$368,010	\$41,060	\$246,909	\$137,051	\$832,793	\$714	\$184,882	\$37,796	\$30,856	\$7,182	\$3,072	\$0	\$0	\$0	\$1,958,861
FY 2022-23 R-07 Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 R-6 Dental Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 R-6 Physician Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 23-24 R-7 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 23-24 R-7 Rural Hospital Technology Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-1136 Prosthetic Devices For Recreational Activity	\$0	\$217,980	\$1,143,144	\$165,182	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,526,306
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,669,643	\$0	\$184,357	\$0	\$0	\$0	\$0	\$0	\$1,854,000
HB24-1045 Treatment for SUD	\$13,656	\$67,482	\$340,374	\$49,373	\$630,323	\$216,398	\$1,421,830	\$2,074	\$847,471	\$113,561	\$160,354	\$102,684	\$23,614	\$0	\$0	\$0	\$3,989,194
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-7 FY 23-24 MPRRAC Recommendations	(\$137,524)	(\$622,574)	(\$5,206,720)	(\$519,802)	(\$5,137,483)	(\$2,480,548)	(\$13,517,587)	(\$1,316)	(\$13,750,072)	(\$1,523,288)	(\$1,131,153)	(\$1,335,210)	(\$87,124)	(\$481,432)	\$0	\$0	(\$45,931,833)
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$6,462	\$28,444	\$278,966	\$32,167	\$212,107	\$82,018	\$570,230	\$15	\$682,212	\$69,665	\$59,454	\$52,745	\$1,988	\$0	\$0	\$0	\$2,076,473
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$526	\$2,317	\$22,720	\$2,620	\$17,275	\$6,680	\$46,442	\$1	\$55,562	\$5,674	\$4,842	\$4,296	\$162	\$0	\$0	\$0	\$169,117
Specialty Drugs BLI	\$545,168	\$1,421,690	\$9,144,991	\$1,796,457	\$7,013,569	\$3,128,018	\$22,058,838	\$42,641	\$4,169,705	\$901,866	\$593,263	\$677,458	\$143,863	\$25,372	\$0	\$0	\$51,662,899
Supporting PCMP Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extra Payment Period	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rebate Over Invoicing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2021-22 JBC Action: Restore Funding for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PACE Enroll Savings	\$781,998	(\$1,069,470)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$287,472)
Acute Home Health 60 day limit	(\$474,983)	(\$115,315)	(\$1,915,161)	(\$97,407)	(\$16,594)	(\$132)	(\$741)	\$0	(\$695,923)	(\$66,331)	(\$190,010)	(\$699)	(\$57)	\$0	\$0	\$0	(\$3,573,353)
HB 22-1303 Increased Residential Beds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 R-6 Across the Board Rate Increase	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Advancing Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$71,993	\$11,158	\$0	\$0	\$0	\$83,151
HB 23-1300 Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$287,485	\$0	\$1,524,795	\$0	\$10,320,728	\$0	\$0	\$0	\$363	\$0	\$0	\$0	\$12,133,371
FY26 R-6: Accountable Care Collaborative Phase III - BMTF Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Backup Eligibility - Acute Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-084: Medicaid Access to Parenteral Nutrition	\$1,944	\$6,975	\$40,364	\$1,830	\$16,466	\$4,345	\$31,902	\$0	\$5,603	\$1,830	\$2,058	\$800	\$0	\$0	\$0	\$0	\$114,117
SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,882,617)	(\$108,666)	\$0	\$0	\$0	(\$2,991,283)
FY 2025-26 JBC action NEMT Rate Reduction	(\$524,526)	(\$267,139)	(\$801,243)	(\$137,329)	(\$283,787)	(\$49,115)	(\$1,477,168)	(\$10)	(\$153,130)	(\$14,211)	(\$30,007)	(\$48,614)	(\$2,877)	\$0	\$0	\$0	(\$3,789,156)
FY 2025-26 JBC action Prepayment Claims Review	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-09 1.6% ATB	\$300,413	\$228,415	\$1,197,865	\$173,089	\$893,974	\$345,311	\$2,796,198	\$2,071	\$1,635,354	\$187,242	\$165,206	\$191,022	\$37,797	\$152,444	\$28,708	\$0	\$8,335,109
FY 2025-26 r-15 Pharmacy MAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-12 Integrated Care Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB24-1045	(\$13,657)	(\$67,482)	(\$340,374)	(\$49,373)	(\$630,323)	(\$216,398)	(\$1,421,830)	(\$2,074)	(\$847,471)	(\$113,560)	(\$160,354)	(\$102,685)	(\$23,614)	\$0	\$0	\$0	(\$3,989,195)
Vision Services	(\$4,328)	(\$3,040)	(\$17,482)	(\$4,268)	(\$12,944)	(\$41,773)	(\$43)	\$0	\$0	\$0	\$0	(\$3,207)	(\$687)	(\$1,983)	(\$435)	\$0	(\$94,300)
JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 25-229 Reimbursement for Community Health Workers	\$210,743	\$144,637	\$848,264	\$173,597	\$606,692	\$185,207	\$1,896,848	\$1,509	\$1,141,664	\$112,578	\$110,160	\$136,417	\$25,920	\$97,336	\$21,774	\$0	\$5,713,346
FY 2024-25 BA-10 System of Care	(\$4,390)	(\$3,013)	(\$17,671)	\$0	(\$12,639)	\$0	\$0	\$0	(\$23,783)	(\$2,345)	(\$2,295)	(\$2,842)	(\$540)	(\$2,028)	(\$454)	\$0	(\$72,000)
HR1 Qualified Immigrant Updates	(\$1,730,017)	(\$1,130,818)	(\$7,701,755)	(\$1,652,394)	(\$5,010,788)	(\$1,616,551)	(\$16,615,657)	(\$11,161)	(\$9,838,722)	(\$1,059,423)	(\$947,376)	(\$1,196,296)	(\$522,447)	\$1,280,830	(\$198,206)	\$0	(\$47,950,781)
HR1 Retroactive Coverage Update	(\$74,967)	(\$52,674)	(\$302,850)	(\$73,938)	(\$224,240)	(\$291,095)	(\$2,992,010)	(\$734)	(\$391,605)	(\$40,554)	(\$43,662)	(\$55,554)	(\$11,892)	(\$34,357)	(\$7,525)	\$0	(\$4,597,657)
HR1 Work Requirements - NNE	\$0	\$0	\$31,722,087	\$0	\$0	\$0	(\$25,790,299)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,931,788
SB 25-308 Tenancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
																	\$0
																	\$0
																	\$0
																	\$0
Total Bottom Line Impacts	(\$1,094,523)	(\$1,154,008)	\$28,803,529	(\$99,136)	(\$415,837)	(\$78,008)	(\$26,906,204)	\$33,687	(\$4,987,882)	(\$1,389,500)	(\$1,194,307)	(\$4,383,127)	(\$509,967)	\$1,036,182	(\$156,138)	\$0	(\$12,495,239)
Estimated FY 2026-27 Expenditure	\$245,228,577	\$172,796,537	\$1,127,059,896	\$205,329,555	\$822,384,287	\$259,326,463	\$2,406,951,751	\$1,571,643	\$1,496,929,961	\$169,578,213	\$135,207,995	\$160,207,922	\$40,676,167	\$127,926,440	\$30,716,368	\$4,549,132	\$7,406,440,907
Estimated FY 2026-27 Per Capita	\$4,718.11	\$14,523.16	\$18,775.26	\$8,399.65	\$6,133.49	\$5,717.83	\$7,685.50	\$17,270.80	\$3,895.74	\$2,808.05	\$7,335.90	\$6,424.25	\$8,561.60	\$3,039.07	\$886.42	\$162.44	\$5,979.86
% Change over FY 2025-26 Per Capita	3.98%	7.18%	7.13%	10.23%	8.47%	5.51%	9.29%	5.67%	6.09%	1.66%	6.68%	0.53%	1.12%	4.28%	4.19%	0.00%	6.11%

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

Out Year Projection																	
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Percentage Selected to Modify Per Capita ⁽³⁾	4.44%	4.62%	4.40%	10.28%	8.52%	5.54%	23.00%	3.40%	2.49%	2.49%	7.62%	3.28%	2.39%	3.44%	4.72%	0.00%	
Estimated FY 2027-28 Base Per Capita	\$4,927.74	\$15,194.13	\$19,600.46	\$9,263.13	\$6,656.06	\$6,034.60	\$9,453.17	\$17,858.22	\$3,992.81	\$2,878.02	\$7,894.84	\$6,634.68	\$8,766.22	\$3,143.54	\$928.24	\$162.44	\$6,411.43
Estimated FY 2027-28 Eligibles	53,312	12,010	61,103	24,630	135,607	47,936	245,036	103	393,140	66,060	18,471	25,804	4,795	42,094	36,767	29,630	1,196,498
Estimated FY 2027-28 Base Expenditure	\$262,707,675	\$182,481,501	\$1,197,646,907	\$228,150,892	\$902,608,328	\$289,274,586	\$2,316,366,964	\$1,839,397	\$1,569,733,323	\$190,122,001	\$145,825,590	\$171,201,283	\$42,034,025	\$132,324,173	\$34,128,600	\$4,813,097	\$7,671,258,342
Bottom Line Impacts																	
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2020-21 BA-15 Implement eConsult Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pumps	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitors	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialty Drugs BLI	\$431,642	\$1,125,634	\$7,240,618	\$1,422,359	\$5,553,048	\$2,476,632	\$17,465,255	\$33,762	\$3,301,396	\$714,059	\$469,721	\$536,382	\$113,904	\$20,089	\$0	\$0	\$40,904,501
Supporting PCMP Transition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Value Based Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
VBP True Up	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extra Payment Period	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rebate Over Invoicing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2021-22 JBC Action: Restore Funding for SB 19-195	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acute Home Health 60 day limit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Advancing Birthing Equity	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-1300 Continuous Eligibility up to Age 3 and Recently Released Adults	\$0	\$0	\$0	\$0	\$725	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$725
FY26 R-6: Accountable Care Collaborative Phase III - BMTF Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY26 R-6: Accountable Care Collaborative Phase III - Hospital Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Backup Eligibility - Acute Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-084: Medicaid Access to Parenteral Nutrition	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB25-183: Coverage for Pregnancy Related Services - Labor & Delivery Savings	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 JBC action NEMT Rate Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 JBC action Prepayment Claims Review	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-09 1.6% ATB	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 r-15 Pharmacy MAC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2025-26 R-12 Integrated Care Benefit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB24-1045	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
JBC Action: Aspheric Lenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
SB 25-229 Reimbursement for Community Health Workers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25 BA-10 System of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HR1 Qualified Immigrant Updates	(\$576,672)	(\$376,940)	(\$2,567,252)	(\$550,798)	(\$1,670,262)	(\$538,851)	(\$5,538,552)	(\$3,721)	(\$3,279,574)	(\$353,141)	(\$315,792)	(\$398,766)	(\$174,149)	\$426,943	(\$66,068)	\$0	(\$15,983,595)
HR1 Retroactive Coverage Update	(\$74,968)	(\$52,673)	(\$302,850)	(\$73,938)	(\$224,239)	(\$291,095)	(\$2,992,010)	(\$735)	(\$391,606)	(\$40,553)	(\$43,661)	(\$55,554)	(\$11,892)	(\$34,357)	(\$7,525)	\$0	(\$4,597,656)
HR1 Work Requirements - NNE	\$0	\$0	\$79,258,856	\$0	\$0	\$0	(\$64,438,124)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,820,732
SB 25-308 Tenancy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
																	\$0
																	\$0
Total Bottom Line Impacts	(\$219,998)	\$696,021	\$83,629,372	\$797,623	\$3,659,272	\$1,646,686	(\$55,503,431)	\$29,306	(\$369,784)	\$320,365	\$110,268	\$82,062	(\$72,137)	\$412,675	(\$73,593)	\$0	\$35,144,707
Estimated FY 2027-28 Expenditure	\$262,487,677	\$183,177,522	\$1,281,276,279	\$228,948,515	\$906,267,600	\$290,921,272	\$2,260,863,533	\$1,868,703	\$1,569,363,539	\$190,442,366	\$145,935,858	\$171,283,345	\$41,961,888	\$132,736,848	\$34,055,007	\$4,813,097	\$7,706,403,049
Estimated FY 2027-28 Per Capita	\$4,923.61	\$15,252.08	\$20,969.12	\$9,295.51	\$6,683.04	\$6,068.95	\$9,226.66	\$18,142.75	\$3,991.87	\$2,882.87	\$7,900.81	\$6,637.86	\$8,751.18	\$3,153.34	\$926.24	\$162.44	\$6,440.80
% Change over FY 2026-27 Per Capita	4.36%	5.02%	11.68%	10.67%	8.96%	6.14%	20.05%	5.05%	2.47%	2.66%	7.70%	3.33%	2.21%	3.76%	4.49%	0.00%	7.71%

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

Acute Care Per Capita Trend Selections			
Medicaid Pop	Percentage selected to modify Per Capita amounts for Estimated FY 2025-26	Percentage selected to modify Per Capita amounts for Estimated FY 2026-27	Percentage selected to modify Per Capita amounts for Estimated FY 2027-28
OAP-A	The Department reduced the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 3 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 3 years.
OAP-B	The Department reduced the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 5 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 5 years.
AND/AB	The Department reduced the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
Disabled Buy-in	The Department reduced the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 5 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Parents/ Caretakers to 68% FPL	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 5 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Parents/ Caretakers 69% to 133% FPL	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 5 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
MAGI Adults	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective of HR1. FY 2025-26 Trend is increased from the November Forecast based on the work requirements timeline and the expected caseload decreases.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
BCCP	The Department maintained the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast..	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
Eligible Children (AFDC-C/BC)	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
SB 11-008 Eligible Children	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective of PHE. FY 2025-26 Trend is maintained from the February Forecast based on the PHE timeline and the expected caseload decreases.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 5 years.
Foster Care	The Department decreased the Trend from the November Forecast based on FY 2024-25 increase in per capita costs.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
MAGI Pregnant Adults	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of moderate growth.
SB 11-250 Eligible Pregnant Adults	The Department increased the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of moderate growth.
Non-Citizens Emergency Services	The Department maintained the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective high growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	Per Capita trends are reflective high growth in the actuals. FY 2026-27 Trend based on average of the last 4 years.
Partial Dual Eligibles	The Department maintained the Trend from the Nov Forecast based on FY 2025-26 increase in per capita costs in the first half of the year.	Per Capita trends are reflective growth in the actuals. FY 2025-26 Trend based on average of the last 4 years.	The FY 2024-25 Trend is continued in FY 2026-27, due to expectations of high growth.
SB 21-025 Family Planning Services	Cost and utilization of services in the populations are still new, the Department forecasted the per capita based on program expectations for total costs.	The Department expects moderate growth in the per capita costs going forward	The Department expects moderate growth in the per capita costs going forward

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

Breast and Cervical Cancer Program Costs				
Fiscal Year	Total	Caseload	Per Capita	Percent Change
FY 2018-19	\$2,202,429	235	\$9,372.04	
FY 2019-20	\$2,628,918	155	\$16,960.76	80.97%
FY 2020-21	\$2,758,017	145	\$19,064.63	12.40%
FY 2021-22	\$1,253,751	137	\$9,151.47	-52.00%
FY 2022-23	\$1,590,590	139	\$11,443.09	25.04%
FY 2023-24	\$1,454,710	131	\$11,104.66	-2.96%
FY 2024-25	\$1,658,136	133	\$12,467.19	12.27%
FY 2023-24 Estimate⁽¹⁾	\$1,372,955	115	\$11,938.74	-4.24%
FY 2024-25 Estimate⁽¹⁾	\$1,571,643	84	\$18,710.04	56.72%
FY 2025-26 Estimate⁽¹⁾	\$1,868,703	91	\$20,535.20	9.75%

Fiscal Year	Per Capita	Caseload	Total Funds	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds	Federal Funds	FFP
FY 2021-22 Estimate	\$11,938.74	115	\$1,372,955	\$0	\$480,534	\$0	\$892,421	65.00%
FY 2022-23 Estimate	\$18,710.04	84	\$1,571,643	\$0	\$550,075	\$0	\$1,021,568	65.00%
FY 2023-24 Estimate	\$20,535.20	91	\$1,868,703	\$0	\$654,046	\$0	\$1,214,657	65.00%
(1) 25.5-5-308 (9) (g), C.R.S. (2014). 100% of the State share is from the Breast and Cervical Cancer Prevention and Treatment Fund, 65.00% federal financial participation beginning October 1, 2016.								

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

Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$9,626,404	\$3,310,233	\$15,679,512	\$0	\$29,215,409	\$0	\$0	\$0	\$0	\$0	\$236,132	\$2,163,344	\$318,121	\$0	\$0	\$0	\$60,549,155
FY 2017-18	\$10,149,574	\$3,420,176	\$16,218,317	\$0	\$31,055,704	\$0	\$0	\$0	\$0	\$0	\$162,853	\$1,488,264	\$300,308	\$0	\$0	\$0	\$62,795,196
FY 2018-19	\$10,249,854	\$3,497,187	\$16,200,905	\$0	\$22,136,356	\$0	\$0	\$0	\$0	\$0	\$155,386	\$1,950,505	\$335,014	\$0	\$0	\$0	\$54,525,206
FY 2019-20	\$8,111,894	\$2,978,002	\$13,565,945	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$54,616,673
FY 2020-21	\$7,790,543	\$2,897,405	\$13,208,248	\$0	\$27,531,825	\$0	\$0	\$0	\$0	\$0	\$165,221	\$1,951,946	\$311,840	\$0	\$0	\$0	\$53,857,028
FY 2021-22	\$9,258,885	\$3,425,188	\$14,567,966	\$0	\$35,075,844	\$0	\$0	\$0	\$0	\$0	\$184,146	\$2,448,104	\$726,378	\$0	\$0	\$0	\$65,686,511
FY 2022-23	\$9,841,874	\$3,502,950	\$13,803,392	\$0	\$36,120,494	\$0	\$0	\$0	\$0	\$0	\$202,481	\$5,019,946	\$1,197,449	\$0	\$0	\$0	\$69,688,586
FY 2023-24	\$10,191,804	\$3,656,004	\$14,693,703	\$0	\$50,695,831	\$0	\$0	\$0	\$0	\$0	\$305,794	\$7,513,579	\$1,661,877	\$0	\$0	\$0	\$88,718,594
FY 2024-25	\$17,345,364	\$5,921,295	\$24,648,759	\$0	\$78,287,184	\$0	\$0	\$0	\$0	\$0	\$379,702	\$12,201,332	\$2,227,695	\$0	\$0	\$0	\$141,011,332
Estimated FY 2025-26	\$17,845,069	\$5,671,401	\$24,769,198	\$0	\$67,371,959	\$0	\$0	\$0	\$0	\$0	\$365,876	\$12,056,247	\$2,349,522	\$0	\$0	\$2,475,835	\$132,905,107
Estimated FY 2026-27	\$19,137,044	\$6,047,040	\$26,305,308	\$0	\$73,378,509	\$0	\$0	\$0	\$0	\$0	\$393,750	\$12,619,626	\$2,404,149	\$0	\$0	\$3,072,791	\$143,358,217
Estimated FY 2027-28	\$20,042,114	\$6,385,957	\$27,952,789	\$0	\$76,476,924	\$0	\$0	\$0	\$0	\$0	\$443,170	\$13,369,827	\$2,484,385	\$0	\$0	\$3,072,791	\$150,227,957
Percent Change in Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	5.43%	3.32%	3.44%	0.00%	6.30%	0.00%	0.00%	0.00%	0.00%	0.00%	-31.03%	-31.21%	-5.60%	0.00%	0.00%	0.00%	3.71%
FY 2018-19	0.99%	2.25%	-0.11%	0.00%	-28.72%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.59%	31.06%	11.56%	0.00%	0.00%	0.00%	-13.17%
FY 2019-20	-20.86%	-14.85%	-16.26%	0.00%	24.37%	0.00%	0.00%	0.00%	0.00%	0.00%	6.33%	0.07%	-6.92%	0.00%	0.00%	0.00%	0.17%
FY 2020-21	-3.96%	-2.71%	-2.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.39%
FY 2021-22	18.85%	18.22%	10.29%	0.00%	27.40%	0.00%	0.00%	0.00%	0.00%	0.00%	11.45%	25.42%	132.93%	0.00%	0.00%	0.00%	21.96%
FY 2022-23	6.30%	2.27%	-5.25%	0.00%	2.98%	0.00%	0.00%	0.00%	0.00%	0.00%	9.96%	105.05%	64.85%	0.00%	0.00%	0.00%	6.09%
FY 2023-24	3.56%	4.37%	6.45%	0.00%	40.35%	0.00%	0.00%	0.00%	0.00%	0.00%	51.02%	49.67%	38.78%	0.00%	0.00%	0.00%	27.31%
FY 2024-25	70.19%	61.96%	67.75%	0.00%	54.43%	0.00%	0.00%	0.00%	0.00%	0.00%	24.17%	62.39%	34.05%	0.00%	0.00%	0.00%	58.94%
Estimated FY 2025-26	2.88%	-4.22%	0.49%	0.00%	-13.94%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.64%	-1.19%	5.47%	0.00%	0.00%	100.00%	-5.75%
Estimated FY 2026-27	7.24%	6.62%	6.20%	0.00%	8.92%	0.00%	0.00%	0.00%	0.00%	0.00%	7.62%	4.67%	2.33%	0.00%	0.00%	24.11%	7.87%
Estimated FY 2027-28	4.73%	5.60%	6.26%	0.00%	4.22%	0.00%	0.00%	0.00%	0.00%	0.00%	12.55%	5.94%	3.34%	0.00%	0.00%	0.00%	4.79%
Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2016-17	\$219.08	\$294.48	\$231.88	\$0.00	\$180.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$173.75	\$159.46	\$161.65	\$0.00	\$0.00	\$0.00	\$201.08
FY 2017-18	\$221.09	\$289.92	\$240.16	\$0.00	\$172.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.33	\$146.99	\$134.73	\$0.00	\$0.00	\$0.00	\$196.92
FY 2018-19	\$214.95	\$274.92	\$236.03	\$0.00	\$125.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$106.50	\$159.93	\$146.12	\$0.00	\$0.00	\$0.00	\$169.96
FY 2019-20	\$170.59	\$228.57	\$203.91	\$0.00	\$167.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$115.86	\$169.04	\$141.17	\$0.00	\$0.00	\$0.00	\$178.04
FY 2020-21	\$161.47	\$213.97	\$199.56	\$0.00	\$159.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$119.04	\$143.43	\$86.41	\$0.00	\$0.00	\$0.00	\$168.44
FY 2021-22	\$187.89	\$248.49	\$220.87	\$0.00	\$185.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$135.40	\$171.75	\$166.64	\$0.00	\$0.00	\$0.00	\$194.04
FY 2022-23	\$194.98	\$252.96	\$212.58	\$0.00	\$181.95	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.77	\$202.07	\$189.92	\$0.00	\$0.00	\$0.00	\$193.44
FY 2023-24	\$213.75	\$288.06	\$249.06	\$0.00	\$314.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$239.46	\$312.48	\$293.46	\$0.00	\$0.00	\$0.00	\$284.75
FY 2024-25	\$348.26	\$484.04	\$425.10	\$0.00	\$566.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$271.22	\$515.74	\$457.71	\$0.00	\$0.00	\$0.00	\$489.20
Estimated FY 2025-26	\$352.53	\$478.68	\$419.76	\$0.00	\$504.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$261.34	\$494.23	\$494.22	\$0.00	\$0.00	\$0.00	\$465.32
Estimated FY 2026-27	\$368.19	\$508.24	\$438.21	\$0.00	\$547.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$281.25	\$506.04	\$506.03	\$0.00	\$0.00	\$0.00	\$495.92
Estimated FY 2027-28	\$375.94	\$531.72	\$457.47	\$0.00	\$563.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$316.55	\$518.13	\$518.12	\$0.00	\$0.00	\$0.00	\$510.93
Percent Change in Per Capita Cost for Total Dental Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																	
TOTAL DENTAL EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
FY 2017-18	0.92%	-1.55%	3.57%	0.00%	-4.60%	0.00%	0.00%	0.00%	0.00%	0.00%	-34.77%	-7.82%	-16.65%	0.00%	0.00%	0.00%	-2.07%
FY 2018-19	-2.78%	-5.17%	-1.72%	0.00%	-27.09%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.03%	8.80%	8.45%	0.00%	0.00%	0.00%	-13.69%
FY 2019-20	-20.64%	-16.86%	-13.61%	0.00%	32.96%	0.00%	0.00%	0.00%	0.00%	0.00%	8.79%	5.70%	-3.39%	0.00%	0.00%	0.00%	4.75%
FY 2020-21	-5.35%	-6.39%	-2.13%	0.00%	-5.01%	0.00%	0.00%	0.00%	0.00%	0.00%	2.74%	-15.15%	-38.79%	0.00%	0.00%	0.00%	-5.39%
FY 2021-22	16.36%	16.13%	10.68%	0.00%	16.39%	0.00%	0.00%	0.00%	0.00%	0.00%	13.74%	19.74%	92.85%	0.00%	0.00%	0.00%	15.20%
FY 2022-23	3.77%	1.80%	-3.75%	0.00%	-1.69%	0.00%	0.00%	0.00%	0.00%	0.00%	11.35%	17.65%	13.97%	0.00%	0.00%	0.00%	-0.31%
FY 2023-24	9.63%	13.88%	17.16%	0.00%	72.83%	0.00%	0.00%	0.00%	0.00%	0.00%	58.82%	54.64%	54.52%	0.00%	0.00%	0.00%	47.20%
FY 2024-25	62.93%	68.03%	70.68%	0.00%	80.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.26%	65.05%	55.97%	0.00%	0.00%	0.00%	71.80%
Estimated FY 2025-26	1.23%	-1.11%	-1.26%	0.00%	-10.91%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.64%	-4.17%	7.98%	0.00%	0.00%	0.00%	-4.88%
Estimated FY 2026-27	4.44%	6.18%	4.40%	0.00%	8.52%	0.00%	0.00%	0.00%	0.00%	0.00%	7.62%	2.39%	2.39%	0.00%	0.00%	0.00%	6.58%
Estimated FY 2027-28	2.10%	4.62%	4.40%	0.00%	3.05%	0.00%	0.00%	0.00%	0.00%	0.00%	12.55%	2.39%	2.39%	0.00%	0.00%	0.00%	3.03%

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

Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																		
EMERGENCY AND CO-OCCURRING EXPENDITURE		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2016-17	\$902,830	\$295,832	\$1,522,771	\$0	\$3,898,656	\$0	\$0	\$0	\$0	\$0	\$24,636	\$209,906	\$29,324	\$0	\$0	\$0	\$6,883,956
	FY 2017-18	\$932,793	\$306,643	\$1,500,822	\$0	\$4,347,059	\$0	\$0	\$0	\$0	\$0	\$20,708	\$156,727	\$32,995	\$0	\$0	\$0	\$7,297,747
	FY 2018-19	\$961,345	\$328,195	\$1,515,555	\$0	\$4,205,776	\$0	\$0	\$0	\$0	\$0	\$20,112	\$186,839	\$33,566	\$0	\$0	\$0	\$7,251,387
	FY 2019-20	\$949,118	\$333,026	\$1,455,673	\$0	\$3,894,579	\$0	\$0	\$0	\$0	\$0	\$20,011	\$175,054	\$31,985	\$0	\$0	\$0	\$6,859,445
	FY 2020-21	\$951,002	\$350,996	\$1,389,213	\$0	\$3,799,065	\$0	\$0	\$0	\$0	\$0	\$19,994	\$194,093	\$49,839	\$0	\$0	\$0	\$6,754,201
	FY 2021-22	\$978,231	\$376,974	\$1,323,437	\$0	\$4,055,016	\$0	\$0	\$0	\$0	\$0	\$19,657	\$224,841	\$93,799	\$0	\$0	\$0	\$7,071,954
	FY 2022-23	\$1,502,160	\$555,336	\$1,905,688	\$0	\$6,277,618	\$0	\$0	\$0	\$0	\$0	\$29,094	\$544,734	\$186,651	\$0	\$0	\$0	\$11,001,281
	FY 2023-24	\$1,414,209	\$515,662	\$1,710,923	\$0	\$5,010,443	\$0	\$0	\$0	\$0	\$0	\$23,351	\$521,773	\$163,555	\$0	\$0	\$0	\$9,359,915
	FY 2024-25	\$1,405,527	\$485,811	\$1,672,535	\$0	\$4,271,170	\$0	\$0	\$0	\$0	\$0	\$20,015	\$448,327	\$170,736	\$0	\$0	\$0	\$8,474,120
	Estimated FY 2025-26	\$1,428,496	\$470,484	\$1,701,791	\$0	\$4,125,414	\$0	\$0	\$0	\$0	\$0	\$241,920	\$462,266	\$120,989	\$0	\$0	\$176,598	\$8,727,959
	Estimated FY 2026-27	\$1,466,762	\$472,470	\$1,731,236	\$0	\$4,140,421	\$0	\$0	\$0	\$0	\$0	\$241,920	\$472,575	\$120,913	\$0	\$0	\$214,060	\$8,860,357
	Estimated FY 2027-28	\$1,504,465	\$476,917	\$1,762,211	\$0	\$4,187,544	\$0	\$0	\$0	\$0	\$0	\$241,920	\$488,986	\$122,033	\$0	\$0	\$214,060	\$8,998,136
Percent Change in Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																		
EMERGENCY AND CO-OCCURRING EXPENDITURE		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2017-18	3.32%	3.65%	-1.44%	0.00%	11.50%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.95%	-25.33%	12.52%	0.00%	0.00%	0.00%	6.01%
	FY 2018-19	3.06%	7.03%	0.98%	0.00%	-3.25%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.88%	19.21%	1.73%	0.00%	0.00%	0.00%	-0.64%
	FY 2019-20	-1.27%	1.47%	-3.95%	0.00%	-7.40%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.50%	-6.31%	-4.71%	0.00%	0.00%	0.00%	-5.41%
	FY 2020-21	0.20%	5.40%	-4.57%	0.00%	-2.45%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.09%	10.88%	55.82%	0.00%	0.00%	0.00%	-1.53%
	FY 2021-22	2.86%	7.40%	-4.73%	0.00%	6.74%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.68%	15.84%	88.20%	0.00%	0.00%	0.00%	4.70%
	FY 2022-23	53.56%	47.31%	44.00%	0.00%	54.81%	0.00%	0.00%	0.00%	0.00%	0.00%	48.01%	142.27%	98.99%	0.00%	0.00%	0.00%	55.56%
	FY 2023-24	-5.85%	-7.14%	-10.22%	0.00%	-20.19%	0.00%	0.00%	0.00%	0.00%	0.00%	-19.74%	-4.22%	-12.37%	0.00%	0.00%	0.00%	-14.92%
	FY 2024-25	-0.61%	-5.79%	-2.24%	0.00%	-14.75%	0.00%	0.00%	0.00%	0.00%	0.00%	-14.29%	-14.08%	4.39%	0.00%	0.00%	0.00%	-9.46%
	Estimated FY 2025-26	1.63%	-3.15%	1.75%	0.00%	-3.41%	0.00%	0.00%	0.00%	0.00%	0.00%	1108.72%	3.11%	-29.14%	0.00%	0.00%	100.00%	3.00%
	Estimated FY 2026-27	2.68%	0.42%	1.73%	0.00%	0.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.23%	-0.06%	0.00%	0.00%	21.21%	1.52%
	Estimated FY 2027-28	2.57%	0.94%	1.79%	0.00%	1.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.47%	0.93%	0.00%	0.00%	0.00%	1.56%
Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																		
EMERGENCY AND CO-OCCURRING EXPENDITURE		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2016-17	\$20.55	\$26.32	\$22.52	\$0.00	\$24.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.13	\$15.47	\$14.90	\$0.00	\$0.00	\$0.00	\$22.86
	FY 2017-18	\$20.32	\$25.99	\$22.22	\$0.00	\$24.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.41	\$15.48	\$14.80	\$0.00	\$0.00	\$0.00	\$22.89
	FY 2018-19	\$20.16	\$25.80	\$22.08	\$0.00	\$23.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$15.32	\$14.64	\$0.00	\$0.00	\$0.00	\$22.60
	FY 2019-20	\$19.96	\$25.56	\$21.88	\$0.00	\$23.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.03	\$15.16	\$14.48	\$0.00	\$0.00	\$0.00	\$22.36
	FY 2020-21	\$19.71	\$25.92	\$20.99	\$0.00	\$21.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.40	\$14.26	\$13.81	\$0.00	\$0.00	\$0.00	\$21.12
	FY 2021-22	\$19.85	\$27.35	\$20.06	\$0.00	\$21.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.45	\$15.77	\$21.52	\$0.00	\$0.00	\$0.00	\$20.89
	FY 2022-23	\$29.76	\$40.10	\$29.35	\$0.00	\$31.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.66	\$21.93	\$29.60	\$0.00	\$0.00	\$0.00	\$30.54
	FY 2023-24	\$29.66	\$40.63	\$29.00	\$0.00	\$31.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18.29	\$21.70	\$28.88	\$0.00	\$0.00	\$0.00	\$30.04
	FY 2024-25	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14.30	\$18.95	\$35.08	\$0.00	\$0.00	\$0.00	\$29.40
	Estimated FY 2025-26	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$30.56
	Estimated FY 2026-27	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$30.65
	Estimated FY 2027-28	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$30.60
Percent Change in Per Capita Cost for Emergency and Co-Occurring Expenditure for Populations Eligible for Adult Dental Cash Fund Funding																		
EMERGENCY AND CO-OCCURRING EXPENDITURE		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
	FY 2017-18	-1.12%	-1.25%	-1.33%	0.00%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	-20.52%	0.06%	-0.67%	0.00%	0.00%	0.00%	0.13%
	FY 2018-19	-0.79%	-0.73%	-0.63%	0.00%	-1.03%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.37%	-1.03%	-1.08%	0.00%	0.00%	0.00%	-1.27%
	FY 2019-20	-0.99%	-0.93%	-0.91%	0.00%	-1.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.81%	-1.04%	-1.09%	0.00%	0.00%	0.00%	-1.06%
	FY 2020-21	-1.25%	1.41%	-4.07%	0.00%	-7.35%	0.00%	0.00%	0.00%	0.00%	0.00%	2.64%	-5.94%	-4.63%	0.00%	0.00%	0.00%	-5.55%
	FY 2021-22	0.71%	5.52%	-4.43%	0.00%	-2.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	10.59%	55.83%	0.00%	0.00%	0.00%	-1.09%
	FY 2022-23	49.92%	46.62%	46.31%	0.00%	47.76%	0.00%	0.00%	0.00%	0.00%	0.00%	49.90%	39.06%	37.55%	0.00%	0.00%	0.00%	46.19%
	FY 2023-24	-0.34%	1.32%	-1.19%	0.00%	-1.71%	0.00%	0.00%	0.00%	0.00%	0.00%	-15.56%	-1.05%	-2.43%	0.00%	0.00%	0.00%	-1.64%
	FY 2024-25	-4.86%	-2.26%	-0.55%	0.00%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	-21.82%	-12.67%	21.47%	0.00%	0.00%	0.00%	-2.13%
	Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1108.39%	0.00%	-27.45%	0.00%	0.00%	100.00%	3.95%
	Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%
	Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.16%

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

Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																		
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL	
FY 2016-17	\$8,723,574	\$3,014,401	\$14,156,741	\$0	\$25,316,753	\$0	\$0	\$0	\$0	\$0	\$211,496	\$1,953,438	\$288,797	\$0	\$0	\$0	\$53,665,199	
FY 2017-18	\$9,216,781	\$3,113,533	\$14,717,495	\$0	\$26,708,645	\$0	\$0	\$0	\$0	\$0	\$142,145	\$1,331,537	\$267,313	\$0	\$0	\$0	\$55,497,449	
FY 2018-19	\$9,288,509	\$3,168,991	\$14,685,350	\$0	\$17,930,580	\$0	\$0	\$0	\$0	\$0	\$135,274	\$1,763,666	\$301,448	\$0	\$0	\$0	\$47,273,819	
FY 2019-20	\$7,162,776	\$2,644,976	\$12,110,272	\$0	\$23,637,247	\$0	\$0	\$0	\$0	\$0	\$145,210	\$1,776,892	\$279,855	\$0	\$0	\$0	\$47,757,228	
FY 2020-21	\$6,839,541	\$2,546,409	\$11,819,035	\$0	\$23,732,761	\$0	\$0	\$0	\$0	\$0	\$145,227	\$1,757,853	\$262,002	\$0	\$0	\$0	\$47,102,827	
FY 2021-22	\$8,280,654	\$3,048,214	\$13,244,530	\$0	\$31,020,828	\$0	\$0	\$0	\$0	\$0	\$164,489	\$2,223,262	\$632,580	\$0	\$0	\$0	\$58,614,557	
FY 2022-23	\$8,339,714	\$2,947,614	\$11,897,704	\$0	\$29,842,876	\$0	\$0	\$0	\$0	\$0	\$173,387	\$4,475,212	\$1,010,798	\$0	\$0	\$0	\$58,687,305	
FY 2023-24	\$8,777,596	\$3,140,342	\$12,982,780	\$0	\$45,685,388	\$0	\$0	\$0	\$0	\$0	\$282,443	\$6,991,807	\$1,498,323	\$0	\$0	\$0	\$79,358,678	
FY 2024-25	\$15,939,837	\$5,435,485	\$22,976,223	\$0	\$74,016,014	\$0	\$0	\$0	\$0	\$0	\$359,688	\$11,753,005	\$2,056,960	\$0	\$0	\$0	\$132,537,212	
Estimated FY 2025-26	\$16,416,572	\$5,200,917	\$23,067,407	\$0	\$63,246,545	\$0	\$0	\$0	\$0	\$0	\$123,956	\$11,593,980	\$2,228,533	\$0	\$0	\$2,299,238	\$124,177,147	
Estimated FY 2026-27	\$17,670,281	\$5,574,570	\$24,574,072	\$0	\$69,238,088	\$0	\$0	\$0	\$0	\$0	\$151,830	\$12,147,050	\$2,283,236	\$0	\$0	\$2,858,731	\$134,497,859	
Estimated FY 2027-28	\$18,537,649	\$5,909,040	\$26,190,579	\$0	\$72,289,380	\$0	\$0	\$0	\$0	\$0	\$201,250	\$12,880,841	\$2,362,353	\$0	\$0	\$2,858,731	\$141,229,824	
Percent Change in Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																		
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL	
FY 2017-18	5.65%	3.29%	3.96%	0.00%	5.50%	0.00%	0.00%	0.00%	0.00%	0.00%	-32.79%	-31.84%	-7.44%	0.00%	0.00%	0.00%	3.41%	
FY 2018-19	0.78%	1.78%	-0.22%	0.00%	-32.87%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.83%	32.45%	12.77%	0.00%	0.00%	0.00%	-14.82%	
FY 2019-20	-22.89%	-16.54%	-17.54%	0.00%	31.83%	0.00%	0.00%	0.00%	0.00%	0.00%	7.34%	0.75%	-7.16%	0.00%	0.00%	0.00%	1.02%	
FY 2020-21	-4.51%	-3.73%	-2.40%	0.00%	0.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	-1.07%	-6.38%	0.00%	0.00%	0.00%	-1.37%	
FY 2021-22	21.07%	19.71%	12.06%	0.00%	30.71%	0.00%	0.00%	0.00%	0.00%	0.00%	13.26%	26.48%	141.44%	0.00%	0.00%	0.00%	24.44%	
FY 2022-23	0.71%	-3.30%	-10.17%	0.00%	-3.80%	0.00%	0.00%	0.00%	0.00%	0.00%	5.41%	101.29%	59.79%	0.00%	0.00%	0.00%	0.12%	
FY 2023-24	5.25%	6.54%	9.12%	0.00%	53.09%	0.00%	0.00%	0.00%	0.00%	0.00%	62.90%	56.23%	48.23%	0.00%	0.00%	0.00%	35.22%	
FY 2024-25	81.60%	73.09%	76.97%	0.00%	62.01%	0.00%	0.00%	0.00%	0.00%	0.00%	27.35%	68.10%	37.28%	0.00%	0.00%	0.00%	67.01%	
Estimated FY 2025-26	2.99%	-4.32%	0.40%	0.00%	-14.55%	0.00%	0.00%	0.00%	0.00%	0.00%	-65.54%	-1.35%	8.34%	0.00%	0.00%	100.00%	-6.31%	
Estimated FY 2026-27	7.64%	7.18%	6.53%	0.00%	9.47%	0.00%	0.00%	0.00%	0.00%	0.00%	22.49%	4.77%	2.45%	0.00%	0.00%	24.33%	8.31%	
Estimated FY 2027-28	4.91%	6.00%	6.58%	0.00%	4.41%	0.00%	0.00%	0.00%	0.00%	0.00%	32.55%	6.04%	3.47%	0.00%	0.00%	0.00%	5.01%	
Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																		
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL	
FY 2016-17	\$198.53	\$268.16	\$209.36	\$0.00	\$156.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$155.63	\$143.98	\$146.75	\$0.00	\$0.00	\$0.00	\$178.22	
FY 2017-18	\$200.77	\$263.93	\$217.94	\$0.00	\$148.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98.92	\$131.51	\$119.92	\$0.00	\$0.00	\$0.00	\$174.04	
FY 2018-19	\$194.79	\$249.12	\$213.95	\$0.00	\$101.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92.72	\$144.61	\$131.48	\$0.00	\$0.00	\$0.00	\$147.35	
FY 2019-20	\$150.63	\$203.01	\$182.03	\$0.00	\$143.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$101.83	\$153.88	\$126.69	\$0.00	\$0.00	\$0.00	\$155.68	
FY 2020-21	\$141.76	\$188.05	\$178.57	\$0.00	\$137.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$104.63	\$129.17	\$72.60	\$0.00	\$0.00	\$0.00	\$147.32	
FY 2021-22	\$168.04	\$221.14	\$200.80	\$0.00	\$163.68	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$120.95	\$155.97	\$145.12	\$0.00	\$0.00	\$0.00	\$173.15	
FY 2022-23	\$165.22	\$212.85	\$183.23	\$0.00	\$150.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$129.10	\$180.15	\$160.32	\$0.00	\$0.00	\$0.00	\$162.90	
FY 2023-24	\$184.09	\$247.43	\$220.06	\$0.00	\$283.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$221.18	\$290.78	\$264.58	\$0.00	\$0.00	\$0.00	\$254.71	
FY 2024-25	\$320.04	\$444.33	\$396.25	\$0.00	\$535.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$256.92	\$496.79	\$422.63	\$0.00	\$0.00	\$0.00	\$459.80	
Estimated FY 2025-26	\$324.31	\$438.97	\$390.92	\$0.00	\$473.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.54	\$475.28	\$468.77	\$0.00	\$0.00	\$331.35	\$434.77	
Estimated FY 2026-27	\$339.97	\$468.53	\$409.37	\$0.00	\$516.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108.45	\$487.09	\$480.58	\$0.00	\$0.00	\$339.88	\$465.27	
Estimated FY 2027-28	\$347.72	\$492.01	\$428.63	\$0.00	\$533.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$143.75	\$499.18	\$492.67	\$0.00	\$0.00	\$339.88	\$480.32	
Percent Change in Per Capita Cost for Adult Dental Benefit Expenditure with State Share Paid by the Adult Dental Cash Fund																		
ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL	
FY 2017-18	1.13%	-1.58%	4.10%	0.00%	-5.32%	0.00%	0.00%	0.00%	0.00%	0.00%	-36.44%	-8.66%	-18.28%	0.00%	0.00%	0.00%	-2.35%	
FY 2018-19	-2.98%	-5.61%	-1.83%	0.00%	-31.33%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.27%	9.96%	9.64%	0.00%	0.00%	0.00%	-15.34%	
FY 2019-20	-22.67%	-18.51%	-14.92%	0.00%	40.93%	0.00%	0.00%	0.00%	0.00%	0.00%	9.83%	6.41%	-3.64%	0.00%	0.00%	0.00%	5.65%	
FY 2020-21	-5.89%	-7.37%	-1.90%	0.00%	-4.63%	0.00%	0.00%	0.00%	0.00%	0.00%	2.75%	-16.06%	-42.69%	0.00%	0.00%	0.00%	-5.37%	
FY 2021-22	18.54%	17.60%	12.45%	0.00%	19.42%	0.00%	0.00%	0.00%	0.00%	0.00%	15.60%	20.75%	99.89%	0.00%	0.00%	0.00%	17.53%	
FY 2022-23	-1.68%	-3.75%	-8.75%	0.00%	-8.16%	0.00%	0.00%	0.00%	0.00%	0.00%	6.74%	15.50%	10.47%	0.00%	0.00%	0.00%	-5.92%	
FY 2023-24	11.42%	16.25%	20.10%	0.00%	88.51%	0.00%	0.00%	0.00%	0.00%	0.00%	71.32%	61.41%	65.03%	0.00%	0.00%	0.00%	56.36%	
FY 2024-25	73.85%	79.58%	80.06%	0.00%	88.85%	0.00%	0.00%	0.00%	0.00%	0.00%	16.16%	70.85%	59.74%	0.00%	0.00%	0.00%	80.52%	
Estimated FY 2025-26	1.33%	-1.21%	-1.35%	0.00%	-11.54%	0.00%	0.00%	0.00%	0.00%	0.00%	-65.54%	-4.33%	10.92%	0.00%	0.00%	100.00%	-5.44%	
Estimated FY 2026-27	4.83%	6.73%	4.72%	0.00%	9.08%	0.00%	0.00%	0.00%	0.00%	0.00%	22.49%	2.48%	2.52%	0.00%	0.00%	2.57%	7.02%	
Estimated FY 2027-28	2.28%	5.01%	4.70%	0.00%	3.23%	0.00%	0.00%	0.00%	0.00%	0.00%	32.55%	2.48%	2.52%	0.00%	0.00%	0.00%	3.23%	

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

Current Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid Adults	TOTAL
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.92%
Estimated FY 2025-26 Total Dental Per Capita	\$352.53	\$478.68	\$419.76	\$0.00	\$504.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$261.34	\$494.23	\$494.22	\$0.00	\$0.00	\$356.80	\$454.28
Estimated FY 2025-26 Eligible Caseload	50,620	11,848	59,008	-	133,595	-	-	-	-	-	1,400	24,394	4,754	-	-	6,939	292,559
Estimated FY 2025-26 Total Dental Expenditure	\$17,845,069	\$5,671,401	\$24,769,198	\$0	\$67,371,959	\$0	\$0	\$0	\$0	\$0	\$365,876	\$12,056,247	\$2,349,522	\$0	\$0	\$2,475,835	\$132,905,107
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2025-26 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$30.56
Estimated FY 2025-26 Eligible Caseload	50,620	11,848	59,008	-	133,595	-	-	-	-	-	1,400	24,394	4,754	-	-	6,939	285,619
Estimated FY 2025-26 Emergency and Co-Occurring Dental Expenditure	\$1,428,496	\$470,484	\$1,701,791	\$0	\$4,125,414	\$0	\$0	\$0	\$0	\$0	\$241,920	\$462,266	\$120,989	\$0	\$0	\$176,598	\$8,727,959
<i>Bottom Line Impacts</i>																	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Adult Dental Benefit</i>																	
Estimated FY 2025-26 Adult Dental Benefit Per Capita	\$324.31	\$438.97	\$390.92	\$0.00	\$473.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.54	\$475.28	\$468.77	\$0.00	\$0.00	\$331.35	\$434.77
Estimated FY 2025-26 Eligible Caseload	50,620	11,848	59,008	-	133,595	-	-	-	-	-	1,400	24,394	4,754	-	-	6,939	285,619
Estimated FY 2025-26 Adult Dental Benefit Expenditure	\$16,416,572	\$5,200,917	\$23,067,407	\$0	\$63,246,545	\$0	\$0	\$0	\$0	\$0	\$123,956	\$11,593,980	\$2,228,533	\$0	\$0	\$2,299,238	\$124,177,147
Request Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	4.44%	6.17%	4.40%	10.28%	8.52%	11.36%	23.00%	3.40%	2.49%	2.49%	7.62%	2.39%	2.39%	0.00%	0.00%	2.39%	
Estimated FY 2026-27 Total Dental Per Capita	\$368.19	\$508.24	\$438.21	\$0.00	\$547.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$281.25	\$506.04	\$506.03	\$0.00	\$0.00	\$365.33	\$481.90
Estimated FY 2026-27 Eligible Caseload	51,976	11,898	60,029	-	134,081	-	-	-	-	-	1,400	24,938	4,751	-	-	8,411	297,484
Estimated FY 2026-27 Total Dental Expenditure	\$19,137,044	\$6,047,040	\$26,305,308	\$0	\$73,378,509	\$0	\$0	\$0	\$0	\$0	\$393,750	\$12,619,626	\$2,404,149	\$0	\$0	\$3,072,791	\$143,358,217
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$29.78
Estimated FY 2026-27 Eligible Caseload	51,976	11,898	60,029	-	134,081	-	-	-	-	-	1,400	24,938	4,751	-	-	8,411	297,484
Estimated FY 2026-27 Emergency and Co-Occurring Dental Expenditure	\$1,466,762	\$472,470	\$1,731,236	\$0	\$4,140,421	\$0	\$0	\$0	\$0	\$0	\$241,920	\$472,575	\$120,913	\$0	\$0	\$214,060	\$8,860,357
<i>Bottom Line Impacts</i>																	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Adult Dental Benefit</i>																	
Estimated FY 2026-27 Adult Dental Benefit Per Capita	\$339.97	\$468.53	\$409.37	\$0.00	\$516.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$108.45	\$487.09	\$480.58	\$0.00	\$0.00	\$339.88	\$452.12
Estimated FY 2026-27 Eligible Caseload	51,976	11,898	60,029	-	134,081	-	-	-	-	-	1,400	24,938	4,751	-	-	8,411	297,484
Estimated FY 2026-27 Adult Dental Benefit Expenditure	\$17,670,281	\$5,574,570	\$24,574,072	\$0	\$69,238,088	\$0	\$0	\$0	\$0	\$0	\$151,830	\$12,147,050	\$2,283,236	\$0	\$0	\$2,858,731	\$134,497,859
Out Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
<i>Total Dental</i>																	
Total Dental Per Capita Trend Factor	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.40%	0.77%	2.39%	12.55%	2.39%	2.39%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Total Dental Per Capita	\$375.94	\$531.72	\$457.47	\$0.00	\$563.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$316.55	\$518.13	\$518.12	\$0.00	\$0.00	\$365.33	\$510.93
Estimated FY 2026-27 Eligible Caseload	53,312	12,010	61,103	-	135,607	-	-	-	-	-	1,400	25,804	4,795	-	-	8,411	294,031
Estimated FY 2026-27 Total Dental Expenditure	\$20,042,114	\$6,385,957	\$27,952,789	\$0	\$76,476,924	\$0	\$0	\$0	\$0	\$0	\$443,170	\$13,369,827	\$2,484,385	\$0	\$0	\$3,072,791	\$150,227,957
<i>Emergency and Co-Occurring Dental</i>																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Emergency and Co-Occurring Dental Per Capita	\$28.22	\$39.71	\$28.84	\$0.00	\$30.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$172.80	\$18.95	\$25.45	\$0.00	\$0.00	\$25.45	\$29.75
Estimated FY 2026-27 Eligible Caseload	53,312	12,010	61,103	-	135,607	-	-	-	-	-	1,400	25,804	4,795	-	-	8,411	302,442
Estimated FY 2026-27 Emergency and Co-Occurring Dental Expenditure	\$1,504,465	\$476,917	\$1,762,211	\$0	\$4,187,544	\$0	\$0	\$0	\$0	\$0	\$241,920	\$488,986	\$122,033	\$0	\$0	\$214,060	\$8,998,136
<i>Bottom Line Impacts</i>																	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Adult Dental Benefit</i>																	
Estimated FY 2026-27 Adult Dental Benefit Per Capita	\$347.72	\$492.01	\$428.63	\$0.00	\$533.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$143.75	\$499.18	\$492.67	\$0.00	\$0.00	\$339.88	\$480.32
Estimated FY 2026-27 Eligible Caseload	53,312	12,010	61,103	-	135,607	-	-	-	-	-	1,400	25,804	4,795	-	-	8,411	294,031
Estimated FY 2026-27 Adult Dental Benefit Expenditure	\$18,537,649	\$5,909,040	\$26,190,579	\$0	\$72,289,380	\$0	\$0	\$0	\$0	\$0	\$201,250	\$12,880,841	\$2,362,353	\$0	\$0	\$2,858,731	\$141,229,824

Adult Dental Cash Fund - Fund Splits							
FY 2025-26							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	50,620	\$324.31	50.00%	\$16,416,572	\$0	\$8,208,286	\$8,208,286
Disabled Adults 60 to 64 (OAP-B)	11,848	\$438.97	50.00%	\$5,200,917	\$0	\$2,600,458	\$2,600,459
Disabled Individuals to 59 (AND/AB)	59,008	\$390.92	50.00%	\$23,067,407	\$0	\$11,533,703	\$11,533,704
MAGI Parents/Caretakers to 68% FPL	133,595	\$473.42	50.00%	\$63,246,545	\$0	\$31,623,272	\$31,623,273
Foster Care	1,400	\$88.54	50.00%	\$123,956	\$0	\$61,978	\$61,978
MAGI Pregnant Adults	24,394	\$475.28	50.00%	\$11,593,980	\$0	\$5,796,990	\$5,796,990
SB 11-250 Eligible Pregnant Adults	4,754	\$468.77	50.00%	\$2,228,533	\$0	\$1,114,266	\$1,114,267
HB 22-1289 Medicaid Adults	6,939	\$331.35	65.00%	\$2,299,238	\$0	\$804,733	\$1,494,505
Total	292,558	\$424.45		\$124,177,148	\$0	\$61,743,686	\$62,433,462
FY 2026-27							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	51,976	\$339.97	50.00%	\$17,670,281	\$0	\$8,835,140	\$8,835,141
Disabled Adults 60 to 64 (OAP-B)	11,898	\$468.53	50.00%	\$5,574,570	\$0	\$2,787,285	\$2,787,285
Disabled Individuals to 59 (AND/AB)	60,029	\$409.37	50.00%	\$24,574,072	\$0	\$12,287,036	\$12,287,036
MAGI Parents/Caretakers to 68% FPL	134,081	\$516.39	50.00%	\$69,238,088	\$0	\$34,619,044	\$34,619,044
Foster Care	1,400	\$108.45	50.00%	\$151,830	\$0	\$75,915	\$75,915
MAGI Pregnant Adults	24,938	\$487.09	50.00%	\$12,147,050	\$0	\$6,073,525	\$6,073,525
SB 11-250 Eligible Pregnant Adults	4,751	\$480.58	50.00%	\$2,283,236	\$0	\$1,141,618	\$1,141,618
HB 22-1289 Medicaid Adults	8,411	\$339.88	65.00%	\$2,858,731	\$0	\$1,000,556	\$1,858,175
Total	297,484	\$452.12		\$134,497,858	\$0	\$66,820,119	\$67,677,739
FY 2027-28							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	53,312	\$347.72	50.00%	\$18,537,649	\$0	\$9,268,824	\$9,268,825
Disabled Adults 60 to 64 (OAP-B)	12,010	\$492.01	50.00%	\$5,909,040	\$0	\$2,954,520	\$2,954,520
Disabled Individuals to 59 (AND/AB)	61,103	\$428.63	50.00%	\$26,190,579	\$0	\$13,095,289	\$13,095,290
MAGI Parents/Caretakers to 68% FPL	135,607	\$533.08	50.00%	\$72,289,380	\$0	\$36,144,690	\$36,144,690
Foster Care	1,400	\$143.75	50.00%	\$201,250	\$0	\$100,625	\$100,625
MAGI Pregnant Adults	25,804	\$499.18	50.00%	\$12,880,841	\$0	\$6,440,420	\$6,440,421
SB 11-250 Eligible Pregnant Adults	4,795	\$492.67	50.00%	\$2,362,353	\$0	\$1,181,176	\$1,181,177
HB 22-1289 Medicaid Adults	8,411	\$339.88	65.00%	\$2,858,731	\$0	\$1,000,556	\$1,858,175
Total	302,442	\$466.96		\$141,229,823	\$0	\$70,186,100	\$71,043,723
(1) Figures may not sum due to rounding.							

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

Cash Based Actuals																	
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$259,232	\$2,010,465	\$23,818,224	\$503,378	\$7,886,521	\$2,413,652	\$25,638,231	\$399	\$5,604,379	\$1,062,480	\$3,824,278	\$241,380	\$19,282	\$0	\$0	\$73,281,900	
FY 2017-18	\$201,496	\$1,323,004	\$16,755,858	\$506,658	\$4,990,697	\$1,434,034	\$15,046,293	\$269	\$1,432,537	\$292,790	\$1,104,068	\$102,622	\$13,953	\$0	\$0	\$43,204,278	
FY 2018-19	\$179,281	\$1,204,921	\$16,828,944	\$499,396	\$4,160,594	\$1,074,259	\$14,588,981	\$8,509	\$1,203,837	\$227,192	\$886,389	\$125,888	\$546	\$0	\$0	\$40,988,737	
FY 2019-20	\$95,420	\$1,581,346	\$18,115,296	\$655,328	\$4,485,683	\$1,156,944	\$15,597,667	\$13,430	\$1,306,954	\$239,288	\$967,758	\$131,379	\$2,338	\$0	\$28	\$44,348,860	
FY 2020-21	\$243,870	\$1,917,757	\$18,029,960	\$1,146,923	\$4,628,990	\$2,130,006	\$18,242,402	\$14,081	\$1,182,675	\$324,606	\$904,496	\$106,952	\$30,872	\$1,866	\$19,874	\$48,925,328	
FY 2021-22	\$200,849	\$2,465,263	\$21,098,453	\$4,383,020	\$6,201,168	\$2,458,429	\$23,389,612	\$19,287	\$1,241,787	\$437,517	\$965,376	\$187,090	\$56,854	\$0	\$481	\$63,105,186	
FY 2022-23	\$486,444	\$2,617,691	\$25,836,491	\$2,350,266	\$6,320,077	\$2,608,432	\$29,760,087	\$6,089	\$1,395,835	\$534,796	\$912,767	\$522,501	\$94,213	\$0	\$240	\$73,445,929	
FY 2023-24	\$225,092	\$2,543,299	\$22,804,701	\$2,920,932	\$4,250,698	\$1,226,891	\$27,088,455	\$163	\$795,323	\$193,875	\$645,685	\$370,398	\$28,079	\$63	\$83,935	\$63,177,589	
FY 2024-25	\$356,489	\$2,525,379	\$26,517,572	\$4,006,763	\$5,098,925	\$1,206,085	\$31,077,971	\$228	\$713,735	\$199,001	\$778,481	\$411,514	\$25,038	\$30,667	\$0	\$72,947,848	
Percent Change in Cash Based Actuals																	
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	-22.27%	-34.19%	-29.65%	0.65%	-36.72%	-40.59%	-41.31%	-32.54%	-74.44%	-72.44%	-71.13%	-57.49%	-27.64%	0.00%	0.00%	-41.04%	
FY 2018-19	-11.03%	-8.93%	0.44%	-1.43%	-16.63%	-25.09%	-3.04%	3060.38%	-15.96%	-22.40%	-19.72%	22.67%	-96.09%	0.00%	0.00%	-5.13%	
FY 2019-20	-46.78%	31.24%	7.64%	31.22%	7.81%	7.70%	6.91%	57.83%	8.57%	5.32%	9.18%	4.36%	328.21%	0.00%	100.00%	8.20%	
FY 2020-21	155.57%	21.27%	-0.47%	75.02%	3.19%	84.11%	16.96%	4.85%	-9.51%	35.65%	-6.54%	-18.59%	1220.18%	100.00%	70374.54%	10.32%	
FY 2021-22	-17.64%	28.55%	17.02%	282.15%	33.96%	15.42%	28.22%	36.97%	5.00%	34.78%	6.73%	74.93%	84.16%	-100.00%	-97.58%	28.98%	
FY 2022-23	142.19%	6.18%	22.46%	-46.38%	1.92%	6.10%	27.24%	-68.43%	12.41%	22.23%	-5.45%	179.28%	65.71%	0.00%	-50.05%	16.39%	
FY 2023-24	-53.73%	-2.84%	-11.73%	24.28%	-32.74%	-52.96%	-8.98%	-97.32%	-43.02%	-63.75%	-29.26%	-29.11%	-70.20%	100.00%	34811.82%	-13.98%	
FY 2024-25	58.37%	-0.70%	16.28%	37.17%	19.96%	-1.70%	14.73%	39.88%	-10.26%	2.64%	20.57%	11.10%	-10.83%	48577.78%	-100.00%	15.46%	
Per Capita Cost																	
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$5.90	\$178.85	\$352.24	\$80.53	\$48.86	\$23.88	\$73.71	\$1.70	\$11.94	\$16.37	\$188.30	\$17.79	\$9.80	\$0.00	\$0.00	#DIV/0!	
FY 2017-18	\$4.39	\$112.15	\$248.12	\$61.98	\$27.75	\$19.22	\$42.67	\$1.74	\$3.26	\$4.55	\$51.42	\$10.14	\$6.26	\$0.00	\$0.00	#DIV/0!	
FY 2018-19	\$3.76	\$94.72	\$245.18	\$55.57	\$23.66	\$16.90	\$44.14	\$58.82	\$2.86	\$3.83	\$40.63	\$10.32	\$0.24	\$0.00	\$0.00	#DIV/0!	
FY 2019-20	\$2.01	\$121.37	\$272.29	\$61.39	\$27.27	\$19.44	\$48.30	\$98.03	\$3.21	\$4.28	\$45.39	\$11.38	\$1.06	\$0.00	\$0.00	#DIV/0!	
FY 2020-21	\$5.05	\$141.63	\$272.41	\$79.94	\$26.73	\$24.09	\$45.28	\$101.30	\$2.62	\$4.86	\$43.61	\$7.86	\$8.55	\$0.27	\$0.56	#DIV/0!	
FY 2021-22	\$4.08	\$178.85	\$319.88	\$284.17	\$32.72	\$24.01	\$48.92	\$147.23	\$2.56	\$6.03	\$47.47	\$13.13	\$13.04	\$0.00	\$0.01	#DIV/0!	
FY 2022-23	\$9.64	\$189.03	\$397.89	\$127.38	\$31.84	\$24.92	\$56.12	\$45.78	\$2.76	\$6.95	\$45.48	\$21.03	\$14.94	\$0.00	\$0.01	#DIV/0!	
FY 2023-24	\$4.72	\$200.39	\$386.54	\$143.80	\$26.37	\$18.54	\$66.75	\$1.37	\$1.93	\$3.31	\$33.84	\$15.40	\$4.96	\$0.00	\$2.89	#DIV/0!	
FY 2024-25	\$7.16	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0.00	-	
Percent Change in Per Capita Cost																	
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	-25.59%	-37.29%	-29.56%	-23.03%	-43.21%	-19.51%	-42.11%	2.35%	-72.70%	-72.21%	-72.69%	-43.00%	-36.12%	0.00%	0.00%	#DIV/0!	
FY 2018-19	-14.35%	-15.54%	-1.18%	-10.34%	-14.74%	-12.07%	3.45%	3280.46%	-12.27%	-15.82%	-20.98%	1.78%	-96.17%	0.00%	0.00%	#DIV/0!	
FY 2019-20	-46.54%	28.14%	11.06%	10.47%	15.26%	15.03%	9.42%	66.66%	12.24%	11.75%	11.72%	10.27%	341.67%	0.00%	0.00%	#DIV/0!	
FY 2020-21	151.24%	16.69%	0.04%	30.22%	-1.98%	23.92%	-6.25%	3.34%	-18.38%	13.55%	-3.92%	-30.93%	706.60%	100.00%	100.00%	#DIV/0!	
FY 2021-22	-19.21%	26.28%	17.43%	255.48%	22.41%	-0.33%	8.04%	45.34%	-2.29%	24.07%	8.85%	67.05%	52.51%	-100.00%	-98.21%	#DIV/0!	
FY 2022-23	136.27%	5.69%	24.39%	-55.17%	-2.69%	3.79%	14.72%	-68.91%	7.81%	15.26%	-4.19%	60.17%	14.57%	0.00%	0.00%	#DIV/0!	
FY 2023-24	-51.04%	6.01%	-2.85%	12.89%	-17.18%	-25.60%	18.94%	-97.01%	-30.07%	-52.37%	-25.59%	-26.77%	-66.80%	0.00%	28800.00%	#DIV/0!	
FY 2024-25	51.69%	-	-	-	-	-	-	-	-	-	-	-	-	-	-100.00%	-	

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

Cash Based Actuals																	
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$192,931	\$1,496,269	\$17,726,484	\$374,634	\$5,869,467	\$1,796,337	\$19,081,007	\$297	\$4,171,005	\$790,741	\$2,846,182	\$179,645	\$14,351	\$0	\$0	\$54,539,350	
FY 2017-18	\$122,319	\$803,135	\$10,171,721	\$307,569	\$3,029,625	\$870,537	\$9,133,921	\$163	\$869,628	\$177,740	\$670,229	\$62,297	\$8,470	\$0	\$0	\$26,227,354	
FY 2018-19	\$100,113	\$672,846	\$9,397,532	\$278,870	\$2,323,337	\$599,882	\$8,146,704	\$4,752	\$672,240	\$126,868	\$494,973	\$70,298	\$305	\$0	\$0	\$22,888,720	
FY 2019-20	\$49,812	\$825,511	\$9,456,742	\$342,101	\$2,341,665	\$603,960	\$8,142,462	\$7,011	\$682,270	\$124,916	\$505,199	\$68,584	\$1,221	\$0	\$15	\$23,151,469	
FY 2020-21	\$125,437	\$986,417	\$9,273,888	\$589,931	\$2,380,967	\$1,095,590	\$9,383,160	\$7,243	\$608,321	\$166,964	\$465,236	\$55,012	\$15,879	\$960	\$10,222	\$25,165,227	
FY 2021-22	\$88,250	\$1,083,195	\$9,270,300	\$1,925,824	\$2,724,688	\$1,080,192	\$10,276,996	\$8,474	\$545,620	\$192,237	\$424,170	\$82,204	\$24,980	\$0	\$211	\$27,727,341	
FY 2022-23	\$267,877	\$1,441,522	\$14,227,758	\$1,294,255	\$3,480,369	\$1,436,423	\$16,388,422	\$3,353	\$768,665	\$294,504	\$502,647	\$287,733	\$51,882	\$0	\$132	\$40,445,542	
FY 2023-24	\$122,030	\$1,378,803	\$12,363,154	\$1,583,530	\$2,304,439	\$665,137	\$14,685,514	\$88	\$431,170	\$105,106	\$350,046	\$200,805	\$15,223	\$34	\$45,504	\$34,250,583	
FY 2024-25	\$181,800	\$1,287,875	\$13,523,247	\$2,043,341	\$2,600,314	\$615,071	\$15,848,928	\$116	\$363,986	\$101,485	\$397,004	\$209,861	\$12,769	\$15,639	\$0	\$37,201,436	
Percent Change in Cash Based Actuals																	
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	-36.60%	-46.32%	-42.62%	-17.90%	-48.38%	-51.54%	-52.13%	-45.12%	-79.15%	-77.52%	-76.45%	-65.32%	-40.98%	0.00%	0.00%	-51.91%	
FY 2018-19	-18.15%	-16.22%	-7.61%	-9.33%	-23.31%	-31.09%	-10.81%	2815.34%	-22.70%	-28.62%	-26.15%	12.84%	-96.40%	0.00%	0.00%	-12.73%	
FY 2019-20	-50.24%	22.69%	0.63%	22.67%	0.79%	0.68%	-0.05%	47.54%	1.49%	-2.44%	2.07%	-2.44%	300.33%	0.00%	100.00%	1.15%	
FY 2020-21	151.82%	19.49%	-1.93%	72.44%	1.68%	81.40%	15.24%	3.31%	-10.84%	33.66%	-7.91%	-19.79%	1200.49%	100.00%	68046.67%	8.70%	
FY 2021-22	-29.65%	9.81%	-0.04%	226.45%	14.44%	-1.41%	9.53%	17.00%	-10.31%	15.14%	-8.83%	49.43%	57.31%	-100.00%	-97.94%	10.18%	
FY 2022-23	203.54%	33.08%	53.48%	-32.79%	27.73%	32.98%	59.47%	-60.43%	40.88%	53.20%	18.50%	250.02%	107.69%	0.00%	-37.44%	45.87%	
FY 2023-24	-54.45%	-4.35%	-13.11%	22.35%	-33.79%	-53.69%	-10.39%	-97.38%	-43.91%	-64.31%	-30.36%	-30.21%	-70.66%	100.00%	34372.73%	-15.32%	
FY 2024-25	-48.98%	-6.59%	9.38%	29.04%	12.84%	-7.53%	7.92%	31.82%	-15.58%	-3.45%	13.41%	4.51%	-16.12%	45897.06%	-100.00%	8.62%	
Per Capita Cost																	
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$4.39	\$133.11	\$262.15	\$59.93	\$36.36	\$17.78	\$54.85	\$1.26	\$8.89	\$12.18	\$140.14	\$13.24	\$7.29	\$0.00	\$0.00	#DIV/0!	
FY 2017-18	\$2.66	\$68.08	\$150.62	\$37.62	\$16.85	\$11.67	\$25.90	\$1.05	\$1.98	\$2.76	\$31.21	\$6.15	\$3.80	\$0.00	\$0.00	#DIV/0!	
FY 2018-19	\$2.10	\$52.89	\$136.91	\$31.03	\$13.21	\$9.44	\$24.65	\$32.85	\$1.60	\$2.14	\$22.69	\$5.76	\$0.13	\$0.00	\$0.00	#DIV/0!	
FY 2019-20	\$1.05	\$63.36	\$142.14	\$32.05	\$14.24	\$10.15	\$25.21	\$51.18	\$1.67	\$2.23	\$23.70	\$5.94	\$0.55	\$0.00	\$0.00	#DIV/0!	
FY 2020-21	\$2.60	\$72.85	\$140.12	\$41.12	\$13.75	\$12.39	\$23.29	\$52.11	\$1.35	\$2.50	\$22.43	\$4.04	\$4.40	\$0.14	\$0.29	#DIV/0!	
FY 2021-22	\$1.79	\$78.58	\$140.55	\$124.86	\$14.38	\$10.55	\$21.50	\$64.69	\$1.13	\$2.65	\$20.86	\$5.77	\$5.73	\$0.00	\$0.01	#DIV/0!	
FY 2022-23	\$5.31	\$104.10	\$219.11	\$70.15	\$17.53	\$13.72	\$30.90	\$25.21	\$1.52	\$3.83	\$25.04	\$11.58	\$8.23	\$0.00	\$0.00	#DIV/0!	
FY 2023-24	\$2.56	\$108.64	\$209.56	\$77.96	\$14.29	\$10.05	\$36.19	\$0.74	\$1.05	\$1.80	\$18.34	\$8.35	\$2.69	\$0.00	\$1.57	#DIV/0!	
FY 2024-25	\$3.65	-	-	-	-	-	-	-	-	-	-	-	-	-	\$0.00	-	
Percent Change in Per Capita Cost																	
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	-39.41%	-48.85%	-42.54%	-37.23%	-53.66%	-34.36%	-52.78%	-16.67%	-77.73%	-77.34%	-77.73%	-53.55%	-47.87%	0.00%	0.00%	#DIV/0!	
FY 2018-19	-21.05%	-22.31%	-9.10%	-17.52%	-21.60%	-19.11%	-4.83%	3028.57%	-19.19%	-22.46%	-27.30%	-6.34%	-96.58%	0.00%	0.00%	#DIV/0!	
FY 2019-20	-50.00%	19.80%	3.82%	3.29%	7.80%	7.52%	2.27%	55.80%	4.38%	4.21%	4.45%	3.13%	323.08%	0.00%	0.00%	#DIV/0!	
FY 2020-21	147.62%	14.98%	-1.42%	28.30%	-3.44%	22.07%	-7.62%	1.82%	-19.16%	12.11%	-5.36%	-31.99%	700.00%	100.00%	100.00%	#DIV/0!	
FY 2021-22	-31.15%	7.87%	0.31%	203.65%	4.58%	-14.85%	-7.69%	24.14%	-16.30%	6.00%	-7.00%	42.82%	30.23%	-100.00%	-96.55%	#DIV/0!	
FY 2022-23	196.65%	32.48%	55.89%	-43.82%	21.91%	30.05%	43.72%	-61.03%	34.51%	44.53%	20.04%	100.69%	43.63%	0.00%	-100.00%	#DIV/0!	
FY 2023-24	-51.79%	4.36%	-4.36%	11.13%	-18.48%	-26.75%	17.12%	-97.06%	-30.92%	-53.00%	-26.76%	-27.89%	-67.31%	0.00%	100.00%	#DIV/0!	
FY 2024-25	42.58%	-	-	-	-	-	-	-	-	-	-	-	-	-	-100.00%	-	
(1) Totals for FY 2010-11 are adjusted to account for the June 2010 payment delays.																	
(2) Antipsychotic expenditures decreased significantly in FY 2017-18 due to the brand name preference of Abilify being removed in April 2017, as well as a significant decrease in the unit price of aripiprazole (the generic version of Abilify).																	

