

Schedule 13
Change Request for FY 2010-11 Budget Request Cycle

Decision Item FY 2010-11 Base Reduction Item FY 2010-11 Supplemental FY 2009-10 Budget Amendment FY 2010-11

Request Title: Request for Medical Services Premiums
 Department: Health Care Policy and Financing
 Priority Number: DI-1
 Dept. Approval by: John Bartholomew
 OSPB Approval: *[Signature]*
 Date: November 6, 2009 10/21/09
 Date: 10-26-09

Fund	1		2		3		4		5		6		7		8		9		10	
	Prior-Year Actual FY 2008-09	Appropriation FY 2009-10	Supplemental Request FY 2009-10	Total Revised Request FY 2009-10	Base Request FY 2010-11	Decision/ Base Reduction FY 2010-11	November 1 Request FY 2010-11	Budget Amendment FY 2010-11	Total Revised Request FY 2010-11	Change from Base (Column 5) FY 2011-12										
Total of All Line Items																				
Total	2,526,991,443	2,542,923,842	86,404,006	2,629,327,848	3,000,913,062	207,323,569	3,208,236,631	0	3,208,236,631	207,323,569										
FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										
GF	919,709,958	772,372,990	28,042,522	800,415,512	1,140,610,858	134,715,479	1,275,326,337	0	1,275,326,337	134,715,479										
GFE	39,251,792	0	0	0	0	0	0	0	0	0										
CF	109,633,539	188,808,223	10,414,246	179,222,469	362,549,563	(29,498,967)	323,050,596	0	323,050,596	(29,498,967)										
CFE/RF	2,631,068	2,739,519	219,526	2,959,045	2,736,160	390,381	3,126,541	0	3,126,541	390,381										
FF	1,455,766,086	1,599,003,110	47,727,712	1,646,730,822	1,505,016,481	101,716,676	1,606,733,157	0	1,606,733,157	101,716,676										
(2) Medical Services Premiums^a																				
Total	2,526,991,443	2,542,923,842	86,404,006	2,629,327,848	3,000,913,062	207,323,569	3,208,236,631	0	3,208,236,631	207,323,569										
FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										
GF	919,709,958	1,037,363,033	48,486,520	1,086,849,553	1,140,610,858	134,715,479	1,275,326,337	0	1,275,326,337	134,715,479										
GFE	39,251,792	0	0	0	0	0	0	0	0	0										
CF	109,633,539	226,708,414	(7,272,461)	219,435,953	362,549,563	(29,498,967)	323,050,596	0	323,050,596	(29,498,967)										
CFE/RF	2,631,068	2,739,519	219,526	2,959,045	2,736,160	390,381	3,126,541	0	3,126,541	390,381										
FF	1,455,766,086	1,276,112,876	44,970,421	1,321,083,297	1,505,016,481	101,716,676	1,606,733,157	0	1,606,733,157	101,716,676										
(2) Medical Services Premiums: Long Bill Group Total																				
Total	0	0	0	0	0	0	0	0	0	0										
FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0										
GF	0	(264,990,043)	(20,443,998)	(285,434,041)	0	0	0	0	0	0										
GFE	0	0	0	0	0	0	0	0	0	0										
CF	0	(57,900,191)	17,686,707	(40,213,484)	0	0	0	0	0	0										
CFE/RF	0	0	0	0	0	0	0	0	0	0										
FF	0	322,890,234	2,757,291	325,647,525	0	0	0	0	0	0										

Non-Line Item Request: None
 Letternote Revised Text: See Exhibit D, Page ED-1, for the incremental request by cash fund.
 Cash or Federal Fund Name and COFRS Fund Number: CF - Colorado Autism Treatment Fund 18A; Breast and Cervical Cancer Prevention and Treatment Fund 15D; Certified Public Expenditures; Health Care Expansion Fund 18K; Medicaid Nursing Facility Cash Fund 22X; Coordinated Care for People with Disabilities Fund 19Z; Hospital Provider Fee Cash Fund; Supplemental Old Age Pension Health and Medical Care Fund 15K; Tobacco Education Programs Fund; Health Disparities Grant Program Fund; Primary Care Fund 18L; FF - Title XIX
 Reappropriated Funds Source, by Department and Line Item Name: Transfer from the Department of Public Health and Environment, Prevention, Early Detection, and Treatment Fund
 Approval by OIT? Yes: No: N/A:
 Schedule 13s from Affected Departments: N/A

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

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Exhibit A - Summary of Request

Calculation of Request						
FY 2009-10						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 Appropriation						
SB 09-259 Long Bill	\$2,655,946,610	\$1,191,399,790	\$0	\$130,451,629	\$2,746,329	\$1,331,348,862
SB 09-261 Supplemental OAP Fund Moneys for Medicaid	\$0	(\$6,000,000)	\$0	\$6,000,000	\$0	\$0
SB 09-262 Breast and Cervical Cancer Prevention Funding	\$0	(\$874,603)	\$0	\$874,603	\$0	\$0
SB 09-263 Payments to Medicaid Nursing Facility Providers	(\$26,455,954)	(\$17,140,089)	\$0	\$3,912,114	\$0	(\$13,227,979)
SB 09-265 Timing of Medicaid Payments	(\$57,448,018)	(\$27,323,956)	\$0	(\$1,541,346)	\$0	(\$28,582,716)
SB 09-271 Tobacco Tax Revenues	\$0	(\$27,400,000)	\$0	\$27,400,000	\$0	\$0
ES#1 Enhanced Federal Funding Adjustments	\$0	(\$41,415,100)	\$0	\$41,415,100	\$0	\$0
ES#2 Medicaid Program Reductions	(\$30,217,206)	(\$16,752,293)	\$0	\$516,393	(\$6,810)	(\$13,974,496)
ES#4 Safety Net Grant Reductions	\$0	(\$2,648,566)	\$0	\$2,648,566	\$0	\$0
NP-ES#5 DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan	\$200,067	\$100,034	\$0	\$0	\$0	\$100,033
NP-ES#8 DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center	\$898,343	\$417,280	\$0	\$31,891	\$0	\$449,172
NP-ES#16 DPHE - Cash Fund Financing- Tobacco Education Program Fund 18M	\$0	(\$7,000,000)	\$0	\$7,000,000	\$0	\$0
NP-ES#17 DPHE - Cash Fund Financing- Health Disparities Grant Program Fund 19F	\$0	(\$1,000,000)	\$0	\$1,000,000	\$0	\$0
NP-ES#18 DPHE - Cash Fund Financing- Prevention, Detection and Treatment Fund 18N	\$0	(\$7,000,000)	\$0	\$7,000,000	\$0	\$0
FY 2009-10 Cash Fund Technical Adjustment for ES#4	\$0	\$536	\$0	(\$536)	\$0	\$0
FY 2009-10 Total Spending Authority	\$2,542,923,842	\$1,037,363,033	\$0	\$226,708,414	\$2,739,519	\$1,276,112,876
Before Reduction to Appropriation for Enhanced Federal Funds						
Total Projected FY 2009-10 Expenditures	\$2,629,327,848	\$1,085,849,553	\$0	\$219,435,953	\$2,959,045	\$1,321,083,297
Excluding Impacts of the American Recovery and Reinvestment Act						
FY 2009-10 Request,	\$86,404,006	\$48,486,520	\$0	(\$7,272,461)	\$219,526	\$44,970,421
Excluding Impacts of the American Recovery and Reinvestment Act						
Percent Change	3.40%	4.67%	-	-3.21%	8.01%	3.52%
IMPACT OF THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)						
ES#1 Enhanced Federal Funding Adjustments	\$0	(\$8,705,285)	\$0	(\$36,890,633)	(\$23,809)	\$45,619,727
Adjustment for ES#1 Removing Enhanced Federal Funding for FY 2008-09	\$0	\$8,705,285	\$0	\$1,025,933	\$23,809	(\$9,755,027)
ES#2 Medicaid Program Reductions	\$0	\$3,403,274	\$0	\$15,832	\$0	(\$3,419,106)
ES#4 Safety Net Grant Reductions	\$0	\$613,938	\$0	(\$613,938)	\$0	\$0
ES#5 Reduce Appropriation for Enhanced Federal Funds	\$0	(\$268,887,282)	\$0	(\$21,430,053)	\$0	\$290,317,335
NP-ES#5 DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan	\$0	(\$23,188)	\$0	\$0	\$0	\$23,188
NP-ES#8 DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center	\$0	(\$96,661)	\$0	(\$7,456)	\$0	\$104,117
FY 2009-10 Cash Fund Technical Adjustment for ES#4	\$0	(\$124)	\$0	\$124	\$0	\$0
FY 2009-10 Appropriated Reduction due to ARRA	\$0	(\$264,990,043)	\$0	(\$57,900,191)	\$0	\$322,890,234
Total Projected FY 2009-10 Reduction due to ARRA ⁽¹⁾	\$0	(\$285,434,041)	\$0	(\$40,213,484)	\$0	\$325,647,525
FY 2009-10 Incremental Reduction due to ARRA	\$0	(\$20,443,998)	\$0	\$17,686,707	\$0	\$2,757,291
Percent Change	-	7.72%	-	-30.55%	0.00%	0.85%
FY 2009-10 Spending Authority, Including ARRA	\$2,542,923,842	\$772,372,990	\$0	\$168,808,223	\$2,739,519	\$1,599,003,110
FY 2009-10 Estimated Expenditure, Including ARRA	\$2,629,327,848	\$800,415,512	\$0	\$179,222,469	\$2,959,045	\$1,646,730,822
FY 2009-10 Total Request	\$86,404,006	\$28,042,522	\$0	\$10,414,246	\$219,526	\$47,727,712
Percent Change	3.40%	3.63%	0.00%	6.17%	8.01%	2.98%

(1) This line includes the estimated ARRA impact related to HB 09-1293 programs, even though HB 09-1293 has a conditional appropriation and is not included in the base for FY 2009-10. This is because the Department's request ES-1, "Enhanced Federal Funding Adjustments" includes funds from the Hospital Provider Fee Cash Fund.

