



COLORADO

**Department of Health Care
Policy & Financing**

Quarterly Report #9

Implementation of the American Rescue Plan Act of 2021, Section 9817

*Enhancing Colorado's Home and Community-Based Services
System through an Enhanced Federal Match*

November 1, 2023

Submitted to: The Joint Budget Committee

Quarterly Report
July 2023- September 2023

Colorado Spending Plan Quarterly Report to the Joint Budget Committee

Table of Contents

Key Takeaways	3
Introduction	3
Budget Overview	6
Project Overview	11
Stakeholder Engagement	13
Administrative Status & Hiring	14
Analytics & Project Tracking	17
Oversight & Compliance	25
Timeline and Next Steps	31
Appendix 1: Project Descriptions & Updates	33
1. Strengthen the Workforce & Enhance Rural Sustainability	33
2. Improve Crisis & Acute Services	44
3. Improve Access to HCBS For Underserved Populations	47
4. Support Post-COVID Recovery & HCBS Innovation	57
5. Strengthen Case Management Redesign	69
6. Invest in Tools & Technology	75
7. Expand Emergency Preparedness	90
8. Enhance Quality Outcomes	91
Appendix 2: Resources	101

Key Takeaways

The Department of Health Care Policy & Financing (HCPF) continues to make significant strides towards meeting the milestones for implementation of our 63 initiatives outlined in our ARPA HCBS spending plan. This abbreviated quarterly report includes an update on HCPF's implementation efforts. Those projects that have had a change in their scope or budget over the past quarter are highlighted. Detailed information about these changes is included in **Appendix 1**. All new content added to the appendix is colored in blue font for easy identification. Since our last quarterly report, HCPF has:

- Completed fiscal year close-out for 95 contracts and executed 76 new or amended contracts for SFY 2023-2024;
- Engaged stakeholders by hosting a general webinar and 21 project-specific meetings, and published [2 newsletters](#) to inform about, and gain input on, the Department's ARPA HCBS projects;
- Completed monitoring of 25 projects with an external vendor to ensure oversight, monitoring, and compliance with federal and state regulations;
- Launched a new grantee monitoring effort to include desk reviews and site visits to ensure appropriate oversight of ARPA HCBS grant programs;
- Initiated work on post project sustainability plans for 62 active projects, with expected completion of a first draft in the next quarter;
- Executed 436 grantee agreements with individuals, providers, and non-profit organizations across 19 large-scale grant initiatives.

Introduction

The Colorado Department of Health Care Policy & Financing (HCPF) continues to make significant progress towards implementation of the state's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan.

The Department remains focused on the goals laid out in our initial plan:

- To supercharge existing initiatives
- Support the COVID-19 response and recovery
- Foster innovation and long-term transformative change
- Increase quality and fiscal stewardship

The 63 projects HCPF is supporting through these funds are focused on improving access to community-based services and supports, strengthening the provider network, and investing in the critical workforce providing the services. The initiatives will also improve access by expanding availability of services, streamlining processes

and enhancing quality for members and their families. These initiatives fall into the following eight categories:

1. Strengthen the Workforce & Enhance Rural Sustainability
2. Improve Crisis & Acute Services
3. Improve Access to HCBS For Underserved Populations
4. Support Post-COVID Recovery & HCBS Innovation
5. Strengthen Case Management Redesign
6. Invest in Tools & Technology
7. Expand Emergency Preparedness
8. Enhance Quality Outcomes

Since our last report, submitted on August 1, 2023, the 62 active projects continue to make progress towards their goals. The ARPA project support team has been focused on ensuring projects remain on track with their spending, as well as meet critical deadlines. The team also continues to develop resources and tools to support the project teams leading the work. Over this last quarter, the team has been particularly focused on the ARPA HCBS grant programs and ensuring that grantees have the information that they need, as well as setting up a new grant monitoring program. The ARPA project support team continues to leverage the project management software and uses dashboards to ensure consistent tracking of progress and monitoring for risks or issues. The new spending dashboard developed last quarter has been very useful in helping to track project spending in comparison to budget forecasts. Continued tracking of spending, utilizing this dashboard, will be critical as we begin to wind down over the coming year.

Between July and September 2023, HCPF hosted one stakeholder meeting attended by providers, advocates, members, and families to continue to keep them informed on the overall progress across our ARPA HCBS initiatives and to garner feedback and recommendations. In addition to this large stakeholder webinar, project-specific engagement has continued. HCPF also leverages the ARPA HCBS webpage as a method of communication and transparency and has released two new ARPA Project Pulse Newsletters, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

Per the [State Medicaid Director's Letter](#) sent on June 3, 2022, the Centers for Medicare and Medicaid Services is allowing for a one-year extension for states to spend the 10% enhanced FMAP funds allowed under ARPA Section 9817. Spending now must conclude on or before March 31, 2025, instead of the previous end date of March 31, 2024. HCPF is leveraging a portion of this additional time and will conclude all spending by December 31, 2024.

The ARPA Leadership Team has continued to review individual project requests to extend beyond their original end date of March 31, 2024. Project teams that feel that they need additional time to complete their initiative successfully must present to the Leadership Team justification for the extension and a new timeline for completion. Project teams continue to be encouraged to maintain their initial timeline and project schedule unless there were substantial risks to underspending or not successfully completing the project by the original deadline of March 31, 2024. Since our last quarterly report (**table 1**), fourteen additional projects have requested and received approval to change their project completion date. For the majority of the projects, the scope and budget are not changing, but instead they are extending their end date to ensure successful completion of project goals.

We anticipate that a small number of additional projects may still come forward to request an extension of their timeline. These additional extension requests would be made based on unexpected barriers that emerge that threaten the ability of the team to complete on the original timeline, or as shown above, to accommodate small scope changes to expand the project’s capacity.

Table 1. Initiatives with Approved Extended Timelines (Since Last Report)

Project #	Project Name	New End Date
1.03	Standardized Core Curriculum & Specialization	June 30, 2024
1.07	Public Awareness Campaign	May 31, 2024
1.10	Rural Sustainability Plan & Investment	July 31, 2024
4.01	Residential Innovation	June 30, 2024
4.01	Residential Innovation	August 30, 2024
4.04	Tiered Residential Rates & Benefits	June 30, 2024
4.07	New Systems of Care	December 2, 2024
4.09	Respite Rate Enhancements	May 15, 2024
6.07	Innovative Tech Integration	December 31, 2024
6.09	Update to Salesforce Database	June 28, 2024
6.14	Data Sharing with State Unit on Aging (SUA)	June 30, 2024

8.07	eConsult to Improve Quality	October 31, 2024
8.08	HCBS Provider Quality Dashboard	October 31, 2024
8.11	ESPDT Benefits Training	June 28, 2024

As a reminder, also included in the June 3, 2022 State Medicaid Directors letter, was a change to the ARPA HCBS reporting requirements. Both a budget and narrative report were required to be submitted 75 days before the start of the October 1, 2022 federal fiscal quarter (submitted to CMS on July 18, 2022). Following that summer submission, states were only required to submit a budget update to CMS on a quarterly basis and a narrative every other quarter. If changes are requested to project scopes, or if new projects are proposed, then a narrative report should also be submitted in the off quarters. Given this change in reporting cadence, HCPF is submitting a budget report and abbreviated narrative report to the Joint Budget Committee this quarter. All 63 ARPA HCBS project descriptions are listed in **Appendix 1**, though only those with either a budget or scope change have included additional information about those changes. All new content added to the Appendix since our previous report, is in blue text for ease of identification.

Budget Overview

The ‘ARPA Spending Plan Colorado October 2023’ attached provides projected and actual spending amounts for each of Colorado’s planned activities and significant updates including an updated forecast for expenditures.

Expenditure Overview

As shown in **table 2**, the Department estimates it has spent \$61.2 million on projects that do not include rate increases, with a total of approximately \$70.0 million obligated. Expenditures identified in this category include contracts, grants, administrative costs, etc. We continue to see increased spending in our contracts and grant line as these have significantly sped up in the past several quarters. Additionally, the Department estimates that it has spent \$220.0 million on rate increases through September 30, 2023.

Table 2. HCBS Funding Overview

Project Area	Total Current Budget	Encumbered/ Allocated*	Estimated Amount Spent
Spending Plan Projects Excluding Rate Increases	\$296.75	\$70.04M	\$61.17M
Spending Plan Rate Increases	\$256.14M	N/A	\$219.79M
Total	\$552.89M	\$70.04M	\$281.15M

**Encumbered/Allocated amounts do not include expended amounts; rather, they reflect executed contract amounts that have not yet been spent and rate increases that are built into the claims payment system through the allocated time period. Encumbered amount for spending plan projects is currently an estimate; will be finalized soon with new FY 2023-24 contracts.*

Revised Estimates

The Department’s current forecast estimates \$552.9 million in expenditure to support enhancing, expanding, and strengthening our HCBS system, including \$313.83 million from state funds and \$239.1 million from matching federal funds. The total forecasted state funds amount currently exceeds the Department’s available cash funds, due to a recalculation of the available cash funds. The Department is currently discussing ways to address the shortfall and will include this in a future quarterly report. The funding will be spread out over four fiscal years as shown in **table 3** below. With the recent extension allowed by CMS, the spending will now continue into FY 2024-25, with all spending concluding in December 2024.

Table 3. Revised Planned Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
\$552.9 million	\$86.8 million	\$174.3 million	\$286.5 million	\$5.3 million

Budget Changes and New Funds Requested

The budget changes reflected in **table 4** below are those that have been proposed since our last quarterly report. Through our continued efforts to better forecast the planned spending for each project through the end of the ARPA HCBS spending timeframe, several projects identified excess funds in their project budgets that were no longer needed to support the project’s goals. Additionally, a number of projects have identified a need for an increase in the budgets to support new components of

their project or costs that are higher than anticipated. The projects that have an increase in their budget because of a scope change are denoted with an asterisk (*) in the table below. As a reminder, a ‘reallocation fund’ was established, to hold funds that were not yet obligated to a particular project but could be reallocated when requests came in. The ARPA Leadership team has begun reviewing proposals and making recommendations about where these funds should be reallocated. Additionally, it should be noted that project 5.02 will utilize a portion of their requested additional funds to support the hiring of term-limited FTEs to help with the Public Health Emergency Unwind and eligibility renewal of HCBS members. All outlined budget changes are subject to approval by the Colorado Joint Budget Committee (JBC) and Centers for Medicare and Medicaid Services (CMS). More detailed information about these changes can be found in **Appendix 1** under the associated project.

Table 4. Project Budget Adjustments (July-September 2023)

Project Number	Project Name	Budget Change	Description
1.01	Increase Payments to Providers and Workers	-\$6,171,521	Budget was decreased due to projections for costs of base wage being lower than expected.
1.05 *	Training Fund	-\$2,850,000	Forecast for grant funding is lower than anticipated thus budget was decreased.
3.04	Training for Members & Families	-\$4,750	Project budget included funding to create training materials, but that work was completed by another ARPA project.
3.07	Wrap-Around Services, including Peer Supports for members with Complex Needs	+\$1,816,280	More than anticipated demand and interest for the Peer Support Grants; funds added to offer a second cycle.
4.02	Promote Single Occupancy	-\$6,891,342	Lower than expected grantee interest after two application periods.

4.04 *	Tiered Residential Rates & Benefits	+\$232,185	Increase is a result of expanded work on tiered rates methodology and budget projections for the new rate.
4.07	New Systems of Care	-\$7,108,192.84	Lower than expected interest in grants after extensive marketing efforts and extending the application deadline.
4.09	Respite Rate Enhancement	-\$4,105,000	Respite rate increases came in much lower than forecasted.
4.12	Community First Choice	+\$109,276	This increase covers the cost for agencies to apply for a Class A CDPHE license, if they choose. Additional funds were also added to correct for a previous error.
5.02 *	LTC Eligibility - Outreach during 90-day reconsideration period	+\$2,400,000	Funding provides targeted support during the reconsideration period for HCBS members so they can submit verifications and complete renewals to keep their coverage.
5.05	CMA Training Program	+\$90,850	Increase funding to support contractor due to extension of the project.
6.06 *	HCBS Digital Transformation	+\$7,914,250	Increased funding to support the grant program. Demand far exceeded expectations so additional funds were add in the second grant cycle, as well as funding for additional grant management support for the team. Funds were also added for an environmental scan of Behavioral Health providers use of and interoperability of EHR

			systems.
6.06b *	County Cybersecurity	+\$200,000	Additional funds to support a vendor to conduct a full assessment of cost & timeline for implementing cloud-based services & VPN connections for remote access.
6.14 *	Data Sharing with the SUA	+\$20,000	Increase funds to address gaps and opportunities in data-sharing including efforts to increase CMA and AAA cross knowledge, identifying barriers to data-sharing in CO, and reporting on promising data-sharing practices in other states. All project funds moved from MMIS line to GPS line due to change in scope.
7.02	Emergency Preparedness	-\$2,066,500	Grant applications are lower than expected, which has created a surplus in funding.
8.02 *	Provider Oversight	+\$300,000	Fund additional work to include development of provider training modules that help set providers up for success with the enrollment process but also the delivery of HCBS services. Will review off the shelf products that are available to better track provider status and survey metric.
8.06 *	Pace Licensure	+\$314,200	Added funds will be used to test the PACE audit tool with onsite audits, make changes to procedures, if needed, based on audits, and produce a final report.

8.07 *	eConsult to Improve Quality	+\$100,000	Team will expand the scope to add a research component to support disability competency in primary care and FQHC settings.
8.08	HCBS Provider Quality Dashboard	-\$235,000	After executing the final contract for this project, the team discovered a budget surplus that is not needed to complete the project.

* Indicate those projects that have a budget increase as a result of a change in their scope.

Project Overview

HCPF continues to make significant progress towards executing the 62 active initiatives to enhance, expand, and strengthen Colorado’s HCBS system. To date, one of the 63 projects has closed (project 5.03 Case Management Rates) and 2 projects are in active close-out (1.08 Home Health Delegation 1.09 Workforce Compensation Research). A complete listing of projects by category may be found in **Table 5**.

Project Scope Changes

There have been scope changes made to eleven projects since our last report. These projects, as well as those that have had a change in their budget, have more information about their changes in the project description section in **Appendix 1**. All scope and budget changes are subject to approval by the Colorado JBC and CMS.

- **Project 1.05 HCBS Workforce Training Fund** has added funds to support the creation of a module on Health Equity/Health Disparities for people with disabilities.
- **Project 3.06 Expand the BH Safety Net** will utilize existing project funds to update the Child & Adolescent Needs and Strengths (CANS) assessment to move-forward a multi-pronged approach to support children and youth with complex needs.
- **Project 4.03 Child Youth Step-Down Options and Provider Recruitment** will use existing funds to perform an analysis to determine the impact of moving the CHP+ program from a standalone program to a program folded into the larger Medicaid benefit.

- **Project 4.04 Tiered Residential Rates & Benefits** will expand work to enable the vendor to develop tiered rates based on the tiered rate methodology that has been created. Additionally, the vendor will produce budget projections for the impact of the new rate.
- **Project 4.10 Home Modification Budget Enhancements** has extended the funding timeline to allow more time for members to benefit from the enhanced rate.
- **Project 5.02 Improve and Expedite LTC Eligibility** has added to its scope as well as added funds to support outreach, expedited eligibility processing of renewals, communications, toolkits, and escalations for the HCBS procedural denials initiative as part of the PHE Unwind efforts and revalidation.
- **Project 6.06 Provider Digital Transformation** will perform an environmental scan of Community Mental Health Centers use of and interoperability of EHR systems.
- **Project 6.06b County Cybersecurity** will use additional funding to conduct a full assessment of cost and timeline for implementing cloud-based services and VPN connections for remote access.
- **Project 6.14 Data Sharing with the State Unit on Aging** will utilize additional funds to address gaps and opportunities in data-sharing in Colorado and reporting on promising data-sharing practices in other states.
- **Project 8.02 Provider Oversight** has added work to include development of provider training modules that help set providers up for success with the enrollment process and the delivery of HCBS services. This additional work will also include a considerations document to support our partner agency, the Department of Public Health & Environment, in streamlining the survey process.
- **Project 8.06 Pace Licensure** will use additional funds to test the Pace audit tool through onsite audits.
- **Project 8.07 eConsult to Improve Quality** received additional funding to add a research component to support disability competency in primary care and FQHC settings.

Project Close-Out

HCPF follows a comprehensive process to ensure a controlled closeout of ARPA projects that have completed all work associated with the approved scope. Key outputs for this process include: assembling project documents in a central location, team participation in completing necessary close-out reports, presentation of results to the ARPA Leadership Team, and archiving the project in the project management software. Additionally, information about the outcomes of the project is added to HCPF's ARPA HCBS webpage for easy review by stakeholders. Additional detail about closed project outcomes can be found in **Appendix 1**. There were two new projects that began the close-out process since the last quarterly report, Project 1.08 Home Health Delegation, and Project 1.09 Workforce Compensation Research.

Stakeholder Engagement

The Department continues to keep stakeholders at the center of this work. To provide timely information and updates to stakeholders, the Department has developed a series of opportunities for ongoing interaction. Since our last report, the following activities related to stakeholder engagement have been undertaken:

- Continued maintenance of the [ARPA HCBS webpages](#), including the very popular “[Grant Opportunities](#)” page, which provides easy access to information about grant opportunities and direct links to open Requests for Applications.
 - Analytics from July 1, 2023 - September, 2023:
 - 13,332 Total Pageviews (Cumulative to date: 80,198)
 - Top 5 Subpages (in order of most views):
 - [ARPA Grant Opportunities](#)
 - [Workforce & Rural Sustainability Projects](#)
 - [ARPA Stakeholder Engagement](#)
 - [Improve Access to HCBS for Underserved Populations](#)
 - [Project Directory](#)
- Released two editions of our Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
 - [August 2023 Newsletter](#)
 - [September 2023 Newsletter](#)
- Through September 2023, 1,329 individuals are signed up to receive the Project Pulse ARPA HCBS newsletter (+4% since last quarter)
- Hosted a quarterly ARPA HCBS webinar and continued project-specific stakeholder engagement for select projects
 - 64 stakeholders participated in the ARPA HCBS webinar
- Project-specific engagement: 21 meetings with 863 total participants

- For stakeholder engagement related to ARPA HCBS to date, the Department has conducted 200 meetings with a total of 9,356 attendees

Administrative Status & Hiring

The project teams leading the ARPA HCBS initiatives continue to meet at a regular cadence to ensure projects move forward as planned. Key priorities for these teams over the last quarter were continuing to finalize contracts for the new fiscal year, monitoring project activities and milestones, and tracking expenditures and budget activity. All projects have an initially approved and baselined schedule, though some are going through a re-baselining effort because of extensions to their project end date. Projects 4.01 Residential Innovation, 6.07 Innovative Tech Integration, 6.09 Updates to Salesforce Database, 6.14 Data Sharing with the SUA, 8.07 eConsult to Improve Quality, 8.08 HCBS Provider Quality Dashboard, and 8.11 ESPDT Benefits Training have all been approved for an extension but have not yet completed their rebaselining. All seven teams anticipate that these updates will be made and approved by the end of October.

The project support team continues to work with project teams to track ongoing project performance metrics. The team is utilizing a metric repository in the project management tool, PWA (Project Web Access). This information fulfills the need to report on how the teams are progressing toward the defined goals of each project. The established metrics are being actively collected and entered into the PWA tool to fulfill reporting requirements.

The ARPA support team has also been working with project teams to develop sustainability plans for each of the initiatives. Colorado was one of five states selected by ADvancing States to receive technical assistance (TA) to support the development of detailed sustainability plans. Over the past quarter, the project support team has been working with each initiative's team to develop sustainability plans using a template created for this purpose. These will be living documents that will be updated as project progress and understand further their plans post-ARPA and will be required to be re-reviewed by the project team quarterly.

ARPA Project Support Team

The Project Support Administrators (PSAs) continue working with the project teams to ensure project progression and success. The PSAs help schedule meetings, set agendas and take notes, track milestones and deliverables, document risks, issues and decisions, and provide every other week status updates on progress. This support

team also continues to develop processes, systems, and tools to support all of the ARPA HCBS Project Teams.

Specific highlights of the ARPA support team's work since the last report include the following:

- Worked closely with project teams to refine quarterly projections for spending through the remainder of the ARPA HCBS time period. These projections are now built into a dashboard for easy tracking of expenditures as compared to anticipated spending. Following the final quarter of state FY 2022-23, the teams were able to review their spending actuals against their projections. This provided an opportunity to revise and update the forecasts to better reflect the team's anticipated spend. A snapshot of the dashboard with the overall forecast versus spend for FY 2022-23 Q4 and FY 2023-24 Q1 is included in the report in **Figure 3**.
- Created a new resource for our grantees. The guidance document covers a variety of topics, including state and federal guidelines as well as best practices for our grantees, which have been "translated" into more understandable language.
- Initiated a grantee monitoring program with the goal to provide another level of oversight for grantees as well as to incorporate the feedback received from KPMG related to the grant programs.
- Supported project leads and teams in tracking project schedules, milestones, deliverables, and metrics.
- Tracked information requests and reporting requirements for each of HCPF's primary sponsors: the Joint Budget Committee, the Governor's Office, CMS, and HCPF Leadership.
- Introduced a Weekly ARPA Project Teams Newsletter to increase communication to project teams as we move the remaining ARPA projects through implementation and across the finish line.

Project Team Hiring

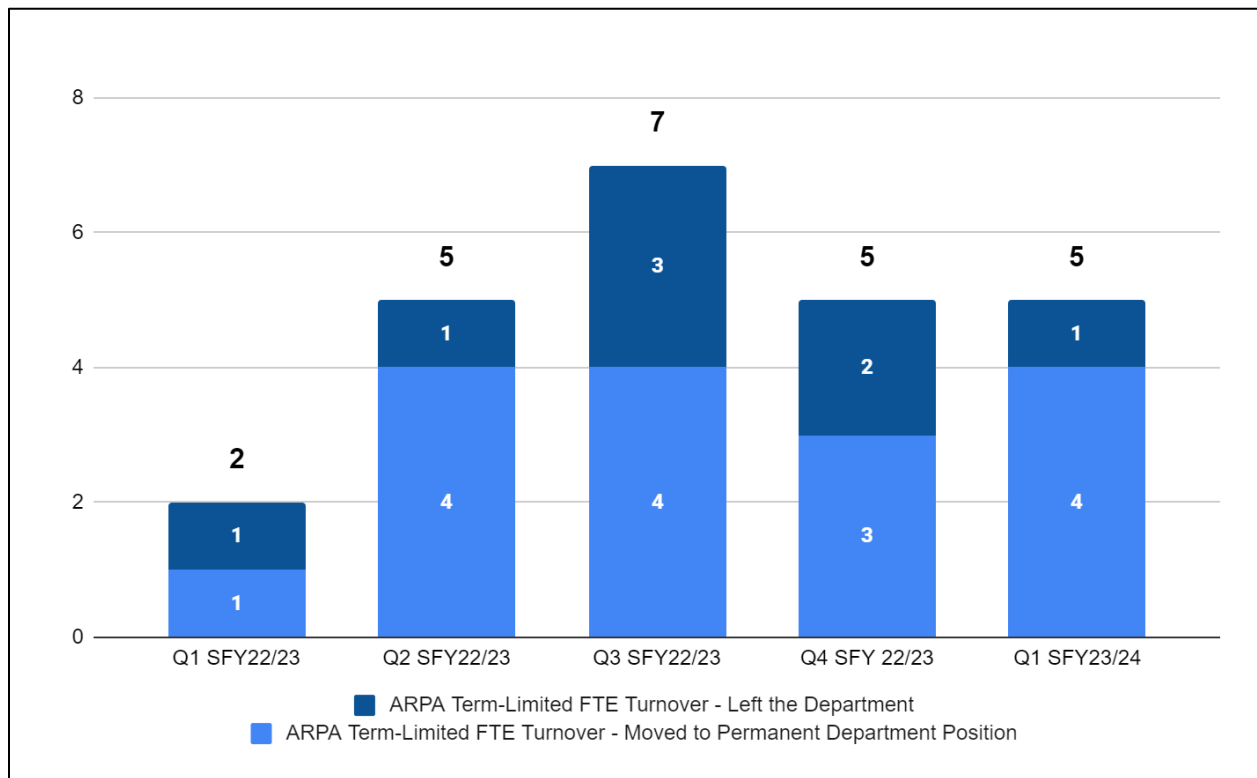
Project leads, in collaboration with the ARPA Project Support Team and the Human Resources (HR) staff, have completed the hiring of all original 59 positions. As noted above, project 5.02 has requested additional FTE to support the eligibility renewal process for HCBS members as part of the unwinding of Medicaid continuous coverage.

These staff will support outreach and technical assistance efforts to ensure members have the information they need to successfully complete the process, as well as eligibility determination and escalation staff. Once approval has been received by the JBC and CMS for these new FTE and the funding to support them, HR staff will work in collaboration with the hiring managers and the ARPA Project Support Team to quickly move the positions through the hiring process.

Though all hiring of our original 59 positions is complete, we have seen, and anticipate more, turnover as we continue to move forward with implementation of our ARPA HCBS project. The team continues to track each position as it requires rehiring to ensure it is moving through the hiring process quickly. Since July 2022, twenty-four term-limited ARPA HCBS staff members have moved out of their hired position. Of these twenty-four staff, sixteen accepted full-time permanent positions within HCPF, while eight left HCPF entirely (**figure 1**). HCPF sees these term-limited positions as an opportunity for individuals to get a foot in the door and encourages these term-limited staff to watch for openings that allow them to move into permanent roles. We are happy to see that thus far, this has been successful. As these individuals move into their new roles, they continue to support their ARPA HCBS project until their previous position can be filled.

Additionally, in collaboration with human resources, the ARPA support team has been putting in place retention strategies for these term-limited positions, understanding that as the projects move towards closure, there will be natural attrition. HCPF continues to publicize the new retention payment policy for term-limited ARPA HCBS staff, particular in re-hiring for the open positions. The team is also working with HR to develop guidance for project leads to consider their options at the time of a position separation. In some cases, it may not make sense to rehire for a position with a limited tenure, thus leveraging a temporary employee or a staffing agency may be an alternative solution. As reported in our last quarterly report, we have also extended all ARPA HCA positions to December 31, 2024 to ensure HCPF has the capacity and resources to complete all work related to these projects, especially considering the anticipated turnover.

Figure 1. ARPA HCBS Term-Limited FTE Turnover by Post-Turnover Location



Procurement Status

The ARPA Project Teams continue to work with the procurement team to draft Statements of Work for new contracts to ensure timely execution in the initial months of the new state fiscal year. Currently, we have an estimated 76 contracts executed for FY 2023-24. This status is on track with our anticipated projections for progress related to procurement for projects.

Analytics & Project Tracking

The ARPA Project Support Team continues to utilize Microsoft Project, Project Web App (PWA) for all project planning and Power BI for the creation and visual display of the data in the form of dashboards. The team provides a narrative status update and an indicator of ‘on track’, ‘watch’, or ‘needs help’ in 5 areas every two weeks. The five areas include: Overall Project, Budget, Schedule, Resources, and Contract. The PSA, in collaboration with the project team, assesses the project’s status in these five core areas. For each area, the project is designated as being ‘on track’, ‘watch’, or ‘needs help’. The PSA for the team also identifies any risks or issues that are currently impacting the project. The PSAs utilize a matrix to assess the status to ensure standardization of this process. This provides assurance that the assessment of each project’s progress is consistent across project managers, as well as gives

leadership insight into various aspects of each of the 63 projects. Over the past quarter, the ARPA support team rolled out an update to the matrix for assessing and determining the status of each project across these 5 areas. This revision was necessary as all projects are fully in the implementation phase and the milestones and indicators for determining whether a project is deemed 'on track', 'watch', or 'needs help' are now quite different than when they were in planning. This change will better reflect expectations of projects as we move from implementation to close-out and will provide greater transparency for HCPF leadership. Projects that are indicated to be in 'watch' or 'needs help' status for their overall project are required to develop an action plan which is presented to the ARPA leadership team and outlines how the project will quickly get back on track or what support is needed from leadership to push the project forward. The latest iteration of the Department's reporting dashboard is included below (**figure 2**).

Project Reporting Dashboard Guide, Figure 2:

The dashboard HCPF utilizes to closely track each of the ARPA HCBS initiatives includes the following functionality:

Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project's health from 'on track' to 'watch' to 'needs help'. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget. For the project set selected, the project count and aggregate percentage complete are also displayed.

Section 2 displays the ARPA HCBS term-limited staff turnover data. The data is broken down by those who left their role but moved to permanent HCPF positions vs those who left the Department entirely. This data is cumulative and reports the total number of individuals who have left their role during the ARPA HCBS spending period.

Section 3 identifies the projects that have completed as of the time of the report.

Section 4 represents the individual project section from which aggregate data is drawn. It also shows a more detailed view of the individual project activity and the ability to access a more detailed project page.

