

Department of Health Care Policy and Financing

Funding Request for the FY 2023-24 Budget Cycle

Request Title

R-14 Convert Contractor Resources to FTE

Dept. Approval By:

Eric Dabbs

Supplemental FY 2022-23

OSPB Approval By:

Megan Davisson

Budget Amendment FY 2023-24

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Change Request FY 2023-24

Summary Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total of All Line Items Impacted by Change Request	Total	\$149,260,867	\$0	\$137,251,140	(\$55,923)	(\$53,786)
	FTE	693.0	0.0	682.3	3.7	4.0
	GF	\$38,608,887	\$0	\$44,321,328	(\$28,400)	(\$27,698)
	CF	\$33,847,368	\$0	\$20,033,840	\$440	\$801
	RF	\$2,808,848	\$0	\$2,873,172	\$0	\$0
	FF	\$73,995,764	\$0	\$70,022,800	(\$27,963)	(\$26,889)

Line Item Information	Fund	FY 2022-23	FY 2023-24		FY 2024-25	
		Initial	Supplemental	Base Request	Change Request	Continuation
		Appropriation	Request			
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	Total	\$57,919,026	\$0	\$59,373,737	\$294,512	\$319,047
	FTE	693.0	0.0	682.3	3.7	4.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$21,350,717	\$0	\$22,389,295	\$97,189	\$105,285
General Administration - Personal Services	CF	\$6,319,778	\$0	\$5,918,350	\$50,068	\$54,237
	RF	\$2,272,909	\$0	\$2,454,437	\$0	\$0
	FF	\$27,975,622	\$0	\$28,611,655	\$147,255	\$159,525
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	Total	\$9,269,011	\$0	\$9,792,617	\$40,739	\$44,132
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$3,552,746	\$0	\$3,946,201	\$13,445	\$14,563
General Administration - Health, Life, and Dental	CF	\$860,931	\$0	\$656,385	\$6,926	\$7,502
	RF	\$229,292	\$0	\$185,344	\$0	\$0
	FF	\$4,626,042	\$0	\$5,004,687	\$20,368	\$22,067
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	Total	\$95,356	\$0	\$96,712	\$417	\$452
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$35,944	\$0	\$38,593	\$138	\$149
General Administration - Short-term Disability	CF	\$8,492	\$0	\$6,494	\$70	\$77
	RF	\$2,119	\$0	\$1,505	\$0	\$0
	FF	\$48,801	\$0	\$50,120	\$209	\$226
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	Total	\$2,980,995	\$0	\$3,232,623	\$13,037	\$14,124
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,123,363	\$0	\$1,289,275	\$4,303	\$4,661
General Administration - Amortization	CF	\$266,467	\$0	\$218,176	\$2,216	\$2,401
Equalization	RF	\$66,241	\$0	\$50,107	\$0	\$0
Disbursement	FF	\$1,524,924	\$0	\$1,675,065	\$6,518	\$7,062
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	Total	\$2,980,996	\$0	\$3,232,623	\$13,037	\$14,124
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,123,363	\$0	\$1,289,275	\$4,302	\$4,661
General Administration - Supplemental	CF	\$266,467	\$0	\$218,176	\$2,217	\$2,401
Amortization	RF	\$66,241	\$0	\$50,107	\$0	\$0
Equalization Disbursement	FF	\$1,524,925	\$0	\$1,675,065	\$6,518	\$7,062

Line Item Information	Fund	FY 2022-23		FY 2023-24		FY 2024-25
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$3,115,868	\$0	\$2,689,231	\$30,940	\$2,940
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,258,892	\$0	\$1,109,819	\$10,210	\$970
General Administration - Operating Expenses	CF	\$270,625	\$0	\$240,869	\$5,259	\$499
	RF	\$59,204	\$0	\$18,830	\$0	\$0
	FF	\$1,527,147	\$0	\$1,319,713	\$15,471	\$1,471
	Total	\$3,745,236	\$0	\$3,649,949	\$18,600	\$18,600
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,384,850	\$0	\$1,388,150	\$6,138	\$6,138
General Administration - Leased Space	CF	\$434,705	\$0	\$383,762	\$3,162	\$3,162
	RF	\$31,842	\$0	\$31,842	\$0	\$0
	FF	\$1,893,839	\$0	\$1,846,195	\$9,300	\$9,300
	Total	\$69,154,379	\$0	\$55,183,648	(\$467,205)	(\$467,205)
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$8,779,012	\$0	\$12,870,720	(\$164,125)	(\$164,125)
General Administration - General Professional Services and Special Projects	CF	\$25,419,903	\$0	\$12,391,628	(\$69,478)	(\$69,478)
	RF	\$81,000	\$0	\$81,000	\$0	\$0
	FF	\$34,874,464	\$0	\$29,840,300	(\$233,602)	(\$233,602)

