

# JOINT BUDGET COMMITTEE



## SUPPLEMENTAL BUDGET REQUESTS FY 2022-23

### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING (Office of Community Living)

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

PREPARED BY:  
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# DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

## DEPARTMENT OVERVIEW

The Department of Health Care Policy and Financing helps pay health 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, administering Medicaid Waivers, and housing the Commission on Family Medicine Residency Training Programs.

This Joint Budget Committee staff budget briefing covers the Office of Community Living Division that oversees home- and community-based services for individuals with intellectual and developmental disabilities. The division is responsible for the following functions related to the provision of services by community-based providers:

- Administration of four Medicaid waivers for individuals with developmental disabilities;
- Establishment of service reimbursement rates;
- Ensuring compliance with federal Centers for Medicare and Medicaid rules and regulations;
- Communication and coordination with Community Centered Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of the Family Support Services Program.

## 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
<b>FY 2022-23 APPROPRIATION</b>						
H.B. 22-1329 (Long Bill)	\$14,175,863,675	\$4,079,738,465	\$1,805,089,552	\$94,985,445	\$8,196,050,213	711.7
Other Legislation	45,200,722	5,108,013	33,890,841	72,750	6,129,118	30.1
<b>CURRENT FY 2022-23 APPROPRIATION:</b>	<b>\$14,221,064,397</b>	<b>\$4,084,846,478</b>	<b>\$1,838,980,393</b>	<b>\$95,058,195</b>	<b>\$8,202,179,331</b>	<b>741.8</b>
<b>RECOMMENDED CHANGES</b>						
Current FY 2022-23 Appropriation	\$14,221,064,397	4,084,846,478	\$1,838,980,393	\$95,058,195	\$8,202,179,331	741.8
S1 Medical Services Premiums	255,702,423	(160,547,818)	(3,920,627)	0	420,170,868	0.0
S2 Behavioral Health	45,221,048	(11,570,183)	5,252,102	0	51,539,129	0.0
S3 Child Health Plan Plus	(31,177,243)	(16,311,787)	2,220,103	0	(17,085,559)	0.0
S4 Medicare Modernization Act	(6,613,654)	(6,613,654)	0	0	0	0.0
S5 Office of Community Living	(21,697,423)	(39,079,985)	633,347	0	16,749,215	0.0
S6 Public health emergency funding	2,210,141	662,451	443,530	0	1,104,160	0.0
S8 ARPA HCBS Adjustment	(27,456,472)	0	(16,846,611)	0	(10,609,861)	0.0
S9 Public school health services	(19,537,512)	0	(15,450,768)	0	(4,086,744)	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
S13 Utilization & quality review disallowance	1,183,837	1,183,837	0	0	0	0.0
S14 Federal match non-forecast items	3,096,118	(4,714,704)	(10,537,379)	(13,950)	18,362,151	0.0
S15 Birthing equity	(1,903,091)	(951,546)	0	0	(951,545)	0.0
S16 Implement SB 22-236 & SB 21-131	353,278	105,984	70,655	0	176,639	2.8
S19 Alternative payment model	3,189,221	852,217	182,376	0	2,154,628	0.0
S21 Denver Health one-time payment	1,423,920	1,423,920	0	0	0	0.0
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
<b>RECOMMENDED FY 2022-23 APPROPRIATION:</b>	<b>\$14,430,183,104</b>	<b>\$3,850,124,328</b>	<b>\$1,802,516,058</b>	<b>\$95,044,321</b>	<b>\$8,682,498,397</b>	<b>744.6</b>
<b>RECOMMENDED INCREASE/(DECREASE)</b>	<b>\$209,118,707</b>	<b>(\$234,722,150)</b>	<b>(\$36,464,335)</b>	<b>(\$13,874)</b>	<b>\$480,319,066</b>	<b>2.8</b>
Percentage Change	1.5%	(5.7%)	(2.0%)	(0.0%)	5.9%	0.4%
<b>FY 2022-23 EXECUTIVE REQUEST</b>	<b>\$14,399,721,825</b>	<b>\$3,850,317,008</b>	<b>\$1,783,956,055</b>	<b>\$95,044,321</b>	<b>\$8,670,404,441</b>	<b>751.6</b>
Request Above/(Below) Recommendation	(\$30,461,279)	\$192,680	(\$18,560,003)	\$0	(\$12,093,956)	7.0

\*Note: This document only covers the decision items highlighted above. All other requests for the Department of Health Care Policy and Financing will be covered in separate staff supplemental documents presented by Eric Kurtz and Craig Harper.