Exhibit A - Summary of Request

Calculation of Request						
FY 2010-11						
Item	Total Request	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 Appropriation Plus Special Bills						
Before Reduction to Appropriation for Enhanced Federal Funds	\$2,542,923,842	\$1,037,363,033	\$0	\$226,708,414	\$2,739,519	\$1,276,112,876
Bill Annualizations						
SB 09-259 Long Bill	(\$4,112,192)	(\$847,150)	\$0	(\$1,208,947)	\$0	(\$2,056,095)
HB 09-1293 Hospital Provider Fee	\$384,197,994	\$0	\$0	\$192,098,997	\$0	\$192,098,997
SB 09-261 Supplemental OAP Fund Moneys for Medicaid	\$0	\$6,000,000	\$0	(\$6,000,000)	\$0	\$0
SB 09-263 Payments to Medicaid Nursing Facility Providers	\$839,999	(\$502,682)	\$0	\$922,681	\$0	\$420,000
SB 09-265 Timing of Medicaid Payments	\$100,793,306	\$47,596,547	\$0	\$2,941,399	\$0	\$50,255,360
SB 09-271 Tobacco Tax Revenues	\$0	\$27,400,000	\$0	(\$27,400,000)	\$0	\$0
ES#1 Enhanced Federal Funding Adjustments	\$0	\$20,707,550	\$0	(\$20,707,550)	\$0	\$0
ES#2 Medicaid Program Reductions	(\$25,095,468)	(\$12,368,992)	\$0	(\$225,670)	(\$3,359)	(\$12,497,447)
ES#4 Safety Net Grant Reductions	\$0	(\$375,549)	\$0	\$375,549	\$0	\$0
NP-ES#5 DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan	\$200,068	\$100,034	\$0	\$0	\$0	\$100,034
NP-ES#8 DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center	\$1,165,513	\$541,381	\$0	\$41,376	\$0	\$582,756
NP-ES#16 DPHE - Cash Fund Financing- Tobacco Education Program Fund 18M	\$0	\$7,000,000	\$0	(\$7,000,000)	\$0	\$0
NP-ES#17 DPHE - Cash Fund Financing- Health Disparities Grant Program Fund 19F	\$0	\$1,000,000	\$0	(\$1,000,000)	\$0	\$0
NP-ES#18 DPHE - Cash Fund Financing- Prevention, Detection and Treatment Fund 18N	\$0	\$7,000,000	\$0	(\$7,000,000)	\$0	\$0
FY 2010-11 Cash Fund Technical Adjustment	\$0	(\$3,314)	\$0	\$3,314	\$0	\$0
Total Annualizations	\$457,989,220	\$103,247,825	\$0	\$125,841,149	(\$3,359)	\$228,903,605
FY 2010-11 Base Amount						
Before Adjustment to Appropriation for Enhanced Federal Funds	\$3,000,913,062	\$1,140,610,858	\$0	\$352,549,563	\$2,736,160	\$1,505,016,481
Total Projected FY 2010-11 Expenditure, Excluding Impacts of the American Recovery and Reinvestment Act	\$3,208,236,631	\$1,275,326,337	\$0	\$323,050,596	\$3,126,541	\$1,606,733,157
FY 2010-11 Request, Excluding Impacts of the American Recovery and Reinvestment Act	\$207,323,569	\$134,715,479	\$0	(\$29,498,967)	\$390,381	\$101,716,676
Percent Change from FY 2009-10 Base	6.91%	11.81%	-	-8.37%	14.27%	6.76%
Percent Change from FY 2009-10 Estimate	22.02%	17.45%	-	47.22%	5.66%	21.62%
IMPACT OF THE AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA)						
FY 2009-10 ARRA Spending Authority	\$0	(\$264,990,043)	\$0	(\$57,900,191)	\$0	\$322,890,234
Budget Request Annualizations						
ES#1: "Enhanced Federal Funding Adjustments"	\$0	\$8,705,285	\$0	\$36,890,633	\$23,809	(\$45,619,727)
ES#2: "Medicaid Program Reductions"	\$0	(\$3,403,274)	\$0	(\$15,832)	\$0	\$3,419,106
ES#4: "Reduce Funding for Indigent Care Programs"	\$0	(\$613,938)	\$0	\$613,938	\$0	\$0
ES#5: "Reduce Appropriation for Enhanced Federal Funds"	\$0	\$268,887,282	\$0	\$21,430,053	\$0	(\$290,317,335)
NP-ES#5: "DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan"	\$0	\$23,188	\$0	\$0	\$0	(\$23,188)
NP-ES#8: "DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center"	\$0	\$96,661	\$0	\$7,456	\$0	(\$104,117)
Annualization of Adjustment for ES#1 Removing Enhanced Federal Funding for FY 2008-09	\$0	(\$8,705,285)	\$0	(\$1,025,933)	(\$23,809)	\$9,755,027
FY 2010-11 Cash Fund Technical Adjustment	\$0	\$124	\$0	(\$124)	\$0	\$0
FY 2010-11 Appropriated Reduction due to ARRA	\$0	\$0	\$0	\$0	\$0	\$0
Total Projected FY 2010-11 Reduction due to ARRA	\$0	(\$155,589,245)	\$0	(\$20,127,432)	\$0	\$175,716,677
FY 2010-11 Incremental Reduction due to ARRA	\$0	(\$155,589,245)	\$0	(\$20,127,432)	\$0	\$175,716,677
Percent Change	-	-	-	-	-	-
FY 2010-11 Spending Authority, Including ARRA	\$3,000,913,062	\$1,140,610,858	\$0	\$352,549,563	\$2,736,160	\$1,505,016,481
FY 2010-11 Estimated Expenditure, Including ARRA	\$3,208,236,631	\$1,119,737,092	\$0	\$302,923,164	\$3,126,541	\$1,782,449,834
FY 2010-11 Total Request	\$207,323,569	(\$20,873,766)	\$0	(\$49,626,399)	\$390,381	\$277,433,353
Percent Change from FY 2009-10 Base	6.91%	-1.83%	-	-14.08%	14.27%	18.43%
Percent Change from FY 2009-10 Estimate	22.02%	39.89%	-	69.02%	5.66%	8.24%

Exhibit A - Summary of Request

Calculation of Fund Splits
FY 2009-10

Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes
Acute Care Services							
Base Acute	\$1,501,306,280	\$750,653,140	\$0	\$0	\$750,653,140	50%	
Breast and Cervical Cancer Program	\$9,148,142	\$0	\$2,242,806	\$959,045	\$5,946,291	65%	State fund sources vary; see page Exhibit F
Prenatal Program	\$6,154,965	\$3,077,483	\$0	\$0	\$3,077,482	50%	Now fully Medicaid eligible; see Exhibit F
Family Planning	\$14,171,666	\$1,417,167	\$0	\$0	\$12,754,499	90%	
Indian Health Service	\$1,766,963	\$0	\$0	\$0	\$1,766,963	100%	
Physician Supplemental Payments	\$6,420,530	\$0	\$3,210,265	\$0	\$3,210,265	50%	CF: Certification of Public Expenditure
Health Care Expansion Fund Split Adjustment	\$49,694,616	\$0	\$24,847,309	\$0	\$24,847,307	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$33,600,277	\$0	\$16,800,139	\$0	\$16,800,138	50%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$1,622,263,439	\$755,147,790	\$47,100,519	\$959,045	\$819,056,085		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$293,877,632	\$146,938,816	\$0	\$0	\$146,938,816	50%	
Children with Autism Waiver Services	\$1,569,750	\$0	\$784,875	\$0	\$784,875	50%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$5,593	\$0	\$2,797	\$0	\$2,796	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$4,311	\$0	\$2,156	\$0	\$2,155	50%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$295,457,286	\$146,938,816	\$789,828	\$0	\$147,728,642		
Long Term Care and Insurance							
Base Long Term Care	\$582,615,066	\$291,307,533	\$0	\$0	\$291,307,533	50%	
Nursing Facility General Fund Cap	\$0	(\$10,599,152)	\$10,599,152	\$0	\$0	50%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Provider Fees	\$15,112,446	\$0	\$7,556,223	\$0	\$7,556,223	50%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$97,938,055	\$58,762,833	\$0	\$0	\$39,175,222	50%*	Approximately 80% of total is matched at 50% FFP
Long Term Care and Insurance Sub-total	\$695,665,567	\$339,471,214	\$18,155,375	\$0	\$338,038,978		
Service Management							
Base Service Management	\$4,525,076	\$2,262,538	\$0	\$0	\$2,262,538	50%	
Single Entry Points	\$23,891,659	\$12,423,663	\$0	\$0	\$11,467,996	50%*	4% of total is state-only
Tobacco Tax Funded Disease Management	\$63,488	\$31,744	\$0	\$0	\$31,744	50%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$500,000	\$0	\$250,000	\$0	\$250,000	50%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$60,604	\$0	\$30,302	\$0	\$30,302	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$46,714	\$0	\$23,357	\$0	\$23,357	50%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-total	\$29,087,541	\$14,717,945	\$303,659	\$0	\$14,065,937		
Health Care Expansion Fund Allocations Split Adjustment	\$0	(\$64,231,607)	\$64,231,607		\$0		See pages EA-4 and EA-5.
FY 2009-10 Estimate of Total Expenditures for Medical Services to Clients	\$2,642,473,833	\$1,192,044,158	\$130,580,988	\$959,045	\$1,318,889,642		
Financing							
Upper Payment Limit Financing	\$17,533,295	(\$17,533,294)	\$17,533,295	\$0	\$17,533,294	50%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$2,972,022	\$0	\$1,486,011	\$0	\$1,486,011	50%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$259,386,380	\$0	\$129,693,191	\$0	\$129,693,189	50%	CF: Hospital Provider Fee Cash Fund
Cash Funds Financing	\$0	(\$88,661,311)	\$86,661,311	\$2,000,000	\$0	50%	CF: Various, see narrative
Total Projected FY 2009-10 Expenditures before ARRA, Including HB 09-1293 Programs	\$2,922,365,530	\$1,085,849,553	\$365,954,796	\$2,959,045	\$1,467,602,136		
Less: Expenditure for HB 09-1293 Programs	(\$293,037,682)	\$0	(\$146,518,843)	\$0	(\$146,518,839)		CF: Hospital Provider Fee Cash Fund
Total Projected FY 2009-10 Expenditures before ARRA	\$2,629,327,848	\$1,085,849,553	\$219,435,953	\$2,959,045	\$1,321,083,297		
Total Projected FY 2009-10 Incremental ARRA Impact	\$0	(\$285,434,041)	(\$10,150,603)	\$0	\$295,584,644		
Total Projected FY 2009-10 Expenditures after ARRA	\$2,629,327,848	\$800,415,512	\$209,285,350	\$2,959,045	\$1,616,667,941		
<i>Definitions:</i>							
FFP: Federal financial participation DPHE: Department of Public Health and Environment							

Exhibit A - Summary of Request

Calculation of Fund Splits Due to the American Recovery and Reinvestment Act FY 2009-10							
Item	Total Estimate	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes
Acute Care Services							
Base Acute	\$0	(\$174,001,398)	\$0	\$0	\$174,001,398	11.59%	
Breast and Cervical Cancer Program	\$0	\$0	\$0	\$0	\$0	0.00%	State fund sources vary; see page Exhibit F
Prenatal Program	\$0	(\$713,360)	\$0	\$0	\$713,360	11.59%	Now fully Medicaid eligible; see Exhibit F4
Family Planning	\$0	\$0	\$0	\$0	\$0	0.00%	
Indian Health Service	\$0	\$0	\$0	\$0	\$0	0.00%	
Physician Supplemental Payments	\$0	(\$133,280)	\$0	\$0	\$133,280	10.19%	CF: Certification of Public Expenditure
Health Care Expansion Fund Split Adjustment	\$0	\$0	(\$5,759,606)	\$0	\$5,759,606	11.59%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Hospital Provider Fee Fund
Acute Care Services Sub-Total	\$0	(\$174,848,038)	(\$5,759,606)	\$0	\$180,607,644		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$0	(\$34,060,418)	\$0	\$0	\$34,060,418	11.59%	
Children with Autism Waiver Services	\$0	\$0	(\$181,934)	\$0	\$181,934	11.59%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$0	\$0	(\$648)	\$0	\$648	11.59%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Hospital Provider Fee Fund
Community Based Long Term Care Sub-Total	\$0	(\$34,060,418)	(\$182,582)	\$0	\$34,243,000		
Long Term Care and Insurance							
Base Long Term Care	\$0	(\$67,525,086)	\$0	\$0	\$67,525,086	11.59%	
Nursing Facility General Fund Cap	\$0	\$2,456,883	(\$2,456,883)	\$0	\$0	11.59%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Provider Fees	\$0	\$0	(\$1,751,532)	\$0	\$1,751,532	11.59%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$0	(\$9,080,816)	\$0	\$0	\$9,080,816	11.59%	Approximately 80% of total is matched at 50% FFP
Long Term Care and Insurance Sub-total	\$0	(\$74,149,019)	(\$4,208,415)	\$0	\$78,357,434		
Service Management							
Base Service Management	\$0	\$0	\$0	\$0	\$0	0.00%	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	0.00%	4% of total is state-only
Tobacco Tax Funded Disease Management	\$0	\$0	\$0	\$0	\$0	0.00%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-total	\$0	\$0	\$0	\$0	\$0		
Health Care Expansion Fund Allocations Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	See pages EA-4 and EA-5.
FY 2009-10 Estimate of ARRA Impact to Total Expenditures for Medical Services to Clients	\$0	(\$283,057,475)	(\$10,150,603)	\$0	\$293,208,078		
Financing							
Upper Payment Limit Financing	\$0	(\$2,032,109)	\$0	\$0	\$2,032,109	11.59%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$0	(\$344,457)	\$0	\$0	\$344,457	11.59%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$0	\$0	(\$30,062,881)	\$0	\$30,062,881	11.59%	CF: Hospital Provider Fee Cash Fund
Cash Funds Financing	\$0	\$0	\$0	\$0	\$0	11.59%	CF: Various, see narrative
Total Projected FY 2009-10 Incremental ARRA Impact	\$0	(\$285,434,041)	(\$40,213,484)	\$0	\$325,647,525		
Less: Expenditure for HB 09-1293 Programs	\$0	\$0	\$30,062,881	\$0	(\$30,062,881)		CF: Hospital Provider Fee Cash Fund
Total Projected FY 2009-10 Incremental ARRA Impact, excluding Impact of HB 09-1293	\$0	(\$285,434,041)	(\$10,150,603)	\$0	\$295,584,644		
<i>Definitions:</i> FFP: Federal financial participation DPHE: Department of Public Health and Environment							