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



Department Priority: R-14
Request Detail: Convert Contractor Resources to FTE

Summary of Funding Change for FY 2023-24			
		Incremental Change	
	FY 2022-23 Appropriation	FY 2023-24 Request	FY 2024-25 Request
Total Funds	\$149,260,867	(\$55,923)	(\$53,786)
FTE	693.0	3.7	4.0
General Fund	\$38,608,887	(\$28,400)	(\$27,698)
Cash Funds	\$33,847,368	\$440	\$801
Reappropriated Funds	\$2,808,848	\$0	\$0
Federal Funds	\$73,995,764	(\$27,963)	(\$26,889)

Summary of Request

The Department requests to convert contractor funding to State FTE to achieve more efficient and effective stakeholder engagement for Department programs. Enhanced stakeholder engagement would increase the success rate of initiatives that require meaningful collaboration with external partners such as the Department's Wildly Important Goal (WIG) of Medicaid Value-Based Payments. It would also support the Department's Pillar of Operational Excellence and Customer Service and help ensure equitable community engagement. To accomplish this, the Department requests an increase of 3.7 FTE with a reduction of \$55,923 total funds comprised of General Fund, cash funds, and federal funds in FY 2023-24 and an increase of 4.0 FTE with a reduction of \$53,786 total funds comprised of General Fund, cash funds, and federal funds in FY 2024-25 and ongoing to permanently convert contractor funding to FTE. This request represents less than a 0.5% change to the Department's budget for FY 2022-23 and subsequent years.

Requires Legislation	Evidence Level	Impacts Another Department?	Statutory Authority
No	2	No	25.5-1-108 (1), C.R.S.

Current Program

The complex nature of Department programs and policies requires high-quality collaboration and engagement with diverse stakeholders including Medicaid and Child Health Plan Plus (CHP+) members, medical providers, legislators, and community groups. The diversity of stakeholders and projects requires a wide variety of engagement techniques including communication and outreach to external partners, facilitated meetings and workgroups, conflict resolution and mediation, and the development of policy and process documents based on stakeholder feedback to provide insights and recommendations for Department programs. These valuable efforts are greatly benefited by the guidance of skilled professionals trained in facilitation, stakeholder engagement, and change management. Ultimately, robust stakeholder engagement supports the effective implementation of new programs and initiatives, builds community trust, improves the Department's relationships with the community and external partners, and supports greater equity in the implementation and execution of Department priorities.

The Department currently fulfills stakeholder engagement needs through numerous short-term, ad-hoc contracts with trained consultants or Department FTE who are programmatic subject matter experts but generally lack the bandwidth and expertise for effective stakeholder meeting facilitation. Where resources allow, consultants with expertise in stakeholder engagement are typically contracted for short-term engagements as needs arise. These consultants are tasked with gathering stakeholder input on the implementation of a new bill or budget request, on the adoption of new policies or rule changes, on long-term projects such as alternative payment models (APMs), and on issues requiring mediation between the Department and stakeholders. Otherwise, stakeholder engagement duties fall on Department FTE who were primarily hired to contribute subject matter expertise in fields such as clinical services or financial analysis. Stakeholder engagement activities distract these FTE from their primary role in the Department and these FTE typically have no training in effective stakeholder engagement or facilitation.

Problem or Opportunity

The Department's reliance on ad-hoc, short-term consultants, and untrained State FTE results in a patchwork approach to stakeholder engagement. This is inefficient and results in ineffective collaboration with external partners which jeopardizes the success of Department programs. By converting contractor resources to State FTE, the Department has an opportunity to save General Fund and build a dedicated team of staff

trained in stakeholder engagement. This would form a more cohesive and effective stakeholder engagement strategy that would increase the Department's capacity to meaningfully engage with external partners and increase the rate and depth of success of new initiatives.