### REQUEST/RECOMMENDATION DESCRIPTIONS

**S5 OFFICE OF COMMUNITY LIVING:** The Department requests and JBC staff recommends a net decrease of \$21.7 million total funds, including a decrease of \$39.0 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, 2022 forecast.

**S8 ARPA HCBS ADJUSTMENTS:** The Department’s request includes a decrease of \$58.2 million total funds to true up spending authority for the Department’s ARPA Home and Community Based Services Spending Plan. This true up is driven primarily by the federal government extending the deadline for which these funds can be spent, allowing the Department to move current year costs into future years. After the initial submission the Department has unofficially updated their request with new anticipated figures. JBC staff’s recommendation aligns with the unofficial request equating to a decrease of \$27.5 million total funds.

**PRIORITIZED SUPPLEMENTAL REQUESTS**

**S5 OFFICE OF COMMUNITY LIVING**

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>(\$21,697,423)</b>	<b>(\$21,697,423)</b>
General Fund	(39,079,985)	(39,079,985)
Cash Funds	633,347	633,347
Federal Funds	16,749,215	16,749,215

**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 \$21.7 million total funds, including a decrease of \$39.1 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. A significant driver in the reduction of General Fund included in this request is the enhanced federal match tied to the ongoing Public Health Emergency. The S5 request accounts for the enhanced match through December 2022. Recent federal legislation has indicated that the public health emergency will be extended through March 2023, with a gradual step down in the enhanced rates for the following quarters.

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.

*MEDICAID PROGRAMS*

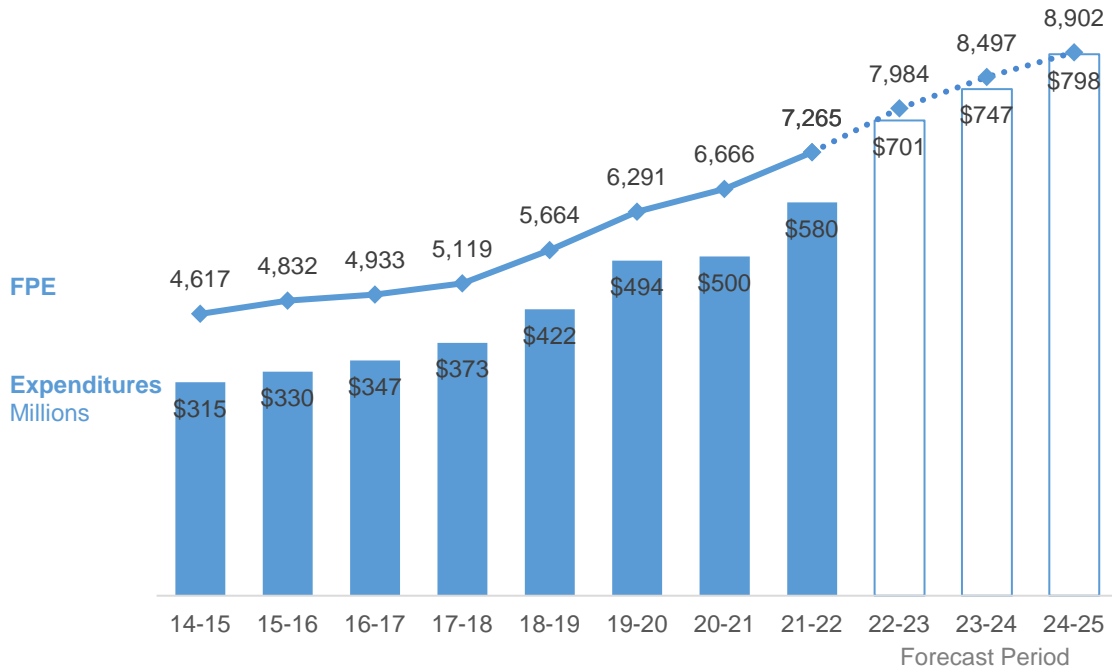
Comprehensive/Developmental Disabilities Waiver

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 2022-23 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.

The estimated FY 2022-23 maximum enrollment in the Comprehensive waiver is 8,791 members. With the accounting for churn and enrollment lag, the estimated fiscal year-end enrollment is an estimated 8,392 members. The forecast is based on the number of FPE who are anticipated to be served, in this case 7,984 at an anticipated cost of \$87,770 per FPE. The request reflects a net decrease of \$10.6 million total funds, including a decrease of \$27.1 million General Fund.

