

JOINT BUDGET COMMITTEE



SUPPLEMENTAL BUDGET REQUESTS FY 2022-23

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (Behavioral Health Only)

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

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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
- **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 2022-23 APPROPRIATION AND RECOMMENDATION

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: RECOMMENDED CHANGES FOR FY 2022-23

	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2022-23 APPROPRIATION						
H.B. 22-1329 (Long Bill)	\$1,759,470,734	\$441,586,163	\$185,178,680	\$4,747,037	\$1,127,958,854	668.2
Other Legislation	7,737,920	1,911,326	3,046,246	72,750	2,707,598	27.8
CURRENT FY 2022-23 APPROPRIATION:	\$1,767,208,654	\$443,497,489	\$188,224,926	\$4,819,787	\$1,130,666,452	696.0
RECOMMENDED CHANGES						
Current FY 2022-23 Appropriation	\$1,767,208,654	443,497,489	\$188,224,926	\$4,819,787	\$1,130,666,452	696.0
S2 Behavioral Health	45,221,048	(11,570,183)	5,252,102	0	51,539,129	0.0
S6 Public health emergency funding	2,210,141	662,451	443,530	0	1,104,160	0.0
S8 ARPA HCBS Adjustment	7,251,259	0	(2,514,084)	0	9,765,343	0.0
S10 Provider enrol fee & estate recoveries	465,841	(122,196)	972,458	0	(384,421)	0.0
S11 Behavioral health crisis response	(135,360)	(135,360)	0	0	0	0.0
S12 eConsult transfer between lines	(250,000)	(125,000)	0	0	(125,000)	0.0

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING: RECOMMENDED CHANGES FOR FY 2022-23						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
S13 Utilization & quality review disallowance	1,183,837	1,183,837	0	0	0	0.0
S14 Federal match non-forecast items	0	(4,804,804)	0	0	4,804,804	0.0
S15 Birthing equity	(1,903,091)	(839,264)	0	0	(1,063,827)	0.0
S16 Implement SB 22-236 & SB 21-131	353,278	105,984	70,655	0	176,639	2.8
NP OIT Supp. Real time billing	4,313,750	856,732	516,479	76	2,940,463	0.0
Human Services	729,885	364,942	0	0	364,943	0.0
RECOMMENDED FY 2022-23 APPROPRIATION:	\$1,826,649,242	\$429,074,628	\$192,966,066	\$4,819,863	\$1,199,788,685	698.8
RECOMMENDED INCREASE/(DECREASE)	\$59,440,588	(\$14,422,861)	\$4,741,140	\$76	\$69,122,233	2.8
Percentage Change	3.4%	(3.3%)	2.5%	0.0%	6.1%	0.4%
FY 2022-23 EXECUTIVE REQUEST	\$1,791,865,938	\$430,172,994	\$171,348,340	\$4,819,863	\$1,185,524,741	709.8
Request Above/(Below) Recommendation	(\$34,783,304)	\$1,098,366	(\$21,617,726)	\$0	(\$14,263,944)	11.0

* Please note that only the highlighted/shaded items are discussed in this document. The other items are addressed in separate JBC Staff documents.

REQUEST/RECOMMENDATION DESCRIPTIONS

S2 BEHAVIORAL HEALTH PROGRAMS: The Department requests and staff recommends a net increase of \$45.2 million total funds for behavioral health services. That total includes a *decrease* of \$11.6 million General Fund that is offset by increases of \$5.3 million cash funds and \$52.5 million federal funds. The overall changes are primarily driven by the extension of the federal public health emergency beyond the date assumed in the original appropriation, which both increased enrollment (a condition of the enhanced federal match is that no member may be disenrolled during the emergency) and increased the federal funds available because of the enhanced federal match.

S11 BEHAVIORAL HEALTH CRISIS RESPONSE FUNDING: The Department’s official request proposes a reduction of \$67,680 General Fund for FY 2022-23 associated with the implementation of statewide training for the crisis response system required by H.B. 21-1166 (Behavioral Health Crisis Response Training) and H.B. 22-1189 (Behavioral Health Crisis Response Training Deadlines, a JBC bill).