Figure 2. Dashboard: Project Reporting, page 1

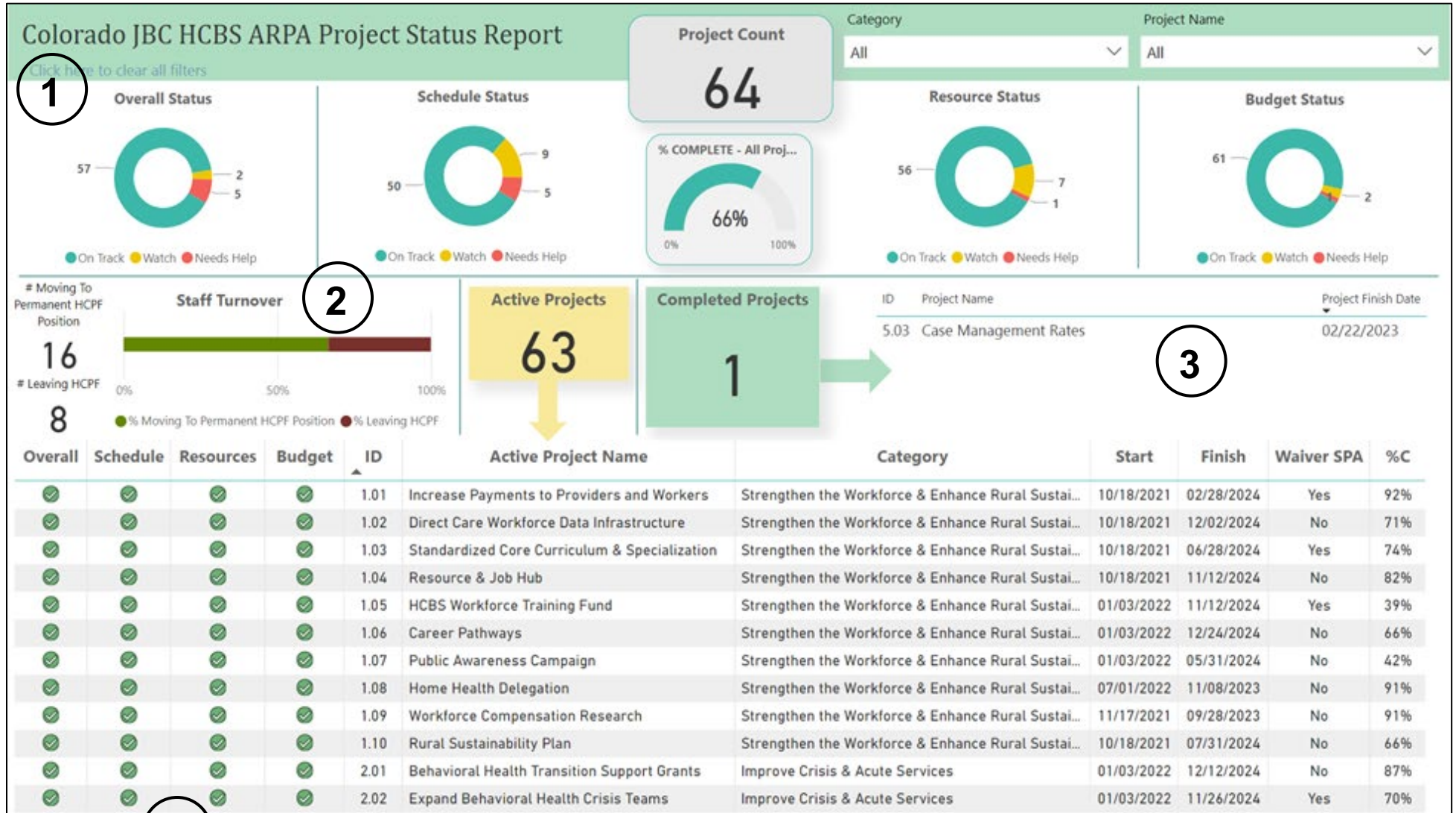


Figure 2. Dashboard: Project Reporting, page 2

Colorado JBC HCBS ARPA Project Status Report (Page 2)											
Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C	
✓	✓	✓	✓	2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services	01/03/2022	04/25/2024	Yes	96%	
✓	✓	✓	✓	3.01	Equity Study	Improve Access to HCBS for Underserved Populati...	04/01/2022	11/26/2024	No	74%	
✓	✓	✓	✓	3.02	Buy-In Analysis	Improve Access to HCBS for Underserved Populati...	07/01/2022	10/03/2024	No	29%	
✓	✓	✓	✓	3.03	Community Transitions Support	Improve Access to HCBS for Underserved Populati...	01/13/2023	08/26/2024	Yes	49%	
✓	✓	✓	✓	3.04	HCBS Training for Members & Families	Improve Access to HCBS for Underserved Populati...	11/17/2021	06/28/2024	No	78%	
✓	!	!	✓	3.05	Translation of Case Management Material	Improve Access to HCBS for Underserved Populati...	11/17/2021	12/19/2024	No	59%	
✗	✗	!	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserved Populati...	10/18/2021	11/29/2024	Yes	63%	
✓	✓	✓	✓	3.07	Wrap-Around Services, including Peer Supports f...	Improve Access to HCBS for Underserved Populati...	10/18/2021	12/27/2024	Yes	47%	
✗	✗	!	✗	3.08	AI_AN Culturally Responsive Services Capacity G...	Improve Access to HCBS for Underserved Populati...	04/01/2022	11/26/2024	No	40%	
✗	✗	!	✓	4.01	Residential Innovation	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	05/27/2024	No	70%	
!	!	✓	✓	4.02	Promote Single Occupancy	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	12/30/2024	No	29%	
✓	✓	✓	✓	4.03	Child Youth Step-Down Options Program and Pro...	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/25/2024	Yes	68%	
✓	✓	!	✓	4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	07/02/2024	No	83%	
✓	✓	✓	✓	4.05	Pilot CAPABLE	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	12/30/2024	No	36%	
✓	✓	✓	✓	4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	11/15/2024	No	60%	
✓	!	✓	✓	4.07	New Systems of Care	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	12/03/2024	No	54%	
✓	✓	✓	✓	4.08	Respite Grant Program	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	03/29/2024	No	66%	
✓	✓	✓	✓	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	05/15/2024	Yes	72%	
✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/18/2024	Yes	53%	
✓	✓	✓	✓	4.11	Hospital Community Investment Requirements	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	08/13/2024	No	68%	
✓	✓	✓	✓	4.12	Community First Choice	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	10/24/2024	Yes	59%	
✓	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	11/27/2024	Yes	52%	
✗	✗	✗	✓	5.02	Improve & Expedite Long-Term Care Eligibility P...	Strengthen Case Management Redesign	01/10/2022	12/23/2024	No	65%	
✓	!	✓	✓	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	03/26/2024	No	76%	
✓	✓	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	10/14/2024	No	64%	

Figure 2. Dashboard: Project Reporting, page 3

Colorado JBC HCBS ARPA Project Status Report (Page 3)										
Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C
✓	✓	✓	✓	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	11/27/2024	No	45%
✓	✓	✓	✓	6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology	04/01/2022	02/29/2024	No	78%
✓	!	✓	✓	6.03	Member-Facing Provider Finder Tool	Invest in Tools & Technology	01/03/2022	09/19/2024	No	60%
✓	✓	✓	✓	6.05	Member Tech Literacy	Invest in Tools & Technology	01/03/2022	03/27/2024	No	81%
✓	✓	✓	✓	6.06	HCBS Provider Digital Transformation & EHR Enh...	Invest in Tools & Technology	10/18/2021	12/12/2024	No	62%
✓	✓	✓	✓	6.06b	County Cybersecurity	Invest in Tools & Technology	05/31/2022	10/21/2024	No	81%
✓	!	✓	✓	6.07	Innovative Tech Integration	Invest in Tools & Technology	04/01/2022	08/30/2024	No	47%
!	!	✓	✓	6.08	Care And Case Management System Investments	Invest in Tools & Technology	10/18/2021	09/30/2024	No	23%
✓	!	✓	✓	6.09	Updates to Salesforce Database	Invest in Tools & Technology	10/18/2021	05/14/2024	No	80%
✓	!	✓	✓	6.10	Member Data Sharing	Invest in Tools & Technology	04/01/2022	12/18/2024	No	56%
✓	✓	✓	✓	6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology	01/03/2022	12/03/2024	No	79%
✓	✓	✓	✓	6.12	Systems Infrastructure for Social Determinants ...	Invest in Tools & Technology	10/18/2021	12/20/2024	No	66%
✓	✓	✓	✓	6.13	Connect CMAs to ADT Data	Invest in Tools & Technology	01/03/2022	03/29/2024	No	87%
✓	✓	✓	!	6.14	Data Sharing with the SUA	Invest in Tools & Technology	07/01/2022	05/13/2024	No	68%
✗	✗	✓	!	6.15	Systems Communication Improvements Trails	Invest in Tools & Technology	01/03/2022	04/29/2024	No	80%
✓	✓	✓	✓	7.01	Emergency Response Plans	Expand Emergency Preparedness	07/01/2022	03/29/2024	No	67%
✓	✓	✓	✓	7.02	Member Emergency Preparedness	Expand Emergency Preparedness	07/01/2022	12/26/2024	No	48%
✓	✓	✓	✓	8.02	Provider Oversight	Enhance Quality Outcomes	04/01/2022	03/29/2024	Yes	66%
✓	✓	!	✓	8.04	Pay for Performance for PACE	Enhance Quality Outcomes	01/03/2022	12/26/2024	Yes	76%
✓	✓	✓	✓	8.05	Pay for Performance for Home Health & Resident...	Enhance Quality Outcomes	04/01/2022	02/29/2024	No	93%
✓	✓	!	✓	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	12/19/2024	Yes	65%
✓	✓	✓	✓	8.07	eConsult to Improve Quality	Enhance Quality Outcomes	07/01/2022	12/11/2024	No	41%
✓	✓	✓	✓	8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes	01/03/2022	10/30/2024	No	77%
✓	✓	✓	✓	8.09	Waiver Quality Expansion	Enhance Quality Outcomes	07/01/2022	02/29/2024	No	77%
✓	✓	✓	✓	8.10	Criminal Justice Partnership	Enhance Quality Outcomes	04/01/2022	11/26/2024	No	49%
✓	✓	✓	✓	8.11	EPSDT Benefits Training	Enhance Quality Outcomes	01/03/2022	04/04/2024	No	86%

4

As stated above, following an intensive review of each project’s budget with project teams, as well as the development of project-based forecasts for the remainder of the ARPA HCBS spending period, a new Power BI dashboard was created last spring. This dashboard includes a high-level overview of all spending, encumbered funds, and funding that is forecasted but not yet spent or encumbered. Project teams and leadership are also able to drill down to project-specific budget information to ensure transparency and continued monitoring of spending at the project-level. A snapshot of the dashboard is included below in **Figure 3**. As shown in the dashboard, for the first forecasted quarter (April-June 2023) we were short of our forecast by approximately \$1M and for the second forecasted quarter (July-September 2023) we were short of meeting the forecast for spending by approximately \$14M.

Budget Reporting Dashboard Guide, Figure 3:

The dashboard the Department has developed for tracking spending for the ARPA HCBS initiative includes the following functionality:

Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the PSA on the budget. These statuses reflect the project’s spending health from ‘on track’ to ‘watch’ to ‘needs help’. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget.

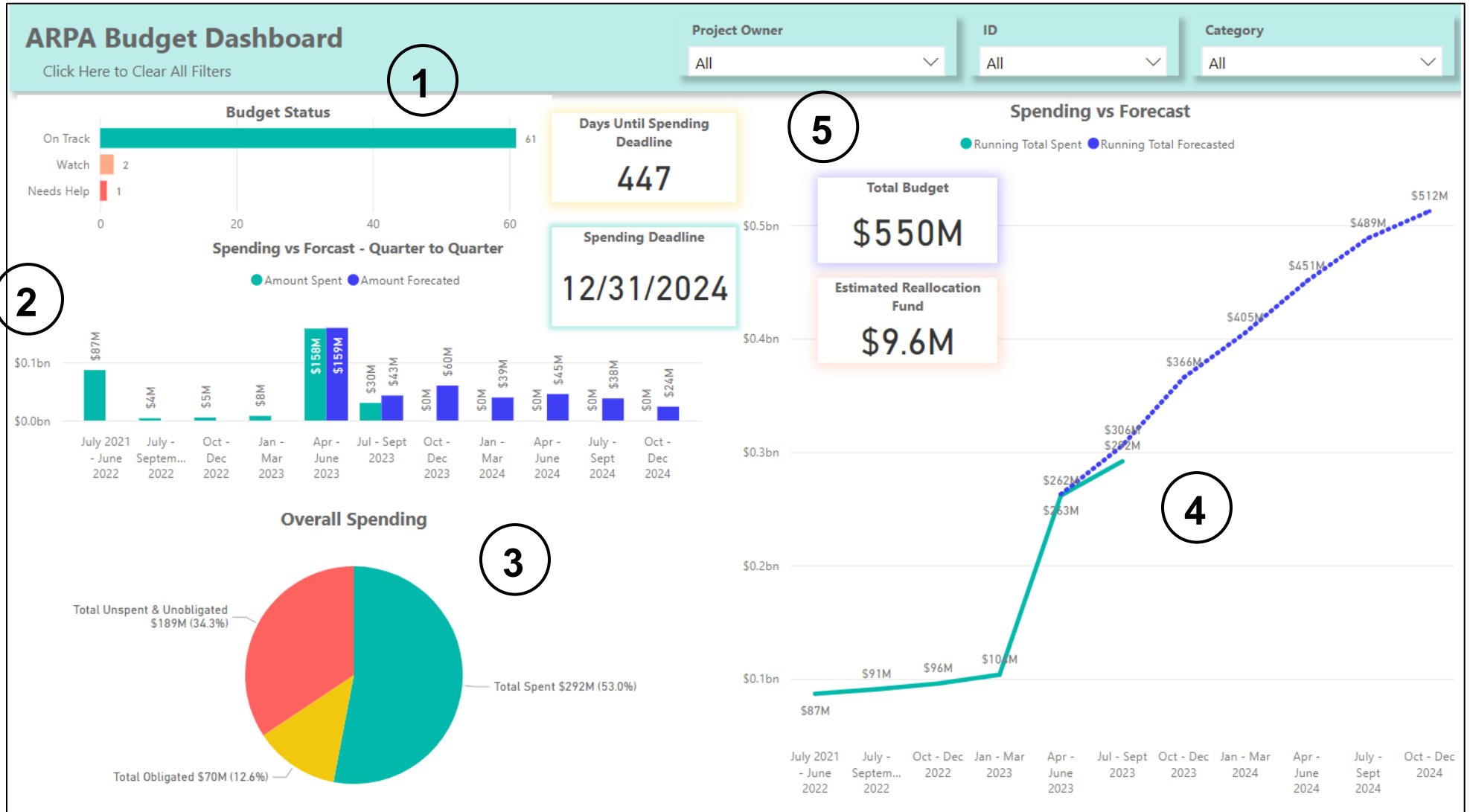
Section 2 displays the ARPA HCBS spending forecast by quarter for the remainder of the ARPA spending period, in comparison to spent.

Section 3 displays a pie chart that shows the breakdown of the total amount spent, total obligated and the remaining funds yet to be spent.

Section 4 displays the funds spent by quarter and the forecasted spend over the remainder of the ARPA spending period.

Section 5 represents the total ARPA HCBS budget as well as the estimated funds that will be reallocated across projects.

Figure 3. Dashboard: Budget



Appendix 1 provides more detailed information on all 63 projects. The project descriptions remain as initially reported with all updates indicated with blue font. Any project with a budget or scope change over the last quarter has a description of that change included. A full list of projects can be found in **table 5** below.

Oversight & Compliance

HCPF continues to take steps to ensure ongoing compliance with ARPA Section 9817 and other state and federal regulations. Our goals are to provide sufficient guidance while maintaining oversight of the 63 projects to mitigate potential risks.

HCPF, with support from a contractor, has developed guidance material and training for projects teams to ensure that project plans, contracts, and policies are developed within regulatory guidelines. A project lead toolkit includes guidance for leads on ARPA HCBS general requirements, procurement, budget and accounting, project management guidance, stakeholder engagement, and developing and administering grants. This toolkit is updated regularly as new questions emerge from project teams or new guidance is developed. Over this last quarter, a new toolkit specifically designed for our PSAs was developed. This will help the support team members, particularly as we expand capacity and/or experience turnover among the staff. Standardization across these PSAs in their project management responsibilities is critical to ensure that all of the projects limit risk and execute their efforts according to state and federal rules. Additionally, the ARPA Support Team facilitates a monthly grant project community of practice and bi-monthly project lead meetings, to ensure regular and consistent communication with project teams. The team has also developed a new FAQ document for grantees to assist in understanding the many state and federal requirements related to implementing a grant program. HCPF plans to host a grantee webinar, across all ARPA HCBS grant programs, to allow grantees to ask questions and seek additional guidance.

HCPF has implemented several strategies to mitigate risk and adopt standardization of practices. One strategy is the use of a grant financial vendor that is assisting with streamlining our grant management across projects. In collaboration with HCPF, the vendor is responsible for developing and executing all grant agreements with grantees, processing invoices, and monitoring deliverables. This consistency in review and oversight is helping mitigate potential risk. The contractor is also monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk. The grant financial vendor, Public Consulting Group (PCG), has been in place since October 2022 and since that time has been working with project teams to support the development of grant agreements and to begin the execution of grant

programs. PCG is currently contracted to manage 15 grant programs with 11 project teams; four of the project teams have more than one grant program as a part of their project scope. As of the writing of this report, all of the eleven project teams working with PCG have developed their grant agreement template(s). Nine of these teams have executed grant agreements with awardees, for a total of 13 active grant programs with 320 executed grant agreements. PCG has been a huge support in these efforts, providing invoicing webinars, office hours, and technical assistance support for all grantees.

HCPF has also been working with KPMG to assist with oversight, compliance, and monitoring of the Department's projects. KPMG completed their initial guidance review in the Fall of 2022 and provided the Department with recommendations for improvements. The Department has an action plan in place that we are executing to make adjustments where changes are needed. In the first quarter of calendar year 2023, KPMG finalized the project-specific risk assessment and determined project risk scores. These scores were used to inform the monitoring plan. Risk was assessed quantitatively, through a survey of project teams to collect information on aspects of the project that may put them at greater risk of non-compliance, as well as qualitatively to gather contextual information about the project. Examples of factors that would put a project at increased risk include: a budget over \$10M, whether they are working with an external vendor/contractor, grant projects, and those that are generally more complex.

Sixteen projects were determined to fall in the high priority, or potentially high-risk category, with another nine falling in the medium priority or mid-risk category. These mid and high-risk projects began monitoring in the last quarter of the state fiscal year 2022-2023. KPMG met with each project team to better understand their particular initiative and talk through any potential known risks and mitigation strategies. KPMG then requested a sample of project payments, as well as supporting documentation, policy or programmatic project guidance, and/or communication material from the project teams. KPMG reviewed these to ensure that work completed was within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. Following this review, KPMG produced project specific monitoring reports, to provide feedback and suggestions on transactions and/or supporting documentation, and on the materials developed by the project teams, such as policy or guidance documents, to ensure compliance is addressed consistently across the project timeframe. Each project team then met with KPMG again to review the findings report. Teams are now working to implement recommendations from their individual reports. There were several recommendations that applied to or cut across several projects. In these cases, the project support team is working to develop a

standardized approach to resolving the identified risk. KPMG will also provide feedback and assistance to incorporate their recommendations as we launch a grantee monitoring program.

Projects by Phase, Category, and Identification

Legend: Project Category Color

Workforce & Rural Sustainability		Access for Underserved	
Crisis & Acute Services		Recovery & Innovation	
Case Management		Emergency Preparedness	
Tools & Technology		Quality	

Table 5. All Projects with Project Category

Project ID	Project Name	Project Category
1.01	Increase Payments to Providers and Workers	Strengthen the Workforce & Enhance Rural Sustainability
1.02	Direct Care Workforce Data Infrastructure	Strengthen the Workforce & Enhance Rural Sustainability
1.03	Standardized Core Curriculum & Specialization	Strengthen the Workforce & Enhance Rural Sustainability
1.04	Resource & Job Hub	Strengthen the Workforce & Enhance Rural Sustainability
1.05	HCBS Workforce Training Fund	Strengthen the Workforce & Enhance Rural Sustainability
1.06	Career Pathways	Strengthen the Workforce & Enhance Rural Sustainability
1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural Sustainability
1.08	Home Health Delegation	Strengthen the Workforce & Enhance Rural Sustainability
1.09	Workforce Compensation Research	Strengthen the Workforce & Enhance Rural Sustainability
1.10	Rural Sustainability & Investment	Strengthen the Workforce & Enhance Rural Sustainability
2.01	Behavioral Health Transition Support Grants	Improve Crisis & Acute Services
2.02	Expand Behavioral Health Crisis Teams	Improve Crisis & Acute Services
2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services
3.01	Equity Study	Improve Access to HCBS For Underserved Populations
3.02	Buy-In Analysis	Improve Access to HCBS For Underserved Populations
3.03	Community Transitions Support	Improve Access to HCBS For Underserved Populations
3.04	HCBS Training for Members & Families	Improve Access to HCBS For Underserved Populations
3.05	Translation of Case Management Material	Improve Access to HCBS For Underserved Populations
3.06	Expand the Behavioral Health Safety Net	Improve Access to HCBS For Underserved Populations
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	Improve Access to HCBS For Underserved Populations
3.08	AI/AN Culturally Responsive Services Capacity Grants	Improve Access to HCBS For Underserved Populations

4.01	Residential Innovation	Support Post-COVID Recovery & HCBS Innovation
4.02	Promote Single Occupancy	Support Post-COVID Recovery & HCBS Innovation
4.03	Child/Youth Step-down Options Program and Provider Recruitment	Support Post-COVID Recovery & HCBS Innovation
4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery & HCBS Innovation
4.05	Pilot CAPABLE	Support Post-COVID Recovery & HCBS Innovation
4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery & HCBS Innovation
4.07	New Systems of Care	Support Post-COVID Recovery & HCBS Innovation
4.08	Respite Grant Program	Support Post-COVID Recovery & HCBS Innovation
4.09	Respite Rate Enhancement	Support Post-COVID Recovery & HCBS Innovation
4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery & HCBS Innovation
4.11	Hospital Community Investment Requirements	Support Post-COVID Recovery & HCBS Innovation
4.12	Community First Choice	Support Post-COVID Recovery & HCBS Innovation
5.01	Case Management Capacity Building	Strengthen Case Management Redesign
5.02	Improve & Expedite Long-Term Care Eligibility Processes	Strengthen Case Management Redesign
5.03	Case Management Rates ✓	Strengthen Case Management Redesign
5.04	Case/Care Management Best Practices	Strengthen Case Management Redesign
5.05	Case Management Agency Training Program	Strengthen Case Management Redesign
6.01	Home Health/PDN Acuity Tool	Invest in Tools & Technology
6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology
6.03	Member-Facing Provider Finder Tool Improvement	Invest in Tools & Technology
6.05	Member Tech Literacy	Invest in Tools & Technology
6.06	Provider Digital Transformation & EHR Upgrades	Invest in Tools & Technology
6.07	Innovative Tech Integration	Invest in Tools & Technology
6.08	Care & Case Management System Investments	Invest in Tools & Technology
6.09	Updates to Salesforce Database	Invest in Tools & Technology

6.10	Member Data Sharing	Invest in Tools & Technology
6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health	Invest in Tools & Technology
6.13	Connect CMAs to ADT Data	Invest in Tools & Technology
6.14	Data Sharing with the SUA	Invest in Tools & Technology
6.15	Improvements - System Communication [Interface with Trails]	Invest in Tools & Technology
8.02	Provider Oversight	Enhance Quality Outcomes
8.04	Pay for Performance for PACE	Enhance Quality Outcomes
8.05	Pay for Performance for HH & Residential HCBS	Enhance Quality Outcomes
8.06	PACE Licensure	Enhance Quality Outcomes
8.07	eConsult to Improve Quality	Enhance Quality Outcomes
8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes
8.09	Waiver Quality Expansion	Enhance Quality Outcomes
8.10	Criminal Justice Partnership	Enhance Quality Outcomes
8.11	EPSDT Benefits Training	Enhance Quality Outcomes

Timeline and Next Steps







HCPF is excited about the progress being made by all the project teams to implement the ARPA HCBS initiatives. All hiring is complete, though our human resources team continues to be closely engaged in supporting rehires, as needed. Over the past quarter, many of our project teams have been working on executing contracts for this fiscal year, as well as revising their spending forecasts.

Additionally, the grant projects have really accelerated this calendar year. Of the grant programs managed by PCG, there are 13 active grant programs with 320 executed grant agreements. For the grant programs managed by HCPF, there are 6 active grant programs with 399 active grant agreements. The total number of active grant programs is 19 with 719 grant agreements. We saw a tremendous increase in grant activity over the last three months, with 436 grant agreements awarded this quarter. Project teams are also well underway with stakeholder engagement activities to actively gather feedback and suggestions on project execution. HCPF has released a new grantee guidance document to assist organizations with various aspects of grant compliance and best practices as well as launched a new grantee monitoring effort to review grantee activities and ensure alignment with ARPA HCBS goals, as well as compliance with all state and federal rules.

All project teams have final schedules, though some are working to get them re-baselined following an extension approval. Finally, over the last quarter the project support team in partnership with the project teams, has been focused on developing sustainability plans for each of the initiatives.

The Department has included indicators for projects which promote equity and/or address social determinants of health (SDOH). For ease of identifying these projects, we developed a key of symbols included below.

Key 1. Social Determinants of Health & Equity Symbols

 <p>Healthcare Access & Quality</p>	 <p>Equity</p>
 <p>Economic Stability</p>	 <p>Neighborhood & Built Environment</p>
 <p>Education Access & Quality</p>	 <p>Social & Community Context</p>

Appendix 1: Project Descriptions & Updates

1. Strengthen the Workforce & Enhance Rural Sustainability



Initiative 1.01. Increase Payments to Providers and Workers



At the heart of the ARPA is the call to support the recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them have been devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerge from the pandemic, stabilizing the direct care workforce is the most immediate priority. For that reason, as of January 1, 2022, the Department, in collaboration with the Polis-Primavera administration, implemented a \$15/hour base wage for Colorado's Medicaid, HCBS direct care workers and a rate increase for provider agencies.

A rate increase to accommodate a new \$15 per hour base wage requirement for frontline staff providing direct hands-on care was implemented on January 1, 2022, through April 15, 2023. The Department understands that direct care workers' wages vary considerably across geography, provider type, and internally, depending on experience and length of employment. For this reason, the expectation was that all direct care workers currently employed at that time receive at least \$15 an hour. All new Home and Community-Based Services direct care workers hired after January 1, 2022, must also have a wage of at least \$15 per hour.

The services targeted for this increase include:

- Adult Day
- Alternative Care Facility
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Day Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite Care
- Supported Community Connections
- Supported Employment
- Supportive Living Program

In addition to the rate increase for the new base wage, the Department has also increased provider rates for the services listed above except for Consumer-Directed Attendant Support Services (CDASS), and adding Non-Medical Transportation, by 2.11% retroactively to April 1, 2021 through July 31, 2022.

To ensure stability across the long-term services and support continuum, case management was increased by 2.11% from April 1, 2022 through June 30, 2023. Additional adjustments have been made for the Program for All Inclusive Care for the Elderly (PACE) providers due to common policy changes within HCBS as well as a rate increase included in the rate setting methodology.

Rate Enhancements for HCBS Providers

With the extended timeline to implement ARPA HCBS, the Department plans to pay for the initial implementation of new rate increases for HCBS providers starting on July 1, 2023. Without this funding, the rate increases would not be able to begin with state funding until October 1, 2023. Specifically, these rate increases include: increased rates for Case Management Agencies based on a rate analysis previously conducted, an increase in transportation rates for Intellectual and Developmental Disability waiver providers to align with the other waivers, an increase to Group Residential Support Services to reduce the budget neutrality factor applied to the rate, a base wage rate increase to \$15.75 per hour for HCBS providers, and alignment of respite rates for the Children's Habilitation Residential Program and Children's Extensive Services waivers.

State Plan Amendment and Waiver Information

The Department received approval for an Emergency Preparedness and Response Appendix K (Appendix K) amendment on [October 19, 2021](#) to allow for the 2.11% rate increase. Approval for the \$15 per hour base wage through a rate increase for HCBS direct care workers was approved through Colorado's Appendix K amendment on [November 5, 2021](#). Colorado subsequently submitted, and received approval on [March 31, 2022](#), to extend the rate increases for both the 2.11% and \$15 per hour base wage. The 2.11% provider rate increase remained effective until July 1, 2022. The Department received approval to adopt the \$15 per hour base wage permanently for all waiver programs on January 1, 2023. The Department has submitted an Appendix K Amendment for the Targeted Rate Increases for Non-Medical Transportation and Group Residential Support Services, along with the 3% Across the Board rate increases, to CMS on May 25, 2023. As Colorado's Appendix K amendment is effective until November 11, 2023, the Department will be submitting a 1915(c) amendment to all ten (10) waiver programs in July 2023 to increase these rates. These amendments will have an effective date of November 1, 2023, to ensure there isn't a decrease in rates.

Sustainability Plan

Understanding that the ARPA funds have an end date, we are committed to identifying funds to ensure long-term sustainability of this effort. Included within the Department's Fiscal Year 2023-24 budget requests, with approval, is funding to sustain the \$15.75 per hour base wage increase for all direct care workers employed by HCBS providers, as well as the other ARPA HCBS funded rate increases.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

Budget was decreased due to projections for costs of base wage coming in lower than expected.



Initiative 1.02. Direct Care Workforce Data Infrastructure

Under this project, the Department will expand the data infrastructure to better understand the current supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. The Department will develop two surveys for the direct care workforce. The first survey will be a staff stability survey for providers of long-term services and supports (LTSS) waiver services and will include data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, percentage of DCWs that are full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey will be for direct care workers rather than the employers to determine, at a minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey will evaluate why there is a workforce crisis among direct care workers and what the Department can do to address it. The surveys will be administered multiple times to supply comparative data. This project will fund the development of the surveys, data collection, and analysis. These surveys will assist in strengthening the data infrastructure in the short and long-term to better understand the workforce and evaluate the strategies outlined in this plan.

Through this project, the Department will also hire a contractor to review other state models for consumer directed services and to provide the Department with recommendations for potential expansion opportunities within our Home and Community Based Services and the potential impact the expansion of consumer direction can have on the direct care workforce.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Maintaining currency in understanding of the environment and motivations for employment in the direct care workforce will be critical to alleviating the shortages in this field. Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Surveys will be updated and used to maintain baseline data intended to inform direct care workforce efforts, recruitment and retention policies, and even skills-based career latticing.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 1.03. Standardized Core Curriculum & Specialization



The Department will develop a standardized curriculum and training program for homemakers and personal care workers to establish quality standards, as well as increasing specialized qualifications tied to wage increases. The Department will develop a homemaker and personal care worker curriculum to include modules on specialized topics, such as Alzheimer’s disease and related dementias and mental and behavioral health care and make the training available for free in-person through a train-the-trainer model and online. Initial work has already been completed via the Training Advisory Committee per SB 19-238, “Improve Wages and Accountability Home Care Workers.”

These trainings will be developed using a ‘universal worker’ structure, designed for use by individuals working in a variety of settings and with different populations. The modules will be adaptable depending on the employer, client, and worker’s needs, and training certificates will be transferable across employers. Funding will support training development, creation and launch of the online training platform, hosting statewide train-the-trainer sessions, and pilot testing and evaluating the new curriculum. These trainings will ‘live’ on the newly created Resource & Job Hub (initiative 1.04) for sustainability and ongoing management.

State Plan Amendment and Waiver Information

The Department will review and submit a waiver amendment after development efforts are complete should training be deemed a condition of provider qualification.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for the direct care workforce is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: learning Management System software to support at least 20 Core curriculum and 8 specialized modules for Direct Care Workers working in Colorado's HCBS waivers and long-term home health.

Project Changes

No change for this project over the previous quarter.



Initiative 1.04. Resource & Job Hub

The Department will create a resource, job search, and employer matching hub for direct care workers to ease their entry into the job. This funding will support the development of a website for the direct care workforce where interested individuals can go to receive information and resources about direct care positions, access free training, and view job boards to quickly be placed in positions. The newly developed personal care/homemaker training will be accessible through this site, and individuals who completed the training would be entered into a database for easy tracking of certification. The Department is partnering with our internal health information office and the State's Office of Information Technology to ensure long-term sustainability of the site.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

HCPF is enthusiastic about launching this new resource to expand and embolden opportunities for the direct care workforce. Increasing the ease of navigation to employment paired with standardized skills validation (Initiative 1.03) is seen as a

critical component to maintaining a sufficient and successful workforce. While HCPF recognizes the inherent competition of this endeavor, it is looking to develop complementary relationships with employment partners and exploring additional options for continued maintenance and operations of these efforts beyond the ARPA funding period.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: website development; Learning Management System; Access to website that will contain the LMS with the curriculum modules, job matching, and CO state resources for HCBS providers, long term home health providers, and Direct Care Workers.

Project Changes

No change for this project over the previous quarter.