Comprehensive Services

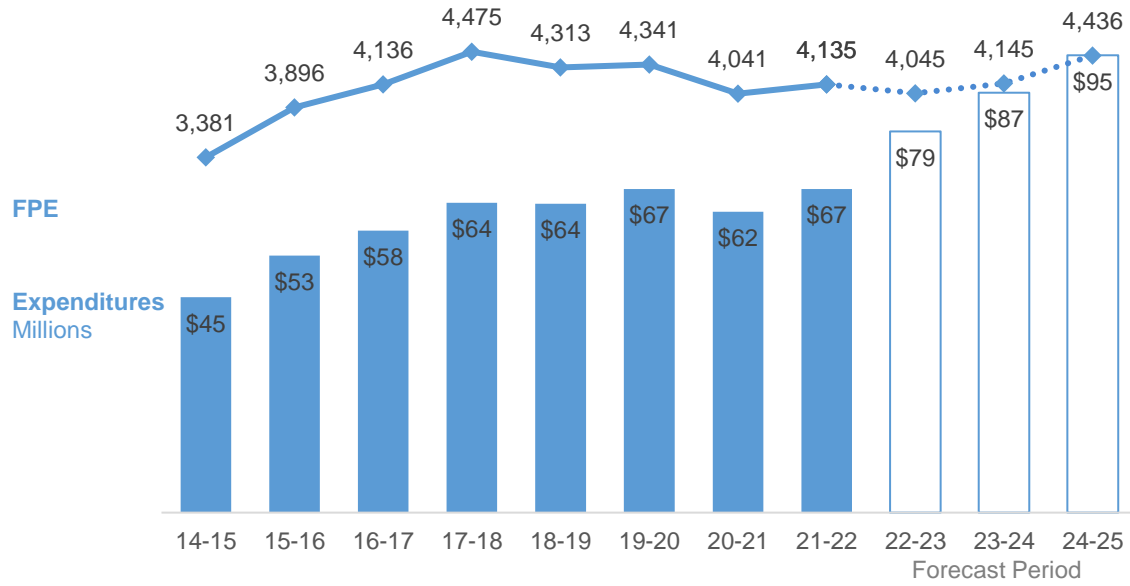


Supported Living Services Waiver

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 2022-23 is 4,045 with an average cost of \$19,515. There is no waiting list for SLS waiver enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends.

The forecast reflects a pretty stable FPE for previous and upcoming fiscal years 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 a net decrease of \$1.7 million total funds, including \$3.8 General Fund in FY 2022-23.

Supported Living Services

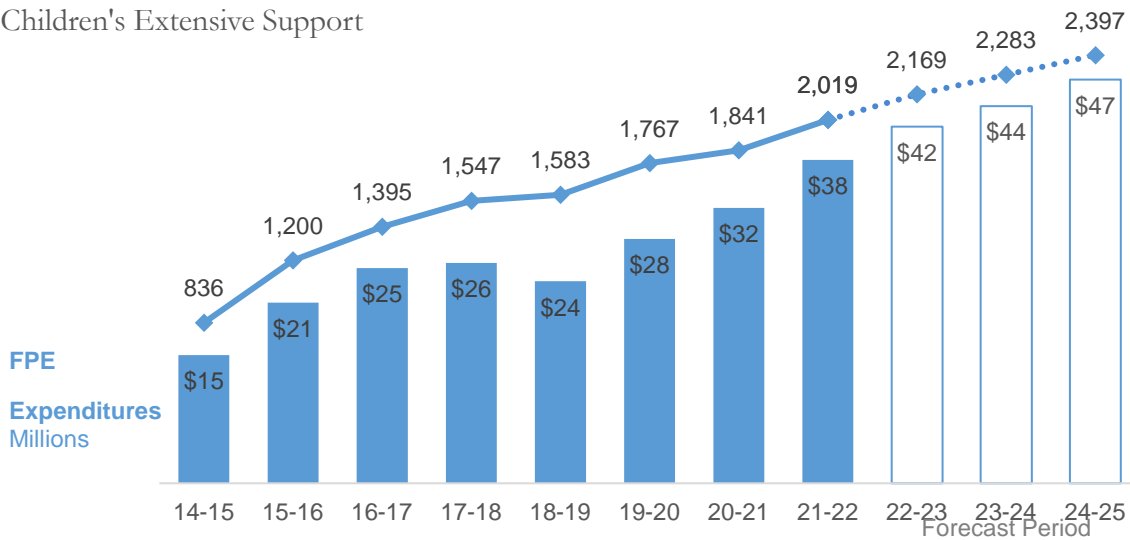


Children’s Extensive Support Waiver

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 2022-23 is 2,169, at an average cost of \$19,180. There is no waiting list for CES enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends.