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

Estimated Increase in Rebates Attributable to the Affordable Care Act						
Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total	Percentage Change
FY 2015-16	\$2,844,435	\$2,078,580	\$3,217,760	\$1,876,367	\$10,017,142	-
FY 2016-17	\$3,665,910	\$3,333,782	\$2,724,407	\$3,309,038	\$13,033,137	30.11%
FY 2017-18	\$3,163,574	\$3,658,125	\$3,515,812	\$5,159,840	\$15,497,352	18.91%
FY 2018-19	\$4,276,352	\$4,184,873	\$4,358,848	(\$1,453,415)	\$11,366,658	-26.65%
FY 2019-20	\$7,000,143	\$9,556,025	\$8,774,817	\$6,069,395	\$31,400,380	176.25%
FY 2020-21	\$4,151,969	\$6,248,080	\$5,152,235	\$8,844,886	\$24,397,170	-22.30%
FY 2021-22	\$14,504,107	\$2,799,166	\$3,733,360	\$11,996,889	\$33,033,522	35.40%
FY 2022-23	\$5,831,641	\$6,904,987	\$4,175,006	\$7,978,285	\$24,889,919	-24.65%
FY 2023-24	\$15,058,208	\$9,718,927	\$7,040,276	\$10,129,843	\$41,947,255	68.53%
FY 2024-25	\$9,132,024	\$8,512,615	\$8,592,981	\$8,104,690	\$34,342,310	-18.13%
FY 2025-26	\$6,478,405	\$10,558,915	\$12,487,208	\$20,836,718	\$50,361,246	46.64%
FY 2026-27	\$15,939,599	\$11,916,638	\$9,877,719	\$16,539,837	\$54,273,793	7.77%
FY 2027-28	\$17,177,941	\$12,842,437	\$10,645,116	\$17,824,811	\$58,490,305	7.77%

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

Total Family Planning Expenditure						
Fiscal Year	Total Reported Expenditures	General Fund	Cash Funds	Federal Funds (90% FMAP)	Change	% Change
FY 2011-12	\$9,616,143	\$961,614	\$0	\$8,654,529	-	-
FY 2012-13	\$7,948,469	\$794,847	\$0	\$7,153,622	(\$1,667,674)	-17.34%
FY 2013-14	\$9,583,635	\$958,363	\$0	\$8,625,272	\$1,635,166	20.57%
FY 2014-15	\$11,582,466	\$1,158,247	\$0	\$10,424,219	\$1,998,831	20.86%
FY 2015-16	\$11,741,307	\$1,174,131	\$0	\$10,567,176	\$158,841	1.37%
FY 2016-17	\$4,933,998	\$493,400	\$0	\$4,440,598	(\$6,807,309)	-57.98%
FY 2017-18	\$16,066,065	\$1,606,606	\$0	\$14,459,459	\$11,132,067	225.62%
FY 2018-19	\$21,547,443	\$2,154,744	\$0	\$19,392,699	\$5,481,378	34.12%
FY 2019-20	\$17,101,730	\$1,710,173	\$0	\$15,391,557	(\$4,445,713)	-20.63%
FY 2020-21	\$17,539,025	\$1,753,903	\$0	\$15,785,122	\$437,295	2.56%
FY 2021-22	\$17,041,996	\$1,685,297	\$18,903	\$15,337,796	(\$497,029)	-2.83%
FY 2022-23	\$17,627,319	\$1,743,440	\$19,292	\$15,864,587	\$585,323	3.43%
FY 2023-24	\$17,809,952	\$1,761,703	\$19,292	\$16,028,957	\$182,633	1.04%
FY 2024-25	\$18,707,262	\$1,870,726	\$0	\$16,836,536	\$897,310	5.04%
Traditional Expenditure						
FY 2025-26 Estimate	\$20,630,368	\$2,063,036	\$0	\$18,567,332	\$1,923,107	10.28%
FY 2026-27 Estimate	\$22,039,423	\$2,203,943	\$0	\$19,835,480	\$1,409,054	6.83%
FY 2027-28 Estimate	\$22,932,019	\$2,293,202	\$0	\$20,638,817	\$892,597	4.05%
Bottom Line impacts						
FY 2025-26 Estimate	\$3,101,017	\$310,102	\$0	\$2,790,915	\$0	0.00%
FY 2026-27 Estimate	\$3,320,866	\$332,086	\$0	\$2,988,780	\$219,850	7.09%
FY 2027-28 Estimate	\$3,513,561	\$351,356	\$0	\$3,162,205	\$192,694	5.80%
Total Expenditure						
FY 2025-26 Estimate	\$23,731,385	\$2,373,138	\$0	\$21,358,247	\$5,024,123	26.86%
FY 2026-27 Estimate	\$25,360,289	\$2,536,029	\$0	\$22,824,260	\$1,628,904	6.86%
FY 2027-28 Estimate	\$26,445,580	\$2,644,558	\$0	\$23,801,022	\$1,085,291	4.28%
1. FY 2016-17 actuals are currently understated as a result of an over payment of drug rebates.						
2. Total reported expenditures for FY 2017-18 are restated due to previous reporting errors.						
3. FY 2021-22 and FY 2022-23 Expenditure includes costs associated with SB 21-025 "Family Planning Services for Eligibile Individuals"						

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

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

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

Total Non-Emergent Medical Transportation Expenditure																	
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$6,297,730	\$1,952,972	\$7,461,686	\$293,810	\$1,347,113	\$757,555	\$5,371,101	\$4,899	\$1,781,902	\$193,559	\$283,182	\$257,988	\$5,917	\$20,117	\$11	\$26,029,542	
FY 2017-18	\$7,080,487	\$3,535,875	\$13,592,151	\$710,271	\$2,916,246	\$924,059	\$11,008,489	\$25,852	\$4,026,624	\$334,537	\$504,574	\$493,367	\$14,100	\$100,181	\$0	\$45,266,813	
FY 2018-19	\$7,894,928	\$4,112,109	\$15,960,491	\$1,044,472	\$3,879,152	\$339,530	\$14,837,929	(\$43)	\$4,114,668	\$244,265	\$520,776	\$1,091,729	\$20,296	\$111,675	(\$16)	\$54,171,961	
FY 2019-20	\$8,419,531	\$4,769,713	\$16,160,671	\$1,139,025	\$3,416,393	\$586,294	\$14,299,029	(\$2,091)	\$2,705,545	\$121,939	\$431,569	\$582,012	\$24,955	\$516	\$0	\$52,655,101	
FY 2020-21	\$9,959,966	\$5,239,048	\$16,120,370	\$1,792,572	\$3,738,517	\$1,223,153	\$18,176,196	\$1,450	\$2,516,181	\$307,105	\$533,300	\$570,393	\$39,313	\$1,625	\$0	\$60,219,189	
FY 2021-22	\$12,506,652	\$6,260,495	\$19,250,458	\$2,096,276	\$4,216,531	\$883,787	\$20,548,552	\$5,430	\$3,266,107	\$233,533	\$711,138	\$450,157	\$32,838	\$27,005	\$0	\$70,488,959	
FY 2022-23	\$31,641,598	\$16,903,397	\$48,189,190	\$7,200,287	\$14,023,282	\$3,443,859	\$76,659,889	\$10,462	\$8,492,969	\$998,807	\$1,546,840	\$2,634,843	\$157,847	\$4,976	\$0	\$211,908,246	
FY 2023-24	\$41,937,526	\$21,358,598	\$64,061,953	\$10,979,861	\$22,689,671	\$3,926,912	\$118,104,366	\$789	\$12,243,226	\$1,136,206	\$2,399,150	\$3,886,832	\$230,061	\$0	\$0	\$302,955,153	
FY 2024-25	\$51,059,422	\$21,250,989	\$69,096,878	\$14,971,250	\$18,081,041	\$3,207,390	\$99,771,700	\$5,114	\$11,184,121	\$974,573	\$2,498,605	\$3,651,762	\$174,758	\$2,510	\$0	\$295,930,113	
Estimated FY 2025-26	\$52,986,706	\$22,206,367	\$77,840,790	\$14,995,001	\$20,516,164	\$3,658,270	\$111,518,037	\$4,081	\$12,237,848	\$1,170,710	\$2,632,503	\$3,952,150	\$149,564	\$2,802	\$0	\$323,870,993	
Estimated FY 2026-27	\$56,823,186	\$24,059,759	\$82,668,298	\$16,228,414	\$22,345,157	\$4,019,839	\$116,746,725	\$4,572	\$13,281,003	\$1,336,927	\$2,838,235	\$4,172,546	\$153,039	\$3,048	\$0	\$344,680,748	
Estimated FY 2027-28	\$60,873,488	\$25,408,287	\$87,845,807	\$18,032,013	\$24,524,333	\$4,483,938	\$112,353,760	\$5,351	\$13,925,464	\$1,499,011	\$3,061,068	\$4,458,949	\$158,138	\$3,048	\$0	\$356,632,655	
Percent Change in Total Non-Emergent Medical Transportation Expenditure																	
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	12.43%	81.05%	82.16%	141.75%	116.48%	21.98%	104.96%	427.70%	125.97%	72.83%	78.18%	91.24%	138.30%	397.99%	-100.00%	73.91%	
FY 2018-19	11.50%	16.30%	17.42%	47.05%	33.02%	-63.26%	34.79%	-100.17%	2.19%	-26.98%	3.21%	121.28%	43.94%	11.47%	100.00%	19.67%	
FY 2019-20	6.64%	15.99%	1.25%	9.05%	-11.93%	72.68%	-3.63%	4762.79%	-34.25%	-50.08%	-17.13%	-46.69%	22.96%	-99.54%	-100.00%	-2.80%	
FY 2020-21	18.30%	9.84%	-0.25%	57.38%	9.43%	108.62%	27.11%	-169.34%	-7.00%	151.85%	23.57%	-2.00%	57.54%	214.92%	0.00%	14.37%	
FY 2021-22	25.57%	19.50%	19.42%	16.94%	12.79%	-27.75%	13.05%	274.48%	29.80%	-23.96%	33.35%	-21.08%	-16.47%	1561.85%	0.00%	17.05%	
FY 2022-23	153.00%	170.00%	150.33%	243.48%	232.58%	289.67%	273.07%	92.67%	160.03%	327.69%	117.52%	485.32%	380.68%	-81.57%	0.00%	200.63%	
FY 2023-24	32.54%	26.36%	32.94%	52.49%	61.80%	14.03%	54.06%	-92.46%	44.16%	13.76%	55.10%	47.52%	45.75%	-100.00%	0.00%	42.97%	
FY 2024-25	21.75%	-0.50%	7.86%	36.35%	-20.31%	-18.32%	-15.52%	548.16%	-8.65%	-14.23%	4.15%	-6.05%	-24.04%	100.00%	0.00%	-2.32%	
Estimated FY 2025-26	3.77%	4.50%	12.65%	0.16%	13.47%	14.06%	11.77%	-20.20%	9.42%	20.13%	5.36%	8.23%	-14.42%	11.63%	0.00%	9.44%	
Estimated FY 2026-27	7.24%	8.35%	6.20%	8.23%	8.91%	9.88%	4.69%	12.03%	8.52%	14.20%	7.82%	5.58%	2.32%	8.78%	0.00%	6.43%	
Estimated FY 2027-28	7.13%	5.60%	6.26%	11.11%	9.75%	11.55%	-3.76%	17.04%	4.85%	12.12%	7.85%	6.86%	3.33%	0.00%	0.00%	3.47%	
Per Capita Cost for Total Non-Emergent Medical Transportation Expenditure for Populations Eligible for Non-Emergent Medical Transportation Cash Fund Funding																	
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2016-17	\$143.32	\$173.74	\$110.35	\$47.00	\$8.35	\$7.50	\$15.44	\$20.85	\$3.80	\$2.98	\$13.94	\$19.02	\$3.01	\$7.62	\$0.00	\$19.34	
FY 2017-18	\$154.24	\$299.73	\$201.27	\$86.88	\$16.21	\$12.39	\$31.22	\$166.79	\$9.18	\$5.20	\$23.50	\$48.73	\$6.33	\$35.66	\$0.00	\$34.42	
FY 2018-19	\$165.56	\$323.26	\$232.53	\$116.22	\$22.06	\$5.34	\$44.89	(\$0.30)	\$9.79	\$4.11	\$23.87	\$89.52	\$8.85	\$42.08	\$0.00	\$42.95	
FY 2019-20	\$177.06	\$366.08	\$242.91	\$106.70	\$20.77	\$9.85	\$44.28	(\$15.26)	\$6.64	\$2.18	\$20.24	\$50.40	\$11.30	\$0.21	\$0.00	\$43.19	
FY 2020-21	\$206.43	\$386.90	\$243.56	\$124.94	\$21.59	\$13.83	\$45.12	\$10.43	\$5.58	\$4.60	\$25.71	\$41.91	\$10.89	\$0.23	\$0.00	\$42.86	
FY 2021-22	\$253.80	\$454.19	\$291.86	\$135.91	\$22.25	\$8.63	\$42.98	\$41.45	\$6.74	\$3.22	\$34.97	\$31.58	\$7.53	\$1.82	\$0.00	\$45.14	
FY 2022-23	\$626.85	\$1,220.64	\$742.14	\$390.24	\$70.64	\$32.90	\$144.55	\$78.66	\$16.82	\$12.98	\$77.07	\$106.06	\$25.04	\$0.19	\$0.00	\$126.51	
FY 2023-24	\$879.54	\$1,682.84	\$1,085.85	\$540.56	\$140.75	\$59.35	\$291.02	\$6.63	\$29.68	\$19.42	\$125.72	\$161.65	\$40.63	\$0.00	\$0.00	\$223.80	
FY 2024-25	\$1,025.17	\$1,737.19	\$1,191.65	\$565.61	\$130.73	\$75.02	\$305.22	\$44.47	\$30.45	\$21.38	\$135.24	\$154.36	\$35.91	\$0.07	\$0.00	\$250.53	
Estimated FY 2025-26	\$1,046.75	\$1,874.27	\$1,319.16	\$601.99	\$153.57	\$83.98	\$337.31	\$48.58	\$32.47	\$21.60	\$143.09	\$162.01	\$31.46	\$0.07	\$0.00	\$268.97	
Estimated FY 2026-27	\$1,093.26	\$2,022.17	\$1,377.14	\$663.87	\$166.65	\$88.63	\$372.78	\$50.24	\$34.56	\$22.14	\$153.99	\$167.32	\$32.21	\$0.07	\$0.00	\$284.73	
Estimated FY 2027-28	\$1,141.83	\$2,115.59	\$1,437.67	\$732.12	\$180.85	\$93.54	\$458.52	\$51.95	\$35.42	\$22.69	\$165.72	\$172.80	\$32.98	\$0.07	\$0.00	\$305.63	
Percent Change in Per Capita Cost for Total Non-Emergent Medical Transportation Expenditure for Populations Eligible for Non-Emergent Medical Transportation Cash Fund Funding																	
TOTAL Non-Emergent Medical Transportation EXPENDITURE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL	
FY 2017-18	7.62%	72.52%	82.39%	84.85%	94.13%	65.20%	102.20%	699.95%	141.58%	74.50%	68.58%	156.20%	110.30%	367.98%	0.00%	77.97%	
FY 2018-19	7.34%	7.85%	15.53%	33.77%	36.09%	-56.90%	43.79%	-100.18%	6.64%	-20.96%	1.57%	83.71%	39.81%	18.00%	0.00%	24.78%	
FY 2019-20	6.95%	13.25%	4.46%	-8.19%	-5.85%	84.46%	-1.36%	4986.67%	-32.18%	-46.96%	-15.21%	-43.70%	27.68%	-99.50%	0.00%	0.56%	
FY 2020-21	16.59%	5.69%	0.27%	17.09%	3.95%	40.41%	1.90%	-168.35%	-15.96%	111.01%	27.03%	-16.85%	-3.63%	9.52%	0.00%	-0.76%	
FY 2021-22	22.95%	17.39%	19.83%	8.78%	3.06%	-37.60%	-4.74%	297.41%	20.79%	-30.00%	36.02%	-24.65%	-30.85%	691.30%	0.00%	5.32%	
FY 2022-23	146.99%	168.75%	154.28%	187.13%	217.48%	281.23%	236.32%	89.77%	149.55%	303.11%	120.39%	235.85%	232.54%	-89.56%	0.00%	180.26%	
FY 2023-24	40.31%	37.87%	46.31%	38.52%	99.25%	80.40%	101.33%	-91.57%	76.46%	49.61%	63.12%	52.41%	62.26%	-100.00%	0.00%	76.90%	
FY 2024-25	16.56%	3.23%	9.74%	4.63%	-7.12%	26.40%	4.88%	570.74%	2.59%	10.09%	7.57%	-4.51%	-11.62%	100.00%	0.00%	11.94%	
Estimated FY 2025-26	2.11%	7.89%	10.70%	6.43%	17.47%	11.94%	10.51%	9.24%	6.63%	1.03%	5.80%	4.96%	-12.39%	0.00%	0.00%	7.36%	
Estimated FY 2026-27	4.44%	7.89%	4.40%	10.28%	8.52%	5.54%	10.52%	3.42%	6.44%	2.50%	7.62%	3.28%	2.38%	0.00%	0.00%	5.86%	
Estimated FY 2027-28	4.44%	4.62%	4.40%	10.28%	8.52%	5.54%	23.00%	3.40%	2.49%	2.48%	7.62%	3.28%	2.39%	0.00%	0.00%	7.34%	

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

Current Year Projection																
Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation Services	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<i>Total Non-Emergent Medical Transportation</i>																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	2.11%	7.89%	10.70%	6.43%	17.47%	11.94%	10.51%	9.24%	6.62%	1.04%	5.80%	4.96%	-12.39%	3.44%	4.72%	
Estimated FY 2025-26 Total Non-Emergent Medical Transportation Per Capita	\$1,046.75	\$1,874.27	\$1,319.16	\$601.99	\$153.57	\$83.98	\$337.31	\$48.58	\$32.47	\$21.60	\$143.09	\$162.01	\$31.46	\$0.07	\$0.00	\$268.97
Estimated FY 2025-26 Eligible Caseload	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	1,204,113
Estimated FY 2025-26 Total Non-Emergent Medical Transportation Expenditure	\$52,986,706	\$22,206,367	\$77,840,790	\$14,995,001	\$20,516,164	\$3,658,270	\$111,518,037	\$4,081	\$12,237,848	\$1,170,710	\$2,632,503	\$3,952,150	\$149,564	\$2,802	\$0	\$323,870,993
<i>Non-Emergent Medical Transportation Benefit</i>																
Estimated FY 2025-26 Non-Emergent Medical Transportation Benefit Per Capita	\$1,046.75	\$1,874.27	\$1,319.16	\$601.99	\$153.57	\$83.98	\$337.31	\$48.58	\$32.47	\$21.60	\$143.09	\$162.01	\$31.46	\$0.07	\$0.00	\$268.97
Estimated FY 2025-26 Eligible Caseload	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	1,204,113
Estimated FY 2025-26 Non-Emergent Medical Transportation Benefit Expenditure	\$52,986,706	\$22,206,367	\$77,840,790	\$14,995,001	\$20,516,164	\$3,658,270	\$111,518,037	\$4,081	\$12,237,848	\$1,170,710	\$2,632,503	\$3,952,150	\$149,564	\$2,802	\$0	\$323,870,993
Request Year Projection																
Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation Services	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<i>Total Non-Emergent Medical Transportation</i>																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	4.44%	7.89%	4.40%	10.28%	8.52%	5.54%	10.51%	3.40%	6.45%	2.49%	7.62%	3.28%	2.39%	3.44%	4.72%	
Estimated FY 2026-27 Total Non-Emergent Medical Transportation Per Capita	\$1,093.26	\$2,022.17	\$1,377.14	\$663.87	\$166.65	\$88.63	\$372.78	\$50.23	\$34.56	\$22.14	\$153.99	\$167.32	\$32.21	\$0.07	\$0.00	\$284.73
Estimated FY 2026-27 Eligible Caseload	51,976	11,898	60,029	24,445	134,081	45,354	313,181	91	384,248	60,390	18,431	24,938	4,751	42,094	34,652	1,210,559
Estimated FY 2026-27 Total Non-Emergent Medical Transportation Expenditure	\$56,823,186	\$24,059,759	\$82,668,298	\$16,228,414	\$22,345,157	\$4,019,839	\$116,746,725	\$4,572	\$13,281,003	\$1,336,927	\$2,838,235	\$4,172,546	\$153,039	\$3,048	\$0	\$344,680,748
<i>Bottom Line Impacts</i>																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Non-Emergent Medical Transportation Benefit</i>																
Estimated FY 2026-27 Non-Emergent Medical Transportation Benefit Per Capita	\$1,093.26	\$2,022.17	\$1,377.14	\$663.87	\$166.65	\$88.63	\$372.78	\$50.24	\$34.56	\$22.14	\$153.99	\$167.32	\$32.21	\$0.07	\$0.00	\$284.73
Estimated FY 2026-27 Eligible Caseload	51,976	11,898	60,029	24,445	134,081	45,354	313,181	91	384,248	60,390	18,431	24,938	4,751	42,094	34,652	1,210,559
Estimated FY 2023-24 Non-Emergent Medical Transportation Benefit Expenditure	\$56,823,186	\$24,059,759	\$82,668,298	\$16,228,414	\$22,345,157	\$4,019,839	\$116,746,725	\$4,572	\$13,281,003	\$1,336,927	\$2,838,235	\$4,172,546	\$153,039	\$3,048	\$0	\$344,680,748
Out Year Projection																
CALCULATION OF Non-Emergent Medical Transportation CASH FUND-ELIGIBLE Non-Emergent Medical Transportation SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
<i>Total Non-Emergent Medical Transportation</i>																
Total Non-Emergent Medical Transportation Per Capita Trend Factor	4.44%	4.62%	4.40%	10.28%	8.52%	5.54%	23.00%	3.40%	2.49%	2.49%	7.62%	3.28%	2.39%	3.44%	4.72%	
Estimated FY 2027-28 Total Non-Emergent Medical Transportation Per Capita	\$1,141.83	\$2,115.59	\$1,437.67	\$732.12	\$180.85	\$93.54	\$458.52	\$51.95	\$35.42	\$22.69	\$165.72	\$172.80	\$32.98	\$0.07	\$0.00	\$305.63
Estimated FY 2027-28 Eligible Caseload	53,312	12,010	61,103	24,630	135,607	47,936	245,036	103	393,140	66,060	18,471	25,804	4,795	42,094	36,767	1,166,868
Estimated FY 2027-28 Total Non-Emergent Medical Transportation Expenditure	\$60,873,488	\$25,408,287	\$87,845,807	\$18,032,013	\$24,524,333	\$4,483,938	\$112,353,760	\$5,351	\$13,925,464	\$1,499,011	\$3,061,068	\$4,458,949	\$158,138	\$3,048	\$0	\$356,632,655
<i>Bottom Line Impacts</i>																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<i>Non-Emergent Medical Transportation Benefit</i>																
Estimated FY 2027-28 Non-Emergent Medical Transportation Benefit Per Capita	\$1,141.83	\$2,115.59	\$1,437.67	\$732.12	\$180.85	\$93.54	\$458.52	\$51.95	\$35.42	\$22.69	\$165.72	\$172.80	\$32.98	\$0.07	\$0.00	\$305.63
Estimated FY 2027-28 Eligible Caseload	53,312	12,010	61,103	24,630	135,607	47,936	245,036	103	393,140	66,060	18,471	25,804	4,795	42,094	36,767	1,166,868
Estimated FY 2027-28 Non-Emergent Medical Transportation Benefit Expenditure	\$60,873,488	\$25,408,287	\$87,845,807	\$18,032,013	\$24,524,333	\$4,483,938	\$112,353,760	\$5,351	\$13,925,464	\$1,499,011	\$3,061,068	\$4,458,949	\$158,138	\$3,048	\$0	\$356,632,655

Total Cost of Cover All Coloradans		
Fiscal Year	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
FY 2024-25	\$20,424,318	\$20,424,318
FY 2025-26	\$39,411,069	\$39,411,069
FY 2026-27	\$48,913,248	\$48,913,248
FY 2027-28	\$50,082,274	\$50,082,274
Current Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,547.07	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,679.65	\$5,679.65
Previous Year Eligibles	1,841	1,841
Estiamted Growth in Eligibility	0.00%	
Estimated Current Year Eligibles	6,939	6,939
Total Estimated Expenditures for Current Year	\$39,411,069	\$39,411,069
Request Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,679.65	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,815.39	\$5,815.39
Previous Year Eligibles	6,939	13,878
Estiamted Growth in Eligibility		
Estimated Current Year Eligibles	8,411	8,411
Total Estimated Expenditures for Current Year	\$48,913,248	\$48,913,248
Out Year Total Cost of Cover All Coloradans		
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Total Medical Services populations
Base Per Capita Costs	\$5,815.39	N/A
Estimated Per Capita Costs Growth	2.39%	N/A
Estimated Current Year Per Capita Costs	\$5,954.38	\$5,954.38
Previous Year Eligibles	6,939	13,878
Estiamted Growth in Eligibility		
Estimated Current Year Eligibles	8,411	8,411
Total Estimated Expenditures for Current Year	\$50,082,274	\$50,082,274

Exhibit G - COMMUNITY-BASED LONG-TERM CARE
Summary

FY 2025-26 Community-Based Long-Term Care Request																
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$993,492,749	\$170,290,205	\$709,889,722	\$74,441,925	\$1,419,950	\$1,667,751	\$3,699,873	\$0	\$2,826,672	\$956,258	\$1,740,799	\$138,760	\$0	\$277,518	\$4,200,957	\$1,965,043,139
Private Duty Nursing	\$8,474,741	\$1,164,831	\$71,399,392	\$1,117,287	\$0	\$0	\$0	\$0	\$3,399,405	\$273,379	\$33,031,282	\$0	\$0	\$0	\$0	\$118,860,317
Long-Term Home Health	\$104,985,808	\$27,954,801	\$578,531,262	\$14,021,773	\$1,419,926	\$88,745	\$7,720,850	\$0	\$103,477,136	\$7,099,632	\$42,065,320	\$0	\$0	\$0	\$88,746	\$887,453,999
Hospice	\$57,290,471	\$4,451,263	\$4,882,357	\$771,989	\$353,575	\$214,461	\$4,684,555	\$6,649	\$257,252	\$16,752	\$62,106	\$0	\$854	\$0	\$0	\$72,992,284
Total Community-Based Long-Term Care	\$1,164,243,769	\$203,861,100	\$1,364,702,733	\$90,352,974	\$3,193,451	\$1,970,957	\$16,105,278	\$6,649	\$109,960,465	\$8,346,021	\$76,899,507	\$138,760	\$854	\$277,518	\$4,289,703	\$3,044,349,739
FY 2026-27 Community-Based Long-Term Care Request																
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$1,141,184,993	\$183,022,339	\$829,273,298	\$80,751,726	\$1,526,801	\$3,334,758	\$3,995,940	\$0	\$3,655,411	\$1,253,803	\$2,230,046	\$148,294	\$0	\$296,587	\$4,488,707	\$2,255,162,703
Private Duty Nursing	\$8,714,862	\$1,197,835	\$73,422,409	\$1,148,944	\$0	\$0	\$0	\$0	\$3,495,723	\$281,125	\$33,967,184	\$0	\$0	\$0	\$0	\$122,228,082
Long-Term Home Health	\$108,064,301	\$28,774,518	\$595,495,503	\$14,432,933	\$1,461,563	\$91,348	\$7,947,248	\$0	\$106,511,391	\$7,307,815	\$43,298,799	\$0	\$0	\$0	\$91,346	\$913,476,765
Hospice	\$59,944,851	\$4,665,722	\$5,184,256	\$790,773	\$370,395	\$233,057	\$4,631,892	\$7,518	\$273,710	\$19,485	\$64,941	\$0	\$891	\$0	\$0	\$76,187,491
Total Community-Based Long-Term Care	\$1,317,909,007	\$217,660,414	\$1,503,375,466	\$97,124,376	\$3,358,759	\$3,659,163	\$16,575,080	\$7,518	\$113,936,235	\$8,862,228	\$79,560,970	\$148,294	\$891	\$296,587	\$4,580,053	\$3,367,055,041
FY 2027-28 Community-Based Long-Term Care Request																
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
HCBS Waivers	\$1,199,570,720	\$191,087,926	\$869,295,014	\$84,567,207	\$1,591,023	\$3,764,152	\$4,183,212	\$0	\$3,831,787	\$1,314,705	\$2,342,024	\$153,932	\$0	\$307,864	\$4,669,393	\$2,366,678,959
Private Duty Nursing	\$9,227,960	\$1,268,359	\$77,745,235	\$1,216,589	\$0	\$0	\$0	\$0	\$3,701,538	\$297,676	\$35,967,040	\$0	\$0	\$0	\$0	\$129,424,397
Long-Term Home Health	\$109,761,127	\$29,226,336	\$604,845,972	\$14,659,559	\$1,484,512	\$92,782	\$8,072,036	\$0	\$108,183,833	\$7,422,561	\$43,978,676	\$0	\$0	\$0	\$92,781	\$927,820,175
Hospice	\$62,777,817	\$4,864,183	\$5,450,167	\$822,902	\$386,903	\$254,408	\$3,742,957	\$8,789	\$289,233	\$22,014	\$67,218	\$0	\$892	\$0	\$0	\$78,687,483
Total Community-Based Long-Term Care	\$1,381,337,624	\$226,446,804	\$1,557,336,388	\$101,266,257	\$3,462,438	\$4,111,342	\$15,998,205	\$8,789	\$116,006,391	\$9,056,956	\$82,354,958	\$153,932	\$892	\$0	\$4,762,174	\$3,502,611,014

Cash Based Actuals																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A/B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2016-17	\$215,180,559	\$37,057,401	\$185,020,240	\$2,510,268	\$33,517	\$32,557	\$1,404,076	\$0	\$742,570	\$5,742	\$82,643	\$2,552	\$0	\$0	\$545,091	\$0	\$442,917,216
FY 2017-18	\$259,292,717	\$41,590,679	\$205,761,366	\$3,114,427	\$0	\$0	\$1,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$509,760,559
FY 2018-19	\$259,577,445	\$52,058,415	\$257,041,035	\$2,894,708	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$571,971,603
FY 2019-20	\$319,597,241	\$65,859,051	\$266,425,144	\$3,637,836	\$0	\$0	\$77,210	\$0	\$0	\$0	\$36,392	\$0	\$0	\$0	\$0	\$0	\$655,632,874
FY 2020-21	\$339,900,621	\$70,244,967	\$302,852,797	\$12,916,718	\$0	\$0	\$3,586	\$0	\$0	\$0	\$137,265	\$0	\$0	\$0	\$0	\$0	\$726,055,954
FY 2021-22	\$350,145,290	\$75,437,115	\$395,197,352	\$4,267,068	\$0	\$0	\$0	\$0	\$0	\$0	\$67,486	\$0	\$0	\$0	\$0	\$0	\$825,114,313
FY 2022-23	\$425,562,293	\$92,819,603	\$481,244,574	\$19,822,131	\$0	\$0	\$0	\$0	\$2,513,325	\$28,922	\$406,007	\$0	\$0	\$0	\$36	\$0	\$1,046,374,891
FY 2023-24	\$551,752,362	\$112,789,707	\$522,884,888	\$36,960,414	\$0	\$0	\$0	\$0	\$1,204,326	\$16,660	\$584,006	\$0	\$0	\$0	\$100	\$0	\$1,226,192,465
FY 2024-25	\$729,837,247	\$140,277,559	\$658,938,984	\$48,544,845	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$1,090,135	\$0	\$0	\$0	\$0	\$0	\$1,578,923,572
Estimated FY 2025-26	\$993,492,749	\$170,290,205	\$799,889,722	\$74,441,925	\$1,419,950	\$1,667,751	\$3,699,873	\$0	\$2,826,672	\$996,258	\$1,740,799	\$138,760	\$0	\$277,518	\$4,200,957	\$0	\$1,965,043,139
Estimated FY 2026-27	\$1,141,184,993	\$183,022,139	\$929,271,298	\$80,751,226	\$1,536,801	\$3,334,750	\$3,993,940	\$0	\$3,655,411	\$2,230,046	\$2,230,046	\$148,294	\$0	\$296,587	\$4,488,707	\$0	\$2,255,162,703
Estimated FY 2027-28	\$1,199,570,720	\$191,087,926	\$869,295,014	\$84,567,207	\$1,591,023	\$3,764,152	\$4,183,212	\$0	\$3,831,787	\$1,314,705	\$2,342,024	\$153,932	\$0	\$307,864	\$4,669,393	\$0	\$2,366,678,959
Percent Change in Cash Based Actuals																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A/B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2017-18	20.50%	12.23%	11.21%	24.07%	-100.00%	-100.00%	-99.90%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	100.00%
FY 2018-19	0.11%	25.17%	24.92%	-7.05%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2019-20	23.12%	26.51%	3.65%	25.67%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2020-21	6.35%	6.66%	13.67%	255.07%	0.00%	0.00%	-95.36%	0.00%	0.00%	0.00%	277.18%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2021-22	3.01%	7.39%	30.49%	-66.96%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-50.83%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2022-23	22.67%	23.04%	21.77%	833.24%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	501.66%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
FY 2023-24	28.45%	21.51%	8.65%	-7.19%	0.00%	0.00%	0.00%	0.00%	-52.08%	-42.40%	43.84%	0.00%	0.00%	177.78%	0.00%	0.00%	100.00%
FY 2024-25	32.38%	24.37%	26.02%	31.35%	0.00%	0.00%	0.00%	0.00%	-81.53%	-25.98%	86.67%	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	36.13%	21.40%	7.73%	53.35%	100.00%	100.00%	100.00%	0.00%	1170.59%	7654.91%	59.69%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%
Estimated FY 2026-27	14.87%	7.48%	16.82%	8.48%	7.52%	99.96%	8.00%	0.00%	29.32%	31.12%	28.10%	6.87%	0.00%	6.87%	6.85%	0.00%	100.00%
Estimated FY 2027-28	5.12%	4.41%	4.83%	4.72%	4.21%	12.88%	4.69%	0.00%	4.83%	4.86%	5.02%	3.80%	0.00%	3.80%	4.03%	0.00%	100.00%
Per Capita Cost																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A/B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2016-17	\$4,897	\$3,297	\$2,736	\$402	\$2	\$0	\$4	\$0	\$2	\$0	\$4	\$0	\$0	\$0	\$16	\$0	\$13,101
FY 2017-18	\$5,648	\$3,529	\$3,047	\$381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,637
FY 2018-19	\$5,444	\$4,092	\$3,745	\$322	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,478
FY 2019-20	\$6,721	\$5,055	\$4,005	\$341	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$0	\$0	\$0	\$0	\$0	\$19,606
FY 2020-21	\$7,045	\$5,188	\$4,576	\$900	\$0	\$0	\$0	\$0	\$0	\$0	\$7	\$0	\$0	\$0	\$0	\$0	\$20,567
FY 2021-22	\$7,106	\$5,473	\$5,992	\$277	\$0	\$0	\$0	\$0	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$0	\$22,910
FY 2022-23	\$8,570	\$6,703	\$7,411	\$2,158	\$0	\$0	\$0	\$0	\$5	\$0	\$20	\$0	\$0	\$0	\$0	\$0	\$30,902
FY 2023-24	\$11,572	\$8,887	\$8,863	\$1,820	\$0	\$0	\$0	\$0	\$3	\$0	\$31	\$0	\$0	\$0	\$0	\$0	\$42,264
FY 2024-25	\$14,654	\$11,467	\$11,364	\$1,834	\$0	\$0	\$0	\$0	\$1	\$0	\$59	\$0	\$0	\$0	\$0	\$0	\$52,218
Estimated FY 2025-26	\$19,626	\$14,373	\$12,030	\$2,989	\$11	\$38	\$11	\$0	\$8	\$18	\$95	\$6	\$0	\$7	\$129	\$0	\$60,468
Estimated FY 2026-27	\$31,796	\$15,383	\$13,815	\$3,303	\$11	\$74	\$13	\$0	\$10	\$21	\$121	\$6	\$0	\$7	\$130	\$0	\$65,080
Estimated FY 2027-28	\$22,501	\$15,911	\$14,227	\$3,434	\$12	\$79	\$17	\$0	\$10	\$20	\$127	\$6	\$0	\$7	\$127	\$0	\$64,370
Percent Change in Per Capita Cost																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A/B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2017-18	15.34%	6.94%	11.36%	-5.13%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	100.00%
FY 2018-19	-3.62%	16.08%	22.91%	-15.45%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2019-20	23.47%	23.52%	6.94%	5.80%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2020-21	4.82%	2.63%	14.26%	164.19%	0.00%	0.00%	-95.83%	0.00%	0.00%	0.00%	287.13%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2021-22	0.86%	5.50%	30.94%	-69.27%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-49.85%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2022-23	19.76%	22.47%	23.70%	680.14%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	509.34%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	35.98%	32.58%	19.58%	-15.69%	0.00%	0.00%	0.00%	0.00%	-41.37%	-26.32%	51.26%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2024-25	26.63%	29.04%	28.22%	0.79%	0.00%	0.00%	0.00%	0.00%	-79.11%	-3.57%	92.84%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	33.94%	25.34%	5.86%	62.95%	100.00%	100.00%	100.00%	0.00%	1129.51%	6437.04%	60.35%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%
Estimated FY 2026-27	11.87%	7.03%	14.83%	10.53%	7.15%	92.08%	14.03%	0.00%	26.80%	17.62%	27.87%	4.57%	0.00%	-1.67%	0.21%	0.00%	100.00%
Estimated FY 2027-28	2.48%	3.43%	2.98%	3.94%	2.99%	6.79%	33.78%	0.00%	2.52%	-4.14%	4.79%	0.34%	0.00%	3.69%	-1.96%	0.00%	100.00%

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

Current Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$803,196,856	\$145,715,700	\$338,829,630	\$57,690,417	\$1,218,812	\$0	\$2,979,317	\$0	\$135,424	\$0	\$135,424	\$135,424	\$0	\$270,847	\$3,927,282	\$0	\$1,354,235,133
Community Mental Health Supports Waiver	\$23,395,261	\$14,208,323	\$52,297,259	\$7,556,781	\$29,519	\$0	\$423,101	\$0	\$98,396	\$0	\$98,396	\$0	\$0	\$0	\$186,952	\$0	\$98,395,588
Brain Injury Waiver	\$8,834,454	\$6,932,945	\$40,900,792	\$6,785,598	\$144,935	\$0	\$217,403	\$0	\$72,468	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$65,879,995
Complementary and Integrative Health Waiver	\$40,789,094	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,789,094
Children with Complex Health Needs Waiver	(\$54,072)	\$0	\$264,544,689	\$838,108	\$0	\$0	\$0	\$0	\$2,595,431	\$946,251	\$1,486,966	\$0	\$0	\$0	\$0	\$0	\$270,357,373
IDW Waivers CFC Expenditure	\$102,031,344	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$102,031,344
Community First Choice State Plan Only Services	\$15,099,812	\$3,442,237	\$11,317,356	\$1,571,021	\$26,684	\$1,667,751	\$80,052	\$0	\$23,349	\$10,007	\$20,013	\$3,336	\$0	\$6,671	\$86,723	\$0	\$33,355,012
Estimated FY 2025-26 Total Expenditure	\$993,492,749	\$170,290,205	\$709,889,722	\$74,441,925	\$1,419,950	\$1,667,751	\$3,699,873	\$0	\$2,826,672	\$956,258	\$1,740,799	\$138,760	\$0	\$277,518	\$4,200,957	\$0	\$1,965,043,139
Request Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$839,970,600	\$152,387,180	\$354,342,681	\$60,331,727	\$1,274,614	\$0	\$3,115,723	\$0	\$141,624	\$0	\$141,624	\$141,624	\$0	\$283,248	\$4,107,089	\$0	\$1,416,237,734
Community Mental Health Supports Waiver	\$26,278,457	\$15,824,058	\$58,244,370	\$8,416,120	\$52,875	\$0	\$471,215	\$0	\$109,585	\$0	\$109,585	\$0	\$0	\$0	\$208,211	\$0	\$109,584,891
Brain Injury Waiver	\$10,115,759	\$7,928,160	\$49,122,913	\$7,769,748	\$165,956	\$0	\$248,934	\$0	\$82,978	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$75,434,448
Complementary and Integrative Health Waiver	\$60,762,137	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$60,762,137
Children with Complex Health Needs Waiver	(\$70,502)	\$0	\$344,933,666	\$1,092,789	\$0	\$0	\$0	\$0	\$3,384,122	\$1,233,794	\$1,938,820	\$0	\$0	\$0	\$0	\$0	\$352,512,689
IDW Waivers CFC Expenditure	\$173,935,643	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$173,935,643
Community First Choice State Plan Only Services	\$38,102,899	\$6,883,941	\$22,629,688	\$3,141,342	\$53,356	\$3,334,758	\$160,068	\$0	\$46,687	\$20,009	\$40,017	\$6,670	\$0	\$13,339	\$173,407	\$0	\$46,695,161
Estimated FY 2026-27 Total Expenditure	\$1,141,184,993	\$183,022,339	\$829,273,298	\$80,751,726	\$1,526,801	\$3,334,758	\$3,995,940	\$0	\$3,855,411	\$1,253,803	\$2,230,046	\$148,294	\$0	\$296,587	\$4,488,707	\$0	\$2,255,162,703
Out Year Projections by Eligibility Category																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$868,319,197	\$157,530,174	\$366,301,575	\$62,367,894	\$1,317,632	\$0	\$3,220,877	\$0	\$146,404	\$0	\$146,404	\$146,404	\$0	\$292,807	\$4,245,702	\$0	\$1,464,035,070
Community Mental Health Supports Waiver	\$28,770,294	\$17,324,564	\$63,767,353	\$9,214,173	\$53,993	\$0	\$515,898	\$0	\$119,976	\$0	\$119,976	\$0	\$0	\$0	\$227,955	\$0	\$119,976,206
Brain Injury Waiver	\$10,799,424	\$8,463,978	\$52,442,842	\$8,294,860	\$177,172	\$0	\$265,758	\$0	\$88,586	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$80,532,620
Complementary and Integrative Health Waiver	\$66,921,856	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$66,921,856
Children with Complex Health Needs Waiver	(\$73,836)	\$0	\$361,239,707	\$1,144,449	\$0	\$0	\$0	\$0	\$3,544,099	\$1,292,120	\$2,030,474	\$0	\$0	\$0	\$0	\$0	\$369,177,013
IDW Waivers CFC Expenditure	\$190,753,150	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$190,753,150
Community First Choice State Plan Only Services	\$34,080,635	\$7,769,210	\$25,545,537	\$3,545,831	\$60,226	\$3,764,152	\$180,679	\$0	\$52,698	\$22,585	\$45,170	\$7,328	\$0	\$16,907	\$195,736	\$0	\$25,283,044
Estimated FY 2027-28 Total Expenditure	\$1,199,587,200	\$191,087,926	\$869,295,014	\$84,567,204	\$1,591,023	\$3,764,152	\$4,183,212	\$0	\$3,831,787	\$1,314,705	\$2,342,024	\$153,932	\$0	\$307,864	\$4,669,393	\$0	\$2,366,678,959
FY 2024-25 Actuals - Expenditures (From Exhibit M)																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	\$697,402,207	\$117,975,534	\$324,171,542	\$33,514,846	\$0	\$0	\$0	\$0	\$0	\$0	\$143,507	\$0	\$0	\$0	\$0	\$0	\$1,173,207,636
Community Mental Health Supports Waiver	\$21,454,831	\$12,969,596	\$51,241,597	\$5,091,244	\$0	\$0	\$0	\$0	\$0	\$0	\$40,939	\$0	\$0	\$0	\$0	\$0	\$90,798,207
Brain Injury Waiver	\$8,726,977	\$8,049,321	\$38,526,492	\$3,178,728	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,481,718
Complementary and Integrative Health Waiver	\$2,253,232	\$1,283,108	\$15,644,665	\$6,759,778	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,940,783
Children with Complex Health Needs Waiver	\$0	\$0	\$229,354,488	\$249	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$905,689	\$0	\$0	\$0	\$0	\$0	\$230,495,226
IDW Waivers CFC Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Community First Choice State Plan Only Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$729,837,247	\$140,277,559	\$658,938,984	\$48,544,845	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$1,090,135	\$0	\$0	\$0	\$0	\$0	\$1,578,933,970
FY 2024-25 Percentage - Expenditures																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	59.44%	10.06%	27.63%	2.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Community Mental Health Supports Waiver	23.43%	14.28%	56.43%	5.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Brain Injury Waiver	14.92%	13.76%	65.88%	5.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
Complementary and Integrative Health Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Children with Complex Health Needs Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
IDW Waivers CFC Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community First Choice State Plan Only Services	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	46.22%	8.88%	41.73%	3.07%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2024-25 Actuals - Total Unique Clients																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	COFRS TOTAL
Elderly, Blind and Disabled Waiver	20,486	3,717	8,646	1,472	30	0	76	0	1	0	2	1	0	6	100	30	34,568
Community Mental Health Supports Waiver	1,016	613	2,257	326	1	0	18	0	0	0	4	0	0	0	8	4	4,247
Brain Injury Waiver	123	97	601	95	2	0	3	0	1	0	0	0	0	0	1	923	1,348
Complementary and Integrative Health Waiver	42	23	268	126	0	2	4	0	0	0	0	0	0	0	0	0	465
Children with Complex Health Needs Waiver	0	0	2,859	9	0	0	0	0	28	10	16	0	0	0	0	0	2,922
IDW Waivers CFC Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Community First Choice State Plan Only Services	54	12	41	6	0	4	0	0	0	0	0	0	0	0	0	0	120
Total	21,721	4,462	14,672	2,034	33	8	101	0	30	10	22	1	0	6	108	35	43,244
FY 2024-25 Percentage - Total Unique Clients																	
HCBS Waivers	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
Elderly, Blind and Disabled Waiver	59.27%	10.76%	25.02%	4.26%	0.09%	0.00%	0.22%	0.00%	0.01%	0.00%	0.01%	0.01%	0.00%	0.02%	0.29%	0.09%	100.00%
Community Mental Health Supports Waiver	23.93%	14.44%	53.15%	7.68%	0.03%	0.00%	0.43%	0.00%	0.00%	0.00%	0.10%	0.00%	0.00%	0.00%	0.19%	0.10%	100.00%
Brain Injury Waiver	13.33%	10.51%	65.12%	10.30%	0.00%	0.00%	0.33%	0.00%	0.11%	0.00%	0.00%	0.00%	0.00%	0.00%	0.11%	0.10%	100.00%
Complementary and Integrative Health Waiver	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Children with Complex Health Needs Waiver	0.00%	0.00%	97.85%	0.31%	0.00%	0.00%	0.00%	0.00%	0.96%	0.35%	0.55%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
IDW Waivers CFC Expenditure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Community First Choice State Plan Only Services	45.23%	10.32%	33.93%	4.71%	0.08%	0.00%	0.24%	0.00%	0.07%	0.03%	0.06%	0.01%	0.00%	0.02%	0.26%	0.09%	0.00%
Total	50.23%	1															

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

Cash Based Actuals								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver ⁽¹⁾	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	\$418,506,526	\$41,334,782	\$22,155,440	\$5,658,425	\$26,115,667	\$0	\$0	\$513,770,840
FY 2018-19	\$460,036,072	\$45,292,226	\$26,179,750	\$6,814,633	\$38,462,235	\$0	\$0	\$576,784,916
FY 2019-20	\$524,508,159	\$50,043,198	\$28,048,466	\$8,441,234	\$53,010,487	\$0	\$0	\$664,051,544
FY 2020-21	\$570,076,575	\$51,795,158	\$31,990,425	\$9,365,269	\$72,251,604	\$0	\$0	\$735,479,031
FY 2021-22	\$629,852,388	\$57,477,877	\$35,169,013	\$11,314,696	\$102,615,035	\$0	\$0	\$836,429,009
FY 2022-23	\$773,665,219	\$69,347,396	\$41,819,077	\$18,079,592	\$143,463,607	\$0	\$0	\$1,046,374,891
FY 2023-24	\$895,388,876	\$74,692,783	\$47,155,499	\$18,602,825	\$190,352,482	\$0	\$0	\$1,226,192,465
FY 2024-25	\$1,173,207,637	\$90,798,207	\$58,481,718	\$25,940,783	\$230,495,227	\$0	\$0	\$1,578,923,572
Estimated FY 2025-26	\$1,354,235,133	\$98,395,588	\$65,879,595	\$40,789,094	\$270,357,373	\$102,031,344	\$33,355,012	\$1,965,043,138
Estimated FY 2026-27	\$1,416,237,734	\$109,584,891	\$75,434,448	\$60,762,137	\$352,512,689	\$173,935,643	\$66,695,161	\$2,255,162,704
Estimated FY 2027-28	\$1,464,035,070	\$119,976,206	\$80,532,620	\$66,921,856	\$369,177,013	\$190,753,150	\$75,283,044	\$2,366,678,959
Percent Change in Cash Based Actuals								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver ⁽¹⁾	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	9.92%	9.57%	18.16%	20.43%	47.28%	0.00%	0.00%	12.27%
FY 2019-20	14.01%	10.49%	7.14%	23.87%	37.82%	0.00%	0.00%	15.13%
FY 2020-21	8.69%	3.50%	14.05%	10.95%	36.30%	0.00%	0.00%	10.76%
FY 2021-22	10.49%	10.97%	9.94%	20.82%	42.02%	0.00%	0.00%	13.73%
FY 2022-23	22.83%	20.65%	18.91%	59.79%	39.81%	0.00%	0.00%	25.10%
FY 2023-24	15.73%	7.71%	12.76%	2.89%	32.68%	0.00%	0.00%	17.18%
FY 2024-25	31.03%	21.56%	24.02%	39.45%	21.09%	0.00%	0.00%	28.77%
Estimated FY 2025-26	15.43%	8.37%	12.65%	57.24%	17.29%	100.00%	100.00%	24.45%
Estimated FY 2026-27	4.58%	11.37%	14.50%	48.97%	30.39%	70.47%	99.96%	14.76%
Estimated FY 2027-28	3.37%	9.48%	6.76%	10.14%	4.73%	9.67%	12.88%	4.94%
HCBS Waiver Enrollment ⁽²⁾								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver ⁽¹⁾	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	23,827	3,399	427	109	1,649	N/A	N/A	29,411
FY 2018-19	24,424	3,498	498	156	1,814	N/A	N/A	30,390
FY 2019-20	24,804	3,477	508	178	1,897	N/A	N/A	30,864
FY 2020-21	26,407	3,688	570	198	2,140	N/A	N/A	33,003
FY 2021-22	26,644	3,783	618	220	2,306	N/A	N/A	33,571
FY 2022-23	27,780	3,808	679	250	2,435	N/A	N/A	34,952
FY 2023-24	27,404	3,637	684	286	2,392	N/A	N/A	34,403
FY 2024-25	28,826	3,622	761	370	2,462	N/A	N/A	36,041
Estimated FY 2025-26	31,968	3,687	863	562	2,873	19,991	0	59,944
Estimated FY 2026-27	32,726	3,772	906	766	3,062	21,576	1,750	64,557
Estimated FY 2027-28	33,120	3,762	926	797	3,208	23,020	1,821	66,654

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

Percent Change in Enrollment								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	2.51%	2.91%	16.63%	43.12%	10.01%	N/A	N/A	3.33%
FY 2019-20	1.56%	-0.60%	2.01%	14.10%	4.58%	N/A	N/A	1.56%
FY 2020-21	6.46%	6.07%	12.20%	11.24%	12.81%	N/A	N/A	6.93%
FY 2021-22	0.90%	2.58%	8.42%	11.11%	7.76%	N/A	N/A	1.72%
FY 2022-23	4.26%	0.66%	9.87%	13.64%	5.59%	N/A	N/A	4.11%
FY 2023-24	-1.35%	-4.49%	0.74%	14.40%	-1.77%	N/A	N/A	-1.57%
FY 2024-25	5.19%	-0.41%	11.26%	29.28%	2.91%	N/A	N/A	4.76%
Estimated FY 2025-26	10.90%	1.80%	13.43%	52.02%	16.72%	N/A	N/A	66.32%
Estimated FY 2026-27	2.37%	2.30%	4.91%	36.23%	6.58%	7.93%	100.00%	7.69%
Estimated FY 2027-28	1.20%	-0.27%	2.26%	4.09%	4.77%	6.69%	4.06%	3.25%
HCBS Cost Per Enrollee								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	\$18,484	\$13,355	\$56,279	\$55,821	\$23,775	\$0	\$0	\$17,469
FY 2018-19	\$20,643	\$14,484	\$59,180	\$52,580	\$32,210	\$0	\$0	\$18,979
FY 2019-20	\$23,061	\$15,973	\$60,417	\$50,461	\$39,140	\$0	\$0	\$21,515
FY 2020-21	\$23,972	\$15,658	\$62,695	\$51,482	\$46,694	\$0	\$0	\$22,285
FY 2021-22	\$26,634	\$18,007	\$66,103	\$56,176	\$57,026	\$0	\$0	\$24,915
FY 2022-23	\$31,464	\$21,678	\$72,045	\$65,944	\$75,079	\$0	\$0	\$29,937
FY 2023-24	\$35,953	\$24,310	\$77,612	\$72,796	\$98,111	\$0	\$0	\$35,642
FY 2024-25	\$44,556	\$28,359	\$86,636	\$75,887	\$123,191	\$0	\$0	\$43,809
Estimated FY 2025-26	\$42,120	\$26,500	\$75,827	\$72,187	\$94,105	\$0	\$0	\$310,739
Estimated FY 2026-27	\$43,283	\$29,459	\$83,268	\$79,337	\$115,122	\$0	\$0	\$350,469
Estimated FY 2027-28	\$44,204	\$31,892	\$86,968	\$83,967	\$115,080	\$0	\$0	\$362,111
Percent Change in Cost Per Enrollee								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2017-18								
FY 2018-19	11.68%	8.45%	5.15%	-5.81%	35.47%	0.00%	0.00%	8.65%
FY 2019-20	11.71%	10.28%	2.09%	-4.03%	21.52%	0.00%	0.00%	13.36%
FY 2020-21	3.95%	-1.97%	3.77%	2.02%	19.30%	0.00%	0.00%	3.58%
FY 2021-22	11.10%	15.00%	5.44%	9.12%	22.13%	0.00%	0.00%	11.80%
FY 2022-23	18.13%	20.39%	8.99%	17.39%	31.66%	0.00%	0.00%	20.16%
FY 2023-24	14.27%	12.14%	7.73%	10.39%	30.68%	0.00%	0.00%	19.05%
FY 2024-25	23.93%	16.66%	11.63%	4.25%	25.56%	0.00%	0.00%	22.92%
Estimated FY 2025-26	-5.47%	-6.56%	-12.48%	-4.88%	-23.61%	0.00%	0.00%	609.30%
Estimated FY 2026-27	2.76%	11.17%	9.81%	9.91%	22.33%	0.00%	0.00%	12.79%
Estimated FY 2027-28	2.13%	8.26%	4.44%	5.84%	-0.04%	0.00%	0.00%	3.32%

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

Current Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2024-25 Enrollment	28,826	3,622	761	370	2,462	N/A	N/A	36,041
Enrollment Trend Selected	10.90%	1.80%	13.43%	52.02%	113.33%	N/A	N/A	10.63%
FY 2025-26 Estimated Enrollment	31,968	3,687	863	562	2,790	N/A	N/A	39,870
Bottom Line Impacts	0	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0	0
FY 2025-26 Enrollment	31,968	3,687	863	562	2,873	0	0	39,953
FY 2024-25 Cost Per Enrollee	\$40,699.05	\$25,068.53	\$76,848.51	\$70,157.63	\$93,640.15	N/A	N/A	\$43,809.50
Percentage Selected to Modify Cost Per Enrollee	3.49%	5.71%	-1.33%	2.89%	-0.20%	N/A	N/A	
FY 2025-26 Estimated Cost Per Enrollee	\$42,120.35	\$26,499.89	\$75,827.03	\$72,187.01	\$93,450.46	N/A	\$0.00	\$45,520.97
Estimated FY 2025-26 Base Expenditure	\$1,346,501,131	\$97,712,209	\$65,451,591	\$40,574,732	\$268,478,167	\$0	\$0	\$1,818,717,830
Bottom Line Impacts								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$60,975,937.79	\$33,355,012.42	\$94,330,950
CDASS Sick Time Recoupment	\$1,040,599	\$0	\$0	\$0	\$0	\$0	\$0	\$1,040,599
Remove Additional Payment Period	(\$21,945,133)	(\$1,728,234)	(\$1,109,711)	(\$495,308)	(\$4,447,234)	\$0	\$0	(\$29,725,620)
FY 2025-26 R-11 ACF Tiered Rates	(\$665,237)	(\$52,389)	\$0	\$0	\$0	\$0	\$0	(\$717,626)
FY 2024-25 R-6 Provider Rate Request; Across the Board Rate Increase	\$7,813,352	\$719,439	\$447,775	\$217,128	\$1,915,865	\$0	\$0	\$11,113,559
FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers	\$2,740,974	\$252,385	\$157,083	\$76,171	\$672,098	\$0	\$0	\$3,898,711
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$198,250)	\$0	\$0	\$0	\$0	\$0	\$0	(\$198,250)
Relocating IDD Community First Choice State Plan Services	\$0	\$0	\$0	\$0	\$0	\$41,055,406.00	\$0	
FY 2024-25 ATB 1.6% ATB Rate Increase	\$18,258,351	\$1,437,891	\$923,279	\$412,096	\$3,700,099	\$0	\$0	\$24,731,716
BA-09 CDASS Rates	\$499,965	\$39,374	\$0	\$0	\$0	\$0	\$0	\$539,339
CFC Rate Rebalance	\$189,381	\$14,914	\$9,577	\$4,274	\$38,378	\$0	\$0	\$256,524
Total Bottom Line Impacts	\$7,734,002	\$683,379	\$428,004	\$214,362	\$1,879,206	\$41,055,406	\$33,355,012	\$85,349,370
Estimated FY 2025-26 Expenditure	\$1,354,235,133	\$98,395,588	\$65,879,595	\$40,789,094	\$270,357,373	\$102,031,343.79	\$33,355,012	\$1,965,043,138
Estimated FY 2025-26 Cost Per Enrollee	\$42,362	\$26,685	\$76,323	\$72,568	\$94,105	N/A	N/A	\$49,183
% Change over FY 2024-25 Cost Per Enrollee	4.09%	6.45%	-0.68%	3.44%	0.50%	N/A	N/A	12.27%