Initiative 1.05. HCBS Workforce Training Fund

Note: As of December 2021, this project has incorporated project 3.03 Disability Cultural Competency Training for Behavioral Health Providers under the scope of its efforts.



Note: As of March 2023, this project has been renamed “HCBS Workforce Training Fund” instead of its previous name, “Establish a Training Fund”.

Providing more training opportunities and incentives for workers to gain higher level skills would promote greater retention within the workforce. The Department will establish a training fund targeted to high-demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds may be distributed directly to the prospective or current worker, to the employer to provide the training to their employees, or to a training provider. Additionally, funds may be used to expand standard training provider resources or trainer availability where gaps exist. This project will also develop a disability-specific, culturally competent curriculum that includes the different types of disabilities and incorporates people’s lived experiences to help providers understand diverse populations’ perspectives. The training will include information, examples, and skill-building activities on how best to serve the disability community. Following the approval of additional funds for this project in March 2022, the scope of the project has been expanded to provide further training opportunities for the behavioral health workforce, with a particular focus on skill building, upskilling, and peer support. The goal of this fund is to provide short-term funding to incentivize and expand training opportunities for the HCBS workforce with the goal of increasing recruitment and retention.

The scope of this project was further expanded to support training programs on health equity for members with disabilities. Over 2,000 participants of stakeholder meetings made it clear that education and training is a gap they would like HCPF to explore for providers to become more culturally responsive toward affirming care. The project team will develop and deliver health disparity training that will be specifically tailored for Colorado demographics and for an HCBS member and provider audience.

State Plan Amendment and Waiver Information

The Department will submit waiver amendment documentation in support of program changes upon completion of cultural competency curriculum development should training be determined to be a condition of provider enrollment.

Sustainability Plan

The Department recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, the Department will review feasibility for continuing enhanced training efforts on an ongoing basis and look to define best practices from that which is developed.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The grant budget was decreased as underspending was forecasted on grant awards. An additional scope was added to accommodate the creation of a new training programs on health equity for people with disabilities.



Initiative 1.06. Career Pathways



HCPF will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. HCPF will partner with the Colorado Community College System, the Department of Higher Education, and the Department of Labor and Employment to work on career development pathways for direct care workers. Finally, through this project interactive career pathway modules will be developed, including training and job shadowing videos, to support career development. These modules will be housed in the newly created Resource & Job Hub (project 1.04). This project will leverage the existing work within our sister agencies and incorporate the deliverable into ongoing initiatives.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding is being utilized to enhance and enrich the existing overall structure for our direct care workforce. In such, this effort is solely intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by our sister agencies and workforce partners. The Department will maintain partner engagement to ensure workforce advancement efforts continue.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: website development to include one-page documents outlining potential career paths for direct care workers (approx. 20). Potentially, interactive modules and job shadow videos will be created for 5 career paths for use by those interested in direct care work, or by providers, workforce centers, and schools.

Project Changes

No change for this project over the previous quarter.



Initiative 1.07. Public Awareness Campaign

The Department will launch a public awareness campaign about the value and importance of the direct care workforce, as well as use the campaign to promote careers in the field, including opportunities to move into other allied health roles. The campaign will garner workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals into the field.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Changing perceptions of the roles and importance of the direct care workforce is integral to overcoming the shortages growing in this workforce segment. The Department recognizes that awareness and outreach are critical components of achieving this transition. The Department will assess the outcomes of campaign efforts and determine the level of importance and the feasibility of continuing awareness and other campaigns. Additionally, the campaign will direct individuals to the newly established Resource & Job Hub (initiative 1.04) which will serve as an on-

going site available for information and resources about direct care for those interested in pursuing a career in the field.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 1.08. Home Health Delegation



This project will identify models to expand the behavioral health certification opportunities for certified nursing assistants (CNAs) to support home health for individuals with co-occurring behavioral health and physical health conditions.

Despite serving medically complex members, CNAs do not receive any formal behavioral health training with the current certification process. Allowing CNAs to practice to the top of their license and potentially increase their wages could lead to longer-term retention and a more diverse home health workforce. Through research and data analysis focusing on all populations, including children with parents serving as CNAs, a contractor will identify models related to the scope of work, outlining current state requirements including training, certifications, and compensation.

State Plan Amendment and Waiver Information

If identified solutions change scopes of service or reimbursement methodologies, the Department will submit a State Plan Amendment to support these efforts long term.

Sustainability Plan

This one-time policy analysis will allow the Department to develop a formal strategy for whether and how these efforts will continue.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 1.09. Workforce Compensation Research

Wages are not the only consideration in someone's decision to work in a certain field. The Department will research innovative opportunities for increasing compensation for the HCBS workforce in other ways. The Department will identify

ways to provide childcare for direct care workers; explore funding for shift differentials; and identify other practices that could better support low-income workers, such as hiring retention specialists or case managers within home care agencies whose job is to support the frontline workers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The scope of this effort is limited to research efforts. At the time of project completion, the Department will have a suite of potential actionable offerings and will review the scope of implementation options available.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 1.10. Rural Sustainability and Investment



Investing in rural communities to strengthen care access is critical in Colorado. This initiative will include implementation of three key strategies to ensure the sustainability of providers in rural communities, with the focused aim of strengthening and enhancing Colorado’s Medicaid and HCBS workforce. These initiatives are especially targeted at bolstering Colorado’s rural Medicaid and HCBS infrastructure, providers, and members. These strategies include: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies is to expand the provider network in rural communities by identifying gaps and potential opportunities for expansion. A care desert, also known as a medical desert, exists mostly in rural places and inner cities and leads to inequalities in health care. The federal government now designates nearly 80 percent of rural America as ‘medically underserved’. About 20% of the U.S. population live in rural areas, but only 10% of doctors and other health care professionals operate in those regions, and that ratio is worsening each year. Additionally, a higher proportion of rural populations are made up of those over the age of 65.

The Department first needs more data and analysis on where there are care deserts and potential solutions in those areas. The Department will complete an environmental scan of Colorado's current HCBS provider network via a GIS heatmap; create a tool for the Department to update and track progress on a statewide level; identify gaps by waiver, service, and provider type; find out which populations are the most impacted; and give recommendations for provider or service expansion and solutions in a final report.

One way to help prevent a care desert is to pay providers differently by region to account for differences in cost structure, which would encourage more people to work in direct care professions in areas that are currently underpaid. The Department will design rates by geographic region to account for the cost differential associated with different locations. Geographic modifiers are intended to improve the appropriateness of Medicaid rates to providers by accounting for the differences in prices for certain expenses, such as clinical and administrative staff salaries and benefits, rent, malpractice insurance, and other defined costs. The Department is dedicated to identifying ways for implementing these proposed geographic rates if found advantageous in the Sustainability Plan.

The workforce shortage is particularly concerning in rural areas. HCPF will research ways to partner with hospitals and rural health clinics to identify opportunities to share resources and/or more efficiently and creatively offer services in rural areas. The goal of this initiative is to increase access to services by setting up partnerships across hospitals, clinics, and HCBS providers to share certain resources between them. This may include using a coordinated pool of workers, training, personal protective equipment, or other resources. HCPF will identify areas that would benefit from this approach and recommendations on how to pursue and implement it.

State Plan Amendment and Waiver Information

A state plan or waiver amendment is not needed at this time. Once the rate proposal is developed, HCPF will assess the need for programmatic changes and submit any appropriate administrative process documentation.

Sustainability Plan

Upon reviewing the outcomes of the project, HCPF will identify and address any necessary administrative and operational measures to support program longevity.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.

2. Improve Crisis & Acute Services



Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization



Under this project, the Department will offer short-term grant funding for behavioral health crises and transition services to support higher acuity members moving from an institution, hospital, or corrections to the community, specifically focusing on increasing capacity for community-based care. The Department has created grants for local communities, including providers, non-governmental organizations, and counties, to implement programs that are specific to their behavioral health capacity needs and geographic area. Grantees may request funding for implementation projects that improve service delivery options for crisis and transition programs or create pathways that improve care transitions. Grant funds supporting the purchase of equipment and costs associated with infrastructure to build capacity will be allowable under this project. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to help move individuals from inpatient to community settings. This grant would prioritize transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior Department work transitioning members from long-term care institutions with the Colorado Choice Transitions Program will inform the design of the grant program, as will extensive stakeholder engagement. Providers may request funding for program improvements, infection control, staff training, best practice implementation costs, regulatory compliance, and community integration.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations. Grantees are required to submit a sustainability plan to outline activities and actions that will promote continued success of their programs once grant funding is exhausted.

Capital Expenditure Plan

The capital expenditures for this project are utilizing state only funds.

Project Changes

No change for this project over the previous quarter.



Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams

HCPF will supercharge activities related to the mobile behavioral health crisis response teams, which offer an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis. Currently in Colorado there are differing practices, pilots, and approaches to behavioral health crisis calls.

The Department will provide funding in the form of grants to support this effort. To facilitate the awarding of these grants, the Department will work with the newly formed Behavioral Health Administration (BHA). Through an interagency agreement, and in collaboration with the Department, the BHA will amend the Administrative Services Organizations (ASOs) contracts with local mobile crisis providers to bring their services to a new federally defined standard. The ASOs will complete a readiness assessment to determine each Grantee's funding need and award funding based on the identified needs. The BHA will be responsible for distributing funds and monitoring progress including providing grant management and oversight and grant closeout. Additionally, the BHA will conduct ongoing needs assessments with providers to ensure funding is being used in a supplementary manner with a robust emphasis on sustainability. Grantees could utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment, vehicle or telehealth purchases and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

State Plan Amendment and Waiver Information

HCPF has submitted a State Plan Amendment to CMS to authorize a universal mobile crisis benefit for Medicaid members by July 1, 2023, via an external workstream for CMS Grant 212CMS331818-01-00.

Sustainability Plan

This project initiative will afford the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. Recognizing both the

importance and impact these initiatives will have, HCPF is developing a benefit program to authorize universal mobile crisis benefits for Medicaid members.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: grantees may utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment, vehicle or telehealth purchases and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

Project Changes

No change for this project over the previous quarter.

Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy

As a complement to the crisis service grant programs, the Department will explore the detailed policy and licensing requirements of different provision types that are federally prescribed when serving persons experiencing behavioral health crises. Colorado currently has a network of different facilities that can be used to assist a person in crises including Acute Treatment Units (ATU), Crisis Stabilization Units (CSU), emergency rooms, and when needed, traditional hospitalization. Both emergency rooms and hospitals come at higher costs, may lack behavioral health expertise, and may experience capacity issues to serve persons with medical needs when supporting persons in crises.

By contrast, ATUs and CSUs are especially adapted to behavioral health crises. However, to ensure the State's new model of care from crisis response to crisis service delivery is successful, there needs to be compliance work completed with ATUs and CSUs. Crisis units must operate in compliance with federal Institutes for Mental Disease (IMD) regulations to receive Medicaid funding. Currently these crisis units are unable to serve and/or receive reimbursement for members who make up most of all calls to the statewide Crisis Services hotline.

ATU and CSU facilities were not folded into HCPF's recent child serving policy revisions to address the risk of being considered IMDs. Through this project, the Department will work to review these facilities, including their programming and campus structure, from a lens of IMD standards to identify ways to address any IMD concerns. If they are considered IMDs, Medicaid funding is only allowed for a stay of 15 days or less. These facility types are providing critical crisis services so this project will explore ways to mitigate the risk of these providers meeting the IMD criteria and

how we can maintain their services, which could include a waiver, policy recommendations or other mitigation efforts. The Department will generate recommendations on how to mitigate IMD risk as the state promotes the use of ATUs and CSUs in lieu of hospitalization or institutionalization, including the costs and benefits of the State seeking an 1115 waiver.

State Plan Amendment and Waiver Information

HCPF will consider pursuing an 1115 waiver in 2024 to allow for reimbursement for longer stays at campuses when medically necessary.

Sustainability Plan

This one-time policy analysis has helped HCPF identify a potential scope for a MH 1115 waiver along with a state policy for campuses.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.

3. Improve Access to HCBS For Underserved Populations



Initiative 3.01. Equity Study



Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall state population and general Medicaid population. It is unclear what is driving the disparity or how to create more equity in HCBS.

This project would aid in better understanding who receives HCBS in Colorado and what services they receive, where the gaps are, and target outreach to ensure HCBS services are provided to all Coloradans who are eligible.

The study will address the following:

- Internal data analysis: Identify disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; develop a snapshot report that identifies disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contract with a vendor to gather feedback from stakeholders and write up recommendations.

- Implementation planning: Once recommendations are gathered, an internal team will put together an implementation plan to begin creating more equity in HCBS.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Upon completion of the Equity Study, the Department will consider the options to operationalize inclusion efforts.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 3.02. Buy-In Analysis



Many people with disabilities are interested in working. Health insurance coverage can have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they will lose their Medicaid coverage if they enter or return to the workforce. Commercial or employer-based health insurance might not provide coverage for services and supports that enable people with disabilities to work and live independently such as personal assistance services. The purpose of the Medicaid buy-in program is to allow persons with disabilities to purchase Medicaid coverage that helps enable them to work. Through this initiative, HCPF is developing member-facing premiums information and educational materials for the Buy-In program. This will provide members with the critical information they need about the program and the upcoming reinstatement of premiums.

State Plan Amendment and Waiver Information

Per Colorado Senate Bill 20-033, the Department is updating our Elderly, Blind and Disabled, Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), Supported Living Services (SLS), and Brain Injury (BI) waivers for an effective date of July 1, 2022 to include Buy-In for individuals over the age of 65. Though not specific to this ARPA project, this effort was part of the catalyst to moving forward with additional efforts, to enhance opportunities for access to services for those who are actively working. The ARPA project described above does not include any state plan

amendments or waivers. Once the analysis is complete, the Department will pursue any programmatic or administrative changes necessary to implement a new approach.

Sustainability Plan

Upon completion of the Buy-In Analysis, the Department will explore the feasibility of implementing proposed solutions for encouraging employment among individuals with a disability on a long-term basis.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 3.03. Community Transitions Support



Colorado currently offers a transition services program that supports members transitioning from institutional settings to living in the community. However, the Department would like to utilize ARPA funds beginning July 1, 2023 to start a number of initiatives aimed to improve the transition process and support members living in the community to stay in the community if they so choose.

This project builds upon the state's existing transition services that were established in the Department's Money Follows the Person (MFP) program and implemented permanently in HCBS waivers in 2019 but is not duplicative. The Department is also working on a new MFP demonstration application and will work closely with the ARPA HCBS team to ensure ARPA funds are not being duplicated or used inappropriately. The ARPA portion of the work on these initiatives will end June 30, 2024.

These initiatives would also support the Department's efforts to address federal Department of Justice findings related to community transitions and the nursing facility diversion process. With state funding approval for ongoing costs, the initiatives the Department plans to start with ARPA and continue with General Fund afterwards include:

- Implement In-Reach counseling which will provide information to members living in nursing facilities about their options to live in the community in both a group and individual setting. To support this effort the Department will also create standardized materials and training. This work is similar to the Department's current Options Counseling program but rather than being based on referral, In-Reach counseling will be provided proactively to members living in nursing facilities in a more standardized way;

- Implement diversion and rapid reintegration activities during the nursing facility Level of Care screening to provide information on community living and help individuals plan to move back to the community when appropriate;
- Provide case management and care coordination for members that are identified to be at risk of institutionalization. This would include providing information on HCBS, mental health and other State Plan services that could support a member to remain in the community and coordinating services beyond current case management or care coordination requirements;
- Increase the number of units of Transition Coordination services a member can use to transition to the community;
- Increase the maximum Transition Setup cost to adjust for inflation and higher costs of goods needed to furnish a member's home;
- Create a new eligibility escalation process through one of the Department's eligibility contractors for cases needing immediate financial eligibility determination. *As part of the escalation process HCPF will utilize Salesforce to manage escalation tracking and oversight;*
- Expand housing navigation services to members who are at risk of institutionalization to provide support in identifying units and negotiating leases [Note this project does not pay for room and board].

State Plan Amendment and Waiver Information

The Department will need waiver amendments to implement this project and may require a State Plan Amendment as well.

Sustainability Plan

HCPF received approval for funding to sustain these initiatives after the ARPA period through its FY 23-24 BA-07 budget request.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 3.04. HCBS Training for Members & Families



In addition to providing training for providers, the Department will develop and make available culturally competent training and resources for members and their families to assist with navigating the HCBS system. This will include providing education and support to family caregivers. The training project will provide

information to members to help educate them on all waivers, navigate through the different waivers, and explain members' right to choose between service providers. The training would be member-focused, person-centered and in plain language for ease of use.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The suite of developed training materials will be incorporated into the Department's currently available training resources for ongoing management and oversight.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The project initially included funding to create training materials, but that work was completed by another ARPA project since it was also included in that scope. A small budget reduction was completed to adjust for these unused funds.



Initiative 3.05. Translation of Case Management Material



HCPF does not currently have member-focused case management material translated into all necessary languages. HCPF will translate member focused case management materials, such as waiver charts, waiver flow charts, specialized behavioral health programs and benefits, and other basic information about waivers and other long-term services and support programs, into multiple languages for members and caregivers to understand in their own language. This work would also take into consideration other accessibility needs such as hearing and vision impairments.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Recognizing the importance of inclusion for all programs, the Department is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 3.06. Expand the Behavioral Health Safety Net



HCPF has an opportunity with these funds to strengthen and expand the behavioral health safety net through provider training, workforce development, enhanced standards, high-intensity outpatient services, and value-based pay for performance models supporting whole-person care.

Over the past two years, the Department, in partnership with the Regional Accountable Entities (RAEs), have aligned on a definition for high intensity outpatient services through a collaborative stakeholder engagement process. The safety net expansion effort will build upon and implement this definition through the following four projects:

- Conduct a gap analysis for high intensity outpatient services: HCPF will assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.
 - Perform a Behavioral Health Network Gap analysis for existing behavioral health services under the ACC behavioral health managed care program. This project will analyze three years of historical utilization patterns, discern member population needs and identify existing network gaps by service type and geographic locations. It also includes an in-depth analysis of telehealth services to discern whether these services replaced, enhanced and expanded access to care. This project will also include analysis of active behavioral health practitioners and facilities that have provided services to members within SFY 2021-2022; identify non-active practitioners and facilities; perform network analysis based on service type and geographic locations to discern member experience of accessing care and the actualized network capacity. The findings from this four-phase analysis will provide improved insight into the network performance as well as provide future methodology recommendations for expanded network monitoring and management.
- Develop training and technical assistance to build capacity with providers and health plans: Providers will need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.

- Develop value-based payment framework for high intensity services and whole person care: Providers will also need alternative financing models that better support whole person care and reward improved outcomes. The Department will create a new value-based reimbursement model to support the implementation of high intensity outpatient services and to improve capacity of the service networks.
- Assess and review regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, the Department, working with the Office of Behavioral Health, needs to review and align their credentialing and contracting policies with the safety net framework. The Department will assess and revise critical regulations concerning high intensity outpatient services.
 - Develop a strategic plan to better serve youth with behavioral health needs that require high intensity outpatient services.

Following approval in March 2022 by the Joint Budget Committee (JBC), the project scope was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.

The scope of this project was further expanded in September 2023 to enable the team to update the Child & Adolescent Needs and Strengths (CANS) assessment. The current version does not capture information in the necessary way for Medicaid Reimbursement. With support from a contractor, the team will update the assessment to support a multi-pronged approach to children and youth with complex needs in Colorado.

State Plan Amendment and Waiver Information

It is likely that the Department will require a State Plan Amendment to address modifications to existing program administration based on the outcome of this work.

Sustainability Plan

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. The Department is committed to implementing advanced strategies for transformation in delivery of high intensity outpatient services. Each service included in the definition of high intensity outpatient services is already covered individually, though the services may be combined into a larger level of care definition in the future. Shifting from a pay for service to a performance compensation model is intended to change the focus of care to a person-centric model. As such, the Department will continue the initiative through programmatic

changes and continue to monitor the progress of change implemented under the ARPA funding.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: grant funding provided through Regional Accountable Entities (RAEs) to expand high intensity outpatient services in communities across the state. Funds may be used for capital expenditures including infrastructure and equipment.

Project Changes

The scope of the project was changed to enable the team to update the Child & Adolescent Needs and Strengths (CANS) assessment.



Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs



HCPF is developing a sustainability strategy for wrap-around services, including housing support services and community-based peer support, for recipients of complex social service benefits such as housing vouchers and supportive housing services. This is focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and does not include any funding for room and board.

Specifically, the Department is implementing a pilot program to provide supportive services, including peer support, behavioral health services, and [pre-tenancy / tenancy sustaining](#) services, for at least 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA). This initiative is modeled on the evidence-based social impact bond project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care. HCPF has also been awarded a technical assistance program by the National Academy for State Health Policy about how to best integrate services across state agencies to expand housing options to their shared clients who are unhoused.

With the support of the NASHP technical assistance program, HCPF is conducting an analysis of funding mechanisms and payment models and develop recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this is creating options for them to expand their business models, increasing their solvency and the populations they are able to serve. It is building

provider capacity, including housing service providers, and sustainability in rural areas where traditional care models are becoming more difficult to provide due to changing economic and population needs. It also aligns with Colorado’s broader behavioral health safety net initiative in that it expands the network and financing of behavioral health specialty providers.

State Plan Amendment and Waiver Information

HCPF may modify an existing waiver or establish a new waiver program to build out the benefit package identified through the pilot program and subsequent evaluation.

Sustainability Plan

Over the pilot period, HCPF will collaborate with DOLA and the Colorado Department of Human Services (CDHS) to build a sustainability model for these housing supports by identifying which services are billable as wraparound Medicaid benefits and which are fundable through CDHS or DOLA. It is expected that this program model will be self-sustaining and, once ARPA funded efforts are completed, HCPF may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: as part of the Peer Support grants, applicants could request capital funding to support project implementation and project coordination expenses including infrastructure, supplies, and software. They could also request funds to build administrative capacity for Medicaid billing including supplies and equipment.

Project Changes

The project’s grant budget was increased to allow for the opportunity to award additional Peer Support Grants following greater demand than was anticipated. A second request for application will be announced utilizing the additional funds.



Initiative 3.08. AI/AN Culturally Responsive Services Capacity Grants



Note: As of June 2022, this project has been renamed AI/AN Culturally Responsive Services Capacity Grants (previously titled Behavioral Health Capacity Grants), to better reflect the scope and goals of the project.

To finalize the suite of projects to expand the behavioral health safety net in Colorado, HCPF is executing a project focused on community identified service gaps that members of the American Indian and Alaska Native populations experience when seeking behavioral health services. HCPF is working alongside two tribes, the Ute Mountain Ute and Southern Ute, in Colorado to co-design a menu of services and

supports to meet the needs of the populations and expand access to behavioral health and HCBS services. This work will include an extensive stakeholder engagement process and formal tribal consultation engagement and is happening in conjunction with the tribal liaisons at HCPF and is focused on ensuring the needs as identified by the tribal partners remain at the forefront of the work. Funding will be provided in the form of prospective grant payments to give tribes flexibility in implementing programs that will best meet the needs of their members. A fiscal rule waiver to allow for a prospective payment was approved by the Office of the State Controller in Q1 of SFY 2023-24.

In addition to the direct support provided to the tribal nations, HCPF recognizes the large portion of Members who are a part of the Urban Indian population. To ensure expansion of services to meet the needs of this population, HCPF is partnering with a local Urban Indian Health Program to fund the expansion of behavioral health and HCBS services. Funds will be used for evidence-based practices mitigating care deserts to better serve the Colorado American Indian/Alaskan Native (AI/AN) population. This funding will prioritize programs that are improving their ability to serve individuals with disabilities on a HCBS waiver, who also have co-occurring behavioral health (SUD and MH) needs with a focus on lower acuity services and smaller community-based providers compared to the previously mentioned initiatives. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides a one-time capacity building opportunity to local communities, allowing the Department to maintain a high level of service delivery across all member populations. HCPF will also continue to build upon relationships with both tribes and their leadership, helping to foster continually improving outcomes for American Indian and Alaska Native Coloradans into the future.

Capital Expenditure Plan

The capital expenditures for this project are utilizing state only funds.

Project Changes

No change for this project over the previous quarter.

4. Support Post-COVID Recovery & HCBS Innovation



Initiative 4.01. Residential Innovation



Under this project, HCPF will develop and pilot continuum models of care that incent the creation of financially viable small residential programs that are person-centered, with a focus on rural communities. This would be accomplished by completing an analysis and pilot program:

- **Models of Care Analysis:** The Department will conduct an analysis of funding mechanisms and feasibility on how to improve transitions of care for people transitioning from nursing facilities and other institutional settings and potential new models of care for investment and innovation.
- **Pilot Program:** The Department will award 2 grants to develop pilots to develop, design and/or implement a re-envisioned holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment. Learnings from the pilot program will be used to scale the model to other communities and to provide best practice recommendations for further development of new, innovative models. The Department will hold at the forefront the HCBS Settings Final Rule, including CMS guidance and requirements for integration of persons residing in community placements, when researching, planning, and implementing this pilot program. It is the intent of this project to determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities. This project may include an investment into the development of new models of care, including the Department obtaining intellectual property rights to these models and/or the funding the purchase of land or construction of the new residential homes.

State Plan Amendment and Waiver Information

The Department recognizes the potential need for waiver amendments to support programmatic changes and will submit such requests once the scope of desired change is identified.

Sustainability Plan

The Department will closely examine the success and viability of supported communities and based on the outcomes, formally develop any necessary administrative documentation and other avenues for the ongoing support of such efforts.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: One of the program grantees intends to use funds to purchase large monitors for use during training and to provide information to clients.

Project Changes

No change for this project over the previous quarter.



Initiative 4.02. Promote Single Occupancy



This project will focus on supporting assisted living facilities and group homes in creating more single occupancy rooms, which would help prevent the spread of diseases and promote greater independence among residents. The Department will research current practice and what it would take for these providers to offer more single occupancy rooms. The Department will offer incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The pandemic has brought to light shortcomings in the current occupancy rates and impacts on disease transmission. The Department is exploring options for both improving quality of life and managing transmissibility in assisted living and other settings of concentrated care. Sustainability funding for these efforts is being reviewed for long-term viability.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The project's grant budget was decreased due to lower-than-expected grantee interest after two application periods.



Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment



The Department will focus on those areas in which there are currently gaps in services and treatment programs for children and youth. These include members with autism spectrum disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnosis.

The Department will work with several providers to develop a viable step-down treatment program, to create models of care that are financially viable and person-centered, with a focus on those children and youth who are currently being sent out of state for services. This project will also look at the creation or expansion of a step-down service between hospitals and a short-term residential placement. Funding in the form of grants will be available to support the infrastructure and equipment costs associated with this expanded level of care. The grant programs will focus on providers delivering Qualified Residential Treatment Programs (QRTP) and Children's Habilitation Residential Program (CHRP) services. Grantees delivering QRTP and CHRP services are not providing those services in an Institute for Mental Disease (IMD).

The scope of this project was expanded in September 2023 to enable the team to secure a vendor to perform analysis on what it would mean to move our CHP+ program from a standalone program to a program folded into the larger Medicaid benefit. This is particularly relevant during PHE unwind as children on CHIP are not eligible for critical services like Applied Behavioral Analysis therapy and Early and Periodic Screening, Diagnostic, and Treatment benefits.

State Plan Amendment and Waiver Information

The Department anticipates needing to submit a State Plan Amendment for program and service changes that are identified during the implementation of this project.

Sustainability Plan

The Department is committed to improving programs for child/youth, the capacity of the State to provide services to this population and managing program cost. The Department is committed to exploring outcomes from this effort to better provide services in this area.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: as part of the grants, applicants may request capital funding to support project implementation and project

coordination expenses including infrastructure, supplies, and software to expand capacity.

Project Changes

The team will use existing funds to perform an analysis to determine the impact of moving the CHP+ program from a standalone program to a program folded into the larger Medicaid benefit.



Initiative 4.04. Tiered Residential Rates & Benefits



Note: As of March 2022, this project has been renamed *Tiered Residential Rates & Benefits* (previously titled *Alternative Care Facility Tiered Rates & Benefit*), to reflect the expansion in scope.

The Department currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. The Department will develop a tiered rate methodology for setting levels, with an emphasis on secured settings, for the ACF benefit. This initiative will provide insight on how the Department could create multiple level settings for the ACF program that would limit placement into a skilled nursing facility. As of March 2022, the project scope was expanded to include an additional setting type, Qualified Residential Treatment Programs (QRTPs). Additional funds were added to the project and approved by the JBC for this purpose.

The Department will also analyze other states that utilize a tiered rate for HCBS residential services, and their member assessment processes for assignment to the appropriate tier. The Department will provide recommendations related to services incorporated at each level to limit nursing facility placement and analyze whether Colorado's assessment tools would be sufficient to determine an appropriate tier. A new assessment tool will be developed, if appropriate.

In a previous report, the Department inadvertently used historical state licensing language, stating that Residential Child Care Facilities (RCCF) would be included in this project. The RCCF provider type has sunsetted as an allowable provider to bill Medicaid and therefore will not be included in this project. The intent of this initiative is to explore tiered rates that vary based on the individual in need of services, to ensure non-institutional and least restrictive settings are fully equipped to meet the needs of children and youth with complex needs. The expanded scope of this project will focus on residential settings that serve youth and children with complex needs, which must have 16 beds or less and submit an attestation that they meet criteria, which requires that these providers do their due diligence to ensure that they are not IMDs. This currently only includes QRTPs in compliance with the

Family First Prevention Services Act (FFPSA). These settings provide services covered in Appendix B of the State Medicaid Director’s Letter dated May 13, 2021, specifically Colorado’s 1915 (b)(3) waiver and state plan behavioral health clinical and rehabilitative services.

The scope of this project was expanded following the approval of additional funds in August 2023. The team will extend the project and expand the scope of the vendors work to have them develop tiered rates from the already completed rate methodology.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The Department is committed to developing programmatic incentives to manage costs and improve quality of care. Stakeholders will be engaged both during the rate structure development process and for feedback on programmatic changes. Once program recommendations are created, the Department will pursue all appropriate administrative efforts to implement program and rate changes.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The team will expand the scope and budget of the project to enable the vendor to develop tiered rates based on the tiered rate methodology that has been created. A small budget reduction was also applied due to an earlier invoice correction.



Initiative 4.05. Pilot CAPABLE

The Department will pilot and evaluate the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The Department will pilot the CAPABLE program in three to four locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, the Department will implement a pilot with an evaluation to ensure it results in the same outcomes, including cost savings, when implemented with a diverse group of members, including individuals of younger ages and those living in rural communities.

State Plan Amendment and Waiver Information

The Department will utilize the ARPA HCBS funding and time period to pilot test the CAPABLE model in Colorado. The project team will review the evaluation outcomes and determine whether the Department should consider adding CAPABLE as an additional benefit available to our waiver participants based on program success. At that time, post ARHA HCBS, a waiver amendment will be pursued if considered feasible.

