



COLO R A D O

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
Medical Services Premiums

FY 2024-25, FY 2025-26, and FY 2026-27 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. This includes those services rendered through health maintenance organizations. Please see Exhibit F for calculations.

- Indian Health Services: The federal financial participation rate for this program is 100%. Please see Exhibit F for calculations.
- Affordable Care Act Drug Rebate Offset: The Affordable Care Act (ACA) increased the number of pharmaceutical rebates the Department receives. Under section 2501 of the ACA, the entire increase in the drug rebates is due to the federal government. As a result, this provision of the ACA is intended to be budget neutral to the State. Drug rebates are recorded as an offset to total fund expenditure in Acute Care (Exhibit F), and the Department's total fund expenditure projection reflects the estimated expenditure after the increase in the drug rebates. To properly account for this decrease in expenditure, the Department shows the estimated increase in drug rebates as a federal funds decrease in Exhibit A, as the increased drug rebate will offset total federal funds expenditure.
- Affordable Care Act Preventive Services: Under the Affordable Care Act, states are eligible for a one percentage point increase in the FMAP for adult vaccines and clinical preventive services if the state covers all the recommended services without cost-sharing.
- Non-Emergency Medical Transportation (NEMT): These services receive the administrative federal financial participation (FFP) rate of 50.00% rather than the various service FMAP rates. This entry adjusts the fund splits between federal and state funding to properly account for this service receiving FFP.
- SB 11-008 "Aligning Medicaid Eligibility for Children": This bill specifies that the income eligibility criteria for Medicaid that applies to children aged five and under shall also apply to children from ages 6 to 19. Effective January 1, 2013, children under the age of 19 are eligible for Medicaid if their family income is less than 133% of the federal poverty level (FPL). FMAP for these clients remains at the same level as if the clients had enrolled in Children's Basic Health Plan (CHP+) instead of Medicaid at the enhanced match.
- SB 11-250 "Eligibility for Pregnant Women in Medicaid": This bill increases the upper income limit for Medicaid eligibility among pregnant women from the current level of 133% to 185% of federal poverty level (FPL) to comply with federal law. By changing income limits, it also allows eligible pregnant women to move from CHP+ to Medicaid effective January 1, 2013. As with SB 11-008, the Department assumes the same enhanced FMAP will be available for these clients. The Department received permission from the Centers for Medicare and Medicaid Services (CMS) to

continue receiving a higher match rate for this population, including Section 1205(b) of the Social Security Act, similar to the population under SB 11-008 “Aligning Medicaid Eligibility for Children”.

- **MAGI Parents/Caretakers 69% to 133% FPL:** This population began participation in Medicaid in FY 2009-10 and is funded with a combination of federal funds and HAS Fee. SB 13-200 amended Medicaid eligibility for parents and caretakers of eligible children from 100% of the federal poverty line to 133% of the federal poverty line in keeping with Medicaid expansion under the Affordable Care Act, which also ensured that MAGI Parents/Caretakers 69% to 133% of the federal poverty line receive a 100% federal match rate through the end of CY 2016, effective January 1, 2014, with ramp down every year until it reaches 90% effective January 1, 2020. See Exhibit J for additional information and detailed calculations.
- **MAGI Adults:** This population began participation in Medicaid in FY 2011-12 and was previously labeled Adults without Dependent Children (AwDC). The population is funded with a combination of federal funds and HAS Fee. SB 13-200 amended the Medicaid eligibility criteria for MAGI Adults to 133% of the federal poverty line in accordance with Medicaid expansion under the Affordable Care Act. Effective January 1, 2014, the Affordable Care Act provides this population a 100% federal match rate from CY 2014 through CY 2016 with ramp down every year until it reaches 90% effective January 1, 2020. However, waiver services for this population receive the standard FMAP and not the enhanced FMAP per CMS. Calculations and information regarding this population can be found in Exhibit J.
- **Continuous Eligibility for Children:** HB 09-1293, the Colorado Health Care Affordability Act of 2009, established continuous eligibility for twelve months for children on Medicaid, beginning March 2014, even if the family experiences an income change during any given year. The Department has the authority to use the HAS Fee Cash Fund to fund the State share of continuous eligibility for Medicaid children. Because this population is not an expansion population, it receives the standard federal financial participation rate. Previously, the Department showed this adjustment in funding as a General Fund offset under Cash Funds Financing. Effective with the November 2016 request, the Department has broken this population out in its respective service categories to better show the impact of continuous eligibility for children. Calculations and information regarding this population can be found in Exhibit J.
- **Disabled Buy-In:** Funds for this population come from three sources: HAS Fee, premiums paid by clients, and federal funds. While the program receives federal match on the HAS Fee contribution, the premiums paid by clients are not eligible. Premium estimates and additional calculations of fund splits can be found in Exhibit J.

- **Non-Newly Eligibles: MAGI Parents/Caretakers 69% to 133% FPL and MAGI Adults** are funded with a combination of federal funds and HAS Fee. As explained above under those categories, the Affordable Care Act provides both populations with a 100% federal match rate, effective January 1, 2014, though it ramps down over time beginning in CY 2017. A caveat of this enhanced federal match rate is that the expansion population cannot have been eligible for Medicaid services prior to 2009 (or else those individuals are not considered part of the Medicaid expansion population). A subset of the population may have been eligible for Medicaid services prior to 2009 under disability criteria, had the clients chosen to provide asset information when they applied for Medicaid services. For this population, the Department is unable to prove that these clients would not have been eligible for Medicaid services prior to 2009 if they had provided asset information, and therefore cannot claim the full enhanced expansion FMAP on their expenditure. These clients are now eligible for Medicaid under the expansion and receive FMAP determined by a resource proxy with the State portion funded through the HAS Fee, as required by statute. The Department can claim 75% of the expenditure for Non-Newly Eligible clients at the enhanced expansion FMAP and the remaining 25% at standard FMAP. Please refer to Exhibit J for calculations and additional details.
- **MAGI Parents/Caretakers 60% to 68% FPL:** Parents/Caretakers over 60% FPL are funded with a combination of federal funds and HAS Fee. As explained above, the Affordable Care Act provides MAGI Parents/Caretakers 69% to 133% FPL with a 100% federal match rate, effective January 1, 2014, with a ramp down beginning January 1, 2017. Due to new MAGI conversion rules (please refer to the Caseload Narrative for additional details), the non-expansion eligibility category MAGI Parents/Caretakers to 68% FPL now includes FPL levels over 60%. The MAGI Parents/Caretakers to 68% FPL clients who have FPL levels over 60% are funded with HAS Fee for the State's contribution, rather than General Fund, as required by statute. Please refer to Exhibit J for calculations and additional details.
- **Adult Dental Benefit Financing:** SB 13-242 created a limited dental benefit for adults in the Medicaid program, implemented April 1, 2014. To fund the design and implementation of the adult dental benefit, SB 13-242 created the Adult Dental Fund effective July 1, 2013, financed by the Unclaimed Property Trust Fund. Please refer to Exhibit F for calculations and additional details.
- **Supplemental Medicare Insurance Benefit:** Medicare premiums are not federally matched for clients who exceed 134% of the federal poverty level. Premiums for clients between 120% and 134% of the federal poverty level receive federal financial participation (FFP) and certain individuals with limited resources qualify as a "Qualified Individual", which receives 100% FFP.

- Tobacco Quit Line: The Tobacco Quit Line is administered by the Department of Public Health and Environment (DPHE); the Department pays for the share of costs for the quit line related to serving Medicaid members. The costs are administrative and therefore receive FFP rather than the applicable FMAP by eligibility category.
- Upper Payment Limit Financing: Offsets General Fund as a bottom-line adjustment to total expenditure. This is further described in Exhibit K.
- Department Recoveries Adjustment: Department Recoveries used to offset General Fund are incorporated as a bottom-line adjustment to total expenditure. Further detail is available in Exhibit L.
- Denver Health Outstationing: Federal funds are drawn to reimburse Denver Health Federally Qualified Health Centers for the federal share of their actual expenditure in excess of the current reimbursement methodology. Prior to FY 2017-18, these payments were made with certified public expenditure. Going forward, these payments are to be made with General Fund under a Random Moment Time Study (RMTS) methodology.
- Hospital Supplemental Payments: Hospital payments are increased for Medicaid hospital services through a total of five supplemental payments, three of which are paid out of Medical Services Premiums directly to hospitals, outside the Department's Medicaid Management Information System (MMIS). The purpose of these payments is to increase hospital reimbursement payments for Medicaid inpatient and outpatient care, up to a maximum of the federal Upper Payment Limit (UPL), and to create hospital quality incentive payments that reward hospitals for enhanced quality, health outcomes and cost effectiveness.
- Nursing Facility Supplemental Payments: HB 08-1114 and SB 09-263 directed the Department to implement a new methodology for calculating nursing facility reimbursement rates, introduced a cap on General Fund growth for core components of the reimbursement rate, and authorized the Department to collect a provider fee from nursing facilities statewide. Any growth in the portion of the per-diem reimbursement rate for core components beyond the General Fund cap is paid from the Nursing Facility Provider Fee cash fund, as are all supplemental payments. Please refer to Exhibit H for calculations and additional details.

- **Physician Supplemental Payments:** Federal funds are drawn to reimburse Denver Health and the Memorial Health Systems in Colorado Springs for physician services provided in excess of the current reimbursement methodology. The Department retains 10% of the federally matched dollars as a General Fund offset.
- **Hospital High Volume Payment:** Colorado public hospitals that meet the definition of a high-volume Medicaid and Colorado Indigent Care Program (CICP) Hospital qualify to receive an additional supplemental reimbursement for uncompensated inpatient hospital care for Medicaid clients. To meet the definition of a high volume Medicaid and CICP Hospital a hospital must be: licensed as a General Hospital by the Department, classified as a state-owned government or non-state owned government hospital, a High Volume Medicaid and CICP hospital, defined as those hospitals which participate in CICP, whose Medicaid inpatient days per year total at least 35,000 and whose Medicaid and CICP days combined equal at least 30% of their total inpatient days, and maintain the hospital's percentage of Medicaid inpatient days compared total days at or above the prior State Fiscal Year's level. Historically, Memorial Health has been the only hospital to qualify for this payment.
- **Health Care Expansion Fund Transfer Adjustment:** In previous years, the Department received an appropriation from the Health Care Expansion Fund to cover the costs of programs funded with tobacco tax revenues. However, beginning in FY 2011-12, the Health Care Expansion Fund was insolvent and no longer covered the cost of the programs. The balance in the Health Care Expansion Fund is appropriated to the Department to offset the costs of these programs. In the Department's calculations in this exhibit, this transfer appears as a General Fund offset because the costs of the programs are included as General Fund in the calculations at the top of the exhibit.
- **Intergovernmental Transfer for Difficult to Discharge Clients:** Privately owned nursing facilities are eligible for receiving supplemental Medicaid reimbursements for costs incurred treating medically complex clients, such that the sum of all Medicaid reimbursement remains below the Upper Payment Limit for privately-owned nursing facilities. To be eligible for these payments, nursing facilities must be privately owned; enter into an agreement with the discharging hospital regarding timelines and initial plans of care for the affected medically complex patients; and provide long-term care services and supports in the least restrictive manner for medically complex clients residing in an inpatient hospital setting for whom no other suitable discharge arrangements are available. The transfer is an annual payment of \$1,400,000 total funds, with the State share being transferred through Denver Health & Hospital Authority.

- Denver Health Ambulance Payments: Federal funds are drawn to reimburse Denver Health for ambulance services in excess of the current reimbursement methodology. This reimbursement does not require any increase in General Fund; the Department retains 10% of the federally matched dollars as a General Fund offset.
- Emergency Transportation Provider Payments: Public emergency medical transportation (EMT) providers incur significant uncompensated costs for services provided to Medicaid clients. Because these providers receive public funds, the Department has an opportunity to obtain a federal match on expenditures made by public entities. Implementation of a certified public expenditure (CPE) program for public ground EMT providers would allow the Department to make supplemental payments to public (EMT) providers for EMT services to Medicaid clients Pursuant to 42 CFR § 433.51, public funds may be considered as the State’s share in claiming federal financial participation when the public funds are certified by the contributing public agency as representing expenditures eligible for federal financial participation. EMT service providers eligible to participate in this program would receive supplemental reimbursement payments by completing a federally approved cost report form. The supplemental reimbursement payment is based on claiming federal financial participation on CPEs that have already been incurred by the public provider. To be eligible for the reimbursement, the CPE cannot be claimed at any other time to receive federal funds under Medicaid or any other program. The supplemental reimbursement amount is determined by a methodology approved by Centers for Medicare and Medicaid Services (CMS).
- Nurse Home Visitor Program: This funding is transferred from the Department of Human Services for eligible first-time mother Medicaid members to receive education on nutrition and general childcare from a nurse home visit. The original funding for this program is through the Tobacco Master Settlement Agreement money, and is transferred into MSP.
- University of Colorado School of Medicine Payment: Originally approved under SB 17-254, the Colorado Legislature approved a transfer from the University of Colorado School of Medicine (UCSOM) to the Department to gain access to federal matching funds. The Department then would reimburse UCSOM through a UPL payment for physician services.
- Public School Health Services: Approved as part of the FY 2019-20 S-7, BA-7 “Public School Health Services Funding Adjustment”, this request allowed the Department to use certified public expenditure spent on Public School Health Services (SHS) programs to claim a federal match. Part of the claimed federal funds are applied as a General Fund offset in the Medical Services Premiums line.

- SB 21-213 Use of Increased Medicaid match accounts for the transfer of savings from cash fund financed services to the General Fund as a result of the enhanced federal match was authorized through the Families First Coronavirus Response Act.

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

EXHIBIT B - MEDICAID CASELOAD PROJECTION

Exhibit B1 contains historical and projected caseload for all eligibility types. Exhibit B-2 provides historical monthly caseload without retroactivity for each of the eligibility types. The Department is forecasting the annual average Medicaid caseload to decrease by -12.69% in the current year to 1,213,812, although caseload is expected to grow monthly. In the request year FY 2025-26, the trend is projected to continue to increase by 5.85%, and then increase in the out year by 5.30%.

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 2024-25, FY 2025-26, and FY 2026-27 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.
- SB 21-009 Reproductive Health Care Program created a state only program to provide reproductive services to non-citizens. The Department expects to see savings in the emergency services populations.
- FY 2021-22 BA-15 Implement eConsult Program authorizes the Department to implement a Medicaid statewide eConsult platform. The adjustment accounts for the net effect of reimbursements to providers and savings from avoided face-to-face specialist visits.

- Estimated Increase in Flu Expenditure accounts for an increase in costs associated with an increase in flu expenditure relative to FY 2020-21.
- Reduction to Blood Clotting Medication accounts for a decrease in rates associated with blood clotting medications.
- Estimated Increase in Respiratory Syncytial Virus (RSV) accounts for expected increases in treating RSV. There were virtually no expenditures associated with treatment of RSV in FY 2020-21 due to increased social distancing during the regular RSV season between October 2020 and March 2021. The Department is already seeing an uptick in reimbursement of these expenditures starting in August 2021.
- 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
- SB 21 - 025 "Family Planning Services for Eligible Individuals" provides family planning services to individuals who are not pregnant and whose incomes do not exceed 250% of the federal poverty level (FPL).
- FY 2022-23 R-06 Value Based Payments establishes alternative payment models which will increase savings in MSP.
- FY 2023-24 R-06 Supporting PCMP Transition with Value Based Payments- Provides funding to train PCMPs to use data tools provided by the FY 2022-23 R-06. Also, a rate increase to PCMPs.
- S-19 BA-19 True Up Funding to Implement Alternative Payment Methodologies- Adjusts the Savings and incentive Payments associated with Pharmacy Prescriber tool based on more accurate data.
- 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.
- JBC Action Adult Dental Cap: The JBC removed the \$1,500 cap on adult dental services.
- 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.

- The Department approximately \$56 million in improper drug rebates. The FY 2022-23 and FY 2023-24 drug rebate payments from manufacturers were less to account for the overcollection. The current BLI represents the annualize increase over FY 2024-25 as the rebates return to normal.
- 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.
- Provider Rate Request BLI’s from last session - This included an across-the-board rate increase of 0.5% 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.
- Claims Runout- The FY 2023-24 forecast included a BLI for the claims runout of members who were disenrolled as a part of the PHE unwind. This BLI is the annualization of the claims runout to remove the impact from the base acute trends.
- 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.
- 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.
- FY 2021-22 JBC Action: Restore Funding for SB 19-195

Breast and Cervical Cancer Program Per Capita Detail and Fund Splits

In 2001, the General Assembly passed SB 01-012, which established a Breast and Cervical Cancer Treatment Program within the Department. In 2019, the General Assembly passed HB 19-1302 which extended the repeal date of the program

to 2029. All Breast and Cervical Cancer Program expenditure receives an enhanced federal match rate of approximately 65.00%. Please refer to Exhibit A and Exhibit R for more specific information on the federal match rate for this program.

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

Per Capita Cost

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

Fund Splits

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

Adult Dental Cash Fund-eligible Per Capita Detail

In 2013, the General Assembly passed SB 13-242, which established the Adult Dental Benefit program along with the Adult Dental Cash Fund, funded through the Unclaimed Property Tax Fund. The Adult Dental Cash Fund provides the funding for the State share of the Adult Dental Benefit program, for expenditure that would otherwise be funded by General Fund for the State share. In 2014, the General Assembly passed HB 14-1336 which provided funding for the addition of full dentures as part of the Adult Dental Benefit. The Department previously covered dental services for adults only in emergencies or in the case of co-occurring conditions that required dental services. The Department does

not have a way to systematically distinguish between dental services received in the case of emergency or co-occurring conditions and those covered under the Adult Dental Benefit. Exhibit F2.2 The Adult Dental Cash Fund-Eligible Dental Services reports total Dental expenditure for populations that have the State share of expenditure funded with the Adult Dental Cash Fund and subtracts out the estimated expenditure for emergency and co-occurring conditions to estimate the expenditure that will be funded by the Adult Dental Cash Fund.

The Department forecasted expenditure based on the most recent actuals, which were higher than previously forecasted. Therefore, the Department has increased the forecast for FY 2024-25, FY 2025-26, and FY 2026-27.

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

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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 2023-24 expenditure by a fraction of previous growth rates to reach FY 2024-25, FY 2025-26, and FY 2026-27 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 is on track to implement the service and eligibility expansions contemplated in 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. During the course of the fiscal note deliberation process in spring of 2022 when this bill was being developed, the Department made a series of assumptions about the size of the population that would likely access this eligibility and service expansion. There have been notable developments in Colorado’s demographic landscape since 2022. Additionally, other states have implemented similar programs. The Department has considered this new information in developing the new utilizer and per capita estimates found in Exhibit F7.

EXHIBIT G - COMMUNITY-BASED LONG-TERM CARE

Home- and Community-Based Services (HCBS) Waivers

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

Clients receiving CBLTC services currently have access to 10 HCBS waivers, each targeted to specific populations. Of the 10 waivers administered by the Department, six 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. The waivers included in the Medical Services Premiums line item are:

- 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)

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 2024-25, FY 2025-26, and FY 2026-27.

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%.

Legislative Impacts and Bottom-Line Adjustments

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

Expenditure

- FY 2024-25 has 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.
- FY 2024-25 Across the Board 2.0% Rate Increase - The Joint Budget Committee approved a 0.5% ongoing across-the-board rate increase, effective July 1, 2024.
- FY 2023-24 BA-07 Community First Choice - The JBC approved funding for the Department's initiative to provide additional services and information to HCBS waiver members to reduce institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The information initiative began on July 1, 2023.
- FY 2023-24 BA-07 Transition Coordinator Services - The JBC approved the initiative to provide additional services and information to HCBS waiver members to decrease institutionalization. The initiative is in response to the DOJ's request to improve member access to care and member health outcomes, reducing disparities of care. The waiver transition will be implemented on July 1, 2026.
- Local Minimum Wage: In the 2020 legislative session, the JBC approved an action to increase rates for certain HCBS services in the Denver metro area in response to Denver increasing its minimum wage starting on January 1, 2020 with subsequent increases each January through January 1, 2022. This bottom-line impact includes the expenditure impact of three years of rate increases.
- SB 21-038 "Expansion of Complementary and Alternative Medicine" - This bill requires the Department to implement a pilot program that would allow an eligible person with to receive complementary or alternative medicine. The purpose of the pilot program is to expand the choice of therapies available to eligible persons with disabilities and to study the success of complementary and alternative medicine. This bill expanded the pilot program to include persons with specific spinal cord injuries along with the total inability for independent ambulation directly resulting from one of these injuries. This bill expands the pilot program to all eligible individuals in Colorado.

- JBC Authorization of 129 enrollments onto the HCBS - DD waiver -the General Assembly authorized an additional 129 enrollments to be placed onto the HCBS-DD waiver from the waiting list. The Department assumes that if these enrollments were not authorized by the General Assembly, these individuals would have sought alternative care by enrolling on the HCBS Elderly, Blind and Disabled waiver.
- R-09 OCL Program Enhancements - The Department requested funding to increase rates and expand benefits for services offered through the Home and Community-Based Services (HCBS) waivers, increase provider bed capacity, and create additional opportunities for care in the community. Includes adjusted rates for high acuity Brain Injury Waiver Members.
- 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.
- SB 21-038 (Expansion of Complementary and Alternative Medicine) - This bill expands eligibility from Adams, Arapahoe, Denver, Douglas, and Jefferson to anywhere in the state. Eligibility is also expanded to include individuals with a primary condition of MS, a brain injury, spina bifida, muscular dystrophy, or cerebral palsy with the inability to walk(ambulate) resulting from one of these conditions. The Complementary and Integrated Health Waiver is set to expire in September of 2025. The Department has reflected the end of this waiver as a bottom-line adjustment. Members will continue to access services through the Elderly Blind and Disabled Waiver (EBD).
- HB 22-1303 - This bill requires the department of human services to renovate an existing facility at Fort Logan to expand the number of civil beds for people in need of residential behavioral health treatment. Additionally, the bill requires the department of human services to work in partnership with the department of health care policy and financing to add at least 125 additional beds at mental health residential treatment facilities for adults in need of supportive services.
- FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers - This includes a 2% across-the-board rate increase and targeted rate changes for pediatric behavioral therapies, anesthesia, ambulatory surgery centers, maternity services, behavioral health fee-for-service, surgeries, abortion, and dental. Also included are a minimum wage rate increase for home-and community-based services and an increase to the primary care fund.

- HB 22-1114 Transportation Services for Medicaid Waiver Clients- The Department starting July 1, 2024 expanded transportation network companies to provide more transportation services for nonmedical transportation for member on the long term services and supports waivers.

Hospice

Hospice expenditure for FY 2024-25, FY 2025-26, and FY 2026-27 is forecasted as the sum of two primary categories of services. The first category—Nursing Facility Room and Board expenditure—is for expenses incurred on a per-diem basis for clients receiving hospice services in a full-time capacity within a nursing facility. The second category of hospice expenditure, referred to throughout the hospice forecast as Hospice Services, contains all hospice expenses other than those accrued as payments to nursing facilities for room and board for hospice clients and includes Hospice General Inpatient Care, Hospice Routine Home Care, Hospice Inpatient Respite, Hospice Continuous Home Care, and vision, dental, hearing, and other Post-Eligibility Treatment of Income (PETI) benefits.

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. 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; their impact is included in calculations as a bottom-line impact.

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. and can include pain management, symptom management, assistance with daily tasks, nutritional services, and therapeutic services. Hospice Routine Home Care expenditure is computed as a product of patient days and the daily rate.

The next-largest component of hospice services expenditure is Hospice General Inpatient Care. This expenditure is incurred for services provided to hospice patients at inpatient facilities under severe circumstances. Inpatient care may

be necessary if a patient's symptoms can no longer be managed at home. The purpose of inpatient care is to control severe pain and stabilize symptoms so that the patient can return home, if possible.

The remaining components of Hospice Services expenditure show significant variation in these remaining services by fiscal year.²

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.

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.

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. There are five categories of PDN expenditure: individual services provided by a registered nurse (RN), group services provided by a registered nurse (RN-group), individual services provided by a licensed practical nurse (LPN), group services provided by a licensed practical nurse (LPN-group), and blended 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 2022-23 Legislative Session, PDN services received a 2.0% across the board rate increase which was implemented on July 1, 2024.

Many of the changes in the Private Duty Nursing forecast are due to variations in utilizers and units per utilizer. Registered Nursing Group has seen a decrease in utilizers over FY 2023-24, causing a slight decrease in the forecasted expenditure compared to previous forecasts. All services besides Registered Nursing have experienced growth in units per utilizer,

² The percentage selected to trend expenditure for Hospice Services is 10.08% in FY 25, -4.02% in FY 26, and 1.11% in FY 27.

and thus positive trends have been selected for each category. Additional information on specific trends picked for each service can be found in Exhibit G.

The Department expects rates to remain constant, expenditure forecasts for FY 2024-25, FY 2025-26 and FY 2026-27 are directly from the Department fee schedule for each service.

Private Duty Nursing Utilization Trends and Justification

Registered Nursing (RN):

Registered nursing utilizers began increasing slowly, so the Department has adjusted trend projections accordingly. The Department selected a 1.79% trend for FY 2024-25, assuming that there will be continued growth in utilizers, and selected small growth trends for future years to align with historical data.

To align with FY 2024-25 half year actuals, the Department chose a 1.39% trend on units per client. The Department expects units per client to grow in the future based on historical trends and therefore selected positive trends for the request year.

Licensed Practical Nursing (LPN):

LPN average utilizers per month have continued to increase since FY 2022-23, though the growth slowed during the first half of FY 2024-25. The Department chose a 0.48% trend for FY 2024-25 and assumed similar growth in future years.

LPN units per client decreased slightly in the first half of FY 2024-25, so the Department decreased the growth rate by a small amount. The Department assumed a 3.00% growth rate for the current year, with slight growth in the future.

Registered Nursing (RN) Group/Licensed Practical Nursing Group (LPN) and Blended RN/LPN:

LPN-group, RN-group, and Blended RN/LPN drove 24.36% of total expenditure in FY 2024-25 Side A and represent the smallest number of average utilizers per month. Due to decreases in the Department, the Department assumes a lower growth that will increase in future years. The Department selected a trend of 0.00% in FY 2024-25, which then increases to 0.63% in FY 2025-26, and hold constant at 0.63% in FY 2026-27.

Units per client has grown in the past couple of fiscal years; therefore, the Department selected a 15.75% trend for FY 2024-25. The estimated trend decreases to a 5.89% growth rate in FY 2025-26 and 3.39% in the out year. Typically, units per client fluctuates and does not follow a steady pattern of growth.

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

- FY 2024-25 53rd Payment Period - In the current year, there are 53 weeks of payments rather than 52. The Department included an extra week of expenditures as a bottom-line impact to account for the additional payment period.

Long-Term Home Health

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

Similarly to Private Duty Nursing, the LTHH forecast is based on the number of utilizers and units per utilizer. The most significant change in LTHH is the growth of Home Health Aid Basic (HHAB), and Home Health Aid Extended (HHAE). 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 HHAE requires more medical support and attention, in addition to assistance with activities of daily living. Both services have seen a drastic increase in utilization over the past year, which is most due to the

change in Prior Authorization Agreement (PAR) policy. PARs have been deactivated for LTHH and are expected to be reinstated on July 1st, 2025. Because of this, many services including HHAB and HHAЕ have seen increase in utilization and units per utilizer. This has caused a significant growth in forecasted expenditure. Additional details and specific growth trends can be found in Exhibit G.

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

LTHH Trends and Justifications

The Department expects that Prior Authorization Requests (PAR's) will 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. 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 affected services are Home Health Aid Basic, Home Health Aid Extended, Registered Nursing/Licensed Practical Nursing, RN Brief First of Day and RN Brief Second or More.

Home Health Aid Basic and Home Health Aid Extended:

Average utilizers per month for HHA Basic and Extended have steadily increased since FY 2012-13, with large increases in FY 2022-23 and FY 2023-24. HHA Basic experienced high growth throughout FY 2024-15 Side A, which influenced the higher trend selection. HHA Extended also experienced growth throughout FY 2024-15 Side A, which is reflected in the trend selection. The Department chose a 15.08% growth trend for HHA Basic and a 5.50% trend for HHA Extended to align with historical data and recent growth.

While utilization for Basic has been increasing slightly over the past year, utilization for Extended has been decreasing during FY 2024-25 Side A. Therefore, the Department selected a 6.77% and a -4.91% trend respectively to align with historical data.

Registered Nursing/Licensed Practical Nurse:

Utilizer numbers were increasing in FY 2021-22 and FY 2022-23 and continued to grow through the first half of FY 2024-25. Therefore, the Department selected a 13.20% trend to align with recent growth. The Department assumes a slight decrease in growth, with the trend dropping to 10.91% in FY 2025-26 and to 7.13% in the out year.

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

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

Utilizer counts have been growing since FY 2019-20, but the Department expects utilizers to slow with Prior Authorization Requests applied to this service. However, to account for FY 2024-25 Side A growth, the Department has selected higher trends for the current year. The Department selected a 20.47% trend and 16.11% trend respectively to align with historical and recent growth.

Utilization for both services has decreased slightly for both from FY 2023-24 to FY 2024-25 Side A. Therefore, the Department selected a 0.00% trend and -4.47% trend respectively to align with current utilization patterns.

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

Growth in utilization for all the therapy services has been lower than previous years, possibly due to the impact of the Public Health Emergency (PHE) Unwind. To account for this, the Department had selected lower trends for each of the therapy services. For FY 2024-25, the Department has selected a 3.18% trend for PT, a 5.55% trend for OT, and a 2.81% trend for S/LT.

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

Legislative Impacts and Bottom-Line Adjustments

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

Expenditure

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

- FY 2024-25 Across the Board 2.0% Rate Increase - The Joint Budget Committee approve a 2.0% across the board rate increase, effective July 1, 2024.
- FY 2024-25 has a 53rd payment period unlike most years where there are 52 weeks of expenditure. Therefore, an extra week of expenditure has been added to the FY 2024-25 forecast to account for the additional pay period.
- 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 Facility costs are a function of the application and interpretation of rate reimbursement methodology specified in detail in State statute, the utilization of the services by Medicaid clients, and the effect of cost offsets such as estate and income trust recoveries. 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 days and expenditure significantly decreased in FY 2020-21 with significant impacts from the Public Health Emergency (PHE). Over the past year, patient days have started to increase again. The Department is closely monitoring this growth.

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.

The methodology for the Class I request in Exhibit H is as follows³:

- The estimate starts with the estimated per diem allowable Medicaid rate for core components in claims that will be incurred in FY 2023-24.
- Using historic claims data from the Medicaid Management Information System (MMIS), the Department calculates the estimated patient payment for claims that will be incurred in FY 2023-24. 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 in FY 2024-25 for core components.

³ 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.

- Using the same data from above, the Department calculates the estimated number of patient days for FY 2024-25.
- 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 in FY 2023-24.
- Of the estimated total reimbursement for claims incurred in FY 2024-25, only a portion of those claims will be paid in FY 2023-24. The remainder is assumed to be paid in FY 2024-25. The Department estimates that 92.71% of claims incurred in FY 2024-25 will also be paid during FY 2024-25. Footnote 4 details the calculation of the percentage of claims that will be incurred and paid in FY 2024-25.
- During FY 2024-25, the Department will also pay for some claims incurred during FY 2023-24 and prior years (“prior year claims”). In Footnote 5, the Department applies the percentages calculated in Footnote 4 to claims incurred during FY 2023-24 to calculate an estimate of outstanding claims to be paid in FY 2024-25.
- The sum of the current year claims and the prior year claims is the estimated expenditure in FY 2024-25, prior to adjustments.
- Other non-rate factors are then added or subtracted from this estimate. These include the hospital backup program, 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 2024-25, FY 2025-26, and FY 2026-27 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 for FY 2024-25 through FY 2026-27. 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.
- HB23-1228 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 2026-27.
- **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.
- **FY 2024-25 53rd Payment Period** - In the current year, there are 53 weeks of payments rather than 52. The Department included an extra week of expenditures as a bottom-line impact to account for the additional payment period.

Incurred-But-Not-Reported Adjustments

As part of the estimates for the allowable per-diem rate, patient payment, and patient days, the Department utilizes the most recent five years of incurred claims to calculate estimates for the current year and the request year. However, because not all claims which have been incurred have been reported, the Department must adjust the incurred data for

the expected incidence of claims which will be paid in the future for prior dates of service. Without such an adjustment, the claims data would appear to drop off at the end of the year, erroneously introducing a negative trend into the estimate.

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

Separate IBNR adjustment factors are calculated for each month, based upon the number of months between the time claims in that month were incurred and the last month in the data set. These adjustments are applied to the collected data, and the Department calculates the estimate of nursing facility expenditure using the methodology described above. This adjustment is most apparent in the Department’s estimate of claims paid in the current year for current year dates of service, particularly Footnotes 4 and 5 in Exhibit H. In these footnotes, the Department uses the calculated monthly IBNR adjustment factors to estimate the percentage of claims in FY 2023-24 that will be paid in FY 2024-25 and the percentage of claims incurred in FY 2024-25 that will be paid in FY 2025-26 and subsequent years. The Department applies the same factor to the FY 2025-26 and FY 2026-27 estimates.

The Department uses the IBNR adjustment calculation for the November 2024 Request using paid claims data through April 2021. For reference, the following table lists IBNR factors calculated for previous Change Requests and compares them with the current IBNR factor.

The Department observed an increase in IBNR patient days in FY 2023-24, possibly due to residual effects from the COVID-19 pandemic. The Department slightly increased its assumptions in nursing facility utilization for the patient days forecast. The Department is continuing to expect slow to modest growth in patient days based on a growing elderly population. The Department used fiscal year-to-date actual patient days to inform its forecast for the remainder of the year.

Patient Payment Forecast Model

The Department utilizes a seasonally adjusted model that accounts for cost of living adjustment (COLA). Neither the current period nor the previous period are relevant to this forecast. The only indicators of patient payment are the number of days in the month and the COLA increase for a given year. For this reason, neither a linear nor an autoregressive model was used, as they did not add value to the forecast.

The Department saw lower year-to-date patient days, and expects patient payments to increase slowly based on recent increases in COLA and updated patient payment information from FY 2023-24 YTD.

FY 2014-15 SB 14-130 raises the basic minimum 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 increase was effective as of July 1, 2014. This amount increases by 3.0% annually on January 1st of each year.

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 not included in total expenditure.

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.⁴

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 2024-25, FY 2025-26, and FY 2026-27 calculations for the above programs:

- FY 2023-24 HB23-1228 Nursing Facility Reimbursement Rate Setting - Adjustment of supplemental Medicaid payment rates for nursing facilities. Class II Nursing Facility rates increase 10% in FY 2023-24, 3% in FY 2024-25, and 1.5% in FY 2025-26.

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

⁴ The percentage selected to trend expenditure for FY 24, FY 25, and FY 26 is 5.53%. Growth from HB23-1228 is included as a BLI.

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 2024-25, FY 2025-26, and FY 2026-27 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 2024-25, FY 2025-26 and FY 2026-27. The Department assumes that monthly PACE enrollment will begin to return to levels prior to the onset of COVID-19 at some point in FY 2024-25. 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. Actual enrollment in PACE for the first half of FY 2024-25 was slightly lower than the enrollment forecasted in the November 2024-25 request. As a result, the enrollment forecast in the current request has decreased in the current year, request year and out year.

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 2024-25 are determined by using FY2024-25 rates net of patient payment for PACE services, combined with an eligibility-type distribution estimate derived from FY 2024-25 enrollment projections. Per enrollee costs only represent an estimate to the extent that the exact eligibility type and exact provider distributions for the remainder of FY 2024-25 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 2024-25 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.⁵ The Supplemental Medicare Insurance Benefit service category includes the estimate of payments for both Part B for all Medicare beneficiary client

⁵ 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.
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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 Beneficiary Group...if the individual receives SSI determined eligible for medical assistance.” The Department has estimated the number of individuals that would be enrolled due to this rule change and updated the forecast accordingly.

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

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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.

Legislative Impacts and Bottom-Line Adjustments

The November 2016 request included a bottom-line impact to account for movement of clients from the PMPM-based ACC to the new Kaiser-Access health maintenance organization (HMO), a pilot payment reform initiative under HB 12-1281. This bottom-line impact was removed in the February 2017 forecast with the assumption that the shift of clients to Kaiser-Access was already accounted for in the base FY 2016-17 ACC enrollment trends. On June 30, 2017, the Kaiser-Access HMO ended. The impact of this change is accounted for directly in the forecast of expected ACC enrollment in FY 2017-18, and not as a bottom-line impact.

Prepaid Inpatient Health Plan Administration

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

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

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

EXHIBIT J - HEALTHCARE AFFORDABILITY AND SUSTAINABILITY FEE FUNDED POPULATIONS

Summary of Cash Funded Expansion Populations

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

Healthcare Affordability and Sustainability Fee Fund

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

MAGI Parents/Caretakers 69% to 133% FPL

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

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

MAGI Adults

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

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

Non-Newly Eligibles

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

MAGI Parents/Caretakers 60% to 68% FPL

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

Continuous Eligibility for Children

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

Medicaid Buy-in Fund

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

Buy-in for Individuals with Disabilities

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

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

Hospital Supplemental Payments

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

Cash Fund Financing

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

EXHIBIT K - UPPER PAYMENT LIMIT FINANCING

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

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

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

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

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

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

EXHIBIT L - DEPARTMENT RECOVERIES

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

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

EXHIBIT M - CASH-BASED ACTUALS

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

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

EXHIBIT N - EXPENDITURE HISTORY BY SERVICE CATEGORY

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

EXHIBIT O - COMPARISON OF BUDGET REQUESTS AND APPROPRIATIONS

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

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

EXHIBIT P - GLOBAL REASONABLENESS

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

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

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

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

EXHIBIT R - FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

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

$$FMAP_{state} = 1 - ((Per\ capita\ income_{state})^2 / (Per\ capita\ income_{U.S.})^2 * 0.45)$$

where per capita incomes are based on a rolling three-year average 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's 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.

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Exhibit A - Summary of Request

Calculation of Request FY 2024-25						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(2) Medical Services Premiums						
Calculation of Request FY 2024-25 Appropriation						
FY 2024-25 Long Bill (HB 24-1430)	\$11,926,618,728	\$2,324,935,891	\$1,247,280,333	\$1,321,302,705	\$120,304,766	\$6,912,795,033
HB 24-1038 High Acuity Crisis for Children and Youth	\$1,350,000	\$675,000	\$0	\$0	\$0	\$675,000
SB 24-110 Medicaid Prior Authorization Prohibition	\$3,387,323	\$888,555	\$0	\$203,579	\$0	\$2,295,189
Calculation of Request FY 2024-25 Total Spending Authority	\$11,931,356,051	\$2,326,499,446	\$1,247,280,333	\$1,321,506,284	\$120,304,766	\$6,915,765,222
Total Projected Calculation of Request FY 2024-25 Expenditure	\$12,456,945,468	\$2,425,883,702	\$1,247,280,333	\$1,416,035,784	\$119,588,730	\$7,248,156,919
Calculation of Request FY 2024-25 Requested Change from Appropriation	\$525,589,417	\$99,384,256	\$0	\$94,529,500	(\$716,036)	\$332,391,697
Percent Change	4.41%	4.27%	0.00%	7.15%	-0.60%	4.81%
FY 2024-25 November Supplemental Request	\$150,904,277	\$55,921,277	\$0	\$71,026,444	(\$716,036)	\$24,672,992
FY 2024-25 Current Supplemental Request	\$374,685,140	\$43,462,979	\$0	\$23,503,056	\$0	\$307,719,105
Incremental Percent Growth Relative to Appropriation	140.27%	228.66%	0.00%	402.20%	0.00%	108.02%
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 Plus Special Bills	\$11,931,356,051	\$2,326,499,446	\$1,247,280,333	\$1,321,506,284	\$120,304,766	\$6,915,765,222
Annualization of FY 2024-25 Long Bill (HB 24-1430)	\$66,888,864	(\$15,062,978)	\$0	(\$10,084,255)	\$0	\$92,036,097
Annualize SB 23-002 Medicaid Reimbursement For Community Health Services	\$11,426,688	\$2,729,115	\$0.00	\$685,499.00	\$0.00	\$8,012,074.00
Total Annualizations	\$78,315,552	(\$12,333,863)	\$0	(\$9,398,756)	\$0	\$100,048,171
Calculation of Request FY 2025-26 Total Spending Authority	\$12,009,671,603	\$2,314,165,583	\$1,247,280,333	\$1,312,107,528	\$120,304,766	\$7,015,813,393
Total Projected Calculation of Request FY 2025-26 Expenditure	\$13,334,899,256	\$2,632,537,583	\$1,247,280,333	\$1,483,706,263	\$119,588,730	\$7,851,786,347
Calculation of Request FY 2025-26 Requested Change from Appropriation	\$1,325,227,653	\$318,372,000	\$0	\$171,598,735	(\$716,036)	\$835,972,954
Percent Change	11.03%	13.76%	0.00%	13.08%	-0.60%	11.92%
FY 2024-25 November Supplemental Request	\$969,133,681	\$310,969,228	\$0	\$124,733,393	(\$716,036)	\$534,147,096
FY 2024-25 Current Supplemental Request	\$356,093,972	\$7,402,772	\$0	\$46,865,342	\$0	\$301,825,858
Incremental Percent Growth Relative to Appropriation	372.16%	4300.71%	0.00%	366.15%	0.00%	276.97%
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	\$12,009,671,603	\$2,314,165,583	\$1,247,280,333	\$1,312,107,528	\$120,304,766	\$7,015,813,393
Bill Annualizations						
Annualization of FY 2024-25 Long Bill (HB 24-1430)	\$27,006,224	\$2,587,416	\$0.00	\$1,803,133.00	\$0.00	\$22,615,674.00
Annualize HB 23-1136 Prosthetic Devices For Recreational Activity	\$1,526,304	\$0	\$0.00	\$152,630.00	\$0.00	\$1,373,674.00
Annualize HB 23-1300 Continuous Eligibility Medical Coverage	\$12,133,371	\$5,304,234	\$0.00	\$152,479.00	\$0.00	\$6,676,658.00
Annualize SB 23-002 Medicaid Reimbursement For Community Health Services	\$1,958,861	\$467,847	\$0.00	\$117,514.00	\$0.00	\$1,373,500.00
Annualize HB 23-1228 Nursing Facility Reimbursement Rate Setting	\$0	\$0	\$0.00	\$0.00	\$0.00	\$0.00
Total Annualizations	\$42,624,760	\$8,359,497	\$0.00	\$2,225,756.00	\$0.00	\$32,039,506.00
Calculation of Request FY 2026-27 Total Spending Authority	\$12,052,296,363	\$2,322,525,080	\$1,247,280,333	\$1,314,333,284	\$120,304,766	\$7,047,852,899
Total Projected Calculation of Request FY 2026-27 Expenditures	\$14,312,172,907	\$2,883,319,871	\$1,247,280,333	\$1,557,043,323	\$119,588,730	\$8,504,940,650
Calculation of Request FY 2026-27 Requested Change From Appropriation	\$2,259,876,544	\$560,794,791	\$0	\$242,710,039	(\$716,036)	\$1,457,087,751
Percent Change	18.75%	24.15%	0.00%	18.47%	-0.60%	20.67%
FY 2025-26 November Supplemental Request	\$1,810,590,355	\$617,228,279	\$0	\$171,196,745	(\$716,036)	\$1,022,881,368
FY 2025-26 Current Supplemental Request	\$449,286,189	(\$56,433,488)	\$0	\$71,513,294	\$0	\$434,206,383
Incremental Percent Growth Relative to Appropriation	502.99%	-993.73%	0.00%	339.39%	0.00%	335.57%

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2024-25							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽³⁾	Notes
Acute Care Services							
Base Acute	\$3,210,306,629	\$1,605,153,314	\$0	\$0	\$1,605,153,315	50.00%	
Breast and Cervical Cancer Program	\$2,156,297	\$0	\$754,704	\$0	\$1,401,593	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$22,005,656	\$2,200,566	\$0	\$0	\$19,805,090	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	50.00%	Updated in ex. R reference. From last year has plus .01 in formula? pHE bump?
Non-Emergency Medical Transportation	\$190,976,356	\$95,487,616	\$562	\$0	\$95,488,178	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$121,737,671	\$42,608,185	\$0	\$0	\$79,129,486	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$33,100,703	\$11,585,246	\$0	\$0	\$21,515,457	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$207,572,221	\$0	\$22,013,118	\$0	\$185,559,103	89.39%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$1,969,210,515	\$0	\$260,019,289	\$0	\$1,709,191,226	86.80%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,119,891	\$0	\$18,059,945	\$0	\$18,059,946	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$190,747,190	\$0	\$95,373,595	\$0	\$95,373,595	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy in Fund
Non-Newly Eligibles	\$100,521,645	\$0	\$20,104,329	\$0	\$80,417,316	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$18,794,146	\$0	\$9,397,073	\$0	\$9,397,073	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$137,819,068	\$0	\$68,520,529	\$0	\$69,298,539	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%	
Acute Care Services Sub-Total	\$6,268,594,554	\$1,788,239,549	\$494,243,144	\$0	\$3,986,111,861		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$2,401,034,322	\$1,200,517,161	\$0	\$0	\$1,200,517,161	50.00%	
BA-07: Community First Choice	\$4,972,453	\$2,187,879	\$0	\$0	\$2,784,574	56.00%	
American Rescue Plan Act Spending	\$26,644,878	\$0	\$13,322,439	\$0	\$13,322,439	50.00%	
Children with Autism Waiver Services	\$0	\$0	\$0	\$0	\$0	50.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$6,799,573	\$2,379,851	\$0	\$0	\$4,419,722	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$217,935	\$0	\$21,793	\$0	\$196,142	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$11,308,693	\$0	\$1,239,433	\$0	\$10,069,260	89.04%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,891,940	\$0	\$1,445,970	\$0	\$1,445,970	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$43,413,243	\$0	\$21,706,621	\$0	\$21,706,622	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy in Fund
Non-Newly Eligibles	\$577,269	\$0	\$115,454	\$0	\$461,815	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$47,369	\$0	\$23,684	\$0	\$23,685	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Services Sub-Total	\$2,497,907,675	\$1,205,084,891	\$37,875,394	\$0	\$1,254,947,350		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$803,133,763	\$401,566,881	\$0	\$0	\$401,566,882	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	\$7,425,064	\$3,712,532	\$0	\$0	\$3,712,532	50.00%	
PACE	\$330,467,455	\$165,233,727	\$0	\$0	\$165,233,728	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$279,672,472	\$172,920,486	\$0	\$0	\$106,751,986	38.17%	Weighted FMAP
Health Insurance Buy-In	\$2,729,572	\$1,364,786	\$0	\$0	\$1,364,786	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$48,569	\$0	\$4,857	\$0	\$43,712	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,421,924	\$0	\$484,643	\$0	\$3,937,281	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,982	\$0	\$2,491	\$0	\$2,491	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$105,735	\$0	\$52,867	\$0	\$52,868	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy in Fund
Non-Newly Eligibles	\$225,724	\$0	\$45,145	\$0	\$180,579	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$365,125	\$0	\$182,562	\$0	\$182,563	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,428,600,385	\$744,798,412	\$772,565	\$0	\$683,029,408		

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2024-25							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FMAP ⁽¹⁾	Notes
Service Management							
Base Service Management						50.00%	
Base Accountable Care Collaborative	\$86,489,391	\$43,244,695	\$0	\$0	\$43,244,696	50.00%	
Accountable Care Collaborative Incentive Payments	\$57,294,411	\$17,989,496	\$10,657,709	\$0	\$28,647,206	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	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"	\$9,063,848	\$3,172,347	\$0	\$0	\$5,891,501	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$1,050,631	\$367,721	\$0	\$0	\$682,910	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$5,632,558	\$0	\$563,256	\$0	\$5,069,302	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$39,954,254	\$0	\$4,378,986	\$0	\$35,575,268	89.04%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,109,037	\$0	\$1,054,518	\$0	\$1,054,519	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$3,635,330	\$0	\$1,817,665	\$0	\$1,817,665	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy In Fund
Non-Newly Eligibles	\$2,930,030	\$0	\$586,006	\$0	\$2,344,024	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$713,815	\$0	\$356,907	\$0	\$356,908	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$210,783,405	\$65,086,446	\$20,272,198	\$0	\$125,424,761		
FY 2024-25 Estimate of Total Expenditures for Medical Services to Clients	\$10,405,886,019	\$3,803,209,298	\$553,163,301	\$0	\$6,049,513,420		
Financing							
Upper Payment Limit Financing	\$3,508,998	(\$3,725,758)	\$3,508,998	\$0	\$3,725,758	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$38,005,369)	\$76,010,738	\$0	(\$38,005,369)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$1,612,941	\$577,558	\$0	\$0	\$1,035,383	64.19%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,570,087,542	\$0	\$584,897,395	\$0	\$985,190,147	62.75%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$116,394,499	\$0	\$58,197,249	\$0	\$58,197,250	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$11,360,133	(\$1,096,153)	\$5,754,804	\$0	\$6,701,482	53.80%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$3,615,217	(\$400,575)	\$1,808,110	\$0	\$2,207,682	54.98%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge Clients	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$3,989,667	(\$209,982)	\$2,099,825	\$0	\$2,099,825	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$219,738,194	\$0	\$0	\$107,671,715	\$112,066,479	51.00%	RF: Department of Higher Education, Fee-for-service Contracts with State Institutions for Specialty Education Programs
Emergency Transportation Provider Payments	\$100,767,259	(\$12,327,308)	\$49,874,704	\$0	\$63,219,863	55.90%	CF: Certification of Public Expenditure
Public School Health Services	(\$125,000)	(\$1,283,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,491,000)	\$1,491,000	\$0	\$0	N/A	CF: Tobacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$2,051,059,449	(\$130,045,263)	\$862,872,483	\$119,588,730	\$1,198,643,499		
Total Projected Expenditures⁽²⁾	\$12,456,945,468	\$3,673,164,035	\$1,416,035,784	\$119,588,730	\$7,248,156,919		
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, \$1,247,280,333 is General Fund Exempt.							

