

JOINT BUDGET COMMITTEE



SUPPLEMENTAL BUDGET REQUESTS FY 2021-22

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(Executive Director's Office, Medical Services Premiums,
Office of Community Living)

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

PREPARED BY:
ROBIN J. SMART, JBC STAFF
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JOINT BUDGET COMMITTEE STAFF
200 E. 14TH AVENUE, 3RD FLOOR • DENVER • COLORADO • 80203
TELEPHONE: (303) 866-2061 • TDD: (303) 866-3472
<https://leg.colorado.gov/agencies/joint-budget-committee>

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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

DEPARTMENT OVERVIEW

The Department helps pay medical and long-term care expenses for low-income and vulnerable populations. To assist with these costs the Department receives significant federal matching funds, but must adhere to federal rules regarding program eligibility, benefits, and other features, as a condition of accepting the federal money. The major programs administered by the Department include:

- **Medicaid** – serves people with low income and people needing long-term care;
- **Children's Basic Health Plan** – provides a low-cost insurance option for children and pregnant women with income slightly higher than the Medicaid eligibility criteria;
- **Colorado Indigent Care Program** – defrays a portion of the costs to providers of uncompensated and under-compensated care for people with low income, if the provider agrees to program requirements for discounting charges to patients on a sliding scale based on income; and
- **Old Age Pension Health and Medical Program** – serves elderly people with low income who qualify for a state pension but do not qualify for Medicaid or Medicare.

The Department also performs functions related to improving the health care delivery system, including advising the General Assembly and the Governor, distributing tobacco tax funds through the Primary Care and Preventive Care Grant Program, financing Public School Health Services, and housing the Commission on Family Medicine Residency Training Programs.

SUMMARY: FY 2021-22 APPROPRIATION AND RECOMMENDATION

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: RECOMMENDED CHANGES FOR FY 2021-22

	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2021-22 APPROPRIATION						
S.B. 21-205 (Long Bill)	\$13,259,364,597	\$3,424,327,111	\$1,551,766,954	\$97,905,609	\$8,185,364,923	581.9
Other Legislation	20,429,443	(77,611,385)	43,716,468	(10,231,185)	64,555,545	19.5
CURRENT FY 2021-22 APPROPRIATION:	\$13,279,794,040	\$3,346,715,726	\$1,595,483,422	\$87,674,424	\$8,249,920,468	601.4
RECOMMENDED CHANGES						
Current FY 2021-22 Appropriation	\$13,279,794,040	3,346,715,726	\$1,595,483,422	\$87,674,424	\$8,249,920,468	601.4
S1 Medical Services Premiums	(193,724,244)	(102,340,617)	11,030,627	(735,599)	(101,678,655)	0.0
S2 Behavioral Health	100,335,065	14,033,780	8,724,673	0	77,576,612	0.0
S3 Child Health Plan Plus	(8,778,202)	(5,351,109)	2,254,146	0	(5,681,239)	0.0
S4 Medicare Modernization Act	3,803,082	3,803,082	0	0	0	0.0
S5 Office of Community Living	(11,151,246)	(22,115,708)	17,839,255	0	(6,874,793)	0.0
S6 County administration resources [recommendation pending]	3,223,584	581,690	1,030,102	0	1,611,792	0.0

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: RECOMMENDED CHANGES FOR FY 2021-22						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
S9 eConsult program implementation	(150,000)	(49,500)	(25,500)	0	(75,000)	0.0
S10 HCBS ARPA spending authority	178,988,188	0	86,650,478	0	92,337,710	53.5
S11 Federal match non forecast lines	0	(1,675,346)	(3,822,764)	(6,975)	5,505,085	0.0
S12 Safety Net Provider Payments	(30,838,397)	0	(36,633,036)	0	5,794,639	0.0
S13 Medicaid funding for Connect for Health Colorado	2,266,230	0	1,546,809	0	719,421	0.0
S14 Centralized eligibility vendor	1,392,822	0	675,562	0	717,260	0.0
S15 Move Rx importation funding from OIT to GPS	0	0	0	0	0	0.0
S16 Implementation delay HB 21-1166 behavioral health crisis response training	0	0	0	0	0	0.0
S17 Remove CUSOM clinical revenue funding	(26,229,678)	0	(11,488,599)	0	(14,741,079)	0.0
S18 Implementation delay SB 21-009 reproductive health	(1,822,095)	(1,822,095)	0	0	0	0.0
S19 Urban Indian Health Organizations	0	0	0	0	0	0.0
S20 Skilled nursing facility enhanced payments	20,001,000	10,000,500	0	0	10,000,500	0.0
Human Services programs	(391,364)	(187,772)	0	0	(203,592)	0.0
RECOMMENDED FY 2021-22 APPROPRIATION:	\$13,316,718,785	\$3,241,592,631	\$1,673,265,175	\$86,931,850	\$8,314,929,129	654.9
RECOMMENDED INCREASE/(DECREASE)	\$36,924,745	(\$105,123,095)	\$77,781,753	(\$742,574)	\$65,008,661	53.5
Percentage Change	0.3%	(3.1%)	4.9%	(0.8%)	0.8%	8.9%
FY 2021-22 EXECUTIVE REQUEST	\$13,317,180,974	\$3,241,840,941	\$1,673,265,175	\$86,931,850	\$8,315,143,008	654.9
Request Above/(Below) Recommendation	\$462,189	\$248,310	\$0	\$0	\$213,879	0.0

REQUEST/RECOMMENDATION DESCRIPTIONS

S1 MEDICAL SERVICES PREMIUMS: The Department requests and JBC staff recommends a net decrease of \$193.7 million total funds, including a decrease of \$102.3 million General Fund, for projected changes in caseload, per capita expenditures, and fund sources, based on the November 1, 2021 forecast.

S5 OFFICE OF COMMUNITY LIVING: The Department requests and JBC staff recommends a net decrease of \$11.2 million total funds, including a decrease of \$22.1 million General Fund, to align appropriations with the estimated number of enrollments in each Medicaid Home and Community Based Services waiver program for people with intellectual and developmental disabilities, based on the November 1, 2021 forecast.

S6 COUNTY ADMINISTRATION RESOURCES: The Department requests an increase of \$3.2 million total funds, including \$0.6 million General Fund and \$1.0 million cash funds from the Healthcare Affordability and Sustainability Fee Cash Fund, to extend the employment of temporary county eligibility staff for the review of member eligibility and the processing of disenrollment appeals for Medicaid and Child Health Plan Plus benefits. In addition, the Department requests roll forward authority for this funding and for funding appropriated for this purpose during FY 2021-22 figure setting. The amount in the table above reflects the Department’s request. Due to the extension of the federal public health emergency on January 14, 2022, JBC staff recommends delaying action on S6 until figure setting so that a more accurate adjustment can be made to the Department’s FY 2021-22 appropriation.

S9 ECONSULT PROGRAM IMPLEMENTATION: The Department requests and JBC staff recommends a decrease of \$150,000 total funds, including \$49,500 General Fund, as a result of the delay in implementation of the program.

S10 HCBS ARPA SPENDING AUTHORITY [REQUIRES LEGISLATION]: The Department requests and JBC staff recommends \$179.0 million total funds, including \$86.7 million cash funds from the HCBS Improvement Fund, and 53.5 FTE to implement the American Rescue Plan Act Home- and Community-based Services Spending Plan approved by the Centers for Medicare and Medicaid Services and the Joint Budget Committee in September 2021. A statutory change is required to allow for state-only expenditures for behavioral health-related initiatives.

S13 MEDICAID FUNDING FOR CONNECT FOR HEALTH COLORADO: The Department requests and JBC staff recommends \$2.3 million total funds, including \$1.5 million cash funds and \$0.7 million federal funds, for Connect for Health Colorado Eligibility Determinations. The source of cash funds is certified public expenditures by Connect for Health.

S14 CENTRALIZED ELIGIBILITY VENDOR: The Department requests and JBC staff recommends an increase of \$1.4 million total funds, including \$0.7 million cash funds, to reimburse the Department's centralized eligibility vendor for eligibility and enrollment services provided to applicants and clients eligible for Medicaid and the Child Health Plan Plus. The source of cash funds include the Healthcare Affordability and Sustainability Fee and the Children's Basic Health Plan.

S15 MOVE RX IMPORTATION FUNDING FROM OIT TO GPS: The Department requests and JBC staff recommends a net zero technical adjustment to move the \$296,160 General Fund appropriation for the Canadian drug importation program from the Payments to OIT line item to the General Professional Services line item.

S17 REMOVE CUSOM CLINICAL REVENUE FUNDING: The Department requests and JBC staff recommends a decrease of \$26.2 million total funds, including \$11.5 million cash funds from revenues transferred from the University of Colorado School of Medicine to the Department in order to receive a federal match. The transfer increases state revenue subject to TABOR.

S20 SKILLED NURSING FACILITY ENHANCED PAYMENTS [REQUIRES LEGISLATION]: The Department requests and the JBC staff recommends \$20.0 million total funds, including \$10.0 million General Fund, to provide enhanced payments to nursing facilities to address staffing and other pandemic related issues. A statutory change is required to allow for enhanced payments to be made to nursing homes.

REQUEST ABOVE/(BELOW) RECOMMENDATION

The JBC staff recommendation is anticipated to be lower than the Department's request when the recommendation concerning S6 is presented during the staff figure setting presentation on March 3, 2022.

PRIORITIZED SUPPLEMENTAL REQUESTS

S1 MEDICAL SERVICES PREMIUMS

	REQUEST	RECOMMENDATION
TOTAL	(\$193,724,244)	(\$193,724,244)
General Fund	(102,340,617)	(102,340,617)
Cash Funds	11,030,627	11,030,627
Reappropriated Funds	(735,599)	(735,599)
Federal Funds	(101,678,655)	(101,678,655)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? **YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of new data that was not available when the original appropriation was made regarding actual enrollment and expenditures.

DEPARTMENT REQUEST

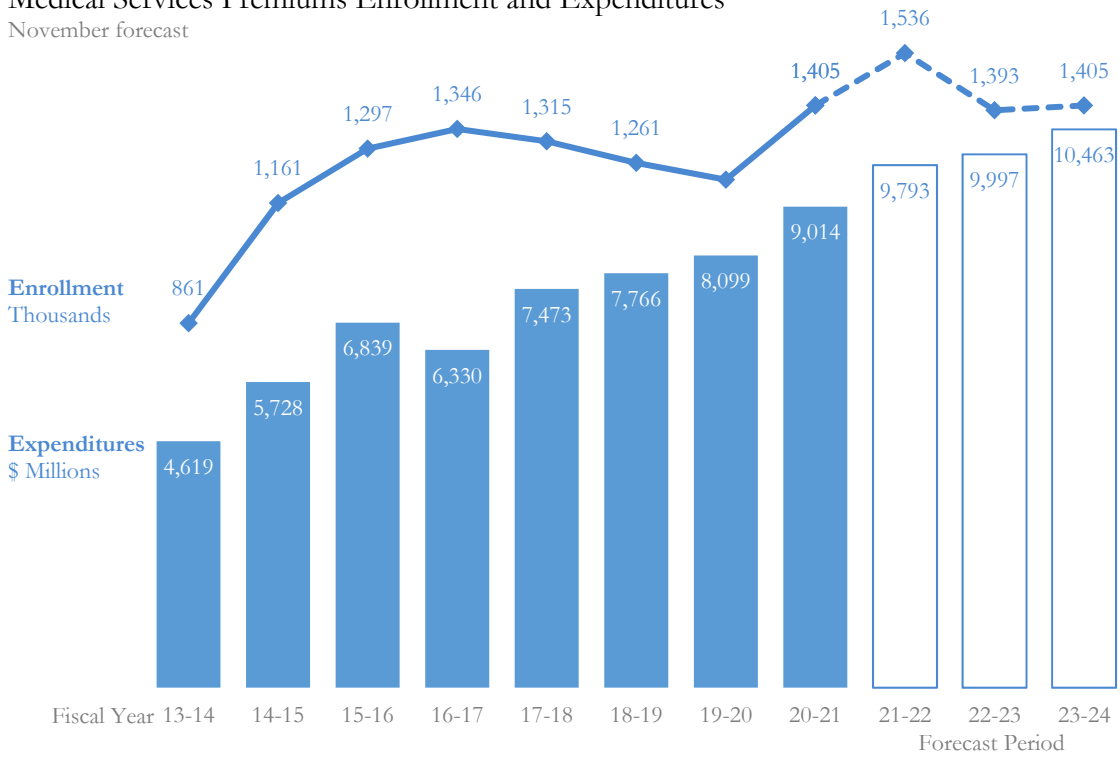
The Department requests a net decrease of \$193.7 million total funds, including a decrease of \$102.3 million General Fund, based on a new projection of enrollment and expenditures under current law. The Medical Services Premiums line item pays for physical health care and most long-term services and supports for clients eligible for the Medicaid program. The forecast used for the original FY 2021-22 appropriation incorporated trend data through December 2020 while the latest forecast used for this supplemental request incorporates data through June 2021. The Department will submit a new forecast in February that uses data through December 2021. If that February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

Shortly after the Department submitted the request the federal government extended the public health emergency declaration through January 16, 2022; and on January 14, 2022, the public health emergency was extended again through April 15, 2022. The extension of the public health emergency declaration means that Colorado is eligible for an additional 6.2 percent federal match through the current state fiscal year. It also means that Colorado cannot implement any reductions in eligibility or benefits and cannot begin terminating eligibility for anybody enrolled in Medicaid until May 2022. The Department estimates that the State will realize a General Fund savings of approximately \$120 million per quarter as a result of the enhanced FMAP. The cost of the continuous coverage population is approximately \$22 million General Fund. For each quarter of the public health emergency, the State nets a savings of approximately \$100 million General Fund. The Department will reflect both public health emergency extensions in its February 2022 forecast and the adjustment related to those extensions will be discussed at figure setting and reflected in a supplemental add-on to the Long Bill. Please note, the Department's S1 request and the JBC staff recommendation do not include adjustments related to the extension of the public health emergency beyond the second quarter of state FY 2021-22.