Sustainability Plan

The Department embraces opportunities for improving member experience and managing program costs. The CAPABLE program is one such alternative care model that has demonstrated inroads to achieving these goals. The Department is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 4.06. Supported Employment Pilot Extension



In recent years, the Department has received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project is expiring on June 30, 2022. The Department will extend and expand the current pilot program to allow for increased participation, additional data collection, and to determine if expanding incentive-based payments for Supported Employment services within the waivers is cost effective and produces positive outcomes.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers presently planned for this project. However, if the program achieves successful outcomes, the Department will explore permanently implementing value-based payments for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers, which would require amendments to both waivers.

Sustainability Plan

The Department is committed to creating environments of inclusion and employment opportunities for people with disabilities. It is believed that this program will prove to be self-supporting, and the Department plans to explore partnerships with sister agencies and other options to support long-term implementation of this program.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 4.07. New Systems of Care



The Department has an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, the Department will study successful initiatives implemented by other states and nations while also developing pilot programs that:

- Leverage creative solutions to provide low/no cost childcare to home and personal care workers, which helps address low wage concerns by expanding “total compensation”
- Pair older adults with college students who need affordable housing
- Create college credits and increase the workforce by employing college students to provide respite, homemaker, and personal care services to our growing older adult population, as well as the general HCBS population.

The Department will create a grant program with state-only funding to support innovative models of care. The Department will conduct an environmental scan of evidence-based practices that could be used and to create an innovative model to address “total compensation” for direct support professionals.

As of March 2022, following approval from the JBC, the project scope was expanded to include an additional component. This new activity will include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The lessons learned from the identification and piloting of innovative systems of care and what has been successful in other states will inform future budget requests, programs, and policies.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The project's grant budget was reduced due to lower-than-expected interest in the grant program after extensive marketing efforts and extending the application deadline.



Initiative 4.08. Respite Grant Program

Expanding respite services was one of the most frequently cited items by Colorado stakeholders for consideration in the ARPA spending plan. Respite services provide temporary relief for the members' primary caregiver, which is necessary to support caregivers and helps prevent members moving to institutional settings.

HCPF will create a state-only grant program with two components: to expand providers' ability to provide respite services (such as increasing access to respite services through a "matching" platform where individuals seeking respite will be able to create profiles and match with caregivers who have already been background checked, vetted and trained), and to extend funding for specialty respite care supports that are designed to meet the unique needs of specific populations, such as youth with high magnitude and aggressive behaviors or adults with memory impairment. These opportunities allow providers to develop unique and creative ways to deliver respite services, thinking outside of the box of the current delivery method. No funds or direct payments will be made to individuals. Within the program, the majority (75% or more) of the funding will go to Health First Colorado members who are either a caregiver or care recipient and would benefit from respite services. Thus, no more than 25% of service recipients will be non-Medicaid individuals, though, the department will allow applicants to extend/expand programs to target those who may or soon will be eligible for Medicaid, or siblings of Health first Colorado members. The goal is to provide respite services for the caregiver, even when they have multiple children. For example, a respite provider may host a parent's night out, allowing not only the member/child to attend, but the members' siblings as well. Additionally,

adult siblings providing care would be eligible through this grant program to receive respite.

Eligible applicants include existing enrolled Medicaid providers who deliver respite services as outlined in Appendix B of the [State Medicaid Director's Letter](#), May 13, 2021. Applicants may also be current Medicaid providers that are not currently providing respite services but are hoping to expand their services.

Additionally, HCPF will identify the landscape of respite availability across Colorado through a study and create a report identifying the gaps in respite care availability. Through lessons learned through the grant program and the study, the Department hopes to make future improvements in how respite services are delivered in Colorado.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The evaluation component of this project will identify gaps in respite care and the final evaluations/lessons learned from the grant program will be the foundation for future programs, policies, and budget requests. The respite benefit will continue as this is a critical service for our members and their families but may be modified or expanded based on information gleaned from this ARPA project.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 4.09. Respite Rate Enhancement

HCPF has provided a temporary targeted rate increase to incentivize additional respite providers to serve HCBS adult and child members, with a focus on home-based services. The rate increase also applies to respite services provided under the DHS' crisis services program. HCPF changed the scope of this project to remove the component of the project that would bring on a contractor to identify innovation in respite care. This work is already underway with the Respite Grant program.

State Plan Amendment and Waiver Information

The Department received approval through an Appendix K Amendment on [November 5, 2021](#) to implement a temporary 25% rate increase for HCBS Respite providers.

Sustainability Plan

The aspects of this program that will extend in the future relate to that which the Department learns through its meetings with providers and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The project budget has been reduced because the level of billing for the enhanced respite rate has been lower than expected.



Initiative 4.10. Home Modification Budget Enhancements



The Department identified enhancements to the Home Modification benefit as a need for our members, based on stakeholder feedback over the growing need to ensure members could continue to live and receive care in their homes, as opposed to congregate care settings, in response to the COVID-19 PHE. One way to help members continue to live in their homes is by funding specific modifications, adaptations, and improvements to their existing home setting. The Department will provide additional funding above the current service limitations for home modifications in response to members needing multiple adaptations to their homes for accessibility and the increasing costs related to construction and materials. The home modification budget enhancements will be available for all waivers in which this benefit already exists.

State Plan Amendment and Waiver Information

The Department received approval through an Appendix K Amendment on [January 4, 2022](#) to temporarily increase the Home Modification and Home Accessibility Adaptation benefit by \$10,000 to help members continue to live in their home and community. On March 10, 2022 the Department submitted HCBS waiver amendments for the affected waivers, to include language that specifies during the Public Health Emergency (PHE), some individuals on the waiver may exceed the \$10,000 or \$14,000 cap to help them continue to live in their homes and the community. [The Department](#)

is awaiting approval from CMS for this change with an anticipated effective date of January 1, 2024. In addition, HCPF submitted a waiver amendment in the fall of 2022 to allow the continuation of this temporary benefit through March 31, 2024.

Sustainability Plan

The Department recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA is providing will provide meaningful insights into cost challenges and will put the Department on better footing to ensure future budgets for this program consider increasing labor and materials costs.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The team has extended the project timeline and thus also extended the funding timeline to allow more time for use of the enhanced rate.



Initiative 4.11. Hospital Community Investment Requirements

Under this project, the Department will research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities including transitions of care for members receiving home and community based services. The Department will develop minimum guidelines for community benefit spending and reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines should allow for more consistent reporting and determination of what is a community health need as well as better evaluate the impact of community benefit programs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that providing guidance to hospitals regarding community investment requirements and best practices is important to ensuring that those contributions result in relevant and sustainable community change and improvement in community health needs and health care outcomes. Once the guidelines have been developed, the Department is committed to both maintaining the hospital community

investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 4.12. Community First Choice



Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows the Department to offer attendant care services, including consumer directed options, on a state-wide basis to eligible members of all ages, instead of only those who meet criteria for a 1915(c) waiver. The Department will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, and a new Wellness Education Benefit. The goal is to implement CFC by July 2025. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, the Department will need the following:

- System changes: System changes will be required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider subsystem, financial subsystem, prior authorization subsystem, provider subsystem, and care and case management product. This work will include ongoing testing and maintenance to ensure the changes made were accurate and operating correctly.
- Develop a Wellness Education Benefit: HCPF is utilizing a contractor to develop and manage the Wellness and Education Benefit. The Wellness Benefit will send HCBS members information on a monthly basis to support their overall healthcare.

To mitigate potential access to care issues, we will utilize ARPA funding for a time-limited grant opportunity for Program Approved Service Agency (PASA) providers impacted by the new licensing requirement under CFC. This grant will provide funding for the initial licensing fee as an incentive for early licensing compliance for PASA agencies.

State Plan Amendment and Waiver Information

The Department will submit an amendment to the State Plan allowing for the implementation of the Community First Choice 1915(k) federal authority. Waiver amendments will be required for the Department's 1915(c) waivers to remove services provided under the 1915(k). Amendments will also be required to gain approval for the new Wellness Education Benefit.

Sustainability Plan

The ability to leverage the ARPA funds to allow the State to pursue CFC is a high priority of the Department. The funding accelerates investments in key information systems and with relevant stakeholders to ensure that the State's design, development, and implementation of CFC is informed by stakeholder feedback and aligns with best practices. The cost of this benefit will be absorbed by HCPF once CFC cost savings are realized. Funding to support this service were approved in Senate Bill 23-289.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: ARPA funding will be utilized to cover the administrative costs associated with the development and implementation of CFC including system costs. System changes are needed in the Care and Case Management System (CCM) and Medicaid Management Information Systems (MMIS).

Project Changes

The project budget was increased to cover the cost for Program Approved Service Agencies (PASAs) to apply for a Class A CDPHE license if they choose. Allowing either a Class A or B license for Personal Care services aligns with existing Department policy.

5. Strengthen Case Management Redesign



Initiative 5.01. Case Management Capacity Building

Case management redesign is an overhaul of the current and traditional processes utilized by case management agencies to ensure conflict free case management services are provided to members. While the long-term effects are necessary and invaluable, there will be substantial changes in those processes. This project provides resources to help limit disruptions to members during that process. HCPF will support case management redesign efforts in the community by developing a framework to support the change management requirements to ensure successful

transition from the current system to implementation of a redesign that mitigates the negative impact on members. HCPF will work with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It will provide support to CMAs to implement CMRD policy changes, transition, legal and corporate structures, change management, strategic and organizational planning, capacity and ensuring member access to a CMA, including developing an infrastructure for a learning collaborative so that CMAs have access to individual resources relevant to their change management needs.

CMA Start Up and Transition Costs

With the extended timeline to implement ARPA, HCPF plans to create a grant program to support the start-up of new contracts as a result of Case Management Redesign (CMRD). Start-up and transition costs are needed to get the new CMAs online and able to serve members faster.

CMA Longevity and Retention Bonuses

Effective December 1, 2022, HCPF implemented longevity and retention bonuses to qualified case management workers for all ten HCBS waivers to promote, encourage, and support case management for the HCBS waivers during the public health emergency and Case Management Redesign. CMAs may use funds for direct bonus payments to case management staff or for retention incentives to help retain staff through significant CMA systems changes and reward staff for their extraordinary work and dedication during such uncertain times. The funds are distributed to each CMA through a competitive grant award process. [For the final grant distribution to the CMAs in Fall 2023, the project team was approved by the Colorado Office of the State Controller for a fiscal rule waiver to provide prospective payments that will be distributed to case management staff as retention and hiring bonuses during the next year of transition.](#)

State Plan Amendment and Waiver Information

A state plan amendment and Appendix K amendment were submitted to CMS and approved for the case manager retention payment component of this project with approval effective January 1, 2023.

Sustainability Plan

The Department recognizes that expanding the capacity of the case managers who serve the HCBS population by designing an end-to-end case management paradigm is essential to ensuring that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, the Department is committed to continuing that vision both in the near- and long-term.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: Transition and start-up funds for CMAs to support costs associated with getting the new CMAs online and able to serve members faster to include brick and mortar costs, office supplies and inventory, marketing and communication costs, company vehicle purchase or modifications.

Project Changes

No change for this project over the previous quarter.



Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes



Note: As of February 2023, this project has incorporated project 6.16 Eligibility System Improvements under the scope of its efforts.

Under this project, the Department will work with stakeholders to identify solutions to barriers to long term care eligibility, both from a physical eligibility and financial eligibility perspective. Any changes will result in the need for system enhancements as well as training to counties, Medical Assistance sites, and case managers on eligibility requirements for waiver programs and other long-term care programs.

The Department will research and determine appropriate solutions for expedited eligibility processes and manage projects. These changes will require extensive stakeholder feedback and engagement. The approved solutions will focus on system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility.

The scope of this project was expanded, and additional funds add to the budget in September 2023 (titled 5.02b). This new component of the project will help support the revalidation of HCBS members as part of the Public Health Emergency Unwind. Key activities include: hiring additional resources including term limited staff, contracted temps, and vendors to support outreach, eligibility processing of renewals, and communications. Additionally, toolkits will be developed, and an escalations process launched for all HCBS procedural denials.

State Plan Amendment and Waiver Information

Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments.

Sustainability Plan

The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: HCPF is initially working with stakeholders and other external parties to identify solutions to barriers to Long-Term Care eligibility and further streamline the process. This will include policy requirements modifications and corresponding eligibility system enhancements within the Colorado Benefits Management System (CBMS). An example would be to fund a contractor to identify system modification opportunities.

Project Changes - 5.02a

No change for this project over the previous quarter.

Project Changes - 5.02b

Additional funding was requested to support an added scope to support the PHE Unwind efforts for HCBS members, including outreach, eligibility processing of renewals, communications, toolkits, and escalations for the LTC procedural denials initiative. The budget for this work will be tracked on a separate line for transparency and to ensure clear tracking between the two main initiatives in this project.

Initiative 5.03. Case Management Rates ✓

Project Completed February 2023

The Department transitioned to a new rate structure for case management agencies (CMAs) in FY 2020-21. The Department evaluated and identified best practice approaches for rate methodology in case management to ensure they are appropriate for the activities expected of CMAs and then developed a proposed rate structure for these activities and services, including identifying options for tiered rates for supporting members with complex care needs. The Department also worked in coordination with the CMAs to facilitate stakeholder engagement on this methodology.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Project Outcomes

Through this project, a new case management workbook for rate development has been created for utilization moving forward. This workbook outlines a new rate for ongoing targeted case management and supported the development of a Department budget request for FY 2023-24.

Sustainability Plan

The Department recognizes that providing guidance and promoting best practices for rate methodology in case management is critical to developing the case management infrastructure that it is trying to create and support. Sharing promising practices and information is one of the keys to this transformation. Though this project developed the initial case management methodology, the Department is committed to maintaining the currency of the methodology as part of the overall goal of achieving a strong case management infrastructure statewide.



Initiative 5.04. Case Management Best Practices



Person-centered case management and care coordination requires adapting outreach strategies and support services to the needs of the population and of individuals, which may be different depending on the disability. The

Department will research national best practices and develop and pilot these practices through models of care coordination that meet the unique needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. The Department will develop a training plan, including developing appropriate materials for Case Management Agency (CMA) and Regional Accountable Entity (RAE) staff on their various roles and responsibilities, collaborative roles between the systems, and effective care collaboration across the continuum of care, especially for members with complex needs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that creating models of care and identifying best practices for individuals with disabilities is critical to developing the case management infrastructure that the State is establishing and supporting. Sharing promising practices and information is one of the keys to this transformation. Once the training materials for best practices have been developed, the Department is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 5.05. Case Management Agency Training Program



The Department will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. The Department will develop a robust training program for CMAs, RAEs and MCOs for all waiver programs and services, as well as behavioral health services, State Plan benefits, benefits counseling, and CFC. All the training will be incorporated into a Learning Management System allowing the Department to assign and monitor training completion. The Department will also update all existing training materials for content updates and upload them to LMS software to establish competency-based performance requirements of case managers. Any changes to program participation requirements will be supported by the submission of a waiver amendment once training documentation is completed. This project also includes funding to support the training of case managers on the new Care and Case Management system and future enhancements. As the system rolls out, case managers will need robust training to ensure competency on utilizing the system prior to official launch. Funding will ensure that the case managers receive this training and are compensated for their time. Additionally, as new enhancements are added to the system, updates to training materials and continuing education training for case managers will be required.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for case management professionals is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

This project has received approval for an increase in budget to expand contracting support due to an extension in the projects end date.

6. Invest in Tools & Technology



Initiative 6.01. Home Health/PDN Acuity Tool

HCPF will design and develop an adult Long-Term Home Health (LTHH) acuity tool and two Private Duty Nursing (PDN) tools for adult and pediatric members to better determine the appropriate medically necessary level of care and associated nursing hours for members. These tools will streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for members.

HCPF received funding to implement a LTHH acuity tool in FY 2019-20 through R-9, “Long Term Home Health/Private Duty Nursing Acuity Tool.” The Department used this funding to conduct an environmental scan in FY 2020-21 of other state approaches but was unable to identify an appropriate tool, concluding that the Department must build one from the ground up. There was not adequate funding to build and implement a tool with the funding from that request.

HCPF will work with a contractor to create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. HCPF will conduct both a policy and systems crosswalk of the proposed variables required for the LTHH acuity tool with the long-term services and supports (LTSS) assessment tool that determines nursing facility and/or hospital level of care for members seeking LTSS services. This will help determine opportunities for alignment of the tools to ensure that as members’ needs change, they do not have barriers to accessing other State Plan or waiver benefits, nor is there duplication of services. A crosswalk has already been completed for PDN tools.

Furthermore, HCPF will examine the value of redesigning Colorado’s PDN and LTHH programs through additional claims and policy analysis to determine if a single nursing benefit would be beneficial from a financial and member satisfaction perspective.

Once the acuity tools are developed, HCPF may integrate the developed tools as a module within the Care and Case Management System if there is sufficient time within the ARPA project timeline. The utilization management vendor will either access the CCM tool directly or through a workflow that will allow them to perform the necessary medical necessity prior authorization determinations for PDN and LTHH benefits. The goal of this project is to develop the new assessment tools, but the tools will not be implemented until after the ARPA HCBS spending period.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The improvements to the tools will be integrated into the existing systems/platforms (HCBS assessment tool and potentially the CCM), both of which will be available to users beyond the terms of the ARPA grant.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 6.02. Specialty Search in Provider Specialty Tool

HCBS providers struggle to identify which specialty they qualify for and which one to select when using the MMIS online enrollment module. As a result, providers either spend a lot of time researching provider specialties on the Department’s website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

HCPF will develop an optional “specialty finder” tool that will, through a series of questions, help providers identify which specialty or specialties they would like to enroll in, as well as the HCBS population they would like to serve. The tool will also provide guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. Once an algorithm is developed, it will be integrated into the Department’s website. This tool will allow providers to quickly understand which specialties they are eligible for, understand the steps necessary to enroll, and cut down on questions to MMIS staff and staff across the Department and the Department of Public Health and Environment.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

No ARPA funding was utilized to develop the tool and maintenance will be absorbed into existing workload.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 6.03. Member Facing Provider Finder Tool Improvement



The Department administers a “Find A Doctor” provider search tool on the Department’s website that identifies health care providers based on certain search criteria selected by the user. The Department is currently working to add additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Under this project, the Department will add the critical criteria of “Cultural Competency” to the search tool. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Through this project, the Department will add cultural competence search criteria to the tool. This could include criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State of Colorado and the Department hold equity and cultural competency among the provider community and health care systems at the forefront. This project is proceeding on schedule and possesses adequate resources. The project team is implementing strategies to address cross-departmental efforts to execute the activities and tasks related to this project. The Department and the contractor have

scheduled a kickoff meeting for early January. It is of importance for service delivery. Upon completion of the member-facing provider tool enhancements, the Department will monitor the use of the cultural competence queries and results to inform future investments, programs, and policies to promote equity and culturally competent care.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: HCPF is currently working to add additional functionality to the “Find A Doctor” provider search tool on the Department’s website that identifies health care providers based on certain search criteria selected by the user. Enhanced functionality will include the ability to search by practitioner location, practitioner associations, and provider specialties. Under this project, HCPF will add the critical criteria of “Cultural Competency” to the search tool.

Project Changes

No change for this project over the previous quarter.



Initiative 6.05. Member Tech Literacy



Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop two curricula; a program for members providing digital literacy training and a train-the-trainer program for community supports (case managers, providers, and family) that will be delivered to members. HCBS-enrolled members who participate in this project will receive an iPad to support training and improve access beyond project time period.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department will absorb maintenance and updating of materials through existing workflows.

Capital Expenditure Plan

This project includes state only funding to provide iPads for members participating in the training pilot.

Project Changes

No change for this project over the previous quarter.

Initiative 6.06. Provider Digital Transformation & EHR Upgrades

Note: *As of November 2021, this project has incorporated project 6.04 HCBS Provider Electronic Health Record System Upgrades under the scope of its efforts.*

Note: *As of September 2022, this project has been renamed Provider Digital Transformation & EHR Upgrades (previously titled HCBS Provider Digital Transformation), to better reflect the project's intent.*

The purpose of this project is to provide funding to home and community-based services (HCBS) providers, behavioral health providers, and Case Management Agencies to digitally transform their care or service delivery. Funding will include investments in upgrading, enhancing, or implementing electronic health record (EHR) systems to be able to better coordinate care, access real-time information through health information exchanges (HIEs), and the purchase of tools necessary for the delivery of virtual services. These tools may include, but are not limited to, desktops, monitors, laptops, tablets, smartphones, modem/routers, and scanners. Ongoing internet connectivity costs are not included within the project scope. This project will leverage lessons and processes from the Department's Electronic Health Record incentive program and the Office of eHealth Innovation's telemedicine projects, with a focus on inclusive and equitable approaches and solutions. These funds will be provided through a competitive grant program that is aligned with other developing efforts, such as HB 21-1289, "Funding for Broadband Deployment." The primary features of this project, Electronic Health Record enhancement and expanding provider's capacity to offer telehealth services, both have the potential to positively impact members either by improving access to care or improving communication.

The scope of this project was expanded following the approval of the additional funds in March 2022. The project has added 6.06b Cybersecurity Workstream, which will support technology security enhancements for the County Departments of Human Services and Single-Entry Points, who make eligibility determinations. These funds will focus on ensuring cybersecurity measures are in place to protect member information, including case file scanning and the purchase of tools to support physical security such keypad/key card entry systems, door closers, and security camera systems. The case files, which may include income, citizenship and other required verifications and disability determination documentation, are for any individual who has applied for and is receiving Medicaid, Medicaid LTSS including HCBS and state funded HCBS, or other public assistance benefits. Contents of case files contain PHI and PII. Enhanced physical security is an important investment as the badge reader security feature can protect beyond the borders of the county throughout the state as it allows better line of sight into who is accessing the work areas where PHI is stored. All physical security enhancements will protect paper case files as well as electronic

PHI for individuals receiving Medicaid. However, at this time it is unknown what proportion of the total case files are only those individuals who have applied for and/or received Medicaid HCBS, though those files are a large component of the files maintained by the state's county partners. There is no additional cost associated with the physical security enhancements for non-HCBS records as they are co-located with all Medicaid eligibility records and data which may apply to more than one program area. Separating equipment and workstations where data is processed by program aid code would increase administrative burden which is not a standard practice. Additionally, this physical security enhancement mitigates the risk of cybersecurity incidents and may speed response as recommended by [NIST SP800-53](#). This component of the project will be led by the Department's Health Information Office.

Two additional components were added to the scope of this project in September 2023. The first will support an environmental scan of Behavioral Health providers' use of and interoperability of EHR systems. Additionally, the cyber security efforts of this project will pursue a contract with a vendor to conduct a full assessment of cost & timeline for implementing cloud-based services & VPN connections for remote access within county eligibility offices.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides one-time seed funding for providers across the state. Lessons learned will be shared with future tech upgrade workflows.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: grants to fund systems (installed or cloud-based), and hardware (software, laptops, desktops, monitors, scanners, modems/routers, smartphones, and tablets); keypad/key card entry systems, door closers, and security camera systems to address the cybersecurity component of the project. Other allowable capital expenses related to enhancing the cybersecurity efforts within county offices include, control panels, installation, training, cables, mounts, and cable boxes. The installation of new enhancements may also require a software system to function, of which coverage is allowable over the length of the grant period.

Project Changes 6.06a

Grant funds were increased for this project to reach more providers in the second cycle of grant awards. Funds were also added to support the completion of an

environmental scan of Community Mental Health Centers use of and interoperability of EHR systems. Finally, additional funds were added to support a contractor to assist with grant management.

Project Changes 6.06b

The project budget was increased to fund a vendor to conduct a full assessment of cost & timeline for implementing cloud-based services & VPN connections for remote access.



Initiative 6.07. Innovative Tech Integration

Technology changes rapidly, including in the healthcare field. The Department will explore innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. The Department will research potential innovative models for diagnoses, access, outcomes, and delivery, as well as evaluate whether those technologies would work in Colorado practices. Recommendations, including implementation steps, for pursuing these forms of technology will be developed.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will allow the Department to be positioned to identify innovative projects to its healthcare technology roadmap and implement these new solutions well into the future.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.

Initiative 6.08. Care & Case Management System Investments

The Department will fund investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience. The Department is reviewing investments in system changes, software, and hardware to support the new care and case

management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience.

Device Costs

The Department will provide one-time funding for CMAs to purchase laptops or other mobile devices compatible with the new case management IT solution, the Care and Case Management (CCM) system. These devices will be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. Case managers will have the IT technology necessary to leverage the capabilities of the new CCM tool, including accessing the log notes offline, perform assessments in the home, or upload assessments with the latest technology. Members will be able to be assessed quickly in their homes and provide signatures in real time.

System Costs

Funding will also be used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, the CCM system does not include remote signature capability of support plans by all stakeholders; this has been identified as an opportunity for future enhancements. Another potential enhancement is to allow providers to upload incident reports directly to the member record for the case manager to review and identify whether a critical incident occurred. This is highly encouraged by CMS to ensure incidents are tracked, mitigated, and trended prior to becoming a critical incident. Further, the Department will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs.

Additional funds, approved by the JBC in March 2022, expanded the scope of this project to include enhancements to the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.

The Department intends to create a regional advisory board to support improvements to provider IT sophistication and interoperability, to include the development of data dictionaries of key elements needed by providers.

With the extended timeline to implement ARPA, the Department plans to add three new areas for enhancements in implementing the CCM. These areas include an

adjustment to the system to account for a new rate structure for CMAs, adjustments to accommodate data from the CCM into the Department's data management system and enhancements to the Person-Centered Budget Algorithm.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project will go to advance the deployment and optimization of the system by users statewide. Once the system changes have been deployed and mobile devices provisioned, HCPF is committed to working with CCM users to ensure these capabilities continue into the future.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: this HCBS initiative will include implementation of CCM system enhancements that were not captured in the deployment and certification of the CCM system. These CCM system changes include enhancements for Case Notes, Hospital Back Up (HBU), Pre-Admission Screening and Resident Review (PASRR), and more. Vendors will be responsible for configuring or developing the Care and Case Management (CCM) system to fully meet the business requirements provided by HCPF.

HCPF will also purchase or provide CMAs with funding for approved/recommended laptops or other mobile devices for case management agencies compatible with the new case management IT solution, the Care and Case Management (CCM) system with the goal of ensuring that CMAs can implement the new CCM system (laptops, devices for new case management IT solution).

Project Changes

No change for this project over the previous quarter.

Initiative 6.09. Updates to Salesforce Database

As part of this technology project, the Department will implement a system where complaints, issues, grievances, clinical documentation, and quality care complaints are compiled and centralized. This will include updates to the Salesforce system to allow for clinical review and time tracking for staff as well as tracking for creative

solutions and complex solution calls to allow for tracking of diagnosis, services, and length of time it takes to locate a solution for the case.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ability to centralize complaints, issues, and grievances will allow the Department to better diagnose issues and, as noted above, provides the opportunity to identify and spread best practices statewide.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: updates and expansion of Salesforce system to centralize complaints, issues, grievance, clinical documentation and quality care complaint tracking.

Project Changes

No change for this project over the previous quarter.



Initiative 6.10. Member Data Sharing

Through the CMS Interoperability Rule, which is a part of the 21st Century Cures Act, the Department received funding from its FY 2021-22 R-9 “Patient Access and Interoperability Rule Compliance” decision item to develop an agreed upon, consensus-based approach regarding compliance with the Interoperability Rule. Compliance is based on the creation of an open framework that will allow data to be stored, shared, and pulled into consumer-chosen, consumer-facing applications, vetted through a federally mandated review process.

The Department will use funding to integrate key data points from the CCM tool into a data set that meets federal technical requirements. This data could include member assessments, case management log notes, and critical incidents. The data will be available for members to access through consumer-facing applications or other Electronic Health Record (EHR) applications, leveraging recommendations from the Testing and Experience and Functional Tools (TEFT) Grant, in consultation with the Governor’s Office of eHealth Innovation. The implemented solution would be a way for members to access data collected by and maintained in the CCM tool, as well as information about qualified providers as maintained in the BIDM, and could include functionality like secure, in-app texting/reminders that could occur between Health First Colorado members and their care team or teams. The Department will design a

Long-Term Services and Supports-focused application or other point of access. Any solution will include functionality that is compliant with the Americans with Disabilities (ADA) Act.

Members will be able to access their CCM-related data through the application of their choice, using a device of their choosing. Members will have a seamless experience with their CCM-related health data, irrespective of payer or provider or originating IT source, and be able to access that information using technology of their choosing. This solution builds on existing work done statewide to provide access to health care data.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Compliance with federal regulations regarding information sharing and interoperability by creating patient-facing applications that allow access to their medical record information is among the highest priorities of the Department and the Office of eHealth Innovation. The ARPA funding provides an important investment in moving the State further along in implementing its interoperability strategies and creating a statewide patient engagement strategy.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: Members will be able to access their member record information originating from the Care and Case Management (CCM) system through a Mobile Application accessed on smartphones, tablets, and other mobile technologies. Members and/or the authorized user will access the Mobile Application via a portal in the Health First Colorado (HFC) mobile application. The authorized user will access the Mobile Application through the existing HFC mobile application through Single Sign-On. This work will be implemented in a tiered framework.

Project Changes

No change for this project over the previous quarter.



Initiative 6.11. Centers of Excellence in Pain Management



Many HCBS members deal with chronic pain and are unsure how to navigate the system to providers that are best equipped to help them manage their pain and thrive. The Department will pilot a program in which a contractor team

consisting of a physician, pharmacist and a licensed clinical social worker will assess the needs of chronic pain patients for mental health or substance use disorder treatment. The team will coordinate appropriate referrals to mental health, SUD, or trained primary care providers primarily via telemedicine using best practices for appropriate pain management. This team will also coordinate with RAEs to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA funds will support a first-time demonstration project and the subsequent learnings will inform future budget requests, policies, and programs.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 6.12. Systems Infrastructure for Social Determinants of Health



The Department, in partnership with the Office of eHealth Innovation, will expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, RAEs, care coordinators, and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more. This will be part of a broader social health information exchange ecosystem being developed by the Office of eHealth Innovation. Initially, the Department intended to distribute funding in the form of state-only community grants to help connect small non-clinical agencies that specialize in and serve the HCBS population to the health information exchange. This work will continue outside the HCBS ARPA funding period to allow more time for the statewide data architecture build and outreach to the community.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Lessons learned regarding the technology implementation and related challenges, as well as the needs and opportunities of partnering with organizations that provide non-medical services will inform future social determinants of health-related projects, programs, and policies initiated by the Department.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: the goal of this project is to design and build a Social Health Information Exchange (SHIE) System. The SHIE framework will facilitate the exchange of physical health, behavioral health and social health related data, and support targeted care coordination through the Accountable Care Collaborative (ACC) model, resulting in improved Medicaid member outcomes. The unifying SHIE architecture will establish the interoperability of social health data with existing Health Information Exchange (HIE) data and provide an architecture that allows all provider types in all care settings to access the expansive range of information needed to serve members holistically, prioritizing state and federal privacy regulations.

Project Changes

No change for this project over the previous quarter.



