

Schedule 13

Funding Request for the FY 2026-27 Budget Cycle

Health Care Policy and Financing

Request Title

BA-11 CCBHC Waivers

Dept. Approval By: _____

Supplemental FY 2025-26

OSPB Approval By: _____

X

Budget Amendment FY 2026-27

Summary Information	Fund	FY 2025-26		FY 2026-27		FY 2027-28
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Request
	Total	\$1,607,194,740	\$0	\$1,614,207,354	\$2,188,185	\$2,678,863
	FTE	800.7	0.0	798.1	3.7	4.0
Total of All Line Items Impacted by Change Request	GF	\$409,660,697	\$0	\$412,318,423	(\$6,518,238)	(\$13,306,846)
	CF	\$134,311,380	\$0	\$134,833,960	(\$187,508)	(\$362,109)
	RF	\$3,325,801	\$0	\$3,361,738	\$0	\$0
	FF	\$1,059,896,862	\$0	\$1,063,693,233	\$8,893,931	\$16,347,818

Line Item Information	Fund	FY 2025-26		FY 2026-27		FY 2027-28
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Request
	Total	\$76,602,942	\$0	\$78,913,641	\$345,492	\$375,536
	FTE	800.7	0.0	798.1	3.7	4.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$29,477,201	\$0	\$30,293,903	\$172,746	\$187,768
General Administration, Personal Services	CF	\$6,407,940	\$0	\$6,602,894	\$0	\$0
	RF	\$3,155,881	\$0	\$3,211,037	\$0	\$0
	FF	\$37,561,920	\$0	\$38,805,807	\$172,746	\$187,768
	Total	\$12,823,330	\$0	\$16,840,982	\$60,764	\$71,068
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$5,434,254	\$0	\$6,493,890	\$30,382	\$35,534
General Administration, Health, Life, and Dental	CF	\$702,241	\$0	\$1,438,304	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$6,686,835	\$0	\$8,908,788	\$30,382	\$35,534
	Total	\$51,482	\$0	\$64,918	\$213	\$232
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$23,801	\$0	\$25,314	\$107	\$116
General Administration, Short-term Disability	CF	\$427	\$0	\$5,360	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$27,254	\$0	\$34,244	\$106	\$116
	Total	\$377,655	\$0	\$417,668	\$1,375	\$1,494
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$152,639	\$0	\$162,880	\$688	\$747
General Administration, Paid Family and Medical Leave Insurance	CF	\$27,098	\$0	\$34,480	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$197,918	\$0	\$220,308	\$687	\$747
	Total	\$7,918,630	\$0	\$9,281,509	\$30,553	\$33,209
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$3,391,947	\$0	\$3,619,548	\$15,277	\$16,605
General Administration, Unfunded Liability AED Payments	CF	\$365,358	\$0	\$766,216	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$4,161,325	\$0	\$4,895,745	\$15,276	\$16,604
	Total	\$3,400,167	\$0	\$3,097,991	\$30,704	\$2,940
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,344,473	\$0	\$1,287,723	\$15,352	\$1,470
General Administration, Operating Expenses	CF	\$296,462	\$0	\$257,147	\$0	\$0
	RF	\$50,071	\$0	\$30,852	\$0	\$0
	FF	\$1,709,161	\$0	\$1,522,269	\$15,352	\$1,470
	Total	\$3,700,205	\$0	\$3,700,205	\$18,600	\$18,600
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,482,562	\$0	\$1,482,562	\$9,300	\$9,300

Line Item Information	Fund	FY 2025-26		FY 2026-27		FY 2027-28
		Initial Appropriation	Supplemental Request	Base Request	Budget Amendment	Continuation Request
Administration, (1)	CF	\$322,276	\$0	\$322,276	\$0	\$0
General Administration, Leased Space	RF	\$38,849	\$0	\$38,849	\$0	\$0
	FF	\$1,856,518	\$0	\$1,856,518	\$9,300	\$9,300
	Total	\$45,936,358	\$0	\$40,397,469	\$899,840	\$899,840
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration, (1)	GF	\$16,663,486	\$0	\$14,707,769	\$449,920	\$449,920
General Administration, General Professional Services and Special Projects	CF	\$3,629,148	\$0	\$2,846,853	\$0	\$0
	RF	\$81,000	\$0	\$81,000	\$0	\$0
	FF	\$25,562,724	\$0	\$22,761,847	\$449,920	\$449,920
	Total	\$4,708,809	\$0	\$4,368,809	\$286,357	\$286,357
01. Executive Director's Office, (E) Provider Audits and Services, (1)	FTE	0.0	0.0	0.0	0.0	0.0
Provider Audits and Services, Professional Audit Contracts	GF	\$1,845,401	\$0	\$1,675,401	\$143,179	\$143,179
	CF	\$579,974	\$0	\$579,974	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$2,283,434	\$0	\$2,113,434	\$143,178	\$143,178
	Total	\$1,451,675,162	\$0	\$1,457,124,162	\$514,287	\$989,587
03. Behavioral Health Community Programs, (A) Behavioral Health Community Programs, (1) Behavioral Health Community Programs, Behavioral Health Capitation Payments	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$349,844,933	\$0	\$352,569,433	(\$7,355,189)	(\$14,151,485)
	CF	\$121,980,456	\$0	\$121,980,456	(\$187,508)	(\$362,109)
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$979,849,773	\$0	\$982,574,273	\$8,056,984	\$15,503,181

Auxiliary Data			
Requires Legislation?	NO		
Type of Request?	Health Care Policy and Financing Prioritized Request	Interagency Approval or Related Schedule 13s:	None



Department Priority: BA-11
Certified Community Behavioral Health Clinic (CCBHC)
Demonstration Implementation

Summary of Funding Change for FY 2026-27

Fund Type	FY 2026-27 Base Request	FY 2026-27 Incremental Request	FY 2027-28 Incremental Request
Total Funds	\$1,614,207,354	\$2,188,185	\$2,678,863
General Fund	\$412,318,423	(\$6,518,238)	(\$13,306,846)
Cash Funds	\$134,833,960	(\$187,508)	(\$362,109)
Reappropriated Funds	\$3,361,738	\$0	\$0
Federal Funds	\$1,063,693,233	\$8,893,931	\$16,347,818
FTE	798.1	3.7	4.0

Summary of Request

Problem or Opportunity

HB 24-1384 Certified Community Behavioral Health Clinics (CCBHC) directed the Department to apply for a Substance Abuse and Mental Health Services (SAMHSA) planning grant to prepare for the CCBHC model. The Department received a one-year \$1 million grant in 2024 to develop certification standards, a prospective payment system (PPS), and an application for the federal demonstration. The grant does not cover the costs of launching or operating the program. The Department must apply for the demonstration by April 1, 2026, with services starting July 1, 2026, if approved. Without additional funding, Colorado cannot implement the demonstration, risking federal participation and enhanced funding opportunities.