Exhibit A - Summary of Request

Calculation of Fund Splits FY 2010-11							
Item	Total Request	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes
Acute Care Services							
Base Acute	\$1,640,364,869	\$820,182,435	\$0	\$0	\$820,182,434	50%	
Breast and Cervical Cancer Program	\$10,736,304	\$0	\$2,631,167	\$1,126,541	\$6,978,596	65%	State fund sources vary; see page Exhibit F
Prenatal Program	\$6,793,394	\$3,396,697	\$0	\$0	\$3,396,697	50%	Now fully Medicaid eligible; see Exhibit F
Family Planning	\$14,455,338	\$1,445,534	\$0	\$0	\$13,009,804	90%	
Indian Health Service	\$2,034,871	\$0	\$0	\$0	\$2,034,871	100%	
Physician Supplemental Payments	\$2,379,581	\$0	\$1,189,791	\$0	\$1,189,790	50%	CF: Certification of Public Expenditure
Health Care Expansion Fund Split Adjustment	\$58,609,168	\$0	\$29,304,585	\$0	\$29,304,583	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$82,459,819	\$0	\$41,229,910	\$0	\$41,229,909	50%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$1,817,833,344	\$825,024,666	\$74,355,453	\$1,126,541	\$917,326,684		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$315,044,982	\$157,522,491	\$0	\$0	\$157,522,491	50%	
Children with Autism Waiver Services	\$1,569,750	\$0	\$784,875	\$0	\$784,875	50%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$4,918	\$0	\$2,459	\$0	\$2,459	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$7,816	\$0	\$3,908	\$0	\$3,908	50%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$316,627,466	\$157,522,491	\$791,242	\$0	\$158,313,733		
Long Term Care and Insurance							
Base Long Term Care	\$634,756,113	\$317,378,057	\$0	\$0	\$317,378,056	50%	
Nursing Facility General Fund Cap	\$0	(\$6,751,496)	\$6,751,496	\$0	\$0	50%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Provider Fees	\$14,250,900	\$0	\$7,125,450	\$0	\$7,125,450	50%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$104,272,632	\$62,563,580	\$0	\$0	\$41,709,052	50%*	Approximately 80% of total is matched at 50% FFP
Long Term Care and Insurance Sub-total	\$753,279,645	\$373,190,141	\$13,876,946	\$0	\$366,212,558		
Service Management							
Base Service Management	\$17,346,548	\$8,673,274	\$0	\$0	\$8,673,274	50%	
Single Entry Points	\$25,447,518	\$13,232,710	\$0	\$0	\$12,214,808	50%*	4% of total is state-only
Tobacco Tax Funded Disease Management	\$4,000,000	\$0	\$0	\$2,000,000	\$2,000,000	50%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$500,000	\$0	\$250,000	\$0	\$250,000	50%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$216,882	\$0	\$108,441	\$0	\$108,441	50%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$344,731	\$0	\$172,366	\$0	\$172,365	50%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-total	\$47,855,679	\$21,905,984	\$530,807	\$2,000,000	\$23,418,888		
Health Care Expansion Fund Allocations Split Adjustment	\$0	(\$71,204,095)	\$71,204,095	\$0	\$0		See pages EA-4 and EA-5.
FY 2010-11 Estimate of Total Expenditures for Medical Services to Clients	\$2,935,596,134	\$1,306,439,187	\$160,758,543	\$3,126,541	\$1,465,271,863		
Financing							
Upper Payment Limit Financing	\$10,282,095	(\$10,282,094)	\$10,282,095	\$0	\$10,282,094	50%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$2,972,022	\$0	\$1,486,011	\$0	\$1,486,011	50%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$259,386,380	\$0	\$129,693,191	\$0	\$129,693,189	50%	CF: Hospital Provider Fee Cash Fund
Cash Funds Financing	\$0	(\$20,830,756)	\$20,830,756	\$0	\$0	50%	CF: Various, see narrative
Total Projected FY 2010-11 Expenditures before ARRA	\$3,208,236,631	\$1,275,326,337	\$323,050,596	\$3,126,541	\$1,606,733,157		
Total Projected FY 2010-11 Incremental ARRA Impact	\$0	(\$155,589,245)	(\$20,127,432)	\$0	\$175,716,677		
Total Projected FY 2010-11 Expenditures after ARRA	\$3,208,236,631	\$1,119,737,092	\$302,923,164	\$3,126,541	\$1,782,449,834		
<i>Definitions:</i>							
FFP: Federal financial participation DPHE: Department of Public Health and Environment							

Exhibit A - Summary of Request

Calculation of Fund Splits Due to the American Recovery and Reinvestment Act FY 2010-11							
Item	Total Estimate	General Fund and General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes
Acute Care Services							
Base Acute	\$0	(\$95,059,144)	\$0	\$0	\$95,059,144	5.795%	
Breast and Cervical Cancer Program	\$0	\$0	\$0	\$0	\$0	0.00%	State fund sources vary; see page Exhibit F
Prenatal Program	\$0	(\$393,677)	\$0	\$0	\$393,677	5.795%	Now fully Medicaid eligible; see Exhibit F4
Family Planning	\$0	\$0	\$0	\$0	\$0	0.00%	
Indian Health Service	\$0	\$0	\$0	\$0	\$0	0.00%	
Physician Supplemental Payments	\$0	(\$275,793)	\$0	\$0	\$275,793	11.59%	CF: Certification of Public Expenditure
Health Care Expansion Fund Split Adjustment	\$0	\$0	(\$3,396,401)	\$0	\$3,396,401	5.795%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Hospital Provider Fee Cash Fund
Acute Care Services Sub-Total	\$0	(\$95,728,614)	(\$3,396,401)	\$0	\$99,125,015		
Community Based Long Term Care Services							
Base Community Based Long Term Care	\$0	(\$18,256,857)	\$0	\$0	\$18,256,857	5.795%	
Children with Autism Waiver Services	\$0	\$0	(\$90,967)	\$0	\$90,967	5.795%	CF: Colorado Autism Treatment Fund
Health Care Expansion Fund Split Adjustment	\$0	\$0	(\$285)	\$0	\$285	5.795%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.000%	CF: Hospital Provider Fee Cash Fund
Community Based Long Term Care Sub-Total	\$0	(\$18,256,857)	(\$91,252)	\$0	\$18,348,109		
Long Term Care and Insurance							
Base Long Term Care	\$0	(\$36,784,117)	\$0	\$0	\$36,784,117	5.795%	
Nursing Facility General Fund Cap	\$0	\$782,498	(\$782,498)	\$0	\$0	5.795%	CF: Medicaid Nursing Facility Cash Fund
Nursing Facility Provider Fees	\$0	\$0	(\$825,840)	\$0	\$825,840	5.795%	CF: Medicaid Nursing Facility Cash Fund
Supplemental Medicare Insurance Benefit (SMIB)	\$0	(\$4,834,079)	\$0	\$0	\$4,834,079	5.795%	Approximately 80% of total is matched at 50% FFP
Long Term Care and Insurance Sub-total	\$0	(\$40,835,698)	(\$1,608,338)	\$0	\$42,444,036		
Service Management							
Base Service Management	\$0	\$0	\$0	\$0	\$0	0.00%	
Single Entry Points	\$0	\$0	\$0	\$0	\$0	0.00%	4% of total is state-only
Tobacco Tax Funded Disease Management	\$0	\$0	\$0	\$0	\$0	0.00%	RF: Transfer from DPHE
Coordinated Care for People with Disabilities Program	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Coordinated Care for People with Disabilities Fund
Health Care Expansion Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Health Care Expansion Fund
Hospital Provider Fee Fund Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.00%	CF: Hospital Provider Fee Cash Fund
Service Management Sub-total	\$0	\$0	\$0	\$0	\$0		
Health Care Expansion Fund Allocations Split Adjustment	\$0	\$0	\$0	\$0	\$0	0.000%	See pages EA-4 and EA-5.
FY 2010-11 Estimate of ARRA Impact to Total Expenditures for Medical Services to Clients	\$0	(\$154,821,169)	(\$5,095,991)	\$0	\$159,917,160		
Financing							
Upper Payment Limit Financing	\$0	(\$595,847)	\$0	\$0	\$595,847	5.795%	CF: Certification of Public Expenditure
Denver Health Outstationing	\$0	(\$172,229)	\$0	\$0	\$172,229	5.795%	CF: Certification of Public Expenditure
Hospital Provider Fee Supplemental Payments	\$0	\$0	(\$15,031,441)	\$0	\$15,031,441	5.795%	CF: Hospital Provider Fee Cash Fund
Cash Funds Financing	\$0	\$0	\$0	\$0	\$0	5.795%	
Total Projected FY 2010-11 Incremental ARRA Impact	\$0	(\$155,589,245)	(\$20,127,432)	\$0	\$175,716,677		
<i>Definitions:</i>							
FFP: Federal financial participation DPHE: Department of Public Health and Environment							

Exhibit B - Medicaid Caseload Forecast

Final Request

Official Medicaid Caseload Actuals and Projection without Retroactivity from REX01/COLD (MARS) 474701 Report

Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1995-96 Actuals	31,321	4,261	44,736	36,690	-	-	113,439	8,376	7,223	4,100	3,937	254,083
FY 1996-97 Actuals	32,080	4,429	46,090	33,250	-	-	110,586	9,261	5,476	4,610	4,316	250,098
FY 1997-98 Actuals	32,664	4,496	46,003	27,179	-	-	103,912	10,453	4,295	5,032	4,560	238,594
Percent Change	1.82%	1.51%	-0.19%	-18.26%	-	-	-6.04%	12.87%	-21.57%	9.15%	5.65%	-4.60%
FY 1998-99 Actuals	33,007	4,909	46,310	22,852	-	-	102,074	11,526	5,017	5,799	6,104	237,598
Percent Change	1.05%	9.19%	0.67%	-15.92%	-	-	-1.77%	10.26%	16.81%	15.24%	33.86%	-0.42%
FY 1999-00 Actuals	33,135	5,092	46,386	23,515	-	-	109,816	12,474	6,174	9,065	7,597	253,254
Percent Change	0.39%	3.73%	0.16%	2.90%	-	-	7.58%	8.22%	23.06%	56.32%	24.46%	6.59%
FY 2000-01 Actuals	33,649	5,157	46,046	27,081	-	-	123,221	13,076	6,561	12,451	8,157	275,399
Percent Change	1.55%	1.28%	-0.73%	15.16%	-	-	12.21%	4.83%	6.27%	37.35%	7.37%	8.74%
FY 2001-02 Actuals	33,916	5,184	46,349	33,347	-	-	143,909	13,121	7,131	4,028	8,428	295,413
Percent Change	0.79%	0.52%	0.66%	23.14%	-	-	16.79%	0.34%	8.69%	-67.65%	3.32%	7.27%
FY 2002-03 Actuals	34,704	5,431	46,647	40,798	-	47	169,311	13,967	7,823	4,084	8,988	331,800
Percent Change	2.32%	4.76%	0.64%	22.34%	-	-	17.65%	6.45%	9.70%	1.39%	6.64%	12.32%
FY 2003-04 Actuals	34,329	5,548	46,789	47,562	-	105	195,279	14,914	8,398	4,793	9,842	367,559
Percent Change	-1.08%	2.15%	0.30%	16.58%	-	123.40%	15.34%	6.78%	7.35%	17.36%	9.50%	10.78%
FY 2004-05 Actuals	35,780	6,082	47,929	57,140	-	87	222,472	15,795	6,034	5,150	9,605	406,074
Percent Change	4.23%	9.63%	2.44%	20.14%	-	-17.14%	13.93%	5.91%	-28.15%	7.45%	-2.41%	10.48%
FY 2005-06 Actuals	36,207	6,042	47,855	58,885	-	188	214,158	16,460	5,119	6,212	11,092	402,218
Percent Change	1.19%	-0.66%	-0.15%	3.05%	-	116.09%	-3.74%	4.21%	-15.16%	20.62%	15.48%	-0.95%
FY 2006-07 Actuals	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228
Percent Change	-0.88%	0.28%	1.97%	-13.92%	-	21.28%	-4.09%	1.60%	1.23%	-16.27%	16.37%	-2.48%
FY 2007-08 Actuals	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962
Percent Change	1.10%	1.44%	2.32%	-12.10%	72.76%	18.42%	-0.67%	2.49%	21.34%	-19.42%	10.12%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812
Percent Change	3.68%	4.90%	2.85%	10.31%	42.71%	17.41%	15.25%	5.20%	10.94%	-4.87%	6.06%	11.44%
FY 2009-10 Projection	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Percent Change	2.49%	6.05%	2.64%	21.23%	132.86%	33.75%	18.15%	3.78%	6.77%	-0.60%	4.38%	17.08%
FY 2010-11 Projection	39,030	7,009	53,517	65,879	49,037	487	304,891	19,329	7,639	4,102	16,563	567,483
Percent Change	1.23%	2.52%	1.53%	10.57%	65.46%	14.86%	9.75%	3.28%	2.56%	3.51%	5.26%	10.96%
FY 2011-12 Projection	39,510	7,152	54,181	68,718	58,605	547	329,699	21,069	7,791	4,255	17,391	608,918
Percent Change	1.23%	2.04%	1.24%	4.31%	19.51%	12.32%	8.14%	9.00%	1.99%	3.73%	5.00%	7.30%
FY 2009-10 Appropriation	38,279	6,614	52,254	57,097	16,015	321	259,414	18,663	7,391	4,255	16,329	476,632
Difference between the Total FY 2009-10 Projection and Appropriation	277	223	457	2,484	13,621	103	18,391	52	57	(292)	(594)	34,779

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request.