The chart below summarizes the Department's forecast of enrollment and expenditures.

Medical Services Premiums Enrollment and Expenditures

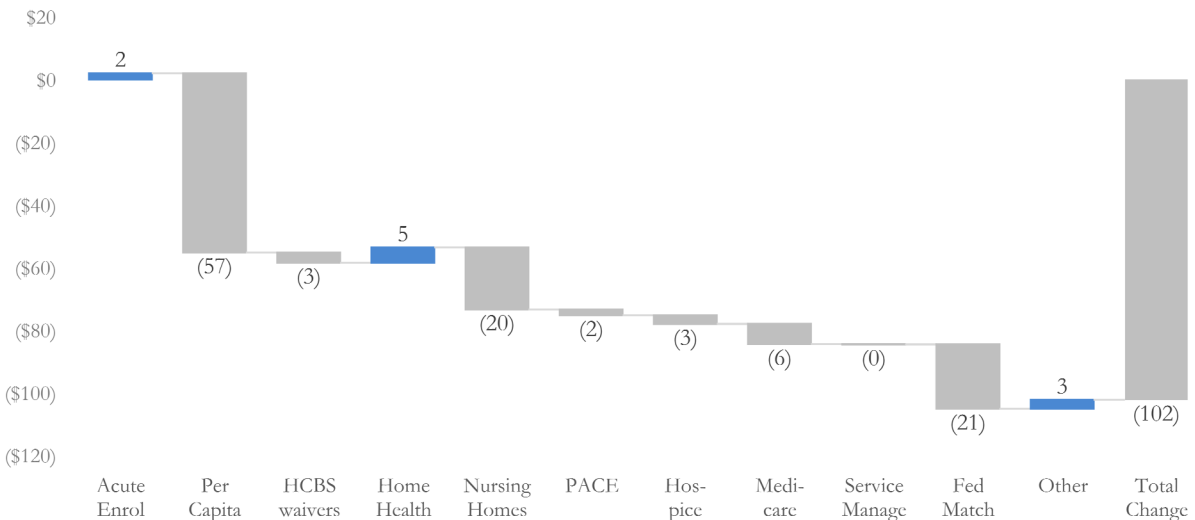
November forecast



The projection for FY 2021-22 is down a net \$193.7 million total funds, including a decrease of \$102.3 million General Fund. The graph below shows the major contributors to the General Fund change from the FY 2021-22 appropriation to the Department's November 2021 forecast for FY 2021-22. It does not show differences from FY 2020-21 expenditures. As indicated the majority of the decrease is related to decreased per capita costs for acute care.

Medical Services Premiums Changes FY 2021-22 Approp to FY 2021-22 Forecast General Fund Increases and (Decreases)

In Millions



Specific values by fund source for the preceding chart are provided below.

FY 2021-22 MEDICAL SERVICES PREMIUMS ENROLLMENT/UTILIZATION TRENDS				
	TOTAL FUNDS	GENERAL FUND	OTHER STATE	FEDERAL FUNDS
FY 2021-22 Appropriation	\$9,986,500,296	2,403,846,455	1,280,064,975	6,302,588,866
Acute Care				
Enrollment	94,824,582	1,926,200	15,568,800	77,329,582
Per capita	(211,390,847)	(57,187,068)	(2,316,302)	(151,887,477)
<i>Subtotal - Acute Care</i>	<i>(116,566,265)</i>	<i>(55,260,868)</i>	<i>13,252,498</i>	<i>(74,557,895)</i>
Long-term Services and Supports				
HCBS waivers	(8,240,534)	(3,246,770)	0	(4,993,764)
Long-Term Home Health/PDN	12,166,845	4,793,737	0	7,373,108
Nursing homes	(48,812,886)	(19,738,437)	(49,387)	(29,025,062)
PACE	(3,996,659)	(1,874,433)	0	(2,122,226)
Hospice	(8,511,671)	(2,775,546)	0	(5,736,125)
<i>Subtotal - LTSS</i>	<i>(57,394,905)</i>	<i>(22,841,449)</i>	<i>(49,387)</i>	<i>(34,504,069)</i>
Medicare insurance premiums	(11,661,813)	(6,395,302)	0	(5,266,511)
Service management	3,521,372	(133,216)	1,526,196	2,128,392
Federal match rate	0	(20,575,861)	(1,128,971)	21,704,832
Other	(11,622,603)	2,866,109	(3,305,308)	(11,183,404)
TOTAL	\$9,792,776,082	\$2,301,505,868	\$1,290,360,003	\$6,200,910,211
Increase/(Decrease)	(193,724,214)	(102,340,587)	10,295,028	(101,678,655)
Percentage Change	-1.9%	-4.3%	0.8%	-1.6%

ACUTE CARE

The acute care category includes expenditures for hospitals, primary care, specialty care, and pharmacy, among others.

Enrollment

While the Department overestimated FY 2021-22 enrollment for elderly and disabled population and parents and pregnant women in its February 2021 forecast, the Department underestimated the FY 2021-22 expansion population enrollment due to an earlier than realized end date for the COVID-19 public health emergency. Extension of the public health emergency into the second quarter of the state fiscal year, resulted in an update in the November 2021 forecast reflecting application of the enhanced FMAP of 6.2 percent through December 2021. In mid-November 2021, the public health emergency was extended into January of 2022, resulting in the continuation of the 6.2 percent enhanced FMAP into the third quarter of state FY 2021-22. The resulting refinance of General Fund will be reflected in the February 2022 forecast.

In addition to application of the enhanced FMAP for an additional quarter, the Department lowered its projection of the number of members who will be disenrolled based on year-to-date actuals for the continuous coverage population. The November 2021 forecast reflects 404,959 members will be locked into Medicaid by December 31, 2021, and that just over 220,000 people will be disenrolled from Medicaid when the public health emergency ends. The Department estimates that of the number of locked in members, 55 percent will be disenrolled between June and December of 2022. Caseload

adjustments for the continuous coverage members related to the extension of the public health emergency will be reflected in the February 2022 forecast.

Per Capita

FY 2020-21 actual per capita expenditures were lower than expected, due to the number of members locked into continuous coverage. As a result the Department decreased the projected FY 2021-22 per capita expenditures.

COVID-19, RSV, and Flu Treatment costs

The forecast includes a total cost to treat COVID-19, RSV, and the flu of \$119.9 million. Of this amount \$83.0 million is for hospitalizations related to COVID-19. This is an increase of \$67.6 million total funds, including \$56.2 million General Fund, above the amount identified in the February 2021 forecast.

LONG-TERM SERVICES AND SUPPORTS

The forecast for long-term services and supports is somewhat influenced by the lower Medicaid enrollment forecast noted above, but overall reductions for enrollment are offset by increases in the estimated cost per utilizer.

HCBS waivers

Home- and Community-Based Services (HCBS) assist the elderly and people with disabilities with activities of daily living, so that they can live in the community instead of an institutional setting. The services are either non-medical services or routine and repetitive health maintenance services that do not require clinical judgement or assessment. Examples of the services include assistance with bathing, meals, or cleaning a feeding tube. The November 2021 forecast includes a slight adjustment downward to account for decreased cost per utilizer for the Elderly, Blind, and Disabled waiver.

ARPA FMAP Change

The American Rescue Plan Act of 2021 (ARPA) included an additional enhanced federal match of 10.0 percent for eligible Home- and Community-Based Services (HCBS). The November forecast reflects a refinance of General Fund with federal funds due to the identification of additional services that are eligible for the FMAP increase.

Home Health/PDN

Long-term home health and private duty nursing (PDN) are skilled nursing and therapy services provided in a home setting. People can potentially receive both HCBS services and long-term home health or private duty nursing. The difference between long-term home health and private duty nursing is a matter of degree, with private duty nursing the more intensive service and generally limited to people who are machine-dependent and/or require round-the-clock care. In addition to traditional nursing services, home health includes physical therapy, occupational therapy, and speech therapy.

The Department increased the projected units per utilizer for private duty nursing and the projected client count and paid rate by for long-term home health, based on trends in actual expenditures per utilizer.

Nursing homes

The Department lowered the estimated bed days based on year-to-date data.

PACE

The Department adjusted the enrollment downward due to slower than projected growth.

OTHER

Medicare insurance premiums

For people eligible for both Medicaid and Medicare the Department pays the Medicare premiums. The change is due to the lower forecast of enrollment.

Service management

The change is due to an increase in Accountable Care Collaborative administration payments to expansion populations and children offset by lower payments to elderly/disabled and low-income parents.

Federal match rate

The appropriation assumed that the public health emergency would conclude in the second quarter of state FY 2021-22, therefore the additional 6.2 percent federal match would be available through December of 2021. In November of 2021, the Department was notified that the public health emergency has been further extended into January 2022, thereby extending the duration of the enhanced federal match. The February 2022 forecast will reflect the associated adjustments.

STAFF RECOMMENDATION

Staff recommends approval of the request. The new forecast uses more recent data than the forecast used for the original appropriation. All of the expenditures contained in the supplemental are for programs authorized in current law. If the February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

S5 OFFICE OF COMMUNITY LIVING

	REQUEST	RECOMMENDATION
TOTAL	(\$11,151,246)	(\$11,151,246)
General Fund	(22,115,708)	(22,115,708)
Cash Funds	17,839,255	17,839,255
Federal Funds	(6,874,793)	(6,874,793)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

DEPARTMENT REQUEST

The Department requests a net decrease of \$11.2 million total funds, including a decrease of \$22.1 million General Fund, to align appropriations with the estimated number of enrollments in each

Medicaid Home and Community Based Services waiver program for people with intellectual and developmental disabilities.

Intellectual and developmental disability waiver services are not subject to standard Medicaid State Plan service and duration limits. Instead, these services are provided under a Medicaid waiver program. Colorado has four Medicaid waivers for individuals who qualify for intellectual and developmental disability services:

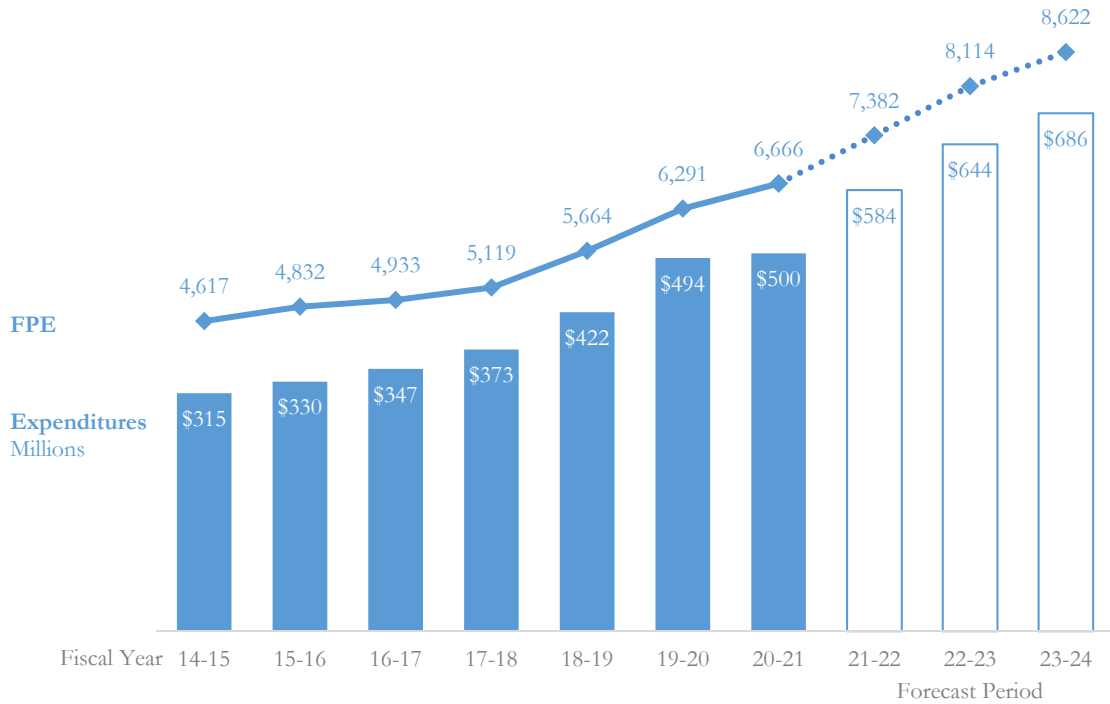
- Adult Comprehensive/Developmental Disabilities waiver (DD waiver) is for individuals over the age of 18 who require residential and daily support services to live in the community.
- Supported Living Services waiver (SLS waiver) is for individuals over the age of 18 who do not require residential services but require daily support services to live in the community.
- Children's Extensive Services waiver (CES waiver or children's waiver) is for youth aged 5 to 18 who do not require residential services but do require daily support services to be able to live in their family home.
- Children's Habilitation Residential Services waiver (CHRP waiver) is for children with intellectual and developmental disabilities and complex behavioral support needs requiring home- and community-based services.

As part of the waivers, Colorado is allowed to limit the number of waiver program participants. Annually, the General Assembly appropriates sufficient funding to ensure no waiting list for the SLS, CES, and CHRP waivers.

The FY 2020-21 average monthly enrollment on the DD waiver was 6,802, up 7.7 percent from the previous fiscal year. As of June 30, 2021, 2,819 individuals were identified as needing DD services as soon as available, a decrease of 4.7 percent from the previous year. While the majority of these individuals receive services through other programs, including the SLS waiver, some may not be receiving the level of services required to meet their needs. New DD waiver enrollments are funded annually for youth transitioning to adult services, individuals requiring services resulting from emergency situations, and individuals transitioning from institutions.