The Department projects a net decrease of \$0.9 million total funds, including a decrease of \$1.7 million General Fund.

Children's Extensive Support



Children's Habilitation Residential Program Waiver

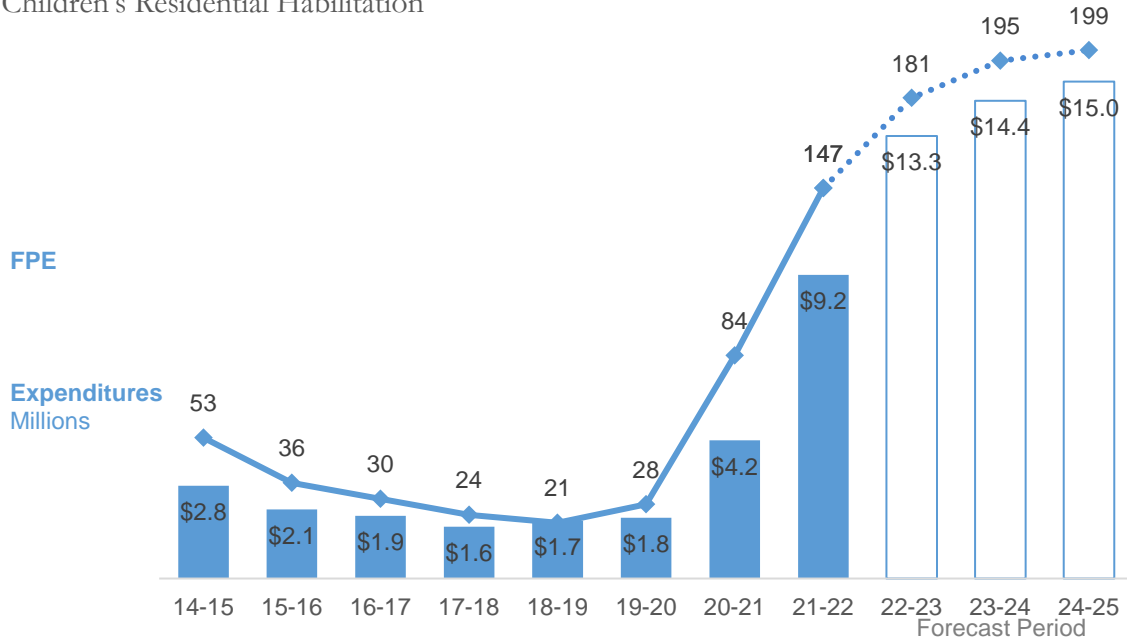
The Children’s Habilitation Residential Program (CHRP) waiver provides residential services for children and youth in foster care or at risk of child welfare involvement who have a developmental



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 2022-23 is 181 at an average cost of \$73,679. There is no waiting list for CHRP enrollment, therefore the Department adjusts costs based on actual enrollment, utilization, and per capita trends.

The November forecast reflects an upward trend resulting in an increase of \$1.2 million total funds, including \$231,969 General Fund.

Children's Residential Habilitation



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. The State’s 20 Community Centered Boards receive a per member per month TCM payment for each client which is expected to total \$24.4 million in FY 2022-23.
- 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 (an estimated \$6.6 million in FY 2022-23).
- 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 (an estimated \$6.5 million in FY 2022-23). 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 net decrease of \$9.8 million total funds, including a decrease of \$6.7 million General Fund for case management activities in FY 2022-23.

*FEDERAL FUNDS*

The extension of the public health emergency declaration means that Colorado is eligible for an additional federal match through the third quarter of FY 22-23. The Department will reflect the public health emergency extension in its February 2023 forecast. The adjustment related to the extension 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 FY 2022-23. Federal legislation states that the enhanced rate will end and begin stepping down in the third quarter of FY 22-23, because of this staff does not expect the public health emergency to be extended beyond that point.