Based on updated information provided by the Department, staff recommends a reduction of \$135,360 for FY 2022-23 to eliminate the appropriation for the current year. The Department now expects *all of the expenditures* associated with these bills (a total of \$203,040 identified in the Final Legislative Council Staff Fiscal Note for H.B. 21-1166) to take place in FY 2023-24. Staff anticipates making a recommendation to appropriate that full amount during figure setting for FY 2023-24.

S15 ADVANCING BIRTHING EQUITY: The Department requests and the JBC staff recommends a decrease of \$1,903,091 total funds to eliminate funding for the High Risk Pregnant Women Program line item for FY 2022-23. The staff recommendation includes a reduction of \$839,264 General Fund and \$1,063,827 federal funds, which differs slightly from the original request due to a technical correction related to the enhanced federal match request for FY 2022-23. This line item previously supported services for pregnant individuals with substance use disorders (funds were transferred to the Department of Human Services who then contracted for the services). With the expansion of the substance use disorder benefit, pregnant members now have access to these services through the standard Medicaid benefit, rather than needing the specialized High Risk Pregnant Women program.

Thus, the separate funding for this program is no longer necessary. The Committee should note that the Department of Human Services has a corresponding “non-prioritized” supplemental request to eliminate the reappropriated funds for this program that are reflected in the Department of Human Services section of the Long Bill.

PRIORITIZED SUPPLEMENTAL REQUESTS

S2 BEHAVIORAL HEALTH

	REQUEST	RECOMMENDATION
TOTAL	\$45,221,048	\$45,221,048
General Fund	(11,570,183)	(11,570,183)
Cash Funds	5,252,102	5,252,102
Federal Funds	51,539,129	51,539,129

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 increase of \$45.2 million total funds, including a *decrease* of \$11.6 million General Fund that is offset by increases in cash and federal funds, based on a new projection of enrollment and expenditures under current law. Most behavioral health services, which include both mental health and substance use-related services, are provided to Medicaid clients through a statewide managed care or "capitated" program. The Department contracts with “regional accountable entities” (RAEs) to provide or arrange for behavioral health services for clients enrolled with each RAE¹. Each RAE receives a pre-determined monthly amount for each Medicaid client who is eligible for behavioral health services and enrolled with the RAE. The "per-member-per-month" rates paid to each RAE are unique for each Medicaid eligibility category in each geographic region. These rates are periodically adjusted based on clients’ actual utilization of behavioral health services and the associated expenditures. The forecast used for the original FY 2022-23 appropriation incorporated trend data through December 2021 while the latest forecast used for this supplemental request incorporates data through June 2022. The Department will submit a new forecast in February that uses data through December 2022. 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.

STAFF RECOMMENDATION

Staff recommends approval of the request. The new forecast uses more recent data than the forecast used for the original appropriation, and 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.

¹ Clients are attributed to RAEs based on the location of their primary care provider, rather than their own address.