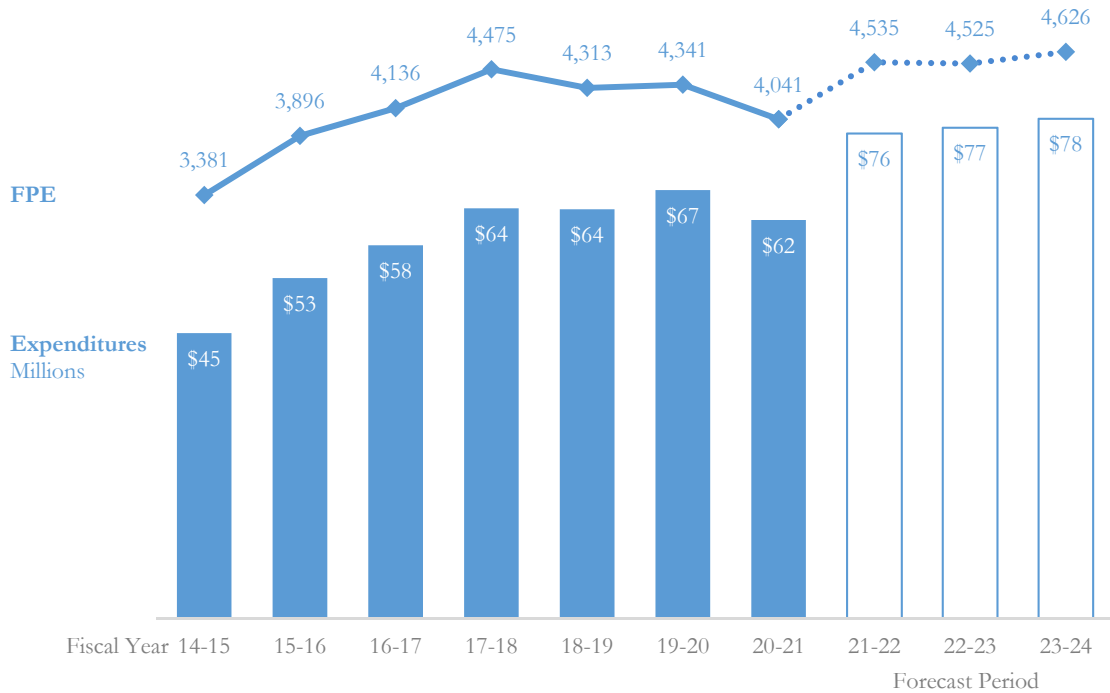
The Comprehensive waiver provides access to 24-hour/seven-day-a-week supervision through Residential Habilitation and Day Habilitation Services and Supports.

Comprehensive Services



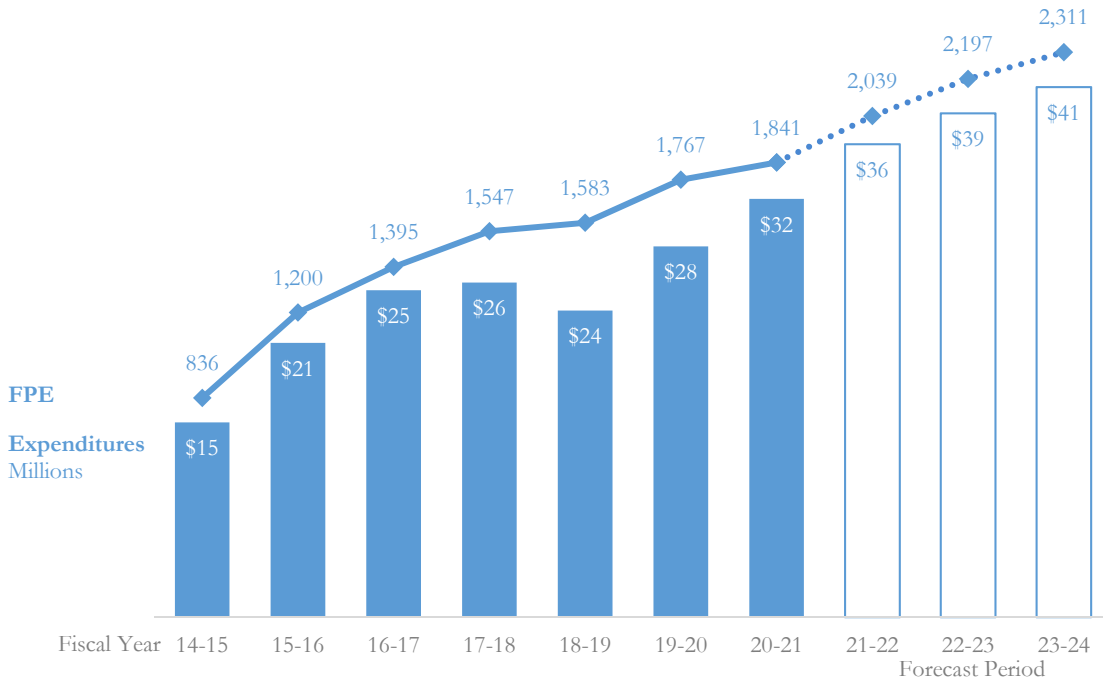
The Supported Living Services (SLS) waiver provides necessary services and supports for adults with intellectual or developmental disabilities so they can remain in their homes and communities with minimal impact to the individual’s community and social supports.

Supported Living Services



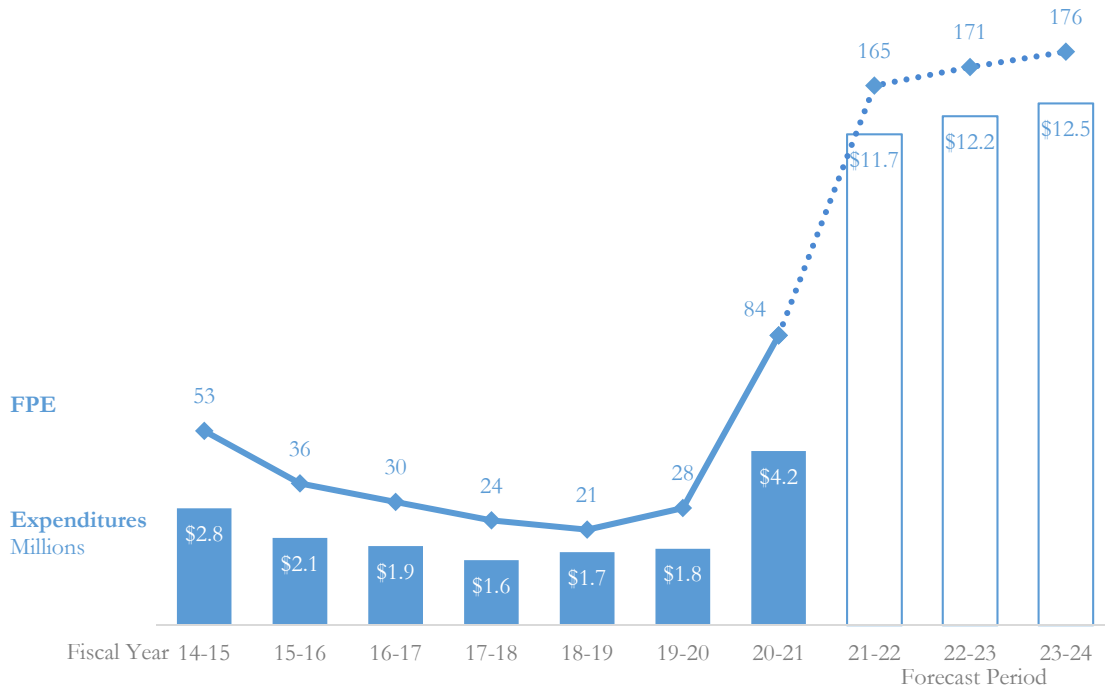
The Children’s Extensive Support (CES) waiver provides services and supports to children and families that will help children establish a long-term foundation for community inclusion as they grow into adulthood.

Children's Extensive Support



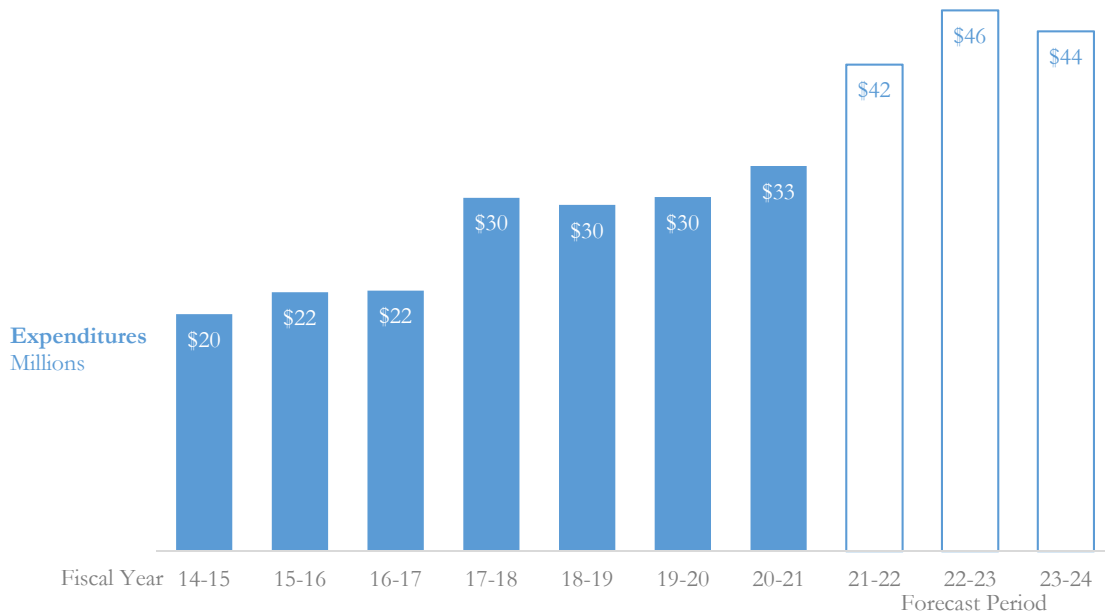
The Children’s Habilitation Residential Program (CHRP) waiver provides residential services for children and youth in foster care or at risk of child welfare involvement who have a developmental disability and very high needs that put them at risk for institutional care.

Children's Residential Habilitation



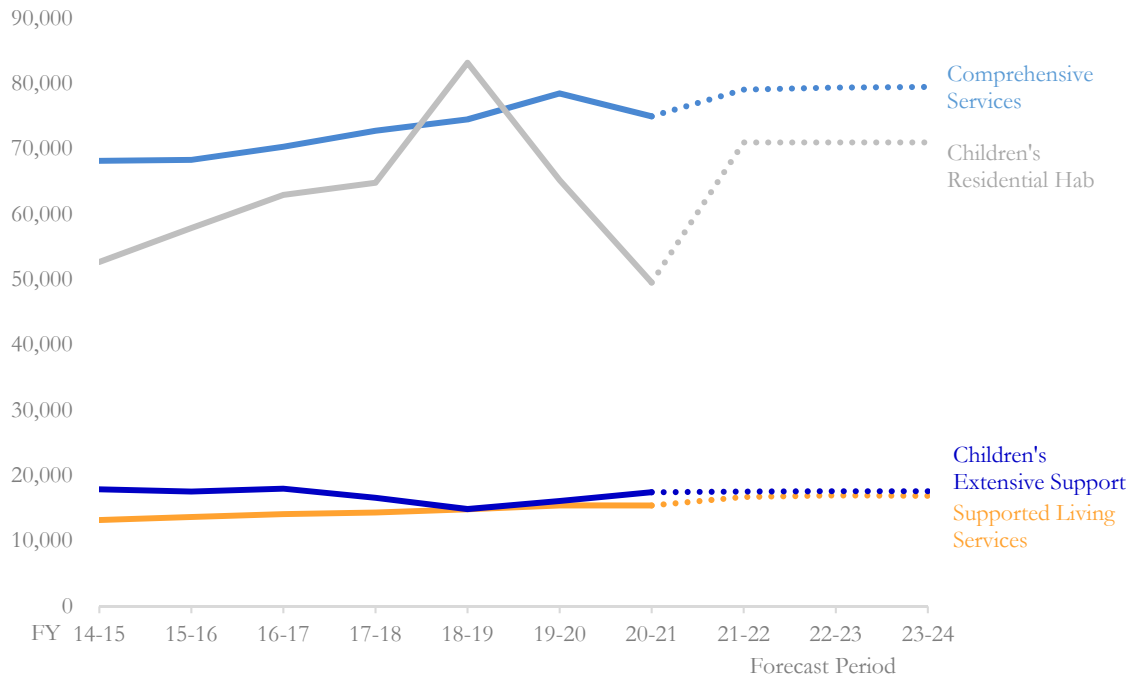
Targeted Case Management (TCM) provides assessment of each client’s long-term care needs, the development and implementation of personalized care plans, coordination and monitoring of the delivery of services, and evaluation of the effectiveness of services.

Targeted Case Management



The average number of individuals receiving a billable service at a given time is referred to as Full Person Equivalent (FPE).

Average Cost Per FPE



The projection for FY 2021-22 is down a net \$11.6 million total funds, including a decrease of \$22.2 million General Fund. The majority of the decrease is related to decreased enrollment trends. To determine the necessary funding to provide services, the Department factors in enrollment, utilization, and per capita costs for each program area.

MEDICAID PROGRAMS

Comprehensive/Developmental Disabilities Waiver

The Comprehensive waiver provides access to 24-hour/seven-day-a-week supervision through Residential Habilitation and Day Habilitation Services and Supports. The service provider is responsible for supporting individuals in securing living arrangements that can range from host home settings with 1-2 persons, individualized settings of 1-3 persons, and group settings of 4-8 persons. Support is also available for participants who live in their own home or who live with and/or are provided services by members of their family.