Insufficient and ineffective stakeholder engagement can lead to substantial pushback from stakeholders which can limit or delay the implementation of Department programs and create additional budgetary and legislative actions. If members and providers are not sufficiently informed of and prepared for programmatic changes, the result can be stakeholder confusion, excessive complaints, system failures, and unflattering news stories. This can be highly disruptive to Department operations given the dozens of times per month the Department interfaces with stakeholders in recurring meetings including the Accountable Care Collaborative (ACC) Program Improvement Advisory Committee, the Colorado Health Affordability and Sustainability Enterprise (CHASE) Board, the Medical Services Board, and the Member Experience Advisory Council. These meetings and many other one-time engagements are often run by overstretched FTE, or when resources permit, one of usually over a dozen stakeholder engagement consultants that the Department contracts with each year.

A recent example of the importance of stakeholder engagement is from the Department's FY 2022-23 R-6 budget request, "Value Based Payments." The Department proposed several APMs in this request and conducted significant stakeholder outreach including 10 stakeholder sessions with 147 stakeholders related to the proposed primary care APM and 6 stakeholder sessions with 45 stakeholders related to the proposed prescriber shared savings model and had broad stakeholder support for these initiatives. However, the JBC received concerns from stakeholders that the implementation of these initiatives was premature, and the stakeholder process was insufficient.¹ As a result, the Department's request was not fully approved, and the Department removed mandatory participation requirements to address stakeholder concerns on the timing of the APMs and allow more time to evaluate program efficacy and continue engaging with impacted stakeholders. The Department is also now submitting an annual summary of stakeholder engagement efforts related to APMs and is committed to robust stakeholder engagement to ensure the sound development and widespread adoption of these initiatives.²

While the appropriated contractor resources and reliance on overstretched FTE would allow the Department to continue engaging stakeholders on an ad-hoc basis, this approach misses opportunities for cross-Department collaboration and does not develop ongoing institutional knowledge or best practices due to constant transition between vendors. The State frequently pays hourly contractor rates that exceed the rate for equivalent work by State FTE and contracts require overhead resources for procurement and oversight that must be absorbed by Department FTE. The reliance on FTE who lack

¹ Department Figure Setting Document Part 2, March 10, 2022, https://leg.colorado.gov/sites/default/files/fy2022-23_hcpfig1b.pdf, pp.13-15

² Figure Setting Comeback Packet 8, March 18, 2022, <https://leg.colorado.gov/sites/default/files/cb8-03-18-22.pdf>, pp. 106-107

the bandwidth and expertise to communicate effectively and professionally with external partners undermines stakeholder engagement efforts and creates delays and backlogs in other critical areas that these FTE are assigned to.

Proposed Solution and Anticipated Outcomes

The Department requests a reduction of \$55,923 total funds, including a reduction of \$28,400 General Fund and an increase of 3.7 FTE in FY 2023-24 and a reduction of \$53,786 total funds, including a reduction of \$27,698 General Fund and an increase of 4.0 FTE in FY 2024-25 and ongoing to implement a more efficient and effective strategy for stakeholder engagement that would bolster the success of Department initiatives while realizing General Fund savings. The Department requests to move funding already appropriated for contractor resources to its personal services-related line items to permit the hiring of additional permanent, full-time staff. This request includes cash funds that are from the Healthcare Affordability and Sustainability (HAS) Fee Cash Fund.

The requested FTE would form a dedicated stakeholder engagement and facilitation unit that could be leveraged on new Department initiatives and ongoing programs that require stakeholder engagement instead of relying on ad-hoc contracts and untrained FTE. This new unit would consist of 3.0 FTE at the Marketing and Communications Specialist IV level and 1.0 FTE at the Marketing and Communications Specialist V level to serve as the unit's supervisor. These FTE would be hired for their expertise in facilitation, stakeholder engagement, and change management. Their primary responsibility would be to support external stakeholder engagement activities and secondarily to support internal Department activities such as training other staff in facilitation or helping facilitate critical internal meetings. The unit's work would support policy and program development, but the unit itself would not be directly responsible for any Medicaid policies or programs or for providing research or expertise outside of stakeholder engagement and facilitation. Specifically, the unit's duties would include:

- Working collaboratively with subject matter experts and program staff to develop external stakeholder engagement strategies for the Department's large-scale initiatives.
- Working collaboratively with subject matter experts and program staff to handle meeting logistics such as recruitment, outreach, communications, agenda development, and creation of meeting materials and notes.
- Facilitating high-profile engagement activities.
- Leveraging conflict resolution and mediation strategies to prevent and deescalate high-conflict situations.
- Developing standard operating procedures and best practices for use throughout the Department.
- Training other Department staff in facilitation, engagement, and change management best practices.
- Consulting with and supporting Department staff in designing effective meetings and engagement activities.