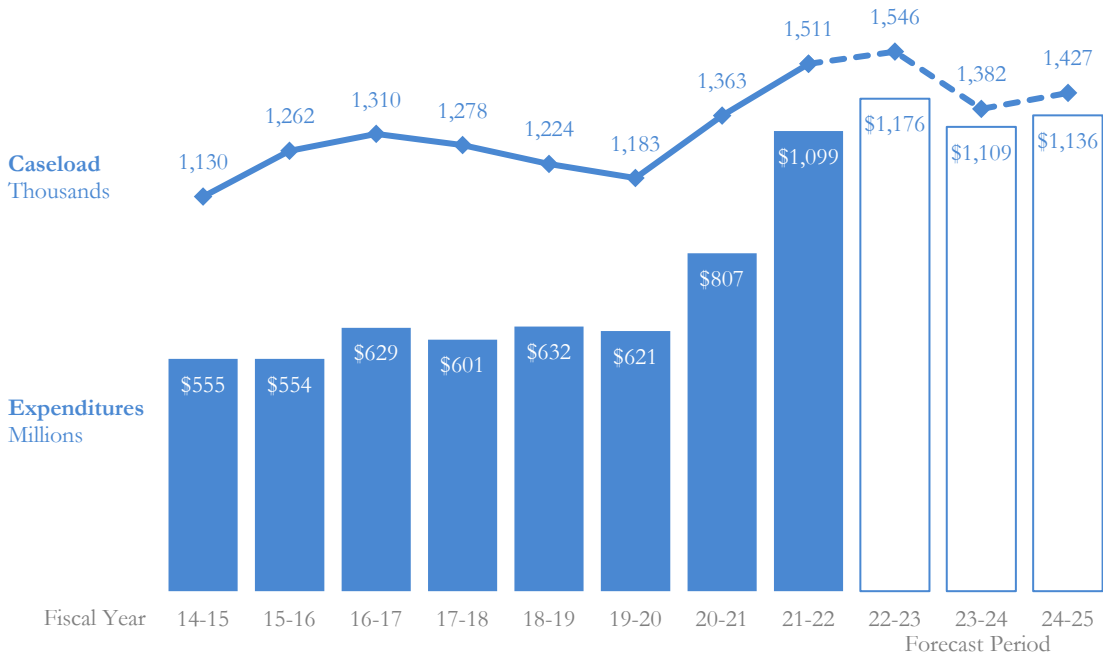
STAFF ANALYSIS

FORECAST SUMMARY

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

Behavioral Health Capitation Payments and Caseload

November 2022 forecast, reconciliations adjusted for date of service



The table below shows the major contributors to the change from the FY 2022-23 appropriation to the Department's November 2022 forecast for FY 2022-23. It does not show differences from FY 2021-22 expenditures.

FY 2022-23 Behavioral Health Enrollment/Utilization Trends				
	TOTAL FUNDS	GENERAL FUND	OTHER STATE	FEDERAL FUNDS
FY 2022-23 Appropriation	\$1,131,039,135	\$272,281,483	\$84,161,905	\$774,595,747
Enrollment	82,638,492	14,159,853	5,431,879	63,046,760
Per capita	(29,677,763)	(7,227,198)	1,487,899	(23,938,464)
Medical loss ratio recoupment	(7,739,681)	(1,961,327)	(488,631)	(5,289,723)
Federal match for public health emergency	0	(16,541,511)	(1,179,045)	17,720,556
TOTAL	\$1,176,260,183	\$260,711,300	\$89,414,007	\$826,134,876
Increase/(Decrease)	45,221,048	(11,570,183)	5,252,102	51,539,129
Percentage Change	4.0%	-4.2%	6.2%	6.7%

ENROLLMENT: Actual Medicaid enrollment is running slightly higher than the Department had forecast in February, but most of this increase is to account for the extension of the federal public health emergency. As a condition of accepting the 6.2 percent enhanced federal match that is available during the federal public health emergency, the Department cannot disenroll anyone from Medicaid or decrease their benefits due to a change in income.

PER CAPITA: The final capitated payments developed through the rate setting process were slightly lower than the Department had forecasted in February and the Department made some adjustments for groups enrolled in Medicaid that do not receive a capitation payment.

MEDICAL LOSS RATIO RECOUPMENT: The forecast includes an adjustment for money the Department expected to recoup from the Managed Care Entities (MCEs) related to the medical loss ratio from FY 2020-21 (and recouped in December 2022). The Department requires the MCEs to spend at least 85.0 percent of funds on medical services. When the MCEs fall below that target, the Department recoups the difference.

FEDERAL MATCH FOR PUBLIC HEALTH EMERGENCY: The appropriation assumed the enhanced federal match would be available through June 2022 and the forecast reflects two additional quarters with the enhanced federal match through December 2022. Since the request was submitted, the federal public health emergency was extended again so that the enhanced federal match is available through March 2023 and will then phase down through the last quarter of the fiscal year. The Department's February forecast will reflect this new information. Each quarter the federal public health emergency is extended saves the state approximately \$100 million General Fund across all Medicaid programs after accounting for the increase in enrollment and the decrease in the state match.