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

Request Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Services Only	TOTAL
FY 2025-26 Enrollment	31,968	3,687	863	562	2,873	N/A	0	39,953
Enrollment Trend Selected	2.37%	2.30%	4.91%	36.23%	6.58%	N/A	0.00%	3.20%
FY 2026-27 Estimated Enrollment	32,726	3,772	906	766	3,062	N/A	0	41,232
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	0	0	0	0	0	22,353	1750	24,103
Total Bottom Line Impacts	0	0	0	0	0	22,353	1,750	24,103
FY 2026-27 Enrollment	32,726	3,720	906	766	3,062	22,353	1,750	65,282
FY 2025-26 Cost Per Enrollee	\$42,362.28	\$26,685.23	\$76,322.88	\$72,568.38	\$94,104.56	\$4,564.55	\$19,060.01	\$49,183.36
Percentage Selected to Modify Cost Per Utilizer	2.17%	10.40%	9.10%	9.33%	22.29%	0%	0%	
FY 2026-27 Estimated Cost Per Utilizer	\$43,282.64	\$29,459.25	\$83,267.56	\$79,337.28	\$115,080.45	\$4,564.55	\$19,060.01	\$32,933.53
Estimated FY 2026-27 Base Expenditure	\$1,416,467,702	\$109,587,389	\$75,402,413	\$60,747,838	\$352,384,085	\$102,031,387	\$33,355,018	\$2,149,975,832
<i>Bottom Line Impacts</i>								
Relocating IDD Community First Choice State Plan Services	\$0	\$0	\$0	\$0	\$0	\$41,055,406	\$0	\$41,055,406
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$30,848,850	\$33,340,143	\$64,188,993
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$198,250)	\$0	\$0	\$0	\$0	\$0	\$0	(\$198,250)
BA-09 CDASS Rates	\$444,139	\$34,977	\$22,459	\$10,024	\$90,160	\$0	\$0	\$601,760
CFC Rate Rebalance	\$189,381	\$14,914	\$9,577	\$4,274	\$38,444	\$0	\$0	\$256,589
FY 2025-26 R-11 ACF Tiered Rates	(\$665,237)	(\$52,389)	\$0	\$0	\$0	\$0	\$0	(\$717,626)
Total Bottom Line Impacts	(\$229,968)	(\$2,498)	\$32,035	\$14,299	\$128,604	\$71,904,256	\$33,340,143	\$105,186,872
Estimated FY 2026-27 Expenditure	\$1,416,237,734	\$109,584,891	\$75,434,448	\$60,762,137	\$352,512,689	\$173,935,643.00	\$66,695,161.00	\$2,255,162,704
Estimated FY 2026-27 Cost Per Enrollee	\$43,276	\$29,459	\$83,303	\$79,356	\$115,122	\$7,781	\$38,112	\$34,545
% Change over FY 2025-26 Cost Per Enrollee	2.16%	10.39%	9.15%	9.35%	22.33%	N/A	N/A	-29.76%

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

Out Year Projection								
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver(1)	IDD Waivers CFC Expenditure	Community First Choice State Plan Only Services	TOTAL
FY 2026-27 Enrollment	32,726	3,720	906	766	3,062	22,353	1,750	65,282
Enrollment Trend Selected	1.20%	1.13%	2.26%	4.09%	4.77%	8.70%	4.06%	4.06%
FY 2027-28 Estimated Enrollment	33,120	3,762	926	797	3,208	24,298	1,821	67,932
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	0	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0	0
FY 2027-28 Enrollment	33,120	3,762	926	797	3,208	24,298	1,822	67,933
FY 2026-27 Cost Per Enrollee	\$43,275.61	\$29,458.58	\$83,302.93	\$79,355.96	\$115,122.45	\$7,781.31	\$38,111.52	\$34,544.80
Percentage Selected to Modify Cost Per Utilizer	2.15%	8.26%	4.40%	5.81%	-0.04%	0.89%	3.26%	
FY 2026-27 Estimated Cost Per Utilizer	\$44,203.96	\$31,891.60	\$86,968.27	\$83,967.20	\$115,080.45	\$7,850.57	\$39,352.34	\$34,785.69
Estimated FY 2026-27 Base Expenditure	\$1,464,035,070	\$119,976,206	\$80,532,620	\$66,921,856	\$369,177,013	\$190,753,150	\$71,699,964	\$2,363,095,879
<i>Bottom Line Impacts</i>								
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$0	\$3,583,080	\$3,583,080
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$3,583,080	\$3,583,080
Estimated FY 2027-28 Expenditure	\$1,464,035,070	\$119,976,206	\$80,532,620	\$66,921,856	\$369,177,013	\$190,753,150	\$75,283,044	\$2,366,678,959
Estimated FY 2027-28 Cost Per Enrollee	\$44,204	\$31,892	\$86,968	\$83,967	\$115,080	N/A	\$41,319	\$34,838
% Change over FY 2026-27 Cost Per Enrollee	2.15%	8.26%	4.40%	5.81%	-0.04%	N/A	N/A	0.85%

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

CFC Carveout											
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Brain Injury Waiver	Complementary and Integrative Health Waiver	Children with Complex Health Needs Waiver	Developmental Disabilities	Supported Living Services	Children's Extensive Support	Childrens Habilitative and Residential Services	Community First Choice State Plan Only Services	TOTAL
FY 2017-18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2018-19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2019-20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2020-21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2021-22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2022-23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2023-24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
FY 2024-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$0
Estimated FY 2025-26	\$573,641,329	\$19,695,712	\$8,939,932	\$15,740,989	\$119,514,594	\$12,164	\$39,531,036	\$59,978,995	\$2,509,149	\$33,355,012	\$873,011,205
Estimated FY 2026-27	\$1,098,594,146	\$38,498,648	\$17,727,045	\$30,476,388	\$222,595,014	\$31,014	\$66,815,761	\$103,057,959	\$4,030,910	\$66,695,161	\$1,648,623,465
Estimated FY 2027-28	\$1,116,990,790	\$40,305,988	\$18,317,268	\$31,984,943	\$227,858,314	\$32,501	\$70,019,261	\$107,999,102	\$4,224,173	\$75,283,044	\$1,693,119,200

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

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

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

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

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

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

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

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

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

Private Duty Nursing Total Expenditure by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$3,880,834	\$578,753	\$58,520,406	\$802,048	\$0	\$0	\$0	\$0	\$8,821,733	\$256,094	\$14,219,624	\$0	\$0	\$0	\$0	\$87,079,492
FY 2017-18	\$1,278,789	\$327,281	\$1,655,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,261,916
FY 2018-19	\$5,348,458	\$453,390	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,953,404
FY 2019-20	\$4,958,904	\$747,100	\$70,623,359	\$343,970	(\$15,885)	(\$6,217)	(\$54,204)	\$0	\$2,880,338	\$174,629	\$22,611,357	\$0	\$0	\$0	\$0	\$102,263,351
FY 2020-21	\$5,998,770	\$757,042	\$67,936,742	\$1,174,542	\$0	\$0	\$1,820	\$0	\$4,237,533	\$332,608	\$29,160,075	\$0	\$0	\$0	\$0	\$109,199,132
FY 2021-22	\$5,554,456	\$846,213	\$70,384,372	\$1,151,967	\$0	\$0	\$3,047	\$0	\$4,460,753	\$622,935	\$29,534,576	\$0	\$0	\$0	\$0	\$112,558,319
FY 2022-23	\$7,749,906	\$1,360,733	\$69,384,527	\$350,440	\$0	\$0	\$0	\$0	\$2,695,787	\$210,588	\$33,743,282	\$0	\$0	\$0	\$0	\$115,495,263
FY 2023-24	\$9,149,022	\$1,656,026	\$73,937,482	\$886,490	\$0	\$0	\$0	\$0	\$4,878,008	\$366,603	\$36,012,655	\$0	\$0	\$0	\$0	\$126,886,286
FY 2024-25	\$58,053,476	\$8,013,706	\$488,871,908	\$7,628,636	\$0	\$0	\$0	\$0	\$23,296,138	\$1,869,766	\$226,139,382	\$0	\$0	\$0	\$0	\$813,873,012
Estimated FY 2025-26	\$8,474,741	\$1,164,831	\$71,399,392	\$1,117,287	\$0	\$0	\$0	\$0	\$3,399,405	\$273,379	\$33,031,282	\$0	\$0	\$0	\$0	\$118,860,317
Estimated FY 2026-27	\$8,714,862	\$1,197,835	\$73,422,409	\$1,148,944	\$0	\$0	\$0	\$0	\$3,495,723	\$281,125	\$33,967,184	\$0	\$0	\$0	\$0	\$122,228,082
Estimated FY 2027-28	\$9,227,960	\$1,268,359	\$77,745,235	\$1,216,589	\$0	\$0	\$0	\$0	\$3,701,538	\$297,676	\$35,967,040	\$0	\$0	\$0	\$0	\$129,424,397
Private Duty Nursing Total Expenditure Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-67.05%	-43.45%	-97.17%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-96.25%
FY 2018-19	318.24%	38.53%	3885.31%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	2841.63%
FY 2019-20	-7.28%	64.78%	7.02%	-47.89%	-226.18%	-401.36%	-161.41%	0.00%	-34.69%	5069.60%	19.10%	0.00%	0.00%	0.00%	0.00%	6.58%
FY 2020-21	12.90%	1.33%	-3.80%	241.47%	-100.00%	-103.36%	-103.36%	0.00%	47.12%	90.47%	28.96%	0.00%	0.00%	0.00%	0.00%	6.78%
FY 2021-22	-0.79%	11.78%	-1.92%	-69.58%	0.00%	0.00%	67.42%	0.00%	5.27%	87.29%	1.28%	0.00%	0.00%	0.00%	0.00%	3.08%
FY 2022-23	39.53%	60.80%	-1.42%	-49.58%	0.00%	0.00%	-100.00%	0.00%	-39.57%	46.19%	14.25%	0.00%	0.00%	0.00%	0.00%	2.61%
FY 2023-24	18.05%	21.56%	6.56%	152.96%	0.00%	0.00%	0.00%	0.00%	6.95%	74.09%	6.73%	0.00%	0.00%	0.00%	0.00%	9.86%
FY 2024-25	534.53%	383.91%	561.20%	760.54%	0.00%	0.00%	0.00%	0.00%	377.57%	410.02%	527.94%	0.00%	0.00%	0.00%	0.00%	541.42%
Estimated FY 2025-26	-85.40%	-85.46%	-85.40%	-85.35%	0.00%	0.00%	0.00%	0.00%	-85.41%	-85.38%	-85.39%	0.00%	0.00%	0.00%	0.00%	-85.40%
Estimated FY 2026-27	2.83%	2.83%	2.83%	2.83%	0.00%	0.00%	0.00%	0.00%	2.83%	2.83%	2.83%	0.00%	0.00%	0.00%	0.00%	2.83%
Estimated FY 2027-28	5.89%	5.89%	5.89%	5.89%	0.00%	0.00%	0.00%	0.00%	5.89%	5.89%	5.89%	0.00%	0.00%	0.00%	0.00%	5.89%
Private Duty Nursing Per Capita Costs by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$88.32	\$51.49	\$865.44	\$128.31	\$0.00	\$0.00	\$0.00	\$0.00	\$18.80	\$3.95	\$700.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2017-18	\$27.86	\$27.74	\$24.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2018-19	\$112.16	\$35.64	\$961.41	\$73.44	\$0.07	\$0.03	\$0.27	\$0.00	\$10.49	\$0.06	\$870.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$104.29	\$57.34	\$1,061.53	\$32.22	(\$0.10)	(\$0.10)	(\$0.17)	\$0.00	\$7.07	\$3.12	\$1,060.57	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2020-21	\$116.04	\$55.91	\$1,026.44	\$81.87	\$0.00	\$0.00	\$0.00	\$0.00	\$9.40	\$4.98	\$1,405.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2021-22	\$112.72	\$61.39	\$1,067.11	\$74.69	\$0.00	\$0.00	\$0.01	\$0.00	\$9.21	\$8.58	\$1,452.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2022-23	\$153.53	\$98.26	\$1,068.56	\$18.99	\$0.00	\$0.00	\$0.00	\$0.00	\$5.34	\$2.74	\$1,681.28	\$0.00	\$0.00	\$0.00	\$0.00	\$2,586.51
FY 2023-24	\$191.88	\$130.48	\$1,253.24	\$43.64	\$0.00	\$0.00	\$0.00	\$0.00	\$11.83	\$6.27	\$1,887.16	\$0.00	\$0.00	\$0.00	\$0.00	\$3,478.72
FY 2024-25	\$1,165.59	\$655.09	\$8,431.15	\$288.21	\$0.00	\$0.00	\$0.00	\$0.00	\$63.42	\$41.03	\$12,240.29	\$0.00	\$0.00	\$0.00	\$0.00	\$32,903.70
Estimated FY 2025-26	\$167.42	\$98.31	\$1,210.00	\$44.85	\$0.00	\$0.00	\$0.00	\$0.00	\$9.02	\$5.04	\$1,795.37	\$0.00	\$0.00	\$0.00	\$0.00	\$4,545.15
Estimated FY 2026-27	\$167.67	\$100.68	\$1,223.12	\$47.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9.10	\$4.66	\$1,842.94	\$0.00	\$0.00	\$0.00	\$0.00	\$4,364.51
Estimated FY 2027-28	\$173.09	\$105.61	\$1,272.36	\$49.39	\$0.00	\$0.00	\$0.00	\$0.00	\$9.42	\$4.51	\$1,947.22	\$0.00	\$0.00	\$0.00	\$0.00	\$4,368.02
Private Duty Nursing Per Capita Cost Percent Change by Fiscal Year																
PRIVATE DUTY NURSING	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	-68.46%	-46.13%	-97.17%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2018-19	302.58%	28.48%	3820.92%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	-7.02%	60.89%	10.41%	-56.13%	-242.86%	-433.33%	-162.96%	0.00%	-32.60%	5100.00%	21.87%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2020-21	11.27%	-2.49%	-3.31%	154.10%	-100.00%	-100.00%	-100.00%	0.00%	32.96%	59.62%	32.56%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2021-22	-2.86%	9.86%	-8.77%	-8.77%	0.00%	0.00%	100.00%	0.00%	-2.02%	72.29%	3.31%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2022-23	36.20%	60.06%	0.14%	-74.57%	0.00%	0.00%	-100.00%	0.00%	-42.02%	48.07%	15.76%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2023-24	24.98%	32.79%	17.28%	129.81%	0.00%	0.00%	0.00%	0.00%	121.54%	128.83%	12.25%	0.00%	0.00%	0.00%	0.00%	34.49%
FY 2024-25	507.46%	402.06%	572.75%	560.43%	0.00%	0.00%	0.00%	0.00%	436.09%	554.39%	548.61%	0.00%	0.00%	0.00%	0.00%	845.86%
Estimated FY 2025-26	-85.64%	-84.99%	-85.65%	-84.44%	0.00%	0.00%	0.00%	0.00%	-85.78%	-87.72%	-85.33%	0.00%	0.00%	0.00%	0.00%	-86.19%
Estimated FY 2026-27	0.15%	2.41%	1.08%	4.79%	0.00%	0.00%	0.00%	0.00%	0.89%	-7.54%	2.65%	0.00%	0.00%	0.00%	0.00%	-3.97%
Estimated FY 2027-28	3.23%	4.90%	4.03%	5.09%	0.00%	0.00%	0.00%	0.00%	3.52%	-3.22%	5.66%	0.00%	0.00%	0.00%	0.00%	0.08%

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

Private Duty Nursing (PDN) Cost Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2016-17	\$59,525,854	\$16,479,472	\$1,440,953	\$309,597	\$9,323,616	\$11,074,166	\$87,079,492
FY 2017-18	\$61,916,304	\$17,141,257	\$1,498,819	\$322,030	\$9,698,036	\$11,518,885	\$90,576,446
FY 2018-19	\$66,486,113	\$15,352,545	\$1,832,710	\$287,860	\$11,994,176	\$14,114,746	\$95,953,404
FY 2019-20	\$69,963,731	\$15,349,173	\$2,075,134	\$324,699	\$14,550,614	\$16,950,447	\$102,263,351
FY 2020-21	\$75,908,089	\$14,384,847	\$4,313,230	\$155,039	\$14,437,927	\$18,906,196	\$109,199,132
FY 2021-22	\$77,808,108	\$13,164,916	\$15,492,111	\$485,241	\$10,341,311	\$26,318,664	\$117,291,688
FY 2022-23	\$73,214,779	\$15,346,490	\$16,739,345	\$146,811	\$11,432,827	\$28,318,983	\$116,880,252
FY 2023-24	\$79,853,684	\$16,709,415	\$16,858,974	\$853,427	\$12,610,787	\$30,323,187	\$126,886,286
FY 2024-25	\$82,742,860	\$16,381,400	\$17,021,267	\$970,376	\$15,163,026	\$33,154,669	\$132,278,930
Estimated FY 2025-26	\$76,106,707	\$13,435,093	\$17,743,206	\$506,437	\$11,068,874	\$29,318,517	\$118,860,317
Estimated FY 2026-27	\$78,805,830	\$13,221,955	\$18,369,205	\$639,213	\$11,191,879	\$30,200,297	\$122,228,082
Estimated FY 2027-28	\$84,473,855	\$13,518,994	\$19,261,148	\$750,370	\$11,420,030	\$31,431,548	\$129,424,397
Private Duty Nursing (PDN) Percent Change in Cost Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2017-18	4.02%	4.02%	4.02%	4.02%	4.02%	4.02%	4.02%
FY 2018-19	7.38%	-10.44%	22.28%	-10.61%	23.68%	22.54%	5.94%
FY 2019-20	5.23%	-0.02%	13.23%	12.80%	21.31%	20.09%	6.58%
FY 2020-21	8.50%	-6.28%	107.85%	-52.25%	-0.77%	11.54%	6.78%
FY 2021-22	2.50%	-8.48%	259.18%	212.98%	-28.37%	39.21%	7.41%
FY 2022-23	-5.90%	16.57%	8.05%	-69.74%	10.55%	7.60%	-0.35%
FY 2023-24	9.07%	8.88%	0.71%	481.31%	10.30%	7.08%	8.56%
FY 2024-25	3.62%	-1.96%	0.96%	13.70%	20.24%	9.34%	4.25%
Estimated FY 2025-26	-8.02%	-17.99%	4.24%	-47.81%	-27.00%	-11.57%	-10.14%
Estimated FY 2026-27	3.55%	-1.59%	3.53%	26.22%	1.11%	3.01%	2.83%
Estimated FY 2027-28	7.19%	2.25%	4.86%	17.39%	2.04%	4.08%	5.89%
Private Duty Nursing (PDN) Average Utilizers Per Month Per Service Per Fiscal Year ⁽²⁾							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL ⁽⁴⁾
FY 2016-17	474	240	11	8	49	68	569
FY 2017-18	515	258	10	8	54	72	637
FY 2018-19	554	292	11	8	62	81	680
FY 2019-20	559	267	14	6	77	97	696
FY 2020-21	606	251	14	6	90	110	756
FY 2021-22	565	230	28	5	98	131	741
FY 2022-23	526	199	74	8	76	158	883
FY 2023-24	558	207	68	13	78	159	924
FY 2024-25	546	198	66	9	83	158	902
Estimated FY 2025-26	490	161	75	11	59	145	941
Estimated FY 2026-27	497	155	75	12	59	146	945
Estimated FY 2027-28	521	155	76	14	59	149	973
Private Duty Nursing (PDN) Percent Change Average Utilizers Per Month Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL ⁽⁴⁾
FY 2017-18	8.60%	7.50%	-9.09%	0.00%	10.41%	N/A	11.98%
FY 2018-19	7.57%	13.18%	10.00%	0.00%	14.60%	N/A	6.75%
FY 2019-20	0.90%	-8.56%	27.27%	-25.00%	24.19%	N/A	2.35%
FY 2020-21	8.41%	-5.99%	0.00%	0.00%	16.88%	13.40%	8.58%
FY 2021-22	-6.77%	-8.37%	100.00%	-16.67%	8.89%	19.09%	-2.00%
FY 2022-23	-6.90%	-13.48%	164.29%	60.00%	-22.45%	20.61%	19.22%
FY 2023-24	6.08%	4.02%	-8.11%	62.50%	2.63%	0.63%	4.64%
FY 2024-25	-2.15%	-4.35%	-2.94%	-30.77%	6.41%	-0.63%	-2.38%
Estimated FY 2025-26	-10.32%	-18.86%	13.22%	25.81%	-28.41%	-7.94%	4.35%
Estimated FY 2026-27	1.50%	-3.53%	0.37%	8.84%	-0.70%	0.59%	0.36%
Estimated FY 2027-28	4.83%	0.00%	1.30%	9.89%	0.00%	1.50%	3.00%

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

Private Duty Nursing (PDN) Cost Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL
FY 2016-17	\$125,529	\$68,664	\$130,995.73	\$38,699.63	\$190,277.88	N/A	\$153,084
FY 2017-18	\$120,226	\$66,439	\$149,881.90	\$40,253.75	\$179,261.29	N/A	\$142,192
FY 2018-19	\$120,011	\$52,577	\$166,610.00	\$35,982.50	\$193,454.45	N/A	\$141,108
FY 2019-20	\$125,159	\$57,488	\$148,223.86	\$54,116.50	\$188,969.01	\$174,747	\$146,930
FY 2020-21	\$125,261	\$57,310	\$308,087.86	\$25,839.83	\$160,421.41	\$171,875	\$144,491
FY 2021-22	\$137,713	\$57,239	\$553,289.68	\$97,048.20	\$105,523.58	\$200,906	\$158,360
FY 2022-23	\$139,192	\$77,118	\$226,207.36	\$18,351.38	\$150,431.93	\$179,234	\$132,367
FY 2023-24	\$143,107	\$80,722	\$247,926.09	\$65,648.23	\$161,676.76	\$190,712	\$137,323
FY 2024-25	\$151,544	\$82,734	\$257,897.98	\$107,819.56	\$182,687.06	\$209,840	\$146,651
Estimated FY 2025-26	\$155,426	\$83,621	\$237,454.03	\$44,727.08	\$186,292.41	\$201,554	\$126,278
Estimated FY 2026-27	\$158,563	\$85,303	\$244,921.53	\$51,869.96	\$189,692.86	\$206,394	\$129,390
Estimated FY 2027-28	\$162,138	\$87,219	\$253,526.43	\$55,412.16	\$193,559.83	\$211,640	\$133,012
Private Duty Nursing (PDN) Percent Change In Cost Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾⁽³⁾	TOTAL
FY 2017-18	-4.22%	-3.24%	14.42%	4.02%	-5.79%	N/A	-7.12%
FY 2018-19	-0.18%	-20.86%	11.16%	-10.61%	7.92%	N/A	-0.76%
FY 2019-20	4.29%	9.34%	-11.04%	50.40%	-2.32%	N/A	4.13%
FY 2020-21	0.08%	-0.31%	107.85%	-52.25%	-15.11%	-1.64%	-1.66%
FY 2021-22	9.94%	-0.12%	79.59%	275.58%	-34.22%	16.89%	9.60%
FY 2022-23	1.07%	34.73%	-59.12%	-81.09%	42.56%	-10.79%	-16.41%
FY 2023-24	2.81%	4.67%	9.60%	257.73%	7.48%	6.40%	3.74%
FY 2024-25	5.90%	2.49%	4.02%	64.24%	13.00%	10.03%	6.79%
Estimated FY 2025-26	2.56%	1.07%	-7.93%	-58.52%	1.97%	-3.95%	-13.89%
Estimated FY 2026-27	2.02%	2.01%	3.14%	15.97%	1.83%	2.40%	2.46%
Estimated FY 2027-28	2.25%	2.25%	3.51%	6.83%	2.04%	2.54%	2.80%
Private Duty Nursing (PDN) Units Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2016-17	2,553	1,773	4,289	3,065	4,235	3,863	19,778
FY 2017-18	2,901	1,968	4,530	3,918	4,548	4,332	22,196
FY 2018-19	2,618	1,744	4,152	3,205	4,958	4,105	20,782
FY 2019-20	2,758	1,856	4,762	1,958	5,200	3,973	20,507
FY 2020-21	2,729	1,877	4,898	2,249	4,684	3,944	20,381
FY 2021-22	2,563	1,955	6,165	1,854	4,230	4,083	20,850
FY 2022-23	2,683	2,032	6,911	1,924	4,794	4,543	22,886
FY 2023-24	2,737	2,041	6,905	2,218	4,752	4,625	23,278
FY 2024-25	2,826	2,046	7,089	3,710	5,297	5,365	26,334
Estimated FY 2025-26	2,855	2,033	6,383	1,501	5,306	4,397	22,475
Estimated FY 2026-27	2,913	2,074	6,584	1,741	5,403	4,576	23,290
Estimated FY 2027-28	2,978	2,121	6,815	1,859	5,513	4,729	24,016
Private Duty Nursing (PDN) Percent Change in Units Per Utilizer Per Service Per Fiscal Year							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2017-18	13.63%	11.00%	5.62%	27.83%	7.38%	12.14%	12.23%
FY 2018-19	-9.76%	-11.38%	-8.34%	-18.19%	9.03%	-5.23%	-6.37%
FY 2019-20	5.35%	6.42%	14.69%	-38.91%	4.88%	-3.21%	-1.32%
FY 2020-21	-1.05%	1.13%	2.86%	14.86%	-9.92%	-0.75%	-0.62%
FY 2021-22	-6.08%	4.16%	25.87%	-17.56%	-9.69%	3.53%	2.30%
FY 2022-23	4.68%	3.94%	12.10%	3.75%	13.33%	11.26%	9.77%
FY 2023-24	2.01%	0.45%	-0.09%	15.31%	-0.87%	1.81%	1.71%
FY 2024-25	3.26%	0.27%	2.67%	67.29%	11.46%	16.01%	13.13%
Estimated FY 2025-26	1.02%	-0.65%	-9.96%	-59.55%	0.17%	-18.06%	-14.66%
Estimated FY 2026-27	2.00%	2.00%	3.14%	15.97%	1.83%	4.07%	3.63%
Estimated FY 2027-28	2.25%	2.20%	3.51%	6.83%	2.04%	3.35%	3.12%

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

Current Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2024-25 Estimated Average Paid Utilizers Per Month	546	198	66	9	83	157	1,059
Utilizer Trend Selected ⁽⁵⁾	-10.39%	-18.75%	13.94%	26.98%	-28.27%	-7.55%	-3.30%
Estimated FY 2025-26 Average Paid Utilizers Per Month	490	161	75	11	59	145	941
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2025-26 Average Paid Utilizers Per Month	490	161	75	11	59	145	941
FY 2024-25 Average Paid Units Per Utilizer Per Year	2,826	2,046	7,089	3,710	5,297	16,096	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	1.02%	-0.65%	-9.96%	-59.55%	0.17%	-18.06%	
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,855	2,033	6,383	1,501	5,306	13,190	
FY 2024-25 Average Paid Rate Per Unit	\$53.58	\$40.48	\$37.20	\$29.33	\$34.56	\$31.57	
Unit Average Paid Rate Trend Selected	1.61%	1.61%	0.00%	1.60%	1.59%	1.06%	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2025-26 Base Expenditure	\$76,106,707	\$13,435,093	\$17,743,206	\$506,437	\$11,068,874	\$29,318,517	\$118,860,317
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Expenditure	\$76,106,707	\$13,435,093	\$17,743,206	\$506,437	\$11,068,874	\$29,318,517	\$118,860,317
Estimated FY 2025-26 Per Utilizer Cost	\$155,425.54	\$83,620.91	\$237,454.03	\$44,727.08	\$186,292.41	\$201,554.21	\$126,278.19
% Change Over FY 2024-25 Per Utilizer Cost	2.56%	1.07%	-7.93%	-58.52%	1.97%	-3.95%	-13.89%
Request Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
Estimated FY 2025-26 Average Paid Utilizers Per Month	490	161	75	11	59	145	941
Utilizer Trend Selected ⁽⁵⁾	1.50%	-3.53%	0.37%	8.84%	-0.70%	0.59%	1.30%
Estimated FY 2026-27 Average Paid Utilizers Per Month	497	155	75	12	59	146	945
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2026-27 Average Paid Utilizers Per Month	497	155	75	12	59	146	945
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,855	2,033	6,383	1,501	5,306	13,190	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	2.02%	2.01%	3.14%	15.97%	1.83%	4.07%	
Estimated FY 2026-27 Average Paid Units Per Utilizer	2,913	2,074	6,584	1,741	5,403	13,727	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2026-27 Base Expenditure	\$78,805,830	\$13,221,955	\$18,369,205	\$639,213	\$11,191,879	\$30,200,297	\$122,228,082
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Expenditure	\$78,805,830	\$13,221,955	\$18,369,205	\$639,213	\$11,191,879	\$30,200,297	\$122,228,082
Estimated FY 2026-27 Per Utilizer Cost	\$158,563.04	\$85,302.94	\$244,921.53	\$51,869.96	\$189,692.86	\$206,393.69	\$129,390.15
% Change Over FY 2025-26 Per Utilizer Cost	2.02%	2.01%	3.14%	15.97%	1.83%	2.40%	2.46%

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

Out Year Projection							
PRIVATE DUTY NURSING	Registered Nursing (RN)	Licensed Practical Nursing (LPN)	RN GROUP	LPN GROUP	Blended RN/LPN	Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN ⁽¹⁾	TOTAL
FY 2026-27 Estimated Average Paid Utilizers Per Month	497	155	75	12	59	146	945
Utilizer Trend Selected ⁽⁵⁾	4.83%	0.00%	1.30%	9.89%	0.00%	1.50%	3.20%
Estimated FY 2027-28 Average Paid Utilizers Per Month	521	155	76	14	59	149	973
Bottom Line Impacts							
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2027-28 Average Paid Utilizers Per Month	521	155	76	14	59	149	973
Estimated FY 2026-27 Average Paid Units Per Utilizer	2,913	2,074	6,584	1,741	5,403	13,727	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	2.25%	2.25%	3.51%	6.83%	2.04%	3.35%	
Estimated FY 2027-28 Average Paid Units Per Utilizer	2,978	2,121	6,815	1,859	5,513	14,188	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2027-28 Average Paid Rate Per Unit	\$54.44	\$41.13	\$37.20	\$29.80	\$35.11	\$32.84	
Estimated FY 2027-28 Base Expenditure	\$84,473,855	\$13,518,994	\$19,261,148	\$750,370	\$11,420,030	\$31,431,548	\$129,424,397
Bottom Line Impacts	0	0	0	0	0	0	
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Expenditure	\$84,473,855	\$13,518,994	\$19,261,148	\$750,370	\$11,420,030	\$31,431,548	\$129,424,397
Estimated FY 2027-28 Per Utilizer Cost	\$162,137.92	\$87,219.32	\$253,526.43	\$55,412.16	\$193,559.83	\$211,639.52	\$133,011.85
% Change Over FY 2026-27 Per Utilizer Cost	2.25%	2.25%	3.51%	6.83%	2.04%	2.54%	2.80%
(1) RN Group/LPN Group and Blended RN/LPN Services are forecasted individually, but due to small cells sizes, the three services are grouped together. The rate is weighted across the three services based on utilization. The unit of service (hour) is constant across the three							
(2) Presented information regarding the utilizer per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for PDN services as clients typically continue services once a need is							
(3) N/A - Rows cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).							
(4) Since Clients can access multiple services, the total average utilizers per month does not reflect the sum of the services but rather the total average utilizers per month for PDN as a benefit.							
(5) Percentages Selected to Modify Utilizers for FY 2025-26 through FY 2027-28	RN					1.79%, 1.76%, 1.90%	
	LPN					-18.75%, -3.53%, 0.00%	
	Blended & Group					-7.55%, 0.59%, 1.50%	
	Total PDN Utilizers					-3.30%, 1.30%, 3.20%	
(6) Percentages Selected to Modify Units Per Utilizer for FY 2025-26 through FY 2027-28	RN					1.02%, 2.02%, 2.25%	
	LPN					-0.65%, 2.01%, 2.25%	
	Blended & Group					-18.06%, 4.07%, 3.35%	

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

Long-Term Home Health Total Expenditure by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$39,750,102	\$8,739,054	\$173,793,283	\$2,904,097	\$583,453	\$242,459	\$2,827,143	\$0	\$28,451,344	\$2,333,066	\$14,000,869	\$13,497	\$1,036	\$0	\$0	\$273,639,403
FY 2017-18	\$48,628,171	\$8,428,469	\$201,637,564	\$4,424,728	\$766,240	\$151,912	\$3,479,504	\$0	\$31,770,989	\$2,906,178	\$15,106,259	\$12,651	\$0	\$0	\$16,814	\$317,329,470
FY 2018-19	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,409	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$336,906,370
FY 2019-20	\$46,750,388	\$12,904,507	\$240,664,507	\$6,340,382	\$857,641	\$98,493	\$3,349,531	\$0	\$50,749,138	\$3,348,054	\$19,823,165	\$5,421	\$0	\$0	\$0	\$407,015,498
FY 2020-21	\$51,187,820	\$14,129,706	\$285,407,109	\$9,131,947	\$939,261	\$108,059	\$3,798,839	\$0	\$55,565,872	\$3,665,827	\$21,704,638	\$5,935	\$1,706	\$0	\$0	\$445,646,719
FY 2021-22	\$56,685,471	\$15,647,259	\$316,060,273	\$10,112,732	\$1,040,139	\$119,664	\$4,206,840	\$0	\$61,533,732	\$4,099,542	\$24,035,750	\$6,573	\$1,889	\$0	\$0	\$493,509,864
FY 2022-23	\$66,032,020	\$17,556,450	\$363,841,734	\$8,820,107	\$905,811	\$70,809	\$4,861,235	\$0	\$65,080,542	\$4,483,032	\$26,473,945	\$7,948	\$0	\$0	\$0	\$558,133,633
FY 2023-24	\$76,965,658	\$20,463,462	\$424,086,955	\$10,280,548	\$1,055,796	\$82,534	\$5,666,162	\$0	\$75,856,633	\$5,225,337	\$30,857,523	\$9,264	\$0	\$0	\$0	\$650,549,872
FY 2024-25	\$58,053,476	\$8,013,706	\$488,871,908	\$7,628,636	\$0	\$0	\$0	\$0	\$23,296,138	\$1,869,766	\$226,139,382	\$0	\$0	\$0	\$0	\$813,873,012
Estimated FY 2025-26	\$104,985,808	\$27,954,801	\$578,531,262	\$14,021,773	\$1,419,926	\$88,745	\$7,720,850	\$0	\$103,477,136	\$7,099,632	\$42,065,320	\$0	\$0	\$0	\$88,746	\$887,453,999
Estimated FY 2026-27	\$108,064,301	\$28,774,518	\$595,495,503	\$14,432,933	\$1,461,563	\$91,348	\$7,947,248	\$0	\$106,511,391	\$7,307,815	\$43,298,799	\$0	\$0	\$0	\$91,346	\$913,476,765
Estimated FY 2027-28	\$109,761,127	\$29,226,336	\$604,845,972	\$14,659,559	\$1,484,512	\$92,782	\$8,072,036	\$0	\$108,183,833	\$7,422,561	\$43,978,676	\$0	\$0	\$0	\$92,781	\$927,820,175
Long-Term Home Health Total Expenditure Percent Change by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	22.33%	-3.55%	16.02%	52.36%	31.33%	-37.35%	23.07%	0.00%	11.67%	24.56%	7.90%	-6.27%	-100.00%	0.00%	100.00%	15.97%
FY 2018-19	-6.20%	20.62%	14.58%	27.87%	-19.46%	-67.34%	-12.68%	0.00%	29.06%	-6.50%	12.45%	0.55%	0.00%	0.00%	-100.00%	12.47%
FY 2019-20	2.49%	26.94%	12.82%	47.41%	39.00%	98.94%	14.20%	0.00%	23.76%	23.21%	16.69%	-57.38%	100.00%	0.00%	0.00%	14.04%
FY 2020-21	9.49%	9.49%	9.49%	9.49%	9.49%	9.49%	9.49%	0.00%	9.49%	9.49%	9.49%	9.49%	0.00%	0.00%	0.00%	9.49%
FY 2021-22	10.74%	10.74%	10.74%	10.74%	10.74%	10.74%	10.74%	0.00%	10.74%	10.74%	10.74%	10.74%	0.00%	0.00%	0.00%	10.74%
FY 2022-23	16.49%	12.20%	15.12%	-12.78%	-12.91%	-40.83%	15.56%	0.00%	5.76%	10.43%	10.14%	20.92%	-100.00%	0.00%	0.00%	13.09%
FY 2023-24	16.56%	16.56%	16.56%	16.56%	16.56%	16.56%	16.56%	0.00%	16.56%	16.56%	16.56%	16.56%	0.00%	0.00%	0.00%	16.56%
FY 2024-25	-24.57%	-60.84%	15.28%	-25.80%	-100.00%	-100.00%	-100.00%	0.00%	-69.29%	-64.22%	632.85%	-100.00%	0.00%	0.00%	0.00%	25.11%
Estimated FY 2025-26	80.84%	248.84%	18.34%	81.80%	100.00%	100.00%	100.00%	0.00%	344.18%	279.71%	-81.40%	0.00%	0.00%	0.00%	100.00%	9.04%
Estimated FY 2026-27	2.93%	2.93%	2.93%	2.93%	2.93%	2.93%	2.93%	0.00%	2.93%	2.93%	2.93%	2.93%	0.00%	0.00%	0.00%	2.93%
Estimated FY 2027-28	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	1.57%	0.00%	1.57%	1.57%	1.57%	0.00%	0.00%	0.00%	1.57%	1.57%
Long-Term Home Health Per Capita Costs by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$904.62	\$777.43	\$2,570.18	\$464.58	\$3.61	\$2.40	\$8.13	\$0.00	\$60.63	\$35.94	\$689.36	\$0.99	\$0.53	\$0.00	\$0.00	\$0.00
FY 2017-18	\$1,059.28	\$714.46	\$2,985.85	\$541.25	\$4.26	\$2.04	\$9.87	\$0.00	\$72.41	\$45.16	\$703.50	\$1.25	\$0.00	\$0.00	\$0.48	\$0.00
FY 2018-19	\$956.58	\$799.16	\$3,366.01	\$629.59	\$3.51	\$0.78	\$9.19	\$0.00	\$97.57	\$45.76	\$778.69	\$1.04	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$983.17	\$990.47	\$3,918.03	\$781.30	\$5.22	\$1.66	\$10.74	\$0.00	\$124.52	\$59.87	\$929.79	\$0.47	\$0.71	\$0.00	\$0.00	\$0.00
FY 2020-21	\$1,060.93	\$1,043.48	\$4,312.13	\$636.51	\$5.42	\$1.22	\$9.43	\$0.00	\$123.22	\$54.85	\$1,046.41	\$0.44	\$0.47	\$0.00	\$0.00	\$0.00
FY 2021-22	\$1,150.34	\$1,135.18	\$4,791.84	\$655.65	\$5.49	\$1.17	\$8.80	\$0.00	\$127.00	\$55.92	\$1,181.99	\$0.46	\$0.43	\$0.00	\$0.00	\$0.00
FY 2022-23	\$1,308.16	\$1,267.80	\$5,603.34	\$478.03	\$4.56	\$0.68	\$9.17	\$0.00	\$128.86	\$58.25	\$1,319.08	\$0.32	\$0.00	\$0.00	\$0.00	\$12,499.35
FY 2023-24	\$1,614.18	\$1,612.31	\$7,188.28	\$506.13	\$6.55	\$1.25	\$13.96	\$0.00	\$183.90	\$89.32	\$1,617.02	\$0.39	\$0.00	\$0.00	\$0.00	\$17,835.50
FY 2024-25	\$1,165.59	\$655.09	\$8,431.15	\$288.21	\$0.00	\$0.00	\$0.00	\$0.00	\$63.42	\$41.03	\$12,240.29	\$0.00	\$0.00	\$0.00	\$0.00	\$32,903.70
Estimated FY 2025-26	\$2,074.00	\$2,359.45	\$9,894.29	\$562.92	\$10.63	\$2.04	\$23.35	\$0.00	\$274.51	\$131.01	\$2,286.41	\$0.00	\$0.00	\$0.00	\$2.73	\$33,935.76
Estimated FY 2026-27	\$2,079.12	\$2,413.43	\$9,920.13	\$590.42	\$10.90	\$2.01	\$23.38	\$0.00	\$277.19	\$121.01	\$2,349.24	\$0.00	\$0.00	\$0.00	\$2.64	\$32,618.35
Estimated FY 2027-28	\$2,058.84	\$2,433.50	\$9,898.79	\$595.19	\$10.95	\$1.94	\$23.94	\$0.00	\$275.18	\$112.36	\$2,380.96	\$0.00	\$0.00	\$0.00	\$2.52	\$31,313.54
Long-Term Home Health Per Capita Cost Percent Change by Fiscal Year																
LONG-TERM HOME HEALTH	Adults 65 and Older (OAP-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	17.10%	-8.10%	16.17%	16.50%	18.01%	-15.00%	21.40%	0.00%	19.43%	25.63%	2.05%	26.26%	-100.00%	0.00%	100.00%	0.00%
FY 2018-19	-9.70%	11.86%	12.73%	16.32%	-17.61%	-61.76%	-6.89%	0.00%	34.75%	1.33%	10.69%	-16.80%	0.00%	0.00%	-100.00%	0.00%
FY 2019-20	2.78%	23.94%	16.40%	24.10%	48.72%	112.82%	16.87%	0.00%	27.62%	30.83%	19.40%	-54.81%	100.00%	0.00%	0.00%	0.00%
FY 2020-21	7.91%	5.35%	10.06%	-18.53%	3.83%	-26.51%	-12.20%	0.00%	-1.04%	-8.38%	12.54%	-6.38%	-33.80%	0.00%	0.00%	0.00%
FY 2021-22	8.43%	8.79%	11.12%	3.01%	1.29%	-4.10%	-6.68%	0.00%	3.07%	1.95%	12.96%	-4.55%	-4.51%	0.00%	0.00%	0.00%
FY 2022-23	13.72%	11.68%	16.94%	-27.09%	-16.94%	-41.88%	-4.20%	0.00%	1.46%	4.17%	11.60%	-30.43%	-100.00%	0.00%	0.00%	100.00%
FY 2023-24	23.39%	27.17%	28.29%	5.88%	43.64%	83.82%	52.24%	0.00%	42.71%	53.34%	22.59%	21.88%	0.00%	0.00%	0.00%	42.69%
FY 2024-25	-27.79%	-59.37%	17.29%	-43.06%	-100.00%	-100.00%	-100.00%	0.00%	-65.51%	-54.06%	656.97%	-100.00%	0.00%	0.00%	0.00%	84.48%
Estimated FY 2025-26	77.94%	260.17%	16.29%	95.32%	100.00%	100.00%	100.00%	0.00%	332.84%	219.30%	-81.32%	0.00%	0.00%	0.00%	100.00%	3.14%
Estimated FY 2026-27	0.25%	2.50%	1.18%	4.89%	2.54%	-1.47%	8.69%	0.00%	0.98%	-7.63%	2.75%	0.00%	0.00%	0.00%	-3.30%	-3.88%
Estimated FY 2027-28	-0.98%	0.62%	-0.22%	0.81%	0.46%	-3.48%	29.79%	0.00%	-0.73%	-7.15%	1.35%	0.00%	0.00%	0.00%	-4.55%	-4.00%

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

Long-Term Home Health (LTHH) Cost Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2016-17	\$7,566,236	\$10,175,849	\$16,371,130	\$37,740,979	\$135,690,548	\$54,661,018	\$8,756,039	\$2,677,286	\$319	\$273,639,403
FY 2017-18	\$8,774,284	\$11,800,555	\$18,984,993	\$43,766,815	\$157,355,301	\$63,388,357	\$10,154,054	\$3,104,749	\$370	\$317,329,479
FY 2018-19	\$10,314,592	\$14,633,158	\$24,876,369	\$44,827,430	\$180,487,512	\$68,276,174	\$10,385,973	\$3,105,085	\$78	\$356,906,370
FY 2019-20	\$12,681,087	\$19,434,951	\$30,106,071	\$48,432,221	\$206,780,057	\$73,516,744	\$12,427,366	\$3,631,377	\$5,824	\$407,015,698
FY 2020-21	\$16,062,970	\$25,815,462	\$40,504,630	\$52,271,162	\$220,901,379	\$72,732,122	\$13,508,698	\$3,850,295	\$0	\$445,646,719
FY 2021-22	\$19,050,558	\$32,185,322	\$50,785,186	\$62,367,604	\$236,060,325	\$73,514,376	\$15,359,415	\$4,174,982	\$12,096	\$493,509,864
FY 2022-23	\$21,545,177	\$36,399,902	\$57,435,367	\$70,534,472	\$266,971,780	\$83,140,883	\$17,370,689	\$4,721,684	\$13,680	\$558,133,634
FY 2023-24	\$66,115,815	\$113,461,628	\$151,393,082	\$75,647,610	\$128,923,882	\$93,438,988	\$16,832,327	\$4,736,539	\$0	\$650,549,872
FY 2024-25	\$80,372,257	\$140,946,775	\$174,395,109	\$99,448,089	\$171,551,235	\$114,892,513	\$25,463,611	\$6,803,422	\$0	\$813,873,011
Estimated FY 2025-26	\$28,374,038	\$51,624,915	\$73,575,466	\$124,997,474	\$485,073,498	\$77,230,760	\$38,836,973	\$7,793,878	(\$53,003)	\$887,453,999
Estimated FY 2026-27	\$31,203,350	\$54,263,466	\$75,080,157	\$131,457,588	\$489,344,322	\$84,053,441	\$39,606,372	\$8,520,762	(\$52,693)	\$913,476,765
Estimated FY 2027-28	\$32,549,751	\$55,085,256	\$77,380,487	\$137,018,389	\$486,065,193	\$90,933,288	\$39,524,144	\$9,316,364	(\$52,693)	\$927,820,175
LTHH Percent Change in Cost Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2017-18	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%	15.97%
FY 2018-19	17.55%	24.00%	31.03%	2.42%	14.70%	7.71%	2.28%	0.01%	-78.93%	12.47%
FY 2019-20	22.94%	32.81%	21.02%	8.04%	14.57%	7.68%	19.66%	16.95%	7366.78%	14.04%
FY 2020-21	26.67%	32.83%	34.54%	7.93%	6.83%	-1.07%	8.70%	6.03%	-100.00%	9.49%
FY 2021-22	18.60%	24.67%	25.38%	19.32%	6.86%	1.08%	13.70%	8.43%	0.00%	10.74%
FY 2022-23	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%	13.09%
FY 2023-24	206.87%	211.71%	163.59%	7.25%	-51.71%	12.39%	-3.10%	0.31%	-100.00%	16.56%
FY 2024-25	21.56%	24.22%	15.19%	31.46%	33.06%	22.96%	51.28%	43.64%	0.00%	25.11%
Estimated FY 2025-26	-64.70%	-63.37%	-57.81%	25.69%	182.76%	-32.78%	52.52%	14.56%	0.00%	9.04%
Estimated FY 2026-27	9.97%	5.11%	2.05%	5.17%	0.88%	8.83%	1.98%	9.33%	-0.58%	2.93%
Estimated FY 2027-28	4.31%	1.51%	3.06%	4.23%	-0.67%	8.19%	-0.21%	9.34%	0.00%	1.57%
LTHH Average Utilizers Per Month Per Service Per Fiscal Year ⁽²⁾										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2016-17	1,366	1,774	2,192	3,372	4,201	3,023	426	174	9,290	25,818
FY 2017-18	1,533	2,134	2,894	3,939	4,799	3,577	499	201	10,957	30,533
FY 2018-19	1,725	2,399	3,526	3,642	5,103	3,839	454	182	11,829	32,699
FY 2019-20	2,000	3,046	4,287	3,581	5,372	4,038	507	185	12,947	35,963
FY 2020-21	2,399	3,748	5,278	3,663	5,581	4,196	556	202	14,148	39,771
FY 2021-22	2,756	4,596	6,357	3,768	5,675	4,240	596	205	15,695	43,888
FY 2022-23	3,189	5,456	7,474	3,847	6,071	4,471	656	214	31,378	62,756
FY 2023-24	3,378	5,797	7,735	3,865	6,587	4,774	860	242	33,238	66,476
FY 2024-25	3,674	6,443	7,972	4,546	7,842	5,252	1,164	311	37,204	74,408
Estimated FY 2025-26	3,849	6,671	8,219	4,869	8,720	5,507	1,344	360	40,266	79,804
Estimated FY 2026-27	4,065	6,805	8,346	4,997	8,712	5,682	1,342	385	41,402	81,736
Estimated FY 2027-28	4,240	7,034	8,571	5,200	8,651	5,932	1,346	421	42,835	84,230
LTHH Percent Change Average Utilizers Per Month Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2017-18	12.19%	20.30%	32.01%	16.82%	14.23%	18.33%	17.21%	15.42%	17.95%	18.26%
FY 2018-19	12.56%	12.42%	21.84%	-7.55%	6.35%	7.32%	-9.06%	-9.17%	7.95%	7.09%
FY 2019-20	15.95%	26.96%	21.60%	-1.67%	5.27%	5.19%	11.65%	1.42%	9.45%	9.98%
FY 2020-21	19.95%	23.05%	23.12%	2.29%	3.89%	3.91%	9.66%	9.19%	9.28%	10.59%
FY 2021-22	14.88%	22.63%	20.44%	2.87%	1.68%	1.05%	7.19%	1.49%	10.94%	10.35%
FY 2022-23	15.71%	18.71%	17.57%	2.10%	6.98%	5.45%	10.07%	4.39%	99.92%	42.99%
FY 2023-24	5.93%	6.25%	3.49%	0.47%	8.50%	6.78%	31.10%	13.08%	5.93%	5.93%
FY 2024-25	8.76%	11.14%	3.06%	17.62%	19.05%	10.01%	35.35%	28.51%	11.93%	11.93%
Estimated FY 2025-26	4.75%	3.54%	3.10%	7.11%	11.20%	4.86%	15.43%	15.63%	8.23%	7.25%
Estimated FY 2026-27	5.60%	2.01%	1.54%	2.62%	-0.09%	3.18%	-0.09%	7.10%	2.82%	2.42%
Estimated FY 2027-28	4.30%	3.36%	2.70%	4.06%	-0.69%	4.39%	0.28%	9.26%	3.46%	3.05%

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

LTHH Cost Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth	Total
FY 2016-17	\$5,538.97	\$5,736.10	\$7,468.58	\$11,192.46	\$32,299.58	\$18,081.71	\$20,554.08	\$15,386.70	\$29,456.32	\$145,714.50
FY 2017-18	\$5,725.47	\$5,529.35	\$6,560.88	\$11,110.68	\$32,791.46	\$17,721.10	\$20,335.22	\$15,459.33	\$28,960.69	\$144,194.18
FY 2018-19	\$5,979.76	\$6,099.27	\$7,056.12	\$12,309.03	\$35,367.75	\$17,786.04	\$22,872.39	\$17,021.94	\$30,172.79	\$154,665.09
FY 2019-20	\$6,340.54	\$6,380.48	\$7,022.64	\$13,524.78	\$38,492.19	\$18,206.23	\$24,511.57	\$19,629.07	\$31,437.67	\$165,545.17
FY 2020-21	\$6,695.69	\$6,887.80	\$7,674.24	\$14,270.04	\$39,580.97	\$17,333.68	\$24,296.22	\$19,060.87	\$31,498.74	\$167,298.25
FY 2021-22	\$6,912.39	\$7,002.90	\$7,988.86	\$16,551.91	\$41,596.53	\$17,338.30	\$25,770.83	\$20,365.76	\$31,443.10	\$174,970.58
FY 2022-23	\$6,756.09	\$6,671.54	\$7,684.69	\$18,334.93	\$43,974.93	\$18,595.59	\$26,479.71	\$22,063.95	\$17,787.42	\$168,348.85
FY 2023-24	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.48	\$19,572.47	\$176,152.24
FY 2024-25	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$21,875.95	\$196,883.55
Estimated FY 2025-26	\$7,372.75	\$7,738.71	\$8,951.83	\$25,672.10	\$55,627.69	\$14,023.64	\$28,905.94	\$21,673.75	\$22,039.79	\$192,006.20
Estimated FY 2026-27	\$7,676.10	\$7,974.31	\$8,995.91	\$26,309.06	\$56,171.11	\$14,792.29	\$29,504.01	\$22,125.11	\$22,063.59	\$195,611.49
Estimated FY 2027-28	\$7,676.80	\$7,831.61	\$9,027.72	\$26,351.87	\$56,184.88	\$15,329.76	\$29,361.88	\$22,140.26	\$21,660.33	\$195,565.11
LTHH Percent Change in Cost Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth	Total
FY 2017-18	3.37%	-3.60%	-12.15%	-0.73%	1.52%	-1.99%	-1.06%	0.47%	-1.68%	-1.04%
FY 2018-19	4.44%	10.31%	7.55%	10.79%	7.86%	0.37%	12.48%	10.11%	4.19%	7.26%
FY 2019-20	6.03%	4.61%	-0.47%	9.88%	8.83%	2.36%	7.17%	15.32%	4.19%	7.03%
FY 2020-21	5.60%	7.95%	9.28%	5.51%	2.83%	-4.79%	-0.88%	-2.89%	0.19%	1.06%
FY 2021-22	3.24%	1.67%	4.10%	15.99%	5.09%	0.03%	6.07%	6.85%	-0.18%	4.59%
FY 2022-23	-2.26%	-4.73%	-3.81%	10.77%	5.72%	7.25%	2.75%	8.34%	-43.43%	-3.78%
FY 2023-24	189.70%	193.37%	154.69%	6.75%	-55.49%	5.25%	-26.09%	-11.29%	10.04%	4.64%
FY 2024-25	11.77%	11.77%	11.77%	11.77%	11.77%	11.77%	11.77%	11.77%	11.77%	11.77%
Estimated FY 2025-26	-66.30%	-64.62%	-59.08%	17.35%	154.29%	-35.89%	32.14%	-0.92%	0.75%	-2.48%
Estimated FY 2026-27	4.11%	3.04%	0.49%	2.48%	0.98%	5.48%	2.07%	2.08%	0.11%	1.88%
Estimated FY 2027-28	0.01%	-1.79%	0.35%	0.16%	0.02%	3.63%	-0.48%	0.07%	-1.83%	-0.02%
LTHH Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2016-17	55	52	52	109	864	1,724	301	377		
FY 2017-18	51	95	53	167	903	1,654	285	308		
FY 2018-19	51	51	55	115	942	1,581	309	324		
FY 2019-20	52	53	53	122	1,007	1,542	326	375		
FY 2020-21	58	58	59	131	1,060	1,543	328	369		
FY 2021-22	55	54	56	141	1,089	1,426	319	361		
FY 2022-23	54	52	55	152	1,260	1,416	322	365		
FY 2023-24	52	60	56	170	1,240	1,325	336	380		
FY 2024-25	54	58	59	188	1,349	1,212	331	357		
Estimated FY 2025-26	53	54	58	197	1,347	1,138	332	358		
Estimated FY 2026-27	54	55	57	198	1,334	1,177	332	358		
Estimated FY 2027-28	54	54	57	198	1,334	1,220	330	358		
LTHH Percent Change in Units Per Utilizer Per Service Per Fiscal Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day		
FY 2017-18	-7.27%	82.69%	1.92%	53.21%	4.51%	-4.06%	-5.32%	-18.30%		
FY 2018-19	0.00%	-46.32%	3.77%	-31.14%	4.32%	-4.41%	8.42%	5.19%		
FY 2019-20	1.96%	3.92%	-3.64%	6.09%	6.90%	-2.47%	5.50%	15.74%		
FY 2020-21	11.54%	9.43%	11.32%	7.38%	5.26%	0.06%	0.61%	-1.60%		
FY 2021-22	-5.17%	-6.90%	-5.08%	7.63%	2.74%	-7.58%	-2.74%	-2.17%		
FY 2022-23	-1.82%	-3.70%	-1.79%	7.80%	15.70%	-0.70%	0.94%	1.11%		
FY 2023-24	-3.70%	15.38%	1.82%	11.84%	-1.59%	-6.43%	4.35%	4.11%		
FY 2024-25	3.85%	-3.33%	5.36%	10.59%	8.79%	-8.53%	-1.49%	-6.05%		
Estimated FY 2025-26	-2.05%	-6.90%	-1.98%	4.79%	-0.15%	-6.12%	0.20%	0.24%		
Estimated FY 2026-27	2.09%	1.06%	-1.44%	0.51%	-0.97%	3.45%	0.10%	0.04%		
Estimated FY 2027-28	0.00%	-1.79%	0.35%	0.16%	0.00%	3.63%	-0.48%	0.00%		

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

Current Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
FY 2024-25 Average Monthly Clients	3,674	6,443	7,972	4,546	7,842	5,252	1,164	311	N/A	37,204
Utilizer Trend Selected ⁽⁴⁾	4.75%	3.54%	3.10%	7.11%	11.20%	4.86%	15.43%	15.81%	N/A	8.23%
Estimated FY 2025-26 Average Utilizers Per Month	3,849	6,671	8,219	4,869	8,720	5,507	1,344	360	N/A	40,266
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Estimated FY 2025-26 Average Utilizers Per Month	3,849	6,671	8,219	4,869	8,720	5,507	1,344	360	N/A	40,266
FY 2023-24 Average Units Per Utilizer Per Year	54	58	59	188	1,349	1,212	331	357	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	-2.05%	-6.90%	-1.98%	4.79%	-0.15%	-6.12%	0.20%	0.24%	N/A	
Estimated FY 2025-26 Average Units Per Utilizer	53	54	58	197	1,347	1,138	332	358	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$60.12	N/A	
Unit Average Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.63%	N/A	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2025-26 Base Expenditure	\$29,000,558	\$52,707,335	\$75,088,289	\$127,518,571	\$494,654,909	\$78,815,255	\$39,668,649	\$8,016,866	\$12,099	\$905,482,531
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,025.00	\$4,025.00
53rd Payment Week	(\$557,703)	(\$1,013,603)	(\$1,444,006)	(\$2,452,280)	(\$9,512,594)	(\$1,515,678)	(\$762,859)	(\$154,171)	(\$310)	(\$17,413,204.00)
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357.00)
Total Bottom Line Impacts	(\$626,520)	(\$1,082,420)	(\$1,512,823)	(\$2,521,097)	(\$9,581,411)	(\$1,584,495)	(\$831,676)	(\$222,988)	(\$65,102)	(\$18,028,536)
Estimated FY 2025-26 Expenditure	\$28,374,038	\$51,624,915	\$73,575,466	\$124,997,474	\$485,073,498	\$77,230,760	\$38,836,973	\$7,793,878	(\$53,003)	\$887,453,999
Estimated FY 2025-26 Per Utilizer Cost	\$7,372.75	\$7,738.71	\$8,951.83	\$25,672.10	\$55,627.69	\$14,023.64	\$28,905.94	\$21,673.75	N/A	\$22,039.79
% Change Over FY 2024-25 Per Utilizer Cost	(\$0.66)	(\$0.65)	(\$0.59)	\$0.17	\$1.54	(\$0.36)	\$0.32	(\$0.01)	N/A	\$0.01
Request Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
Estimated FY 2025-26 Average Utilizers Per Month	3,849	6,671	8,219	4,869	8,720	5,507	1,344	357	N/A	40,266
Utilizer Trend Selected ⁽⁴⁾	5.61%	2.01%	1.54%	2.62%	-0.10%	3.18%	-0.09%	7.79%	N/A	2.82%
Estimated FY 2025-26 Average Utilizers Per Month	4,065	6,805	8,346	4,997	8,712	5,682	1,342	385	N/A	41,402
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Estimated FY 2025-26 Average Utilizers Per Month	4,065	6,805	8,346	4,997	8,712	5,682	1,342	385	N/A	41,402
FY 2024-25 Average Units Per Utilizer Per Year	53	54	58	197	1,347	1,138	332	358	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	2.09%	1.06%	-1.44%	0.51%	-0.97%	3.45%	0.10%	0.04%	N/A	
Estimated FY 2025-26 Average Units Per Utilizer	54	55	57	198	1,334	1,177	332	358	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Adjustment to Increase Average Paid Rate to Actual Rate	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
Estimated FY 2025-26 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2024-25 Base Expenditure	\$31,272,167	\$54,332,283	\$75,148,974	\$131,526,405	\$489,413,139	\$84,122,258	\$39,675,189	\$8,589,579	\$12,099	\$914,092,093
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
Annualization of FY 2018-19 R-8 Assorted Medicaid Savings Initiatives -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357)
Total Bottom Line Impacts	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$64,792)	(\$615,332)
Estimated FY 2025-26 Expenditure	\$31,203,350	\$54,263,466	\$75,080,157	\$131,457,588	\$489,344,322	\$84,053,441	\$39,606,372	\$8,520,762	(\$52,693)	\$913,476,765
Estimated FY 2024-25 Per Utilizer Cost	\$7,676.10	\$7,974.31	\$8,995.91	\$26,309.06	\$56,171.11	\$14,792.29	\$29,504.01	\$22,125.11	N/A	\$22,063.59
% Change Over FY 2023-24 Per Utilizer Cost	4.11%	3.04%	0.49%	2.48%	0.98%	5.48%	2.07%	2.08%	N/A	0.11%

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

Out Year										
LONG-TERM HOME HEALTH	Physical Therapy (for 0-21 years LTHH)	Occupational Therapy (for 0-21 years LTHH)	Speech and Language Therapy (for 0-21 years LTHH)	Registered Nursing/Licensed Practical Nurse	Home Health Aid Basic	Home Health Aid Extended	Registered Nursing Brief First Visit of Day	Registered Nursing Brief Second or More Visit of Day	Telehealth ⁽¹⁾	Total
Estimated FY 2025-26 Average Utilizers Per Month	4,065	6,805	8,346	4,997	8,712	5,682	1,342	385	N/A	41,402
Utilizer Trend Selected ⁽⁴⁾	4.31%	3.36%	2.70%	4.06%	-0.69%	4.39%	0.28%	9.26%	N/A	3.46%
FY 2026-27 Estimated Average Utilizers Per Month	4,240	7,034	8,571	5,200	8,651	5,932	1,346	421	N/A	42,835
Bottom Line Impacts										
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
FY 2026-27 Estimated Average Utilizers Per Month	4,240	7,034	8,571	5,200	8,651	5,932	1,346	421	N/A	42,835
Estimated FY 2025-26 Average Units Per Utilizer Per Year	54	55	57	198	1,334	1,177	332	358	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	0.00%	-1.79%	0.35%	0.16%	0.02%	3.63%	-0.48%	0.00%	N/A	
Estimated FY 2026-27 Average Units Per Utilizer	54	54	57	198	1,334	1,220	330	358	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
Estimated FY 2026-27 Average Paid Rate Per Unit	\$142.46	\$146.31	\$157.97	\$132.94	\$42.11	\$12.58	\$89.02	\$62.30	N/A	
Estimated FY 2025-26 Base Expenditure	\$32,618,568	\$55,154,073	\$77,449,304	\$137,087,206	\$486,134,010	\$91,002,105	\$39,592,961	\$9,385,181	\$12,099	\$928,435,507
Bottom Line Impacts										
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357)
Total Bottom Line Impacts	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$64,792)	(\$615,332)
Estimated FY 2026-27 Expenditure	\$32,549,751	\$55,085,256	\$77,380,487	\$137,018,389	\$486,065,193	\$90,933,288	\$39,524,144	\$9,316,364	(\$52,693)	\$927,820,175
Estimated FY 2026-27 Per Utilizer Cost	\$7,676.80	\$7,831.61	\$9,027.72	\$26,351.87	\$56,184.88	\$15,329.76	\$29,361.88	\$22,140.26	N/A	\$21,660.33
% Change Over FY 2025-26 Per Utilizer Cost	0.01%	-1.79%	0.35%	0.16%	0.02%	3.63%	-0.48%	0.07%	N/A	-1.83%
(1) Due to cell sizes, the Telehealth forecast is done at the total expenditure level. Telehealth is not a widely utilized service and displaying utilization figures would violate The Health Insurance Portability and Accountability Act of 1996 (HIPAA).										
(2) Presented information regarding the utilizers per service is derived from the average number of clients with a paid claim per month. The Department believes this to be an accurate representation of utilizers for LTHH services as clients typically continue services once a need is identified.										
(3) Since clients can access multiple services, the average utilizers does not reflect the sum of the services but rather the total Average Utilizers Per Month for LTHH as a benefit.										
(5) Percentages Selected to Modify Utilizers for FY 2025-26 through FY 2027-28	Physical Therapy (for 0-21 years LTHH)		4.75%, 5.61%, 4.31%	Registered Nursing/Licensed Practical Nurse		7.11%, 2.62%, 4.06%	Registered Nursing Brief First Visit of Day		15.43%, -0.09%, 0.28%	
	Occupational Therapy (for 0-21 years LTHH)		3.54%, 2.01%, 3.36%	Home Health Aid Basic		11.20%, -0.10%, -0.69%	Registered Nursing Brief Second or More Visit of		15.81%, 7.79%, 9.26%	
	Speech and Language Therapy (for 0-21 years LTHH)		3.10%, 1.54%, 2.70%	Home Health Aid Extended		4.86%, 3.18%, 4.39%				
(6) Percentages Selected to Modify Units Per Utilizer for FY 2025-26 through FY 2027-28	Physical Therapy (for 0-21 years LTHH)		-2.05%, 2.09%, 0.00%	Registered Nursing/Licensed Practical Nurse		4.79%, 0.51%, 0.16%	Registered Nursing Brief First Visit of Day		0.20%, 0.10%, -0.48%	
	Occupational Therapy (for 0-21 years LTHH)		-6.90%, 1.06%, -1.79%	Home Health Aid Basic		-0.15%, -0.97%, 0.02%	Registered Nursing Brief Second or More Visit of		0.24%, 0.04%, 0.00%	
	Speech and Language Therapy (for 0-21 years LTHH)		-1.98%, -1.44%, 0.35%	Home Health Aid Extended		-6.12%, 3.45%, 3.63%				
(7) Due to small cell sizes that prevent the Telehealth forecast from using the same methodology as the other LTHH services, expenditure for Telehealth is adjusted via bottom line impact. See (1) for more information.										