Initiative 6.13. Connect Case Management Agencies to ADT Data

Note: *As of June 2022, this project has been renamed Connect Care Management Agencies to ADT Data (previously titled Connect Case Management Agencies to CORHIO), to reflect a change in approach.*

The Department will connect Case Management Agencies (CMAs) to Admission, Discharge and Transfer (ADT) data to obtain hospital admission data in real-time. While ADT data from hospitals is transmitted from the BIDM to the CCM system, there is a significant lag, which prevents it from being actionable. This project offers optional grant funding for CMAs to pilot test access to this data in a human-readable form. Grant funding will support the added operational demands associated with incorporating this process into the CMA's workstream. The Department expects that grantees will collaborate with the Department to develop policy and procedures for utilizing this new data as a part of current practices, as well as support the development of best practices and lessons learned from the pilot.

Case managers will benefit from knowing when members have been hospitalized, alerting them to possible changes in functional needs and services and supports, as

well as possible critical incidents. Case managers will be able to better coordinate care and participate in discharge planning with access to this information.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA investment for this project will focus on providing CMA users access to ADT data already being acquired by the Department. CMA users will have the ability to receive ADTs in a much timelier manner and be more proactive in facilitating transitions of care. This access and the new workflows that result will be relevant and available to CMA users beyond the life of the ARPA grant.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 6.14. Data Sharing with the State Unit on Aging

HCPF suspects that many LTSS older adult members are receiving services through their local community, including the Area Agencies on Aging. These individuals may not be accessing the care that they need and are eligible for through Medicaid. Understanding who these individuals are and what services they are relying on from community-based organizations will help HCPF to better target services. Additionally, if HCPF can improve access to Medicaid services for these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

HCPF will work with a vendor to determine future data sharing capabilities with the Office of Aging and Adult Services within the Department of Human Services, [as well as address gaps, opportunities, and barriers to data-sharing in Colorado and reporting on best practices used in other states](#). The vendor will design a system map of program and IT systems to determine a mechanism to share data and information across offices. The goal will be to implement a technology solution to access the Area Agencies on Aging data to identify and better track Medicaid LTSS members who are receiving services post-ARPA. Current efforts are underway through Colorado's Health IT Roadmap led by the Office of eHealth Innovation to accelerate the sharing of information and establish infrastructure, governance, and policy that enable the

broader health IT ecosystem and State agencies to support care delivery and quality measurement.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addresses alignment with people, process, and technology to better track Medicaid LTSS members who are receiving services. The technology implementation funded by the ARPA grant will create new opportunities to more efficiently and effectively serve these members well into the future.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

An updated estimate of contract deliverables resulted in a small budget decrease. Funds were later increased to address gaps and opportunities in data-sharing, including efforts to increase Case Management Agency and Area Agency on Aging cross-knowledge, identifying barriers to data-sharing in CO, and reporting on promising data-sharing practices in other states. As a result of the scope changes, all project funds were moved from the MMIS budget line to GPS budget line.

Initiative 6.15. Interface with Trails

HCPF will implement system changes to connect Trails, the State's child welfare system, with the MMIS to allow counties to improve quality and reduce duplicate cases. This will improve the eligibility determination process for LTSS utilizers. The interface will allow county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This will be accomplished in three phases including: training for county Department of Human Services workers, the ability for cross-referencing across the two systems and allowing Trails and the MMIS to communicate in real time. The larger project, in conjunction with the Colorado Department of Human Services (CDHS), will be to explore the removal of SIDMOD from the main frame. The project team will leverage an interagency agreement with the CDHS, who will identify and contract with the vendor who will make changes within the Trails System.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level. These process improvements will extend beyond the lifecycle of the ARPA grant.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: this project will not require systems change on the Interchange (iC) but requires changes on the Colorado Department of Human Services (CDHS) system to communicate with MMIS/CBMS to pull into the information that is already available and prevent duplicate Medicaid entries.

Project Changes

No change for this project over the previous quarter.

7. Expand Emergency Preparedness

Initiative 7.01. Emergency Response Plans

One initiative to support future emergency preparedness is developing provider emergency preparedness and response plans. These will be resources that outline how providers will assist members with preparedness, and in the event of an emergency, how they will provide direct support. A Contractor will research national standards for emergency preparedness for various provider types. Based on that research, the Contractor will develop tools and resources for providers in developing emergency preparedness and response plans. These resources will be made readily available for current and new providers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will support providers with tangible plans, skills, and materials to continue operations in the event of an emergency. The Department is confident that these assets will benefit these providers long into the future and well beyond the ARPA grant period.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 7.02. Member Emergency Preparedness

In addition to providing resources for providers, the Department will assist members with disabilities and those with mental health needs who live independently in the community to be prepared for potential emergencies by providing resources, supplies, and/or education. The Department will develop and execute a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan will address educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will provide members with disabilities and those with mental health needs tangible plans, skills, and materials to continue living independently in an emergency situation. The Department is confident that these assets will benefit these members long into the future and well beyond the ARPA grant period.

Capital Expenditure Plan

The capital expenditures for this project are utilizing state only funds.

Project Changes

The project budget was decreased due to lower-than-expected grant applications.

8. Enhance Quality Outcomes



Initiative 8.02. Provider Oversight

The Department operates ten waivers to provide HCBS to our members. To do this, the Department contracts with the Colorado Department of Public Health and Environment (CDPHE) to certify providers, demonstrating they meet state and federal

requirements regarding the safety and well-being of consumers. The certification process involves an initial survey when the provider enrolls in Medicaid and unannounced re-certification surveys periodically thereafter, in most cases every three years. Through onsite visits, surveyors capture comprehensive information on policies and procedures, consumer experience and satisfaction with services, staff perspectives on care quality, alignment between care plans and service delivery, and, in the case of residential settings, facility safety and cleanliness.

The Department has identified challenges with the certification processes, including lack of standardization across provider types and an increasingly complex process and workload. In addition, The Department does not have the tools necessary to analyze information on certification outcomes and hold providers to higher standards of quality of care.

The Department will finalize and implement work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process.

Specifically, the following work will be accomplished:

- Confirm prior decision points made on where the process could be simplified, or unnecessary steps could be eliminated entirely with the goal of reducing the time it takes a provider to become enrolled
- Implement a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitate and support break-out cross-Department groups in making necessary changes
- Provide support to streamline and align the certification processes across survey types
- Make recommendations to improve data collection and sharing, so data is actionable
 - Analyze off the shelf product availability that can take data imports from HCPF and CDPHE to better track provider status and survey metrics
- Create an action plan and timeline to implement recommendations from 2016 such as:
 - Allow deeming based on accreditation,
 - Streamline and align current survey certification processes,
 - Emphasize Quality Management Programs,
 - Enhance remediation strategies, and
 - Create a comprehensive picture of provider quality.
- Create recommendations to integrate the surveying and provider enrollment processes more fully across CDPHE, HCPF, and its vendors, such as:

- An electronic workflow that would allow a warm handoff from CDPHE to HCPF for enrollment to bill for services once survey work is completed, and
- Creation of an identification method for the shared tracking of providers across the two agencies.
- Make updates to the COHFI system, the provider portal used with our sister agency, CDPHE. The project will modify COHFI to allow providers to pull down information necessary to complete key aspects of HCPF’s provider enrollment and revalidation process.
- Develop provider training modules that help set providers up for success with the enrollment process but also the delivery of HCBS services.

State Plan Amendment and Waiver Information

It is likely that the extensive review of our existing provider-focused waivers will require modifications to some if not many existing waivers. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver changes for this project will not be available until Q1 2023.

Sustainability Plan

As noted above, provider oversight and certification has been a priority for the Department and the State for a number of years, and the ARPA funds provide an important investment and catalyst for needed changes and improvements.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: make updates to the COHFI system, the provider portal used with our sister agency, CDPHE. The project will modify COHFI to allow Medicaid providers to pull down information necessary to complete key aspects of HCPF’s provider enrollment and revalidation process. This system will help HCPF track and enroll new providers.

Project Changes

This project has added scope and funding to include the development of provider training modules that help set providers up for success with the enrollment process and the delivery of HCBS services.



Initiative 8.04. Pay-for-Performance for PACE

The Department will identify key performance measures to incorporate into a pay-for-performance methodology within the PACE capitation payments. The percentage for

each performance measure will be identified and the monitoring processes and reporting requirements will be outlined. The appeals process and contractual language will also be developed.

State Plan Amendment and Waiver Information

It is likely that a waiver will be needed to support these changes if the Department decides to implement a pay for performance for PACE services. Once the Department acquires additional information as this project proceeds, the Department will evaluate whether to implement these changes.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for PACE and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS

Note: *As of June 2022, this project has incorporated project 6.03 Pay-for-Performance for HCBS under the scope of its efforts.*

HCPF will develop a pay-for-performance methodology for Long Term Home Health services. The changes will embrace the guidance in the proposed federal rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes value and quality. The proposed changes address challenges facing Americans with Medicaid who receive health care at home. The methodology will assess the feasibility of the Home Health Value-Based Purchasing (HHVBP) Model for Medicare benefits as it relates and impacts Medicaid members. HCPF will look to this new proposed rule and other states' policies to design and develop methodologies and models to select the best value-based payment options for the Colorado Medicaid program.

Additionally, as part of this project, HCPF will develop a pay-for-performance methodology for HCBS residential settings. HCPF currently pays for these services under a fee-for-service methodology which lacks a quality framework. HCPF will have the analysis and recommendations ready to potentially implement at a future date including performance benchmarks, bonus pay amounts, and per diem.

State Plan Amendment and Waiver Information

These new models are not anticipated to be implemented until after the ARPA HCBS timeframe, thus no state plan amendment or waiver amendments will be pursued at this time. But it is likely that a SPA and/or waiver amendment will be needed to support these changes once the methodology is ready for implementation.

Sustainability Plan

HCPF anticipates that the creation of pay-for-performance methodologies for the Long-Term Home Health services and HCBS residential settings and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment. HCPF is confident that this model will position the State as a nationwide leader in this area for the future.

Capital Expenditure Plan

There are no capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 8.06. PACE Licensure

Within the PACE program, HCPF will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. HCPF will establish a PACE audit structure including fee cost, resource needs, timeline, survey elements, corrective action plan templates, reporting requirements, valid sample size, appeal process, performance measures, and interview questions. [Following the development of the new PACE audit tool, HCPF will pilot it with onsite test audits, incorporate changes to procedures, if needed, based on the audits, and produce a final report of the findings to prepare for long-term implementation.](#)

The Department will also develop a system to record and capture incident reviews, complaints, survey results, and reports. This will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization.

State Plan Amendment and Waiver Information

This project will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization. The project anticipates developing the proposed audit structure in 2023, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in late 2023.

Sustainability Plan

The PACE audit paradigm that this project will support will launch toward the end of the project period and will be implemented well beyond the early 2024 end date of the ARPA funding.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

Additional funds were added to the project budget to test the PACE audit tool with onsite audits, to make changes to procedures, if needed, based on audits, and to produce a final report.



Initiative 8.07 eConsult to Improve Quality

HCPF is implementing an eConsult system in FY 2021-22 to increase the capacity and capability of primary care providers, to reduce unnecessary specialist visits, and to connect appropriate specialist referrals to higher performing specialist providers. HCPF will research the disability competency of primary care providers including Federally Qualified Health Centers to understand current and best practices across the nation. This analysis will seek to identify practices or strategies that produce good outcomes that support working with individuals with disabilities. Additional self-attested cultural competency features will be added at provider enrollment that will be shared with the eConsult vendor at a regular cadence. The Department will adjust the overall eConsult design in accordance with federal feedback.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will inform future funding options that may expand access to eConsults to patients with disabilities and behavioral health needs.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

The team will add a research component to support disability competency in primary care and FQHC settings. Funds were increased to support this additional work.

Initiative 8.08. HCBS Provider Quality Dashboard

Note: *As of June 2022, this project has incorporated project 8.01 Provider Scorecards under the scope of its efforts and has been renamed HCBS Provider Quality Dashboard (previously titled CMS Quality Metrics).*

The purpose of this project is to develop metrics to gather insight into gaps in care with the goal of improving services and supports. To have robust data, HCPF will invest in data repositories that enable greater insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. HCPF will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

Additionally, to support quality performance, HCPF will develop public-facing integrative dashboard that combines all survey data into one area for creating a comprehensive picture of quality across Colorado's HCBS programs. The dashboard can be used to help consumers and their families make choices about their care. Providers should understand metrics and underlying data sources and believe that scores accurately and meaningfully represent care quality. Provider input and buy-in can help HCPF develop a better methodology, promote higher quality data collection, and encourage providers to improve performance based on findings. HCPF will continue to update the dashboard moving forward.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The data analysis anticipated with this project will inform policy, program, and project implementation in the future. In addition, establishing dashboards with more robust data will open opportunities to identify and share information about thriving programs, initiatives, and workflows in the administration of HCBS services.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 8.09. Waiver Quality Expansion



To better understand where there are quality gaps in the HCBS waiver programs, the Department will expand waiver quality surveys and metrics. This will provide insights into member experience, member satisfaction, and whether members received care that they reported needing. HCPF will utilize the data to recommend changes to waiver programs.

HCPF will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. HCPF will design and/or procure the surveys and implement member outreach, engagement, and survey completion. Waiver amendments may be required if modifications to performance measures are made as part of this initiative.

State Plan Amendment and Waiver Information

Waiver amendments may be required if modifications to performance measures are made as a part of this initiative.

Sustainability Plan

The surveys, outreach, and engagement supported by this project, as well as any waiver amendments that occur as a result, will inform HCBS policy in Colorado beyond the life of the ARPA grant.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 8.10. Criminal Justice Partnership



Note: As of November 2021, this project has been renamed *Criminal Justice Partnership* (previously titled *Department of Corrections Partnership*), to reflect the engagement of the entire criminal justice system.

The Department has engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This project will expand post-release support to members who are transitioning or may have already transitioned back into the community. The Department will address the following action items:

- Identification of best practices of engaging justice-involved members,

- Review and improve eligibility processes for waiver services prior to release,
- Identify most prevalent needs from these members and work with stakeholders to implement best practices,
- Collaborate with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Work with state and local government and community-based organizations to identify solutions, develop meaningful metrics and build lasting support systems for individuals involved with the justice system,
- Partner with the Regional Accountability Entities to create member-reported information about the need for justice-specific care coordination. Provide training materials and education to RAEs, and
- Identify data system opportunities to monitor member enrollments in multiple systems and develop strategies to ensure data system connections are in place to improve coordination activities.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA provides seed funding to create cross-agency connections both at an organizational and technical level to support an enterprise-wide paradigm shift in addressing behavioral health needs of individuals leaving the justice system.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.



Initiative 8.11. EPSDT Benefits Training



Note: As of March 2022, this project has been renamed *EPSDT Benefits Training* (previously titled *Quality Measures & Benefits Training*), to better reflect the scope and goals of the project.



To ensure the best use of services potentially available to the HCBS population, the Department will develop training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits and federal metrics. The team will use an analysis of EPSDT to illuminate current gaps in the HCBS program. The analysis will be used to create training materials that will include specific learning objectives on how and when to use EPSDT and how and when

to use HCBS services. An Infomercial will also be created to use as a push notification for members and providers as an intro to EPSDT. To the extent this analysis exposes policy gaps, this information would be used to inform policy and program adjustments. These trainings will also be used to assist the state to meet the federal requirement of an intersection of EPSDT and waiver services as outlined in the CMS Part V Manual.

To complete this project, HCPF will provide a standard, adult learning training on EPSDT benefit and performance metrics. The final product will be posted on Department websites and updated regularly as a sustainability mechanism. The training is expected to be 4-6 separate training modules.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Future updates to the training will be absorbed into regular Department training workflows. Additionally, the policy and program adjustments that are revealed as a component of the EPSDT gap analysis will help set the stage for future work in this area, beyond the life of the ARPA grant.

Capital Expenditure Plan

No capital expenditures for this project.

Project Changes

No change for this project over the previous quarter.

Appendix 2: Resources

Colorado Department of Health Care Policy & Financing HCBS ARPA Links

- HCPF ARPA Webpage:
<https://hcpf.colorado.gov/arpa>
 - ARPA Project Pulse Newsletters:
<https://hcpf.colorado.gov/arpa/newsletter>
 - ARPA Grant Opportunities:
<https://hcpf.colorado.gov/arpa/arpa-grant-opportunities>

Center for Medicare & Medicaid Services (CMS) HCBS ARPA Links

- HCPF Spending Plan Submitted to CMS:
https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021_Acc.pdf
 - Appendix:
https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf
- Initial CMS Partial Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf>
- HCPF Response to Partial Approval:
<https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf>
- CMS Conditional Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf>

Quarterly Reports to CMS:

- CMS Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf>
- CMS Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20CMS-%20February%201%2C%202022.pdf>
- CMS Quarterly Report #3 (submitted April 18, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
- CMS Quarterly Report #4 (originally submitted July 18, 2022; resubmitted August 24, 2022):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q1%202023%20to%20CMS-%20July%2018%2C%202022-%20Revised%208.24.22.pdf>

- CMS Quarterly Report #5 (originally submitted October 18, 2022; resubmitted October 28, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q2%202023%20to%20CMS-%20October%2018%2C%202022-%20Revised%2010.28.22.pdf>
- CMS Quarterly Report #6 (originally submitted January 17, 2023; resubmitted February 28, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q3%202023%20to%20CMS-%20Resubmitted%20February%2028%2C%202023.pdf>
- CMS Quarterly Report #7 (submitted April 17, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%20Q1%20to%20CMS%20Resubmit%208.23.23.pdf>
- CMS Quarterly Report #8 (submitted July 17, 2023; resubmitted August 23, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%20Q4%20to%20CMS%204.17.2023.pdf>

Joint Budget Committee ARPA HCBS Links

- Senate Bill 21-286:
http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf
- HCPF Spending Plan Submitted to the JBC:
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf>
 - Appendix: <https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf>
- Presentation to the Joint Budget Committee:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf>

Quarterly Reports to the JBC:

- JBC Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf>

- JBC Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20the%20JBC-%20February%201%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202-1-22.pdf>
- JBC Quarterly Report #3 (submitted May 2, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2005-01-2022.pdf>
- JBC Quarterly Report #4 (submitted August 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/Final%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%204%20to%20the%20JBC%20Aug%201%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2008-01-2022.pdf>
- JBC Quarterly Report #5 (submitted November 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%205%20to%20the%20JBC%20Nov%201%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20-%20%20October%202022.pdf>
- JBC Quarterly Report #6 (submitted February 1, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%206%20to%20the%20JBC%20Feb%201%202023.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20-%20February%202023.pdf>
- JBC Quarterly Report #7 (submitted May 1, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%207%20to%20the%20JBC%20May%201%202023.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Colorado%20April%202023.pdf>
- JBC Quarterly Report #8 (submitted August 1, 2023):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%208%20to%20the%20JBC%20Aug%201%202023.pdf>

- Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20August%202023.pdf>

Federal HCBS ARPA Links

- ARPA Legislation:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
- Home & Community Based Services Section of ARPA:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H04B309FDB3FA4109B306C6622D55C4D8>
- CMS ARPA Guidance:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>

Supplemental Document 11-1-23: Assumptions and Calculations

Table 1.1 Savings Available for Reinvestment				
Item	Total	Health Care Affordability and Sustainability Fund	Home and Community Based Cash Fund Reimbursement	Notes and Calculations
Savings Collected YTD	\$308,817,282	\$31,849,800	\$276,967,481	Savings Collected through March
Savings Collected on Rate Increases from ARPA	\$4,559,936	\$82,130	\$4,477,806	Savings Collected on ARPA Expenditures
Total Available for Reinvestment	\$304,257,346	\$31,767,670	\$272,489,675	Savings Collected - Savings on ARPA Expenditures

Supplemental Document 11-1-23: Assumptions and Calculations

Row	Office	Description	Expended - Total	Expended - CF HCSI	Expended - FF 1000	Revised Projection - Total	Revised Projection - State Funds	Revised Projection - Federal Funds
A	OCL	Workforce and Rural Sustainability	\$221,868,401	\$87,062,137	\$134,806,264	\$266,612,252	\$120,956,031	\$145,656,221
B	HPO	Crisis and Acute Services	\$5,725,317	\$5,548,820	\$176,498	\$17,150,772	\$16,738,347	\$412,425
C	OCL	HCBS for Underserved Population	\$19,627,196	\$18,961,461	\$642,077	\$62,111,457	\$56,504,373	\$5,607,084
D	OCL	Post-COVID Recovery and HCBS Innovation	\$9,539,008	\$6,859,613	\$2,679,395	\$43,319,999	\$36,743,381	\$6,576,618
E	OCL	Case Management	\$5,614,986	\$2,807,493	\$2,807,493	\$22,682,440	\$10,815,790	\$11,866,650
F	OCL	Tools and Technology	\$11,515,959	\$5,757,980	\$5,757,980	\$90,276,342	\$34,916,122	\$55,360,220
G	OCL	Emergency Preparedness	\$1,098,076	\$549,038	\$549,038	\$4,405,252	\$4,405,252	\$0
H	OCL	Quality Outcomes	\$2,487,504	\$1,243,752	\$1,243,752	\$6,991,933	\$3,495,961	\$3,495,972
I	EDO	Overhead Contracts	\$3,704,863	\$1,852,432	\$1,852,432	\$39,571,451	\$29,374,022	\$10,197,429
J		Total	\$281,157,651	\$130,642,724	\$150,514,927	\$553,121,898	\$313,949,279	\$239,172,619

Row	Office	Description	Expended - Total	Expended - CF HCSI	Expended - FF 1000	Revised Projection - Total	Revised Projection - State Funds	Revised Projection - Federal Funds
A	OCL	Workforce and Rural Sustainability	\$82,943,523	\$16,424,556	\$66,518,967	\$82,943,522	\$32,470,770	\$50,472,752
B	HPO	Crisis and Acute Services	\$31,875	\$22,066	\$9,810	\$31,875	\$22,063	\$9,812
C	OCL	HCBS for Underserved Population	\$268,601	\$122,471	\$122,471	\$268,601	\$146,128	\$122,473
D	OCL	Post-COVID Recovery and HCBS Innovation	\$989,983	\$248,150	\$741,833	\$989,985	\$407,686	\$582,299
E	OCL	Case Management	\$632,496	\$316,248	\$316,248	\$632,496	\$316,246	\$316,250
F	OCL	Tools and Technology	\$640,266	\$320,133	\$320,133	\$640,266	\$320,131	\$320,135
G	OCL	Emergency Preparedness	\$0	\$0	\$0	\$0	\$0	\$0
H	OCL	Quality Outcomes	\$267,497	\$133,749	\$133,749	\$267,497	\$133,747	\$133,750
I	EDO	Overhead Contracts	\$1,064,812	\$532,406	\$532,406	\$1,064,811	\$532,404	\$532,407
J		Total	\$86,839,053	\$18,119,778	\$68,695,616	\$86,839,053	\$34,349,175	\$52,489,878

Row	Office	Description	Expended - Total	Expended - CF HCSI	Expended - FF 1000	Revised Projection - Total	Revised Projection - State Funds	Revised Projection - Federal Funds
A	OCL	Workforce and Rural Sustainability	\$136,984,379	\$68,902,548	\$68,081,832	\$136,984,379	\$60,801,711	\$76,182,668
B	HPO	Crisis and Acute Services	\$3,679,178	\$3,525,092	\$154,087	\$3,679,178	\$3,525,090	\$154,088
C	OCL	HCBS for Underserved Population	\$17,842,689	\$17,384,337	\$458,353	\$17,842,687	\$17,384,334	\$458,353
D	OCL	Post-COVID Recovery and HCBS Innovation	\$5,349,872	\$3,730,814	\$1,619,058	\$5,349,873	\$3,940,648	\$1,409,225
E	OCL	Case Management	\$2,878,999	\$1,439,500	\$1,439,500	\$2,879,000	\$1,422,284	\$1,456,716
F	OCL	Tools and Technology	\$2,909,789	\$1,454,895	\$1,454,895	\$3,170,350	\$1,324,779	\$1,845,571
G	OCL	Emergency Preparedness	\$556,508	\$278,254	\$278,254	\$556,508	\$556,508	\$0
H	OCL	Quality Outcomes	\$1,863,615	\$931,808	\$931,808	\$1,863,616	\$931,807	\$931,809
I	EDO	Overhead Contracts	\$2,222,179	\$1,111,090	\$1,111,090	\$2,222,178	\$1,111,087	\$1,111,091
J		Total	\$174,287,208	\$98,758,335	\$75,528,874	\$174,547,769	\$90,998,248	\$83,549,521

Supplemental Document 11-1-23: Assumptions and Calculations

Table 2.4 Summary by Project FY 2023-24								
Row	Office	Description	Expended - Total	Expended - CF HCSI	Expended - FF 1000	Revised Projection - Total	Revised Projection - State Funds	Revised Projection - Federal Funds
A	OCL	Workforce and Rural Sustainability	\$1,940,499	\$1,735,033	\$205,466	\$44,864,053	\$26,747,969	\$18,116,084
B	HPO	Crisis and Acute Services	\$2,014,264	\$2,001,663	\$12,602	\$13,311,342	\$13,062,817	\$248,525
C	OCL	HCBS for Underserved Population	\$1,515,906	\$1,454,653	\$61,253	\$43,687,122	\$38,660,864	\$5,026,258
D	OCL	Post-COVID Recovery and HCBS Innovation	\$3,199,153	\$2,880,649	\$318,504	\$36,603,048	\$32,206,502	\$4,396,546
E	OCL	Case Management	\$2,103,491	\$1,051,746	\$1,051,746	\$19,030,703	\$9,007,140	\$10,023,563
F	OCL	Tools and Technology	\$7,965,904	\$3,982,952	\$3,982,952	\$85,559,592	\$32,917,026	\$52,642,566
G	OCL	Emergency Preparedness	\$541,568	\$270,784	\$270,784	\$3,848,744	\$3,848,744	\$0
H	OCL	Quality Outcomes	\$356,392	\$178,196	\$178,196	\$4,727,017	\$2,363,506	\$2,363,511
I	EDO	Overhead Contracts	\$417,872	\$208,936	\$208,936	\$34,769,034	\$26,972,819	\$7,796,215
J		Total	\$20,055,049	\$13,764,611	\$6,290,438	\$286,400,655	\$185,787,387	\$100,613,268

Table 2.5 Summary by Project FY 2024-25								
Row	Office	Description	Expended - Total	Expended - CF HCSI	Expended - FF 1000	Revised Projection - Total	Revised Projection - State Funds	Revised Projection - Federal Funds
A	OCL	Workforce and Rural Sustainability	\$0	\$0	\$0	\$1,820,298	\$935,581	\$884,717
B	HPO	Crisis and Acute Services	\$0	\$0	\$0	\$128,377	\$128,377	\$0
C	OCL	HCBS for Underserved Population	\$0	\$0	\$0	\$313,047	\$313,047	\$0
D	OCL	Post-COVID Recovery and HCBS Innovation	\$0	\$0	\$0	\$377,093	\$188,545	\$188,548
E	OCL	Case Management	\$0	\$0	\$0	\$140,241	\$70,120	\$70,121
F	OCL	Tools and Technology	\$0	\$0	\$0	\$906,134	\$354,186	\$551,948
G	OCL	Emergency Preparedness	\$0	\$0	\$0	\$0	\$0	\$0
H	OCL	Quality Outcomes	\$0	\$0	\$0	\$133,803	\$66,901	\$66,902
I	EDO	Overhead Contracts	\$0	\$0	\$0	\$1,515,428	\$757,712	\$757,716
J		Total	\$0	\$0	\$0	\$5,334,421	\$2,814,469	\$2,519,952

Supplemental Document 11-1-23: Assumptions and Calculations

Table 3.1: Summary of Projected Expenditure and Savings from 10% FMAP Bump							
Row	Item	SFY 2021-22	SFY 2022-23	SFY 2023-24	SFY 2024-25	Total	Notes Calculation
A	Projected State Fund Expenditure	\$34,349,175	\$90,998,248	\$185,787,387	\$2,814,469	\$313,949,279	Projected Expenditure
B	Projected State Fund Savings	\$304,257,346	\$0	\$0	\$0	\$304,257,346	Projected Savings Collected
C	Projected Available Funding	\$269,908,171	(\$90,998,248)	(\$185,787,387)	(\$2,814,469)	(\$9,691,932)	Row B - Row A

Table 4.1 Workforce and Rural Sustainability											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Provide Recovery Payments, Wage Pass Throughs & Incentive Payments											
A	Increase Payments to Provider and Workers	\$251,796,763	\$82,800,679	\$134,124,623	\$33,102,032	\$1,769,429	\$257,968,284	(\$6,171,521)	Service	10/1/2023	Rate payments lower than expected
B	Total Cost	\$251,796,763	\$82,800,679	\$134,124,623	\$33,102,032	\$1,769,429	\$257,968,284	(\$6,171,521)			
Direct Care Workforce Data Infrastructure											
C	Contractor Cost	\$785,644	\$0	\$300,788	\$484,856	\$0	\$785,642	\$2	Admin	10/1/2023	
D	Total Cost	\$785,644	\$0	\$300,788	\$484,856	\$0	\$785,642	\$2			
Skill, Advancement, & Awareness for the Direct Care Workers											
E	Standardized Core Curriculum & Specialization	\$750,000	\$0	\$348,848	\$401,152	\$0	\$750,002	(\$2)	Admin/State-Only	10/1/2023	
F	Resource & Job Hub	\$550,000	\$0	\$250,000	\$300,000	\$0	\$550,001	(\$1)	State-Only	10/1/2023	
G	Establish a Training Fund	\$8,150,000	\$0	\$820,716	\$7,329,284	\$0	\$10,999,996	(\$2,849,996)	State-Only	10/1/2023	Grant forecast greater than expected
H	Career Pathways (IA)	\$1,049,644	\$0	\$77,232	\$972,412	\$0	\$1,049,644	\$0	State-Only	10/1/2023	
I	Public Awareness Campaign	\$402,928	\$0	\$39,820	\$363,108	\$0	\$402,928	\$0	State-Only	10/1/2023	
J	Total Cost	\$10,902,572	\$0	\$1,536,616	\$9,365,956	\$0	\$13,752,571	(\$2,849,999)			
Home Health Delegation											
K	Contractor Cost	\$149,224	\$0	\$110,724	\$38,500	\$0	\$149,223	\$1	Admin	10/1/2023	
L	Incentives for New Models of Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only	10/1/2023	
M	Total Cost	\$149,224	\$0	\$110,724	\$38,500	\$0	\$149,223	\$1			
Workforce Compensation Research											
N	Contractor Cost	\$70,000	\$0	\$70,000	\$0	\$0	\$70,000	\$0	Admin	10/1/2023	
O	Total Cost	\$70,000	\$0	\$70,000	\$0	\$0	\$70,000	\$0			
Rural Sustainability and Investments											
P	Contractor Cost	\$1,350,000	\$0	\$162,000	\$1,188,000	\$0	\$1,349,999	\$1	Admin	10/1/2023	
Q	Total Cost	\$1,350,000	\$0	\$162,000	\$1,188,000	\$0	\$1,349,999	\$1			
Workforce & Rural Sustainability Full Time Employees											
R	FTE - Medicaid	\$751,468	\$142,844	\$253,037	\$355,587	\$0	\$756,258	(\$4,790)	FTE	10/1/2023	FTE expectations updated
S	FTE - State Only	\$574,063	\$0	\$194,072	\$329,123	\$50,868	\$628,402	(\$54,339)	FTE	10/1/2023	FTE expectations updated
T	Total FTE Costs	\$1,325,531	\$142,844	\$447,109	\$684,710	\$50,868	\$1,384,660	(\$59,129)			
U	Total Cost for Workforce & Rural Sustainability Projects	\$266,379,734	\$82,943,523	\$136,751,860	\$44,864,054	\$1,820,297	\$275,460,379	(\$9,080,645)			
V	Admin Costs	\$5,858,908	\$142,844	\$1,612,449	\$4,103,615	\$0	\$5,863,697	(\$4,789)	Admin		
W	Services Costs	\$251,796,763	\$82,800,679	\$134,124,623	\$33,102,032	\$1,769,429	\$257,968,284	(\$6,171,521)	Services		
X	State-Only Costs	\$8,724,063	\$0	\$1,014,788	\$7,658,407	\$50,868	\$11,628,398	(\$2,904,335)	State-Only		