Proposed Solution

The Department requests funding to implement the CCBHC demonstration. This will allow the Department to move from planning into implementation of the CCBHC model and to hire staff needed to manage and oversee the program.

Fiscal Impact of Solution

Requires Legislation	Colorado for All Impacts	Revenue Impacts	Impacts Another Department?	Statutory Authority
No	Positive: The CCBHC model requires clinics to serve anyone seeking care regardless of ability to pay or residence and prioritizes underserved populations, reducing disparities in behavioral health access.	No	Yes: Implementation requires collaboration with the Behavioral Health Administration (BHA)	N/A

Background and Opportunity

Congress created the CCBHC model under the 2014 Protecting Access to Medicare Act to expand access to community-based behavioral health. The demonstration certifies clinics that meet uniform standards and pays them prospectively. The Bipartisan Safer Communities Act of 2022 made the model permanent and added new demonstration states, while the Consolidated Appropriations Act of 2023 expanded timelines for additional state participation. CMS issued updated payment guidance in February 2024 to reflect these changes.

Colorado's behavioral health safety net relies on community mental health centers and other providers. In 2016, Colorado received a SAMHSA planning grant but was not selected for the first demonstration. Despite this, the Department and the Behavioral Health Administration (BHA) continued efforts to strengthen the safety net. Seven Colorado organizations currently participate in the SAMHSA Expansion Grant program, and the CCBHC model presents an opportunity to build on these reforms and establish sustainable funding for comprehensive care.

HB 24-1384 directed the Department and the Behavioral Health Administration (BHA) to pursue a planning grant and develop certification standards that prioritize underserved populations, protect rural access, and align with the crisis system. The BHA plays a critical role in establishing the policy framework for CCBHCs, including defining income thresholds and other eligibility criteria that ensure priority populations have equitable access to services, coordinating with the statewide crisis system, and engaging individuals with lived experience in program design. The state applied in September 2024 and was awarded a one-year, \$1 million planning grant on December 31, 2024. Using these resources, the Department and BHA have jointly developed certification standards, designed a prospective payment system, and prepared a demonstration application in partnership with providers, advocates, and managed care organizations.

Current appropriations do not cover the administration and implementation of the demonstration, and denying this request would prevent the Department from leveraging the additional federal funds available for services included in the model, jeopardizing Colorado's opportunity to join the program and expand access for safety net clients.

Proposed Solution and Anticipated Outcomes

The Department will develop statewide certification standards, define required services, and open eligibility to providers across Colorado. Prospective payment rates and quality bonuses will align with federal guidelines, while the Department provides training, technical assistance, and start-up support to help clinics meet certification criteria and adopt modern data systems. Program design will be informed by providers, advocates, and people with lived experience, with a focus on improving access in underserved communities. The Department will submit the demonstration application by April 1, 2026, and, if approved, launch services by July 2026.

Implementation of the Certified Community Behavioral Health Clinic (CCBHC) model is expected to reduce wait times for behavioral health evaluations, increase the proportion of clients seen promptly, strengthen integration of behavioral and physical health services, and expand access to crisis stabilization, primary care screening, and peer support. Clinics will be required to serve all clients regardless of ability to pay, with targeted outreach to groups that have historically faced barriers to care.

Participation in the demonstration will also allow Colorado to claim an enhanced federal match of 65 percent for eligible behavioral health services, compared to the standard 50 percent for most non-expansion Medicaid populations. This increased federal share will create a more sustainable payment model and allow providers to strengthen their workforce and expand capacity. Clinics will be required to provide the nine core CCBHC services: crisis services; outpatient mental health and substance use services; person- and family-centered treatment planning; community-based care for veterans; peer, family support, and counselor services; targeted care management; outpatient primary care screening and monitoring; psychiatric rehabilitation services; and screening, diagnosis, and risk assessment.

The Behavioral Health Capitation program is the managed care structure through which the Department administers behavioral health benefits. Regional Accountable Entities (RAEs) are paid a per-member per-month capitated rate to manage behavioral health services, oversee provider networks, and coordinate with primary care and community-based supports. On July 1, 2025, the Department launched ACC 3.0, the next phase of Colorado's Accountable Care Collaborative, which strengthens the RAEs' role in whole-person care. ACC 3.0 introduces new equity-focused performance

measures, enhanced accountability for behavioral and physical health integration, and greater emphasis on outcomes and community partnerships. Implementation of the CCBHC demonstration will require close coordination with the RAEs to align the new CCBHC prospective payment system with the capitated behavioral health structure. This will include clarifying how CCBHC services will be reimbursed in relation to capitated benefits, establishing protocols to prevent duplication, and supporting data exchange for quality monitoring. Because RAEs are now operating under ACC 3.0, their infrastructure will complement and reinforce the CCBHC model's goals of timely access, integrated treatment, and expanded services for priority populations.

Implementation of the CCBHC demonstration will require close coordination between the Department and the Behavioral Health Administration (BHA). The BHA is responsible for several functions that intersect with CCBHC readiness and oversight, including clinic licensure, certification support, quality standards, and ongoing monitoring of behavioral health providers. As clinics transition into the CCBHC model, the BHA may experience increased workload related to licensure updates, certification activities, technical assistance for providers, and alignment of state requirements with federal Section 223 standards.

The Department anticipates that the BHA may require additional resources to support these responsibilities as the demonstration progresses. If resource needs arise for licensure, certification activities, or other BHA functions, those needs would be evaluated in coordination with the BHA and submitted through the normal state budget process.

Supporting Evidence and Evidence Designation

Evidence Summary

Program Objective	Establish a statewide network of certified community behavioral health clinics.
Relevant Outputs	Number of clinics certified and reimbursed under PPS; number of clients served and share of priority populations; average wait time from contact to initial evaluation.
Relevant Outcomes	Reduction in wait times and increase in timely care; improved client perceptions of access; changes in service use patterns such as increased ambulatory visits and reduced behavioral health emergency visits.