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	\$3,405,680,417	\$1,702,840,208	\$0	\$0	\$1,702,840,209	50.00%	
Breast and Cervical Cancer Program	\$2,387,351	\$0	\$835,573	\$0	\$1,551,778	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$23,794,662	\$2,379,466	\$0	\$0	\$21,415,196	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	\$208,411,487	\$104,205,134	\$609	\$0	\$104,205,744	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$131,821,276	\$46,137,447	\$0	\$0	\$85,683,829	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$38,655,321	\$13,529,362	\$0	\$0	\$25,125,959	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$231,427,793	\$0	\$24,520,343	\$0	\$206,907,450	89.40%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,251,831,114	\$0	\$278,746,321	\$0	\$1,973,084,793	87.62%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,414,709	\$0	\$18,207,354	\$0	\$18,207,355	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$240,338,911	\$0	\$122,903,843	\$0	\$117,435,068	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$100,492,794	\$0	\$20,098,559	\$0	\$80,394,235	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$19,284,583	\$0	\$9,642,291	\$0	\$9,642,292	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$146,288,053	\$0	\$72,645,858	\$0	\$73,642,195	Variable	CF: Adult Dental Fund
Covid Vaccine Financing	\$0	\$0	\$0	\$0	\$0	100.00%	
Acute Care Services Sub-Total	\$6,860,777,449	\$1,900,048,564	\$547,600,751	\$0	\$4,413,128,134		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,904,740,361	\$952,370,180	\$0	\$0	\$952,370,181	50.00%	
BA -07 Community First Choice	\$687,516,970	\$302,507,467	\$0	\$0	\$385,009,503	56.00%	
Children with Autism Waiver Services	\$0	\$0	\$0	\$0	\$0	65.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,010,545	\$2,453,691	\$0	\$0	\$4,556,854	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$227,904	\$0	\$22,790	\$0	\$205,114	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$12,041,717	\$0	\$1,204,171	\$0	\$10,837,546	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,633,610	\$0	\$1,316,805	\$0	\$1,316,805	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$46,565,971	\$0	\$23,812,776	\$0	\$22,753,195	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$505,305	\$0	\$101,061	\$0	\$404,244	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$43,625	\$0	\$21,812	\$0	\$21,813	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$2,661,286,008	\$1,257,331,338	\$26,479,415	\$0	\$1,377,475,255		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$822,597,256	\$411,298,628	\$0	\$0	\$411,298,628	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	\$7,881,411	\$3,940,705	\$0	\$0	\$3,940,706	50.00%	
PACE	\$356,985,213	\$178,492,606	\$0	\$0	\$178,492,607	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$299,051,028	\$185,782,322	\$0	\$0	\$113,268,706	37.88%	Weighted FMAP
Health Insurance Buy-In	\$2,695,307	\$1,347,653	\$0	\$0	\$1,347,654	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$47,959	\$0	\$4,796	\$0	\$43,163	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,554,483	\$0	\$455,448	\$0	\$4,099,035	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,799	\$0	\$2,399	\$0	\$2,400	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$108,276	\$0	\$55,370	\$0	\$52,906	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$203,253	\$0	\$40,651	\$0	\$162,602	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$214,257	\$0	\$107,128	\$0	\$107,129	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,494,343,242	\$780,861,914	\$665,792	\$0	\$712,815,536		

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	\$89,662,102	\$44,831,051	\$0	\$0	\$44,831,051	50.00%	
American Rescue Plan Act Spending	\$0	\$0	\$0	\$0	\$0	50.00%	
Accountable Care Collaborative Incentive Payments	\$53,500,227	\$17,157,481	\$9,592,633	\$0	\$26,750,113	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	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"	\$9,167,014	\$3,208,455	\$0	\$0	\$5,958,559	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$1,274,292	\$446,002	\$0	\$0	\$828,290	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$5,976,466	\$0	\$597,647	\$0	\$5,378,819	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$44,309,967	\$0	\$4,430,997	\$0	\$39,878,970	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,072,549	\$0	\$1,036,274	\$0	\$1,036,275	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$4,388,098	\$0	\$2,243,973	\$0	\$2,144,125	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,678,251	\$0	\$535,650	\$0	\$2,142,601	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$687,034	\$0	\$343,517	\$0	\$343,517	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$215,626,100	\$65,955,176	\$19,637,842	\$0	\$130,033,082		
FY 2025-26 Estimate of Total Expenditures for Medical Services to Clients	\$11,232,032,799	\$4,004,196,992	\$594,383,800	\$0	\$6,633,452,007		
Financing							
Upper Payment Limit Financing	\$3,810,184	(\$3,810,184)	\$3,810,184	\$0	\$3,810,184	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$38,005,369)	\$76,010,738	\$0	(\$38,005,369)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$1,698,910	\$608,641	\$0	\$0	\$1,090,269	64.17%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,604,384,785	\$0	\$597,002,350	\$0	\$1,007,382,435	62.79%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$125,050,000	\$0	\$62,525,000	\$0	\$62,525,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$12,464,196	(\$656,010)	\$6,560,103	\$0	\$6,560,103	55.90%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$4,002,480	(\$227,354)	\$2,099,055	\$0	\$2,130,779	54.85%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,929,200)	\$46,929,200	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$4,202,315	(\$221,175)	\$2,211,745	\$0	\$2,211,745	52.63%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$215,343,430	\$0	\$0	\$107,671,715	\$107,671,715	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	\$111,975,157	(\$7,147,350)	\$58,370,028	\$0	\$60,752,479	55.90%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
FY 2024-25 JBC Action- Tobacco Forecast True Up	\$0	\$0	\$0	\$0	\$0	N/A	
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tobacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$2,102,866,457	(\$124,379,076)	\$889,322,463	\$119,588,730	\$1,218,334,340		
Total Projected Expenditures⁽²⁾	\$13,334,899,256	\$3,879,817,916	\$1,483,706,263	\$119,588,730	\$7,851,786,347		
<i>Definitions:</i> 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, \$1,247,280,333 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	Notes
Acute Care Services							
Base Acute	\$3,744,188,129	\$1,872,094,064	\$0	\$0	\$1,872,094,065	50.00%	
Breast and Cervical Cancer Program	\$2,585,227	\$0	\$904,829	\$0	\$1,680,398	65.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
Family Planning	\$25,877,214	\$2,587,722	\$0	\$0	\$23,289,492	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	\$193,182,640	\$96,590,676	\$645	\$0	\$96,591,320	50.00%	CF: Breast and Cervical Cancer Prevention and Treatment Fund
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$144,798,242	\$50,679,385	\$0	\$0	\$94,118,857	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$47,579,418	\$16,652,796	\$0	\$0	\$30,926,622	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$260,099,953	\$0	\$27,540,168	\$0	\$232,559,785	89.41%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
MAGI Adults	\$2,536,551,743	\$0	\$313,157,314	\$0	\$2,223,394,429	87.65%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund; NEMT services receive administrative match
Continuous Eligibility for Children	\$36,586,221	\$0	\$18,293,110	\$0	\$18,293,111	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$255,421,383	\$0	\$130,435,527	\$0	\$124,985,856	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$102,543,582	\$0	\$20,508,716	\$0	\$82,034,866	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$20,630,870	\$0	\$10,315,435	\$0	\$10,315,435	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Adult Dental Benefit Financing	\$153,508,577	\$0	\$76,234,187	\$0	\$77,274,390	Variable	CF: Adult Dental Fund
Acute Care Services Sub-Total	\$7,545,594,110	\$2,070,316,940	\$597,389,931	\$0	\$4,877,887,240		
Community Based Long-Term Care Services							
Base Community Based Long-Term Care	\$1,389,916,267	\$694,958,133	\$0	\$0	\$694,958,134	50.00%	
BA -07 Community First Choice	\$1,366,852,120	\$601,414,933	\$0	\$0	\$765,437,187	56.00%	
SB 11-008: "Aligning Medicaid Eligibility for Children"	\$7,363,068	\$2,577,074	\$0	\$0	\$4,785,994	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$0	\$0	\$0	\$0	\$0	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$249,763	\$0	\$24,976	\$0	\$224,787	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$13,103,178	\$0	\$1,310,318	\$0	\$11,792,860	90.00%	Waivers receive standard match; 90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,461,361	\$0	\$1,230,680	\$0	\$1,230,681	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$50,497,300	\$0	\$25,787,355	\$0	\$24,709,945	Variable	CF: Healthcare Affordability and Sustainability Fee and Medicaid Buy-In Fund
Non-Newly Eligibles	\$492,759	\$0	\$98,552	\$0	\$394,207	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$44,938	\$0	\$22,469	\$0	\$22,469	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Community Based Long-Term Care Sub-Total	\$2,830,980,754	\$1,298,950,140	\$28,474,350	\$0	\$1,503,556,264		
Long-Term Care and Insurance							
Base Class I Nursing Facilities	\$830,157,394	\$415,078,697	\$0	\$0	\$415,078,697	50.00%	
Class II Nursing Facilities	\$8,341,324	\$4,170,662	\$0	\$0	\$4,170,662	50.00%	
PACE	\$383,620,726	\$191,810,363	\$0	\$0	\$191,810,363	50.00%	
Supplemental Medicare Insurance Benefit (SMIB)	\$326,757,748	\$203,086,189	\$0	\$0	\$123,671,559	37.85%	Weighted FMAP
Health Insurance Buy-In	\$2,695,307	\$1,347,653	\$0	\$0	\$1,347,654	50.00%	
MAGI Parents/Caretakers to 133% FPL	\$47,959	\$0	\$4,796	\$0	\$43,163	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$4,614,588	\$0	\$461,459	\$0	\$4,153,129	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$4,637	\$0	\$2,318	\$0	\$2,319	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$109,272	\$0	\$55,801	\$0	\$53,471	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-In Fund
Non-Newly Eligibles	\$186,551	\$0	\$37,310	\$0	\$149,241	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$230,117	\$0	\$115,058	\$0	\$115,059	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Long-Term Care and Insurance Sub-Total	\$1,556,765,623	\$815,493,564	\$676,742	\$0	\$740,595,317		

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	Notes
Service Management							
Base Accountable Care Collaborative	\$93,336,030	\$46,668,015	\$0	\$0	\$46,668,015	50.00%	
Accountable Care Collaborative Incentive Payments	\$56,751,675	\$17,852,671	\$10,523,166	\$0	\$28,375,838	50.00%	
FY 2021-22 R-14 Technical Adjustment (Healthy Communities MSP Impact)	\$624,374	\$312,187	\$0	\$0	\$312,187	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"	\$9,856,984	\$3,449,944	\$0	\$0	\$6,407,040	65.00%	
SB 11-250: "Eligibility for Pregnant Women in Medicaid"	\$1,366,609	\$478,313	\$0	\$0	\$888,296	65.00%	
MAGI Parents/Caretakers to 133% FPL	\$6,420,564	\$0	\$642,056	\$0	\$5,778,508	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Adults	\$48,078,607	\$0	\$4,807,861	\$0	\$43,270,746	90.00%	90% FFP January 1, 2020; CF: Healthcare Affordability and Sustainability Fee Fund
Continuous Eligibility for Children	\$2,073,285	\$0	\$1,036,642	\$0	\$1,036,643	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Disabled Buy-In	\$4,606,274	\$0	\$2,352,276	\$0	\$2,253,998	Variable	CF: Healthcare Affordability and Sustainability Fee Fund and Medicaid Buy-in Fund
Non-Newly Eligibles	\$2,638,945	\$0	\$527,789	\$0	\$2,111,156	80.00%	CF: Healthcare Affordability and Sustainability Fee Fund
MAGI Parents/Caretakers 60% to 68% FPL	\$704,198	\$0	\$352,099	\$0	\$352,099	50.00%	CF: Healthcare Affordability and Sustainability Fee Fund
Service Management Sub-Total	\$227,743,272	\$68,761,130	\$21,099,040	\$0	\$137,883,102		
FY 2026-27 Estimate of Total Expenditures for Medical Services to Clients	\$12,161,083,759	\$4,253,521,774	\$647,640,063	\$0	\$7,259,921,923		
Financing							
Upper Payment Limit Financing	\$4,013,267	(\$4,013,267)	\$4,013,267	\$0	\$4,013,267	Variable	CF: Certification of Public Expenditure
Department Recoveries Adjustment	\$0	(\$38,027,618)	\$76,055,237	\$0	(\$38,027,619)	50.00%	CF: Department Recoveries
Denver Health Outstationing	\$1,789,462	\$641,080	\$0	\$0	\$1,148,382	64.17%	
Healthcare Affordability and Sustainability Fee Supplemental Payments	\$1,636,472,480	\$0	\$608,942,397	\$0	\$1,027,530,083	62.79%	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Nursing Facility Supplemental Payments	\$132,550,000	\$0	\$66,275,000	\$0	\$66,275,000	50.00%	CF: Medicaid Nursing Facility Provider Fee Cash Fund
Physician Supplemental Payments	\$13,128,537	(\$690,976)	\$6,909,756	\$0	\$6,909,756	50.00%	CF: Certification of Public Expenditure
Hospital High Volume Inpatient Payment	\$4,232,522	(\$222,764)	\$2,227,643	\$0	\$2,227,643	50.38%	CF: Certification of Public Expenditure
Health Care Expansion Fund Transfer Adjustment	\$0	(\$46,110,400)	\$46,110,400	\$0	\$0	N/A	CF: Health Care Expansion Fund
Intergovernmental Transfer for Difficult to Discharge	\$1,400,000	\$0	\$700,000	\$0	\$700,000	50.00%	CF: Intergovernmental Transfer
Denver Health Ambulance Payments	\$4,426,299	(\$232,963)	\$2,329,631	\$0	\$2,329,631	50.00%	CF: Certification of Public Expenditure
University of Colorado School of Medicine Payment	\$215,343,430	\$0	\$0	\$107,671,715	\$107,671,715	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	\$119,198,151	(\$6,273,587)	\$62,735,869	\$0	\$62,735,869	51.00%	CF: Certification of Public Expenditure
Public School Health Services	(\$175,000)	(\$1,333,174)	\$0	\$1,158,174	\$0	N/A	RF: Public School Health Services
Nurse Home Visitor Program	\$3,010,000	\$0	\$0	\$1,505,000	\$1,505,000	N/A	
Cash Fund Financing: Tobacco Tax Cash Fund (SB 11-210)	\$0	(\$1,503,600)	\$1,503,600	\$0	\$0	N/A	CF: Tobacco Tax Cash Fund
Cash Fund Financing: Healthcare Affordability and Sustainability Fee Cash Fund (SB 13-230) - Upper Payment Limit Backfill	\$15,700,000	(\$15,700,000)	\$31,400,000	\$0	\$0	N/A	CF: Healthcare Affordability and Sustainability Fee Cash Fund
Cash Fund Financing: Old Age Pension Health and Medical Care Fund (SB 13-200)	\$0	(\$9,253,841)	\$0	\$9,253,841	\$0	N/A	CF: Old Age Pension Fund
Cash Fund Financing: Service Fee Fund (SB 13-167)	\$0	(\$200,460)	\$200,460	\$0	\$0	N/A	CF: Service Fee Fund
Financing Sub-Total	\$2,151,089,148	(\$122,921,570)	\$909,403,260	\$119,588,730	\$1,245,018,727		
Total Projected Expenditures⁽²⁾	\$14,312,172,907	\$4,130,600,204	\$1,557,043,323	\$119,588,730	\$8,504,940,650		

(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, \$1,247,280,333 is General Fund Exempt.

Exhibit B - Medicaid Caseload

Official Medicaid Caseload Actuals and Projection without Retroactivity																		
Item	Adults 65 and Older (DAP-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%	0.00%	0.00%	0.00%	16.79%	0.00%	0.34%	8.69%	0.00%	-67.65%	3.32%	N/A	N/A	7.27%
FY 2003-04 Actuals	34,329	5,548	46,789	-	47,562	-	-	-	195,279	-	14,914	8,394	-	18,999	16,788	N/A	N/A	363,659
% Change from FY 2001-02	1.22%	7.02%	0.72%	0.00%	42.63%	0.00%	0.00%	0.00%	35.70%	0.00%	13.67%	17.77%	0.00%	18.99%	96.00%	0.00%	0.00%	24.42%
FY 2004-05 Actuals	35,780	6,082	47,929	-	57,140	-	-	-	222,472	-	15,795	5,984	-	15,150	9,605	0	0	406,024
% Change from FY 2003-04	4.23%	9.63%	2.44%	0.00%	20.14%	0.00%	0.00%	-17.14%	13.93%	0.00%	5.91%	-28.74%	0.00%	7.45%	-2.41%	0.00%	0.00%	10.46%
FY 2005-06 Actuals	36,207	6,042	47,855	-	58,885	-	-	-	214,158	-	16,460	5,119	-	6,212	11,092	0	0	402,218
% Change from FY 2004-05	1.19%	-0.66%	-0.15%	0.00%	3.05%	0.00%	0.00%	116.00%	-3.74%	0.00%	4.21%	-14.46%	0.00%	20.62%	15.48%	0.00%	0.00%	-0.94%
FY 2006-07 Actuals	35,888	6,059	48,799	-	55,850	-	-	-	205,390	-	16,724	5,182	-	5,201	12,908	0	0	392,229
% Change from FY 2005-06	-0.88%	0.28%	1.97%	0.00%	-5.15%	0.00%	0.00%	-21.28%	-4.09%	0.00%	-1.60%	1.23%	0.00%	-16.27%	16.37%	0.00%	0.00%	-2.48%
FY 2007-08 Actuals	36,446	6,146	49,933	-	53,473	-	-	-	204,022	-	17,141	6,288	-	4,191	14,214	0	0	391,962
% Change from FY 2006-07	1.10%	1.44%	2.32%	0.00%	-4.26%	0.00%	0.00%	18.42%	-0.67%	0.00%	2.49%	21.34%	0.00%	-19.42%	10.12%	0.00%	0.00%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	-	61,874	-	-	-	235,129	-	18,033	6,976	-	3,987	15,075	0	0	436,812
% Change from FY 2007-08	3.68%	4.90%	2.85%	0.00%	15.71%	0.00%	0.00%	17.41%	15.25%	0.00%	5.20%	10.94%	0.00%	-4.87%	6.06%	0.00%	0.00%	11.44%
FY 2009-10 Actuals	38,487	7,049	53,264	-	74,839	-	-	-	275,672	-	18,381	7,830	-	3,693	15,919	0	0	498,797
% Change from FY 2008-09	2.31%	9.34%	3.72%	0.00%	20.95%	0.00%	0.00%	34.07%	17.24%	0.00%	1.93%	12.24%	0.00%	-7.37%	5.60%	0.00%	0.00%	14.19%
FY 2010-11 Actuals	38,921	7,767	56,285	-	81,114	-	-	-	302,410	-	18,393	7,868	-	3,213	17,090	0	0	560,759
% Change from FY 2009-10	1.13%	10.19%	5.67%	0.00%	8.38%	0.00%	0.00%	24.94%	9.70%	0.00%	0.07%	0.49%	0.00%	-13.00%	7.36%	0.00%	0.00%	12.42%
FY 2011-12 Actuals	39,740	8,383	59,434	52	93,224	35,461	1,134	597	334,633	-	18,034	7,630	-	2,770	18,871	0	0	619,963
% Change from FY 2010-11	2.10%	7.93%	5.99%	0.00%	14.93%	30.53%	0.00%	12.43%	10.66%	0.00%	-1.95%	-3.02%	0.00%	-13.79%	10.42%	0.00%	0.00%	10.56%
FY 2012-13 Actuals	40,827	9,051	61,920	888	99,392	41,545	10,634	623	359,843	8,236	17,777	8,024	344	2,684	21,206	0	0	682,994
% Change from FY 2011-12	2.74%	7.97%	4.18%	1607.69%	6.62%	17.16%	837.74%	4.26%	7.53%	0.00%	-1.43%	5.16%	0.00%	-3.10%	12.37%	0.00%	0.00%	10.17%
FY 2013-14 Actuals	41,836	9,853	64,424	2,560	124,680	47,082	87,243	559	399,032	25,345	18,267	13,160	1,057	2,481	23,378	0	0	860,957
% Change from FY 2012-13	2.47%	8.86%	4.04%	188.29%	25.44%	13.33%	720.42%	-10.27%	10.89%	207.73%	2.76%	64.01%	207.27%	-7.56%	10.24%	0.00%	0.00%	26.06%
FY 2014-15 Actuals	41,817	10,466	66,548	3,627	161,682	71,989	241,992	351	445,723	50,113	20,036	14,897	1,749	2,722	28,045	0	0	1,161,157
% Change from FY 2013-14	-0.05%	6.22%	3.30%	41.68%	29.68%	52.90%	176.69%	-37.21%	11.70%	97.72%	9.68%	13.20%	65.47%	9.71%	19.94%	0.00%	0.00%	34.87%
FY 2015-16 Actuals	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	0	0	1,296,986
% Change from FY 2014-15	1.40%	0.60%	3.38%	71.41%	1.03%	20.80%	32.72%	-8.26%	4.82%	18.73%	-0.50%	-3.25%	0.57%	-2.68%	16.19%	0.00%	0.00%	11.70%
FY 2016-17 Actuals	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,297	64,907	20,310	13,567	1,968	2,640	33,809	0	0	1,346,114
% Change from FY 2015-16	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	9.09%	1.88%	-5.87%	11.88%	-0.34%	3.76%	0.00%	0.00%	3.79%
FY 2017-18 Actuals	45,907	11,797	67,531	8,175	179,853	74,610	352,607	155	438,772	64,346	21,473	10,125	2,229	2,809	34,828	0	0	1,315,217
% Change from FY 2016-17	4.47%	4.95%	-0.13%	30.78%	11.42%	26.17%	1.37%	-34.04%	-6.50%	-0.86%	5.73%	-25.37%	13.26%	6.40%	3.01%	0.00%	0.00%	-2.30%
FY 2018-19 Actuals	47,686	12,721	68,639	8,987	175,827	63,563	330,525	145	420,253	59,376	21,815	12,196	2,293	2,654	34,687	0	0	1,261,365
% Change from FY 2017-18	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.67%	-4.22%	-7.72%	1.59%	20.45%	2.86%	-5.52%	-0.41%	0.00%	0.00%	-4.09%
FY 2019-20 Actuals	47,551	13,029	66,530	10,675	164,467	59,499	322,951	137	407,548	55,924	21,320	11,547	2,209	2,417	33,441	0	0	1,219,249
% Change from FY 2018-19	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-6.39%	-2.29%	-5.30%	-3.02%	-5.81%	-2.27%	-5.32%	-3.65%	-8.93%	-3.59%	0.00%	0.00%	-3.34%
FY 2020-21 Actuals	48,248	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	0	1,404,959
% Change from FY 2019-20	1.47%	3.93%	-0.52%	34.40%	5.28%	48.62%	24.74%	1.46%	10.65%	19.51%	-2.71%	17.86%	63.38%	190.28%	5.57%	0.00%	0.00%	15.23%
FY 2021-22 Actuals	49,277	13,764	65,958	15,424	189,524	102,399	478,103	131	484,528	72,593	20,335	14,254	4,359	14,876	36,015	0	0	1,561,560
% Change from FY 2020-21	2.13%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	-5.76%	7.44%	16.62%	-1.96%	-4.74%	20.78%	112.03%	2.02%	0.00%	0.00%	11.15%
FY 2022-23 Actuals	50,477	13,848	64,933	18,451	198,516	104,683	530,332	133	505,036	76,963	20,070	24,842	6,305	26,516	33,861	44,653	0	1,719,619
% Change from FY 2021-22	2.44%	0.46%	-1.55%	19.63%	4.74%	2.23%	10.92%	1.53%	4.23%	6.02%	-1.30%	74.28%	44.64%	78.25%	-5.98%	0.00%	0.00%	10.12%
FY 2023-24 Actuals	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,663	31,914	29,013	36,475	0	1,390,188
% Change from FY 2022-23	-5.54%	-8.35%	-9.14%	10.09%	-18.79%	-36.80%	-23.48%	-10.53%	-18.32%	-23.99%	-4.92%	-3.21%	-10.18%	20.36%	-14.32%	-18.31%	0.00%	-19.16%
FY 2024-25 Projection	50,130	12,304	57,924	27,138	139,741	42,470	329,651	124	366,895	45,028	18,459	23,545	4,900	34,167	30,313	24,794	1,114	1,208,697
% Change from FY 2023-24	-5.14%	-3.06%	-1.82%	33.61%	-13.32%	-35.81%	-18.77%	-4.20%	-11.06%	-23.03%	-3.27%	-2.08%	-13.47%	7.06%	-4.48%	-32.02%	0.00%	-12.69%
FY 2025-26 Projection	52,986	12,429	60,683	32,760	144,787	45,056	367,735	130	377,842	48,030	18,477	24,074	5,247	30,701	32,032	24,687	2,248	1,272,204
% Change from FY 2024-25	5.70%	1.02%	4.76%	20.72%	2.18%	6.09%	9.73%	4.84%	2.98%	7.33%	0.10%	2.25%	7.08%	-10.14%	5.62%	-0.43%	101.80%	5.85%
FY 2026-27 Projection	55,521	12,575	66,304	34,389	148,845	48,404	390,445	133	391,260	51,872	18,495	24,750	5,577	30,701	34,039	24,687	2,248	1,340,283
% Change from FY 2025-26	4.78%	1.17%	9.26%	4.97%	4.27%	7.43%	7.94%	2.31%	3.55%	7.33%	0.10%	2.81%	6.29%	0.00%	6.27%	0.00%	0.00%	5.30%
FY 2024-25 Appropriation	47,448	12,810	59,447	19,870	147,048	47,057	343,875	118	378,949	56,686	19,041	24,339	5,652	30,512	28,729	31,755	0	1,253,338
Difference between the Total FY 2023-24 Projection and Appropriation	2,682	(506)	(1,523)	7,268	(7,307)	(4,587)	(14,224)	6	(12,054)	(11,658)	(582)	(794)	(752)	3,655	1,584	(6,961)	1,114	(44,639)

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2010-11														TOTAL	Monthly Growth	Monthly Growth Rate		
FY 2010-11	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles			
July 2010	39,305	7,395	54,780	-	73,709	21,466	-	471	287,674	-	18,628	7,929	-	4,492	16,339	531,445	4,689	0.89%
August 2010	38,568	7,492	55,032	-	75,863	24,193	-	493	290,871	-	18,455	8,014	-	4,378	16,634	539,073	2,628	1.44%
September 2010	38,774	7,562	55,233	-	76,255	25,507	-	503	291,592	-	18,451	7,971	-	4,331	16,652	541,285	2,212	0.41%
October 2010	38,901	7,602	55,558	-	77,291	26,076	-	505	294,155	-	18,464	7,985	-	4,280	16,794	546,301	5,016	0.93%
November 2010	39,009	7,682	55,804	-	78,278	26,924	-	511	296,482	-	18,597	7,891	-	4,049	16,941	551,148	4,867	0.89%
December 2010	38,769	7,721	55,917	-	79,773	27,596	-	526	299,499	-	18,510	7,764	-	4,023	17,002	556,120	4,962	0.90%
January 2011	38,813	7,781	56,417	-	82,824	27,188	-	532	304,042	-	18,386	7,806	-	3,716	17,210	564,115	2,995	1.44%
February 2011	38,823	7,870	56,971	-	83,547	28,323	-	535	307,032	-	18,200	7,677	-	3,161	17,249	569,088	4,973	0.88%
March 2011	38,939	7,866	57,103	-	85,576	28,948	-	556	312,300	-	18,244	7,881	-	2,271	17,380	574,192	5,104	1.60%
April 2011	38,861	7,987	57,385	-	85,763	29,451	-	549	312,603	-	18,280	7,864	-	1,749	17,399	579,436	1,244	0.22%
May 2011	38,981	8,051	57,668	-	86,596	30,102	-	556	315,116	-	18,279	7,830	-	1,255	17,546	583,951	4,515	0.78%
June 2011	39,154	8,089	57,886	-	87,224	30,724	-	589	317,951	-	18,251	8,029	-	3,259	17,697	588,932	4,974	0.85%
Year-to-Date Average	38,921	7,767	56,285	-	81,114	27,167	-	531	302,419	-	18,393	7,868	-	3,213	17,090	560,759	5,179	0.94%
Medicaid Caseload FY 2011-12														TOTAL	Monthly Growth	Monthly Growth Rate		
FY 2011-12	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles			
July 2011	39,341	8,133	58,794	-	87,556	31,920	-	587	319,065	-	18,125	7,810	-	3,889	17,923	591,843	2,918	0.50%
August 2011	38,537	8,222	58,712	-	88,518	32,462	-	586	322,779	-	18,884	7,786	-	3,973	18,046	597,705	5,862	0.99%
September 2011	39,600	8,280	58,937	-	90,001	33,152	-	590	325,673	-	18,119	7,628	-	2,774	18,156	602,910	5,205	0.87%
October 2011	39,697	8,328	59,159	-	91,662	33,838	-	592	328,632	-	18,096	7,558	-	2,657	18,314	608,233	5,323	0.93%
November 2011	39,789	8,343	59,288	-	92,441	34,915	-	602	332,183	-	18,077	7,571	-	2,543	18,584	614,146	5,913	0.92%
December 2011	39,843	8,335	59,384	-	94,778	34,886	-	606	336,055	-	18,172	7,333	-	2,591	18,798	620,799	6,653	1.08%
January 2012	39,742	8,373	59,709	-	93,233	35,481	-	603	338,096	-	17,668	7,445	-	2,617	18,885	620,542	9,571	-0.04%
February 2012	39,800	8,401	59,635	-	94,868	35,962	-	604	339,523	-	17,863	7,594	-	2,636	19,220	626,106	5,564	0.90%
March 2012	39,849	8,445	59,867	51	97,318	37,141	-	604	341,274	-	17,830	7,734	-	2,854	19,468	632,511	6,405	1.02%
April 2012	39,837	8,507	59,970	133	94,317	37,002	-	596	341,546	-	17,944	7,705	-	2,846	19,396	630,699	1,817	-0.29%
May 2012	39,924	8,600	60,167	202	95,581	38,955	5,860	597	344,523	-	18,012	7,744	-	2,844	19,640	642,649	11,950	1.89%
June 2012	39,923	8,605	60,901	240	96,120	38,923	7,753	601	346,253	-	18,002	7,846	-	2,818	19,929	651,122	8,471	1.32%
Year-to-Date Average	39,740	8,383	59,434	52	93,424	35,461	1,134	597	334,633	-	18,034	7,740	-	2,770	18,871	619,963	5,183	0.84%
Medicaid Caseload FY 2012-13														TOTAL	Monthly Growth	Monthly Growth Rate		
FY 2012-13	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles			
July 2012	40,117	8,689	60,389	338	93,088	38,961	9,652	607	348,510	-	17,959	7,824	-	2,764	20,117	649,015	6,107	-0.32%
August 2012	40,460	8,771	60,680	445	94,771	39,881	9,975	612	351,537	-	17,932	7,864	-	2,744	20,438	655,796	6,781	1.04%
September 2012	40,468	8,877	60,934	539	95,151	39,689	9,880	610	355,312	-	18,004	7,677	-	2,609	20,615	660,345	4,569	0.70%
October 2012	40,773	8,949	61,303	640	96,113	40,302	9,969	615	353,524	-	18,080	7,691	-	2,569	20,764	661,214	889	0.13%
November 2012	41,059	9,097	61,571	753	98,333	40,895	9,972	615	356,897	-	17,967	7,600	-	2,546	20,968	669,203	7,989	1.21%
December 2012	41,034	9,077	61,699	857	97,784	41,442	9,798	616	361,446	-	17,898	7,466	-	2,541	21,221	671,879	2,676	0.40%
January 2013	41,066	9,096	61,803	988	99,004	40,895	9,777	613	361,200	5,223	17,700	8,350	437	2,655	21,366	680,513	8,634	1.26%
February 2013	41,093	9,152	62,245	1,056	101,305	42,236	9,959	608	362,024	13,463	17,673	8,322	531	2,666	21,532	693,865	13,352	1.96%
March 2013	40,697	9,130	62,485	1,125	100,247	41,110	9,621	618	361,012	18,263	17,819	8,311	636	2,733	21,530	698,137	4,272	0.62%
April 2013	40,876	9,102	62,976	1,322	101,576	42,997	12,076	619	364,317	20,016	17,598	8,477	730	2,728	21,738	707,280	9,153	1.31%
May 2013	41,108	9,295	63,416	1,318	106,147	45,535	12,462	619	366,710	21,546	17,257	8,346	838	2,848	22,000	719,585	12,295	1.74%
June 2013	41,151	9,338	63,940	1,368	108,773	45,600	14,772	659	373,604	20,327	17,691	8,457	863	2,799	22,170	729,014	9,489	1.32%
Year-to-Date Average	40,827	9,051	61,920	888	99,392	40,634	12,236	623	359,843	8,236	17,777	8,024	344	2,684	21,204	682,994	6,496	0.95%
Medicaid Caseload FY 2013-14														TOTAL	Monthly Growth	Monthly Growth Rate		
FY 2013-14	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/A-B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles			
July 2013	41,243	9,466	63,919	1,494	105,843	43,321	16,073	640	379,057	11,487	17,682	9,053	334	2,754	22,368	734,224	10,360	-0.60%
August 2013	41,540	9,538	64,281	1,616	106,672	45,336	17,388	648	382,925	8,984	17,659	9,219	186	2,562	22,539	731,093	8,369	0.88%
September 2013	41,696	9,641	64,309	1,692	110,929	47,247	20,951	645	394,462	4,348	17,619	9,240	105	2,511	22,690	744,085	12,992	1.78%
October 2013	41,861	9,709	64,551	2,000	111,274	47,094	19,168	639	382,709	11,153	17,695	13,079	549	2,392	22,299	735,952	18,133	-1.09%
November 2013	42,098	9,748	64,396	2,749	112,900	47,928	19,796	647	386,326	18,980	17,712	13,740	1,022	2,352	22,539	753,807	17,855	2.43%
December 2013	42,265	9,797	64,478	2,890	119,836	40,228	17,092	640	389,900	26,057	17,793	14,140	1,293	2,311	23,534	772,954	19,147	2.54%
January 2014	41,861	9,838	64,838	2,817	122,548	40,659	100,088	543	399,421	38,961	17,684	14,582	1,390	2,309	23,740	809,665	116,711	15.10%
February 2014	42,003	9,919	64,798	3,146	129,759	51,272	125,369	527	403,888	33,263	17,744	14,691	1,471	2,374	23,302	923,526	33,861	3.81%
March 2014	42,145	10,027	64,312	3,188	138,165	51,923	157,246	498	408,290	38,398	17,784	14,991	1,596	2,428	24,062	978,972	55,448	5.79%
April 2014	41,762	10,129	64,148	3,288	144,089	55,224	171,950	492	414,466	39,128	18,206	15,036	1,559	2,487	24,662	1,009,483	32,511	3.15%
May 2014	41,991	10,162	64,492	3,257	145,211	54,497	176,827	488	420,786	39,624	20,148	15,086	1,549	2,487	25,120	1,021,745	12,262	1.21%
June 2014	41,564	10,263	64,968	3,186	145,545	55,549	186,802	477	425,952	40,754	20,248	15,007	1,634	2,821	25,676	1,047,464	25,721	2.52%
Year-to-Date Average	41,816	9,853	64,424	2,660	124,680	47,082	87,243	559	399,012	25,345	18,267	13,160	1,057	2,481	23,378	860,937	26,533	3.14%

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload FY 2023-23																			
FY 2023-23	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-425 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2022	49,831	13,890	65,937	16,756	199,224	105,310	508,880	128	490,717	81,725	20,159	15,815	4,864	19,803	35,154	22,631	1,650,824	32,786	2.03%
August 2022	50,020	13,865	65,941	16,867	197,876	104,623	512,300	131	499,211	75,690	20,200	20,466	5,496	20,801	34,974	26,888	1,664,869	16,045	0.85%
September 2022	50,179	13,861	65,982	17,135	195,315	103,803	515,830	134	500,572	76,315	20,301	24,951	6,091	21,489	33,706	26,901	1,680,753	15,864	0.95%
October 2022	50,417	13,882	65,949	17,331	193,229	104,229	520,801	129	501,786	77,255	20,318	25,360	6,368	23,048	34,556	27,954	1,695,285	14,532	0.86%
November 2022	50,544	13,920	65,859	17,467	196,284	105,311	525,882	131	503,354	77,982	20,327	25,713	6,682	24,147	34,420	28,991	1,714,032	18,767	1.11%
December 2022	50,661	13,937	65,848	17,521	197,630	105,404	531,070	139	504,743	78,554	20,278	26,130	6,933	25,396	34,091	28,495	1,727,530	13,478	0.79%
January 2023	50,727	13,883	64,489	19,622	199,801	105,310	537,321	143	507,331	78,939	20,338	26,630	7,282	26,971	33,936	30,869	1,743,100	15,570	0.90%
February 2023	50,874	13,927	64,094	19,633	201,249	105,466	542,306	138	509,191	79,198	20,266	26,340	6,848	28,527	33,782	33,231	1,755,590	12,490	0.72%
March 2023	51,003	13,948	64,529	19,893	202,818	105,690	547,464	133	511,020	79,904	20,243	26,394	6,857	31,160	33,662	35,724	1,769,442	17,852	0.79%
April 2023	50,432	13,718	63,510	19,617	199,508	104,473	542,481	132	511,656	74,952	19,481	26,921	6,194	31,360	32,548	34,418	1,751,601	(17,841)	-1.01%
May 2023	50,634	13,734	63,508	19,698	200,164	105,516	545,959	129	513,061	75,158	19,626	26,992	6,275	32,563	32,563	33,084	1,758,714	7,113	0.41%
June 2023	50,358	13,605	63,099	19,448	198,424	101,756	533,486	129	501,272	74,093	19,308	26,477	6,274	33,127	31,859	30,242	1,720,957	(37,757)	-2.15%
Year to date Average	50,477	13,848	64,933	18,451	198,516	104,683	530,332	133	504,493	77,505	20,070	24,842	6,305	28,516	33,861	44,429	1,719,393	8,577	0.52%
Medicaid Caseload FY 2023-24																			
FY 2023-24	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	SB 21-425 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2023	49,568	13,502	62,543	19,235	191,276	96,794	518,720	122	488,229	71,006	19,281	26,114	6,183	32,893	31,221	47,486	1,674,561	(46,366)	-2.70%
August 2023	49,192	13,284	61,747	19,174	185,139	91,481	500,839	120	473,966	69,199	19,334	25,554	6,244	32,544	30,376	45,641	1,624,236	(50,325)	-3.01%
September 2023	48,708	13,133	61,210	19,215	178,254	86,085	482,991	119	457,572	67,607	19,406	25,918	6,130	32,795	29,739	43,830	1,571,882	(52,374)	-3.22%
October 2023	48,574	13,056	60,910	19,211	174,837	83,499	474,944	119	451,574	67,707	19,161	24,919	6,101	32,655	29,636	43,492	1,550,315	(21,567)	-1.37%
November 2023	47,883	12,890	59,964	19,336	165,098	73,258	437,199	118	420,236	65,556	19,141	23,978	5,757	31,943	28,409	39,784	1,450,870	(99,445)	-6.41%
December 2023	47,396	12,785	59,570	19,775	160,732	67,794	414,456	118	411,592	66,585	19,164	23,907	5,756	31,550	28,989	37,756	1,401,334	(49,530)	-3.41%
January 2024	46,781	12,633	59,104	19,720	156,238	61,066	388,875	121	396,097	60,877	19,111	23,782	5,700	31,421	28,285	36,663	1,346,472	(54,662)	-3.90%
February 2024	45,926	12,308	57,249	20,166	151,578	55,540	368,483	121	387,987	54,260	18,998	23,267	5,636	31,011	28,348	32,394	1,293,272	(51,400)	-3.97%
March 2024	46,248	12,131	56,397	20,433	147,680	50,057	344,276	121	377,767	51,433	18,942	23,033	5,643	30,979	28,339	30,970	1,244,643	(48,609)	-3.94%
April 2024	46,680	12,180	56,190	21,546	143,606	45,153	323,373	117	368,123	46,396	19,001	22,908	5,138	31,513	28,177	28,479	1,198,080	(46,581)	-3.74%
May 2024	47,153	12,182	56,400	22,491	140,007	41,786	307,564	116	357,409	43,943	18,779	22,863	4,948	31,267	28,224	25,884	1,161,116	(36,964)	-3.09%
June 2024	47,619	12,216	56,484	23,449	140,079	41,219	300,187	118	350,301	43,187	18,674	23,123	4,753	32,406	28,916	25,355	1,155,256	(4,140)	-0.36%
Year to date Average	47,681	12,692	58,997	20,312	161,211	66,161	405,823	119	412,498	58,501	19,083	24,045	5,643	31,914	29,013	36,475	1,390,186	(46,308)	-3.19%
Medicaid Caseload FY 2024-25																			
FY 2024-25	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/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 21-425 Family Planning Services	TOTAL	Monthly Growth	Monthly Growth Rate
July 2024	48,097	12,238	56,760	23,637	140,587	41,249	312,344	119	362,073	43,264	18,633	23,435	4,726	33,779	29,218	25,001	1,175,160	9,904	0.85%
August 2024	48,631	12,264	57,073	24,186	140,766	42,143	318,208	118	364,744	43,954	18,420	24,400	4,710	35,082	29,564	24,800	1,188,097	12,937	1.10%
September 2024	49,139	12,271	57,338	24,937	140,894	41,845	318,509	121	365,238	43,975	18,415	23,473	4,762	36,953	29,996	25,103	1,193,389	4,952	0.36%
October 2024	49,595	12,314	57,581	25,599	140,470	42,238	322,123	122	365,977	44,425	18,455	23,567	4,807	38,332	30,070	24,887	1,200,323	7,934	0.67%
November 2024	49,913	12,332	57,793	26,101	140,004	42,403	325,760	124	366,355	44,930	18,458	23,567	4,847	40,284	30,427	24,933	1,208,231	7,908	0.66%
December 2024	50,154	12,389	57,827	26,863	138,906	42,404	322,778	126	366,100	44,958	18,456	23,511	4,918	41,728	30,334	24,687	1,211,029	2,798	0.23%
Year to date Average	49,255	12,285	57,894	25,217	140,238	42,047	320,787	122	365,080	44,251	18,468	23,465	4,795	37,633	29,935	24,902	1,195,872	7,625	0.65%

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 2014-15	\$22,964	\$18,736	\$15,295	\$7,186	\$3,015	\$2,473	\$3,874	\$14,512	\$1,808	\$1,479	\$4,193	\$10,492	\$9,453	\$14,894	\$1,112	\$4,319
% Change from FY 2013-14	7.26%	6.87%	1.70%	-37.41%	1.30%	3.07%	2.88%	-8.65%	5.85%	-5.23%	0.63%	14.88%	5.85%	-4.05%	-15.33%	-24.11%
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	\$4,796
% 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%	-0.10%
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	\$5,320
% Change from FY 2018-19	10.07%	7.01%	8.83%	3.78%	7.25%	12.78%	26.48%	4.75%	7.04%	5.11%	5.23%	3.17%	8.98%	6.69%	10.93%	
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	\$5,854
% 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%	10.04%
FY 2021-22	\$28,702	\$22,563	\$25,130	\$5,889	\$3,119	\$3,847	\$3,847	\$9,882	\$2,381	\$2,048	\$7,082	\$6,230	\$8,228	\$5,231	\$3,078	\$5,695
% 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%	-2.72%
FY 2022-23	\$30,775	\$26,912	\$28,940	\$7,681	\$3,133	\$3,941	\$3,941	\$12,182	\$2,530	\$1,996	\$8,177	\$5,490	\$4,150	\$3,402	\$3,399	\$5,752
% 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%	1.00%
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	\$5,502
% 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%	-4.35%
FY 2024-25 Projection	\$40,721	\$39,870	\$40,676	\$8,759	\$5,232	\$5,078	\$6,478	\$17,738	\$3,825	\$3,056	\$11,194	\$6,752	\$6,970	\$3,580	\$3,867	\$8,564
% Change from FY 2023-24	7.60%	23.83%	17.07%	1.73%	26.20%	30.84%	27.62%	42.47%	19.62%	19.19%	13.77%	20.87%	43.12%	6.62%	2.02%	55.65%
FY 2025-26 Projection	\$40,747	\$41,848	\$41,769	\$8,890	\$5,368	\$5,307	\$6,690	\$18,718	\$3,830	\$3,062	\$12,139	\$7,610	\$3,638	\$3,926	\$3,926	\$8,734
% Change from FY 2024-25	0.06%	4.96%	2.69%	1.49%	2.61%	4.51%	3.26%	5.53%	0.14%	0.21%	8.44%	13.80%	9.19%	1.60%	1.54%	1.99%
FY 2026-27 Projection	\$40,969	\$43,878	\$41,839	\$9,033	\$5,575	\$5,543	\$6,945	\$19,799	\$3,848	\$3,123	\$13,271	\$8,251	\$8,776	\$3,748	\$4,039	\$8,980
% Change from FY 2025-26	0.55%	4.85%	0.17%	1.60%	3.85%	4.45%	3.82%	5.77%	0.47%	2.00%	9.33%	7.39%	15.33%	3.04%	2.88%	2.82%

Notes:
 1. This exhibit does not include supplemental payments, outstationing payments, or upper payment limit financing.
 2. See narrative for a description of events that alter trends.

Exhibit 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 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 2014-15	\$22,964	\$18,736	\$15,295	\$7,186	\$3,015	\$2,473	\$3,874	\$14,512	\$1,808	\$1,479	\$4,193	\$10,492	\$9,453	\$14,894	\$1,112	\$4,319
% Change from FY 2013-14	7.26%	6.87%	1.70%	-37.41%	1.30%	3.07%	2.88%	-8.65%	5.85%	-5.23%	0.63%	12.00%	14.88%	-4.05%	-15.33%	-24.11%
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%	-2.29%	-16.83%	-3.42%	7.32%	2.03%	3.83%	-8.02%	-11.20%	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	\$4,796
% 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%	-0.10%
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	\$5,320
% 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%	10.93%
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	\$5,854
% 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%	10.04%
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	\$5,695
% 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%	-2.72%
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	\$5,752
% 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%	1.00%
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	\$5,502
% 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%	17.34%	-1.29%	11.52%	-4.35%
FY 2024-25 Projection	\$40,721	\$39,870	\$40,676	\$8,759	\$5,232	\$5,078	\$6,478	\$17,738	\$3,825	\$3,056	\$11,194	\$6,752	\$6,970	\$3,580	\$3,867	\$8,564
% Change from FY 2023-24	7.60%	23.83%	17.07%	1.73%	26.20%	30.84%	27.62%	42.47%	19.62%	19.19%	13.77%	20.87%	43.12%	6.62%	2.02%	55.65%
FY 2025-26 Projection	\$40,747	\$41,848	\$41,769	\$8,890	\$5,368	\$5,307	\$6,690	\$18,718	\$3,830	\$3,062	\$12,139	\$7,683	\$7,610	\$3,638	\$3,926	\$8,734
% Change from FY 2024-25	0.06%	4.96%	2.69%	1.49%	2.61%	4.51%	3.26%	5.53%	0.14%	0.21%	8.44%	13.80%	9.19%	1.60%	1.54%	1.99%
FY 2026-27 Projection	\$40,969	\$43,878	\$41,839	\$9,033	\$5,575	\$5,543	\$6,945	\$19,799	\$3,848	\$3,123	\$13,271	\$8,251	\$8,776	\$3,748	\$4,039	\$8,980
% Change from FY 2025-26	0.55%	4.85%	0.17%	1.60%	3.85%	4.45%	3.82%	5.77%	0.47%	2.00%	9.33%	7.39%	15.33%	3.04%	2.88%	2.82%

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 2024-25 Spending Authority	FY 2024-25 Request	FY 2024-25 Change	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
<i>Cash Funds</i>									
Certified Funds	\$74,610,781	\$78,746,441	\$4,135,660	\$74,610,781	\$88,751,115	\$14,140,334	\$74,610,781	\$93,916,166	\$19,305,385
Healthcare Affordability and Sustainability Fee Cash Fund	\$1,007,796,054	\$1,070,305,311	\$62,509,257	\$1,010,904,339	\$1,126,086,198	\$115,181,859	\$1,013,130,095	\$1,187,624,887	\$174,494,792
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0	\$6,660,761	\$6,660,761	\$0	\$6,660,761	\$6,660,761
Tobacco Tax Cash Fund	\$1,455,170	\$1,491,000	\$35,830	\$1,455,170	\$1,503,600	\$48,430	\$1,455,170	\$1,503,600	\$48,430
Health Care Expansion Fund	\$44,625,211	\$46,929,200	\$2,303,989	\$44,625,211	\$46,929,200	\$2,303,989	\$44,625,211	\$46,110,400	\$1,485,189
Breast and Cervical Cancer Fund	\$596,026	\$755,266	\$159,240	\$596,026	\$836,182	\$239,526	\$596,026	\$905,474	\$308,818
Nursing Facility Fund	\$55,980,209	\$58,197,249	\$2,217,040	\$55,980,209	\$62,525,000	\$6,544,791	\$55,980,209	\$66,275,000	\$10,294,791
HCBS Improvement Cash Fund	\$13,322,439	\$13,322,439	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0	\$857,151	\$857,151	\$0
Department Recoveries Fund	\$76,250,120	\$76,010,738	(\$239,382)	\$76,250,120	\$76,010,738	(\$239,382)	\$76,250,120	\$76,055,237	(\$194,883)
Service Fee Fund	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0	\$200,460	\$200,460	\$0
Adult Dental Fund	\$45,112,663	\$68,520,529	\$23,407,866	\$45,927,431	\$72,645,858	\$26,718,427	\$45,927,431	\$76,234,187	\$30,306,756
Transfer from Denver Health	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0	\$700,000	\$700,000	\$0
Total Cash Funds	\$1,321,506,284	\$1,416,035,784	\$94,529,500	\$1,312,107,528	\$1,483,706,263.00	\$171,598,735	\$1,314,333,284	\$1,557,043,323	\$242,710,039
<i>Reappropriated Funds</i>									
(6) Other Medical Services; (B) Old Age Pension State Medical Program	\$9,969,877	\$9,253,841	(\$716,036)	\$9,969,877	\$9,253,841.00	(\$716,036)	\$9,969,877	\$9,253,841	(\$716,036)
Public School Health Services	\$1,158,174	\$1,158,174	\$0	\$1,158,174	\$1,158,174.00	\$0	\$1,158,174	\$1,158,174	\$0
Department of Higher Education, Fee-for-service Contracts with State Institutions for Speciality Education Programs	\$107,671,715	\$107,671,715	\$0	\$107,671,715	\$107,671,715.00	\$0	\$107,671,715	\$107,671,715	\$0
Department of Early Childhood	\$1,505,000	\$1,505,000	\$0	\$1,505,000	\$1,505,000.00	\$0	\$1,505,000	\$1,505,000	\$0
Total Reappropriated Funds	\$120,304,766	\$119,588,730	(\$716,036)	\$120,304,766	\$119,588,730	(\$716,036)	\$120,304,766	\$119,588,730	(\$716,036)

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 2024-25				
Spending Authority	FY 2024-25 Long Bill (HB 24-1430)	HB 24-1038 High Acuity Crisis for Children and Youth	SB 24-110 Medicaid Prior Authorization Prohibition	Total
Certified Funds	\$74,610,781	\$0	\$0	\$74,610,781
Healthcare Affordability and Sustainability Fee Cash Fund	\$1,007,592,475	\$0	\$203,579	\$1,007,796,054
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0
Tobacco Tax Cash Fund	\$1,455,170	\$0	\$0	\$1,455,170
Health Care Expansion Fund	\$44,625,211	\$0	\$0	\$44,625,211
Breast and Cervical Cancer Fund	\$596,026	\$0	\$0	\$596,026
Colorado Autism Treatment Fund	\$0	\$0	\$0	\$0
Nursing Facility Fund	\$55,980,209	\$0	\$0	\$55,980,209
ARPA Healthcare Afford&Sustain Fee	\$0	\$0	\$0	\$0
HCBS Improvement Cash Fund	\$13,322,439	\$0	\$0	\$13,322,439
Nursing Home Penalty Cash Fund	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$0	\$0	\$857,151
Department Recoveries Fund	\$76,250,120	\$0	\$0	\$76,250,120
ICF-IID Provider Fee	\$0	\$0	\$0	\$0
Adult Dental Fund	\$45,112,663	\$0	\$0	\$45,112,663
Transfer from Denver Health	\$700,000	\$0	\$0	\$700,000
HCPF Cash Fund	\$0	\$0	\$0	\$0
Total Cash Funds	\$1,321,102,245	\$0	\$203,579	\$1,321,305,824

Exhibit D - Cash Funds Report

Revised Totals for Letternotes and Appropriation Clauses
FY 2023-24

FY 2023-24 Request	FY 2023-24 Long Bill (SB 23-214)	HB 23-1228 Nursing Facility Reimbursement Rate Setting	SB 23-222 Medicaid Pharmacy And Outpatient Services Copayment	Total
Certified Funds	<u>\$78,746,441</u>	\$0	\$0	\$78,746,441
Healthcare Affordability and Sustainability Fee Cash Fund	<u>\$1,070,101,732</u>	\$0	\$203,579	\$1,070,305,311
Medicaid Buy-In Fund	\$0	\$0	\$0	\$0
Tobacco Tax Cash Fund	<u>\$1,491,000</u>	\$0	\$0	\$1,491,000
Health Care Expansion Fund	<u>\$46,929,200</u>	\$0	\$0	\$46,929,200
Breast and Cervical Cancer Fund	<u>\$755,266</u>	\$0	\$0	\$755,266
Colorado Autism Treatment Fund	\$0	\$0	\$0	\$0
Nursing Facility Fund	<u>\$58,197,249</u>	\$0	\$0	\$58,197,249
ARPA Healthcare Afford&Sustain Fee	\$0	\$0	\$0	\$0
HCBS Improvement Cash Fund	<u>\$13,322,439</u>	\$0	\$0	\$13,322,439
Nursing Home Penalty Cash Fund	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$857,151	\$0	\$0	\$857,151
Department Recoveries Fund	<u>\$76,010,738</u>	\$0	\$0	\$76,010,738
ICF-IID Provider Fee	\$0	\$0	\$0	\$0
Adult Dental Fund	<u>\$68,520,529</u>	\$0	\$0	\$68,520,529
Transfer from Denver Health	\$700,000	\$0	\$0	\$700,000
HCPF Cash Fund	<u>\$13,322,439</u>	\$0	\$0	\$13,322,439
Total Cash Funds	\$1,428,954,184	\$0	\$203,579	\$1,429,157,763

Cells in **bold and underline** 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 2024-25	FY 2024-25 Base Expenditures																
	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	\$228,895,543	\$162,157,299	\$901,608,802	\$190,747,190	\$688,192,392	\$207,572,221	\$2,069,732,160	\$2,156,297	\$1,232,546,749	\$121,737,671	\$126,682,860	\$154,636,932	\$33,100,703	\$122,327,277	\$22,472,922	\$4,027,537	\$6,268,594,554
Community Based Long-Term Care																	
Base CBLTC	\$664,262,364	\$178,871,927	\$618,365,713	\$29,291,114	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,490,791,118
Hospice	\$54,770,638	\$4,218,777	\$6,547,474	\$534,308	\$454,302	\$137,920	\$4,924,636	\$0	\$185,331	\$6,682	\$115,253	\$9,906	\$0	\$0	\$0	\$0	\$71,905,227
Private Duty Nursing & Long-Term Home Health	\$104,395,781	\$26,974,073	\$600,318,191	\$13,587,821	\$1,280,244	\$80,015	\$6,961,326	\$0	\$98,484,035	\$6,792,891	\$76,256,939	\$0	\$0	\$0	\$80,014	\$0	\$935,211,330
Subtotal CBLTC	\$823,428,783	\$210,064,777	\$1,225,231,378	\$43,413,243	\$1,734,546	\$217,935	\$11,885,962	\$0	\$98,669,366	\$6,799,573	\$76,372,192	\$9,906	\$0	\$0	\$80,014	\$0	\$2,497,907,675
Long-Term Care																	
Class I Nursing Facilities	\$594,689,204	\$66,157,467	\$136,548,615	\$105,735	\$6,123,126	\$0	\$4,603,936	\$0	\$0	\$0	\$68,629	\$9,110	\$0	\$0	\$0	\$0	\$808,305,822
Class II Nursing Facilities	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
PACE	\$283,947,678	\$36,424,617	\$10,095,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,467,455
Subtotal Long-Term Care	\$879,615,003	\$102,961,010	\$152,711,792	\$105,735	\$6,123,126	\$0	\$4,603,936	\$0	\$0	\$0	\$68,629	\$9,110	\$0	\$0	\$0	\$0	\$1,146,198,341
Insurance																	
Supplemental Medicare Insurance Benefit	\$101,360,374	\$13,239,768	\$63,194,945	\$0	\$7,217,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,659,636	\$0	\$279,672,472
Health Insurance Buy-In	\$19,428	\$24,284	\$2,379,875	\$0	\$29,141	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$0	\$2,729,572
Subtotal Insurance	\$101,379,802	\$13,264,052	\$65,574,820	\$0	\$7,246,891	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$94,659,636	\$0	\$282,402,044
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,271	\$27,610	\$270,786	\$31,225	\$205,884	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$0	\$1,285,726
ACC and PHP Administration	\$6,024,243	\$1,540,860	\$7,995,145	\$3,635,330	\$18,788,280	\$5,632,558	\$42,884,284	\$18,904	\$52,555,372	\$6,434,077	\$2,762,556	\$3,137,124	\$794,535	\$0	\$0	\$0	\$152,203,268
ACC Incentive Payment	\$1,970,824	\$542,160	\$2,746,907	\$979,437	\$7,144,023	\$2,680,512	\$16,891,448	\$6,131	\$19,414,238	\$2,629,771	\$930,020	\$1,102,660	\$254,167	\$2,115	\$0	\$0	\$57,294,411
Subtotal Service Management	\$8,001,338	\$2,110,630	\$11,012,838	\$4,645,992	\$26,138,187	\$8,392,681	\$60,329,235	\$25,035	\$71,969,610	\$9,063,848	\$3,750,285	\$4,290,982	\$1,050,631	\$2,115	\$0	\$0	\$210,783,405
Medical Services Total	\$2,041,320,469	\$490,557,768	\$2,356,139,630	\$238,912,160	\$729,435,142	\$216,231,406	\$2,146,595,005	\$2,181,332	\$1,403,355,716	\$137,601,092	\$206,873,966	\$158,961,501	\$34,151,334	\$122,329,392	\$117,212,572	\$4,027,537	\$10,405,886,019
Caseload	50,130	12,304	57,924	27,138	139,741	42,470	329,651	124	366,895	45,028	18,459	23,545	4,900	34,167	30,313	24,794	1,208,697
Medical Services Per Capita	\$40,720.54	\$39,869.78	\$40,676.40	\$8,803.60	\$5,219.91	\$5,091.39	\$6,511.72	\$17,591.39	\$3,824.95	\$3,055.90	\$11,207.21	\$6,751.39	\$6,969.66	\$3,580.34	\$3,866.74	\$162.44	\$8,609.18
Financing	\$240,664,287	\$56,758,778	\$288,130,632	\$16,568,992	\$214,854,410	\$87,986,314	\$634,813,021	\$543,941	\$315,038,387	\$27,040,078	\$22,593,793	\$95,770,531	\$10,340,222	\$39,956,063	\$0	\$0	\$2,051,059,449
Grand Total Medical Services Premiums	\$2,281,984,756	\$547,316,546	\$2,644,270,262	\$255,481,152	\$944,289,552	\$304,217,720	\$2,781,408,026	\$2,725,273	\$1,718,394,103	\$164,641,170	\$229,467,759	\$254,732,032	\$44,491,556	\$162,285,455	\$117,212,572	\$4,027,537	\$12,456,945,468
Total Per Capita	\$45,521.34	\$44,482.81	\$45,650.68	\$9,414.15	\$6,757.43	\$7,163.12	\$8,437.43	\$21,978.01	\$4,683.61	\$3,656.42	\$12,431.21	\$10,818.94	\$9,079.91	\$4,749.77	\$3,866.74	\$162.44	\$10,306.09

Exhibit E - Summary of Total Requested Expenditure by Service Group

FY 2025-26 Base Expenditures																	
FY 2025-26	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
Acute Care	\$243,685,236	\$171,218,561	\$984,429,345	\$240,338,911	\$728,902,491	\$231,427,793	\$2,352,323,908	\$2,387,351	\$1,272,933,308	\$131,821,276	\$141,924,112	\$180,580,906	\$38,655,321	\$111,678,686	\$24,460,086	\$4,010,156	\$6,860,777,449
Community Based Long-Term Care																	
Base CBLTC	\$714,620,443	\$193,076,926	\$685,859,687	\$31,915,695	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,625,472,751
Hospice	\$53,470,510	\$4,235,437	\$6,817,169	\$641,032	\$461,351	\$145,418	\$5,370,715	\$0	\$189,687	\$7,128	\$114,656	\$10,066	\$0	\$0	\$0	\$0	\$71,463,169
Private Duty Nursing & Long-Term Home Health	\$107,638,309	\$27,810,464	\$619,007,310	\$14,009,244	\$1,319,781	\$82,486	\$7,176,307	\$0	\$101,535,323	\$7,003,417	\$78,684,962	\$0	\$0	\$0	\$82,485	\$0	\$964,350,088
Subtotal CBLTC	\$875,729,262	\$225,122,827	\$1,311,684,166	\$46,565,971	\$1,781,132	\$227,904	\$12,547,022	\$0	\$101,725,010	\$7,010,545	\$78,799,618	\$10,066	\$0	\$0	\$82,485	\$0	\$2,661,286,008
Long-Term Care																	
Class I Nursing Facilities	\$614,898,617	\$67,747,302	\$139,830,025	\$108,276	\$351,883	\$0	\$4,714,573	\$0	\$0	\$0	\$70,278	\$9,329	\$0	\$0	\$0	\$0	\$827,730,283
Class II Nursing Facilities	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
PACE	\$306,732,541	\$39,347,444	\$10,905,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$356,985,213
Subtotal Long-Term Care	\$922,669,395	\$107,496,961	\$157,176,212	\$108,276	\$351,883	\$0	\$4,714,573	\$0	\$0	\$0	\$70,278	\$9,329	\$0	\$0	\$0	\$0	\$1,192,596,907
Insurance																	
Supplemental Medicare Insurance Benefit	\$108,383,652	\$14,157,153	\$67,573,735	\$0	\$7,717,869	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,218,619	\$0	\$299,051,028
Health Insurance Buy-In	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
Subtotal Insurance	\$108,402,837	\$14,181,132	\$69,923,735	\$0	\$7,746,644	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$101,218,619	\$0	\$301,746,335
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,271	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$0	\$1,285,726
ACC and PHIP Administration	\$6,395,860	\$1,543,949	\$8,381,285	\$4,388,098	\$19,196,188	\$5,976,466	\$46,988,218	\$19,701	\$54,102,059	\$6,906,567	\$2,765,141	\$3,200,138	\$976,477	\$0	\$0	\$0	\$160,840,147
ACC Incentive Payment	\$2,130,022	\$538,005	\$2,808,824	\$1,322,365	\$6,566,612	\$1,982,755	\$15,150,602	\$6,616	\$18,388,026	\$2,260,447	\$951,417	\$1,097,876	\$295,886	\$775	\$0	\$0	\$53,500,227
Subtotal Service Management	\$8,532,153	\$2,109,564	\$11,460,895	\$5,741,688	\$25,968,683	\$8,038,832	\$62,692,323	\$26,317	\$72,490,085	\$9,167,014	\$3,774,267	\$4,349,212	\$1,274,292	\$775	\$0	\$0	\$215,626,100
Medical Services Total	\$2,159,018,883	\$520,129,045	\$2,534,674,353	\$292,754,846	\$764,750,833	\$239,742,488	\$2,432,320,989	\$2,413,668	\$1,447,316,260	\$147,998,835	\$224,568,275	\$184,963,901	\$39,929,613	\$111,679,461	\$125,761,190	\$4,010,156	\$11,232,032,799
Caseload	\$2,986	\$12,429	\$60,683	\$32,760	\$142,787	\$45,056	\$361,735	\$130	\$377,842	\$48,330	\$18,477	\$24,074	\$5,247	\$30,701	\$32,032	\$24,687	\$1,272,204
Medical Services Per Capita	\$40,746.97	\$41,848.02	\$41,769.10	\$8,936.35	\$5,355.89	\$5,320.99	\$6,724.04	\$18,566.67	\$3,830.48	\$3,062.26	\$12,153.94	\$7,683.14	\$7,609.99	\$3,637.65	\$3,926.11	\$162.44	\$8,828.80
Financing	\$246,245,662	\$58,249,401	\$295,452,737	\$17,033,218	\$220,380,405	\$90,212,971	\$651,047,455	\$630,860	\$323,000,288	\$27,757,837	\$23,131,531	\$98,203,864	\$10,514,332	\$41,005,896	\$0	\$0	\$2,102,866,457
Grand Total	\$2,405,264,545	\$578,378,446	\$2,830,127,090	\$309,788,064	\$985,131,238	\$329,955,459	\$3,083,368,444	\$3,044,528	\$1,770,316,548	\$175,756,672	\$247,699,806	\$283,167,765	\$50,443,945	\$152,685,357	\$125,761,190	\$4,010,156	\$13,334,899,256
Medical Services Premiums	\$2,405,264,545	\$578,378,446	\$2,830,127,090	\$309,788,064	\$985,131,238	\$329,955,459	\$3,083,368,444	\$3,044,528	\$1,770,316,548	\$175,756,672	\$247,699,806	\$283,167,765	\$50,443,945	\$152,685,357	\$125,761,190	\$4,010,156	\$13,334,899,256
Total Per Capita	\$45,394.34	\$46,534.59	\$46,637.89	\$9,456.29	\$6,899.31	\$7,323.23	\$8,523.83	\$23,419.44	\$4,685.34	\$3,636.60	\$13,405.85	\$11,762.39	\$9,613.86	\$4,973.30	\$3,926.11	\$162.44	\$10,481.73