Table 4. RFP 2011-13 Workforce and Rural Sustainability								
Item	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Workforce Development, Wage Rise, Through R. Investor Payments		\$87,450,476	\$0	\$0,000,000	\$0	Service	10/1/2013	
A	ABR1 - Income Tax Credits to Employers and Workers	\$87,450,476	\$0	\$0,000,000	\$0			Drawing services RAMP until additional TRF bump through March
B	ABR2 - Total Cost	\$0	\$0	\$0	\$0			
Direct Care Worker Hire Infrastructure		\$0	\$0	\$0	\$0	Admin	10/1/2013	
C	ABR3 - Contract Cost	\$0	\$0	\$0	\$0			Drawing administrative PFP
D	ABR4 - Total Cost	\$0	\$0	\$0	\$0			
NEW Development & Investment for the Mixed Care Workers		\$0	\$0	\$0	\$0	Admin	10/1/2013	
E	ABR5 - Standardized Care Guidelines & Specialization	\$0	\$0	\$0	\$0	Admin/Spec-Dev	10/1/2013	Drawing administrative PFP
F	ABR6 - Research & Policy	\$0	\$0	\$0	\$0	State Gov.	10/1/2013	Drawing administrative PFP
G	ABR7 - Training	\$0	\$0	\$0	\$0	State Gov.	10/1/2013	State only - no federal draw
H	ABR8 - Career Pathways (LA)	\$0	\$0	\$0	\$0	State Gov.	10/1/2013	RFP only - no federal draw
I	ABR9 - Workforce Strategy	\$0	\$0	\$0	\$0	State Gov.	10/1/2013	State only - no federal draw
J	ABR10 - Total Cost	\$0	\$0	\$0	\$0			
Home Health Services		\$0	\$0	\$0	\$0	Admin	10/1/2013	
K	ABR11 - Contract Cost	\$0	\$0	\$0	\$0			Drawing administrative PFP
L	ABR12 - Investments for New Models of Care	\$0	\$0	\$0	\$0	State Gov.	10/1/2013	State only - no federal draw
M	ABR13 - Total Cost	\$0	\$0	\$0	\$0			
New Worker Support & Retention		\$0	\$0	\$0	\$0	Admin	10/1/2013	
N	ABR14 - Contract Cost	\$0	\$0	\$0	\$0			Drawing administrative PFP
O	ABR15 - Total Cost	\$0	\$0	\$0	\$0			
Rural Sustainability and Investment		\$0	\$0	\$0	\$0	Admin	10/1/2013	
P	ABR16 - Contract Cost	\$0	\$0	\$0	\$0			Drawing administrative PFP
Q	ABR17 - Total Cost	\$0	\$0	\$0	\$0			
Workforce & Rural Sustainability Full Time Employees		\$142,844	\$0	\$142,844	\$0	PFE	10/1/2013	Drawing administrative PFP
R	ABR18 - PFE - Salaries	\$142,844	\$0	\$142,844	\$0			State only - no federal draw
S	ABR19 - PFE - Benefits	\$0	\$0	\$0	\$0			
T	ABR20 - Total Cost	\$142,844	\$0	\$142,844	\$0			
U	ABR21 - Total Cost for Workforce & Rural Sustainability Projects	\$87,450,476	\$0	\$0,000,000	\$0			
V	ABR22 - Total Cost	\$0	\$0	\$0,000,000	\$0			
W	ABR23 - Total Cost	\$0	\$0	\$0,000,000	\$0			
X	ABR24 - Total Cost	\$0	\$0	\$0,000,000	\$0			

Table 4.3 FY 2022-23 Workforce and Rural Sustainability									
Row	Fund	Item	Current Estimate	Original	Expended	Available	Admin/Service Date Last Modified	Notes	
Private Recovery Payments, Wage Rate Through & Support Payments									
B	2002	Private Recovery Payments and Support	\$134,124.43	\$0	\$134,124.43	\$0.00	10/1/2023	Drawing services PMP and additional PMP hours through BICNY	
		Total Cost	\$134,124.43	\$0	\$134,124.43	\$0.00			
Direct Care Worker Wage Incentive									
C	2002	Contractor Cost	\$30,789	\$0	\$30,789	\$0	10/1/2023	Drawing administrative PMP	
		Total Cost	\$30,789	\$0	\$30,789	\$0			
Self-Administration & Expenses for the Direct Care Workers									
F	2002	Insurance Cost (Contractor's Compensation)	\$48,848	\$0	\$48,848	\$0	Admin/State Only	10/1/2023	Drawing administrative PMP
G	2002	Insurance & Job Aid	\$26,000	\$0	\$26,000	\$0	Admin	10/1/2023	Drawing administrative PMP
G	2002	Contractor & Payroll Fund	\$60,715	\$0	\$60,715	\$0	State Only	10/1/2023	State only - no federal draw
K	2002	Contractor Payroll	\$1,111	\$0	\$1,111	\$0	State Only	10/1/2023	State only - no federal draw
L	2002	Public Awareness Campaign	\$19,830	\$0	\$19,830	\$0	State Only	10/1/2023	State only - no federal draw
		Total Cost	\$156,314	\$0	\$156,314	\$0			
New Health Services									
K	2002	Contractor Cost	\$10,712	\$0	\$10,712	\$0	Admin	10/1/2023	Drawing administrative PMP
L	2002	Insurance for New Models of Care	\$0	\$0	\$0	\$0	State Only	10/1/2023	State only - no federal draw
		Total Cost	\$10,712	\$0	\$10,712	\$0			
Wage Over Compensation Allowance									
B	2002	Contractor Cost	\$30,000	\$0	\$30,000	\$0	Admin	10/1/2023	Drawing administrative PMP
		Total Cost	\$30,000	\$0	\$30,000	\$0			
Rural Sustainability Investments									
B	2002	Contractor Cost	\$12,000	\$0	\$12,000	\$0	Admin	10/1/2023	Drawing administrative PMP
		Total Cost	\$12,000	\$0	\$12,000	\$0			
Workforce & Rural Sustainability Full Time Employees									
F	2002	WFTV PPE - Contractor	\$41,037	\$0	\$41,037	\$0	FTE	10/1/2023	Drawing administrative PMP
G	2002	WFTV PPE - Support	\$10,000	\$0	\$10,000	\$0	FTE	10/1/2023	State only - no federal draw
		Total PPE Cost	\$51,037	\$0	\$51,037	\$0			
V	2002	WFTV PPE - Support	\$447,109	\$0	\$447,109	\$0	FTE	10/1/2023	State only - no federal draw
		Total Cost for Workforce & Rural Sustainability Projects	\$598,146	\$0	\$598,146	\$0			
V	2002	Contractor Cost	\$1,342,421	\$0	\$1,342,421	\$0	Admin	10/1/2023	Drawing administrative PMP
V	2002	Contractor Cost	\$1,342,421	\$0	\$1,342,421	\$0	Admin	10/1/2023	Drawing administrative PMP
X	2002	Contractor Cost	\$1,342,421	\$0	\$1,342,421	\$0	Admin	10/1/2023	Drawing administrative PMP

Table 4. RFP 2023-24 Workforce and Rural Sustainability									
Row	TASK	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
		Provider Recovery Payments, Wage Rate Through 8 December Payments							
A		2023 Recovery Payments to Providers and Workers	\$11,107,203	\$0	\$0	\$11,107,203	Service	10/17/2023	Drawing services PMP and additional PMP hours through 8/31/23
B		Total Cost	\$11,107,203	\$0	\$0	\$11,107,203			
		Direct Care Worker Wage Incentive							
C		2023 Incentive Cost	\$47,454	\$107,500	\$47,167	\$110,087	Admin	10/17/2023	Drawing administrative PFP
D		Total Cost	\$47,454	\$107,500	\$47,167	\$110,087			
		Self-Administration & Expenses for the Direct Care Workers							
E		2023 Incentive Cost (includes 1.5 multiplier)	\$40,133	\$184,750	\$0	\$118,000	Admin/State Only	10/17/2023	Drawing administrative PFP
F		2023 Incentive & Job Aid	\$10,000	\$0	\$10,000	\$10,000	Admin	10/17/2023	Drawing administrative PFP
G		2023 (includes 1.5 multiplier) Fund	\$7,307,384	\$5,881,071	\$7,307,384	\$6,466,350	State Only	10/17/2023	State Only - 10 Federal Draw
H		2023 Other Payments (0)	\$17,473	\$17,473	\$0	\$0	State Only	10/17/2023	State Only - 10 Federal Draw
I		2023 Public Awareness Campaign	\$105,748	\$107,904	\$11,937	\$93,986	State Only	10/17/2023	State Only - 10 Federal Draw
J		Total Cost	\$8,553,746	\$8,439,208	\$14,047	\$124,442			
		New Health Department							
K		2023 Recruitment Cost	\$18,500	\$0	\$18,500	\$0	Admin	10/17/2023	Drawing administrative PFP
L		2023 Expenses for New Models of Care	\$0	\$48,935	\$0	\$0	State Only	10/17/2023	State Only - 10 Federal Draw
M		2023 (includes 1.5 multiplier)	\$18,500	\$48,935	\$18,500	\$100,000	State Only	10/17/2023	State Only - 10 Federal Draw
		New Over Capacity for Research							
N		2023 (includes 1.5 multiplier)	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative PFP
O		Total Cost	\$0	\$0	\$0	\$0			
		Rural Sustainability Investments							
P		2023 Recruitment Cost	\$7,188,700	\$107,384	\$18,000	\$693,074	Admin	10/17/2023	Drawing administrative PFP
Q		Total Cost	\$7,188,700	\$107,384	\$18,000	\$693,074			
		Workforce & Rural Sustainability Full Time Employees							
R		2023 FTE Medicare	\$105,747	\$0	\$105,747	\$110,206	FTE	10/17/2023	Drawing administrative PFP
S		2023 FTE State Only	\$105,747	\$0	\$105,747	\$105,747	FTE	10/17/2023	State Only - 10 Federal Draw
T		Total FTE Costs	\$211,494	\$0	\$211,494	\$215,953			
U		Total Cost for Workforce & Rural Sustainability Projects	\$47,454	\$107,500	\$47,167	\$110,087			
V		Admin Costs	\$5,103,815	\$5,108,162	\$4,640,915	\$5,428,739	Admin		
W		Service Costs	\$11,107,203	\$0	\$0	\$11,107,203	Service		
X		State-Only Costs	\$7,458,467	\$5,988,966	\$1,529,567	\$139,874	State-Only		

Item	Task	Item	Current	Disposal	Expend	Available	Admin/Service	Date Limit	Note
Value of RFP 2014-15: Watershed and Rural Sustainability									
Private Property Payments, Wage Rates Through & Beyond for Payments									
A	2014	Private Property Payments	\$1,383,430	0	0	\$1,383,430	State Only	10/1/2013	Private Property Payments
B	2014	Wage Rates Through & Beyond for Payments	\$1,434,410	0	0	\$1,434,410	State Only	10/1/2013	Wage Rates Through & Beyond for Payments
Water Conservation & Water Management									
C	2012	Water Conservation	0	0	0	0	Admin	10/1/2013	Water Conservation
D	2012	Water Management	0	0	0	0	Admin	10/1/2013	Water Management
Water Conservation & Water Management for the Silver Lake Watershed									
E	2014	Water Conservation	0	0	0	0	Admin/State Only	10/1/2013	Water Conservation
F	2014	Water Management	0	0	0	0	Admin	10/1/2013	Water Management
G	2014	Water Conservation	0	0	0	0	State Only	10/1/2013	Water Conservation
H	2014	Water Management	0	0	0	0	State Only	10/1/2013	Water Management
I	2012	Water Conservation	0	0	0	0	State Only	10/1/2013	Water Conservation
J	2012	Water Management	0	0	0	0	State Only	10/1/2013	Water Management
Water Quality Improvement									
K	2014	Water Quality Improvement	0	0	0	0	Admin	10/1/2013	Water Quality Improvement
L	2014	Water Quality Improvement for New Models of Care	0	0	0	0	State Only	10/1/2013	Water Quality Improvement for New Models of Care
M	2014	Water Quality Improvement	0	0	0	0	State Only	10/1/2013	Water Quality Improvement
Water Quality Improvement Research									
N	2014	Water Quality Improvement Research	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research
O	2014	Water Quality Improvement Research	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research
Water Quality Improvement Research									
P	2014	Water Quality Improvement Research	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research
Q	2014	Water Quality Improvement Research	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research
Water Quality Improvement Research for Farm Employees									
R	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
S	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
T	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
U	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
V	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
W	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees
X	2014	Water Quality Improvement Research for Farm Employees	0	0	0	0	Admin	10/1/2013	Water Quality Improvement Research for Farm Employees

Table 5.1 Improve Crisis and Acute Services to Keep People in Their Communities												
Row	TASK	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization												
A	AR12	Contractor Cost	\$14,150,000	\$0	\$1,539,128	\$12,610,872	\$0	\$14,150,000	\$0	State-Only	10/1/2023	
B		Total Cost	\$14,150,000	\$0	\$1,539,128	\$12,610,872	\$0	\$14,150,000	\$0			
Expand Behavioral Health Crisis Teams												
C	AR13a	Contractor Cost	\$150,000	\$0	\$0	\$150,000	\$0	\$150,000	\$0	Admin	10/1/2023	
D	AR13b	Grant Funding	\$1,750,000	\$0	\$1,750,000	\$0	\$0	\$1,750,000	\$0	State-Only	10/1/2023	
E	AR13	Total Cost	\$1,900,000	\$0	\$1,750,000	\$150,000	\$0	\$1,900,000	\$0			
IMD Risk Mitigation												
F	AR14	Contractor Cost	\$450,000	\$0	\$221,512	\$228,488	\$0	\$449,998	\$2	Admin	10/1/2023	
G		Total Cost	\$450,000	\$0	\$221,512	\$228,488	\$0	\$449,998	\$2			
Behavioral Health Projects Full Time Employees												
H	BHFTEM	FTE - Medicaid	\$224,842	\$19,619	\$86,661	\$118,562	\$0	\$227,352	(\$2,510)	FTE	10/1/2023	FTE expectations updated
I	BHFTEO	FTE - State Only	\$425,932	\$12,256	\$81,877	\$203,422	\$128,377	\$424,962	\$970	FTE	10/1/2023	FTE expectations updated
J	BHFTE	Total FTE Costs	\$650,774	\$31,875	\$168,538	\$321,984	\$128,377	\$652,314	(\$1,540)			
K		Total Cost for Behavioral Health Projects	\$17,150,774	\$31,875	\$3,679,178	\$13,311,344	\$128,377	\$17,152,312	(\$1,538)			
L		Admin Costs	\$824,842	\$19,619	\$308,173	\$497,050	\$0	\$827,350	(\$2,508)	Admin		
M		Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
N		State-Only Costs	\$16,325,932	\$12,256	\$3,371,005	\$12,814,294	\$128,377	\$16,324,962	\$970	State-Only		

Table 5.2 FY 2021-22 Improve Crisis and Acute Services to Keep People in Their Communities									
Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$0		\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$0		\$0	\$0	\$0			
Expanded Behavioral Health Crisis Teams									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
D	Grant Funding	\$0		\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$0		\$0	\$0	\$0			
UAC Risk Mitigation									
F	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
G	Total Cost	\$0		\$0	\$0	\$0			
Behavioral Health Projects Full Time Employees									
H	ITF - Medicaid	\$19,619		\$0	\$19,619	\$0	ITF	10/1/2023	Drawing administrative FFF
I	ITF - State Only	\$13,256		\$0	\$13,256	\$0	ITF	10/1/2023	State-only - no federal draw
J	Total FTE Costs	\$31,875		\$0	\$31,875	\$0			
K	Total Cost for Behavioral Health Projects	\$31,875		\$0	\$31,875	\$0			
L	Admin Costs	\$19,619		\$0	\$19,619	\$0	Admin		
M	Services Costs	\$0		\$0	\$0	\$0	Services		
N	State-Only Costs	\$13,256		\$0	\$13,256	\$0	State-Only		

Table 5.3 FY 2022-23 Improve Crisis and Acute Services to Keep People in Their Communities									
Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost	\$1,539,128		\$0	\$1,539,128	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$1,539,128	\$0	\$0	\$1,539,128	\$0			
Expanded Behavioral Health Crisis Teams									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative PFF
D	Grant Funding	\$1,750,000		\$0	\$1,750,000	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$1,750,000	\$0	\$0	\$1,750,000	\$0			
UAC Risk Mitigation									
F	Contractor Cost	\$221,512		\$0	\$221,512	\$0	Admin	10/1/2023	Drawing administrative PFF
G	Total Cost	\$221,512	\$0	\$0	\$221,512	\$0			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$86,661		\$0	\$86,661	\$0	FTE	10/1/2023	Drawing administrative PFF
I	FTE - State Only	\$81,877		\$0	\$81,877	\$0	FTE	10/1/2023	State-only - no federal draw
J	Total FTE Costs	\$168,538	\$0	\$0	\$168,538	\$0			
K	Total Cost for Behavioral Health Projects	\$3,829,176	\$0	\$0	\$3,829,176	\$0			
L	Admin Costs	\$308,173		\$0	\$308,173	\$0	Admin		
M	Services Costs	\$0		\$0	\$0	\$0	Services		
N	State-Only Costs	\$3,371,005	\$0	\$0	\$3,371,005	\$0	State-Only		

Table 3.4 FY 2023-24 Improve Crisis and Acute Services to Keep People in Their Communities									
Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization									
A	Contractor Cost			\$5,873,058	\$1,957,656	\$4,780,128	State-Only	10/17/2023	State-only - no federal draw
B	Total Cost	\$12,610,872		\$5,873,058	\$1,957,656	\$4,780,128			
Expanded Behavioral Health Crisis Teams									
C	Contractor Cost	\$150,000		\$0	\$0	\$150,000	Admin	10/17/2023	Drawing administrative PFF
D	Grant Funding	\$0		\$1,750,000	\$0	\$1,750,000	State-Only	10/17/2023	State-only - no federal draw
E	Total Cost	\$150,000		\$0	\$0	(\$1,600,000)			
UAC Risk Mitigation									
F	Contractor Cost	\$228,488		\$205,267	\$6,688	\$16,533	Admin	10/17/2023	Drawing administrative PFF
G	Total Cost	\$228,488		\$205,267	\$6,688	\$16,533			
Behavioral Health Projects Full Time Employees									
H	FTE - Medicaid	\$118,562		\$0	\$18,515	\$100,047	FTE	10/17/2023	Drawing administrative PFF
I	FTE - State-Only	\$202,422		\$0	\$17,375	\$172,047	FTE	10/17/2023	State-only - no federal draw
J	Total FTE Costs	\$321,984		\$0	\$35,890	\$272,094			
K	Total Cost for Behavioral Health Projects	\$1,311,344		\$37,826,325	\$2,014,264	\$3,486,753			
L	Admin Costs	\$49,056		\$205,267	\$25,203	\$205,268	Admin		
M	Services Costs	\$0		\$0	\$0	\$0	Services		
N	State-Only Costs	\$12,814,244		\$7,623,058	\$1,889,961	\$3,202,176	State-Only		

Table 5-4 FY 2024-25 Improve Crisis and Acute Services to Keep People in Their Communities								
Row	Item	(Current Projection)	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Behavioral Health Transition Support Grants to Prevent Institutionalization								
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Expand Behavioral Health Crisis Teams								
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Grant Funding	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0			
UAP Risk Mitigation								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Behavioral Health Projects Full Time Employees								
H	FTE - Medicaid	\$0	\$0	\$0	\$0	FTE	10/1/2023	Drawing administrative FFP
I	FTE - State Only	\$128,377	\$0	\$0	\$128,377	FTE	10/1/2023	State-only - no federal draw
J	Total FTE Costs	\$128,377	\$0	\$0	\$128,377			
K	Total Cost for Behavioral Health Projects	\$128,377	\$0	\$0	\$128,377			
L	Admin Costs	\$0	\$0	\$0	\$0	Admin		
M	Services Costs	\$0	\$0	\$0	\$0	Services		
N	State-Only Costs	\$128,377	\$0	\$0	\$128,377	State-Only		

Table 6.1 Improve Access to HCBS for Underserved Populations											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Equity Improvement Projects											
A	Equity Study	\$350,000	\$0	\$150,000	\$200,000	\$0	\$350,001	(\$1)	Admin	10/1/2023	
B	Total Cost	\$350,000	\$0	\$150,000	\$200,000	\$0	\$350,001	(\$1)			
Buy-In Analysis											
C	Access for Workers with Disabilities	\$250,000	\$0	\$0	\$250,000	\$0	\$250,000	\$0	Admin	10/1/2023	
D	Total Cost	\$250,000	\$0	\$0	\$250,000	\$0	\$250,000	\$0			
Community Transitions Support											
E	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	\$0	\$4,398,905	\$0	State-Only	10/1/2023	
F	Contractor Cost	\$904,960	\$0	\$0	\$904,960	\$0	\$904,962	(\$2)	Admin	10/1/2023	
G	Systems Costs	\$41,624	\$0	\$0	\$41,624	\$0	\$41,625	(\$1)	Admin	10/1/2023	
H	Total Cost	\$5,345,489	\$0	\$0	\$5,345,489	\$0	\$5,345,492	(\$3)			
HCBS Training for Members & Families											
I	Contractor Cost	\$399,216	\$0	\$193,540	\$205,676	\$0	\$403,968	(\$4,752)	Admin	10/1/2023	Contract cost lower than expected
J	Total Cost	\$399,216	\$0	\$193,540	\$205,676	\$0	\$403,968	(\$4,752)			
Translation of Case Management Material											
K	Contractor Cost	\$375,000	\$0	\$0	\$375,000	\$0	\$375,000	\$0	Admin	10/1/2023	
L	Total Cost	\$375,000	\$0	\$0	\$375,000	\$0	\$375,000	\$0			
Expand Behavioral Health Safety Net											
M	Contractor Costs	\$3,844,536	\$170,000	\$412,432	\$3,262,104	\$0	\$3,844,536	\$0	Admin	10/1/2023	
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$26,000,000	\$0	\$14,000,000	\$12,000,000	\$0	\$26,000,000	\$0	State-Only	10/1/2023	
O	Total Cost	\$29,844,536	\$170,000	\$14,412,432	\$15,262,104	\$0	\$29,844,536	\$0			
Wrap-Around Services, incl Peer Supports for Members with Complex Needs											
P	Contractor Costs	\$5,330,352	\$0	\$55,000	\$5,275,352	\$0	\$3,060,000	\$2,270,352	Admin/State-Only	10/1/2023	Money added for greater grants than contracted
Q	Housing Wrap-Around Services	\$13,845,928	\$0	\$2,611,400	\$11,234,528	\$0	\$14,300,000	(\$454,072)	State-Only	10/1/2023	Money moved to reallocation fund
R	Total Cost	\$19,176,280	\$0	\$2,666,400	\$16,509,880	\$0	\$17,360,000	(\$454,072)			
Al-AN Culturally Responsive Services Capacity Grants											
S	Contractor Cost	\$5,000,000	\$0	\$1,200	\$4,998,800	\$0	\$5,000,000	\$0	State-Only	10/1/2023	
T	Total Cost	\$5,000,000	\$0	\$1,200	\$4,998,800	\$0	\$5,000,000	\$0			
Access for Underserved Populations Full Time Employees											
U	FTE - Medicaid	\$201,941	\$74,942	\$105,733	\$21,266	\$0	\$207,998	(\$6,057)	FTE	10/1/2023	FTE expectations updated
V	FTE - State Only	\$1,169,000	\$23,659	\$313,384	\$518,910	\$313,047	\$1,172,349	(\$3,349)	FTE	10/1/2023	FTE expectations updated
W	Total FTE Costs	\$1,370,941	\$98,601	\$419,117	\$540,176	\$313,047	\$1,380,347	(\$9,406)			
X	Total Cost for Access for Underserved Populations	\$62,111,462	\$268,601	\$17,842,689	\$43,687,125	\$313,047	\$60,309,344	(\$468,234)			
Y	Admin Costs	\$11,697,629	\$244,942	\$916,705	\$10,535,982	\$0	\$13,836,995	(\$10,812)	Admin		
Z	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	\$0	\$0	(\$1)	Services		
AA	State-Only Costs	\$46,014,928	\$23,659	\$16,925,984	\$28,752,238	\$313,047	\$46,472,349	(\$457,421)	State-Only		

Table 6.2 FY 2021-22 Improve Access to HCBS for Underserved Populations								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Equity Improvement Projects								
A	Equity Study	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
B	Total Cost	\$0	\$0	\$0	\$0			
Buy-in Analysis								
C	Access for Workers with Disabilities	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
D	Total Cost	\$0	\$0	\$0	\$0			
Community Transitions Support								
E	Services Costs	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
G	Systems Costs	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
H	Total Cost	\$0	\$0	\$0	\$0			
HCBS Training for Members & Families								
I	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Translation of Case Management Material								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2021	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$170,000	\$0	\$170,000	\$0	Admin	10/17/2021	Drawing administrative FFP
N	Capacity building for higher-intensity BH services (incentives to RALs)	\$0	\$0	\$0	\$0	State-Only	10/17/2021	State-only - no federal draw
O	Total Cost	\$170,000	\$0	\$170,000	\$0			
Wrap-Around Services, Incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$0	\$0	\$0	\$0	Admin/State-Only	10/17/2021	Drawing administrative FFP & no federal draw
Q	Housing Wrap-Around Services	\$0	\$0	\$0	\$0	State-Only	10/17/2021	State-only - no federal draw
R	Total Cost	\$0	\$0	\$0	\$0			
AI/AN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/17/2021	State-only - no federal draw
T	Total Cost	\$0	\$0	\$0	\$0			
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$24,942	\$0	\$24,942	\$0	FTE	10/17/2021	Drawing administrative FFP
V	FTE - State Only	\$23,659	\$0	\$23,659	\$0	FTE	10/17/2021	State-only - no federal draw
W	Total FTE Costs	\$48,601	\$0	\$48,601	\$0			
X	Total Cost for Access for Underserved Populations	\$244,942	\$0	\$244,942	\$0			
Y	Admin Costs	\$244,942	\$0	\$244,942	\$0	Admin		
Z	Services Costs	\$0	\$0	\$0	\$0	Services		
AA	State-Only Costs	\$23,659	\$0	\$23,659	\$0	State-Only		

Table 6.3 FY 2022-23 Improve Access to HCBS for Underserved Populations								
Row	Item	Current	Obligated	Expended	Available	Admin/Service	Date Last	Notes
Equity Improvement Projects								
A	Equity Study	\$150,000	\$0	\$150,000	\$0	Admin	10/1/2023	Drawing administrative FFP
B	Total Cost	\$150,000	\$0	\$150,000	\$0			
Buy-in Analysis								
C	Access for Workers with Disabilities	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Total Cost	\$0	\$0	\$0	\$0			
Community Transitions Support								
E	Services Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
F	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Systems Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
H	Total Cost	\$0	\$0	\$0	\$0			
HCBS Training for Members & Families								
I	Contractor Cost	\$193,540	\$0	\$193,540	\$0	Admin	10/1/2023	Drawing administrative FFP
J	Total Cost	\$193,540	\$0	\$193,540	\$0			
Translation of Case Management Material								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$412,432	\$0	\$412,432	\$0	Admin	10/1/2023	Drawing administrative FFP
N	Capacity building for higher-intensity BH services (incentives to RAES)	\$14,000,000	\$0	\$14,000,000	\$0	State-Only	10/1/2023	State-only - no federal draw
O	Total Cost	\$14,412,432	\$0	\$14,412,432	\$0			
Wrap-Around Services, Incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$55,000	\$0	\$55,000	\$0	Admin/State-Only	10/1/2023	Drawing administrative FFP & no federal draw
Q	Housing Wrap-Around Services	\$2,611,400	\$0	\$2,611,400	\$0	State-Only	10/1/2023	State-only - no federal draw
R	Total Cost	\$2,666,400	\$0	\$2,666,400	\$0			
At-Risk Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$1,200	\$0	\$1,200	\$0	State-Only	10/1/2023	State-only - no federal draw
T	Total Cost	\$1,200	\$0	\$1,200	\$0			
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$105,733	\$0	\$105,733	\$0	FTE	10/1/2023	Drawing administrative FFP
V	FTE - State-Only	\$313,384	\$0	\$313,384	\$0	FTE	10/1/2023	State-only - no federal draw
W	Total FTE Costs	\$419,117	\$0	\$419,117	\$0			
X	Total Cost for Access for Underserved Populations	\$17,842,689	\$0	\$17,842,689	\$0			
Y	Admin Costs	\$916,705	\$0	\$916,705	\$0	Admin		
Z	Services Costs	\$0	\$0	\$0	\$0	Services		
AA	State-Only Costs	\$16,925,984	\$0	\$16,925,984	\$0	State-Only		