Program Objective	Establish a statewide network of certified community behavioral health clinics.
Evidence Designation with Brief Justification	Promising: Early evidence from the Section 223 demonstration shows improved access and some reductions in emergency visits.

The CCBHC demonstration was created under Section 223 of PAMA to test whether standardized criteria and prospective payment could improve behavioral health access. Evaluations of early demonstration states found that wait times decreased and more clients were seen within ten days, and stakeholders credited the model with expanded same-day appointments and peer support. Claims analyses showed increased outpatient visits and reductions in behavioral health emergency visits in some states. These results support the model’s potential.

Promoting Colorado for All

The CCBHC model supports Colorado for All by expanding access to comprehensive behavioral health services. Clinics must serve anyone seeking care regardless of insurance, ability to pay, residence, or age, and prioritize populations such as people with serious mental illness or substance use disorders, children with serious emotional disturbance, individuals experiencing homelessness, justice-involved individuals, communities of color, American Indians and Alaska Natives, pregnant people, LGBTQ+ individuals, and rural residents. HB 24-1384 also requires meaningful participation from people with lived experience, peer support, and protections to ensure no negative impact on rural access.

Funding this request will reduce barriers to care by requiring clinics to provide 24/7 crisis services, timely outpatient care, and care coordination, while reimbursing clinics for the full cost of serving uninsured and underinsured clients. The program will expand services in rural areas by allowing any qualified provider to seek certification and by engaging rural communities in program design. By collecting demographic data and working with community organizations, the program aims to reduce disparities among communities of color and LGBTQ+ populations and deliver culturally responsive services. Mandated peer support and participation of individuals with lived experience will further promote equity, improve engagement, and support recovery. Overall, the request is expected to strengthen access, reduce disparities, and advance health equity across Colorado.

Assumptions and Calculations

Service Costs

The Department’s methodology for estimating the fiscal impact of the CCBHC demonstration model begins with a review of historical utilization under the current

Prospective Payment System (PPS) structure. FY 2023-24 PPS encounters for non-expansion Medicaid members are used as the baseline because these encounters most closely reflect the services and providers expected to transition from the Comprehensive Safety Net Provider model into the CCBHC demonstration. This approach isolates the encounter volume and cost experience associated with providers likely to convert to the new model.

The Department assumes that CCBHCs will require additional administrative resources compared to the existing PPS model. To reflect these requirements, the Department applied a one percent increase to the prevailing PPS rate. This adjustment accounts for the additional administrative duties associated with certification, quality reporting, care coordination expectations, and other operational requirements of the CCBHC model.

The Department then trended the FY 2023-24 encounter volumes and the current FY 2025-26 average PPS rate forward to FY 2026-27 using the population and rate trend factors included in the Department's FY 2026-27 R-2 Behavioral Health Community Programs request. These trend factors reflect the Department's most recent projections for enrollment growth and provider rate changes, ensuring consistency with the November forecast. Trended encounter volumes combined with trended PPS rates represent the estimated cost of continuing current services under the CCBHC model.

The Department's estimate incorporates the enhanced federal match available for CCBHC demonstration services. Under Section 223, CCBHC-eligible services for non-expansion Medicaid members receive a 65 percent federal medical assistance percentage, compared to the standard 50 percent FMAP that applies to most behavioral health state-plan services. Although total service costs increase slightly due to the one percent administrative adjustment, the enhanced FMAP more than offsets the additional state share associated with this increase. The Department calculated the General Fund and Cash Fund changes by comparing the state share at 50 percent FMAP to the state share at 65 percent FMAP after applying the administrative adjustment. Because the enhanced federal match exceeds the incremental increase in service costs, the Department estimates a net reduction in state funding requirements with a corresponding increase in federal funds.

The Department assumes a gradual ramp-up in the first demonstration year as clinics complete onboarding, certification activities, and data system alignment. Because not all eligible providers will be fully operational as CCBHCs at the start of the demonstration, only a subset of the total potential encounters is expected to transition to the CCBHC model in FY 2026-27. The phased implementation results in a lower

proportion of eligible encounters being billed under the CCBHC structure in the first year, with full participation expected in subsequent years once all clinics are fully onboarded.

FTE

The Department's request includes staffing required to establish and maintain the operational, clinical, financial, analytic, and compliance infrastructure necessary to implement the CCBHC demonstration beginning in FY 2026-27. The workload reflects ongoing federal requirements related to certification, cost reporting, quality measurement, federal reporting, and PPS oversight. These responsibilities extend throughout the four-year demonstration period as clinics onboard, rates are recalculated annually, reporting deadlines recur, and data systems continue to evolve.

The Department assumes one ongoing Program Management IV is necessary to serve as the clinical and program lead for the CCBHC demonstration. This position requires clinical experience and subject matter expertise in the CCBHC model. Responsibilities include overseeing program design, interpreting federal guidance, aligning policy and financing strategies with the Behavioral Health Administration, resolving operational issues raised by clinics, coordinating with internal and external decision-makers, supporting certification and compliance reviews, and ensuring adherence to SAMHSA and CMS requirements. This position remains necessary beyond the term-limited staffing to maintain statewide CCBHC infrastructure throughout the demonstration.

The Department also requires three term-limited positions for the initial four years. The first is a Policy Advisor IV responsible for managing the Department's primary quality and measurement contractor and coordinating all federal reporting and stakeholder obligations. Duties include managing timelines and work plans, overseeing technical assistance for clinics, coordinating with CMS and SAMHSA, facilitating stakeholder engagement, maintaining federal documentation, and ensuring the timely submission of required reporting.

The second term-limited position is a Rates and Financial Analyst IV responsible for all financial operations of the demonstration. Responsibilities include annual rate development, cost report review and validation, vendor coordination, auditing, PPS monitoring, preparation of quarterly financial submissions to CMS, budget neutrality support, validation of expenditures and enrollment by eligibility category, review of encounter-level reconciliations, and ongoing compliance with federal cost-reporting standards.

The third term-limited position is a Statistical Analyst III responsible for the data, measurement, and reporting functions of the demonstration. Responsibilities include supporting HIE connectivity for participating clinics, configuring data collection and transmission processes, validating measurement data, preparing required SAMHSA reports, developing analytic products, and ensuring accurate submission of clinical quality, access, and population measures.

Contractor Costs

The Department's request includes ongoing contractor resources that are required for the full four-year duration of the CCBHC demonstration. These contractors support federal reporting, data alignment, rate setting, and model fidelity activities that must be maintained throughout the demonstration as clinics onboard, submit cost reports, and participate in federally required measurement and oversight processes.