Annually, the Department requests funding for reserved capacity and emergency enrollments. The FY 2021-22 appropriation includes funding for 411 enrollments, including 41 transitions from institutions, 47 ageing caregiver enrollments, 189 emergency enrollments, 43 foster care transitions, and 91 youth transitions. In addition, the JBC approved funding to increase the enrollment onto the Comprehensive waiver by 667 enrollments, increasing appropriations by \$18.1 million total funds,

including \$8.5 million General Fund. As of June, 2021, the waiting list for those requesting enrollment as soon as available is 2,819.

The FY 2021-22 maximum enrollment in the Comprehensive waiver is 8,158 members. The Accounting for churn and enrollment lag, the estimated fiscal year-end enrollment is 7,831 members. The forecast is based on the number of FPE who are anticipated to be served, in this case 7,382. It reflects a net decrease of \$3.9 million total funds, including a decrease of \$24.3 million General Fund and an increase of \$18.3 million cash funds from the Intellectual and Development Disabilities (IDD) Services Cash Fund. The net decrease is primarily due to decreased enrollment trends. The significant reduction in General Fund is due to its refinancing with available funds in the IDD Services Cash Fund. The cash fund is repealed as July 1, 2022. The Department will make adjustments to the forecast based on the utilization and per capita costs for the 7,382 FPE.

Supported Living Services Waiver

The Supported Living Services (SLS) waiver provides necessary services and supports for adults with intellectual or developmental disabilities so they can remain in their homes and communities with minimal impact to the individual's community and social supports. It promotes individual choice and decision-making through the individualized planning process and the tailoring of services and supports to address prioritized, unmet needs. In addition, this waiver is designed to supplement existing natural supports and traditional community resources with targeted and cost-effective services and supports. The person receiving services is responsible for his or her living arrangements that can include living with family or in their own home. Up to three persons receiving services can live together. Participants on this waiver do not require twenty-four (24) hour supervision on a continuous basis for services and supports offered on this waiver. The rate of some services and the Service Plan Authorization Limit (SPAL) is determined through member intake and assessments. The number of FPE anticipated to be served in FY 2021-22 is 4,535. There is no waiting list for SLS waiver enrollment, therefore the Department will adjust the costs based on actual enrollment, utilization, and per capita trends.

The forecast reflects a downward adjustment related to enrollment trends. Increased enrollment on the Comprehensive waiver results in a reduction in the number of members enrolled on the SLS waiver. The Department projects the reduction will result in a decrease of \$0.5 million General Fund in FY 2021-22.

Children's Extensive Support Waiver

The Children's Extensive Support (CES) waiver provides services and supports to children and families that will help children establish a long-term foundation for community inclusion as they grow into adulthood. The number of FPE anticipated to be served in FY 2021-22 is 2,069. There is no waiting list for CES enrollment, therefore the Department will adjust the costs based on actual enrollment, utilization, and per capita trends.

The forecast reflects a downward adjustment related to enrollment trends, resulting in a decrease of \$0.5 million total funds, including \$0.3 million General Fund.

Children's Habilitation Residential Program Waiver

The Children's Habilitation Residential Program (CHRP) waiver provides residential services for children and youth in foster care or at risk of child welfare involvement who have a developmental disability and very high needs that put them at risk for institutional care. Services are intended to help

children and youth learn and maintain skills that are necessary for successful community living. The number of FPE anticipated to be serviced in FY 2021-22 is 165. There is no waiting list for CHRP enrollment, therefore the Department will adjust the costs based on actual enrollment, utilization, and per capita trends.

In FY 2020-21, the JBC approved the requested targeted rate increase for the CHRP daily rate, increasing the rate from \$198 to \$720 for the highest acuity individuals. This has resulted in an increase in the number of children enrolled and receiving services through the waiver.

The November 2021 forecast reflects an upward trend resulting in an increase of \$2.4 million total funds, including \$0.7 million General Fund.

Case Management

Individuals with IDD who are enrolled in HCBS waivers receive case management, monitoring, and assessment services.

- Targeted Case Management (TCM) provides assessment of each client's long-term care needs, the development and implementation of personalized care plans, coordination and monitoring of the delivery of services, and evaluation of the effectiveness of services. As of July 1, 2020, Community Centered Boards receive a per member per month TCM payment for each client.
- Four monitoring visits per year are provided to each client. These quarterly visits with a case manager include an evaluation of service delivery and quality, evaluation of choice in providers, and the promotion of self-determination, self-representation, and self-advocacy.
- Intake, an annual Continued Stay Review assessment, and a Supports Intensity Scale (SIS) assessment are required and are necessary to determine the member's functional level for activities of daily living. The SIS specifically measures support needs in the areas of home living, community living, lifelong learning, employment, health and safety, social activities, and protection and advocacy. For children enrolled in the CHRP waiver, the Inventory for Client and Agency Planning assessment is used to measure support needs by determining adaptive behavior skills. Support needs identified by the assessments help determine the level of support each client needs, which subsequently informs the Service Plan Authorization Limit (SPAL).

The forecast reflects a downward adjustment due to decreased enrollment trends and a delay in the implementation of S.B. 16-192 (Single Assessment Tool) resulting in a net decrease of \$8.6 million total funds, including an increase of \$2.4 million General Fund.

FEDERAL FUNDS

Shortly after the Department submitted the request the federal government extended the public health emergency declaration through January 16, 2022; and on January 14, 2022, the public health emergency was extended again through April 15, 2022. The extension of the public health emergency declaration means that Colorado is eligible for an additional 6.2 percent federal match through the current state fiscal year. The Department will reflect both public health emergency extensions in its February 2022 forecast and the adjustment related to those extensions will be discussed at figure setting and reflected in a supplemental add-on to the Long Bill. Please note, the Department's S5 request and the JBC staff recommendation do not include adjustments related to the extension of the public health emergency beyond the second quarter of state FY 2021-22.

STATE-ONLY PROGRAMS

State-only programs are made available to individuals with intellectual and developmental disabilities who do not meet the Medicaid eligibility requirements. The November 2021 forecast reflects minimal adjustments to programs funded with state-only funds.

STAFF RECOMMENDATION: JBC staff recommends approval of the Department’s request. All of the expenditures contained in the supplemental are for programs authorized in current law. If the February forecast is significantly different than the forecast used for this supplemental, then the JBC staff may recommend a supplemental add-on to the Long Bill.

S6 COUNTY ADMINISTRATION RESOURCES

	REQUEST	RECOMMENDATION
TOTAL	\$3,223,584	PENDING
General Fund	581,690	
Cash Funds	1,030,102	
Federal Funds	1,611,792	

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

BACKGROUND INFORMATION

During the FY 2021-22 budget process, \$9.5 million total funds, including \$3.0 million General Fund, was appropriated to the Department based on the assumption that the federal public health emergency would end prior to December 31, 2021. Funding was to be allocated to counties so that temporary county eligibility and appeals staff could be hired to address the workload associated with eligibility redetermination of continuously covered members. The appropriation assumed that counties would have three months to train county staff, six months to process all redeterminations, and nine months to process all appeals. Counties have begun hiring county eligibility workers and appeals staff to ensure that appropriate training is provided, however the public health emergency has been extended two more quarters since that appropriation was made. Funding for these staff will expire on June 2022, two months after the start of the public health emergency eligibility redetermination is currently set to begin. The Department requests roll forward authority for previously appropriated FY 2021-22 funds. The current appropriation for resources related to the end of the public health emergency are identified below.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING					
CURRENT FY 2021-22 APPROPRIATION					
RESOURCES FOR END OF PUBLIC HEALTH EMERGENCY					
LINE ITEM	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	FEDERAL FUNDS	FTE
General Administration					
Personal Services	\$245,701	\$73,612	\$49,238	\$122,851	2.0
Operating Expenses	2,700	809	541	1,350	0.0

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING					
CURRENT FY 2021-22 APPROPRIATION					
RESOURCES FOR END OF PUBLIC HEALTH EMERGENCY					
LINE ITEM	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	FEDERAL FUNDS	FTE
General Professional Services and Special Projects	531,395	159,206	106,491	265,698	0.0
Subtotal, General Administration	\$779,796	\$233,627	\$156,270	\$389,899	2.0
Eligibility Determinations and Client Services					
Contracts for Special Eligibility Determinations	(\$6,148,800)	\$0	(\$3,074,400)	(\$3,074,400)	0.0
County Administration	13,002,670	2,512,308	789,463	9,700,899	0.0
Eligibility Overflow Processing Center	1,853,731	277,689	185,744	1,390,298	0.0
Subtotal, Eligibility Determinations and Client Services	\$8,707,601	\$2,789,997	(\$2,099,193)	\$8,016,797	0.0
TOTAL FY 2021-22 APPROPRIATION, S.B. 21-205 (LONG BILL)	\$9,487,397	\$3,023,624	(\$1,942,923)	\$8,406,696	2.0

The current appropriation includes:

- \$5.9 million total funds, including \$663,995 General Fund, for 239 county employees to process eligibility redetermination and appeals, based on the Department’s projection that over 500,00 individuals will be locked in by the end of the public health emergency and 40 percent of the redeterminations for the locked in population will require manual review by county employees. This was based on a six month timeline to process eligibility and nine months to process appeals.
- \$797,092 total funds, including \$238,809 General Fund, over two fiscal years for Administrative Law Judge (ALJ) services, based on an assumption that 0.6 percent of the appeals would require ALJ services.
- \$1.9 million total funds, including \$277,689 General Fund, for the Eligibility Overflow Processing Center; and
- Funding for 2.0 positions to oversee the Eligibly Overflow Processing Center.

DEPARTMENT REQUEST

In addition to the roll forward authority requested for the existing appropriation, the Department requests an increase of \$3.2 million total funds, including \$0.6 million General Fund and \$1.0 million cash funds from the Healthcare Affordability and Sustainability Fee Cash Fund, to extend the employment of temporary county eligibility staff who will review member eligibility and process disenrollment appeals for Medicaid and Child Health Plan Plus (CHP+) benefits. Additional funding is requested to increase the number of county staff who will address disenrollment appeals when the federal public health emergency expires and to provide training and laptops to these newly hired county staff.

Since January of 2020 and as a result of the enactment of the Families First Coronavirus Response Act, the State of Colorado has received an enhanced federal match rate for eligible Medicaid services. To be eligible to receive the 6.2 percent increase in the federal medical assistance percentage (FMAP) rate, the State is prohibited from disenrolling any individual who was enrolled as of the date of enactment until the last day of the month in which the public health emergency ends, regardless of any changes in a member’s eligibility. While not required by the federal Act, the Department submitted a state plan amendment that locks in CHP+ members throughout the public health emergency as well. As of the submission date of the Department’s budget request, the public health emergency was set to end on January 16, 2022. On January 14, 2022, the Department was notified that the public health emergency has been extended through April 15, 2022.

Colorado counties are responsible for processing eligibility determinations and redeterminations for Medicaid members and for some CHP+ members. Counties are reimbursed for staffing costs and activities related to this determination. The Act and the public health emergency have impacted county capacity in two ways: 1) through an increase in the number of initial eligibility determinations that must be performed; and 2) through the number of continuously enrolled Medicaid and CHP+ members who need ongoing support. Conclusion of the public health emergency will result in the need for each continuously enrolled (locked in) member's eligibility to be reviewed to determine whether or not the member is still eligible. In addition, the Department anticipates a significant number of the disenrolled population to appeal that decision. Members continue to receive Medicaid benefits throughout the appeals process until the final determination. According to guidance released by the Centers for Medicare and Medicaid Services (CMS) on August 13, 2021, states will have 12 months from the expiration of the public health emergency to complete all required eligibility reviews and appeals and return to normal operations.

The Department estimates the cost of ending the public health emergency to be \$13,398,704 total funds, including \$1,647,967 General Fund. The fund splits were based on the Department's caseload projection. For eligibility work for expansion populations the state match comes from the Healthcare Affordability and Sustainability (HAS) Fee and for traditional populations the state match comes from the General Fund. For all populations the counties are expected to contribute a portion of the cost as an incentive to keep expenditures efficient. The expected standard county share for expansion populations is 10 percent and for traditional populations 20 percent, but over the years the General Assembly has frequently made exceptions for specific initiatives, and so the net impact is not always these match rates.

ELIGIBILITY REVIEWS

Eligibility redeterminations are automatic through the Colorado Benefits Management System (CBMS), but they can drive a significant workload for county and state officials. Eligibility review packets will be sent to all locked in members with instructions for the members to review the data on file and provide any updates. If members respond with updates, the county must process the new information into CBMS. Once a redetermination is made, either with the existing information on file or with updated information from the member, a notice is sent to members with a pending disenrollment. These members have a right to appeal. When an appeal is filed, the Department and counties must do additional research to determine if a case should be reopened as well as track steps in the hearing process and prepare hearing materials. Appeals can occur at the county level where they are processed through facilitated dispute resolution conferences and/or at the state level where an administrative law judge provides an initial decision.

Independent of the expected surge in redeterminations, counties have been dealing with increases in applications for all types of public assistance, including Medicaid and CHP+, related to the pandemic and the economy. Also, the Department says counties are reporting unusually high employee absentee rates for reasons both related and unrelated to the pandemic. The Department says it continues to seek ways to make the eligibility process more efficient and automated to reduce the workload on counties and cites the centralized processing of returned mail as a recent example of an efficiency initiative. However, without additional county resources for the expected surge in redeterminations the Department fears already strained counties will not be able to maintain quality standards for timely processing of applications.

The Department's request for funding for county staffing related to the additional amount of time (three months) allowed by CMS for completion of eligibility redeterminations is identified in the Department's FY 2022-23 budget amendment and will be discussed during figure setting on March 3, 2022. Activities associated with eligibility reviews are eligible for a 75 percent federal financial participation match rate.

APPEALS

Based on historical data, the Department assumes that 5.0 percent of the members receiving a disenrollment notification at the end of the public health emergency will file an appeal, increasing both Department and county workload. FY 2021-22 funding was provided to the Department to cover the workload associated with 0.6 percent of disenrolled members filing an appeal. Members continue to receive services during the appeals process. Activities associated with the appeals process are eligible for a 50 percent federal financial participation match rate.