Exhibit B - Medicaid Caseload Forecast

Medicaid Caseload Adjustments												
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
HB 09-1293 (Health Care Affordability Act)	-	-	-	-	12,900	-	-	-	-	-	-	12,900
Total FY 2009-10 Adjustments	-	-	-	-	12,900	-	-	-	-	-	-	12,900
HB 09-1293 (Health Care Affordability Act)	-	-	-	-	30,100	-	-	-	-	-	-	30,100
Total FY 2010-11 Adjustments	-	-	-	-	30,100	-	-	-	-	-	-	30,100
HB 09-1293 (Health Care Affordability Act)	-	-	-	-	38,700	-	12,125	1,125	-	-	-	51,950
Total FY 2011-12 Adjustments	-	-	-	-	38,700	-	12,125	1,125	-	-	-	51,950

Exhibit B - Medicaid Caseload Forecast

Prior to Adjustments - Not Official Department Request												
Preliminary Medicaid Caseload without Retroactivity from REX01/COLD (MARS) 474701 Report												
Prior to Adjustments for Reductions to Outreach Efforts (FY 2009-10 BA-21A)												
Item	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1995-96 Actuals	31,321	4,261	44,736	36,690	-	-	113,439	8,376	7,223	4,100	3,937	254,083
FY 1996-97 Actuals	32,080	4,429	46,090	33,250	-	-	110,586	9,261	5,476	4,610	4,316	250,098
FY 1997-98 Actuals	32,664	4,496	46,003	27,179	-	-	103,912	10,453	4,295	5,032	4,560	238,594
Percent Change	1.82%	1.51%	-0.19%	-18.26%	-	-	-6.04%	12.87%	-21.57%	9.15%	5.65%	-4.60%
FY 1998-99 Actuals	33,007	4,909	46,310	22,852	-	-	102,074	11,526	5,017	5,799	6,104	237,598
Percent Change	1.05%	9.19%	0.67%	-15.92%	-	-	-1.77%	10.26%	16.81%	15.24%	33.86%	-0.42%
FY 1999-00 Actuals	33,135	5,092	46,386	23,515	-	-	109,816	12,474	6,174	9,065	7,597	253,254
Percent Change	0.39%	3.73%	0.16%	2.90%	-	-	7.58%	8.22%	23.06%	56.32%	24.46%	6.59%
FY 2000-01 Actuals	33,649	5,157	46,046	27,081	-	-	123,221	13,076	6,561	12,451	8,157	275,399
Percent Change	1.55%	1.28%	-0.73%	15.16%	-	-	12.21%	4.83%	6.27%	37.35%	7.37%	8.74%
FY 2001-02 Actuals	33,916	5,184	46,349	33,347	-	-	143,909	13,121	7,131	4,028	8,428	295,413
Percent Change	0.79%	0.52%	0.66%	23.14%	-	-	16.79%	0.34%	8.69%	-67.65%	3.32%	7.27%
FY 2002-03 Actuals	34,704	5,431	46,647	40,798	-	47	169,311	13,967	7,823	4,084	8,988	331,800
Percent Change	2.32%	4.76%	0.64%	22.34%	-	-	17.65%	6.45%	9.70%	1.39%	6.64%	12.32%
FY 2003-04 Actuals	34,329	5,548	46,789	47,562	-	105	195,279	14,914	8,398	4,793	9,842	367,559
Percent Change	-1.08%	2.15%	0.30%	16.58%	-	123.40%	15.34%	6.78%	7.35%	17.36%	9.50%	10.78%
FY 2004-05 Actuals	35,780	6,082	47,929	57,140	-	87	222,472	15,795	6,034	5,150	9,605	406,074
Percent Change	4.23%	9.63%	2.44%	20.14%	-	-17.14%	13.93%	5.91%	-28.15%	7.45%	-2.41%	10.48%
FY 2005-06 Actuals	36,207	6,042	47,855	58,885	-	188	214,158	16,460	5,119	6,212	11,092	402,218
Percent Change	1.19%	-0.66%	-0.15%	3.05%	-	116.09%	-3.74%	4.21%	-15.16%	20.62%	15.48%	-0.95%
FY 2006-07 Actuals	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228
Percent Change	-0.88%	0.28%	1.97%	-13.92%	-	21.28%	-4.09%	1.60%	1.23%	-16.27%	16.37%	-2.48%
FY 2007-08 Actuals	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962
Percent Change	1.10%	1.44%	2.32%	-12.10%	72.76%	18.42%	-0.67%	2.49%	21.34%	-19.42%	10.12%	-0.07%
FY 2008-09 Actuals	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812
Percent Change	3.68%	4.90%	2.85%	10.31%	42.71%	17.41%	15.25%	5.20%	10.94%	-4.87%	6.06%	11.44%
FY 2009-10 Projection	38,556	6,837	52,711	59,581	16,736	424	277,805	18,715	7,448	3,963	15,735	498,511
Percent Change	2.49%	6.05%	2.64%	21.23%	31.50%	33.75%	18.15%	3.78%	6.77%	-0.60%	4.38%	14.12%
FY 2010-11 Projection	39,030	7,009	53,517	65,879	18,937	487	304,891	19,329	7,639	4,102	16,563	537,383
Percent Change	1.23%	2.52%	1.53%	10.57%	13.15%	14.86%	9.75%	3.28%	2.56%	3.51%	5.26%	7.80%
FY 2011-12 Projection	39,510	7,152	54,181	68,718	19,905	547	317,574	19,944	7,791	4,255	17,391	556,968
Percent Change	1.23%	2.04%	1.24%	4.31%	5.11%	12.32%	4.16%	3.18%	1.99%	3.73%	5.00%	3.64%
FY 2009-10 Appropriation	38,279	6,614	52,254	57,097	16,015	321	259,414	18,663	7,391	4,255	16,329	476,632
Difference between the FY 2009-10 Base Estimate and the Appropriation	277	223	457	2,484	721	103	18,391	52	57	(292)	(594)	21,879

(1) Medicaid Caseload forecast without adjustments for Reductions to Outreach Efforts (FY 2009-10 BA-21A). Not official Medicaid Caseload projection.

Exhibit B - Medicaid Caseload Forecast

MEDICAID CASELOAD FY 2005-06 WITHOUT RETROACTIVITY

FY 2005-06	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2005	36,522	6,076	47,563	59,005	-	171	211,130	16,121	5,293	5,487	9,496	396,864	(14,914)	-3.39%
August 2005	36,587	6,102	47,708	58,926	-	178	211,962	16,247	5,517	5,784	9,787	398,798	1,934	0.49%
September 2005	36,576	6,188	47,695	59,202	-	186	211,527	16,364	5,179	5,880	10,149	398,946	148	0.04%
October 2005	36,629	6,136	47,744	57,937	-	192	206,232	16,403	4,701	5,843	10,242	392,059	(6,887)	-1.73%
November 2005	36,242	6,091	47,917	59,024	-	191	209,732	16,511	4,848	5,933	10,668	397,157	5,098	1.30%
December 2005	36,089	6,019	47,657	59,225	-	191	212,477	16,588	4,753	6,077	11,442	400,518	3,361	0.85%
January 2006	35,977	6,042	47,619	60,019	-	198	215,751	16,464	4,851	6,273	11,582	404,776	4,258	1.06%
February 2006	35,944	6,013	47,788	59,151	-	181	216,784	16,538	5,097	6,346	11,765	405,607	831	0.21%
March 2006	35,831	6,000	47,931	58,495	-	178	217,562	16,713	5,177	6,628	11,933	406,448	841	0.21%
April 2006	36,090	5,952	48,087	59,006	-	193	219,470	16,448	5,382	6,736	11,955	409,319	2,871	0.71%
May 2006	35,888	5,950	48,411	59,300	-	203	220,743	16,554	5,435	6,806	12,078	411,368	2,049	0.50%
June 2006	36,103	5,933	48,142	57,330	-	193	216,522	16,571	5,193	6,746	12,001	404,734	(6,634)	-1.61%
Year-to-Date Average	36,207	6,042	47,855	58,885	-	188	214,158	16,460	5,119	6,212	11,092	402,218		

MEDICAID CASELOAD FY 2006-07 WITHOUT RETROACTIVITY

FY 2006-07	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2006	36,264	5,927	48,080	57,372	1,008	202	215,937	16,499	5,074	6,703	12,145	405,211	477	0.12%
August 2006	36,356	5,989	48,443	56,033	2,051	211	216,226	16,574	4,852	6,364	12,316	405,415	204	0.05%
September 2006	36,113	6,032	48,576	54,433	3,051	220	214,255	16,524	4,761	6,011	12,443	402,419	(2,996)	-0.74%
October 2006	36,088	6,067	48,747	53,443	4,620	226	209,565	16,576	4,950	5,761	12,536	398,579	(3,840)	-0.95%
November 2006	35,939	6,113	48,736	50,988	5,325	232	205,572	16,554	5,002	5,226	12,693	392,380	(6,199)	-1.56%
December 2006	36,195	6,141	48,498	49,733	5,592	236	202,812	16,595	5,070	4,864	12,879	388,615	(3,765)	-0.96%
January 2007	35,947	6,102	48,829	49,624	6,124	231	202,963	16,683	5,181	4,798	12,905	389,387	772	0.20%
February 2007	35,929	6,116	48,948	48,952	6,395	228	202,656	16,761	5,353	4,690	13,060	389,088	(299)	-0.08%
March 2007	35,664	6,064	49,044	48,235	6,607	228	201,549	16,849	5,422	4,514	13,213	387,389	(1,699)	-0.44%
April 2007	35,526	6,083	48,903	47,717	7,030	241	200,833	16,962	5,526	4,547	13,547	386,915	(474)	-0.12%
May 2007	35,186	6,028	49,337	46,245	7,042	236	196,757	17,007	5,437	4,501	13,493	381,269	(5,646)	-1.46%
June 2007	35,448	6,048	49,449	45,470	7,104	246	195,549	17,100	5,561	4,437	13,669	380,081	(1,188)	-0.31%
Year-to-Date Average	35,888	6,059	48,799	50,687	5,162	228	205,390	16,724	5,182	5,201	12,908	392,228		

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request. The number of days captured in the monthly figure is equal to the number of days in the report month.

Exhibit B - Medicaid Caseload Forecast

MEDICAID CASELOAD FY 2007-08 WITHOUT RETROACTIVITY

FY 2007-08	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2007	35,532	6,073	49,590	45,453	7,273	255	197,420	17,003	5,551	4,475	13,821	382,446	2,365	0.62%
August 2007	35,624	6,091	49,768	45,363	7,187	260	198,001	16,915	5,691	4,330	13,988	383,218	772	0.20%
September 2007	35,916	6,124	49,743	44,739	7,160	267	197,134	16,877	5,448	4,148	14,064	381,620	(1,598)	-0.42%
October 2007	36,104	6,141	49,853	46,590	7,110	273	201,710	16,968	5,479	4,136	14,105	388,469	6,849	1.79%
November 2007	36,059	6,127	49,889	45,100	8,364	261	201,378	16,995	5,759	4,069	14,144	388,145	(324)	-0.08%
December 2007	36,126	6,150	49,741	43,665	8,783	268	200,121	17,042	5,896	4,032	14,028	385,852	(2,293)	-0.59%
January 2008	36,329	6,158	49,785	43,491	9,268	268	201,816	17,050	6,233	4,007	14,066	388,471	2,619	0.68%
February 2008	36,418	6,128	49,891	43,344	9,755	272	203,657	17,117	6,827	4,026	14,212	391,647	3,176	0.82%
March 2008	36,702	6,145	49,989	43,723	9,949	282	206,695	17,208	7,035	4,130	14,333	396,191	4,544	1.16%
April 2008	36,771	6,188	50,237	44,037	10,395	280	210,620	17,358	7,142	4,178	14,479	401,685	5,494	1.39%
May 2008	36,897	6,203	50,358	44,349	10,775	280	213,554	17,537	7,191	4,371	14,628	406,143	4,458	1.11%
June 2008	36,932	6,227	50,351	44,802	10,995	270	216,154	17,620	7,200	4,389	14,700	409,640	3,497	0.86%
Year-to-Date Average	36,284	6,146	49,933	44,555	8,918	270	204,022	17,141	6,288	4,191	14,214	391,962		

MEDICAID CASELOAD FY 2008-09 WITHOUT RETROACTIVITY

FY 2008-09	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL	Monthly Growth	Monthly Growth Rate
July 2008	36,961	6,249	50,565	45,318	11,236	277	218,619	17,588	7,286	4,258	14,768	413,125	3,485	0.85%
August 2008	37,127	6,317	50,671	45,954	11,335	283	221,736	17,761	7,270	4,136	14,821	417,411	4,286	1.04%
September 2008	37,273	6,369	50,864	46,099	11,794	275	223,167	17,736	7,027	4,052	14,898	419,554	2,143	0.51%
October 2008	37,441	6,386	51,201	46,589	11,836	282	225,486	17,864	6,932	4,005	14,933	422,955	3,401	0.81%
November 2008	37,591	6,399	51,406	47,013	12,008	290	228,186	17,977	6,773	3,889	14,980	426,512	3,557	0.84%
December 2008	37,530	6,361	51,298	48,042	12,142	304	230,447	18,033	6,689	3,884	15,053	429,783	3,271	0.77%
January 2009	37,814	6,367	51,452	49,155	12,486	314	234,744	18,022	6,847	3,954	15,194	436,349	6,566	1.53%
February 2009	37,769	6,438	51,494	50,023	12,730	331	237,345	18,144	6,910	3,885	15,205	440,274	3,925	0.90%
March 2009	37,942	6,539	51,640	51,530	13,190	339	242,805	18,265	6,959	3,988	15,293	448,490	8,216	1.87%
April 2009	37,947	6,597	51,695	52,740	14,346	355	249,444	18,328	6,995	3,984	15,268	457,699	9,209	2.05%
May 2009	37,989	6,654	51,862	53,134	14,619	373	252,943	18,327	6,973	3,919	15,240	462,033	4,334	0.95%
June 2009	38,044	6,691	52,107	54,171	14,996	383	256,630	18,348	7,045	3,892	15,249	467,556	5,523	1.20%
Year-to-Date Average	37,619	6,447	51,355	49,147	12,727	317	235,129	18,033	6,976	3,987	15,075	436,812		

Effective November 3, 2008, the Department has restated caseload for fiscal years FY 2002-03 through FY 2007-08. For complete information on the restatement, please see the Department's caseload narrative accompanying this Request. The number of days captured in the monthly figure is equal to the number of days in the report month.