The first contractor supports the statewide quality strategy and required reporting. This contractor will execute the Department's quality and measurement plan, provide technical assistance to clinics, and complete required reporting to SAMHSA and CMS. Based on historical costs, the Department estimates \$99,840 annually beginning in FY 2026-27 to support model-fidelity reviews, data validation, and federal reporting.

The Department also requires a contractor to support statewide data alignment and measurement infrastructure. This contractor will work with clinics to align internal systems with state and federal requirements, develop the capacity to collect and calculate demonstration measures, and support configuration and maintenance of the data infrastructure needed for reporting. The Department estimates \$800,000 annually for four years for this work due to the technical complexity associated with data integration and performance measure calculation across all participating clinics.

Finally, the Department requires contractor resources for CCBHC rate setting and cost report auditing. This contractor will develop and maintain annual rates, audit cost reports for up to ten participating clinics, provide technical assistance, and conduct required training. Based on historical experience with similar rate-setting and auditing functions, the Department estimates \$286,357 annually beginning in FY 2026-27 to support this work.

Detailed calculations of the contractor estimates can be found in Table 4.1 of the included Appendix.

Table 1.1 Summary by Line Item FY 2026-27									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	\$345,492.00	3.7	\$172,746.00	\$0.00	\$0.00	\$172,746.00	50.00%	FTE Calculator
B	(1) Executive Director's Office; (A) Administration, Health, Life, Dental	\$60,764.00	0.0	\$30,382.00	\$0.00	\$0.00	\$30,382.00	50.00%	FTE Calculator
C	(1) Executive Director's Office; (A) Administration, Short Term Disability	\$213.00	0.0	\$107.00	\$0.00	\$0.00	\$106.00	50.00%	FTE Calculator
D	(1) Executive Director's Office; (A) Administration, Unfunded Liability AED Payments	\$30,553.00	0.0	\$15,277.00	\$0.00	\$0.00	\$15,276.00	50.00%	FTE Calculator
E	(1) Executive Director's Office; (A) Administration, Paid Family and Medical Leave Insurance	\$1,375.00	0.0	\$688.00	\$0.00	\$0.00	\$687.00	50.00%	FTE Calculator
F	(1) Executive Director's Office; (A) Administration, Operating Expenses	\$30,704.00	0.0	\$15,352.00	\$0.00	\$0.00	\$15,352.00	50.00%	FTE Calculator
G	(1) Executive Director's Office; (A) Administration, Leased Space	\$18,600.00	0.0	\$9,300.00	\$0.00	\$0.00	\$9,300.00	50.00%	FTE Calculator
H	(1) Executive Director's Office; (A) General Administration; General Professional Services & Special Projects	\$899,840.00	0.0	\$449,920.00	\$0.00	\$0.00	\$449,920.00	50.00%	Table 4.1, Row A
I	(1) EDO, (E) Provider Audits, Professional Audit Contracts	\$286,357.00	0.0	\$143,179.00	\$0.00	\$0.00	\$143,178.00	50.00%	Table 4.1, Row B + Row C
J	(3) Behavioral Health Community Programs, Behavioral Health Capitation Payments	\$514,287.00	0.0	(\$7,355,189.00)	(\$187,508.00)	\$0.00	\$8,056,984.00	N/A	Table 3.1, Row E
K	Total Request	\$2,188,185.00	3.7	(\$6,518,238.00)	(\$187,508.00)	\$0.00	\$8,893,931.00		Sum of Rows A through J

Table 1.2 Summary by Line Item FY 2027-28									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	\$375,536.00	4.0	\$187,768.00	\$0.00	\$0.00	\$187,768.00	50.00%	FTE Calculator
B	(1) Executive Director's Office; (A) Administration, Health, Life, Dental	\$71,068.00	0.0	\$35,534.00	\$0.00	\$0.00	\$35,534.00	50.00%	FTE Calculator
C	(1) Executive Director's Office; (A) Administration, Short Term Disability	\$232.00	0.0	\$116.00	\$0.00	\$0.00	\$116.00	50.00%	FTE Calculator
D	(1) Executive Director's Office; (A) Administration, Unfunded Liability AED Payments	\$33,209.00	0.0	\$16,605.00	\$0.00	\$0.00	\$16,604.00	50.00%	FTE Calculator
E	(1) Executive Director's Office; (A) Administration, Paid Family and Medical Leave Insurance	\$1,494.00	0.0	\$747.00	\$0.00	\$0.00	\$747.00	50.00%	FTE Calculator
F	(1) Executive Director's Office; (A) Administration, Operating Expenses	\$2,940.00	0.0	\$1,470.00	\$0.00	\$0.00	\$1,470.00	50.00%	FTE Calculator
G	(1) Executive Director's Office; (A) Administration, Leased Space	\$18,600.00	0.0	\$9,300.00	\$0.00	\$0.00	\$9,300.00	50.00%	FTE Calculator
H	(1) Executive Director's Office; (A) General Administration; General Professional Services & Special Projects	\$899,840.00	0.0	\$449,920.00	\$0.00	\$0.00	\$449,920.00	50.00%	Table 4.1, Row A
I	(1) EDO, (E) Provider Audits, Professional Audit Contracts	\$286,357.00	0.0	\$143,179.00	\$0.00	\$0.00	\$143,178.00	50.00%	Table 4.1, Row B + Row C
J	(3) Behavioral Health Community Programs, Behavioral Health Capitation Payments	\$989,587.00	0.0	(\$14,151,485.00)	(\$362,109.00)	\$0.00	\$15,503,181.00	N/A	Table 3.1, Row I
K	Total Request	\$2,678,863.00	4.0	(\$13,306,846.00)	(\$362,109.00)	\$0.00	\$16,347,818.00		Sum of Rows A through J