The Department has not requested additional FY 2021-22 for county staffing related to the additional amount of time allowed by CMS for completion of the appeals process; however, the Department has requested \$1.5 million total funds, including \$276,703 General Fund and \$490,007 cash funds, to increase the number of county staff hired to process appeals. This request is for the funds that were denied during the FY 2021-22 figure setting process. The Department reports that there is concern that members are being told to appeal the disenrollment determination regardless of circumstances and that it is more likely that a higher number of appeals will actually be made.

TRAINING AND LAPTOPS

Initially, the department assumed that training would be conducted solely by the Staff Development Center (SDC), which is the state's training center for county staff, and that the SDC would have capacity to train the new county workers hired to address the public health emergency workload. However, the SDC does not have the capacity to address the training needs of a large influx of new workers in such a short period of time, therefore counties will need to leverage county-based trainers to address short-term training capacity issues.

The counties have also identified a need for laptops for new staff that are hired. While the Governor's Office of Information Technology, through a joint agreement with the Department of Health Care Policy & Financing and the Department of Human Services, is responsible for providing technology to county workers, the pre-planned schedule for county computers did not account for the influx of staff that were hired for the public health emergency workload. As such, OIT and counties did not have adequate funding to account for technology costs that were unable to be covered through the county administration's ongoing appropriation. Laptops are required for county workers to be able to access the Colorado Benefits Management System in order to complete eligibility reviews and process appeals.

The Department's request included \$1.7 million total funds, including \$304,987 General Fund and \$540,095 cash funds, for cover the cost of training and laptops for newly hired county staff. Expenditures related to operating costs are eligible for a 50 percent federal financial participation match rate. Pursuant to federal regulation, the Department cannot pay the counties more than actual allowable costs. So, if the counties are unable to staff up in this time frame and justify the expenses, any unused money will revert to the state.

COUNTY STAFF OPERATING COSTS DEPARTMENT REQUEST	
ITEM	AMOUNT
Number of staff approved to hire (FY 2021-22 BA10)	240
Number of staff requested (FY 2021-22 S6)	42
Cost per laptop	\$2,000
Department request, Laptops	\$563,388
Number of staff hired	240
Number of staff requested	42
Cost of training	\$4,000
Department request, Training Costs	\$1,126,776
TOTAL DEPARTMENT REQUESTS, COUNTY OPERATING COSTS	\$1,690,164

ROLL-FORWARD AUTHORITY OF FY 2021-22 APPROPRIATION

The Department requests approval of roll-forward authority for unspent FY 2021-22 appropriations associated with public health emergency end resources, including those appropriated in S.B. 21-205 (Long Appropriations Bill).

JBC STAFF RECOMMENDATION

Due to the extension of the public health emergency, JBC staff requires additional time to analyze this budget request and recommends that it be considered during the figure setting presentation on March 3, 2022.

S9 eCONSULT PROGRAM IMPLEMENTATION

	REQUEST	RECOMMENDATION
TOTAL	(\$150,000)	(\$150,000)
General Fund	(49,500)	(49,500)
Cash Funds	(25,500)	(25,500)
Federal Funds	(75,000)	(75,000)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of an unforeseen contingency.

DEPARTMENT REQUEST

The Department requests a decrease of \$150,000 total funds, including \$49,500 General Fund and \$25,500 cash funds from the Healthcare Affordability and Sustainability Fee cash fund, to account for changes in federal policy concerning the implementation of the eConsult program.

The eConsult program is intended to allow a patient’s primary care provider (PCP) to consult a specialist for the diagnosis and/or management of the patient’s health, without the patient having to meet with the specialist face-to-face. The Department planned on directly reimbursing specialists for consultations with PCPs, however, the Centers for Medicare and Medicaid Services (CMS) has not authorized this policy and informed the Department that physician-to-physician consultation is not a

distinct medical service that qualifies as medical assistance under 1905(a) of the Social Security Act. As a result, it is not coverable under the Medicaid State Plan. The Department is working with CMS to develop a new reimbursement methodology, requiring an adjustment to funding identified in the Department’s original request. The Department expects a September 1, 2022 implementation date of the changes and requests the following:

- A true-up concerning the federal financial participation rate to reflect the administrative match rate for specialist reimbursements as opposed to a service rate;
- A shift of quality and clinical review funds from FY 2021-22 and FY 2022-23 to FY 2022-23 and FY 2023-24; and
- An extension of term-limited FTE through FY 2023-24.

The FY 2021-22 fiscal impact of the budget request is reflected below.

IMPLEMENT ECONSULT PROGRAM FUNDING ADJUSTMENT FY 2021-22						
ITEM	TOTAL FUNDS	FTE	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
Department Staff & Quality Review						
Extension of Term-Limited FTE	\$0	0.0	\$0	\$0	\$0	\$0
True up of Timing for Clinical Review	(150,000)	0.0	(49,500)	(25,500)	0	(75,000)
Subtotal Department Staff & Quality Review	(\$150,000)	0.0	(\$49,500)	(\$25,500)	\$0	(\$75,000)
Service Impacts						
Change in FMAP on Specialist Reimbursements	0	0.0	0	0	0	0
Subtotal Service Impacts	\$0	\$0	\$0	\$0	\$0	0
TOTAL FY 2021-22 REQUEST	(\$150,000)	0.0	(\$49,500)	(\$25,500)	\$0	(\$75,000)

IMPLEMENT ECONSULT PROGRAM FUNDING ADJUSTMENT FY 2022-23						
ITEM	TOTAL FUNDS	FTE	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
Department Staff & Quality Review						
Extension of Term-Limited FTE	\$71,517	0.0	\$23,600	\$12,158	\$0	\$35,759
True up of Timing for Clinical Review	0	0.0	0	0	0	0
Subtotal Department Staff & Quality Review	\$71,517	0.0	\$23,600	\$12,158	\$0	\$35,759
Service Impacts						
Change in FMAP on Specialist Reimbursements	0	0.0	3,674	73,537	0	(77,211)
Subtotal Service Impacts	\$0	\$0	\$3,674	\$73,537	\$0	(77,211)
TOTAL FY 2022-23 REQUEST	\$71,517	0.0	\$27,274	\$85,695	\$0	(\$41,452)

FEDERAL FINANCIAL PARTICIPATION RATE

The Department accounted for the delay in program implementation in its November 2021 forecast, therefore, the adjustment related to services is captured in the S1 Medical Services Premiums adjustment discussed previously. The Department originally estimated the federal financial participation rate for specialist reimbursement under the assumption that specialists could be reimbursed directly by the Department. If allowed to do so, the reimbursement rate would have been specific to the eligibility for each member service, and would, therefore, result in a blended rate between 50 and 90 percent. Because CMS determined that since the specialists will not have direct contact with the patient, the consultation does not qualify for direct reimbursement and only qualifies

for the 50 percent administrative cost reimbursement rate. The Department’s FY 2022-23 budget amendment includes an adjustment to the match rate.

ADMINISTRATIVE RESOURCES

In order for the Department to claim the enhanced federal financial participation rate for the development and maintenance of the eConsult program, the request for proposals and the vendor contract must be reviewed by CMS. The review process has resulted in a delay in the implementation of the program and the Department has shifted the implementation date from January 1, 2022 to September 1, 2022. The Department no longer requires funds for quality and clinical reviews in FY 2021-22. The Department requests a shift of funding appropriated for these purposes forward one year.

As a result of the delayed implementation date, the Department requires an extension of the program’s term-limited Project Coordinator and Business Analyst FTE positions through FY 2023-24. Funding for the Project Coordinator FTE was approved through FY 2021-22 and funding for the Business Analyst was approved through FY 2022-23. While the Department began development of the program on July 1, 2021 as expected, the Department indicates that the Project Coordinator and Business Analyst are necessary to oversee the complete implementation of the program and monitor its functionality throughout implementation.

JBC STAFF RECOMMENDATION

Staff recommends approve of the Department’s request.

S10 HCBS ARPA SPENDING AUTHORITY [REQUIRES LEGISLATION]

	REQUEST	RECOMMENDATION
TOTAL	\$178,988,188	\$178,988,188
FTE	53.5	53.5
General Fund	0	0
Cash Funds	86,650,478	86,650,478
Federal Funds	92,337,710	92,337,710

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

DEPARTMENT REQUEST

The Department requests \$179.0 million total funds, including \$86.7 million cash funds from the Home- and Community-based Services Improvement Fund consisting of funds originating as General Fund, for the implementation of the American Rescue Plan Act Home- and Community-based Services Spending Plan approved by the Centers for Medicare and Medicaid Services (CMS) and the Joint Budget Committee (JBC) in September 2021. The Department requests roll-forward spending authority for funds through March 31, 2024. In addition, the Department requests that the JBC

consider sponsoring legislation to allow for state-only expenditures for behavioral health-related initiatives

S.B. 21-286 AND JOINT BUDGET COMMITTEE RESPONSIBILITIES

Senate Bill 21-286 (Concerning the Distribution of Money Received Under the Federal “American Rescue Plan Act of 2021” for Home- and Community-based Services, and in Connection Therewith Making and Reducing an Appropriation) directs the Department of Health Care Policy and Financing to develop a spending plan for using the enhanced, one-time ten percent federal matching funds received pursuant to the “American Rescue Plan Act of 2021” to enhance, expand, and strengthen Medicaid-eligible home- and community-based services for older adults and people with disabilities. Money from the federal act may be used for home- and community-based services, as defined in the federal act, including home health-care services, personal care services, PACE services, waiver services, case management services, and rehabilitative services.

S.B. 21-286 SPENDING PLAN

Section 9817 of the American Rescue Plan Act (ARPA) increases the federal medical assistance percentage (FMAP) for Medicaid Home and Community-based Services (HCBS) spending by 10 percentage points from April 1, 2021 through March 31, 2022. States have until March 31, 2024 to spend the funds. Colorado’s HCBS refers to all services eligible for the enhanced FMAP authorized in Section 9817, including:

- 1915 (c) Home and Community-Based Waiver Programs
- Home Health Care
- Personal Care Services
- Self-Directed Personal Care Services
- Case Management
- Rehabilitative Services, including Behavioral Health Services
- Private Duty Nursing
- Alternative Benefit Plans
- Program for All Inclusive Care for the Elderly (PACE)

To implement the spending plan S.B. 21-286 transfers \$260,730,099 from the General Fund to the Home- and Community-based Services (HCBS) Improvement Fund and \$19,830,918 from the Healthcare Affordability and Sustainability (HAS) Fee Cash Fund into the ARPA HCBS Account in the HAS Fee Cash Fund. If the savings due to the enhanced match is greater than the amount transferred, the remaining amount shall be transferred to the fund as well. As a result of the increased federal match for eligible services and the one-time opportunity to compound the federal match through March 31, 2022, the implementation of the Department’s spending plan requires spending authority across three state fiscal years (FY 2021-22 through FY 2023-24) totaling \$512.3 million total funds, including \$266.7 million from the HCBS Improvement Fund, \$20.7 million from the ARPA HCBS Account in the HAS Fee Cash Fund, and \$224.9 million federal funds

The Department identified eight categories of initiatives that are intended to: “supercharge existing initiatives, support the COVID-19 response and recovery, foster innovation and long-term transformative change, and increase quality and good fiscal stewardship.” The categories and associated funding are identified in the following table:

AMERICAN RESCUE PLAN ACT SPENDING PLAN S.B. 21-286					
PROJECT AREA	TOTAL FUNDS	FTE	SFY 2021-22	SFY 2022-23	SFY 2023-24
Strengthen the Workforce & Enhance Rural Sustainability	\$261,818,206	5.8	\$114,806,552	\$139,978,050	\$7,033,604
Improve Crisis & Acute Services	17,220,077	3.0	658,780	9,192,169	7,369,129
Improve Access to HCBS for Underserved Populations	56,525,872	5.5	6,924,288	25,650,174	23,951,410
Support Post-COVID Recovery and HCBS Innovation	63,509,043	9.5	20,554,509	27,769,936	15,184,598
Strengthen Case Management Redesign	10,675,745	4.0	3,669,922	4,125,314	2,880,509
Invest in Tools & Technology	78,608,869	10.0	25,656,462	34,381,484	18,570,923
Expand Emergency Preparedness	8,471,750	0.0	4,248,375	4,223,375	0
Enhance Quality Outcomes	6,481,726	7.3	1,833,171	3,032,615	1,615,941
Department Administrative Overhead	8,949,321	13.5	1,393,816	3,851,986	3,703,519
TOTAL	\$512,260,609	58.5	\$179,745,873	\$252,205,103	\$80,309,633

The cost of spending plan implementation and funding eligible for a federal match are identified below.