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

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

FY 2025-26 Calculation

Nursing Facility Room and Board

<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days Paid	241,832	G5.2
Total Estimated Costs for FY 2025-26 Days of Service	\$55,790,125	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.78%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$48,973,132	
Estimated Expenditure for FY 2024-25 Dates of Service	\$6,716,250	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2025-26 Prior to Adjustments	\$55,689,382	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2025-26 Total Fund Expenditure	\$55,689,382	
Percentage Change in Core Component Expenditure Over Prior Year	1.26%	

Hospice Services

<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,190,344	
Hospice General Inpatient	\$2,901,048	
Other Services	\$211,510	
Estimated Hospice Services Expenditure in FY 2025-26 Prior to Adjustments	\$17,302,902	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2025-26 Total Fund Expenditure	\$17,302,902	
Percentage Change in Expenditure Over Prior Year	31.07%	
Total Estimated FY 2025-26 Expenditure	\$72,992,284	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2026-27 Calculation		
Nursing Facility Room and Board		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2026-27 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days Paid	254,660	G5.2
Total Estimated Costs for FY 2026-27 Days of Service	\$58,749,415	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.78%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$51,570,236	
Estimated Expenditure for FY 2025-26 Dates of Service	\$7,178,589	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2026-27 Prior to Adjustments	\$58,748,825	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:		
Total Estimated Nursing Facility Room and Board FY 2026-27 Total Fund Expenditure	\$58,748,825	
Percentage Change in Core Component Expenditure Over Prior Year	5.49%	
Hospice Services		
<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,286,091	
Hospice General Inpatient	\$2,901,048	
Other Services	\$251,527	
Estimated Hospice Services Expenditure in FY 2026-27 Prior to Adjustments	\$17,438,666	
<u>Bottom Line Adjustments:</u>		
Remove Additional Payment Period	\$0	
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2026-27 Total Fund Expenditure	\$17,438,666	
Percentage Change in Expenditure Over Prior Year	0.78%	
Total Estimated FY 2026-27 Expenditure	\$76,187,491	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2027-28 Calculation		
Nursing Facility Room and Board		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2027-28 Per Diem Rate	\$230.70	G5.2
Estimate of Patient Days Paid	265,405	G5.2
Total Estimated Costs for FY 2027-28 Days of Service	\$61,228,265	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.78%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$53,746,171	
Estimated Expenditure for FY 2026-27 Dates of Service	\$7,481,480	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2027-28 Prior to Adjustments	\$61,227,651	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2027-28 Total Fund Expenditure	\$61,227,651	
Percentage Change in Core Component Expenditure Over Prior Year	4.22%	
Hospice Services		
<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,286,091	
Hospice General Inpatient	\$2,901,048	
Other Services	\$272,693	
Estimated Hospice Services Expenditure in FY 2027-28 Prior to Adjustments	\$17,459,832	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2027-28 Total Fund Expenditure	\$78,687,483	
Percentage Change in Expenditure Over Prior Year	3.28%	

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

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

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

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

- (2) The Department estimated patient days based on a trend and seasonality model for FY 2025-26, FY 2026-27 and FY 2027-28.

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change2
FY 2016-17	238,694	-	654	-
FY 2017-18	259,967	8.91%	712	8.87%
FY 2018-19	261,062	0.42%	715	0.42%
FY 2019-20	279,891	7.21%	765	6.99%
FY 2020-21	218,222	-22.03%	598	-21.83%
FY 2021-22	199,287	-8.68%	546	-8.70%
FY 2022-23	222,577	11.69%	610	11.72%
FY 2023-24	230,861	3.72%	631	3.44%
FY 2024-25	243,890	5.64%	668	5.86%
Estimated FY 2025-26	241,832	-0.84%	663	-0.75%
Estimated FY 2026-27	254,660	5.30%	698	5.28%
Estimated FY 2027-28	265,405	4.22%	725	3.87%

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

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

Estimate of Claims Incurred and Paid in the Same Fiscal Year (Last 12 Months of Utilization)		
Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
July-24	11	87.78%
August-24	10	87.78%
September-24	9	87.78%
October-24	8	87.78%
November-24	7	87.78%
December-24	6	87.78%
January-25	5	87.78%
February-25	4	87.78%
March-25	3	87.78%
April-25	2	87.78%
May-25	1	87.78%
June-25	0	87.78%
Average		87.78%

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

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

HB 13-1152	Per Diem Impact of Reduction
FY 2024-25 Rates	\$227.29
FY 2024-25 Patient Days	243,890
FY 2024-25 Days Paid in FY 2024-25	210,696
Total FY 2023-24 Impact in FY 2024-25	7,106,785
Total FY 2024-25 Impact	\$54,995,554
Estimated FY 2024-25 Days Paid in FY 2025-26	29,549
FY 2025-26 Impact from Carryover from FY 2024-25	\$6,716,250
Estimated FY 2025-26 Rates	\$230.70
Estimated FY 2025-26 Patient Days Paid	241,832
Estimated FY 2025-26 Days Paid in FY 2025-26	212,283
FY 2025-26 Impact from FY 2025-26	\$48,973,132
Total FY 2025-26 Impact	\$55,689,382
Estimated FY 2025-26 Days Paid in FY 2026-27	31,117
FY 2026-27 Impact from Carryover from FY 2025-26	\$7,178,589
Estimated FY 2026-27 Rates	\$230.70
Estimated FY 2026-27 Patient Days Paid	254,660
Estimated FY 2026-27 Days Paid in FY 2026-27	223,543
FY 2026-27 Impact from FY 2026-27	\$51,570,826
Total FY 2026-27 Impact	\$58,749,415
Estimated FY 2026-27 Days Paid in FY 2027-28	32,430
FY 2027-28 Impact from Carryover from FY 2026-27	\$7,481,480
Estimated FY 2027-28 Rates	\$230.70
Estimated FY 2027-28 Patient Days Paid	265,405
Estimated FY 2027-28 Days Paid in FY 2027-28	232,975
FY 2027-28 Impact from FY 2027-28	\$53,746,786
Total FY 2027-28 Impact	\$61,228,265

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

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

Cash Based Actuals																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$40,464,888	\$3,047,499	\$5,646,291	\$231,548	\$352,449	\$197,716	\$3,656,340	\$28,585	\$141,542	\$7,016	\$5,060	\$5,814	\$10,115	\$156,497	\$0	\$53,951,360
FY 2017-18	\$48,628,171	\$8,428,469	\$201,637,564	\$4,424,728	\$766,240	\$151,912	\$3,479,504	\$0	\$31,770,989	\$2,906,178	\$15,106,259	\$12,651	\$0	\$0	\$16,814	\$317,329,479
FY 2018-19	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,609	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$356,906,370
FY 2019-20	\$52,938,304	\$5,147,520	\$6,622,281	\$377,947	\$453,358	\$188,882	\$3,817,150	\$18,997	\$365,092	(\$16,915)	\$154,519	\$9,091	\$0	\$0	\$0	\$70,076,226
FY 2020-21	\$43,875,976	\$4,556,311	\$5,843,431	\$501,820	\$397,234	\$363,283	\$4,953,089	\$70,300	\$90,256	\$10,232	\$62,401	\$0	\$0	\$0	\$0	\$60,724,333
FY 2021-22	\$39,358,091	\$5,086,336	\$5,315,686	\$370,873	\$425,981	\$346,476	\$4,994,353	\$17,064	\$264,309	\$2,736	\$26,109	\$0	\$14,127	\$11,048	\$0	\$56,233,189
FY 2022-23	\$43,335,416	\$3,723,503	\$5,859,545	\$264,466	\$442,242	\$290,529	\$4,591,497	\$5,300	\$197,062	\$0	\$99,006	\$0	\$470	\$2,348	\$0	\$58,811,384
FY 2023-24	\$47,380,494	\$3,872,183	\$5,933,771	\$355,838	\$466,338	\$191,175	\$5,394,386	\$0	\$185,402	\$7,725	\$106,017	\$9,001	\$0	\$77,941	\$0	\$63,980,270
FY 2024-25	\$57,119,193	\$4,592,600	\$4,794,180	\$819,747	\$365,772	\$210,332	\$4,628,470	\$9,096	\$250,492	\$14,077	\$62,321	\$0	\$874	\$72,624	\$0	\$72,939,778
Estimated FY 2025-26	\$57,290,471	\$4,451,263	\$4,882,357	\$771,989	\$353,575	\$214,461	\$4,684,555	\$6,649	\$257,252	\$16,752	\$62,106	\$0	\$854	\$0	\$0	\$72,992,284
Estimated FY 2026-27	\$59,944,851	\$4,665,722	\$5,184,256	\$790,773	\$370,395	\$233,057	\$4,631,892	\$7,518	\$273,710	\$19,485	\$64,941	\$0	\$891	\$0	\$0	\$76,187,491
Estimated FY 2027-28	\$62,777,817	\$4,864,183	\$5,450,167	\$822,902	\$386,903	\$254,408	\$3,742,957	\$8,789	\$289,233	\$22,014	\$67,218	\$0	\$892	\$0	\$0	\$78,687,483
Percent Change in Cash Based Actuals																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	20.17%	176.57%	3471.15%	1810.93%	117.40%	-23.17%	-4.84%	-100.00%	22346.33%	41322.15%	298442.67%	117.60%	-100.00%	-100.00%	100.00%	488.18%
FY 2018-19	-6.20%	20.62%	14.58%	27.87%	-19.46%	-67.34%	-12.68%	0.00%	29.06%	-6.50%	12.45%	0.55%	0.00%	0.00%	-100.00%	12.47%
FY 2019-20	16.05%	-49.37%	-97.13%	-93.32%	-26.54%	280.74%	25.64%	100.00%	-99.11%	-100.62%	-99.09%	-28.53%	0.00%	0.00%	0.00%	-80.37%
FY 2020-21	-17.12%	-11.49%	-11.76%	32.78%	-12.38%	92.33%	29.76%	270.06%	-75.28%	-160.49%	-59.62%	-100.00%	0.00%	0.00%	0.00%	-13.35%
FY 2021-22	-10.30%	11.63%	-9.03%	-26.09%	7.24%	-4.63%	0.83%	-75.73%	192.84%	-73.26%	-58.16%	0.00%	100.00%	100.00%	0.00%	-7.40%
FY 2022-23	10.11%	-26.79%	10.23%	-28.69%	3.82%	-16.15%	-8.07%	-68.94%	-25.44%	-100.00%	279.20%	0.00%	-96.67%	-78.75%	0.00%	4.58%
FY 2023-24	9.33%	3.99%	1.27%	34.55%	5.45%	-34.20%	17.49%	-100.00%	-5.92%	100.00%	7.08%	100.00%	-100.00%	3219.46%	0.00%	8.79%
FY 2024-25	20.55%	18.60%	-19.21%	130.37%	-21.57%	10.02%	-14.20%	100.00%	35.11%	82.23%	-41.22%	-100.00%	100.00%	-6.82%	0.00%	14.00%
Estimated FY 2025-26	0.30%	-3.08%	1.84%	-5.83%	-3.33%	1.96%	1.21%	-26.90%	2.70%	19.00%	-0.34%	0.00%	-2.29%	-100.00%	0.00%	0.07%
Estimated FY 2026-27	4.63%	4.82%	6.18%	2.43%	4.76%	8.67%	-1.12%	13.07%	6.40%	16.31%	4.56%	0.00%	4.33%	0.00%	0.00%	4.38%
Estimated FY 2027-28	4.73%	4.25%	5.13%	4.06%	4.46%	9.16%	-19.19%	16.91%	5.67%	12.98%	3.51%	0.00%	0.11%	0.00%	0.00%	3.28%
Per Capita Cost																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$921	\$271	\$84	\$37	\$2	\$2	\$11	\$122	\$0	\$0	\$0	\$0	\$5	\$59	\$0	\$40
FY 2017-18	\$1,059	\$714	\$2,986	\$541	\$4	\$2	\$10	\$0	\$72	\$45	\$704	\$1	\$0	\$0	\$0	\$241
FY 2018-19	\$957	\$799	\$3,366	\$630	\$4	\$1	\$9	\$0	\$98	\$46	\$779	\$1	\$0	\$0	\$0	\$283
FY 2019-20	\$1,113	\$395	\$100	\$35	\$3	\$3	\$12	\$139	\$1	(\$0)	\$7	\$1	\$0	\$0	\$0	\$57
FY 2020-21	\$909	\$336	\$88	\$35	\$2	\$4	\$12	\$506	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$43
FY 2021-22	\$799	\$369	\$81	\$24	\$2	\$3	\$10	\$130	\$1	\$0	\$1	\$0	\$3	\$1	\$0	\$36
FY 2022-23	\$859	\$269	\$90	\$14	\$2	\$3	\$9	\$40	\$0	\$0	\$5	\$0	\$0	\$0	\$0	\$35
FY 2023-24	\$994	\$305	\$101	\$18	\$3	\$3	\$13	\$0	\$0	\$0	\$6	\$0	\$0	\$2	\$0	\$47
FY 2024-25	\$1,147	\$375	\$83	\$31	\$3	\$5	\$14	\$79	\$1	\$0	\$3	\$0	\$0	\$2	\$0	\$62
Estimated FY 2025-26	\$1,132	\$376	\$83	\$31	\$3	\$5	\$14	\$79	\$1	\$0	\$3	\$0	\$0	\$0	\$0	\$61
Estimated FY 2026-27	\$1,153	\$392	\$86	\$32	\$3	\$5	\$15	\$83	\$1	\$0	\$4	\$0	\$0	\$0	\$0	\$63
Estimated FY 2027-28	\$1,178	\$405	\$89	\$33	\$3	\$5	\$15	\$85	\$1	\$0	\$4	\$0	\$0	\$0	\$0	\$67
Percent Change in Per Capita Cost																
HOSPICE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	15.03%	163.54%	3475.80%	1361.19%	95.13%	4.07%	-6.12%	-100.00%	23907.91%	41683.29%	282273.29%	191.57%	-100.00%	-100.00%	100.00%	501.99%
FY 2018-19	-9.70%	11.86%	12.73%	16.32%	-17.61%	-61.67%	-6.85%	0.00%	34.75%	1.33%	10.69%	-16.53%	0.00%	0.00%	-100.00%	17.27%
FY 2019-20	16.38%	-50.56%	-97.04%	-94.38%	-21.47%	306.75%	28.59%	100.00%	-99.08%	-100.66%	-99.07%	-24.51%	0.00%	0.00%	0.00%	-79.69%
FY 2020-21	-18.32%	-14.83%	-11.30%	-1.21%	-16.77%	29.41%	4.02%	264.73%	-77.66%	-150.62%	-58.49%	-100.00%	0.00%	0.00%	0.00%	-24.80%
FY 2021-22	-12.17%	9.66%	-8.72%	-31.25%	-2.03%	-17.64%	-15.04%	-74.24%	172.55%	-75.38%	-57.32%	0.00%	100.00%	100.00%	0.00%	-16.68%
FY 2022-23	7.49%	-27.13%	11.97%	-40.39%	-0.89%	-17.98%	-17.12%	-28.47%	-69.41%	-100.00%	284.21%	0.00%	-97.70%	-88.08%	0.00%	-2.50%
FY 2023-24	15.75%	13.46%	11.46%	22.22%	29.85%	4.12%	53.53%	-100.00%	15.19%	100.00%	12.62%	100.00%	-100.00%	2658.00%	0.00%	34.61%
FY 2024-25	15.41%	23.06%	-17.79%	76.78%	-8.57%	70.25%	6.52%	100.00%	51.73%	133.92%	-39.28%	-100.00%	100.00%	-18.69%	0.00%	30.65%
Estimated FY 2025-26	-1.31%	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%	0.07%	0.00%	0.03%	-100.00%	0.00%	-1.83%
Estimated FY 2026-27	1.90%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.37%	4.38%	4.38%	4.38%	0.00%	4.40%	0.00%	0.00%	3.82%
Estimated FY 2027-28	2.10%	3.28%	3.28%	3.28%	3.28%	3.28%	3.28%	3.29%	3.28%	3.28%	3.28%	0.00%	-0.81%	0.00%	0.00%	7.15%

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

FY 2025-26 Long-Term Care and Insurance Request																
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$648,009,903	\$72,089,242	\$148,791,762	\$115,215	\$6,672,135	\$0	\$5,016,731	\$0	\$0	\$0	\$74,782	\$9,927	\$0	\$0	\$0	\$880,779,697
Class II Nursing Facilities	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
Program for All-Inclusive Care for the Elderly	\$322,683,875	\$34,559,859	\$9,045,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$366,289,593
Subtotal Long-Term Care	\$971,397,930	\$107,169,854	\$164,025,517	\$115,215	\$6,672,135	\$0	\$5,016,731	\$0	\$0	\$0	\$74,782	\$9,927	\$0	\$0	\$0	\$1,254,482,091
Supplemental Medicare Insurance Benefit	\$111,584,571	\$14,575,260	\$69,569,407	\$0	\$7,945,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$104,207,933	\$0	\$307,882,973
Health Insurance Buy-In	\$18,671	\$23,340	\$2,287,212	\$0	\$28,007	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$0	\$2,623,292
Subtotal Insurance	\$111,603,242	\$14,598,600	\$71,856,619	\$0	\$7,973,811	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$104,207,933	\$310,506,265
Total Long-Term Care and Insurance	\$1,083,001,172	\$121,768,454	\$235,882,136	\$115,215	\$14,645,946	\$46,678	\$5,058,741	\$0	\$163,372	\$0	\$74,782	\$23,930	\$0	\$0	\$104,207,933	\$1,564,988,356
Class I Nursing Facility Supplemental Payments	\$90,496,802	\$10,067,510	\$20,779,279	\$16,090	\$931,787	\$0	\$700,604	\$0	\$0	\$0	\$10,444	\$1,386	\$0	\$0	\$0	\$123,003,902
Total Long-Term Care and Insurance Including Financing	\$1,173,497,974	\$131,835,964	\$256,661,415	\$131,305	\$15,577,733	\$46,678	\$5,759,345	\$0	\$163,372	\$0	\$85,226	\$25,316	\$0	\$0	\$104,207,933	\$1,687,992,258
FY 2026-27 Long-Term Care and Insurance Request																
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$692,687,525	\$76,317,802	\$157,519,486	\$121,973	\$396,399	\$0	\$5,310,999	\$0	\$0	\$0	\$79,168	\$10,509	\$0	\$0	\$0	\$932,443,861
Class II Nursing Facilities	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
Program for All-Inclusive Care for the Elderly	\$360,245,587	\$38,582,767	\$10,098,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,927,188
Subtotal Long-Term Care	\$1,053,644,874	\$115,426,950	\$173,873,094	\$121,973	\$396,399	\$0	\$5,310,999	\$0	\$0	\$0	\$79,168	\$10,509	\$0	\$0	\$0	\$1,348,863,966
Supplemental Medicare Insurance Benefit	\$124,980,889	\$16,325,097	\$77,921,582	\$0	\$8,899,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$116,718,647	\$344,845,953
Health Insurance Buy-In	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$2,615,826
Subtotal Insurance	\$124,999,507	\$16,348,371	\$80,202,284	\$0	\$8,927,667	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$116,718,647	\$347,461,779
Total Long-Term Care and Insurance	\$1,178,644,381	\$131,775,321	\$254,075,378	\$121,973	\$9,324,066	\$46,545	\$5,352,889	\$0	\$162,906	\$0	\$79,168	\$24,472	\$0	\$0	\$116,718,647	\$1,696,325,745
Class I Nursing Facility Supplemental Payments	\$97,316,385	\$10,721,967	\$22,130,075	\$17,136	\$55,691	\$0	\$746,148	\$0	\$0	\$0	\$11,122	\$1,476	\$0	\$0	\$0	\$131,000,000
Total Long-Term Care and Insurance Including Financing	\$1,275,960,766	\$142,497,288	\$276,205,453	\$139,109	\$9,379,757	\$46,545	\$6,099,037	\$0	\$162,906	\$0	\$90,290	\$25,948	\$0	\$0	\$116,718,647	\$1,827,325,745
FY 2027-28 Long-Term Care and Insurance Request																
FY 2026-27	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$732,836,102	\$80,741,227	\$166,649,408	\$129,043	\$419,374	\$0	\$5,618,828	\$0	\$0	\$0	\$83,757	\$11,118	\$0	\$0	\$0	\$986,488,857
Class II Nursing Facilities	\$720,352	\$532,733	\$6,330,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,583,343
Program for All-Inclusive Care for the Elderly	\$390,975,443	\$41,873,974	\$10,960,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$443,809,707
Subtotal Long-Term Care	\$1,124,531,897	\$123,147,934	\$183,939,956	\$129,043	\$419,374	\$0	\$5,618,828	\$0	\$0	\$0	\$83,757	\$11,118	\$0	\$0	\$0	\$1,437,881,907
Supplemental Medicare Insurance Benefit	\$138,134,586	\$18,043,243	\$86,122,492	\$0	\$9,836,399	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,002,781	\$381,139,502
Health Insurance Buy-In	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$2,615,826
Subtotal Insurance	\$138,153,204	\$18,066,517	\$88,403,194	\$0	\$9,864,326	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$129,002,781	\$383,755,328
Total Long-Term Care and Insurance	\$1,262,685,101	\$141,214,451	\$272,343,150	\$129,043	\$10,283,700	\$46,545	\$5,660,718	\$0	\$162,906	\$0	\$83,757	\$25,081	\$0	\$0	\$129,002,781	\$1,821,637,235
Class I Nursing Facility Supplemental Payments	\$103,445,089	\$11,397,205	\$23,523,763	\$18,215	\$59,198	\$0	\$793,138	\$0	\$0	\$0	\$11,823	\$1,569	\$0	\$0	\$0	\$139,250,000
Total Long-Term Care and Insurance Including Financing	\$1,366,130,190	\$152,611,656	\$295,866,913	\$147,258	\$10,342,898	\$46,545	\$6,453,856	\$0	\$162,906	\$0	\$95,580	\$26,650	\$0	\$0	\$129,002,781	\$1,960,887,235

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

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2025-26 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Total Fund Portion of Per Diem Rate	\$284.82	Footnote 1
Estimate of FY 2025-26 Patient Payment (per day)	(\$44.88)	Footnote 1
Estimated FY 2025-26 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days Paid (without Hospital Back Up)	3,461,247	Footnote 2
Total Estimated Costs for FY 2025-26 Paid Days	\$830,491,581	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.83%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$770,907,724	
Estimated Expenditure for FY 2024-25 Dates of Service	\$58,701,694	Footnote 5
Estimated Expenditure in FY 2025-26 Prior to Adjustments	\$829,609,418	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$22,318,394	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Increased Transitions from BA-07 Community Based Access to Services	(\$1,950,000)	
HBU Eligibility Expansion	\$621,285	
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
Options Counseling	\$0	
Total Bottom Line Adjustments:	\$22,401,153	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$8,719,921	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$28,769,126	
Total Estimated FY 2025-26 Total Fund Expenditure	\$880,779,697	
Percentage Change in Core Component Expenditure Over Prior Year	8.30%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$33,526,656	Page EH-9
Prior Year Rate Reconciliation	\$7,353,980	Page EH-9
Rate Cut Backfill	(\$47,770)	Page EH-9
Cognitive Performance Scale	\$1,809,962	Page EH-9
PASRR - Resident	\$11,621,500	Page EH-9
PASRR - Facility	\$5,845,571	Page EH-9
Medicaid Supplemental Payment	\$46,860,685	Page EH-9
Pay for Performance	\$14,550,161	Page EH-9
Total Estimated Supplemental Payments	\$121,520,745	
Total Estimated FY 2025-26 Expenditure	\$1,002,300,442	

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

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2026-27 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2026-27 Total Fund Portion of Per Diem Rate	\$285.41	Footnote 1
Estimate of FY 2026-27 Patient Payment (per day)	(\$45.47)	Footnote 1
Estimated FY 2026-27 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days Paid (without Hospital Back Up)	3,678,031	Footnote 2
Total Estimated Costs for FY 2026-27 Paid Days	\$882,506,864	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.83%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$819,231,122	
Estimated Expenditure for FY 2025-26 Dates of Service	\$63,275,742	Footnote 5
Estimated Expenditure in FY 2026-27 Prior to Adjustments	\$882,506,864	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$27,941,178	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Increased Transitions from BA-07 Community Based Access to Services	(\$1,950,000)	
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
Options Counseling	\$0	
HBU Eligibility Expansion	\$2,485,140	
Total Bottom Line Adjustments:	\$29,887,792	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$0	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$20,049,205	
Total Estimated FY 2026-27 Expenditure	\$932,443,861	
Percentage Change in Core Component Expenditure Over Prior Year	5.87%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$44,000,000	Page EH-9
Prior Year Rate Reconciliation	\$3,500,000	Page EH-9
Rate Cut Backfill	\$50,000	Page EH-9
Cognitive Performance Scale	\$2,500,000	Page EH-9
PASRR - Resident	\$10,500,000	Page EH-9
PASRR - Facility	\$5,000,000	Page EH-9
Medicaid Supplemental Payment	\$48,000,000	Page EH-9
Pay for Performance	\$19,000,000	Page EH-9
Total Estimated Supplemental Payments	\$132,550,000	
Total Estimated FY 2026-27 Expenditure	\$1,064,993,861	

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

Class I Nursing Home Calculations for FY 2025-26, FY 2026-27 and FY 2027-28		
FY 2027-28 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2027-28 Total Fund Portion of Per Diem Rate	\$286.00	Footnote 1
Estimate of FY 2027-28 Patient Payment (per day)	(\$46.06)	Footnote 1
Estimated FY 2027-28 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days Paid (without Hospital Back Up)	3,881,969	Footnote 2
Total Estimated Costs for FY 2027-28 Paid Days	\$931,439,593	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	92.83%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$864,655,374	
Estimated Expenditure for FY 2026-27 Dates of Service	\$66,784,219	Footnote 5
Estimated Expenditure in FY 2027-28 Prior to Adjustments	\$931,439,593	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$33,053,445	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Increased Transitions from BA-07 Community Based Access to Services	(\$1,950,000)	
Group In-reach Counseling	\$1,457,280	
Individual In-reach Counseling	\$1,565,969	
HBU Eligibility Expansion	\$2,485,140	
Total Bottom Line Adjustments:	\$35,000,059	
<u>Supplemental Payments from the General Fund:</u>		
HB 22-1333 - Minimum Wage Adjustment	\$0	Footnote 9
HB 22-1228 - Nursing Facility Supplemental Payment	\$20,049,205	
Total Estimated Supplemental Payments from the General Fund:	\$20,049,205	
Total Estimated FY 2027-28 Expenditure	\$986,488,857	
Percentage Change in Core Component Expenditure Over Prior Year	5.80%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$44,000,000	Page EH-9
Prior Year Rate Reconciliation	\$3,500,000	Page EH-9
Rate Cut Backfill	\$50,000	Page EH-9
Cognitive Performance Scale	\$2,500,000	Page EH-9
PASRR - Resident	\$10,500,000	Page EH-9
PASRR - Facility	\$5,000,000	Page EH-9
Medicaid Supplemental Payment	\$48,000,000	Page EH-9
Pay for Performance	\$19,000,000	Page EH-9
Total Estimated Supplemental Payments	\$132,550,000	
Total Estimated FY 2027-28 Expenditure	\$1,119,038,857	

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

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

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

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

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

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change2
FY 2016-17	3,700,793	-	10,139	-
FY 2017-18	3,686,680	-0.38%	10,100	-0.38%
FY 2018-19	3,672,496	-0.38%	10,062	-0.38%
FY 2019-20	3,628,931	-1.19%	9,915	-1.46%
FY 2020-21	3,092,106	-14.79%	8,472	-14.55%
FY 2021-22	3,049,584	-1.38%	8,355	-1.38%
FY 2022-23	3,064,270	0.48%	8,395	0.48%
FY 2023-24	3,070,984	0.22%	8,391	-0.05%
FY 2024-25	3,417,580	11.29%	9,363	11.58%
Estimated FY 2025-26	3,461,247	1.28%	9,483	1.28%
Estimated FY 2026-27	3,678,031	6.26%	10,077	6.60%
Estimated FY 2027-28	3,881,969	5.54%	10,636	6.61%

- (3) Estimated costs for current year paid patient days is the amount the Department expects to pay for services rendered in the current fiscal year, or in a previous fiscal year, paid in the current fiscal year.

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

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

Estimate of Claims Incurred and Paid in the Same Fiscal Year		
Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
January	11	92.83%
February	10	92.83%
March	9	92.83%
April	8	92.83%
May	7	92.83%
June	6	92.83%
July	5	92.83%
August	4	92.83%
September	3	92.83%
October	2	92.83%
November	1	92.83%
December	0	92.83%
Average		92.83%

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

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

Calculation of Expenditure From Claims in Previous Fiscal Year		\$58,701,693.83
	Estimated FY 2025-26	Source
IBNR Factor	92.83%	Footnote (4)
Estimated Patient Days paid in current fiscal year	3,461,247	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$281.59	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$45.20	Footnote (1)
Estimated claims expenditure for core components from previous fiscal year to be paid in the current fiscal year	\$58,701,694	As described in Footnote (5) narrative

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

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

Fiscal Year	Hospital Back Up	Percent Difference
FY 2016-17	\$9,342,305	
FY 2017-18	\$10,643,606	13.93%
FY 2018-19	\$10,398,266	-2.31%
FY 2019-20	\$10,900,595	4.83%
FY 2020-21	\$12,225,213	12.15%
FY 2021-22	\$13,341,353	9.13%
FY 2022-23	\$14,814,738	11.04%
FY 2023-24	\$17,466,725	17.90%
FY 2024-25	\$28,185,570	61.37%
Estimated FY 2025-26	\$22,318,394	-20.82%
Estimated FY 2026-27	\$27,941,178	25.19%
Estimated FY 2027-28	\$33,053,445	18.30%

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

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

- (8) As of July 1, 2014, SB 14-130 raised the basic minimum amount payable for personal needs to any recipient admitted to a nursing facility or intermediate care facility for individuals with intellectual disabilities from \$50.00 to \$75.00, monthly. This amount increases by 3.0% annually on January 1st of each year. HB20-1362 limited the increase to 2.0% for SFY 2020-21 and SFY 2021-22.
- (9) Minimum Wage Increases - In the 2020 legislative session, the JBC approved an action to increase rates for HCBS services, pediatric personal care, and class 1 nursing facility rates in the Denver metro area in response to Denver increasing its minimum wage starting 1/1/2021. Previously under the law, only NFs within a region that increased its minimum wage could receive supplemental payments to fund wage increases. HB22-1333 allows any Colorado NF to receive wage enhancement supplemental payments to increase their minimum wage to at least \$15/hour. Costs are offset by savings from eliminating HB 19-1210 Local Minimum Wage Payment requirements.
- (10) In the 2022 legislative session, the JBC allocated funds to provide 10 private nursing facility beds to Medicaid-eligible parolees. The Department of Health Care Policy & Financing is currently working with the Department of Corrections to figure out how to provide beds in private nursing facilities for parolees.

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

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

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

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

Cash Based Actuals																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$492,617,483	\$50,923,191	\$100,809,620	\$177,065	\$217,731	\$315,596	\$4,098,376	\$0	\$70,792	\$1,184	\$27,882	\$3,702	\$0	\$0	\$0	\$649,262,622
FY 2017-18	\$531,601,092	\$53,246,932	\$90,576,120	\$414,594	\$313,773	\$452,428	\$13,048,950	\$0	(\$35,815)	\$4,737	\$0	\$0	\$0	\$2,511	\$0	\$689,625,322
FY 2018-19	\$537,588,982	\$62,636,697	\$99,246,348	\$97,119	\$215,595	\$187,698	\$4,861,556	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$704,897,534
FY 2019-20	\$550,552,816	\$64,177,056	\$99,621,447	\$188,133	\$144,231	\$79,644	\$5,106,269	\$0	\$31,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$719,906,372
FY 2020-21	\$474,500,714	\$61,306,807	\$89,580,142	\$59,180	\$146,999	\$8,108	\$2,411,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,013,907
FY 2021-22	\$477,214,167	\$63,576,451	\$90,410,393	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$633,189,414
FY 2022-23	\$493,647,533	\$62,131,056	\$87,384,080	\$377,995	\$245,381	\$32,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$645,066,421
FY 2023-24	\$555,846,283	\$65,151,070	\$92,983,515	\$699,492	\$248,145	\$169,682	\$5,880,876	\$0	\$82,085	\$0	\$0	\$0	\$0	\$0	\$0	\$721,061,148
FY 2024-25	\$621,929,618	\$77,924,762	\$107,818,484	\$910,064	\$136,591	(\$44,527)	\$4,595,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$813,270,939
Estimated FY 2025-26	\$648,009,903	\$72,089,242	\$148,791,762	\$115,215	\$6,672,135	\$0	\$5,016,731	\$0	\$0	\$0	\$74,782	\$9,927	\$0	\$0	\$0	\$880,779,697
Estimated FY 2026-27	\$692,687,525	\$76,317,802	\$157,519,486	\$121,973	\$396,399	\$0	\$5,310,999	\$0	\$0	\$0	\$79,168	\$10,509	\$0	\$0	\$0	\$932,443,861
Estimated FY 2027-28	\$732,836,102	\$80,741,227	\$166,449,408	\$129,043	\$419,374	\$0	\$5,618,828	\$0	\$0	\$0	\$83,757	\$11,118	\$0	\$0	\$0	\$986,488,857
Percent Change in Cash Based Actuals																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	7.91%	4.56%	-10.15%	134.15%	44.11%	43.36%	218.39%	0.00%	-150.59%	300.08%	-100.00%	-100.00%	0.00%	100.00%	0.00%	6.22%
FY 2018-19	1.13%	17.63%	9.57%	-76.57%	-31.29%	-58.51%	-62.74%	0.00%	-290.73%	-200.72%	0.00%	-100.00%	0.00%	-100.00%	0.00%	2.21%
FY 2019-20	2.41%	2.46%	0.38%	93.71%	-33.10%	-57.57%	-52.76%	0.00%	-53.48%	-100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	2.13%
FY 2020-21	-13.81%	-4.47%	-10.08%	-68.54%	1.92%	-89.82%	-52.76%	0.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-12.76%
FY 2021-22	0.57%	3.70%	0.93%	146.19%	-42.46%	-100.00%	-25.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.82%
FY 2022-23	3.44%	-2.27%	-3.35%	159.44%	344.68%	100.00%	-30.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.88%
FY 2023-24	12.60%	4.86%	6.41%	85.05%	1.13%	417.12%	371.39%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.78%
FY 2024-25	11.89%	19.61%	15.95%	30.10%	-44.96%	-126.24%	-21.85%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.79%
Estimated FY 2025-26	4.19%	-7.49%	38.00%	-87.34%	4784.75%	-100.00%	9.16%	0.00%	0.00%	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	8.30%
Estimated FY 2026-27	6.89%	5.87%	5.87%	5.87%	-94.06%	0.00%	5.87%	0.00%	0.00%	0.00%	5.87%	5.86%	0.00%	0.00%	0.00%	5.87%
Estimated FY 2027-28	5.80%	5.80%	5.80%	5.80%	5.80%	0.00%	5.80%	0.00%	0.00%	0.00%	5.80%	5.80%	0.00%	0.00%	0.00%	5.80%
Per Capita Cost																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$11,210.88	\$4,530.13	\$1,490.85	\$28.33	\$1.35	\$3.12	\$11.78	\$0.00	\$0.15	\$0.02	\$1.37	\$0.27	\$0.00	\$0.00	\$0.00	\$482.32
FY 2017-18	\$11,579.96	\$4,513.61	\$1,341.25	\$50.71	\$1.74	\$6.06	\$37.01	\$0.00	(\$0.08)	\$0.07	\$0.00	\$0.00	\$0.00	\$0.89	\$0.00	\$524.34
FY 2018-19	\$11,273.62	\$4,923.91	\$1,445.91	\$10.81	\$1.23	\$2.95	\$14.71	\$0.00	\$0.16	(\$0.08)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$558.84
FY 2019-20	\$11,578.15	\$4,925.71	\$1,497.39	\$17.62	\$0.88	\$1.34	\$15.81	\$0.00	\$0.08	\$0.00	\$0.43	\$0.00	\$0.00	\$0.00	\$0.00	\$590.45
FY 2020-21	\$9,834.62	\$4,527.49	\$1,353.44	\$4.12	\$0.85	\$0.09	\$5.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$447.00
FY 2021-22	\$9,684.32	\$4,612.34	\$1,370.73	\$9.45	\$0.29	\$0.00	\$3.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$405.49
FY 2022-23	\$9,779.65	\$4,486.64	\$1,345.76	\$12.24	\$0.31	\$0.00	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$375.12
FY 2023-24	\$11,657.61	\$5,133.24	\$1,576.07	\$34.44	\$1.54	\$2.36	\$14.49	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$518.68
FY 2024-25	\$12,487.04	\$6,370.05	\$1,859.45	\$34.38	\$0.99	(\$1.04)	\$14.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$673.34
Estimated FY 2025-26	\$12,801.46	\$6,084.51	\$2,521.55	\$4.63	\$49.94	\$0.00	\$15.17	\$0.00	\$0.00	\$0.00	\$4.06	\$0.41	\$0.00	\$0.00	\$0.00	\$711.91
Estimated FY 2026-27	\$13,327.06	\$6,414.34	\$2,624.06	\$4.99	\$2.96	\$0.00	\$16.96	\$0.00	\$0.00	\$0.00	\$4.30	\$0.42	\$0.00	\$0.00	\$0.00	\$747.76
Estimated FY 2027-28	\$13,746.18	\$6,722.83	\$2,727.35	\$5.24	\$3.09	\$0.00	\$22.93	\$0.00	\$0.00	\$0.00	\$4.53	\$0.43	\$0.00	\$0.00	\$0.00	\$818.72
Percent Change in Per Capita Cost																
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	3.29%	-0.36%	-10.03%	79.00%	28.89%	94.23%	214.18%	0.00%	-153.33%	250.00%	-100.00%	-100.00%	0.00%	100.00%	0.00%	8.71%
FY 2018-19	-2.65%	9.09%	7.80%	-78.68%	-29.31%	-31.32%	-60.25%	0.00%	-300.00%	-214.29%	0.00%	0.00%	0.00%	-100.00%	0.00%	6.58%
FY 2019-20	2.70%	0.04%	3.56%	63.00%	-28.46%	-54.58%	7.48%	0.00%	-50.00%	-100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	5.66%
FY 2020-21	-15.06%	-8.08%	-9.61%	-76.62%	-3.41%	-93.28%	-62.11%	0.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	-24.30%
FY 2021-22	-1.53%	1.87%	1.28%	129.37%	-65.88%	-100.00%	-37.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.29%
FY 2022-23	0.98%	-2.73%	-1.82%	116.83%	327.59%	100.00%	-37.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.49%
FY 2023-24	19.20%	14.41%	17.11%	68.08%	24.19%	725.81%	516.60%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	38.27%
FY 2024-25	7.11%	24.09%	17.98%	-0.17%	-35.71%	-140.63%	-2.97%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.82%
Estimated FY 2025-26	2.52%	-4.48%	35.61%	-86.53%	4944.44%	-100.00%	7.89%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	5.73%
Estimated FY 2026-27	4.11%	5.42%	4.07%	7.78%	-94.07%	0.00%	11.80%	0.00%	0.00%	0.00%	5.91%	2.44%	0.00%	0.00%	0.00%	5.04%
Estimated FY 2027-28	3.14%	4.81%	3.94%	5.01%	4.39%	0.00%	35.20%	0.00%	0.00%	0.00%	5.35%	2.38%	0.00%	0.00%	0.00%	9.49%
Totals do not include supplemental payments funded by the Medicaid Nursing Facility Cash Fund.																

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

Cash Based Actuals																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$1,361,188	\$199,288	\$2,315,475	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,875,951
FY 2017-18	\$4,623,021	\$42,992	\$860,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,526,095
FY 2018-19	\$2,585,226	\$136,322	\$2,566,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
FY 2019-20	\$766,194	\$315,266	\$5,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,331
FY 2020-21	\$759,487	\$270,953	\$5,506,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,537,381
FY 2021-22	\$524,244	\$235,857	\$5,336,802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,096,903
FY 2022-23	\$798,219	\$725,209	\$4,946,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,469,801
FY 2023-24	\$829,519	\$321,357	\$5,146,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,297,002
FY 2024-25	\$718,742	\$531,543	\$6,316,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Estimated FY 2025-26	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
Estimated FY 2026-27	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
Estimated FY 2027-28	\$720,352	\$532,733	\$6,330,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,583,343
Percent Change In Cash Based Actuals																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	239.63%	-78.43%	-62.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	42.57%
FY 2018-19	-44.08%	217.09%	198.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.31%
FY 2019-20	-70.36%	131.27%	109.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.11%
FY 2020-21	-0.88%	-14.06%	2.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.24%
FY 2021-22	-30.97%	-12.95%	-3.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.74%
FY 2022-23	52.36%	207.48%	-7.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.12%
FY 2023-24	3.92%	-55.69%	4.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.67%
FY 2024-25	-13.35%	65.41%	22.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	20.16%
Estimated FY 2025-26	-2.03%	-2.03%	-2.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-2.03%
Estimated FY 2026-27	1.08%	1.08%	1.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.08%
Estimated FY 2027-28	1.21%	1.21%	1.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.21%
Per Capita Cost																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$30.98	\$17.73	\$34.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.28
FY 2017-18	\$100.70	\$3.64	\$12.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.30
FY 2018-19	\$54.21	\$10.72	\$37.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.30
FY 2019-20	\$16.11	\$24.20	\$80.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.16
FY 2020-21	\$15.74	\$20.01	\$83.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.59
FY 2021-22	\$10.64	\$17.11	\$80.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.97
FY 2022-23	\$15.81	\$52.37	\$76.18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.85
FY 2023-24	\$17.40	\$25.32	\$87.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.47
FY 2024-25	\$14.43	\$43.45	\$108.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.85
Estimated FY 2025-26	\$13.91	\$43.95	\$104.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.65
Estimated FY 2026-27	\$13.69	\$44.24	\$104.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.73
Estimated FY 2027-28	\$13.51	\$44.36	\$103.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.14

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

Percent Change in Per Capita Cost																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	225.05%	-79.47%	-62.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	44.74%
FY 2018-19	-46.17%	194.51%	193.49%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	-70.28%	125.75%	116.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.06%
FY 2020-21	-2.30%	-17.31%	2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-13.70%
FY 2021-22	-32.40%	-14.49%	-2.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-17.27%
FY 2022-23	48.59%	206.08%	-5.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.04%
FY 2023-24	10.06%	-51.65%	14.51%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.75%
FY 2024-25	-17.07%	71.60%	24.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	39.77%
Estimated FY 2025-26	-3.60%	1.15%	-3.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.12%
Estimated FY 2026-27	-1.58%	0.66%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.72%
Estimated FY 2027-28	-1.31%	0.27%	-0.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.67%
Current Year Projection																
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2024-25 Expenditure	\$718,742	\$531,543	\$6,316,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Percentage Selected to Modify Expenditure ⁽¹⁾	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%	-2.03%
Estimated FY 2025-26 Base Expenditure	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Total Expenditure	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
Estimated FY 2025-26 Per Capita	\$13.91	\$104.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.65
% Change over FY 2024-25 Per Capita	-3.60%	1.15%	-3.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.12%
Request Year Projection																
Estimated FY 2025-26 Expenditure	\$704,152	\$520,753	\$6,187,896	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,412,801
Percentage Selected to Modify Expenditure ⁽¹⁾	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%	1.08%
Estimated FY 2026-27 Base Expenditure	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Total Expenditure	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
Estimated FY 2026-27 Per Capita	\$13.69	\$104.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.73
% Change over FY 2025-26 Per Capita	-1.58%	0.66%	-0.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.72%
Out Year Projection																
Estimated FY 2026-27 Expenditure	\$711,762	\$526,381	\$6,254,774	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,492,917
Percentage Selected to Modify Expenditure ⁽¹⁾	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%	1.21%
Estimated FY 2027-28 Base Expenditure	\$720,352	\$532,733	\$6,330,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,583,343
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Total Expenditure	\$720,352	\$532,733	\$6,330,258	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,583,343
Estimated FY 2027-28 Per Capita	\$13.51	\$103.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.14
% Change over FY 2026-27 Per Capita	-1.31%	0.27%	-0.58%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.67%

(1) The percentages selected to trend expenditure for FY 2025-26 is -2.03%, FY 2026-27 is 1.08%, and FY 2027-28 is 1.21%. The trend has been set to match expected increases in class II nursing facility cost.

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

Cash Based Actuals																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2016-17	\$128,240,295	\$16,912,508	\$8,496,888	\$0	(\$15,917)	\$0	(\$97,888)	\$0	\$0	\$0	\$0	\$0	\$0	(\$824,674)	\$152,711,212
	FY 2017-18	\$134,528,891	\$17,703,757	\$8,823,522	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$161,056,170
	FY 2018-19	\$161,681,815	\$25,839,762	\$12,235,422	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,756,999
	FY 2019-20	\$195,389,245	\$27,502,274	\$12,242,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$235,134,507
	FY 2020-21	\$194,810,719	\$26,736,616	\$11,041,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$232,588,736
	FY 2021-22	\$233,650,345	\$6,317,933	\$3,735,116	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,703,394
	FY 2022-23	\$221,031,400	\$28,353,759	\$7,858,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$257,243,464
	FY 2023-24	\$244,596,883	\$28,270,820	\$7,616,664	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,660	\$0	\$280,490,027
	FY 2024-25	\$291,371,770	\$31,206,292	\$8,168,081	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,746,143
	Estimated FY 2025-26	\$322,683,875	\$34,559,859	\$9,045,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$366,289,593
	Estimated FY 2026-27	\$360,245,587	\$38,582,767	\$10,098,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,927,188
	Estimated FY 2027-28	\$390,975,443	\$41,873,974	\$10,960,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$443,809,707
Percent Change in Cash Based Actuals																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2017-18	4.90%	4.68%	3.84%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	5.46%
	FY 2018-19	20.18%	45.96%	38.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	24.03%
	FY 2019-20	20.85%	6.43%	0.06%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.71%
	FY 2020-21	-0.30%	-2.78%	-9.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.08%
	FY 2021-22	19.94%	-76.37%	-66.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.78%
	FY 2022-23	-5.40%	348.78%	110.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.56%
	FY 2023-24	10.66%	-0.29%	-3.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.04%
	FY 2024-25	19.12%	10.38%	7.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	17.92%
	Estimated FY 2025-26	10.75%	10.75%	10.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.75%
	Estimated FY 2026-27	11.64%	11.64%	11.64%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.64%
	Estimated FY 2027-28	8.53%	8.53%	8.53%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.53%
Per Capita Cost																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2016-17	\$2,918.47	\$1,504.54	\$125.66	\$0.00	(\$0.10)	\$0.00	(\$0.28)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$24.39)	\$113.45
	FY 2017-18	\$2,930.47	\$1,500.70	\$130.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122.46
	FY 2018-19	\$3,390.58	\$2,031.28	\$178.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$158.37
	FY 2019-20	\$4,109.05	\$2,110.85	\$184.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$192.85
	FY 2020-21	\$4,037.70	\$1,974.49	\$166.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$165.55
	FY 2021-22	\$4,741.57	\$458.35	\$56.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$156.06
	FY 2022-23	\$4,378.85	\$2,047.50	\$121.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$149.59
	FY 2023-24	\$5,129.86	\$2,227.45	\$129.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.18	\$0.00	\$201.76
	FY 2024-25	\$5,850.13	\$2,550.99	\$140.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$273.84
	Estimated FY 2025-26	\$6,374.63	\$2,916.94	\$153.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$296.06
	Estimated FY 2026-27	\$6,931.00	\$3,242.79	\$168.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$327.94
	Estimated FY 2027-28	\$7,333.72	\$3,486.59	\$179.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$368.33
Percent Change in Per Capita Cost																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
	FY 2017-18	0.41%	-0.26%	3.98%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	7.94%
	FY 2018-19	15.70%	35.36%	36.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	29.32%
	FY 2019-20	21.19%	3.92%	3.23%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.77%
	FY 2020-21	-1.74%	-6.46%	-9.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-14.16%
	FY 2021-22	17.43%	-76.79%	-66.05%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.73%
	FY 2022-23	-7.65%	346.71%	113.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.15%
	FY 2023-24	17.15%	8.79%	6.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	34.88%
	FY 2024-25	14.04%	14.53%	9.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	35.23%
	Estimated FY 2025-26	8.97%	14.35%	8.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.11%
	Estimated FY 2026-27	8.73%	11.17%	9.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.77%
	Estimated FY 2027-28	5.81%	7.52%	6.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.32%

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

PACE Enrollment and Cost Per Enrollee																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
PACE Average Monthly Paid Enrollment⁽¹⁾																
FY 2016-17	2,610	367	184	0	0	0	0	0	0	0	0	0	0	0	0	3,161
FY 2017-18	2,786	610	291	0	0	0	0	0	0	0	0	0	0	0	0	3,687
FY 2018-19	3,263	471	220	0	0	0	0	0	0	0	0	0	0	0	0	3,954
FY 2019-20	3,795	516	224	0	0	0	0	0	0	0	0	0	0	0	0	4,535
FY 2020-21	4,229	566	228	0	0	0	0	0	0	0	0	0	0	0	0	5,023
FY 2021-22	4,116	549	188	0	0	0	0	0	0	0	0	0	0	0	0	4,853
FY 2022-23	3,744	499	171	0	0	0	0	0	0	0	0	0	0	0	0	4,415
FY 2023-24	3,798	506	174	0	0	0	0	0	0	0	0	0	0	0	0	4,478
FY 2024-25	4,071	543	186	0	0	0	0	0	0	0	0	0	0	0	0	4,800
Estimated FY 2025-26	4,444	347	173	0	0	0	0	0	0	0	0	0	0	0	0	4,965
Estimated FY 2026-27	4,732	341	171	0	0	0	0	0	0	0	0	0	0	0	0	5,244
Estimated FY 2027-28	5,021	341	171	0	0	0	0	0	0	0	0	0	0	0	0	5,533
Percent Changes in Enrollment																
FY 2017-18	6.74%	66.21%	58.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.64%
FY 2018-19	17.12%	-22.79%	-24.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.24%
FY 2019-20	16.30%	9.55%	1.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.69%
FY 2020-21	11.44%	9.69%	1.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.76%
FY 2021-22	-2.67%	-3.00%	-17.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.38%
FY 2022-23	-9.04%	-9.11%	-9.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.03%
FY 2023-24	1.44%	1.40%	1.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%
FY 2024-25	7.19%	7.31%	6.90%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.19%
Estimated FY 2025-26	9.17%	-36.13%	-6.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.43%
Estimated FY 2026-27	6.46%	-1.59%	-1.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.62%
Estimated FY 2027-28	6.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.52%
Average Cost Per Enrollee⁽³⁾⁽⁴⁾																
FY 2016-17	\$49,134.21	\$46,083.13	\$46,178.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,311.04
FY 2017-18	\$48,287.47	\$29,022.55	\$30,321.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$45,682.17
FY 2018-19	\$49,550.05	\$54,861.49	\$55,615.55	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,520.23
FY 2019-20	\$51,485.97	\$53,298.98	\$54,656.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,848.84
FY 2020-21	\$46,065.43	\$47,237.84	\$48,427.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,304.75
FY 2021-22	\$56,766.36	\$11,508.07	\$19,867.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,217.06
FY 2022-23	\$59,036.16	\$56,821.16	\$45,955.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$58,265.79
FY 2023-24	\$64,401.50	\$55,871.19	\$43,773.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$62,637.34
FY 2024-25	\$71,572.53	\$57,470.15	\$43,914.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,905.45
Estimated FY 2025-26	\$73,779.54	\$73,779.54	\$73,779.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73,779.54
Estimated FY 2026-27	\$77,984.97	\$77,984.97	\$77,984.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77,984.97
Estimated FY 2027-28	\$80,207.54	\$80,207.54	\$80,207.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80,207.54
Percent Changes in Cost Per Enrollee																
FY 2017-18	-1.72%	-37.02%	-34.34%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.58%
FY 2018-19	2.61%	89.03%	83.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.65%
FY 2019-20	3.91%	-2.85%	-1.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.63%
FY 2020-21	-10.53%	-11.37%	-11.40%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-10.69%
FY 2021-22	23.23%	-75.64%	-58.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.45%
FY 2022-23	4.00%	393.75%	131.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.03%
FY 2023-24	9.09%	-1.67%	-4.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.50%
FY 2024-25	11.13%	2.86%	0.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.01%
Estimated FY 2025-26	3.08%	28.38%	68.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.07%
Estimated FY 2026-27	5.70%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.70%
Estimated FY 2027-28	2.85%	2.85%	2.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.85%

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

Current Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
FY 2024-25 Average Monthly Paid Enrollment	4,071	543	186	-	-	-	-	-	-	-	-	-	-	-	-	4,800
Trend Factor ⁽¹⁾	9.17%	-36.13%	-6.77%	-	-	-	-	-	-	-	-	-	-	-	-	3.43%
Estimated FY 2025-26 Monthly Paid Enrollment	4,444	347	173	-	-	-	-	-	-	-	-	-	-	-	-	4,965
FY 2025-26 Estimated Cost Per Enrollee	\$73,779.54	\$73,779.54	\$73,779.54	-	-	-	-	-	-	-	-	-	-	-	-	\$73,779.54
Bottom Line Impacts																
FY 2023-24 Retroactive Payments	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
American Rescue Plan Act Spending	\$0	\$0	\$0	-	-	-	-	-	-	-	-	-	-	-	-	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26 Expenditure	\$322,683,875	\$34,559,859	\$9,045,859	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$366,289,593
Estimated FY 2025-26 Per Capita	\$6,374.63	\$2,916.94	\$153.30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$296.06
% Change over FY 2024-25 Per Capita	8.97%	14.35%	8.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.11%
Request Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2025-26 Monthly Paid Enrollment	4,444	347	173	-	-	-	-	-	-	-	-	-	-	-	-	4,965
Trend Factor ⁽¹⁾	6.46%	-1.59%	-1.59%	-	-	-	-	-	-	-	-	-	-	-	-	5.62%
Estimated FY 2026-27 Monthly Paid Enrollment	4,732	341	171	-	-	-	-	-	-	-	-	-	-	-	-	5,244
FY 2026-27 Estimated Cost Per Enrollee	\$77,984.97	\$77,984.97	\$77,984.97	-	-	-	-	-	-	-	-	-	-	-	-	\$77,984.97
Bottom Line Impacts																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Expenditure	\$360,245,587	\$38,582,767	\$10,098,834	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$408,927,188
Estimated FY 2026-27 Per Capita	\$6,931.00	\$3,242.79	\$168.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$327.94
% Change over FY 2025-26 Per Capita	8.73%	11.17%	9.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.77%
Out Year Projection																
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2026-27 Monthly Paid Enrollment	4,732	341	171	-	-	-	-	-	-	-	-	-	-	-	-	5,244
Trend Factor ⁽¹⁾	6.12%	0.00%	0.00%	-	-	-	-	-	-	-	-	-	-	-	-	5.52%
Estimated FY 2027-28 Monthly Paid Enrollment	5,021	341	171	-	-	-	-	-	-	-	-	-	-	-	-	5,533
FY 2027-28 Estimated Cost Per Enrollee	\$80,207.54	\$80,207.54	\$80,207.54	-	-	-	-	-	-	-	-	-	-	-	-	\$80,207.54
Bottom Line Impacts																
PACE Rate Reduction JBC Action	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Expenditure	\$390,975,443	\$41,873,974	\$10,960,290	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$443,809,707
Estimated FY 2027-28 Per Capita	\$7,333.72	\$3,486.59	\$179.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$443.81
% Change over FY 2026-27 Per Capita	5.81%	7.52%	6.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.32%
Footnotes																
(1) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's PACE program. This figure reflects the number of capitations paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Line Item Description.																
(2) The FY 2010-11 Per Enrollee costs are adjusted from FY 2009-10. These figures subtract out the recalculation to keep trends consistent historically.																
(3) Per-enrollee costs for FY 2023-24, FY 2024-25, FY 2025-26 are a weighted average of FY 2023-24 rates by forecasted FY 2023-24 provider's distribution and FY 2023-24 third-party-liability status.																
(4) Estimated costs per enrollee in this exhibit do not represent future rates in FY 2021-22 forward, as information that is necessary to accurately calculate actuarially sound rates is not available at this time. The cost per enrollee information in this exhibit is for informational purposes only. Please see the Narrative for more information on PACE rates.																
(5) Monthly Paid Enrollment figures for FY 2023-24, FY 2024-25, and FY 2025-26 are estimated via month to month trends in enrollment growth.																