- Identifying and educating staff about the latest technologies and tools that can be employed, particularly for the facilitation of virtual meetings.
- Engaging stakeholders on current Department priorities such as Medicaid Value-Based Payments including the development of APMs for Primary Care and Maternity Care, Phase III of the Accountable Care Collaborative (ACC), supplemental payment programs to providers like nursing facilities and the University of Colorado School of Medicine (CUSOM), and the Colorado Prior Authorization Review (PAR) Program.
- Engaging stakeholders on future Department priorities as new issues and initiatives inevitably arise from the passage of special bills, Governor's Office and Department goals, new federal laws and regulations, and the modernization of Information Technology (IT) systems and processes.

Permanently reducing contractor funding for stakeholder engagement activities to hire State FTE to perform the work would be a more efficient and effective use of State resources. Using dedicated FTE for stakeholder engagement would develop institutional knowledge and best practices that are not at risk of being lost between vendor transitions; reduce redundant overhead work such as conducting solicitations, negotiating contract terms, reviewing vendor work, processing invoices, and implementing corrective action plans; be more responsive to quickly evolving Department priorities; be better ingrained in Department culture, operations, and resources; and identify opportunities for cross-Department collaboration due to centralized oversight of stakeholder engagement activities. It would also free up the time of staff who are currently relied upon to engage stakeholders, allowing them to dedicate more time to their primary job duties and contribute subject matter expertise in the fields they are trained in and hired for. Ultimately, this request would generate a more robust and cohesive capacity for stakeholder engagement that would enable greater success in implementing legislative and executive priorities, enhance member engagement in program development, better inform and prepare external partners for major policy changes, and result in less pushback from stakeholders on new initiatives. The Department would evaluate these outcomes through an expected reduction in stakeholder pushback and complaints on policy changes and new initiatives, through the standard annual performance review process for staff in the new unit, and through less budgetary requests for one-time contractor funding for stakeholder engagement due to greater internal capacity for this work.

If approved, this request would directly support the Department's Pillars and Wildly Important Goals (WIGs) described in the FY 2022-23 Department Performance Plan.³ Specifically, this request would support:

- WIG 1, Medicaid Value Based Payments, which requires strong collaboration with provider groups, contractors, and other external partners to implement value-based care and promote improvements in cost and quality across the care continuum.

³ FY 2022-23 Department Performance Plan, July 1, 2022, pp. 46-49

- Pillar 3, Operational Excellence and Customer Service, which necessitates engagement with members, providers, and other external partners to support ongoing operations and changes in operations and provide responsive and timely customer service.
- ACC Phase III, which requires significant communication and collaboration with stakeholders as the Department begins the third phase of this long-term initiative when current Regional Accountable Entity (RAE) contracts end in 2025.

If this request is not approved, the Department would be unable to realize the benefits of converting contracted stakeholder engagement resources to FTE. These benefits include greater efficiency, greater line of sight into the work, better ability to rapidly adjust to changes in priorities, the building of institutional knowledge and best practices, and enhanced cross-Department collaboration. The Department would continue to use stakeholder engagement contracts at a high rate, which are a less cost-effective way to meet the Department's goals due to contracted staff typically costing more than State FTE and the additional State oversight role required for contracts. Additionally, the Department would continue to rely on untrained staff with limited bandwidth to communicate with key external partners including provider groups, the Governor's Office, and the Joint Budget Committee, causing delays and backlogs in other critical areas and inadequate engagement with important stakeholders.