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	\$262,138,389	\$181,857,928	\$1,132,324,188	\$255,421,383	\$790,441,241	\$260,099,953	\$2,639,095,325	\$2,585,227	\$1,323,647,988	\$144,798,242	\$160,009,858	\$199,705,404	\$47,579,418	\$115,070,636	\$26,808,777	\$4,010,157	\$7,545,594,110
Community Based Long-Term Care																	
Base CBLTC	\$766,315,881	\$207,530,943	\$736,771,264	\$35,086,558	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,745,704,646
Hospice	\$54,567,299	\$4,471,524	\$7,772,527	\$702,168	\$501,965	\$163,017	\$6,049,047	\$0	\$204,964	\$7,983	\$119,758	\$10,374	\$0	\$0	\$0	\$0	\$74,570,626
Private Duty Nursing & Long-Term Home Health	\$112,948,454	\$29,201,481	\$648,966,220	\$14,708,574	\$1,387,934	\$86,746	\$7,546,890	\$0	\$106,646,356	\$7,355,085	\$81,770,998	\$0	\$0	\$0	\$86,744	\$0	\$1,010,705,482
Subtotal CBLTC	\$933,831,634	\$241,203,948	\$1,393,510,011	\$50,497,300	\$1,889,899	\$249,763	\$13,595,937	\$0	\$106,851,320	\$7,363,068	\$81,890,756	\$10,374	\$0	\$0	\$86,744	\$0	\$2,830,980,754
Long-Term Care																	
Class I Nursing Facilities	\$620,559,485	\$68,370,996	\$141,117,326	\$109,272	\$355,123	\$0	\$4,757,976	\$0	\$0	\$0	\$70,925	\$9,415	\$0	\$0	\$0	\$0	\$835,350,518
Class II Nursing Facilities	\$1,098,823	\$425,686	\$6,816,815	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,341,324
PACE	\$329,618,583	\$42,283,250	\$11,718,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$383,620,726
Subtotal Long-Term Care	\$951,276,891	\$111,079,932	\$159,653,034	\$109,272	\$355,123	\$0	\$4,757,976	\$0	\$0	\$0	\$70,925	\$9,415	\$0	\$0	\$0	\$0	\$1,227,312,568
Insurance																	
Supplemental Medicare Insurance Benefit	\$118,425,266	\$15,468,797	\$73,834,360	\$0	\$8,432,921	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$110,596,404	\$0	\$326,757,748
Health Insurance Buy-In	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
Subtotal Insurance	\$118,444,451	\$15,492,776	\$76,184,360	\$0	\$8,461,696	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$110,596,404	\$0	\$329,453,055
Service Management																	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Disease Management	\$6,272	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,504	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$0	\$1,285,727
ACC and PHP Administration	\$6,695,815	\$1,557,440	\$9,157,658	\$4,606,274	\$20,015,732	\$6,420,564	\$50,717,552	\$20,224	\$56,023,344	\$7,412,739	\$2,767,835	\$3,289,999	\$1,020,692	\$0	\$0	\$0	\$169,705,870
ACC Incentive Payment	\$2,253,620	\$540,599	\$2,972,456	\$1,549,965	\$6,759,449	\$2,115,435	\$16,645,797	\$6,919	\$19,028,098	\$2,444,245	\$966,974	\$1,124,131	\$343,988	\$0	\$0	\$0	\$56,751,675
Subtotal Service Management	\$8,955,707	\$2,125,649	\$12,400,900	\$6,187,464	\$26,981,064	\$8,615,610	\$67,916,853	\$27,143	\$75,051,442	\$9,856,984	\$3,792,518	\$4,465,328	\$1,366,609	\$0	\$0	\$0	\$227,743,272
Medical Services Total	\$2,274,647,072	\$551,760,233	\$2,774,072,493	\$312,215,419	\$828,129,023	\$269,013,285	\$2,725,409,254	\$2,612,370	\$1,505,718,607	\$162,018,294	\$245,764,057	\$204,204,909	\$48,946,027	\$115,070,636	\$137,491,925	\$4,010,157	\$12,161,083,759
Caseload	55,521	12,575	66,304	34,389	148,883	48,404	390,445	133	391,260	51,872	18,495	24,750	5,577	30,701	34,039	24,687	1,340,283
Medical Services Per Capita	\$40,969.13	\$43,877.55	\$41,838.69	\$9,078.93	\$5,562.28	\$5,557.67	\$6,980.26	\$19,641.88	\$3,848.38	\$3,123.42	\$13,288.13	\$8,250.70	\$8,776.41	\$3,748.11	\$4,039.25	\$162.44	\$9,073.52
Financing	\$251,892,540	\$59,585,169	\$302,228,025	\$17,423,822	\$225,434,143	\$92,281,724	\$665,977,200	\$645,327	\$330,407,293	\$28,394,377	\$23,661,981	\$100,455,863	\$10,755,446	\$41,946,238	\$0	\$0	\$2,151,089,148
Grand Total Medical Services Premiums	\$2,526,539,612	\$611,345,402	\$3,076,300,518	\$329,639,241	\$1,053,563,166	\$361,295,009	\$3,391,386,454	\$3,257,697	\$1,836,125,900	\$190,412,671	\$269,426,038	\$304,660,772	\$59,701,473	\$157,016,874	\$137,491,925	\$4,010,157	\$14,312,172,907
Total Per Capita	\$45,506.02	\$48,615.94	\$46,396.91	\$9,585.60	\$7,076.45	\$7,464.16	\$8,685.95	\$24,493.96	\$4,692.85	\$3,670.82	\$14,567.51	\$12,309.53	\$10,704.94	\$5,114.39	\$4,039.25	\$162.44	\$10,678.47

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

ACUTE CARE	Current Year Projection																TOTAL
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AS)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	
Percentage Selected to Modify Per Capita ¹⁾	0.00%	0.00%	4.40%	13.08%	19.78%	24.56%	23.59%	36.71%	14.13%	11.09%	7.74%	12.09%	2.39%	3.44%	4.07%	0.00%	
Estimated FY 2024-25 Base Per Capita	\$4,425.61	\$12,641.31	\$14,888.72	\$6,768.52	\$4,665.57	\$4,566.66	\$5,981.67	\$16,711.48	\$3,178.34	\$2,497.55	\$6,551.89	\$6,255.01	\$4,800.27	\$3,470.63	\$723.37	\$162.44	\$4,933.98
Estimated FY 2024-25 Eligibles	50,130	12,304	57,724	27,138	139,741	42,470	329,651	124	366,895	45,028	18,459	34,167	4,900	34,167	30,313	24,794	1,207,583
Estimated FY 2024-25 Base Expenditure	\$221,859,829	\$155,338,678	\$862,414,217	\$183,684,096	\$651,971,417	\$193,946,090	\$1,971,863,497	\$2,072,224	\$1,166,117,054	\$112,499,681	\$120,941,338	\$147,274,210	\$23,521,323	\$118,581,015	\$21,927,515	\$4,027,537	\$5,958,195,681
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	\$8,163,124	\$0	\$0	\$8,163,124
FY 2020-21 Bal-15 Implement eConsult Program	(\$3,959)	(\$17,428)	(\$170,923)	(\$19,709)	(\$129,958)	(\$50,252)	(\$349,382)	(\$9)	(\$417,993)	(\$42,684)	(\$36,427)	(\$32,317)	(\$1,219)	(\$16,088)	(\$31)	\$0	(\$1,288,379)
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pump	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$108,498	\$16,816	\$0	\$0	\$0	\$0	\$125,314
HB22-1290: Changes to Medicaid for Complex Rehab Technology	\$2,733	\$1,617	\$19,155	\$1,253	\$2,630	\$38	\$79	\$0	\$9,073	\$1,072	\$2,042	\$637	\$153	\$0	\$0	\$0	\$40,483
JBC Action: Adult Dental Cap	\$23,481	\$6,570	\$31,644	\$11,395	\$85,074	\$37,812	\$219,954	\$64	\$0	\$0	\$239	\$2,793	\$71	\$0	\$0	\$0	\$419,096
FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$12,676	\$0	\$0	\$0	\$0	\$0	\$12,676
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
SB 23-002 Medicaid Reimbursemt for Community Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
BU Exempted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$754,206	\$116,892	\$0	\$0	\$0	\$0	\$871,098
Claims Runout for PHE unwind	(\$291,519)	(\$1,938,671)	(\$11,975,358)	(\$1,336,103)	(\$8,034,616)	(\$4,459,764)	(\$27,099,778)	(\$23,232)	(\$6,016,214)	(\$1,229,924)	(\$1,006,087)	(\$233,725)	(\$99,965)	\$0	(\$140,598)	\$0	(\$63,883,554)
FY 2022-23 R-07 Utilization Management	(\$5,404)	(\$4,460)	(\$24,415)	(\$2,697)	(\$18,396)	(\$8,887)	(\$56,886)	(\$99)	(\$30,109)	(\$3,843)	(\$3,091)	(\$4,543)	(\$879)	(\$2,264)	(\$675)	\$0	(\$166,648)
FY 2024-25 R-4 Dental Services	\$2,470,546	\$698,014	\$3,357,501	\$1,117,459	\$9,559,624	\$4,852,984	\$26,244,076	\$6,650	\$24,876,753	\$3,892,528	\$1,080,059	\$23,011	\$305,816	\$0	\$0	\$0	\$78,485,021
FY 2024-25 R-4 Physician Services	\$125,974	\$560,516	\$5,085,066	\$521,139	\$4,196,534	\$1,832,177	\$11,573,788	\$281	\$13,190,447	\$1,452,995	\$1,112,199	\$990,635	\$3,838	\$0	\$0	\$0	\$40,636,589
FY 23-24 R-7 Across the Board Rate Increase	\$275,458	\$235,689	\$1,259,727	\$128,821	\$1,019,243	\$533,382	\$3,231,974	\$2,304	\$1,852,014	\$242,613	\$159,654	\$227,352	\$48,721	\$142,988	\$43,733	\$0	\$9,403,673
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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB 23-1300 Carceral Adults	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,215,760	\$0	\$134,240	\$0	\$0	\$0	\$0	\$0	\$1,350,000
HB24-1045 Treatment for SUD	\$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	\$2,095,235	\$914,765	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,010,000
R-7 FY 23-24 MPRRAC Recommendations	\$11,460	\$51,880	\$483,895	\$43,317	\$428,125	\$206,711	\$1,126,467	\$110	\$1,145,838	\$126,941	\$94,262	\$111,268	\$7,259	\$40,120	\$0	\$0	\$3,827,653
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 Drug B/L	\$754,741	\$1,968,211	\$12,660,480	\$2,487,046	\$9,709,703	\$4,330,479	\$30,538,824	\$59,034	\$5,772,609	\$1,248,558	\$821,322	\$937,884	\$199,166	\$35,125	\$0	\$0	\$1,572,982
Supporting PCMP Transition	\$0	\$21,186	\$138,132	\$18,002	\$81,647	\$31,596	\$243,392	\$257	\$70,939	\$13,233	\$12,501	\$3,515	\$437	\$8	\$67	\$0	\$634,912
Value Based Payments	(\$9,220)	(\$57,340)	(\$373,863)	(\$48,723)	(\$220,983)	(\$85,518)	(\$658,760)	(\$695)	(\$192,001)	(\$35,816)	(\$33,836)	(\$9,513)	(\$1,182)	(\$21)	(\$182)	\$0	(\$1,727,653)
VBP True Up	\$0	(\$11,998)	(\$78,226)	(\$10,194)	(\$17,894)	(\$46,238)	(\$137,838)	(\$145)	(\$40,174)	(\$7,495)	(\$2,079)	(\$1,991)	(\$4)	(\$4)	(\$38)	\$0	(\$359,561)
Extra Payment Period	\$4,463,182	\$3,313,855	\$17,522,134	\$3,253,699	\$11,304,469	\$3,295,124	\$33,265,900	\$29,316	\$21,508,519	\$2,270,565	\$2,499,308	\$2,661,107	\$478,313	\$2,185,563	\$433,547	\$0	\$108,463,993
Rebate Over Invoicing	(\$514,404)	(\$368,749)	(\$2,371,971)	(\$465,954)	(\$1,819,136)	(\$811,326)	(\$5,721,483)	(\$1,060)	(\$1,081,512)	(\$233,920)	(\$153,877)	(\$37,314)	(\$5,581)	\$0	\$0	\$0	(\$13,400,002)
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
Estimated Increase in Respiratory Syncytial Virus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$8,305,874)	\$0	\$0	\$0	\$0	\$0	\$0	(\$8,305,299)
Estimated Increase in Flu Expenditure	(\$54,182)	(\$20,358)	(\$149,495)	(\$25,601)	(\$309,374)	(\$165,843)	(\$382,425)	(\$205)	(\$1,621,871)	(\$225,938)	(\$52,693)	(\$21,180)	(\$4,267)	(\$3,753)	(\$16,194)	\$0	(\$3,063,379)
PACE Enroll Savings	(\$3,127,991)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,127,991)
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	\$3,582,515	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,582,515
FY 2024-25 R-4 Across the Board Rate Increase	\$2,545,818	\$2,180,087	\$11,248,585	\$1,389,944	\$8,319,587	\$3,190,587	\$25,831,571	\$21,502	\$14,493,491	\$1,809,105	\$1,536,450	\$2,090,678	\$350,124	\$1,371,098	\$225,779	\$0	\$76,562,210
Total Bottom Line Impacts	\$7,039,714	\$6,618,621	\$39,194,585	\$7,063,094	\$36,220,975	\$13,626,171	\$97,868,663	\$84,073	\$66,429,695	\$9,277,990	\$5,741,522	\$7,362,722	\$9,579,380	\$3,746,262	\$545,407	\$0	\$310,398,873
Estimated FY 2024-25 Expenditure	\$4,566,04	\$13,179,23	\$15,565,38	\$7,028,79	\$4,924,77	\$4,807,50	\$6,278,56	\$17,309,49	\$3,399,40	\$2,703,60	\$6,862,93	\$6,567,72	\$6,795,25	\$3,380,28	\$741,36	\$162,44	\$5,191,03
Estimated FY 2024-25 Per Capita	3.17%	4.26%	9.14%	17.43%	33.13%	26.43%	42.25%	29.73%	20.63%	12.86%	17.69%	14.00%	6.71%	6.66%	6.71%	0.00%	33.24%
% Change over FY 2023-24 Per Capita	\$141,420,913	\$102,607,714	\$592,480,920	\$68,766,203	\$492,483,128	\$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	\$35,616,865	\$18,699,183	\$18,699,184	\$3,908,984,296

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

ACUTE CARE	Request Year Projection																	TOTAL
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% 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		
Percentage Selected to Modify Per Capita ²¹	2.11%	4.62%	4.40%	4.23%	3.05%	3.39%	2.92%	3.40%	0.77%	0.77%	12.55%	2.39%	2.39%	3.44%	4.72%	0.00%		
Estimated FY 2025-26 Base Per Capita	\$4,662.18	\$13,788.11	\$16,249.51	\$7,326.19	\$5,074.98	\$5,053.19	\$6,461.89	\$17,980.95	\$3,385.20	\$7,724.37	\$7,724.23	\$6,724.69	\$6,916.70	\$3,703.35	\$776.34	\$162.44	\$5,378.80	
Estimated FY 2025-26 Expenditure	\$2,986	\$12,429	\$16,683	\$2,760	\$4,787	\$5,056	\$6,175	\$130	\$377,842	\$8,320	\$18,477	\$24,074	\$2,247	\$3,701	\$2,032	\$24,687	\$1,249,856	
Estimated FY 2025-26 Base Expenditure	\$247,030,269	\$171,372,419	\$986,069,015	\$240,005,984	\$724,641,169	\$227,676,529	\$2,337,491,779	\$2,337,524	\$1,279,070,738	\$131,668,802	\$142,720,598	\$161,890,187	\$36,291,925	\$113,696,548	\$24,867,723	\$4,010,156	\$6,830,841,365	
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	\$1,952	\$1,195	\$13,682	\$895	\$1,879	\$27	\$57	\$6,480	\$766	\$1,459	\$495	\$109	\$0	\$0	\$0	\$0	\$28,916	
JBC Action: Adult Dental Cap	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2024-25 JBC Action - Maternal Health Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
SB 24-175 Perinatal Health	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$425,813	\$98,987	\$0	\$0	\$0	\$0	\$524,400	
SB24-116: Discounted Care for Indigent Patients	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
SB 23-002 Medicaid Reimbursement for Community Health Services	\$52,258	\$347,530	\$2,146,726	\$239,512	\$1,440,301	\$799,466	\$4,857,959	\$4,165	\$1,078,478	\$220,479	\$179,995	\$41,898	\$17,920	\$2	\$0	\$0	\$11,426,689	
BU Example	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$17,993	\$11,158	\$0	\$0	\$0	\$83,151	
Claims Runout for PHE Unwind	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2022-23 R-07 Utilization Management	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FY 2024-25 R-6 Dental Services	\$224,595	\$63,496	\$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	\$377,732	
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	\$1,526,305	
HB 23-1300 Carceral Adults	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,505,209	\$1,628,161	\$0	\$0	\$0	\$12,133,370	
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,912,795	\$0	\$21,205	\$0	\$0	\$0	\$0	\$0	\$2,124,000	
HB24-1045 Treatment for SUD	\$13,657	\$67,484	\$340,385	\$49,375	\$630,343	\$216,405	\$1,421,876	\$2,074	\$847,498	\$113,564	\$160,359	\$102,688	\$23,615	\$0	\$0	\$0	\$3,989,322	
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
R-7 FY 23-24 MPR/AC 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	\$1,038,311	
SB24-168: Remote Monitoring Services for Medicaid Members - Remote Patient Monitoring	\$1,816	\$7,994	\$78,398	\$9,040	\$59,609	\$23,050	\$160,252	\$4	\$191,723	\$19,578	\$16,709	\$14,823	\$559	\$0	\$0	\$0	\$583,554	
Specialty Drug BIL	\$868,291	\$2,342,962	\$15,066,483	\$2,960,078	\$11,556,474	\$5,194,131	\$36,347,023	\$70,262	\$6,870,551	\$1,486,031	\$977,538	\$1,116,268	\$237,047	\$41,806	\$0	\$0	\$85,126,545	
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	\$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	\$8,837,930	\$762,070	\$0	\$0	\$0	\$9,600,000	
Estimated Increase in Respiratory Syncytial Virus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$512,413	\$0	\$24,642	\$0	\$0	\$0	\$0	\$0	\$537,055	
Estimated Increase in Flu Expenditure	\$18,016	\$6,769	\$49,710	\$8,513	\$102,873	\$55,146	\$127,163	\$68	\$539,302	\$75,129	\$17,521	\$7,042	\$1,419	\$1,248	\$5,385	\$0	\$1,015,304	
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	(\$474,983)	(\$115,315)	(\$1,915,161)	(\$97,407)	(\$16,594)	(\$12)	(\$741)	\$0	(\$695,923)	(\$66,331)	(\$190,010)	(\$699)	(\$57)	\$0	\$0	\$0	(\$3,573,353)	
HB 23-1303 Increased Residential Beds	\$0	\$0	(\$2,583,515)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$2,583,515)	
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	\$6,960,201	
Total Bottom Line Impacts	(\$3,345,033)	(\$153,858)	(\$1,639,670)	\$332,927	\$4,261,322	\$3,751,264	\$14,832,129	\$49,827	(\$6,137,430)	\$152,474	(\$796,486)	\$18,490,719	\$2,361,396	(\$2,017,862)	(\$507,637)	\$0	\$29,936,084	
Estimated FY 2025-26 Expenditure	\$243,685,236	\$171,218,561	\$984,429,345	\$240,338,911	\$728,902,491	\$231,427,793	\$2,352,233,908	\$2,387,351	\$1,272,933,308	\$131,821,276	\$141,924,112	\$180,880,906	\$38,655,321	\$111,678,686	\$24,460,086	\$4,010,156	\$6,880,772,449	
Estimated FY 2025-26 Per Capita	\$4,599.05	\$13,775.73	\$16,223.49	\$7,336.35	\$5,104.82	\$5,136.45	\$6,502.89	\$18,364.24	\$3,368.96	\$8,727.92	\$7,681.12	\$7,501.08	\$7,307.13	\$3,637.42	\$761.61	\$162.44	\$5,402.37	
% Change over FY 2024-25 Per Capita	0.72%	4.53%	4.22%	4.38%	3.66%	5.09%	3.57%	5.61%	0.28%	11.92%	14.21%	9.06%	1.60%	3.00%	0.00%	4.07%		

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

ACUTE CARE	Out Year Projection																	TOTAL
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% 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		
Percentage Selected to Modify Per Capita ⁽¹⁾	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.40%	0.77%	2.39%	12.55%	2.39%	2.39%	3.44%	3.14%	0.00%		
Estimated FY 2026-27 Base Per Capita	\$4,695.88	\$14,412.17	\$16,935.50	\$7,362.76	\$5,260.52	\$5,310.58	\$6,692.77	\$18,988.85	\$3,394.84	\$2,792.71	\$8,445.10	\$7,680.36	\$7,543.20	\$3,762.66	\$787.59	\$162.44		
Estimated FY 2026-27 Eligible	\$5,521	\$12,375	\$14,304	\$4,389	\$4,883	\$4,494	\$6,405	\$12,133	\$391,260	\$1,872	\$8,495	\$4,750	\$5,527	\$4,039	\$24,687	\$1,338,025		
Estimated FY 2026-27 Base Expenditure	\$260,719,953	\$181,233,038	\$112,891,392	\$253,197,954	\$783,201,999	\$257,053,314	\$2,613,158,583	\$2,525,517	\$1,328,265,098	\$144,863,453	\$159,891,125	\$190,088,910	\$42,068,426	\$115,517,425	\$26,808,776	\$4,010,156		
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	\$3,844,720	\$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		
HB22-1289 Health Benefits for Colorado Children and Pregnant Persons Breast Pump	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$645,394)	(\$100,027)	\$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		
JBC Action: Adult Dental Cap	\$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		
SB 24-175 Perinatal Health	\$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	\$1,693,990	\$814,137	\$6,464,545	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
SB 23-002 Medicaid Reimbursemt for Community Health Services	\$8,999	\$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		
BLI Example	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Claims Runout for PHE Unwind	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
FY 2022-23 R-07 Utilization Management	\$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		
FY 2024-25 R-6 Physician Services	\$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		
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		
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		
HB 23-1300 Carceral Adults	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
HB24-1038 High Acuity Crisis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,669,643	\$0	\$184,357	\$0	\$0	\$0	\$0	\$0		
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		
Nurse Home Visitor Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
R-7 FY 23-24 HRRBAC Recommendations	(\$137,524)	(\$622,374)	(\$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		
SB24-168: Remote Monitoring Services for Medicaid Members - Continuous Glucose Monitor	\$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		
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		
Specialty Drug B/LI	\$744,358	\$1,941,154	\$12,486,302	\$2,452,820	\$9,576,122	\$4,270,903	\$30,118,489	\$58,222	\$5,693,192	\$1,231,381	\$810,023	\$924,881	\$196,425	\$34,643	\$0	\$0		
Supporting PCMP Transition	\$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		
VBP True Up	\$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		
Rebate Over Invoicing	\$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		
Estimated increase in Respiratory Syncytial Virus	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Estimated increase in Flu Expenditure	\$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		
Acute Home Health 60 day limit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
HB 22-1303 Increased Residential Beh	\$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		
Total Bottom Line Impacts	\$1,418,436	\$624,890	\$9,432,796	\$2,223,429	\$7,239,242	\$3,046,639	\$25,936,742	\$59,710	(\$4,617,110)	(\$65,211)	\$118,733	\$9,616,494	\$5,510,992	(\$446,789)	\$0	\$60,098,991		
Estimated FY 2026-27 Expenditure	\$262,138,389	\$181,857,928	\$1,132,324,188	\$255,421,383	\$790,441,241	\$260,099,993	\$2,639,095,325	\$2,585,227	\$1,323,647,988	\$144,798,242	\$160,009,858	\$199,705,404	\$47,379,418	\$115,070,636	\$26,808,776	\$4,010,156		
Estimated FY 2026-27 Per Capita	\$4,721.43	\$14,461.86	\$17,077.77	\$7,427.42	\$5,309.14	\$5,373.52	\$6,759.20	\$19,437.80	\$3,383.04	\$2,791.45	\$8,651.52	\$8,068.91	\$8,531.36	\$3,748.11	\$787.59	\$162.44		
% Change over FY 2025-26 Per Capita	2.66%	4.98%	5.27%	1.24%	4.00%	4.62%	3.94%	5.85%	0.42%	2.34%	12.63%	7.57%	15.80%	3.04%	3.14%	0.00%		

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

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

Breast and Cervical Cancer Program Costs				
Fiscal Year	Total	Caseload	Per Capita	Percent Change
FY 2017-18	\$2,946,908	235	\$12,540.03	
FY 2018-19	\$2,202,429	155	\$14,209.22	13.31%
FY 2019-20	\$2,628,918	145	\$18,172.24	27.89%
FY 2020-21	\$2,758,017	137	\$20,131.51	10.78%
FY 2021-22	\$1,253,751	139	\$9,019.79	-55.20%
FY 2022-23	\$1,590,590	131	\$12,141.91	34.61%
FY 2023-24	\$1,454,710	133	\$10,937.67	-9.92%
FY 2023-24 Estimate ⁽¹⁾	\$2,156,297	124	\$17,389.49	58.99%
FY 2024-25 Estimate ⁽¹⁾	\$2,387,351	130	\$18,364.24	5.61%
FY 2025-26 Estimate ⁽¹⁾	\$2,585,227	133	\$19,437.80	5.85%

Fiscal Year	Per Capita	Caseload	Total Funds	General Fund	Cash Funds ⁽¹⁾	Reappropriated Funds	Federal Funds	FFP
FY 2021-22 Estimate	\$17,389.49	124	\$2,156,297	\$0	\$754,704	\$0	\$1,401,593	65.00%
FY 2022-23 Estimate	\$18,364.24	130	\$2,387,351	\$0	\$835,573	\$0	\$1,551,778	65.00%
FY 2023-24 Estimate	\$19,437.80	133	\$2,585,227	\$0	\$904,829	\$0	\$1,680,398	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 2015-16	\$9,640,672	\$3,286,270	\$15,550,126	\$0	\$30,998,068	\$0	\$0	\$0	\$0	\$0	\$157,955	\$2,237,470	\$244,911	\$0	\$0	\$0	\$62,115,472
FY 2016-17	\$9,626,404	\$3,310,233	\$15,679,512	\$0	\$29,215,709	\$0	\$0	\$0	\$0	\$0	\$236,132	\$2,163,344	\$316,121	\$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	\$1,488,354	\$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
Estimated FY 2024-25	\$18,119,990	\$6,116,934	\$25,185,934	\$0	\$81,387,953	\$0	\$0	\$0	\$0	\$0	\$414,387	\$12,287,900	\$2,762,230	\$0	\$0	\$0	\$146,275,328
Estimated FY 2025-26	\$19,296,972	\$6,284,848	\$26,826,134	\$0	\$85,749,305	\$0	\$0	\$0	\$0	\$0	\$421,981	\$12,847,090	\$3,529,545	\$0	\$0	\$0	\$154,955,875
Estimated FY 2026-27	\$20,220,193	\$6,358,675	\$29,311,009	\$0	\$89,410,197	\$0	\$0	\$0	\$0	\$0	\$421,981	\$13,207,838	\$3,684,949	\$0	\$0	\$0	\$162,614,842
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 2016-17	-0.15%	0.73%	0.83%	0.00%	-5.75%	0.00%	0.00%	0.00%	0.00%	0.00%	-49.49%	-3.31%	29.89%	0.00%	0.00%	0.00%	-2.52%
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%
Estimated FY 2024-25	77.79%	67.31%	71.41%	0.00%	60.54%	0.00%	0.00%	0.00%	0.00%	0.00%	35.51%	63.54%	66.21%	0.00%	0.00%	0.00%	64.88%
Estimated FY 2025-26	6.50%	2.75%	6.51%	0.00%	5.36%	0.00%	0.00%	0.00%	0.00%	0.00%	1.83%	4.55%	27.78%	0.00%	0.00%	0.00%	5.93%
Estimated FY 2026-27	4.78%	1.17%	9.26%	0.00%	4.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.81%	-4.40%	0.00%	0.00%	0.00%	-4.94%
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 2015-16	\$227.36	\$312.12	\$226.02	\$0.00	\$189.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$118.41	\$155.24	\$139.23	\$0.00	\$0.00	\$0.00	\$205.29
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	\$199.46	\$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
Estimated FY 2024-25	\$361.46	\$497.15	\$434.81	\$0.00	\$582.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$266.83	\$521.89	\$459.30	\$0.00	\$0.00	\$0.00	\$502.30
Estimated FY 2025-26	\$364.19	\$505.66	\$442.07	\$0.00	\$600.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$271.72	\$533.65	\$470.92	\$0.00	\$0.00	\$0.00	\$513.09
Estimated FY 2026-27	\$364.19	\$505.66	\$442.07	\$0.00	\$600.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$271.72	\$533.65	\$470.92	\$0.00	\$0.00	\$0.00	\$512.32
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 2016-17	-3.64%	-5.65%	2.59%	0.00%	-4.63%	0.00%	0.00%	0.00%	0.00%	0.00%	-46.74%	2.72%	16.10%	0.00%	0.00%	0.00%	-2.05%
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	5.33%	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%
Estimated FY 2024-25	69.10%	72.59%	74.58%	0.00%	85.21%	0.00%	0.00%	0.00%	0.00%	0.00%	11.43%	67.02%	56.51%	0.00%	0.00%	0.00%	76.40%
Estimated FY 2025-26	0.76%	1.71%	1.67%	0.00%	3.11%	0.00%	0.00%	0.00%	0.00%	0.00%	1.83%	2.25%	2.53%	0.00%	0.00%	0.00%	2.15%
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%	-0.15%

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 2015-16	\$918,640	\$291,759	\$1,629,371	\$0	\$4,196,565	\$0	\$0	\$0	\$0	\$0	\$26,261	\$237,239	\$27,681	\$0	\$0	\$0	\$7,327,516
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
Estimated FY 2024-25	\$1,454,773	\$497,205	\$1,628,823	\$0	\$4,189,435	\$0	\$0	\$0	\$0	\$0	\$21,059	\$496,093	\$168,873	\$0	\$0	\$0	\$8,456,261
Estimated FY 2025-26	\$1,532,884	\$508,843	\$1,686,381	\$0	\$4,207,933	\$0	\$0	\$0	\$0	\$0	\$21,400	\$501,943	\$208,436	\$0	\$0	\$0	\$8,647,820
Estimated FY 2026-27	\$1,606,223	\$514,821	\$1,842,588	\$0	\$4,387,582	\$0	\$0	\$0	\$0	\$0	\$21,400	\$516,038	\$217,613	\$0	\$0	\$0	\$9,106,265
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 2016-17	-1.72%	1.40%	-6.54%	0.00%	-7.10%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.19%	-11.52%	5.93%	0.00%	0.00%	0.00%	-6.05%
FY 2017-18	3.22%	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%
Estimated FY 2024-25	2.87%	-3.58%	-4.80%	0.00%	-16.39%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.82%	-4.92%	3.25%	0.00%	0.00%	0.00%	-9.65%
Estimated FY 2025-26	5.37%	2.34%	3.53%	0.00%	0.44%	0.00%	0.00%	0.00%	0.00%	0.00%	1.62%	1.18%	23.43%	0.00%	0.00%	0.00%	2.50%
Estimated FY 2026-27	4.78%	1.17%	9.26%	0.00%	4.27%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.81%	-4.40%	0.00%	0.00%	0.00%	5.06%
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 2015-16	\$21.66	\$27.71	\$23.68	\$0.00	\$25.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19.69	\$16.46	\$15.74	\$0.00	\$0.00	\$0.00	\$24.22
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
Estimated FY 2024-25	\$29.02	\$40.41	\$28.12	\$0.00	\$29.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.56	\$21.07	\$28.08	\$0.00	\$0.00	\$0.00	\$29.04
Estimated FY 2025-26	\$28.93	\$40.94	\$27.79	\$0.00	\$29.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$20.85	\$27.81	\$0.00	\$0.00	\$0.00	\$28.70
Estimated FY 2026-27	\$28.93	\$40.94	\$27.79	\$0.00	\$29.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$20.85	\$27.81	\$0.00	\$0.00	\$0.00	\$28.69
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 2016-17	-5.12%	-5.02%	-4.90%	0.00%	-5.99%	0.00%	0.00%	0.00%	0.00%	0.00%	-7.92%	-6.01%	-5.34%	0.00%	0.00%	0.00%	-5.62%
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%
Estimated FY 2024-25	-2.16%	-0.54%	-3.03%	0.00%	-3.54%	0.00%	0.00%	0.00%	0.00%	0.00%	-25.86%	-2.90%	-2.77%	0.00%	0.00%	0.00%	-3.33%
Estimated FY 2025-26	-0.31%	1.31%	-1.17%	0.00%	-1.70%	0.00%	0.00%	0.00%	0.00%	0.00%	1.62%	-1.04%	-0.96%	0.00%	0.00%	0.00%	-1.17%
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%	-0.03%

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 2015-16	\$8,722,032	\$2,994,511	\$13,920,755	\$0	\$26,801,503	\$0	\$0	\$0	\$0	\$0	\$131,694	\$2,000,231	\$217,230	\$0	\$0	\$0	\$54,787,956
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	\$8,777,996	\$3,140,342	\$12,987,780	\$0	\$45,685,388	\$0	\$0	\$0	\$0	\$0	\$282,443	\$6,991,807	\$1,498,323	\$0	\$0	\$0	\$79,358,678
Estimated FY 2024-25	\$16,465,217	\$5,619,729	\$23,557,112	\$0	\$77,198,518	\$0	\$0	\$0	\$0	\$0	\$393,328	\$11,791,807	\$2,593,357	\$0	\$0	\$0	\$137,819,668
Estimated FY 2025-26	\$17,764,086	\$5,776,005	\$25,139,753	\$0	\$81,541,372	\$0	\$0	\$0	\$0	\$0	\$400,581	\$12,345,147	\$3,321,109	\$0	\$0	\$0	\$146,288,053
Estimated FY 2026-27	\$18,613,970	\$5,843,854	\$27,468,421	\$0	\$85,022,615	\$0	\$0	\$0	\$0	\$0	\$400,581	\$12,691,800	\$3,467,336	\$0	\$0	\$0	\$153,508,577
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 2016-17	0.02%	0.66%	1.70%	0.00%	-5.54%	0.00%	0.00%	0.00%	0.00%	0.00%	60.60%	-2.34%	32.95%	0.00%	0.00%	0.00%	-2.05%
FY 2017-18	5.65%	3.29%	3.96%	0.00%	5.20%	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%	0.01%	-1.07%	-6.38%	0.00%	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%	13.26%	26.48%	141.44%	0.00%	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%	5.41%	101.29%	99.79%	0.00%	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%	62.90%	56.23%	48.23%	0.00%	0.00%	0.00%	0.00%	35.22%
Estimated FY 2024-25	89.86%	78.95%	81.45%	0.00%	68.98%	0.00%	0.00%	0.00%	0.00%	39.26%	68.65%	73.08%	0.00%	0.00%	0.00%	0.00%	73.67%
Estimated FY 2025-26	6.59%	2.78%	6.72%	0.00%	5.63%	0.00%	0.00%	0.00%	0.00%	1.84%	4.69%	28.06%	0.00%	0.00%	0.00%	0.00%	6.15%
Estimated FY 2026-27	4.78%	1.17%	9.26%	0.00%	4.27%	0.00%	0.00%	0.00%	0.00%	0.00%	2.81%	4.40%	0.00%	0.00%	0.00%	0.00%	4.94%
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 2015-16	\$205.69	\$284.41	\$202.34	\$0.00	\$164.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98.72	\$138.78	\$123.50	\$0.00	\$0.00	\$0.00	\$181.07
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	\$119.52	\$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	\$280.78	\$264.58	\$0.00	\$0.00	\$0.00	\$254.71
Estimated FY 2024-25	\$332.44	\$456.74	\$406.69	\$0.00	\$552.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$253.27	\$500.82	\$431.22	\$0.00	\$0.00	\$0.00	\$473.26
Estimated FY 2025-26	\$335.26	\$464.72	\$414.28	\$0.00	\$571.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.94	\$512.80	\$443.11	\$0.00	\$0.00	\$0.00	\$484.39
Estimated FY 2026-27	\$335.26	\$464.72	\$414.28	\$0.00	\$571.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.94	\$512.80	\$443.11	\$0.00	\$0.00	\$0.00	\$483.63
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 2016-17	-3.48%	-5.71%	-3.47%	0.00%	-4.41%	0.00%	0.00%	0.00%	0.00%	0.00%	57.65%	3.75%	18.33%	0.00%	0.00%	0.00%	-1.57%
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%
Estimated FY 2024-25	80.59%	84.59%	84.81%	0.00%	94.94%	0.00%	0.00%	0.00%	0.00%	0.00%	14.51%	72.23%	62.98%	0.00%	0.00%	0.00%	85.80%
Estimated FY 2025-26	0.85%	1.75%	1.87%	0.00%	3.37%	0.00%	0.00%	0.00%	0.00%	0.00%	1.84%	2.39%	2.76%	0.00%	0.00%	0.00%	2.35%
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%	-0.16%

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 and CHP Children	TOTAL
Total Dental																	
Total Dental Per Capita Trend Factor	69.10%	72.59%	74.58%	0.00%	85.21%	0.00%	0.00%	0.00%	0.00%	0.00%	53.32%	67.02%	56.51%	0.00%	0.00%	0.00%	76.67%
Estimated FY 2024-25 Total Dental Per Capita	\$361.46	\$497.15	\$434.81	\$0.00	\$582.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$26.83	\$521.89	\$459.30	\$0.00	\$0.00	\$0.00	\$502.30
Estimated FY 2024-25 Eligible Caseload	50,130	12,304	57,924	-	139,741	-	-	-	-	-	1,553	23,545	6,014	-	-	-	291,211
Estimated FY 2024-25 Total Dental Expenditure	\$18,119,990	\$6,116,934	\$25,185,934	\$0	\$81,387,953	\$0	\$0	\$0	\$0	\$0	\$414,387	\$12,287,900	\$2,762,230	\$0	\$0	\$0	\$146,275,328
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	-2.16%	-0.54%	-3.03%	0.00%	-3.54%	0.00%	0.00%	0.00%	0.00%	0.00%	2.03%	-2.90%	-2.77%	0.00%	0.00%	0.00%	\$29.04
Estimated FY 2024-25 Emergency and Co-Occurring Dental Per Capita	\$29.02	\$40.41	\$28.12	\$0.00	\$29.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.56	\$21.07	\$28.08	\$0.00	\$0.00	\$0.00	\$29.04
Estimated FY 2024-25 Eligible Caseload	50,130	12,304	57,924	-	139,741	-	-	-	-	-	1,553	23,545	6,014	-	-	-	291,211
Estimated FY 2024-25 Emergency and Co-Occurring Dental Expenditure	\$1,454,773	\$497,205	\$1,628,823	\$0	\$4,189,435	\$0	\$0	\$0	\$0	\$0	\$21,059	\$496,093	\$168,873	\$0	\$0	\$0	\$8,456,261
Bottom Line Impacts																	
JBC Adult Dental Cap Removal																	
R-6 Rate Adjustment	\$2,470,546	\$698,014	\$3,357,501	\$0	\$9,559,624	\$4,852,984	\$0	\$0	\$0	\$0	\$1,080,059	\$23,011	\$305,816	\$0	\$0	\$0	\$22,347,555
Total Bottom Line Impacts	\$2,470,546	\$698,014	\$3,357,501	\$0	\$9,559,624	\$4,852,984	\$0	\$0	\$0	\$0	\$1,080,059	\$23,011	\$305,816	\$0	\$0	\$0	\$22,347,555
Adult Dental Benefit																	
Estimated FY 2024-25 Adult Dental Benefit Per Capita	\$332.44	\$456.74	\$406.69	\$0.00	\$552.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$253.27	\$500.82	\$431.22	\$0.00	\$0.00	\$0.00	\$473.26
Estimated FY 2024-25 Eligible Caseload	50,130	12,304	57,924	-	139,741	-	-	-	-	-	1,553	23,545	6,014	-	-	-	291,211
Estimated FY 2024-25 Adult Dental Benefit Expenditure	\$16,665,217	\$5,619,729	\$23,557,112	\$0	\$77,198,518	\$0	\$0	\$0	\$0	\$0	\$393,328	\$11,791,807	\$2,993,357	\$0	\$0	\$0	\$137,819,068
Request Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
Total Dental																	
Total Dental Per Capita Trend Factor	0.75%	1.71%	1.67%	0.00%	3.11%	0.00%	0.00%	0.00%	0.00%	0.00%	1.83%	2.25%	2.53%	0.00%	0.00%	0.00%	5513.09
Estimated FY 2025-26 Total Dental Per Capita	\$364.19	\$505.66	\$442.07	\$0.00	\$600.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.72	\$533.65	\$470.92	\$0.00	\$0.00	\$0.00	\$513.09
Estimated FY 2025-26 Eligible Caseload	52,986	12,429	60,683	-	142,787	-	-	-	-	-	1,553	24,074	7,495	-	-	-	302,007
Estimated FY 2025-26 Total Dental Expenditure	\$19,296,972	\$6,284,848	\$26,826,134	\$0	\$85,749,305	\$0	\$0	\$0	\$0	\$0	\$421,981	\$12,847,090	\$3,529,545	\$0	\$0	\$0	\$154,955,875
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	-0.29%	1.32%	-1.19%	0.00%	-1.71%	0.00%	0.00%	0.00%	0.00%	0.00%	1.60%	-1.05%	-0.95%	0.00%	0.00%	0.00%	\$28.70
Estimated FY 2025-26 Emergency and Co-Occurring Dental Per Capita	\$28.93	\$40.94	\$27.79	\$0.00	\$29.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$20.85	\$27.81	\$0.00	\$0.00	\$0.00	\$28.70
Estimated FY 2025-26 Eligible Caseload	52,986	12,429	60,683	-	142,787	-	-	-	-	-	1,553	24,074	7,495	-	-	-	302,007
Estimated FY 2025-26 Emergency and Co-Occurring Dental Expenditure	\$1,532,884	\$508,843	\$1,686,381	\$0	\$4,207,933	\$0	\$0	\$0	\$0	\$0	\$21,400	\$501,943	\$208,436	\$0	\$0	\$0	\$8,667,820
Bottom Line Impacts																	
JBC Adult Dental Cap Removal																	\$0
R-6 Rate Adjustments	\$2,695,141	\$761,470	\$3,662,729	\$0	\$10,428,681	\$5,294,165	\$0	\$0	\$0	\$0	\$1,178,246	\$25,102	\$333,618	\$0	\$0	\$0	\$24,379,152
Total Bottom Line Impacts	\$2,695,141	\$761,470	\$3,662,729	\$0	\$10,428,681	\$5,294,165	\$0	\$0	\$0	\$0	\$1,178,246	\$25,102	\$333,618	\$0	\$0	\$0	\$24,379,152
Adult Dental Benefit																	
Estimated FY 2025-26 Adult Dental Benefit Per Capita	\$335.26	\$464.72	\$414.28	\$0.00	\$571.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.94	\$512.80	\$443.11	\$0.00	\$0.00	\$0.00	\$484.39
Estimated FY 2025-26 Eligible Caseload	52,986	12,429	60,683	-	142,787	-	-	-	-	-	1,553	24,074	7,495	-	-	-	302,007
Estimated FY 2025-26 Adult Dental Benefit Expenditure	\$17,764,086	\$5,776,005	\$25,139,753	\$0	\$81,541,372	\$0	\$0	\$0	\$0	\$0	\$400,581	\$12,345,147	\$3,321,109	\$0	\$0	\$0	\$146,288,053
Out Year Projection																	
CALCULATION OF ADULT DENTAL CASH FUND-ELIGIBLE DENTAL SERVICES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	HB 22-1289 Medicaid and CHP Children	TOTAL
Total Dental																	
Total Dental Per Capita Trend Factor	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%	5512.32
Estimated FY 2026-27 Total Dental Per Capita	\$364.19	\$505.66	\$442.07	\$0.00	\$600.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$27.72	\$533.65	\$470.92	\$0.00	\$0.00	\$0.00	\$512.32
Estimated FY 2026-27 Eligible Caseload	55,521	12,575	66,304	-	148,883	-	-	-	-	-	1,553	24,750	7,825	-	-	-	317,411
Estimated FY 2026-27 Total Dental Expenditure	\$20,220,193	\$6,358,675	\$29,311,009	\$0	\$89,410,197	\$0	\$0	\$0	\$0	\$0	\$421,981	\$13,207,838	\$3,684,949	\$0	\$0	\$0	\$162,614,842
Emergency and Co-Occurring Dental																	
Emergency and Co-Occurring Dental Per Capita Trend Factor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	\$28.69
Estimated FY 2026-27 Emergency and Co-Occurring Dental Per Capita	\$28.93	\$40.94	\$27.79	\$0.00	\$29.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13.78	\$20.85	\$27.81	\$0.00	\$0.00	\$0.00	\$28.69
Estimated FY 2026-27 Eligible Caseload	55,521	12,575	66,304	-	148,883	-	-	-	-	-	1,553	24,750	7,825	-	-	-	317,411
Estimated FY 2026-27 Emergency and Co-Occurring Dental Expenditure	\$1,606,223	\$514,821	\$1,842,588	\$0	\$4,387,582	\$0	\$0	\$0	\$0	\$0	\$21,400	\$516,038	\$217,613	\$0	\$0	\$0	\$9,106,265
Bottom Line Impacts																	
JBC Adult Dental Cap Removal	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
R-6 Rate Adjustments	\$2,695,141	\$761,470	\$3,662,729	\$0	\$10,428,681	\$5,294,165	\$0	\$0	\$0	\$0	\$1,178,246	\$25,102	\$333,618	\$0	\$0	\$0	\$24,379,152
Total Bottom Line Impacts	\$2,695,141	\$761,470	\$3,662,729	\$0	\$10,428,681	\$5,294,165	\$0	\$0	\$0	\$0	\$1,178,246	\$25,102	\$333,618	\$0	\$0	\$0	\$24,379,152
Adult Dental Benefit																	
Estimated FY 2026-27 Adult Dental Benefit Per Capita	\$335.26	\$464.72	\$414.28	\$0.00	\$571.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$257.94	\$512.80	\$443.11	\$0.00	\$0.00	\$0.00	\$483.63
Estimated FY 2026-27 Eligible Caseload	55,521	12,575	66,304	-	148,883	-	-	-	-	-	1,553	24,750	7,825	-	-	-	317,411
Estimated FY 2026-27 Adult Dental Benefit Expenditure	\$18,613,970	\$5,843,854	\$27,468,421	\$0	\$85,022,615	\$0	\$0	\$0	\$0	\$0	\$400,581	\$12,691,800	\$3,467,336	\$0	\$0	\$0	\$153,508,577

Adult Dental Cash Fund - Fund Splits							
FY 2024-25							
Eligibility Category	Caseload	Per Capita	FMAP	Total Funds ⁽¹⁾	General Fund	Adult Dental Fund	Federal Funds
Adults 65 and Older (OAP-A)	50,130	\$332.44	50.00%	\$16,665,217	\$0	\$8,332,608	\$8,332,609
Disabled Adults 60 to 64 (OAP-B)	12,304	\$456.74	50.00%	\$5,619,729	\$0	\$2,809,864	\$2,809,865
Disabled Individuals to 59 (AND/AB)	57,924	\$406.69	50.00%	\$23,557,112	\$0	\$11,778,556	\$11,778,556
MAGI Parents/Caretakers to 68% FPL	139,741	\$552.44	50.00%	\$77,198,518	\$0	\$38,599,259	\$38,599,259
Foster Care	1,553	\$253.27	50.00%	\$393,328	\$0	\$196,664	\$196,664
MAGI Pregnant Adults	23,545	\$500.82	50.00%	\$11,791,807	\$0	\$5,895,903	\$5,895,904
SB 11-250 Eligible Pregnant Adults	6,014	\$431.22	65.00%	\$2,593,357	\$0	\$907,675	\$1,685,682
Total	291,211	\$473.26		\$137,819,068	\$0	\$68,520,529	\$69,298,539
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)	52,986	\$335.26	50.00%	\$17,764,086	\$0	\$8,882,043	\$8,882,043
Disabled Adults 60 to 64 (OAP-B)	12,429	\$464.72	50.00%	\$5,776,005	\$0	\$2,888,002	\$2,888,003
Disabled Individuals to 59 (AND/AB)	60,683	\$414.28	50.00%	\$25,139,753	\$0	\$12,569,876	\$12,569,877
MAGI Parents/Caretakers to 68% FPL	142,787	\$571.07	50.00%	\$81,541,372	\$0	\$40,770,686	\$40,770,686
Foster Care	1,553	\$257.94	50.00%	\$400,581	\$0	\$200,290	\$200,291
MAGI Pregnant Adults	24,074	\$512.80	50.00%	\$12,345,147	\$0	\$6,172,573	\$6,172,574
SB 11-250 Eligible Pregnant Adults	7,495	\$443.11	65.00%	\$3,321,109	\$0	\$1,162,388	\$2,158,721
Total	302,007	\$484.39		\$146,288,053	\$0	\$72,645,858	\$73,642,195
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)	55,521	\$335.26	50.00%	\$18,613,970	\$0	\$9,306,985	\$9,306,985
Disabled Adults 60 to 64 (OAP-B)	12,575	\$464.72	50.00%	\$5,843,854	\$0	\$2,921,927	\$2,921,927
Disabled Individuals to 59 (AND/AB)	66,304	\$414.28	50.00%	\$27,468,421	\$0	\$13,734,210	\$13,734,211
MAGI Parents/Caretakers to 68% FPL	148,883	\$571.07	50.00%	\$85,022,615	\$0	\$42,511,307	\$42,511,308
Foster Care	1,553	\$257.94	50.00%	\$400,581	\$0	\$200,290	\$200,291
MAGI Pregnant Adults	24,750	\$512.80	50.00%	\$12,691,800	\$0	\$6,345,900	\$6,345,900
SB 11-250 Eligible Pregnant Adults	7,825	\$443.11	65.00%	\$3,467,336	\$0	\$1,213,568	\$2,253,768
Total	317,411	\$483.63		\$153,508,577	\$0	\$76,234,187	\$77,274,390

(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 2015-16	\$254,768	\$2,138,042	\$26,384,820	\$512,151	\$8,948,318	\$1,193,397	\$25,881,859	\$1,859	\$6,520,516	\$1,328,294	\$5,079,981	\$234,283	\$12,260	\$0	\$0	\$78,490,548	
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	
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 2016-17	1.75%	-5.97%	-9.73%	-1.71%	-11.87%	102.25%	-0.94%	-78.53%	-14.05%	-20.01%	-24.72%	3.03%	57.28%	0.00%	0.00%	-6.64%	
FY 2017-18	-22.27%	-34.19%	0.65%	-36.72%	-40.59%	-41.31%	-29.65%	-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%	-	34811.82%	-13.98%	
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 2015-16	\$6.01	\$203.06	\$383.50	\$82.38	\$54.78	\$13.72	\$80.79	\$8.77	\$13.96	\$22.32	\$254.83	\$16.25	\$6.97	\$0.00	\$0.00	#DIV/0!	
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	-	
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 2016-17	-1.83%	-11.92%	-8.15%	-2.25%	-10.81%	74.05%	-8.76%	-70.54%	-14.47%	-26.66%	-26.11%	9.48%	40.60%	0.00%	0.00%	#DIV/0!	
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%	-2.99%	24.07%	8.85%	67.05%	52.51%	-100.00%	-98.21%	#DIV/0!	
FY 2022-23	136.27%	8.69%	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%	-	