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

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

Supplemental Medicare Insurance Benefit - Cash Based Actuals																		
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
FY 2016-17	\$99,587,634	\$5,807,375	\$52,202,417	\$0	\$326,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$186,740,969	
FY 2017-18	\$106,305,731	\$6,140,821	\$55,199,761	\$0	\$345,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$197,463,212	
FY 2018-19	\$105,608,721	\$6,158,490	\$55,358,585	\$0	\$346,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$198,031,363	
FY 2019-20	\$108,451,508	\$6,336,044	\$56,954,618	\$0	\$356,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$203,746,769	
FY 2020-21	\$82,686,799	\$10,800,611	\$51,552,571	\$0	\$5,888,028	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$228,146,545	
FY 2021-22	\$93,206,563	\$12,174,711	\$58,111,307	\$0	\$6,637,127	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$257,174,567	
FY 2022-23	\$103,354,415	\$13,500,231	\$64,438,167	\$0	\$7,359,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$285,174,413	
FY 2023-24	\$96,160,031	\$12,560,495	\$59,952,499	\$0	\$6,847,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$265,323,744	
FY 2024-25	\$102,278,715	\$13,359,222	\$63,767,504	\$0	\$7,583,145	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$282,206,356	
Estimated FY 2025-26	\$111,584,571	\$14,575,260	\$69,569,407	\$0	\$7,945,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$307,882,973	
Estimated FY 2026-27	\$124,980,889	\$16,325,097	\$77,921,582	\$0	\$8,899,740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$344,845,953	
Estimated FY 2027-28	\$138,134,586	\$18,043,243	\$86,122,492	\$0	\$9,836,399	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$381,139,502	
Supplemental Medicare Insurance Benefit - Percent Change in Cash Based Actuals																		
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
FY 2017-18	5.74%	5.74%	5.74%	0.00%	5.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.74%	
FY 2018-19	0.29%	0.29%	0.29%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	
FY 2019-20	2.88%	2.88%	2.88%	0.00%	2.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.88%	
FY 2020-21	-23.90%	70.46%	-9.48%	0.00%	1552.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.98%	
FY 2021-22	12.72%	12.72%	12.72%	0.00%	12.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%	
FY 2022-23	10.89%	10.89%	10.89%	0.00%	10.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.89%	
FY 2023-24	-6.96%	-6.96%	-6.96%	0.00%	-6.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.96%	
FY 2024-25	6.36%	6.36%	6.36%	0.00%	6.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.36%	
Estimated FY 2025-26	9.10%	9.10%	9.10%	0.00%	9.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.10%	
Estimated FY 2026-27	12.01%	12.01%	12.01%	0.00%	12.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.01%	
Estimated FY 2027-28	10.52%	10.52%	10.52%	0.00%	10.52%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.52%	
Supplemental Medicare Insurance Benefit - Per Capita Cost																		
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
FY 2016-17	\$2,266.39	\$516.62	\$772.01	\$0.00	\$2.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$852.35	\$0.00	\$138.73	
FY 2017-18	\$2,293.89	\$520.54	\$817.40	\$0.00	\$1.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$874.92	\$0.00	\$150.14	
FY 2018-19	\$2,214.69	\$484.12	\$806.52	\$0.00	\$1.97	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$881.01	\$0.00	\$157.00	
FY 2019-20	\$2,384.99	\$486.30	\$856.07	\$0.00	\$2.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$940.17	\$0.00	\$167.00	
FY 2020-21	\$1,713.79	\$797.62	\$778.89	\$0.00	\$34.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,187.43	\$0.00	\$162.39	
FY 2021-22	\$1,891.48	\$883.25	\$881.04	\$0.00	\$35.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,416.91	\$0.00	\$164.69	
FY 2022-23	\$2,047.55	\$974.89	\$992.38	\$0.00	\$37.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,850.53	\$0.00	\$165.84	
FY 2023-24	\$2,016.74	\$989.64	\$1,016.20	\$0.00	\$42.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,095.27	\$0.00	\$190.85	
FY 2024-25	\$2,053.54	\$1,092.11	\$1,099.74	\$0.00	\$52.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,158.95	\$0.00	\$233.65	
Estimated FY 2025-26	\$2,204.36	\$1,230.19	\$1,178.98	\$0.00	\$59.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,206.69	\$0.00	\$248.85	
Estimated FY 2026-27	\$2,404.59	\$1,372.09	\$1,298.07	\$0.00	\$66.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,368.31	\$0.00	\$276.55	
Estimated FY 2027-28	\$2,599.06	\$1,502.35	\$1,409.46	\$0.00	\$72.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,508.66	\$0.00	\$316.32	
Supplemental Medicare Insurance Benefit - Percent Change in Per Capita Cost																		
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
FY 2017-18	1.21%	0.76%	5.88%	0.00%	-4.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.65%	0.00%	8.22%
FY 2018-19	-3.45%	-1.33%	-1.33%	0.00%	2.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.70%	0.00%	4.57%
FY 2019-20	3.17%	0.45%	6.14%	0.00%	10.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.72%	0.00%	6.43%
FY 2020-21	-25.00%	64.02%	-9.02%	0.00%	1467.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	132.66%	0.00%	-2.82%
FY 2021-22	10.37%	10.74%	13.11%	0.00%	2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.49%	0.00%	1.42%
FY 2022-23	8.25%	10.38%	12.64%	0.00%	5.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.94%	0.00%	0.70%
FY 2023-24	-1.50%	1.51%	2.40%	0.00%	14.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.59%	0.00%	15.08%
FY 2024-25	1.82%	10.35%	8.22%	0.00%	23.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%	0.00%	22.43%
Estimated FY 2025-26	7.34%	12.64%	7.21%	0.00%	12.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.51%	0.00%	6.51%
Estimated FY 2026-27	9.08%	11.53%	10.10%	0.00%	11.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.04%	0.00%	11.13%
Estimated FY 2027-28	7.75%	9.49%	8.58%	0.00%	9.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.17%	0.00%	14.38%
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
Supplemental Medicare Insurance Benefit - Caseload																		
STATE FISCAL YEAR (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL	
FY 2016-17 Actuals	43941	11241	67619	6251	161422	101059	347848	235	469297	64907	20310	13567	1968	2640	33809	0	1,346,114	
FY 2017-18 Actuals	45907	11797	67531	8175	179853	74610	352607	155	438772	64346	21473	10125	2229	2809	34828	0	1,315,217	
FY 2018-19 Actuals	47685,58333	12720,91667	68639,16667	8986,833333	175827	63563	330524,6667	144,666667	420253	59375,66667	21815,33333	12195,75	2292,75	2653,916667	34686,58333	0	1,261,365	
FY 2019-20 Actuals	47951	13029	66530	10675	164467	99499	322951	137	407948	52904	21320	11547	2209	2417	33441	0	1,219,245	
FY 2020-21 Actuals	48248	13541	66187	14347	173150	88429	402847	139	450956	66833	20742	13609	3609	7016	35302	0	1,404,955	
FY 2021-22 Actuals	49277	13784	65958	15424	189524	102399	478103	131	484528	72593	20335	14254	4359	14876	36015	0	1,561,560	
FY 2022-23 Actuals	50477	13648	64933	16451	196516	104683	530332	133	505038	76963	20070	14842	4305	16516	33661	44633	1,719,619	
FY 2																		

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

Supplemental Medicare Insurance Benefit - Previous Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2024-25 Q1 & Q2 Member Months	201,662	465,235	29,226	696,123	N/A	Actuals
FY 2024-25 Q1 & Q2 Standard Payments	35,186,307	82,258,516	5,087,704	122,532,527	37.72%	Actuals
FY 2024-25 Q3 & Q4 Member Months	202,502	495,777	29,174	727,453	N/A	Actuals
FY 2024-25 Q3 & Q4 Standard Payments	37,336,224	92,969,510	5,348,295	135,654,029	38.21%	Actuals
FY 2024-25 Q3 & Q4 Standard Expenditure	72,522,531	175,228,026	10,435,999	258,186,556	37.98%	Actuals
FY 2024-25 Q3 & Q4 Retroactivity	3,342,693	18,652,435	2,024,779	24,019,907	47.26%	Actuals
FY 2024-25 Q3 & Q4 Total Expenditure	\$75,865,224	\$193,880,461	\$12,460,778	\$282,206,463	38.77%	Actuals
Total	\$184.37	\$187.52	\$183.32	\$164.90		
Supplemental Medicare Insurance Benefit - Current Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2025-26 Q1 & Q2 Actual Member Months Growth	-5.56%	1.79%	-2.58%	-0.43%	N/A	Actuals FY 2025-26 Q1 & Q2
FY 2025-26 Q1 & Q2 Actual Member Months	191,252	504,676	28,420	724,348	N/A	Actuals FY 2025-26 Q1 & Q2
FY 2025-26 Q1 & Q2 Actual Premium	\$184,311	\$188.25	\$182.93	N/A	N/A	Actuals FY 2025-26 Q1 & Q2
FY 2025-26 Q1 & Q2 Actual Standard Expenditure	\$35,249,333	\$95,003,902	\$5,198,738	\$135,451,973	38.91%	Actuals FY 2025-26 Q1 & Q2
FY 2025-26 Q3 & Q4 Expected Member Months Growth	2.26%	2.26%	2.26%	2.26%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2025-26 Q3 & Q4 Expected Member Months	195,579	516,094	29,063	740,736	N/A	Previous Half x Expected Growth
FY 2025-26 Q3 & Q4 Expected Premium	\$202.90	\$202.90	\$202.90	N/A	N/A	Based on CMS Report
FY 2025-26 Q3 & Q4 Expected Standard Expenditure	\$39,682,995	\$104,715,535	\$5,896,883	\$150,295,413	38.76%	Expected Member Months x Expected Premium
FY 2024-25 Expected Standard Expenditure	\$74,932,329	\$199,719,436	\$11,095,621	\$285,747,386	38.83%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2024-25 Expected Retroactivity	\$4,296,092	\$15,996,239	\$1,843,256	\$22,135,587	44.46%	Assumed Constant
FY 2024-25 Expected Total Expenditure	\$79,228,420	\$215,715,675	\$12,938,878	\$307,882,973	39.23%	Standard Expenditure + Retroactivity
Supplemental Medicare Insurance Benefit - Request Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2026-27 Q1 & Q2 Expected Member Months Growth	2.20%	2.20%	2.20%	2.20%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2026-27 Q1 & Q2 Expected Member Months	199,889	527,469	29,704	757,062	N/A	Previous Half x Expected Growth
FY 2026-27 Q1 & Q2 Expected Premium	\$202.90	\$202.90	\$202.90	N/A	N/A	Based on CMS Report
FY 2026-27 Q1 & Q2 Expected Standard Expenditure	\$40,557,578	\$107,023,383	\$6,026,846	\$153,607,807	38.76%	Expected Member Months x Expected Premium
FY 2026-27 Q2 & Q3 Expected Member Months Growth	2.15%	2.15%	2.15%	2.15%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2026-27 Q2 & Q3 Expected Member Months	204,184	538,802	30,342	773,328	N/A	Previous Half x Expected Growth
FY 2026-27 Q2 & Q3 Expected Premium	\$218.60	\$218.60	\$218.60	N/A	N/A	Based on 2025 Trustees Report
FY 2026-27 Q2 & Q3 Expected Standard Expenditure	\$44,634,686	\$117,782,060	\$6,632,703	\$169,049,449	38.76%	Expected Member Months x Expected Premium
FY 2025-26 Expected Standard Expenditure	\$85,192,263	\$224,805,443	\$12,659,549	\$322,657,256	38.76%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2025-26 Expected Retroactivity	\$4,296,092	\$15,996,239	\$1,896,366	\$22,188,697	44.59%	Assumed Constant
FY 2025-26 Expected Total Expenditure	\$89,488,355	\$240,801,682	\$14,555,915	\$344,845,953	39.14%	Standard Expenditure + Retroactivity
Q3 & Q4						
Supplemental Medicare Insurance Benefit - Out Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2027-28 Q1 & Q2 Expected Member Months Growth	2.10%	2.10%	2.10%	2.10%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2027-28 Q1 & Q2 Expected Member Months	208,464	550,096	30,978	789,538	N/A	Previous Half x Expected Growth
FY 2027-28 Q1 & Q2 Expected Premium	\$218.60	\$218.60	\$218.60	N/A	N/A	Based on 2025 Trustees Report
FY 2027-28 Q1 & Q2 Expected Standard Expenditure	\$45,370,327	\$120,251,022	\$6,771,739	\$172,393,088	38.76%	Expected Member Months x Expected Premium
FY 2027-28 Q3 & Q4 Expected Member Months Growth	2.05%	2.05%	2.05%	2.05%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Dual Eligibles
FY 2027-28 Q3 & Q4 Expected Member Months	212,731	561,354	31,612	805,697	N/A	Previous Half x Expected Growth
FY 2027-28 Q3 & Q4 Expected Premium	\$231.30	\$231.30	\$231.30	N/A	N/A	Based on 2025 Trustees Report
FY 2027-28 Q3 & Q4 Expected Standard Expenditure	\$49,204,642	\$129,841,267	\$7,311,798	\$186,357,707	38.76%	Expected Member Months x Expected Premium
FY 2026-27 Expected Standard Expenditure	\$94,774,969	\$250,092,299	\$14,083,537	\$358,950,805	38.76%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2026-27 Expected Retroactivity	\$4,296,092	\$15,996,239	\$1,896,366	\$22,188,697	44.59%	Assumed Constant
FY 2026-27 Expected Total Expenditure	\$99,071,061	\$266,088,538	\$15,979,903	\$381,139,502	39.10%	Standard Expenditure + Retroactivity
Supplemental Medicare Insurance Benefit - Expected Growth						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
Positive Retroactivity - Current Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Current Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Request Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Request Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Out Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Positive Retroactivity - Out Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Current Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Current Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Request Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Request Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Out Year 1st Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Negative Retroactivity - Out Year 2nd Half	0.00%	0.00%	0.00%	N/A	N/A	Assumed Constant
Supplemental Medicare Insurance Benefit - Retroactivity						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
Positive Retroactivity - Previous Year 1st Half	\$2,754,957	\$16,938,580	\$1,598,447	\$20,991,984	46.53%	Actuals
Positive Retroactivity - Previous Year 2nd Half	\$2,524,467	\$17,339,269	\$1,306,742	\$21,170,478	47.12%	Actuals
Negative Retroactivity - Previous Year 1st Half	(\$816,888)	(\$7,863,330)	(\$274,962)	(\$8,955,179)	46.97%	Actuals
Negative Retroactivity - Previous Year 2nd Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Actuals
Positive Retroactivity - Current Year 1st Half	\$3,268,089	\$15,760,205	\$1,200,522	\$20,228,815	44.89%	Average Last Two Halves
Positive Retroactivity - Current Year 2nd Half	\$3,268,089	\$15,760,205	\$1,253,632	\$20,281,925	45.03%	Previous Half x Expected Growth
Negative Retroactivity - Current Year 1st Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Average Last Two Halves
Negative Retroactivity - Current Year 2nd Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Previous Half x Expected Growth
Positive Retroactivity - Request Year 1st Half	\$3,268,089	\$15,760,205	\$1,253,632	\$20,281,925	45.03%	Previous Half x Expected Growth
Positive Retroactivity - Request Year 2nd Half	\$3,268,089	\$15,760,205	\$1,253,632	\$20,281,925	45.03%	Previous Half x Expected Growth
Negative Retroactivity - Request Year 1st Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Previous Half x Expected Growth
Negative Retroactivity - Request Year 2nd Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Previous Half x Expected Growth
Positive Retroactivity - Out Year 1st Half	\$3,268,089	\$15,760,205	\$1,253,632	\$20,281,925	45.03%	Previous Half x Expected Growth
Positive Retroactivity - Out Year 2nd Half	\$3,268,089	\$15,760,205	\$1,253,632	\$20,281,925	45.03%	Previous Half x Expected Growth
Negative Retroactivity - Out Year 1st Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Previous Half x Expected Growth
Negative Retroactivity - Out Year 2nd Half	(\$1,120,043)	(\$7,762,085)	(\$305,449)	(\$9,187,576)	45.57%	Previous Half x Expected Growth

History of Medicare Premiums					
Calendar Year	Part A	Part A % Change	Part B	Part B % Change	Calculation
2015	\$407.00	N/A	\$104.90	N/A	Annual Percentage Difference
2016	\$411.00	0.98%	\$123.70	17.92%	Annual Percentage Difference
2017	\$413.00	0.49%	\$134.00	8.33%	Annual Percentage Difference
2018	\$422.00	2.18%	\$134.00	0.00%	Annual Percentage Difference
2019	\$437.00	3.55%	\$135.50	1.12%	Annual Percentage Difference
2020	\$458.00	4.81%	\$144.60	6.72%	Annual Percentage Difference
2021	\$478.00	4.37%	\$148.50	2.70%	Annual Percentage Difference
2022	\$499.00	4.39%	\$170.10	14.55%	Annual Percentage Difference
2023	\$506.00	1.40%	\$164.90	-3.06%	Annual Percentage Difference
2024	\$505.00	-0.20%	\$174.70	5.94%	Annual Percentage Difference
2025	\$518.00	2.57%	\$185.00	5.90%	Annual Percentage Difference
2026	\$565.00	9.07%	\$202.90	9.68%	Annual Percentage Difference

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

Health Insurance Buy-In - Cash Based Actuals																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$15,177	\$18,972	\$1,899,221	\$0	\$22,766	\$37,943	\$34,149	\$0	\$132,802	\$0	\$0	\$11,383	\$0	\$0	\$0	\$0	\$2,132,413
FY 2017-18	\$17,511	\$21,889	\$2,145,101	\$0	\$26,267	\$43,778	\$39,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$2,460,300
FY 2018-19	\$18,345	\$22,932	\$2,247,306	\$0	\$27,518	\$45,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$0	\$0	\$2,577,522
FY 2019-20	\$8,039	\$13,913	\$2,330,714	\$0	\$9,252	\$12,480	\$114,913	\$0	\$31,591	\$0	\$0	\$5,617	\$0	\$0	\$0	\$0	\$2,526,519
FY 2020-21	\$7,940	\$13,746	\$2,302,636	\$0	\$9,141	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$0	\$2,496,082
FY 2021-22	\$8,156	\$14,118	\$2,365,044	\$0	\$9,388	\$12,664	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$0	\$0	\$2,563,733
FY 2022-23	\$19,280	\$24,100	\$2,361,796	\$0	\$28,920	\$48,200	\$43,380	\$0	\$168,700	\$0	\$0	\$14,460	\$0	\$0	\$0	\$0	\$2,708,836
FY 2023-24	\$19,552	\$24,439	\$2,395,061	\$0	\$29,327	\$48,879	\$43,991	\$0	\$171,076	\$0	\$0	\$14,664	\$0	\$0	\$0	\$0	\$2,746,989
FY 2024-25	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,545
Estimated FY 2025-26	\$18,671	\$23,340	\$2,287,212	\$0	\$28,007	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$0	\$0	\$2,623,292
Estimated FY 2026-27	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Estimated FY 2027-28	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Health Insurance Buy-In - Percent Change in Cash Based Actuals																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	15.38%	15.38%	15.38%	0.00%	15.38%	15.38%	15.38%	0.00%	15.38%	0.00%	0.00%	15.37%	0.00%	0.00%	0.00%	0.00%	N/A
FY 2018-19	4.76%	4.76%	4.76%	0.00%	4.76%	4.76%	4.76%	0.00%	4.77%	0.00%	0.00%	4.77%	0.00%	0.00%	0.00%	0.00%	15.38%
FY 2019-20	-56.18%	-39.33%	3.71%	0.00%	-66.38%	-72.79%	178.39%	0.00%	-80.32%	0.00%	0.00%	-59.18%	0.00%	0.00%	0.00%	0.00%	4.76%
FY 2020-21	-1.23%	-1.20%	-1.20%	0.00%	-1.20%	-1.20%	-1.20%	0.00%	-1.20%	0.00%	0.00%	-1.21%	0.00%	0.00%	0.00%	0.00%	-1.98%
FY 2021-22	2.72%	2.71%	2.71%	0.00%	2.70%	2.71%	2.71%	0.00%	2.71%	0.00%	0.00%	2.72%	0.00%	0.00%	0.00%	0.00%	-1.20%
FY 2022-23	136.39%	70.70%	-0.14%	0.00%	208.05%	280.61%	-62.80%	0.00%	426.25%	0.00%	0.00%	153.68%	0.00%	0.00%	0.00%	0.00%	2.71%
FY 2023-24	1.41%	1.41%	1.41%	0.00%	1.41%	1.41%	1.41%	0.00%	1.41%	0.00%	0.00%	1.41%	0.00%	0.00%	0.00%	0.00%	5.66%
FY 2024-25	-1.62%	-1.62%	-1.62%	0.00%	-1.62%	-1.62%	-1.62%	0.00%	-1.62%	0.00%	0.00%	-1.62%	0.00%	0.00%	0.00%	0.00%	-1.41%
Estimated FY 2025-26	-2.93%	-2.93%	-2.93%	0.00%	-2.93%	-2.93%	-2.93%	0.00%	-2.93%	0.00%	0.00%	-2.93%	0.00%	0.00%	0.00%	0.00%	-1.62%
Estimated FY 2026-27	-0.28%	-0.28%	-0.28%	0.00%	-0.29%	-0.28%	-0.29%	0.00%	-0.29%	0.00%	0.00%	-0.29%	0.00%	0.00%	0.00%	0.00%	-2.93%
Estimated FY 2027-28	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.28%
Health Insurance Buy-In - Per Capita Cost																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2016-17	\$0.35	\$1.69	\$27.50	\$0.00	\$0.14	\$0.38	\$0.10	\$0.00	\$0.28	\$0.00	\$0.00	\$0.84	\$0.00	\$0.00	\$0.00	\$0.00	\$1.58
FY 2017-18	\$0.38	\$1.86	\$31.76	\$0.00	\$0.15	\$0.59	\$0.11	\$0.00	\$0.35	\$0.00	\$0.00	\$1.30	\$0.00	\$0.00	\$0.00	\$0.00	\$1.87
FY 2018-19	\$0.38	\$1.80	\$32.74	\$0.00	\$0.16	\$0.72	\$0.12	\$0.00	\$0.38	\$0.00	\$0.00	\$1.13	\$0.00	\$0.00	\$0.00	\$0.00	\$2.04
FY 2019-20	\$0.17	\$1.07	\$35.03	\$0.00	\$0.06	\$0.21	\$0.36	\$0.00	\$0.08	\$0.00	\$0.00	\$0.49	\$0.00	\$0.00	\$0.00	\$0.00	\$2.07
FY 2020-21	\$0.16	\$1.02	\$34.79	\$0.00	\$0.05	\$0.14	\$0.28	\$0.00	\$0.07	\$0.00	\$0.00	\$0.41	\$0.00	\$0.00	\$0.00	\$0.00	\$1.78
FY 2021-22	\$0.17	\$1.02	\$35.86	\$0.00	\$0.05	\$0.12	\$0.24	\$0.00	\$0.07	\$0.00	\$0.00	\$0.40	\$0.00	\$0.00	\$0.00	\$0.00	\$1.64
FY 2022-23	\$0.38	\$1.74	\$36.37	\$0.00	\$0.15	\$0.46	\$0.08	\$0.00	\$0.33	\$0.00	\$0.00	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	\$1.58
FY 2023-24	\$0.41	\$1.93	\$40.60	\$0.00	\$0.18	\$0.74	\$0.11	\$0.00	\$0.41	\$0.00	\$0.00	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$1.98
FY 2024-25	\$0.39	\$1.97	\$40.64	\$0.00	\$0.21	\$1.12	\$0.13	\$0.00	\$0.46	\$0.00	\$0.00	\$0.61	\$0.00	\$0.00	\$0.00	\$0.00	\$2.24
Estimated FY 2025-26	\$0.37	\$1.97	\$38.76	\$0.00	\$0.21	\$1.07	\$0.13	\$0.00	\$0.43	\$0.00	\$0.00	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12
Estimated FY 2026-27	\$0.36	\$1.96	\$37.99	\$0.00	\$0.21	\$1.03	\$0.13	\$0.00	\$0.42	\$0.00	\$0.00	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10
Estimated FY 2027-28	\$0.35	\$1.94	\$37.33	\$0.00	\$0.21	\$0.97	\$0.17	\$0.00	\$0.41	\$0.00	\$0.00	\$0.54	\$0.00	\$0.00	\$0.00	\$0.00	\$2.17
Health Insurance Buy-In - Percent Change in Per Capita Cost																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2017-18	8.57%	10.06%	15.49%	0.00%	7.14%	55.26%	10.00%	0.00%	25.00%	0.00%	0.00%	54.76%	0.00%	0.00%	0.00%	0.00%	N/A
FY 2018-19	0.00%	-3.23%	3.09%	0.00%	6.67%	22.03%	9.09%	0.00%	8.57%	0.00%	0.00%	-13.08%	0.00%	0.00%	0.00%	0.00%	18.35%
FY 2019-20	-55.26%	-40.56%	6.99%	0.00%	-42.50%	-70.83%	200.00%	0.00%	-78.95%	0.00%	0.00%	-56.64%	0.00%	0.00%	0.00%	0.00%	9.09%
FY 2020-21	-5.88%	-4.67%	-0.69%	0.00%	-16.67%	-33.33%	-22.22%	0.00%	-12.50%	0.00%	0.00%	-16.33%	0.00%	0.00%	0.00%	0.00%	-1.47%
FY 2021-22	6.25%	0.00%	3.08%	0.00%	0.00%	-14.29%	-14.29%	0.00%	0.00%	0.00%	0.00%	-2.44%	0.00%	0.00%	0.00%	0.00%	-14.01%
FY 2022-23	123.53%	70.59%	1.42%	0.00%	200.00%	283.33%	-66.67%	0.00%	371.43%	0.00%	0.00%	45.00%	0.00%	0.00%	0.00%	0.00%	-7.87%
FY 2023-24	7.89%	10.92%	11.63%	0.00%	20.00%	60.87%	37.50%	0.00%	24.24%	0.00%	0.00%	5.17%	0.00%	0.00%	0.00%	0.00%	-3.66%
FY 2024-25	-4.88%	2.07%	0.10%	0.00%	16.67%	51.35%	18.18%	0.00%	12.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.32%
Estimated FY 2025-26	-5.13%	0.00%	-4.63%	0.00%	0.00%	-4.46%	0.00%	0.00%	-6.52%	0.00%	0.00%	-6.56%	0.00%	0.00%	0.00%	0.00%	13.13%
Estimated FY 2026-27	-2.70%	-0.51%	-1.99%	0.00%	0.00%	-3.74%	0.00%	0.00%	-2.33%	0.00%	0.00%	-1.75%	0.00%	0.00%	0.00%	0.00%	-5.36%
Estimated FY 2027-28	-2.78%	-1.02%	-1.74%	0.00%	0.00%	-5.83%	30.77%	0.00%	-2.38%	0.00%	0.00%	-3.57%	0.00%	0.00%	0.00%	0.00%	-0.94%

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

Health Insurance Buy-In - Expenditure Trends																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Actual FY 2024-25 Expenditure	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,545
Average of FY 2018-19 through FY 2022-23	17.29%	7.53%	1.97%	0.00%	29.59%	42.82%	24.37%	0.00%	70.44%	0.00%	0.00%	20.16%	0.00%	0.00%	0.00%	0.00%	3.93%
Average of FY 2019-20 through FY 2022-23	20.43%	8.22%	1.27%	0.00%	35.79%	52.33%	29.28%	0.00%	86.86%	0.00%	0.00%	24.00%	0.00%	0.00%	0.00%	0.00%	1.07%
Average of FY 2020-21 through FY 2022-23	45.96%	24.07%	0.46%	0.00%	69.85%	94.04%	20.43%	0.00%	142.59%	0.00%	0.00%	51.73%	0.00%	0.00%	0.00%	0.00%	-0.16%
Average of FY 2021-22 through FY 2022-23	69.56%	36.71%	1.29%	0.00%	105.38%	141.66%	30.05%	0.00%	214.48%	0.00%	0.00%	78.20%	0.00%	0.00%	0.00%	0.00%	0.76%
Average of FY 2019-20 through FY 2023-24	16.62%	6.86%	1.30%	0.00%	28.92%	42.15%	23.70%	0.00%	69.77%	0.00%	0.00%	19.48%	0.00%	0.00%	0.00%	0.00%	1.99%
Average of FY 2020-21 through FY 2023-24	34.82%	18.41%	0.70%	0.00%	52.74%	70.88%	14.97%	0.00%	107.29%	0.00%	0.00%	39.15%	0.00%	0.00%	0.00%	0.00%	1.30%
Average of FY 2021-22 through FY 2023-24	46.84%	24.94%	1.33%	0.00%	70.72%	94.91%	19.56%	0.00%	143.46%	0.00%	0.00%	52.60%	0.00%	0.00%	0.00%	0.00%	2.39%
Average of FY 2022-23 through FY 2023-24	68.90%	36.06%	0.64%	0.00%	104.73%	141.01%	30.70%	0.00%	213.83%	0.00%	0.00%	77.55%	0.00%	0.00%	0.00%	0.00%	4.19%
Average of FY 2020-21 through FY 2024-25	27.53%	14.40%	0.23%	0.00%	41.87%	56.38%	12.30%	0.00%	85.51%	0.00%	0.00%	31.00%	0.00%	0.00%	0.00%	0.00%	1.32%
Average of FY 2021-22 through FY 2024-25	34.73%	18.30%	0.59%	0.00%	52.64%	70.78%	15.08%	0.00%	107.19%	0.00%	0.00%	39.05%	0.00%	0.00%	0.00%	0.00%	2.15%
Average of FY 2022-23 through FY 2024-25	45.39%	23.50%	-0.12%	0.00%	69.28%	93.47%	21.00%	0.00%	142.01%	0.00%	0.00%	51.16%	0.00%	0.00%	0.00%	0.00%	3.26%
Average of FY 2023-24 through FY 2024-25	-0.11%	-0.11%	-0.11%	0.00%	-0.11%	-0.11%	-0.11%	0.00%	-0.11%	0.00%	0.00%	-0.11%	0.00%	0.00%	0.00%	0.00%	3.54%
Health Insurance Buy-In - Current Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2024-25 Total Expenditure	\$19,235	\$24,044	\$2,356,311	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,544
<i>Estimated Incremental Expenditure for FY 2025-26</i>																	
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	(\$268)	(\$334)	(\$32,769)	\$0	(\$401)	(\$669)	(\$602)	\$0	(\$2,341)	\$0	\$0	(\$201)	\$0	\$0	\$0	\$0	(\$37,584)
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	(\$296)	(\$370)	(\$36,330)	\$0	(\$445)	(\$741)	(\$667)	\$0	(\$2,595)	\$0	\$0	(\$222)	\$0	\$0	\$0	\$0	(\$41,668)
Total Incremental Expenditure	(\$564)	(\$704)	(\$69,099)	\$0	(\$846)	(\$1,410)	(\$1,269)	\$0	(\$4,936)	\$0	\$0	(\$423)	\$0	\$0	\$0	\$0	(\$79,252)
Estimated FY 2025-26 Total Expenditure	\$18,671	\$23,340	\$2,287,212	\$0	\$28,007	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$0	\$0	\$2,623,292
Estimated FY 2025-26 Per Capita	\$0.37	\$1.97	\$38.76	\$0.00	\$0.21	\$1.07	\$0.13	\$0.00	\$0.43	\$0.00	\$0.00	\$0.57	\$0.00	\$0.00	\$0.00	\$0.00	\$2.12
% Change over FY 2024-25 Per Capita	-5.13%	0.00%	-4.63%	0.00%	0.00%	-4.46%	0.00%	0.00%	-6.52%	0.00%	0.00%	-6.56%	0.00%	0.00%	0.00%	0.00%	-5.36%
Health Insurance Buy-In - Request Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Estimated FY 2025-26 Total Expenditure	\$18,671	\$23,340	\$2,287,212	\$0	\$28,007	\$46,678	\$42,010	\$0	\$163,372	\$0	\$0	\$14,003	\$0	\$0	\$0	\$0	\$2,623,292
<i>Estimated Incremental Expenditure for FY 2026-27</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	(\$12)	(\$15)	(\$1,467)	\$0	(\$18)	(\$30)	(\$27)	\$0	(\$105)	\$0	\$0	(\$9)	\$0	\$0	\$0	\$0	(\$1,682)
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	(\$41)	(\$51)	(\$5,043)	\$0	(\$62)	(\$103)	(\$93)	\$0	(\$361)	\$0	\$0	(\$31)	\$0	\$0	\$0	\$0	(\$5,784)
Total Incremental Expenditure	(\$53)	(\$66)	(\$6,510)	\$0	(\$80)	(\$133)	(\$120)	\$0	(\$466)	\$0	\$0	(\$40)	\$0	\$0	\$0	\$0	-\$7,466
Estimated FY 2026-27 Total Expenditure	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Estimated FY 2026-27 Per Capita	\$0.36	\$1.96	\$37.99	\$0.00	\$0.21	\$1.03	\$0.13	\$0.00	\$0.42	\$0.00	\$0.00	\$0.56	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10
% Change over FY 2025-26 Per Capita	-2.70%	-0.51%	-1.99%	0.00%	0.00%	-3.74%	0.00%	0.00%	-2.33%	0.00%	0.00%	-1.75%	0.00%	0.00%	0.00%	0.00%	-0.94%
Health Insurance Buy-In - Out Year Projection																	
Description	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Estimated FY 2026-27 Total Expenditure	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
<i>Estimated Incremental Expenditure for FY 2027-28</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Incremental Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2027-28 Total Expenditure	\$18,618	\$23,274	\$2,280,702	\$0	\$27,927	\$46,545	\$41,890	\$0	\$162,906	\$0	\$0	\$13,963	\$0	\$0	\$0	\$0	\$2,615,826
Estimated FY 2027-28 Per Capita	\$0.35	\$1.94	\$37.33	\$0.00	\$0.21	\$0.97	\$0.17	\$0.00	\$0.41	\$0.00	\$0.00	\$0.54	\$0.00	\$0.00	\$0.00	\$0.00	\$2.17
% Change over FY 2026-27 Per Capita	-2.78%	-1.02%	-1.74%	0.00%	0.00%	-5.83%	30.77%	0.00%	-2.38%	0.00%	0.00%	-3.57%	0.00%	0.00%	0.00%	0.00%	3.33%

Exhibit I - SERVICE MANAGEMENT
Summary

FY 2025-26 Service Management Request

SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$9,395,838	\$2,320,762	\$12,606,136	\$5,279,605	\$27,955,218	\$9,029,726	\$65,737,287	\$21,140	\$84,076,700	\$11,834,237	\$4,296,477	\$5,402,532	\$2,151,872	\$965	\$0	\$240,108,494
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,402,334	\$2,346,689	\$12,932,380	\$5,326,053	\$28,147,484	\$9,086,117	\$66,250,632	\$21,140	\$84,076,700	\$11,834,237	\$4,351,966	\$5,459,182	\$2,158,341	\$965	\$0	\$241,394,220

FY 2026-27 Service Management Request

SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$9,464,731	\$2,282,908	\$12,550,528	\$5,099,903	\$27,424,153	\$9,288,973	\$62,242,195	\$21,247	\$79,946,994	\$12,519,109	\$4,046,724	\$5,441,175	\$2,539,368	\$0	\$0	\$232,868,006
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,471,227	\$2,308,835	\$12,876,772	\$5,146,351	\$27,616,419	\$9,345,364	\$62,755,540	\$21,247	\$79,946,994	\$12,519,109	\$4,102,213	\$5,497,825	\$2,545,837	\$0	\$0	\$234,153,732

FY 2027-28 Service Management Request

SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,727
Accountable Care Collaborative	\$9,680,196	\$2,306,845	\$12,666,627	\$5,195,494	\$27,754,398	\$9,849,992	\$47,896,379	\$24,251	\$81,286,209	\$13,668,872	\$4,028,117	\$5,626,055	\$2,548,969	\$0	\$0	\$222,532,404
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$9,686,693	\$2,332,772	\$12,992,871	\$5,241,942	\$27,946,664	\$9,906,383	\$48,409,725	\$24,251	\$81,286,209	\$13,668,872	\$4,083,606	\$5,682,705	\$2,555,438	\$0	\$0	\$223,818,131

Exhibit I - SERVICE MANAGEMENT
Summary

Cash Based Actuals																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	\$21,390	\$19,223	\$135,054	\$15,538	\$179,636	\$125,847	\$338,068	\$0	\$0	\$0	\$34,168	\$56,620	\$11,787	\$0	\$0	\$937,331
FY 2017-18	\$11,229,722	\$3,052,457	\$19,516,828	\$144,404	\$66,825	\$19,971	\$307,243	\$66,057	\$129,810	\$74,506	\$96,781	\$0	\$0	\$0	\$0	\$893,053
FY 2018-19	\$9,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$0	\$705,408
FY 2019-20	\$3,158	\$11,340	\$96,878	\$12,044	\$86,431	\$29,677	\$192,864	\$0	\$0	\$0	\$21,035	\$25,846	\$4,446	\$0	\$0	\$483,719
FY 2020-21	\$3,531	\$13,197	\$118,093	\$13,550	\$102,256	\$49,054	\$260,062	\$0	\$0	\$0	\$25,042	\$28,226	\$3,792	\$0	\$0	\$616,803
FY 2021-22	\$2,198	\$9,768	\$83,926	\$8,624	\$77,023	\$38,935	\$200,869	\$0	\$0	\$0	\$18,944	\$19,155	\$512	\$0	\$0	\$459,954
FY 2022-23	\$1,562	\$7,299	\$63,181	\$6,276	\$56,111	\$27,559	\$150,408	\$0	\$0	\$0	\$13,733	\$14,191	\$495	\$0	\$0	\$340,816
FY 2023-24	\$1,782	\$7,845	\$76,939	\$8,872	\$58,498	\$22,620	\$157,268	\$0	\$0	\$0	\$16,397	\$14,547	\$548	\$0	\$0	\$365,316
FY 2024-25	\$1,829	\$7,299	\$91,843	\$13,076	\$54,126	\$15,875	\$144,515	\$0	\$0	\$0	\$15,621	\$15,948	\$1,821	\$0	\$0	\$361,953
Estimated FY 2025-26	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Estimated FY 2026-27	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Estimated FY 2027-28	\$6,497	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,346	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,727
Percent Change in Cash Based Actuals																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2018-19	-14.94%	-17.96%	-28.09%	-97.03%	-88.91%	-89.26%	-87.40%	-100.00%	-96.17%	-99.21%	-63.53%	0.00%	0.00%	0.00%	0.00%	-21.01%
FY 2019-20	-99.97%	-99.55%	-99.31%	180.75%	1066.57%	1283.54%	398.31%	0.00%	-100.00%	-100.00%	-40.40%	100.00%	100.00%	0.00%	0.00%	-31.43%
FY 2020-21	11.81%	16.38%	21.90%	12.50%	18.31%	65.29%	34.84%	0.00%	0.00%	0.00%	19.05%	9.21%	-14.71%	0.00%	0.00%	27.51%
FY 2021-22	-37.75%	-25.98%	-28.93%	-36.35%	-24.68%	-20.63%	-22.76%	0.00%	0.00%	0.00%	-24.35%	-32.14%	-86.50%	0.00%	0.00%	-25.43%
FY 2022-23	-28.94%	-25.28%	-24.72%	-27.23%	-27.15%	-29.22%	-25.12%	0.00%	0.00%	0.00%	-27.51%	-25.91%	-3.32%	0.00%	0.00%	-25.90%
FY 2023-24	14.08%	7.48%	21.78%	41.36%	4.25%	-17.92%	4.56%	0.00%	0.00%	0.00%	19.40%	2.51%	10.71%	0.00%	0.00%	7.19%
FY 2024-25	2.64%	-6.96%	19.37%	47.39%	-7.47%	-29.82%	-8.11%	0.00%	0.00%	0.00%	9.63%	9.63%	232.30%	0.00%	0.00%	-0.92%
Estimated FY 2025-26	255.17%	255.21%	255.22%	255.22%	255.22%	255.22%	255.22%	0.00%	0.00%	0.00%	255.22%	255.22%	255.24%	0.00%	0.00%	255.22%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2027-28	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Per Capita Cost																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2017-18	\$244.62	\$258.75	\$289.01	\$17.66	\$0.37	\$0.27	\$0.87	\$426.17	\$0.30	\$1.16	\$4.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2018-19	\$200.30	\$196.86	\$204.46	\$0.48	\$0.04	\$0.03	\$0.12	\$0.00	\$0.01	\$0.01	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$0.07	\$0.87	\$1.46	\$1.13	\$0.53	\$0.50	\$0.60	\$0.00	\$0.00	\$0.00	\$0.99	\$2.24	\$2.01	\$0.00	\$0.00	\$0.00
FY 2020-21	\$0.07	\$0.97	\$1.78	\$0.94	\$0.59	\$0.55	\$0.65	\$0.00	\$0.00	\$0.00	\$1.21	\$2.07	\$1.05	\$0.00	\$0.00	\$0.00
FY 2021-22	\$0.04	\$0.71	\$1.27	\$0.56	\$0.41	\$0.38	\$0.42	\$0.00	\$0.00	\$0.00	\$0.93	\$1.34	\$0.12	\$0.00	\$0.00	\$0.00
FY 2022-23	\$0.03	\$0.53	\$0.97	\$0.34	\$0.28	\$0.26	\$0.28	\$0.00	\$0.00	\$0.00	\$0.68	\$0.57	\$0.08	\$0.00	\$0.00	\$0.00
FY 2023-24	\$0.04	\$0.62	\$1.30	\$0.44	\$0.36	\$0.34	\$0.39	\$0.00	\$0.00	\$0.00	\$0.86	\$0.60	\$0.10	\$0.00	\$0.00	\$0.00
FY 2024-25	\$0.04	\$0.60	\$1.58	\$0.49	\$0.39	\$0.37	\$0.44	\$0.00	\$0.00	\$0.00	\$0.85	\$0.67	\$0.37	\$0.00	\$0.00	\$196.61
Estimated FY 2025-26	\$0.13	\$2.19	\$5.53	\$1.86	\$1.44	\$1.29	\$1.55	\$0.00	\$0.00	\$0.00	\$3.02	\$2.32	\$1.36	\$0.00	\$0.00	\$185.29
Estimated FY 2026-27	\$0.12	\$2.18	\$5.43	\$1.90	\$1.43	\$1.24	\$1.64	\$0.00	\$0.00	\$0.00	\$3.01	\$2.27	\$1.36	\$0.00	\$0.00	\$152.86
Estimated FY 2027-28	\$0.12	\$2.16	\$5.34	\$1.89	\$1.42	\$1.18	\$2.09	\$0.00	\$0.00	\$0.00	\$3.00	\$2.20	\$1.35	\$0.00	\$0.00	\$152.86
Percent Change in Per Capita Cost																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2018-19	-18.12%	-23.92%	-29.26%	-97.28%	-89.19%	-88.89%	-86.21%	-100.00%	-96.67%	-99.14%	-64.08%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	-99.97%	-99.56%	-99.29%	135.42%	1225.00%	1566.67%	400.00%	0.00%	-100.00%	-100.00%	-38.89%	100.00%	100.00%	0.00%	0.00%	0.00%
FY 2020-21	0.00%	11.49%	21.92%	-16.81%	11.32%	10.00%	8.33%	0.00%	0.00%	0.00%	22.22%	-7.59%	-47.76%	0.00%	0.00%	0.00%
FY 2021-22	-42.86%	-26.80%	-28.65%	-40.43%	-30.51%	-30.91%	-35.38%	0.00%	0.00%	0.00%	-23.14%	-35.27%	-88.57%	0.00%	0.00%	0.00%
FY 2022-23	-25.00%	-25.35%	-23.62%	-39.29%	-31.71%	-31.58%	-33.33%	0.00%	0.00%	0.00%	-26.88%	-57.46%	-33.33%	0.00%	0.00%	0.00%
FY 2023-24	33.33%	16.98%	34.02%	29.41%	28.57%	30.77%	39.29%	0.00%	0.00%	0.00%	26.47%	5.26%	25.00%	0.00%	0.00%	0.00%
FY 2024-25	0.00%	-3.23%	21.54%	11.36%	8.33%	8.82%	12.82%	0.00%	0.00%	0.00%	-1.16%	11.67%	270.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	225.00%	265.00%	250.00%	279.59%	269.23%	248.65%	252.27%	0.00%	0.00%	0.00%	255.29%	246.27%	267.57%	0.00%	0.00%	-5.76%
Estimated FY 2026-27	-7.69%	-0.46%	-1.81%	2.15%	-0.69%	-3.88%	5.81%	0.00%	0.00%	0.00%	-0.33%	-2.16%	0.00%	0.00%	0.00%	-17.50%
Estimated FY 2027-28	0.00%	-0.92%	-1.66%	-0.53%	-0.70%	-4.84%	27.44%	0.00%	0.00%	0.00%	-0.33%	-3.08%	-0.74%	0.00%	0.00%	0.00%
FY 2025-26 Projection																
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
Estimated FY 2025-26 Base Per Capita	\$0.13	\$2.19	\$5.53	\$1.86	\$1.44	\$1.29	\$1.55	\$0.00	\$0.00	\$0.00	\$3.02	\$2.32	\$1.36	\$0.00	\$0.00	\$185.29
Estimated FY 2025-26 Eligibles	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	6,939
Estimated FY 2025-26 Base Expenditure	\$6,496	\$25,927	\$326,244	\$46,448	\$192,266	\$56,391	\$513,345	\$0	\$0	\$0	\$55,489	\$56,650	\$6,469	\$0	\$0	\$1,285,726
Bottom Line Impacts																
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$									

Exhibit I - SERVICE MANAGEMENT
Summary

Cash Based Actuals																	
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL
FY 2016-17	\$2,914,538	\$1,131,754	\$7,654,416	\$394,525	\$17,469,934	\$10,220,432	\$37,096,754	\$2,115	\$59,169,454	\$8,511,080	\$2,639,850	\$1,146,380	\$162,819	\$61	\$9,566	\$0	\$148,523,678
FY 2017-18	\$3,718,887	\$1,287,216	\$8,162,944	\$764,936	\$20,808,430	\$7,201,612	\$36,969,970	\$15,390	\$54,334,599	\$7,446,617	\$3,146,443	\$893,378	\$190,728	\$321	\$0	\$0	\$144,941,471
FY 2018-19	\$5,976,019	\$1,610,594	\$9,376,506	\$1,176,416	\$23,985,873	\$8,973,111	\$43,550,316	\$20,310	\$59,414,184	\$8,506,771	\$3,121,813	\$1,575,582	\$292,882	\$383	\$0	\$0	\$167,580,760
FY 2019-20	\$7,287,245	\$2,036,539	\$11,368,847	\$1,661,058	\$27,383,588	\$10,147,338	\$51,274,240	\$24,477	\$72,059,580	\$9,605,363	\$3,886,210	\$1,794,421	\$335,828	\$226	\$0	\$0	\$198,864,960
FY 2020-21	\$6,955,355	\$2,011,261	\$10,713,853	\$2,401,305	\$26,633,270	\$13,662,557	\$57,517,184	\$25,453	\$73,509,448	\$10,923,886	\$3,587,728	\$1,984,626	\$516,773	\$1,458	\$0	\$0	\$210,444,157
FY 2021-22	\$6,930,892	\$2,031,491	\$10,558,967	\$2,475,157	\$28,282,579	\$16,615,132	\$69,449,153	\$23,750	\$79,732,303	\$11,994,398	\$3,464,076	\$2,096,951	\$628,610	\$873	\$0	\$0	\$234,284,332
FY 2022-23	\$7,373,490	\$2,099,474	\$10,684,825	\$3,028,109	\$31,874,897	\$17,494,536	\$82,954,654	\$24,320	\$87,121,143	\$13,422,453	\$3,524,833	\$2,105,503	\$976,526	\$3,686	\$0	\$0	\$262,688,449
FY 2023-24	\$8,583,547	\$2,390,724	\$12,070,829	\$4,126,349	\$31,691,044	\$13,713,289	\$78,717,434	\$26,862	\$87,960,671	\$12,849,152	\$4,142,036	\$89,123	\$1,028,676	\$6,203	\$0	\$0	\$257,395,939
FY 2024-25	\$4,668,626	\$1,305,447	\$6,053,069	\$5,306,176	\$27,104,809	\$8,970,634	\$61,994,377	\$25,738	\$77,948,931	\$9,839,327	\$3,966,745	\$92,414	\$2,501,579	\$6,949	\$0	\$0	\$209,784,822
Estimated FY 2025-26	\$9,395,838	\$2,320,762	\$12,606,136	\$5,279,605	\$27,955,218	\$9,029,726	\$65,737,287	\$21,140	\$84,076,700	\$11,834,237	\$4,296,477	\$5,402,532	\$2,151,872	\$965	\$0	\$0	\$240,108,494
Estimated FY 2026-27	\$9,464,731	\$2,282,908	\$12,550,528	\$5,099,903	\$27,424,153	\$9,288,973	\$62,242,195	\$21,247	\$79,946,994	\$12,519,109	\$4,046,724	\$5,441,175	\$2,539,368	\$0	\$0	\$0	\$232,868,006
Estimated FY 2027-28	\$9,680,196	\$2,306,845	\$12,666,627	\$5,195,494	\$27,754,398	\$9,849,992	\$47,896,379	\$24,251	\$81,286,209	\$13,668,872	\$4,028,117	\$5,626,055	\$2,548,969	\$0	\$0	\$0	\$222,532,404
Percent Change in Cash Based Actuals																	
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL
FY 2017-18	27.60%	13.74%	6.64%	93.89%	19.11%	-29.54%	-0.34%	627.66%	-8.17%	-12.51%	19.19%	-22.07%	17.14%	426.23%	-100.00%	0.00%	-2.41%
FY 2018-19	60.69%	25.12%	14.87%	53.79%	15.27%	24.60%	17.80%	31.97%	9.35%	14.24%	-0.78%	76.36%	53.56%	19.31%	0.00%	0.00%	15.62%
FY 2019-20	21.94%	26.45%	21.25%	41.20%	14.17%	13.09%	17.74%	20.52%	21.28%	12.91%	24.49%	13.89%	14.66%	-40.99%	0.00%	0.00%	18.67%
FY 2020-21	-4.55%	-1.24%	-5.76%	44.56%	-2.74%	34.64%	12.18%	3.99%	2.01%	13.73%	-7.68%	10.60%	53.88%	545.13%	0.00%	0.00%	5.82%
FY 2021-22	-0.35%	1.01%	-1.45%	3.08%	6.19%	21.61%	20.75%	-6.69%	8.47%	9.80%	-3.45%	5.66%	21.64%	-40.12%	0.00%	0.00%	11.33%
FY 2022-23	6.39%	3.35%	1.19%	22.34%	12.70%	19.45%	5.29%	2.40%	9.27%	11.91%	1.75%	0.41%	55.35%	322.22%	0.00%	0.00%	12.12%
FY 2023-24	16.41%	13.87%	12.97%	36.27%	-0.58%	-21.61%	-5.11%	10.45%	0.96%	17.51%	-4.27%	-95.77%	5.34%	68.29%	0.00%	0.00%	-2.01%
FY 2024-25	-45.61%	-45.40%	-49.85%	28.59%	-14.47%	-34.58%	-21.24%	-4.18%	-11.38%	-23.42%	-4.23%	3.69%	143.18%	12.03%	0.00%	0.00%	-18.50%
Estimated FY 2025-26	101.25%	77.78%	108.26%	-0.50%	3.14%	0.66%	6.04%	-17.86%	7.86%	20.27%	8.31%	5746.01%	-13.98%	-86.11%	0.00%	0.00%	14.45%
Estimated FY 2026-27	0.73%	-1.63%	-0.44%	-3.40%	-1.90%	2.87%	-5.32%	0.51%	-4.91%	5.79%	-5.81%	0.72%	18.01%	-100.00%	0.00%	0.00%	-3.02%
Estimated FY 2027-28	2.28%	1.05%	0.93%	1.87%	1.20%	6.04%	-23.05%	14.14%	1.68%	9.18%	-0.46%	3.40%	0.38%	0.00%	0.00%	0.00%	-4.44%
Per Capita Cost																	
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL
FY 2016-17	\$66.33	\$100.68	\$113.20	\$63.11	\$108.23	\$101.13	\$106.65	\$9.00	\$126.08	\$131.13	\$129.98	\$84.50	\$82.73	\$0.02	\$0.28	\$0.00	\$110.34
FY 2017-18	\$81.01	\$109.11	\$120.88	\$93.57	\$115.70	\$96.52	\$104.85	\$99.29	\$123.83	\$115.73	\$146.53	\$88.23	\$85.57	\$0.11	\$0.00	\$0.00	\$110.20
FY 2018-19	\$125.32	\$126.61	\$136.61	\$130.90	\$131.76	\$140.39	\$141.38	\$143.27	\$143.10	\$129.19	\$127.74	\$129.19	\$127.74	\$0.14	\$0.00	\$0.00	\$132.86
FY 2019-20	\$153.25	\$156.31	\$170.88	\$156.50	\$170.55	\$170.55	\$158.77	\$178.66	\$176.81	\$171.76	\$182.28	\$155.40	\$152.03	\$0.09	\$0.00	\$0.00	\$163.11
FY 2020-21	\$144.16	\$148.53	\$161.87	\$167.37	\$153.82	\$154.50	\$142.78	\$183.12	\$163.01	\$163.45	\$172.97	\$145.83	\$143.19	\$0.21	\$0.00	\$0.00	\$149.79
FY 2021-22	\$140.65	\$147.38	\$160.09	\$160.47	\$149.23	\$162.26	\$145.26	\$181.30	\$164.56	\$165.23	\$170.35	\$147.11	\$144.21	\$0.06	\$0.00	\$0.00	\$150.03
FY 2022-23	\$146.08	\$151.61	\$164.55	\$164.12	\$160.57	\$167.12	\$156.42	\$182.86	\$172.50	\$174.40	\$175.63	\$84.76	\$154.88	\$0.14	\$0.00	\$0.00	\$152.76
FY 2023-24	\$180.02	\$188.36	\$204.60	\$203.15	\$196.58	\$207.27	\$193.97	\$225.73	\$213.24	\$219.64	\$217.05	\$3.71	\$181.65	\$0.19	\$0.00	\$0.00	\$185.15
FY 2024-25	\$93.74	\$106.72	\$104.39	\$200.47	\$195.98	\$209.82	\$189.65	\$223.81	\$212.22	\$215.90	\$214.71	\$3.91	\$513.99	\$0.19	\$0.00	\$0.00	\$173.69
Estimated FY 2025-26	\$185.62	\$195.88	\$213.63	\$211.96	\$209.25	\$207.28	\$198.84	\$251.67	\$223.04	\$218.37	\$233.53	\$221.47	\$452.64	\$0.02	\$0.00	\$0.00	\$194.07
Estimated FY 2026-27	\$182.10	\$191.87	\$209.07	\$208.63	\$204.53	\$204.81	\$198.74	\$233.48	\$208.06	\$207.30	\$219.56	\$218.19	\$534.49	\$0.00	\$0.00	\$0.00	\$186.75
Estimated FY 2027-28	\$181.58	\$192.08	\$207.30	\$210.94	\$204.67	\$205.48	\$195.47	\$235.45	\$206.76	\$206.92	\$218.08	\$218.03	\$531.59	\$0.00	\$0.00	\$0.00	\$184.69
Percent Change in Per Capita Cost																	
ACCOUNTABLE CARE COLLABORATIVE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	HB 22-1289 GF Only Medicaid and CHP Children	TOTAL
FY 2017-18	22.13%	8.37%	6.78%	48.26%	6.90%	-4.56%	-1.69%	1003.22%	-1.78%	-11.74%	12.73%	4.41%	3.43%	450.00%	-100.00%	0.00%	-0.13%
FY 2018-19	54.70%	16.04%	13.01%	39.90%	17.91%	46.26%	25.67%	41.39%	14.17%	23.80%	-2.34%	46.42%	49.28%	27.27%	0.00%	0.00%	20.56%
FY 2019-20	22.29%	23.46%	25.09%	18.87%	22.05%	20.81%	20.50%	27.26%	25.06%	19.89%	27.38%	20.29%	19.02%	-35.71%	0.00%	0.00%	22.77%
FY 2020-21	-5.93%	-4.98%	-5.27%	7.56%	-7.62%	-9.41%	-10.07%	2.50%	-7.80%	-4.84%	-5.11%	-5.81%	133.33%	0.00%	0.00%	0.00%	-8.17%
FY 2021-22	-2.43%																

Exhibit I - SERVICE MANAGEMENT
Summary

Cash Based Actuals by Provider			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2018-19	\$167,580,760	\$0	\$167,580,760
FY 2019-20	\$198,864,960	\$0	\$198,864,960
FY 2020-21	\$210,444,157	\$0	\$210,444,157
FY 2021-22	\$234,284,332	\$0	\$234,284,332
FY 2022-23	\$262,688,449	\$0	\$262,688,449
FY 2023-24	\$257,395,939	\$0	\$257,395,939
FY 2024-25	\$209,784,822	\$0	\$209,784,822
Estimated FY 2025-26	\$240,108,494	\$0	\$240,108,494
Estimated FY 2026-27	\$232,868,006	\$0	\$232,868,006
Estimated FY 2027-28	\$222,532,404	\$0	\$222,532,404
Percent Change in Cash Based Actuals			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2019-20	18.67%	0.00%	18.67%
FY 2020-21	5.82%	0.00%	5.82%
FY 2021-22	11.33%	0.00%	11.33%
FY 2022-23	12.12%	0.00%	12.12%
FY 2023-24	-2.01%	0.00%	-2.01%
Estimated FY 2025-26	-6.72%	0.00%	-6.72%
Estimated FY 2026-27	-3.02%	0.00%	-3.02%
Estimated FY 2027-28	-4.44%	0.00%	-4.44%
Accountable Care Collaborative Enrollment ⁽¹⁾			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL ⁽²⁾
FY 2019-20	937,822	-	937,822
FY 2020-21	951,521	-	951,521
FY 2021-22	1,084,955	-	1,084,955
FY 2022-23	1,038,106	-	1,038,106
FY 2023-24	1,212,332	-	1,212,332
FY 2024-25	1,348,844	-	1,348,844
Estimated FY 2025-26	1,384,893	-	1,384,893
Estimated FY 2026-27	1,236,602	-	1,236,602
Estimated FY 2027-28	1,276,848	-	1,276,848
Annual Percent Change in Enrollment			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL ⁽²⁾
FY 2020-21	1.46%	0.00%	1.46%
FY 2021-22	14.02%	0.00%	14.02%
FY 2022-23	-4.32%	0.00%	-4.32%
FY 2023-24	16.78%	0.00%	16.78%
Estimated FY 2025-26	14.23%	0.00%	14.23%
Estimated FY 2026-27	-10.71%	0.00%	-10.71%
Estimated FY 2027-28	3.25%	0.00%	3.25%
Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2019-20	\$178.69	\$0.00	\$178.69
FY 2020-21	\$209.00	\$0.00	\$209.00
FY 2021-22	\$193.97	\$0.00	\$193.97
FY 2022-23	\$225.68	\$0.00	\$225.68
FY 2023-24	\$212.31	\$0.00	\$212.31
Estimated FY 2025-26	\$173.38	\$0.00	\$173.38
Estimated FY 2026-27	\$188.31	\$0.00	\$188.31
Estimated FY 2027-28	\$174.28	\$0.00	\$174.28
Percent Change in Cost Per Enrollee			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
FY 2020-21	16.96%	0.00%	16.96%
FY 2021-22	-7.19%	0.00%	-7.19%
FY 2022-23	16.35%	0.00%	16.35%
FY 2023-24	-5.92%	0.00%	-5.92%
Estimated FY 2025-26	-18.34%	0.00%	-18.34%
Estimated FY 2026-27	8.61%	0.00%	8.61%
Estimated FY 2027-28	-7.45%	0.00%	-7.45%

Exhibit I - SERVICE MANAGEMENT
Summary

Current Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2025-26 Enrollment	1,384,893	N/A	1,384,893
FY 2025-26 PMPM Administration Fee	\$10.99	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2025-26 Base Expenditure	\$182,687,651	\$0	\$182,687,651
ACC Phase II Incentive Payments	\$44,308,466	\$0	\$44,308,466
ACC Phase III Incentive Payments	\$12,680,764	\$0	\$12,680,764
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$57,420,843	\$0	\$57,420,843
Estimated FY 2025-26 Total Expenditure	\$240,108,494	\$0	\$240,108,494
Estimated FY 2025-26 Cost Per Enrollee	\$173.38	\$0.00	\$173.38
% Change over FY 2023-24 Cost Per Enrollee	-18.34%	0.00%	-18.34%
Request Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2026-27 Enrollment	1,236,602	N/A	1,236,602
FY 2026-27 PMPM Administration Fee	\$12.02	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2026-27 Base Expenditure	\$178,433,625		\$178,433,625
ACC Phase II Incentive Payments	\$0	\$0	\$0
ACC Phase III Incentive Payments	\$54,002,768	\$0	\$54,002,768
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$54,434,381	\$0	\$54,434,381
Estimated FY 2026-27 Total Expenditure	\$232,868,006	\$0	\$232,868,006
Estimated FY 2026-27 Cost Per Enrollee	\$188.31	\$0.00	\$188.31
% Change over FY 2025-26 Cost Per Enrollee	8.61%	0.00%	8.61%
Out Year Projection			
ACCOUNTABLE CARE COLLABORATIVE	ACC: RAE/Regional Care Collaboration Organizations (RCCOs)	ACC: Statewide Data and Analytics Contractor (SDAC)	TOTAL
Estimated FY 2027-28 Enrollment	1,276,848	N/A	1,276,848
FY 2027-28 PMPM Administration Fee	\$11.20	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2027-28 Base Expenditure	\$171,584,054		\$171,584,054
ACC Phase II Incentive Payments	\$0	\$0	\$0
ACC Phase III Incentive Payments	\$50,516,737	\$0	\$50,516,737
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$431,613	\$0	\$431,613
Total Bottom Line Impacts	\$50,948,350	\$0	\$50,948,350
Estimated FY 2027-28 Total Expenditure	\$222,532,404	\$0	\$222,532,404
Estimated FY 2027-28 Cost Per Enrollee	\$174.28	\$0.00	\$174.28
% Change over FY 2026-27 Cost Per Enrollee	-7.45%	0.00%	-7.45%
Footnotes:			
(1) Estimates for enrollment are based on the Department's implementation plan. SDAC is paid on a fixed-price contract and is not a function of enrollment.			

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

Cash Funded Expansion Populations							
Source of Funding							
FY 2025-26 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	42,754	\$247,123,667	\$0	\$27,030,875	\$0	\$220,092,792	89.06%
Buy-in for Individuals with Disabilities	26,469	\$285,562,924	\$0	\$139,451,080	\$6,660,761	\$139,451,083	48.83%
MAGI Adults	322,674	\$2,307,137,525	\$0	\$282,085,193	\$0	\$2,025,052,332	87.77%
Non-Newly Eligibles	4,210	\$104,596,818	\$0	\$21,125,755	\$0	\$83,471,063	79.80%
MAGI Parents/Caretakers 60% to 68% FPL	5,070	\$20,197,963	\$0	\$10,098,980	\$0	\$10,098,983	50.00%
Continuous Eligibility for Children	19,207	\$42,268,084	\$0	\$21,134,041	\$0	\$21,134,043	50.00%
Non-Citizen Emergency Services with and ACA Match	40,436	\$56,038,451	\$0	\$6,729,673	\$0	\$49,308,778	87.99%
Subtotal		\$3,062,925,432	\$0	\$507,655,597	\$6,660,761	\$2,548,609,074	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$952,103,052	\$0	\$333,236,068	\$0	\$618,866,984	65.00%
Outpatient Hospital Rates		\$673,253,353	\$0	\$235,638,674	\$0	\$437,614,679	65.00%
Essential Access Payment		\$26,391,090	\$0	\$9,236,881	\$0	\$17,154,209	65.00%
Hospital Quality Incentive Payment		\$127,561,670	\$0	\$44,646,584	\$0	\$82,915,086	65.00%
Subtotal		\$1,779,309,165	\$0	\$622,758,207	\$0	\$1,156,550,958	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$125,250,000	\$0	\$43,837,500	\$0	\$81,412,500	65.00%
Outpatient Hospital SDP		\$264,300,000	\$0	\$92,505,000	\$0	\$171,795,000	65.00%
Subtotal		\$389,550,000	\$0	\$136,342,500	\$0	\$253,207,500	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$5,231,784,597	(\$15,700,000)	\$1,282,456,304	\$6,660,761	\$3,958,367,532	
FY 2026-27 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	43,562	\$272,321,144	\$0	\$30,914,741	\$0	\$241,406,403	88.65%
Buy-in for Individuals with Disabilities	24,909	\$307,675,807	\$0	\$150,507,522	\$6,660,761	\$150,507,524	48.92%
MAGI Adults	326,491	\$2,387,030,600	\$0	\$292,680,726	\$0	\$2,094,349,874	87.74%
Non-Newly Eligibles	4,116	\$104,091,315	\$0	\$20,987,492	\$0	\$83,103,823	79.84%
MAGI Parents/Caretakers 60% to 68% FPL	5,233	\$20,883,455	\$0	\$10,441,726	\$0	\$10,441,729	50.00%
Continuous Eligibility for Children	19,207	\$42,214,449	\$0	\$21,107,223	\$0	\$21,107,226	50.00%
Non-Citizen Emergency Services with and ACA Match	43,072	\$58,436,897	\$0	\$23,671,109	\$0	\$34,765,788	59.49%
Subtotal		\$3,192,653,667	\$0	\$550,310,539	\$6,660,761	\$2,635,682,367	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$952,800,000	\$0	\$333,480,000	\$0	\$619,320,000	65.00%
Outpatient Hospital Rates		\$694,500,000	\$0	\$243,075,000	\$0	\$451,425,000	65.00%
Essential Access Payment		\$25,200,000	\$0	\$8,820,000	\$0	\$16,380,000	65.00%
Hospital Quality Incentive Payment		\$126,900,000	\$0	\$44,415,000	\$0	\$82,485,000	65.00%
Subtotal		\$1,799,400,000	\$0	\$629,790,000	\$0	\$1,169,610,000	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$313,350,000	\$0	\$109,672,500	\$0	\$203,677,500	65.00%
Outpatient Hospital SDP		\$661,200,000	\$0	\$231,420,000	\$0	\$429,780,000	65.00%
Subtotal		\$974,550,000	\$0	\$341,092,500	\$0	\$633,457,500	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$5,966,603,667	(\$15,700,000)	\$1,536,893,039	\$6,660,761	\$4,438,749,867	
FY 2027-28 Summary							
Category	Expenditure		Fund Calculations				
	Caseload	Expenditure	General Fund	Healthcare Affordability and Sustainability Fee Cash Fund	Medicaid Buy-in Cash Fund	Federal Funds	FMAP
Medicaid Expansion Clients							
MAGI Parents/Caretakers 69% to 133% FPL	45,354	\$304,929,151	\$0	\$34,574,731	\$0	\$270,354,420	88.66%
Buy-in for Individuals with Disabilities	24,445	\$335,539,309	\$0	\$164,439,273	\$6,660,761	\$164,439,275	49.01%
MAGI Adults	309,065	\$2,224,382,505	\$0	\$272,980,729	\$0	\$1,951,401,776	87.73%
Non-Newly Eligibles	4,116	\$106,036,330	\$0	\$21,367,152	\$0	\$84,669,178	79.85%
MAGI Parents/Caretakers 60% to 68% FPL	5,401	\$21,622,572	\$0	\$10,811,285	\$0	\$10,811,287	50.00%
Continuous Eligibility for Children	19,207	\$42,197,908	\$0	\$21,098,953	\$0	\$21,098,955	50.00%
Subtotal		\$3,034,707,775	\$0	\$528,272,123	\$6,660,761	\$2,502,774,891	
Supplemental Payments - Fee For Service							
Inpatient Hospital Rates		\$971,856,000	\$0	\$340,149,600	\$0	\$631,706,400	65.00%
Outpatient Hospital Rates		\$708,390,000	\$0	\$247,936,500	\$0	\$460,453,500	65.00%
Essential Access Payment		\$25,704,000	\$0	\$8,996,400	\$0	\$16,707,600	65.00%
Hospital Quality Incentive Payment		\$129,438,000	\$0	\$45,303,300	\$0	\$84,134,700	65.00%
Subtotal		\$1,835,388,000	\$0	\$642,385,800	\$0	\$1,193,002,200	
Supplemental Payments - State Directed Payments							
Inpatient Hospital SDP		\$319,617,000	\$0	\$111,865,950	\$0	\$207,751,050	65.00%
Outpatient Hospital SDP		\$674,424,000	\$0	\$236,048,400	\$0	\$438,375,600	65.00%
Subtotal		\$994,041,000	\$0	\$347,914,350	\$0	\$646,126,650	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Grand Total		\$5,864,136,775	(\$15,700,000)	\$1,531,272,273	\$6,660,761	\$4,341,903,741	

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

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2025-26							
MAGI Parents/Caretakers 69% to 133% FPL ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,521.74	\$236,076,306	\$0	\$25,070,939	\$0	\$211,005,367
Community-Based Long-Term Care		\$46.10	\$1,970,957	\$0	\$197,096	\$0	\$1,773,861
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.09	\$46,678	\$0	\$4,668	\$0	\$42,010
Service Management		\$161.19	\$6,891,725	\$0	\$689,172	\$0	\$6,202,553
ACC Incentive		\$50.01	\$2,138,001	\$0	\$1,069,000	\$0	\$1,069,001
Total	42,754	\$5,780.13	\$247,123,667	\$0	\$27,030,875	\$0	\$220,092,792
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$7,171.22	\$189,815,130	\$0	\$92,693,844	\$4,427,442	\$92,693,844
Community-Based Long-Term Care		\$3,413.54	\$90,352,974	\$0	\$44,122,744	\$2,107,485	\$44,122,745
Long-Term Care		\$4.35	\$115,215	\$0	\$56,264	\$2,687	\$56,264
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$150.10	\$3,972,977	\$0	\$1,940,153	\$92,670	\$1,940,154
ACC Incentive		\$49.36	\$1,306,628	\$0	\$638,075	\$30,477	\$638,076
Total	26,469	\$10,788.58	\$285,562,924	\$0	\$139,451,080	\$6,640,761	\$139,451,083
MAGI Adults ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$6,894.79	\$2,224,767,856	\$0	\$267,172,991	\$0	\$1,957,594,865
Community-Based Long-Term Care		\$47.67	\$15,382,653	\$0	\$1,685,939	\$0	\$13,696,714
Long-Term Care		\$14.84	\$4,789,400	\$0	\$524,918	\$0	\$4,264,482
Insurance		\$0.12	\$40,376	\$0	\$4,403	\$0	\$35,973
Service Management		\$145.92	\$47,084,471	\$0	\$5,160,458	\$0	\$41,924,013
ACC Incentive		\$46.71	\$15,072,969	\$0	\$7,536,484	\$0	\$7,536,485
Total	322,674	\$7,150.06	\$2,307,137,525	\$0	\$282,085,193	\$0	\$2,025,052,332
Non-Citizen Emergency Services with and ACA Match							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$1,385.86	\$56,038,451	\$0	\$6,729,673	\$0	\$49,308,778
Community-Based Long-Term Care	-	-	-	\$0	\$0	\$0	\$0
Long-Term Care	-	-	-	\$0	\$0	\$0	\$0
Insurance	-	-	-	\$0	\$0	\$0	\$0
Service Management	-	-	-	\$0	\$0	\$0	\$0
ACC Incentive	-	-	-	\$0	\$0	\$0	\$0
Total	40,436	\$173.67	\$56,038,451	\$0	\$6,729,673	\$0	\$49,308,778
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$23,768	\$100,065,181	\$0	\$20,013,036	\$0	\$80,052,145
Community-Based Long-Term Care	-	\$172	\$722,625	\$0	\$144,525	\$0	\$578,100
Long-Term Care	-	\$54	\$227,331	\$0	\$45,466	\$0	\$181,865
Insurance	-	\$0	\$1,834	\$0	\$367	\$0	\$1,467
Service Management	-	\$687	\$2,891,874	\$0	\$578,375	\$0	\$2,313,499
ACC Incentive	-	\$163	\$687,973	\$0	\$343,986	\$0	\$343,987
Total	4,210	\$24.681	\$104,596,818	\$0	\$21,125,755	\$0	\$83,471,063
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,714.08	\$18,830,366.00	\$0	\$9,415,183	\$0	\$9,415,183
Community-Based Long-Term Care	-	\$16.54	\$83,849	\$0	\$41,924	\$0	\$41,925
Long-Term Care	-	\$35.13	\$178,130	\$0	\$89,065	\$0	\$89,065
Insurance	-	\$40.45	\$205,064	\$0	\$102,532	\$0	\$102,532
Service Management	-	\$142.78	\$723,875	\$0	\$361,937	\$0	\$361,938
ACC Incentive	-	\$34.85	\$176,679	\$0	\$88,339	\$0	\$88,340
Total	5,070	\$3,908.52	\$20,197,963	\$0	\$10,098,980	\$0	\$10,098,983
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,898.52	\$36,464,830	\$0	\$18,232,415	\$0	\$18,232,415
Community-Based Long-Term Care	-	\$156.43	\$3,004,520	\$0	\$1,502,260	\$0	\$1,502,260
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.23	\$4,391	\$0	\$2,195	\$0	\$2,196
Service Management	-	\$117.66	\$2,259,847	\$0	\$1,129,923	\$0	\$1,129,924
ACC Incentive	-	\$27.83	\$534,496	\$0	\$267,248	\$0	\$267,248
Total	19,207	\$2,172.60	\$42,268,084	\$0	\$21,134,041	\$0	\$21,134,043
FY 2025-26 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	420,384	\$7,286.02	\$3,062,925,432	\$0	\$507,655,597	\$6,640,761	\$2,548,609,074

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

(2) Figures may not sum due to rounding.