Evidence-Continuum

Program Objective	More efficiently and effectively engage and facilitate stakeholders for Department programs by converting contractor resources to FTE.		
Outputs being measured	Quantity and quality of stakeholder outreach efforts, workgroups/meetings, recommendation reports, and related activities.		
Outcomes being measured	Successful adoption of new initiatives by stakeholders evidenced by better awareness of new programs, minimal pushback/complaints, and minimal system errors.		
Evaluations	Pre-Post	Quasi-Experimental Design	Randomized Control Trial
Results of Evaluation	Other programs have benefited from previously approved budget requests to convert contractor resources to FTE	None	None
SB21-284 Evidence Category and Evidence Continuum Level	Step 2: Theory Informed		

The Department considers this request to be theory-informed and in alignment with Step 2 of the Office of State Planning and Budgeting (OSPB) Continuum of Evidence. This

request is informed by best practices in organizational change management to actively support staff and external stakeholders in accepting changes being implemented, which is critical to the success of any organizational change management process. Additionally, this request is supported by previous success with similar budget requests including the Department’s FY 2020-21 BA-11, FY 2021-22 R-10, and FY 2022-23 R-12 requests, all named “Convert Contractor Resources to FTE.” These requests all converted contractor resources to FTE across many different administrative functions of the Department and have resulted in greater effectiveness of these programs while saving or requiring no additional General Fund.

A recent example of the success of previous contractor conversion requests is the Department’s FY 2021-22 R-10 budget request that converted contractor resources to five Department FTE to take over the role of Provider Field Representatives beginning in January 2022. This was done with no additional General Fund and the Department successfully recruited, hired, and trained these FTE in a short amount of time and transitioned the duties from the contractor. These positions serve as the face of Colorado Medicaid to many new providers and converting this function to Department FTE has allowed for better alignment with the Department’s culture and Pillar of Operational Excellence and Customer Service. So far, the conversion has been very successful as evidenced by the positive feedback the Department has received from providers since the new FTE started.

Promoting Equitable Outcomes

Historically underserved population or group	Description of existing equity gap(s)	How does the request affect the gaps? (quantify wherever possible).
Socio-economic status / class	Lower-income communities are often not adequately engaged in the decision-making process for income-based programs like Medicaid which have significant impacts on their wellbeing.	Additional resources for communication would help support the Department’s efforts to ensure equitable community engagement regarding the design and implementation of Department programs and will allow for targeted outreach and other campaigns to make sure underserved communities are adequately engaged and informed about how to best access Medicaid services.

Assumptions and Calculations

Detailed calculations for this request are included in Appendix A. Table 1 of the appendix provides a summary of the request by line item, table 2 provides a summary by initiative, table 3 provides detailed FTE funding calculations, and table 4 provides detailed contractor funding reductions.

The Department assumes the requested FTE would be permanent, full-time positions starting August 1, 2023. The Department assumes these FTE would be eligible for 50% federal matching funds as part of standard Medicaid administrative costs. The Department assumes the state share of funding would be General Fund, offset by approximately 34% HAS Fee cash funds, based on current expansion caseload estimates.

The Department's requested contractor funding reductions are to the General Professional Services and Special Projects line item. This line item houses funding for stakeholder engagement contracts from numerous one-time and ongoing appropriations such as the Department's FY 2019-20 R-7 "Primary Care Alternative Payment Models", HB 21-1198 "Health Care Billing for Indigent Patients", and internal funding allocation decisions for priority initiatives. The Department has identified eight FY 2021-22 contracts listed in table 4 that are representative of general stakeholder engagement needs each year and has used their total cost as a reasonable estimate for the requested ongoing reduction. The listed contracts are not long-term contracts, so the funding reductions are not directly to these contracts; rather, the Department assumes contracts of similar scope and dollar value would be used in future years for whatever initiatives the Department is working on at that time. The Department assumes it would still utilize contractors for stakeholder engagement when additional capacity is required for large-scale projects, for highly technical subject matter expertise, or for sensitive and political issues requiring a neutral third-party and would request contractor funding in these circumstances if necessary.

	Stakeholder Engagement Unit
Total FTE	3.7
Total Salary Cost (includes salary, Medicare, PERA)	\$294,512
Total Centrally Appropriated Costs (includes HLD, AED, SAED, STD, FAMILI)	\$67,230
Total One-time Operating Costs	\$28,000
Total Ongoing Operating Costs	\$2,940
Total Leased Space	\$18,600
Total Costs	\$411,282
General Fund	\$135,725
Cash Funds - HAS Fee	\$69,918
Federal Funds	\$205,639

R-14 Convert Contractor Resources to FTE
Appendix A: Assumptions and Calculations