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 2015-16	\$189,609	\$1,591,217	\$19,636,649	\$381,163	\$6,659,700	\$888,174	\$19,262,325	\$1,384	\$4,852,831	\$988,570	\$3,780,727	\$174,363	\$9,124	\$0	\$0	\$58,415,836	
FY 2016-17	\$157,368	\$1,220,462	\$14,458,962	\$305,578	\$4,787,549	\$1,465,219	\$15,563,806	\$242	\$3,402,164	\$644,984	\$2,321,545	\$146,531	\$11,705	\$0	\$0	\$44,486,115	
FY 2017-18	\$112,518	\$738,785	\$9,356,720	\$282,925	\$2,786,879	\$800,786	\$8,402,074	\$150	\$799,950	\$163,498	\$616,528	\$57,306	\$7,792	\$0	\$0	\$24,125,911	
FY 2018-19	\$93,590	\$629,006	\$8,785,227	\$260,700	\$2,171,958	\$560,796	\$7,615,897	\$442	\$628,440	\$118,601	\$462,722	\$65,717	\$285	\$0	\$0	\$21,397,381	
FY 2019-20	\$49,080	\$813,381	\$9,317,782	\$337,074	\$2,307,255	\$595,085	\$8,022,814	\$6,908	\$672,245	\$123,080	\$497,776	\$67,576	\$1,203	\$0	\$15	\$22,811,274	
FY 2020-21	\$107,152	\$842,630	\$7,922,057	\$503,938	\$2,033,899	\$935,888	\$8,015,400	\$6,187	\$519,647	\$142,626	\$397,420	\$46,993	\$13,565	\$820	\$8,732	\$21,496,954	
FY 2021-22	\$110,604	\$1,357,582	\$11,618,593	\$2,413,662	\$3,414,888	\$1,353,819	\$12,880,299	\$10,621	\$683,833	\$240,934	\$531,618	\$103,027	\$31,308	\$0	\$265	\$34,751,053	
FY 2022-23	\$263,717	\$1,419,134	\$14,006,784	\$1,274,154	\$3,426,315	\$1,414,114	\$16,133,891	\$3,301	\$756,727	\$289,930	\$494,840	\$283,265	\$51,076	\$0	\$130	\$39,817,378	
FY 2023-24	\$114,791	\$1,297,014	\$11,629,783	\$1,489,597	\$2,167,741	\$625,681	\$13,814,382	\$83	\$405,593	\$98,871	\$329,282	\$188,893	\$14,320	\$32	\$42,805	\$32,218,868	
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 2016-17	-17.00%	-23.30%	-26.37%	-19.83%	-28.11%	64.97%	-19.20%	-82.51%	-29.89%	-34.76%	-38.60%	-15.96%	28.29%	0.00%	0.00%	-23.85%	
FY 2017-18	-28.50%	-39.47%	-7.41%	-41.79%	-35.29%	-7.41%	-41.79%	-45.35%	-38.02%	-76.49%	-74.65%	-60.89%	-33.43%	0.00%	0.00%	-45.77%	
FY 2018-19	-16.82%	-14.86%	-6.11%	-7.86%	-22.06%	-29.97%	-9.36%	2861.33%	-21.44%	-27.46%	-24.95%	14.68%	-96.34%	0.00%	0.00%	-11.31%	
FY 2019-20	-47.56%	29.31%	6.06%	29.30%	6.23%	6.11%	5.34%	55.52%	6.97%	3.78%	7.58%	2.83%	322.11%	0.00%	100.00%	6.61%	
FY 2020-21	118.32%	3.60%	-14.98%	49.50%	-11.85%	57.27%	-0.09%	-10.44%	-22.70%	15.88%	-20.16%	-30.46%	1027.60%	100.00%	58113.33%	-5.76%	
FY 2021-22	3.22%	61.11%	46.66%	378.96%	67.90%	44.66%	60.69%	71.67%	31.60%	68.93%	33.77%	119.24%	130.80%	-100.00%	-96.97%	61.66%	
FY 2022-23	138.43%	4.53%	20.55%	-47.21%	0.33%	4.45%	25.26%	-68.92%	10.66%	20.34%	-6.92%	174.94%	63.14%	0.00%	-50.94%	14.58%	
FY 2023-24	-8.47%	-8.61%	-16.97%	16.91%	-36.73%	-55.75%	-14.38%	-97.49%	-46.40%	-65.90%	-33.46%	-33.32%	-71.96%	-	32826.92%	-19.08%	
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 2015-16	\$4.47	\$151.13	\$285.42	\$61.31	\$40.77	\$10.21	\$60.12	\$4.30	\$10.39	\$16.61	\$189.65	\$12.10	\$5.19	\$0.00	\$0.00	#DIV/0!	
FY 2016-17	\$3.58	\$108.57	\$213.83	\$48.88	\$29.66	\$14.50	\$44.74	\$1.03	\$7.25	\$9.94	\$114.31	\$10.80	\$5.95	\$0.00	\$0.00	#DIV/0!	
FY 2017-18	\$2.45	\$62.62	\$138.55	\$34.61	\$15.90	\$10.73	\$23.83	\$0.97	\$1.82	\$2.54	\$28.71	\$5.66	\$3.50	\$0.00	\$0.00	#DIV/0!	
FY 2018-19	\$1.96	\$49.45	\$127.99	\$29.01	\$12.35	\$8.82	\$23.04	\$0.71	\$1.50	\$2.00	\$21.21	\$5.39	\$0.12	\$0.00	\$0.00	#DIV/0!	
FY 2019-20	\$1.03	\$62.43	\$140.05	\$31.58	\$14.03	\$10.00	\$24.84	\$0.42	\$1.65	\$2.20	\$23.35	\$5.85	\$0.54	\$0.00	\$0.00	#DIV/0!	
FY 2020-21	\$2.22	\$62.23	\$119.69	\$35.12	\$11.75	\$10.58	\$19.90	\$44.51	\$1.15	\$2.13	\$19.16	\$3.45	\$3.76	\$0.12	\$0.25	#DIV/0!	
FY 2021-22	\$2.24	\$98.49	\$176.15	\$156.49	\$18.02	\$13.22	\$26.94	\$81.08	\$1.41	\$3.32	\$26.14	\$7.23	\$7.18	\$0.00	\$0.01	#DIV/0!	
FY 2022-23	\$5.22	\$102.48	\$215.71	\$69.06	\$17.26	\$13.51	\$30.42	\$24.82	\$1.50	\$3.77	\$24.66	\$11.40	\$8.10	\$0.00	\$0.00	#DIV/0!	
FY 2023-24	\$2.41	\$102.19	\$197.12	\$73.34	\$13.45	\$9.46	\$34.04	\$0.70	\$0.98	\$1.69	\$17.26	\$7.86	\$2.53	\$0.00	\$1.48	-	
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 2016-17	-19.91%	-28.16%	-25.08%	-20.27%	-27.25%	42.02%	-25.58%	-76.05%	-30.22%	-40.16%	-39.73%	-10.74%	14.64%	0.00%	0.00%	#DIV/0!	
FY 2017-18	-31.56%	-42.32%	-35.21%	-29.19%	-47.74%	-26.00%	-46.74%	-5.83%	-74.90%	-74.45%	-74.88%	-47.59%	-41.18%	0.00%	0.00%	#DIV/0!	
FY 2018-19	-20.00%	-21.03%	-7.62%	-16.18%	-20.32%	-17.80%	-3.32%	3065.98%	-17.58%	-21.26%	-26.12%	-4.77%	-96.57%	0.00%	0.00%	#DIV/0!	
FY 2019-20	-47.45%	26.25%	9.42%	8.86%	13.60%	13.38%	7.81%	64.18%	10.00%	10.00%	10.09%	8.53%	350.00%	0.00%	0.00%	#DIV/0!	
FY 2020-21	115.53%	-0.32%	-14.54%	11.21%	-16.25%	5.80%	-19.89%	-11.72%	-30.30%	-3.18%	-17.94%	-41.03%	596.30%	100.00%	100.00%	#DIV/0!	
FY 2021-22	0.90%	58.27%	47.17%	345.59%	53.36%	24.95%	35.38%	82.16%	22.61%	55.87%	36.43%	109.57%	90.96%	-100.00%	-96.00%	#DIV/0!	
FY 2022-23	133.04%	4.05%	22.46%	-55.87%	-4.22%	2.19%	12.92%	-69.39%	6.38%	13.55%	-5.66%	57.68%	12.81%	0.00%	-100.00%	#DIV/0!	
FY 2023-24	-53.83%	-0.28%	-8.62%	6.20%	-22.07%	-29.98%	11.90%	-97.18%	-34.67%	-55.17%	-30.01%	-31.05%	-68.77%	0.00%	-	-	

(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 2014-15	\$2,844,435	\$2,078,580	\$3,217,760	\$1,876,367	\$10,017,142	-
FY 2015-16	\$3,665,910	\$3,333,782	\$2,724,407	\$3,309,038	\$13,033,137	30.11%
FY 2016-17	\$3,163,574	\$3,658,125	\$3,515,812	\$5,159,840	\$15,497,352	18.91%
FY 2017-18	\$4,276,352	\$4,184,873	\$4,358,848	(\$1,453,415)	\$11,366,658	-26.65%
FY 2018-19	\$7,000,143	\$9,556,025	\$8,774,817	\$6,069,395	\$31,400,380	176.25%
FY 2019-20	\$4,151,969	\$6,248,080	\$5,152,235	\$8,844,886	\$24,397,170	-22.30%
FY 2020-21	\$14,504,107	\$2,799,166	\$3,733,360	\$11,996,889	\$33,033,522	35.40%
FY 2021-22	\$5,831,641	\$6,904,987	\$4,175,006	\$7,978,285	\$24,889,919	-24.65%
FY 2022-23	\$15,058,208	\$9,718,927	\$7,040,276	\$10,129,843	\$41,947,255	68.53%
FY 2023-24	\$9,132,024	\$8,512,615	\$8,592,981	\$8,104,690	\$34,342,310	-18.13%
FY 2024-25	\$13,253,699	\$10,558,915	\$9,948,356	\$16,600,276	\$50,361,246	46.64%
FY 2025-26	\$15,939,599	\$11,916,638	\$9,877,719	\$16,539,837	\$54,273,793	7.77%
FY 2026-27	\$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 2010-11	\$11,529,927	\$1,152,993	\$0	\$10,376,934	-	-
FY 2011-12	\$9,616,143	\$961,614	\$0	\$8,654,529	(\$1,913,784)	-16.60%
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	\$1,735,000	\$18,903	\$15,785,122	\$437,295	2.56%
FY 2021-22	\$17,041,996	\$1,684,908	\$19,292	\$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	\$1,780,995	\$0	\$16,028,957	\$182,633	1.04%
Traditional Expenditure						
FY 2024-25 Estimate	\$19,065,554	\$1,906,556	\$0	\$17,158,998	\$1,255,602	7.05%
FY 2025-26 Estimate	\$20,867,248	\$2,086,724	\$0	\$18,780,524	\$1,801,695	9.45%
FY 2026-27 Estimate	\$22,949,800	\$2,294,980	\$0	\$20,654,820	\$2,082,551	9.98%
Bottom Line impacts						
FY 2024-25 Estimate	\$2,940,102	\$294,010	\$0	\$2,646,092	\$0	0.00%
FY 2025-26 Estimate	\$2,927,414	\$292,742	\$0	\$2,634,672	(\$12,688)	-0.43%
FY 2026-27 Estimate	\$2,927,414	\$292,742	\$0	\$2,634,672	\$0	0.00%
Total Expenditure						
FY 2024-25 Estimate	\$22,005,656	\$2,200,566	\$0	\$19,805,090	\$4,195,704	23.56%
FY 2025-26 Estimate	\$23,794,662	\$2,379,466	\$0	\$21,415,196	\$1,789,007	8.13%
FY 2026-27 Estimate	\$25,877,214	\$2,587,722	\$0	\$23,289,492	\$2,082,551	8.75%
1. FY 2016-17 actuals are currently understated as a result of an over payment of drug rebates.						
2. Total reported expenditures for FY 2017-18 are restated due to previous reporting errors.						
3. FY 2021-22 and FY 2022-23 Expenditure includes costs associated with SB 21-025 "Family Planning Services for Eligible Individuals"						

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

Total Expenditure for Indian Health Service

Fiscal Year	Total Reported Expenditures: 100% FF	Change	% Change
FY 2009-10 (DA)	\$1,536,532	-	-
FY 2010-11 (DA)	\$1,672,353	\$135,821	8.84%
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 Estimated Total	\$13,976,666	\$1,532,861	12.32%
FY 2025-26 Estimated Total	\$15,045,328	\$1,068,662	7.65%
FY 2026-27 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 2015-16	\$3,260,871	\$1,755,147	\$6,969,615	\$163,703	\$1,015,029	\$193,560	\$3,197,422	\$5,869	\$1,341,691	\$115,343	\$272,208	\$141,007	\$3,704	\$859	\$36,354	\$18,472,382
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	\$39,213	\$1,625	\$0	\$60,219,189
FY 2021-22	\$12,506,652	\$6,260,495	\$19,250,458	\$2,096,276	\$4,216,511	\$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
Estimated FY 2024-25	\$44,091,340	\$20,705,663	\$65,661,197	\$16,588,248	\$23,558,476	\$3,139,741	\$118,568,559	\$1,124	\$12,428,446	\$971,420	\$2,500,361	\$4,266,236	\$203,845	\$0	\$0	\$312,684,656
Estimated FY 2025-26	\$47,584,513	\$21,882,339	\$71,811,798	\$20,872,150	\$24,806,671	\$3,443,911	\$133,908,024	\$1,218	\$12,895,801	\$1,050,485	\$2,816,800	\$4,466,220	\$223,492	\$0	\$0	\$345,763,422
Estimated FY 2026-27	\$50,910,989	\$23,162,260	\$81,912,096	\$21,988,795	\$26,654,340	\$3,825,432	\$148,755,350	\$1,289	\$13,456,267	\$1,154,649	\$3,173,418	\$4,701,360	\$243,201	\$0	\$0	\$379,939,446
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 2016-17	93.13%	11.27%	7.06%	79.48%	32.72%	291.38%	67.98%	-16.53%	32.81%	67.81%	4.03%	82.96%	59.75%	2241.91%	-99.97%	40.91%
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%	72.66%	-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%	-17.57%	-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%
Estimated FY 2024-25	5.14%	-3.06%	2.50%	51.08%	3.83%	-20.05%	0.39%	42.46%	1.51%	-14.50%	4.22%	9.76%	-11.40%	0.00%	0.00%	3.21%
Estimated FY 2025-26	7.92%	5.68%	9.37%	25.82%	5.30%	9.69%	12.94%	8.36%	3.76%	8.14%	12.66%	4.69%	9.64%	0.00%	0.00%	10.58%
Estimated FY 2026-27	6.99%	5.85%	14.06%	5.35%	7.30%	11.08%	11.09%	5.83%	4.35%	9.92%	12.66%	5.26%	8.82%	0.00%	0.00%	9.88%
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 2015-16	\$76.90	\$166.70	\$101.30	\$26.33	\$6.21	\$2.23	\$9.98	\$18.23	\$2.87	\$1.94	\$13.65	\$9.78	\$2.11	\$0.32	\$1.12	\$14.24
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	\$5.62	\$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	\$322.53	\$232.53	\$116.22	\$22.06	\$5.34	\$44.89	(\$0.30)	\$9.79	\$4.11	\$23.87	\$89.52	\$8.88	\$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	\$70.43	\$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
Estimated FY 2024-25	\$879.54	\$1,682.84	\$1,133.57	\$611.26	\$168.59	\$73.93	\$359.68	\$9.06	\$33.87	\$21.57	\$135.45	\$181.19	\$41.60	\$0.00	\$0.00	\$264.36
Estimated FY 2025-26	\$898.06	\$1,760.59	\$1,183.39	\$637.12	\$173.73	\$76.44	\$370.18	\$9.37	\$34.13	\$21.74	\$152.45	\$185.52	\$42.59	\$0.00	\$0.00	\$277.66
Estimated FY 2026-27	\$916.97	\$1,841.93	\$1,235.40	\$639.41	\$179.03	\$79.03	\$380.99	\$9.69	\$34.39	\$22.26	\$171.58	\$189.95	\$43.61	\$0.00	\$0.00	\$289.29
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 2016-17	86.37%	4.22%	8.93%	78.50%	34.46%	236.32%	54.71%	14.37%	32.40%	53.61%	2.12%	94.48%	42.65%	2281.25%	-100.00%	35.81%
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%	38.53%	99.25%	80.40%	101.33%	-91.57%	76.46%	49.61%	63.12%	52.41%	62.26%	-100.00%	0.00%	76.90%
Estimated FY 2024-25	0.00%	0.00%	4.39%	13.08%	19.78%	24.57%	23.59%	36.65%	14.12%	11.07%	6.15%	12.09%	12.09%	0.00%	0.00%	18.12%
Estimated FY 2025-26	2.11%	4.62%	4.39%	4.23%	3.05%	3.40%	2.92%	3.42%	0.77%	0.79%	12.55%	2.39%	2.38%	0.00%	0.00%	5.03%
Estimated FY 2026-27	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.42%	0.76%	2.39%	12.55%	2.39%	2.39%	0.00%	0.00%	4.19%

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	0.00%	0.00%	4.40%	13.08%	19.78%	24.56%	23.59%	36.71%	14.13%	11.09%	7.74%	12.09%	2.39%	3.44%	4.07%	
Estimated FY 2022-23 Total Non-Emergent Medical Transportation Per Capita	\$879.54	\$1,682.84	\$1,133.57	\$611.26	\$168.59	\$73.93	\$359.68	\$9.06	\$33.87	\$21.57	\$135.45	\$181.19	\$41.60	\$0.00	\$0.00	\$264.36
Estimated FY 2022-23 Eligible Caseload	50,130	12,304	57,924	27,138	139,741	42,470	329,651	124	366,895	45,028	18,459	23,545	4,900	34,167	30,313	1,182,789
Estimated FY 2022-23 Total Non-Emergent Medical Transportation Expenditure	\$44,091,340	\$20,705,663	\$65,661,197	\$16,588,248	\$23,558,476	\$3,139,741	\$118,568,559	\$1,124	\$12,428,446	\$971,420	\$2,500,361	\$4,266,236	\$203,845	\$0	\$0	\$312,684,656
<i>Non-Emergent Medical Transportation Benefit</i>																
Estimated FY 2022-23 Non-Emergent Medical Transportation Benefit Per Capita	\$879.54	\$1,682.84	\$1,133.57	\$611.26	\$168.59	\$73.93	\$359.68	\$9.06	\$33.87	\$21.57	\$135.45	\$181.19	\$41.60	\$0.00	\$0.00	\$264.36
Estimated FY 2022-23 Eligible Caseload	50,130	12,304	57,924	27,138	139,741	42,470	329,651	124	366,895	45,028	18,459	23,545	4,900	34,167	30,313	1,182,789
Estimated FY 2022-23 Non-Emergent Medical Transportation Benefit Expenditure	\$44,091,340	\$20,705,663	\$65,661,197	\$16,588,248	\$23,558,476	\$3,139,741	\$118,568,559	\$1,124	\$12,428,446	\$971,420	\$2,500,361	\$4,266,236	\$203,845	\$0	\$0	\$312,684,656
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	2.11%	4.62%	4.40%	4.23%	3.05%	3.39%	2.92%	3.40%	0.77%	0.77%	12.55%	2.39%	2.39%	3.44%	4.72%	
Estimated FY 2023-24 Total Non-Emergent Medical Transportation Per Capita	\$898.06	\$1,760.59	\$1,183.39	\$637.12	\$173.73	\$76.44	\$370.18	\$9.37	\$34.13	\$21.74	\$152.45	\$185.52	\$42.59	\$0.00	\$0.00	\$277.66
Estimated FY 2023-24 Eligible Caseload	52,986	12,429	60,683	32,760	142,787	45,056	361,735	130	377,842	48,330	18,477	24,074	5,247	30,701	32,032	1,245,269
Estimated FY 2023-24 Total Non-Emergent Medical Transportation Expenditure	\$47,584,513	\$21,882,339	\$71,811,798	\$20,872,150	\$24,806,671	\$3,443,911	\$133,908,024	\$1,218	\$12,895,801	\$1,050,485	\$2,816,800	\$4,466,220	\$223,492	\$0	\$0	\$345,763,422
<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 2023-24 Non-Emergent Medical Transportation Benefit Per Capita	\$898.06	\$1,760.59	\$1,183.39	\$637.12	\$173.73	\$76.44	\$370.18	\$9.37	\$34.13	\$21.74	\$152.45	\$185.52	\$42.59	\$0.00	\$0.00	\$277.66
Estimated FY 2023-24 Eligible Caseload	52,986	12,429	60,683	32,760	142,787	45,056	361,735	130	377,842	48,330	18,477	24,074	5,247	30,701	32,032	1,245,269
Estimated FY 2023-24 Non-Emergent Medical Transportation Benefit Expenditure	\$47,584,513	\$21,882,339	\$71,811,798	\$20,872,150	\$24,806,671	\$3,443,911	\$133,908,024	\$1,218	\$12,895,801	\$1,050,485	\$2,816,800	\$4,466,220	\$223,492	\$0	\$0	\$345,763,422
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	2.11%	4.62%	4.40%	0.36%	3.05%	3.39%	2.92%	3.40%	0.77%	2.39%	12.55%	2.39%	2.39%	3.44%	3.14%	
Estimated FY 2024-25 Total Non-Emergent Medical Transportation Per Capita	\$916.97	\$1,841.93	\$1,235.40	\$639.41	\$179.03	\$79.03	\$380.99	\$9.69	\$34.39	\$22.26	\$171.58	\$189.95	\$43.61	\$0.00	\$0.00	\$289.29
Estimated FY 2024-25 Eligible Caseload	55,521	12,575	66,304	34,389	148,883	48,404	390,445	133	391,260	51,872	18,495	24,750	5,577	30,701	34,039	1,313,348
Estimated FY 2024-25 Total Non-Emergent Medical Transportation Expenditure	\$50,910,989	\$23,162,260	\$81,912,096	\$21,988,795	\$26,654,340	\$3,825,432	\$148,755,350	\$1,289	\$13,456,267	\$1,154,649	\$3,173,418	\$4,701,360	\$243,201	\$0	\$0	\$379,939,446
<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 2024-25 Non-Emergent Medical Transportation Benefit Per Capita	\$916.97	\$1,841.93	\$1,235.40	\$639.41	\$179.03	\$79.03	\$380.99	\$9.69	\$34.39	\$22.26	\$171.58	\$189.95	\$43.61	\$0.00	\$0.00	\$289.29
Estimated FY 2024-25 Eligible Caseload	55,521	12,575	66,304	34,389	148,883	48,404	390,445	133	391,260	51,872	18,495	24,750	5,577	30,701	34,039	1,313,348
Estimated FY 2024-25 Non-Emergent Medical Transportation Benefit Expenditure	\$50,910,989	\$23,162,260	\$81,912,096	\$21,988,795	\$26,654,340	\$3,825,432	\$148,755,350	\$1,289	\$13,456,267	\$1,154,649	\$3,173,418	\$4,701,360	\$243,201	\$0	\$0	\$379,939,446

Total Cost of Cover All Coloradans						
Fiscal Year	Non-Citizen Pregnant Adult Medicaid	Non-Citizen Postpartum Adult Medicaid	Total Medical Services populations	Non-Citizen Children Medicaid Look-Alike	Non-Citizen Children on CHP+ Look-Alike	Total Other Medical Services Funded Populations
FY 2023-24	\$0	\$0	\$0	\$0	\$0	\$0
FY 2024-25	\$7,157,431	\$1,270,324	\$8,427,755	\$7,394,997	\$8,642,807	\$16,037,803
FY 2025-26	\$14,314,863	\$2,540,647	\$16,855,510	\$14,789,993	\$17,285,613	\$32,075,606
FY 2026-27	\$14,314,863	\$2,540,647	\$16,855,510	\$14,789,993	\$17,285,613	\$32,075,606

Current Year Total Cost of Cover All Coloradans						
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Non-Citizen Postpartum Adult Medicaid	Total Medical Services populations	Non-Citizen Children Medicaid Look-Alike	Non-Citizen Children on CHP+ Look-Alike	Total Other Medical Services Funded Populations
Base Per Capita Costs	\$6,367.82	\$1,130.18	N/A	\$2,551.76	\$2,551.76	N/A
Estimated Per Capita Costs Growth	0.00%	0.00%	N/A	0.00%	0.00%	N/A
Estimated Current Year Per Capita Costs	\$6,367.82	\$1,130.18	\$7,498.00	\$2,551.76	\$2,551.76	\$2,551.76
Previous Year Eligibles	2,248	2,248	2,248	5,796	6,774	12,570
Estimated Growth in Eligibility	0.00%	0.00%				
Estimated Current Year Eligibles	1,124	1,124	1,124	2,898	3,387	6,285
Total Estimated Expenditures for Current Year	\$7,157,431	\$1,270,324	\$8,427,755	\$7,394,997	\$8,642,807	\$16,037,803

Request Year Total Cost of Cover All Coloradans						
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Non-Citizen Postpartum Adult Medicaid	Total Medical Services populations	Non-Citizen Children Medicaid Look-Alike	Non-Citizen Children on CHP+ Look-Alike	Total Other Medical Services Funded Populations
Base Per Capita Costs	\$6,367.82	\$1,130.18	N/A	\$2,551.76	\$2,551.76	N/A
Estimated Per Capita Costs Growth	100.00%	100.00%	N/A	100.00%	100.00%	N/A
Estimated Current Year Per Capita Costs	\$6,367.82	\$1,130.18	\$7,498.00	\$2,551.76	\$2,551.76	\$2,551.76
Previous Year Eligibles	1,124	1,124	2,248	2,898	3,387	6,285
Estimated Growth in Eligibility						
Estimated Current Year Eligibles	2,248	2,248	2,248	5,796	6,774	12,570
Total Estimated Expenditures for Current Year	\$14,314,863	\$2,540,647	\$16,855,510	\$14,789,993	\$17,285,613	\$32,075,606

Out Year Total Cost of Cover All Coloradans						
Cover All Coloradans	Non-Citizen Pregnant Adult Medicaid	Non-Citizen Postpartum Adult Medicaid	Total Medical Services populations	Non-Citizen Children Medicaid Look-Alike	Non-Citizen Children on CHP+ Look-Alike	Total Other Medical Services Funded Populations
Base Per Capita Costs	\$6,367.82	\$1,130.18	N/A	\$2,551.76	\$2,551.76	N/A
Estimated Per Capita Costs Growth	0.00%	0.00%	N/A	0.00%	0.00%	N/A
Estimated Current Year Per Capita Costs	\$6,367.82	\$1,130.18	\$7,498.00	\$2,551.76	\$2,551.76	\$2,551.76
Previous Year Eligibles	2,165	2,165	4,330	553	774	1,327
Estimated Growth in Eligibility						
Estimated Current Year Eligibles	2,248	2,248	2,248	5,796	6,774	12,570
Total Estimated Expenditures for Current Year	\$14,314,863	\$2,540,647	\$16,855,510	\$14,789,993	\$17,285,613	\$32,075,606

Exhibit G - COMMUNITY-BASED LONG-TERM CARE
Summary

FY 2024-25 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	\$664,262,364	\$178,871,927	\$618,365,713	\$29,291,114	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,490,791,118
Private Duty Nursing	\$9,737,747	\$1,769,271	\$78,698,816	\$945,412	\$0	\$0	\$0	\$0	\$5,186,261	\$391,671	\$38,329,713	\$0	\$0	\$0	\$0	\$135,058,891
Long-Term Home Health	\$94,658,034	\$25,204,802	\$521,619,375	\$12,642,409	\$1,280,244	\$80,015	\$6,961,326	\$0	\$93,297,774	\$6,401,220	\$37,927,226	\$0	\$0	\$0	\$80,014	\$800,152,439
Hospice	\$54,770,638	\$4,218,777	\$6,547,474	\$534,308	\$454,302	\$137,920	\$4,924,636	\$0	\$185,331	\$6,682	\$115,253	\$9,906	\$0	\$0	\$0	\$71,905,227
Total Community-Based Long-Term Care	\$823,428,783	\$210,064,777	\$1,225,231,378	\$43,413,243	\$1,734,546	\$217,935	\$11,885,962	\$0	\$98,669,366	\$6,799,573	\$76,372,192	\$9,906	\$0	\$0	\$80,014	\$2,497,907,675
FY 2025-26 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	\$714,620,443	\$193,076,926	\$685,859,687	\$31,915,695	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,625,472,751
Private Duty Nursing	\$10,057,026	\$1,827,282	\$81,279,175	\$976,410	\$0	\$0	\$0	\$0	\$5,356,307	\$404,513	\$39,586,459	\$0	\$0	\$0	\$0	\$139,487,172
Long-Term Home Health	\$97,581,283	\$25,983,182	\$537,728,135	\$13,032,834	\$1,319,781	\$82,486	\$7,176,307	\$0	\$96,179,016	\$6,598,904	\$39,098,503	\$0	\$0	\$0	\$82,485	\$824,862,916
Hospice	\$53,470,510	\$4,235,437	\$6,817,169	\$641,032	\$461,351	\$145,418	\$5,370,715	\$0	\$189,687	\$7,128	\$114,656	\$10,066	\$0	\$0	\$0	\$71,463,169
Total Community-Based Long-Term Care	\$875,729,262	\$225,122,827	\$1,311,684,166	\$46,565,971	\$1,781,132	\$227,904	\$12,547,022	\$0	\$101,725,010	\$7,010,545	\$78,799,618	\$10,066	\$0	\$0	\$82,485	\$2,661,286,008
FY 2026-27 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	\$766,315,881	\$207,530,943	\$736,771,264	\$35,086,558	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,745,704,646
Private Duty Nursing	\$10,328,099	\$1,876,534	\$83,469,946	\$1,002,728	\$0	\$0	\$0	\$0	\$5,500,680	\$415,416	\$40,653,459	\$0	\$0	\$0	\$0	\$143,246,862
Long-Term Home Health	\$102,620,355	\$27,324,947	\$565,496,274	\$13,705,846	\$1,387,934	\$86,746	\$7,546,890	\$0	\$101,145,676	\$6,939,669	\$41,117,539	\$0	\$0	\$0	\$86,744	\$867,458,620
Hospice	\$54,567,299	\$4,471,524	\$7,772,527	\$702,168	\$501,965	\$163,017	\$6,049,047	\$0	\$204,964	\$7,983	\$119,758	\$10,374	\$0	\$0	\$0	\$74,570,626
Total Community-Based Long-Term Care	\$933,831,634	\$241,203,948	\$1,393,510,011	\$50,497,300	\$1,889,899	\$249,763	\$13,595,937	\$0	\$106,851,320	\$7,363,068	\$81,890,756	\$10,374	\$0	\$0	\$86,744	\$2,830,980,754

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

Cash Based Actuals																	
HCBS WAIVERS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/A/B)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	Total
FY 2015-16	\$168,057,738	\$36,756,794	\$184,903,859	\$2,098,863	\$352,648	\$42,535	\$1,716,796	\$0	\$1,008,304	\$2,152	\$157,427	\$34,316	\$0	\$0	\$888,293	\$0	\$394,019,725
FY 2016-17	\$215,180,599	\$37,057,401	\$185,020,240	\$2,510,186	\$323,517	\$32,557	\$1,404,076	\$0	\$742,370	\$5,742	\$82,643	\$2,352	\$0	\$0	\$545,091	\$0	\$442,912,216
FY 2017-18	\$259,292,717	\$41,990,679	\$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	\$2,894,208	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$571,571,603
FY 2019-20	\$319,597,241	\$65,859,051	\$266,425,144	\$3,637,836	\$0	\$0	\$77,210	\$0	\$0	\$0	\$36,392	\$0	\$0	\$0	\$0	\$0	\$655,632,874
FY 2020-21	\$339,900,621	\$70,246,967	\$302,652,797	\$12,916,718	\$0	\$0	\$3,586	\$0	\$0	\$0	\$137,285	\$0	\$0	\$0	\$0	\$0	\$726,055,954
FY 2021-22	\$351,333,604	\$75,636,292	\$302,615,753	\$6,477,872	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$636,429,009
FY 2022-23	\$425,540,293	\$92,819,603	\$481,244,574	\$9,822,131	\$0	\$0	\$0	\$0	\$2,513,325	\$28,922	\$406,007	\$0	\$0	\$36	\$0	\$0	\$1,046,374,891
FY 2023-24	\$551,752,362	\$112,789,707	\$522,884,888	\$36,960,414	\$0	\$0	\$0	\$0	\$1,204,326	\$16,660	\$584,006	\$0	\$0	\$100	\$0	\$0	\$1,226,192,465
Estimated FY 2024-25	\$664,242,364	\$178,871,927	\$618,365,713	\$29,291,114	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,490,791,118
Estimated FY 2025-26	\$714,620,443	\$193,076,926	\$645,859,687	\$31,915,695	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,635,472,751
Estimated FY 2026-27	\$764,315,881	\$207,530,943	\$736,771,264	\$35,086,558	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,745,704,646
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 2016-17	29.58%	0.82%	0.06%	19.60%	-5.42%	-23.46%	-18.22%	0.00%	-26.25%	166.82%	-47.50%	-92.56%	0.00%	0.00%	-38.64%	0.00%	100.00%
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%	0.00%	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%	-99.36%	0.00%	0.00%	0.00%	277.18%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2021-22	3.34%	6.10%	32.94%	-49.85%	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	22.26%	22.24%	19.53%	514.74%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	501.60%	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%	-52.08%	0.00%	-42.40%	0.00%	43.84%	0.00%	0.00%	177.78%	0.00%	0.00%	100.00%
Estimated FY 2024-25	20.39%	58.59%	18.26%	-20.75%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	7.38%	7.94%	10.91%	8.96%	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%
Estimated FY 2026-27	7.23%	7.49%	7.42%	9.94%	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%
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 2015-16	\$3,916	\$3,491	\$2,688	\$338	\$2	\$0	\$5	\$0	\$2	\$0	\$8	\$2	\$0	\$0	\$27	\$0	\$394,019,725
FY 2016-17	\$4,897	\$3,297	\$2,736	\$402	\$2	\$0	\$4	\$0	\$2	\$0	\$4	\$0	\$0	\$0	\$16	\$0	\$442,912,216
FY 2017-18	\$5,648	\$3,526	\$3,047	\$381	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$509,760,559
FY 2018-19	\$5,444	\$4,092	\$3,745	\$322	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$571,571,603
FY 2019-20	\$6,721	\$5,055	\$4,005	\$341	\$0	\$0	\$0	\$0	\$0	\$0	\$2	\$0	\$0	\$0	\$0	\$0	\$655,632,874
FY 2020-21	\$7,045	\$5,188	\$4,576	\$900	\$0	\$0	\$0	\$0	\$0	\$0	\$7	\$0	\$0	\$0	\$0	\$0	\$726,055,954
FY 2021-22	\$7,130	\$5,509	\$6,104	\$420	\$0	\$0	\$0	\$0	\$0	\$0	\$3	\$0	\$0	\$0	\$0	\$0	\$816,429,009
FY 2022-23	\$8,510	\$6,703	\$7,411	\$2,158	\$0	\$0	\$0	\$0	\$0	\$0	\$20	\$0	\$0	\$0	\$0	\$0	\$1,046,374,891
FY 2023-24	\$11,572	\$8,887	\$8,863	\$1,820	\$0	\$0	\$0	\$0	\$3	\$0	\$31	\$0	\$0	\$0	\$0	\$0	\$1,226,192,465
Estimated FY 2024-25	\$13,251	\$14,538	\$10,675	\$1,079	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,490,791,118
Estimated FY 2025-26	\$13,487	\$15,534	\$11,302	\$974	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,635,472,751
Estimated FY 2026-27	\$13,802	\$16,503	\$11,112	\$1,020	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,745,704,646
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 2016-17	-5.57%	-1.81%	18.95%	-4.17%	-34.69%	-24.63%	0.00%	0.00%	-26.85%	125.00%	-48.48%	-92.02%	0.00%	0.00%	-40.87%	0.00%	100.00%
FY 2017-18	15.24%	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	1.21%	33.40%	-53.35%	-33.35%	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	19.35%	21.67%	21.42%	-413.88%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	509.24%	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%
Estimated FY 2024-25	63.59%	20.45%	-40.68%	-40.68%	0.00%	0.00%	0.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	100.00%
Estimated FY 2025-26	1.78%	6.86%	5.87%	-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%	100.00%
Estimated FY 2026-27	2.34%	6.24%	-1.68%	4.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%

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

Cash Based Actuals by Waiver									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver	TOTAL
FY 2015-16	\$321,321,224	\$35,721,561	\$12,558,473	\$2,081,957	\$19,160,548	\$598,548	\$642,990	\$1,974,424	\$394,019,225
FY 2016-17	\$364,380,354	\$38,195,913	\$16,895,399	(\$1,224,402)	\$20,667,950	\$566,099	\$717,215	\$2,718,188	\$440,917,214
FY 2017-18	\$418,506,526	\$41,334,782	\$25,354,895	\$1,088,619	\$22,155,440	\$599,525	\$760,772	\$5,658,425	\$515,418,984
FY 2018-19	\$460,036,072	\$45,292,226	\$37,791,586	\$1,573,249	\$26,179,750	\$28,071	\$670,649	\$6,814,633	\$578,386,236
FY 2019-20	\$524,508,159	\$50,043,198	\$52,318,816	(\$12,221)	\$28,048,466	\$34,785	\$691,671	\$8,441,234	\$664,074,108
FY 2020-21	\$570,076,575	\$51,795,158	\$71,659,568	(\$57,721)	\$31,990,425	(\$587)	\$592,036	\$9,365,269	\$735,421,223
FY 2021-22	\$629,852,388	\$57,477,877	\$102,074,336	\$0	\$35,169,013	\$0	\$540,699	\$11,314,696	\$836,429,009
FY 2022-23	\$773,665,219	\$69,347,396	\$143,109,877	\$0	\$41,819,077	\$0	\$353,730	\$18,079,592	\$1,046,374,891
FY 2023-24	\$895,388,875	\$74,492,783	\$189,978,063	\$0	\$47,155,498	\$0	\$374,419	\$18,602,825	\$1,226,192,464
Estimated FY 2024-25	\$1,099,731,478	\$86,208,155	\$222,765,586	\$0	\$57,005,349	\$0	\$355,113	\$24,725,437	\$1,490,791,118
Estimated FY 2025-26	\$1,181,770,135	\$94,690,606	\$254,250,021	\$0	\$64,505,814	\$0	\$2,874,590	\$27,381,585	\$1,625,472,751
Estimated FY 2026-27	\$1,266,242,275	\$101,147,949	\$269,774,346	\$0	\$72,671,425	\$0	\$2,984,016	\$32,884,635	\$1,745,704,646
Percent Change in Cash Based Actuals									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver	TOTAL
FY 2016-17	13.40%	6.93%	34.53%	N/A	7.87%	N/A	11.54%	37.67%	12.41%
FY 2017-18	14.85%	8.22%	50.07%	N/A	7.20%	N/A	6.07%	108.17%	16.37%
FY 2018-19	9.92%	9.57%	49.05%	N/A	18.16%	N/A	-11.85%	20.43%	12.22%
FY 2019-20	14.01%	10.49%	38.44%	N/A	7.14%	N/A	3.13%	23.87%	14.81%
FY 2020-21	8.69%	3.50%	36.97%	N/A	14.05%	N/A	-14.40%	10.95%	10.74%
FY 2021-22	10.49%	10.97%	42.44%	N/A	9.94%	N/A	-8.67%	20.82%	13.73%
FY 2022-23	22.83%	20.65%	40.20%	N/A	18.91%	N/A	-34.58%	59.79%	25.10%
FY 2023-24	15.73%	7.71%	32.75%	N/A	12.76%	N/A	5.85%	2.89%	17.18%
Estimated FY 2024-25	22.82%	15.42%	17.26%	N/A	20.89%	N/A	-5.16%	32.91%	82.25%
Estimated FY 2025-26	7.46%	9.84%	14.13%	N/A	13.16%	N/A	709.49%	10.74%	91.71%
Estimated FY 2026-27	7.15%	6.82%	6.11%	N/A	12.66%	N/A	3.81%	20.10%	93.11%
HCBS Waiver Enrollment ⁽²⁾									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2015-16	21,625	3,049	1,186	25	336	42	131	49	26,443
FY 2016-17	22,770	3,277	1,349	25	371	46	152	77	28,067
FY 2017-18	23,827	3,399	1,492	22	427	35	157	109	29,468
FY 2018-19	24,424	3,498	1,645	N/A	498	N/A	169	156	30,390
FY 2019-20	24,805	3,477	1,726	N/A	508	N/A	171	178	30,865
FY 2020-21	26,407	3,688	1,948	N/A	570	N/A	192	198	33,003
FY 2021-22	26,644	3,783	2,122	N/A	618	N/A	184	220	33,571
FY 2022-23	27,780	3,808	2,278	N/A	679	N/A	157	250	34,952
FY 2023-24	27,404	3,637	2,265	N/A	684	N/A	127	286	34,403
Estimated FY 2024-25	28,364	3,634	2,309	N/A	743	N/A	122	320	35,492
Estimated FY 2025-26	29,188	3,848	2,364	N/A	781	N/A	123	359	36,663
Estimated FY 2026-27	30,036	3,980	2,364	N/A	821	N/A	124	402	37,727
Percent Change in Enrollment									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver ⁽³⁾	Children with Life Limiting Illness Waiver ⁽⁴⁾	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2016-17	5.29%	7.48%	15.43%	0.00%	10.42%	9.52%	16.03%	N/A	N/A
FY 2017-18	4.64%	3.72%	8.98%	-12.00%	15.09%	-23.91%	3.29%	41.56%	4.92%
FY 2018-19	2.51%	2.91%	10.25%	N/A	16.63%	N/A	7.64%	N/A	3.13%
FY 2019-20	1.56%	-0.60%	4.92%	N/A	2.01%	N/A	1.18%	14.10%	1.56%
FY 2020-21	6.46%	6.07%	12.86%	N/A	12.20%	N/A	12.28%	11.24%	6.93%
FY 2021-22	0.90%	2.58%	8.93%	N/A	8.42%	N/A	-4.17%	11.11%	1.72%
FY 2022-23	4.26%	0.66%	7.35%	N/A	9.87%	N/A	-14.67%	13.64%	4.11%
FY 2023-24	-1.35%	-4.49%	-0.57%	N/A	0.74%	N/A	-19.11%	14.40%	-1.57%
Estimated FY 2024-25	3.50%	-0.07%	1.92%	0.00%	8.63%	0.00%	-3.94%	11.88%	3.17%
Estimated FY 2025-26	2.91%	5.88%	2.38%	0.00%	5.11%	0.00%	1.18%	12.09%	3.30%
Estimated FY 2026-27	2.91%	3.44%	0.01%	0.00%	5.12%	0.00%	1.18%	12.11%	2.90%
HCBS Waiver Utilizers									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2015-16	20,567	2,835	1,136	25	319	27	107	49	25,065
FY 2016-17	19,885	2,788	1,136	25	303	25	126	55	24,343
FY 2017-18	22,641	3,095	1,376	22	390	22	141	103	27,768
FY 2018-19	22,285	3,127	1,378	N/A	442	N/A	137	130	27,499
FY 2019-20	22,744	3,133	1,485	N/A	459	N/A	141	166	28,128
FY 2020-21	23,781	3,308	1,736	N/A	511	N/A	153	183	29,672
FY 2021-22	23,648	3,192	1,932	N/A	532	N/A	123	201	29,628
FY 2022-23	24,589	3,199	2,011	N/A	580	N/A	90	227	30,696
FY 2023-24	24,904	3,190	2,058	N/A	614	N/A	91	256	31,113
Estimated FY 2024-25	25,440	3,136	1,959	N/A	657	N/A	76	289	35,492
Estimated FY 2025-26	26,179	3,321	2,006	N/A	691	N/A	76	324	36,663
Estimated FY 2026-27	26,939	3,435	2,117	N/A	726	N/A	77	363	37,727

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

Percent Change in Utilizers									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver ⁽⁴⁾	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2016-17	-3.31%	-1.67%	0.00%	0.00%	-5.04%	-7.98%	17.76%	N/A	N/A
FY 2017-18	13.86%	11.01%	21.13%	N/A	28.71%	N/A	11.90%	87.27%	N/A
FY 2018-19	-1.57%	1.03%	0.15%	N/A	13.33%	N/A	-2.84%	26.21%	N/A
FY 2019-20	2.06%	0.19%	7.76%	N/A	3.85%	N/A	2.92%	27.69%	N/A
FY 2020-21	4.56%	5.99%	16.90%	N/A	11.33%	N/A	8.51%	10.24%	N/A
FY 2021-22	-0.54%	-3.51%	11.29%	N/A	-4.11%	N/A	-19.41%	9.84%	N/A
FY 2022-23	3.98%	0.22%	4.09%	N/A	9.02%	N/A	-26.83%	12.94%	N/A
FY 2023-24	1.28%	-0.27%	2.32%	N/A	5.83%	N/A	-1.41%	12.76%	N/A
Estimated FY 2024-25	2.15%	-1.70%	-4.80%	N/A	7.04%	N/A	-16.73%	12.90%	N/A
Estimated FY 2025-26	2.90%	5.90%	2.40%	N/A	5.18%	N/A	0.00%	12.11%	N/A
Estimated FY 2026-27	2.90%	3.43%	5.53%	N/A	5.07%	N/A	1.32%	12.04%	N/A
Per Utilizer Cost									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2015-16	\$15,623	\$12,598	\$11,055	\$83,278	\$60,894	\$20,560	\$6,009	\$40,294	\$15,720
FY 2016-17	\$18,324	\$13,700	\$14,873	(\$48,976)	\$68,211	\$22,668	\$5,692	\$49,422	\$18,195
FY 2017-18	\$18,484	\$13,355	\$16,427	\$49,483	\$56,809	N/A	\$5,936	\$54,936	\$18,562
FY 2018-19	\$20,643	\$14,484	\$27,425	N/A	\$59,230	N/A	\$4,895	\$52,420	\$21,033
FY 2019-20	\$23,061	\$15,973	\$35,232	N/A	\$61,108	N/A	\$4,905	\$50,851	\$23,609
FY 2020-21	\$23,972	\$15,658	\$41,279	N/A	\$62,604	N/A	\$3,870	\$51,176	\$24,785
FY 2021-22	\$26,634	\$18,007	\$52,834	N/A	\$66,107	N/A	\$4,396	\$56,292	\$28,231
FY 2022-23	\$31,464	\$21,678	\$71,164	N/A	\$72,102	N/A	\$3,930	\$79,646	\$34,088
FY 2023-24	\$35,953	\$23,413	\$92,323	N/A	\$76,827	N/A	\$4,103	\$76,875	\$39,411
Estimated FY 2024-25	\$43,228	\$27,490	\$113,714	N/A	\$86,766	N/A	\$4,673	\$85,555	\$37,827
Estimated FY 2025-26	\$45,142	\$28,513	\$126,745	N/A	\$93,351	N/A	\$3,824	\$84,511	\$49,866
Estimated FY 2026-27	\$47,004	\$29,446	\$127,432	N/A	\$100,098	N/A	\$3,873	\$90,591	\$51,868
Percent Change in Per Utilizer Cost									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾	Brain Injury Waiver	Children with Autism Waiver	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver ⁽³⁾	TOTAL
FY 2016-17	17.29%	8.75%	34.53%	-158.81%	12.02%	10.25%	N/A	22.65%	N/A
FY 2017-18	0.87%	-2.52%	23.90%	-201.03%	-16.72%	N/A	N/A	11.16%	N/A
FY 2018-19	11.68%	8.45%	48.83%	N/A	4.26%	N/A	-9.27%	-4.58%	N/A
FY 2019-20	11.71%	10.28%	28.47%	N/A	3.17%	N/A	0.21%	-2.99%	N/A
FY 2020-21	3.95%	-1.97%	17.16%	N/A	2.45%	N/A	-21.12%	0.64%	N/A
FY 2021-22	11.11%	15.00%	27.99%	N/A	5.60%	N/A	13.60%	10.00%	N/A
FY 2022-23	18.13%	20.39%	34.69%	N/A	9.07%	N/A	-10.59%	41.49%	N/A
FY 2023-24	14.27%	8.00%	29.73%	N/A	6.55%	N/A	4.38%	-8.75%	N/A
Estimated FY 2024-25	20.24%	17.41%	23.17%	N/A	12.94%	N/A	13.89%	17.72%	N/A
Estimated FY 2025-26	4.43%	3.72%	11.46%	N/A	7.59%	N/A	709.49%	-1.22%	N/A
Estimated FY 2026-27	4.13%	3.27%	0.54%	N/A	7.23%	N/A	2.46%	7.49%	N/A
Current Year Projection									
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan ⁽¹⁾⁽³⁾	Brain Injury Waiver	Children with Autism Waiver ⁽²⁾	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver	TOTAL
FY 2023-24 Enrollment	27,404	3,637	2,265	N/A	684	N/A	127	286	34,403
Enrollment Trend Selected	3,505	-0.07%	1,925	0.00%	8,638	0.00%	-3,945	11,881	3,178
FY 2024-25 Estimated Enrollment	28,364	3,634	2,309	0	743	0	122	320	35,492
Bottom Line Impacts									
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	0
FY 2024-25 Enrollment	28,364	3,634	2,309	0	743	0	122	320	35,492
FY 2024-25 Conversion Factor	89.69%	86.31%	84.86%	0.00%	88.49%	0.00%	62.03%	90.31%	88.91%
Estimated FY 2024-25 Estimated Average Monthly Utilizers	25,440	3,136	1,999	0	657	0	76	289	31,557
FY 2023-24 Cost Per Utilizer	\$35,953	\$23,413	\$92,323	N/A	\$76,827	N/A	\$4,103	\$76,875	\$39,411
Percentage Selected to Modify Cost Per Utilizer	10.63%	2.69%	10.92%	0.00%	3.10%	0.00%	2.36%	6.73%	9.56%
FY 2024-25 Estimated Cost Per Utilizer	\$39,774	\$24,043	\$102,405	\$0	\$79,210	\$0	\$4,199	\$77,566	\$43,180
Estimated FY 2024-25 Base Expenditure	\$1,011,845,981	\$75,397,562	\$200,610,944	\$0	\$52,040,674	\$0	\$319,151	\$22,416,615	\$1,362,630,927
Bottom Line Impacts									
FY 2023-24 R-7 Provider Rate Request: Base Wage Increase	\$6,262,601	\$522,706	\$1,329,543	\$0	\$330,010	\$0	\$2,620	\$130,185	\$8,577,665
CDASS Sick Time Recoupment	(\$1,040,599)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,040,599)
R-09 OCL Program Enhancements	(\$43,943)	(\$30,723)	(\$98,495)	\$0	(\$24,440)	\$0	(\$194)	(\$9,644)	(\$63,446)
NPBA -04 Nursing Facility Transitions Costs to HCBS Waivers	\$2,616,027	\$218,346	\$555,380	\$0	\$137,852	\$0	\$1,095	\$54,381	\$3,583,080
SB 21-038 (Expansion of Complementary and Alternative Medicine)	\$342,066	\$28,550	\$72,620	\$0	\$18,025	\$0	\$143	\$7,111	\$468,516
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
BA-07 Community Based Access to Services - JBC Action - Transition Coordination Services Impact	\$382,169	\$31,898	\$81,134	\$0	\$20,139	\$0	\$160	\$7,944	\$523,444
HB 22-1303 - Level I Facilities Increased Residential Beds	\$0	\$2,946,399	\$0	\$0	\$0	\$0	\$0	\$0	\$2,946,399
FY 2024-25 R-6 Provider Rate Request: Across the Board Rate Increase	\$29,307,906	\$2,698,617	\$7,173,875	\$0	\$1,679,606	\$0	\$12,540	\$814,448	\$41,686,993
FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers	\$30,150,725	\$2,776,231	\$7,380,180	\$0	\$1,727,917	\$0	\$12,899	\$837,879	\$42,885,831
BA-08 Community Based Access to Services - Group In-Reach Counseling	\$0	\$0	\$1,457,280	\$0	\$0	\$0	\$0	\$0	\$1,457,280
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$421,107)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$421,107)
Additional Payment Period	\$20,749,851	\$1,626,569	\$4,203,124	\$0	\$1,075,573	\$0	\$6,700	\$466,518	\$28,128,135
Total Bottom Line Impacts	\$87,885,497	\$10,810,593	\$22,154,642	\$0	\$4,944,575	\$0	\$38,962	\$2,308,822	\$128,160,191
Estimated FY 2024-25 Expenditure	\$1,099,731,478	\$86,208,155	\$222,765,586	\$0	\$57,005,349	\$0	\$355,113	\$24,725,437	\$1,490,791,118
Estimated FY 2024-25 Cost Per Utilizer	\$43,228	\$27,490	\$113,714	N/A	\$86,766	N/A	\$4,673	\$85,555	\$47,241
% Change over FY 2023-24 Cost Per Utilizer	20.24%	17.41%	23.17%	N/A	12.94%	N/A	13.89%	17.72%	19.87%

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

Request Year Projection										
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan (A)	Brain Injury Waiver	Children with Autism Waiver (7)	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver	TOTAL	
Estimated FY 2024-25 Enrollment	28,364	3,634	2,309	0	743	0	122	320	35,492	
Enrollment Trend Selected	2.91%	5.88%	2.38%	0.00%	5.11%	0.00%	1.18%	12.09%	3.30%	
FY 2025-26 Estimated Enrollment	29,188	3,848	2,364	0	781	0	123	359	36,663	
Bottom Line Impacts	0	0	0	0	0	0	0	0	0	
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	0	
FY 2025-26 Enrollment	29,188	3,848	2,364	0	781	0	123	359	36,663	
Estimated FY 2025-26 Conversion Factor	89.69%	86.31%	84.86%	0.00%	88.49%	0.00%	62.03%	90.31%	88.91%	
FY 2025-26 Estimated Average Monthly Utilizers	26,179	3,321	2,006	0	691	0	76	324	32,597	
FY 2024-25 Cost per Utilizer	\$43,228.4	\$27,489.9	\$113,713.9	N/A	\$86,766.1	N/A	\$4,672.5	\$85,555.2	\$37,826.8	
Percentage Selected to Modify Cost per Utilizer	3.53%	2.69%	10.39%	0.00%	6.69%	0.00%	2.36%	6.73%	30.66%	
FY 2025-26 Estimated Cost Per Utilizer	\$44,755	\$28,229	\$125,929	\$0	\$92,575	\$0	\$4,783	\$91,313	\$49,425	
Estimated FY 2025-26 Base Expenditure	\$1,171,644,286	\$93,749,605	\$251,810,793	\$0	\$63,969,056	\$0	\$363,494	\$29,585,406	\$1,611,122,640	
Bottom Line Impacts										
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$19,118,824	\$1,595,747	\$4,098,905	\$0	\$1,007,472	\$0	\$2,513,280	\$397,435	\$28,691,664	
CDASS Sick Time Recoupment	\$1,040,599	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,040,599	
HB 22-1114 Transportation Services for Medicaid Waiver Clients	\$360,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$360,000	
Remove Additional Payment Period	(\$20,749,651)	(\$1,626,569)	(\$4,203,124)	\$0	(\$1,075,573)	\$0	(\$6,700)	(\$466,518)	(\$28,128,135)	
FY 2024-25 R-6 Provider Rate Request: Across the Board Rate Increase	\$7,813,352	\$719,439	\$1,912,522	\$0	\$447,775	\$0	\$3,343	\$217,128	\$11,113,559	
FY 2024-25 R-6 Base Wage Increases to Home and Community Based Workers	\$2,740,974	\$232,385	\$670,925	\$0	\$157,083	\$0	\$1,173	\$76,171	\$3,898,711	
Annualization of SB 19-197 Complementary and Integrated Health Waiver Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$708,714)	(\$708,714)	
Annualization of SB 21-038 Complementary Integrated Health Waiver Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,719,323)	(\$1,719,323)	
FY 2024-25 JBC Action - 129 New DD Waiver Enrollments	(\$198,250)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$198,250)	
Total Bottom Line Impacts	\$10,125,849	\$941,001	\$2,439,228	\$0	\$536,758	\$0	\$2,511,096	(\$2,203,821)	\$14,350,111	
Estimated FY 2025-26 Expenditure	\$1,181,770,135	\$94,690,606	\$254,250,021	\$0	\$64,505,814	\$0	\$2,874,590	\$27,381,585	\$1,625,472,751	
Estimated FY 2025-26 Cost Per Utilizer	\$45,142	\$28,513	\$126,745	N/A	\$93,351	N/A	\$37,824	\$84,511	\$49,866	
% Change over FY 2024-25 Cost Per Utilizer	4.43%	3.72%	11.46%	N/A	7.59%	N/A	709.49%	-1.22%	31.83%	
Out Year Projection										
HCBS WAIVERS	Elderly, Blind and Disabled Waiver	Community Mental Health Supports Waiver	Children's Home-and Community-Based Waiver	Consumer Directed Attendant Support-State Plan (A)	Brain Injury Waiver	Children with Autism Waiver (7)	Children with Life Limiting Illness Waiver	Complementary and Integrative Health Waiver	TOTAL	
Estimated FY 2025-26 Enrollment	29,188	3,848	2,364	0	781	0	123	359	36,663	
Enrollment Trend Selected	2.91%	3.44%	0.01%	0.00%	5.12%	0.00%	1.18%	12.11%	2.90%	
FY 2026-27 Estimated Enrollment	30,036	3,980	2,364	0	821	0	124	402	37,727	
Bottom Line Impacts	0	0	0	0	0	0	0	0	0	
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	0	
FY 2026-27 Enrollment	30,036	3,980	2,364	0	821	0	124	402	37,727	
Estimated FY 2026-27 Conversion Factor	89.69%	86.31%	89.57%	0.00%	88.49%	0.00%	62.03%	90.31%	89.21%	
FY 2026-27 Estimated Average Monthly Utilizers	26,939	3,435	2,117	0	726	0	77	363	33,657	
FY 2026-27 Cost per Utilizer	\$45,142	\$28,513	\$126,745	N/A	\$93,351	N/A	\$37,824	\$84,511	\$49,866	
Percentage Selected to Modify Per Utilizer	3.53%	2.69%	0.00%	0.00%	6.69%	0.00%	2.36%	6.73%	-7.21%	
FY 2026-27 Estimated Cost Per Utilizer	\$46,736	\$29,280	\$126,745	\$0	\$99,601	\$0	\$38,716	\$90,199	\$46,272	
Estimated FY 2026-27 Base Expenditure	\$1,259,025,684	\$100,575,666	\$268,318,699	\$0	\$72,310,115	\$0	\$2,981,147	\$32,742,103	\$1,735,953,414	
Bottom Line Impacts										
Annualize HB 22-1114 Transportation Services for Medicaid Waiver Clients	\$360,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$360,000	
BA-07 Community Based Access to Services - JBC Action - Community First Choice Impact	\$6,856,591	\$572,283	\$1,455,647	\$0	\$361,310	\$0	\$2,869	\$142,532	\$9,391,232	
Total Bottom Line Impacts	\$7,216,591	\$572,283	\$1,455,647	\$0	\$361,310	\$0	\$2,869	\$142,532	\$9,391,232	
Estimated FY 2026-27 Expenditure	\$1,266,242,275	\$101,147,949	\$269,774,346	\$0	\$72,671,425	\$0	\$2,984,016	\$32,884,635	\$1,745,704,646	
Estimated FY 2026-27 Per Utilizer	\$47,004	\$29,446	\$127,432	N/A	\$100,098	N/A	\$38,793	\$90,591	\$51,868	
% Change over FY 2025-26 Per Utilizer	4.13%	3.27%	0.54%	N/A	7.23%	N/A	2.46%	7.19%	4.01%	

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 Waiver (HCBS-EBD)	Community Mental Health Supports Waiver (HCBS-CMHS)	Children's Home- and Community-Based Waiver (HCBS - CHCBS)	Consumer Directed Attendant Support-State Plan (HCBS-1915(i) CDASS) (4)	Brain Injury Waiver (HCBS-BI)	Children with Autism Waiver (HCBS-CWA) (4) (5)	Children with Life Limiting Illness Waiver (HCBS-CLLI)	Complementary and Integrative Health Waiver (HCBS-CIH) (4)	
FY 2015-16 Average Monthly Enrollment (1)	21,625	3,049	1,186	25	336	42	131	N/A	
FY 2015-16 Average Monthly Waiver Utilizers (2)	20,567	2,835	1,136	25	319	27	107	N/A	
FY 2015-16 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.11%	92.99%	95.78%	100.00%	94.97%	64.68%	81.68%	70.00%	
FY 2016-17 Average Monthly Enrollment (1)	22,770	3,277	1,369	25	371	46	152	77	
FY 2016-17 Average Monthly Waiver Utilizers (2)	19,885	2,788	1,136	25	303	25	126	55	
FY 2016-17 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	87.33%	85.08%	82.98%	100.00%	81.67%	54.35%	82.89%	71.43%	
FY 2017-18 Average Monthly Enrollment (1)	23,827	3,399	1,492	N/A	427	35	157	109	
FY 2017-18 Average Monthly Waiver Utilizers (2)	22,641	3,095	1,376	N/A	390	0	141	103	
FY 2017-18 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	95.02%	91.06%	92.23%	100.00%	91.33%	0.00%	89.81%	94.50%	
FY 2018-19 Average Monthly Enrollment (1)	24,424	3,498	1,645	N/A	498	N/A	169	156	
FY 2018-19 Average Monthly Waiver Utilizers (2)	22,285	3,127	1,378	N/A	442	N/A	137	130	
FY 2018-19 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.24%	89.39%	83.77%	100.00%	88.76%	64.68%	81.07%	83.33%	
FY 2019-2020 Average Monthly Enrollment (1)	24,805	3,477	1,726	N/A	508	N/A	171	178	
FY 2019-2020 Average Monthly Waiver Utilizers (2)	22,744	3,133	1,485	N/A	459	N/A	141	166	
FY 2019-2020 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	91.69%	90.11%	86.04%	100.00%	90.35%	54.35%	82.46%	93.26%	
FY 2019-2020 Average Monthly Enrollment (1)	26,407	3,688	1,948	N/A	570	N/A	192	198	
FY 2020-2021 Average Monthly Waiver Utilizers (2)	23,781	3,308	1,736	N/A	511	N/A	153	183	
FY 2020-2021 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	90.06%	89.70%	89.12%	100.00%	89.65%	N/A	79.69%	92.42%	
FY 2020-2021 Average Monthly Enrollment (1)	26,644	3,783	2,122	N/A	618	N/A	184	220	
FY 2021-22 Average Monthly Waiver Utilizers (2)	23,648	3,192	1,932	N/A	532	N/A	123	201	
FY 2021-22 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	88.76%	84.38%	91.05%	N/A	86.08%	N/A	66.85%	91.36%	
FY 2022-23 Average Monthly Enrollment (1)	27,780	3,808	2,278	N/A	679	N/A	157	250	
FY 2022-23 Average Monthly Waiver Utilizers (2)	24,589	3,199	2,011	N/A	580	N/A	90	227	
FY 2022-23 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	88.51%	84.01%	88.28%	N/A	85.42%	N/A	57.32%	82.36%	
FY 2023-24 Average Monthly Enrollment (1)	27,404	3,637	2,265	N/A	684	N/A	127	286	
FY 2023-24 Average Monthly Waiver Utilizers (2)	24,904	3,190	2,058	N/A	614	N/A	91	256	
FY 2023-24 Average Monthly Utilizers as a Percentage of Average Monthly Enrollment	90.88%	87.72%	90.85%	N/A	89.74%	N/A	71.86%	89.50%	
FY 2024-25 Selected Average Monthly Utilizers Conversion Factor (3)	89.69%	86.31%	84.86%	N/A	88.49%	N/A	62.03%	90.31%	
FY 2025-26 Selected Average Monthly Utilizers Conversion Factor (3)	89.69%	86.31%	84.86%	N/A	88.49%	N/A	62.03%	90.31%	
FY 2026-27 Selected Average Monthly Utilizers Conversion Factor (3)	89.69%	86.31%	84.86%	N/A	88.49%	N/A	62.03%	90.31%	

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 - Waiver ended operation on 1/1/2019.