Exhibit C - History and Projections of Per Capita Costs

Per Capita Costs - Cash Based												
Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1995-96	\$11,438.90	\$8,020.74	\$6,216.02	\$2,612.84	\$0.00	\$0.00	\$1,253.09	\$2,391.78	\$5,922.44	\$3,364.90	\$1,544.32	\$3,901.23
FY 1996-97	\$13,535.28	\$8,388.91	\$7,164.80	\$3,174.99	\$0.00	\$0.00	\$1,233.89	\$2,413.14	\$6,856.06	\$3,872.40	\$1,520.98	\$4,509.91
FY 1997-98	\$13,297.59	\$8,457.61	\$7,186.27	\$3,036.03	\$0.00	\$0.00	\$1,375.75	\$2,177.83	\$6,743.66	\$3,687.26	\$1,369.92	\$4,631.18
Percent Change	-1.76%	0.82%	0.30%	-4.38%	0.00%	0.00%	11.50%	-9.75%	-1.64%	-4.78%	-9.93%	2.69%
FY 1998-99	\$14,049.96	\$9,886.63	\$7,796.82	\$3,129.24	\$0.00	\$0.00	\$1,466.08	\$2,023.98	\$6,272.97	\$3,576.18	\$1,013.41	\$4,950.52
Percent Change	5.66%	16.90%	8.50%	3.07%	0.00%	0.00%	6.57%	-7.06%	-6.98%	-3.01%	-26.02%	6.90%
FY 1999-00	\$15,040.64	\$10,793.96	\$8,772.23	\$3,440.54	\$0.00	\$0.00	\$1,544.54	\$2,203.23	\$5,430.89	\$3,273.65	\$917.32	\$5,166.43
Percent Change	7.05%	9.18%	12.51%	9.95%	0.00%	0.00%	5.35%	8.86%	-13.42%	-8.46%	-9.48%	4.36%
FY 2000-01	\$15,311.41	\$11,851.80	\$9,792.12	\$3,277.51	\$0.00	\$0.00	\$1,570.78	\$2,351.36	\$4,801.64	\$2,966.03	\$959.04	\$5,143.57
Percent Change	1.80%	9.80%	11.63%	-4.74%	0.00%	0.00%	1.70%	6.72%	-11.59%	-9.40%	4.55%	-0.44%
FY 2001-02	\$16,837.64	\$11,821.86	\$10,033.18	\$3,125.56	\$0.00	\$0.00	\$1,532.60	\$2,530.78	\$4,760.42	\$9,774.69	\$963.28	\$5,202.22
Percent Change	9.97%	-0.25%	2.46%	-4.64%	0.00%	0.00%	-2.43%	7.63%	-0.86%	229.55%	0.44%	1.14%
FY 2002-03	\$16,269.83	\$11,909.35	\$11,071.22	\$3,425.30	\$0.00	\$30,399.56	\$1,346.59	\$2,689.77	\$5,435.44	\$11,932.93	\$882.68	\$4,977.91
Percent Change	-3.37%	0.74%	10.35%	9.59%	0.00%	100.00%	-12.14%	6.28%	14.18%	22.08%	-8.37%	-4.31%
FY 2003-04	\$17,917.49	\$13,642.60	\$11,967.29	\$3,853.40	\$0.00	\$25,417.70	\$1,188.86	\$3,019.91	\$7,534.30	\$11,504.23	\$961.96	\$5,010.73
Percent Change	10.13%	14.55%	8.09%	12.50%	0.00%	-16.39%	-11.71%	12.27%	38.61%	-3.59%	8.98%	0.66%
FY 2004-05	\$18,024.54	\$13,297.64	\$11,432.79	\$3,224.86	\$0.00	\$28,627.25	\$1,314.92	\$2,908.66	\$6,405.47	\$8,682.52	\$1,137.99	\$4,662.42
Percent Change	0.60%	-2.53%	-4.47%	-16.31%	0.00%	12.63%	10.60%	-3.68%	-14.98%	-24.53%	18.30%	-6.95%
FY 2005-06	\$18,452.47	\$14,387.34	\$11,705.52	\$3,315.44	\$0.00	\$36,225.53	\$1,439.11	\$2,969.74	\$7,695.99	\$8,904.59	\$1,204.54	\$4,928.66
Percent Change	2.37%	8.19%	2.39%	2.81%	0.00%	26.54%	9.44%	2.10%	20.15%	2.56%	5.85%	5.71%
FY 2006-07	\$18,730.43	\$14,802.45	\$11,695.80	\$3,925.23	\$1,467.77	\$24,376.09	\$1,610.83	\$3,211.25	\$9,215.49	\$10,470.57	\$1,313.15	\$5,222.57
Percent Change	1.51%	2.89%	-0.08%	18.39%	100.00%	-32.71%	11.93%	8.13%	19.74%	17.59%	9.02%	5.96%
FY 2007-08	\$19,415.43	\$16,324.25	\$13,065.11	\$4,260.90	\$2,132.72	\$26,305.08	\$1,781.99	\$3,738.66	\$8,532.40	\$12,797.32	\$1,333.66	\$5,681.77
Percent Change	3.66%	10.28%	11.71%	8.55%	45.30%	7.91%	10.63%	16.42%	-7.41%	22.22%	1.56%	8.79%
FY 2008-09	\$20,680.18	\$17,708.89	\$14,233.44	\$4,244.04	\$2,489.04	\$22,261.37	\$1,837.39	\$3,747.29	\$8,654.00	\$14,858.01	\$1,254.95	\$5,742.83
Percent Change	6.51%	8.48%	8.94%	-0.40%	16.71%	-15.37%	3.11%	0.23%	1.43%	16.10%	-5.90%	1.07%
FY 2009-10 Projection	\$20,438.28	\$17,036.41	\$14,138.21	\$3,789.78	\$2,608.63	\$21,576.51	\$1,682.85	\$3,723.69	\$8,658.80	\$14,810.60	\$1,277.69	\$5,167.03
Percent Change	-1.17%	-3.80%	-0.67%	-10.70%	4.80%	-3.08%	-8.41%	-0.63%	0.06%	-0.32%	1.81%	-10.03%
FY 2010-11 Projection	\$21,788.51	\$18,145.18	\$15,068.84	\$3,809.72	\$2,751.24	\$22,102.85	\$1,710.42	\$3,958.75	\$9,172.45	\$15,714.71	\$1,350.82	\$5,173.01
Percent Change	6.61%	6.51%	6.58%	0.53%	5.47%	2.44%	1.64%	6.31%	5.93%	6.10%	5.72%	0.12%
FY 2011-12 Projection	\$22,496.64	\$19,130.46	\$15,793.65	\$3,931.63	\$2,892.65	\$22,642.16	\$1,791.15	\$4,173.71	\$9,782.42	\$16,168.87	\$1,391.48	\$5,224.27
Percent Change	3.25%	5.43%	4.81%	3.20%	5.14%	2.44%	4.72%	5.43%	6.65%	2.89%	3.01%	0.99%

Does not include Upper Payment Limit Financing or financing bills.

Starting in FY 2002-03, expenditures for the Prenatal State-Only program are included in the Non-Citizens aid category. Effective FY 2009-10, these clients will transition to Baby Care Program - Adults.

**Exhibit D
Cash Funds Report**

Cash Funds Report						
Cash Fund	FY 2009-10			FY 2010-11		
	Spending Authority	Request	Change	Spending Authority	Request	Change
Certified Funds	\$22,707,094	\$22,229,571	(\$477,523)	\$21,498,147	\$12,957,897	(\$8,540,250)
Hospital Provider Fee Cash Fund	\$41,415,100	\$35,613,281	(\$5,801,819)	\$212,806,547	\$188,906,016	(\$23,900,531)
Health Care Expansion Fund	\$82,475,369	\$89,112,015	\$6,636,646	\$85,416,768	\$100,619,580	\$15,202,812
Breast and Cervical Cancer Prevention and Treatment Fund	\$1,733,316	\$2,242,806	\$509,490	\$1,725,479	\$2,631,167	\$905,688
Colorado Autism Treatment Fund	\$784,875	\$784,875	\$0	\$784,875	\$784,875	\$0
Coordinated Care for People with Disabilities Fund	\$250,000	\$250,000	\$0	\$250,000	\$250,000	\$0
Nursing Facility Cash Fund	\$26,294,630	\$18,155,375	(\$8,139,255)	\$27,040,854	\$13,876,946	(\$13,163,908)
Comprehensive Primary and Preventive Care Fund	\$2,638,017	\$2,638,017	\$0	\$3,026,893	\$3,024,115	(\$2,778)
Pediatric Specialty Hospital Fund	\$10,013	\$10,013	\$0	\$0	\$0	\$0
Tobacco Education Program Fund	\$15,000,000	\$15,000,000	\$0	\$0	\$0	\$0
Health Disparities Grant Program Fund	\$1,000,000	\$1,000,000	\$0	\$0	\$0	\$0
Supplemental Old Age Pension Health and Medical Care Fund	\$6,000,000	\$6,000,000	\$0	\$0	\$0	\$0
Prevention, Early Detection, and Treatment Fund	\$19,000,000	\$19,000,000	\$0	\$0	\$0	\$0
Primary Care Fund	\$7,400,000	\$7,400,000	\$0	\$0	\$0	\$0
Total	\$226,708,414	\$219,435,953	(\$7,272,461)	\$352,549,563	\$323,050,596	(\$29,498,967)

Exhibit E - Summary of Premium Request by Service Group

FY 2009-10	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$101,958,419	\$55,996,808	\$497,548,727	\$224,961,104	\$77,192,078	\$9,148,142	\$464,693,196	\$63,474,220	\$64,383,826	\$58,635,547	\$4,271,372	\$1,622,263,439
Community Based Long Term Care	\$140,711,098	\$20,566,241	\$127,573,519	\$27,018	\$9,904	\$0	\$335,597	\$5,981,894	(\$107)	\$0	\$252,122	\$295,457,286
Long Term Care	\$481,155,796	\$34,680,887	\$80,299,422	\$21,880	\$0	\$0	\$0	\$0	\$0	\$0	\$253,249	\$596,411,234
Insurance	\$51,987,681	\$3,141,400	\$28,573,743	\$208,245	\$0	\$0	\$21,782	\$0	\$739	\$0	\$15,320,743	\$99,254,333
Service Management	\$12,205,432	\$2,092,569	\$11,243,875	\$580,777	\$107,318	\$299	\$2,452,421	\$232,719	\$106,259	\$58,850	\$7,022	\$29,087,541
Medical Services Total	\$788,018,426	\$116,477,905	\$745,239,286	\$225,799,024	\$77,309,300	\$9,148,441	\$467,502,996	\$69,688,833	\$64,490,717	\$58,694,397	\$20,104,508	\$2,642,473,833
Eligibles	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Medical Services Per Capita	\$20,438.28	\$17,036.41	\$14,138.21	\$3,789.78	\$2,608.63	\$21,576.51	\$1,682.85	\$3,723.69	\$8,658.80	\$14,810.60	\$1,277.69	\$5,167.03
Financing	\$83,467,171	\$12,337,378	\$78,935,990	\$23,916,707	\$8,188,626	\$969,006	\$49,518,071	\$7,381,464	\$6,830,878	\$6,216,930	\$2,129,476	\$279,891,697
Grand Total Medical Services Premiums	\$871,485,597	\$128,815,283	\$824,175,276	\$249,715,731	\$85,497,926	\$10,117,447	\$517,021,067	\$77,070,297	\$71,321,595	\$64,911,327	\$22,233,984	\$2,922,365,530
Total Per Capita	\$22,603.11	\$18,840.91	\$15,635.74	\$4,191.20	\$2,884.93	\$23,861.90	\$1,861.09	\$4,118.10	\$9,575.94	\$16,379.34	\$1,413.03	\$5,714.32
FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Acute Care	\$107,655,347	\$61,438,884	\$537,930,595	\$247,955,749	\$134,338,277	\$10,736,304	\$510,091,759	\$68,659,357	\$69,554,169	\$64,399,083	\$5,073,820	\$1,817,833,344
Community Based Long Term Care	\$149,599,529	\$22,328,634	\$137,291,945	\$22,307	\$12,734	\$0	\$337,856	\$6,844,757	(\$78)	\$0	\$189,782	\$316,627,466
Long Term Care	\$524,056,230	\$37,424,402	\$85,864,084	\$23,352	\$0	\$0	\$0	\$0	\$0	\$0	\$270,288	\$647,638,356
Insurance	\$54,929,916	\$3,361,353	\$30,256,450	\$239,173	\$0	\$0	\$21,325	\$0	\$813	\$0	\$16,832,259	\$105,641,289
Service Management	\$14,164,588	\$2,626,294	\$15,096,119	\$2,740,171	\$561,613	\$27,782	\$11,040,984	\$1,014,509	\$513,478	\$62,664	\$7,477	\$47,855,679
Medical Services Total	\$850,405,610	\$127,179,567	\$806,439,193	\$250,980,752	\$134,912,624	\$10,764,086	\$521,491,924	\$76,518,623	\$70,068,382	\$64,461,747	\$22,373,626	\$2,935,596,134
Eligibles	39,030	7,009	53,517	65,879	49,037	487	304,891	19,329	7,639	4,102	16,563	567,483
Medical Services Per Capita	\$21,788.51	\$18,145.18	\$15,068.84	\$3,809.72	\$2,751.24	\$22,102.85	\$1,710.42	\$3,958.75	\$9,172.45	\$15,714.71	\$1,350.82	\$5,173.01
Financing	\$78,980,554	\$11,811,673	\$74,897,218	\$23,309,581	\$12,529,872	\$999,704	\$48,433,031	\$7,106,589	\$6,507,530	\$5,986,819	\$2,077,926	\$272,640,497
Grand Total Medical Services Premiums	\$929,386,164	\$138,991,240	\$881,336,411	\$274,290,333	\$147,442,496	\$11,763,790	\$569,924,955	\$83,625,212	\$76,575,912	\$70,448,566	\$24,451,552	\$3,208,236,631
Total Per Capita	\$23,812.10	\$19,830.40	\$16,468.34	\$4,163.55	\$3,006.76	\$24,155.63	\$1,869.27	\$4,326.41	\$10,024.34	\$17,174.20	\$1,476.28	\$5,653.45