<p>Table 1.1 Summary by Line Item FY 2023-24</p>									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	\$294,512	3.7	\$97,189	\$50,068	\$0	\$147,255	50.00%	Table 3, Personal Services
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	\$40,739	0.0	\$13,445	\$6,926	\$0	\$20,368	50.00%	Table 3, Health, Life, Dental
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	\$417	0.0	\$138	\$70	\$0	\$209	50.00%	Table 3, Short-Term Disability
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	\$13,037	0.0	\$4,303	\$2,216	\$0	\$6,518	50.00%	Table 3, Amortization Equalization Disbursement
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$13,037	0.0	\$4,302	\$2,217	\$0	\$6,518	50.00%	Table 3, Supplemental Amortization Equalization Disbursement
F	(1) Executive Director's Office; (A) General Administration; Operating Expenses	\$30,940	0.0	\$10,210	\$5,259	\$0	\$15,471	50.00%	Table 3, Operating Expenses
G	(1) Executive Director's Office; (A) General Administration; Leased Space	\$18,600	0.0	\$6,138	\$3,162	\$0	\$9,300	50.00%	Table 3, Leased Space
H	(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	(\$467,205)	0.0	(\$164,125)	(\$69,478)	\$0	(\$233,602)	50.00%	Table 4, Row I
I	Total Request	(\$55,923)	3.7	(\$28,400)	\$440	\$0	(\$27,963)	N/A	Sum of Rows A through H

R-14 Convert Contractor Resources to FTE
Appendix A: Assumptions and Calculations

Table 1.2 Summary by Line Item FY 2024-25 and Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	\$319,047	4.0	\$105,285	\$54,237	\$0	\$159,525	50.00%	Table 3, Personal Services
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	\$44,132	0.0	\$14,563	\$7,502	\$0	\$22,067	50.00%	Table 3, Health, Life, Dental
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	\$452	0.0	\$149	\$77	\$0	\$226	50.00%	Table 3, Short-Term Disability
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	\$14,124	0.0	\$4,661	\$2,401	\$0	\$7,062	50.00%	Table 3, Amortization Equalization Disbursement
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$14,124	0.0	\$4,661	\$2,401	\$0	\$7,062	50.00%	Table 3, Supplemental Amortization Equalization Disbursement
F	(1) Executive Director's Office; (A) General Administration; Operating Expenses	\$2,940	0.0	\$970	\$499	\$0	\$1,471	50.00%	Table 3, Operating Expenses
G	(1) Executive Director's Office; (A) General Administration; Leased Space	\$18,600	0.0	\$6,138	\$3,162	\$0	\$9,300	50.00%	Table 3, Leased Space
H	(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	(\$467,205)	0.0	(\$164,125)	(\$69,478)	\$0	(\$233,602)	50.00%	Table 4, Row I
I	Total Request	(\$53,786)	4.0	(\$27,698)	\$801	\$0	(\$26,889)	N/A	Sum of Rows A through H

R-14 Convert Contractor Resources to FTE
Appendix A: Assumptions and Calculations

Table 2.1 Summary by Initiative FY 2023-24									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE and Operating Costs to Form Stakeholder Engagement Unit	\$411,282	3.7	\$135,725	\$69,918	\$0	\$205,639	50.00%	Table 3
B	Stakeholder Engagement Contractor Cost Reductions	(\$467,205)	0.0	(\$164,125)	(\$69,478)	\$0	(\$233,602)	50.00%	Table 4, Row I
C	Total Request	(\$55,923)	3.7	(\$28,400)	\$440	\$0	(\$27,963)	N/A	Sum of Rows A and B

Table 2.2 Summary by Initiative FY 2024-25 and Ongoing									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE and Operating Costs to Form Stakeholder Engagement Unit	\$413,419	4.0	\$136,427	\$70,279	\$0	\$206,713	50.00%	Table 3
B	Stakeholder Engagement Contractor Cost Reductions	(\$467,205)	0.0	(\$164,125)	(\$69,478)	\$0	(\$233,602)	50.00%	Table 4, Row I
C	Total Request	(\$53,786)	4.0	(\$27,698)	\$801	\$0	(\$26,889)	N/A	Sum of Rows A and B

R-14 Convert Contractor Resources to FTE
Appendix A: Assumptions and Calculations