(5) Waiver ended operation 6/30/2018

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 2015-16	\$2,446,578	\$602,061	\$49,469,896	\$559,463	\$0	\$0	\$40,514	\$0	\$7,627,484	\$192,805	\$11,470,454	\$0	\$0	\$0	\$0	\$72,609,335
FY 2016-17	\$3,880,834	\$578,753	\$58,520,406	\$802,048	\$0	\$0	\$0	\$0	\$8,821,733	\$356,094	\$14,219,624	\$0	\$0	\$0	\$0	\$3,987,079,492
FY 2017-18	\$5,391,820	\$358,029	\$60,179,523	\$1,258,040	\$30,548	\$22,613	\$131,192	\$0	\$7,996,991	\$326,716	\$14,981,374	\$0	\$0	\$0	\$0	\$90,576,446
FY 2018-19	\$5,348,458	\$493,390	\$65,990,518	\$660,025	\$12,589	\$2,063	\$88,260	\$0	\$4,410,211	\$3,378	\$18,984,512	\$0	\$0	\$0	\$0	\$95,933,404
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
Estimated FY 2024-25	\$9,737,747	\$1,769,271	\$78,698,816	\$945,412	\$0	\$0	\$0	\$0	\$5,186,261	\$391,671	\$38,329,713	\$0	\$0	\$0	\$0	\$135,058,891
Estimated FY 2025-26	\$10,057,026	\$1,827,282	\$81,279,175	\$976,410	\$0	\$0	\$0	\$0	\$5,356,307	\$404,513	\$39,586,459	\$0	\$0	\$0	\$0	\$139,487,172
Estimated FY 2026-27	\$10,328,099	\$1,876,534	\$83,469,946	\$1,002,728	\$0	\$0	\$0	\$0	\$5,500,680	\$415,416	\$40,853,459	\$0	\$0	\$0	\$0	\$143,246,862
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 2016-17	46.64%	-3.87%	18.29%	43.36%	0.00%	0.00%	-100.00%	0.00%	15.66%	32.77%	23.97%	0.00%	0.00%	0.00%	0.00%	19.93%
FY 2017-18	38.93%	-38.14%	2.84%	56.85%	100.00%	100.00%	100.00%	0.00%	-9.35%	-11.47%	5.36%	0.00%	0.00%	0.00%	0.00%	4.02%
FY 2018-19	-0.80%	-26.31%	9.66%	-47.54%	-90.88%	-32.72%	-161.41%	0.00%	-44.85%	-98.51%	26.72%	0.00%	0.00%	0.00%	0.00%	5.94%
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%	-100.00%	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%	3.60%	-1.92%	0.00%	0.00%	67.42%	0.00%	5.27%	87.29%	1.28%	0.00%	0.00%	0.00%	0.00%	3.08%
FY 2022-23	39.53%	60.80%	-1.42%	69.58%	0.00%	0.00%	-100.00%	0.00%	-39.57%	-66.19%	14.25%	0.00%	0.00%	0.00%	0.00%	2.61%
FY 2023-24	18.05%	21.70%	6.56%	152.96%	0.00%	0.00%	0.00%	0.00%	80.95%	74.09%	6.73%	0.00%	0.00%	0.00%	0.00%	9.86%
Estimated FY 2024-25	6.43%	6.84%	6.44%	6.65%	0.00%	0.00%	0.00%	0.00%	6.32%	6.84%	6.43%	0.00%	0.00%	0.00%	0.00%	6.44%
Estimated FY 2025-26	3.28%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%	0.00%	3.28%	3.28%	3.28%	0.00%	0.00%	0.00%	0.00%	3.28%
Estimated FY 2026-27	2.70%	2.70%	2.70%	2.70%	0.00%	0.00%	0.00%	0.00%	2.70%	2.70%	2.70%	0.00%	0.00%	0.00%	0.00%	2.70%
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 2015-16	\$62.41	\$57.18	\$719.04	\$89.99	\$0.00	\$0.00	\$0.13	\$0.00	\$16.33	\$3.24	\$575.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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	\$117.45	\$30.35	\$891.14	\$153.89	\$0.17	\$0.30	\$0.37	\$0.00	\$18.22	\$3.52	\$697.68	\$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
Estimated FY 2024-25	\$194.25	\$143.80	\$1,358.66	\$34.84	\$0.00	\$0.00	\$0.00	\$0.00	\$14.14	\$8.70	\$2,076.48	\$0.00	\$0.00	\$0.00	\$0.00	\$5,447.24
Estimated FY 2025-26	\$189.81	\$147.02	\$1,339.41	\$29.80	\$0.00	\$0.00	\$0.00	\$0.00	\$14.18	\$8.37	\$2,142.47	\$0.00	\$0.00	\$0.00	\$0.00	\$5,650.23
Estimated FY 2026-27	\$186.02	\$149.23	\$1,238.90	\$29.16	\$0.00	\$0.00	\$0.00	\$0.00	\$14.06	\$8.01	\$2,198.08	\$0.00	\$0.00	\$0.00	\$0.00	\$5,802.52
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 2016-17	41.52%	-9.95%	20.36%	42.58%	0.00%	0.00%	-100.00%	0.00%	15.13%	21.91%	21.68%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2017-18	32.98%	-41.06%	2.97%	19.94%	100.00%	100.00%	100.00%	0.00%	-3.09%	-10.89%	-0.35%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2018-19	-4.50%	-17.43%	7.89%	-52.28%	-58.82%	-90.00%	-27.03%	0.00%	-42.43%	-98.30%	24.73%	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%	9.80%	3.96%	-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%	-68.07%	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%
Estimated FY 2024-25	1.24%	10.21%	8.41%	-20.16%	0.00%	0.00%	0.00%	0.00%	19.53%	38.76%	10.03%	0.00%	0.00%	0.00%	0.00%	56.99%
Estimated FY 2025-26	-2.29%	2.24%	-1.42%	-14.47%	0.00%	0.00%	0.00%	0.00%	0.28%	-3.79%	3.18%	0.00%	0.00%	0.00%	0.00%	3.73%
Estimated FY 2026-27	-2.00%	1.50%	-6.01%	-2.15%	0.00%	0.00%	0.00%	0.00%	-0.85%	-4.30%	2.60%	0.00%	0.00%	0.00%	0.00%	2.70%

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 2015-16	\$50,697,452	\$13,281,784	\$1,735,955	\$737,011	\$6,157,133	\$8,630,099	\$72,609,335
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	\$11,994,174	\$14,114,746	\$95,953,404
FY 2019-20	\$69,963,731	\$15,349,173	\$2,075,134	\$324,699	\$14,550,616	\$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
Estimated FY 2024-25	\$84,452,796	\$17,700,440	\$16,661,650	\$888,582	\$15,355,423	\$32,905,655	\$135,058,891
Estimated FY 2024-25	\$86,682,903	\$18,319,105	\$17,046,824	\$1,121,873	\$16,316,467	\$34,485,164	\$139,487,172
Estimated FY 2026-27	\$89,121,543	\$19,229,801	\$17,180,597	\$1,398,454	\$16,316,467	\$34,895,518	\$143,246,862
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 2016-17	17.41%	24.08%	-16.99%	-57.99%	51.43%	28.32%	19.93%
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%
Estimated FY 2024-25	5.76%	5.93%	-1.17%	4.12%	21.76%	8.52%	6.44%
Estimated FY 2024-25	2.64%	3.50%	2.31%	26.25%	6.26%	4.80%	3.28%
Estimated FY 2026-27	2.81%	4.97%	0.78%	24.65%	0.00%	1.19%	2.70%
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 2015-16	416	225	15	8	43	66	504
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
Estimated FY 2024-25	568	208	63	8	88	159	1,094
Estimated FY 2024-25	578	209	63	9	88	160	1,107
Estimated FY 2026-27	589	213	63	10	88	161	1,124
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 2016-17	13.99%	6.67%	-26.67%	0.00%	13.95%	N/A	12.83%
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%	19.75%	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%
Estimated FY 2024-25	1.79%	0.48%	-7.35%	-38.46%	12.82%	0.00%	18.39%
Estimated FY 2024-25	1.76%	0.48%	0.00%	12.50%	0.00%	0.63%	1.19%
Estimated FY 2026-27	1.90%	1.91%	0.00%	11.11%	0.00%	0.63%	1.54%

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 2015-16	\$121,869	\$59,030	\$115,730.33	\$92,126.38	\$143,189.14	N/A	\$144,019
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	\$174,256	\$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
Estimated FY 2024-25	\$148,685	\$85,098	\$264,470.63	\$111,072.75	\$174,493.44	\$206,954	\$123,454
Estimated FY 2024-25	\$149,970	\$87,651	\$270,584.51	\$124,652.56	\$185,414.40	\$215,532	\$126,005
Estimated FY 2026-27	\$151,310	\$90,281	\$272,707.89	\$139,845.40	\$185,414.40	\$216,742	\$127,444
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 2016-17	3.00%	16.32%	13.19%	-57.99%	32.89%	N/A	6.29%
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%	0.28%	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%	79.55%	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%
Estimated FY 2024-25	3.90%	5.42%	6.67%	69.19%	7.93%	8.52%	-10.10%
Estimated FY 2024-25	0.86%	3.00%	2.31%	12.23%	6.26%	4.15%	2.07%
Estimated FY 2026-27	0.89%	3.00%	0.78%	12.19%	0.00%	0.56%	1.14%
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 2015-16	3,001	2,519	6,931	3,523	4,299	4,918	25,191
FY 2016-17	2,943	2,202	6,278	3,223	4,663	4,721	24,030
FY 2017-18	2,953	2,118	4,431	2,216	4,623	3,757	20,098
FY 2018-19	2,853	1,969	4,040	3,065	4,653	3,919	20,499
FY 2019-20	2,553	1,773	4,289	3,918	4,235	4,147	20,915
FY 2020-21	2,901	1,968	4,530	3,205	4,548	4,094	21,246
FY 2021-22	2,618	1,744	4,152	1,958	4,958	3,689	19,119
FY 2022-23	2,758	1,856	4,762	2,249	5,200	4,070	20,895
FY 2023-24	2,563	1,955	6,165	1,854	4,230	4,083	20,850
Estimated FY 2024-25	2,775	2,102	7,224	3,787	5,049	5,353	26,291
Estimated FY 2024-25	2,799	2,165	7,391	4,250	5,365	5,669	27,639
Estimated FY 2026-27	2,824	2,230	7,449	4,768	5,365	5,861	28,497
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 2016-17	-1.93%	-12.58%	-9.42%	-8.52%	8.47%	-3.99%	-4.61%
FY 2017-18	0.34%	-3.81%	-29.42%	-31.24%	-0.86%	-20.43%	-16.37%
FY 2018-19	-3.39%	-7.03%	-8.82%	38.31%	0.65%	4.33%	2.00%
FY 2019-20	-10.52%	-9.95%	6.16%	27.83%	-8.98%	5.82%	2.03%
FY 2020-21	13.63%	10.99%	5.62%	-18.19%	7.38%	-1.28%	1.58%
FY 2021-22	-9.76%	-11.37%	-8.35%	-38.91%	9.03%	-9.89%	-10.01%
FY 2022-23	5.35%	6.42%	14.69%	14.86%	4.88%	10.33%	9.29%
FY 2023-24	-7.07%	5.33%	29.46%	-17.56%	-18.65%	0.31%	-0.22%
Estimated FY 2024-25	8.27%	7.53%	17.18%	104.26%	19.36%	31.11%	26.09%
Estimated FY 2024-25	0.90%	3.00%	2.31%	12.23%	6.26%	5.89%	5.13%
Estimated FY 2026-27	0.89%	3.00%	0.78%	12.19%	0.00%	3.39%	3.10%

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 2023-24 Estimated Average Paid Utilizers Per Month	558	207	68	13	78	159	1,083
Utilizer Trend Selected ⁽⁵⁾	1.79%	0.48%	-7.35%	-38.46%	12.82%	0.00%	-6.14%
Estimated FY 2024-25 Average Paid Utilizers Per Month	568	208	63	8	88	159	1,094
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	0	0	0	0	0	0	0
Estimated FY 2024-25 Average Paid Utilizers Per Month	568	208	63	8	88	159	1,094
FY 2023-24 Average Paid Units Per Utilizer Per Year	2,737	2,041	6,905	2,218	4,752	13,875	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	1.39%	3.00%	4.62%	70.74%	6.25%	15.75%	
Estimated FY 2024-25 Average Paid Units Per Utilizer	2,775	2,102	7,224	3,787	5,049	16,060	
FY 2023-24 Average Paid Rate Per Unit	\$52.53	\$39.69	\$35.89	\$28.75	\$33.88	\$31.57	
Unit Average Paid Rate Trend Selected	3.00%	1.99%	2.01%	2.02%	2.01%	2.01%	
Estimated FY 2024-25 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$32.84	
Estimated FY 2024-25 Base Expenditure	\$84,452,796	\$17,700,440	\$16,661,650	\$888,582	\$15,355,423	\$32,905,655	\$135,058,891
Bottom Line Impacts	0	0	0	0	0	0	0
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2024-25 Expenditure	\$84,452,796	\$17,700,440	\$16,661,650	\$888,582	\$15,355,423	\$32,905,655	\$135,058,891
Estimated FY 2024-25 Per Utilizer Cost	\$148,684.50	\$85,098.27	\$264,470.63	\$111,072.75	\$174,493.44	\$206,953.81	\$123,454.20
% Change Over FY 2023-24 Per Utilizer Cost	3.90%	5.42%	6.67%	69.19%	7.93%	8.52%	-10.10%
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 2024-25 Average Paid Utilizers Per Month	568	208	63	8	88	159	1,094
Utilizer Trend Selected ⁽⁵⁾	1.76%	0.48%	0.00%	12.50%	0.00%	0.63%	2.95%
Estimated 2025-26 Average Paid Utilizers Per Month	578	209	63	9	88	160	1,107
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	578	209	63	9	88	160	1,107
Estimated FY 2024-25 Average Paid Units Per Utilizer	2,775	2,102	7,224	3,787	5,049	16,060	
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	0.86%	3.00%	2.31%	12.23%	6.26%	5.89%	
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,799	2,165	7,391	4,250	5,365	17,006	
Estimated FY 2024-25 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$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 2025-26 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$32.84	
Estimated FY 2024-25 Base Expenditure	\$86,682,903	\$18,319,105	\$17,046,824	\$1,121,873	\$16,316,467	\$34,485,164	\$139,487,172
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	\$86,682,903	\$18,319,105	\$17,046,824	\$1,121,873	\$16,316,467	\$34,485,164	\$139,487,172
Estimated FY 2025-26 Per Utilizer Cost	\$149,970.42	\$87,651.22	\$270,584.51	\$124,652.56	\$185,414.40	\$215,532.28	\$126,004.67
% Change Over FY 2024-25 Per Utilizer Cost	0.86%	3.00%	2.31%	12.23%	6.26%	4.15%	2.07%

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 2025-26 Estimated Average Paid Utilizers Per Month	578	209	63	9	88	160	1,107	
Utilizer Trend Selected ⁽⁵⁾	1.90%	1.91%	0.00%	11.11%	0.00%	0.63%	2.98%	
Estimated FY 2026-27 Average Paid Utilizers Per Month	589	213	63	10	88	161	1,124	
<i>Bottom Line Impacts</i>								
Total Bottom Line Impacts	0	0	0	0	0	0	0	
Estimated FY 2026-27 Average Paid Utilizers Per Month	589	213	63	10	88	161	1,124	
Estimated FY 2025-26 Average Paid Units Per Utilizer	2,799	2,165	7,391	4,250	5,365	17,006		
Percentage Selected to Modify Per Client Utilization ⁽⁶⁾	0.89%	3.00%	0.78%	12.19%	0.00%	3.39%		
Estimated FY 2026-27 Average Paid Units Per Utilizer	2,824	2,230	7,449	4,768	5,365	17,582		
Estimated FY 2025-26 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$32.84		
Unit Paid Rate Trend Selected	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Estimated FY 2026-27 Average Paid Rate Per Unit	\$53.58	\$40.48	\$36.61	\$29.33	\$34.56	\$32.84		
Estimated FY 2025-26 Base Expenditure	\$89,121,543	\$19,229,801	\$17,180,597	\$1,398,454	\$16,316,467	\$34,895,518	\$143,246,862	
<i>Bottom Line Impacts</i>								
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Estimated FY 2026-27 Expenditure	\$89,121,543	\$19,229,801	\$17,180,597	\$1,398,454	\$16,316,467	\$34,895,518	\$143,246,862	
Estimated FY 2026-27 Per Utilizer Cost	\$151,309.92	\$90,280.76	\$272,707.89	\$139,845.40	\$185,414.40	\$216,742.35	\$127,443.83	
% Change Over FY 2025-26 Per Utilizer Cost	0.89%	3.00%	0.78%	12.19%	0.00%	0.56%	1.14%	
<small>(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</small>								
<small>(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</small>								
<small>(3) N/A - Rows cannot be displayed due to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</small>								
<small>(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.</small>								
	RN					1.79%	1.76%	1.90%
(5) Percentages Selected to Modify Utilizers for FY 2024-25 through FY 2026-27	LPN					0.48%	0.48%	1.91%
	Blended \bar{x} Group					0.00%	0.63%	0.63%
	Total PDN Utilizers					-6.14%	2.95%	2.98%
(6) Percentages Selected to Modify Units Per Utilizer for FY 2024-25 through FY 2026-27	RN					1.39%	0.86%	0.89%
	LPN					3.00%	3.00%	3.00%
	Blended \bar{x} Group					15.75%	5.89%	3.39%

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-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	\$31,647,015	\$8,813,402	\$157,177,050	\$2,237,376	\$488,105	\$34,319	\$2,001,772	\$0	\$22,807,220	\$1,195,443	\$13,045,361	\$9,226	\$0	\$0	\$0	\$239,436,289	
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	\$201,637,364	\$4,424,728	\$766,240	\$151,912	\$3,479,504	\$0	\$31,770,989	\$2,906,178	\$15,106,239	\$12,651	\$0	\$0	\$16,814	\$317,329,479	
FY 2018-19	\$45,614,951	\$10,166,037	\$231,040,432	\$5,658,035	\$617,156	\$49,609	\$3,038,174	\$0	\$41,004,698	\$2,713,319	\$16,987,453	\$12,703	\$0	\$0	\$0	\$356,906,370	
FY 2019-20	\$46,750,588	\$12,904,867	\$260,666,507	\$8,340,342	\$857,841	\$98,092	\$3,469,535	\$0	\$50,749,128	\$3,348,054	\$19,823,165	\$5,421	\$1,558	\$0	\$0	\$407,015,698	
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	\$4,059,542	\$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	\$76,965,659	\$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	\$650,549,873	
Estimated FY 2024-25	\$94,658,034	\$25,204,802	\$521,619,375	\$12,642,409	\$1,280,244	\$80,015	\$6,961,326	\$0	\$93,297,774	\$6,401,220	\$37,027,226	\$0	\$0	\$0	\$80,014	\$800,152,439	
Estimated FY 2025-26	\$97,581,283	\$25,983,182	\$537,728,135	\$13,032,834	\$1,319,781	\$82,486	\$7,176,307	\$0	\$96,179,016	\$6,598,904	\$39,098,503	\$0	\$0	\$0	\$0	\$82,485	\$824,862,916
Estimated FY 2026-27	\$102,620,355	\$27,324,947	\$565,496,274	\$13,705,846	\$1,387,934	\$86,746	\$7,546,890	\$0	\$101,145,676	\$6,939,669	\$41,117,539	\$0	\$0	\$0	\$0	\$86,744	\$867,458,620
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-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	25.60%	-0.84%	12.80%	29.80%	24.64%	606.49%	41.23%	0.00%	24.75%	95.16%	7.32%	46.29%	100.00%	0.00%	0.00%	14.28%	
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%	0.35%	0.00%	0.00%	-100.00%	12.47%	
FY 2019-20	2.49%	26.94%	12.85%	-47.41%	39.20%	98.94%	14.20%	0.00%	23.76%	33.21%	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%	9.48%	9.50%	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%	10.43%	10.73%	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%	16.56%	0.00%	0.00%	16.56%	
Estimated FY 2024-25	22.99%	23.17%	23.00%	22.97%	21.26%	-3.05%	22.86%	0.00%	22.99%	22.50%	22.91%	-100.00%	0.00%	0.00%	100.00%	23.00%	
Estimated FY 2025-26	3.09%	3.09%	3.09%	3.09%	3.09%	3.09%	3.09%	0.00%	3.09%	3.09%	3.09%	0.00%	0.00%	0.00%	0.00%	3.09%	
Estimated FY 2026-27	5.16%	5.16%	5.16%	5.16%	5.16%	5.16%	5.16%	0.00%	5.16%	5.16%	5.16%	0.00%	0.00%	0.00%	0.00%	5.16%	
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-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	\$746.34	\$837.06	\$2,284.55	\$359.88	\$2.87	\$0.39	\$6.25	\$0.00	\$48.82	\$20.09	\$694.39	\$0.64	\$0.00	\$0.00	\$0.00	\$0.00	
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	\$956.38	\$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	\$0.48	\$0.00	
FY 2019-20	\$983.17	\$990.47	\$3,910.03	\$781.30	\$5.22	\$1.66	\$10.74	\$0.00	\$124.52	\$59.87	\$929.79	\$0.47	\$0.00	\$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	\$1,612.31	\$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	
Estimated FY 2024-25	\$1,888.25	\$2,048.50	\$9,005.24	\$685.86	\$9.16	\$1.88	\$21.12	\$0.00	\$254.29	\$142.16	\$2,054.67	\$0.00	\$0.00	\$0.00	\$2.64	\$32,272.02	
Estimated FY 2025-26	\$1,841.64	\$2,090.51	\$8,861.26	\$397.83	\$9.24	\$1.83	\$19.84	\$0.00	\$254.55	\$136.54	\$2,116.06	\$0.00	\$0.00	\$0.00	\$2.58	\$32,412.85	
Estimated FY 2026-27	\$1,848.32	\$2,172.96	\$8,528.84	\$398.55	\$9.32	\$1.79	\$19.33	\$0.00	\$258.51	\$133.78	\$2,223.17	\$0.00	\$0.00	\$0.00	\$2.55	\$35,138.28	
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-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	21.21%	-7.12%	12.50%	29.09%	25.78%	515.38%	30.08%	0.00%	24.19%	78.89%	5.34%	54.69%	100.00%	0.00%	0.00%	0.00%	
FY 2017-18	17.10%	-8.10%	16.17%	16.50%	18.01%	-15.00%	21.40%	0.00%	19.43%	25.65%	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%	-17.61%	-6.87%	0.00%	34.75%	1.33%	0.00%	-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%	18.33%	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%	-8.51%	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%	
Estimated FY 2024-25	16.98%	27.05%	25.28%	-7.96%	39.85%	50.40%	51.29%	0.00%	38.28%	59.16%	27.07%	-100.00%	0.00%	0.00%	100.00%	80.94%	
Estimated FY 2025-26	-2.47%	2.05%	-1.60%	-14.60%	0.87%	-2.66%	-6.06%	0.00%	0.10%	-3.95%	2.99%	0.00%	0.00%	0.00%	0.00%	3.94%	
Estimated FY 2026-27	0.36%	3.94%	-3.75%	0.85%	0.87%	-2.19%	-2.57%	0.00%	1.56%	-2.02%	2.06%	0.00%	0.00%	0.00%	0.00%	-1.16%	

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 2015-16	\$7,082,199	\$8,236,854	\$10,558,321	\$35,763,694	\$115,697,949	\$30,321,320	\$8,713,140	\$3,056,070	\$6,742	\$239,436,289
FY 2016-17	\$7,566,236	\$10,175,840	\$16,371,130	\$37,740,979	\$135,660,548	\$54,661,018	\$8,756,039	\$2,677,286	\$370	\$273,639,403
FY 2017-18	\$8,774,284	\$11,800,555	\$18,984,993	\$43,766,815	\$157,355,201	\$63,388,357	\$10,154,054	\$3,104,749	\$319	\$317,329,479
FY 2018-19	\$10,434,993	\$14,633,158	\$24,836,369	\$48,427,430	\$180,825,512	\$68,736,174	\$10,385,085	\$3,105,085	\$370	\$356,963,370
FY 2019-20	\$12,681,087	\$19,434,951	\$30,106,071	\$48,432,221	\$206,780,057	\$73,616,744	\$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	\$446,646,719
FY 2021-22	\$19,090,558	\$32,185,322	\$50,785,186	\$62,367,604	\$236,060,325	\$73,514,376	\$15,359,415	\$4,174,882	\$12,096	\$509,509,864
FY 2022-23	\$21,545,177	\$36,399,902	\$57,435,368	\$70,534,472	\$266,971,780	\$83,140,883	\$17,370,689	\$4,721,684	\$13,680	\$558,133,635
FY 2023-24	\$66,115,815	\$113,481,628	\$151,393,082	\$75,647,609	\$128,732,882	\$93,338,988	\$16,832,327	\$4,736,539	\$0	\$650,549,870
Estimated FY 2024-25	\$27,897,362	\$51,145,167	\$77,047,450	\$108,724,827	\$423,999,112	\$80,025,708	\$31,041,767	\$6,327,772	(\$30,356)	\$800,152,439
Estimated FY 2025-26	\$28,107,553	\$51,724,478	\$80,602,892	\$115,377,189	\$433,469,492	\$79,953,453	\$29,402,989	\$6,277,113	(\$52,693)	\$824,862,916
Estimated FY 2026-27	\$30,211,958	\$55,557,586	\$84,632,615	\$123,613,287	\$447,057,518	\$88,807,130	\$31,148,225	\$6,482,998	(\$52,693)	\$867,458,620
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	Total
FY 2016-17	6.83%	23.54%	55.05%	5.33%	17.28%	8.62%	0.49%	-12.39%	-95.26%	14.28%
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%	8.64%	14.57%	7.68%	19.66%	16.95%	736.7%	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%	13.10%	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%
Estimated FY 2024-25	-57.81%	-54.92%	-51.75%	41.10%	228.84%	-14.36%	84.42%	33.59%	0.00%	23.00%
Estimated FY 2025-26	0.75%	1.13%	1.34%	3.89%	-0.99%	-0.28%	-0.80%	23.58%	0.00%	3.09%
Estimated FY 2026-27	7.49%	7.41%	3.00%	7.14%	3.13%	11.07%	5.94%	3.28%	0.00%	5.16%
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 2015-16	1,176	1,451	1,616	3,317	3,869	2,734	414	155	8,290	23,022
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	4,281	5,772	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	3,865	6,071	4,471	656	214	17,378	46,756
FY 2023-24	3,378	5,797	7,735	3,865	6,587	4,774	860	242	33,238	66,476
Estimated FY 2024-25	3,485	6,119	7,953	4,375	7,380	5,036	1,036	281	36,642	72,508
Estimated FY 2025-26	3,882	6,310	8,946	4,821	7,900	5,130	1,001	285	28,141	76,116
Estimated FY 2026-27	3,850	6,777	9,333	5,165	8,147	5,698	1,048	294	40,483	80,854
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	Total
FY 2016-17	16.16%	22.26%	35.64%	1.66%	8.58%	10.57%	2.90%	12.26%	12.06%	12.14%
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%	7.23%	-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%	20.46%	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%
Estimated FY 2024-25	3.18%	5.55%	2.81%	13.20%	15.08%	5.50%	20.47%	16.11%	10.24%	9.07%
Estimated FY 2025-26	2.80%	3.12%	12.46%	10.19%	4.21%	1.86%	-3.38%	1.47%	4.09%	4.98%
Estimated FY 2026-27	7.50%	7.40%	5.00%	7.33%	3.35%	11.06%	-6.68%	3.24%	6.14%	6.23%
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 2015-16	\$6,022.28	\$5,676.67	\$6,533.61	\$10,781.94	\$29,903.84	\$18,405.75	\$21,046.23	\$19,716.58	\$28,882.25	\$146,969.15
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	\$12,309.25	\$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	\$165,945.17
FY 2020-21	\$6,495.49	\$6,887.80	\$7,472.84	\$14,270.04	\$39,240.84	\$17,332.48	\$24,296.22	\$19,060.87	\$31,488.74	\$167,218.25
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	\$22,063.94	\$17,787.42	\$168,348.84
FY 2023-24	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47	\$19,572.47
Estimated FY 2024-25	\$8,003.95	\$8,358.78	\$9,185.38	\$24,395.35	\$55,929.01	\$15,889.49	\$29,961.32	\$22,520.70	\$21,837.03	\$196,081.01
Estimated FY 2025-26	\$7,846.89	\$8,197.66	\$9,010.15	\$23,931.28	\$54,871.09	\$15,585.39	\$29,371.58	\$22,077.78	\$21,626.67	\$192,458.49
Estimated FY 2026-27	\$7,840.22	\$8,198.41	\$9,010.15	\$23,931.28	\$54,871.09	\$15,585.39	\$29,371.58	\$22,077.78	\$21,626.67	\$192,458.49
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 2016-17	-8.03%	1.05%	14.31%	3.81%	8.01%	-1.76%	-2.34%	-21.96%	1.99%	-0.85%
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%	7.28%	5.51%	2.83%	-4.79%	-0.88%	-2.89%	0.19%	1.06%
FY 2021-22	3.24%	1.67%	-1.67%	15.99%	5.09%	0.03%	6.07%	6.85%	-0.83%	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%
Estimated FY 2024-25	-59.11%	-57.29%	-53.07%	24.64%	185.75%	-18.22%	53.08%	15.06%	11.57%	11.31%
Estimated FY 2025-26	-1.96%	-1.93%	-1.91%	-1.90%	-1.98%	-1.91%	-1.97%	-2.23%	-0.96%	-1.85%
Estimated FY 2026-27	0.02%	0.01%	0.00%	0.00%	0.00%	0.01%	1.20%	0.03%	-0.92%	0.09%

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

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 2015-16	54	51	54	104	813	1,679	291	389		
FY 2016-17	55	52	52	109	864	1,724	301	377		
FY 2017-18	51	49	53	167	903	1,654	285	308		
FY 2018-19	51	51	55	135	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		
Estimated FY 2024-25	55	57	58	183	1,324	1,260	336	363		
Estimated FY 2025-26	55	57	58	183	1,324	1,260	336	363		
Estimated FY 2026-27	55	57	58	183	1,324	1,260	340	363		
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 2016-17	1.85%	1.96%	-3.70%	4.81%	6.27%	2.68%	3.44%	-3.08%		
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%	4.22%	-4.41%	8.42%	5.19%		
FY 2019-20	1.96%	3.92%	-3.44%	6.09%	6.90%	-2.47%	9.50%	15.76%		
FY 2020-21	11.54%	9.43%	-11.31%	7.38%	5.24%	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%		
Estimated FY 2024-25	5.77%	-5.00%	3.57%	7.65%	6.77%	-4.91%	0.00%	-4.47%		
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.19%	0.00%		
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 2023-24 Average Monthly Clients	3,378	5,797	7,735	3,865	6,587	4,774	860	242	N/A	33,238
Utilizer Trend Selected ⁽⁶⁾	3.18%	5.55%	2.81%	13.20%	15.08%	5.50%	20.47%	16.11%	N/A	10,245
Estimated FY 2024-25 Average Utilizers Per Month	3,485	6,119	7,953	4,375	7,580	5,036	1,036	281	N/A	36,642
Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Total Bottom Line Impacts	3,485	6,119	7,953	4,375	7,580	5,036	1,036	281	N/A	36,642
Estimated FY 2024-25 Average Utilizers Per Month	3,485	6,119	7,953	4,375	7,580	5,036	1,036	281	N/A	36,642
FY 2023-24 Average Units Per Utilizer Per Year	52	60	56	170	1,240	1,325	336	380	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	5.77%	-5.00%	3.57%	7.65%	6.77%	-4.91%	0.00%	-4.47%	N/A	
Estimated FY 2024-25 Average Units Per Utilizer	55	57	58	183	1,324	1,260	336	363	N/A	
FY 2023-24 Average Paid Rate Per Unit	\$140.22	\$141.19	\$152.43	\$128.28	\$40.64	\$12.14	\$85.90	\$60.12	N/A	
Unit Average Paid Rate Trend Selected	2.00%	-2.00%	2.00%	2.00%	1.99%	1.98%	-2.00%	2.00%	N/A	
Estimated FY 2024-25 Average Paid Rate Per Unit	\$143.02	\$144.01	\$155.48	\$130.85	\$41.45	\$12.38	\$87.62	\$61.32	N/A	
Estimated FY 2024-25 Base Expenditure	\$27,416,904	\$50,226,071	\$71,715,299	\$104,770,234	\$416,005,790	\$78,561,696	\$30,901,980	\$6,254,287	\$12,099	\$785,464,360
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
FY 2018-19 R-R Assorted Medicaid Savings Initiatives - PAR Savings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33rd Payment Week	\$927,248	\$965,886	\$1,379,140	\$2,018,812	\$8,000,111	\$1,310,802	\$586,572	\$120,275	\$210	\$15,105,161
Launch PAR Review for LTHH	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DD Waiver Enrollee	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$46,790)	(\$421,107)
Total Bottom Line Impacts	\$480,458	\$919,096	\$1,332,351	\$1,968,023	\$7,953,322	\$1,464,012	\$539,787	\$73,485	(\$42,455)	\$14,688,079
Estimated FY 2024-25 Expenditure	\$27,897,362	\$51,145,167	\$73,047,650	\$106,738,257	\$423,959,112	\$80,025,708	\$31,041,767	\$6,327,772	(\$30,356)	\$800,152,439
Estimated FY 2024-25 Per Utilizer Cost	\$8,003.95	\$8,358.78	\$9,185.38	\$24,395.35	\$55,929.01	\$15,889.49	\$29,961.32	\$22,520.70	N/A	\$21,637.03
% Change Over FY 2023-24 Per Utilizer Cost	(\$0.59)	(\$0.57)	(\$0.53)	\$0.25	\$1.86	(\$0.19)	\$0.53	\$0.15	N/A	\$0.12
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 2024-25 Average Utilizers Per Month	3,485	6,119	7,953	4,375	7,580	5,036	1,036	281	N/A	36,642
Utilizer Trend Selected ⁽⁶⁾	2.79%	3.12%	12.49%	10.19%	4.21%	1.86%	-3.38%	1.47%	N/A	4,099
Estimated FY 2025-26 Average Utilizers Per Month	3,582	6,310	8,946	4,821	7,900	5,130	1,001	285	N/A	38,141
Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0
Total Bottom Line Impacts	3,582	6,310	8,946	4,821	7,900	5,130	1,001	285	N/A	38,141
Estimated FY 2025-26 Average Utilizers Per Month	3,582	6,310	8,946	4,821	7,900	5,130	1,001	285	N/A	38,141
FY 2024-25 Average Units Per Utilizer Per Year	55	57	58	183	1,324	1,260	336	363	N/A	
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	
Estimated FY 2025-26 Average Units Per Utilizer	55	57	58	183	1,324	1,260	336	363	N/A	
FY 2024-25 Average Paid Rate Per Unit	\$143.02	\$144.01	\$155.48	\$130.85	\$41.45	\$12.38	\$87.62	\$61.32	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	\$143.02	\$144.01	\$155.48	\$130.85	\$41.45	\$12.38	\$87.62	\$61.32	N/A	
Estimated FY 2024-25 Base Expenditure	\$28,176,370	\$51,793,295	\$80,671,709	\$115,446,006	\$433,538,759	\$80,022,270	\$29,471,806	\$6,345,930	\$12,099	\$823,478,244
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-R 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)	(\$68,817)	(\$515,332)
Estimated FY 2025-26 Expenditure	\$28,107,553	\$51,724,478	\$80,602,892	\$115,377,189	\$433,469,942	\$79,953,453	\$29,402,989	\$6,277,113	(\$52,693)	\$824,862,916
Estimated FY 2024-25 Per Utilizer Cost	\$7,846.89	\$8,197.66	\$9,011.52	\$23,931.28	\$54,871.09	\$15,585.39	\$29,371.58	\$22,017.78	N/A	\$21,626.67
% Change Over FY 2023-24 Per Utilizer Cost	-1.96%	-1.93%	-1.91%	-1.90%	-1.89%	-1.91%	-1.97%	-2.23%	N/A	-0.96%

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

LONG-TERM HOME HEALTH	Out Year										Total
	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⁾		
Estimated FY 2025-26 Average Utilizers Per Month	3,582	6,310	8,946	4,821	7,900	5,130	1,001	285	N/A	38,141	
Utilizer Trend Selected ⁽⁶⁾	7.47%	7.40%	5.00%	7.13%	3.13%	11.06%	4.68%	3.24%	N/A	6.14%	
FY 2026-27 Estimated Average Utilizers Per Month	3,850	6,777	9,393	5,165	8,147	5,698	1,048	294	N/A	40,483	
Bottom Line Impacts											
Total Bottom Line Impacts	0	0	0	0	0	0	0	0	N/A	0	
FY 2026-27 Estimated Average Utilizers Per Month	3,850	6,777	9,393	5,165	8,147	5,698	1,048	294	N/A	40,483	
Estimated FY 2025-26 Average Units Per Utilizer Per Year	55	57	58	183	1,324	1,260	336	363	N/A		
Percentage Selected to Modify Units Per Utilizer ⁽⁵⁾	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.19%	0.00%	N/A		
Estimated FY 2026-27 Average Units Per Utilizer	55	57	58	183	1,324	1,260	340	363	N/A		
FY 2024-25 Average Paid Rate Per Unit	\$143.02	\$144.01	\$155.48	\$130.85	\$41.45	\$12.38	\$87.62	\$61.32	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	\$143.02	\$144.01	\$155.48	\$130.85	\$41.45	\$12.38	\$87.62	\$61.32	N/A		
Estimated FY 2025-26 Base Expenditure	\$30,280,775	\$55,626,403	\$84,701,432	\$123,682,104	\$447,126,335	\$88,875,947	\$31,217,042	\$6,951,815	\$12,099	\$868,073,952	
Bottom Line Impacts											
Telehealth Expenditure Adjustment ⁽⁷⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,025	\$4,025	
Amortization of FY 2018-FY 2024 Assorted Medical Savings Initiatives ⁽⁸⁾	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
DD Waiver Enrollee	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$619,357)	
Total Bottom Line Impacts	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$68,817)	(\$64,792)	(\$615,332)	
Estimated FY 2026-27 Expenditure	\$30,211,958	\$55,557,586	\$84,632,615	\$123,613,287	\$447,057,518	\$88,807,130	\$31,148,225	\$6,482,998	(\$52,693)	\$867,458,620	
Estimated FY 2026-27 Per Utilizer Cost	\$7,848.22	\$8,198.41	\$9,010.51	\$23,932.23	\$54,871.35	\$15,586.72	\$29,725.13	\$22,025.36	N/A	\$21,427.73	
% Change Over FY 2025-26 Per Utilizer Cost	0.02%	0.01%	0.00%	0.00%	0.00%	0.01%	1.20%	0.03%	N/A	-0.92%	

(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.

(4) 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).

(5) Percentages Selected to Modify Utilizers for FY 2024-25 through FY 2026-27

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
3.18%, 2.79%, 7.47%	5.55%, 3.12%, 7.40%	2.81%, 12.49%, 5.00%	5.77%, 0.00%, 0.00%	7.65%, 0.00%, 0.00%	5.50%, 1.86%, 11.06%	13.20%, 10.19%, 7.13%	15.08%, 4.21%, 3.13%

(6) Percentages Selected to Modify Units Per Utilizer for FY 2024-25 through FY 2026-27

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
-5.00%, 0.00%, 0.00%	-5.00%, 0.00%, 0.00%	3.57%, 0.00%, 0.00%	5.77%, 0.00%, 0.00%	7.65%, 0.00%, 0.00%	6.77%, 0.00%, 0.00%	7.65%, 0.00%, 0.00%	6.77%, 0.00%, 0.00%

(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 2024-25, FY 2025-26, FY 2026-27

FY 2024-25 Calculation

Nursing Facility Room and Board

<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2024-25 Per Diem Rate	\$223.10	G5.2
Estimate of Patient Days	236,063	G5.2
Total Estimated Costs for FY 2024-25 Days of Service	\$52,665,746	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.45%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$46,056,195	
Estimated Expenditure for FY 2023-24 Dates of Service	\$6,398,155	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2024-25 Prior to Adjustments	\$52,454,349	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2024-25 Total Fund Expenditure	\$52,454,349	
Percentage Change in Core Component Expenditure Over Prior Year	25.15%	

Hospice Services

<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$14,819,657	
Hospice General Inpatient	\$3,003,131	
Other Services	\$239,462	
Estimated Hospice Services Expenditure in FY 2024-25 Prior to Adjustments	\$18,062,250	
<u>Bottom Line Adjustments:</u>		
Additional Payment Period	\$1,388,628	
Total Bottom Line Adjustments:	\$1,388,628	
Total Estimated Hospice Services FY 2024-25 Total Fund Expenditure	\$19,450,878	
Percentage Change in Expenditure Over Prior Year	37.08%	
Total Estimated FY 2024-25 Expenditure	\$71,905,227	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2025-26 Calculation		
Nursing Facility Room and Board		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Per Diem Rate	\$226.45	G5.2
Estimate of Patient Days	241,383	G5.2
Total Estimated Costs for FY 2025-26 Days of Service	\$54,661,112	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.45%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$47,801,142	
Estimated Expenditure for FY 2024-25 Dates of Service	\$6,609,551	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2025-26 Prior to Adjustments	\$54,410,693	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:		
Total Estimated Nursing Facility Room and Board FY 2025-26 Total Fund Expenditure	\$54,410,693	
Percentage Change in Core Component Expenditure Over Prior Year	3.73%	
Hospice Services		
<u>Service Expenditure:</u>	Core Components	Reference
Hospice Routine Home Care	\$15,051,908	
Hospice General Inpatient	\$3,118,099	
Other Services	\$271,097	
Estimated Hospice Services Expenditure in FY 2025-26 Prior to Adjustments	\$18,441,104	
<u>Bottom Line Adjustments:</u>		
Remove Additional Payment Period	(\$1,388,628)	
Total Bottom Line Adjustments:	(\$1,388,628)	
Total Estimated Hospice Services FY 2025-26 Total Fund Expenditure	\$17,052,476	
Percentage Change in Expenditure Over Prior Year	-12.33%	
Total Estimated FY 2025-26 Expenditure	\$71,463,169	

Exhibit G - COMMUNITY BASED LONG-TERM CARE - HOSPICE

FY 2026-27 Calculation		
Nursing Facility Room and Board		
Service Expenditure:	Core Components	Reference
Estimate of FY 2026-27 Per Diem Rate	\$226.45	G5.2
Estimate of Patient Days	246,822	G5.2
Total Estimated Costs for FY 2026-27 Days of Service	\$55,892,810	
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	87.45%	G5.2
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$48,878,262	
Estimated Expenditure for FY 2025-26 Dates of Service	\$6,859,970	G5.2
Estimated Nursing Facility Room and Board Expenditure in FY 2026-27 Prior to Adjustments	\$55,738,232	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Nursing Facility Room and Board FY 2026-27 Total Fund Expenditure	\$55,738,232	
Percentage Change in Core Component Expenditure Over Prior Year	2.44%	
Hospice Services		
Service Expenditure:	Core Components	Reference
Hospice Routine Home Care	\$15,288,014	
Hospice General Inpatient	\$3,237,468	
Other Services	\$306,911	
Estimated Hospice Services Expenditure in FY 2026-27 Prior to Adjustments	\$18,832,394	
<u>Bottom Line Adjustments:</u>		
Total Bottom Line Adjustments:	\$0	
Total Estimated Hospice Services FY 2026-27 Total Fund Expenditure	\$74,570,626	
Percentage Change in Expenditure Over Prior Year	337.30%	

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

Hospice Nursing Facility Room and Board FY 2024-25, FY 2025-26 and FY 2026-27 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 2024-25, FY 2025-26, and FY 2026-27 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 2024-25, FY 2025-26, and FY 2026-27 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 2015-16	\$163.39	3.00%	
FY 2016-17	\$168.03	3.00%	2.76%
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%
Estimated FY 2024-25	\$223.10	3.00%	3.00%
Estimated FY 2025-26	\$226.45	1.50%	1.50%
Estimated FY 2026-27	\$226.45	0.00%	0.00%

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

Fiscal Year	Patient Days	Percentage Change	Full Time Equivalent Clients	Percentage Change2
FY 2015-16	226,856	-	620	-
FY 2016-17	238,694	5.22%	654	5.48%
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%
Estimated FY 2024-25	236,063	2.25%	647	2.54%
Estimated FY 2025-26	241,383	2.25%	661	2.16%
Estimated FY 2026-27	246,822	2.25%	676	2.27%

(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.

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)
January-24	11	99.72%
February-24	10	99.43%
March-24	9	98.94%
April-24	8	98.42%
May-24	7	97.54%
June-24	6	96.51%
July-24	5	94.96%
August-24	4	84.42%
September-24	3	74.26%
October-24	2	64.31%
November-24	1	53.41%
December-24	0	
Average		87.45%

- (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.