Table 1.3
Summary by Line Item
FY 2028-29

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	\$375,536.00	4.0	\$187,768.00	\$0.00	\$0.00	\$187,768.00	50.00%	FTE Calculator
B	(1) Executive Director's Office; (A) Administration, Health, Life, Dental	\$71,068.00	0.0	\$35,534.00	\$0.00	\$0.00	\$35,534.00	50.00%	FTE Calculator
C	(1) Executive Director's Office; (A) Administration, Short Term Disability	\$232.00	0.0	\$116.00	\$0.00	\$0.00	\$116.00	50.00%	FTE Calculator
D	(1) Executive Director's Office; (A) Administration, Unfunded Liability AED Payments	\$33,209.00	0.0	\$16,605.00	\$0.00	\$0.00	\$16,604.00	50.00%	FTE Calculator
E	(1) Executive Director's Office; (A) Administration, Paid Family and Medical Leave Insurance	\$1,494.00	0.0	\$747.00	\$0.00	\$0.00	\$747.00	50.00%	FTE Calculator
F	(1) Executive Director's Office; (A) Administration, Operating Expenses	\$2,940.00	0.0	\$1,470.00	\$0.00	\$0.00	\$1,470.00	50.00%	FTE Calculator
G	(1) Executive Director's Office; (A) Administration, Leased Space	\$18,600.00	0.0	\$9,300.00	\$0.00	\$0.00	\$9,300.00	50.00%	FTE Calculator
H	(1) Executive Director's Office; (A) General Administration; General Professional Services & Special Projects	\$899,840.00	0.0	\$449,920.00	\$0.00	\$0.00	\$449,920.00	50.00%	Table 4.1, Row A
I	(1) EDO, (E) Provider Audits, Professional Audit Contracts	\$286,357.00	0.0	\$143,179.00	\$0.00	\$0.00	\$143,178.00	50.00%	Table 4.1, Row B + Row C
J	(3) Behavioral Health Community Programs, Behavioral Health Capitation Payments	\$1,068,227.00	0.0	(\$15,276,054.00)	(\$390,885.00)	\$0.00	\$16,735,166.00	N/A	Table 3.1, Row M
K	Total Request	\$2,757,503.00	4.0	(\$14,431,415.00)	(\$390,885.00)	\$0.00	\$17,579,803.00		Sum of Rows A through J

Table 1.4
Summary by Line Item
FY 2029-30

Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	\$375,536.00	4.0	\$187,768.00	\$0.00	\$0.00	\$187,768.00	50.00%	FTE Calculator
B	(1) Executive Director's Office; (A) Administration, Health, Life, Dental	\$71,068.00	0.0	\$35,534.00	\$0.00	\$0.00	\$35,534.00	50.00%	FTE Calculator
C	(1) Executive Director's Office; (A) Administration, Short Term Disability	\$232.00	0.0	\$116.00	\$0.00	\$0.00	\$116.00	50.00%	FTE Calculator
D	(1) Executive Director's Office; (A) Administration, Unfunded Liability AED Payments	\$33,209.00	0.0	\$16,605.00	\$0.00	\$0.00	\$16,604.00	50.00%	FTE Calculator
E	(1) Executive Director's Office; (A) Administration, Paid Family and Medical Leave Insurance	\$1,494.00	0.0	\$747.00	\$0.00	\$0.00	\$747.00	50.00%	FTE Calculator
F	(1) Executive Director's Office; (A) Administration, Operating Expenses	\$2,940.00	0.0	\$1,470.00	\$0.00	\$0.00	\$1,470.00	50.00%	FTE Calculator
G	(1) Executive Director's Office; (A) Administration, Leased Space	\$18,600.00	0.0	\$9,300.00	\$0.00	\$0.00	\$9,300.00	50.00%	FTE Calculator
H	(1) Executive Director's Office; (A) General Administration; General Professional Services & Special Projects	\$899,840.00	0.0	\$449,920.00	\$0.00	\$0.00	\$449,920.00	50.00%	Table 4.1, Row A
I	(1) EDO, (E) Provider Audits, Professional Audit Contracts	\$286,357.00	0.0	\$143,179.00	\$0.00	\$0.00	\$143,178.00	50.00%	Table 4.1, Row B + Row C
J	(3) Behavioral Health Community Programs, Behavioral Health Capitation Payments	\$1,153,140.00	0.0	(\$16,490,349.00)	(\$421,955.00)	\$0.00	\$18,065,444.00	N/A	Table 3.1, Row Q
K	Total Request	\$2,842,416.00	4.0	(\$15,645,710.00)	(\$421,955.00)	\$0.00	\$18,910,081.00		Sum of Rows A through J

Table 1.5 Summary by Line Item FY 3030-31 & Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) Administration, Personal Services	\$105,313.00	1.0	\$52,657.00	\$0.00	\$0.00	\$52,656.00	50.00%	FTE Calculator
B	(1) Executive Director's Office; (A) Administration, Health, Life, Dental	\$17,767.00	0.0	\$8,884.00	\$0.00	\$0.00	\$8,883.00	50.00%	FTE Calculator
C	(1) Executive Director's Office; (A) Administration, Short Term Disability	\$65.00	0.0	\$33.00	\$0.00	\$0.00	\$32.00	50.00%	FTE Calculator
D	(1) Executive Director's Office; (A) Administration, Unfunded Liability AED Payments	\$9,313.00	0.0	\$4,657.00	\$0.00	\$0.00	\$4,656.00	50.00%	FTE Calculator
E	(1) Executive Director's Office; (A) Administration, Paid Family and Medical Leave Insurance	\$419.00	0.0	\$210.00	\$0.00	\$0.00	\$209.00	50.00%	FTE Calculator
F	(1) Executive Director's Office; (A) Administration, Operating Expenses	\$735.00	0.0	\$368.00	\$0.00	\$0.00	\$367.00	50.00%	FTE Calculator
G	(1) Executive Director's Office; (A) Administration, Leased Space	\$4,650.00	0.0	\$2,325.00	\$0.00	\$0.00	\$2,325.00	50.00%	FTE Calculator
H	(1) Executive Director's Office; (A) General Administration; General Professional Services & Special Projects	\$0.00	0.0	\$0.00	\$0.00	\$0.00	\$0.00	50.00%	Table 4.1, Row A
I	(1) EDO, (E) Provider Audits, Professional Audit Contracts	\$0.00	0.0	\$0.00	\$0.00	\$0.00	\$0.00	50.00%	Table 4.1, Row B + Row C
J	(3) Behavioral Health Community Programs, Behavioral Health Capitation Payments	\$0.00	0.0	\$0.00	\$0.00	\$0.00	\$0.00	N/A	Table 3.1, Row U
K	Total Request	\$138,262.00	1.0	\$69,134.00	\$0.00	\$0.00	\$69,128.00		Sum of Rows A through J