Table 3 FTE Calculations							
Personal Services							
Position Classification	FTE	Start Month	State Fund Source	FY 2023-24	FY 2024-25	FY 2025-26	Notes
MKTG & COMM SPEC IV	3.0	July	General Fund	\$207,831	\$225,145	\$225,145	Ongoing positions, includes HAS Fee offset
MKTG & COMM SPEC V	1.0	July	General Fund	\$86,681	\$93,902	\$93,902	Ongoing position, includes HAS Fee offset
Total Personal Services (Salary, PERA, Medicare)	4.0			\$294,512	\$319,047	\$319,047	

Centrally Appropriated Costs							
Cost Center	FTE Year 1	FTE Year 2+	Cost or Percentage	FY 2023-24	FY 2024-25	FY 2025-26	Notes
Health, Life, Dental	4.0	4.0	\$11,033	\$40,739	\$44,132	\$44,132	
Short-Term Disability	-	-	0.16%	\$417	\$452	\$452	
Amortization Equalization Disbursement	-	-	5.00%	\$13,037	\$14,124	\$14,124	
Supplemental Amortization Equalization Disbursement	-	-	5.00%	\$13,037	\$14,124	\$14,124	
Centrally Appropriated Costs Total				\$67,230	\$72,832	\$72,832	

Operating Expenses							
Ongoing Costs	FTE Year 1	FTE Year 2+	Cost	FY 2023-24	FY 2024-25	FY 2025-26	Notes
Supplies	4.0	4.0	\$500	\$2,000	\$2,000	\$2,000	
Telephone	4.0	4.0	\$235	\$940	\$940	\$940	
Other	4.0	4.0	\$0	\$0	\$0	\$0	
<i>Subtotal</i>				<i>\$2,940</i>	<i>\$2,940</i>	<i>\$2,940</i>	
One-Time Costs (Capital Outlay)	FTE		Cost	FY 2023-24	FY 2024-25	FY 2025-26	Notes
Furniture	4.0		\$5,000	\$20,000	\$0	\$0	
Computer	4.0		\$2,000	\$8,000	\$0	\$0	
Other	4.0		\$0	\$0	\$0	\$0	
<i>Subtotal</i>				<i>\$28,000</i>	<i>\$0</i>	<i>\$0</i>	
Total Operating				\$30,940	\$2,940	\$2,940	

Leased Space							
	FTE Year 1	FTE Year 2+	Cost	FY 2023-24	FY 2024-25	FY 2025-26	Notes
Leased Space	4.0	4.0	\$4,650	\$18,600	\$18,600	\$18,600	

R-14 Convert Contractor Resources to FTE
Appendix A: Assumptions and Calculations

Table 4 FY 2021-22 Stakeholder Engagement Contracts Used to Estimate Contractor Cost Reductions for FY 2023-24 and Ongoing								
Row	Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Primary Care Alternative Pay Model Support	(\$70,000)	(\$35,000)	\$0	\$0	(\$35,000)	50.00%	FY 2021-22 Contract Maximum
B	Multi-Payer Alternative Pay Model Facilitation	(\$89,005)	\$0	(\$44,503)	\$0	(\$44,502)	50.00%	FY 2021-22 Contract Maximum
C	Maternity Bundled Operation Support	(\$40,000)	(\$20,000)	\$0	\$0	(\$20,000)	50.00%	FY 2021-22 Contract Maximum
D	Accountable Care Collaborative Communication Toolkit	(\$25,000)	(\$12,500)	\$0	\$0	(\$12,500)	50.00%	FY 2021-22 Contract Maximum
E	Accountable Care Collaborative III Stakeholder Engagement	(\$25,000)	(\$12,500)	\$0	\$0	(\$12,500)	50.00%	FY 2021-22 Contract Maximum
F	Phase II Early and Periodic Screening, Diagnostic and Treatment and Complex Services	(\$145,250)	(\$72,625)	\$0	\$0	(\$72,625)	50.00%	FY 2021-22 Contract Maximum
G	Nursing Facility Reimbursement Facilitation	(\$23,000)	(\$11,500)	\$0	\$0	(\$11,500)	50.00%	FY 2021-22 Contract Maximum
H	Colorado Indigent Care Program Workgroup Facilitation	(\$49,950)	\$0	(\$24,975)	\$0	(\$24,975)	50.00%	FY 2021-22 Contract Maximum
I	Total Request	(\$467,205)	(\$164,125)	(\$69,478)	\$0	(\$233,602)	N/A	Sum of Rows A through H