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 2023-24 Rates	\$216.60
FY 2023-24 Patient Days	230,861
FY 2023-24 Days Paid in FY 2023-24	193,510
Total FY 2023-24 Impact	\$41,914,105
Estimated FY 2023-24 Days Paid in FY 2024-25	37,351
FY 2024-25 Impact from Carryover from FY 2023-24	\$8,090,196
Estimated FY 2024-25 Rates	\$223.10
Estimated FY 2024-25 Patient Days	236,063
Estimated FY 2024-25 Days Paid in FY 2024-25	206,437
FY 2024-25 Impact from FY 2024-25	\$46,056,195
Total FY 2024-25 Impact	\$54,146,390
Estimated FY 2024-25 Days Paid in FY 2025-26	29,626
FY 2025-26 Impact from Carryover from FY 2024-25	\$6,609,561
Estimated FY 2025-26 Rates	\$226.45
Estimated FY 2025-26 Patient Days	241,383
Estimated FY 2025-26 Days Paid in FY 2025-26	211,089
FY 2025-26 Impact from FY 2025-26	\$47,801,104
Total FY 2025-26 Impact	\$54,410,665
Estimated FY 2025-26 Days Paid in FY 2026-27	30,294
FY 2026-27 Impact from Carryover from FY 2025-26	\$6,860,076
Estimated FY 2026-27 Rates	\$226.45
Estimated FY 2026-27 Patient Days	246,822
Estimated FY 2026-27 Days Paid in FY 2026-27	215,846
FY 2026-27 Impact from FY 2026-27	\$48,878,327
Total FY 2026-27 Impact	\$55,738,403

- (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 2015-16	\$37,009,391	\$3,642,171	\$6,535,276	\$273,695	\$288,882	\$88,848	\$3,367,593	\$17,689	\$139,670	\$0	\$1,102	\$0	\$0	\$2,599	\$0	\$51,366,916	
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	\$48,509,514	\$4,409,676	\$6,843,220	\$409,070	\$498,712	\$285,004	\$4,064,850	\$8,391	\$227,302	\$77,305	\$70,018	\$0	\$0	\$0	\$0	\$65,403,062	
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	\$70,976,226	
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	\$63,980,271	
Estimated FY 2024-25	\$54,770,638	\$4,218,777	\$6,547,474	\$534,308	\$454,302	\$137,920	\$4,924,636	\$0	\$185,331	\$115,253	\$9,906	\$0	\$0	\$0	\$0	\$71,905,227	
Estimated FY 2025-26	\$53,470,510	\$4,235,437	\$6,817,169	\$641,032	\$461,351	\$145,418	\$5,370,715	\$0	\$189,687	\$7,128	\$114,656	\$10,066	\$0	\$0	\$0	\$71,463,169	
Estimated FY 2026-27	\$54,567,299	\$4,471,524	\$7,772,527	\$702,168	\$501,965	\$163,017	\$6,049,047	\$0	\$204,964	\$7,983	\$119,758	\$10,374	\$0	\$0	\$0	\$74,570,626	
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 2016-17	9.34%	-16.33%	-13.60%	-15.40%	22.00%	122.53%	8.57%	61.60%	1.34%	100.00%	359.17%	100.00%	100.00%	5921.43%	0.00%	5.03%	
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	-0.24%	-47.68%	-96.61%	-90.75%	-34.91%	87.61%	16.82%	100.00%	-99.28%	-97.34%	-99.54%	-100.00%	0.00%	0.00%	-100.00%	-79.39%	
FY 2019-20	9.13%	16.73%	-3.23%	-7.61%	-9.09%	-33.73%	-6.09%	126.40%	60.62%	-121.88%	120.68%	100.00%	0.00%	0.00%	0.00%	7.15%	
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%	-26.09%	7.24%	-4.63%	0.83%	0.83%	192.84%	-75.73%	-58.16%	100.00%	100.00%	100.00%	0.00%	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%	5.45%	1.27%	34.55%	17.49%	-34.20%	-100.00%	-5.92%	100.00%	100.00%	-100.00%	0.00%	3219.46%	0.00%	8.79%	
Estimated FY 2024-25	15.60%	8.95%	10.34%	50.15%	-2.58%	-27.86%	-8.71%	0.00%	-0.04%	-13.50%	8.71%	10.05%	0.00%	-100.00%	0.00%	12.39%	
Estimated FY 2025-26	-2.37%	0.39%	4.12%	19.97%	1.55%	5.44%	9.06%	0.00%	2.35%	6.67%	-0.52%	1.62%	0.00%	0.00%	0.00%	-0.61%	
Estimated FY 2026-27	2.05%	5.57%	14.01%	9.54%	8.80%	12.10%	12.63%	0.00%	8.05%	11.99%	4.45%	3.06%	0.00%	0.00%	0.00%	4.35%	
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 2015-16	\$873	\$346	\$95	\$44	\$2	\$1	\$11	\$55	\$0	\$0	\$0	\$0	\$0	\$1	\$0	\$40	
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	\$1,017	\$347	\$100	\$46	\$3	\$4	\$12	\$58	\$1	\$1	\$3	\$0	\$0	\$0	\$0	\$52	
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	\$1	\$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	
Estimated FY 2024-25	\$1,093	\$343	\$113	\$20	\$3	\$3	\$15	\$0	\$1	\$0	\$6	\$0	\$0	\$0	\$0	\$61	
Estimated FY 2025-26	\$1,009	\$341	\$112	\$20	\$3	\$3	\$15	\$0	\$1	\$0	\$6	\$0	\$0	\$0	\$0	\$57	
Estimated FY 2026-27	\$983	\$356	\$117	\$20	\$3	\$3	\$15	\$0	\$1	\$0	\$6	\$0	\$0	\$0	\$0	\$57	
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 2016-17	5.51%	-21.63%	-12.09%	-15.86%	23.46%	91.50%	0.00%	121.42%	0.89%	100.00%	350.69%	100.00%	100.00%	5941.96%	0.00%	1.20%	
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	-3.96%	-51.48%	-96.66%	-91.59%	-33.42%	24.63%	100.00%	-99.25%	-97.12%	-99.54%	-99.54%	-100.00%	0.00%	0.00%	-100.00%	-78.51%	
FY 2019-20	9.44%	13.97%	-0.16%	-22.22%	-2.82%	-29.20%	-3.89%	139.07%	65.63%	-123.23%	125.81%	100.00%	0.00%	0.00%	0.00%	10.85%	
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%	100.00%	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%	-69.41%	-28.47%	-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%	
Estimated FY 2024-25	9.95%	12.39%	12.39%	12.39%	12.39%	12.39%	12.39%	0.00%	12.39%	12.38%	12.39%	12.39%	0.00%	-100.00%	0.00%	28.63%	
Estimated FY 2025-26	-7.64%	-0.61%	-0.61%	-0.61%	-0.61%	-0.62%	-0.61%	0.00%	-0.61%	-0.61%	-0.61%	-0.62%	0.00%	0.00%	0.00%	-5.60%	
Estimated FY 2026-27	-2.61%	4.35%	4.35%	4.35%	4.35%	4.35%	4.35%	0.00%	4.35%	4.35%	4.35%	0.24%	0.00%	0.00%	0.00%	-1.06%	

Exhibit H - LONG-TERM CARE AND INSURANCE
Summary

FY 2024-25 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	\$594,689,204	\$66,157,467	\$136,548,615	\$105,735	\$6,123,126	\$0	\$4,603,936	\$0	\$0	\$0	\$68,629	\$9,110	\$0	\$0	\$0	\$808,305,822
Class II Nursing Facilities	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
Program for All-Inclusive Care for the Elderly	\$283,947,678	\$36,424,617	\$10,095,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,467,455
Subtotal Long-Term Care	\$879,615,003	\$102,961,010	\$152,711,792	\$105,735	\$6,123,126	\$0	\$4,603,936	\$0	\$0	\$0	\$68,629	\$9,110	\$0	\$0	\$0	\$1,146,198,341
Supplemental Medicare Insurance Benefit	\$101,360,374	\$13,239,768	\$63,194,945	\$0	\$7,217,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$279,672,472
Health Insurance Buy-In	\$19,428	\$24,284	\$2,379,875	\$0	\$29,141	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$2,729,572
Subtotal Insurance	\$101,379,802	\$13,264,052	\$65,574,820	\$0	\$7,246,891	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$94,659,636
Total Long-Term Care and Insurance	\$980,994,805	\$116,225,062	\$218,286,612	\$105,735	\$13,370,017	\$48,569	\$4,647,648	\$0	\$169,991	\$0	\$68,629	\$23,681	\$0	\$0	\$0	\$1,428,600,385
Class I Nursing Facility Supplemental Payments	\$85,634,113	\$9,526,549	\$19,662,741	\$15,226	\$881,718	\$0	\$662,958	\$0	\$0	\$0	\$9,882	\$1,312	\$0	\$0	\$0	\$116,394,499
Total Long-Term Care and Insurance Including Financing	\$1,066,628,918	\$125,751,611	\$237,949,353	\$120,961	\$14,251,735	\$48,569	\$5,310,606	\$0	\$169,991	\$0	\$78,511	\$24,993	\$0	\$0	\$0	\$1,544,994,884
FY 2025-26 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	\$614,898,617	\$67,747,302	\$139,830,025	\$108,276	\$351,883	\$0	\$4,714,573	\$0	\$0	\$0	\$70,278	\$9,329	\$0	\$0	\$0	\$827,730,283
Class II Nursing Facilities	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
Program for All-Inclusive Care for the Elderly	\$306,732,541	\$39,347,444	\$10,905,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$356,985,213
Subtotal Long-Term Care	\$922,669,395	\$107,496,961	\$157,176,212	\$108,276	\$351,883	\$0	\$4,714,573	\$0	\$0	\$0	\$70,278	\$9,329	\$0	\$0	\$0	\$1,192,596,907
Supplemental Medicare Insurance Benefit	\$108,383,652	\$14,157,153	\$67,573,735	\$0	\$7,717,869	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,218,620
Health Insurance Buy-In	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$2,695,307
Subtotal Insurance	\$108,402,837	\$14,181,132	\$69,923,735	\$0	\$7,746,644	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$101,218,620
Total Long-Term Care and Insurance	\$1,031,072,232	\$121,678,093	\$227,099,947	\$108,276	\$8,098,527	\$47,959	\$4,757,736	\$0	\$167,857	\$0	\$70,278	\$23,717	\$0	\$0	\$0	\$1,494,343,242
Class I Nursing Facility Supplemental Payments	\$92,896,290	\$10,234,977	\$21,124,930	\$16,358	\$53,161	\$0	\$712,258	\$0	\$0	\$0	\$10,617	\$1,409	\$0	\$0	\$0	\$125,050,000
Total Long-Term Care and Insurance Including Financing	\$1,123,968,522	\$131,913,070	\$248,224,877	\$124,634	\$8,151,688	\$47,959	\$5,469,994	\$0	\$167,857	\$0	\$80,895	\$25,126	\$0	\$0	\$0	\$1,619,393,242
FY 2026-27 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	\$620,559,485	\$68,370,996	\$141,117,326	\$109,272	\$355,123	\$0	\$4,757,976	\$0	\$0	\$0	\$70,925	\$9,415	\$0	\$0	\$0	\$833,350,518
Class II Nursing Facilities	\$1,098,823	\$425,686	\$6,816,815	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,341,324
Program for All-Inclusive Care for the Elderly	\$329,618,583	\$42,283,250	\$11,718,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$383,620,726
Subtotal Long-Term Care	\$951,276,891	\$111,079,932	\$159,653,034	\$109,272	\$355,123	\$0	\$4,757,976	\$0	\$0	\$0	\$70,925	\$9,415	\$0	\$0	\$0	\$1,227,312,568
Supplemental Medicare Insurance Benefit	\$118,425,266	\$15,468,797	\$73,834,360	\$0	\$8,432,921	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$110,596,404
Health Insurance Buy-In	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$2,695,307
Subtotal Insurance	\$118,444,451	\$15,492,776	\$76,184,360	\$0	\$8,461,696	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$110,596,404
Total Long-Term Care and Insurance	\$1,069,721,342	\$126,572,708	\$235,837,394	\$109,272	\$8,816,819	\$47,959	\$4,801,139	\$0	\$167,857	\$0	\$70,925	\$23,803	\$0	\$0	\$0	\$1,556,765,623
Class I Nursing Facility Supplemental Payments	\$98,467,838	\$10,648,830	\$22,391,920	\$17,339	\$56,349	\$0	\$754,976	\$0	\$0	\$0	\$11,254	\$1,494	\$0	\$0	\$0	\$132,550,000
Total Long-Term Care and Insurance Including Financing	\$1,168,189,180	\$137,421,538	\$258,229,314	\$126,611	\$8,873,168	\$47,959	\$5,556,115	\$0	\$167,857	\$0	\$82,179	\$25,297	\$0	\$0	\$0	\$1,689,315,623

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

Class I Nursing Home Calculations for FY 2024-25, FY 2025-26 and FY 2026-27		
FY 2024-25 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2024-25 Total Fund Portion of Per Diem Rate	\$281.27	Footnote 1
Estimate of FY 2024-25 Patient Payment (per day)	(\$44.88)	Footnote 1
Estimated FY 2024-25 Medicaid Reimbursement (per day)	\$236.39	
Estimate of Patient Days (without Hospital Back Up)	3,308,948	Footnote 2
Total Estimated Costs for FY 2024-25 Days of Service	\$782,202,218	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	90.92%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$711,190,450	
Estimated Expenditure for FY 2023-24 Dates of Service	\$63,985,182	Footnote 5
Estimated Expenditure in FY 2024-25 Prior to Adjustments	\$775,175,632	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$19,061,405	Footnote 6
Recoveries from Department Overpayment Review	(\$2,547,804)	Footnote 7
DOLA Housing Voucher	(\$13,838,566)	
JBC Action DOC Long-Term Care Private Nursing Home	\$936,029	Footnote 10
Options Counseling	\$750,000	
Total Bottom Line Adjustments:	\$4,361,064	
<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 2024-25 Total Fund Expenditure	\$808,305,822	
Percentage Change in Core Component Expenditure Over Prior Year	\$0	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$40,152,413	Page EH-9
Prior Year Rate Reconciliation	\$2,024,311	Page EH-9
Rate Cut Backfill	\$2,094	Page EH-9
Cognitive Performance Scale	\$2,335,402	Page EH-9
PASRR - Resident	\$9,750,331	Page EH-9
PASRR - Facility	\$3,523,394	Page EH-9
Medicaid Supplemental Payment	\$44,711,097	Page EH-9
Pay for Performance	\$13,895,457	Page EH-9
Total Estimated Supplemental Payments	\$116,394,499	
Total Estimated FY 2024-25 Expenditure	\$924,700,321	

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

Class I Nursing Home Calculations for FY 2024-25, FY 2025-26 and FY 2026-27		
FY 2025-26 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2025-26 Total Fund Portion of Per Diem Rate	\$285.41	Footnote 1
Estimate of FY 2025-26 Patient Payment (per day)	(\$45.47)	Footnote 1
Estimated FY 2025-26 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days (without Hospital Back Up)	3,330,350	Footnote 2
Total Estimated Costs for FY 2025-26 Days of Service	\$799,084,179	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	90.92%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$726,527,336	
Estimated Expenditure for FY 2024-25 Dates of Service	\$71,011,768	Footnote 5
Estimated Expenditure in FY 2025-26 Prior to Adjustments	\$797,539,104	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$21,454,868	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
Annualize FY 2023-24 NP-01 DOLA Housing Vouchers	\$692,960	
Increased Transitions from BA-07 Community Based Access to Services	(\$1,950,000)	
DOLA Housing Voucher	(\$17,914,000)	
Options Counseling	\$750,000	
Total Bottom Line Adjustments:	\$1,422,053	
<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 Expenditure	\$827,730,283	
Percentage Change in Core Component Expenditure Over Prior Year	2.40%	
<u>Supplemental Payments from Nursing Facility Provider Fund:</u>		
Growth Beyond General Fund Cap	\$41,000,000	Page EH-9
Prior Year Rate Reconciliation	\$3,000,000	Page EH-9
Rate Cut Backfill	\$50,000	Page EH-9
Cognitive Performance Scale	\$2,400,000	Page EH-9
PASRR - Resident	\$10,000,000	Page EH-9
PASRR - Facility	\$3,600,000	Page EH-9
Medicaid Supplemental Payment	\$47,000,000	Page EH-9
Pay for Performance	\$18,000,000	Page EH-9
Total Estimated Supplemental Payments	\$125,050,000	
Total Estimated FY 2025-26 Expenditure	\$952,780,283	

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

Class I Nursing Home Calculations for FY 2024-25, FY 2025-26 and FY 2026-27		
FY 2026-27 Calculation		
<u>Service Expenditure:</u>	Core Components	Reference
Estimate of FY 2026-27 Total Fund Portion of Per Diem Rate	\$286.00	Footnote 1
Estimate of FY 2026-27 Patient Payment (per day)	(\$46.06)	Footnote 1
Estimated FY 2026-27 Medicaid Reimbursement (per day)	\$239.94	
Estimate of Patient Days (without Hospital Back Up)	3,345,849	Footnote 2
Total Estimated Costs for FY 2026-27 Days of Service	\$802,803,009	Footnote 3
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service	90.92%	Footnote 4
Estimated Expenditure for Claims Paid in Current Year with Current Year Dates of Service	\$729,908,496	
Estimated Expenditure for FY 2025-26 Dates of Service	\$72,556,843	Footnote 5
Estimated Expenditure in FY 2026-27 Prior to Adjustments	\$802,465,339	
<u>Bottom Line Adjustments:</u>		
Hospital Back Up Program	\$24,148,868	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
Annualize FY 2023-24 NP-01 DOLA Housing Vouchers	\$692,960	
Increased Transitions from BA-07 Community Based Access to Services	(\$1,950,000)	
DOLA Housing Voucher	(\$17,914,000)	
Options Counseling	\$750,000	
Total Bottom Line Adjustments:	\$4,116,053	
<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 2026-27 Expenditure	\$835,350,518	
Percentage Change in Core Component Expenditure Over Prior Year	0.92%	
<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	\$967,900,518	

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

Class I Nursing Home Calculations for FY 2024-25 , FY 2025-26 and FY 2026-27 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 2015-16	\$208.04	\$35.55	\$172.49	0.00%	\$208.04
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
Estimated FY 2024-25	\$281.27	\$44.88	\$236.39	0.00%	\$281.27
Estimated FY 2025-26	\$285.41	\$45.47	\$239.94	0.00%	\$285.41
Estimated FY 2026-27	\$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 2015-16	3,565,499	-	9,742	-
FY 2016-17	3,700,793	3.79%	10,139	4.08%
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%
Estimated FY 2024-25	3,308,948	7.75%	9,066	8.04%
Estimated FY 2025-26	3,330,350	0.65%	9,124	0.60%
Estimated FY 2026-27	3,345,849	0.47%	9,167	0.61%

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

(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.

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

Estimate of Claims Incurred and Paid in the Same Fiscal Year

Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
January	11	99.84%
February	10	99.59%
March	9	99.10%
April	8	98.39%
May	7	97.84%
June	6	97.01%
July	5	95.90%
August	4	94.50%
September	3	92.80%
October	2	90.46%
November	1	86.86%
December	0	38.77%
Average	5.50	90.92%

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 2022-23 expenditure for core components with FY 2021-22 dates of service is the estimated FY 2021-22 core components per diem rate, less the estimated per diem patient payment rate, multiplied by the estimated number of patient days. This calculation is then multiplied by one minus the calculated IBNR rate.

Calculation of Expenditure From Claims in Previous Fiscal Year	FY 2023-24	Source
IBNR Factor	90.92%	Footnote (4)
Estimated Patient Days from previous fiscal year	3,070,984	Footnote (2)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$273.39	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$43.89	Footnote (1)
Estimated claims expenditure for core components from previous fiscal year to be paid in the current fiscal year	\$63,985,182	As described in Footnote (5) narrative

- (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.

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

Fiscal Year	Hospital Back Up	Percent Difference
FY 2015-16	\$8,617,205	-
FY 2016-17	\$9,342,305	8.41%
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%
Estimated FY 2024-25	\$19,061,405	9.13%
Estimated FY 2025-26	\$21,454,868	12.56%
Estimated FY 2026-27	\$24,148,868	12.56%

- (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 2018-19	\$736,128	-
FY 2019-20	\$500,000	-32.08%
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%
Estimated 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%

- (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 2017-18	\$14.39	\$2.69	\$0	\$56,431,416	\$0	\$800,883	\$3,241,125	\$980,887	\$39,544,234	\$6,635,279	\$107,633,824
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
Projected 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	\$41,000,000	\$3,000,000	\$50,000	\$2,400,000	\$10,000,000	\$3,600,000	\$47,000,000	\$18,000,000	\$125,050,000
Projected FY 2026-27	\$18.22	\$3.51	\$44,000,000	\$3,500,000	\$50,000	\$2,500,000	\$10,500,000	\$5,000,000	\$48,000,000	\$19,000,000	\$132,550,000
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 2018-19	2.85%	2.97%	0.00%	-3.25%	0.00%	-13.05%	28.89%	32.40%	7.94%	17.64%	3.37%
FY 2019-20	3.11%	3.3%	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%
Projected 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%	2.11%	48.20%	2287.77%	2.77%	2.56%	2.17%	5.12%	29.54%	7.44%
Projected FY 2026-27	3.00%	2.9%	7.32%	16.67%	0.00%	4.17%	5.00%	38.89%	2.13%	5.56%	6.00%

(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 2015-16	\$471,762,532	\$48,104,528	\$95,971,531	\$185,970	\$167,980	\$15,396	\$3,458,057	\$0	\$0	\$0	\$5,103	\$0	\$0	\$0	\$2,391	\$619,673,488
FY 2016-17	\$492,617,483	\$50,923,191	\$100,809,620	\$172,065	\$217,731	\$315,596	\$4,096,376	\$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	\$414,504	\$313,773	\$450,428	\$13,048,950	\$0	(\$25,813)	\$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	\$63,376,451	\$90,410,393	\$148,696	\$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
Estimated FY 2024-25	\$594,689,204	\$66,157,467	\$136,548,615	\$105,735	\$6,123,126	\$0	\$4,603,936	\$0	\$0	\$0	\$68,629	\$9,110	\$0	\$0	\$0	\$808,305,822
Estimated FY 2025-26	\$614,898,617	\$67,747,302	\$139,830,025	\$108,276	\$351,883	\$0	\$4,714,573	\$0	\$0	\$0	\$70,278	\$9,329	\$0	\$0	\$0	\$827,730,283
Estimated FY 2026-27	\$620,359,485	\$68,370,996	\$141,117,326	\$109,272	\$355,123	\$0	\$4,793,976	\$0	\$0	\$0	\$70,925	\$9,415	\$0	\$0	\$0	\$835,350,518
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 2016-17	4.42%	5.86%	5.04%	-4.79%	29.62%	1949.86%	18.52%	0.00%	100.00%	100.00%	-446.38%	100.00%	0.00%	0.00%	-100.00%	4.77%
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%	-31.29%	-76.57%	-31.29%	-58.51%	-62.74%	0.00%	-290.73%	0.00%	0.00%	-100.00%	0.00%	-100.00%	0.00%	2.21%
FY 2019-20	2.41%	2.46%	0.38%	93.71%	-33.10%	-57.57%	5.03%	0.00%	-53.48%	-100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	2.13%
FY 2020-21	-13.81%	-4.47%	-10.08%	-48.54%	-19.2%	-89.82%	-57.78%	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%	-62.46%	-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%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.78%
Estimated FY 2024-25	6.99%	1.54%	46.85%	-84.88%	238.26%	-100.00%	-21.71%	0.00%	-100.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	12.10%
Estimated FY 2025-26	3.40%	2.40%	2.40%	-84.25%	0.00%	0.00%	2.40%	0.00%	0.00%	0.00%	2.40%	2.40%	0.00%	0.00%	0.00%	2.40%
Estimated FY 2026-27	0.92%	0.92%	0.92%	0.92%	0.92%	0.92%	0.92%	0.00%	0.92%	0.92%	0.92%	0.92%	0.00%	0.00%	0.00%	0.92%
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 2015-16	\$11,125.69	\$4,568.77	\$1,394.94	\$29.91	\$1.03	\$0.18	\$10.79	\$0.00	\$0.00	\$0.00	\$0.26	\$0.00	\$0.00	\$0.00	\$0.07	\$477.78
FY 2016-17	\$11,210.88	\$4,530.13	\$1,490.85	\$28.33	\$1.35	\$3.12	\$11.78	\$0.00	\$0.15	\$0.02	\$1.37	\$0.27	\$0.00	\$0.00	\$0.00	\$482.32
FY 2017-18	\$11,579.96	\$4,513.60	\$1,341.25	\$50.71	\$1.74	\$6.06	\$37.01	\$0.00	(\$0.08)	\$0.07	\$0.00	\$0.00	\$0.00	\$0.89	\$0.00	\$524.34
FY 2018-19	\$11,273.62	\$4,923.91	\$1,445.91	\$10.81	\$1.23	\$2.95	\$14.71	\$0.00	\$0.16	(\$0.08)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$558.84
FY 2019-20	\$11,578.15	\$4,925.71	\$1,497.39	\$17.62	\$0.88	\$1.34	\$15.81	\$0.00	\$0.08	\$0.00	\$0.00	\$0.43	\$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	\$3.74	\$0.00	\$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	\$20.49	\$1.24	\$0.31	\$2.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$375.12
FY 2023-24	\$11,053.61	\$5,133.24	\$1,576.07	\$34.44	\$1.54	\$2.86	\$14.49	\$0.00	\$0.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$518.68
Estimated FY 2024-25	\$11,862.94	\$5,376.91	\$2,357.38	\$3.90	\$43.82	\$0.00	\$13.97	\$0.00	\$0.00	\$0.00	\$3.72	\$0.39	\$0.00	\$0.00	\$0.00	\$665.92
Estimated FY 2025-26	\$11,604.93	\$5,450.74	\$2,304.27	\$3.31	\$2.46	\$0.00	\$13.03	\$0.00	\$0.00	\$0.00	\$3.80	\$0.39	\$0.00	\$0.00	\$0.00	\$644.26
Estimated FY 2026-27	\$11,177.02	\$5,437.06	\$2,128.34	\$3.18	\$2.39	\$0.00	\$12.19	\$0.00	\$0.00	\$0.00	\$3.83	\$0.38	\$0.00	\$0.00	\$0.00	\$617.47
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 2016-17	0.77%	-0.85%	6.88%	-5.28%	31.07%	1633.33%	9.18%	0.00%	-100.00%	100.00%	426.92%	100.00%	0.00%	0.00%	-100.00%	0.95%
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%	-51.32%	-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%	-85.88%	-100.00%	-37.36%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.29%
FY 2022-23	0.88%	-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%
Estimated FY 2024-25	1.76%	4.75%	49.57%	-88.68%	2745.45%	-100.00%	-3.59%	0.00%	-100.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	28.39%
Estimated FY 2025-26	-2.17%	1.37%	-2.25%	-15.13%	-94.29%	0.00%	-6.73%	0.00%	0.00%	0.00%	2.15%	0.00%	0.00%	0.00%	0.00%	-3.25%
Estimated FY 2026-27	-3.69%	-0.25%	-7.63%	-3.93%	-2.85%	0.00%	-6.45%	0.00%	0.00%	0.00%	0.79%	-2.56%	0.00%	0.00%	0.00%	-4.16%

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 2015-16	\$397,005	\$327,830	\$3,317,671	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,042,506
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
Estimated FY 2024-25	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
Estimated FY 2025-26	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
Estimated FY 2026-27	\$1,098,823	\$425,686	\$6,816,815	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,341,324
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 2016-17	242.86%	-39.21%	-30.21%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.12%
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	52.26%	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%
Estimated FY 2024-25	17.91%	17.91%	17.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.91%
Estimated FY 2025-26	6.15%	6.15%	6.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.15%
Estimated FY 2026-27	5.84%	5.84%	5.84%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.84%
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 2015-16	\$9.36	\$31.14	\$48.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12.62
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	\$11.14
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	\$15.67
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	\$16.00
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	\$19.99
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	\$16.23
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	\$12.75
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	\$12.20
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	\$15.52
Estimated FY 2024-25	\$19.51	\$30.80	\$104.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.52
Estimated FY 2025-26	\$22.36	\$32.36	\$106.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.79
Estimated FY 2026-27	\$19.79	\$33.85	\$102.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.36

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-B)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% PFL	MAGI Parents/ Caretakers 69% to 133% PFL	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	230.98%	-43.06%	-28.99%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-11.73%
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%	40.66%
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%	2.11%
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%	24.94%
FY 2020-21	-2.30%	-17.31%	-17.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-18.81%
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%	-21.44%
FY 2022-23	-48.59%	206.08%	-1.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.31%
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%	27.21%
Estimated FY 2024-25	12.13%	21.64%	20.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	45.10%
Estimated FY 2025-26	0.41%	5.06%	1.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.24%
Estimated FY 2026-27	1.02%	4.60%	-3.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.97%
Current Year Projection																
CLASS II NURSING FACILITIES	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% PFL	MAGI Parents/ Caretakers 69% to 133% PFL	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 2023-24 Expenditure	\$829,519	\$321,357	\$5,146,126	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,297,002
Percentage Selected to Modify Expenditure ⁽¹⁾	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%	17.91%
Estimated FY 2024-25 Base Expenditure	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
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 2024-25 Total Expenditure	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
Estimated FY 2024-25 Per Capita	\$19.51	\$30.80	\$104.76	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.52
% Change over FY 2023-24 Per Capita	12.13%	21.64%	20.10%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	45.10%
Request Year Projection																
Estimated FY 2024-25 Expenditure	\$978,121	\$378,926	\$6,068,017	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,425,064
Percentage Selected to Modify Expenditure ⁽¹⁾	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%	6.15%
Estimated FY 2025-26 Base Expenditure	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
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	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
Estimated FY 2025-26 Per Capita	\$19.59	\$32.36	\$106.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.79
% Change over FY 2024-25 Per Capita	0.41%	5.06%	1.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-3.24%
Out Year Projection																
Estimated FY 2025-26 Expenditure	\$1,038,237	\$402,215	\$6,440,959	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,881,411
Percentage Selected to Modify Expenditure ⁽¹⁾	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%	3.84%
Estimated FY 2026-27 Base Expenditure	\$1,078,090	\$417,654	\$6,688,196	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,183,940
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	\$1,078,090	\$417,654	\$6,688,196	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,341,324
Estimated FY 2026-27 Per Capita	\$20.73	\$33.85	\$102.81	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21.36
% Change over FY 2025-26 Per Capita	1.02%	4.60%	-3.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.97%

(1) The percentages selected to trend expenditure for FY 2024-25 is 17.91%, FY 2025-26 is 6.15%, and FY 2026-27 is 3.84%. 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% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2015-16	\$108,848,065	\$13,681,759	\$6,481,645	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$129,011,469
FY 2016-17	\$128,240,295	\$16,972,508	\$8,496,888	\$0	(\$15,917)	\$0	(\$97,888)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$152,711,212
FY 2017-18	\$154,528,891	\$17,703,757	\$8,823,527	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$181,056,175
FY 2018-19	\$161,681,815	\$25,839,762	\$12,235,422	\$0	\$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	\$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	\$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	\$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	\$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	\$0	\$5,660	\$0	\$280,490,027
Estimated FY 2024-25	\$283,947,678	\$36,424,617	\$10,095,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,467,455
Estimated FY 2025-26	\$306,732,541	\$39,347,444	\$10,905,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$356,985,213
Estimated FY 2026-27	\$329,618,583	\$42,283,250	\$11,718,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$383,620,726
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% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	17.82%	23.61%	31.09%	0.00%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.37%
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%	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%	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%	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%	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%	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%	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%	0.00%	9.04%
Estimated FY 2024-25	16.09%	28.84%	32.54%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	17.82%
Estimated FY 2025-26	8.02%	8.02%	8.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.02%
Estimated FY 2026-27	7.46%	7.46%	7.46%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.46%
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% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2015-16	\$2,566.99	\$1,299.44	\$94.21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$99.47
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	\$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	\$0.00	\$122.46
FY 2018-19	\$3,980.58	\$2,031.28	\$178.36	\$0.00	\$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	\$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	\$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	\$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	\$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	\$0.00	\$0.18	\$0.00	\$201.76
Estimated FY 2024-25	\$5,664.23	\$2,960.39	\$174.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$272.26
Estimated FY 2025-26	\$5,788.94	\$3,165.78	\$179.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$277.86
Estimated FY 2026-27	\$5,936.83	\$3,362.49	\$176.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$283.56
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% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens- Emergency Services	Partial Dual Eligibles	TOTAL
FY 2016-17	13.69%	15.78%	33.38%	0.00%	100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	14.05%
FY 2017-18	0.41%	-0.26%	3.58%	0.00%	-100.00%	0.00%	-100.00%	0.00%	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%	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%	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%	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%	0.00%	-5.73%
FY 2022-23	-7.63%	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%	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%	0.00%	100.00%	0.00%	34.88%
Estimated FY 2024-25	10.42%	32.90%	35.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	34.94%
Estimated FY 2025-26	2.20%	6.94%	3.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%
Estimated FY 2026-27	2.55%	6.21%	-1.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.05%

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 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FFL	MAGI Parents/ Caretakers 69% to 133% FFL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults and HB 22-1289 Medicaid Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	TOTAL
PACE Average Monthly Paid Enrollment⁽¹⁾																
FY 2015-16	2,510	336	157	0	0	0	0	0	0	0	0	0	0	0	0	3,003
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
Estimated FY 2024-25	4,134	439	220	0	0	0	0	0	0	0	0	0	0	0	0	4,793
Estimated FY 2025-26	4,481	417	209	0	0	0	0	0	0	0	0	0	0	0	0	5,107
Estimated FY 2026-27	4,737	443	221	0	0	0	0	0	0	0	0	0	0	0	0	5,401
Percent Changes in Enrollment																
FY 2016-17	3.98%	9.23%	17.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.26%
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%
Estimated FY 2024-25	8.85%	-13.18%	26.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.03%
Estimated FY 2025-26	8.39%	-5.01%	5.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.55%
Estimated FY 2026-27	5.71%	6.07%	6.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.76%
Average Cost Per Enrollee⁽¹⁾⁽⁴⁾																
FY 2015-16	\$43,365.76	\$40,719.52	\$41,284.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,960.86
FY 2016-17	\$49,134.21	\$46,083.13	\$46,178.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$48,311.04
FY 2017-18	\$48,287.47	\$29,022.55	\$30,321.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43,882.17
FY 2018-19	\$49,350.05	\$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
Estimated FY 2024-25	\$68,911.99	\$68,911.99	\$68,911.99	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63,679.15
Estimated FY 2025-26	\$69,945.67	\$69,945.67	\$69,945.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$65,905.85
Estimated FY 2026-27	\$70,994.86	\$70,994.86	\$70,994.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,212.55
Percent Changes in Cost Per Enrollee																
FY 2016-17	13.30%	13.17%	11.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.45%
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%	-11.27%	-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%	-4.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.50%
Estimated FY 2024-25	7.00%	23.34%	57.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.66%
Estimated FY 2025-26	1.50%	1.50%	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%
Estimated FY 2026-27	1.50%	1.50%	1.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.50%

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 2023-24 Average Monthly Paid Enrollment	3,798	506	174	-	-	-	-	-	-	-	-	-	-	-	-	4,478
Trend Factor ⁽¹⁾	8.85%	-13.18%	26.25%	-	-	-	-	-	-	-	-	-	-	-	-	7.03%
Estimated FY 2024-25 Monthly Paid Enrollment	4,134	439	220	-	-	-	-	-	-	-	-	-	-	-	-	4,793
FY 2024-25 Estimated Cost Per Enrollee	\$68,911.99	\$68,911.99	\$68,911.99	-	-	-	-	-	-	-	-	-	-	-	-	\$63,677.15
<i>Bottom Line Impacts</i>																
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 2024-25 Expenditure	\$283,947,678	\$36,424,617	\$10,095,160	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$330,467,455
Estimated FY 2024-25 Per Capita	\$5,664.23	\$2,960.39	\$174.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$272.26
% Change over FY 2023-24 Per Capita	10.42%	32.90%	35.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	0.00%	34.94%
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 2024-25 Monthly Paid Enrollment	4,134	439	220	-	-	-	-	-	-	-	-	-	-	-	-	4,793
Trend Factor ⁽²⁾	8.39%	-5.01%	-5.01%	-	-	-	-	-	-	-	-	-	-	-	-	6.55%
Estimated FY 2025-26 Monthly Paid Enrollment	4,481	417	209	-	-	-	-	-	-	-	-	-	-	-	-	5,107
FY 2025-26 Estimated Cost Per Enrollee	\$69,945.67	\$69,945.67	\$69,945.67	-	-	-	-	-	-	-	-	-	-	-	-	\$65,905.85
<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
Estimated FY 2025-26 Expenditure	\$306,732,541	\$39,347,444	\$10,905,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$356,985,213
Estimated FY 2025-26 Per Capita	\$5,788.94	\$3,165.78	\$179.71	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$277.86
% Change over FY 2024-25 Per Capita	2.20%	6.94%	3.12%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.06%
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 2025-26 Monthly Paid Enrollment	4,481	417	209	-	-	-	-	-	-	-	-	-	-	-	-	5,107
Trend Factor ⁽³⁾	5.71%	6.07%	6.07%	-	-	-	-	-	-	-	-	-	-	-	-	5.76%
Estimated FY 2026-27 Monthly Paid Enrollment	4,737	443	221	-	-	-	-	-	-	-	-	-	-	-	-	5,401
FY 2026-27 Estimated Cost Per Enrollee	\$70,994.86	\$70,994.86	\$70,994.86	-	-	-	-	-	-	-	-	-	-	-	-	\$68,212.53
<i>Bottom Line Impacts</i>																
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 2026-27 Expenditure	\$329,618,583	\$42,283,250	\$11,718,893	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$383,620,726
Estimated FY 2026-27 Per Capita	\$5,936.83	\$3,362.49	\$176.74	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$283.56
% Change over FY 2025-26 Per Capita	2.55%	6.21%	-1.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.05%

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 enrollment 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 2015-16	\$83,423,470	\$4,864,774	\$43,729,393	\$0	\$273,526	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$24,139,700	\$0	\$156,430,863
FY 2016-17	\$99,587,634	\$5,807,375	\$52,202,417	\$0	\$326,524	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28,817,019	\$0	\$186,740,969
FY 2017-18	\$105,305,731	\$6,140,821	\$55,199,761	\$0	\$345,273	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,471,626	\$0	\$197,463,212
FY 2018-19	\$105,608,721	\$6,158,490	\$55,358,585	\$0	\$346,266	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$30,559,301	\$0	\$198,031,363
FY 2019-20	\$108,653,508	\$6,336,044	\$56,954,618	\$0	\$356,249	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,440,350	\$0	\$203,740,769
FY 2020-21	\$82,686,799	\$10,800,611	\$51,552,371	\$0	\$5,888,028	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,220,536	\$0	\$228,148,945
FY 2021-22	\$93,206,563	\$12,174,711	\$58,111,307	\$0	\$6,637,127	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,044,859	\$0	\$257,174,567
FY 2022-23	\$103,354,415	\$13,500,231	\$64,438,167	\$0	\$7,359,744	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$96,521,856	\$0	\$285,174,413
FY 2023-24	\$96,160,031	\$12,560,495	\$59,952,699	\$0	\$6,847,440	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$89,803,079	\$0	\$265,323,744
Estimated FY 2024-25	\$101,360,374	\$13,239,768	\$63,194,945	\$0	\$7,217,750	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$94,659,636	\$0	\$279,672,472
Estimated FY 2025-26	\$108,383,652	\$14,157,153	\$67,573,735	\$0	\$7,717,869	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$101,218,620	\$0	\$299,051,028
Estimated FY 2026-27	\$118,425,266	\$15,468,797	\$73,834,360	\$0	\$8,432,921	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$110,596,404	\$0	\$326,757,748
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 2016-17	19.38%	19.38%	19.38%	0.00%	19.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.38%	0.00%	19.38%
FY 2017-18	5.74%	5.74%	5.74%	0.00%	5.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.74%	0.00%	5.74%
FY 2018-19	0.29%	0.29%	0.29%	0.00%	0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.00%	0.29%
FY 2019-20	2.88%	2.88%	2.88%	0.00%	2.88%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.88%	0.00%	2.88%
FY 2020-21	-23.90%	-70.46%	-9.48%	0.00%	1552.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	145.61%	0.00%	11.98%
FY 2021-22	12.72%	12.72%	12.72%	0.00%	12.72%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.72%	0.00%	12.72%
FY 2022-23	10.89%	10.89%	10.89%	0.00%	10.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.89%	0.00%	10.89%
FY 2023-24	-6.96%	-6.96%	-6.96%	0.00%	-6.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.96%	0.00%	-6.96%
Estimated FY 2024-25	5.41%	5.41%	5.41%	0.00%	5.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.41%	0.00%	5.41%
Estimated FY 2025-26	6.93%	6.93%	6.93%	0.00%	6.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.93%	0.00%	6.93%
Estimated FY 2026-27	9.26%	9.26%	9.26%	0.00%	9.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.26%	0.00%	9.26%
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 2015-16	\$1,967.40	\$462.04	\$635.60	\$0.00	\$1.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$740.82	\$0.00	\$120.61
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	\$2,284.99	\$486.30	\$864.07	\$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	\$167.10
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
Estimated FY 2024-25	\$2,021.95	\$1,076.05	\$1,091.00	\$0.00	\$51.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,122.74	\$0.00	\$230.41
Estimated FY 2025-26	\$2,045.31	\$1,139.04	\$1,113.55	\$0.00	\$54.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,159.92	\$0.00	\$232.77
Estimated FY 2026-27	\$2,132.98	\$1,230.12	\$1,113.57	\$0.00	\$56.64	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,249.11	\$0.00	\$241.33
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 2016-17	15.20%	11.81%	21.46%	0.00%	20.96%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.05%	0.00%	15.02%
FY 2017-18	1.21%	0.76%	5.88%	0.00%	-4.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.65%	0.00%	8.22%
FY 2018-19	-3.45%	-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%	0.70%	0.00%	-4.57%
FY 2019-20	3.17%	0.45%	6.14%	0.00%	10.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.72%	0.00%	6.43%
FY 2020-21	-25.00%	64.02%	-9.02%	0.00%	1467.28%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	132.66%	0.00%	-2.82%
FY 2021-22	10.37%	10.74%	13.11%	0.00%	2.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.49%	0.00%	1.42%
FY 2022-23	8.25%	10.38%	12.64%	0.00%	5.85%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.94%	0.00%	0.70%
FY 2023-24	-1.50%	-1.51%	-2.40%	0.00%	14.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.59%	0.00%	15.08%
Estimated FY 2024-25	0.26%	8.73%	7.36%	0.00%	21.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.89%	0.00%	20.73%
Estimated FY 2025-26	1.17%	5.85%	2.07%	0.00%	4.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.19%	0.00%	1.02%
Estimated FY 2026-27	4.28%	8.00%	0.00%	0.00%	4.79%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.82%	0.00%	3.76%

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 2023-24 Q1 & Q2 Member Months	152,533	597,774	36,120	786,427	N/A	Actuals
FY 2023-24 Q1 & Q2 Standard Payments	25,115,093	99,658,853	5,906,237	130,680,183	42.65%	Actuals
FY 2023-24 Q3 & Q4 Member Months	172,040	489,497	29,421	690,958	N/A	Actuals
FY 2023-24 Q3 & Q4 Standard Payments	30,026,073	86,423,317	5,120,153	121,569,543	39.76%	Actuals
FY 2023-24 Standard Expenditure	55,141,166	186,082,170	11,026,390	252,249,726	41.26%	Actuals
FY 2023-24 Retroactivity	3,193,312	9,069,031	811,619	13,073,962	40.89%	Actuals
FY 2023-24 Total Expenditure	\$58,334,478	\$195,151,201	\$11,838,009	\$265,323,688	41.24%	Actuals
Total	\$174.53	\$176.56	\$174.03	\$164.90		
Supplemental Medicare Insurance Benefit - Current Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2024-25 Q1 & Q2 Actual Member Months Growth	17.22%	-4.96%	-0.66%	0.75%	N/A	Actuals FY 2024-25 Q1 & Q2
FY 2024-25 Q1 & Q2 Actual Member Months	201,662	465,235	29,226	696,123	N/A	Actuals FY 2024-25 Q1 & Q2
FY 2024-25 Q1 & Q2 Actual Premium	\$174.48	\$176.81	\$174.08	N/A	N/A	Actuals FY 2024-25 Q1 & Q2
FY 2024-25 Q1 & Q2 Actual Standard Expenditure	\$35,186,307	\$82,258,516	\$5,087,704	\$122,532,526	37.72%	Actuals FY 2024-25 Q1 & Q2
FY 2024-25 Q3 & Q4 Expected Member Months Growth	6.71%	5.92%	6.43%	6.17%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Duel Eligibles
FY 2024-25 Q3 & Q4 Expected Member Months	215,194	492,798	31,104	739,097	N/A	Previous Half x Expected Growth
FY 2024-25 Q3 & Q4 Expected Premium	\$185.00	\$185.00	\$185.00	N/A	N/A	Based on 2024 Trustees Report
FY 2024-25 Q3 & Q4 Expected Standard Expenditure	\$39,810,860	\$91,167,718	\$5,754,307	\$136,732,886	37.55%	Expected Member Months x Expected Premium
FY 2024-25 Expected Standard Expenditure	\$74,997,167	\$173,426,234	\$10,842,011	\$259,265,412	37.63%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2024-25 Expected Retroactivity	\$3,648,530	\$15,123,344	\$1,635,187	\$20,407,061	45.07%	Assumed Constant
FY 2024-25 Expected Total Expenditure	\$78,645,697	\$188,549,578	\$12,477,198	\$279,672,472	38.17%	Standard Expenditure + Retroactivity
Supplemental Medicare Insurance Benefit - Request Year						
State Fiscal Year Quarter(s)	State Only	Standard Match	Federal Only	TOTAL	FMAP	Calculation
FY 2025-26 Q1 & Q2 Expected Member Months Growth	1.80%	1.80%	1.80%	1.80%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Duel Eligibles
FY 2025-26 Q1 & Q2 Expected Member Months	219,065	501,663	31,664	752,392	N/A	Previous Half x Expected Growth
FY 2025-26 Q1 & Q2 Expected Premium	\$185.00	\$185.00	\$185.00	N/A	N/A	Based on 2024 Trustees Report
FY 2025-26 Q1 & Q2 Expected Standard Expenditure	\$40,526,991	\$92,807,672	\$5,857,817	\$139,192,480	37.55%	Expected Member Months x Expected Premium
FY 2025-26 Q3 & Q4 Expected Member Months Growth	1.77%	1.77%	1.77%	1.77%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Duel Eligibles
FY 2025-26 Q3 & Q4 Expected Member Months	222,953	510,568	32,226	765,747	N/A	Previous Half x Expected Growth
FY 2025-26 Q3 & Q4 Expected Premium	\$186.90	\$186.90	\$186.90	N/A	N/A	Based on 2024 Trustees Report
FY 2025-26 Q3 & Q4 Expected Standard Expenditure	\$41,669,947	\$95,425,068	\$6,023,022	\$143,118,037	37.55%	Expected Member Months x Expected Premium
FY 2025-26 Expected Standard Expenditure	\$82,196,938	\$188,232,740	\$11,880,839	\$282,310,517	37.55%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2025-26 Expected Retroactivity	\$3,420,921	\$12,096,187	\$1,223,403	\$16,740,511	43.44%	Assumed Constant
FY 2025-26 Expected Total Expenditure	\$85,617,859	\$200,328,927	\$13,104,242	\$299,051,028	37.88%	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 2026-27 Q1 & Q2 Expected Member Months Growth	1.75%	1.75%	1.75%	1.75%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Duel Eligibles
FY 2026-27 Q1 & Q2 Expected Member Months	226,859	519,511	32,790	779,161	N/A	Previous Half x Expected Growth
FY 2026-27 Q1 & Q2 Expected Premium	\$186.90	\$186.90	\$186.90	N/A	N/A	Based on 2024 Trustees Report
FY 2026-27 Q1 & Q2 Expected Standard Expenditure	\$42,399,901	\$97,096,677	\$6,128,530	\$145,625,109	37.55%	Expected Member Months x Expected Premium
FY 2026-27 Q2 & Q3 Expected Member Months Growth	1.73%	1.73%	1.73%	1.73%	N/A	Average Forecasted Caseload Growth Adults 65 and Older and Partial Duel Eligibles
FY 2026-27 Q2 & Q3 Expected Member Months	230,781	528,494	33,357	792,633	N/A	Previous Half x Expected Growth
FY 2026-27 Q2 & Q3 Expected Premium	\$207.40	\$207.40	\$207.40	N/A	N/A	Based on 2024 Trustees Report
FY 2026-27 Q2 & Q3 Expected Standard Expenditure	\$47,864,067	\$109,609,734	\$6,918,327	\$164,392,128	37.55%	Expected Member Months x Expected Premium
FY 2026-27 Expected Standard Expenditure	\$90,263,968	\$206,706,411	\$13,046,857	\$310,017,237	37.55%	Expected Q1 & Q2 + Q3 & Q4 Standard Expenditure
FY 2026-27 Expected Retroactivity	\$3,420,921	\$12,096,187	\$1,223,403	\$16,740,511	43.44%	Assumed Constant
FY 2026-27 Expected Total Expenditure	\$93,684,889	\$218,802,599	\$14,270,260	\$326,757,748	37.85%	Standard Expenditure + Retroactivity

History of Medicare Premiums

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

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

Health Insurance Buy-In - Cash Based Actuals																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2015-16	\$1,486	\$14,357	\$1,406,977	\$0	\$17,228	\$28,714	\$25,842	\$0	\$100,498	\$0	\$0	\$8,614	\$0	\$0	\$0	\$0	\$1,613,716
FY 2016-17	\$15,177	\$18,972	\$1,859,221	\$0	\$22,766	\$37,943	\$34,149	\$0	\$132,802	\$0	\$0	\$11,383	\$0	\$0	\$0	\$0	\$2,132,413
FY 2017-18	\$17,511	\$21,889	\$2,145,101	\$0	\$26,267	\$43,778	\$39,400	\$0	\$153,221	\$0	\$0	\$13,133	\$0	\$0	\$0	\$2,460,300	\$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	\$2,746,988
Estimated FY 2024-25	\$19,428	\$24,284	\$2,379,875	\$0	\$29,141	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$0	\$2,729,572
Estimated FY 2025-26	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
Estimated FY 2026-27	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
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 2016-17	32.13%	32.14%	32.14%	0.00%	32.15%	32.14%	32.15%	0.00%	32.14%	0.00%	0.00%	32.15%	0.00%	0.00%	0.00%	0.00%	32.14%
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%	100.00%	15.38%
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%	-100.00%	4.76%
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%	-1.98%
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%	-1.20%
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%	2.71%
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%	5.66%
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%	1.41%
Estimated FY 2024-25	-0.63%	-0.63%	-0.63%	0.00%	-0.63%	-0.63%	-0.63%	0.00%	-0.63%	0.00%	0.00%	-0.63%	0.00%	0.00%	0.00%	0.00%	-0.63%
Estimated FY 2025-26	-1.25%	-1.26%	-1.26%	0.00%	-1.26%	-1.26%	-1.26%	0.00%	-1.26%	0.00%	0.00%	-1.26%	0.00%	0.00%	0.00%	0.00%	-1.26%
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%	0.00%
Health Insurance Buy-In - Per Capita Cost																	
State Fiscal Year (SFY)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-025 Family Planning Services	TOTAL
FY 2015-16	\$0.27	\$1.36	\$20.45	\$0.00	\$0.11	\$0.33	\$0.08	\$0.00	\$0.22	\$0.00	\$0.00	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$1.24
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	\$1.87	\$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
Estimated FY 2024-25	\$0.39	\$1.97	\$41.09	\$0.00	\$0.21	\$1.14	\$0.13	\$0.00	\$0.46	\$0.00	\$0.00	\$0.62	\$0.00	\$0.00	\$0.00	\$0.00	\$2.25
Estimated FY 2025-26	\$0.36	\$1.93	\$38.73	\$0.00	\$0.20	\$1.06	\$0.12	\$0.00	\$0.44	\$0.00	\$0.00	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10
Estimated FY 2026-27	\$0.35	\$1.91	\$35.44	\$0.00	\$0.19	\$0.99	\$0.11	\$0.00	\$0.43	\$0.00	\$0.00	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	\$1.99
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 2016-17	29.63%	24.26%	34.47%	0.00%	27.27%	15.15%	25.00%	0.00%	27.27%	0.00%	0.00%	40.00%	0.00%	0.00%	0.00%	0.00%	27.42%
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%	100.00%	18.35%
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%	-100.00%	9.99%
FY 2019-20	-55.26%	-40.56%	6.99%	0.00%	-62.50%	-70.83%	200.00%	0.00%	-78.95%	0.00%	0.00%	-56.64%	0.00%	0.00%	0.00%	0.00%	-1.47%
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%	-14.01%
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%	-7.87%
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%	-3.66%
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%	25.32%
Estimated FY 2024-25	-4.88%	2.07%	1.21%	0.00%	16.67%	54.05%	18.18%	0.00%	12.20%	0.00%	0.00%	1.64%	0.00%	0.00%	0.00%	0.00%	13.64%
Estimated FY 2025-26	-7.69%	-2.03%	-5.74%	0.00%	-4.76%	-7.02%	-7.69%	0.00%	-4.35%	0.00%	0.00%	-3.23%	0.00%	0.00%	0.00%	0.00%	-6.67%
Estimated FY 2026-27	-2.78%	-1.04%	0.00%	0.00%	-5.00%	-6.60%	-8.33%	0.00%	-2.77%	0.00%	0.00%	-3.33%	0.00%	0.00%	0.00%	0.00%	-5.24%

**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 2023-24 Expenditure	\$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
Average of FY 2017-18 through FY 2021-22	-6.91%	-3.54%	5.07%	0.00%	-8.95%	-10.23%	40.01%	0.00%	-11.73%	0.00%	0.00%	-7.51%	0.00%	0.00%	0.00%	0.00%	3.93%
Average of FY 2018-19 through FY 2021-22	-12.48%	-8.27%	2.50%	0.00%	-15.03%	-16.63%	46.17%	0.00%	-18.51%	0.00%	0.00%	-13.23%	0.00%	0.00%	0.00%	-25.00%	-1.07%
Average of FY 2019-20 through FY 2021-22	-18.23%	-12.61%	1.74%	0.00%	-21.63%	-23.76%	59.97%	0.00%	-26.27%	0.00%	0.00%	-19.22%	0.00%	0.00%	0.00%	0.00%	-0.16%
Average of FY 2020-21 through FY 2021-22	0.75%	0.76%	0.76%	0.00%	0.75%	0.76%	0.76%	0.00%	0.76%	0.00%	0.00%	0.76%	0.00%	0.00%	0.00%	0.00%	0.76%
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%	-20.00%	1.99%
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%	1.30%
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%	2.39%
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%	4.19%
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%	1.32%
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%	2.15%
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%	3.26%
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%	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 2023-24 Total Expenditure	\$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
<i>Estimated Incremental Expenditure for FY 2024-25</i>																	
SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	(\$27)	(\$33)	(\$3,186)	\$0	(\$39)	(\$65)	(\$59)	\$0	(\$28)	\$0	\$0	(\$20)	\$0	\$0	\$0	\$0	(\$3,654)
SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	(\$97)	(\$122)	(\$12,000)	\$0	(\$147)	(\$245)	(\$220)	\$0	(\$857)	\$0	\$0	(\$73)	\$0	\$0	\$0	\$0	(\$13,763)
Total Incremental Expenditure	(\$124)	(\$155)	(\$15,186)	\$0	(\$186)	(\$310)	(\$279)	\$0	(\$1,085)	\$0	\$0	(\$93)	\$0	\$0	\$0	\$0	(\$17,417)
Estimated FY 2024-25 Total Expenditure	\$19,428	\$24,284	\$2,379,875	\$0	\$29,141	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$0	\$2,729,572
Estimated FY 2024-25 Per Capita	\$0.39	\$1.97	\$41.09	\$0.00	\$0.21	\$1.14	\$0.13	\$0.00	\$0.46	\$0.00	\$0.00	\$0.62	\$0.00	\$0.00	\$0.00	\$0.00	\$2.25
% Change over FY 2023-24 Per Capita	-4.88%	2.07%	-1.21%	0.00%	-16.87%	-54.05%	-18.18%	0.00%	-12.20%	0.00%	0.00%	-1.64%	0.00%	0.00%	0.00%	0.00%	-13.64%
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 2024-25 Total Expenditure	\$19,428	\$24,284	\$2,379,875	\$0	\$29,141	\$48,569	\$43,712	\$0	\$169,991	\$0	\$0	\$14,571	\$0	\$0	\$0	\$0	\$2,729,572
<i>Estimated Incremental Expenditure for FY 2025-26</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	(\$47)	(\$59)	(\$5,815)	\$0	(\$71)	(\$119)	(\$107)	\$0	(\$415)	\$0	\$0	(\$36)	\$0	\$0	\$0	\$0	(\$6,670)
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	(\$196)	(\$246)	(\$24,060)	\$0	(\$295)	(\$491)	(\$442)	\$0	(\$1,719)	\$0	\$0	(\$147)	\$0	\$0	\$0	\$0	(\$27,595)
Total Incremental Expenditure	(\$243)	(\$305)	(\$29,875)	\$0	(\$366)	(\$610)	(\$549)	\$0	(\$2,134)	\$0	\$0	(\$183)	\$0	\$0	\$0	\$0	(\$34,265)
Estimated FY 2025-26 Total Expenditure	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
Estimated FY 2025-26 Per Capita	\$0.36	\$1.93	\$38.73	\$0.00	\$0.20	\$1.06	\$0.12	\$0.00	\$0.44	\$0.00	\$0.00	\$0.60	\$0.00	\$0.00	\$0.00	\$0.00	\$2.10
% Change over FY 2024-25 Per Capita	-7.69%	-2.03%	-5.74%	0.00%	-4.76%	-7.02%	-7.69%	0.00%	-4.35%	0.00%	0.00%	-3.23%	0.00%	0.00%	0.00%	0.00%	-6.67%
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 2025-26 Total Expenditure	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
<i>Estimated Incremental Expenditure for FY 2026-27</i>																	
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Provider Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Annualization of SB 10-167 "Medicaid Efficiency & False Claims" - Premiums Payment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Incremental Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27 Total Expenditure	\$19,185	\$23,979	\$2,350,000	\$0	\$28,775	\$47,959	\$43,163	\$0	\$167,857	\$0	\$0	\$14,388	\$0	\$0	\$0	\$0	\$2,695,307
Estimated FY 2026-27 Per Capita	\$0.35	\$1.91	\$35.44	\$0.00	\$0.19	\$0.99	\$0.11	\$0.00	\$0.43	\$0.00	\$0.00	\$0.58	\$0.00	\$0.00	\$0.00	\$0.00	\$1.99
% Change over FY 2025-26 Per Capita	-2.78%	-1.04%	-8.49%	0.00%	-5.00%	-6.60%	-8.33%	0.00%	-2.27%	0.00%	0.00%	-3.33%	0.00%	0.00%	0.00%	0.00%	-5.24%

Exhibit I - SERVICE MANAGEMENT
Summary

FY 2024-25 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	\$6,271	\$27,610	\$270,786	\$31,225	\$205,884	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$7,995,067	\$2,083,020	\$10,742,052	\$4,614,767	\$25,932,303	\$8,313,070	\$59,775,732	\$25,035	\$71,969,610	\$9,063,848	\$3,692,576	\$4,239,784	\$1,048,702	\$2,115	\$0	\$209,497,679
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$8,001,338	\$2,110,630	\$11,012,838	\$4,645,992	\$26,138,187	\$8,392,681	\$60,329,235	\$25,035	\$71,969,610	\$9,063,848	\$3,750,285	\$4,290,982	\$1,050,631	\$2,115	\$0	\$210,783,405
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	\$6,271	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726
Accountable Care Collaborative	\$8,529,882	\$2,081,954	\$11,190,109	\$5,710,463	\$25,762,800	\$7,959,221	\$62,138,820	\$26,317	\$72,490,085	\$9,167,014	\$3,716,558	\$4,298,014	\$1,272,363	\$775	\$0	\$214,340,374
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$8,532,153	\$2,109,564	\$11,460,895	\$5,741,688	\$25,968,683	\$8,038,832	\$62,692,323	\$26,317	\$72,490,085	\$9,167,014	\$3,774,267	\$4,349,212	\$1,274,292	\$775	\$0	\$215,626,100
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	\$6,272	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,504	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,727
Accountable Care Collaborative	\$8,949,435	\$2,098,039	\$12,130,114	\$6,156,239	\$26,775,181	\$8,535,999	\$67,363,349	\$27,143	\$75,051,442	\$9,856,984	\$3,734,809	\$4,414,130	\$1,364,680	\$0	\$0	\$226,457,545
Prepaid Inpatient Health Plan	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Service Management	\$8,955,707	\$2,125,649	\$12,400,900	\$6,187,464	\$26,981,064	\$8,615,610	\$67,916,853	\$27,143	\$75,051,442	\$9,856,984	\$3,792,518	\$4,465,328	\$1,366,609	\$0	\$0	\$227,743,272