*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 2022 forecast reflects a decrease of \$2.9 million General Fund for state funded programs

**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.

**S8 ARPA HCBS ADJUSTMENTS**

	REQUEST	RECOMMENDATION
<b>TOTAL</b>	<b>(\$58,235,431)</b>	<b>(\$27,456,472)</b>
FTE	7.0	0.0
General Fund	0	0
Cash Funds	(35,406,614)	(16,846,611)
Federal Funds	(22,828,817)	(10,609,861)

**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 decrease of \$58.2 million total funds for FY 22-23 as well as extending the rollforward authority on HCBS funds to FY 24-25.

**STAFF RECOMMENDATION:** Staff recommends that the Committee approve a decrease of \$27.5 total funds based on more recent Department projections. The Department indicates that the original request misrepresented a need for the funds that had already been appropriated with rollforward

authority. Staff also recommends extending the rollforward authority associated with the HCBS Improvement Fund for an additional year.

**STAFF ANALYSIS:** During the FY 2021-22 supplemental process, the Department requested \$179.0 million total funds, including \$86.7 million cash funds from the Home and Community-based Services Improvement Fund and 53.5 FTE for the implementation of the American Rescue Plan Act Home and Community based Services (HCBS) Spending Plan approved by the Centers for Medicare and Medicaid Services (CMS) and the Joint Budget Committee (JBC) in September 2021. This request included roll-forward spending authority for funds through March 31, 2024.

The Department's FY 2022-23 BA-10 "American Rescue Plan Act Spending Authority" requested formal spending authority of an additional \$78.6 million total funds for the ARPA HCBS spending plan. Since this request was approved the Department has identified additional funding available for reinvestment through the finalization of enhanced match projections, the opportunity to draw down a larger federal match on technology projects, and the reduction of the projected amounts for HCBS rate increases. This funding must be reinvested through the spending plan, per federal regulation.

On June 3, 2022, CMS issued State Medicaid Director Letter #22-002. This letter gave the Department the opportunity to extend the deadline by which the funds in the Home and Community Based Services Improvements Fund can be spent until March 31, 2025, rather than March 31, 2024. Because of this, the Department is requesting to extend the life of the approved projects through FY 24-25.

The Department's revised request of a \$27.5 million total funds decrease is offset by increases in other areas of the FY 2023-24 budget request. For example, this S8 supplemental request has a corresponding budget amendment (BA8) that would increase spending authority by \$9.9 million in FY 23-24 and \$3.2 million in FY 24-25 to reflect the extension of the CMS deadline. The Department is also accounting for the HCBS ARPA funds through its FY 23-24 R13 Case Management Redesign (\$3.6 million) and R7 Provider Rate Adjustments (\$11.7 million) requests.

Because of the deadline extension, the Department is requesting to use some of the approved funds for temporary staff salary increases (3%, in line with the executive branch common policy request, equating to \$131,230), retention payments (\$334,254), and to extend employee contracts through FY 24-25 (\$1.1 million). In addition, the Department is requesting to use available funds to provide Case Management Agencies \$5.6 million for retention, startup, and transition costs. House Bill 21-1187 (Long-term Services and Support Case Management Redesign) directed the Department to consolidate IDD, LTSS, and Private Agencies into overarching Case Management Agencies (CMAs). This transition will consolidate from 44 agencies to 20 agencies with the first contracts starting in November 2023. As part of this transition process, new CMAs are expected to have start-up costs such as staffing, equipment, and IT software. CMAs will also be working through the process with case managers continuing to support members. As such, the Department requests to provide start-up cost support through a grant process for CMAs and to provide incentive payments for case managers that work through the transition. This request is separate from the Department's R13 Case Management Redesign request that will provide new blended per member per month rates for CMAs.

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*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**