AMERICAN RESCUE PLAN ACT SPENDING PLAN SUMMARY BY FUND SOURCE					
ITEM	TOTAL FUNDS	FTE	SFY 2021-22	SFY 2022-23	SFY 2023-24
Total Admin Cost	\$142,427,189	54.5	\$46,914,819	\$62,936,576	\$32,575,792
ARPA Cash Fund	\$71,213,594		\$23,457,409	\$31,468,288	\$16,287,896
Federal Funds	\$71,213,595		\$23,457,410	\$31,468,289	\$16,287,896
FMAP	50.00%		50.00%	50.00%	50.00%
Services Total Impact	\$255,165,173	0.0	\$119,570,077	\$133,928,969	\$1,666,667
ARPA Cash Fund	\$118,108,754		\$50,310,937	\$66,964,484	\$833,333
Federal Funds	\$137,056,960		\$69,259,141	\$66,964,485	\$833,334
FMAP	53.71%		57.92%	50.00%	50.00%
State Only Impact	\$114,667,706	4.0	\$13,260,976	\$55,339,558	\$46,067,172
ARPA Cash Fund	\$114,667,706		\$13,260,976	\$55,339,558	\$46,067,172
Federal Funds	\$0		\$0	\$0	\$0
FMAP	0.00%		0.00%	0.00%	0.00%
Total Funds	\$512,260,609	58.5	\$179,745,873	\$252,205,103	\$80,309,631
Total ARPA Cash Fund	\$303,990,054		\$87,029,322	\$153,772,330	\$63,188,401
Total Federal Funds	\$208,270,556		\$92,716,551	\$98,432,774	\$17,121,230
Total Funds - Appropriated through SB 21-286	\$2,273,882	5.0	\$757,686	\$758,098	\$758,098
ARPA Cash Fund - Appropriated through SB 21-286	\$1,136,941		\$378,843	\$379,049	\$379,049
Federal Funds - Appropriated through SB 21-286	\$1,136,941		\$378,843	\$379,049	\$379,049
Incremental Total Funds	\$509,986,725	53.5	\$178,988,187	\$251,447,005	\$79,551,533
Incremental Cash Funds	\$302,853,112		\$86,650,479	\$153,393,281	\$62,809,352
Incremental Federal Funds	\$207,133,613		\$92,337,708	\$98,053,724	\$16,742,181

SPENDING AUTHORITY

Senate Bill 21-286 authorized the Department to make expenditures identified in the approved spending plan, however the temporary spending authority resulting from approval of the plan expires when the required FY 2021-22 supplemental appropriation bill is enacted. Spending authority for FY

2022-23 and beyond will be requested through the regular budget process and provided in the Long Appropriations Bill. Commencing November 1, 2021, and quarterly thereafter, the bill requires the Department to submit to the JBC expenditure reports concerning the use of the money received pursuant to the federal act. Statutory provisions of S.B. 21-286 are repealed effective July 1, 2025. The Department requests roll-forward spending authority throughout implementation of the plan.

POTENTIAL LEGISLATION

Implementation of a portion of the plan would require a technical change to the language in S.B. 21-286 in order to allow the Department to spend the amount attributable to the HAS Fee as state-only funds. Current law prohibits the Department from implementing any provisions of the spending plan that are not eligible for funding pursuant to federal guidance relating to the American Rescue Plan Act, however due to federal limitations on increasing behavioral health capitation rates, most of the proposed work for initiative impacting members financed through the cash fund is in state-only grant programs. The Department requests that the JBC members consider sponsoring legislation to allow for the amount attributable to the HAS Fee as state-only funds.

JBC STAFF RECOMMENDATION

JBC staff recommends approval of the Department’s request, including:

- FY 2021-22 appropriations identified in the table below;
- Roll-forward authority for funds appropriated in FY 2021-22; and
- Changes in legislation to allow for state-only spending for the behavioral health-related provisions of the plan. Because state-only payments are not allowable under current law, staff recommends that this portion of the appropriation be made in the special bill as opposed to the supplemental bill.

FY 2021-22 AMERICAN RESCUE PLAN ACT HOME- AND COMMUNITY-BASED SERVICES SPENDING PLAN				
LINE ITEM	TOTAL FUNDS	CASH FUNDS	FEDERAL FUNDS	FTE
Executive Director's Office, General Administration				
Personal Services	\$2,520,553	\$1,260,277	\$1,260,276	49.5
Health, Life, and Dental	344,789	172,394	172,395	0.0
Short-term Disability	3,589	1,794	1,795	0.0
S.B. 04-257 Amortization Equalization Disbursement	112,177	56,088	56,089	0.0
S.B. 06-235 Supplemental Amortization Equalization Disbursement	112,177	56,088	56,089	0.0
Operating Expenses	272,968	136,484	136,484	0.0
Leased Space	226,601	113,300	113,301	0.0
General Professional Services and Special Projects	30,560,714	15,280,357	15,280,357	0.0
SUBTOTAL, EXECUTIVE DIRECTOR'S OFFICE, GENERAL ADMINISTRATION	\$34,153,568	\$17,076,782	\$17,076,786	49.5
Executive Director's Office, Information Technology Contracts and Projects				
Medicaid Management Information System Maintenance and Projects	\$10,707,693	\$5,353,846	\$5,353,847	0.0
Medical Services Premiums	\$65,205,231	\$27,436,097	\$37,769,134	0.0
Office of Community Living, Medicaid Programs				
Adult Comprehensive Waiver Services	\$40,637,516	\$17,098,856	\$23,538,660	0.0
Adult Supported Living Waiver Services	8,036,784	3,381,600	4,655,184	0.0
Children's Extensive Support Services	5,210,625	2,192,450	3,018,175	0.0
Children's Habilitation Residential Program	3,955	1,664	2,291	0.0
Case Management for People with IDD	1,771,840	848,207	923,633	0.0
SUBTOTAL, OFFICE OF COMMUNITY LIVING, MEDICAID PROGRAMS	\$55,660,720	\$23,522,777	\$32,137,943	0.0

FY 2021-22 AMERICAN RESCUE PLAN ACT HOME- AND COMMUNITY-BASED SERVICES SPENDING PLAN				
LINE ITEM	TOTAL FUNDS	CASH FUNDS	FEDERAL FUNDS	FTE
Other Medical Services				
ARPA HCBS State-only Funds	\$13,260,976	\$13,260,976	\$0	4.0
TOTAL FY 2021-22 APPROPRIATION	\$178,988,188	\$86,650,478	\$92,337,710	53.5

S13 MEDICAID FUNDING FOR CONNECT FOR HEALTH COLORADO

	REQUEST	RECOMMENDATION
TOTAL	\$2,266,230	\$2,266,230
General Fund	0	0
Cash Funds	1,546,809	1,546,809
Federal Funds	719,421	719,421

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? **YES**

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of a technical error in calculating the original appropriation.

DEPARTMENT REQUEST

The Department requests \$2.3 million total funds, including \$1.5 million cash funds and \$719,421 federal funds, for costs associated with Connect for Health Colorado customer service and eligibility determination functions. The source of cash funds is certified public expenditures by Connect for Health.

Connect for Health Colorado assists individuals, families, and small employers across Colorado with applying for health insurance and enrolling in qualified health plans. Eligibility determination for Medicaid and the Child Health Plan Plus (CHP+) supports Connect for Health operations because in order to be eligible for financial assistance through it, federal law requires that a person be determined to be ineligible for Medicaid or CHP+. Under an agreement approved by the General Assembly in FY 2016-17, when Connect for Health spends local tax revenues on administrative costs related to eligibility determinations for Medicaid and the Children's Basic Health Plan (CHP+) the Department certifies these public expenditures to draw federal matching funds. The federal funds are then distributed to Connect for Health. No state General Fund is spent, because the state match for the federal Medicaid dollars comes from the local tax revenue collected by Connect for Health.

Certifying public expenditures to the federal government is an administratively intensive process that requires significant funds documentation and a random moment time study to allocate customer service center staff time attributable to Medicaid and CHP+. There is typically a delay of several quarters between when costs are incurred and when the reconciliation process is complete to certify the expenditures and make the payments of federal funds. The amount that can be certified as public expenditures depends on the total spending and the allocation of time by Connect for Health, rather than on decisions by the Department. The appropriation is based on the Department's estimates based on imperfect information, about the certified public expenditures by Connect for Health.

FY 2019-20 Connect for Health costs were higher than anticipated, resulting in insufficient spending authority in FY 2021-22. The increase in costs results from the move of certain functions from the customer service center to the medical assistance site. This move resulted in a change in the methodology for calculating costs for those functions as customer service center site functions are calculated based on random moment sampling and the medical assistance site costs are based on a county eligibility determinations performed. The FY 2021-22 request is due to the fact that the Department used FY 2020-21 spending authority to cover FY 2019-20 costs and using FY 2021-22 spending authority to cover extra FY 2020-21 expenditures. In addition to the increased costs, the shift of these functions from the customer service center to the medical assistance site means that the federal financial participation match rate has to be adjusted from 75 percent to 50 percent. To ensure that federal reimbursement is not unnecessarily limited during the current fiscal year, the Department is requesting an increase in the current fiscal year spending authority and alignment of the proportion of certified public expenditures to federal funds identified in the Long Bill.

CONNECT FOR HEALTH COLORADO SPENDING AUTHORITY VERSUS COSTS			
DESCRIPTION	TOTAL FUNDS	CASH FUNDS	FEDERAL FUNDS
FY 2018-19			
Spending Authority	\$5,144,208	\$1,790,457	\$3,353,751
Actual Costs	8,338,841	3,281,157	5,057,684
Federal Funds Left in Payable	424,376	0	424,376
Spending Authority Surplus/(Shortfall)	(\$3,619,009)	(\$1,490,700)	(\$2,128,309)
FY 2019-20			
Spending Authority	\$5,144,208	\$1,790,457	\$3,353,751
Actual Costs	10,025,010	4,478,201	5,546,809
Federal Funds Left in Payable	354,134	0	354,134
Spending Authority Surplus/(Shortfall)	(\$5,234,936)	(\$2,687,744)	(\$2,547,192)
FY 2020-21			
Spending Authority	\$15,999,780	\$6,762,934	\$9,236,846
Estimated Costs	8,093,537	3,614,646	4,478,891
Estimated Federal Funds Left in Payable	1,318,528	0	1,318,528
Spending Authority Surplus/(Shortfall)	\$6,587,715	\$3,148,288	\$3,439,427
FY 2021-22			
Spending Authority	\$9,653,251	\$3,798,350	\$5,854,901
FY 2021-22 Estimated Costs	9,653,251	4,315,003	5,338,248
Spending Authority Surplus/(Shortfall)	\$0	(\$516,653)	\$516,653
FY 2022-23			
Expected Spending Authority	\$10,135,914	\$3,988,268	\$6,147,646
Estimated Costs	10,135,914	4,530,754	5,605,160
Spending Authority Surplus/(Shortfall)	\$0	(\$542,486)	\$542,486

JBC STAFF RECOMMENDATION

JBC staff recommends approval of the Department’s request.

S14 CENTRALIZED ELIGIBILITY VENDOR

	REQUEST	RECOMMENDATION
TOTAL	\$1,392,822	\$1,392,822
General Fund	0	0
Cash Funds	675,562	675,562
Federal Funds	717,260	717,260

DEPARTMENT REQUEST

The Department requests \$1.4 million total funds, including \$675,562 cash funds from the Healthcare Affordability and Sustainability Fee and Children’s Basic Health Plan cash funds, to reimburse the Department’s centralized eligibility vendor for eligibility and enrollment services provided to applicants and clients eligible for Medicaid and the Child Health Plan Plus. The vendor provides centralized eligibility and enrollment services to applicants and clients eligible for Medicaid and the Child Health Plan Plus (CHP+). Services include a customer service center, eligibility determination and case maintenance for Medicaid Buy-in programs, administration of Medicaid Buy-In premium payments and CHP+ enrollment fees, and resolution of eligibility-related disputes. The Centers for Medicare and Medicaid Services (CMS) required the Department to change the vendor’s cost allocation methodology and increase the indirect cost rate from 10 to 33 percent of the vendor’s total direct costs.

The centralized eligibility vendor is reimbursed according to a cost allocation methodology approved by CMS in the department’s Public Assistance Cost Allocation Plan (PACAP) pursuant to 42 CFR 433.34. The methodology requires the vendor to report the direct cost of providing services including salaries, benefits, supplies, and travel. The direct cost is then inflated by an indirect cost rate to account for overhead and general administrative expenses. Finally, the total of the direct and indirect costs is split into a state and federal share of costs using a federal financial participation (FFP) rate. The FFP rate is determined by an ongoing random moment time study conducted on vendor staff to estimate time spent on different activities. Some activities are eligible for a 75 percent enhanced Medicaid administration FFP rate such as reviewing applications and processing eligibility determinations; some are eligible for a 50 percent standard Medicaid administration FFP rate such as staff training and general administration; and some are eligible for a variable CHP+ FFP rate such as processing manual enrollment and disenrollment for CHP+.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING S14 CENTRALIZED ELIGIBILITY VENDOR RATE CHANGE					
Item	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS
Estimated Cost Under New Rate					
Medicaid Share	\$1,028,677	\$0	\$514,338	\$0	\$514,339
CHP+ Share	89,450	0	28,391	0	61,059
Subtotal	\$1,118,127	\$0	\$542,729	\$0	\$575,398
Estimated Cost Under Old Rate					
Medicaid Share	\$249,972	\$0	\$124,986	\$0	\$124,986
CHP+ Share	24,723	0	7,847	0	16,876
Subtotal	\$274,695	\$0	\$132,833	\$0	\$141,862
Total Request	\$1,392,822	\$0	\$675,562	\$0	\$717,260

JBC STAFF RECOMMENDATION

To ensure that the Department has adequate spending authority to cover the federally required indirect cost rate, JBC staff recommends approval of the Department’s request.

S15 MOVE RX IMPORTATION FUNDING FROM OIT TO GPS

	REQUEST	RECOMMENDATION
TOTAL	\$0	\$0
General Fund	0	0
Federal Funds	0	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of data/information that was not available when the original appropriation was made.

DEPARTMENT REQUEST

The Department requests a change in the line item into which the information technology appropriation for the Drug Importation Program is reflected. The Department requests a decrease of \$296,160 General Fund in the Payments to OIT line item and a corresponding increase in the General Professional Services line item in FY 2021-22. The initial appropriation to the Payments to OIT line item was made in FY 2020-21 through the annualization of S.B. 19-005 (Import Prescription Drugs from Canada). The Department indicates that the Governor’s Office of Information Technology (OIT) has not expended any funding earmarked for this program.

Pursuant to S.B. 19-005, the Canadian Prescription Drug Importation program was created. Condition upon enactment of federal legislation, S.B. 21-123 authorized the Department to expand the program to allow drug importation from nations other than Canada. The Federal Food Drug and Cosmetic Act Section 804 permits importation and reimportation of prescription drugs from Canada by a pharmacist or wholesaler, provided the drugs meet certain minimum standards, will pose no additional risk to the public’s health and safety, and results in a significant reduction in costs to consumers.