Table 2.1
Summary by Initiative
FY 2026-27

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	CCBHC Demonstration Implementation	\$1,001,988.00	3.7	(\$7,111,337.00)	(\$187,508.00)	\$0.00	\$8,300,833.00	N/A	Table 3.1, Rows B through D
B	Contractor Costs	\$1,186,197.00	0.0	\$593,099.00	\$0.00	\$0.00	\$593,098.00	50.00%	Table 4.1, Row D
C	Total Request	\$2,188,185.00	3.7	(\$6,518,238.00)	(\$187,508.00)	\$0.00	\$8,893,931.00	N/A	Sum of Rows A through B

Table 2.2
Summary by Initiative
FY 2027-28

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	CCBHC Demonstration Implementation	\$1,492,666.00	4.0	(\$13,899,945.00)	(\$362,109.00)	\$0.00	\$15,754,720.00	N/A	Table 3.1, Rows F through H
B	Contractor Costs	\$1,186,197.00	0.0	\$593,099.00	\$0.00	\$0.00	\$593,098.00	50.00%	Table 4.1, Row D
C	Total Request	\$2,678,863.00	4.0	(\$13,306,846.00)	(\$362,109.00)	\$0.00	\$16,347,818.00	N/A	Sum of Rows A through B

Table 2.3
Summary by Initiative
FY 2028-29

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	CCBHC Demonstration Implementation	\$1,571,306.00	4.0	(\$15,024,514.00)	(\$390,885.00)	\$0.00	\$16,986,705.00	N/A	Table 3.1, Rows J through L
B	Contractor Costs	\$1,186,197.00	0.0	\$593,099.00	\$0.00	\$0.00	\$593,098.00	50.00%	Table 4.1, Row D
C	Total Request	\$2,757,503.00	4.0	(\$14,431,415.00)	(\$390,885.00)	\$0.00	\$17,579,803.00	N/A	Sum of Rows A through B

Table 2.4
Summary by Initiative
FY 2029-30

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	CCBHC Demonstration Implementation	\$1,656,219.00	4.0	(\$16,238,809.00)	(\$421,955.00)	\$0.00	\$18,316,983.00	N/A	Table 3.1, Rows N through P
B	Contractor Costs	\$1,186,197.00	0.0	\$593,099.00	\$0.00	\$0.00	\$593,098.00	50.00%	Table 4.1, Row D
C	Total Request	\$2,842,416.00	4.0	(\$15,645,710.00)	(\$421,955.00)	\$0.00	\$18,910,081.00	N/A	Sum of Rows A through B

Table 2.5
Summary by Initiative
FY 3030-31 & Ongoing

Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	CCBHC Demonstration Implementation	\$138,262.00	1.0	\$69,134.00	\$0.00	\$0.00	\$69,128.00	N/A	Table 3.1, Rows R through T
B	Contractor Costs	\$0.00	0.0	\$0.00	\$0.00	\$0.00	\$0.00	50.00%	Table 4.1, Row D
C	Total Request	\$138,262.00	1.0	\$69,134.00	\$0.00	\$0.00	\$69,128.00	N/A	Sum of Rows A through B

Table 3.1: PPS to CCBHC Demonstration Fund Source Changes			
Row	Item	Amount	Source/Calculation
<i>FY 2026-27</i>			
A	Year 1 Ramp Up	56.1%	Estimated percentage of eligible CCBHC encounters in Year 1 of the demonstration, adjusted to reflect the gradual onboarding of providers as they transition from the PPS model to the CCBHC model.
B	Federal Funds	\$8,056,984	(Table 3.2, Row M - Row I) * Row A
C	Cash Funds	(\$187,508)	(Table 3.2, Row N - Row J) * Row A
D	General Fund	(\$7,355,189)	(Table 3.2, Row O - Row K) * Row A
E	Total Funds	\$514,287	Sum of Rows B through D
<i>FY 2027-28</i>			
F	Federal Funds	\$15,503,181	Table 3.2, Row U - Row Q
G	Cash Funds	(\$362,109)	Table 3.2, Row V - Row R
H	General Fund	(\$14,151,485)	Table 3.2, Row W - Row S
I	Total Funds	\$989,587	Sum of Rows F through H
<i>FY 2028-29</i>			
J	Federal Funds	\$16,735,166	Table 3.2, Row AC - Row Y
K	Cash Funds	(\$390,885)	Table 3.2, Row AD - Row Z
L	General Fund	(\$15,276,054)	Table 3.2, Row AE - Row AA
M	Total Funds	\$1,068,227	Sum of Rows J through L
<i>FY 2029-30 & Ongoing</i>			
N	Federal Funds	\$18,065,444	Table 3.2, Row AK - Row AG
O	Cash Funds	(\$421,955)	Table 3.2, Row AL - Row AH
P	General Fund	(\$16,490,349)	Table 3.2, Row AM - Row AI
Q	Total Funds	\$1,153,140	Sum of Rows N through P
<i>FY 2030-31 & Ongoing</i>			
R	Federal Funds	\$0	End of four-year demonstration
S	Cash Funds	\$0	End of four-year demonstration
T	General Fund	\$0	End of four-year demonstration
U	Total Funds	\$0	Sum of Rows R through T