S11 BEHAVIORAL HEALTH CRISIS RESPONSE FUNDING

	REQUEST	RECOMMENDATION
TOTAL	(\$67,680)	(\$135,360)
General Fund	(67,680)	(135,360)

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**. The original appropriation did not anticipate the degree of delays in procurement associated with this program.

DEPARTMENT REQUEST

The Department requests a reduction of \$67,680 General Fund for FY 2022-23 associated with the implementation of statewide training for the crisis response system required by H.B. 21-1166 (Behavioral Health Crisis Response Training) and H.B. 22-1189 (Behavioral Health Crisis Response Training Deadlines, a JBC bill). Those bills require the Department to implement statewide training on a comprehensive care coordination and treatment model for providers serving people with intellectual and developmental disabilities and co-occurring behavioral health needs. However, delays in procurement have slowed implementation of the program and the Department is requesting the adjustment to align with anticipated expenditures.

STAFF RECOMMENDATION

Based on updated information provided by the Department, staff recommends a reduction of \$135,360 for FY 2022-23 to eliminate the funding provided for this project in the current year and instead assume that all expenditures (a total of \$203,040 based on the Final Legislative Council Staff

Fiscal Note for H.B. 21-1166) will take place in FY 2023-24. Therefore, staff anticipates recommending an appropriation of \$203,040 General Fund for this purpose in FY 2023-24 to allow the Department to complete the trainings anticipated in the previous bills.

STAFF ANALYSIS

House Bills 21-1166 requires the Department to implement statewide training on a comprehensive care coordination and treatment model for providers serving people with intellectual and developmental disabilities and co-occurring behavioral health needs. The bill set specific deadlines for procurement and the implementation of training. The bill appropriated \$67,680 General Fund to the Department for FY 2021-22 to begin implementation and assumed an appropriation of \$135,360 in FY 2022-23 to complete the trainings (that amount was appropriated in the FY 2022-23 Long Bill).

However, a failed procurement delayed the Department's implementation of the bill and the entire FY 2021-22 appropriation reverted to the General Fund. In 2022 the JBC sponsored H.B. 22-1189 to eliminate the deadlines from the original bill – but that bill did not adjust any of the appropriations. Following the reversion in FY 2021-22 and anticipating reversions in FY 2022-23, the Department is requesting adjustments in S11 to align appropriations with anticipated expenditures.

The following summarizes the timeline to date for the implementation of the program.

- June 15, 2021: Governor signs H.B. 21-1166 into law. The bill required the Department to procure a vendor to implement the training by January 1, 2022, regional service agencies to nominate up to 20 providers to receive the training by March 1, 2022, and selected providers to complete the training by March 30, 2023. The bill includes an appropriation of \$67,680 General Fund for FY 2021-22 – and the Final Legislative Council Staff Fiscal Note for the bill estimates a need for \$135,360 in FY 2022-23.
- October 27, 2021: The Department issues a solicitation for vendors to provide the training. However, no vendors responded to the solicitation. The Department did not have any costs associated with the bill in FY 2021-22 and reverted \$67,680 to the General Fund.
- January 2022: The Department submits a supplemental request proposing to roll-forward the FY 2021-22 appropriation because of the lack of response to the solicitation. Instead, the JBC sponsors H.B. 22-1189 to eliminate the deadlines for procurement and adjust the deadlines for providers to identify participants (within 60 days of vendor selection) and to train participants (within 1 year of vendor selection). The bill does not include any changes to appropriations but the Final Legislative Council Staff Fiscal Note indicates that it assumes that any changes will be addressed through the budget process.
- April 2022: The FY 2022-23 Long Bill appropriates \$135,360 for this training in FY 2022-23, consistent with the Fiscal Note's expectations for year 2 of implementation.
- October 11, 2022: The Department issues a second solicitation and receives one response. As of January 2023, the Department is still in negotiations with the vendor.
- January 2023: The Department submits S11/BA11 proposing to align appropriations for the program with the current timeline for implementation (reducing the appropriation for FY 2022-23 by \$67,680 and proposing an appropriation of \$135,360 for FY 2023-24).