**S5 OCL Caseload**

**(4) OFFICE OF COMMUNITY LIVING**

**(A) Division for Individuals with Intellectual and Developmental Disabilities**

**Medicaid Programs**

Adult Comprehensive Waiver Services	<u>593,246,267</u> 0.0	<u>713,885,548</u>	<u>(10,639,705)</u>	<u>(10,639,705)</u>	<u>703,245,843</u>
General Fund	188,425,770	333,336,878	(27,141,831)	(27,141,831)	306,195,047
Cash Funds	31,135,458	23,605,897	21,357	21,357	23,627,254
Reappropriated Funds	0	0	0	0	0
Federal Funds	373,685,039	356,942,773	16,480,769	16,480,769	373,423,542
Adult Supported Living Waiver Services	<u>68,257,740</u>	<u>80,658,077</u>	<u>(1,701,073)</u>	<u>(1,701,073)</u>	<u>78,957,004</u>
General Fund	19,279,569	30,977,592	(3,770,179)	(3,770,179)	27,207,413
Cash Funds	5,981,477	9,351,449	471,974	471,974	9,823,423
Reappropriated Funds	0	0	0	0	0
Federal Funds	42,996,694	40,329,036	1,597,132	1,597,132	41,926,168
Children's Extensive Support Services	<u>37,846,959</u>	<u>42,487,893</u>	<u>(878,126)</u>	<u>(878,126)</u>	<u>41,609,767</u>
General Fund	13,413,358	20,280,542	(1,728,966)	(1,728,966)	18,551,576
Cash Funds	623,899	963,405	0	0	963,405
Reappropriated Funds	0	0	0	0	0
Federal Funds	23,809,702	21,243,946	850,840	850,840	22,094,786

*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
Children's Habilitation Residential Program	<u>9,153,153</u>	<u>12,047,333</u>	<u>1,290,910</u>	<u>1,290,910</u>	<u>13,338,243</u>
General Fund	3,335,090	6,023,119	231,969	231,969	6,255,088
Cash Funds	5,089	548	0	0	548
Reappropriated Funds	0	0	0	0	0
Federal Funds	5,812,974	6,023,666	1,058,941	1,058,941	7,082,607
Case Management for People with IDD	<u>80,740,234</u>	<u>102,087,659</u>	<u>(9,769,429)</u>	<u>(9,769,429)</u>	<u>92,318,230</u>
General Fund	36,766,240	49,770,813	(6,670,978)	(6,670,978)	43,099,835
Cash Funds	762,621	2,535,297	140,016	140,016	2,675,313
Reappropriated Funds	0	0	0	0	0
Federal Funds	43,211,373	49,781,549	(3,238,467)	(3,238,467)	46,543,082
Family Support Services Program	<u>9,818,346</u>	<u>7,825,842</u>	<u>2,901,200</u>	<u>2,901,200</u>	<u>10,727,042</u>
General Fund	9,373,496	7,825,842	2,901,200	2,901,200	10,727,042
Cash Funds	444,850	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
State Supported Living Services	<u>4,898,139</u>	<u>10,337,979</u>	<u>(5,295,723)</u>	<u>(5,295,723)</u>	<u>5,042,256</u>
General Fund	4,898,139	10,337,979	(5,295,723)	(5,295,723)	5,042,256
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0
State Supported Living Services Case Management	<u>4,494,161</u>	<u>2,519,109</u>	<u>2,394,523</u>	<u>2,394,523</u>	<u>4,913,632</u>
General Fund	4,494,161	2,519,109	2,394,523	2,394,523	4,913,632
Cash Funds	0	0	0	0	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

*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
<b>Total for S5 OCL Caseload</b>	808,454,999	971,849,440	(21,697,423)	(21,697,423)	950,152,017
<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	279,985,823	461,071,874	(39,079,985)	(39,079,985)	421,991,889
Cash Funds	38,953,394	36,456,596	633,347	633,347	37,089,943
Reappropriated Funds	0	0	0	0	0
Federal Funds	489,515,782	474,320,970	16,749,215	16,749,215	491,070,185

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	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
<b>S8 ARPA HCBS Adjustment</b>					
<b>(1) EXECUTIVE DIRECTOR'S OFFICE</b>					
<b>(A) General Administration</b>					
Personal Services	<u>51,242,435</u>	<u>57,919,026</u>	<u>(322,501)</u>	<u>(869,738)</u>	<u>57,049,288</u>
FTE	600.5	693.0	11.0	0.0	693.0
General Fund	16,861,340	21,353,128	0	0	21,353,128
Cash Funds	4,699,898	6,314,203	(232,403)	(434,872)	5,879,331
Reappropriated Funds	1,772,301	2,273,021	0	0	2,273,021
Federal Funds	27,908,896	27,978,674	(90,098)	(434,866)	27,543,808
Health, Life, and Dental	<u>7,071,991</u>	<u>9,269,011</u>	<u>(16,097)</u>	<u>(129,611)</u>	<u>9,139,400</u>
General Fund	2,642,297	3,552,746	0	0	3,552,746
Cash Funds	660,834	860,931	(8,047)	(64,808)	796,123
Reappropriated Funds	166,554	229,292	0	0	229,292
Federal Funds	3,602,306	4,626,042	(8,050)	(64,803)	4,561,239
Short-term Disability	<u>104,617</u>	<u>95,356</u>	<u>(290)</u>	<u>(1,461)</u>	<u>93,895</u>
General Fund	50,803	35,944	0	0	35,944
Cash Funds	10,843	8,492	(144)	(732)	7,760
Reappropriated Funds	3,300	2,119	0	0	2,119
Federal Funds	39,671	48,801	(146)	(729)	48,072
S.B. 04-257 Amortization Equalization Disbursement	<u>2,428,087</u>	<u>2,980,995</u>	<u>(9,067)</u>	<u>(45,559)</u>	<u>2,935,436</u>
General Fund	924,349	1,123,363	0	0	1,123,363
Cash Funds	211,103	266,467	(4,533)	(22,783)	243,684
Reappropriated Funds	52,920	66,241	0	0	66,241
Federal Funds	1,239,715	1,524,924	(4,534)	(22,776)	1,502,148