Table 3.2: Comparison of PPS and CCBHC Costs Assuming Full Implementation in Year One			
Row	Item	Amount	Source/Calculation
A	Medicaid Expansion Member Encounters	100,220	FY 2023-24 encounter actuals
B	Medicaid Non-Expansion Member Encounters	225,431	FY 2023-24 encounter actuals
C	FY 2023-24 Total Medicaid Encounters	325,651	Row A + Row B
D	FY 2025-26 Average PPS Rate	\$377.41	FY 2025-26 actuals
E	Estimated Average FY 2025-26 CCBHC Rate	\$381.18	Department estimate including 1% increase for administration
F	Current PPS Model FMAP	50.00%	Standard FMAP for non-expansion Medicaid members
G	CCBHC Demonstration Services FMAP	65.00%	Enhanced FMAP for CCBHC demonstration services for non-expansion Medicaid members
FY 2026-27 - Demonstration Year 1			
H	Estimated FY 2026-27 PPS Cost	\$91,772,998	(Row B * Row D) * (Table 3.7, Row A) * (1 + Table 3.8, Row C)
I	Estimated Federal Funds	\$45,886,499	Row H * Row F
J	Estimated Cash Funds	\$1,140,717	Row H - Row I - Row K
K	Estimated General Fund	\$44,745,782	(Row H - Row I) * (1 - Table 3.6, Row B)
L	Estimated FY 2026-27 CCBHC Cost	\$92,689,731	(Row B * Row E) * (Table 3.7, Row A) * (1 + Table 3.8, Row C)
M	Estimated Federal Funds	\$60,248,325	Row L * Row G
N	Estimated Cash Funds	\$806,478	Row L - Row M - Row O
O	Estimated General Fund	\$31,634,928	(Row L - Row M) * (1 - Table 3.6, Row B)
FY 2027-28 - Demonstration Year 2			
P	Estimated FY 2027-28 PPS Cost	\$99,066,332	(Row H) * (Table 3.4, Row I) * (1 + Table 3.8, Row E)
Q	Estimated Federal Funds	\$49,533,166	Row P * Row F
R	Estimated Cash Funds	\$1,235,834	Row P - Row Q - Row S
S	Estimated General Fund	\$48,297,332	(Row P - Row Q) * (1 - Table 3.6, Row C)
T	Estimated FY 2027-28 CCBHC Cost	\$100,055,919	(Row L) * (Table 3.4, Row I) * (1 + Table 3.8, Row E)
U	Estimated Federal Funds	\$65,036,347	Row T * Row G
V	Estimated Cash Funds	\$873,725	Row T - Row U - Row W
W	Estimated General Fund	\$34,145,847	(Row T - Row U) * (1 - Table 3.6, Row C)
FY 2028-29 - Demonstration Year 3			
X	Estimated FY 2028-29 PPS Cost	\$106,938,794	(Row P) * (Table 3.4, Row I) * (1 + Table 3.8, Row G)
Y	Estimated Federal Funds	\$53,469,397	Row X * Row F
Z	Estimated Cash Funds	\$1,334,042	Row X - Row Y - Row AA
AA	Estimated General Fund	\$52,135,355	(Row X - Row Y) * (1 - Table 3.6, Row D)
AB	Estimated FY 2028-29 CCBHC Cost	\$108,007,021	(Row T) * (Table 3.4, Row I) * (1 + Table 3.8, Row G)
AC	Estimated Federal Funds	\$70,204,563	Row AB * Row G
AD	Estimated Cash Funds	\$943,157	Row AB - Row AC - Row AE
AE	Estimated General Fund	\$36,859,301	(Row AB - Row AC) * (1 - Table 3.6, Row D)
FY 2029-30 - Demonstration Year 4			
AF	Estimated FY 2029-30 PPS Cost	\$115,439,355	(Row X) * (Table 3.4, Row I) * (1 + Table 3.8, Row I)
AG	Estimated Federal Funds	\$57,719,677	Row AF * Row F
AH	Estimated Cash Funds	\$1,440,084	Row AF - Row AG - Row AI
AI	Estimated General Fund	\$56,279,594	(Row AF - Row AG) * (1 - Table 3.6, Row D)
AJ	Estimated FY 2029-30 CCBHC Cost	\$116,592,495	(Row AB) * (Table 3.4, Row I) * (1 + Table 3.8, Row I)
AK	Estimated Federal Funds	\$75,785,121	Row AJ * Row G
AL	Estimated Cash Funds	\$1,018,129	Row AJ - Row AK - Row AM
AM	Estimated General Fund	\$39,789,245	(Row AJ - Row AK) * (1 - Table 3.6, Row D)

Table 3.3: Rate Cell Caseload Projections by Fiscal Year

Row	Item	Adults 65 and	Disabled	Low Income Adults	Expansion Parents	MAGI Adults	Eligible Children	Foster Care	Total
A	FY 2024-25 Caseload Actuals	49,806	96,686	166,943	42,754	326,884	412,884	18,475	1,114,432
B	FY 2025-26 Estimated Rate Cell Caseload	50,364	100,705	175,176	44,029	338,547	436,508	18,521	1,163,850
C	% Change from FY 2024-25	1.12%	4.16%	4.93%	2.98%	3.57%	5.72%	0.25%	4.43%
D	FY 2026-27 Estimated Rate Cell Caseload	51,312	106,376	180,809	45,589	348,885	448,535	18,557	1,200,063
E	% Change from FY 2025-26	1.88%	5.63%	3.22%	3.54%	3.05%	2.76%	0.19%	3.11%
F	FY 2027-28 Estimated Rate Cell Caseload	52,260	112,048	185,269	47,149	359,223	459,264	18,593	1,233,806
G	% Change from FY 2026-27	1.85%	5.33%	2.47%	3.42%	2.96%	2.39%	0.19%	2.81%

Table 3.4: Rate Cell Caseload Projections by Fiscal Year for Non-Expansion Members

Row	Item	Adults 65 and	Disabled	Low Income Adults	Eligible Children	Foster Care	Total
A	FY 2023-24 Caseload Actuals	47,681	92,001	191,038	470,999	19,083	820,802
B	FY 2024-25 Caseload Actuals	49,806	96,686	166,943	412,884	18,475	744,794
C	% Change from FY 2023-24	4.46%	5.09%	-12.62%	-12.34%	-3.19%	-9.26%
D	FY 2025-26 Estimated Rate Cell Caseload	50,364	100,705	175,176	436,508	18,521	781,274
E	% Change from FY 2024-25	1.12%	4.16%	4.93%	5.72%	0.25%	4.90%
F	FY 2026-27 Estimated Rate Cell Caseload	51,312	106,376	180,809	448,535	18,557	805,589
G	% Change from FY 2025-26	1.88%	5.63%	3.22%	2.76%	0.19%	3.11%
H	FY 2027-28 Estimated Rate Cell Caseload	52,260	112,048	185,269	459,264	18,593	827,434
I	% Change from FY 2026-27	1.85%	5.33%	2.47%	2.39%	0.19%	2.71%

Table 3.5: Breakdown of Disabled Individuals Rate Cell Group

Row	Item	Disabled Adults 60	Disabled	Disabled Buy-In	Total Disabled
A	FY 2024-25 Caseload Actuals	12,233	57,984	26,469	96,686
B	FY 2025-26 Estimated Caseload	12,076	60,042	28,587	100,705
C	FY 2026-27 Estimated Caseload	12,222	64,321	29,833	106,376
D	FY 2027-28 Estimated Caseload	12,368	68,897	30,783	112,048