Exhibit I - SERVICE MANAGEMENT
Summary

Cash Based Actuals																
SINGLE ENTRY POINTS	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/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2015-16	\$8,758,028	\$3,502,485	\$18,504,336	\$200,734	\$28,772	\$4,015	\$171,962	\$0	\$788,216	\$9,368	\$223,484	\$669	\$0	\$0	\$90,999	\$31,283,068
FY 2016-17	\$8,784,331	\$2,598,679	\$18,717,289	\$215,488	\$36,556	\$3,848	\$221,260	\$0	\$237,924	\$10,903	\$182,138	\$1,283	\$0	\$0	\$79,525	\$31,089,234
FY 2017-18	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2018-19	\$9,551,535	\$2,504,239	\$14,033,660	\$4,290	\$7,409	\$2,145	\$38,704	\$0	\$4,972	\$585	\$35,292	\$0	\$0	\$0	\$0	\$26,182,831
FY 2019-20	\$12,024,920	\$3,152,715	\$17,667,701	\$5,400	\$9,328	\$2,700	\$48,726	\$0	\$6,260	\$736	\$44,430	\$0	\$0	\$0	\$0	\$32,962,916
FY 2020-21	\$11,415,586	\$2,992,959	\$16,772,433	\$5,127	\$8,855	\$2,563	\$46,257	\$0	\$5,942	\$699	\$42,179	\$0	\$0	\$0	\$0	\$31,292,600
FY 2021-22	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FY 2022-23	(\$1,590)	(\$419)	(\$2,334)	(\$1)	(\$1)	\$0	(\$4)	\$0	(\$1)	\$0	(\$5)	\$0	\$0	\$0	\$0	\$0
FY 2023-24	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2024-25	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2025-26	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2026-27	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Percent Change in Cash Based Actuals																
SINGLE ENTRY POINTS	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/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2016-17	0.30%	3.84%	1.15%	7.35%	27.05%	-4.16%	28.67%	0.00%	-69.81%	16.39%	-18.50%	91.78%	0.00%	0.00%	-12.61%	-0.62%
FY 2017-18	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	-100.00%
FY 2018-19	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	100.00%
FY 2019-20	25.90%	25.90%	25.90%	25.87%	25.90%	25.87%	25.89%	0.00%	25.91%	25.81%	25.89%	0.00%	0.00%	0.00%	0.00%	25.90%
FY 2020-21	-5.07%	-5.07%	-5.07%	-5.06%	-5.07%	-5.07%	-5.07%	0.00%	-5.08%	-5.03%	-5.07%	0.00%	0.00%	0.00%	0.00%	-5.07%
FY 2021-22	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	-100.00%
FY 2022-23	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2023-24	-100.06%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2024-25	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Per Capita Cost																
SINGLE ENTRY POINTS	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/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2015-16	\$206.54	\$237.68	\$268.96	\$32.29	\$0.18	\$0.05	\$0.54	\$0.00	\$1.69	\$0.16	\$11.21	\$0.05	\$0.00	\$0.00	\$2.79	\$0.00
FY 2016-17	\$199.91	\$231.18	\$276.81	\$34.47	\$0.23	\$0.04	\$0.64	\$0.00	\$0.51	\$0.17	\$8.97	\$0.09	\$0.00	\$0.00	\$2.35	\$0.00
FY 2017-18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2018-19	\$200.30	\$196.86	\$204.46	\$0.48	\$0.04	\$0.03	\$0.12	\$0.00	\$0.01	\$0.01	\$1.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2019-20	\$252.88	\$241.98	\$265.56	\$0.51	\$0.06	\$0.05	\$0.15	\$0.00	\$0.02	\$0.01	\$2.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2020-21	\$236.60	\$221.03	\$253.41	\$0.36	\$0.05	\$0.03	\$0.11	\$0.00	\$0.01	\$0.01	\$2.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2021-22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2022-23	(\$0.03)	(\$0.03)	(\$0.04)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FY 2023-24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2024-25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2025-26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Estimated FY 2026-27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Percent Change in Per Capita Cost																
SINGLE ENTRY POINTS	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/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Eligible Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligible	TOTAL
FY 2016-17	-3.21%	-2.73%	2.92%	6.75%	27.78%	-20.00%	18.52%	0.00%	-69.82%	6.25%	-19.98%	80.00%	0.00%	0.00%	-15.77%	0.00%
FY 2017-18	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	-100.00%	0.00%
FY 2018-19	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2019-20	26.25%	22.92%	29.88%	6.25%	50.00%	66.67%	25.00%	0.00%	100.00%	0.00%	28.40%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2020-21	-6.44%	-8.66%	-4.58%	-29.41%	-16.67%	-40.00%	-26.67%	0.00%	-50.00%	0.00%	-2.40%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2021-22	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%	0.00%	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2022-23	100.00%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
FY 2023-24	-100.00%	-100.00%	-100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2024-25	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Estimated FY 2026-27	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Exhibit 1 - 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	\$4,417	\$11,155	\$76,681	\$6,833	\$105,014	\$45,818	\$231,386	\$0	\$0	\$0	\$15,397	\$40,805	\$4,719	\$0	\$0	\$542,225		
FY 2017-18	\$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	\$90,235	\$7,382	\$0	\$95,245	\$34,799,849		
FY 2018-19	\$5,787	\$16,653	\$136,067	\$16,044	\$133,777	\$46,240	\$281,028	\$0	\$0	\$0	\$23,205	\$39,520	\$7,882	\$0	\$0	\$705,408		
FY 2019-20	\$3,159	\$11,340	\$96,878	\$10,084	\$86,431	\$29,677	\$192,848	\$0	\$0	\$0	\$21,035	\$25,846	\$4,446	\$0	\$0	\$483,719		
FY 2020-21	\$3,331	\$13,197	\$118,093	\$13,526	\$102,256	\$49,054	\$260,062	\$0	\$0	\$0	\$25,042	\$28,226	\$7,062	\$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	\$5,12	\$0	\$0	\$459,954		
FY 2022-23	\$1,562	\$7,485	\$56,711	\$6,236	\$50,255	\$27,559	\$150,400	\$0	\$0	\$0	\$13,733	\$14,191	\$4,995	\$0	\$0	\$316,879		
FY 2023-24	\$1,782	\$7,845	\$76,939	\$8,672	\$58,498	\$22,620	\$157,268	\$0	\$0	\$0	\$16,397	\$14,547	\$548	\$0	\$0	\$365,316		
Estimated FY 2024-25	\$6,271	\$27,610	\$270,786	\$31,225	\$205,884	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
Estimated FY 2025-26	\$6,271	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
Estimated FY 2026-27	\$6,272	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,504	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$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 2017-18	52,999.87%	15,779.19%	14,351.13%	829.36%	-62.80%	-84.13%	-9.12%	100.00%	100.00%	100.00%	183.25%	-100.00%	-100.00%	0.00%	100.00%	3612.65%		
FY 2018-19	-99.95%	-99.45%	-88.90%	-100.19%	131.54%	-8.53%	-100.00%	-100.00%	-100.00%	-76.02%	-8.53%	-100.00%	-100.00%	0.00%	-100.00%	-97.97%		
FY 2019-20	-45.43%	-31.90%	-28.80%	-24.88%	-35.39%	-35.82%	-31.37%	0.00%	0.00%	0.00%	-9.35%	-34.13%	-39.77%	0.00%	0.00%	-31.43%		
FY 2020-21	11.89%	16.38%	21.90%	12.50%	18.31%	18.31%	34.84%	0.00%	0.00%	0.00%	9.21%	-14.71%	-14.71%	0.00%	0.00%	27.51%		
FY 2021-22	-37.75%	-25.98%	-28.93%	-24.68%	-20.63%	-20.63%	-22.76%	0.00%	0.00%	0.00%	-24.35%	-32.14%	-32.14%	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%	-100.00%		
FY 2023-24	14.08%	7.48%	21.78%	41.36%	4.25%	17.92%	4.56%	0.00%	0.00%	0.00%	19.46%	2.51%	10.71%	0.00%	0.00%	36511500.00%		
Estimated FY 2024-25	251.91%	251.94%	251.95%	251.95%	251.95%	251.95%	251.95%	0.00%	0.00%	0.00%	251.95%	251.95%	252.01%	0.00%	0.00%	251.95%		
Estimated FY 2025-26	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2026-27	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%	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 2016-17	\$0.49	\$1.71	\$2.00	\$2.49	\$1.11	\$1.25	\$0.97	\$0.00	\$0.00	\$0.00	\$1.68	\$4.17	\$5.99	\$0.00	\$0.00	\$0.00		
FY 2017-18	\$244.62	\$258.75	\$289.01	\$17.66	\$0.37	\$0.27	\$0.87	\$426.17	\$0.30	\$1.16	\$4.51	\$0.00	\$0.00	\$0.00	\$2.73	\$0.00		
FY 2018-19	\$0.12	\$1.31	\$1.98	\$1.78	\$0.76	\$0.73	\$0.85	\$0.00	\$0.00	\$0.00	\$1.06	\$3.22	\$3.22	\$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	\$1.78	\$0.94	\$0.59	\$0.45	\$0.45	\$0.65	\$0.00	\$0.00	\$0.00	\$1.21	\$2.07	\$1.09	\$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	\$0.34	\$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	\$1.30	\$0.64	\$0.36	\$0.34	\$0.34	\$0.39	\$0.00	\$0.00	\$0.00	\$0.86	\$0.60	\$0.10	\$0.00	\$0.00	\$0.00		
Estimated FY 2024-25	\$0.13	\$2.24	\$4.67	\$1.15	\$1.47	\$1.87	\$1.68	\$0.00	\$0.00	\$0.00	\$3.13	\$2.17	\$0.39	\$0.00	\$0.00	\$1,154.10		
Estimated FY 2025-26	\$0.12	\$2.22	\$4.46	\$0.95	\$1.44	\$1.77	\$1.53	\$0.00	\$0.00	\$0.00	\$3.12	\$2.13	\$0.37	\$0.00	\$0.00	\$571.94		
Estimated FY 2026-27	\$0.11	\$2.20	\$4.00	\$0.91	\$1.38	\$1.64	\$1.42	\$0.00	\$0.00	\$0.00	\$3.12	\$2.07	\$0.35	\$0.00	\$0.00	\$571.94		
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 2017-18	49822.45%	15031.58%	14350.50%	609.24%	-66.67%	-78.40%	-10.31%	100.00%	100.00%	100.00%	168.45%	-100.00%	-100.00%	0.00%	-100.00%	0.00%		
FY 2018-19	-99.95%	-99.49%	-99.31%	-89.92%	105.41%	170.37%	-2.30%	-100.00%	-100.00%	-100.00%	-76.50%	100.00%	100.00%	0.00%	-100.00%	0.00%		
FY 2019-20	-41.67%	-33.59%	-26.26%	-36.52%	-31.51%	-31.51%	-29.41%	0.00%	0.00%	0.00%	-6.60%	-30.43%	-37.58%	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%	-7.99%	-47.76%	0.00%	0.00%	0.00%		
FY 2021-22	-42.86%	-26.80%	-28.65%	-40.63%	-30.51%	-30.51%	-35.38%	0.00%	0.00%	0.00%	-23.14%	-39.27%	-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%		
Estimated FY 2024-25	225.00%	261.29%	259.23%	161.36%	308.33%	450.00%	330.77%	0.00%	0.00%	0.00%	263.95%	261.67%	290.00%	0.00%	0.00%	100.00%		
Estimated FY 2025-26	-7.69%	-0.89%	-4.50%	-17.39%	-2.04%	-5.35%	-8.93%	0.00%	0.00%	0.00%	-1.84%	-5.13%	-1.84%	0.00%	0.00%	-50.44%		
Estimated FY 2026-27	-8.33%	-0.90%	-8.52%	-4.21%	-4.17%	-7.34%	-7.19%	0.00%	0.00%	0.00%	0.00%	-2.82%	-5.41%	0.00%	0.00%	0.00%		
FY 2024-25 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 2024-25 Base Per Capita	\$0.13	\$2.24	\$4.67	\$1.15	\$1.47	\$1.87	\$1.68	\$0.00	\$0.00	\$0.00	\$3.13	\$2.17	\$0.39	\$0.00	\$0.00	\$1,154.15		
Estimated FY 2024-25 Eligibles	\$0.130	\$2.204	\$4.672	\$1.138	\$1.471	\$1.871	\$1.681	\$0.00	\$0.00	\$0.00	\$3.130	\$2.171	\$0.390	\$0.00	\$0.00	\$1,114.14		
Estimated FY 2024-25 Base Expenditure	\$6,271	\$27,610	\$270,786	\$31,225	\$205,884	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Estimated FY 2024-25 Total Expenditure	\$6,271	\$27,610	\$270,786	\$31,225	\$205,884	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
Estimated FY 2024-25 Per Capita	\$0.13	\$2.24	\$4.67	\$1.15	\$1.47	\$1.87	\$1.68	\$0.00	\$0.00	\$0.00	\$3.13	\$2.17	\$0.39	\$0.00	\$0.00	\$1,154.15		
% Change over FY 2023-24 Per Capita	225.00%	261.29%	259.23%	161.36%	308.33%	450.00%	330.77%	0.00%	0.00%	0.00%	263.95%	261.67%	290.00%	0.00%	0.00%	#DIV/0!		
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	\$0.12	\$2.22	\$4.46	\$0.95	\$1.44	\$1.77	\$1.53	\$0.00	\$0.00	\$0.00	\$3.12	\$2.13	\$0.37	\$0.00	\$0.00	\$571.94		
Estimated FY 2025-26 Eligibles	\$2,986	\$12,429	\$60,683	\$32,760	\$142,787	\$45,056	\$361,735	\$130	\$377,842	\$48,330	\$18,477	\$24,074	\$30,701	\$32,032	\$2,248	\$1,285,726		
Estimated FY 2025-26 Base Expenditure	\$6,271	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
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	\$6,271	\$27,610	\$270,786	\$31,225	\$205,883	\$79,611	\$553,503	\$0	\$0	\$0	\$57,709	\$51,198	\$1,929	\$0	\$0	\$1,285,726		
Estimated FY 2025-26 Per Capita	\$0.12	\$2.22	\$4.46	\$0.95	\$1.44	\$1.77	\$1.53	\$0.00	\$0.00	\$0.00	\$3.12	\$2.13	\$0.37	\$0.00	\$0.00	\$571.94		
% Change over FY 2024-25 Per Capita	-7.69%	-0.89%	-4.50%	-17.39%	-2.04%	-5.35%	-8.93%	0.00%	0.00%	0.00%	-1.84%	-5.13%	-1.84%	0.00%	0.00%	-50.44%		
FY 2026-27 Projection																		
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-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 2026-27 Base Per Capita	\$0.11	\$2.20	\$4.00	\$0.91	\$1.38	\$1.64	\$1.42	\$0.00	\$0.00	\$0.00	\$3.12	\$2.07	\$0.35	\$0.00	\$0.00	\$571.94		
Estimated FY 2026-27 Eligibles	\$5,521	\$25,675	\$46,304															

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 2017-18	\$144,941,471	\$0	\$144,941,471
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
Estimated FY 2024-25	\$209,497,679	\$0	\$209,497,679
Estimated FY 2025-26	\$214,340,374	\$0	\$214,340,374
Estimated FY 2026-27	\$226,457,545	\$0	\$226,457,545
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 2018-19	15.62%	0.00%	15.62%
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%
Estimated FY 2024-25	-20.26%	0.00%	-20.26%
Estimated FY 2025-26	2.31%	0.00%	2.31%
Estimated FY 2026-27	5.65%	0.00%	5.65%
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 2018-19	937,832	-	937,832
FY 2019-20	951,521	-	951,521
FY 2020-21	1,084,955	-	1,084,955
FY 2021-22	1,038,106	-	1,038,106
FY 2022-23	1,212,332	-	1,212,332
FY 2023-24	1,348,844	-	1,348,844
Estimated FY 2024-25	1,384,893	-	1,384,893
Estimated FY 2025-26	1,236,602	-	1,236,602
Estimated FY 2026-27	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 2019-20	1.46%	0.00%	1.46%
FY 2020-21	14.02%	0.00%	14.02%
FY 2021-22	-4.32%	0.00%	-4.32%
FY 2022-23	16.78%	0.00%	16.78%
Estimated FY 2024-25	14.23%	0.00%	14.23%
Estimated FY 2025-26	-10.71%	0.00%	-10.71%
Estimated FY 2026-27	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 2018-19	\$154.35	\$0.00	\$154.35
FY 2019-20	\$176.12	\$0.00	\$176.12
FY 2020-21	\$183.29	\$0.00	\$183.29
FY 2021-22	\$202.72	\$0.00	\$202.72
FY 2022-23	\$216.68	\$0.00	\$216.68
Estimated FY 2024-25	\$151.27	\$0.00	\$151.27
Estimated FY 2025-26	\$173.33	\$0.00	\$173.33
Estimated FY 2026-27	\$177.36	\$0.00	\$177.36
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 2019-20	13.96%	0.00%	13.96%
FY 2020-21	4.07%	0.00%	4.07%
FY 2021-22	10.60%	0.00%	10.60%
FY 2022-23	6.89%	0.00%	6.89%
Estimated FY 2024-25	-29.19%	0.00%	-29.19%
Estimated FY 2025-26	14.58%	0.00%	14.58%
Estimated FY 2026-27	2.33%	0.00%	2.33%

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 2024-25 Enrollment	1,384,893	N/A	1,384,893
FY 2024-25 PMPM Administration Fee	59.16	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2024-25 Base Expenditure	\$152,203,268	\$0	\$152,203,268
KPI Payment	\$15,473,024	\$0	\$15,473,024
Performance Pool Payment	\$41,821,387	\$0	\$41,821,387
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$57,918,785	\$0	\$57,918,785
Estimated FY 2024-25 Total Expenditure	\$210,122,053	\$0	\$210,122,053
Estimated FY 2024-25 Cost Per Enrollee	\$151.72	\$0.00	\$151.72
% Change over FY 2022-23 Cost Per Enrollee	-29.98%	0.00%	-29.98%
Request 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	1,236,602	N/A	1,236,602
FY 2025-26 PMPM Administration Fee	\$10.84	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2025-26 Base Expenditure	\$160,840,147	\$0	\$160,840,147
KPI Payment	\$18,172,553	\$0	\$18,172,553
Performance Pool Payment	\$35,327,674	\$0	\$35,327,674
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$54,124,601	\$0	\$54,124,601
Estimated FY 2025-26 Total Expenditure	\$214,964,748	\$0	\$214,964,748
Estimated FY 2025-26 Cost Per Enrollee	\$173.84	\$0.00	\$173.84
% Change over FY 2024-25 Cost Per Enrollee	14.92%	0.00%	14.92%
Out 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	1,276,848	N/A	1,276,848
FY 2026-27 PMPM Administration Fee	\$11.08	N/A	
Number of Months Paid	12	N/A	
Estimated FY 2026-27 Base Expenditure	\$169,705,870	\$0	\$169,705,870
KPI Payment	\$19,198,757	\$0	\$19,198,757
Performance Pool Payment	\$37,552,918	\$0	\$37,552,918
FY 2018-19 R-08 Assorted Medicaid Savings Initiatives	\$624,374	\$0	\$624,374
Total Bottom Line Impacts	\$57,376,049	\$0	\$57,376,049
Estimated FY 2026-27 Total Expenditure	\$227,081,919	\$0	\$227,081,919
Estimated FY 2026-27 Cost Per Enrollee	\$177.85	\$0.00	\$177.85
% Change over FY 2025-26 Cost Per Enrollee	2.61%	0.00%	2.61%
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 2024-25 Summary							
Eligibility 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	42,470	\$216,151,795	\$0	\$23,943,280	\$0	\$192,208,515	88.92%
Buy-in for Individuals with Disabilities	27,138	\$238,880,935	\$0	\$119,440,466	\$0	\$119,440,469	50.00%
MAGI Adults	325,427	\$2,040,966,462	\$0	\$274,157,889	\$0	\$1,766,808,573	86.57%
Non-Newly Eligibles	4,224	\$105,075,040	\$0	\$21,261,120	\$0	\$83,813,920	79.77%
MAGI Parents/Caretakers 60% to 68% FPL	4,769	\$20,115,553	\$0	\$10,057,775	\$0	\$10,057,778	50.00%
Continuous Eligibility for Children	18,927	\$41,694,775	\$0	\$20,847,386	\$0	\$20,847,389	50.00%
Subtotal of Medicaid Expansion Clients		\$2,662,884,560	\$0	\$469,707,916	\$0	\$2,193,176,644	
Supplemental Payments							
Inpatient Hospital Rates		\$763,050,490	\$0	\$282,328,681	\$0	\$480,721,809	63.00%
Outpatient Hospital Rates		\$641,665,129	\$0	\$237,416,098	\$0	\$404,249,031	63.00%
Essential Access Payment		\$30,500,041	\$0	\$15,250,020	\$0	\$15,250,021	50.00%
Hospital Quality Incentive Payment		\$134,871,882	\$0	\$49,902,596	\$0	\$84,969,286	63.00%
Subtotal of Supplemental Payments		\$1,570,087,542	\$0	\$584,897,395	\$0	\$985,190,147	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Total		\$4,232,972,102	(\$15,700,000)	\$1,070,305,311	\$0	\$3,178,366,791	
FY 2025-26 Summary							
Eligibility 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	45,056	\$239,662,877	\$0	\$26,136,953	\$0	\$213,525,924	89.09%
Buy-in for Individuals with Disabilities	32,760	\$292,723,621	\$0	\$143,031,428	\$6,660,761	\$143,031,432	48.86%
MAGI Adults	357,605	\$2,327,240,641	\$0	\$292,088,617	\$0	\$2,035,152,024	87.45%
Non-Newly Eligibles	4,130	\$104,526,845	\$0	\$21,099,542	\$0	\$83,427,303	79.81%
MAGI Parents/Caretakers 60% to 68% FPL	4,725	\$20,403,227	\$0	\$10,201,612	\$0	\$10,201,615	50.00%
Continuous Eligibility for Children	18,927	\$41,651,395	\$0	\$20,825,696	\$0	\$20,825,699	50.00%
Subtotal of Medicaid Expansion Clients		\$3,026,208,606	\$0	\$513,383,848	\$6,660,761	\$2,506,163,997	
Supplemental Payments							
Inpatient Hospital Rates		\$753,385,303	\$0	\$278,752,562	\$0	\$474,632,741	63.00%
Outpatient Hospital Rates		\$699,198,819	\$0	\$258,703,563	\$0	\$440,495,256	63.00%
Essential Access Payment		\$25,999,847	\$0	\$12,999,923	\$0	\$12,999,924	50.00%
Hospital Quality Incentive Payment		\$125,800,816	\$0	\$46,546,302	\$0	\$79,254,514	63.00%
Subtotal of Supplemental Payments		\$1,604,384,785	\$0	\$597,002,350	\$0	\$1,007,382,435	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Total		\$4,630,593,391	(\$15,700,000)	\$1,126,086,198	\$6,660,761	\$3,513,546,432	
FY 2026-27 Summary							
Eligibility 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	48,404	\$268,933,674	\$0	\$29,269,713	\$0	\$239,663,961	89.12%
Buy-in for Individuals with Disabilities	34,389	\$312,184,194	\$0	\$152,761,715	\$6,660,761	\$152,761,718	48.93%
MAGI Adults	386,315	\$2,618,347,132	\$0	\$327,736,460	\$0	\$2,290,610,672	87.48%
Non-Newly Eligibles	4,130	\$106,508,618	\$0	\$21,495,757	\$0	\$85,012,861	79.82%
MAGI Parents/Caretakers 60% to 68% FPL	4,925	\$21,786,543	\$0	\$10,893,271	\$0	\$10,893,272	50.00%
Continuous Eligibility for Children	18,927	\$41,651,152	\$0	\$20,825,574	\$0	\$20,825,578	50.00%
Subtotal of Medicaid Expansion Clients		\$3,369,411,313	\$0	\$562,982,490	\$6,660,761	\$2,799,768,062	
Supplemental Payments							
Inpatient Hospital Rates		\$768,453,009	\$0	\$284,327,613	\$0	\$484,125,396	63.00%
Outpatient Hospital Rates		\$713,182,795	\$0	\$263,877,634	\$0	\$449,305,161	63.00%
Essential Access Payment		\$26,519,844	\$0	\$13,259,922	\$0	\$13,259,922	50.00%
Hospital Quality Incentive Payment		\$128,316,832	\$0	\$47,477,228	\$0	\$80,839,604	63.00%
Subtotal of Supplemental Payments		\$1,636,472,480	\$0	\$608,942,397	\$0	\$1,027,530,083	
Cash Fund Financing		\$0	(\$15,700,000)	\$15,700,000	\$0	\$0	
Total		\$5,005,883,793	(\$15,700,000)	\$1,187,624,887	\$6,660,761	\$3,827,298,145	

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 2024-25							
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		\$4,887.50	\$207,572,221	\$0	\$22,013,118	\$0	\$185,559,103
Community-Based Long-Term Care		\$5.13	\$217,935	\$0	\$21,793	\$0	\$196,142
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.14	\$48,569	\$0	\$4,857	\$0	\$43,712
Service Management		\$132.62	\$5,632,558	\$0	\$563,256	\$0	\$5,069,302
ACC Incentive		\$63.12	\$2,680,512	\$0	\$1,340,256	\$0	\$1,340,256
Total	42,470	\$5,089.51	\$216,151,795	\$0	\$23,943,280	\$0	\$192,208,515
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		\$7,028.79	\$190,747,190	\$0	\$95,373,595	\$0	\$95,373,595
Community-Based Long-Term Care		\$1,599.72	\$43,413,243	\$0	\$21,706,621	\$0	\$21,706,622
Long-Term Care		\$3.90	\$105,735	\$0	\$52,867	\$0	\$52,868
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$133.96	\$3,635,330	\$0	\$1,817,665	\$0	\$1,817,665
ACC Incentive		\$36.09	\$979,437	\$0	\$489,718	\$0	\$489,719
Total	27,138	\$8,802.45	\$238,880,935	\$0	\$119,440,466	\$0	\$119,440,469
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		\$6,051.16	\$1,969,210,515	\$0	\$260,019,289	\$0	\$1,709,191,226
Community-Based Long-Term Care		\$34.75	\$11,308,693	\$0	\$1,239,433	\$0	\$10,069,260
Long-Term Care		\$13.46	\$4,380,335	\$0	\$480,085	\$0	\$3,900,250
Insurance		\$0.13	\$41,589	\$0	\$4,558	\$0	\$37,031
Service Management		\$122.77	\$39,954,254	\$0	\$4,378,986	\$0	\$35,575,268
ACC Incentive		\$49.38	\$16,071,076	\$0	\$8,035,538	\$0	\$8,035,538
Total	325,427	\$6,271.66	\$2,040,966,462	\$0	\$274,157,889	\$0	\$1,766,808,573
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$23,798	\$100,521,645	\$0	\$20,104,329	\$0	\$80,417,316
Community-Based Long-Term Care	-	\$137	\$577,269	\$0	\$115,454	\$0	\$461,815
Long-Term Care	-	\$53	\$223,601	\$0	\$44,720	\$0	\$178,881
Insurance	-	\$1	\$2,123	\$0	\$425	\$0	\$1,698
Service Management	-	\$694	\$2,930,030	\$0	\$586,006	\$0	\$2,344,024
ACC Incentive	-	\$194	\$820,372	\$0	\$410,186	\$0	\$410,186
Total	4,224	\$24,681	\$105,075,040	\$0	\$21,261,120	\$0	\$83,813,920
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$3,940.94	\$18,794,146.00	\$0	\$9,397,073	\$0	\$9,397,073
Community-Based Long-Term Care	-	\$9.93	\$47,369	\$0	\$23,684	\$0	\$23,685
Long-Term Care	-	\$35.06	\$167,218	\$0	\$83,609	\$0	\$83,609
Insurance	-	\$41.50	\$197,907	\$0	\$98,953	\$0	\$98,954
Service Management	-	\$149.68	\$713,815	\$0	\$356,907	\$0	\$356,908
ACC Incentive	-	\$40.91	\$195,098	\$0	\$97,549	\$0	\$97,549
Total	4,769	\$4,135.62	\$20,115,553	\$0	\$10,057,775	\$0	\$10,057,778
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,908.38	\$36,119,891	\$0	\$18,059,945	\$0	\$18,059,946
Community-Based Long-Term Care	-	\$152.79	\$2,891,940	\$0	\$1,445,970	\$0	\$1,445,970
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.26	\$4,982	\$0	\$2,491	\$0	\$2,491
Service Management	-	\$111.43	\$2,109,037	\$0	\$1,054,518	\$0	\$1,054,519
ACC Incentive	-	\$30.06	\$568,925	\$0	\$284,462	\$0	\$284,463
Total	18,927	\$2,172.60	\$41,694,775	\$0	\$20,847,386	\$0	\$20,847,389
FY 2024-25 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	422,955	\$6,295.91	\$2,662,884,560	\$0	\$469,707,916	\$0	\$2,193,176,644

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

(2) Figures may not sum due to rounding.

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

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population							
FY 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		\$5,136.5	\$231,427,793	\$0	\$24,520,343	\$0	\$206,907,450
Community-Based Long-Term Care		\$5.06	\$227,904	\$0	\$22,790	\$0	\$205,114
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$1.06	\$47,959	\$0	\$4,796	\$0	\$43,163
Service Management		\$132.65	\$5,976,466	\$0	\$597,647	\$0	\$5,378,819
ACC Incentive		\$44.01	\$1,982,755	\$0	\$991,377	\$0	\$991,378
Total	45,056	\$5,319.22	\$239,662,877	\$0	\$26,136,953	\$0	\$213,525,924
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		\$7,336.35	\$240,338,911	\$0	\$117,435,067	\$5,468,776	\$117,435,068
Community-Based Long-Term Care		\$1,421.43	\$46,565,971	\$0	\$22,753,194	\$1,059,582	\$22,753,195
Long-Term Care		\$3.31	\$108,276	\$0	\$52,906	\$2,464	\$52,906
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$133.95	\$4,388,098	\$0	\$2,144,124	\$99,849	\$2,144,125
ACC Incentive		\$40.37	\$1,322,365	\$0	\$646,137	\$30,090	\$646,138
Total	32,760	\$8,935.40	\$292,723,621	\$0	\$143,031,428	\$6,660,761	\$143,031,432
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		\$6,296.98	\$2,251,831,114	\$0	\$278,746,321	\$0	\$1,973,084,793
Community-Based Long-Term Care		\$33.67	\$12,041,717	\$0	\$1,204,171	\$0	\$10,837,546
Long-Term Care		\$12.62	\$4,513,164	\$0	\$451,316	\$0	\$4,061,848
Insurance		\$0.12	\$41,319	\$0	\$4,132	\$0	\$37,187
Service Management		\$123.91	\$44,309,967	\$0	\$4,430,997	\$0	\$39,878,970
ACC Incentive		\$40.56	\$14,503,360	\$0	\$7,251,680	\$0	\$7,251,680
Total	357,605	\$6,507.85	\$2,327,240,641	\$0	\$292,088,617	\$0	\$2,035,152,024
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,332.40	\$100,492,794	\$0	\$20,098,559	\$0	\$80,394,235
Community-Based Long-Term Care	-	\$122.35	\$505,305	\$0	\$101,061	\$0	\$404,244
Long-Term Care	-	\$48.77	\$201,409	\$0	\$40,282	\$0	\$161,127
Insurance	-	\$0.45	\$1,844	\$0	\$369	\$0	\$1,475
Service Management	-	\$648.49	\$2,678,251	\$0	\$535,650	\$0	\$2,142,601
ACC Incentive	-	\$156.72	\$647,242	\$0	\$323,621	\$0	\$323,621
Total	4,130	\$25,152.00	\$104,526,845	\$0	\$21,099,542	\$0	\$83,427,303
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$4,081.39	\$19,284,583	\$0	\$9,642,291	\$0	\$9,642,292
Community-Based Long-Term Care	-	\$9.23	\$43,625	\$0	\$21,812	\$0	\$21,813
Long-Term Care	-	\$1.97	\$9,310	\$0	\$4,655	\$0	\$4,655
Insurance	-	\$43.38	\$204,947	\$0	\$102,473	\$0	\$102,474
Service Management	-	\$145.40	\$687,034	\$0	\$343,517	\$0	\$343,517
ACC Incentive	-	\$36.77	\$173,728	\$0	\$86,864	\$0	\$86,864
Total	4,725	\$4,238.00	\$20,403,227	\$0	\$10,201,612	\$0	\$10,201,615
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,923.96	\$36,414,709	\$0	\$18,207,354	\$0	\$18,207,355
Community-Based Long-Term Care	-	\$139.15	\$2,633,610	\$0	\$1,316,805	\$0	\$1,316,805
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.25	\$4,799	\$0	\$2,399	\$0	\$2,400
Service Management	-	\$109.50	\$2,072,549	\$0	\$1,036,274	\$0	\$1,036,275
ACC Incentive	-	\$27.78	\$525,728	\$0	\$262,864	\$0	\$262,864
Total	18,927	\$2,172.60	\$41,651,395	\$0	\$20,825,696	\$0	\$20,825,699
FY 2025-26 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	463,203	\$6,533.22	\$3,026,208,606	\$0	\$513,383,848	\$6,660,761	\$2,506,163,997

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

(2) Figures may not sum due to rounding.

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

Healthcare Affordability and Sustainability Fee - Fund Splits and Service Category Impacts by Expansion Population FY 2026-27							
MAGI Parents/Caretakers 69% to 133% FPL⁽¹⁾							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$5,373.52	\$260,099,953	\$0	\$27,540,168	\$0	\$232,559,785
Community-Based Long-Term Care		\$5.16	\$249,763	\$0	\$24,976	\$0	\$224,787
Long-Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.99	\$47,959	\$0	\$4,796	\$0	\$43,163
Service Management		\$132.65	\$6,420,564	\$0	\$642,056	\$0	\$5,778,508
ACC Incentive		\$43.70	\$2,115,435	\$0	\$1,057,717	\$0	\$1,057,718
Total	48,404	\$5,556.02	\$268,933,674	\$0	\$29,269,713	\$0	\$239,663,961
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		\$7,427.42	\$295,421,383	\$0	\$124,985,856	\$5,449,671	\$124,985,856
Community-Based Long-Term Care		\$1,468.41	\$50,497,300	\$0	\$24,709,945	\$1,077,410	\$24,709,945
Long-Term Care		\$3.18	\$109,272	\$0	\$53,470	\$2,331	\$53,471
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$133.95	\$4,606,274	\$0	\$2,253,997	\$98,279	\$2,253,998
ACC Incentive		\$45.07	\$1,549,965	\$0	\$758,447	\$33,070	\$758,448
Total	34,389	\$9,078.02	\$312,184,194	\$0	\$152,761,715	\$6,660,761	\$152,761,718
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		\$6,566.02	\$2,536,551,743	\$0	\$313,157,314	\$0	\$2,223,394,429
Community-Based Long-Term Care		\$33.92	\$13,103,178	\$0	\$1,310,318	\$0	\$11,792,860
Long-Term Care		\$11.84	\$4,573,102	\$0	\$457,310	\$0	\$4,115,792
Insurance		\$0.11	\$41,486	\$0	\$4,149	\$0	\$37,337
Service Management		\$124.45	\$48,078,607	\$0	\$4,807,861	\$0	\$43,270,746
ACC Incentive		\$41.41	\$15,999,016	\$0	\$7,999,508	\$0	\$7,999,508
Total	386,315	\$6,777.75	\$2,618,347,132	\$0	\$327,736,460	\$0	\$2,290,610,672
Non-Newly Eligibles							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$24,828.95	\$102,543,582	\$0	\$20,508,716	\$0	\$82,034,866
Community-Based Long-Term Care	-	\$119.31	\$492,759	\$0	\$98,552	\$0	\$394,207
Long-Term Care	-	\$44.76	\$184,874	\$0	\$36,975	\$0	\$147,899
Insurance	-	\$0.41	\$1,677	\$0	\$335	\$0	\$1,342
Service Management	-	\$638.97	\$2,638,945	\$0	\$527,789	\$0	\$2,111,156
ACC Incentive	-	\$156.61	\$646,781	\$0	\$323,390	\$0	\$323,391
Total	4,130	\$25,832.00	\$106,508,618	\$0	\$21,495,757	\$0	\$85,012,861
MAGI Parents/Caretakers 60% to 68% FPL							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$4,189.01	\$20,630,870	\$0	\$10,315,435	\$0	\$10,315,435
Community-Based Long-Term Care	-	\$9.12	\$44,938	\$0	\$22,469	\$0	\$22,469
Long-Term Care	-	\$1.88	\$9,269	\$0	\$4,634	\$0	\$4,635
Insurance	-	\$44.84	\$220,848	\$0	\$110,424	\$0	\$110,424
Service Management	-	\$142.98	\$704,198	\$0	\$352,099	\$0	\$352,099
ACC Incentive	-	\$35.82	\$176,420	\$0	\$88,210	\$0	\$88,210
Total	4,925	\$4,343.00	\$21,786,543	\$0	\$10,893,271	\$0	\$10,893,272
Continuous Eligibility for Children							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Acute Care	-	\$1,933.02	\$36,586,221	\$0	\$18,293,110	\$0	\$18,293,111
Community-Based Long-Term Care	-	\$130.04	\$2,461,361	\$0	\$1,230,680	\$0	\$1,230,681
Long-Term Care	-	\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance	-	\$0.24	\$4,637	\$0	\$2,318	\$0	\$2,319
Service Management	-	\$109.54	\$2,073,285	\$0	\$1,036,642	\$0	\$1,036,643
ACC Incentive	-	\$27.77	\$525,648	\$0	\$262,824	\$0	\$262,824
Total	18,927	\$2,172.60	\$41,651,152	\$0	\$20,825,574	\$0	\$20,825,578
FY 2026-27 Summary							
	Caseload	Per Capita	Total Funds ⁽²⁾	General Fund	Healthcare Affordability and Sustainability Fee	Medicaid Buy-in Fund	Federal Funds
Total	497,090	\$6,778.27	\$3,369,411,313	\$0	\$562,982,490	\$6,660,761	\$2,799,768,062

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

(2) Figures may not sum due to rounding.

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

Population-Based FMAPs		
FY 2024-25:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A2
65.00%	Clients in the BCCP Program	Please see Exhibit A2
90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
89.40%	MAGI Adults	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%
FY 2025-26:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A3
65.00%	Clients in the BCCP Program	Please see Exhibit A3
90.00%	MAGI Parents/Caretakers 69% to 133% FPL	Please see Exhibit J
89.40%	MAGI Adult	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%
FY 2026-27:		
FMAP	Population	Comments
65.00%	Qualifying clients transitioned from CHP+ to Medicaid	Please see Exhibit A4
65.00%	Clients in the BCCP Program	Please see Exhibit A4
90.00%	MAGI Parents/Caretakers 69% to 133% FPL, MAGI Adults	Please see Exhibit J
89.40%	MAGI Adults	Please see Exhibit J
80.00%	MAGI Adult Non-Newly Eligible	Please see Exhibit J
50.00%	Disabled Buy-In, MAGI Parents/Caretakers 60-68% FPL	HAS Fee matched 50%, Medicaid Buy-In Fund 0%

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

Service-Based FMAPs		
FY 2024-25:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A2
51.00%	ACA Preventative Services	Please see Exhibit A2
90.00%	Family Planning Services	Please see Exhibit A2
100.00%	Indian Health Services	Please see Exhibit A2
FY 2025-26:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A3
51.00%	ACA Preventative Services	Please see Exhibit A3
90.00%	Family Planning Services	Please see Exhibit A3
100.00%	Indian Health Services	Please see Exhibit A3
FY 2026-27:		
FMAP	Service	Comments
100.00%	Affordable Care Act Drug Rebate Offset	Please see Exhibit A4
51.00%	ACA Preventative Services	Please see Exhibit A4
90.00%	Family Planning Services	Please see Exhibit A4
100.00%	Indian Health Services	Please see Exhibit A4

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing			
Nursing Facilities UPL	FY 2023-24	FY 2024-25	FY 2025-26
Total Funds	\$2,743,346	\$2,889,566	\$3,043,580
General Fund	(\$2,743,346)	(\$2,889,566)	(\$3,043,580)
Cash Funds	\$2,743,346	\$2,889,566	\$3,043,580
Federal Funds	\$2,743,346	\$2,889,566	\$3,043,580
Home Health UPL			
Total Funds	\$765,652	\$920,618	\$969,687
General Fund	(\$982,412)	(\$920,618)	(\$969,687)
Cash Funds	\$765,652	\$920,618	\$969,687
Federal Funds	\$982,412	\$920,618	\$969,687
Total Upper Payment Limit Financing			
Total Funds	\$3,508,998	\$3,810,184	\$4,013,267
General Fund	(\$3,725,758)	(\$3,810,184)	(\$4,013,267)
Cash Funds	\$3,508,998	\$3,810,184	\$4,013,267
Federal Funds	\$3,725,758	\$3,810,184	\$4,013,267

Exhibit K - Upper Payment Limit Financing

Nursing Facilities Upper Payment Limit Calculation		
Estimate Based on CY 2023 Actual Upper Payment Limit & CY 2022 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	(\$313,245)	\$2,019,694
Colorado St. Veterans - Florence	(\$182,378)	\$2,802,059
Colorado St. Veterans - Homelake	\$607,428	\$696,172
Colorado St. Veterans - Rifle	\$158,163	\$1,132,047
State Nursing Facilities Total	\$269,969	\$6,649,972
Government Nursing Facilities		
Colorado St. Veterans - Walsenburg	\$493,888	\$871,842
Arkansas Valley	\$0	\$0
Bent County Healthcare Center	(\$82,190)	(\$316,158)
Cheyenne Manor	\$151,847	\$924,035
Cripple Creek Rehabilitation & Wellness Center	\$65,078	\$0
E. Dene Moore Care Center	\$2,139,755	\$6,206,689
Gunnison Valley Health Senior Care	\$712,538	\$3,078,544
Lincoln Community Hospital & Nursing Home	\$381,499	\$772,749
Prospect Park Living Center	\$0	\$0
Sedgwick County Hospital & Nursing Home	\$74,268	\$394,454
Southeast Colorado Hospital & LTC Center	\$428,966	\$2,070,796
Walbridge Memorial Convalescent Wing	\$352,814	\$1,493,779
Walsh Healthcare Center	\$53,653	\$556,592
Washington County Nursing Home	\$166,965	\$675,007
Government Nursing Facilities Total	\$4,939,080	\$16,728,330
(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 2022 Upper Payment Limit	\$5,486,691
Estimated CY 2023 Upper Payment Limit	\$5,779,132
Estimated CY 2024 Upper Payment Limit	\$6,087,160
Supplemental Medicaid Nursing Facility Payment FY 2024-25	
Total Funds	\$2,743,346
General Fund (offset by Federal Funds)	(\$2,743,346)
Cash Funds	\$2,743,346
Federal Funds	\$2,743,346
Supplemental Medicaid Nursing Facility Payment FY 2025-26	
Total Funds	\$2,889,566
General Fund (offset by Federal Funds)	(\$2,889,566)
Cash Funds	\$2,889,566
Federal Funds	\$2,889,566
Supplemental Medicaid Nursing Facility Payment FY 2026-27	
Total Funds	\$3,043,580
General Fund (offset by Federal Funds)	(\$3,043,580)
Cash Funds	\$3,043,580
Federal Funds	\$3,043,580
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 2022 Interim Payment Made in June 2023	
Provider Name	Total Uncompensated Costs by Provider
Alamosa County Nursing Service	\$199,835
Delta Montrose Home Health Services	\$243,764
Estes Park Home Health	\$163,230
Lincoln Community Home Health	\$26,485
Pioneers Hospital Home Health	\$33,706
Prowers Home Health	\$450,851
Southeast Colorado Hospital Home Health	\$297,331
Yuma District Home Health Care	\$244,405
Home Health Total	\$1,659,607

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	Amount
Estimated CY 2023 Upper Payment Limit	\$1,748,064
Estimated CY 2024 Upper Payment Limit	\$1,841,236
Estimated CY 2025 Upper Payment Limit	\$1,939,374
Supplemental Medicaid Home Health Payment FY 2024-25	
Total Funds	\$765,652
General Fund	(\$982,412)
Cash Funds	\$765,652
Federal Funds	\$982,412
Supplemental Medicaid Home Health Payment FY 2025-26	
Total Funds	\$920,618
General Fund	(\$920,618)
Cash Funds	\$920,618
Federal Funds	\$920,618
Supplemental Medicaid Home Health Payment FY 2026-27	
Total Funds	\$969,687
General Fund	(\$969,687)
Cash Funds	\$969,687
Federal Funds	\$969,687
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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27
Estate Recoveries ⁽¹⁾	\$6,969,380	\$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	\$4,034,023	\$4,034,023	\$4,034,023
Income Trust and Repayments ⁽¹⁾	\$4,074,355	\$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	\$6,211,338	\$6,211,338	\$6,211,338
Third Party Health Insurance	\$26,598,141	\$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	\$48,449,796	\$48,449,796	\$48,449,796
Third Party Casualty	\$8,809,174	\$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	\$21,488,618	\$21,488,618	\$21,488,618
Credit Balance Audits ⁽²⁾	\$0	\$0	\$0	\$997,742	\$709,519	\$451,097	\$992,830	\$1,285,792	\$1,473,224	\$1,473,224	\$1,473,224	\$1,473,224	\$1,473,224
Total Recoveries Including Bottom Line Impacts⁽³⁾	\$46,451,050	\$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	\$81,656,999	\$81,656,999	\$81,656,999

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

Contingency and Contractor Payments													
Recovery Category	Contingency Amount ⁽⁵⁾	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	Estimated FY 2024-25	Estimated FY 2025-26	Estimated FY 2026-27
Estate Recoveries	12.00%	\$580,332	\$657,409	\$708,078	\$967,694	\$809,487	\$863,709	\$316,768	\$77,766	\$77,766	\$316,768	\$316,768	\$316,768
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%	\$1,692,817	\$1,854,619	\$1,503,131	\$2,243,300	\$2,565,099	\$3,176,973	\$3,469,180	\$2,121,536	\$2,121,536	\$3,469,180	\$3,469,180	\$3,469,180
Third Party Casualty	10.00%	\$710,424	\$616,689	\$776,109	\$1,497,913	\$1,638,437	\$1,478,313	\$1,654,586	\$1,008,671	\$1,008,671	\$1,654,586	\$1,654,586	\$1,654,586
Credit Balance Audits	16.00%	\$0	\$0	\$159,639	\$113,523	\$72,175	\$158,853	\$205,727	\$235,716	\$235,716	\$205,727	\$205,727	\$161,228
Total		\$2,983,573	\$3,128,717	\$3,146,957	\$4,822,430	\$5,085,198	\$5,677,848	\$5,646,261	\$3,443,689	\$3,443,689	\$5,646,261	\$5,646,261	\$5,601,762

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

Fund Splits						
Total Medical Services Premiums Impact	Total Funds	General Fund	Cash Funds	Federal Funds	FFP	
FY 2024-25	\$0	(\$38,005,369)	\$76,010,738	(\$38,005,369)	50.00%	
FY 2025-26	\$0	(\$38,005,369)	\$76,010,738	(\$38,005,369)	50.00%	
FY 2026-27	\$0	(\$38,027,618)	\$76,055,237	(\$38,027,619)	50.00%	

**Exhibit O - Appropriations and Expenditures
Final FY 2023-24 Funding Splits**

Item	Total Funds	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
SB 23-214 Long Appropriations Bill	\$11,436,527,075	\$2,002,981,129	\$1,181,193,165	\$1,248,057,642	\$99,768,813	\$6,904,526,326
HB 23-1228 Nursing Facility Reimbursement Rate Setting	\$62,264,197	\$30,509,457	\$0	\$0	\$0	\$31,754,740
SB 23-222 Medicaid Pharmacy and Outpatient Services Copayment	\$7,345,507	\$1,439,499	\$0	\$446,651	\$0	\$5,459,357
Department of Health Care Policy & Financing Supplemental	(\$79,992,567)	\$1,207,935	\$0	\$31,917,988	\$1	(\$113,118,491)
FY 2023-24 S-01A Medical Services Premiums	(\$332,880,325)	(\$53,536,217)	\$0	(\$35,176,800)	\$0	(\$244,167,308)
FY 2023-24 JBC Action - Referendum C Adjustment	\$0	\$1,291,619	(\$1,291,619)	\$0	\$0	\$0
FY 2023-24 JBC Action - Tobacco Forecast True Up	\$0	\$2,813,110	(\$2,813,110)	\$0	\$0	\$0
Appropriations Totals	\$11,098,403,140	\$1,989,456,159	\$1,177,088,436	\$1,245,245,481	\$99,768,814	\$6,586,844,250
Final Expenditures	\$11,386,151,835	\$2,134,324,780	\$1,179,901,546	\$1,314,296,704	\$99,207,497	\$6,658,421,308
Remaining Balance	(\$287,748,695)	(\$144,868,621)	(\$2,813,110)	(\$69,051,223)	\$561,317	(\$71,577,058)
Percentage Difference	-2.59%	-4.66%	-2.97%	-5.55%	0.56%	-1.09%
Notes:						
1. Totals reflect final CORE close as of September 4, 2024; 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 2023-24 Final Actuals			
Aid Category	Caseload	Per Capita	Total
Adults 65 and Older (OAP-A)	47,681	\$40,256.28	\$1,919,459,677
Disabled Adults 60 to 64 (OAP-B)	12,692	\$36,970.58	\$469,230,544
Disabled Individuals to 59 (AND/AB)	58,997	\$38,735.88	\$2,285,300,932
Disabled Buy-In	20,312	\$9,644.00	\$195,889,021
MAGI Parents/Caretakers to 68% FPL	161,211	\$5,255.88	\$847,306,356
MAGI Parents/Caretakers 69% to 133% FPL	66,161	\$4,891.58	\$323,631,961
MAGI Adults	405,823	\$6,653.01	\$2,699,944,663
Breast & Cervical Cancer Program	119	\$15,919.35	\$1,894,403
Eligible Children (AFDC-C/BC)	412,498	\$4,128.03	\$1,702,803,497
SB 11-008 Eligible Children	58,501	\$3,150.36	\$184,299,232
Foster Care	19,083	\$12,196.51	\$232,745,990
MAGI Pregnant Adults	24,045	\$8,024.90	\$192,958,642
SB 11-250 Eligible Pregnant Adults	5,663	\$5,586.66	\$31,637,245
Non-Citizens- Emergency Services	31,914	\$5,894.28	\$188,109,921
Partial Dual Eligibles	29,013	\$3,794.83	\$110,099,349
SB 21-025 Family Planning Services	36,475	\$23.05	\$840,652
TOTAL	1,390,188	TF	\$11,386,151,835
		GF	(\$144,868,621)
		GFE	\$1,179,901,546
		CF	\$1,314,296,704
		RF	\$99,207,497
		FF	\$6,658,421,308

Total Funds include upper payment limit financing and supplemental payments and other Medicaid financing. Totals reflect final CORE close as of September 4, 2024 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 2023-24 Comparison of Requests and Appropriations										
FY 2023-24 Comparison of Requests and Appropriations	November 1, 2022	February 15, 2023	% Change	FY 2023-24 Long Bill and Special Bills Appropriation	November 1, 2023	February 15, 2024	% Change over Appropriation	FY 2023-24 Final Appropriation	FY 2023-24 Actuals	% Change over Feb.
Acute Care	\$5,526,599,660	\$5,800,359,825	4.95%	\$5,942,917,432	\$5,786,003,640	\$5,542,831,057	-6.73%	\$5,568,071,421	\$5,855,491,663	5.64%
Community Based Long-Term Care	\$1,895,133,044	\$1,921,797,800	1.41%	\$2,006,937,543	\$2,092,638,048	\$2,106,725,798	4.97%	\$2,088,227,111	\$2,071,856,151	-1.66%
Long-Term Care	\$1,068,599,427	\$1,024,774,696	-4.10%	\$1,352,386,441	\$1,056,938,198	\$1,030,646,305	-23.79%	\$1,030,646,305	\$1,007,848,177	-2.21%
Insurance	\$264,978,015	\$270,184,328	1.96%	\$270,184,328	\$273,093,736	\$276,097,370	2.19%	\$276,097,370	\$268,070,732	-2.91%
Service Management	\$247,947,259	\$263,472,550	6.26%	\$271,453,919	\$269,678,507	\$234,200,720	-13.72%	\$234,200,720	\$257,761,255	10.06%
Financing	\$1,898,519,395	\$1,926,184,968	1.46%	\$1,932,441,444	\$1,946,189,658	\$1,901,160,213	-1.62%	\$1,901,160,213	\$1,925,123,897	1.26%
Total	\$10,901,776,800	\$11,206,774,167	2.80%	\$11,506,136,779	\$11,424,541,787	\$11,091,661,463	-3.60%	\$11,098,403,140	\$11,386,151,835	2.66%
Class I Nursing Facilities	\$764,970,997	\$702,480,483	-8.17%	\$702,480,483	\$750,044,079	\$733,806,237	-4.46%	\$733,806,237	\$721,061,148	-1.74%

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	\$6,257,246,950	7.94%			
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%			
Long-Term Care	\$1,169,461,789	\$1,128,046,199	-3.54%	\$1,420,521,959	\$1,107,447,583	\$1,146,198,341	-19.31%			
Insurance	\$285,066,131	\$292,475,760	2.60%	\$292,475,760	\$295,571,522	\$282,402,044	-3.44%			
Service Management	\$257,141,264	\$214,423,890	-16.61%	\$218,354,995	\$212,010,672	\$211,405,552	-3.18%			
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%			
Total	\$12,124,014,043	\$11,601,525,805	-4.31%	\$11,933,458,715	\$12,082,260,328	\$12,446,220,011	4.30%			
Class I Nursing Facilities	\$816,925,250	\$788,229,488	-3.51%	\$788,229,488	\$779,928,099	\$808,305,822	2.55%			

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	\$6,847,698,085	3.87%							
Community Based Long-Term Care	\$2,580,021,180	\$2,661,286,008	3.15%							
Long-Term Care	\$1,158,232,939	\$1,192,596,907	2.97%							
Insurance	\$317,105,989	\$301,746,335	-4.84%							
Service Management	\$217,736,559	\$217,461,348	-0.13%							
Financing	\$2,113,200,806	\$2,102,866,457	-0.49%							
Total	\$12,978,805,284	\$13,323,655,140	2.66%							
Class I Nursing Facilities	\$796,589,241	\$827,730,283	3.91%							

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 (QAP-A)	Disabled Adults 60 to 64 (QAP-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-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 2013-14	\$896,112,956	\$170,623,165	\$1,033,566,923	\$723,127	\$442,861,997	\$120,389,845	\$4,003,017	\$10,287,938	\$683,425,225	\$0	\$79,698,390	\$97,417,747	\$0	\$78,357,967	\$24,564,465	\$0	\$3,642,032,762
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	\$1,362,217,882	\$90,582,512	\$668,120,971	\$220,662,725	\$1,726,830,611	\$3,422,864	\$1,159,595,891	\$118,856,473	\$129,112,556	\$198,287,837	\$29,838,238	\$74,917,041	\$48,287,034	\$0	\$7,765,936,096
FY 2019-20	\$1,569,226,283	\$337,873,877	\$1,611,283,109	\$105,469,881	\$654,192,856	\$224,663,102	\$1,842,104,413	\$3,633,297	\$1,169,085,161	\$122,391,638	\$124,805,958	\$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
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 2013-14	\$3,642,032,762																
FY 2014-15	\$5,729,193,793	57.31%	\$2,087,161,031														
FY 2015-16	\$6,839,136,470	19.37%	\$1,109,942,677	38.34%													
FY 2016-17	\$6,330,278,758	-7.44%	(\$508,857,712)	23.08%	-39.80%	23.08%											
FY 2017-18	\$7,473,446,491	18.06%	\$1,143,167,733	21.82%	-5.44%	10.00%	-56.68%										
FY 2018-19	\$7,765,936,096	3.91%	\$292,489,605	18.24%	-16.41%	4.84%	-51.55%										
FY 2019-20	\$8,099,261,570	4.29%	\$333,325,474	15.92%	-12.75%	8.75%	80.74%										
FY 2020-21	\$8,845,770,481	9.22%	\$746,508,911	14.96%	-6.01%	5.81%	-33.66%										
FY 2021-22	\$9,756,293,144	10.29%	\$910,522,663	14.38%	-3.90%	7.93%	36.62%										
FY 2022-23	\$10,921,010,281	11.94%	\$1,164,717,137	14.11%	-1.88%	10.48%	32.12%										
FY 2023-24	\$11,386,151,835	4.26%	\$465,141,554	13.12%	-6.98%	8.83%	-15.77%										
FY 2024-25 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 2024-25 Projection	\$12,446,220,011	9.31%	\$1,060,068,176	\$12,880,160,895	3.49%	\$12,391,570,535	-0.44%										
FY 2025-26 Projection	\$13,323,655,140	7.05%	\$877,435,129	\$14,079,323,603	5.67%	\$13,545,244,732	1.66%										
FY 2026-27 Projection	\$14,299,724,781	7.33%	\$976,069,642	\$15,071,889,467	5.40%	\$14,500,159,039	1.40%										
FY 2024-25 Appropriation	\$11,931,356,051																
Difference Between FY 2024-25 Projections and FY 2024-25 Appropriation	\$514,863,960	4.32%		\$948,804,844	7.95%	\$460,214,484	3.86%										
Difference Between FY 2025-26 Projections and FY 2024-25 Appropriation	\$1,392,299,089	11.67%		\$2,147,967,552	18.00%	\$1,613,888,681	13.53%										
Difference Between FY 2026-27 Projections and FY 2024-25 Appropriation	\$2,368,368,730	19.85%		\$3,140,533,416	26.32%	\$2,568,802,988	21.53%										

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 % Change ²
FY 2013-14	\$3,642,032,762	0.00%	860,957	38.87%
FY 2014-15	\$5,729,193,793	57.31%	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 Projection	\$11,931,356,051	9.25%	1,213,812	-12.69%
FY 2025-26 Projection	\$12,009,671,603	0.66%	1,284,774	5.85%
FY 2026-27 Projection	\$12,052,296,363	0.35%	1,352,853	5.30%
(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 - Data Adjusted