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	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
S.B. 06-235 Supplemental Amortization Equalization					
Disbursement	<u>2,428,087</u>	<u>2,980,996</u>	<u>(9,067)</u>	<u>(45,559)</u>	<u>2,935,437</u>
General Fund	924,349	1,123,363	0	0	1,123,363
Cash Funds	211,103	266,467	(4,533)	(22,783)	243,684
Reappropriated Funds	52,920	66,241	0	0	66,241
Federal Funds	1,239,715	1,524,925	(4,534)	(22,776)	1,502,149
Operating Expenses	<u>2,528,896</u>	<u>3,115,868</u>	<u>(167,562)</u>	<u>(48,572)</u>	<u>3,067,296</u>
General Fund	1,209,995	1,258,892	0	0	1,258,892
Cash Funds	233,675	270,625	(93,218)	(24,286)	246,339
Reappropriated Funds	13,297	59,204	0	0	59,204
Federal Funds	1,071,929	1,527,147	(74,344)	(24,286)	1,502,861
Leased Space	<u>1,363,822</u>	<u>3,745,236</u>	<u>(115,282)</u>	<u>(72,070)</u>	<u>3,673,166</u>
General Fund	443,581	1,384,850	0	0	1,384,850
Cash Funds	238,330	434,705	(57,641)	(36,038)	398,667
Reappropriated Funds	0	31,842	0	0	31,842
Federal Funds	681,911	1,893,839	(57,641)	(36,032)	1,857,807
General Professional Services and Special Projects	<u>15,288,124</u>	<u>69,154,379</u>	<u>(27,160,860)</u>	<u>8,781,631</u>	<u>77,936,010</u>
General Fund	3,837,133	8,779,012	0	0	8,779,012
Cash Funds	2,892,967	25,419,903	(16,066,792)	5,601,520	31,021,423
Reappropriated Funds	69,000	81,000	0	0	81,000
Federal Funds	8,489,024	34,874,464	(11,094,068)	3,180,111	38,054,575

**(1) EXECUTIVE DIRECTOR'S OFFICE**



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**(C) Information Technology Contracts and Projects**

Medicaid Management Information System					
Maintenance and Projects	<u>10,393,942</u>	<u>47,502,581</u>	<u>(48,999)</u>	<u>(317,802)</u>	<u>47,184,779</u>
General Fund	0	2,908,573	0	0	2,908,573
Cash Funds	1,135,444	11,386,476	(7,664,499)	(7,509,302)	3,877,174
Reappropriated Funds	0	12,204	0	0	12,204
Federal Funds	9,258,498	33,195,328	7,615,500	7,191,500	40,386,828

**(2) MEDICAL SERVICES PREMIUMS**

Medical and Long-Term Care Services for Medicaid					
Eligible Individuals	<u>9,756,293,144</u>	<u>10,482,357,710</u>	<u>(18,498,687)</u>	<u>(19,895,458)</u>	<u>10,462,462,252</u>
General Fund	2,179,055,708	1,810,303,236	0	0	1,810,303,236
General Fund Exempt	0	1,088,947,539	0	0	1,088,947,539
Cash Funds	1,087,673,430	1,252,446,475	(7,525,950)	(8,224,336)	1,244,222,139
Reappropriated Funds	82,610,308	90,013,408	0	0	90,013,408
Federal Funds	6,406,953,698	6,240,647,052	(10,972,737)	(11,671,122)	6,228,975,930