The fiscal note for S.B. 19-005 indicates that the Department will work with OIT to design data systems needed to support the drug importation program, including data collection, fee tracking, connectivity with contracted wholesalers, and other functions. During the information technology invitation-to-negotiate phase, the Department determined that the current program vendor has the infrastructure and pharmacy experience necessary for implementation of the program and would therefore be better suited than the OIT to assist with the implementation of the program. This request will allow all Drug Importation Program deliverables to be located with one vendor. The request will reduce the need for OIT support and coordination of deliverables from multiple vendors, streamlining contract management without disrupting the program implementation timeline.

JBC STAFF RECOMMENDATION

JBC staff recommends approval of the Department’s request. Staff requests permission to reflect Committee action in the reappropriated funds spending authority in the Office of Information Technology supplemental bill.

S17 REMOVE CUSOM CLINICAL REVENUE FUNDING

	REQUEST	RECOMMENDATION
TOTAL	(\$26,229,678)	(\$26,229,678)
General Fund	0	0
Cash Funds	(11,488,599)	(11,488,599)
Federal Funds	(14,741,079)	(14,741,079)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

DEPARTMENT REQUEST

The Department requests a reduction of \$26.2 million total funds, including \$11.5 million cash funds from an intergovernmental transfer of clinical revenue from the University of Colorado School of Medicine. The request for this transfer was initiated by the University and approved during FY 2021-22 comeback presentations by the Office of State Planning and Budgeting.

The transfer of the funds from the School of Medicine's clinical revenues to the Medical Services Premiums line item provided a means through which the funds could be matched with federal funds and sent back to the School of Medicine. The funds were to be used to help develop the recently formed Aurora Community Health Commons, which is a federally qualified health center in partnership with Salud. A portion of the money was to be used for scholarships and training aimed at improving the diversity of the medical workforce and opening opportunities for the career advancement of lower level health workers, a variety of strategies to address social determinates of health, and expanding training and support for telemedicine and eConsults. At the time of the request, the School of Medicine proposed that the funding be time limited, because the initiative would increase TABOR revenue to the state, which could increase General Fund obligations if a TABOR refund is due.

During the December 2021 Legislative Council Staff economic forecast, it was reported that “the ongoing economic and jobs recovery from the COVID-19 recession will increase General Fund revenue collections by a projected 11.7 percent above year-ago levels. Based on the enacted budget and before adjustments for any supplemental appropriations, the General Fund is projected to end the year with a 28.4 percent reserve, \$1.85 billion above the required 13.4 percent reserve. Revenue subject to TABOR is expected to exceed the Referendum C cap by \$1.9 billion.” The \$11.5 million cash funds transferred from the School of Medicine represents 0.6 percent of this amount.

While the initial appropriation included approximately \$150,000 total funds for 2.0 FTE, the Department has not requested funding changes in in this supplemental request as they are responsible for calculating School of Medicine performance metrics, validating data, measuring provider enrollment and member access, holding the School of Medicine accountable to Department goals, supporting community collaboration efforts and access to care work, and providing program-level support such as meeting and site visit coordination, reporting, and deliverable tracking. The Department has included in its FY 2022-23 R12 budget request to fund these positions through reappropriated General Fund from the Department of Higher Education.

JBC STAFF RECOMMENDATION

JBC staff recommends approval of the Department’s request.

S20 SKILLED NURSING FACILITY ENHANCED PAYMENTS [REQUIRES LEGISLATION]

	REQUEST	RECOMMENDATION
TOTAL	\$20,001,000	\$20,001,000
General Fund	10,000,500	10,000,500
Federal Funds	10,000,500	10,000,500

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? YES

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforeseen contingency.]

Explanation: JBC staff and the Department agree that this request is the result of **data that was not available** when the original appropriation was made.

DEPARTMENT REQUEST

The Department requests \$20.0 million total funds, including \$10.0 million General Fund, to provide enhanced payments to nursing facilities to address staffing issues and other pandemic related issues. A statutory change is necessary to establish the enhanced payments are part of the nursing home reimbursement methodology. The Department requests roll-forward authority for any unspent FY 2021-22 supplemental appropriation.

WORKFORCE AND INDUSTRY SUSTAINABILITY

Nursing homes report facing significant challenges throughout the pandemic, including staffing issues, higher numbers of deaths, and reduced census. The Department requests \$17.6 million in one-time payments to nursing homes to be paid out based on Medicaid utilization. These enhanced payments will be in addition to the financial support previously received during the pandemic, including:

- Approximately \$120 million in federal support; and
- \$44 million in state support in the form of enhanced payments made between May 2020 through June 2021.

Nursing home reimbursement as prescribed in Section 25.5-6-202, C.R.S., differs from reimbursement for other provider types. The Department states that “the statutorily defined reimbursement methodology has impeded the department’s ability to drive strategic long-term changes.” As a result,

the Department intends on directing the skilled nursing facility industry to “engage in the development of a sustainability strategy including a discussion concerning the ongoing rate methodology changes and development of a new reimbursement model that recognizes high needs patients.” It will also include a discussion concerning how to move the care delivery model toward a more diversified set of services for people with complex long-term needs.

HOSPITAL DISCHARGE INCENTIVES

The Department requests \$2.4 million total funds to be used for the creation of incentives to encourage skilled nursing facilities to admit members from hospitals. The incentives will be paid on an adjustable scale for discharges. This includes a \$1,200 payment per typical discharge of a Medicaid member. Acceptance of a hospital discharge of a complex Medicaid member would result in an \$8,500 for high needs individuals, including those with an intellectual or developmental disability or mental health diagnoses; or persons with a hospital stay 14 plus days post discharge ready for determination and deemed as a challenging placement by the department or its contracted entities. The requirements for receipt of this money will be that the member must remain at the facility for at least 60 days following initial transition or transition to a community-based placement within the same time period. Discharge back into a hospital or hospital-like setting will result in loss of incentive payment.

ESTIMATED HOSPITAL DISCHARGE INCENTIVE PAYMENTS FY 2021-22	
ITEM	AMOUNT
Non-Complex Medicaid Member Discharge Rate	\$1,200
Estimated Number of Medicaid Members Discharged	594
Total Non-Complex Member Payments	\$713,000
Complex Member Discharge Rate	\$8,500
Estimated Number of Complex Members Discharged	200
Total Complex Member Payments	\$1,700,000
TOTAL HOSPITAL DISCHARGE INCENTIVE PAYMENTS	\$2,413,000

ROLL-FORWARD AUTHORITY

The Department requests roll-forward authority for this appropriation in order to account for the time it may take to secure the matching federal funds.

JBC STAFF RECOMMENDATION

JBC staff recommends approval of the Department’s request. Implementation of this budget request will require separate legislation, therefore staff recommends that the appropriation be made in the special bill as opposed to the Department’s supplemental bill.

*JBC Staff Supplemental Recommendations - FY 2021-22
Staff Working Document - Does Not Represent Committee Decision*

Appendix A: Numbers Pages

	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Kim Bimestefer, Executive Director

S1 Medical Services Premiums

(2) MEDICAL SERVICES PREMIUMS

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	8,876,769,374	9,986,500,266	(193,724,244)	(193,724,244)	9,792,776,022
General Fund	1,944,486,087	1,538,562,226	(102,340,617)	(102,340,617)	1,436,221,609
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	11,030,627	11,030,627	1,207,776,789
Reappropriated Funds	40,766,832	83,318,813	(735,599)	(735,599)	82,583,214
Federal Funds	5,608,995,402	6,302,588,866	(101,678,655)	(101,678,655)	6,200,910,211

Total for S1 Medical Services Premiums	8,876,769,374	9,986,500,266	(193,724,244)	(193,724,244)	9,792,776,022
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,944,486,087	1,538,562,226	(102,340,617)	(102,340,617)	1,436,221,609
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	11,030,627	11,030,627	1,207,776,789
Reappropriated Funds	40,766,832	83,318,813	(735,599)	(735,599)	82,583,214
Federal Funds	5,608,995,402	6,302,588,866	(101,678,655)	(101,678,655)	6,200,910,211

JBC Staff Supplemental Recommendations - FY 2021-22
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
S5 Office of Community Living					
(4) OFFICE OF COMMUNITY LIVING					
(A) Division for Individuals with Intellectual and Developmental Disabilities					
Medicaid Programs					
Adult Comprehensive Waiver Services	<u>503,845,540</u>	<u>587,780,599</u>	<u>(3,885,463)</u>	<u>(3,885,463)</u>	<u>583,895,136</u>
General Fund	208,587,557	235,212,336	(24,286,648)	(24,286,648)	210,925,688
Cash Funds	800,001	800,001	18,328,995	18,328,995	19,128,996
Federal Funds	294,457,982	351,768,262	2,072,190	2,072,190	353,840,452
Adult Supported Living Waiver Services	<u>65,883,070</u>	<u>76,430,552</u>	<u>(531,051)</u>	<u>(531,051)</u>	<u>75,899,501</u>
General Fund	24,941,566	25,813,807	(505,782)	(505,782)	25,308,025
Cash Funds	4,090,144	4,967,873	(371,495)	(371,495)	4,596,378
Federal Funds	36,851,360	45,648,872	346,226	346,226	45,995,098
Children's Extensive Support Services	<u>32,668,165</u>	<u>36,844,096</u>	<u>(514,707)</u>	<u>(514,707)</u>	<u>36,329,389</u>
General Fund	14,105,642	14,596,925	(283,146)	(283,146)	14,313,779
Cash Funds	0	0	0	0	0
Federal Funds	18,562,523	22,247,171	(231,561)	(231,561)	22,015,610
Children's Habilitation Residential Program	<u>4,229,118</u>	<u>9,328,155</u>	<u>2,405,067</u>	<u>2,405,067</u>	<u>11,733,222</u>
General Fund	1,708,771	3,964,700	658,190	658,190	4,622,890
Federal Funds	2,520,347	5,363,455	1,746,877	1,746,877	7,110,332
Case Management for People with IDD	<u>0</u>	<u>98,633,608</u>	<u>(8,625,092)</u>	<u>(8,625,092)</u>	<u>90,008,516</u>
General Fund	0	39,394,621	2,376,692	2,376,692	41,771,313
Cash Funds	0	1,313,030	(193,259)	(193,259)	1,119,771
Federal Funds	0	57,925,957	(10,808,525)	(10,808,525)	47,117,432

JBC Staff Supplemental Recommendations - FY 2021-22
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
Family Support Services Program	<u>8,636,298</u>	<u>7,679,672</u>	<u>0</u>	<u>0</u>	<u>7,679,672</u>
General Fund	8,636,298	7,308,510	(75,014)	(75,014)	7,233,496
Cash Funds	0	371,162	75,014	75,014	446,176
Total for S5 Office of Community Living	615,262,191	816,696,682	(11,151,246)	(11,151,246)	805,545,436
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	257,979,834	326,290,899	(22,115,708)	(22,115,708)	304,175,191
Cash Funds	4,890,145	7,452,066	17,839,255	17,839,255	25,291,321
Federal Funds	352,392,212	482,953,717	(6,874,793)	(6,874,793)	476,078,924

JBC Staff Supplemental Recommendations - FY 2021-22
Staff Working Document - Does Not Represent Committee Decision

	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
S6 County administration resources					
(1) EXECUTIVE DIRECTOR'S OFFICE					
(D) Eligibility Determinations and Client Services					
County Administration	<u>76,847,916</u>	<u>104,194,924</u>	<u>3,223,584</u>	<u>3,223,584</u>	<u>107,418,508</u>
General Fund	12,476,154	16,014,288	581,690	581,690	16,595,978
Cash Funds	14,975,853	22,550,330	1,030,102	1,030,102	23,580,432
Federal Funds	49,395,909	65,630,306	1,611,792	1,611,792	67,242,098
Total for S6 County administration resources	76,847,916	104,194,924	3,223,584	3,223,584	107,418,508
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	12,476,154	16,014,288	581,690	581,690	16,595,978
Cash Funds	14,975,853	22,550,330	1,030,102	1,030,102	23,580,432
Federal Funds	49,395,909	65,630,306	1,611,792	1,611,792	67,242,098

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
S9 eConsult program implementation					
(1) EXECUTIVE DIRECTOR'S OFFICE					
(F) Provider Audits and Services					
Professional Audit Contracts	<u>3,148,703</u>	<u>5,122,382</u>	<u>(150,000)</u>	<u>(150,000)</u>	<u>4,972,382</u>
General Fund	1,361,059	1,858,780	(49,500)	(49,500)	1,809,280
Cash Funds	281,124	622,963	(25,500)	(25,500)	597,463
Federal Funds	1,506,520	2,640,639	(75,000)	(75,000)	2,565,639
Total for S9 eConsult program implementation	3,148,703	5,122,382	(150,000)	(150,000)	4,972,382
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,361,059	1,858,780	(49,500)	(49,500)	1,809,280
Cash Funds	281,124	622,963	(25,500)	(25,500)	597,463
Federal Funds	1,506,520	2,640,639	(75,000)	(75,000)	2,565,639