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload	476,632	511,411	34,779		
Acute Care					
Base Acute Care Per Capita Cost	\$3,361.03	\$3,407.57			Exhibit F
Base Acute Cost	\$1,601,973,424	\$1,742,668,530	\$140,695,106	Figure Setting, Page 111 and Exhibit A-4; note that the BCCP figure was adjusted by JBC staff in the final Conference Committee model. Includes Non-Emergency Medical Transportation; excludes BA-24, which is listed separately below.	Exhibit F
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$10,323,702	\$0	(\$10,323,702)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit F, Included in Base
BRI-1 Pharmacy Efficiencies	(\$1,022,887)	(\$1,022,887)	\$0	Figure Setting, Pages 111, 117, Exhibit A-3	Exhibit F
BRI-2 Medicaid Program Efficiencies: Flouride Varnish	\$146,182	\$141,964	(\$4,218)	Figure Setting, Page 118 (also Page 111 and Exhibit A-3)	Exhibit F
S-8 Physician Supplemental Payment to Denver Health	\$5,190,450	\$6,420,530	\$1,230,080	Figure Setting, Exhibit A-4. Note that the Conference Committee document lists this as "Additional Denver Health Outstationing."	Exhibit F
BA-24 Adjust Outpatient Hospital Cost to Charge Ratio	(\$4,850,425)	(\$4,897,557)	(\$47,132)	Included in Base: Figure Setting, Page 111	Exhibit F
BA-33 Promote Use of VA for Veterans	(\$9,129,991)	(\$9,129,991)	\$0	Figure Setting, Page 20 (Imputed)	Exhibit F
BA-33 Prior Authorization of Anti-convulsant Drugs	(\$960,000)	(\$960,000)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Correct Home Health billing for Dual Eligibles	(\$500,000)	(\$500,000)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Restrict Inpatient Hospital Claims for Readmission with in 24 Hours	(\$1,400,000)	(\$1,400,000)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Reduce Selected Physician Codes to Below 100% of Medicare	(\$5,432,902)	(\$5,432,902)	\$0	Figure Setting, Page 20	Exhibit F
BA-33 Rate Reductions	(\$29,719,405)	(\$29,719,405)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit F
BA-37 HIBI Increase	(\$961,538)	(\$961,538)	\$0	JBC Figure Setting document: 111, A-3 (Imputed)	Exhibit F
SB 09-259: Refinance Pediatric Specialty Hospital	(\$2,211,994)	(\$2,211,994)	\$0	Figure Setting, Page 111, amended by Conference Committee Action	Exhibit F
ES-2 Provider Rate Reductions	(\$13,942,229)	(\$13,942,229)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 FQHC Payment Methodology	(\$3,915,491)	(\$3,915,491)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Prenatal State Only Benefits	\$0	\$0	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Pharmacy Reimbursements	(\$3,489,218)	(\$3,489,218)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
ES-2 Expand PDL	(\$1,291,282)	(\$1,291,282)	\$0	Executive Order D 017 09 (Imputed)	Exhibit F
Average Wholesale Pricing Reduction	\$0	(\$5,058,978)	(\$5,058,978)	Not included	Exhibit F
Reduction to Synagis Recommended Dosage	\$0	(\$1,259,131)	(\$1,259,131)	Not included	Exhibit F
Estimated Impact of Increased PACE Enrollment	\$0	(\$797,204)	(\$797,204)	Included in Base: Figure Setting, Page 111	Exhibit F
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)	(\$26,264,835)	(\$29,127,184)	(\$2,862,349)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
SB 09-265 Timing of Medicaid Payments, Acute Care HMO Impact (permanent shift)	(\$10,686,028)	(\$11,850,594)	(\$1,164,566)	SB 09-265 Appropriation clause (Imputed)	Exhibit F
Total Acute Care	\$1,501,855,533	\$1,622,263,439	\$120,407,906		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Community Based Long Term Care					
Base CBLTC Per Capita Cost	\$620.37	\$609.04			Exhibit G
Base CBLTC Cost	\$295,690,034	\$311,470,177	\$15,780,143	Figure Setting, Page 111 and Exhibit A-4	Exhibit G
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$1,905,535	\$0	(\$1,905,535)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit G, Included in Base
BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$373,390)	(\$373,390)	\$0	JBC Figure Setting document: 111, 120, A-3	Exhibit G
BA-33 Provider Rate Reductions	(\$4,660,232)	(\$4,660,232)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit G
BA-33 Enroll Eligible Veterans in VA Health Care System	(\$1,696,961)	(\$1,696,961)	\$0	Figure Setting, Page 20 (Imputed)	Exhibit G
BA-33 HCBS Cost Sharing for High Income Families	(\$22,383)	(\$22,383)	\$0	Figure Setting, Page 20	Exhibit G
ES-2 Provider Rate Reductions	(\$2,784,090)	(\$2,784,090)	\$0	Executive Order D 017 09 (Imputed)	Exhibit G
ES-2 Provider HCBS Waiver Transportation	(\$482,219)	(\$269,014)	\$213,205	Executive Order D 017 09 (Imputed)	Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit	(\$1,105,854)	(\$1,105,854)	\$0	Executive Order D 017 09 (Imputed)	Exhibit G
Estimated Impact of Retroactive Impact of HB 08-1114 on FY 2008-09 Hospice Rates	\$0	\$1,994,723	\$1,994,723	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit G
Estimated Impact of Increased PACE Enrollment	\$0	(\$1,302,410)	(\$1,302,410)	Included in Base: Figure Setting, Page 111	Exhibit G
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)	(\$5,223,970)	(\$5,793,280)	(\$569,310)	SB 09-265 Appropriation clause (Imputed)	Exhibit G
Total Community Based Long Term Care	\$281,246,469	\$295,457,286	\$14,210,817		
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost	\$565,175,450	\$535,214,090	(\$29,961,360)	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$3,642,197	\$0	(\$3,642,197)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit H, included in Base
Hospital Back Up Program	\$7,489,401	\$7,489,401	\$0	Figure Setting, Page 111 (Imputed)	Exhibit H
Estate and Income Trust Recoveries	(\$6,562,446)	(\$6,562,446)	\$0	Figure Setting, Page 111 (Imputed)	Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries	(\$1,116,721)	(\$1,116,721)	\$0	Figure Setting, Page 111	Exhibit H
Recoveries from Department Overpayment Reviews	(\$683,879)	(\$683,879)	\$0	Figure Setting, Page 111 (Imputed)	Exhibit H
BRI-2 Medicaid Program Efficiencies: Hospital Back Up Program	(\$1,942,086)	\$0	\$1,942,086	Figure Setting, Page 118 (also Page 111 and Exhibit A-3). Note that there is a discrepancy of \$4,219 between the amount in the Conference Committee total and the sum of the two components which were approved by the	Exhibit H; the Department is not implementing due to program uncertainty.
SB 09-263 Payments to Medicaid Nursing Facility Providers	(\$26,455,954)	\$0	\$26,455,954	SB 09-263 Appropriation clause	Exhibit H, included in Base
ES-2: Medicaid Program Reductions	(\$1,907,528)	(\$1,907,528)	\$0	Executive Order D 017 09 (Imputed)	Exhibit H
NP-ES#5 DHS - Close 59 beds at the Colorado Mental Health Institute at Fort Logan	\$200,067	\$200,067	\$0	Executive Order D 017 09 (Imputed)	Exhibit H, included in Base
NP-ES#8 DHS - Closure of 32 bed Nursing Facility at Grand Junction Regional Center	\$898,343	\$898,343	\$0	Executive Order D 017 09 (Imputed)	Exhibit H, included in Base
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift	(\$9,134,071)	(\$10,129,504)	(\$995,433)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
Total Class I Nursing Facilities	\$529,602,773	\$523,401,823	(\$6,200,950)		Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
<i>Class II Nursing Facilities</i>					
Base Class II Nursing Facilities Cost	\$2,231,349	\$2,308,289	\$76,940	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$14,380	\$0	(\$14,380)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit H, included in Base
Total Class II Nursing Facilities	\$2,245,728	\$2,308,289	\$62,561		
<i>Program of All Inclusive Care for the Elderly (PACE)</i>					
FY 2009-10 Estimated Monthly Enrollment		1,726			Exhibit H
Estimated FY 2009-10 Base Cost Per Enrollee		\$44,551.49			Exhibit H
Base PACE Cost	\$76,149,880	\$76,882,504	\$732,624	Figure Setting, Page 111 and Exhibit A-3, amended by Conference Committee. Excludes impact of HB 08-1114. ⁽³⁾	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$490,738	\$0	(\$490,738)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit H, included in Base
HB 08-1114: Reimbursement of Nursing Facilities Under Medicaid	\$893,455	\$893,455	\$0	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit H
ES-2 Medicaid Program Reductions	(\$647,462)	(\$647,462)	\$0	Executive Order D 017 09 (Imputed)	Exhibit H
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, PACE Impact (permanent shift)	(\$5,795,752)	(\$6,427,375)	(\$631,623)	SB 09-265 Appropriation clause (Imputed)	Exhibit H
Total PACE	\$71,090,858	\$70,701,122	(\$389,736)		
<i>Supplemental Medicare Insurance Benefit (SMIB)</i>					
Base SMIB Per Capita	\$209.97	\$191.51			Exhibit H
Base SMIB Cost	\$100,076,903	\$97,938,055	(\$2,138,848)	Figure Setting, Page 111 and Exhibit A-4	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$644,932	\$0	(\$644,932)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit H, included in Base
Total Supplemental Medicare Insurance Benefit	\$100,721,836	\$97,938,055	(\$2,783,781)		
<i>Health Insurance Buy-In Program (HIBI)</i>					
Base HIBI Per Capita	\$2.70	\$1.92			Exhibit H
Base HIBI Cost	\$942,623	\$979,740	\$37,117	Figure Setting, Page 111 and Exhibit A-3, amended by Conference Committee. ⁽³⁾	Exhibit H
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$6,075	\$0	(\$6,075)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit H, included in Base
BA-37 Increased Enrollment in Health Insurance Buy-In	\$336,538	\$336,538	\$0	JBC Figure Setting document: 111, A-3 (Imputed)	Exhibit H
Total Health Insurance Buy-In Program	\$1,285,235	\$1,316,278	\$31,043		
Total Long Term Care and Insurance	\$704,946,431	\$695,665,567	(\$9,280,864)		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Service Management					
<i>Single Entry Points (SEP)</i>					
FY 2009-10 Base Contracts	\$24,668,722	\$24,668,722	(\$0)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$158,974	\$0	(\$158,974)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit I, included in Base
BA-33 Provider Volume and Rate Reductions	(\$505,223)	(\$505,223)	\$0	Figure Setting, Page 20, amended by Conference Committee Memo dated April 21, 2009	Exhibit I
ES-2 Medicaid Program Reductions	(\$271,840)	(\$271,840)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
Total Single Entry Points	\$24,050,633	\$23,891,659	(\$158,974)		Exhibit I
<i>Disease Management</i>					
Base Disease Management	\$5,008,706	\$63,488	(\$4,945,218)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$32,278	\$0	(\$32,278)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit I, included in Base
ES-2 Medicaid Program Reductions	(\$317,500)	\$0	\$317,500	Executive Order D 017 09 (Imputed)	Exhibit I, included in Base
Total Disease Management	\$4,723,484	\$63,488	(\$4,659,996)		Exhibit I
<i>Prepaid Inpatient Health Plan Administration</i>					
Estimated FY 2009-10 Base Expenditures	\$5,002,889	\$4,131,867	(\$871,022)	Figure Setting, Page 111 and Exhibit A-4	Exhibit I
<i>Bottom Line Impacts</i>					
JBC March Caseload Adjustment	\$32,240	\$0	(\$32,240)	Conference Committee Memo dated April 21, 2009 ⁽³⁾	Exhibit I, included in Base
SB 09-259 Administrative costs for CAHI PIHP	\$500,000	\$500,000	\$0	SB 09-263 Appropriation clause	Exhibit I
ES-2: Medicaid Program Reductions	(\$62,494)	(\$62,494)	\$0	Executive Order D 017 09 (Imputed)	Exhibit I
Estimated Contract Payment to PIHP for Cost Avoidance FY 2005-06 through FY 2006-07	\$0	\$943,802	\$943,802	Included in Base: Figure Setting, Page 111 (Imputed)	Exhibit I
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, PIHP Impact (permanent shift)	(\$343,361)	(\$380,781)	(\$37,420)	SB 09-265 Appropriation clause (Imputed)	Exhibit I
Total Prepaid Inpatient Health Plan Administration	\$5,129,274	\$5,132,394	\$3,120		
Total Service Management	\$33,903,391	\$29,087,541	(\$4,815,850)		
Bottom Line Financing					
Upper Payment Limit Financing	\$16,964,109	\$15,568,919	(\$1,395,190)	Figure Setting, Page 111 and Exhibit A-4	Exhibit K
Denver Health Outstationing	\$2,920,302	\$2,972,022	\$51,720	Figure Setting, Page 111 and Exhibit A-4	Exhibit A
Nursing Facility Upper Payment Limit Certifications	\$1,087,608	\$1,964,376	\$876,768	JBC 3/26/09 Vote	Exhibit K
Hospital Provider Fee Supplemental Payments	\$327,171,471	\$259,386,380	(\$67,785,091)	HB 09-1293 Appropriation clause	Exhibit A
Total Bottom Line Financing	\$348,143,490	\$279,891,697	(\$68,251,793)		