While the request assumes that the Department would spend \$67,680 in FY 2022-23, the Department now reports that “it has recently become clear through this [procurement and negotiation] process that the vendor will not be able to start the trainings until FY 2023-24, with training cohorts taking place in the fall of 2023 and the spring of 2024. All of the work will be completed in FY 2023-24.”

Based on that information, the Department submitted revised tables to JBC Staff proposing to eliminate the entire appropriation of \$135,360 General Fund for FY 2022-23 and instead appropriate a total of \$203,040 General Fund for FY 2023-24. That amount aligns with the total appropriation anticipated in the original legislation but would make the entire appropriation in FY 2023-24 rather than spreading the amount over two years.

In alignment with the updated information, staff recommends eliminating the entire \$135,360 General Fund appropriation for FY 2022-23 and anticipates recommending an appropriation of \$203,040 during figure setting for FY 2023-24.

S15 BIRTHING EQUITY

	REQUEST	RECOMMENDATION
TOTAL	(\$1,903,091)	(\$1,903,091)
General Fund	(951,546)	(839,264)
Federal Funds	(951,545)	(1,063,827)

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: The request is the result of a **technical error in the appropriation** which did not account for the fact that the appropriation was no longer necessary.

DEPARTMENT REQUEST

The Department requests a reduction of \$1,903,091 total funds, including \$951,546 General Fund, to eliminate the appropriation for the High Risk Pregnant Women Program line item in FY 2022-23.

STAFF RECOMMENDATION

Staff recommends approving the requested elimination in FY 2022-23. The line item is no longer necessary as Medicaid members now receive these services through the standard Medicaid benefit. The Department is not spending the money through this line item and its elimination will not impact any services.

STAFF ANALYSIS

Prior to the expansion of inpatient and residential substance use treatment as part of the standard Medicaid (Behavioral Health Capitation) program, this line item supported services for pregnant women with substance use problems. The program sought to help women have healthier pregnancies and healthier babies by providing case management, individual and group counseling, health education, and residential treatment during pregnancy and up to one year after delivery by contracting with several providers to operate Special Connections Programs.

However, with the expansion of substance use treatment services through the capitation program in FY 2020-21, the line item is no longer necessary. The Department reported \$548,821 in actual expenditures for the program in FY 2020-21 during the ramp up of the residential SUD benefit. The

Department has indicated that it requested retaining an appropriation in FY 2021-22 in case of “straggler” expenses but the program did not have any expenditures that year. JBC Staff agrees that continuing the appropriation in FY 2022-23 is unnecessary and represents a technical error in the original appropriation. Eliminating the appropriation will not affect any services provided to clients.

The Committee should note that the Department of Human Services has submitted a companion “non-prioritized” supplemental request to eliminate the associated appropriation of reappropriated funds in that section of the Long Bill. In addition, both Departments have submitted decision items requesting that the funding be eliminated for FY 2023-24.

JBC Staff Supplemental Recommendations - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

Appendix A: Numbers Pages

	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2022-23 Requested Change	FY 2022-23 Rec'd Change	FY 2022-23 Total w/Rec'd Change
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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Kim Bimestefer, Executive Director