Table 6.4 FY 2023-24 Improve Access to HCS for Underserved Populations								
Row	Item	Current	Obligated	Expended	Available	Admin/Service	Date Last	Notes
Equity Improvement Projects								
A	Equity Study	\$200,000	\$0	\$0	\$200,000	Admin	10/17/2023	Drawing administrative FFP
B	Total Cost	\$200,000	\$0	\$0	\$200,000			
Buy-in Analysis								
C	Access for Workers with Disabilities	\$250,000	\$150,000	\$0	\$100,000	Admin	10/17/2023	Drawing administrative FFP
D	Total Cost	\$250,000	\$150,000	\$0	\$100,000			
Community Transitions Support								
E	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	Admin	10/17/2023	Drawing administrative FFP
F	Contractor Costs	\$904,963	\$0	\$0	\$904,963	Admin	10/17/2023	Drawing administrative FFP
G	Systems Costs	\$41,624	\$0	\$0	\$41,624	Admin	10/17/2023	Drawing administrative FFP
H	Total Cost	\$5,345,489	\$0	\$0	\$5,345,489			
HCS Training for Members & Families								
I	Contractor Cost	\$205,676	\$90,440	\$0	\$115,236	Admin	10/17/2023	Drawing administrative FFP
J	Total Cost	\$205,676	\$90,440	\$0	\$115,236			
Translation of Case Management Material								
K	Contractor Cost	\$375,000	\$0	\$0	\$375,000	Admin	10/17/2023	Drawing administrative FFP
L	Total Cost	\$375,000	\$0	\$0	\$375,000			
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$3,262,104	\$2,118,970	\$21,000	\$1,122,134	Admin	10/17/2023	Drawing administrative FFP
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$12,000,000	\$0	\$0	\$12,000,000	State-Only	10/17/2023	State-only - no federal draw
O	Total Cost	\$15,262,104	\$2,118,970	\$21,000	\$13,122,134			
Wrap-Around Services, Incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$5,175,352	\$75,000	\$25,000	\$5,175,352	Admin/State-Only	10/17/2023	Drawing administrative FFP & no federal draw
Q	Housing Wrap-Around Services	\$11,234,528	\$8,332,531	\$1,393,400	\$1,508,597	State-Only	10/17/2023	State-only - no federal draw
R	Total Cost	\$16,509,880	\$8,407,531	\$1,418,400	\$6,683,949			
At-Risk Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$4,998,800	\$0	\$0	\$4,998,800	State-Only	10/17/2023	State-only - no federal draw
T	Total Cost	\$4,998,800	\$0	\$0	\$4,998,800			
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$21,266	\$0	\$0	\$21,266	FTE	10/17/2023	Drawing administrative FFP
V	FTE - State-Only	\$518,910	\$0	\$76,506	\$442,404	FTE	10/17/2023	State-only - no federal draw
W	Total FTE Costs	\$540,176	\$0	\$76,506	\$463,670			
X	Total Cost For Access for Underserved Populations	\$43,687,125	\$10,766,941	\$1,515,906	\$31,404,278			
Y	Admin Costs	\$10,235,962	\$2,434,410	\$722,506	\$7,079,046	Admin		
Z	Services Costs	\$4,398,905	\$0	\$0	\$4,398,905	Services		
AA	State-Only Costs	\$28,752,258	\$8,332,531	\$1,393,400	\$19,026,327	State-Only		

Table 6.4 FY 2024-25 Improve Access to HCBs for Underserved Populations

Row	Item	Current	Obligated	Expended	Available	Admin/Service	Date Last	Notes
Equity Improvement Projects								
A	Equity Study	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
B	Total Cost	\$0	\$0	\$0	\$0			
Buy-in Analysis								
C	Access for Workers with Disabilities	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
D	Total Cost	\$0	\$0	\$0	\$0			
Community Transitions Support								
E	Services Costs	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
G	Systems Costs	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
H	Total Cost	\$0	\$0	\$0	\$0			
HCBs Training for Members & Families								
I	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Translation of Case Management Material								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Expand Behavioral Health Safety Net								
M	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
N	Capacity building for higher-intensity BH services (incentives to RAEs)	\$0	\$0	\$0	\$0	State-Only	10/17/2023	State-only - no federal draw
O	Total Cost	\$0	\$0	\$0	\$0			
Wrap-Around Services, Incl Peer Supports for Members with Complex Needs								
P	Contractor Costs	\$0	\$0	\$0	\$0	Admin/State-Only	10/17/2023	Drawing administrative FFP & no federal draw
Q	Housing Wrap-Around Services	\$0	\$0	\$0	\$0	State-Only	10/17/2023	State-only - no federal draw
R	Total Cost	\$0	\$0	\$0	\$0			
AIAN Culturally Responsive Services Capacity Grants								
S	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/17/2023	State-only - no federal draw
T	Total Cost	\$0	\$0	\$0	\$0			
Access for Underserved Populations Full Time Employees								
U	FTE - Medicaid	\$0	\$0	\$0	\$0	FTE	10/17/2023	Drawing administrative FFP
V	FTE - State-Only	\$313,047	\$0	\$0	\$313,047	FTE	10/17/2023	State-only - no federal draw
W	Total FTE Costs	\$313,047	\$0	\$0	\$313,047			
X	Total Cost For Access for Underserved Populations	\$313,047	\$0	\$0	\$313,047			
Y	Admin Costs	\$0	\$0	\$0	\$0	Admin		
Z	Services Costs	\$0	\$0	\$0	\$0	Services		
AA	State-Only Costs	\$313,047	\$0	\$0	\$313,047	State-Only		

Table 7.1 Post-COVID Recovery and HCBS Innovation											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Residential Innovation											
A	Contractor Cost	\$1,081,868	\$0	\$597,580	\$484,288	\$0	\$1,081,869	(\$1)	State-Only	10/1/2023	
B	Total Cost	\$1,081,868	\$0	\$597,580	\$484,288	\$0	\$1,081,869	(\$1)			
Promote Single Occupancy											
C	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	10/1/2023	
D	Grants to Providers and Communities	\$13,108,660	\$0	\$0	\$13,108,660	\$0	\$20,000,000	(\$6,891,340)	State-Only	10/1/2023	Lower than expected grantee interest
E	Total Cost	\$13,108,660	\$0	\$0	\$13,108,660	\$0	\$20,000,000	(\$6,891,340)			
Child/Youth Step-down Options Program and Provider Recruitment											
F	Contractor Cost	\$3,900,000	\$0	\$0	\$3,900,000	\$0	\$3,900,000	\$0	Admin	10/1/2023	
G	Total Cost	\$3,900,000	\$0	\$0	\$3,900,000	\$0	\$3,900,000	\$0			
Tiered Residential Rates & Benefits											
H	Contractor Cost	\$730,184	\$0	\$493,500	\$236,684	\$0	\$497,999	\$232,185	Admin	10/1/2023	Contractor cost greater than expected
I	Total Cost	\$730,184	\$0	\$493,500	\$236,684	\$0	\$497,999	\$232,185			
Pilot CAPABLE											
J	Contractor Cost	\$3,150,000	\$0	\$749,000	\$2,401,000	\$0	\$3,150,000	\$0	State-Only	10/1/2023	
K	Total Cost	\$3,150,000	\$0	\$749,000	\$2,401,000	\$0	\$3,150,000	\$0			
Supported Employment Pilot Extension											
L	Contractor Cost	\$975,000	\$0	\$423,292	\$551,708	\$0	\$975,001	(\$1)	State-Only	10/1/2023	
M	Total Cost	\$975,000	\$0	\$423,292	\$551,708	\$0	\$975,001	(\$1)			
New System of Care											
N	Contractor Cost	\$8,211,676	\$0	\$213,704	\$7,997,972	\$0	\$15,319,872	(\$7,108,196)	State-Only	10/1/2023	Lower than expected grantee interest
O	Total Cost	\$8,211,676	\$0	\$213,704	\$7,997,972	\$0	\$15,319,872	(\$7,108,196)			
Respite Grant Program											
P	Contractor Cost	\$1,394,284	\$0	\$572,828	\$821,456	\$0	\$1,394,285	(\$1)	State-Only	10/1/2023	
Q	Total Cost	\$1,394,284	\$0	\$572,828	\$821,456	\$0	\$1,394,285	(\$1)			
Respite Rate Enhancement											
R	Service Costs	\$846,573	\$816,004	\$28,257	\$2,312	\$0	\$4,326,572	(\$3,479,999)	Service	10/1/2023	Respite rate increases lower than forecasted
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	\$0	\$624,999	(\$624,999)	State-Only	10/1/2023	Respite rate increases lower than forecasted
T	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	10/1/2023	
U	Total Cost	\$846,573	\$816,004	\$28,257	\$2,312	\$0	\$4,951,571	\$0			
Home Modification Enhancements											
V	Contractor Cost (IA with DOLA)	\$167,164	\$0	\$81,836	\$85,328	\$0	\$167,160	\$4	Admin	10/1/2023	
W	Home Modification Enhancements	\$3,500,000	\$0	\$1,479,454	\$2,020,546	\$0	\$3,500,000	\$0	Service	10/1/2023	
X	Total Cost	\$3,667,164	\$0	\$1,561,290	\$2,105,874	\$0	\$3,667,160	\$4			
Hospital Community Investment Requirements											
Y	Contractor Cost	\$300,000	\$0	\$0	\$300,000	\$0	\$300,000	\$0	State-Only	10/1/2023	
Z	Total Cost	\$300,000	\$0	\$0	\$300,000	\$0	\$300,000	\$0			
Community First Choice											
AA	Contractor Cost	\$611,092	\$0	\$22,192	\$588,900	\$0	\$501,816	\$109,276	Admin	10/1/2023	New scope added to project
AB	IT Costs	\$2,967,088	\$0	\$0	\$2,967,088	\$0	\$2,967,088	\$0	Admin/Enhanced	10/1/2023	
AC	Total Cost	\$3,578,180	\$0	\$22,192	\$3,555,988	\$0	\$3,468,904	\$109,276			
Post-COVID Recovery and HCBS Innovation Full Time Employees											
AD	FTE - Medicaid	\$1,998,853	\$173,979	\$535,297	\$912,483	\$377,094	\$2,037,641	(\$38,788)	FTE	10/1/2023	FTE expectations updated
AE	FTE - State Only	\$377,553	\$0	\$152,932	\$224,621	\$0	\$397,562	(\$20,009)	FTE	10/1/2023	FTE expectations updated
AF	Total FTE Costs	\$2,376,406	\$173,979	\$688,229	\$1,137,104	\$377,094	\$2,435,203	(\$58,797)			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$43,319,995	\$989,983	\$5,349,872	\$36,603,046	\$377,094	\$61,141,864	(\$17,821,869)			
AH	Admin Costs	\$29,550,298	\$173,979	\$3,551,315	\$11,961,697	\$377,094	\$36,803,984	(\$17,801,864)	Admin		
AI	Services Costs	\$1,013,737	\$816,004	\$110,093	\$87,640	\$0	\$4,493,732	\$4	Services		
AJ	State-Only Costs	\$12,755,960	\$0	\$1,688,464	\$24,553,709	\$0	\$19,844,148	(\$20,009)	State-Only		

Table 7.2 FY 2021-22 Post-COVID Recovery and HCBS Innovation								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Residential Innovation								
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Promote Single Occupancy								
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Grants to Providers and Communities	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0			
Child Youth Step-down Options Program and Provider Recruitment								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Tiered Residential Rates & Benefits								
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$0	\$0	\$0	\$0			
Pilot CAPABLE								
J	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
K	Total Cost	\$0	\$0	\$0	\$0			
Supported Employment Pilot Extension								
L	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
M	Total Cost	\$0	\$0	\$0	\$0			
New System of Care								
N	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
O	Total Cost	\$0	\$0	\$0	\$0			
Respite Grant Program								
P	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
Q	Total Cost	\$0	\$0	\$0	\$0			
Respite Rate Enhancement								
R	Service Costs	\$816,004	\$0	\$816,004	\$0	Service	10/1/2023	Drawing services FMAP with add
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
U	Total Cost	\$816,004	\$0	\$816,004	\$0			
Home Modification Enhancements								
V	Contractor Cost (w/ DOLA)	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
W	Home Modification Enhancements	\$0	\$0	\$0	\$0	Service	10/1/2023	Drawing services FMAP with add
X	Total Cost	\$0	\$0	\$0	\$0			
Hospital Community Investment Requirements								
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	Drawing administrative FFP
Z	Total Cost	\$0	\$0	\$0	\$0			
Community First Choice								
AA	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
AB	IT Costs	\$0	\$0	\$0	\$0	Admin/Enhanced	10/1/2023	Drawing administrative FFP, draw
AC	Total Cost	\$0	\$0	\$0	\$0			
Post-COVID Recovery and HCBS Innovation Full Time Employees								
AD	FTE - Medicaid	\$173,979	\$0	\$173,979	\$0	FTE	10/1/2023	Drawing administrative FFP
AE	FTE - State-Only	\$0	\$0	\$0	\$0	FTE	10/1/2023	State-only - no federal draw
AF	Total FTE Costs	\$173,979	\$0	\$173,979	\$0			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$989,983	\$0	\$989,983	\$0			
AH	Admin Costs	\$173,979	\$0	\$173,979	\$0	Admin		
AI	Services Costs	\$816,004	\$0	\$816,004	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 7.3 FY 2022-23 Post-COVID Recovery and HCBS Innovation								
Row	Item	Current projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Residential Innovation								
A	Contractor Cost	\$597,580	\$0	\$597,580	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$597,580	\$0	\$597,580	\$0			
Promote Single Occupancy								
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Grants to Providers and Communities	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0			
Child/Youth Step-down Options Program and Provider Recruitment								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Tiered Residential Rates & Benefits								
H	Contractor Cost	\$493,500	\$0	\$493,500	\$0	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$493,500	\$0	\$493,500	\$0			
Pilot CAPABLE								
J	Contractor Cost	\$749,000	\$0	\$749,000	\$0	State-Only	10/1/2023	State-only - no federal draw
K	Total Cost	\$749,000	\$0	\$749,000	\$0			
Supported Employment Pilot Extension								
L	Contractor Cost	\$423,292	\$0	\$423,292	\$0	State-Only	10/1/2023	State-only - no federal draw
M	Total Cost	\$423,292	\$0	\$423,292	\$0			
New System of Care								
N	Contractor Cost	\$213,704	\$0	\$213,704	\$0	State-Only	10/1/2023	State-only - no federal draw
O	Total Cost	\$213,704	\$0	\$213,704	\$0			
Respite Grant Program								
P	Contractor Cost	\$572,828	\$0	\$572,828	\$0	State-Only	10/1/2023	State-only - no federal draw
Q	Total Cost	\$572,828	\$0	\$572,828	\$0			
Respite Rate Enhancement								
R	Service Costs	\$28,237	\$0	\$28,237	\$0	Service	10/1/2023	Drawing services FMAP with add
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
U	Total Cost	\$28,237	\$0	\$28,237	\$0			
Home Modification Enhancements								
V	Contractor Cost (w/ with DOLA)	\$81,836	\$0	\$81,836	\$0	Admin	10/1/2023	Drawing administrative FFP
W	Home Modification Enhancements	\$1,479,454	\$0	\$1,479,454	\$0	Service	10/1/2023	Drawing services FMAP with add
X	Total Cost	\$1,561,290	\$0	\$1,561,290	\$0			
Hospital Community Investment Requirements								
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	Drawing administrative FFP
Z	Total Cost	\$0	\$0	\$0	\$0			
Community First Choice								
AA	Contractor Cost	\$22,192	\$0	\$22,192	\$0	Admin	10/1/2023	Drawing administrative FFP
AB	IT Costs	\$0	\$0	\$0	\$0	Admin/Enhanced	10/1/2023	Drawing administrative FFP, draw
AC	Total Cost	\$22,192	\$0	\$22,192	\$0			
Post-COVID Recovery and HCBS Innovation Full Time Employees								
AD	FTE - Medicaid	\$535,297	\$0	\$535,297	\$0	FTE	10/1/2023	Drawing administrative FFP
AE	FTE - State-Only	\$552,932	\$0	\$552,932	\$0	FTE	10/1/2023	State-only - no federal draw
AF	Total FTE Costs	\$1,088,229	\$0	\$1,088,229	\$0			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$5,349,872	\$0	\$5,349,872	\$0			
AH	Admin Costs	\$1,730,403	\$0	\$1,730,403	\$0	Admin		
AI	Services Costs	\$1,507,711	\$0	\$1,507,711	\$0	Services		
AJ	State-Only Costs	\$2,111,756	\$0	\$2,111,756	\$0	State-Only		

Table 7.4 FY 2023-24 Post-COVID Recovery and HCBS Innovation								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Residential Innovation								
A	Contractor Cost	\$484,288	\$80,154	\$0	\$404,134	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$484,288	\$80,154	\$0	\$404,134			
Promote Single Occupancy								
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Grants to Providers and Communities	\$13,108,660	\$0	\$0	\$13,108,660	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$13,108,660	\$0	\$0	\$13,108,660			
Child Youth Step-down Options Program and Provider Recruitment								
F	Contractor Cost	\$3,900,000	\$1,575,000	\$0	\$2,325,000	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$3,900,000	\$1,575,000	\$0	\$2,325,000			
Tiered Residential Rates & Benefits								
H	Contractor Cost	\$236,684	\$0	\$0	\$236,684	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$236,684	\$0	\$0	\$236,684			
Pilot CAPABLE								
J	Contractor Cost	\$2,401,000	\$922,550	\$761,450	\$667,000	State-Only	10/1/2023	State-only - no federal draw
K	Total Cost	\$2,401,000	\$922,550	\$761,450	\$667,000			
Supported Employment Pilot Extension								
L	Contractor Cost	\$201,708	\$438,911	\$38,089	\$51,708	State-Only	10/1/2023	State-only - no federal draw
M	Total Cost	\$551,708	\$438,911	\$38,089	\$51,708			
New System of Care								
N	Contractor Cost	\$7,997,972	\$9,803,083	\$1,000,000	(\$3,305,111)	State-Only	10/1/2023	State-only - no federal draw
O	Total Cost	\$7,997,972	\$9,803,083	\$1,000,000	(\$3,305,111)			
Respite Grant Program								
P	Contractor Cost	\$821,456	\$517,917	\$207,114	\$96,425	State-Only	10/1/2023	State-only - no federal draw
Q	Total Cost	\$821,456	\$517,917	\$207,114	\$96,425			
Respite Rate Enhancement								
R	Service Costs	\$3,312	\$0	\$0	\$3,312	Service	10/1/2023	Drawing services F&P with add
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
U	Total Cost	\$3,312	\$0	\$0	\$3,312			
Home Modification Enhancements								
V	Contractor Cost (w/ with DOLA)	\$85,328	\$0	\$0	\$85,328	Admin	10/1/2023	Drawing administrative FFP
W	Home Modification Enhancements	\$2,003,546	\$0	\$498,043	\$1,505,503	Service	10/1/2023	Drawing services F&P with add
X	Total Cost	\$2,108,874	\$0	\$498,043	\$1,607,831			
Hospital Community Investment Requirements								
Y	Contractor Cost	\$300,000	\$273,000	\$0	\$27,000	State-Only	10/1/2023	Drawing administrative FFP
Z	Total Cost	\$300,000	\$273,000	\$0	\$27,000			
Community First Choice								
AA	Contractor Costs	\$588,900	\$88,700	\$0	\$500,200	Admin	10/1/2023	Drawing administrative FFP
AB	IT Costs	\$2,967,088	\$0	\$0	\$2,967,088	Admin/Enhanced	10/1/2023	Drawing administrative FFP, draw
AC	Total Cost	\$3,555,988	\$88,700	\$0	\$3,467,288			
Post-COVID Recovery and HCBS Innovation Full Time Employees								
AD	FTE - Medicaid	\$912,483	\$0	\$138,965	\$773,518	FTE	10/1/2023	Drawing administrative FFP
AE	FTE - State-Only	\$324,621	\$0	\$33,492	\$291,129	FTE	10/1/2023	State-only - no federal draw
AF	Total FTE Costs	\$1,237,104	\$0	\$172,457	\$1,064,647			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$36,403,046	\$13,730,315	\$3,199,153	\$19,673,578			
AH	Admin Costs	\$8,474,771	\$2,016,804	\$138,965	\$7,318,902	Admin		
AI	Services Costs	\$2,022,858	\$0	\$498,043	\$1,524,815	Services		
AJ	State-Only Costs	\$25,105,417	\$11,713,461	\$2,562,145	\$10,829,811	State-Only		

Table 7.4 FY 2024-25 Post-COVID Recovery and HCBS Innovation								
Row	Item	Current projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Residential Innovation								
A	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Promote Single Occupancy								
C	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Grants to Providers and Communities	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Total Cost	\$0	\$0	\$0	\$0			
Child Youth Step-down Options Program and Provider Recruitment								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Tiered Residential Rates & Benefits								
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$0	\$0	\$0	\$0			
Pilot CAPABLE								
J	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
K	Total Cost	\$0	\$0	\$0	\$0			
Supported Employment Pilot Extension								
L	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
M	Total Cost	\$0	\$0	\$0	\$0			
New System of Care								
N	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
O	Total Cost	\$0	\$0	\$0	\$0			
Respite Grant Program								
P	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
Q	Total Cost	\$0	\$0	\$0	\$0			
Respite Rate Enhancement								
R	Service Costs	\$0	\$0	\$0	\$0	Service	10/1/2023	Drawing services FMAP with add
S	State-Only Crisis Services	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
U	Total Cost	\$0	\$0	\$0	\$0			
Home Modification Enhancements								
V	Contractor Cost (IA with DOLA)	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
W	Home Modification Enhancements	\$0	\$0	\$0	\$0	Service	10/1/2023	Drawing services FMAP with add
X	Total Cost	\$0	\$0	\$0	\$0			
Hospital Community Investment Requirements								
Y	Contractor Cost	\$0	\$0	\$0	\$0	State-Only	10/1/2023	Drawing administrative FFP
Z	Total Cost	\$0	\$0	\$0	\$0			
Community First Choice								
AA	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
AB	IT Costs	\$0	\$0	\$0	\$0	Admin/Enhanced	10/1/2023	Drawing administrative FFP, draw
AC	Total Cost	\$0	\$0	\$0	\$0			
Post-COVID Recovery and HCBS Innovation Full Time Employees								
AD	FTE - Medicaid	\$377,094	\$0	\$0	\$377,094	FTE	10/1/2023	Drawing administrative FFP
AE	FTE - State-Only	\$0	\$0	\$0	\$0	FTE	10/1/2023	State-only - no federal draw
AF	Total FTE Costs	\$377,094	\$0	\$0	\$377,094			
AG	Total Cost for Post-COVID Recovery and HCBS Innovation	\$377,094	\$0	\$0	\$377,094			
AH	Admin Costs	\$377,094	\$0	\$0	\$377,094	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.1 Case Management											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building											
A	Contractor Costs	\$11,265,476	\$467,452	\$1,274,872	\$9,523,152	\$0	\$11,265,472	\$4	Admin	10/1/2023	
B	Total Cost	\$11,265,476	\$467,452	\$1,274,872	\$9,523,152	\$0	\$11,265,472	\$4			
Improve & Expedite Long-Term Care Eligibility Processes											
C	System Costs	\$3,000,000	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0	Admin	10/1/2023	
D	Contract Costs	\$2,400,000	\$0	\$0	\$2,400,000	\$0	\$0	\$2,400,000	Admin	10/1/2023	Money added for LTC unwind work
E	Total Cost	\$5,400,000	\$0	\$0	\$5,400,000	\$0	\$3,000,000	\$2,400,000			
Case Management Rates											
F	Contractor Cost	\$385,216	\$126,272	\$258,944	\$0	\$0	\$385,216	\$0	Admin	10/1/2023	
G	Total Cost	\$385,216	\$126,272	\$258,944	\$0	\$0	\$385,216	\$0			
Case Management Best Practices											
H	Contractor Cost	\$2,460,000	\$0	\$194,136	\$2,265,864	\$0	\$2,460,001	(\$1)	Admin	10/1/2023	
I	Total Cost	\$2,460,000	\$0	\$194,136	\$2,265,864	\$0	\$2,460,001	(\$1)			
Case Management Agency Training Programs											
J	Contractor Cost	\$2,229,848	\$0	\$853,428	\$1,376,420	\$0	\$2,139,000	\$90,848	Admin/State-Only	10/1/2023	Extension of contract
K	Total Cost	\$2,229,848	\$0	\$853,428	\$1,376,420	\$0	\$2,139,000	\$90,848			
Case Management Full Time Employees											
L	FTE - Medicaid	\$941,899	\$38,772	\$297,619	\$465,267	\$140,241	\$957,627	(\$15,728)		10/1/2023	FTE expectations updated
M	FTE	\$941,899	\$38,772	\$297,619	\$465,267	\$140,241	\$942,174	(\$275)	FTE		
N	Total Cost for Case Management	\$22,682,439	\$632,496	\$2,878,999	\$19,030,703	\$140,241	\$20,191,863	\$2,490,576			
O	Admin Costs	\$22,682,439	\$632,496	\$2,878,999	\$19,030,703	\$140,241	\$20,191,863	\$2,490,576	Admin		
P	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
Q	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 8.2 FY 2021-22 Case Management

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$467,452	\$0	\$467,452	\$0	Admin	10/1/2023	Drawing administrative FFP
B	Total Cost	\$467,452	\$0	\$467,452	\$0			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Case Management Rates								
F	Contractor Cost	\$126,272	\$0	\$126,272	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$126,272	\$0	\$126,272	\$0			
Case Management Best Practices								
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$0	\$0	\$0	\$0			
Case Management Agency Training Programs								
J	Contractor Cost	\$0	\$0	\$0	\$0	Admin/State-Only	10/1/2023	Drawing administrative FFP
K	Total Cost	\$0	\$0	\$0	\$0			
Case Management Full Time Employees								
L	FTE - Medicaid	\$38,772	\$0	\$38,772	\$0		10/1/2023	Drawing administrative FFP
M	FTE	\$38,772	\$0	\$38,772	\$0	FTE		
N	Total Cost for Case Management	\$632,496	\$0	\$632,496	\$0			
O	Admin Costs	\$632,496	\$0	\$632,496	\$0	Admin		
P	Services Costs	\$0	\$0	\$0	\$0	Services		
Q	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.3 FY 2022-23 Case Management								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$1,274,872	\$0	\$1,274,872	\$0	Admin	10/11/2023	Drawing administrative FFP
B	Total Cost	\$1,274,872	\$0	\$1,274,872	\$0			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$0	\$0	\$0	\$0	Admin	10/11/2023	Drawing administrative FFP
D	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/11/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Case Management Rides								
F	Contractor Cost	\$258,944	\$0	\$258,944	\$0	Admin	10/11/2023	Drawing administrative FFP
G	Total Cost	\$258,944	\$0	\$258,944	\$0			
Case Management Best Practices								
H	Contractor Cost	\$194,136	\$0	\$194,136	\$0	Admin	10/11/2023	Drawing administrative FFP
I	Total Cost	\$194,136	\$0	\$194,136	\$0			
Case Management Agency Training Programs								
J	Contractor Cost	\$83,428	\$0	\$83,428	\$0	Admin/State-Only	10/11/2023	Drawing administrative FFP
K	Total Cost	\$83,428	\$0	\$83,428	\$0			
Case Management Full Time Employees								
L	FTE - Medicaid	\$297,619	\$0	\$297,619	\$0		10/11/2023	Drawing administrative FFP
M	FTE	\$297,619	\$0	\$297,619	\$0	FTE		
N	Total Cost for Case Management	\$3,878,999	\$0	\$3,878,999	\$0			
O	Admin Costs	\$1,878,999	\$0	\$1,878,999	\$0	Admin		
P	Services Costs	\$0	\$0	\$0	\$0	Services		
Q	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.4 FY 2023-24 Case Management								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$9,523,152	\$5,038,520	\$1,930,232	\$2,554,400	Admin	10/1/2023	Drawing administrative FFP
B	Total Cost	\$9,523,152	\$5,038,520	\$1,930,232	\$2,554,400			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$3,000,000	\$0	\$0	\$3,000,000	Admin	10/1/2023	Drawing administrative FFP
D	Contractor Costs	\$2,400,000	\$809,260	\$0	\$1,590,740	Admin	10/1/2023	Drawing administrative FFP
E	Total Cost	\$5,400,000	\$809,260	\$0	\$4,590,740			
Case Management Rates								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Case Management Best Practices								
H	Contractor Cost	\$2,265,864	\$412,124	\$22,318	\$1,831,422	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$2,265,864	\$412,124	\$22,318	\$1,831,422			
Case Management Agency Training Programs								
J	Contractor Cost	\$1,376,420	\$468,964	\$79,836	\$887,620	Admin/State-Only	10/1/2023	Drawing administrative FFP
K	Total Cost	\$1,376,420	\$468,964	\$79,836	\$887,620			
Case Management Full Time Employees								
L	FTE - Medicaid	\$485,167	\$0	\$71,100	\$394,162		10/1/2023	Drawing administrative FFP
M	FTE	\$445,267	\$0	\$71,100	\$394,162	FTE		
N	Total Cost for Case Management	\$19,030,703	\$6,668,668	\$2,103,491	\$10,258,344			
O	Admin Costs	\$19,030,703	\$6,668,668	\$2,103,491	\$10,258,344	Admin		
P	Services Costs	\$0	\$0	\$0	\$0	Services		
Q	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 8.4 FY 2024-25 Case Management								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Case Management Capacity Building								
A	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
B	Total Cost	\$0	\$0	\$0	\$0			
Improve & Expedite Long-Term Care Eligibility Processes								
C	System Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Contractor Costs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Case Management Rates								
F	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Case Management Best Practices								
H	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
I	Total Cost	\$0	\$0	\$0	\$0			
Case Management Agency Training Programs								
J	Contractor Cost	\$0	\$0	\$0	\$0	Admin/State-Only	10/1/2023	Drawing administrative FFP
K	Total Cost	\$0	\$0	\$0	\$0			
Case Management Full Time Employees								
L	FTE - Medicaid	\$140,241	\$0	\$0	\$140,241		10/1/2023	Drawing administrative FFP
M	FTE	\$140,241	\$0	\$0	\$140,241	FTE		
N	Total Cost for Case Management	\$140,241	\$0	\$0	\$140,241			
O	Admin Costs	\$140,241	\$0	\$0	\$140,241	Admin		
P	Services Costs	\$0	\$0	\$0	\$0	Services		
Q	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 9.1 Tools and Technology											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Home Health/PDN Acuity Tool											
A	Contractor Cost	\$3,919,008	\$0	\$460,472	\$3,458,536	\$0	\$3,919,008	\$0	Admin	10/1/2023	
B	System Costs to Connect to CCM Tool	\$1,000,000	\$0	\$0	\$1,000,000	\$0	\$1,000,000	\$0	Enhanced Admin	10/1/2023	
C	Total Cost	\$4,919,008	\$0	\$460,472	\$4,458,536	\$0	\$4,919,008	\$0			
Specialty Search in Provider Specialty Tool											
D	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	10/1/2023	
E	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement											
F	Contractor Cost	\$204,024	\$0	\$11,488	\$192,536	\$0	\$204,020	\$4	Enhanced Admin	10/1/2023	
G	Total Cost	\$204,024	\$0	\$11,488	\$192,536	\$0	\$204,020	\$4			
Digital Transformation Projects											
H	Member Tech Literacy	\$500,000	\$0	\$288,300	\$211,700	\$0	\$500,001	(\$1)	Admin/State-Only	10/1/2023	
I	HCBS Provider Digital Transformation	\$33,350,260	\$285,716	\$1,155,016	\$31,909,528	\$0	\$25,236,012	\$8,114,248	Admin	10/1/2023	Higher demand for grants than expected
J	Total Cost	\$33,850,260	\$285,716	\$1,443,316	\$32,121,228	\$0	\$25,736,013	\$8,114,247			
Innovative Tech Integration											
K	Contractor Cost	\$150,000	\$0	\$0	\$150,000	\$0	\$150,000	\$0	Admin	10/1/2023	
L	Total Cost	\$150,000	\$0	\$0	\$150,000	\$0	\$150,000	\$0			
Care & Case Management System Investments											
M	System Costs	\$16,000,000	\$0	\$389,872	\$15,362,928	\$247,200	\$16,000,004	(\$4)	Enhanced Admin	10/1/2023	
N	Contractor Cost	\$1,795,876	\$0	\$36,128	\$1,759,748	\$0	\$1,795,876	\$0	Admin	10/1/2023	
O	Total Cost	\$17,795,876	\$0	\$426,000	\$17,122,676	\$247,200	\$17,795,880	(\$4)			
Updates to SalesForce Database for CM/Quality/Clinical											
P	Contractor Cost	\$500,000	\$223,260	\$0	\$276,740	\$0	\$500,001	(\$1)	Admin	10/1/2023	
Q	Total Cost	\$500,000	\$223,260	\$0	\$276,740	\$0	\$500,001	(\$1)			
Member Data Sharing											
R	Contractor Cost	\$12,200,000	\$0	\$0	\$12,200,000	\$0	\$12,200,000	\$0	Enhanced Admin	10/1/2023	
S	Total Cost	\$12,200,000	\$0	\$0	\$12,200,000	\$0	\$12,200,000	\$0			
Centers for Excellence in Pain Management											
T	Contractor Cost	\$475,000	\$0	\$17,460	\$457,540	\$0	\$474,999	\$1	Admin	10/1/2023	
U	Total Cost	\$475,000	\$0	\$17,460	\$457,540	\$0	\$474,999	\$1			
Systems Infrastructure for Social Determinants of Health											
V	Contractor Costs for System Changes	\$12,000,000	\$0	\$0	\$12,000,000	\$0	\$12,000,000	\$0	Enhanced Admin	10/1/2023	
W	Community Grants	\$3,000,000	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0	State-Only	10/1/2023	
X	Total Cost	\$15,000,000	\$0	\$0	\$15,000,000	\$0	\$15,000,000	\$0			
Expand Data Sharing Across Entities											
Y	Connect CMAs to ADT Data	\$427,436	\$0	\$152,788	\$274,648	\$0	\$427,434	\$2	Admin	10/1/2023	
Z	Data Sharing with SUA	\$120,000	\$0	\$0	\$120,000	\$0	\$99,999	\$20,001	Admin	10/1/2023	Increased scope of project
AA	Improvements - System Communication (Trails)	\$2,000,000	\$0	\$0	\$2,000,000	\$0	\$2,000,001	(\$1)	Admin	10/1/2023	
AB	Total Cost	\$2,547,436	\$0	\$152,788	\$2,394,648	\$0	\$2,527,434	\$2			
Eligibility Systems Improvements											
AC	Contractor Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	10/1/2023	
AD	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees											
AE	FTE	\$2,634,735	\$131,290	\$658,825	\$1,185,688	\$658,932	\$2,643,645	(\$8,910)	FTE	10/1/2023	FTE expectations updated
AF	Total FTE Costs	\$2,634,735	\$131,290	\$658,825	\$1,185,688	\$658,932	\$2,643,645	(\$8,910)			
AG	Total Cost for Tools and Technology	\$90,276,339	\$640,266	\$3,170,349	\$85,559,592	\$906,132	\$82,151,000	\$8,105,339			
AH	Admin Costs	\$85,480,463	\$640,266	\$3,134,221	\$80,799,844	\$906,132	\$77,355,124	\$8,105,339	Admin		
AI	Services Costs	\$1,795,876	\$0	\$36,128	\$1,759,748	\$0	\$1,795,876	\$0	Services		
AJ	State-Only Costs	\$3,000,000	\$0	\$0	\$3,000,000	\$0	\$3,000,000	\$0	State-Only		