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2008-09**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Grand Total⁽²⁾	\$2,869,450,382	\$2,922,365,530			
Total Acute Care	\$1,501,855,533	\$1,622,263,439	\$120,407,906		
Total Community Based Long Term Care	\$281,246,469	\$295,457,286	\$14,210,817		
Total Class I Nursing Facilities	\$529,602,773	\$523,401,823	(\$6,200,950)		
Total Class II Nursing Facilities	\$2,245,728	\$2,308,289	\$62,561		
Total PACE	\$71,090,858	\$70,701,122	(\$389,736)		
Total SMIB	\$100,721,836	\$97,938,055	(\$2,783,781)		
Total Health Insurance Buy-In Program	\$1,285,235	\$1,316,278	\$31,043		
Total Single Entry Point	\$24,050,633	\$23,891,659	(\$158,974)		
Total Disease Management	\$4,723,484	\$63,488	(\$4,659,996)		
Total Prepaid Inpatient Health Plan Administration	\$5,129,274	\$5,132,394	\$3,120		
Total Bottom Line Financing	\$348,143,490	\$279,891,697	(\$68,251,793)		
Rounding Adjustment	\$1	\$0	(\$1)		
Grand Total⁽²⁾	\$2,870,095,315	\$2,922,365,530	\$52,270,215		

Footnotes

(1) The Department's Figure Setting Document (March 18, 2009) was not the final action. To the extent that the actual figures from the Long Bill are reflected in Figure Setting, they have been noted. Where figures have differed, or calculations were not presented in the Figure Setting Document, the Department has confirmed the totals with Joint Budget Committee staff.

(2) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
Caseload		567,483			
Acute Care					
Base Acute Care Per Capita Cost		\$3,215.16			Exhibit F
Base Acute Cost		\$1,824,547,655			Exhibit F
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)		\$29,127,184			Exhibit F
<i>Bottom Line Impacts</i>					
BRI-1 Pharmacy Efficiencies Annualization		(\$1,110,999)			Exhibit F
BRI-2 Medicaid Program Efficiencies: Flouride Varnish		\$464,864			Exhibit F
S-8 Physician Supplemental Payment to Denver Health Annualization		(\$4,040,949)			Exhibit F
ES-2 Medicaid Program Reductions Annualization		(\$14,318,586)			Exhibit F
DI-6 Medicaid Value-Based Care Coordination Initiative		(\$14,656,374)			Exhibit F
Average Wholesale Pricing Reduction		(\$1,753,058)			Exhibit F
Estimated Impact of Increased PACE Enrollment		(\$426,393)			Exhibit F
Total Acute Care		\$1,817,833,344			
Community Based Long Term Care					
Base CBLTC Per Capita Cost		\$560.73			Exhibit G
Base CBLTC Cost		\$318,203,514			Exhibit G
<i>Top Line Impact</i>					
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)		\$5,793,280			Exhibit G
<i>Bottom Line Impacts</i>					
BA-15 Community Transitions Services for Mental Illness Waiver Clients		(\$388,324)			Exhibit G
ES-2 Provider Rate Reductions		(\$1,810,834)			Exhibit G
ES-2 Reduction to HCBS Waiver Personal Care Benefit		(\$482,219)			
ES-2 Reduction to HCBS Waiver Personal Care Benefit		(\$1,995,138)			Exhibit G
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates		(\$1,994,723)			Exhibit G
Estimated Impact of Increased PACE Enrollment		(\$698,090)			Exhibit G
Total Community Based Long Term Care		\$316,627,466			
Long Term Care and Insurance					
<i>Class I Nursing Facilities</i>					
Base Class I Nursing Facility Cost		\$555,497,601			Exhibit H
<i>Bottom Line Impacts</i>					
Hospital Back Up Program		\$8,104,525			Exhibit H
Estate and Income Trust Recoveries		(\$6,989,006)			Exhibit H
BA-36 Enhanced Estate and Income Trust Recoveries		(\$1,116,721)			Exhibit H
Recoveries from Department Overpayment Reviews		(\$872,026)			Exhibit H

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source⁽¹⁾	Department Source
ES-2: Medicaid Program Reductions		(\$6,136,136)			Exhibit H
<i>Adjustments to Expenditure</i>					
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift		\$10,129,504			Exhibit H
Total Class I Nursing Facilities		\$558,617,741			
Class II Nursing Facilities		\$2,345,453			Exhibit H
Program of All Inclusive Care for the Elderly (PACE)					
FY 2010-11 Estimated Monthly Enrollment		1,878			Exhibit H
Estimated FY 2010-11 Base Cost Per Enrollee		\$46,361.94			Exhibit H
Base PACE Cost		\$87,058,460			Exhibit H
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$383,298)			Exhibit H
Total PACE		\$86,675,162			
Supplemental Medicare Insurance Benefit (SMIB)					
Base SMIB Per Capita		\$183.75			Exhibit H
Total Supplemental Medicare Insurance Benefit		\$104,272,632			Exhibit H
Health Insurance Buy-In Program (HIBI)					
Base HIBI Per Capita		\$2.41			Exhibit H
Total Health Insurance Buy-In Program		\$1,368,657			Exhibit H
Total Long Term Care and Insurance		\$753,279,645			
Service Management					
Single Entry Points (SEP)					
FY 2010-11 Base Contracts		\$25,538,131			Exhibit I
<i>Bottom Line Impacts</i>					
ES-2 Medicaid Program Reductions		(\$90,613)			Exhibit I
Total Single Entry Points		\$25,447,518			
Disease Management					
Base Disease Management		\$4,000,000			Exhibit I
<i>Bottom Line Impacts</i>					
0		\$0			Exhibit I
Total Disease Management		\$4,000,000			
Prepaid Inpatient Health Plan Administration					
Estimated FY 2010-11 Base Expenditures		\$4,694,564			Exhibit I
<i>Bottom Line Impacts</i>					
DI-6 Medicaid Value-Based Care Coordination Initiative		\$12,425,340			Exhibit I
DI-6 CRICC Study Administration Costs		\$360,000			Exhibit I
ES-2 Medicaid Program Reductions		(\$28,349)			Exhibit I
Estimated Contract Payment to PIHP for Cost Avoidance FY 2007-08 through FY 2008-09		\$956,606			Exhibit I
Total Prepaid Inpatient Health Plan Administration		\$18,408,161			
Total Service Management		\$47,855,679			

**Exhibit E - Comparison of Request to Long Bill Appropriation and Special Bills
FY 2009-10**

Item	Long Bill and Special Bills	Department Request	Difference from Department Request	Appropriation Source ⁽¹⁾	Department Source
Bottom Line Financing					
Upper Payment Limit Financing		\$10,282,095			Exhibit K
Denver Health Outstationing		\$2,972,022			Exhibit A
Hospital Provider Fee Supplemental Payments		\$259,386,380			Exhibit A
Cash Funds Financing		\$0			Exhibit A
Total Bottom Line Financing		\$272,640,497			
Grand Total⁽²⁾		\$3,208,236,631			
Total Acute Care		\$1,817,833,344			
Total Community Based Long Term Care		\$316,627,466			
Total Class I Nursing Facilities		\$558,617,741			
Total Class II Nursing Facilities		\$2,345,453			
Total PACE		\$86,675,162			
Total SMIB		\$104,272,632			
Total Health Insurance Buy-In Program		\$1,368,657			
Total Single Entry Point		\$25,447,518			
Total Disease Management		\$4,000,000			
Total Prepaid Inpatient Health Plan Administration		\$18,408,161			
Total Bottom Line Financing		\$272,640,497			
Rounding Adjustment		\$0			
Grand Total⁽²⁾		\$3,208,236,631			

Footnotes

(1) The Department has not received an FY 2010-11 appropriation as of this Budget Request. No annualizations are included.

(2) The Department Request is the sum of all the pieces in this document and comprises the summation of this Budget Request for Medical Services Premiums. This total matches the totals presented on the Schedule 13 and Exhibit A of this Request.