**(4) OFFICE OF COMMUNITY LIVING**

**(A) Division for Individuals with Intellectual and Developmental Disabilities**

**Medicaid Programs**

Adult Comprehensive Waiver Services	<u>593,246,267 0.0</u>	<u>713,885,548</u>	<u>(46,491,957)</u>	<u>(9,098,375)</u>	<u>704,787,173</u>
General Fund	188,425,770	333,336,878	0	0	333,336,878
Cash Funds	31,135,458	23,605,897	(22,625,626)	(3,927,566)	19,678,331
Reappropriated Funds	0	0	0	0	0
Federal Funds	373,685,039	356,942,773	(23,866,331)	(5,170,809)	351,771,964

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	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
Adult Supported Living Waiver Services	<u>68,257,740</u>	<u>80,658,077</u>	<u>37,349,937</u>	<u>(2,892,004)</u>	<u>77,766,073</u>
General Fund	19,279,569	30,977,592	0	0	30,977,592
Cash Funds	5,981,477	9,351,449	19,042,542	(1,078,428)	8,273,021
Reappropriated Funds	0	0	0	0	0
Federal Funds	42,996,694	40,329,036	18,307,395	(1,813,576)	38,515,460
Children's Extensive Support Services	<u>37,846,959</u>	<u>42,487,893</u>	<u>(3,540,235)</u>	<u>(1,926,810)</u>	<u>40,561,083</u>
General Fund	13,413,358	20,280,542	0	0	20,280,542
Cash Funds	623,899	963,405	(1,479,290)	(963,405)	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	23,809,702	21,243,946	(2,060,945)	(963,405)	20,280,541
Children's Habilitation Residential Program	<u>9,153,153</u>	<u>12,047,333</u>	<u>59</u>	<u>(548)</u>	<u>12,046,785</u>
General Fund	3,335,090	6,023,119	0	0	6,023,119
Cash Funds	5,089	548	30	(548)	0
Reappropriated Funds	0	0	0	0	0
Federal Funds	5,812,974	6,023,666	29	0	6,023,666
Case Management for People with IDD	<u>80,740,234</u>	<u>102,087,659</u>	<u>(945,835)</u>	<u>(1,421,796)</u>	<u>100,665,863</u>
General Fund	36,766,240	49,770,813	0	0	49,770,813
Cash Funds	762,621	2,535,297	(427,522)	(665,504)	1,869,793
Reappropriated Funds	0	0	0	0	0
Federal Funds	43,211,373	49,781,549	(518,313)	(756,292)	49,025,257

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**(5) OTHER MEDICAL SERVICES**

ARPA HCBS State-only Funds	0	56,589,558 4.0	1,741,012 (4.0)	527,260 0.0	57,116,818 4.0
General Fund	0	0	0	0	0
Cash Funds	0	56,589,558	1,741,012	527,260	57,116,818
Reappropriated Funds	0	0	0	0	0
Federal Funds	0	0	0	0	0

<b>Total for S8 ARPA HCBS Adjustment</b>	10,638,387,498	11,686,877,226	(58,235,431)	(27,456,472)	11,659,420,754
<i>FTE</i>	<u>600.5</u>	<u>697 .0</u>	<u>7 .0</u>	<u>0 .0</u>	<u>697 .0</u>
General Fund	2,467,169,582	2,292,212,051	0	0	2,292,212,051
General Fund Exempt	0	1,088,947,539	0	0	1,088,947,539
Cash Funds	1,136,476,171	1,390,720,898	(35,406,614)	(16,846,611)	1,373,874,287
Reappropriated Funds	84,740,600	92,834,572	0	0	92,834,572
Federal Funds	6,950,001,145	6,822,162,166	(22,828,817)	(10,609,861)	6,811,552,305

<b>Totals Excluding Pending Items</b>					
<b>HEALTH CARE POLICY AND FINANCING</b>					
<b>TOTALS for ALL Departmental line items</b>	12,507,306,765	14,221,064,397	(79,932,854)	(49,153,895)	14,171,910,502
<i>FTE</i>	<u>629.6</u>	<u>741.8</u>	<u>7 .0</u>	<u>0 .0</u>	<u>741.8</u>
General Fund	2,810,055,234	2,995,517,141	(39,079,985)	(39,079,985)	2,956,437,156
General Fund Exempt	0	1,089,329,337	0	0	1,089,329,337
Cash Funds	1,400,957,637	1,838,980,393	(34,773,267)	(16,213,264)	1,822,767,129
Reappropriated Funds	85,027,684	95,058,195	0	0	95,058,195
Federal Funds	8,211,266,210	8,202,179,331	(6,079,602)	6,139,354	8,208,318,685