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2026-27							
MAGI Parents/Caretakers 69% to 133% FPL ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,953.0	\$259,326,463	\$0	\$27,540,581	\$0	\$231,785,882
Community-Based Long-Term Care		\$84.00	\$3,659,163	\$0	\$1,604,416	\$0	\$2,054,747
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.07	\$46,545	\$0	\$4,654	\$0	\$41,891
Service Management		\$165.25	\$7,198,490	\$0	\$719,849	\$0	\$6,478,641
ACC Incentive		\$47.99	\$2,090,483	\$0	\$1,045,241	\$0	\$1,045,242
Total	43,562	\$6,251.35	\$272,321,144	\$0	\$30,914,741	\$0	\$241,406,403
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$8,243.19	\$205,329,555	\$0	\$100,442,225	\$4,445,104	\$100,442,226
Community-Based Long-Term Care		\$3,899.17	\$97,124,376	\$0	\$47,510,883	\$2,102,610	\$47,510,883
Long-Term Care		\$4.90	\$121,973	\$0	\$59,666	\$2,641	\$59,666
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$158.25	\$3,941,853	\$0	\$1,928,258	\$85,336	\$1,928,259
ACC Incentive		\$46.49	\$1,158,050	\$0	\$566,490	\$25,070	\$566,490
Total	24,909	\$12,351.99	\$307,675,807	\$0	\$150,507,522	\$6,660,761	\$150,507,524
MAGI Adults ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$7,065.01	\$2,306,663,321	\$0	\$277,457,288	\$0	\$2,029,206,033
Community-Based Long-Term Care		\$48.77	\$15,924,292	\$0	\$3,055,747	\$0	\$12,868,545
Long-Term Care		\$15.64	\$5,104,811	\$0	\$510,481	\$0	\$4,594,330
Insurance		\$0.12	\$40,301	\$0	\$4,030	\$0	\$36,271
Service Management		\$137.80	\$44,989,392	\$0	\$4,498,939	\$0	\$40,490,453
ACC Incentive		\$43.83	\$14,308,483	\$0	\$7,154,241	\$0	\$7,154,242
Total	326,491	\$7,311.17	\$2,387,030,600	\$0	\$292,680,726	\$0	\$2,094,349,874
Non-Citizen Emergency Services with and ACA Match							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$1,356.73	\$58,436,897	\$0	\$23,671,109	\$0	\$34,765,788
Community-Based Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0	\$0
ACC Incentive		\$0.00	\$0	\$0	\$0	\$0	\$0
Total	43,072	\$1,356.73	\$58,436,897	\$0	\$23,671,109	\$0	\$34,765,788
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,365.51	\$100,288,430	\$0	\$20,057,686	\$0	\$80,230,744
Community-Based Long-Term Care	-	\$158.11	\$650,788	\$0	\$130,158	\$0	\$520,630
Long-Term Care	-	\$20.09	\$206,188	\$0	\$41,238	\$0	\$164,950
Insurance	-	\$0.39	\$1,589	\$0	\$318	\$0	\$1,271
Service Management	-	\$578.29	\$2,380,225	\$0	\$476,045	\$0	\$1,904,180
ACC Incentive	-	\$137.05	\$564,095	\$0	\$282,047	\$0	\$282,048
Total	4,116	\$25,152.00	\$104,091,315	\$0	\$20,987,492	\$0	\$83,103,823
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,770.03	\$19,728,568	\$0	\$9,864,284	\$0	\$9,864,284
Community-Based Long-Term Care	-	\$16.43	\$85,968	\$0	\$42,984	\$0	\$42,984
Long-Term Care	-	\$1.92	\$10,043	\$0	\$5,021	\$0	\$5,022
Insurance	-	\$42.23	\$220,973	\$0	\$110,486	\$0	\$110,487
Service Management	-	\$130.62	\$683,548	\$0	\$341,774	\$0	\$341,774
ACC Incentive	-	\$29.50	\$154,355	\$0	\$77,177	\$0	\$77,178
Total	5,233	\$3,919.00	\$20,883,455	\$0	\$10,441,726	\$0	\$10,441,729
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,901.91	\$36,530,002	\$0	\$18,265,001	\$0	\$18,265,001
Community-Based Long-Term Care	-	\$163.04	\$3,131,444	\$0	\$1,565,722	\$0	\$1,565,722
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.22	\$4,213	\$0	\$2,106	\$0	\$2,107
Service Management	-	\$107.66	\$2,067,749	\$0	\$1,033,874	\$0	\$1,033,875
ACC Incentive	-	\$25.05	\$481,041	\$0	\$240,520	\$0	\$240,521
Total	19,207	\$2,172.60	\$42,214,449	\$0	\$21,107,223	\$0	\$21,107,226
FY 2026-27 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	466,590	\$6,842.52	\$3,192,653,667	\$0	\$550,310,539	\$6,660,761	\$2,635,682,367

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

(2) Figures may not sum due to rounding.

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2027-28							
MAGI Parents/Caretakers 69% to 133% FPL ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$6,414.46	\$290,921,272	\$0	\$30,885,702	\$0	\$260,035,570
Community-Based Long-Term Care		\$90.65	\$4,111,342	\$0	\$1,802,680	\$0	\$2,308,662
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.03	\$46,545	\$0	\$4,654	\$0	\$41,891
Service Management		\$167.75	\$7,608,252	\$0	\$760,825	\$0	\$6,847,427
ACC Incentive		\$49.43	\$2,241,740	\$0	\$1,120,870	\$0	\$1,120,870
Total	45,354	\$6,723.31	\$304,929,151	\$0	\$34,574,731	\$0	\$270,354,420
Buy-In for Individuals with Disabilities							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$9,365.86	\$228,948,515	\$0	\$112,201,839	\$4,544,837	\$112,201,839
Community-Based Long-Term Care		\$4,142.62	\$101,266,257	\$0	\$49,628,015	\$2,010,227	\$49,628,015
Long-Term Care		\$5.28	\$129,043	\$0	\$63,240	\$2,562	\$63,241
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$164.11	\$4,011,672	\$0	\$1,966,018	\$79,635	\$1,966,019
ACC Incentive		\$48.43	\$1,183,822	\$0	\$580,161	\$23,500	\$580,161
Total	24,445	\$13,726.30	\$335,539,309	\$0	\$164,439,273	\$6,660,761	\$164,439,275
MAGI Adults ⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$6,985.10	\$2,158,850,666	\$0	\$260,912,924	\$0	\$1,897,937,742
Community-Based Long-Term Care		\$49.09	\$15,172,590	\$0	\$2,911,501	\$0	\$12,261,089
Long-Term Care		\$17.27	\$5,337,438	\$0	\$333,744	\$0	\$4,803,694
Insurance		\$0.13	\$39,829	\$0	\$3,983	\$0	\$35,846
Service Management		\$112.21	\$34,681,036	\$0	\$3,468,104	\$0	\$31,212,932
ACC Incentive		\$33.33	\$10,300,946	\$0	\$5,150,473	\$0	\$5,150,473
Total	309,065	\$7,197.13	\$2,224,382,505	\$0	\$272,980,729	\$0	\$1,951,401,776
Non-Citizen Emergency Services with and ACA Match							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds ⁽¹⁾
Acute Care		\$1,356.73	\$58,436,897	\$0	\$29,218,448	\$0	\$29,218,449
Community-Based Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0	\$0
ACC Incentive		\$0.00	\$0	\$0	\$0	\$0	\$0
Total	43,072	\$1,356.73	\$58,436,897	\$0	\$29,218,448	\$0	\$29,218,449
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,784.47	\$102,012,867	\$0	\$20,402,573	\$0	\$81,610,294
Community-Based Long-Term Care	-	\$200.59	\$825,615	\$0	\$165,123	\$0	\$660,492
Long-Term Care	-	\$68.36	\$281,390	\$0	\$56,278	\$0	\$225,112
Insurance	-	\$0.50	\$2,061	\$0	\$412	\$0	\$1,649
Service Management	-	\$578.58	\$2,381,440	\$0	\$476,288	\$0	\$1,905,152
ACC Incentive	-	\$129.48	\$532,957	\$0	\$266,478	\$0	\$266,479
Total	4,116	\$25,632.00	\$106,036,330	\$0	\$21,367,152	\$0	\$84,669,178
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,784.91	\$20,442,286	\$0	\$10,221,143	\$0	\$10,221,143
Community-Based Long-Term Care	-	\$16.38	\$88,494	\$0	\$44,247	\$0	\$44,247
Long-Term Care	-	\$1.94	\$10,460	\$0	\$5,230	\$0	\$5,230
Insurance	-	\$44.75	\$241,675	\$0	\$120,837	\$0	\$120,838
Service Management	-	\$126.77	\$684,689	\$0	\$342,344	\$0	\$342,345
ACC Incentive	-	\$28.69	\$154,968	\$0	\$77,484	\$0	\$77,484
Total	5,401	\$3,930.00	\$21,622,572	\$0	\$10,811,285	\$0	\$10,811,287
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,901.70	\$36,525,892	\$0	\$18,262,946	\$0	\$18,262,946
Community-Based Long-Term Care	-	\$164.72	\$3,163,842	\$0	\$1,581,921	\$0	\$1,581,921
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.21	\$4,087	\$0	\$2,043	\$0	\$2,044
Service Management	-	\$106.18	\$2,039,462	\$0	\$1,019,731	\$0	\$1,019,731
ACC Incentive	-	\$24.19	\$464,625	\$0	\$232,312	\$0	\$232,313
Total	19,207	\$2,172.60	\$42,197,908	\$0	\$21,098,953	\$0	\$21,098,955
FY 2027-28 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	450,660	\$6,863.59	\$3,093,144,672	\$0	\$554,490,571	\$6,660,761	\$2,531,993,340

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

(2) Figures may not sum due to rounding.

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing			
Nursing Facilities UPL	FY 2023-24	FY 2024-25	FY 2025-26
Total Funds	\$4,362,680	\$4,595,211	\$4,840,136
General Fund	(\$4,362,680)	(\$4,595,211)	(\$4,840,135)
Cash Funds	\$4,362,680	\$4,595,211	\$4,840,136
Federal Funds	\$4,362,680	\$4,595,211	\$4,840,135
Home Health UPL			
Total Funds	\$696,228	\$733,337	\$772,424
General Fund	(\$696,228)	(\$733,337)	(\$772,424)
Cash Funds	\$696,228	\$733,337	\$772,424
Federal Funds	\$696,228	\$733,337	\$772,424
Total Upper Payment Limit Financing			
Total Funds	\$5,058,908	\$5,328,548	\$5,612,560
General Fund	(\$5,058,908)	(\$5,328,548)	(\$5,612,559)
Cash Funds	\$5,058,908	\$5,328,548	\$5,612,560
Federal Funds	\$5,058,908	\$5,328,548	\$5,612,559

Exhibit K - Upper Payment Limit Financing

Nursing Facilities Upper Payment Limit Calculation Estimate Based on CY 2023 Actual Upper Payment Limit & CY 2023 Interim Public Nursing Facility Calculations		
State Nursing Facilities		
Provider Name	Upper Payment Limit (Amount Remaining after Medicaid Payment)	Certified Uncompensated Cost
Colorado St. Veterans - Fitzsimmons	\$1,146,926	\$1,846,592
Colorado St. Veterans - Florence	\$1,796,818	\$1,764,611
Colorado St. Veterans - Homelake	\$236,158	\$1,097,536
Colorado St. Veterans - Rifle	\$860,507	\$1,355,689
State Nursing Facilities Total	\$4,040,409	\$6,064,427
Government Nursing Facilities		
Colorado St. Veterans - Walsenburg	\$436,182	\$689,354
Bent County Healthcare Center	(\$218,093)	(\$88,294)
Cheyenne Manor	\$354,879	\$140,763
Cripple Creek Rehabilitation & Wellness Center	\$0	\$0
E. Dene Moore Care Center	\$2,767,887	\$4,271,173
Gunnison Valley Health Senior Care	(\$72,594)	\$2,159,765
Lincoln Community Hospital & Nursing Home	\$350,548	\$0
Prospect Park Living Center	\$0	\$0
Sedgwick County Hospital & Nursing Home	\$90,573	\$109,551
Southeast Colorado Hospital & LTC Center	\$318,781	\$825,350
Walbridge Memorial Convalescent Wing	(\$308,668)	\$1,041,440
Walsh Healthcare Center	\$148,006	\$532,136
Washington County Nursing Home	\$375,921	\$391,959
Government Nursing Facilities Total	\$4,243,423	\$10,073,196
(1) Certified uncompensated costs will be updated in the Department's February Medical Services Premiums request.		

Exhibit K - Upper Payment Limit Financing

Item	Amount
Supplemental Medicaid Nursing Facilities Payment	
Estimated CY 2025 Upper Payment Limit	\$8,725,360
Estimated CY 2026 Upper Payment Limit	\$9,190,422
Estimated CY 2027 Upper Payment Limit	\$9,680,271
Supplemental Medicaid Nursing Facility Payment FY 2024-25	
Total Funds	\$4,362,680
General Fund (offset by Federal Funds)	(\$4,362,680)
Cash Funds	\$4,362,680
Federal Funds	\$4,362,680
Supplemental Medicaid Nursing Facility Payment FY 2025-26	
Total Funds	\$4,595,211
General Fund (offset by Federal Funds)	(\$4,595,211)
Cash Funds	\$4,595,211
Federal Funds	\$4,595,211
Supplemental Medicaid Nursing Facility Payment FY 2026-27	
Total Funds	\$4,840,136
General Fund (offset by Federal Funds)	(\$4,840,135)
Cash Funds	\$4,840,136
Federal Funds	\$4,840,135
CY 2022 Inflation Factor ⁽¹⁾	5.33%
(1) Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average	

Exhibit K - Upper Payment Limit Financing

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

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	Amount
CY 2024 Upper Payment Limit	\$1,392,456
CY 2025 Upper Payment Limit	\$1,466,674
CY 2026 Upper Payment Limit	\$1,544,848
Supplemental Medicaid Home Health Payment FY 2025-26	
Total Funds	\$696,228
General Fund	(\$696,228)
Cash Funds	\$696,228
Federal Funds	\$696,228
Supplemental Medicaid Home Health Payment FY 2026-27	
Total Funds	\$733,337
General Fund	(\$733,337)
Cash Funds	\$733,337
Federal Funds	\$733,337
Supplemental Medicaid Home Health Payment FY 2027-28	
Total Funds	\$772,424
General Fund	(\$772,424)
Cash Funds	\$772,424
Federal Funds	\$772,424
CY 2022 Inflation Factor ⁽¹⁾	5.33%
(1) Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average.	

Exhibit K - Upper Payment Limit Financing

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

Exhibit L - Recoveries

Department Recovery Revenue													
Recovery Category	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27	Estimated FY 2027-28
Estate Recoveries ⁽¹⁾	\$5,526,967	\$6,261,038	\$6,743,602	\$9,216,130	\$7,039,020	\$7,510,514	\$2,639,737	\$648,049	\$1,591,459	\$4,639,098	\$8,240,443	\$3,541,646	\$3,541,646
Income Trust and Repayments ⁽¹⁾	\$6,716,046	\$6,090,938	\$5,628,684	\$9,992,986	\$7,363,768	\$8,370,393	\$5,804,157	\$2,715,439	\$6,274,084	\$9,916,234	\$5,084,930	\$7,446,304	\$7,446,304
Third Party Health Insurance	\$28,691,812	\$31,434,219	\$25,476,789	\$38,022,040	\$37,175,342	\$46,043,086	\$46,255,739	\$28,287,153	\$79,456,908	\$97,645,808	\$105,544,896	\$75,915,523	\$75,915,523
Third Party Casualty	\$8,457,430	\$7,341,535	\$9,239,387	\$17,832,295	\$17,430,179	\$15,726,737	\$16,545,862	\$10,086,711	\$22,809,013	\$24,148,553	\$19,359,151	\$22,375,263	\$22,375,263
Credit Balance Audits ⁽²⁾	\$0	\$0	\$997,742	\$709,519	\$451,097	\$992,830	\$1,285,792	\$1,473,224	\$1,473,224	\$926,839	\$512,200	\$1,291,096	\$1,291,096
Subtotal											\$138,741,620	\$110,569,831	\$110,569,831
Bottom Line Impacts													
S-7 Recoveries Audit Contractor											\$19,188,926	\$17,270,033	\$15,543,031
Total Recoveries Including Bottom Line Impacts ⁽³⁾	\$49,392,255	\$51,127,730	\$48,086,205	\$75,772,969	\$69,459,406	\$78,643,561	\$72,531,288	\$43,210,576	\$111,604,688	\$137,276,532	\$157,930,546	\$127,839,864	\$126,112,862

(1) Historical Estate and Income Trust recoveries have been restated to reflect changes in accounting classifications.
(2) Credit Balance and Audits is a new line procured in the 2017 contract.
(3) Figures represent only recovery types classified as revenue by the Department. Additionally, figures are adjusted for cash flow. As a result, differences may exist between historical recovery totals reported here and totals reported elsewhere by the Department.

Contingency and Contractor Payments													
Recovery Category	Contingency Amount ⁽⁵⁾	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27	Estimated FY 2027-28
Estate Recoveries	12.00%	\$657,409	\$708,078	\$967,694	\$739,097	\$863,709	\$303,570	\$77,766	\$190,975	\$77,766	\$424,998	\$424,998	\$424,998
Income Trust and Repayments ⁽⁴⁾	0.00%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Third Party Health Insurance	7.50%	\$1,854,619	\$1,503,131	\$2,243,300	\$2,193,345	\$3,176,973	\$3,191,646	\$2,121,536	\$5,959,268	\$2,121,536	\$5,693,664	\$5,693,664	\$5,693,664
Third Party Casualty	10.00%	\$616,689	\$776,109	\$1,497,913	\$1,464,135	\$1,478,313	\$1,555,311	\$1,008,671	\$2,280,901	\$1,008,671	\$2,237,526	\$2,237,526	\$2,237,526
Credit Balance Audits	16.00%	\$0	\$159,639	\$113,523	\$72,175	\$158,853	\$205,727	\$235,716	\$235,716	\$235,716	\$206,575	\$206,575	\$206,575
S-7 Recovers Audit Contractor	18.00%										\$3,454,007	\$3,108,606	\$2,797,746
Total		\$3,128,717	\$3,146,957	\$4,822,430	\$4,468,752	\$5,677,848	\$5,256,254	\$3,443,689	\$8,666,860	\$3,443,689	\$12,016,770	\$11,671,369	\$11,360,509

(4) Income Trust and Repayments are processed by Department staff. No contingency fee is paid.
(5) The Department's recovery contract was repocured for the beginning of FY 2017. Contingency rates shown reflect the new contract amounts.

Fund Splits					
Total Medical Services Premiums Impact	Total Funds	General Fund	Cash Funds	Federal Funds	FFP
FY 2025-26	\$0	(\$72,300,276)	\$145,913,776	(\$73,613,500)	50.45%
FY 2026-27	\$0	(\$57,561,489)	\$116,168,495	(\$58,607,006)	50.45%
FY 2027-28	\$0	(\$56,859,791)	\$114,752,353	(\$57,892,562)	50.45%

Exhibit M

Cash-based Actuals																	
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	CORE TOTAL
Acute Care																	
Physician Services & EPSDT	\$4,491,730	\$17,921,006	\$225,496,483	\$32,103,946	\$132,890,506	\$38,975,510	\$354,815,387	\$7,438	\$443,365,002	\$38,553,346	\$38,351,964	\$39,154,837	\$4,472,058	\$17,290,590	\$0	\$382,804	\$1,388,272,597
Emergency Transportation	\$622,601	\$2,519,745	\$9,141,075	\$1,066,053	\$6,481,199	\$1,455,105	\$32,540,985	\$6,494	\$10,159,896	\$860,347	\$1,315,179	\$1,785,040	\$347,305	\$1,825,089	\$0	\$0	\$70,126,113
Non-emergency Medical Transportation	\$50,395,771	\$20,974,777	\$68,198,784	\$14,776,660	\$17,846,031	\$3,165,702	\$98,474,906	\$5,047	\$11,038,755	\$961,906	\$2,466,129	\$3,604,298	\$244,195	\$2,477	\$0	\$0	\$292,155,438
Dental Services	\$12,752,833	\$3,565,371	\$15,884,023	\$14,532,504	\$71,934,124	\$24,569,134	\$174,395,221	\$59,629	\$193,541,936	\$28,910,581	\$9,763,863	\$245,948	\$2,399,333	\$62,695	\$0	\$0	\$552,617,195
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$7,302,072	\$12,645,871	\$42,873,488	\$16,716,909	\$77,233,682	\$30,190,362	\$284,877,772	\$0	\$44,555,711	\$5,408,531	\$1,115,519	\$642,078	\$5,227,883	\$51,804	\$0	\$0	\$528,841,680
Inpatient Hospitals	\$13,606,974	\$36,819,836	\$149,733,921	\$17,535,448	\$79,316,308	\$20,118,116	\$408,709,511	\$148,863	\$200,658,291	\$6,681,572	\$14,771,512	\$44,817,368	\$7,572,849	\$69,384,602	\$0	\$10,545	\$1,069,885,716
Outpatient Hospitals	\$2,343,228	\$12,269,266	\$61,793,293	\$11,948,188	\$88,719,940	\$27,936,800	\$230,263,146	\$369,641	\$142,663,001	\$16,134,244	\$24,500,178	\$18,168,418	\$4,882,913	\$16,985,571	\$0	\$70,436	\$659,048,264
Lab & X-Ray	\$450,285	\$1,915,757	\$7,131,555	\$1,497,766	\$30,544,583	\$7,680,331	\$82,273,950	\$57,912	\$9,342,454	\$1,226,863	\$1,922,913	\$12,162,901	\$4,436,210	\$237,905	\$0	\$69,070	\$160,960,454
Durable Medical Equipment	\$18,453,978	\$10,792,674	\$129,260,634	\$11,567,705	\$15,439,123	\$144,937	\$227,092	\$0	\$55,898,194	\$5,718,322	\$12,734,210	\$4,486,238	\$954,964	\$387,746	\$0	\$0	\$266,065,818
Prescription Drugs	\$7,700,300	\$47,061,175	\$326,091,033	\$82,267,012	\$218,032,304	\$75,174,717	\$703,167,844	\$1,133,516	\$121,429,511	\$22,945,029	\$22,680,060	\$15,405,725	\$2,768,154	\$0	\$0	\$428,634	\$1,646,285,013
Physician Administered Drugs	\$5,714,405	\$3,946,297	\$26,171,947	\$10,552,956	\$27,226,851	\$9,211,611	\$74,337,552	\$236,260	\$17,528,112	\$1,562,741	\$860,632	\$3,295,304	\$698,974	\$354,292	\$0	\$0	\$181,697,933
Drug Rebate	(\$4,877,267)	(\$29,807,920)	(\$206,541,709)	(\$52,106,828)	(\$138,098,752)	(\$47,614,663)	(\$445,377,129)	(\$717,954)	(\$76,911,832)	(\$14,533,075)	(\$14,365,248)	(\$9,757,781)	(\$1,753,312)	\$0	\$0	(\$271,491)	(\$1,042,734,959)
Rural Health Centers	\$47,754	\$803,960	\$2,310,606	\$2,444,371	\$6,337,506	\$2,444,371	\$11,827,522	\$309,031	\$13,413,802	\$2,068,669	\$675,255	\$3,090,659	\$8,600,289	\$12,763	\$0	\$17,677	\$52,476,408
Federally Qualified Health Centers	\$1,530,123	\$2,860,761	\$9,325,364	\$2,053,777	\$23,873,615	\$7,775,396	\$55,300,896	\$32,816	\$53,477,979	\$6,105,098	\$1,830,078	\$11,609,098	\$6,351,099	(\$659)	\$0	\$201,166	\$182,326,608
Co-Insurance (Title XVIII-Medicare)	\$104,933,430	\$12,700,091	\$41,801,363	\$23,568,563	\$3,096,813	\$357,628	\$4,149,979	\$1,799	\$2,784,516	\$270,339	\$234,955	\$275,521	\$17,244	\$83,103	\$23,928,642	\$40,841	\$218,244,827
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$0
Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services	\$177,070	\$320,966	\$2,013,496	\$494,049	\$4,701,917	\$1,674,676	\$10,413,159	\$7,644	\$3,129,702	\$132,247	\$270,119	\$638,457	\$149,928	\$0	\$0	\$26,260	\$24,149,691
Acute Home Health	\$5,221,857	\$1,160,030	\$19,633,191	\$1,326,362	\$189,460	\$1,436	\$4,018	\$0	\$6,675,938	\$1,779,610	\$11,513	\$10,700	\$0	\$0	\$0	\$0	\$36,581,434
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$230,867,134	\$158,469,663	\$930,318,547	\$190,417,614	\$665,765,210	\$203,261,169	\$2,080,401,811	\$1,658,136	\$1,252,750,968	\$123,584,078	\$120,906,928	\$149,634,809	\$47,381,599	\$106,677,978	\$23,928,642	\$975,944	\$6,287,000,230
Community Based Long Term Care																	
HCBS - Elderly, Blind, and Disabled	\$697,402,207	\$117,975,534	\$324,171,542	\$33,514,846	\$0	\$0	\$0	\$0	\$0	\$0	\$143,507	\$0	\$0	\$0	\$0	\$0	\$1,173,207,637
HCBS - Community Mental Health Services	\$21,454,831	\$12,969,596	\$51,241,597	\$5,091,244	\$0	\$0	\$0	\$0	\$0	\$0	\$40,939	\$0	\$0	\$0	\$0	\$0	\$90,798,207
HCBS - Children's HCBS	\$0	\$0	\$228,955,213	\$249	\$0	\$0	\$0	\$0	\$222,469	\$12,331	\$902,384	\$0	\$0	\$0	\$0	\$0	\$230,092,647
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$8,726,977	\$8,049,321	\$38,526,692	\$3,178,728	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$58,481,718
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$399,275	\$0	\$0	\$0	\$0	\$0	\$0	\$3,305	\$0	\$0	\$0	\$0	\$0	\$0	\$402,880
HCBS - Spinal Cord Injury	\$2,253,232	\$1,283,108	\$15,644,665	\$6,759,778	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,940,783
CCT - Services	\$2,877,758	\$1,101,280	\$3,880,531	\$102,506	\$12,045	\$1,076	\$43,165	\$0	\$389,232	\$36,992	\$152,489	\$0	\$0	\$0	\$0	\$0	\$8,597,073
Private Duty Nursing	\$58,053,476	\$8,013,706	\$488,871,908	\$7,628,636	\$0	\$0	\$0	\$0	\$23,296,138	\$1,869,766	\$226,139,382	\$0	\$0	\$0	\$0	\$0	\$813,873,012
Long Term Home Health	\$15,747,815	\$4,186,995	\$86,771,727	\$2,103,486	\$216,025	\$16,887	\$1,159,344	\$0	\$15,520,900	\$1,069,147	\$6,313,706	\$1,895	\$0	\$0	\$0	\$0	\$133,107,928
Hospice	\$57,119,193	\$4,592,600	\$4,794,180	\$819,747	\$365,772	\$210,332	\$4,628,470	\$9,096	\$250,492	\$14,077	\$62,321	\$0	\$874	\$72,624	\$0	\$8,482	\$72,939,778
Subtotal Community Based Long-Term Care	\$863,635,489	\$158,172,140	\$1,243,257,330	\$59,199,220	\$593,842	\$228,295	\$5,830,979	\$9,096	\$39,679,231	\$3,002,313	\$233,758,033	\$1,895	\$874	\$72,624	\$0	\$8,482	\$2,607,441,363
Long Term Care																	
Class I Nursing Facilities	\$621,929,618	\$77,924,762	\$107,818,484	\$910,064	\$136,591	(\$44,527)	\$4,595,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$813,270,939
Class II Nursing Facilities	\$718,742	\$531,543	\$6,316,106	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,566,391
Program of All-Inclusive Care for the Elderly	\$291,371,770	\$31,206,292	\$8,168,081	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,746,143
Subtotal Long-Term Care	\$914,020,130	\$109,662,597	\$122,302,671	\$910,064	\$136,591	(\$44,527)	\$4,595,947	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,151,583,473
Insurance																	
Supplemental Medicare Insurance Benefit	\$102,278,715	\$13,359,722	\$63,767,504	\$0	\$7,283,145	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$95,517,270	\$0	\$282,206,356
Health Insurance Buy-In Program	\$19,235	\$2,356,311	\$24,044	\$0	\$28,853	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$0	\$0	\$2,702,545
Subtotal Insurance	\$102,297,950	\$13,383,766	\$66,123,815	\$0	\$7,311,998	\$48,088	\$43,279	\$0	\$168,308	\$0	\$0	\$14,426	\$0	\$0	\$95,517,270	\$0	\$284,908,901
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$1,829	\$7,299	\$91,843	\$13,076	\$54,126	\$15,875	\$144,515	\$0	\$0	\$0	\$15,621	\$15,948	\$1,821	\$0	\$0	\$1	\$361,953
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$4,668,626	\$1,305,447	\$6,053,069	\$5,306,176	\$27,104,809	\$8,970,634	\$61,994,377	\$25,738	\$77,948,931	\$9,839,327	\$3,966,745	\$92,414	\$2,501,579	\$6,949	\$0	\$0	\$209,784,822
Subtotal Service Management	\$4,670,455	\$1,312,746	\$6,144,912	\$5,319,252	\$27,158,935	\$8,986,509	\$62,138,892	\$25,738	\$77,948,931	\$9,839,327	\$3,982,366	\$108,362	\$2,503,400	\$6,949	\$0	\$0	\$210,146,775
Total Services	\$2,115,491,158	\$441,000,912	\$2,368,147,275	\$255,846,150	\$700,966,576	\$212,479,534	\$2,153,010,908	\$1,692,970	\$1,370,547,438	\$136,425,718	\$358,647,327	\$149,759,492	\$49,885,873	\$106,757,551	\$119,445,912	\$984,426	\$10,541,080,742
Financing & Supplemental Payments																	
Upper Payment Limit Financing	\$1,215,685	\$197,132	\$1,224,707	\$78,231	\$152,034	\$45,493	\$385,155	\$601	\$529,177	\$51,665	\$126,968	\$29,923	\$8,349	\$27,600	\$0	\$114	\$4,072,834
Hospital Supplemental Payments	\$13,967,594	\$43,152,358	\$186,236,713	\$26,067,356	\$149,238,764	\$42,762,909	\$563,998,834	\$463,630	\$303,655,786	\$20,396,898	\$35,001,404	\$55,447,557	\$11,007,131	\$75,774,573	\$0	\$72,825	\$1,527,244,332
Nursing Facility Supplemental Payments	\$89,031,920	\$11,155,267	\$15,434,894	\$130,280	\$19,554	\$657,718	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$116,423,259
Physician Supplemental Payments	\$55,900	\$223,029	\$2,806,326	\$399,537	\$1,653,835	\$485,054	\$4,415,712	\$93	\$5,517,721	\$479,800	\$477,294	\$487,286	\$55,655	\$215,183	\$0	\$4,764	\$17,277,189
Outstanding Payments	\$8,198	\$42,927	\$216,199	\$41,803	\$310,407	\$97,743	\$805,628	\$1,293	\$499,139	\$56,449	\$85,719	\$63,566	\$17,084	\$59,408	\$0	\$246	\$2,305,829
University of Colorado School of Medicine Payments	\$710,960	\$2,836,568	\$35,691,975	\$5,081,468	\$21,034,140	\$6,169,111	\$56,160,795	\$1,177	\$70,176,581	\$6,102,290	\$6,070,415	\$6,197,496	\$707,845	\$2,736,785	\$0	\$60,591	\$219,738,196
Other Supplemental Payments	\$6,204,316	\$3,404,257	\$14,277,800	\$1,879,118	\$10,188,358	\$2,928,351	\$37,018,021	\$27,585	\$22,478,161	\$1,600,691	\$2,467,880	\$3,677,186	\$697,079	\$4,657,425	\$0	\$8,187	\$111,514,413
Accounting Adjustments	\$10,480,704	\$2,405,291	\$13,151,903	\$1,637,886	\$4,059,359	\$12,952,714	\$12,426	\$7,317,474	\$704,431	\$1,155,793	\$842,066	\$258,320	\$563,031	\$120,584	\$8,271	\$56,929,461	\$56,929,461
Subtotal Financing and Supplemental Payments	\$121,675,277	\$63,416,829	\$269,040,517	\$35,315,679	\$186,656,451	\$53,											

Exhibit M

Cash-based Actuals																	
FY 2023-24	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	CORE TOTAL
Acute Care																	
Physician Services & EPSDT	\$3,804,888	\$16,748,207	\$164,256,357	\$18,940,053	\$124,889,300	\$48,292,495	\$335,753,761	\$8,576	\$401,688,957	\$41,019,201	\$35,006,995	\$31,056,511	\$1,170,739	\$15,460,019	\$0	\$330,256	\$1,238,426,316
Emergency Transportation	\$754,189	\$2,283,933	\$8,272,018	\$756,017	\$6,241,107	\$1,839,213	\$32,092,166	\$2,082	\$9,633,297	\$1,020,386	\$1,257,852	\$1,675,943	\$428,536	\$1,832,552	\$0	\$0	\$68,089,288
Non-emergency Medical Transportation	\$41,937,526	\$21,358,598	\$64,061,953	\$10,979,861	\$22,689,671	\$3,926,912	\$18,104,366	\$789	\$12,243,226	\$1,136,206	\$2,399,150	\$3,886,832	\$230,061	\$0	\$0	\$0	\$302,955,153
Dental Services	\$15,275,043	\$4,273,892	\$20,586,042	\$7,412,647	\$55,344,388	\$24,598,217	\$143,089,079	\$41,587	\$143,675,264	\$22,005,911	\$6,745,959	\$155,265	\$1,817,237	\$45,986	\$0	\$0	\$445,066,515
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$16,212,639	\$17,431,547	\$63,382,535	\$11,924,367	\$63,092,957	\$29,049,092	\$216,440,153	\$0	\$36,227,248	\$5,889,170	\$754,343	\$246,401	\$4,255,837	\$24,723	\$0	\$0	\$464,931,013
Inpatient Hospitals	\$13,999,662	\$39,031,991	\$141,590,135	\$9,694,964	\$78,400,286	\$26,200,468	\$394,623,800	\$91,039	\$196,651,646	\$9,579,127	\$14,276,964	\$41,589,347	\$29,613	\$72,835,316	\$0	\$5,406	\$1,038,599,765
Outpatient Hospitals	\$2,405,369	\$11,886,145	\$59,952,755	\$8,696,448	\$95,039,150	\$38,115,938	\$250,438,075	\$365,328	\$149,271,683	\$20,002,318	\$28,244,325	\$18,086,400	\$4,159,383	\$15,984,493	\$0	\$61,257	\$702,709,267
Lab & X-Ray	\$381,728	\$1,708,902	\$6,217,636	\$948,122	\$28,565,597	\$9,589,567	\$70,225,214	\$45,377	\$9,383,170	\$1,461,990	\$1,573,614	\$10,493,791	\$2,497,616	\$245,203	\$0	\$23,472	\$143,361,198
Durable Medical Equipment	\$16,777,328	\$9,926,179	\$117,567,717	\$7,688,243	\$16,145,081	\$235,314	\$487,069	\$0	\$55,685,523	\$6,579,963	\$12,533,318	\$3,911,492	\$940,133	\$235,181	\$0	\$1,421	\$248,713,961
Prescription Drugs	\$7,330,918	\$44,341,303	\$286,768,358	\$52,670,918	\$208,934,275	\$90,746,768	\$673,245,819	\$681,324	\$128,208,778	\$27,194,637	\$21,559,290	\$17,314,149	\$3,618,558	\$22	\$0	\$291,336	\$1,562,906,455
Physician Administered Drugs	\$5,100,501	\$4,534,213	\$28,629,666	\$6,896,956	\$25,779,119	\$12,344,333	\$75,479,328	\$361,440	\$13,938,284	\$3,200,883	\$829,972	\$3,486,643	\$760,645	\$355,990	\$0	\$0	\$181,697,933
Drug Rebate	\$54,782,954	(\$28,929,872)	(\$187,098,064)	(\$34,364,414)	(\$136,316,289)	(\$59,206,478)	(\$439,249,988)	(\$444,520)	(\$83,648,051)	(\$17,742,766)	(\$14,066,062)	(\$11,296,378)	(\$2,360,878)	(\$15)	\$0	(\$190,078)	(\$1,019,696,781)
Rural Health Centers	\$56,873	\$671,026	\$1,914,520	\$260,110	\$5,835,914	\$2,947,958	\$11,135,002	\$251,112	\$12,315,735	\$1,921,947	\$599,306	\$2,147,857	\$6,662,950	\$8,249	\$0	\$13,870	\$46,742,427
Federally Qualified Health Centers	\$1,497,406	\$2,784,653	\$9,757,506	\$1,463,478	\$24,832,569	\$10,624,261	\$59,152,788	\$26,933	\$51,646,042	\$7,217,740	\$1,883,158	\$10,558,524	\$2,161,683	\$885	\$0	\$146,349	\$183,753,973
Co-Insurance (Title XVIII-Medicare)	\$85,322,960	\$10,918,365	\$34,576,367	\$16,295,944	\$4,020,767	\$1,227,773	\$13,211,204	\$18,465	\$1,951,054	\$218,840	\$295,029	\$247,578	\$28,211	\$52,026	\$20,165,846	\$14,687	\$188,565,118
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$0
Other Medical Services	(\$2)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive Services	\$157,348	\$312,461	\$1,675,072	\$336,371	\$4,287,486	\$2,021,652	\$9,879,655	\$5,178	\$2,827,001	\$149,208	\$236,291	\$610,793	\$148,486	\$0	\$0	\$16,644	\$22,663,642
Acute Home Health	\$4,786,108	\$1,161,952	\$19,297,671	\$981,504	\$17,209	\$1,332	\$7,469	\$0	\$7,012,375	\$668,372	\$1,914,612	\$7,048	\$574	\$0	\$0	\$0	\$36,006,420
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$211,017,522	\$160,443,495	\$841,408,644	\$121,581,589	\$627,948,587	\$242,554,815	\$1,964,114,990	\$1,454,710	\$1,148,711,232	\$131,523,133	\$116,044,116	\$134,178,396	\$26,549,384	\$107,080,590	\$20,165,846	\$714,621	\$5,855,491,663
Community Based Long Term Care																	
HCBS - Elderly, Blind, and Disabled	\$526,881,076	\$94,165,155	\$249,243,921	\$24,935,736	\$0	\$0	\$0	\$0	\$0	\$0	\$162,987	\$0	\$0	\$0	\$0	\$0	\$895,388,876
HCBS - Community Mental Health Services	\$17,443,254	\$11,621,356	\$41,324,056	\$4,304,117	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$74,692,783
HCBS - Children's HCBS	\$0	\$0	\$188,335,920	\$3,441	\$0	\$0	\$0	\$0	\$1,204,326	\$16,660	\$417,616	\$0	\$0	\$100	\$0	\$0	\$189,978,063
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$5,867,311	\$6,022,144	\$32,655,996	\$2,610,047	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$47,155,499
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$371,016	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,403	\$0	\$0	\$0	\$0	\$0	\$374,419
HCBS - Spinal Cord Injury	\$1,560,721	\$981,052	\$10,953,979	\$5,107,073	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,602,825
CCT - Services	\$2,144,500	\$681,621	\$1,411,472	\$0	\$6,142	\$3,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,247,259
Private Duty Nursing	\$9,149,022	\$1,656,026	\$73,937,482	\$886,490	\$0	\$0	\$0	\$0	\$4,878,008	\$366,603	\$36,012,655	\$0	\$0	\$0	\$0	\$0	\$126,886,286
Long Term Home Health	\$76,965,658	\$20,463,462	\$424,086,955	\$10,280,548	\$1,055,796	\$82,534	\$5,666,162	\$0	\$75,856,633	\$5,225,337	\$30,857,523	\$9,364	\$0	\$0	\$0	\$0	\$650,549,871
Hospice	\$47,380,494	\$3,872,183	\$5,933,771	\$355,838	\$466,338	\$191,175	\$55,394,386	\$0	\$185,402	\$7,725	\$106,017	\$9,001	\$0	\$77,941	\$0	\$238	\$63,980,270
Subtotal Community Based Long-Term Care	\$687,392,036	\$139,462,999	\$1,028,254,568	\$48,483,290	\$1,528,276	\$277,233	\$11,060,548	\$0	\$82,124,369	\$5,616,325	\$67,560,201	\$18,265	\$0	\$78,041	\$0	\$238	\$2,071,856,151
Long Term Care																	
Class I Nursing Facilities	\$555,846,283	\$65,151,070	\$92,983,515	\$699,492	\$248,145	\$169,682	\$5,880,876	\$0	\$82,085	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$721,061,148
Class II Nursing Facilities	\$829,519	\$321,357	\$5,146,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,297,002
Program of All-Inclusive Care for the Elderly	\$244,596,883	\$28,270,820	\$7,616,664	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,660	\$0	\$0	\$280,490,027
Subtotal Long-Term Care	\$801,272,685	\$93,743,247	\$105,746,305	\$699,492	\$248,145	\$169,682	\$5,880,876	\$0	\$82,085	\$0	\$0	\$0	\$0	\$5,660	\$0	\$0	\$1,007,848,177
Insurance																	
Supplemental Medicare Insurance Benefit	\$96,160,031	\$12,560,495	\$59,952,699	\$0	\$6,847,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,803,079	\$0	\$265,323,744
Health Insurance Buy-In Program	\$19,552	\$24,439	\$2,395,061	\$0	\$29,327	\$48,879	\$43,991	\$0	\$171,076	\$0	\$0	\$14,664	\$0	\$0	\$0	\$0	\$2,746,988
Subtotal Insurance	\$96,179,583	\$12,584,934	\$62,347,760	\$0	\$6,876,767	\$48,879	\$43,991	\$0	\$171,076	\$0	\$0	\$14,664	\$0	\$0	\$89,803,079	\$0	\$268,070,732
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$1,782	\$7,845	\$76,939	\$8,872	\$58,498	\$22,620	\$157,268	\$0	\$0	\$0	\$16,399	\$14,547	\$548	\$0	\$1	\$0	\$365,316
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$8,583,547	\$2,390,724	\$12,070,829	\$4,126,349	\$31,691,044	\$13,713,289	\$78,717,434	\$26,862	\$87,960,671	\$12,849,152	\$4,142,036	\$89,123	\$1,028,676	\$6,203	\$0	\$0	\$257,395,939
Subtotal Service Management	\$8,585,329	\$2,398,569	\$12,147,768	\$4,135,221	\$31,749,542	\$13,735,909	\$78,874,702	\$26,862	\$87,960,671	\$12,849,152	\$4,158,433	\$103,670	\$1,029,224	\$6,203	\$0	\$0	\$257,761,255
Total Services	\$1,804,447,155	\$408,633,244	\$2,049,905,045	\$174,899,592	\$668,351,317	\$256,786,518	\$2,059,975,107	\$1,481,572	\$1,319,049,433	\$149,988,610	\$187,762,750	\$134,314,995	\$27,578,608	\$107,170,494	\$109,968,925	\$714,859	\$9,461,027,978
Financing & Supplemental Payments																	
Upper Payment Limit Financing	\$1,369,444	\$214,994	\$1,313,608	\$66,761	\$200,084	\$77,661	\$523,083	\$739	\$630,308	\$71,296	\$155,290	\$36,886	\$8,439	\$32,348	\$0	\$124	\$4,701,065
Hospital Supplemental Payments	\$13,489,769	\$41,867,414	\$165,711,838	\$15,120,042	\$142,582,146	\$52,872,129	\$530,349,932	\$375,114	\$284,399,688	\$24,316,523	\$34,953,590	\$49,066,360	\$3,442,747	\$73,034,515	\$0	\$54,790	\$1,431,636,597
Nursing Facility Supplemental Payments	\$83,158,976	\$9,747,112	\$13,890,953	\$104,649	\$37,125	\$25,386	\$879,604	\$0	\$12,281	\$0	\$20,333	\$0	\$0	\$0	\$0	\$0	\$107,876,419
Physician Supplemental Payments	\$35,502	\$156,271	\$1,532,607	\$176,722	\$1,165,290	\$450,597	\$3,132,779	\$80	\$382,733	\$326,636	\$289,775	\$10,924	\$144,251	\$0	\$0	\$3,081	\$11,555,241
Outstanding Payments	\$5,242	\$25,902	\$130,648	\$18,951	\$207,106	\$83,061	\$545,746	\$796	\$325,288	\$43,588	\$61,549	\$9,064	\$34,833	\$0	\$133	\$0	\$1,531,321
University of Colorado School of Medicine Payments	\$617,544	\$2,718,273	\$26,659,188	\$3,074,015	\$20,269,823	\$7,837,984	\$54,493,614	\$1,392	\$65,195,049	\$6,657,511	\$5,681,716	\$5,040,544	\$190,014	\$2,509,197	\$0	\$53,601	\$200,999,463
Other Supplemental Payments	\$5,851,679	\$3,245,578	\$12,408,210	\$1,100,706	\$9,752,844	\$3,637,968	\$34,983,516	\$22,423	\$21,011,206	\$1,866,321	\$2,443,176	\$3,230,338	\$217,115	\$4,492,406	\$0	\$6,626	\$104,270,110
Accounting Adjustments	\$10,484,366	\$2,621,756	\$13,748,835	\$1,327,583	\$4,740,621	\$1,860,657	\$15,061,282	\$12,287	\$8,432,251	\$972,650	\$1,340,950	\$940,330	\$180,334	\$691,877	\$130,424	\$7,438	\$62,553,641
Subtotal Financing and Supplemental Payments	\$115,012,522	\$60,597,300	\$235,395,887	\$20,989,429	\$176,955,039	\$66,845,443	\$639,569,556	\$412,831	\$383,754,064								

Exhibit M

Cash-based Actuals																	
FY 2022-23	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	CORE TOTAL
Acute Care																	
Physician Services & EPSDT	\$3,480,873	\$16,269,289	\$140,830,348	\$13,987,279	\$125,063,371	\$61,424,860	\$335,237,419	\$8,211	\$374,662,543	\$41,104,262	\$30,609,153	\$31,629,196	\$1,104,269	\$13,225,003	\$0	\$153,362	\$1,188,779,438
Emergency Transportation	\$716,958	\$2,186,271	\$8,696,492	\$576,904	\$6,381,620	\$2,373,606	\$31,393,392	\$1,708	\$10,320,258	\$1,112,041	\$1,233,393	\$1,493,318	\$374,046	\$722,222	\$0	\$0	\$67,582,229
Non-emergency Medical Transportation	\$31,641,598	\$16,903,397	\$48,189,190	\$7,200,287	\$14,023,282	\$3,443,859	\$76,659,889	\$10,462	\$8,492,969	\$998,807	\$1,546,840	\$2,634,843	\$157,847	\$4,976	\$0	\$0	\$211,908,246
Dental Services	\$11,526,432	\$3,308,528	\$16,057,064	\$4,681,948	\$48,481,927	\$27,201,124	\$128,958,641	\$32,903	\$125,323,185	\$19,494,432	\$5,059,782	\$2,750,154	\$1,457,071	\$22,427	\$0	\$0	\$394,355,618
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$16,133,126	\$18,088,474	\$68,904,611	\$9,474,227	\$73,609,174	\$47,603,660	\$301,281,382	\$0	\$42,447,481	\$7,339,446	\$1,002,728	\$9,424,127	\$4,604,795	\$16,703	\$0	\$0	\$599,929,934
Inpatient Hospitals	\$16,140,064	\$34,957,278	\$153,844,480	\$9,813,716	\$77,558,435	\$35,728,177	\$396,268,492	\$52,212	\$212,646,176	\$12,040,310	\$11,574,108	\$41,414,229	\$48,273	\$62,781,543	\$0	\$0	\$1,064,867,493
Outpatient Hospitals	\$2,188,092	\$11,737,330	\$55,550,159	\$6,316,335	\$91,421,739	\$45,487,169	\$248,579,322	\$354,964	\$155,147,529	\$21,046,338	\$23,783,803	\$15,531,457	\$3,718,164	\$12,796,512	\$0	\$29,800	\$693,688,713
Lab & X-Ray	\$395,189	\$1,681,947	\$6,050,083	\$767,564	\$27,857,117	\$11,896,969	\$63,912,782	\$58,335	\$10,338,070	\$1,797,053	\$1,168,436	\$8,514,013	\$2,076,906	\$187,031	\$0	\$22,719	\$136,727,014
Durable Medical Equipment	\$15,073,720	\$9,802,672	\$107,633,674	\$5,756,857	\$14,846,445	\$325,045	\$664,935	\$0	\$49,480,053	\$6,196,754	\$1,429,761	\$2,315,267	\$549,379	\$113,063	\$0	\$0	\$224,187,625
Prescription Drugs	\$7,216,025	\$44,860,743	\$265,818,941	\$33,185,011	\$198,864,159	\$113,152,821	\$688,421,508	\$773,425	\$137,413,780	\$32,099,427	\$22,313,818	\$11,434,595	\$4,231,432	\$1,114	\$0	\$96,248	\$1,559,883,047
Physician Administered Drugs	\$4,910,734	\$4,974,897	\$22,664,889	\$4,055,158	\$25,248,663	\$15,033,789	\$77,267,378	\$484,404	\$15,564,028	\$2,416,218	\$730,673	\$3,133,266	\$704,715	\$300,744	\$0	\$0	\$177,489,556
Drug Rebate	(\$4,680,794)	(\$29,099,680)	(\$172,427,953)	(\$21,526,019)	(\$128,996,601)	(\$73,396,491)	(\$446,556,257)	(\$501,695)	(\$89,135,773)	(\$20,821,837)	(\$14,474,236)	(\$7,417,244)	(\$2,744,790)	(\$723)	\$0	(\$62,433)	(\$1,011,844,326)
Rural Health Centers	\$41,780	\$480,844	\$1,489,388	\$160,183	\$4,814,888	\$3,178,661	\$9,995,197	\$259,732	\$11,597,396	\$1,971,381	\$424,242	\$1,439,680	\$7,011,752	\$8,665	\$0	\$6,810	\$42,840,599
Federally Qualified Health Centers	\$1,547,461	\$2,459,548	\$8,924,956	\$1,110,323	\$23,102,704	\$12,611,689	\$57,139,824	\$21,823	\$46,881,857	\$7,902,454	\$1,634,791	\$9,191,552	\$1,738,231	(\$1,661)	\$0	\$71,305	\$174,336,857
Co-Insurance (Title XVIII-Medicare)	\$68,897,921	\$9,697,098	\$30,180,202	\$12,585,932	\$4,261,777	\$1,432,896	\$16,970,784	\$28,038	\$779,240	\$76,734	\$112,373	\$183,808	\$7,742	\$22,895	\$18,564,524	\$5,532	\$163,807,496
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1	\$1
Other Medical Services	\$37	\$32	\$197	\$19	\$112	\$58	\$377	\$0	\$192	\$23	\$22	\$23	\$4	\$16	\$4	\$0	\$1,116
Preventive Services	\$176,243	\$332,240	\$1,530,151	\$240,578	\$4,313,253	\$2,488,110	\$10,237,353	\$6,068	\$2,922,145	\$230,748	\$200,916	\$552,372	\$148,655	(\$260)	\$0	\$11,607	\$23,390,179
Acute Home Health	\$3,619,198	\$15,839,307	\$660,647	\$106,128	\$2,032	\$11,479	\$0	\$5,196,353	\$4,551,580	\$0	\$4,320	\$624	\$0	\$0	\$0	\$0	\$28,423,491
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$179,024,657	\$149,676,363	\$779,766,979	\$89,046,949	\$610,958,193	\$309,988,034	\$1,996,403,897	\$1,590,590	\$1,120,077,482	\$135,456,171	\$99,846,961	\$134,228,986	\$25,189,115	\$90,200,270	\$18,564,528	\$334,951	\$5,740,354,126
Community Based Long Term Care																	
HCBS - Elderly, Blind, and Disabled	\$409,461,640	\$76,095,848	\$260,114,739	\$27,924,715	\$0	\$0	\$0	\$0	\$0	\$0	\$68,277	\$0	\$0	\$0	\$0	\$0	\$773,665,219
HCBS - Community Mental Health Services	\$14,550,979	\$10,906,262	\$39,796,930	\$4,093,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$69,347,396
HCBS - Children's HCBS	\$0	\$0	\$140,230,743	\$224	\$0	\$0	\$0	\$0	\$2,513,325	\$28,922	\$336,627	\$0	\$0	\$36	\$0	\$0	\$143,109,877
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$3,916,131	\$4,852,152	\$29,871,048	\$3,179,746	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$41,819,077
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$352,627	\$0	\$0	\$0	\$0	\$0	\$0	\$1,103	\$0	\$0	\$0	\$0	\$0	\$0	\$353,730
HCBS - Spinal Cord Injury	\$1,611,543	\$965,341	\$10,878,487	\$4,624,221	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,079,592
CCT - Services	\$1,509,862	\$706,312	\$1,329,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,545,543
Private Duty Nursing	\$7,749,906	\$1,360,733	\$69,384,527	\$350,440	\$0	\$0	\$0	\$0	\$2,695,787	\$210,588	\$33,743,282	\$0	\$0	\$0	\$0	\$0	\$115,495,263
Long Term Home Health	\$66,032,020	\$17,556,450	\$363,841,734	\$8,820,107	\$905,811	\$70,809	\$4,861,235	\$0	\$65,080,542	\$4,483,032	\$26,473,945	\$7,948	\$0	\$0	\$0	\$0	\$558,133,633
Hospice	\$43,335,416	\$3,723,503	\$5,859,545	\$264,466	\$442,242	\$290,529	\$4,991,497	\$5,300	\$197,062	\$0	\$99,006	\$0	\$470	\$2,348	\$0	\$0	\$58,811,384
Subtotal Community Based Long-Term Care	\$548,167,497	\$116,166,601	\$921,659,749	\$49,257,144	\$1,348,053	\$361,338	\$9,452,732	\$5,300	\$70,486,716	\$4,722,542	\$60,722,240	\$7,948	\$470	\$2,384	\$0	\$0	\$1,782,360,714
Long Term Care																	
Class I Nursing Facilities	\$493,647,533	\$62,131,056	\$87,384,080	\$377,995	\$245,381	\$32,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$645,066,421
Class II Nursing Facilities	\$798,219	\$725,209	\$4,946,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,469,801
Program of All-Inclusive Care for the Elderly	\$221,031,400	\$28,353,759	\$7,858,305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$257,243,464
Subtotal Long-Term Care	\$715,477,152	\$91,210,024	\$100,188,758	\$377,995	\$245,381	\$32,813	\$1,247,563	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$908,779,686
Insurance																	
Supplemental Medicare Insurance Benefit	\$103,354,415	\$13,500,231	\$64,438,167	\$0	\$7,359,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,521,856	\$0	\$285,174,413
Health Insurance Buy-In Program	\$19,280	\$24,100	\$2,361,796	\$0	\$28,920	\$48,200	\$43,380	\$0	\$168,700	\$0	\$0	\$14,460	\$0	\$0	\$0	\$0	\$2,708,836
Subtotal Insurance	\$103,373,695	\$13,524,331	\$66,799,963	\$0	\$7,388,664	\$48,200	\$43,380	\$0	\$168,700	\$0	\$0	\$14,460	\$0	\$0	\$96,521,856	\$0	\$287,883,249
Service Management																	
Single Entry Points	(\$1,590)	(\$419)	(\$2,334)	(\$51)	(\$51)	\$0	(\$4)	\$0	(\$51)	\$0	(\$55)	\$0	\$0	\$0	\$0	\$0	(\$4,355)
Disease Management	\$1,542	\$7,299	\$63,181	\$6,276	\$56,111	\$27,559	\$150,408	\$0	\$0	\$0	\$13,733	\$14,191	\$495	\$0	\$0	\$1	\$340,816
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$7,373,490	\$2,099,474	\$10,684,825	\$3,028,109	\$31,874,897	\$17,494,536	\$82,954,654	\$24,320	\$87,121,143	\$13,422,453	\$3,524,833	\$2,105,503	\$976,526	\$3,686	\$0	\$0	\$262,688,449
Subtotal Service Management	\$7,373,462	\$2,106,354	\$10,745,672	\$3,034,384	\$31,931,007	\$17,522,095	\$83,105,058	\$24,320	\$87,121,142	\$13,422,453	\$3,538,561	\$2,119,694	\$977,021	\$3,686	\$0	\$0	\$263,024,910
Total Services	\$1,553,416,463	\$372,683,673	\$1,879,161,121	\$141,716,472	\$651,871,298	\$327,952,480	\$2,090,252,630	\$1,620,210	\$1,277,854,040	\$153,601,166	\$164,107,762	\$136,371,088	\$26,166,606	\$90,206,340	\$115,086,384	\$334,951	\$8,982,402,685
Financing & Supplemental Payments																	
Upper Payment Limit Financing	\$949,095	\$163,209	\$955,800	\$40,632	\$155,474	\$75,320	\$415,906	\$586	\$472,779	\$53,634	\$107,414	\$25,796	\$6,159	\$21,128	\$0	\$49	\$3,442,981
Hospital Supplemental Payments	\$15,992,841	\$40,229,978	\$180,161,364	\$13,707,932	\$141,495,809	\$67,876,445	\$548,345,037	\$329,696	\$311,635,571	\$27,442,296	\$29,218,078	\$48,960,123	\$3,013,415	\$65,632,818	\$0	\$23,810	\$1,494,065,213
Nursing Facility Supplemental Payments	\$81,048,504	\$10,200,859	\$14,346,976	\$62,060	\$40,287	\$5,387	\$204,585	\$0	\$0	\$0	\$244	\$0	\$0	\$0	\$0	\$0	\$105,908,902
Physician Supplemental Payments	\$97,380	\$455,144	\$1,939,541	\$391,303	\$3,498,730	\$1,718,401	\$9,378,487	\$230	\$10,481,431	\$1,149,919	\$856,311	\$884,848	\$30,893	\$369,978	\$0	\$4,290	\$33,256,886
Outstanding Payments	\$5,498	\$29,492	\$139,579	\$15,871	\$229,715	\$114,296	\$624,605	\$892	\$389,839	\$52,883	\$59,762	\$39,026	\$9,343	\$32,154	\$0	\$75	\$1,743,030
University of Colorado School of Medicine Payments	\$537,613	\$2,512,745	\$21,749,297	\$2,160,295	\$19,315,677	\$9,486,892	\$51,776,452	\$1,268	\$57,865,549	\$6,348,434	\$4,727,495	\$4,885,038	\$170,551	\$2,042,564	\$0	\$23,686	\$183,603,556
Other Supplemental Payments	\$5,030,820	\$2,733,512	\$11,287,363	\$835,390	\$8,402,594	\$4,043,631	\$31,151,980	\$16,968	\$19,425,586	\$1,787,634	\$1,783,662	\$2,794,894	\$164,769	\$3,473,475	\$0	\$2,648	\$92,934,926
Accounting Adjustments	\$3,638,329	\$979,632	\$5,030,929	\$413,631	\$1,799,766	\$928,590	\$6,031,192	\$5,204	\$3,239,811	\$395,390	\$461,161	\$360,566	\$67,722	\$244,433	\$54,493	\$1,253	\$23,652,102
Subtotal Financing and Supplemental Payments	\$107,300,080	\$57,304,571	\$237,610,849	\$17,627,114	\$174,938,052	\$84,248,962	\$647,928,244	\$354,844	\$403,510,566	\$37,230,190	\$3						

Exhibit M

Cash-based Actuals																
FY 2021-22	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	CORE TOTAL
Acute Care																
Physician Services & EPSDT	\$3,386,040	\$15,045,341	\$129,268,647	\$13,283,778	\$118,638,174	\$59,971,422	\$309,396,245	\$172,916	\$323,996,826	\$36,972,164	\$29,178,962	\$29,504,758	\$789,261	\$9,948,453	\$0	\$1,079,552,987
Emergency Transportation	\$303,305	\$1,097,579	\$4,301,895	\$272,603	\$3,590,539	\$1,388,429	\$28,877,029	\$2,214	\$5,450,297	\$575,888	\$606,377	\$783,421	\$105,349	\$24,567,449	\$0	\$71,922,274
Non-emergency Medical Transportation	\$12,506,652	\$6,260,495	\$19,250,458	\$2,096,276	\$4,216,531	\$883,787	\$20,548,552	\$5,430	\$3,266,107	\$233,533	\$711,138	\$450,157	\$32,838	\$27,005	\$0	\$70,488,959
Dental Services	\$9,263,019	\$3,409,684	\$18,838,547	\$3,903,114	\$36,566,252	\$20,364,960	\$82,796,511	\$31,088	\$147,778,539	\$29,972,072	\$5,953,865	\$2,669,824	\$777,411	\$1,229	\$0	\$362,326,115
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Health Maintenance Organizations	\$16,520,527	\$16,174,642	\$63,836,239	\$7,463,758	\$63,343,707	\$40,764,630	\$255,602,167	\$0	\$43,606,823	\$7,113,501	\$1,475,431	\$13,126,897	\$4,541,980	\$4,367	\$0	\$533,574,669
Inpatient Hospitals	\$20,482,549	\$34,101,709	\$145,637,053	\$8,058,308	\$81,305,790	\$36,470,827	\$378,740,422	\$112,091	\$190,056,046	\$8,371,354	\$14,962,766	\$45,790,644	\$7,264,682	\$33,147,977	\$0	\$1,004,502,218
Outpatient Hospitals	\$2,214,139	\$11,804,187	\$54,822,305	\$6,006,034	\$91,442,963	\$47,559,529	\$239,633,116	\$374,152	\$131,864,106	\$18,900,249	\$12,287,874	\$11,610,811	\$2,837,091	\$8,869,683	\$0	\$640,226,239
Lab & X-Ray	\$375,148	\$1,717,673	\$6,542,062	\$693,418	\$26,557,503	\$12,628,242	\$56,142,660	\$44,004	\$14,347,866	\$2,231,285	\$1,306,866	\$5,075,500	\$1,214,644	\$123,780	\$0	\$129,000,651
Durable Medical Equipment	\$13,183,592	\$6,646,276	\$78,610,650	\$3,395,124	\$8,538,550	\$4,114,600	\$30,498,231	\$41,515	\$32,027,552	\$8,251,128	\$7,988,034	\$515,851	\$252,924	\$83,206	\$0	\$194,147,233
Prescription Drugs	\$6,208,945	\$41,291,009	\$255,058,492	\$28,457,131	\$171,126,158	\$94,986,780	\$577,187,626	\$494,808	\$128,137,005	\$26,195,673	\$21,385,654	\$4,978,015	\$2,129,118	\$192	\$14	\$1,357,636,620
Physician Administered Drugs	\$2,344,292	\$4,411,735	\$20,182,250	\$2,940,935	\$20,559,139	\$11,788,080	\$63,030,467	\$137,530	\$10,823,282	\$1,562,962	\$906,050	\$2,367,227	\$497,384	\$273,750	\$1,299,197	\$143,124,280
Drug Rebate	(\$3,933,497)	(\$26,158,873)	(\$161,584,873)	(\$18,028,186)	(\$108,411,990)	(\$60,176,106)	(\$365,660,397)	(\$313,471)	(\$81,177,464)	(\$16,595,505)	(\$13,548,258)	(\$3,153,676)	(\$1,348,841)	(\$512)	(\$59)	(\$860,091,110)
Rural Health Centers	\$57,092	\$530,384	\$1,683,049	\$146,635	\$5,159,971	\$3,211,393	\$9,342,307	\$109,853	\$11,497,880	\$1,424,346	\$519,384	\$1,186,818	\$5,797,343	\$12,572	\$0	\$40,679,027
Federally Qualified Health Centers	\$1,330,308	\$2,541,387	\$9,440,308	\$1,060,839	\$23,066,153	\$12,756,747	\$52,968,750	\$28,640	\$38,281,868	\$5,864,441	\$1,404,985	\$8,228,977	\$1,514,667	\$614,569	\$0	\$159,102,639
Co-Insurance (Title XVIII-Medicare)	\$62,563,251	\$8,119,496	\$22,445,474	\$9,497,729	\$4,276,417	\$881,684	\$8,766,325	\$5,363	\$191,364	\$39,058	\$49,285	\$100,853	\$13,331	\$112,159	\$22,496,361	\$139,558,150
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	(\$65)	(\$63)	(\$363)	(\$35)	(\$258)	(\$136)	(\$631)	(\$51)	(\$433)	(\$58)	(\$43)	(\$50)	(\$11)	(\$31)	(\$58)	(\$2,386)
Preventive Services	\$144,671	\$322,232	\$1,927,080	\$242,442	\$4,482,814	\$2,586,204	\$10,170,638	\$5,812	\$3,884,184	\$209,655	\$294,730	\$459,445	\$88,886	\$14,263	\$0	\$24,833,056
Acute Home Health	\$2,927,606	\$924,969	\$15,164,901	\$602,689	\$116,941	\$35,101	\$493,473	\$1,807	\$3,658,175	\$684,720	\$1,385,498	\$7,811	\$1,403	\$0	\$0	\$26,005,094
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$149,877,574	\$128,240,020	\$685,424,174	\$70,092,492	\$554,575,354	\$290,216,173	\$1,758,533,291	\$1,253,751	\$1,007,690,023	\$132,006,466	\$86,868,598	\$123,703,283	\$26,509,460	\$77,800,501	\$23,795,555	\$5,116,586,715
Community Based Long Term Care																
HCBS - Elderly, Blind, and Disabled	\$336,677,211	\$64,764,174	\$228,067,892	\$291,927	\$0	\$0	\$0	\$0	\$0	\$0	\$51,184	\$0	\$0	\$0	\$0	\$629,852,388
HCBS - Community Mental Health Services	\$11,856,122	\$8,774,890	\$35,303,731	\$1,541,134	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,477,877
HCBS - Children's HCBS	\$0	\$0	\$102,071,779	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,557	\$0	\$0	\$0	\$0	\$102,074,336
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Brain Injury	\$1,609,957	\$1,898,051	\$29,226,998	\$2,434,007	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,169,013
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Children with Life Limiting Illness	\$0	\$0	\$526,952	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,747	\$0	\$0	\$0	\$0	\$540,699
HCBS - Spinal Cord Injury	\$1,188,314	\$497,177	\$7,418,401	\$2,210,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,314,696
CCT - Services	\$17,452	\$892,921	\$7,141,877	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,052,250
Private Duty Nursing	\$5,554,456	\$846,213	\$70,384,372	\$1,151,967	\$0	\$0	\$3,047	\$0	\$4,460,753	\$622,935	\$29,534,576	\$0	\$0	\$0	\$0	\$112,558,319
Long Term Home Health	\$56,685,471	\$15,647,259	\$316,060,273	\$10,112,732	\$1,040,139	\$119,664	\$4,206,840	\$0	\$61,533,732	\$4,059,542	\$24,035,750	\$6,573	\$1,889	\$0	\$0	\$493,509,864
Hospice	\$39,358,091	\$5,086,336	\$5,315,686	\$370,873	\$425,981	\$346,476	\$4,994,353	\$17,064	\$264,309	\$2,736	\$26,109	\$0	\$14,127	\$11,048	\$0	\$56,233,189
Subtotal Community Based Long-Term Care	\$452,949,074	\$98,407,021	\$801,517,961	\$18,113,444	\$1,466,120	\$466,140	\$9,204,240	\$17,064	\$66,258,794	\$4,685,213	\$53,663,923	\$6,573	\$16,016	\$11,048	\$0	\$1,506,782,631
Long Term Care																
Class I Nursing Facilities	\$477,214,167	\$63,576,451	\$90,410,393	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$633,189,414
Class II Nursing Facilities	\$524,244	\$235,857	\$5,336,802	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,096,903
Program of All-Inclusive Care for the Elderly	\$233,650,345	\$6,317,933	\$3,735,116	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$243,703,394
Subtotal Long-Term Care	\$711,388,756	\$70,130,241	\$99,482,311	\$145,696	\$55,182	\$0	\$1,787,525	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$882,989,711
Insurance																
Supplemental Medicare Insurance Benefit	\$93,206,563	\$12,174,711	\$58,111,307	\$0	\$6,637,127	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,044,859	\$257,174,567
Health Insurance Buy-In Program	\$8,156	\$14,118	\$2,365,044	\$0	\$9,388	\$12,664	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$0	\$2,563,733
Subtotal Insurance	\$93,214,719	\$12,188,829	\$60,476,351	\$0	\$6,646,515	\$12,664	\$116,606	\$0	\$32,057	\$0	\$0	\$5,700	\$0	\$0	\$87,044,859	\$259,738,300
Service Management																
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$2,198	\$9,768	\$83,926	\$8,624	\$77,023	\$38,935	\$200,869	\$0	\$0	\$0	\$18,944	\$19,155	\$512	\$0	\$0	\$459,954
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$6,930,892	\$2,031,491	\$10,558,967	\$2,475,157	\$28,282,579	\$16,615,132	\$69,449,153	\$23,750	\$79,732,303	\$11,994,398	\$3,464,076	\$2,096,951	\$628,610	\$873	\$0	\$234,284,332
Subtotal Service Management	\$6,933,090	\$2,041,259	\$10,642,893	\$2,483,781	\$28,359,602	\$16,654,067	\$69,650,022	\$23,750	\$79,732,303	\$11,994,398	\$3,483,020	\$2,116,106	\$629,122	\$873	\$0	\$234,744,286
Total Services	\$1,414,363,213	\$311,007,370	\$1,657,543,690	\$90,835,413	\$591,102,773	\$307,349,044	\$1,839,291,684	\$1,294,565	\$1,153,713,177	\$148,686,077	\$144,015,541	\$125,831,662	\$27,154,598	\$77,812,422	\$110,840,414	\$8,000,841,643
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$1,848,963	\$326,311	\$1,853,807	\$74,314	\$315,119	\$161,852	\$842,226	\$1,317	\$764,561	\$103,075	\$168,067	\$39,444	\$9,609	\$29,905	\$0	\$6,538,570
Hospital Supplemental Payments	\$18,910,657	\$37,582,213	\$163,814,040	\$11,296,912	\$137,150,217	\$66,434,172	\$498,918,660	\$375,425	\$259,086,155	\$21,245,787	\$21,829,381	\$47,279,751	\$8,248,333	\$34,574,911	\$0	\$1,326,746,614
Nursing Facility Supplemental Payments	\$105,133,310	\$14,006,296	\$19,917,983	\$32,098	\$12,157	\$0	\$393,803	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,495,647
Physician Supplemental Payments	\$21,037	\$93,473	\$803,115	\$82,529	\$737,071	\$372,588	\$1,922,205	\$1,074	\$2,012,915	\$229,699	\$181,282	\$183,306	\$4,903	\$61,807	\$0	\$6,707,004
Outstationing Payments	\$6,950	\$37,054	\$172,094	\$18,853	\$287,047	\$149,293	\$752,229	\$1,174	\$413,933	\$59,329	\$38,573	\$36,447	\$8,906	\$27,843	\$0	\$2,009,725
University of Colorado School of Medicine Payments	\$522,835	\$2,323,135	\$19,960,236	\$2,051,134	\$18,318,796	\$9,260,124	\$47,773,548	\$26,700	\$50,028,009	\$5,708,833	\$4,505,493	\$4,555,798	\$121,869	\$1,536,130	\$0	\$166,692,640
Other Supplemental Payments	\$5,726,102	\$2,462,118	\$9,352,474	\$613,887	\$7,101,732	\$3,458,838	\$24,934,464	\$18,372	\$14,142,997	\$1,238,417	\$1,210,162	\$2,359,151	\$380,112	\$1,640,730	\$0	\$74,639,556
Accounting Adjustments	\$3,883,466	\$1,181,583	\$6,261,968	\$432,340	\$2,826,568	\$1,4										