Table 3.6: Disabled Buy-In As a Percentage of Total Caseload

Row	Item	Amount
A	% of FY 2025-26 Estimated Caseload Disabled Buy-In	2.46%
B	% of FY 2026-27 Estimated Caseload Disabled Buy-In	2.49%
C	% of FY 2027-28 Estimated Caseload Disabled Buy-In	2.49%
D	% of FY 2028-29 & Ongoing Estimated Caseload Disabled Buy-In	2.49%

Table 3.7: Population Compounding Factors from FY 2023-24 Caseload

Row	Item	Amount
A	FY 2026-27	98.15%
B	FY 2027-28	100.81%
C	FY 2028-29 & Beyond	100.81%

Table 3.8: Projected Behavioral Health Per Capita Trends			
Row	Item	Amount	Source/Calculation
A	FY 2025-26 Estimated Weighted Average Rate	\$112.28	FY 2026-27 R-2 Behavioral Health Community Programs
B	FY 2026-27 Estimated Weighted Average Rate	\$123.40	FY 2026-27 R-2 Behavioral Health Community Programs
C	% Change from FY 2025-26	9.90%	(Row B / Row A) -1
D	FY 2027-28 Estimated Weighted Average Rate	\$129.69	FY 2026-27 R-2 Behavioral Health Community Programs
E	% Change from FY 2026-27	5.10%	(Row D / Row B) -1
F	FY 2028-29 Estimated Weighted Average Rate	\$136.30	FY 2027-28 growth assumed constant
G	% Change from FY 2027-28	5.10%	(Row F / Row D) -1
H	FY 2029-30 Estimated Weighted Average Rate	\$143.25	FY 2027-28 growth assumed constant
I	% Change from FY 2028-29	5.10%	(Row H / Row F) -1

Table 4.1: Total Estimated Contractor Costs							
Row	Item	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 3030-21 & Beyond	Source/Calculation
A	Cost Report Reviews & Auditing	\$286,357	\$286,357	\$286,357	\$286,357	\$0	Table 4.2, Row C
B	Quality Strategy & Reporting	\$99,840	\$99,840	\$99,840	\$99,840	\$0	Table 4.3, Row C
C	System Alignment & Reporting	\$800,000	\$800,000	\$800,000	\$800,000	\$0	Table 4.4, Row C
D	Total Estimated Contractor Costs	\$1,186,197	\$1,186,197	\$1,186,197	\$1,186,197	\$0	Sum of Rows A through C

Table 4.2: Cost Report Reviews & Auditing Contractor Costs							
Row	Item	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 3030-21 & Beyond	Source/Calculation
A	Estimated Hours	1,328	1,328	1,328	1,328	0	Department estimate
B	Estimated Hourly Rate	\$215.63	\$215.63	\$215.63	\$215.63	\$215.63	Department estimate
C	Total Estimated Cost	\$286,357	\$286,357	\$286,357	\$286,357	\$0	Row A * Row B

Table 4.3: Quality Strategy & Reporting Contractor Costs							
Row	Item	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 3030-21 & Beyond	Source/Calculation
A	Estimated Hours	480	480	480	480	0	Department estimate
B	Estimated Hourly Rate	\$208.00	\$208.00	\$208.00	\$208.00	\$208.00	Department estimate
C	Total Estimated Cost	\$99,840	\$99,840	\$99,840	\$99,840	\$0	Row A * Row B

Table 4.4: Provider System Alignment and Reporting Tasks							
Row	Item	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 3030-21 & Beyond	Source/Calculation
A	Estimated Hours	3,524	3,524	3,524	3,524	0	Department estimate
B	Estimated Hourly Rate	\$227.00	\$227.00	\$227.00	\$227.00	\$227.00	Department estimate
C	Total Estimated Cost	\$800,000	\$800,000	\$800,000	\$800,000	\$0	Row A * Row B

Table 5 FTE Calculations										
Personal Services										
Position Classification	FTE	Start Month	End Month	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	Notes
PROGRAM MANAGEMENT I	1.0	Jul 2026	N/A	\$0	\$96,888	\$105,313	\$105,313	\$105,313	\$105,313	
POLICY ADVISOR IV	1.0	Jul 2026	Jun 2030	\$0	\$75,926	\$82,528	\$82,528	\$82,528	\$0	
RATE/FINANCIAL ANALYST IV	1.0	Jul 2026	Jun 2030	\$0	\$87,881	\$95,523	\$95,523	\$95,523	\$0	
STATISTICAL ANALYST III	1.0	Jul 2026	Jun 2030	\$0	\$84,797	\$92,172	\$92,172	\$92,172	\$0	
Total Personal Services (Salary, PERA, FICA)	4.0			\$0	\$345,492	\$375,536	\$375,536	\$375,536	\$105,313	
Centrally Appropriated Costs										
Cost Center	FTE	FTE	Cost or	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	Notes
Health, Life, and Dental	0.0	0.0	Varies	\$0	\$60,764	\$71,068	\$71,068	\$71,068	\$17,767	
Short-term Disability	-	-	0.07%	\$0	\$213	\$232	\$232	\$232	\$65	
Paid Family and Medical Leave Insurance	-	-	0.45%	\$0	\$1,375	\$1,494	\$1,494	\$1,494	\$419	
Unfunded Liability AED Payments	-	-	10.00%	\$0	\$30,553	\$33,209	\$33,209	\$33,209	\$9,313	
Centrally Appropriated Costs Total				\$0	\$92,905	\$106,003	\$106,003	\$106,003	\$27,564	
Operating Expenses										
Ongoing Costs	FTE	FTE	Cost	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	Notes
Standard Allowance	0.0	0.0	\$500	\$0	\$1,840	\$2,000	\$2,000	\$2,000	\$500	
Communications	0.0	0.0	\$235	\$0	\$864	\$940	\$940	\$940	\$235	
Other	0.0	0.0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal				\$0	\$2,704	\$2,940	\$2,940	\$2,940	\$735	
One-Time Costs (Capital Outlay)	FTE	FTE	Cost	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	Notes
Cubicle	4.0		\$5,000	\$0	\$20,000	\$0	\$0	\$0	\$0	
PC	4.0		\$2,000	\$0	\$8,000	\$0	\$0	\$0	\$0	
Other	4.0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Subtotal				\$0	\$28,000	\$0	\$0	\$0	\$0	
Total Operating				\$0	\$30,704	\$2,940	\$2,940	\$2,940	\$735	
Leased Space										
Leased Space	FTE	FTE	Cost	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	Notes
Leased Space	0.0	0.0	\$4,650	\$0	\$18,600	\$18,600	\$18,600	\$18,600	\$4,650	