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S10 HCBS ARPA spending authority					
(1) EXECUTIVE DIRECTOR'S OFFICE					
(A) General Administration					
Personal Services	<u>47,513,817</u>	<u>46,430,090</u>	<u>2,520,553</u>	<u>2,520,553</u>	<u>48,950,643</u>
FTE	573.0	560.9	49.5	49.5	610.4
General Fund	15,160,759	17,965,940	0	0	17,965,940
Cash Funds	3,931,315	4,404,610	1,260,277	1,260,277	5,664,887
Reappropriated Funds	1,543,625	1,892,340	0	0	1,892,340
Federal Funds	26,878,118	22,167,200	1,260,276	1,260,276	23,427,476
Health, Life, and Dental	<u>5,264,801</u>	<u>6,863,806</u>	<u>344,789</u>	<u>344,789</u>	<u>7,208,595</u>
General Fund	1,342,322	2,642,297	0	0	2,642,297
Cash Funds	548,313	556,742	172,394	172,394	729,136
Reappropriated Funds	138,532	166,554	0	0	166,554
Federal Funds	3,235,634	3,498,213	172,395	172,395	3,670,608
Short-term Disability	<u>72,366</u>	<u>102,458</u>	<u>3,589</u>	<u>3,589</u>	<u>106,047</u>
General Fund	26,778	50,803	0	0	50,803
Cash Funds	5,695	9,763	1,794	1,794	11,557
Reappropriated Funds	1,607	3,300	0	0	3,300
Federal Funds	38,286	38,592	1,795	1,795	40,387
S.B. 04-257 Amortization Equalization Disbursement	<u>2,188,905</u>	<u>2,360,586</u>	<u>112,177</u>	<u>112,177</u>	<u>2,472,763</u>
General Fund	810,157	924,349	0	0	924,349
Cash Funds	172,037	177,353	56,088	56,088	233,441
Reappropriated Funds	48,635	52,920	0	0	52,920
Federal Funds	1,158,076	1,205,964	56,089	56,089	1,262,053

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
S.B. 06-235 Supplemental Amortization Equalization					
Disbursement	<u>2,188,905</u>	<u>2,360,586</u>	<u>112,177</u>	<u>112,177</u>	<u>2,472,763</u>
General Fund	810,157	924,349	0	0	924,349
Cash Funds	172,037	177,353	56,088	56,088	233,441
Reappropriated Funds	48,635	52,920	0	0	52,920
Federal Funds	1,158,076	1,205,964	56,089	56,089	1,262,053
Operating Expenses	<u>1,788,412</u>	<u>2,775,315</u>	<u>272,968</u>	<u>272,968</u>	<u>3,048,283</u>
General Fund	862,725	1,209,995	0	0	1,209,995
Cash Funds	221,951	251,588	136,484	136,484	388,072
Reappropriated Funds	13,297	13,297	0	0	13,297
Federal Funds	690,439	1,300,435	136,484	136,484	1,436,919
Leased Space	<u>2,559,590</u>	<u>2,790,748</u>	<u>226,601</u>	<u>226,601</u>	<u>3,017,349</u>
General Fund	1,051,765	1,157,045	0	0	1,157,045
Cash Funds	228,030	238,330	113,300	113,300	351,630
Federal Funds	1,279,795	1,395,373	113,301	113,301	1,508,674
General Professional Services and Special Projects	<u>8,992,784</u>	<u>20,770,683</u>	<u>30,560,714</u>	<u>30,560,714</u>	<u>51,331,397</u>
General Fund	2,368,910	6,740,590	0	0	6,740,590
Cash Funds	1,227,887	3,257,637	15,280,357	15,280,357	18,537,994
Reappropriated Funds	150,000	150,000	0	0	150,000
Federal Funds	5,245,987	10,622,456	15,280,357	15,280,357	25,902,813

(1) EXECUTIVE DIRECTOR'S OFFICE

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(C) Information Technology Contracts and Projects

Medicaid Management Information System					
Maintenance and Projects	<u>15,864,583</u>	<u>93,728,681</u>	<u>10,707,693</u>	<u>10,707,693</u>	<u>104,436,374</u>
General Fund	0	16,660,075	0	0	16,660,075
Cash Funds	2,098,574	6,698,062	5,353,846	5,353,846	12,051,908
Reappropriated Funds	12,204	12,204	0	0	12,204
Federal Funds	13,753,805	70,358,340	5,353,847	5,353,847	75,712,187

(2) MEDICAL SERVICES PREMIUMS

Medical and Long-Term Care Services for Medicaid					
Eligible Individuals	<u>8,876,769,374</u>	<u>9,986,500,266</u>	<u>65,205,231</u>	<u>65,205,231</u>	<u>10,051,705,497</u>
General Fund	1,944,486,087	1,538,562,226	0	0	1,538,562,226
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	27,436,097	27,436,097	1,224,182,259
Reappropriated Funds	40,766,832	83,318,813	0	0	83,318,813
Federal Funds	5,608,995,402	6,302,588,866	37,769,134	37,769,134	6,340,358,000

(4) OFFICE OF COMMUNITY LIVING

(A) Division for Individuals with Intellectual and Developmental Disabilities

Medicaid Programs

Adult Comprehensive Waiver Services	<u>503,845,540</u>	<u>587,780,599</u>	<u>40,637,516</u>	<u>40,637,516</u>	<u>628,418,115</u>
General Fund	208,587,557	235,212,336	0	0	235,212,336
Cash Funds	800,001	800,001	17,098,856	17,098,856	17,898,857
Federal Funds	294,457,982	351,768,262	23,538,660	23,538,660	375,306,922

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
Adult Supported Living Waiver Services	<u>65,883,070</u>	<u>76,430,552</u>	<u>8,036,784</u>	<u>8,036,784</u>	<u>84,467,336</u>
General Fund	24,941,566	25,813,807	0	0	25,813,807
Cash Funds	4,090,144	4,967,873	3,381,600	3,381,600	8,349,473
Federal Funds	36,851,360	45,648,872	4,655,184	4,655,184	50,304,056
Children's Extensive Support Services	<u>32,668,165</u>	<u>36,844,096</u>	<u>5,210,625</u>	<u>5,210,625</u>	<u>42,054,721</u>
General Fund	14,105,642	14,596,925	0	0	14,596,925
Cash Funds	0	0	2,192,450	2,192,450	2,192,450
Federal Funds	18,562,523	22,247,171	3,018,175	3,018,175	25,265,346
Children's Habilitation Residential Program	<u>4,229,118</u>	<u>9,328,155</u>	<u>3,955</u>	<u>3,955</u>	<u>9,332,110</u>
General Fund	1,708,771	3,964,700	0	0	3,964,700
Cash Funds	0	0	1,664	1,664	1,664
Federal Funds	2,520,347	5,363,455	2,291	2,291	5,365,746
Case Management for People with IDD	<u>0</u>	<u>98,633,608</u>	<u>1,771,840</u>	<u>1,771,840</u>	<u>100,405,448</u>
General Fund	0	39,394,621	0	0	39,394,621
Cash Funds	0	1,313,030	848,207	848,207	2,161,237
Federal Funds	0	57,925,957	923,633	923,633	58,849,590
(5) OTHER MEDICAL SERVICES					
ARPA HCBS State-only Funds	<u>0</u>	<u>0</u>	<u>13,260,976 4.0</u>	<u>13,260,976 4.0</u>	<u>13,260,976 4.0</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	13,260,976	13,260,976	13,260,976

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
Total for S10 HCBS ARPA spending authority	9,569,829,430	10,973,700,229	178,988,188	178,988,188	11,152,688,417
<i>FTE</i>	<u>573 .0</u>	<u>560.9</u>	<u>53.5</u>	<u>53.5</u>	<u>614.4</u>
General Fund	2,216,263,196	1,905,820,058	0	0	1,905,820,058
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,296,017,037	1,219,598,504	86,650,478	86,650,478	1,306,248,982
Reappropriated Funds	42,723,367	85,662,348	0	0	85,662,348
Federal Funds	6,014,825,830	6,897,335,120	92,337,710	92,337,710	6,989,672,830

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
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S13 Medicaid funding for Connect for Health Colorado

(1) EXECUTIVE DIRECTOR'S OFFICE

(D) Eligibility Determinations and Client Services

Connect for Health Colorado Eligibility Determination	<u>15,945,067</u>	<u>9,653,251</u>	<u>2,266,230</u>	<u>2,266,230</u>	<u>11,919,481</u>
Cash Funds	6,762,934	3,798,350	1,546,809	1,546,809	5,345,159
Federal Funds	9,182,133	5,854,901	719,421	719,421	6,574,322

Total for S13 Medicaid funding for Connect for Health Colorado	15,945,067	9,653,251	2,266,230	2,266,230	11,919,481
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Cash Funds	6,762,934	3,798,350	1,546,809	1,546,809	5,345,159
Federal Funds	9,182,133	5,854,901	719,421	719,421	6,574,322

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S14 Centralized eligibility vendor					
(1) EXECUTIVE DIRECTOR'S OFFICE					
(C) Information Technology Contracts and Projects					
Centralized Eligibility Vendor Contract Project	0	0	<u>1,278,649</u>	<u>1,278,649</u>	<u>1,278,649</u>
General Fund	0	0	0	0	0
Cash Funds	0	0	639,324	639,324	639,324
Federal Funds	0	0	639,325	639,325	639,325
(4) INDIGENT CARE PROGRAM					
Children's Basic Health Plan Administration	<u>1,204,364</u>	<u>5,033,274</u>	<u>114,173</u>	<u>114,173</u>	<u>5,147,447</u>
General Fund	0	0	0	0	0
Cash Funds	370,894	1,652,424	36,238	36,238	1,688,662
Reappropriated Funds	0	0	0	0	0
Federal Funds	833,470	3,380,850	77,935	77,935	3,458,785
Total for S14 Centralized eligibility vendor	1,204,364	5,033,274	1,392,822	1,392,822	6,426,096
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	0	0	0	0	0
Cash Funds	370,894	1,652,424	675,562	675,562	2,327,986
Reappropriated Funds	0	0	0	0	0
Federal Funds	833,470	3,380,850	717,260	717,260	4,098,110

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	FY 2020-21 Actual	FY 2021-22 Appropriation	FY 2021-22 Requested Change	FY 2021-22 Rec'd Change	FY 2021-22 Total w/Rec'd Change
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S15 Move Rx importation funding from OIT to GPS

(1) EXECUTIVE DIRECTOR'S OFFICE

(A) General Administration

Payments to OIT	<u>8,298,082</u>	<u>8,470,924</u>	<u>(296,160)</u>	<u>(296,160)</u>	<u>8,174,764</u>
General Fund	3,218,758	3,454,378	(296,160)	(296,160)	3,158,218
Cash Funds	930,283	910,893	0	0	910,893
Federal Funds	4,149,041	4,105,653	0	0	4,105,653
 General Professional Services and Special Projects	 <u>8,992,784</u>	 <u>20,770,683</u>	 <u>296,160</u>	 <u>296,160</u>	 <u>21,066,843</u>
General Fund	2,368,910	6,740,590	296,160	296,160	7,036,750
Cash Funds	1,227,887	3,257,637	0	0	3,257,637
Reappropriated Funds	150,000	150,000	0	0	150,000
Federal Funds	5,245,987	10,622,456	0	0	10,622,456

Total for S15 Move Rx importation funding from OIT to GPS	17,290,866	29,241,607	0	0	29,241,607
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	5,587,668	10,194,968	0	0	10,194,968
Cash Funds	2,158,170	4,168,530	0	0	4,168,530
Reappropriated Funds	150,000	150,000	0	0	150,000
Federal Funds	9,395,028	14,728,109	0	0	14,728,109

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S17 Remove CUSOM clinical revenue funding

(2) MEDICAL SERVICES PREMIUMS

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	8,876,769,374	9,986,500,266	(26,229,678)	(26,229,678)	9,960,270,588
General Fund	1,944,486,087	1,538,562,226	0	0	1,538,562,226
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	(11,488,599)	(11,488,599)	1,185,257,563
Reappropriated Funds	40,766,832	83,318,813	0	0	83,318,813
Federal Funds	5,608,995,402	6,302,588,866	(14,741,079)	(14,741,079)	6,287,847,787

Total for S17 Remove CUSOM clinical revenue funding	8,876,769,374	9,986,500,266	(26,229,678)	(26,229,678)	9,960,270,588
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,944,486,087	1,538,562,226	0	0	1,538,562,226
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	(11,488,599)	(11,488,599)	1,185,257,563
Reappropriated Funds	40,766,832	83,318,813	0	0	83,318,813
Federal Funds	5,608,995,402	6,302,588,866	(14,741,079)	(14,741,079)	6,287,847,787

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S20 Skilled nursing facility enhanced payments

(2) MEDICAL SERVICES PREMIUMS

Medical and Long-Term Care Services for Medicaid

Eligible Individuals	<u>8,876,769,374</u>	<u>9,986,500,266</u>	<u>20,001,000</u>	<u>20,001,000</u>	<u>10,006,501,266</u>
General Fund	1,944,486,087	1,538,562,226	10,000,500	10,000,500	1,548,562,726
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	0	0	1,196,746,162
Reappropriated Funds	40,766,832	83,318,813	0	0	83,318,813
Federal Funds	5,608,995,402	6,302,588,866	10,000,500	10,000,500	6,312,589,366

Total for S20 Skilled nursing facility enhanced payments	8,876,769,374	9,986,500,266	20,001,000	20,001,000	10,006,501,266
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
General Fund	1,944,486,087	1,538,562,226	10,000,500	10,000,500	1,548,562,726
General Fund Exempt	0	865,284,199	0	0	865,284,199
Cash Funds	1,282,521,053	1,196,746,162	0	0	1,196,746,162
Reappropriated Funds	40,766,832	83,318,813	0	0	83,318,813
Federal Funds	5,608,995,402	6,302,588,866	10,000,500	10,000,500	6,312,589,366

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Totals Excluding Pending Items					
HEALTH CARE POLICY AND FINANCING					
TOTALS for ALL Departmental line items	11,401,509,001	13,279,794,040	(25,383,344)	(25,383,344)	13,254,410,696
<i>FTE</i>	<u>607.8</u>	<u>601.4</u>	<u>53.5</u>	<u>53.5</u>	<u>654.9</u>
General Fund	2,678,736,069	2,481,011,526	(113,923,635)	(113,923,635)	2,367,087,891
General Fund Exempt	390,989	865,704,200	0	0	865,704,200
Cash Funds	1,581,672,946	1,595,483,422	107,258,734	107,258,734	1,702,742,156
Reappropriated Funds	43,025,959	87,674,424	(735,599)	(735,599)	86,938,825
Federal Funds	7,097,683,038	8,249,920,468	(17,982,844)	(17,982,844)	8,231,937,624