Exhibit M

FY 2020-21	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	Cash-based Actuals										Non-Citizens- Emergency Services	Partial Dual Eligibles	CORE TOTAL
							MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults						
Acute Care																			
Physician Services & EPSDT	\$3,572,059	\$13,350,740	\$119,467,236	\$13,708,144	\$103,445,570	\$49,624,272	\$263,087,322	\$506,844	\$246,698,619	\$28,642,496	\$25,333,259	\$28,554,138	\$3,836,443	\$8,229,849	\$0	\$908,056,991		\$0	
Emergency Transportation	\$367,710	\$893,762	\$3,898,386	\$310,160	\$3,223,188	\$1,178,498	\$32,986,649	\$7,531	\$4,019,211	\$420,913	\$589,784	\$666,563	\$95,164	\$16,634,635	\$0	\$65,292,174		\$0	
Non-emergency Medical Transportation	\$9,999,966	\$5,239,648	\$16,120,270	\$1,792,572	\$3,738,517	\$1,223,153	\$18,176,796	\$1,450	\$2,516,181	\$307,105	\$533,300	\$570,393	\$39,313	\$1,625	\$0	\$60,219,189		\$0	
Dental Services	\$11,261,499	\$3,978,805	\$22,804,461	\$3,372,930	\$39,589,666	\$15,288,845	\$71,575,974	\$40,041	\$140,921,273	\$25,608,820	\$7,912,266	\$2,958,540	\$404,119	\$1,925	\$0	\$345,719,164		\$0	
Family Planning	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Health Maintenance Organizations	\$15,956,028	\$16,469,348	\$70,028,773	\$7,751,006	\$42,293,818	\$33,783,216	\$223,868,976	\$0	\$44,835,000	\$6,306,739	\$1,804,866	\$13,848,995	\$4,228,146	\$60,863	\$0	\$501,235,894		\$0	
Inpatient Hospitals	\$21,461,667	\$32,964,549	\$144,124,692	\$10,773,745	\$73,536,028	\$31,506,028	\$354,054,133	\$299,245	\$143,736,501	\$5,943,349	\$16,195,586	\$44,616,541	\$6,781,371	\$27,747,814	\$0	\$913,741,249		\$0	
Outpatient Hospitals	\$2,399,227	\$9,944,067	\$49,204,014	\$6,333,006	\$75,903,319	\$39,051,208	\$199,045,484	\$730,960	\$92,446,211	\$13,993,759	\$10,282,691	\$10,500,469	\$1,995,367	\$5,917,436	\$0	\$517,747,218		\$0	
Lab & X-Ray	\$379,825	\$1,949,991	\$7,407,814	\$833,926	\$26,572,672	\$11,580,827	\$54,686,391	\$63,810	\$9,225,380	\$1,484,596	\$4,751,800	\$966,898	\$132,192	\$0	\$0	\$121,631,522		\$0	
Durable Medical Equipment	\$11,310,177	\$6,035,115	\$71,395,304	\$3,220,292	\$7,740,624	\$3,841,599	\$27,963,359	\$29,000	\$27,890,139	\$3,757,485	\$7,480,715	\$484,056	\$97,520	\$63,319	\$0	\$171,511,304		\$0	
Prescription Drugs	\$5,504,189	\$37,230,573	\$232,695,653	\$29,162,604	\$145,762,909	\$78,883,789	\$489,846,140	\$471,894	\$110,247,299	\$24,803,190	\$5,296,516	\$1,027,336	\$58,390	\$1,181,641,425	\$0	\$1,181,641,425		\$0	
Physician Administered Drugs	\$2,372,713	\$5,283,306	\$26,138,152	\$4,629,616	\$20,631,470	\$10,979,505	\$63,742,357	\$971,563	\$12,376,621	\$1,957,852	\$998,748	\$2,506,934	\$485,280	\$386,569	\$1,197,475	\$154,618,361		\$0	
Drug Refill	\$4,007,981	\$27,110,157	\$169,441,808	\$21,235,110	\$106,140,961	\$57,440,748	\$356,400,873	\$534,619	\$80,278,687	\$18,080,919	\$15,037,381	\$3,856,760	\$748,274	\$42,518	\$0	\$560,434,994		\$0	
Rural Health Centers	\$61,757	\$475,692	\$1,557,023	\$164,996	\$4,433,281	\$2,648,390	\$8,751,281	\$570,382	\$8,324,805	\$1,768,646	\$474,851	\$1,190,671	\$2,184,245	\$13,343	\$0	\$32,178,599		\$0	
Federally Qualified Health Centers	\$1,236,245	\$2,520,639	\$9,710,106	\$1,161,616	\$22,547,277	\$11,807,614	\$51,105,716	\$34,493	\$28,309,393	\$4,242,793	\$1,345,740	\$8,258,428	\$1,965,094	\$917,519	\$0	\$145,162,673		\$0	
Co-Insurance (Title XVII Medicare)	\$58,853,366	\$8,764,004	\$28,084,716	\$9,393,369	\$3,211,689	\$657,473	\$6,885,732	\$5,963	\$338,693	\$52,818	\$92,515	\$89,597	\$15,392	\$27,354	\$16,995,360	\$133,468,541		\$0	
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Other Medical Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Preventive Services	\$126,553	\$279,997	\$1,706,513	\$255,934	\$3,871,556	\$2,256,944	\$8,731,777	\$7,587	\$3,411,213	\$319,573	\$291,757	\$466,512	\$117,420	\$7,547	\$0	\$21,850,883		\$0	
Acute Home Health	\$3,343,315	\$1,058,299	\$17,341,492	\$678,834	\$135,633	\$37,557	\$558,401	\$1,737	\$4,071,844	\$395,218	\$1,547,002	\$8,534	\$1,408	\$0	\$0	\$29,179,274		\$0	
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Subtotal of Acute Care	\$144,358,826	\$119,327,719	\$652,242,404	\$72,307,289	\$490,496,839	\$237,108,020	\$1,518,374,049	\$2,758,017	\$799,091,832	\$102,055,384	\$81,941,181	\$120,911,863	\$23,492,490	\$60,157,931	\$18,192,826	\$4,442,816,630		\$0	
Community Based Long Term Care																			
HCBS - Elderly, Blind, and Disabled	\$326,507,971	\$58,516,125	\$175,986,567	\$8,936,184	\$0	\$0	\$3,586	\$0	\$0	\$0	\$126,142	\$0	\$0	\$0	\$0	\$570,076,575		\$0	
HCBS - Community Mental Health Services	\$10,388,068	\$8,253,580	\$30,932,657	\$2,220,853	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51,795,158		\$0	
HCBS - Children's HCBS	\$0	\$0	\$71,658,652	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$916	\$0	\$0	\$0	\$0	\$71,659,568		\$0	
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
HCBS - Consumer Directed Attendant Support	\$53,067	\$5,926	\$17,823	\$905	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$57,721		\$0	
HCBS - Brain Injury	\$3,037,649	\$3,481,188	\$23,710,915	\$1,760,673	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,990,425		\$0	
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
HCBS - Children with Life Limiting Illness	\$0	\$0	\$581,829	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,207	\$0	\$0	\$0	\$0	\$592,036		\$0	
HCBS - Spinal Cord Injury	\$1,013,612	\$361,820	\$6,139,669	\$1,850,168	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,365,269		\$0	
CCT - Services	\$1,326,955	\$787,446	\$1,655,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,772,851		\$0	
Private Duty Nursing	\$5,398,770	\$757,042	\$67,936,742	\$1,174,542	\$0	\$0	\$1,820	\$0	\$4,237,533	\$332,608	\$29,160,075	\$0	\$0	\$0	\$0	\$109,199,132		\$0	
Long Term Home Health	\$51,187,820	\$14,129,706	\$285,407,109	\$9,131,947	\$939,261	\$108,059	\$3,798,839	\$0	\$55,565,872	\$3,645,827	\$21,704,638	\$5,935	\$1,706	\$0	\$0	\$445,646,719		\$0	
Hospice	\$43,875,976	\$4,256,311	\$5,843,431	\$501,820	\$397,234	\$363,283	\$4,953,089	\$70,300	\$90,236	\$10,232	\$62,401	\$0	\$0	\$0	\$0	\$60,724,333		\$0	
Subtotal Community Based Long-Term Care	\$442,902,854	\$90,837,292	\$669,835,492	\$25,575,195	\$1,340,101	\$471,342	\$6,737,334	\$70,300	\$59,893,661	\$4,068,667	\$51,064,379	\$5,935	\$1,706	\$0	\$0	\$1,354,764,258		\$0	
Long Term Care																			
Class I Nursing Facilities	\$474,500,714	\$61,306,807	\$89,580,142	\$59,180	\$146,999	\$8,108	\$2,411,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$628,013,907		\$0	
Class II Nursing Facilities	\$759,487	\$270,953	\$5,506,941	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,537,381		\$0	
Program of All-Inclusive Care for the Elderly	\$194,810,719	\$26,736,616	\$11,041,401	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$232,588,736		\$0	
Subtotal Long-Term Care	\$670,070,920	\$88,314,376	\$106,128,484	\$59,180	\$146,999	\$8,108	\$2,411,957	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$867,140,024		\$0	
Insurance																			
Supplemental Medicare Insurance Benefits	\$82,666,799	\$10,800,611	\$51,552,571	\$0	\$5,888,028	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,220,536		\$0	
Health Insurance Buy-In Program	\$7,940	\$13,746	\$2,302,636	\$0	\$9,141	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$2,496,082		\$0	
Subtotal Insurance	\$82,694,739	\$10,814,357	\$53,855,207	\$0	\$5,897,169	\$12,330	\$113,529	\$0	\$31,211	\$0	\$0	\$5,549	\$0	\$0	\$0	\$77,220,536		\$0	
Service Management																			
Single Entry Points	\$11,415,586	\$2,992,959	\$16,772,433	\$5,127	\$8,855	\$2,563	\$46,257	\$0	\$5,942	\$699	\$42,179	\$0	\$0	\$0	\$0	\$31,292,600		\$0	
Disease Management	\$3,531	\$13,197	\$118,093	\$13,550	\$102,256	\$49,054	\$260,062	\$0	\$0	\$0	\$25,042	\$28,226	\$3,792	\$0	\$0	\$616,803		\$0	
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	
Accountable Care Collaborative	\$6,955,355	\$2,011,261	\$10,713,853	\$2,401,305	\$26,633,270	\$13,662,557	\$57,517,184	\$25,453	\$73,509,448	\$10,923,886	\$3,587,728	\$1,984,626	\$516,773	\$1,458	\$0	\$210,444,157		\$0	
Subtotal Service Management	\$18,374,472	\$5,017,417	\$27,604,379	\$2,419,982	\$26,744,381	\$13,714,174	\$57,823,503	\$25,453	\$73,515,390	\$10,924,585	\$3,654,949	\$2,012,852	\$520,565	\$1,458	\$0	\$242,253,560		\$0	
Total Services	\$1,358,401,811	\$314,311,161	\$1,509,665,966	\$100,361,646	\$524,625,489	\$251,313,974	\$1,587,480,372	\$2,853,770	\$932,532,094	\$116,988,636	\$136,660,509	\$122,936,199	\$24,014,721	\$60,159,389	\$95,413,362	\$7,137,719,099		\$0	
Financing & Supplemental Payments																			
Upper Payment Limit Financing	(\$125,998)	(\$21,013)	(\$104,144)	(\$4,369)	(\$19,660)	(\$9,986)	(\$52,671)	(\$189)	(\$59,810)	(\$5,070)	(\$9,019)	(\$2,679)	(\$508)	(\$1,498)	\$0	(\$396,614)		\$0	
Hospital Supplemental Payments	\$21,395,708	\$38,801,255	\$175,077,210	\$15,606,281	\$137,522,510	\$65,116,699	\$504,255,389	\$960,071	\$215,756,518	\$18,571,020	\$24,183,602	\$49,709,505	\$7,934,362	\$30,333,655	\$0	\$1,305,223,785		\$0	
Nursing Facility Supplemental Payments	\$114,207,383	\$14,755,910	\$21,561,009	\$14,244	\$35,381	\$1,951	\$580,533	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$151,156,411		\$0	
Physician Supplemental Payments	\$72,362	\$271,204	\$2,426,830	\$278,464	\$2,101,369	\$1,008,056	\$5,344,295	\$10,296	\$5,013,378	\$581,837	\$514,614	\$580,042	\$77,933	\$147,179	\$0	\$18,446,059		\$0	
Outsourcing Payments	\$11,186	\$46,362	\$29,400	\$29,526	\$353,879	\$182,066	\$927,997	\$3,408	\$431,006	\$65,242	\$47,940	\$48,956	\$9,303	\$27,588	\$0	\$2,413,859		\$0	
University of Colorado School of Medicine Payments	\$609,288	\$2,227,241	\$20,377,375	\$3,238,204	\$17,644,753	\$8,464,432	\$44,874,912	\$86,453	\$42,079,484	\$685,840	\$4,321,104	\$4,870,490	\$654,384	\$1,403,769	\$0	\$154,887,671		\$0	
Other Supplemental Payments	\$4,830,507	\$7,788,964	\$5,592,068	\$2,652,155	\$19,721,101	\$5,737,604	\$37,604	\$9,338,141	\$84,857	\$1,030,814	\$1,953,393	\$30,754	\$1,132,711	\$0	\$0	\$87,824,126		\$0	
Accounting Adjustments	\$2,834,247	\$17,783,907	\$2,572,907	\$1,531,860	\$7,571														

Exhibit M

		Cash-based Actuals																	
FY 2019-20		Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers to 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	CORE TOTAL		
Acute Care																			
Physician Services & EPSDT	\$3,503,893	\$12,582,476	\$107,493,793	\$13,363,351	\$95,902,135	\$32,928,799	\$213,996,562	\$376,528	\$263,587,721	\$27,979,277	\$23,339,368	\$28,678,271	\$4,933,377	\$7,402,617	\$0	\$836,068,168			
Emergency Transportation	\$723,416	\$1,142,619	\$5,043,465	\$18,586	\$3,494,087	\$823,562	\$28,244,534	\$6,446	\$5,110,124	\$432,445	\$691,297	\$944,224	\$158,072	\$11,385,039	\$0	\$58,517,916			
Non-emergency Medical Transportation	\$8,419,531	\$4,769,713	\$16,160,671	\$1,139,025	\$3,616,393	\$586,294	\$14,299,029	\$2,091	\$2,705,545	\$121,519	\$431,549	\$582,012	\$24,955	\$516	\$0	\$52,655,001			
Dental Services	\$3,333,192	\$19,088,550	\$2,823,129	\$33,131,273	\$12,801,536	\$59,858,698	\$33,531	\$117,881,489	\$21,425,153	\$6,619,186	\$2,474,838	\$338,048	\$1,604	\$0	\$0	\$289,270,417			
Family Planning	\$0	\$0	\$310	\$0	\$1,853	\$1,778	\$4,678	\$0	\$2,034	\$343	\$137	\$46	\$0	\$0	\$0	\$11,179			
Health Maintenance Organizations	\$16,628,260	\$14,873,807	\$68,609,145	\$5,737,852	\$56,511,427	\$22,630,706	\$147,976,591	\$0	\$42,846,503	\$4,908,457	\$1,867,986	\$14,730,409	\$2,878,576	\$5,323	\$0	\$420,305,142			
Inpatient Hospitals	\$22,191,363	\$22,288,930	\$106,485,246	\$12,905,395	\$71,159,287	\$20,027,506	\$326,844,532	\$245,627	\$148,681,290	\$5,944,140	\$2,305,390	\$51,671,774	\$6,678,516	\$17,907,199	\$0	\$815,336,195			
Outpatient Hospitals	\$2,430,406	\$10,000,092	\$50,108,298	\$6,970,409	\$79,053,483	\$27,874,880	\$177,434,225	\$760,561	\$96,745,558	\$13,773,932	\$8,956,092	\$12,883,477	\$1,813,445	\$5,507,639	\$0	\$494,312,697			
Lab & X-Ray	\$398,893	\$2,311,420	\$10,469,021	\$870,259	\$38,606,530	\$11,070,688	\$65,308,647	\$93,065	\$6,512,620	(\$826,098)	\$1,464,917	\$9,103,099	\$1,326,110	(\$809,455)	\$0	\$146,030,116			
Durable Medical Equipment	\$12,084,132	\$5,872,685	\$71,794,659	\$3,032,100	\$7,209,745	\$2,953,765	\$24,537,930	\$29,149	\$26,894,948	\$2,628,579	\$6,559,933	\$381,875	\$47,056	\$7,779	\$0	\$163,849,635			
Prescription Drugs	\$5,673,277	\$35,282,684	\$230,044,299	\$29,979,824	\$135,974,573	\$52,620,544	\$405,345,645	\$427,736	\$118,141,593	\$22,038,496	\$20,819,679	\$5,853,864	\$727,587	\$13,445	\$111,668	\$1,063,054,914			
Physician Administered Drugs	\$2,455,929	\$4,017,125	\$24,307,566	\$4,348,455	\$18,318,614	\$7,834,747	\$51,884,949	\$931,065	\$8,261,870	\$1,566,288	\$896,314	\$2,477,848	\$375,410	\$203,519	\$1,202,675	\$129,284,374			
Drug Refill	(\$3,995,412)	(\$22,361,473)	(\$145,797,565)	(\$19,000,624)	(\$86,178,018)	(\$53,349,869)	(\$256,900,177)	(\$271,091)	(\$74,807,825)	(\$13,967,567)	(\$13,195,104)	(\$3,710,044)	(\$46,113,00)	(\$8,521)	(\$20,773)	(\$673,743,353)			
Rural Health Centers	\$86,623	\$583,538	\$2,198,790	\$166,468	\$5,842,761	\$2,582,361	\$9,237,604	\$9,147	\$11,259,209	\$1,537,295	\$683,674	\$2,377,826	(\$385,151)	\$18,476	\$0	\$36,198,621			
Federally Qualified Health Centers	\$1,562,048	\$2,481,749	\$10,065,230	\$1,030,069	\$21,338,739	\$7,727,635	\$43,992,988	\$37,111	\$19,610,066	\$1,576,089	\$1,078,323	\$9,097,444	\$1,374,896	\$755,132	\$0	\$121,727,519			
Co-Insurance (Title XVIII-Medicare)	\$54,181,324	\$8,713,925	\$29,036,947	\$6,684,665	\$2,848,795	\$275,537	\$2,383,004	(\$457)	\$0	\$20,670	\$30,513	\$67,789	\$5,858	\$12,203	\$17,000,383	\$121,361,316			
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$29,984)			
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Other Medical Services	\$12,646	\$10,231	\$68,406	\$7,073	\$42,392	\$15,173	\$118,069	\$24	\$47,616	\$8,055	\$6,452	\$10,238	\$1,513	\$2,912	\$1,362	\$373,002			
Preventive Services	(\$114,224)	(\$408,227)	(\$1,017,537)	(\$154,331)	(\$8,256,893)	(\$2,934,023)	(\$12,103,347)	(\$17,469)	(\$11,316,924)	(\$3,529,559)	(\$634,661)	(\$1,800,554)	(\$54,870)	(\$50,206)	\$0	(\$42,393,005)			
Acute Home Health	\$33,465,469	\$17,884,500	\$557,139	\$126,817	\$0	\$27,355	\$555,561	\$0	\$4,121,676	\$596,921	\$1,313,018	\$16,402	\$2,869	\$0	\$0	\$29,677,958			
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Subtotal of Acute Care	\$139,538,084	\$106,534,717	\$622,443,894	\$70,779,044	\$478,544,353	\$166,498,974	\$1,322,819,982	\$2,628,918	\$786,237,313	\$86,234,855	\$63,236,283	\$135,840,838	\$19,805,137	\$42,350,211	\$18,245,315	\$4,061,737,928			
Community Based Long Term Care																			
HCBS - Elderly, Blind, and Disabled	\$307,398,079	\$54,638,183	\$159,597,947	\$2,762,239	\$0	\$0	\$77,210	\$0	\$0	\$0	\$34,501	\$0	\$0	\$0	\$0	\$524,508,159			
HCBS - Community Mental Health Services	\$9,674,356	\$7,993,189	\$31,894,813	\$480,840	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$50,043,198			
HCBS - Children's HCBS	\$0	\$0	\$52,318,455	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$361	\$0	\$0	\$0	\$0	\$52,318,816			
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
HCBS - Consumer Directed Attendant Support	(\$7,165)	(\$1,273)	(\$3,719)	(\$64)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$12,221)			
HCBS - Brain Injury	\$2,531,971	\$3,228,952	\$21,927,507	\$360,036	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,048,466			
HCBS - Children with Autism	\$0	\$0	\$34,785	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,785			
HCBS - Children with Life Limiting Illness	\$0	\$0	\$690,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,530	\$0	\$0	\$0	\$0	\$691,671			
HCBS - Spinal Cord Injury	\$718,896	\$380,205	\$6,248,761	\$1,093,372	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,441,234			
CCT - Services	\$1,493,381	\$1,377,747	\$2,421,117	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,292,517			
Private Duty Nursing	\$4,958,904	\$747,100	\$70,623,359	\$343,970	(\$15,885)	(\$6,217)	(\$54,204)	\$0	\$2,880,338	\$174,629	\$22,611,357	\$0	\$0	\$0	\$0	\$102,263,351			
Long Term Home Health	\$46,750,588	\$12,904,867	\$260,666,507	\$8,340,342	\$857,841	\$98,692	\$50,749,535	\$0	\$50,749,128	\$3,348,054	\$19,823,165	\$5,421	\$1,558	\$0	\$0	\$407,015,698			
Hospice	\$52,938,304	\$5,147,520	\$6,622,281	\$377,947	\$453,358	\$188,882	\$3,817,150	\$18,997	\$35,092	(\$16,915)	\$154,519	\$9,091	\$0	\$0	\$0	\$70,076,226			
Subtotal Community Based Long-Term Care	\$426,457,314	\$86,416,490	\$613,007,169	\$13,793,467	\$1,295,586	\$281,357	\$7,309,691	\$18,997	\$53,994,558	\$3,565,748	\$42,625,433	\$14,512	\$1,558	\$0	\$0	\$1,248,721,900			
Long Term Care																			
Class I Nursing Facilities	\$550,552,816	\$641,770,056	\$99,621,447	\$188,133	\$144,231	\$79,644	\$5,106,269	\$0	\$31,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$719,906,372			
Class II Nursing Facilities	\$766,194	\$315,266	\$5,375,871	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,457,331			
Program of All-Inclusive Care for the Elderly	\$195,389,245	\$27,502,274	\$12,242,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$235,134,507			
Subtotal Long-Term Care	\$746,708,255	\$91,994,596	\$117,240,306	\$188,133	\$144,231	\$79,644	\$5,106,269	\$0	\$31,777	\$0	\$0	\$4,999	\$0	\$0	\$0	\$961,498,210			
Insurance																			
Supplemental Medicare Insurance Benefits	\$108,653,508	\$6,336,044	\$66,954,618	\$0	\$356,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,440,350			
Health Insurance Buy-In Program	\$8,039	\$13,913	\$2,330,714	\$0	\$9,252	\$12,480	\$114,913	\$0	\$31,591	\$0	\$0	\$5,617	\$0	\$0	\$0	\$2,526,519			
Subtotal Insurance	\$108,661,547	\$6,349,957	\$69,285,332	\$0	\$365,501	\$12,480	\$114,913	\$0	\$31,591	\$0	\$0	\$5,617	\$0	\$0	\$0	\$31,440,350			
Service Management																			
Single Entry Points	\$12,024,920	\$3,152,715	\$17,667,701	\$5,400	\$9,328	\$2,700	\$48,726	\$0	\$6,260	\$736	\$44,430	\$0	\$0	\$0	\$0	\$32,962,916			
Disease Management	\$3,158	\$11,340	\$96,878	\$12,044	\$86,431	\$29,677	\$192,864	\$0	\$0	\$0	\$21,035	\$25,846	\$4,446	\$0	\$0	\$483,719			
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Accountable Care Collaborative	\$7,287,245	\$2,036,539	\$11,368,847	\$1,661,058	\$27,383,588	\$10,147,338	\$51,274,240	\$24,477	\$72,059,580	\$9,605,363	\$3,886,210	\$1,794,421	\$335,828	\$226	\$0	\$198,864,960			
Subtotal Service Management	\$19,315,323	\$5,200,594	\$29,133,426	\$1,678,502	\$27,479,347	\$10,179,715	\$51,515,830	\$24,477	\$72,065,840	\$9,606,099	\$3,951,675	\$1,820,267	\$340,274	\$226	\$0	\$232,311,595			
Total Services	\$1,440,680,523	\$296,496,354	\$1,441,110,127	\$86,439,146	\$507,829,018	\$177,052,170	\$1,386,866,685	\$2,672,392	\$912,361,079	\$99,346,722	\$109,813,391	\$137,686,233	\$20,146,969	\$42,350,447	\$49,685,665	\$6,710,536,921			
Financing & Supplemental Payments																			
Upper Payment Limit Financing	\$2,809,582	\$419,103	\$2,051,054	\$76,181	\$396,128	\$138,641	\$926,631	\$3,737	\$756,220	\$97,945	\$142,087	\$64,037	\$9,038	\$27,063	\$0	\$7,917,447			
Hospital Supplemental Payments	\$18,515,379	\$25,244,304	\$122,656,188	\$15,654,582	\$122,040,295	\$39,295,138	\$397,262,748	\$850,148	\$194,812,695	\$16,500,293	\$9,577,794	\$49,465,377	\$6,523,738	\$18,059,624	\$0	\$1,036,458,303			
Nursing Facility Supplemental Payments	\$103,422,538	\$12,055,845	\$18,714,179	\$35,341	\$27,094	\$14,961	\$999,227	\$0	\$5,969	\$0	\$0	\$939	\$0	\$0	\$0	\$135,236,493			
Physician Supplemental Payments	\$65,848	\$236,459	\$2,020,097	\$251,133	\$1,802,299	\$618,821	\$4,021,572	\$7,076	\$4,943,523	\$525,806	\$438,610	\$538,942	\$92,711	\$139,115	\$0	\$1,151,712			
Outstanding Nursing Orders	\$288,585	\$111,368	\$1,186,476	\$181,388	\$1,041,638	\$51,092	\$1,074,968	\$217	\$1,074,968	\$193,433	\$193,433	\$193,433	\$0	\$0	\$0	\$1,043,862			
University of Colorado School of Medicine Payments	\$688,414	\$2,364,365	\$20,199,087	\$2,111,098	\$18,020,006	\$6,187,629	\$40,211,963	\$70,793	\$49,530,993	\$5,257,567	\$4,385,485	\$5,388,915	\$927,028	\$139,021	\$0	\$197,105,012			
Other Supplemental Payments	\$2,637,696	\$489,766	\$3,914,067	\$391,048	\$3,008,977	\$99,679	\$9,360,250	\$19,760	\$5,278,225	\$473,623	\$307,774	\$1,168,607	\$119,159	\$413,384	\$0	\$28,540,215			
Accounting Adjustments	\$408,918	\$96,057	\$482,991	\$33,964	\$33,964	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,774			
Subtotal Financing and Supplemental Payments	\$128,545,760	\$14,377,223	\$170,172,783	\$19,030,735	\$146,363,838	\$47,810,916	\$455,327,728	\$960,905	\$256,724,082	\$23,044,916	\$14,991,667	\$56,814,892	\$7,738,640	\$20,104,878	\$5,951	\$1,388,124,449			
Grand Total	\$1,569,226,283	\$337,877,871	\$1,611,283,109	\$105,469,881	\$654,192,856	\$224,663,102	\$1,842,104,413	\$3,633,297	\$1,169,085,161	\$122,391,538	\$124,805,058	\$194,501,125	\$27,885,429	\$62,454,725	\$49,691,616	\$8,099,261,570			
Notes:																			

Exhibit M

Cash-based Actuals																
FY 2018-19 Actuals	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	CORE TOTAL
Acute Care																
Physician Services & EPSDT	\$4,593,872	\$11,940,319	\$101,861,163	\$11,079,694	\$102,715,505	\$34,591,039	\$207,514,482	\$822,435	\$198,670,709	\$20,698,842	\$19,620,882	\$32,102,608	\$6,198,370	\$6,125,760	\$0	\$758,535,680
Emergency Transportation	\$1,747,382	\$1,947,616	\$9,210,208	\$486,348	\$6,326,910	(\$61,591)	\$25,861,269	\$3,916	\$5,572,227	\$1,187,773	\$1,362,907	\$883,012	\$19,830	\$288,146	(\$543)	\$54,835,010
Non-emergency Medical Transportation	\$7,894,928	\$4,112,109	\$15,960,491	\$1,044,472	\$3,879,152	\$339,530	\$14,837,929	(\$43)	\$4,114,668	\$244,265	\$520,776	\$1,091,729	\$20,296	\$111,675	(\$18)	\$54,171,961
Dental Services	\$10,467,813	\$3,571,509	\$21,215,240	\$2,533,305	\$35,168,578	\$14,610,722	\$63,967,975	\$33,816	\$137,439,597	\$25,490,009	\$6,837,209	\$2,328,152	\$376,032	\$1,065	(\$51)	\$324,041,021
Family Planning	\$0	\$0	(\$389)	\$0	(\$15,406)	(\$9,170)	(\$30,408)	\$0	(\$9,474)	(\$2,160)	(\$132)	(\$1,207)	(\$180)	\$0	\$0	(\$58,526)
Health Maintenance Organizations	\$12,233,233	\$14,415,209	\$70,002,446	\$4,150,641	\$59,443,152	\$17,800,909	\$161,447,773	\$14,511	\$38,192,637	\$4,306,020	\$1,322,089	\$14,298,048	\$2,769,385	\$6,966	(\$43,234)	\$400,359,785
Inpatient Hospitals	\$19,395,058	\$26,547,991	\$115,550,298	\$11,178,828	\$66,757,913	\$19,359,203	\$280,947,051	\$199,890	\$147,833,540	\$5,281,129	\$12,484,065	\$50,229,530	\$7,129,404	\$34,177,096	\$0	\$797,071,196
Outpatient Hospitals	\$2,438,694	\$8,409,561	\$48,307,483	\$6,053,158	\$75,693,972	\$25,876,042	\$157,592,019	\$523,415	\$91,976,634	\$11,581,181	\$7,333,116	\$10,162,180	\$2,198,949	\$1,676,318	\$0	\$449,822,722
Lab & X-Ray	\$517,094	\$2,356,667	\$11,051,514	\$796,449	\$31,809,611	\$8,879,209	\$55,892,910	\$73,719	\$8,251,860	\$1,654,411	\$1,450,769	\$9,095,890	\$401,939	\$285,697	\$0	\$132,517,739
Durable Medical Equipment	\$11,508,550	\$5,026,466	\$66,473,642	\$2,666,690	\$6,822,460	\$2,372,816	\$21,465,035	\$26,123	\$24,713,730	\$2,644,163	\$6,303,518	\$414,188	\$17,175	\$3,087	\$0	\$150,457,643
Prescription Drugs	\$5,155,289	\$32,311,656	\$215,350,195	\$22,908,173	\$133,683,515	\$48,217,231	\$367,710,630	\$457,406	\$102,552,873	\$19,574,435	\$17,775,652	\$7,736,701	\$813,313	\$417	\$767,551	\$975,015,037
Physician Administered Drugs	\$3,018,464	\$4,442,647	\$27,253,714	\$5,457,097	\$20,009,592	\$8,171,655	\$55,820,333	\$327,349	\$7,873,354	\$602,113	\$907,722	\$2,549,190	\$270,425	\$257	\$1,252,766	\$137,956,678
Drug Rebate	(\$3,965,419)	(\$24,833,944)	(\$165,646,160)	(\$17,620,838)	(\$102,828,608)	(\$37,088,423)	(\$282,840,951)	(\$351,834)	(\$78,883,094)	(\$15,056,546)	(\$13,672,921)	(\$5,951,027)	(\$625,596)	(\$321)	(\$590,396)	(\$749,976,088)
Rural Health Centers	\$74,298	\$487,172	\$2,080,336	\$136,196	\$4,886,116	\$2,150,267	\$6,960,190	\$16,250	\$14,131,043	\$1,480,266	\$663,049	\$1,144,077	\$30,887	\$29,802	\$0	\$34,269,949
Federally Qualified Health Centers	\$1,871,153	\$2,446,201	\$10,776,952	\$872,850	\$22,794,462	\$8,574,186	\$46,970,993	\$24,818	\$49,704,346	\$5,583,703	\$1,836,483	\$8,905,086	\$288,290	(\$46,090)	(\$296)	\$160,603,137
Co-Insurance (Title XVII-Medicare)	\$46,967,143	\$8,393,253	\$29,608,795	\$5,843,559	\$2,986,033	\$251,587	\$2,352,065	\$77	\$195,971	\$62,527	\$60,966	\$78,199	\$3,509	\$260	\$16,361,918	\$113,165,862
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Medical Services	\$41	\$34	\$240	\$20	\$144	\$49	\$364	\$1	\$221	\$25	\$24	\$34	\$4	\$10	\$4	\$1,215
Preventive Services	\$222,924	\$512,405	\$3,882,525	\$402,723	\$10,079,620	\$4,052,540	\$16,348,498	\$30,580	\$37,197,742	\$1,631,833	\$1,631,765	\$1,464,999	\$55,492	\$9,150	\$0	\$77,522,796
Acute Home Health	\$3,942,991	\$1,079,059	\$19,557,883	\$483,161	\$140,711	\$33,533	\$651,301	\$0	\$3,342,105	\$97,957	\$1,414,899	\$23,170	\$143	\$0	\$0	\$30,766,913
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal of Acute Care	\$128,083,508	\$103,145,930	\$602,496,576	\$58,472,526	\$480,353,432	\$158,121,334	\$1,203,469,458	\$2,202,429	\$792,870,689	\$87,237,080	\$67,677,694	\$136,554,559	\$19,967,867	\$42,669,295	\$17,747,353	\$3,901,069,730
Community Based Long Term Care																
HCBS - Elderly, Blind, and Disabled	\$244,683,737	\$43,435,145	\$169,105,484	\$2,811,706	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$460,036,072
HCBS - Community Mental Health Services	\$9,742,648	\$6,291,604	\$29,201,646	\$56,328	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,292,226
HCBS - Children's HCBS	\$0	\$0	\$0	\$37,791,586	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$37,791,586
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HCBS - Consumer Directed Attendant Support	\$836,779	\$148,541	\$578,313	\$9,616	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,573,249
HCBS - Brain Injury	\$4,314,281	\$2,183,125	\$19,665,286	\$17,058	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$26,179,750
HCBS - Children with Autism	\$0	\$0	\$29,071	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,071
HCBS - Children with Life Limiting Illness	\$0	\$0	\$670,649	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$670,649
HCBS - Spinal Cord Injury	\$895,818	\$219,266	\$4,967,475	\$732,074	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,814,633
CCT - Services	\$1,508,437	\$1,150,794	\$2,594,631	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,253,862
Private Duty Nursing	\$5,348,458	\$453,390	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,953,404
Long Term Home Health	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,015	\$617,155	\$49,609	\$3,038,174	\$0	\$41,004,505	\$2,717,319	\$16,987,453	\$12,720	\$0	\$0	\$0	\$356,906,370
Hospice	\$48,509,514	\$4,409,676	\$6,843,220	\$409,070	\$498,712	\$285,004	\$4,004,850	\$8,391	\$227,302	\$77,305	\$70,018	\$0	\$0	\$0	\$0	\$65,403,062
Subtotal Community Based Long-Term Care	\$361,454,623	\$68,457,578	\$568,477,311	\$10,353,892	\$1,128,456	\$336,676	\$7,191,284	\$8,391	\$45,642,018	\$2,798,002	\$36,041,983	\$12,720	\$0	\$0	\$0	\$1,101,902,934
Long Term Care																
Class I Nursing Facilities	\$537,588,982	\$62,636,697	\$99,246,348	\$97,119	\$215,595	\$187,698	\$4,861,556	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$704,897,534
Class II Nursing Facilities	\$2,585,226	\$136,322	\$2,566,369	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,287,917
Program of All-Inclusive Care for the Elderly	\$161,681,815	\$25,839,762	\$12,235,422	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$199,756,999
Subtotal Long-Term Care	\$701,856,023	\$88,612,781	\$114,048,139	\$97,119	\$215,595	\$187,698	\$4,861,556	\$0	\$68,310	(\$4,771)	\$0	\$0	\$0	\$0	\$0	\$909,942,450
Insurance																
Supplemental Medicare Insurance Benefit	\$105,608,721	\$6,158,490	\$55,358,585	\$0	\$346,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,559,301	\$198,031,363
Health Insurance Buy-In Program	\$18,345	\$22,932	\$2,247,306	\$0	\$27,518	\$45,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$0	\$2,577,522
Subtotal Insurance	\$105,627,066	\$6,181,422	\$57,605,891	\$0	\$373,784	\$45,863	\$41,277	\$0	\$160,522	\$0	\$0	\$13,759	\$0	\$0	\$30,559,301	\$200,608,885
Service Management																
Single Entry Points	\$9,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$0	\$26,182,831
Disease Management	\$5,787	\$16,653	\$136,067	\$16,034	\$133,777	\$46,240	\$281,028	\$0	\$0	\$0	\$23,205	\$39,235	\$7,382	\$0	\$0	\$705,408
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Accountable Care Collaborative	\$5,976,019	\$1,610,594	\$9,376,506	\$1,176,416	\$23,985,873	\$8,973,111	\$43,550,316	\$20,310	\$59,414,184	\$8,506,771	\$3,121,813	\$1,575,582	\$292,882	\$383	\$0	\$167,580,760
Subtotal Service Management	\$15,533,341	\$4,131,486	\$23,546,233	\$1,196,740	\$24,127,059	\$9,021,496	\$43,870,048	\$20,310	\$59,419,156	\$8,507,356	\$3,180,310	\$1,614,817	\$300,264	\$383	\$0	\$194,468,999
Total Services	\$1,312,554,561	\$270,529,197	\$1,366,174,150	\$70,120,277	\$506,198,326	\$167,713,067	\$1,259,433,623	\$2,231,130	\$898,160,695	\$98,537,667	\$106,899,987	\$138,195,855	\$20,268,131	\$42,669,678	\$48,306,654	\$6,307,992,998
Financing & Supplemental Payments																
Upper Payment Limit Financing	\$2,488,750	\$369,673	\$1,728,342	\$65,813	\$410,325	\$142,309	\$924,200	\$4,163	\$648,263	\$63,094	\$112,089	\$53,584	\$11,096	\$8,203	\$0	\$7,029,904
Hospital Supplemental Payments	\$19,559,798	\$33,177,128	\$159,897,150	\$18,076,518	\$142,040,997	\$46,054,471	\$425,133,372	\$1,046,426	\$226,972,614	\$16,733,116	\$18,773,150	\$54,365,054	\$8,483,720	\$31,232,629	\$0	\$1,201,546,143
Nursing Facility Supplemental Payments	\$84,850,139	\$9,886,238	\$15,664,506	\$15,329	\$34,028	\$29,625	\$767,322	\$0	\$10,782	(\$753)	\$0	\$0	\$0	\$0	\$0	\$111,257,216
Physician Supplemental Payments	\$38,143	\$109,766	\$896,888	\$105,690	\$881,794	\$304,791	\$1,852,403	\$6,272	\$1,537,431	\$160,309	\$152,953	\$258,621	\$48,659	\$46,713	\$0	\$6,400,433
Outstationing Payments	\$12,718	\$46,363	\$271,846	\$38,089	\$381,600	\$132,652	\$825,371	\$3,951	\$449,087	\$55,040	\$36,143	\$49,708	\$10,524	\$7,786	\$0	\$2,320,878
University of Colorado School of Medicine Payments	\$813,932	\$2,342,276	\$19,138,494	\$2,255,301	\$18,816,436	\$6,503,869	\$39,528,055	\$133,830	\$32,806,933	\$3,420,804	\$3,263,844	\$5,518,669	\$1,038,327	\$996,806	\$0	\$136,577,576
Accounting Adjustments	(\$1,260,498)	(\$206,723)	(\$1,353,494)	(\$94,505)	(\$642,535)	(\$218,059)	(\$1,633,735)	(\$2,908)	(\$989,914)	(\$112,804)	(\$125,610)	(\$153,654)	(\$22,219)	(\$44,774)	(\$19,620)	(\$7,189,052)
Subtotal Financing and Supplemental Payments	\$106,494,982	\$45,624,721	\$196,043,732	\$20,462,235	\$161,922,645	\$52,949,658	\$467,396,988	\$1,191,734	\$261,435,196	\$20,318,806	\$22,212,569	\$60,091,982	\$9,570,107	\$32,247,363	(\$19,620)	\$1,457,943,098
Grand Total	\$1,419,049,543	\$316,153,918	\$1,562,217,882	\$90,582,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,422,864	\$1,159,595,891	\$118,856,473	\$129,112,556	\$198,287,837	\$29,838,238	\$74,917,041	\$48,287,034	\$7,765,936,096
Notes:																
FY 2018-19 actuals are from data accessed in CORE on August 15, 2019.																

Exhibit M

FY 2017-18	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (B)	Disabled Individuals to 59 (ANDAB)	Disabled Buy-In	Cash-based Adults										Eligible Children (AFDC/CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	CORE TOTAL
					MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program														
Acute Care																						
Physician Services & EPDST	\$6,268,395	\$10,984,856	\$82,561,138	\$9,548,731	\$10,989,378	\$43,212,777	\$217,249,813	\$1,429,123	\$201,248,180	\$23,119,752	\$17,325,550	\$29,990,680	\$6,647,603	\$7,027,451	\$0	\$0	\$0	\$0	\$0	\$765,507,255		
Emergency Transportation	\$1,523,224	\$5,167,166	\$8,696,025	\$327,068	\$6,381,251	\$1,821,053	\$25,133,359	\$8,625	\$1,070,522	\$843,148	\$68,361	\$0	\$65,063	\$53,639,004	\$0	\$0	\$0	\$0	\$0	\$34,639,004		
Non-emergency Medical Transportation	\$7,080,487	\$3,535,875	\$13,592,151	\$270,271	\$5,016,247	\$29,914,256	\$924,059	\$11,008,489	\$25,852	\$4,026,624	\$334,537	\$0	\$47,367	\$14,100	\$100,181	\$0	\$0	\$0	\$0	\$45,266,813		
Dental Services	\$10,211,678	\$3,440,409	\$20,573,758	\$2,454,054	\$25,916,246	\$166,889,681	\$66,509,190	\$37,696	\$137,730,000	\$887,871	\$6,451,712	\$1,728,350	\$327,744	\$419	\$0	\$0	\$0	\$0	\$0	\$26,816,850		
Family Planning	\$0	\$0	\$0	\$0	\$0	\$2,021	\$2,021	\$0	\$1,092	\$104	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,912		
Health Maintenance Organizations	\$11,935,329	\$13,337,458	\$69,471,997	\$32,433,983	\$68,508,490	\$22,725,509	\$174,845,983	\$0	\$46,984,004	\$4,951,340	\$563,532	\$12,143,570	\$2,281,843	\$1,240	\$524,369	\$0	\$0	\$0	\$0	\$921,069,113		
Inpatient Hospitals	\$18,933,164	\$20,643,204	\$111,642,068	\$8,568,470	\$77,107,016	\$26,936,509	\$278,712,228	\$247,237	\$141,717,503	\$8,753,543	\$12,415,589	\$44,323,316	\$7,719,297	\$41,931,148	\$0	\$0	\$0	\$0	\$0	\$792,880,332		
Outpatient Clinics	\$2,639,744	\$45,347,842	\$45,347,842	\$1,683,370	\$77,273,890	\$22,110,141	\$159,700,215	\$559,034	\$96,167,663	\$7,370,071	\$0	\$9,990,890	\$2,032,338	\$1,030,070	\$0	\$0	\$0	\$0	\$0	\$453,188,132		
Lab & X-Ray	\$362,263	\$6,721,025	\$7,470,357	\$6,432	\$28,543,728	\$50,381,776	\$40,601,919	\$57,969	\$7,007,197	\$2,360,549	\$1,328,779	\$3,495,041	\$422,127	\$348,402	\$0	\$0	\$0	\$0	\$0	\$107,311,387		
Durable Medical Equipment	\$16,135,186	\$6,402,052	\$67,709,435	\$2,434,561	\$9,899,664	\$4,302,260	\$31,566,871	\$65,264	\$26,706,716	\$2,938,393	\$6,055,831	\$7,075,157	\$52,432	\$2,813	\$0	\$0	\$0	\$0	\$0	\$174,924,514		
Prescription Drugs	\$6,325,798	\$29,401,607	\$50,027,667	\$20,334,549	\$37,472,297	\$54,321,388	\$374,138,677	\$349,026	\$112,732,673	\$22,854,600	\$21,194,401	\$5,914,742	\$919,324	\$3,316	\$628,481	\$0	\$0	\$0	\$0	\$990,948,747		
Physician Administered Drug	\$1,684,206	\$2,920,833	\$1,650,564	\$14,271,619	\$47,025,493	\$41,703,095	\$300,091	\$79,729	\$6,364,433	\$79,729	\$179,889	\$0	\$10,793	\$1,149,027	\$0	\$0	\$0	\$0	\$0	\$103,693,806		
Drug Rebate	(\$5,312,639)	(\$16,621,261)	(\$114,561,790)	(\$11,471,875)	(\$77,190,866)	(\$30,501,528)	(\$120,135,412)	(\$195,979)	(\$63,299,537)	(\$52,826,696)	(\$11,900,683)	(\$3,321,135)	(\$856,544)	(\$1,974)	(\$352,893)	\$0	\$0	\$0	\$0	(\$556,362,321)		
Rural Health Centers	\$65,529	\$347,164	\$1,604,709	\$73,133	\$3,791,669	\$1,808,843	\$5,746,349	\$15,982	\$10,067,588	\$1,190,574	\$400,139	\$487,466	\$22,241	\$11,759	\$0	\$0	\$0	\$0	\$0	\$25,663,395		
Federally Qualified Health Center	\$1,664,349	\$2,174,267	\$10,644,520	\$646,424	\$24,360,316	\$33,638	\$58,661,476	\$15,943,700	\$5,943,700	\$1,949,315	\$2,785,119	\$2,785,119	\$867,410	\$68,708	\$0	\$0	\$0	\$0	\$0	\$172,008,405		
Co-Inurance (Title XVIII) Medicare	\$39,078,126	\$6,283,727	\$24,273,832	\$6,975,919	\$28,731,307	\$54,264,356	\$13,746,336	\$2,215	\$1,979,995	\$26,388	\$14,875	\$595,555	\$1,841	\$170	\$11,668,406	\$93,051,514	\$0	\$0	\$0	\$93,051,514		
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$22,533)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$22,533)		
Prepaid Inpatient Health Plan Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Other Medical Services	\$425	\$366	\$2,249	\$203	\$1,933	\$750	\$4,778	\$10	\$2,828	\$363	\$233	\$395	\$67	\$146,835	\$0	\$0	\$0	\$0	\$0	\$146,835		
Preventive Services	\$278,890	\$575,308	\$3,971,931	\$391,544	\$12,179,698	\$5,160,263	\$19,427,272	\$22,735	\$27,949,426	\$2,402,679	\$1,436,736	\$1,763,835	\$97,339	\$17,590	\$0	\$0	\$0	\$0	\$0	\$75,675,246		
Acute Home Health	\$6,509,435	\$2,833,514	\$12,500,655	\$166,134	\$1,487,299	\$590,934	\$4,612,276	\$7,923	\$1,953,914	\$77,696	\$543,107	\$261,279	\$5,076	\$1,126	\$0	\$0	\$0	\$0	\$0	\$33,600,668		
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Subtotal of Acute Care	\$126,193,589	\$98,060,577	\$991,181,109	\$51,031,201	\$527,455,758	\$203,548,722	\$1,292,890,664	\$2,466,908	\$821,900,691	\$100,895,831	\$67,577,283	\$102,921,305	\$20,485,004	\$51,963,548	\$13,079,499	\$0	\$0	\$0	\$0	\$4,089,331,689		
Community Based Long Term Care																						
HCBS - Elderly, Blind, and Disabled	\$242,816,144	\$34,770,319	\$137,989,345	\$929,348	\$0	\$0	\$1,370	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$418,506,526		
HCBS - Community Mental Health Services	\$10,465,393	\$5,271,390	\$25,475,289	\$122,710	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,334,782		
HCBS - Children/Child HCBS	\$0	\$0	\$25,354,895	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$25,354,895		
HCBS - Persons Living with AIDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
HCBS - Consumer Directed Attendant Support	\$631,615	\$90,445	\$338,939	\$7,620	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,088,619	\$0	\$0	\$0	\$0	\$1,088,619		
HCBS - Brain Injury	\$5,379,565	\$1,458,525	\$15,262,601	\$54,749	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22,155,440	\$0	\$0	\$0	\$0	\$22,155,440		
HCBS - Children with Autism	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59,923	\$0	\$0	\$0	\$0	\$59,923		
HCBS - Children with Life Limiting Illness	\$0	\$0	\$760,772	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$760,772		
HCBS - Spinal Cord Injury	\$1,200,494	\$103,858	\$4,098,668	\$255,405	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,638,425	\$0	\$0	\$0	\$0	\$5,638,425		
Private Duty Nursing	\$1,270,789	\$1,270,789	\$1,655,846	\$327,281	\$1,655,846	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,216,916	\$0	\$0	\$0	\$0	\$3,216,916		
Long Term Home Health	\$5,391,820	\$358,029	\$60,179,523	\$1,258,040	\$30,548	\$22,613	\$131,192	\$0	\$7,996,591	\$226,716	\$14,981,374	\$0	\$0	\$0	\$90,576,446	\$0	\$0	\$0	\$0	\$90,576,446		
Long Term Home Health	\$48,628,171	\$8,428,469	\$201,637,564	\$4,243,728	\$766,240	\$151,912	\$3,479,504	\$0	\$1,377,089	\$8,906,178	\$15,106,299	\$12,651	\$0	\$0	\$16,814	\$137,329,479	\$0	\$0	\$0	\$16,814		
Subtotal Community Based Long-Term Care	\$361,089,829	\$49,411,907	\$479,401,662	\$9,524,629	\$1,201,559	\$443,363	\$7,845,908	\$14,346	\$39,948,301	\$2,536,477	\$30,094,402	\$12,651	\$12,016	\$16,814	\$0	\$0	\$0	\$0	\$0	\$987,639,634		
Long Term Care																						
Class I Nursing Facilities	\$533,601,092	\$53,246,932	\$90,576,120	\$414,594	\$313,773	\$452,428	\$13,048,950	\$0	(\$35,815)	\$4,737	\$0	\$0	\$0	\$2,511	\$0	\$0	\$0	\$0	\$0	\$689,625,322		
Class II Nursing Facilities	\$4,623,021	\$42,992	\$860,082	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,256,095		
Program of All-Inclusive Care for the Elderly	\$134,528,891	\$17,703,757	\$8,823,522	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$161,056,170	\$0	\$0	\$0	\$0	\$161,056,170		
Subtotal Long-Term Care	\$670,753,004	\$70,993,681	\$100,259,724	\$414,594	\$313,773	\$452,428	\$13,048,950	\$0	(\$35,815)	\$4,737	\$0	\$0	\$0	\$2,511	\$0	\$0	\$0	\$0	\$0	\$856,207,587		
Insurance																						
Supplemental Medical Insurance Benefit	\$105,305,731	\$6,140,821	\$55,199,761	\$0	\$345,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,471,626	\$197,463,212		
Health Insurance Buy-In Program	\$17,511	\$21,889	\$2,145,101	\$0	\$26,267	\$43,778	\$39,400	\$0	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$0	\$0	\$2,466,300		
Subtotal Insurance	\$105,323,242	\$6,162,710	\$57,344,862	\$0	\$371,540	\$43,778	\$39,400	\$0	\$153,221	\$0	\$0	\$0	\$13,133	\$0	\$0	\$0	\$0	\$0	\$0	\$30,471,626		
Service Management																						
Single Entry Points	\$11,229,722	\$3,052,457	\$19,516,828	\$144,404	\$66,825	\$19,971	\$307,243	\$66,057	\$129,810	\$74,506	\$96,781	\$0	\$0	\$0	\$95,245	\$0	\$0	\$0	\$0	\$34,799,849		
Disease Management	\$9,979	\$19,086	\$14,698	\$17,059	\$17,818	\$71,908	\$367,806	\$0	\$0	\$27,610	\$47,345	\$10,344	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$893,053		
Prepaid Inpatient Health Plan Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Accountable Care Collaborative	\$3,718,887	\$1,287,216	\$8,162,944	\$764,936	\$208,800	\$7,293,491	\$36,969,907	\$15,390	\$54,334,599	\$7,446,617	\$3,146,463	\$893,378	\$190,728	\$321	\$144,941	\$0	\$0	\$0	\$0	\$144,941		
Subtotal Service Management	\$14,958,588	\$4,358,759	\$27,823,470	\$926,399	\$21,054,073	\$7,293,491	\$37,645,019	\$81,447	\$54,464,409	\$7,521,123	\$3,270,234	\$940,723	\$20,072	\$321	\$95,245	\$0	\$0	\$0	\$0	\$180,643,735		
Total Services	\$1,278,316,232	\$254,487,234	\$1,256,010,827	\$61,895,803	\$550,396,763	\$211,751,782	\$1,351,499,941	\$3,042,701	\$916,030,607	\$111,575,168	\$100,941,199	\$121,887,419	\$20,601,076	\$51,978,396	\$43,663,184	\$6,313,736,605	\$0	\$0	\$0	\$6,313,736,605		
Financing & Supplemental Payments																						
Upper Payment Limit Financing	\$1,889,440	\$21,247	\$1,182,066	\$32,158	\$313,032	\$121,804	\$724,182	\$3,192	\$482,616	\$54,033	\$77,746	\$36,326	\$7,684	\$6,727	\$39	\$0	\$0	\$0	\$0	\$5,172,512		
Hospital Supplemental Payments	\$14,729,347	\$21,998,901	\$119,756,237	\$137,735,313	\$43,615,765	\$330,500,628	\$838,981	\$175,664,742	\$152,496,616	\$14,622,910	\$38,120,518	\$6,948,543	\$30,597,392	\$8,280	\$934,781,091	\$0	\$0	\$0	\$0	\$934,781,091		
Nursing Facility Supplemental Payments	\$82,992,626	\$38,312,817	\$114,104,584	\$64,726	\$48,988	\$70,632	\$2,037,179	\$0	\$5,991,911	\$740	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$107,693,091		
Physician Supplemental Payments	\$188,830,509	\$160,830,457	\$1,278,227,321	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617	\$1,588,617		
Outstanding Payments	\$5,362	\$17,579	\$102,116	\$6,832	\$154,542	\$59,638	\$330,324	\$1,598	\$186,167	\$22,599	\$14,676	\$1,609,004	\$3,876	\$3,394	\$0	\$0	\$0	\$0	\$0	\$926,730		
University of Colorado School of Medicine Payments	\$984,212	\$1,147,817	\$14,172,811	\$1,682,509	\$17,636,750	\$7,092,197	\$36,276,471	\$215,718	\$30,676,442	\$3,495,077	\$2,663,997	\$4,867,634	\$12,021,267	\$1,060,793	\$0	\$0	\$0	\$0	\$0	\$123,529,217		
Accounting Adjustments	(\$4,157,153)	(\$585,712)	(\$4,641,486)	(\$209,144)	(\$52,205,912)	(\$57,420,878)	(\$517,420)	(\$11,733)	(\$3,371,237)	(\$1,955,												

Notes:
FY 2017-18 actuals are from data accessed in CORE on August 15, 2018.