Table 9.2 FY 2021-22 Tools and Technology								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/RPM Acuity Tool								
A	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
B	System Costs to Connect to CCA Tool	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFF
C	Total Cost	\$0	\$0	\$0	\$0			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFF
G	Total Cost	\$0	\$0	\$0	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$0	\$0	\$0	\$0	Admin/State-Only	10/1/2023	Drawing enhanced administrative FFF
I	PKES Provider Digital Transformation	\$285,716	\$0	\$285,716	\$0	Admin	10/1/2023	Drawing administrative FFF
J	Total Cost	\$285,716	\$0	\$285,716	\$0			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFF
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
O	Total Cost	\$0	\$0	\$0	\$0			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$223,260	\$0	\$223,260	\$0	Admin	10/1/2023	Drawing administrative FFF
Q	Total Cost	\$223,260	\$0	\$223,260	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFF
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
U	Total Cost	\$0	\$0	\$0	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFF
W	Community Grants	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
X	Total Cost	\$0	\$0	\$0	\$0			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
Z	Data Sharing with SAs	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
AA	Improvements - System Communication (Fast)	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
AB	Total Cost	\$0	\$0	\$0	\$0			
Eligibility System Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFF
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$131,290	\$0	\$131,290	\$0	FTE	10/1/2023	Drawing administrative FFF
AF	Total FTE Costs	\$131,290	\$0	\$131,290	\$0			
AG	Total Cost for Tools and Technology	\$640,266	\$0	\$640,266	\$0			
AH	Admin Costs	\$640,266	\$0	\$640,266	\$0	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-only Costs	\$0	\$0	\$0	\$0	State-only		

Table 9.3 FY 2022-23 Tools and Technology								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/RN Acuity Tool								
A	Contractor Cost	\$460,472	\$0	\$460,472	\$0	Admin	10/17/2023	Drawing administrative FFP
B	System Costs to Connect to CCA Tool	\$0	\$0	\$0	\$0	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
C	Total Cost	\$460,472	\$0	\$460,472	\$0			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$11,488	\$0	\$11,488	\$0	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
G	Total Cost	\$11,488	\$0	\$11,488	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$288,300	\$0	\$288,300	\$0	Admin/State-Only	10/17/2023	Drawing enhanced administrative FFP
I	HRIS Provider Digital Transformation	\$1,153,316	\$0	\$1,153,316	\$0	Admin	10/17/2023	Drawing administrative FFP
J	Total Cost	\$1,441,616	\$0	\$1,441,616	\$0			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$389,872	\$0	\$132,352	\$257,520	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
N	Contractor Costs	\$36,128	\$0	\$36,128	\$0	Admin	10/17/2023	Drawing administrative FFP
O	Total Cost	\$426,000	\$0	\$168,480	\$257,520			
Updates to Self-Force Database for CM/Quality/Clinical								
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
Q	Total Cost	\$0	\$0	\$0	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$17,460	\$0	\$17,460	\$0	Admin	10/17/2023	Drawing administrative FFP
U	Total Cost	\$17,460	\$0	\$17,460	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$0	\$0	\$0	\$0	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
W	Community Grants	\$0	\$0	\$0	\$0	State-Only	10/17/2023	State-only - no federal draw
X	Total Cost	\$0	\$0	\$0	\$0			
Expand Data Sharing Across Entities								
Y	Connect CMAs to ADT Data	\$152,788	\$0	\$152,788	\$0	Admin	10/17/2023	Drawing administrative FFP
Z	Data Sharing with SAs	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
AA	Improvements - System Communication (Fast)	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
AB	Total Cost	\$152,788	\$0	\$152,788	\$0			
Eligibility System Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$658,825	\$0	\$658,825	\$0	FTE	10/17/2023	Drawing administrative FFP
AF	Total FTE Costs	\$658,825	\$0	\$658,825	\$0			
Total Cost for Tools and Technology								
AG	Total Cost for Tools and Technology	\$3,170,349	\$0	\$2,909,789	\$260,560	Admin		
AH	Admin Costs	\$3,170,349	\$0	\$2,909,789	\$260,560	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 9.4 FY 2023-24 Tools and Technology								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/PPM Acuity Tool								
A	Contractor Cost	\$3,458,536	\$1,653,118	\$139,400	\$1,666,018	Admin	10/17/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$1,200,000	\$0	\$0	\$1,000,000	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
C	Total Cost	\$4,658,536	\$1,653,118	\$139,400	\$2,666,018			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$192,536	\$249,840	\$0	(\$57,304)	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
G	Total Cost	\$192,536	\$249,840	\$0	(\$57,304)			
Digital Transformation Projects								
H	Member Tech Literacy	\$211,700	\$146,800	\$64,900	\$0	Admin/State-Only	10/17/2023	Drawing enhanced administrative FFP
I	HB5 Provider Digital Transformation	\$31,909,528	\$7,441,069	\$6,866,970	\$17,601,489	Admin	10/17/2023	Drawing administrative FFP
J	Total Cost	\$32,121,228	\$7,587,869	\$6,931,870	\$17,601,489			
Innovative Tech Integration								
K	Contractor Cost	\$150,000	\$0	\$0	\$150,000	Admin	10/17/2023	Drawing administrative FFP
L	Total Cost	\$150,000	\$0	\$0	\$150,000			
Care & Case Management System Investments								
M	System Costs	\$15,362,928	\$4,418,207	\$51,793	\$10,892,928	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$1,799,748	\$598,625	\$598,625	\$562,498	Admin	10/17/2023	Drawing administrative FFP
O	Total Cost	\$17,162,676	\$5,016,832	\$650,418	\$11,455,426			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$276,740	\$0	\$0	\$276,740	Admin	10/17/2023	Drawing administrative FFP
Q	Total Cost	\$276,740	\$0	\$0	\$276,740			
Member Data Sharing								
R	Contractor Cost	\$12,200,000	\$0	\$0	\$12,200,000	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
S	Total Cost	\$12,200,000	\$0	\$0	\$12,200,000			
Centers for Excellence in Risk Management								
T	Contractor Cost	\$457,540	\$250,000	\$0	\$207,540	Admin	10/17/2023	Drawing administrative FFP
U	Total Cost	\$457,540	\$250,000	\$0	\$207,540			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$17,000,000	\$0	\$0	\$17,000,000	Enhanced Admin	10/17/2023	Drawing enhanced administrative FFP
W	Community Grants	\$3,000,000	\$0	\$0	\$3,000,000	State-Only - no federal draw	10/17/2023	
X	Total Cost	\$15,000,000	\$0	\$0	\$15,000,000			
Expanded Data Sharing Across Entities								
Y	Connect CMAA to ADT Data	\$794,448	\$185,034	\$68,680	\$200,914	Admin	10/17/2023	Drawing administrative FFP
Z	Data Sharing with Sun	\$720,000	\$0	\$0	\$720,000	Admin	10/17/2023	Drawing administrative FFP
AA	Improvements - System Communication (Frank)	\$2,000,000	\$0	\$0	\$2,000,000	Admin	10/17/2023	Drawing administrative FFP
AB	Total Cost	\$2,794,448	\$185,034	\$68,680	\$2,140,914			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/17/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$1,185,688	\$0	\$175,536	\$1,010,152	FTE	10/17/2023	Drawing administrative FFP
AF	Total FTE Costs	\$1,185,688	\$0	\$175,536	\$1,010,152			
AG	Total Cost for Tools and Technology	\$85,559,592	\$14,942,891	\$7,965,904	\$62,650,797			
AH	Admin Costs	\$85,559,592	\$14,942,891	\$7,965,904	\$62,650,797	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$3,000,000	\$0	\$0	\$3,000,000	State-Only		

Table 9.4 FY 2024-25 Tools and Technology								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Home Health/RN Acuity Tool								
A	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
B	System Costs to Connect to CCM Tool	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFP
C	Total Cost	\$0	\$0	\$0	\$0			
Specialty Search in Provider Specialty Tool								
D	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
E	Total Cost	\$0	\$0	\$0	\$0			
Member Facing Provider Finder Tool Improvement								
F	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFP
G	Total Cost	\$0	\$0	\$0	\$0			
Digital Transformation Projects								
H	Member Tech Literacy	\$0	\$0	\$0	\$0	Admin/State-Only	10/1/2023	Drawing enhanced administrative FFP
I	HES Provider Digital Transformation	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
J	Total Cost	\$0	\$0	\$0	\$0			
Innovative Tech Integration								
K	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
L	Total Cost	\$0	\$0	\$0	\$0			
Care & Case Management System Investments								
M	System Costs	\$247,200	\$0	\$0	\$247,200	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFP
N	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
O	Total Cost	\$247,200	\$0	\$0	\$247,200			
Updates to Salesforce Database for CM/Quality/Clinical								
P	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
Q	Total Cost	\$0	\$0	\$0	\$0			
Member Data Sharing								
R	Contractor Cost	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFP
S	Total Cost	\$0	\$0	\$0	\$0			
Centers for Excellence in Pain Management								
T	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
U	Total Cost	\$0	\$0	\$0	\$0			
Systems Infrastructure for Social Determinants of Health								
V	Contractor Costs for System Changes	\$0	\$0	\$0	\$0	Enhanced Admin	10/1/2023	Drawing enhanced administrative FFP
W	Community Grants	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
X	Total Cost	\$0	\$0	\$0	\$0			
Expand Data Sharing Across Entities								
Y	Connect CAs to JDT Data	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
Z	Data Sharing with SLA	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
AA	Improvements - System Communication (Trans)	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
AB	Total Cost	\$0	\$0	\$0	\$0			
Eligibility Systems Improvements								
AC	Contractor Cost	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
AD	Total Cost	\$0	\$0	\$0	\$0			
Tools and Technology Full Time Employees								
AE	FTE	\$658,932	\$0	\$0	\$658,932	FTE	10/1/2023	Drawing administrative FFP
AF	Total FTE Costs	\$658,932	\$0	\$0	\$658,932			
AG	Total Cost for Tools and Technology	\$906,132	\$0	\$0	\$906,132			
AH	Admin Costs	\$906,132	\$0	\$0	\$906,132	Admin		
AI	Services Costs	\$0	\$0	\$0	\$0	Services		
AJ	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.1 Emergency Preparedness											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Emergency Response Plan											
A	Contractor Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only	10/1/2023	
B	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
Member Emergency Preparedness											
C	Contractor Costs	\$4,405,252	\$0	\$556,508	\$3,848,744	\$0	\$6,471,752	(\$2,066,500)	State-Only	10/1/2023	Grant applications lower than expected
D	Total Cost	\$4,405,252	\$0	\$556,508	\$3,848,744	\$0	\$6,471,752	(\$2,066,500)			
E	Total Cost for Emergency Preparedness	\$4,405,252	\$0	\$556,508	\$3,848,744	\$0	\$6,471,752	(\$2,066,500)			
F	Admin Costs	\$4,405,252	\$0	\$556,508	\$3,848,744	\$0	\$6,471,752	(\$2,066,500)	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 10.2 FY 2021-22 Emergency Preparedness								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/11/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Member Emergency Preparedness								
C	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/11/2023	State-only - no federal draw
D	Total Cost	\$0	\$0	\$0	\$0			
E	Total Cost for Emergency Preparedness	\$0	\$0	\$0	\$0			
F	Admin Costs	\$0	\$0	\$0	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.3 FY 2022-23 Emergency Preparedness

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/11/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Member Emergency Preparedness								
C	Contractor Costs	\$556,508	\$0	\$556,508	\$0	State-Only	10/11/2023	State-only - no federal draw
D	Total Cost	\$556,508	\$0	\$556,508	\$0			
E	Total Cost for Emergency Preparedness	\$556,508	\$0	\$556,508	\$0			
F	Admin Costs	\$556,508	\$0	\$556,508	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.4 FY 2023-24 Emergency Preparedness								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/11/2023	State-only - no federal draw
B	Total Cost	\$0	\$0	\$0	\$0			
Member Emergency Preparedness								
C	Contractor Costs	\$3,848,744	\$3,339,232	\$541,568	(\$32,056)	State-Only	10/11/2023	State-only - no federal draw
D	Total Cost	\$3,848,744	\$3,339,232	\$541,568	(\$32,056)			
E	Total Cost for Emergency Preparedness	\$3,848,744	\$3,339,232	\$541,568	(\$32,056)			
F	Admin Costs	\$3,848,744	\$3,339,232	\$541,568	(\$32,056)	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 10.4 FY 2024-25 Emergency Preparedness								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Emergency Response Plan								
A	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
Member Emergency Preparedness								
C	Contractor Costs	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
D	Total Cost	\$0	\$0	\$0	\$0			
E	Total Cost for Emergency Preparedness	\$0	\$0	\$0	\$0			
F	Admin Costs	\$0	\$0	\$0	\$0	Admin		
G	Services Costs	\$0	\$0	\$0	\$0	Services		
H	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 11.1 Quality Outcomes											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
<i>Provider Oversight</i>											
C	Contractor Cost	\$700,004	\$0	\$239,032	\$460,972	\$0	\$400,000	\$300,004	Admin	10/1/2023	Scope of project increased
D	Total Cost	\$700,004	\$0	\$239,032	\$460,972	\$0	\$400,000	\$300,004			
<i>Pay for Performance for Home Health & Residential HCBS</i>											
I	Contractor Cost	\$499,996	\$0	\$96,668	\$403,328	\$0	\$500,001	(\$5)	Admin	10/1/2023	
J	Total Cost	\$499,996	\$0	\$96,668	\$403,328	\$0	\$500,001	(\$5)			
<i>Pay for Performance for PACE & PACE Licensure</i>											
K	Contractor Cost	\$1,689,680	\$185,800	\$447,768	\$1,056,112	\$0	\$1,375,476	\$314,204	Admin	10/1/2023	Scope of project increased
L	Total Cost	\$1,689,680	\$185,800	\$447,768	\$1,056,112	\$0	\$1,375,476	\$314,204			
<i>eConsult to Improve Quality</i>											
M	Contractor Cost	\$250,000	\$0	\$0	\$250,000	\$0	\$150,000	\$100,000	Admin	10/1/2023	Scope of project increased
N	Total Cost	\$250,000	\$0	\$0	\$250,000	\$0	\$150,000	\$100,000			
<i>HCBS Provider Quality Expansion</i>											
O	Contractor Cost	\$815,000	\$0	\$29,000	\$786,000	\$0	\$1,049,999	(\$234,999)	Admin	10/1/2023	Contract came in lower than expected
P	Total Cost	\$815,000	\$0	\$29,000	\$786,000	\$0	\$1,049,999	(\$234,999)			
<i>Waiver Quality Expansion</i>											
Q	Contractor Cost	\$864,360	\$0	\$491,660	\$372,700	\$0	\$864,358	\$2	Admin	10/1/2023	
R	Total Cost	\$864,360	\$0	\$491,660	\$372,700	\$0	\$864,358	\$2			
<i>Criminal Justice Partnership</i>											
S	Only FTE Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Admin	10/1/2023	
T	Total Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
<i>EPSDT Benefits Training</i>											
U	Contractor Cost	\$750,000	\$0	\$95,000	\$655,000	\$0	\$749,999	\$1	Admin	10/1/2023	
V	Total Cost	\$750,000	\$0	\$95,000	\$655,000	\$0	\$749,999	\$1			
<i>Quality Outcomes Full Time Employees</i>											
W	FTE	\$1,422,895	\$81,697	\$464,487	\$742,907	\$133,804	\$1,477,505	(\$54,610)	FTE	10/1/2023	FTE expectations updated
X	Total FTE Costs	\$1,422,895	\$81,697	\$464,487	\$742,907	\$133,804	\$1,477,505	(\$54,610)			
Y	Total Cost for Quality Outcomes	\$6,991,935	\$267,497	\$1,863,615	\$4,727,019	\$133,804	\$6,567,338	\$424,597			
Z	Admin Costs	\$6,991,935	\$267,497	\$1,863,615	\$4,727,019	\$133,804	\$6,567,338	\$424,597	Admin		
AA	Services Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Services		
AB	State-Only Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	State-Only		

Table 11.2 FY 2021-22 Quality Outcomes									
Row	Item	Current Projection	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Provider Oversight									
C	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Total Cost	\$0		\$0	\$0	\$0			
Pay for Performance for Home Health & Residential HCBS									
I	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
J	Total Cost	\$0		\$0	\$0	\$0			
Pay for Performance for PACE & PACE Licensure									
K	Contractor Cost	\$185,800		\$0	\$185,800	\$0	Admin	10/1/2023	Drawing administrative FFP
L	Total Cost	\$185,800		\$0	\$185,800	\$0			
Consult to Improve Quality									
M	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
N	Total Cost	\$0		\$0	\$0	\$0			
HCBS Provider Quality Expansion									
O	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
P	Total Cost	\$0		\$0	\$0	\$0			
Waiver Quality Expansion									
Q	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
R	Total Cost	\$0		\$0	\$0	\$0			
Criminal Justice Partnership									
S	Only FTE Costs	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
T	Total Cost	\$0		\$0	\$0	\$0			
EP&T Benefits Training									
U	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
V	Total Cost	\$0		\$0	\$0	\$0			
Quality Outcomes Full Time Employees									
W	FTE	\$81,697		\$0	\$81,697	\$0	FTE	10/1/2023	Drawing administrative FFP
X	Total FTE Costs	\$81,697	\$0	\$0	\$81,697	\$0			
Y	Total Cost for Quality Outcomes	\$267,497	\$0	\$0	\$267,497	\$0			
Z	Admin Costs	\$267,497	\$0	\$0	\$267,497	\$0	Admin		
AA	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
AB	State-Only Costs	\$0	\$0	\$0	\$0	\$0			

Table 11.3 FY 2022-23 Quality Outcomes									
Row	Item	Current	Program Area	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Provider Oversight									
C	Contractor Cost	\$239,032		\$0	\$239,032	\$0	Admin	10/1/2023	Drawing administrative FFP
D	Total Cost	\$239,032	\$0	\$0	\$239,032	\$0			
Pay for Performance for Home Health & Residential HCBS									
I	Contractor Cost	\$96,668		\$0	\$96,668	\$0	Admin	10/1/2023	Drawing administrative FFP
J	Total Cost	\$96,668	\$0	\$0	\$96,668	\$0			
Pay for Performance for RACE & RACE Licensure									
K	Contractor Cost	\$447,768		\$0	\$447,768	\$0	Admin	10/1/2023	Drawing administrative FFP
L	Total Cost	\$447,768	\$0	\$0	\$447,768	\$0			
eConsult to Improve Quality									
M	Contractor Cost	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
N	Total Cost	\$0	\$0	\$0	\$0	\$0			
HCBS Provider Quality Expansion									
O	Contractor Cost	\$29,000		\$0	\$29,000	\$0	Admin	10/1/2023	Drawing administrative FFP
P	Total Cost	\$29,000	\$0	\$0	\$29,000	\$0			
Waiver Quality Expansion									
Q	Contractor Cost	\$491,660		\$0	\$491,660	\$0	Admin	10/1/2023	Drawing administrative FFP
R	Total Cost	\$491,660	\$0	\$0	\$491,660	\$0			
Criminal Justice Partnership									
S	Only FTE Costs	\$0		\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
T	Total Cost	\$0	\$0	\$0	\$0	\$0			
EPSDT Benefits Training									
U	Contractor Cost	\$95,000		\$0	\$95,000	\$0	Admin	10/1/2023	Drawing administrative FFP
V	Total Cost	\$95,000	\$0	\$0	\$95,000	\$0			
Quality Outcomes Full Time Employees									
W	FTE	\$464,487		\$0	\$464,487	\$0	FTE	10/1/2023	Drawing administrative FFP
X	Total FTE Costs	\$464,487	\$0	\$0	\$464,487	\$0			
Y	Total Cost for Quality Outcomes	\$1,863,615	\$0	\$0	\$1,863,615	\$0			
Z	Admin Costs	\$1,863,615	\$0	\$0	\$1,863,615	\$0	Admin		
AA	Services Costs	\$0	\$0	\$0	\$0	\$0	Services		
AB	State-Daily Costs	\$0	\$0	\$0	\$0	\$0	State-Daily		

Table 12.1 Overhead Costs											
Row	Item	Total Projection	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Last Submission	Incremental Change	Admin/Service	Date Last Updated	Notes
Department Administrative Overhead Costs											
A	Contractor Costs	\$8,744,176	\$510,952	\$1,090,368	\$6,642,856	\$500,000	\$8,744,180	(\$4)	Admin	10/1/2023	
B	Reallocation Fund - Contracts	\$3,670,440	\$0	\$0	\$3,670,440	\$0	\$23,667,900	(\$19,997,460)	Admin	10/1/2023	Costs moved to other projects for reallocation
C	Reallocation Fund - Services	\$3,142,125	\$0	\$0	\$3,142,125	\$0	\$4,221,868	(\$1,079,743)	Services	10/1/2023	Costs moved to other projects for reallocation
D	Reallocation Fund - State-Only	\$19,239,448	\$0	\$0	\$19,239,448	\$0	\$175,712	\$19,063,736	State-Only	10/1/2023	Costs moved from other projects for reallocation
E	Reallocation Fund - Systems	\$100,000	\$0	\$0	\$100,000	\$0	\$0	\$100,000	Admin	10/1/2023	Costs moved from other projects for reallocation
F	Operating Costs	\$449,490	\$1,925	\$73,806	\$352,932	\$20,827	\$0	\$449,490	Admin	10/1/2023	Appropriated operating costs updated
G	Total Cost	\$35,345,679	\$512,877	\$1,164,174	\$33,147,801	\$520,827	\$36,809,660	(\$1,463,981)			
Overhead Cost Full Time Employees											
H	FTE	\$4,225,772	\$551,935	\$1,058,005	\$1,621,232	\$994,600	\$4,579,935	(\$354,163)	FTE	10/1/2023	FTE expectations updated
I	Total FTE Costs	\$4,225,772	\$551,935	\$1,058,005	\$1,621,232	\$994,600	\$4,579,935	(\$354,163)			
J	Total Cost for Overhead Costs	\$39,571,451	\$1,064,812	\$2,222,179	\$34,769,033	\$1,515,427	\$41,389,595	(\$1,818,144)			
K	Admin Costs	\$17,189,878	\$1,064,812	\$2,222,179	\$12,387,460	\$1,515,427	\$36,992,015	(\$19,802,137)	Admin		
L	Services Costs	\$3,142,125	\$0	\$0	\$3,142,125	\$0	\$4,221,868	(\$1,079,743)	Services		
M	State-Only Costs	\$19,239,448	\$0	\$0	\$19,239,448	\$0	\$175,712	\$19,063,736	State-Only		

Table 12.2 FY 2021-22 Overhead Costs								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Department	Administrative Overhead Costs							
A	Contractor Costs	\$510,952	\$0	\$510,952	\$0	Admin	10/1/2023	Drawing administrative FFP
B	Reallocation Fund - Contracts	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	10/1/2023	Drawing services FRAP with additional 10% bump through March 2022
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State only - no federal draw
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
F	Operating Costs	\$1,925	\$0	\$1,925	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$512,877	\$0	\$512,877	\$0			
Overhead Cost - Full Time Employees								
H	ITE	\$551,935	\$0	\$551,935	\$0	ITE	10/1/2023	Drawing administrative FFP
I	Total FTE Costs	\$551,935	\$0	\$551,935	\$0			
J	Total Cost for Overhead Costs	\$1,064,812	\$0	\$1,064,812	\$0			
K	Admin Costs	\$1,064,812	\$0	\$1,064,812	\$0	Admin		
L	Services Costs	\$0	\$0	\$0	\$0	Services		
M	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 12.3 FY 2022-23 Overhead Costs								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	State Last Updated	Notes
Department Administrative Overhead Costs								
A	Contractor Costs	\$1,090,368	\$0	\$1,090,368	\$0	Admin	10/1/2023	Drawing administrative FFP
B	Reallocation Fund - Contracts	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	10/1/2023	Drawing services FMAP with additional 10% bump through March 2022
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
F	Operating Costs	\$73,806	\$0	\$73,806	\$0	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$1,164,174	\$0	\$1,164,174	\$0			
Overhead Costs Full Time Employees								
H	FTE	\$1,058,000	\$0	\$1,058,000	\$0	FTE	10/1/2023	Drawing administrative FFP
I	Total FTE Costs	\$1,058,000	\$0	\$1,058,000	\$0			
J	Total Cost for Overhead Costs	\$2,222,174	\$0	\$2,222,174	\$0			
K	Admin Costs	\$2,222,174	\$0	\$2,222,174	\$0	Admin		
L	Services Costs	\$0	\$0	\$0	\$0	Services		
M	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		

Table 12.4 FY 2023-24 Overhead Costs								
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated	Notes
Department	Administrative Overhead Costs							
A	Contractor Costs	\$6,842,856	\$3,091,575	\$174,796	\$1,376,485	Admin	10/1/2023	Drawing administrative FFP
B	Reallocation Fund - Contracts	\$3,670,440	\$0	\$0	\$3,670,440	Admin	10/1/2023	Drawing administrative FFP
C	Reallocation Fund - Services	\$3,141,125	\$0	\$0	\$3,141,125	Service	10/1/2023	Drawing services PMAP with additional 10% bump through March 2022
D	Reallocation Fund - State-Only	\$19,239,448	\$0	\$0	\$19,239,448	State-Only	10/1/2023	State-only - no federal draw
E	Reallocation Fund - Systems	\$100,000	\$0	\$0	\$100,000	Admin	10/1/2023	Drawing administrative FFP
F	Operating Costs	\$39,932	\$0	\$0	\$39,932	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$33,147,801	\$3,091,575	\$174,796	\$29,881,430			
Overhead Cost Full Time Employees								
H	FTE	\$1,621,232	\$0	\$243,076	\$1,378,156	FTE	10/1/2023	Drawing administrative FFP
I	Total FTE Costs	\$1,621,232	\$0	\$243,076	\$1,378,156			
J	Total Cost for Overhead Costs	\$14,769,031	\$3,091,575	\$417,872	\$3,756,586			
K	Admin Costs	\$12,387,460	\$3,091,575	\$417,872	\$8,878,013	Admin		
L	Services Costs	\$3,141,125	\$0	\$0	\$3,141,125	Service		
M	State-Only Costs	\$19,239,448	\$0	\$0	\$19,239,448	State-Only		

Table 12.4 FY 2024-25 Overhead Costs								
Row	Item	Current	Obligated	Expended	Available	Admin/Service	Date Last	Notes
Department Administrative Overhead Costs								
A	Contractor Costs	\$500,000	\$0	\$0	\$500,000	Admin	10/1/2023	Drawing administrative FFP
B	Reallocation Fund - Contracts	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
C	Reallocation Fund - Services	\$0	\$0	\$0	\$0	Services	10/1/2023	Drawing services FMAP with additional 10% bump through March 2022
D	Reallocation Fund - State-Only	\$0	\$0	\$0	\$0	State-Only	10/1/2023	State-only - no federal draw
E	Reallocation Fund - Systems	\$0	\$0	\$0	\$0	Admin	10/1/2023	Drawing administrative FFP
F	Operating Costs	\$20,827	\$0	\$0	\$20,827	Admin	10/1/2023	Drawing administrative FFP
G	Total Cost	\$520,827	\$0	\$0	\$520,827			
Overhead Cost Full Time Employees								
H	FTE	\$994,400	\$0	\$0	\$994,400	FTE	10/1/2023	Drawing administrative FFP
I	Total FTE Costs	\$994,400	\$0	\$0	\$994,400			
J	Total Cost for Overhead Costs	\$1,515,427	\$0	\$0	\$1,515,427			
K	Admin Costs	\$1,515,427	\$0	\$0	\$1,515,427	Admin		
L	Services Costs	\$0	\$0	\$0	\$0	Services		
M	State-Only Costs	\$0	\$0	\$0	\$0	State-Only		