Item	FY 2024-25 Projection	Percent Change from Prior Year	FY 2023-24 Projection	Percent Change from Prior Year ⁽¹⁾	FY 2024-25 Projection	Percent Change from Prior Year	FY 2023-24	Percent Change from Prior Year	FY 2022-23	Percent Change from Prior Year ⁽¹⁾	FY 2021-22	Percent Change from Prior Year	FY 2020-21	Percent Change from Prior Year	FY 2019-20	Percent Change from Prior Year ⁽¹⁾	FY 2018-19	Percent Change from Prior Year	FY 2017-18	Percent Change from Prior Year ⁽¹⁾
Adult Services Programs																				
Adult Care	\$1,546,594,510	6.9%	\$1,860,777,469	6.4%	\$1,548,594,504	7.2%	\$1,895,490,863	2.0%	\$1,740,594,126	12.1%	\$1,116,586,713	16.1%	\$4,462,814,820	6.2%	\$4,861,727,628	4.1%	\$1,961,688,738	-4.6%	\$4,898,131,689	16.2%
Community Based Long Term Care	\$1,830,980,594	6.1%	\$1,461,280,260	6.5%	\$1,497,997,973	28.9%	\$1,071,096,191	16.2%	\$1,792,360,214	18.9%	\$1,506,762,671	11.2%	\$1,594,764,638	11.2%	\$1,546,251,990	11.2%	\$1,561,961,594	11.5%	\$981,639,464	14.7%
Statewide Care and Assessment	\$1,026,700,263	6.1%	\$1,095,242,528	6.2%	\$1,051,400,303	15.9%	\$1,075,370,309	6.2%	\$1,162,000,000	6.2%	\$1,162,000,000	6.2%	\$1,077,292,617	6.2%	\$1,137,950,000	6.2%	\$1,102,012,124	6.2%	\$1,026,137,000	6.2%
Service Management	\$205,380,762	6.2%	\$217,461,548	7.8%	\$217,461,548	17.9%	\$191,480,162	12.9%	\$187,740,269	2.8%	\$181,007,000	6.1%	\$162,333,000	4.2%	\$162,333,000	19.4%	\$164,928,999	7.6%	\$162,333,000	12.3%
Total Services	\$15,743,147,250	6.2%	\$17,271,884,607	7.8%	\$14,996,998,144	8.9%	\$1,841,692,918	6.2%	\$1,841,692,918	12.1%	\$4,800,814,441	6.2%	\$4,768,248,821	6.2%	\$4,768,248,821	6.2%	\$4,807,876,994	6.9%	\$4,714,736,401	12.3%
Financing and Support Programs	\$1,197,385,148	2.3%	\$1,102,846,447	2.3%	\$1,102,846,447	6.5%	\$1,181,131,857	6.2%	\$1,198,467,794	16.4%	\$1,395,461,567	2.3%	\$1,198,467,794	49.8%	\$1,467,461,567	21.7%	\$1,467,461,567	21.7%	\$1,198,467,794	49.8%
Total Adult Services Expenditure	\$16,940,532,398	7.2%	\$19,373,731,054	7.8%	\$16,109,844,591	14.7%	\$1,841,692,918	6.2%	\$1,841,692,918	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%
Medicaid Member Health																				
Capitation	\$1,201,671,207	13.4%	\$1,400,070,745	13.8%	\$1,201,671,207	22.5%	\$1,005,541,918	4.3%	\$1,264,792,200	2.4%	\$1,001,271,118	37.2%	\$871,792,400	22.5%	\$642,564,444	7.8%	\$675,262,754	19.3%	\$511,883,001	15.3%
Fee-for-Service	\$17,302,101	6.3%	\$17,302,101	6.3%	\$17,302,101	7.8%	\$10,926,804	16.4%	\$11,147,510	6.7%	\$11,147,510	16.4%	\$10,871,894	16.2%	\$11,821,834	16.2%	\$10,823,742	16.2%	\$10,823,742	17.7%
Total Member Health Expenditure	\$1,218,973,308	13.3%	\$1,417,372,846	13.7%	\$1,218,973,308	20.1%	\$1,016,468,722	6.3%	\$1,275,939,710	16.2%	\$1,112,418,628	37.2%	\$982,664,294	22.5%	\$754,386,278	17.2%	\$786,086,496	19.3%	\$622,706,743	16.4%
Other Medicaid Services																				
Office of Community Living	\$1,400,881,384	14.4%	\$1,176,411,811	1.4%	\$1,176,411,811	24.4%	\$1,104,767,307	16.7%	\$811,806,314	14.4%	\$108,476,261	1.4%	\$811,806,314	1.4%	\$811,806,314	12.3%	\$811,806,314	6.4%	\$446,111,889	8.1%
Medicaid Administration	\$898,932,214	6.3%	\$977,802,813	12.5%	\$898,932,214	-8.8%	\$944,361,309	13.9%	\$104,137,037	1.9%	\$101,486,781	16.8%	\$100,937,048	-0.5%	\$100,937,048	8.2%	\$100,937,048	1.6%	\$104,739,281	16.1%
Public Health Agency Services	\$170,930,628	0.0%	\$170,930,628	0.0%	\$170,930,628	-0.2%	\$191,500,168	-0.2%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	11.8%
Total Other Medicaid Services Expenditure	\$2,470,744,226	13.9%	\$2,145,145,252	5.9%	\$2,145,145,252	15.4%	\$1,341,118,498	13.3%	\$1,007,843,519	12.9%	\$1,007,843,519	17.3%	\$984,243,511	0.9%	\$984,243,511	12.7%	\$984,243,511	8.4%	\$542,351,170	11.2%
Net Medicaid Expenditure																				
Child Welfare Services	\$154,183,238	0.0%	\$154,183,238	0.0%	\$154,183,238	496.4%	\$1,411,312	17.0%	\$1,411,312	-56.1%	\$1,411,312	0.0%	\$1,411,312	10.1%	\$1,411,312	10.1%	\$1,411,312	0.0%	\$1,411,312	18.7%
Medicaid Services	\$6,102,768	0.0%	\$6,102,768	0.0%	\$6,102,768	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%
High Risk Waiver Program	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%
Regional Centers	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%
Division of Youth Services Medicaid Funding	\$681,406	0.0%	\$681,406	0.0%	\$681,406	42.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%
Medicaid Member Health	\$170,930,628	0.0%	\$170,930,628	0.0%	\$170,930,628	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%
Total Medicaid Expenditure	\$62,792,344	0.0%	\$62,792,344	0.0%	\$62,792,344	6.3%	\$172,212,942	6.3%	\$172,212,942	-6.4%	\$172,212,942	10.6%	\$172,212,942	10.6%	\$172,212,942	10.6%	\$172,212,942	10.6%	\$172,212,942	14.1%
Net Medicaid Services Expenditure	\$191,971,074	6.3%	\$191,971,074	6.3%	\$191,971,074	11.8%	\$1,341,118,498	13.3%	\$1,007,843,519	12.9%	\$1,007,843,519	17.3%	\$984,243,511	0.9%	\$984,243,511	12.7%	\$984,243,511	8.4%	\$542,351,170	11.2%
Other																				
Child Welfare Services	\$154,183,238	0.0%	\$154,183,238	0.0%	\$154,183,238	496.4%	\$1,411,312	17.0%	\$1,411,312	-56.1%	\$1,411,312	0.0%	\$1,411,312	10.1%	\$1,411,312	10.1%	\$1,411,312	0.0%	\$1,411,312	18.7%
Medicaid Services	\$6,102,768	0.0%	\$6,102,768	0.0%	\$6,102,768	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%	\$5,743,561	6.1%
High Risk Waiver Program	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%	\$1,460,001	0.0%
Regional Centers	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%	\$50,776,761	0.0%
Division of Youth Services Medicaid Funding	\$681,406	0.0%	\$681,406	0.0%	\$681,406	42.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%	\$1,190,287	17.9%
Medicaid Member Health	\$170,930,628	0.0%	\$170,930,628	0.0%	\$170,930,628	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%	\$191,500,168	0.0%
Total Other Expenditure	\$314,847,764	13.1%	\$314,847,764	13.1%	\$314,847,764	11.8%	\$1,341,118,498	13.3%	\$1,007,843,519	12.9%	\$1,007,843,519	17.3%	\$984,243,511	0.9%	\$984,243,511	12.7%	\$984,243,511	8.4%	\$542,351,170	11.2%
Total Services Expenditure	\$17,415,279,624	7.6%	\$19,518,876,300	7.8%	\$17,321,991,845	14.7%	\$1,841,692,918	6.2%	\$1,841,692,918	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%	\$6,206,675,941	11.8%

Notes:
 (1) Projections for Public School Health Services include the FY 2022-23 appropriation without the administrative costs and include the reauthorization from 18-19 Reauthorization of FY 2020-21 BA-13 Public School Health Services.
 (2) The Department of Human Services Medicaid Focused services are not forecast in a budget request by the Department. Due to this, the Department has used the FY 2022-24 appropriations constant, for the purpose of this exhibit. This does not represent an actual request by the Department.
 Note:
 (3) FY 2021-22 expenditure shows data as of September 30, 2021.

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 (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/B/C)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services	Total Medicaid	CHIP+ Children	CHIP+ Prenatal	TOTAL CHIP+	TOTAL Medicaid and CHIP+
FY 2015-16	\$25,630.80	\$28,503.37	\$24,073.09	\$10,212.42	\$3,371.40	\$3,174.72	\$4,501.10	\$12,469.29	\$2,194.15	\$1,817.14	\$7,058.61	\$11,219.02	\$10,035.52	\$14,863.53	\$1,234.34	\$0.00	\$5,329.56	\$2,817.32	\$10,819.46	\$2,920.70	\$5,237.20
FY 2016-17	\$27,544.74	\$27,567.17	\$25,711.27	\$10,292.29	\$2,988.61	\$2,622.57	\$4,000.69	\$16,788.64	\$2,121.68	\$1,720.23	\$6,672.78	\$10,167.72	\$8,185.71	\$15,432.19	\$1,228.05	\$0.00	\$5,142.43	\$2,184.94	\$8,569.39	\$2,446.30	\$5,009.20
% Change from FY 2016-15	7.4%	-3.28%	-4.33%	0.0%	-11.25%	-17.39%	-10.10%	34.44%	-3.20%	-6.25%	6.40%	-9.37%	-18.43%	-0.51%	0.00%	0.00%	3.51%	-22.45%	20.83%	-23.08%	-4.53%
FY 2017-18	\$29,578.40	\$28,005.28	\$27,995.24	\$10,768.08	\$3,423.47	\$2,955.06	\$4,463.36	\$21,536.45	\$2,407.51	\$1,978.92	\$7,038.00	\$12,464.86	\$9,602.86	\$16,361.84	\$1,254.20	\$0.00	\$5,815.09	\$2,364.82	\$8,828.59	\$2,434.81	\$5,626.46
% Change from FY 2017-16	7.38%	1.56%	17.33%	0.0%	14.50%	12.48%	3.10	48.38%	13.47%	11.02%	9.36%	12.59%	17.31%	18.88%	0.00%	0.00%	6.23%	3.67%	8.38%	12.31%	8.38%
FY 2018-19	\$29,343.11	\$30,128.94	\$30,136.21	\$9,432.74	\$3,277.84	\$2,889.22	\$4,466.88	\$17,512.50	\$2,525.86	\$1,949.22	\$7,351.04	\$11,776.75	\$9,219.08	\$16,078.00	\$2,400.43	\$0.00	\$6,186.14	\$2,274.79	\$8,353.82	\$2,343.42	\$5,954.44
% Change from FY 2018-17	-0.80%	2.58%	7.80%	-12.40%	-4.29%	-2.21%	0.53%	-18.68%	4.93%	-1.50%	4.49%	-5.53%	-4.00%	-12.44%	91.39%	0.00%	6.38%	-3.81%	-5.38%	-3.76%	5.81%
FY 2019-20	\$32,384.73	\$32,637.32	\$33,233.14	\$11,239.18	\$3,322.93	\$3,222.12	\$5,135.43	\$19,802.23	\$2,699.79	\$2,139.97	\$7,994.76	\$12,442.99	\$9,483.96	\$17,521.91	\$1,488.37	\$0.00	\$6,862.48	\$2,319.41	\$11,779.00	\$2,429.92	\$6,597.84
% Change from FY 2019-18	9.96%	8.33%	10.28%	19.15%	7.48%	14.98%	14.97%	11.65%	6.89%	9.79%	1.32%	5.60%	2.87%	8.98%	-38.08%	0.00%	10.94%	1.96%	41.00%	10.94%	10.81%
FY 2020-21	\$29,997.49	\$32,809.56	\$34,391.92	\$9,613.07	\$3,588.96	\$3,221.04	\$4,820.95	\$21,068.77	\$2,552.13	\$2,216.09	\$9,076.74	\$9,661.72	\$7,158.21	\$8,374.60	\$2,737.91	\$0.00	\$6,376.44	\$2,410.54	\$11,694.89	\$2,517.99	\$6,202.84
% Change from FY 2020-19	-7.03%	0.53%	3.46%	-14.42%	1.87%	-3.06%	-9.12%	5.96%	-5.46%	-1.56%	-19.51%	-24.52%	-24.52%	84.20%	0.00%	7.09%	1.93%	-0.71%	1.02%	-1.02%	-5.80%
FY 2021-22	\$30,971.11	\$33,797.69	\$37,984.07	\$9,002.93	\$3,828.00	\$3,432.85	\$4,884.69	\$10,562.15	\$2,895.92	\$2,588.69	\$9,858.49	\$9,579.40	\$6,866.53	\$5,210.74	\$3,103.01	\$0.00	\$6,529.48	\$2,442.88	\$7,103.54	\$2,492.79	\$6,396.14
% Change from FY 2021-20	3.26%	3.07%	10.44%	-6.35%	6.96%	6.38%	1.32%	-49.87%	13.46%	15.91%	8.61%	-0.85%	-4.07%	-39.00%	0.00%	56.529.48	2.40%	1.34%	-37.49%	-1.00%	3.72%
FY 2022-23	\$32,993.00	\$39,357.48	\$43,299.02	\$10,263.52	\$3,977.00	\$3,611.24	\$4,930.71	\$12,868.50	\$3,072.29	\$2,533.84	\$10,700.48	\$6,114.29	\$4,860.41	\$3,401.96	\$3,420.83	\$7.50	\$6,587.67	\$2,369.85	\$8,377.22	\$2,490.69	\$6,077.98
% Change from FY 2022-21	6.53%	16.45%	14.00%	14.00%	3.89%	5.20%	0.94%	21.84%	4.88%	-1.35%	8.54%	-36.17%	-29.22%	-34.96%	10.40%	0.89%	0.00%	-2.99%	13.77%	-0.88%	1.28%
FY 2023-24	\$40,075.05	\$49,417.05	\$54,942.45	\$11,864.23	\$4,686.24	\$4,422.01	\$6,239.60	\$13,184.08	\$3,867.56	\$3,161.44	\$13,680.34	\$6,667.02	\$5,600.81	\$3,356.10	\$3,824.63	\$19.00	\$8,673.76	\$1,688.93	\$5,784.55	\$1,725.15	\$8,347.10
% Change from FY 2023-22	24.98%	25.56%	25.56%	15.01%	12.86%	27.45%	39.55%	12.45%	27.17%	22.49%	21.53%	56.84%	42.13%	15.33%	11.64%	0.00%	161.35%	39.84%	30.43%	30.43%	28.63%
FY 2024-25 Projection	\$42,969.03	\$58,791.92	\$61,834.77	\$10,528.31	\$5,194.31	\$5,142.25	\$6,600.77	\$17,391.39	\$4,097.62	\$3,055.90	\$12,443.24	\$6,842.49	\$6,969.66	\$5,380.34	\$3,897.39	\$162.40	\$10,706.80	\$2,498.51	\$8,816.19	\$3,058.47	\$9,004.35
% Change from FY 2024-23	7.2%	18.97%	13.27%	-10.81%	8.32%	16.29%	15.9%	33.43%	6.09%	-4.47%	3.2%	9.18%	24.44%	6.2%	1.90%	728.78%	16.52%	79.29%	52.41%	77.38%	15.84%
FY 2025-26 Projection	\$43,063.45	\$61,668.40	\$63,004.40	\$10,531.38	\$5,436.68	\$5,374.94	\$6,866.13	\$16,566.67	\$4,095.25	\$3,062.26	\$13,589.26	\$7,773.43	\$7,609.99	\$3,637.65	\$3,955.23	\$162.44	\$10,341.33	\$3,156.46	\$8,153.57	\$3,262.65	\$9,847.71
% Change from FY 2024-25	0.36%	4.89%	1.89%	-0.03%	2.69%	4.53%	8.24%	5.54%	-0.06%	0.21%	7.48%	13.61%	9.19%	1.48%	0.00%	2.32%	2.32%	7.42%	-7.52%	6.67%	2.47%
FY 2026-27 Projection	\$43,389.53	\$66,559.26	\$64,109.18	\$10,739.85	\$5,646.61	\$5,012.88	\$7,144.81	\$19,641.88	\$4,104.07	\$3,133.42	\$14,722.06	\$8,339.57	\$8,776.41	\$3,748.11	\$4,066.75	\$162.44	\$10,609.05	\$3,270.37	\$7,618.18	\$3,364.82	\$10,189.99
% Change from FY 2025-26	0.74%	7.63%	-1.85%	1.98%	3.86%	-4.43%	3.76%	6.79%	0.24%	3.40%	7.24%	7.24%	15.33%	3.04%	0.00%	3.46%	3.46%	-3.51%	-6.57%	3.02%	3.33%

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

Fiscal Year	Total Title XIX and Title XXI Caseload																			Total Medicaid	CHIP+ Children	CHIP+ Prenatal	TOTAL CHIP+	TOTAL Medicaid and CHIP+
	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-In	MAGI Parents/ Caretakers to 64% FPL	MAGI Parents/ Caretakers 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-Citizen-Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services								
FY 2015-16	42,403	10,529	68,800	6,217	163,342	86,964	320,374	322	467,193	59,501	19,935	14,413	1,759	2,649	31,585	0	1,296,986	51,041	668	51,709	1,348,695			
FY 2016-17	43,941	11,241	67,619	6,251	161,422	101,059	347,848	235	469,397	64,907	20,310	13,567	1,568	2,640	33,809	0	1,346,114	64,260	626	64,886	1,411,000			
% Change from FY 2014-15	3.63%	6.76%	-1.72%	0.55%	-1.18%	16.21%	8.58%	-27.02%	0.45%	-9.09%	1.88%	-5.87%	11.88%	-0.34%	3.76%	0.00%	1.39%	25.90%	-6.29%	25.48%	4.62%			
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%	-9.86%	5.73%	-25.17%	13.26%	6.46%	2.01%	0.00%	-1.01%	19.65%	34.50%	19.80%	-1.28%			
FY 2018-19	47,686	12,721	68,639	8,967	175,827	63,563	330,325	149	420,253	59,374	21,819	12,196	2,293	2,654	34,687	0	1,263,369	80,035	914	80,949	1,344,314			
% Change from FY 2016-17	3.87%	7.83%	1.64%	9.93%	-2.24%	-14.81%	-6.26%	-6.73%	-4.23%	-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	1,219,243	76,562	905	77,467	1,296,712			
% Change from FY 2017-18	-0.28%	2.42%	-3.07%	18.78%	-6.46%	-8.39%	-2.29%	-5.30%	-3.02%	-4.81%	-2.27%	-5.31%	-3.61%	-8.31%	-3.99%	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	756	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%	17.66%	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	15,444	189,524	102,399	476,103	131	484,528	72,393	20,335	14,254	4,359	14,676	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%	4.24%	20.78%	112.33%	2.02%	0.00%	11.15%	-19.30%	28.59%	19.41%	9.75%			
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	0	1,719,619	46,431	963	47,394	1,767,013			
% Change from FY 2020-21	2.44%	0.46%	-1.55%	19.63%	4.74%	2.23%	10.92%	1.53%	-4.23%	-4.02%	-1.30%	74.28%	44.64%	78.25%	-5.98%	-0.00%	-10.12%	-12.05%	76.05%	-11.15%	9.42%			
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	0	36,473	1,390,188	67,138	1,436	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%	100.00%	-19.16%	44.60%	48.08%	44.67%	-17.45%			
FY 2024-25 Projection	50,130	12,304	57,924	27,138	139,741	42,470	329,651	124	366,895	45,024	18,459	23,545	4,900	34,167	30,313	0	24,794	1,207,583	90,799	1,899	92,694	1,300,277		
% Change from FY 2023-24	5.14%	-3.06%	-4.82%	33.61%	-13.32%	-35.81%	-18.77%	4.20%	-11.06%	-22.03%	-3.27%	-2.08%	-13.47%	7.06%	4.48%	-32.02%	-13.14%	35.24%	32.89%	35.19%	-10.86%			
FY 2025-26 Projection	52,989	12,429	60,683	32,765	142,787	45,096	361,725	130	377,842	46,335	18,477	24,074	5,247	30,701	32,032	0	2,269,956	94,381	2,049	96,430	1,366,386			
% Change from FY 2024-25	5.76%	1.02%	4.76%	20.72%	2.18%	6.09%	9.73%	4.84%	3.33%	2.98%	0.16%	2.25%	7.08%	-10.14%	5.67%	-0.43%	1,269.95%	3.94%	8.13%	4.03%	5.08%			
FY 2026-27 Projection	55,521	12,575	66,304	34,389	148,883	48,404	390,445	133	391,260	51,872	18,495	24,750	5,577	30,701	34,039	0	2,468,7	1,338,035	97,766	2,193	99,959	1,437,994		
% Change from FY 2025-26	4.78%	1.17%	9.26%	4.97%	4.27%	7.43%	7.94%	2.31%	3.55%	7.32%	0.10%	2.81%	6.29%	0.00%	6.27%	0.00%	5.36%	3.99%	7.03%	3.66%	5.24%			

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 (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (ANDIAB)	Disabled Buy-In	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 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-Citizen-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 2015-16	\$1,086,822,611	\$300,112,026	\$1,656,228,689	\$63,490,618	\$550,691,186	\$276,086,631	\$1,442,036,655	\$4,015,112	\$1,025,092,732	\$108,121,884	\$140,711,422	\$161,699,739	\$17,652,473	\$39,773,491	\$40,221,102	\$0	\$6,912,358,352	\$143,799,021	\$7,227,480	\$151,026,421	\$7,063,264,773
FY 2016-17	\$1,210,343,519	\$309,802,358	\$1,697,939,079	\$64,337,116	\$482,428,181	\$285,034,075	\$1,409,023,376	\$3,943,330	\$995,686,472	\$111,674,502	\$135,625,630	\$17,945,545	\$16,109,484	\$40,740,989	\$41,519,199	\$0	\$6,922,295,055	\$140,404,413	\$5,361,933	\$145,766,346	\$7,068,061,401
% Change from FY 2015-16	11.3%	3.2%	2.5%	0.1%	-12.4%	-4.0%	-6.0%	-1.74%	3.2%	3.2%	3.2%	-14.6%	-8.74%	3.4%	0.0%	0.0%	0.14%	-2.36%	25.81%	-3.48%	0.07%
FY 2017-18	\$1,357,873,868	\$330,378,759	\$1,887,845,400	\$88,029,066	\$615,721,262	\$220,477,358	\$1,566,760,610	\$3,338,149	\$1,056,348,598	\$127,335,787	\$151,127,032	\$126,206,682	\$21,404,767	\$51,578,376	\$43,681,165	\$0	\$7,146,106,399	\$181,830,902	\$7,433,675	\$189,264,577	\$7,837,370,976
% Change from FY 2016-17	11.1%	6.6%	11.1%	0.37	27.6%	-18.8%	8.1%	-15.3%	6.0%	14.0%	11.4%	8.5%	22.4%	26.6%	5.2%	0.0%	10.4%	29.51%	38.64%	29.84%	10.88%
FY 2018-19	\$1,399,243,348	\$383,267,711	\$2,068,524,318	\$84,770,644	\$576,332,423	\$183,647,441	\$1,476,414,827	\$2,533,479	\$1,061,499,184	\$115,736,194	\$160,365,489	\$143,629,268	\$21,117,047	\$42,649,678	\$83,262,649	\$0	\$7,803,030,693	\$182,062,512	\$7,635,394	\$189,697,906	\$7,992,728,599
% Change from FY 2017-18	3.0%	16.0%	9.5%	-3.70%	6.40%	-16.70%	-8.7%	-24.1%	0.4%	-9.1%	6.1%	13.80%	-1.2%	-17.2%	90.61%	0.0%	2.0%	6.13%	2.71%	1.98%	0.23%
FY 2019-20	\$1,534,220,005	\$425,231,606	\$2,211,002,133	\$119,979,210	\$579,406,532	\$197,662,752	\$1,658,485,573	\$2,726,743	\$1,100,295,771	\$119,675,863	\$161,920,215	\$143,679,200	\$20,950,076	\$42,350,447	\$49,705,836	\$0	\$8,367,290,962	\$177,578,829	\$10,659,994	\$188,238,823	\$8,555,529,785
% Change from FY 2018-19	9.6%	10.9%	8.8%	41.53%	0.53%	7.63%	12.33%	7.63%	3.6%	4.0%	9.9%	0.04%	0.88%	0.7%	40.30%	0.0%	7.23%	2.46%	39.61%	0.77%	7.04%
FY 2020-21	\$1,447,319,034	\$444,274,319	\$2,276,298,159	\$137,918,718	\$621,428,881	\$284,833,283	\$1,942,104,139	\$2,928,559	\$1,150,989,159	\$148,108,139	\$188,269,732	\$131,486,393	\$25,833,970	\$60,199,389	\$96,653,687	\$0	\$8,958,605,559	\$157,699,782	\$8,958,283	\$166,658,065	\$9,125,263,624
% Change from FY 2019-20	-5.6%	4.4%	2.9%	14.9%	7.2%	44.10%	17.10%	7.40%	4.6%	23.76%	16.2%	-8.4%	23.3%	42.0%	94.4%	0.0%	1.4%	-11.1%	15.96%	-11.46%	6.66%
FY 2021-22	\$1,526,162,278	\$465,867,422	\$2,505,353,517	\$138,861,267	\$725,498,550	\$351,519,971	\$2,335,386,713	\$1,382,842	\$1,403,152,802	\$186,469,205	\$200,472,298	\$136,544,720	\$29,913,225	\$77,812,422	\$111,754,969	\$0	\$10,196,169,939	\$128,971,590	\$3,998,865	\$132,970,455	\$10,329,140,394
% Change from FY 2020-21	5.4%	4.6%	10.6%	1.6%	16.2%	23.4%	20.2%	-2.7%	21.9%	25.9%	6.4%	3.8%	15.80%	29.14%	15.6%	0.0%	11.8%	-18.2%	55.30%	20.1%	13.9%
FY 2022-23	\$1,665,387,715	\$545,022,375	\$2,811,535,534	\$189,372,729	\$789,497,173	\$378,035,518	\$2,614,912,037	\$1,711,511	\$1,533,942,849	\$195,019,340	\$214,762,598	\$151,891,140	\$30,644,875	\$90,206,340	\$116,002,127	\$334,951	\$11,328,278,812	\$110,034,479	\$8,009,480	\$118,043,959	\$11,446,322,771
% Change from FY 2021-22	9.1%	16.9%	12.2%	36.38%	8.8%	7.54%	11.9%	23.70%	9.3%	14.9%	7.1%	11.2%	2.3%	45.93%	3.80%	0.0%	11.0%	-14.8%	100.2%	-11.2%	10.8%
FY 2023-24	\$1,924,659,016	\$627,201,242	\$3,217,840,814	\$239,761,593	\$787,715,786	\$292,964,276	\$2,532,173,117	\$1,568,905	\$1,593,296,594	\$181,437,590	\$249,383,209	\$190,690,571	\$31,717,359	\$107,170,494	\$10,963,966	\$74,859	\$12,056,150,533	\$110,034,479	\$6,246,763	\$118,281,242	\$12,174,432,775
% Change from FY 2022-23	16.1%	15.0%	14.4%	26.6%	0.2%	22.6%	-3.16%	-8.3%	3.8%	6.9%	16.1%	-0.7%	3.5%	18.8%	-4.3%	0.0%	2.9%	6.46%	0.0%	2.9%	6.38%
FY 2024-25 Projection	\$2,151,029,856	\$723,375,737	\$3,581,717,028	\$285,717,218	\$739,831,910	\$218,391,238	\$2,192,431,578	\$2,181,332	\$1,503,397,011	\$137,601,092	\$233,346,402	\$161,106,429	\$34,151,334	\$122,329,392	\$118,141,612	\$4,027,537	\$12,204,797,169	\$266,814,135	\$16,706,674	\$283,520,809	\$12,488,319,978
% Change from FY 2023-24	11.1%	15.3%	11.3%	19.16%	6.0%	-25.3%	-13.4%	39.0%	-6.4%	-24.16%	6.4%	6.9%	7.6%	14.14%	6.4%	463.40%	1.2%	142.4%	102.54%	139.70%	2.56%
FY 2025-26 Projection	\$2,281,759,710	\$766,478,975	\$3,823,308,393	\$340,080,065	\$776,287,200	\$242,173,084	\$2,483,718,542	\$2,413,668	\$1,547,357,555	\$140,996,835	\$251,088,710	\$187,137,645	\$39,919,613	\$111,079,461	\$126,694,036	\$4,010,156	\$13,133,031,494	\$297,910,286	\$16,706,614	\$316,616,900	\$13,449,650,464
% Change from FY 2024-25	6.0%	5.6%	6.7%	20.7%	10.8%	4.9%	13.2%	10.6%	2.9%	7.5%	16.1%	16.9%	8.7%	7.2%	0.4%	0.4%	7.6%	1.6%	0.0%	10.9%	7.6%
FY 2026-27 Projection	\$2,409,030,130	\$836,982,660	\$4,254,686,480	\$369,336,002	\$840,683,503	\$271,665,779	\$2,781,774,961	\$2,612,370	\$1,605,759,903	\$162,018,294	\$272,284,492	\$206,404,397	\$48,946,027	\$115,070,630	\$138,428,171	\$4,010,157	\$14,315,703,804	\$319,437,343	\$16,706,674	\$316,144,017	\$14,631,847,821
% Change from FY 2025-26	5.3%	9.2%	11.2%	7.0%	8.3%	12.1%	12.0%	8.2%	3.7%	9.4%	8.4%	10.3%	22.8%	3.0%	0.0%	9.0%	7.2%	0.0%	6.4%	6.5%	

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

Fiscal Year	Total Title XIX and Title XXI Services Per Capita Costs - Adjusted for Payment Delays and Excluding Financing																	TOTAL Medicaid	CHIP+ Children	CHIP+ Prenatal	TOTAL CHIP+	TOTAL Medicaid and CHIP+
	Adults 65 and Older (DAP-A)	Disabled Adults 60 to 64 (DAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers to 133% FPL	MAGI Adults	Breast B Cervical Cancer Program	Eligible Children (AFDC-CBC)	SB 11-008 Eligible Children	Foster Care	MAGI Pregnant Adults	SB 11-250 Pregnant Adults	Non-Citizens-Emergency Services	Partial Dual Eligibles	SB 21-205 Individuals with Family Planning Services						
FY 2015-16	\$27,878.41	\$11,312.34	\$26,235.41	\$11,871.47	\$4,199.21	\$3,813.14	\$5,777.14	\$13,363.23	\$2,623.96	\$2,099.50	\$7,680.38	\$15,741.00	\$14,068.84	\$25,218.92	\$1,234.56	\$0.00	\$6,265.19	\$2,817.32	\$10,819.46	\$2,920.70	\$6,136.96	
FY 2016-17	\$29,534.70	\$26,539.88	\$26,538.09	\$11,287.68	\$3,454.97	\$3,049.07	\$4,764.82	\$18,569.73	\$2,390.58	\$1,874.41	\$7,089.97	\$12,652.72	\$10,034.68	\$22,084.81	\$1,227.48	\$0.00	\$5,719.92	\$2,184.94	\$8,268.39	\$2,466.50	\$5,366.20	
% Change from FY 2015-16	5.94%	5.66%	1.15%	-10.91%	-17.75%	-20.64%	10.18%	38.96%	-8.89%	-19.77%	-7.86%	-20.25%	-28.47%	-12.43%	0.00%	-8.70%	-22.83%	-20.83%	-23.08%	-9.40%	-31.08%	
FY 2017-18	\$29,387.69	\$30,142.79	\$29,299.64	\$12,045.05	\$4,151.54	\$3,635.16	\$5,485.93	\$28,421.47	\$2,877.90	\$2,275.50	\$7,440.14	\$16,493.48	\$13,190.30	\$29,517.77	\$377.88	\$0.00	\$6,546.72	\$2,364.82	\$8,828.39	\$2,434.83	\$6,317.26	
% Change from FY 2016-17	-0.56%	2.64%	-10.41%	8.07%	19.24%	0.15%	13.05%	20.39%	21.36%	17.72%	12.99%	37.46%	33.46%	49.21%	61.00%	14.45%	8.21%	3.07%	3.07%	8.38%	13.23%	
FY 2018-19	\$29,367.70	\$33,231.41	\$32,185.84	\$11,709.27	\$4,196.79	\$3,722.25	\$5,880.99	\$25,750.29	\$3,147.95	\$2,241.43	\$8,369.25	\$16,704.04	\$13,393.15	\$28,228.96	\$1,518.85	\$0.00	\$7,185.03	\$2,274.79	\$8,353.82	\$2,343.42	\$6,893.05	
% Change from FY 2017-18	-0.09%	10.25%	9.85%	-2.78%	1.09%	2.40%	9.40%	-9.40%	9.38%	0.79%	-6.75%	1.54%	0.06%	-4.37%	301.94%	0.00%	9.75%	-3.81%	-5.38%	-3.25%	9.11%	
FY 2019-20	\$32,273.33	\$32,644.74	\$33,240.42	\$11,242.36	\$3,334.09	\$3,323.25	\$9,137.04	\$19,919.44	\$2,700.56	\$2,400.43	\$7,996.45	\$12,446.89	\$9,486.48	\$17,527.17	\$3,488.55	\$0.00	\$6,864.54	\$2,319.41	\$11,779.03	\$2,429.92	\$6,599.41	
% Change from FY 2018-19	9.92%	1.77%	3.28%	-3.03%	-14.31%	2.09%	2.82%	6.33%	-5.39%	-1.79%	19.23%	12.92%	24.37%	84.27%	0.00%	-4.92%	1.96%	0.71%	1.62%	1.62%	-5.82%	
FY 2020-21	\$30,056.24	\$32,865.60	\$34,448.62	\$9,633.63	\$3,597.81	\$3,229.60	\$4,832.87	\$21,128.07	\$2,557.71	\$2,220.92	\$9,094.65	\$9,685.10	\$7,175.15	\$8,595.99	\$2,739.20	\$0.00	\$6,389.56	\$2,410.54	\$1,694.89	\$2,517.99	\$6,215.38	
% Change from FY 2019-20	-6.87%	0.68%	3.63%	-14.13%	7.09%	-2.82%	11.55%	10.55%	-12.68%	-14.21%	-4.58%	-2.23%	-25.49%	-29.17%	-37.91%	-2.13%	-4.46%	1.96%	41.00%	-4.46%	-4.26%	
FY 2021-22	\$33,732.10	\$38,006.36	\$41,351.91	\$9,949.65	\$4,707.83	\$4,227.12	\$6,107.44	\$13,849.57	\$3,580.18	\$2,971.79	\$11,262.45	\$13,437.94	\$8,906.54	\$7,798.58	\$3,109.46	\$0.00	\$7,653.64	\$2,442.88	\$7,310.54	\$2,492.79	\$7,483.17	
% Change from FY 2020-21	12.21%	15.94%	20.04%	3.28%	30.85%	28.89%	26.37%	14.45%	11.45%	39.76%	33.81%	23.84%	28.75%	9.28%	13.71%	0.00%	19.78%	1.34%	-37.49%	-1.00%	20.40%	
FY 2022-23	\$34,912.36	\$43,350.54	\$45,101.82	\$10,227.88	\$4,884.58	\$4,397.63	\$6,077.80	\$15,538.50	\$3,836.56	\$3,077.68	\$12,556.40	\$8,443.97	\$5,409.63	\$6,118.39	\$5,238.80	\$8.75	\$7,920.46	\$8,317.22	\$2,498.69	\$2,771.05	\$2,771.05	
% Change from FY 2021-22	3.50%	14.96%	13.90%	2.80%	3.33%	4.03%	-0.49%	12.18%	7.16%	11.49%	17.16%	39.26%	-21.54%	68.70%	0.00%	3.49%	-2.99%	13.77%	-0.08%	3.85%		
FY 2023-24	\$42,987.18	\$54,191.50	\$56,532.41	\$12,637.58	\$5,996.01	\$5,432.35	\$7,616.57	\$16,652.24	\$4,792.87	\$3,667.96	\$8,465.59	\$6,317.50	\$5,694.28	\$6,317.50	\$3,626.12	\$23.05	\$10,327.48	\$11,638.93	\$5,784.55	\$1,725.15	\$5,914.69	
% Change from FY 2022-23	23.18%	25.91%	24.27%	25.35%	13.83%	23.53%	28.41%	7.99%	24.93%	39.31%	42.85%	3.16%	55.69%	16.28%	3.64%	26.91%	30.64%	30.64%	30.64%	30.64%	30.64%	
FY 2024-25 Projection	\$48,535.71	\$56,597.11	\$58,671.39	\$19,598.23	\$5,037.28	\$2,992.00	\$5,913.46	\$20,805.61	\$3,751.00	\$2,888.00	\$12,588.25	\$18,021.99	\$10,206.83	\$10,409.21	\$3,280.34	\$168.44	\$8,986.55	\$2,938.51	\$8,876.19	\$3,058.67	\$8,659.30	
% Change from FY 2023-24	12.91%	4.44%	0.34%	52.46%	15.99%	-44.82%	24.35%	24.92%	-11.70%	-30.50%	-18.39%	107.60%	41.54%	85.38%	-14.38%	608.73%	12.00%	79.26%	52.41%	77.50%	12.46%	
FY 2025-26 Projection	\$50,428.99	\$47,029.29	\$71,106.30	\$13,340.75	\$7,132.25	\$7,826.37	\$9,509.35	\$24,555.64	\$5,097.80	\$3,903.28	\$14,895.64	\$12,118.99	\$10,294.68	\$4,468.80	\$4,179.53	\$162.44	\$12,617.97	\$3,156.46	\$9,730.24	\$3,296.15	\$11,928.58	
% Change from FY 2024-25	3.90%	-18.43%	21.19%	-31.93%	41.59%	40.81%	18.02%	18.02%	35.83%	72.10%	18.01%	-32.75%	0.86%	59.04%	27.41%	0.00%	46.41%	7.42%	10.37%	7.76%	37.75%	
FY 2026-27 Projection	\$50,219.35	\$72,135.15	\$75,091.76	\$11,805.84	\$7,666.49	\$8,108.11	\$9,531.15	\$25,059.21	\$5,124.28	\$3,939.84	\$16,017.02	\$12,746.54	\$11,178.21	\$5,114.35	\$4,321.56	\$162.44	\$12,969.43	\$3,267.37	\$10,044.03	\$3,435.74	\$12,269.50	
% Change from FY 2025-26	-0.42%	7.42%	5.61%	-11.51%	4.69%	3.22%	6.43%	2.06%	6.52%	6.94%	7.82%	5.18%	10.51%	14.45%	3.90%	0.00%	2.76%	3.51%	2.81%	3.41%	3.41%	

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

Fiscal Year	Total Title XIX and Title XXI Caseload																			TOTAL Medicaid	CHP+ Children	CHP+ Prenatal	TOTAL CHP+	TOTAL Medicaid and CHP+
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast B Cervical Cancer Program	Eligible Children (AFDC-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								
FY 2015-16	42,403	10,529	68,800	6,217	163,342	86,964	320,274	322	467,193	59,501	19,935	14,413	1,759	2,649	32,585	0	1,296,986	51,041	668	51,709	1,248,695			
FY 2016-17	43,841	11,241	67,619	6,251	161,423	101,059	347,648	335	469,397	64,907	20,310	13,567	1,968	2,640	33,809	0	1,346,114	64,260	636	64,896	1,411,000			
% Change from FY 2015-16	2.47%	8.56%	-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%	-7.99%	25.90%	-4.29%	25.48%	4.52%			
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	1,392,549			
% Change from FY 2016-17	-0.05%	4.22%	1.30%	0.42	11.68%	1	1.77	-37.21%	-11.70%	-1	9.68%	13.20%	1	9.71%	19.96%	0.00%	-2.20%	19.65%	34.50%	19.80%	-1.28%			
FY 2018-19	47,686	12,721	68,639	8,967	175,827	63,563	330,525	145	402,253	59,376	23,815	12,196	2,293	2,654	34,687	0	1,261,365	80,093	914	80,999	1,342,314			
% Change from FY 2017-18	1.40%	0.40%	3.38%	1	-1.03%	-20.80%	0	-8.26%	-4.82%	0	-0.50%	-3.25%	0	-2.48%	16.19%	0.00%	-4.09%	4.09%	8.55%	4.14%	-3.43%			
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	-0.28%	2.42%	-1.52%	19.0%	-8.54%	-16.21%	-2.63%	-2.00%	1.34%	-1.81%	5.87%	0	-0.34%	-3.76%	0.00%	0.00%	-4.34%	-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	4.47%	4.95%	-0.13%	30.78%	11.42%	48.17%	23.17%	34.04%	11.21%	20.48%	10.00%	17.71%	64.81%	95.33%	60.00%	0.00%	14.73%	14.55%	15.36%	15.36%	13.45%			
FY 2021-22	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,993	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	1.87%	1.78%	-0.39%	8.40%	8.06%	14.54%	11.41%	3.20%	7.44%	10.34%	5.98%	9.30%	26.31%	41.51%	3.00%	0.00%	11.15%	8.00%	0.89%	9.79%	9.79%			
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	2.43%	0.47%	-1.52%	16.34%	4.56%	12.67%	26.31%	0.91%	2.67%	10.00%	-1.52%	16.70%	33.51%	78.33%	46.67%	12.50%	10.50%	8.00%	2.00%	2.00%	6.63%			
FY 2023-24	47,461	12,692	58,997	20,312	161,211	66,161	465,823	119	412,498	58,501	19,883	24,045	5,863	31,914	29,013	36,475	1,553,713	67,138	1,626	68,764	1,622,277			
% Change from FY 2022-23	-1.47%	-3.93%	-13.69%	10.32%	-17.63%	-34.40%	-12.40%	-2.44%	-16.61%	-13.40%	-7.36%	-41.39%	-20.00%	-44.67%	-11.51%	2.26%	-10.00%	12.00%	2.00%	2.00%	-1.23%			
FY 2024-25 Projection	49,277	13,784	65,958	15,424	189,524	102,399	478,103	131	484,528	72,993	20,335	14,254	4,359	14,876	36,015	24,794	1,586,354	90,799	1,895	92,694	1,679,048			
% Change from FY 2023-24	2.13%	1.79%	-0.35%	7.51%	9.46%	15.80%	18.68%	5.76%	7.44%	23.99%	10.00%	24.91%	10.00%	12.00%	33.00%	15.00%	1.00%	33.00%	32.89%	35.19%	18.05%			
FY 2025-26 Projection	50,130	12,504	57,824	27,128	139,741	42,470	329,651	124	366,895	45,028	18,459	23,545	4,900	34,167	30,313	24,687	1,207,476	84,381	2,049	86,430	1,303,906			
% Change from FY 2024-25	5.14%	-3.06%	-11.82%	77.81%	-27.12%	-40.81%	-31.17%	-1.41%	-25.00%	-23.00%	-13.00%	-33.33%	12.00%	131.00%	83.33%	-4.43%	-23.88%	3.94%	8.13%	99.95%	-22.34%			
FY 2026-27 Projection	52,986	12,429	60,683	32,760	142,787	45,096	361,735	130	377,842	48,330	18,477	24,074	5,247	30,701	32,032	24,687	1,269,956	97,766	2,193	99,959	1,369,915			
% Change from FY 2025-26	5.70%	-1.02%	4.76%	16.34%	2.24%	12.67%	16.59%	7.31%	3.00%	2.67%	0.10%	2.25%	20.00%	10.00%	0.00%	5.17%	5.17%	3.94%	7.03%	3.66%	5.06%			

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

Fiscal Year	Total Title XIX and Title XXI Services Expenditure - Adjusted for Payment Delays and Excluding Financing																				
	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Disabled Buy-in	MAGI Parents/ Caretakers to 68% FPL	MAGI Parents/ Caretakers 69% to 133% FPL	MAGI Adults	Breast B Cervical Cancer Program	Eligible Children (AFDC-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 2015-16	\$1,182,129,119	\$329,687,583	\$1,804,996,083	\$73,804,917	\$685,907,678	\$331,605,691	\$1,850,846,092	\$4,302,959	\$1,235,896,227	\$124,922,302	\$153,108,354	\$326,875,009	\$24,747,081	\$66,804,909	\$40,238,106	\$0	\$8,125,862,111	\$143,799,021	\$7,227,400	\$151,026,421	\$8,276,888,532
FY 2016-17	\$1,297,736,047	\$332,057,598	\$1,794,479,194	\$70,559,216	\$557,708,177	\$308,136,000	\$1,657,433,467	\$4,363,886	\$1,121,880,746	\$121,597,221	\$143,814,416	\$170,302,791	\$19,748,245	\$58,303,900	\$41,499,998	\$0	\$7,699,669,001	\$140,484,413	\$5,361,933	\$145,846,346	\$7,845,515,347
% Change from FY 2015-16	9.78%	0.72%	-0.58%	(0.04)	-18.69%	-7.08%	(10.1)	1.42%	(9.2)	(2.66)	6.07%	6.07%	20.20%	12.73%	3.16%	0.00%	(5.24)	(2.36)	(25.81)	(3.48)	(5.21)
FY 2017-18	\$1,349,100,597	\$355,594,436	\$1,978,634,194	\$98,468,270	\$746,666,847	\$271,219,441	\$1,934,378,737	\$4,405,328	\$1,262,744,076	\$146,290,859	\$168,351,317	\$169,021,525	\$29,401,184	\$82,915,426	\$13,160,836	\$0	\$8,610,353,073	\$181,830,902	\$7,433,675	\$189,264,577	\$8,799,617,650
% Change from FY 2016-17	3.95%	7.09%	10.26%	0.40	33.88%	11.98%	0.17	0.95%	12.56%	20.31%	17.06%	6.75%	48.88%	42.21%	68.29%	0.00%	11.83%	29.51%	38.64%	29.84%	12.16%
FY 2018-19	\$1,400,129,609	\$422,733,942	\$2,209,209,665	\$105,232,879	\$737,968,894	\$236,597,099	\$1,943,811,813	\$3,725,209	\$1,322,934,300	\$136,055,000	\$182,570,054	\$203,718,250	\$30,707,154	\$74,917,641	\$52,683,738	\$0	\$9,062,942,428	\$182,063,512	\$7,635,394	\$189,697,906	\$9,252,640,334
% Change from FY 2017-18	3.78%	18.88%	11.65%	6.87%	(1.17)	(12.77)	0.49%	(15.44)	4.77%	(7.00)	8.45%	20.53%	4.44%	9.45%	300.31%	0.00%	5.26%	0.13%	2.71%	0.23%	5.13%
FY 2019-20	\$1,534,628,923	\$425,328,263	\$2,211,485,124	\$120,012,174	\$579,597,036	\$197,730,340	\$1,659,010,995	\$2,727,730	\$1,100,608,530	\$119,712,623	\$161,960,499	\$143,724,239	\$20,956,729	\$40,363,171	\$49,711,787	\$0	\$8,369,558,163	\$177,578,829	\$10,659,994	\$188,238,823	\$8,557,796,986
% Change from FY 2018-19	9.81%	0.31%	0.10%	(14.96)	(11.48)	16.43%	14.55%	26.78%	(16.81)	(12.01)	(11.29)	(9.48)	31.73%	(42.85)	(5.44)	0.00%	(3.65)	(2.46)	39.41%	(0.77)	(7.51)
FY 2020-21	\$1,450,133,281	\$445,033,062	\$2,280,591,066	\$138,213,625	\$632,960,741	\$285,590,398	\$1,946,905,957	\$2,936,802	\$1,153,416,369	\$148,430,622	\$188,641,238	\$131,804,572	\$35,895,105	\$60,309,451	\$96,699,375	\$0	\$8,977,041,664	\$157,699,762	\$8,958,283	\$166,658,065	\$9,143,699,729
% Change from FY 2019-20	(5.50)	4.63%	3.10%	15.17%	7.48%	44.43%	17.35%	7.66%	6.40%	23.99%	16.47%	8.29%	23.56%	42.36%	94.52%	0.00%	7.26%	(11.19)	(11.46)	6.83%	6.83%
FY 2021-22	\$1,662,216,596	\$523,879,605	\$2,727,489,234	\$153,463,334	\$892,247,257	\$432,852,870	\$2,919,983,229	\$1,814,294	\$1,734,098,979	\$215,731,028	\$229,021,988	\$191,544,439	\$38,823,623	\$116,011,736	\$111,843,288	\$0	\$11,951,621,440	\$128,971,590	\$3,998,865	\$132,970,455	\$12,084,591,895
% Change from FY 2020-21	14.62%	17.72%	19.62%	11.03%	43.23%	51.60%	19.22%	(8.22)	59.40%	49.34%	21.41%	45.32%	49.63%	92.36%	15.64%	0.00%	33.14%	(18.22)	(5.36)	(20.71)	32.16%
FY 2022-23	\$1,762,271,391	\$600,318,223	\$3,058,462,518	\$188,714,688	\$965,696,735	\$460,356,977	\$3,223,252,936	\$2,666,355	\$1,937,602,473	\$232,249,530	\$252,002,048	\$209,762,702	\$34,187,727	\$162,235,204	\$177,391,141	\$390,762	\$13,266,495,646	\$110,034,479	\$8,009,480	\$118,043,959	\$13,384,539,605
% Change from FY 2021-22	6.02%	14.59%	12.13%	22.97%	8.23%	6.35%	10.59%	13.89%	11.70%	7.66%	(10.04)	9.51%	(12.15)	39.84%	58.61%	0.00%	11.00%	(4.68)	100.29%	(11.23)	10.76%
FY 2023-24	\$2,049,671,537	\$687,788,942	\$3,453,236,701	\$260,797,022	\$966,670,823	\$399,409,719	\$3,172,142,873	\$1,581,736	\$1,977,050,658	\$215,748,212	\$294,366,449	\$209,332,218	\$35,775,996	\$188,109,821	\$111,094,390	\$840,652	\$13,983,148,600	\$110,034,479	\$8,246,763	\$118,281,242	\$14,101,431,842
% Change from FY 2022-23	16.31%	14.57%	12.91%	38.18%	0.10%	21.93%	(1.59)	(4.10)	2.04%	(7.10)	16.81%	(0.20)	4.89%	15.95%	(37.37)	115.13%	0.00%	0.00%	2.99%	0.20%	5.36%
FY 2024-25 Projection	\$2,391,694,143	\$780,134,515	\$3,869,847,660	\$302,286,210	\$954,686,320	\$306,377,552	\$2,827,244,599	\$2,725,273	\$1,818,435,398	\$164,641,170	\$255,988,195	\$256,876,960	\$44,491,556	\$162,285,450	\$118,141,612	\$4,027,537	\$14,255,856,618	\$266,814,135	\$16,706,474	\$283,520,609	\$14,539,377,427
% Change from FY 2023-24	16.69%	13.42%	12.06%	15.93%	(1.24)	(14.76)	(10.87)	37.52%	(8.02)	(23.69)	(13.04)	22.71%	24.36%	(13.73)	6.34%	379.10%	0.95%	142.48%	379.10%	139.70%	3.11%
FY 2025-26 Projection	\$2,528,005,372	\$824,738,376	\$4,118,161,130	\$361,041,283	\$996,667,605	\$332,386,055	\$3,134,785,997	\$3,044,538	\$1,870,327,843	\$179,756,872	\$274,220,241	\$285,341,509	\$50,443,945	\$152,485,357	\$126,694,036	\$4,010,156	\$15,235,899,951	\$297,910,288	\$19,937,254	\$317,847,540	\$15,553,747,491
% Change from FY 2024-25	5.70%	5.72%	6.43%	19.77%	4.40%	8.49%	10.88%	11.71%	2.86%	6.75%	7.12%	11.08%	13.38%	(5.92)	7.24%	(0.43)	6.87%	11.65%	19.34%	12.11%	6.98%
FY 2026-27 Projection	\$2,660,922,670	\$896,567,829	\$4,556,914,505	\$386,759,824	\$1,066,117,646	\$363,967,503	\$3,447,752,161	\$3,257,697	\$1,936,167,196	\$190,412,671	\$295,946,473	\$306,860,260	\$59,701,473	\$157,016,874	\$138,428,171	\$4,010,157	\$16,466,792,952	\$319,437,343	\$21,938,837	\$341,376,180	\$16,808,169,132
% Change from FY 2025-26	5.28%	8.71%	10.64%	6.81%	6.97%	9.50%	9.98%	7.00%	1.52%	8.34%	7.92%	7.54%	18.35%	2.84%	9.26%	0.00%	8.08%	7.23%	10.04%	7.40%	8.07%

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 XX 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	\$21,777,200,000,000	337,342,000	\$64,555.26	\$62,114.79	\$3,858,247,136.74
2023	\$23,062,100,000,000	339,665,000	\$67,896.60	\$64,977.91	\$4,222,128,787.97
2024	\$24,307,400,000,000	336,482,000	\$72,239.82	\$68,230.56	\$4,655,409,317.91
2025	\$25,522,770,000,000	338,016,000	\$75,507.58	\$71,881.33	\$5,166,925,602.57
2026	\$26,798,908,500,000	339,153,000	\$79,017.16	\$73,665.29	\$5,426,574,950.78
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	\$433,128,000,000	5,857,513	\$73,944.01	\$68,025.89	\$4,627,521,710.29
2023	\$459,116,000,000	5,913,094	\$77,643.95	\$72,753.08	\$5,293,010,649.49
2024	\$485,286,000,000	5,973,789	\$81,235.88	\$77,607.95	\$6,022,993,903.20
2025	\$512,462,000,000	6,034,552	\$84,921.30	\$81,267.04	\$6,604,331,790.36
2026	\$512,462,000,000	6,034,552	\$84,921.30	\$83,692.83	\$7,004,489,793.41

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	132.53%	59.64%	50.00%	65.00%	2022-23	56.20%	69.34%	56.20%	69.34%		
2023	137.19%	61.74%	50.00%	65.00%	2023-24	51.55%	66.09%	51.00%	65.70%		
2024	142.65%	64.19%	50.00%	65.00%	2024-25	50.00%	65.00%	50.00%	65.00%		
2025	141.86%	63.84%	50.00%	65.00%	2025-26	50.00%	65.00%	50.00%	65.00%		
2026	129.08%	58.09%	50.00%	65.00%	2025-26	50.00%	65.00%	50.00%	65.00%		

Definitions: FMAP: Federal medical assistance percentage eFMAP: Enhanced FMAP SFY: State fiscal year FFY: Federal fiscal year

(1) FMAP is calculated with the following formula: $FMAP_{state} = 1 - ((Per\ capita\ income_{state})^2 / (Per\ capita\ income_{US})^2) * 0.45$, where per capita incomes are based on a rolling three-year average. (Source: <http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm>)

(2) eFMAP is calculated by lowering the State share under the regular FMAP rate by 30% (Source: <http://aspe.hhs.gov/health/reports/2014/FMAP2015/fmap15.cfm>)

(3) There is a lag between the time period that an FMAP is calculated in, and the time period it goes into effect. For example, the FFY 2014-15 FMAP of 51.01% was calculated based on data from CY 2012.

(4) The SFY FMAP and eFMAP are calculated as one quarter of the previous FFY FMAP/eFMAP and three quarters of the current FFY FMAP/eFMAP. This is due to FMAP changes going into effect on the FFY on October 1, which is one quarter through the SFY.

(5) FY 2023-24 estimated FMAP is calculated based on forecasts of Personal Income from "Forecast June 2022," Colorado General Assembly, June 17, 2022. Accessed August 5, 2022. <https://leg.colorado.gov/sites/default/files/images/lcs/june22forecast.pdf>. U.S. Population forecasts come from US Census Bureau. "Table 1. Projected Population Size and Births, Deaths, and Migration." September 06, 2018. Accessed August 5, 2022. <https://www.census.gov/data/tables/2017/demo/popproj/2017-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 August 5, 2022. <https://demography.dola.colorado.gov/assets/html/population.html>