S2 Behavioral health programs

(3) BEHAVIORAL HEALTH COMMUNITY PROGRAMS

Behavioral Health Capitation Payments	<u>852,041,516</u>	<u>1,118,068,471</u>	<u>46,775,087</u>	<u>46,775,087</u>	<u>1,164,843,558</u>
General Fund	0	269,399,988	(11,110,422)	(11,110,422)	258,289,566
Cash Funds	63,158,906	83,315,662	5,383,252	5,383,252	88,698,914
Reappropriated Funds	0	0	0	0	0
Federal Funds	788,882,610	765,352,821	52,502,257	52,502,257	817,855,078
Behavioral Health Fee-for-service Payments	<u>12,592,071</u>	<u>12,970,664</u>	<u>(1,554,039)</u>	<u>(1,554,039)</u>	<u>11,416,625</u>
General Fund	2,280,953	2,881,495	(459,761)	(459,761)	2,421,734
Cash Funds	871,824	846,243	(131,150)	(131,150)	715,093
Reappropriated Funds	0	0	0	0	0
Federal Funds	9,439,294	9,242,926	(963,128)	(963,128)	8,279,798
Total for S2 Behavioral health programs	864,633,587	1,131,039,135	45,221,048	45,221,048	1,176,260,183
<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	2,280,953	272,281,483	(11,570,183)	(11,570,183)	260,711,300
Cash Funds	64,030,730	84,161,905	5,252,102	5,252,102	89,414,007
Reappropriated Funds	0	0	0	0	0
Federal Funds	798,321,904	774,595,747	51,539,129	51,539,129	826,134,876

JBC Staff Supplemental Recommendations - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2022-23 Requested Change	FY 2022-23 Rec'd Change	FY 2022-23 Total w/Rec'd Change
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S11 Behavioral health crisis response funding

(1) EXECUTIVE DIRECTOR'S OFFICE

(A) General Administration

General Professional Services and Special Projects	<u>15,288,124</u>	<u>69,154,379</u>	<u>(67,680)</u>	<u>(135,360)</u>	<u>69,019,019</u>
General Fund	3,837,133	8,779,012	(67,680)	(135,360)	8,643,652
Cash Funds	2,892,967	25,419,903	0	0	25,419,903
Reappropriated Funds	69,000	81,000	0	0	81,000
Federal Funds	8,489,024	34,874,464	0	0	34,874,464

Total for S11 Behavioral health crisis response funding	15,288,124	69,154,379	(67,680)	(135,360)	69,019,019
<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	3,837,133	8,779,012	(67,680)	(135,360)	8,643,652
Cash Funds	2,892,967	25,419,903	0	0	25,419,903
Reappropriated Funds	69,000	81,000	0	0	81,000
Federal Funds	8,489,024	34,874,464	0	0	34,874,464

JBC Staff Supplemental Recommendations - FY 2022-23
Staff Working Document - Does Not Represent Committee Decision

	FY 2021-22 Actual	FY 2022-23 Appropriation	FY 2022-23 Requested Change	FY 2022-23 Rec'd Change	FY 2022-23 Total w/Rec'd Change
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S15 Advancing birthing equity

(7) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS

(D) Behavioral Health Administration - Medicaid Funding

DHS Previous Structure

High Risk Pregnant Women Program	0	1,903,091	(1,903,091)	(1,903,091)	0
General Fund	0	951,546	(951,546)	(839,264)	112,282
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	951,545	(951,545)	(1,063,827)	(112,282)
Total for S15 Advancing birthing equity	0	1,903,091	(1,903,091)	(1,903,091)	0
<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	951,546	(951,546)	(839,264)	112,282
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	951,545	(951,545)	(1,063,827)	(112,282)

Totals Excluding Pending Items					
HEALTH CARE POLICY AND FINANCING					
TOTALS for ALL Departmental line items	12,507,306,765	14,221,064,397	43,250,277	43,182,597	14,264,246,994
<i>FTE</i>	<u>629.6</u>	<u>741.8</u>	<u>0.0</u>	<u>0.0</u>	<u>741.8</u>
General Fund	2,810,055,234	2,995,517,141	(12,589,409)	(12,544,807)	2,982,972,334
General Fund Exempt	0	1,089,329,337	0	0	1,089,329,337
Cash Funds	1,400,957,637	1,838,980,393	5,252,102	5,252,102	1,844,232,495
Reappropriated Funds	85,027,684	95,058,195	0	0	95,058,195
Federal Funds	8,211,266,210	8,202,179,331	50,587,584	50,475,302	8,252,654,633