ACUTE CARE	FY 2024-25	Percent Change from Prior	FY 2023-24	Percent Change from Prior	FY 2022-23	Percent Change from Prior	FY 2021-22	Percent Change from Prior	FY 2020-21	Percent Change from Prior	FY 2019-20	Percent Change from Prior	FY 2018-19	Percent Change from Prior	FY 2017-18	Percent Change from Prior	FY 2016-17	Percent Change from Prior	FY 2015-16
Physician Services & ESRDT	\$1,388,272,597	12.0%	\$1,238,426,316	4.1%	\$1,188,779,438	10.1%	\$1,079,552,987	18.8%	\$908,065,991	8.1%	\$836,068,168	10.2%	\$758,535,680	0.9%	\$765,507,259	13.0%	\$677,387,640	0.3%	\$747,048,655
Emergency Transportation	575,126,113	2.9%	568,089,389	0.7%	567,582,229	17.0%	571,922,274	11.3%	565,292,174	11.3%	555,537,916	4.7%	554,935,010	2.3%	553,639,054	13.8%	547,138,615	48.8%	517,635,356
Non-Emergency Medical Transportation	575,126,113	3.5%	550,725,123	1.5%	541,158,448	26.6%	571,922,274	17.0%	565,292,174	11.3%	555,537,916	4.7%	554,935,010	2.3%	553,639,054	14.0%	547,138,615	49.1%	518,472,458
Rental Services	552,617,195	24.7%	\$446,064,515	17.8%	\$396,195,818	8.8%	\$362,215,115	4.8%	\$345,719,164	18.5%	\$289,791,417	10.7%	\$254,041,021	0.8%	\$264,816,855	3.5%	\$258,977,898	2.8%	\$259,502,507
Health Maintenance Organizations	1528,841,489	13.7%	\$1,484,911,011	22.9%	\$1,209,929,924	11.4%	\$1,031,924,669	6.4%	\$951,233,894	19.3%	\$780,460,162	4.9%	\$740,009,113	1.5%	\$740,009,113	6.1%	\$689,450,059	6.1%	\$689,450,059
Outpatient Hospital	3,059,488,234	4.2%	\$2,929,299,267	1.3%	\$2,909,488,713	8.3%	\$2,646,239,239	21.6%	\$2,177,747,518	4.7%	\$2,094,412,497	9.8%	\$1,949,822,723	0.7%	\$1,949,822,723	15.3%	\$1,703,845,814	0.2%	\$1,703,845,814
Subacute Care	1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	0.0%	\$1,146,906,454
Skilled Nursing Facility	1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	0.0%	\$1,146,906,454
Residential Care	1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	0.0%	\$1,146,906,454
Long Term Care	1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	0.0%	\$1,146,906,454
Subtotal of Long-Term Care	\$1,484,911,011	13.7%	\$1,484,911,011	22.9%	\$1,209,929,924	11.4%	\$1,031,924,669	6.4%	\$951,233,894	19.3%	\$780,460,162	4.9%	\$740,009,113	1.5%	\$740,009,113	6.1%	\$689,450,059	6.1%	\$689,450,059
Other Medical Services	1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	1.0%	\$1,146,906,454	0.0%	\$1,146,906,454	0.0%	\$1,146,906,454
Subtotal of Acute Care	\$1,484,911,011	13.7%	\$1,484,911,011	22.9%	\$1,209,929,924	11.4%	\$1,031,924,669	6.4%	\$951,233,894	19.3%	\$780,460,162	4.9%	\$740,009,113	1.5%	\$740,009,113	6.1%	\$689,450,059	6.1%	\$689,450,059
COMMUNITY BASED LONG-TERM CARE	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Community Mental Health Services	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Children's Health Services	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Persons Living with AIDS	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Substance Abuse Services	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Brain Injury	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Children with Autism	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Children with Life Limiting Illness	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
HCSB - Senior Care	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
CCF Services	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Private Duty Nursing	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Long Term Home Health	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Home Health Services	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Subtotal of Community Based Long-Term Care	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
LONG-TERM CARE AND INSURANCE	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Other Insurance	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Subtotal of Long-Term Care and Insurance	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
SERVICE MANAGEMENT	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Single Entry Process	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Disease Management	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Prepaid Inpatient Health Plan Administration	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Accountable Care Collaborative	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Subtotal Service Management	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
FINANCIAL AND SUPPLEMENTAL PAYMENTS	\$1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Upper Payment Limit Financing	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%	\$321,321,224	4.3%	\$321,321,224
Medicaid Supplemental Payments	1,173,027,637	31.0%	\$899,388,876	15.7%	\$773,682,219	22.8%	\$570,076,575	8.4%	\$524,508,159	14.0%	\$460,034,072	9.1%	\$418,506,520	14.8%	\$364,380,364	13.4%			

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

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

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

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

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

Exhibit O - Comparison of Budget Requests and Appropriations

FY 2024-25 Comparison of Requests and Appropriations										
FY 2024-25 Comparison of Requests and Appropriations	November 1, 2023	February 15, 2024	% Change	FY 2024-25 Long Bill and Special Bills Appropriation	November 1, 2024	February 15, 2025	% Change over Appropriation	FY 2024-25 Final Appropriation	FY 2024-25 Actuals	% Change over Feb.
Acute Care	\$6,163,759,133	\$5,598,548,736	-9.17%	\$5,796,990,201	\$5,998,774,988	\$6,265,778,931	8.09%	\$6,284,015,785	\$6,287,000,230	0.34%
Community Based Long-Term Care	\$2,207,092,823	\$2,342,547,092	6.14%	\$2,428,156,089	\$2,404,425,680	\$2,497,907,675	2.87%	\$2,479,408,988	\$2,607,441,363	4.39%
Long-Term Care	\$1,169,461,789	\$1,128,046,199	-3.54%	\$1,128,046,199	\$1,107,447,583	\$1,146,198,341	1.61%	\$1,146,198,341	\$1,151,583,473	0.47%
Insurance	\$285,086,131	\$292,475,760	2.60%	\$292,475,760	\$295,571,522	\$282,402,044	-3.44%	\$282,402,044	\$284,908,901	0.89%
Service Management	\$257,141,264	\$214,423,890	-16.61%	\$218,354,995	\$212,010,672	\$210,783,405	-3.47%	\$210,783,405	\$210,146,775	-0.30%
Financing	\$2,041,492,903	\$2,025,484,128	-0.78%	\$2,067,332,806	\$2,064,029,883	\$2,051,059,449	-0.79%	\$2,051,059,449	\$2,055,505,513	0.22%
Total	\$12,124,014,043	\$11,601,525,805	-4.31%	\$11,933,458,715	\$12,082,260,328	\$12,454,129,845	4.36%	\$12,453,868,012	\$12,596,586,255	1.14%
Class I Nursing Facilities	\$816,925,250	\$788,229,488	-3.51%	\$788,229,488	\$779,928,099	\$808,305,822	2.55%	\$808,305,822	\$813,270,939	0.61%

FY 2025-26 Comparison of Requests and Appropriations										
FY 2025-26 Comparison of Requests and Appropriations	November 1, 2024	February 15, 2025	% Change	FY 2025-26 Long Bill and Special Bills Appropriation	November 1, 2025	February 15, 2026	% Change over Appropriation	FY 2024-25 Final Appropriation	FY 2025-26 Actuals	% Change over Feb.
Acute Care	\$6,592,507,811	\$6,863,130,568	4.11%	\$6,835,607,458	\$6,878,211,804	\$6,933,083,293	0.80%			
Community Based Long-Term Care	\$2,580,021,180	\$2,661,286,008	3.15%	\$2,705,299,417	\$2,881,313,745	\$3,044,349,739	5.66%			
Long-Term Care	\$1,158,232,939	\$1,192,596,907	2.97%	\$1,192,596,907	\$1,284,588,095	\$1,254,482,091	-2.34%			
Insurance	\$317,105,989	\$301,746,335	-4.84%	\$301,746,335	\$318,478,403	\$310,506,265	-2.50%			
Service Management	\$217,736,559	\$215,626,100	-0.97%	\$220,197,618	\$249,982,190	\$241,394,220	-3.44%			
Financing	\$2,113,200,806	\$2,102,866,457	-0.49%	\$2,112,084,753	\$2,658,484,595	\$2,675,020,392	0.62%			
Total	\$12,978,805,284	\$13,337,252,375	2.76%	\$13,367,532,488	\$14,271,058,832	\$14,458,836,000	1.32%			
Class I Nursing Facilities	\$796,589,241	\$827,730,283	3.91%	\$827,730,283	\$914,355,950	\$880,779,697	-3.67%			

FY 2026-27 Comparison of Requests and Appropriations										
FY 2026-27 Comparison of Requests and Appropriations	November 1, 2025	February 15, 2026	% Change	FY 2026-27 Long Bill and Special Bills Appropriation	November 1, 2026	February 15, 2027	% Change over Appropriation	FY 2025-26 Final Appropriation	FY 2026-27 Actuals	% Change over Feb.
Acute Care	\$7,372,082,918	\$7,406,440,907	0.47%							
Community Based Long-Term Care	\$3,096,671,675	\$3,367,055,041	8.73%							
Long-Term Care	\$1,333,785,355	\$1,348,863,966	1.13%							
Insurance	\$353,393,934	\$347,461,779	-1.68%							
Service Management	\$249,666,043	\$234,153,732	-6.21%							
Financing	\$3,294,827,641	\$3,296,439,442	0.05%							
Total	\$15,700,427,566	\$16,000,414,867	1.91%							
Class I Nursing Facilities	\$954,431,340	\$932,443,861	-2.30%							

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

Yearly Expenditures by Eligibility Category																	
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2014-15	\$1,044,291,631	\$217,931,810	\$1,108,322,123	\$30,521,839	\$569,129,005	\$206,228,721	\$1,145,194,212	\$5,578,806	\$925,982,289	\$82,362,752	\$92,006,877	\$193,228,921	\$20,411,857	\$56,781,957	\$31,220,993	\$0	\$5,729,193,793
FY 2015-16	\$1,120,115,780	\$236,325,255	\$1,262,962,468	\$51,661,112	\$630,016,796	\$275,992,247	\$1,621,597,144	\$4,174,196	\$1,074,344,794	\$111,240,961	\$97,684,729	\$222,185,018	\$24,225,165	\$66,804,909	\$39,805,896	\$0	\$6,839,136,470
FY 2016-17	\$1,227,329,450	\$228,007,673	\$1,187,717,155	\$46,755,354	\$496,699,138	\$270,635,116	\$1,420,477,846	\$4,278,354	\$965,142,881	\$105,372,205	\$94,437,790	\$164,997,565	\$19,079,890	\$58,303,900	\$41,044,441	\$0	\$6,330,278,758
FY 2017-18	\$1,374,850,712	\$265,844,232	\$1,401,999,382	\$72,335,007	\$681,687,561	\$262,493,865	\$1,719,088,068	\$4,109,880	\$1,122,426,285	\$130,530,240	\$118,166,204	\$164,702,655	\$28,682,493	\$82,915,426	\$43,614,481	\$0	\$7,473,446,491
FY 2018-19	\$1,419,049,543	\$316,153,918	\$1,562,217,882	\$90,582,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,422,864	\$1,159,595,891	\$118,856,473	\$129,112,556	\$198,287,837	\$29,836,238	\$74,917,041	\$48,287,034	\$0	\$7,765,936,096
FY 2019-20	\$1,569,226,283	\$337,873,877	\$1,611,283,109	\$105,469,881	\$654,192,856	\$224,663,102	\$1,842,104,413	\$3,633,297	\$1,169,085,161	\$122,391,638	\$124,805,058	\$194,501,125	\$27,885,429	\$62,454,725	\$49,691,616	\$0	\$8,099,261,570
FY 2020-21	\$1,502,236,694	\$373,192,056	\$1,740,775,717	\$119,566,743	\$689,387,649	\$329,486,462	\$2,167,933,755	\$3,959,656	\$1,207,536,021	\$142,264,585	\$167,121,070	\$180,419,087	\$33,059,084	\$93,372,855	\$95,459,050	\$0	\$8,845,770,481
FY 2021-22	\$1,550,416,533	\$369,019,553	\$1,879,679,407	\$105,437,480	\$757,851,480	\$388,681,883	\$2,423,890,200	\$1,725,217	\$1,485,259,354	\$177,947,900	\$172,565,231	\$180,831,381	\$36,046,996	\$116,011,736	\$110,928,793	\$0	\$9,756,293,144
FY 2022-23	\$1,660,716,543	\$429,988,244	\$2,116,771,970	\$159,343,586	\$826,809,350	\$412,201,442	\$2,738,180,874	\$1,975,054	\$1,681,364,606	\$190,831,356	\$201,321,889	\$194,321,379	\$29,629,458	\$162,022,890	\$115,140,877	\$390,762	\$10,921,010,281
FY 2023-24	\$1,919,459,677	\$469,230,544	\$2,285,300,932	\$195,889,021	\$847,306,356	\$323,631,961	\$2,699,944,663	\$1,894,403	\$1,702,803,497	\$184,299,232	\$232,745,990	\$192,958,642	\$31,637,245	\$188,109,921	\$110,099,349	\$840,652	\$11,386,151,835
FY 2024-25	\$2,237,166,435	\$504,417,741	\$2,637,187,792	\$291,161,829	\$887,623,027	\$266,221,029	\$2,829,405,485	\$2,199,775	\$1,780,721,477	\$165,817,942	\$404,032,800	\$216,504,572	\$62,637,336	\$190,791,576	\$119,566,496	\$1,139,424	\$12,596,586,255
Yearly Percent Change in Expenditures																	
Fiscal Year	Expenditures	Percent Change	Dollar Increase/ Decrease	Average Yearly Percent Change From FY 2000-01	Percent Change2	Three-year Moving Average	Percent Change3										
FY 2014-15	\$5,729,193,793																
FY 2015-16	\$6,839,136,470	19.37%	\$1,109,942,677														
FY 2016-17	\$6,330,278,758	-7.44%	(\$508,857,712)	5.97%													
FY 2017-18	\$7,473,446,491	18.06%	\$1,143,167,733	10.00%	67.56%	10.00%											
FY 2018-19	\$7,765,936,096	3.91%	\$292,489,605	8.48%	-15.21%	4.84%	-51.55%										
FY 2019-20	\$8,099,261,570	4.29%	\$333,325,474	7.64%	-9.87%	8.75%	-80.74%										
FY 2020-21	\$8,845,770,481	9.22%	\$746,508,911	7.90%	3.44%	5.81%	-33.66%										
FY 2021-22	\$9,756,293,144	10.29%	\$910,522,663	8.24%	4.32%	7.93%	36.62%										
FY 2022-23	\$10,921,010,281	11.94%	\$1,164,717,137	8.71%	5.60%	10.48%	32.12%										
FY 2023-24	\$11,386,151,835	4.26%	\$465,141,554	8.21%	-5.68%	8.83%	-15.77%										
FY 2024-25	\$12,596,586,255	10.63%	\$1,210,434,420	8.45%	2.95%	8.94%	1.27%										
FY 2025-26 Projections																	
	Official Projection	Percent Change	Dollar Increase/ Decrease	Projection Using Most Recent Average Change	Percent Change over Official Projection	Projection Using Most Recent Three-year Average	Percent Change over Premium Workbook Projection										
FY 2025-26 Projection	\$14,458,836,000	14.78%	\$1,862,249,745	\$13,661,451,164	-5.51%	\$13,723,057,598	-5.09%										
FY 2026-27 Projection	\$16,000,414,867	10.66%	\$1,541,578,867	\$15,681,128,037	-2.00%	\$15,751,842,223	-1.55%										
FY 2027-28 Projection	\$16,618,647,599	3.86%	\$618,232,732	\$17,353,025,802	4.42%	\$17,431,279,425	4.89%										
FY 2025-26 Appropriation	\$13,367,552,286																
Difference Between FY 2025-26 Projections and FY 2025-26 Appropriation	\$1,091,283,714	8.16%		\$293,898,878	2.20%	\$355,505,312	2.66%										
Difference Between FY 2026-27 Projections and FY 2025-26 Appropriation	\$2,632,862,581	19.70%		\$2,313,575,751	17.31%	\$2,384,289,937	17.84%										
Difference Between FY 2027-28 Projections and FY 2025-26 Appropriation	\$3,251,095,313	24.32%		\$3,985,473,516	29.81%	\$4,063,727,139	30.40%										
Actuals, Projection, and Appropriation exclude Upper Payment Limit Financing.																	

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

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

Fiscal Year	Total Expenditures ⁽¹⁾	Annual % Change	Total Caseload ⁽²⁾	Annual % Change2
FY 2014-15	\$5,729,193,793	0.00%	1,161,157	34.87%
FY 2015-16	\$6,839,136,470	19.37%	1,296,986	11.70%
FY 2016-17	\$6,330,278,758	-7.44%	1,346,114	3.79%
FY 2017-18	\$7,473,446,491	18.06%	1,315,217	-2.30%
FY 2018-19	\$7,765,936,096	3.91%	1,261,365	-4.09%
FY 2019-20	\$8,099,261,570	4.29%	1,219,245	-3.34%
FY 2020-21	\$8,845,770,481	9.22%	1,404,955	15.23%
FY 2021-22	\$9,756,293,144	10.29%	1,561,560	11.15%
FY 2022-23	\$10,921,010,281	11.94%	1,719,619	10.12%
FY 2023-24	\$11,386,151,835	4.26%	1,390,188	-19.16%
FY 2024-25	\$12,596,586,255	10.63%	1,207,815	-13.12%
FY 2025-26 Projection	\$14,458,836,000	32.39%	1,237,203	-11.00%
FY 2026-27 Projection	\$16,000,414,867	10.66%	1,246,975	0.79%
FY 2027-28 Projection	\$16,618,647,599	3.86%	1,204,909	-3.37%
(1) Expenditures are for Medical Services Premiums only.				
(2) Caseload does not include retroactivity.				

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

Item	FY 2017-28 Projection	Percent Change from FY 2016-27	FY 2016-27 Projection	Percent Change from FY 2015-26	FY 2015-26 Projection	Percent Change from FY 2014-25	FY 2014-25	Percent Change from FY 2013-24	FY 2013-24	Percent Change from FY 2012-23	FY 2012-23	Percent Change from FY 2011-22	FY 2011-22	Percent Change from FY 2010-21	FY 2010-21	Percent Change from FY 2019-20	FY 2019-20	Percent Change from FY 2018-19	FY 2018-19	Percent Change from FY 2017-18	FY 2017-18	Percent Change from FY 2016-17
Medical Services Premiums																						
Acute Care	\$7,706,403,049	4.05%	\$7,406,440,907	6.83%	\$6,933,083,293	10.28%	\$6,287,000,230	7.37%	\$5,855,491,663	2.01%	\$5,740,354,126	12.19%	\$5,116,586,715	15.17%	\$4,442,816,630	9.38%	\$4,061,737,928	4.12%	\$3,901,069,730	-4.60%	\$4,089,331,689	16.26%
Community-Based Long-Term Care	\$3,498,566,678	3.91%	\$3,367,055,041	10.60%	\$3,044,349,739	16.76%	\$2,607,441,363	25.85%	\$2,071,856,151	16.24%	\$1,786,780,631	8.49%	\$1,596,782,058	11.22%	\$1,354,754,258	8.49%	\$1,248,721,900	13.32%	\$1,101,902,634	11.57%	\$987,639,444	14.79%
Long-Term Care and Insurance	\$1,821,637,235	7.34%	\$1,696,325,745	6.38%	\$1,564,988,356	8.95%	\$1,436,462,374	12.58%	\$1,275,916,909	4.62%	\$1,146,642,935	4.09%	\$1,097,784,451	-5.99%	\$1,167,765,468	5.13%	\$1,110,551,335	6.17%	\$1,066,131,089	4.17%	\$1,066,131,089	4.17%
Service Management	\$223,818,131	-4.41%	\$234,153,732	-3.00%	\$241,394,220	14.87%	\$216,146,775	-18.47%	\$257,761,255	-2.00%	\$263,024,910	12.05%	\$234,744,286	-3.14%	\$242,353,560	4.32%	\$232,311,595	19.46%	\$194,468,999	7.66%	\$180,634,373	0.05%
Total Services	\$13,250,425,093	4.30%	\$12,703,975,425	20.52%	\$11,783,815,408	11.79%	\$10,541,080,742	11.42%	\$9,461,027,978	5.33%	\$8,982,402,685	12.27%	\$8,000,841,643	12.09%	\$7,137,719,099	6.37%	\$6,710,536,921	6.38%	\$6,307,992,998	-0.09%	\$6,313,736,605	13.70%
Financing and Supplemental Payments	\$3,368,003,150	3.17%	\$3,206,439,442	60.37%	\$2,675,000,392	30.14%	\$2,895,505,513	6.77%	\$1,928,133,857	-0.73%	\$1,938,607,596	10.43%	\$1,755,451,501	2.78%	\$1,708,051,382	73237.45%	\$2,267,201	-99.84%	\$1,453,943,098	23.72%	\$1,159,709,886	-49.18%
Total Medical Services Premiums Expenditure	\$16,618,428,243	3.86%	\$16,000,414,867	27.02%	\$14,458,836,000	14.78%	\$12,596,586,255	15.34%	\$11,386,151,835	4.26%	\$10,921,010,281	11.94%	\$9,756,293,144	10.29%	\$8,845,770,481	31.77%	\$6,712,804,122	-13.56%	\$7,765,936,096	3.91%	\$7,473,446,491	18.06%
Medicaid Mental Health																						
Capitation	\$1,943,255,065	7.45%	\$1,808,520,058	-40.64%	\$1,570,773,239	22.15%	\$1,285,891,020	0.00%	\$1,285,891,020	-25.39%	\$1,025,543,919	2.95%	\$1,056,750,092	2.47%	\$1,031,271,138	27.01%	\$811,992,425	22.55%	\$662,584,643	7.69%	\$615,262,734	1.88%
Fee-for-Service	\$13,339,895	-4.01%	\$13,897,207	41.27%	\$13,854,748	40.84%	\$9,837,365	-10.22%	\$10,956,804	-16.66%	\$13,147,510	6.17%	\$12,383,389	-16.62%	\$14,851,894	14.92%	\$12,923,634	21.66%	\$10,622,912	0.00%	\$10,622,912	37.07%
Total Mental Health Expenditure	\$1,956,594,960	7.36%	\$1,822,417,265	40.65%	\$1,584,627,987	22.30%	\$1,295,728,385	-0.09%	\$1,296,847,824	24.85%	\$1,038,691,429	-2.85%	\$1,069,133,481	2.20%	\$1,046,123,032	26.82%	\$824,916,059	22.54%	\$673,207,555	7.56%	\$625,885,645	2.33%
Other Medicaid Services																						
Office of Community Living	\$1,624,997,512	5.14%	\$1,545,503,611	18.54%	\$1,483,332,963	13.77%	\$1,303,823,272	24.36%	\$1,048,394,801	25.74%	\$833,806,224	14.43%	\$728,679,453	15.38%	\$631,529,175	1.62%	\$621,491,378	14.87%	\$541,061,432	9.46%	\$494,313,890	8.71%
Medicare Modernization Act	\$295,392,252	8.84%	\$271,406,559	11.71%	\$257,599,472	6.03%	\$242,949,385	-0.58%	\$244,361,309	12.95%	\$216,337,023	1.34%	\$213,480,167	39.60%	\$152,921,968	-5.06%	\$161,064,826	8.20%	\$148,853,569	3.67%	\$143,579,021	10.61%
Public School Health Services ⁽¹⁾	\$198,563,973	0.00%	\$198,563,973	0.00%	\$198,563,973	-10.70%	\$222,351,711	16.20%	\$191,357,388	25.15%	\$152,899,688	2.41%	\$124,811,815	8.91%	\$114,602,178	9.99%	\$106,194,093	11.85%	\$93,151,204	18.95%	\$93,151,204	18.95%
Total Other Medicaid Services Expenditure	\$2,118,953,737	5.13%	\$2,015,474,143	13.92%	\$1,939,496,408	9.63%	\$1,769,124,378	19.20%	\$1,484,113,498	23.36%	\$1,203,042,935	12.44%	\$1,069,973,598	17.67%	\$909,262,958	1.35%	\$897,158,382	12.98%	\$794,109,094	8.63%	\$733,044,115	9.54%
DHS - Medicaid Funded⁽²⁾																						
Child Welfare Services	\$14,383,230	0.00%	\$14,383,230	-32.11%	\$14,383,230	-32.11%	\$21,187,188	778.66%	\$2,411,312	-57.00%	\$5,608,092	-56.35%	\$12,848,155	81.66%	\$7,072,566	30.22%	\$5,431,083	-28.19%	\$7,563,057	0.00%	\$7,563,057	28.97%
Mental Health Institutes	\$8,762,879	0.00%	\$8,762,879	-33.95%	\$8,762,879	-33.95%	\$13,266,245	48.58%	\$8,928,987	8.53%	\$8,227,322	0.10%	\$8,219,072	-14.32%	\$9,592,879	-3.06%	\$9,896,024	-34.45%	\$15,097,842	0.00%	\$15,097,842	134.18%
High Risk Pregnant Women Program	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$1,183,268	-18.44%	\$1,450,757	-0.26%	\$1,454,580	26.72%	\$1,147,889	0.00%	\$1,147,889	0.62%
Regional Centers	\$59,760,345	0.00%	\$59,760,345	-7.62%	\$64,687,556	10.41%	\$64,687,556	0.00%	\$58,590,207	6.97%	\$58,771,008	-11.47%	\$61,866,046	11.35%	\$55,560,401	26.71%	\$43,841,503	0.00%	\$43,841,503	33.29%	\$43,841,503	33.29%
Division of Youth Services Medicaid Funding	\$758,785	0.00%	\$758,785	-36.51%	\$758,785	-36.51%	\$1,195,087	0.00%	\$1,195,087	-37.99%	\$822,420	-52.60%	\$1,734,967	12.98%	\$1,535,639	36.07%	\$1,128,555	0.00%	\$1,128,555	22.46%	\$1,128,555	22.46%
Mental Health Treatment Services for Youth (HB 99-1116)	\$137,680	0.00%	\$137,680	0.00%	\$137,680	0.00%	\$0	-100.00%	\$125,332	109.58%	\$125,332	-100.00%	\$0	-100.00%	\$17,370	0.00%	\$17,370	2473.33%	\$17,370	0.00%	\$17,370	2473.33%
Total DHS - Medicaid Funded Expenditure	\$83,802,919	0.00%	\$83,802,919	-16.48%	\$83,802,919	-16.48%	\$100,336,076	29.93%	\$77,222,942	5.86%	\$72,935,591	-4.66%	\$77,969,315	10.69%	\$81,777,917	7.39%	\$73,877,747	0.00%	\$68,796,216	14.11%	\$68,796,216	14.11%
Total Medicaid Services Expenditure	\$20,777,779,859	4.30%	\$19,922,109,194	26.40%	\$18,066,763,314	14.62%	\$15,761,775,094	10.65%	\$14,244,336,099	7.62%	\$13,235,680,236	10.54%	\$11,973,369,538	10.02%	\$10,882,933,488	27.90%	\$8,508,756,310	-8.53%	\$9,302,048,961	5.72%	\$8,798,763,931	14.43%
CHIPs																						
CHIP- Children	\$290,667,578	16.52%	\$249,465,314	42.19%	\$175,450,996	59.45%	\$175,450,996	-14.62%	\$110,034,479	-29.22%	\$188,871,283	0.13%	\$181,830,902	-0.13%	\$182,062,512	0.13%	\$181,830,902	0.00%	\$181,830,902	0.00%	\$181,830,902	29.51%
CHIP- Prenatal	\$29,752,044	30.93%	\$22,723,147	143.54%	\$9,482,221	1.63%	\$9,330,255	16.49%	\$8,009,480	100.29%	\$3,998,865	-47.63%	\$7,635,394	2.71%	\$7,433,675	-2.64%	\$7,433,394	2.71%	\$7,433,675	0.00%	\$7,433,675	38.64%
Total CHIPs- Services Expenditure	\$320,419,622	17.72%	\$272,188,461	47.30%	\$184,933,217	0.08%	\$184,781,251	39.07%	\$118,043,959	-11.16%	\$192,870,148	0.23%	\$189,467,906	-0.23%	\$189,284,577	0.23%	\$189,284,577	0.00%	\$189,284,577	0.00%	\$189,284,577	29.64%
Total Services Expenditure	\$21,098,199,481	4.46%	\$20,194,297,655	26.64%	\$18,251,696,531	14.66%	\$15,946,556,345	19.28%	\$14,362,380,058	7.65%	\$13,366,550,384	9.91%	\$12,163,087,444	9.85%	\$11,072,198,065	27.29%	\$8,698,454,216	-8.35%	\$9,491,313,538	5.60%	\$8,988,048,508	14.71%

Footnotes:

(1) Projections for Public School Health Services are updated via an annual supplemental Budget Request.

(2) The Department of Human Services Medicaid Funded services are not forecast in a budget request by the Department. Due to this, the Department has held the FY 2023-24 appropriations constant, for the purpose of this exhibit. This does not represent an actual request by the Department.

Notes:

1. FY 2021-22 expenditure shows data as of September 16, 2022.

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

Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
FY 2016-17	\$27,549.77	\$27,567.17	\$24,894.02	\$10,292.29	\$2,988.61	\$2,622.57	\$4,050.69	\$16,788.64	\$2,125.48	\$1,720.53	\$6,571.07	\$10,167.73	\$8,185.71	\$15,432.19	\$1,228.05	\$0.00	\$5,131.40	\$1,807.15	\$1,710.94	\$1,806.22	\$4,978.49
FY 2017-18	\$5,701.57	\$10,073.79	\$9,586.44	\$3,347.92	\$477.41	\$217.26	\$727.53	\$2,097.96	\$441.00	\$360.98	\$2,562.09	\$516.09	\$407.99	\$4.39	\$19.63	\$0.00	\$1,287.12	\$2,364.82	\$8,828.59	\$2,434.83	\$1,351.16
% Change from FY 2015-16	-79.30%	-63.46%	-61.49%	(0.67)	84.03%	-91.72%	(0.82)	-87.50%	-79.25%	-79.02%	-61.01%	-94.92%	-95.02%	-99.97%	-98.40%	0.00%	-74.92%	30.86%	416.01%	-34.80%	-72.86%
FY 2018-19	\$29,311.43	\$30,331.14	\$29,907.12	\$11,173.60	\$3,298.87	\$2,910.08	\$4,549.29	\$17,512.50	\$2,513.05	\$1,949.22	\$7,385.19	\$11,783.56	\$9,219.08	\$16,078.00	\$1,393.20	\$0.00	\$6,181.23	\$2,274.79	\$8,353.82	\$2,343.42	\$5,949.79
% Change from FY 2016-17	414.09%	201.09%	211.97%	2.34	590.99%	1239.45%	5.25	734.74%	469.85%	439.98%	188.25%	2183.24%	2159.63%	366141.46%	6997.30%	0.00%	380.24%	-3.81%	-5.38%	-3.75%	340.35%
FY 2019-20	\$32,227.57	\$32,562.07	\$33,345.77	\$9,653.41	\$3,505.55	\$3,298.00	\$5,044.15	\$19,903.23	\$2,683.77	\$2,139.97	\$7,615.72	\$12,435.21	\$9,483.96	\$17,521.91	\$2,605.16	\$0.00	\$6,850.62	\$2,374.95	\$8,214.01	\$2,443.16	\$6,587.31
% Change from FY 2017-18	9.95%	7.36%	11.50%	-13.61%	6.27%	13.33%	10.88%	13.65%	6.79%	3.12%	5.53%	2.87%	8.98%	86.99%	0.00%	0.00%	10.83%	4.40%	-1.67%	4.26%	10.72%
FY 2020-21	\$30,014.86	\$32,802.15	\$34,402.58	\$9,551.82	\$3,589.93	\$3,221.04	\$4,820.95	\$21,068.77	\$2,543.07	\$2,216.09	\$9,157.02	\$9,661.72	\$7,158.21	\$8,574.60	\$2,703.32	\$0.00	\$6,374.30	\$2,782.94	\$9,967.88	\$2,866.09	\$6,216.46
% Change from FY 2018-19	-6.87%	0.74%	3.17%	-1.05%	2.41%	-2.33%	-4.42%	5.86%	-5.24%	-3.56%	20.24%	-22.30%	-24.52%	-51.06%	3.77%	0.00%	-6.95%	17.18%	21.35%	17.31%	-5.63%
FY 2021-22	\$31,037.13	\$33,799.54	\$38,076.23	\$8,876.15	\$3,822.26	\$3,432.85	\$4,881.85	\$10,562.15	\$2,874.75	\$2,568.69	\$9,928.44	\$9,578.65	\$6,866.53	\$5,230.74	\$3,107.41	\$0.00	\$6,527.09	\$2,440.98	\$7,310.54	\$2,490.91	\$6,393.77
% Change from FY 2019-20	3.41%	3.04%	10.68%	-7.07%	6.47%	6.58%	1.26%	-49.87%	13.04%	15.91%	8.42%	-0.86%	-4.07%	-39.00%	14.95%	0.00%	2.40%	-12.29%	-26.66%	-13.09%	2.85%
FY 2022-23	\$32,993.00	\$39,357.48	\$43,299.02	\$10,263.55	\$3,977.00	\$3,611.24	\$4,930.71	\$12,868.50	\$3,037.29	\$2,533.94	\$10,700.68	\$6,114.29	\$4,860.41	\$3,401.96	\$3,425.83	\$0.00	\$6,763.09	\$2,369.85	\$8,317.22	\$2,490.69	\$6,645.53
% Change from FY 2020-21	6.30%	16.44%	13.72%	15.63%	4.05%	5.20%	1.00%	21.84%	5.65%	-1.35%	7.78%	-36.17%	29.22%	-34.96%	10.25%	0.00%	3.62%	-2.91%	13.77%	-0.01%	3.94%
FY 2023-24	\$40,575.05	\$49,417.05	\$54,542.45	\$11,804.23	\$4,886.24	\$4,422.01	\$6,239.60	\$13,184.08	\$3,862.56	\$3,101.44	\$13,068.34	\$6,267.02	\$5,600.81	\$3,358.10	\$3,824.63	\$9.18	\$8,674.00	\$2,613.29	\$6,542.96	\$2,695.02	\$8,392.97
% Change from FY 2021-22	22.98%	25.56%	25.97%	15.01%	22.86%	22.45%	26.55%	2.45%	27.17%	22.40%	22.13%	2.50%	15.23%	-1.29%	11.64%	0.00%	28.25%	10.27%	-21.33%	8.20%	26.29%
FY 2024-25	\$45,268.31	\$58,823.57	\$64,923.90	\$13,309.17	\$6,139.90	\$5,666.56	\$8,347.20	\$15,650.23	\$4,665.84	\$3,583.42	\$24,438.40	\$7,266.44	\$11,178.82	\$2,919.27	\$3,998.72	\$28.90	\$11,356.34	\$2,026.65	\$4,594.10	\$2,086.43	\$10,721.68
% Change from FY 2022-23	11.57%	19.03%	19.03%	12.75%	25.66%	28.14%	33.78%	18.71%	20.80%	15.54%	87.00%	15.95%	59.95%	-13.07%	4.55%	214.81%	30.92%	-22.45%	-29.79%	-22.58%	27.75%
FY 2025-26 Projection	\$51,255.14	\$66,457.64	\$70,321.08	\$16,516.73	\$7,341.84	\$6,535.58	\$9,390.26	\$18,594.96	\$4,986.56	\$3,647.05	\$27,667.34	\$7,736.35	\$10,077.21	\$2,921.47	\$4,216.87	\$162.44	\$12,507.47	\$3,385.47	\$8,988.59	\$3,571.32	\$11,986.17
% Change from FY 2023-24	13.23%	12.98%	8.31%	24.10%	19.58%	15.34%	12.50%	18.82%	6.87%	1.78%	13.21%	6.47%	-9.85%	0.08%	5.46%	462.08%	10.14%	67.05%	95.66%	71.17%	11.79%
FY 2026-27 Projection	\$55,202.62	\$70,622.74	\$74,583.63	\$18,334.07	\$7,965.14	\$6,948.39	\$10,486.02	\$19,620.10	\$5,281.53	\$3,707.79	\$29,104.39	\$7,905.15	\$10,429.95	\$3,046.11	\$4,412.57	\$162.44	\$13,419.67	\$3,788.33	\$7,100.98	\$3,920.96	\$12,843.86
% Change from FY 2024-25	7.70%	6.27%	6.06%	11.00%	8.49%	6.32%	11.67%	5.51%	5.92%	1.50%	5.19%	2.18%	3.50%	4.27%	4.64%	0.00%	7.29%	-21.00%	7.97%	9.79%	7.16%
FY 2027-28 Projection	\$57,076.67	\$73,862.33	\$78,324.70	\$19,781.25	\$8,616.47	\$7,317.39	\$12,989.23	\$20,389.04	\$5,408.85	\$3,761.63	\$30,266.78	\$8,165.73	\$10,702.73	\$3,160.65	\$4,588.61	\$162.44	\$14,546.59	\$4,427.02	\$6,280.58	\$4,509.38	\$13,907.06
% Change from FY 2025-26	3.39%	4.59%	5.02%	7.89%	8.18%	5.31%	23.87%	3.92%	2.40%	1.62%	3.99%	3.30%	2.62%	3.76%	3.99%	0.00%	8.40%	16.86%	-11.55%	15.01%	8.28%

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

Total Title XIX and Title XXI Caseload																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
FY 2016-17	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	1,346,114	64,260	626	64,886	1,411,000
FY 2017-18	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	64,346	21,473	10,125	2,229	2,809	34,828	0	1,315,217	76,890	842	77,732	1,392,949
% Change from FY 2015-16	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	-0.86%	5.73%	-25.37%	13.26%	6.40%	3.01%	0.00%	-2.30%	19.65%	34.50%	19.80%	-1.28%
FY 2018-19	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	1,261,365	80,035	914	80,949	1,342,314
% Change from FY 2016-17	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	-7.72%	1.59%	20.45%	2.86%	-5.52%	-0.41%	0.00%	-4.09%	4.09%	8.55%	4.14%	-3.64%
FY 2019-20	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	55,924	21,320	11,547	2,209	2,417	33,441	0	1,219,245	76,562	905	77,467	1,296,712
% Change from FY 2017-18	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	0.00%	-3.34%	-4.34%	-0.98%	-4.30%	-3.40%
FY 2020-21	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	7,016	35,302	0	1,404,955	65,421	766	66,187	1,471,142
% Change from FY 2018-19	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	0.00%	15.23%	-14.55%	-15.36%	-14.56%	13.45%
FY 2021-22	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	1,561,560	52,795	547	53,342	1,614,902
% Change from FY 2019-20	2.13%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	-5.76%	7.44%	8.62%	-1.96%	4.74%	20.78%	112.03%	2.02%	0.00%	11.15%	-19.30%	-28.59%	-19.41%	9.77%
FY 2022-23	50,477	13,848	64,933	18,451	198,516	104,683	530,332	133	505,036	76,963	20,070	24,842	6,305	26,516	33,861	44,653	1,674,966	46,431	963	47,394	1,722,360
% Change from FY 2020-21	2.44%	0.46%	-1.55%	19.63%	4.74%	2.23%	10.92%	1.53%	4.23%	6.02%	-1.30%	74.28%	44.64%	78.25%	-5.98%	0.00%	7.26%	-12.05%	76.05%	-11.15%	6.65%
FY 2023-24	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,663	31,914	29,013	36,475	1,390,188	67,138	1,426	68,564	1,458,752
% Change from FY 2021-22	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-36.80%	-23.48%	-10.53%	-18.32%	-23.99%	-4.92%	-3.21%	-10.18%	20.36%	-14.32%	0.00%	-17.00%	44.60%	48.08%	44.67%	-15.31%
FY 2024-25	49,806	12,233	57,984	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	24,735	1,205,974	86,572	2,064	88,636	1,294,610
% Change from FY 2022-23	4.46%	-3.62%	-1.72%	30.31%	-14.21%	-35.38%	-19.45%	-3.36%	-10.95%	-22.10%	-3.19%	-1.61%	-14.06%	14.59%	4.22%	100.00%	-13.25%	28.95%	44.74%	29.27%	-11.25%
FY 2025-26 Projection	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	26,151	1,230,264	73,687	2,528	76,215	1,306,479
% Change from FY 2023-24	1.63%	-3.15%	1.77%	-5.89%	-3.40%	1.89%	1.14%	-26.96%	2.62%	18.91%	-0.42%	3.11%	-2.32%	5.80%	7.47%	5.72%	2.01%	-14.88%	22.48%	-14.01%	0.92%
FY 2026-27 Projection	51,976	11,898	60,029	24,445	134,081	45,354	313,181	91	384,248	60,390	18,431	24,938	4,751	42,094	34,652	28,005	1,238,564	76,727	3,200	79,927	1,318,491
% Change from FY 2024-25	2.68%	0.42%	1.73%	-1.86%	0.36%	4.11%	-5.27%	8.33%	1.94%	11.44%	0.18%	2.23%	-0.06%	8.79%	6.63%	7.09%	0.67%	4.13%	26.58%	4.87%	0.92%
FY 2027-28 Projection	53,312	12,010	61,103	24,630	135,607	47,936	245,036	103	393,140	66,060	18,471	25,804	4,795	42,094	36,767	29,630	1,196,498	77,806	3,618	81,424	1,277,922
% Change from FY 2025-26	2.57%	0.94%	1.79%	0.76%	1.14%	5.69%	-21.76%	13.19%	2.31%	9.39%	0.22%	3.47%	0.93%	0.00%	6.10%	5.80%	-3.40%	1.41%	13.06%	1.87%	-3.08%

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

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
FY 2016-17	\$1,210,564,654	\$309,882,556	\$1,683,309,032	\$64,337,116	\$482,428,184	\$265,034,075	\$1,409,023,376	\$3,945,330	\$997,480,646	\$111,674,502	\$133,458,445	\$137,945,545	\$16,109,484	\$40,740,989	\$41,519,199	\$0	\$6,907,453,132	\$116,127,203	\$1,071,049	\$117,198,252	\$7,024,651,384
FY 2017-18	\$261,741,794	\$118,840,480	\$647,381,691	\$27,369,208	\$85,863,487	\$16,209,804	\$256,533,881	\$325,184	\$193,497,748	\$23,227,819	\$55,015,700	\$5,225,381	\$909,419	\$12,337	\$683,534	\$0	\$1,692,837,467	\$181,830,902	\$7,433,675	\$189,264,577	\$1,882,102,044
% Change from FY 2015-16	-78.38%	-61.65%	-61.54%	(0.57)	-82.20%	-93.88%	(0.82)	-91.76%	-80.60%	-79.20%	-58.78%	-96.21%	-94.35%	-99.97%	-98.35%	0.00%	-75.49%	56.58%	594.06%	61.49%	-73.21%
FY 2018-19	\$1,397,732,640	\$385,839,924	\$2,052,800,099	\$100,415,262	\$580,030,489	\$184,973,685	\$1,503,653,427	\$2,533,475	\$1,056,117,096	\$115,736,194	\$161,110,327	\$143,709,311	\$21,137,047	\$42,669,678	\$48,325,296	\$0	\$7,796,783,952	\$182,062,512	\$7,635,394	\$189,697,906	\$7,986,481,858
% Change from FY 2016-17	434.01%	224.67%	217.09%	2.67	575.53%	1041.12%	4.86	679.09%	445.80%	398.27%	192.84%	2650.22%	2224.24%	345767.54%	6969.92%	0.00%	360.57%	0.13%	2.71%	0.23%	324.34%
FY 2019-20	\$1,532,452,982	\$424,251,182	\$2,218,494,274	\$103,050,180	\$576,546,741	\$196,227,709	\$1,629,012,444	\$2,726,743	\$1,093,764,472	\$119,675,863	\$162,367,148	\$143,589,344	\$20,950,076	\$42,350,447	\$87,119,001	\$0	\$8,352,578,606	\$181,830,902	\$7,433,675	\$189,264,577	\$8,541,843,183
% Change from FY 2017-18	9.64%	9.96%	8.07%	2.62%	-0.60%	6.08%	8.34%	7.63%	3.56%	3.40%	0.78%	-0.08%	-0.88%	-0.75%	80.28%	0.00%	7.13%	-0.13%	-2.64%	-0.23%	6.95%
FY 2020-21	\$1,448,156,912	\$444,173,968	\$2,277,003,461	\$137,040,017	\$621,596,756	\$284,833,283	\$1,942,104,139	\$2,928,559	\$1,146,811,025	\$148,108,139	\$189,934,869	\$131,486,391	\$25,833,970	\$60,159,389	\$95,432,513	\$0	\$8,955,603,392	\$182,062,512	\$7,635,394	\$189,697,906	\$9,145,301,298
% Change from FY 2018-19	-5.50%	4.70%	2.64%	32.98%	7.81%	45.15%	19.22%	7.40%	4.85%	23.76%	16.98%	-8.43%	23.31%	42.05%	9.54%	0.00%	7.22%	0.13%	2.71%	0.23%	7.06%
FY 2021-22	\$1,529,416,685	\$465,892,794	\$2,511,431,753	\$136,905,677	\$724,409,551	\$351,519,971	\$2,334,028,733	\$1,383,642	\$1,392,895,089	\$186,469,205	\$201,894,877	\$136,534,023	\$29,931,225	\$77,812,422	\$111,913,437	\$0	\$10,192,439,085	\$128,871,283	\$3,998,865	\$132,870,148	\$10,325,309,233
% Change from FY 2019-20	5.61%	4.89%	10.30%	-0.10%	16.54%	23.41%	20.18%	-52.75%	21.46%	25.90%	6.30%	3.84%	15.86%	29.34%	17.27%	0.00%	13.81%	-29.22%	-47.63%	-29.96%	12.90%
FY 2022-23	\$1,665,387,712	\$545,022,376	\$2,811,535,535	\$189,372,730	\$789,497,174	\$378,035,519	\$2,614,912,039	\$1,711,511	\$1,533,942,850	\$195,019,340	\$214,762,599	\$151,891,141	\$30,644,875	\$90,206,340	\$116,002,128	\$0	\$11,327,943,869	\$110,034,479	\$8,009,480	\$118,043,959	\$11,445,987,828
% Change from FY 2020-21	8.89%	16.98%	11.95%	38.32%	8.98%	7.54%	12.03%	23.70%	10.13%	4.59%	6.37%	11.25%	2.38%	15.93%	3.65%	0.00%	11.14%	-14.62%	100.29%	-11.16%	10.85%
FY 2023-24	\$1,934,659,017	\$627,201,242	\$3,217,840,813	\$239,767,592	\$787,715,785	\$292,564,275	\$2,532,173,118	\$1,568,905	\$1,593,296,594	\$181,437,590	\$249,383,210	\$150,690,570	\$31,717,359	\$107,170,494	\$110,963,966	\$334,951	\$12,058,485,481	\$175,450,996	\$9,330,255	\$184,781,251	\$12,243,266,732
% Change from FY 2021-22	16.17%	15.08%	14.45%	26.61%	-0.23%	-22.61%	-3.16%	-8.33%	3.87%	-6.96%	16.12%	-0.79%	3.50%	18.81%	-4.34%	0.00%	6.45%	59.45%	16.49%	56.54%	6.97%
FY 2024-25	\$2,254,633,538	\$719,588,779	\$3,764,547,166	\$352,280,371	\$849,165,981	\$242,268,226	\$2,728,567,105	\$1,799,776	\$1,713,815,274	\$163,307,073	\$451,499,531	\$171,909,332	\$54,407,318	\$106,757,551	\$120,909,252	\$714,859	\$13,695,456,274	\$175,450,996	\$9,482,221	\$184,933,217	\$13,880,389,491
% Change from FY 2022-23	16.54%	14.73%	16.99%	46.93%	7.80%	-17.19%	7.76%	14.72%	7.56%	-9.99%	81.05%	14.08%	71.54%	-0.39%	8.96%	113.42%	13.58%	0.00%	1.63%	0.08%	13.37%
FY 2025-26 Projection	\$2,594,534,973	\$787,390,143	\$4,149,506,275	\$411,415,219	\$980,833,686	\$284,702,882	\$3,104,486,879	\$1,561,977	\$1,879,693,827	\$197,644,697	\$509,023,670	\$188,720,627	\$47,907,067	\$113,037,346	\$137,035,690	\$4,247,968	\$15,387,494,959	\$249,465,314	\$22,723,147	\$272,188,461	\$15,659,683,420
% Change from FY 2023-24	15.08%	9.42%	10.23%	16.79%	15.51%	17.52%	13.78%	-13.21%	9.68%	21.03%	12.74%	9.78%	-11.95%	5.88%	13.34%	494.24%	12.35%	42.19%	139.64%	47.18%	12.82%
FY 2026-27 Projection	\$2,869,211,440	\$840,269,373	\$4,477,180,792	\$448,176,255	\$1,067,973,701	\$315,137,064	\$3,284,022,409	\$1,785,429	\$2,029,571,647	\$223,550,801	\$536,423,094	\$197,138,665	\$49,552,715	\$128,223,027	\$152,904,207	\$4,549,132	\$16,621,120,618	\$290,667,578	\$22,723,147	\$313,390,725	\$16,934,511,343
% Change from FY 2024-25	10.59%	6.72%	7.90%	8.94%	8.88%	10.69%	5.78%	14.31%	7.97%	13.11%	5.38%	4.46%	3.44%	13.43%	11.58%	7.09%	8.02%	16.52%	0.00%	15.14%	8.14%
FY 2027-28 Projection	\$3,042,871,666	\$887,086,632	\$4,785,874,348	\$487,212,120	\$1,168,454,044	\$350,766,426	\$3,182,829,106	\$2,100,071	\$2,126,435,841	\$248,493,496	\$559,057,762	\$210,708,537	\$51,319,611	\$133,044,609	\$168,709,341	\$4,813,098	\$17,404,963,612	\$344,448,749	\$22,723,147	\$367,171,896	\$17,772,135,508
% Change from FY 2025-26	6.05%	5.37%	6.89%	8.71%	9.41%	11.31%	-3.08%	17.62%	4.77%	11.16%	4.22%	6.88%	3.57%	3.76%	10.34%	5.80%	4.72%	18.50%	0.00%	17.16%	4.95%
Notes:																					
1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services.																					
2. See Narrative for a description of events that alter trends.																					
3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.																					

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

Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	TOTAL Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP
FY 2016-17	\$29,539.73	\$29,539.86	\$26,320.84	\$11,287.68	\$3,454.97	\$3,049.07	\$4,764.82	\$18,569.73	\$2,394.38	\$1,873.41	\$6,974.26	\$12,552.72	\$10,034.68	\$22,084.81	\$1,227.48	\$0.00	\$5,708.90	\$1,807.15	\$1,710.94	\$1,806.22	\$5,529.43
FY 2017-18	\$5,611.01	\$10,000.40	\$9,517.71	\$3,314.99	\$465.14	\$305.78	\$711.89	\$2,022.25	\$433.32	\$354.38	\$2,543.71	\$471.63	\$373.98	\$62.42	\$17.99	\$0.00	\$1,269.26	\$2,364.82	\$8,828.59	\$2,434.83	\$1,334.30
% Change from FY 2016-17	81.01%	-66.15%	-63.84%	(0.71)	-86.54%	-93.25%	(0.85)	-89.11%	-81.90%	-81.08%	-63.53%	-96.24%	-96.27%	-100.28%	-98.53%	0.00%	-77.77%	30.86%	-416.01%	34.80%	-75.87%
FY 2018-19	\$29,330.02	\$33,433.61	\$31,956.76	\$13,450.51	\$4,217.82	\$3,743.11	\$5,963.40	\$25,750.29	\$3,135.14	\$2,291.43	\$8,403.40	\$16,710.85	\$13,393.15	\$28,228.86	\$511.62	\$0.00	\$7,180.08	\$2,274.79	\$8,353.82	\$2,343.42	\$6,888.40
% Change from FY 2017-18	422.72%	234.32%	235.76%	3.06	806.79%	1718.99%	7.38	1173.35%	623.52%	546.60%	230.36%	3443.21%	3481.25%	-45324.06%	2743.91%	0.00%	465.69%	-3.81%	-5.38%	-3.75%	416.26%
FY 2019-20	\$29,951.18	\$32,083.18	\$32,496.96	\$9,656.59	\$3,504.54	\$3,299.14	\$5,045.77	\$19,910.44	\$2,684.54	\$2,140.63	\$7,617.61	\$12,439.11	\$9,486.98	\$17,527.17	\$1,665.16	\$0.00	\$6,685.37	\$2,374.95	\$8,214.01	\$2,443.16	\$6,431.94
% Change from FY 2018-19	2.12%	-4.04%	1.69%	-28.21%	-16.91%	-11.86%	-15.39%	-22.68%	-14.37%	-6.58%	-9.35%	-25.56%	-29.17%	-37.91%	225.47%	0.00%	6.88%	4.40%	-1.67%	4.26%	-6.63%
FY 2020-21	\$30,073.60	\$32,858.19	\$34,459.28	\$9,572.38	\$3,598.78	\$3,229.60	\$4,832.87	\$21,128.07	\$2,548.45	\$2,220.92	\$9,174.93	\$9,685.10	\$7,175.15	\$8,598.99	\$2,704.61	\$0.00	\$6,387.42	\$2,782.94	\$9,967.88	\$2,866.09	\$6,229.00
% Change from FY 2019-20	0.41%	2.42%	6.04%	-0.87%	2.69%	-2.11%	-4.22%	6.12%	-5.07%	-3.75%	20.44%	-22.14%	-24.37%	-50.96%	62.42%	0.00%	-4.46%	17.18%	21.35%	17.31%	-3.16%
FY 2021-22	\$31,115.94	\$33,885.26	\$38,171.17	\$8,904.18	\$3,837.17	\$3,447.45	\$4,900.81	\$10,612.46	\$2,885.27	\$2,578.02	\$9,958.77	\$9,616.94	\$6,893.76	\$5,252.78	\$3,109.87	\$0.00	\$6,547.98	\$2,440.98	\$7,310.54	\$2,490.91	\$6,413.97
% Change from FY 2020-21	3.47%	3.13%	10.77%	-6.98%	6.62%	6.75%	1.41%	-49.77%	13.22%	16.08%	8.54%	-0.70%	-3.92%	-38.89%	14.98%	0.00%	2.51%	-12.29%	-26.66%	-13.09%	2.97%
FY 2022-23	\$35,118.72	\$43,495.59	\$46,958.35	\$11,218.90	\$4,858.22	\$4,416.04	\$6,152.45	\$15,536.50	\$3,836.27	\$3,017.68	\$12,554.89	\$8,447.04	\$5,409.63	\$6,110.38	\$3,427.44	\$0.00	\$7,920.46	\$2,369.85	\$8,317.22	\$2,490.69	\$7,771.05
% Change from FY 2021-22	12.86%	28.36%	23.02%	26.00%	26.61%	28.10%	25.54%	46.40%	32.96%	17.05%	26.07%	-12.16%	-21.53%	16.33%	10.21%	0.00%	20.96%	-2.91%	13.77%	-0.01%	21.16%
FY 2023-24	\$42,740.42	\$54,012.73	\$58,710.78	\$11,820.76	\$6,005.15	\$5,399.44	\$7,706.38	\$16,653.24	\$4,793.28	\$3,687.94	\$15,427.38	\$8,702.24	\$6,317.50	\$5,901.79	\$6,217.01	\$23.05	\$10,329.48	\$2,613.29	\$6,542.96	\$2,695.02	\$9,961.44
% Change from FY 2022-23	21.70%	24.18%	25.03%	5.36%	23.61%	22.27%	25.26%	7.19%	24.95%	22.21%	22.88%	3.02%	16.78%	-3.41%	81.39%	0.00%	30.42%	10.27%	-21.33%	8.20%	28.19%
FY 2024-25	\$47,711.30	\$64,007.65	\$69,563.81	\$14,643.40	\$7,489.52	\$6,923.56	\$10,416.42	\$20,057.23	\$5,782.54	\$4,228.37	\$26,894.99	\$10,087.68	\$13,798.80	\$5,217.16	\$4,002.71	\$46.07	\$13,334.14	\$2,026.65	\$4,594.10	\$2,086.43	\$12,549.06
% Change from FY 2023-24	11.63%	18.50%	18.49%	23.88%	24.72%	28.23%	35.17%	20.44%	20.64%	14.65%	74.33%	15.92%	118.42%	-11.60%	-35.62%	99.87%	29.09%	-22.45%	-29.79%	-22.58%	25.98%
FY 2025-26 Projection	\$60,583.31	\$62,952.74	\$69,064.73	\$28,014.46	\$6,588.39	\$3,849.93	\$8,111.95	\$17,177.95	\$4,686.10	\$3,194.30	\$26,549.18	\$21,070.94	\$13,744.62	\$10,678.75	\$3,804.96	\$171.74	\$11,386.61	\$3,385.47	\$8,988.59	\$3,571.32	\$11,028.33
% Change from FY 2024-25	26.98%	14.65%	-0.72%	91.31%	-12.03%	-44.39%	-22.12%	-14.36%	-18.96%	-24.46%	-1.29%	108.88%	0.39%	104.69%	-4.94%	272.78%	67.05%	95.66%	71.17%	-12.12%	-12.12%
FY 2026-27 Projection	\$67,284.08	\$76,772.87	\$85,844.03	\$17,891.07	\$10,107.86	\$10,524.43	\$12,963.87	\$24,124.88	\$6,836.66	\$5,831.20	\$31,086.99	\$14,143.22	\$13,229.24	\$5,047.64	\$5,056.86	\$173.96	\$16,496.38	\$3,788.33	\$9,297.51	\$4,008.90	\$15,721.05
% Change from FY 2025-26	11.30%	21.95%	24.30%	-36.14%	53.42%	173.37%	59.81%	40.44%	45.89%	82.55%	17.09%	-32.88%	-3.75%	-52.73%	32.90%	1.29%	44.88%	11.90%	3.44%	12.25%	42.55%
FY 2027-28 Projection	\$69,839.47	\$83,400.30	\$89,769.81	\$20,600.82	\$11,269.82	\$11,214.31	\$12,574.42	\$37,029.43	\$6,946.51	\$5,380.84	\$32,492.11	\$14,395.11	\$13,983.09	\$4,927.05	\$5,191.54	\$171.87	\$16,859.56	\$4,427.02	\$9,903.57	\$4,670.37	\$16,103.97
% Change from FY 2025-26	3.80%	8.63%	4.57%	15.15%	11.50%	6.56%	-3.00%	53.49%	1.61%	-7.72%	4.52%	1.78%	5.70%	-2.39%	2.66%	-1.20%	2.20%	16.86%	6.52%	16.50%	2.44%

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

Total Title XIX and Title XXI Caseload																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	TOTAL Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
FY 2016-17	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	1,346,114	64,260	626	64,886	1,411,000
FY 2017-18	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	64,346	21,473	10,125	2,229	2,809	34,828	0	1,315,217	76,890	842	77,732	1,392,949
% Change from FY 2016-17	2.47%	8.86%	4.04%	1.88	25.44%	0	7.20	-10.27%	10.89%	2	2.76%	64.01%	2	-7.56%	10.24%	0.00%	-2.30%	19.65%	34.50%	19.80%	-1.28%
FY 2018-19	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	1,261,365	80,035	914	80,949	1,342,314
% Change from FY 2017-18	-0.05%	6.22%	3.30%	0.42	29.68%	1	1.77	-37.21%	11.70%	1	9.68%	13.20%	1	9.71%	19.96%	0.00%	-4.09%	4.09%	8.55%	4.14%	-3.64%
FY 2019-20	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	55,924	21,320	11,547	2,209	2,417	33,441	0	1,219,245	76,562	905	77,467	1,296,712
% Change from FY 2018-19	1.40%	0.60%	3.38%	1	1.03%	20.80%	0	-8.26%	4.82%	0	-0.50%	-3.25%	0	-2.68%	16.19%	0.00%	-3.34%	-4.34%	-0.98%	-4.30%	-3.40%
FY 2020-21	48,248	13,541	66,187	14,347	173,150	88,429	402,847	139	450,956	66,833	20,742	13,609	3,609	7,016	35,302	0	1,404,955	65,421	766	66,187	1,471,142
% Change from FY 2019-20	3.63%	6.76%	-1.72%	0	-1.18%	16.21%	0	-27.02%	0.45%	0	1.88%	-5.87%	0	-0.34%	3.76%	0.00%	15.23%	-14.55%	-15.36%	-14.56%	13.45%
FY 2021-22	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	1,561,560	52,795	547	53,342	1,614,902
% Change from FY 2020-21	4.47%	4.95%	-0.13%	30.78%	11.42%	-26.17%	1.37%	-34.04%	-6.50%	(0)	5.73%	-25.37%	0	6.40%	3.01%	0.00%	11.15%	-19.30%	-28.59%	-19.41%	9.77%
FY 2022-23	50,477	13,848	64,933	18,451	198,516	104,683	530,332	133	505,036	76,963	20,070	24,842	6,305	26,516	33,861	44,653	1,674,966	46,431	963	47,394	1,722,360
% Change from FY 2021-22	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	-7.72%	1.59%	20.45%	2.86%	-5.52%	-0.41%	0.00%	7.26%	-12.05%	76.05%	-11.15%	6.65%
FY 2023-24	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,663	31,914	29,013	36,475	1,353,713	67,138	1,426	68,564	1,422,277
% Change from FY 2022-23	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	0.00%	-19.18%	44.60%	48.08%	44.67%	-17.42%
FY 2024-25	49,806	12,233	57,984	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	24,735	1,181,239	86,572	2,064	88,636	1,269,875
% Change from FY 2023-24	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	0.00%	-12.74%	28.95%	44.74%	29.27%	-10.72%
FY 2025-26 Projection	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	24,735	1,586,295	73,687	2,528	76,215	1,662,510
% Change from FY 2023-24	2.13%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	-5.76%	7.44%	8.62%	-1.96%	4.74%	20.78%	112.03%	2.02%	-32.19%	34.29%	-14.88%	22.48%	-14.01%	30.92%
FY 2026-27 Projection	49,806	12,233	57,984	26,469	138,303	42,754	326,884	115	367,311	45,573	18,475	23,658	4,867	36,570	30,237	26,151	1,207,390	76,727	3,200	79,927	1,287,317
% Change from FY 2024-25	4.46%	-3.62%	-1.72%	30.31%	-14.21%	-35.38%	-19.45%	-3.36%	-10.95%	-22.10%	-3.19%	-1.61%	-14.06%	14.59%	4.22%	5.72%	-23.89%	4.13%	26.58%	4.87%	-22.57%
FY 2027-28 Projection	50,620	11,848	59,008	24,909	133,595	43,562	330,607	84	376,952	54,193	18,398	24,394	4,754	38,692	32,497	28,005	1,232,118	77,806	3,618	81,424	1,313,542
% Change from FY 2025-26	1.63%	-3.15%	1.77%	-5.89%	-3.40%	1.89%	1.14%	-26.96%	2.62%	18.91%	-0.42%	3.11%	-2.32%	5.80%	7.47%	7.09%	2.05%	1.41%	13.06%	1.87%	2.04%

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

Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																					
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	TOTAL Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
FY 2016-17	\$1,298,005,182	\$332,057,598	\$1,779,789,147	\$70,559,316	\$557,708,177	\$308,136,000	\$1,657,433,467	\$4,363,886	\$1,123,674,920	\$121,597,221	\$141,647,231	\$170,302,791	\$19,748,245	\$58,303,900	\$41,499,998	\$0	\$7,684,827,078	\$116,127,203	\$1,071,049	\$117,198,252	\$7,802,025,330
FY 2017-18	\$257,584,641	\$117,974,768	\$642,740,205	\$27,100,064	\$83,657,575	\$15,353,016	\$251,016,461	\$313,449	\$190,126,511	\$22,803,023	\$54,620,989	\$4,775,250	\$833,593	(\$175,339)	\$626,492	\$0	\$1,669,350,698	\$181,830,902	\$7,433,675	\$189,264,577	\$1,858,615,275
% Change from FY 2016-17	-80.16%	-64.47%	-63.89%	(0.62)	-85.00%	-95.02%	(0.85)	-92.82%	-83.08%	-81.25%	-61.44%	-97.20%	-95.78%	-100.30%	-98.49%	0.00%	-78.28%	56.58%	594.06%	61.49%	-76.18%
FY 2018-19	\$1,398,618,901	\$425,306,155	\$2,193,485,246	\$120,877,497	\$741,606,868	\$237,923,343	\$1,971,050,415	\$3,725,209	\$1,317,552,292	\$136,055,000	\$183,322,896	\$203,801,293	\$30,707,154	\$74,917,041	\$17,746,375	\$0	\$9,056,695,687	\$182,062,512	\$7,635,394	\$189,697,906	\$9,246,393,593
% Change from FY 2017-18	442.97%	260.51%	241.27%	3.46	786.48%	1449.68%	6.85	1088.46%	592.99%	496.65%	235.63%	4167.87%	3583.71%	-42826.97%	2732.66%	0.00%	442.53%	0.13%	2.71%	0.23%	397.49%
FY 2019-20	\$1,424,208,392	\$418,011,795	\$2,162,022,647	\$103,084,144	\$576,380,996	\$196,295,297	\$1,629,537,866	\$2,727,730	\$1,094,077,231	\$119,712,623	\$162,407,432	\$143,634,383	\$20,956,729	\$42,363,171	\$55,684,602	\$0	\$8,151,105,038	\$181,830,902	\$7,433,675	\$189,264,577	\$8,340,369,615
% Change from FY 2018-19	1.83%	-1.72%	-1.43%	-14.72%	-22.28%	-17.50%	-17.33%	-26.78%	-16.96%	-12.01%	-11.41%	-29.52%	-31.75%	-43.45%	213.78%	0.00%	-10.00%	-0.13%	-2.64%	-0.23%	-9.80%
FY 2020-21	\$1,450,991,159	\$444,932,711	\$2,280,756,368	\$137,334,924	\$623,128,616	\$285,590,398	\$1,946,905,957	\$2,936,802	\$1,149,238,235	\$148,430,622	\$190,306,375	\$131,804,572	\$25,895,105	\$60,309,451	\$95,478,201	\$0	\$8,974,039,497	\$182,062,512	\$7,635,394	\$189,697,906	\$9,163,737,403
% Change from FY 2019-20	1.88%	6.44%	5.49%	33.23%	8.11%	45.49%	19.48%	7.66%	5.04%	23.99%	17.18%	8.24%	23.56%	42.36%	71.46%	0.00%	10.10%	0.13%	2.71%	0.23%	9.87%
FY 2021-22	\$1,533,300,151	\$467,074,377	\$2,517,693,721	\$137,338,017	\$727,236,119	\$353,015,943	\$2,343,090,114	\$1,390,232	\$1,397,992,696	\$187,145,888	\$202,511,609	\$137,079,845	\$30,049,891	\$78,140,410	\$112,001,816	\$0	\$10,225,060,830	\$128,871,283	\$3,998,865	\$132,870,148	\$10,357,930,978
% Change from FY 2020-21	5.67%	4.98%	10.39%	0.00%	16.71%	23.61%	20.35%	-52.66%	21.65%	26.08%	6.41%	4.00%	16.04%	29.57%	17.31%	0.00%	13.94%	-29.22%	-47.63%	-29.96%	13.03%
FY 2022-23	\$1,772,687,792	\$602,326,947	\$3,049,146,384	\$206,999,844	\$964,435,226	\$462,284,481	\$3,262,840,283	\$2,066,355	\$1,937,453,416	\$232,249,530	\$251,976,726	\$209,841,432	\$34,107,727	\$162,022,890	\$116,056,621	\$0	\$13,266,495,654	\$110,034,479	\$8,009,480	\$118,043,959	\$13,384,539,613
% Change from FY 2021-22	15.61%	28.96%	21.11%	50.72%	32.62%	30.95%	39.25%	48.63%	38.59%	24.10%	24.43%	53.08%	13.50%	107.35%	3.62%	0.00%	29.74%	-14.62%	100.29%	-11.16%	29.22%
FY 2023-24	\$2,037,905,795	\$685,529,609	\$3,463,759,646	\$240,103,206	\$968,095,750	\$357,232,527	\$3,127,427,186	\$1,981,736	\$1,977,219,025	\$215,748,212	\$294,400,701	\$209,245,290	\$35,775,996	\$188,349,738	\$180,374,181	\$840,652	\$13,983,148,598	\$175,450,996	\$9,330,255	\$184,781,251	\$14,167,929,849
% Change from FY 2022-23	14.96%	13.81%	13.60%	15.99%	0.38%	-22.72%	-4.15%	-4.10%	2.05%	-7.10%	16.84%	-0.28%	4.89%	16.25%	55.42%	0.00%	5.40%	59.45%	16.49%	56.54%	5.85%
FY 2024-25	\$2,376,308,814	\$783,005,608	\$4,033,587,683	\$387,596,050	\$1,035,822,432	\$296,009,721	\$3,404,961,682	\$2,306,581	\$2,123,989,313	\$192,699,297	\$496,885,004	\$238,654,412	\$67,158,781	\$190,791,576	\$121,029,836	\$1,139,424	\$15,750,806,791	\$175,450,996	\$9,482,221	\$184,933,217	\$15,935,740,008
% Change from FY 2023-24	16.61%	14.22%	16.45%	61.43%	7.00%	-17.14%	8.87%	16.39%	7.42%	-10.68%	68.78%	14.05%	87.72%	1.30%	-32.90%	35.54%	12.64%	0.00%	1.63%	0.08%	12.48%
FY 2025-26 Projection	\$2,985,363,905	\$867,740,597	\$4,555,371,542	\$432,095,044	\$1,248,657,213	\$394,229,458	\$3,878,349,420	\$2,250,311	\$2,270,546,065	\$231,883,477	\$539,877,598	\$300,345,151	\$59,912,812	\$158,857,067	\$137,035,690	\$4,247,968	\$18,062,515,351	\$249,465,314	\$22,723,147	\$272,188,461	\$18,334,703,812
% Change from FY 2023-24	25.63%	10.82%	12.94%	11.48%	20.55%	33.18%	13.90%	-2.44%	6.90%	20.33%	8.65%	25.85%	-10.79%	-16.74%	13.22%	272.82%	14.68%	42.19%	139.64%	47.18%	15.05%
FY 2026-27 Projection	\$3,351,150,887	\$939,162,556	\$4,977,580,299	\$473,558,839	\$1,397,947,289	\$449,961,437	\$4,237,682,340	\$2,774,361	\$2,511,181,449	\$265,745,226	\$574,332,148	\$334,600,190	\$64,386,692	\$184,592,141	\$152,904,207	\$4,549,132	\$19,917,560,060	\$290,667,578	\$29,752,044	\$320,419,622	\$20,237,979,682
% Change from FY 2024-25	12.25%	8.23%	9.27%	9.60%	11.96%	14.14%	9.27%	23.29%	10.60%	14.60%	6.38%	11.41%	7.47%	16.20%	11.58%	7.09%	10.27%	16.52%	30.93%	17.72%	10.38%
FY 2027-28 Projection	\$3,535,273,728	\$988,126,727	\$5,297,137,226	\$513,145,744	\$1,505,591,159	\$488,517,755	\$4,157,192,417	\$3,110,472	\$2,618,501,101	\$291,603,936	\$597,789,798	\$351,154,268	\$66,475,625	\$190,637,463	\$168,709,341	\$4,813,098	\$20,772,966,762	\$344,448,749	\$35,831,102	\$380,279,851	\$21,153,246,613
% Change from FY 2025-26	5.49%	5.21%	6.42%	8.36%	7.70%	8.57%	-1.90%	12.11%	4.27%	9.73%	4.08%	4.95%	3.24%	3.27%	10.34%	5.80%	4.29%	18.50%	20.43%	18.68%	4.52%
Notes: 1. See Page EQ-1 for a list of services that are included in the calculations for expenditure and per capita costs for Title XIX and Title XXI services. 2. See Narrative for a description of events that alter trends. 3. The expenditure and per capita costs reported here are adjusted for the two-week FY 2009-10 payment delay; that is, the claims which were delayed at the end of FY 2009-10 (and paid in FY 2010-11) are included in the FY 2009-10 totals and excluded from the FY 2010-11 totals.																					

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

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

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

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