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Cash Based Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$126,369,794	\$38,727,163	\$345,853,758	\$88,491,965	\$0	\$0	\$192,833,114	\$30,660,294	\$31,496,405	\$36,924,837	\$2,302,841	\$893,660,171
FY 2001-02	\$131,835,670	\$37,856,289	\$349,368,303	\$104,039,520	\$0	\$0	\$220,491,735	\$33,156,728	\$33,937,796	\$39,367,016	\$2,145,037	\$952,198,094
FY 2002-03	\$127,969,752	\$39,813,094	\$385,226,750	\$139,553,510	\$0	\$1,428,780	\$227,550,173	\$34,701,970	\$42,510,204	\$48,724,102	\$1,897,397	\$1,049,375,733
FY 2003-04	\$134,785,167	\$46,192,187	\$414,136,076	\$182,591,483	\$0	\$2,668,859	\$230,033,711	\$41,903,040	\$63,200,191	\$55,128,983	\$2,089,094	\$1,172,728,792
FY 2004-05	\$144,236,015	\$46,693,687	\$397,728,931	\$183,416,908	\$0	\$2,490,150	\$289,270,900	\$42,142,756	\$38,545,346	\$44,696,256	\$1,893,876	\$1,191,114,826
FY 2005-06	\$119,353,133	\$45,562,873	\$395,096,190	\$194,256,328	\$0	\$6,809,762	\$304,607,756	\$44,535,021	\$39,291,428	\$55,307,093	\$2,068,101	\$1,206,887,685
FY 2006-07	\$83,180,816	\$44,071,879	\$382,934,916	\$198,121,602	\$7,570,473	\$5,555,696	\$327,601,793	\$49,469,480	\$47,651,618	\$54,457,447	\$2,748,118	\$1,203,363,838
FY 2007-08	\$91,090,497	\$50,360,207	\$449,939,001	\$188,767,403	\$18,945,426	\$7,089,560	\$360,437,874	\$58,933,894	\$53,476,247	\$53,633,572	\$3,330,605	\$1,336,004,286
FY 2008-09	\$102,183,555	\$55,651,957	\$491,655,607	\$207,387,962	\$31,573,412	\$7,043,287	\$428,798,802	\$61,691,136	\$60,160,614	\$59,182,087	\$3,886,476	\$1,509,214,896
Estimated FY 2009-10	\$101,958,419	\$55,996,808	\$497,548,727	\$224,961,104	\$77,192,078	\$9,148,142	\$464,693,196	\$63,474,220	\$64,383,826	\$58,635,547	\$4,271,372	\$1,622,263,439
Estimated FY 2010-11	\$107,655,347	\$61,438,884	\$537,930,595	\$247,955,749	\$134,338,277	\$10,736,304	\$510,091,759	\$68,659,357	\$69,554,169	\$64,399,083	\$5,073,820	\$1,817,833,344
Percent Change in Cash Based Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	4.33%	-2.25%	1.02%	17.57%	0.00%	0.00%	14.34%	8.14%	7.75%	6.61%	-6.85%	6.55%
FY 2002-03	-2.93%	5.17%	10.26%	34.14%	0.00%	100.00%	3.20%	4.66%	25.26%	23.77%	-11.54%	10.21%
FY 2003-04	5.33%	16.02%	7.50%	30.84%	0.00%	86.79%	1.09%	20.75%	48.67%	13.15%	10.10%	11.75%
FY 2004-05	7.01%	1.09%	-3.96%	0.45%	0.00%	-6.70%	25.75%	0.57%	-39.01%	-18.92%	-9.34%	1.57%
FY 2005-06	-17.25%	-2.42%	-0.66%	5.91%	0.00%	173.47%	5.30%	5.68%	1.94%	23.74%	9.20%	1.32%
FY 2006-07	-30.31%	-3.27%	-3.08%	1.99%	100.00%	-18.42%	7.55%	11.08%	21.28%	-1.54%	32.88%	-0.29%
FY 2007-08	9.51%	14.27%	17.50%	-4.72%	150.25%	27.61%	10.02%	19.13%	12.22%	-1.51%	21.20%	11.02%
FY 2008-09	12.18%	10.51%	9.27%	9.86%	66.65%	-0.65%	18.97%	4.68%	12.50%	10.35%	16.69%	12.96%
Estimated FY 2009-10	-0.22%	0.62%	1.20%	8.47%	-144.48%	29.88%	8.37%	2.89%	7.02%	-0.92%	9.90%	7.49%
Estimated FY 2010-11	5.59%	9.72%	8.12%	10.22%	74.03%	17.36%	9.77%	8.17%	8.03%	9.83%	18.79%	12.06%
Per Capita Cost												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$3,755.53	\$7,509.63	\$7,511.05	\$3,267.68	\$0.00	\$0.00	\$1,564.94	\$2,344.78	\$4,800.55	\$2,965.61	\$282.31	\$3,244.97
FY 2001-02	\$3,887.12	\$7,302.52	\$7,537.77	\$3,119.91	\$0.00	\$0.00	\$1,532.16	\$2,527.00	\$4,759.19	\$9,773.34	\$254.51	\$3,223.28
FY 2002-03	\$3,687.46	\$7,330.71	\$8,258.34	\$3,420.60	\$0.00	\$30,399.56	\$1,343.98	\$2,484.57	\$5,434.00	\$11,930.49	\$211.10	\$3,162.68
FY 2003-04	\$3,926.28	\$8,325.92	\$8,851.14	\$3,839.02	\$0.00	\$25,417.70	\$1,177.97	\$2,809.64	\$7,525.62	\$11,501.98	\$212.26	\$3,190.59
FY 2004-05	\$4,031.19	\$7,677.36	\$8,298.29	\$3,209.96	\$0.00	\$28,622.42	\$1,300.26	\$2,668.11	\$6,388.03	\$8,678.88	\$197.18	\$2,933.25
FY 2005-06	\$3,296.41	\$7,541.02	\$8,256.11	\$3,298.91	\$0.00	\$36,222.14	\$1,422.35	\$2,705.65	\$7,675.61	\$8,903.27	\$186.45	\$3,000.58
FY 2006-07	\$2,317.79	\$7,273.79	\$7,847.19	\$3,908.73	\$1,466.58	\$24,367.09	\$1,595.02	\$2,957.99	\$9,195.60	\$10,470.57	\$212.90	\$3,068.02
FY 2007-08	\$2,510.49	\$8,193.98	\$9,010.85	\$4,236.73	\$2,124.40	\$26,257.63	\$1,766.66	\$3,438.18	\$8,504.49	\$12,797.32	\$234.32	\$3,408.50
FY 2008-09	\$2,716.28	\$8,632.23	\$9,573.67	\$4,219.75	\$2,480.82	\$22,218.57	\$1,823.67	\$3,421.01	\$8,623.94	\$14,843.76	\$257.81	\$3,455.07
Estimated FY 2009-10	\$2,644.42	\$8,190.26	\$9,439.18	\$3,775.72	\$2,604.67	\$21,575.81	\$1,672.73	\$3,391.62	\$8,644.44	\$14,795.75	\$271.46	\$3,172.13
Estimated FY 2010-11	\$2,758.27	\$8,765.71	\$10,051.58	\$3,763.81	\$2,739.53	\$22,045.80	\$1,673.03	\$3,552.14	\$9,105.14	\$15,699.44	\$306.33	\$3,203.33
Percent Change in Per Capita Cost												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	3.50%	-2.76%	0.36%	-4.52%	0.00%	0.00%	-2.09%	7.77%	-0.86%	229.56%	-9.85%	-0.67%
FY 2002-03	-5.14%	0.39%	9.56%	9.64%	0.00%	100.00%	-12.28%	-1.68%	14.18%	22.07%	-17.06%	-1.88%
FY 2003-04	6.48%	13.58%	7.18%	12.23%	0.00%	-16.39%	-12.35%	13.08%	38.49%	-3.59%	0.55%	0.88%
FY 2004-05	2.67%	-7.79%	-6.25%	-16.39%	0.00%	12.61%	-10.38%	-5.04%	-15.12%	-24.54%	-7.10%	-8.07%
FY 2005-06	-18.23%	-1.78%	-0.51%	2.77%	0.00%	26.55%	9.39%	1.41%	20.16%	2.59%	-5.44%	2.30%
FY 2006-07	-29.69%	-3.54%	-4.95%	18.49%	100.00%	-32.73%	12.14%	9.33%	19.80%	17.60%	14.19%	2.25%
FY 2007-08	8.31%	12.65%	14.83%	8.39%	44.85%	7.76%	10.76%	16.23%	7.52%	22.22%	10.06%	11.10%
FY 2008-09	8.20%	5.35%	6.25%	-0.40%	16.78%	-15.38%	3.23%	-0.50%	1.40%	15.99%	10.02%	1.37%
Estimated FY 2009-10	-2.65%	-5.12%	-1.40%	-10.52%	4.99%	-2.89%	-8.28%	-0.86%	0.24%	-0.32%	5.29%	-8.19%
Estimated FY 2010-11	4.31%	7.03%	6.49%	-0.32%	5.18%	2.18%	0.02%	4.73%	5.33%	6.11%	12.85%	0.98%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Acute Care Cash Based Actuals without Pharmacy and Drug Rebate

ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$80,416,148	\$31,883,462	\$286,229,353	\$84,126,514	\$0	\$0	\$188,466,556	\$24,975,520	\$30,778,723	\$36,924,114	\$2,305,155	\$766,105,543
FY 2001-02	\$79,476,503	\$29,764,667	\$282,361,507	\$98,318,455	\$0	\$0	\$214,145,395	\$25,962,430	\$33,125,577	\$39,368,229	\$2,154,578	\$804,677,341
FY 2002-03	\$71,559,701	\$30,639,652	\$305,177,538	\$130,668,625	\$0	\$1,428,780	\$217,497,316	\$25,703,334	\$41,396,979	\$48,642,555	\$1,899,440	\$874,613,921
FY 2003-04	\$74,708,349	\$35,532,153	\$315,213,108	\$164,847,149	\$0	\$2,668,859	\$219,325,321	\$29,674,353	\$61,354,031	\$55,043,904	\$2,048,802	\$960,416,029
FY 2004-05	\$89,186,128	\$35,649,879	\$308,731,349	\$164,415,555	\$0	\$2,490,150	\$267,757,843	\$29,558,032	\$37,611,017	\$44,618,667	\$1,821,982	\$981,840,602
FY 2005-06	\$85,954,105	\$36,989,486	\$325,490,108	\$177,712,895	\$0	\$6,808,325	\$287,054,601	\$33,114,209	\$38,557,755	\$55,276,313	\$2,050,680	\$1,049,008,477
FY 2006-07	\$78,674,970	\$36,999,369	\$321,582,428	\$178,034,565	\$6,463,316	\$5,554,944	\$304,603,105	\$36,320,168	\$46,768,497	\$54,425,834	\$2,747,998	\$1,072,175,193
FY 2007-08	\$86,015,300	\$41,712,980	\$373,809,269	\$166,606,197	\$15,741,835	\$7,088,589	\$331,291,705	\$43,207,900	\$52,219,135	\$53,581,790	\$3,330,539	\$1,174,605,239
FY 2008-09	\$97,258,052	\$48,310,885	\$428,292,036	\$187,931,006	\$27,662,441	\$7,042,242	\$400,018,398	\$48,859,903	\$58,971,122	\$59,134,360	\$3,886,247	\$1,367,366,691

Percent Change in Cash Based Actuals without Pharmacy and Drug Rebate

ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	-1.17%	-6.65%	-1.35%	16.87%	0.00%	0.00%	13.63%	3.95%	7.62%	6.62%	-6.53%	5.03%
FY 2002-03	-9.96%	2.94%	8.08%	32.90%	0.00%	100.00%	1.57%	-1.00%	24.97%	23.56%	-11.84%	8.69%
FY 2003-04	4.40%	15.97%	3.29%	26.16%	0.00%	86.79%	0.84%	15.45%	48.21%	13.16%	7.86%	9.81%
FY 2004-05	19.38%	0.33%	-2.06%	-0.26%	0.00%	-6.70%	22.08%	-0.39%	-38.70%	-18.94%	-11.07%	2.23%
FY 2005-06	-3.62%	3.76%	5.43%	8.09%	0.00%	173.41%	7.21%	12.03%	2.52%	23.89%	12.55%	6.84%
FY 2006-07	-8.47%	0.03%	-1.20%	0.18%	100.00%	-18.41%	6.11%	9.68%	21.29%	-1.54%	34.00%	2.21%
FY 2007-08	9.33%	12.74%	16.24%	-6.42%	143.56%	27.61%	8.76%	18.96%	11.65%	-1.55%	21.20%	9.55%
FY 2008-09	13.07%	15.82%	14.58%	12.80%	75.73%	-0.65%	20.75%	13.08%	12.93%	10.36%	16.69%	16.41%

Per Capita Cost without Pharmacy and Drug Rebate

ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$2,389.85	\$6,182.56	\$6,216.16	\$3,106.48	\$0.00	\$0.00	\$1,529.50	\$1,910.03	\$4,691.16	\$2,965.55	\$282.60	\$2,781.80
FY 2001-02	\$2,343.33	\$5,741.64	\$6,092.07	\$2,948.34	\$0.00	\$0.00	\$1,488.06	\$1,978.69	\$4,645.29	\$9,773.64	\$255.65	\$2,723.91
FY 2002-03	\$2,062.00	\$5,641.62	\$6,542.28	\$3,202.82	\$0.00	\$30,399.56	\$1,284.60	\$1,840.29	\$5,291.70	\$11,910.52	\$211.33	\$2,635.97
FY 2003-04	\$2,176.25	\$6,404.50	\$6,736.91	\$3,465.94	\$0.00	\$25,417.70	\$1,123.14	\$1,989.70	\$7,305.79	\$11,484.23	\$208.17	\$2,612.96
FY 2004-05	\$2,492.63	\$5,861.54	\$6,441.43	\$2,877.42	\$0.00	\$28,622.42	\$1,203.56	\$1,871.35	\$6,233.18	\$8,663.82	\$189.69	\$2,417.89
FY 2005-06	\$2,373.96	\$6,122.06	\$6,801.59	\$3,017.97	\$0.00	\$36,214.49	\$1,340.39	\$2,011.80	\$7,532.28	\$8,898.31	\$184.88	\$2,608.06
FY 2006-07	\$2,192.24	\$6,106.51	\$6,589.94	\$3,512.43	\$1,252.10	\$24,363.79	\$1,483.05	\$2,171.74	\$9,025.18	\$10,464.49	\$212.89	\$2,733.55
FY 2007-08	\$2,370.61	\$6,787.01	\$7,486.22	\$3,739.34	\$1,765.18	\$26,254.03	\$1,623.80	\$2,520.73	\$8,304.57	\$12,784.97	\$234.31	\$2,996.73
FY 2008-09	\$2,585.34	\$7,493.55	\$8,339.83	\$3,823.86	\$2,173.52	\$22,215.27	\$1,701.27	\$2,709.47	\$8,453.43	\$14,831.79	\$257.79	\$3,130.33

Percent Change in Per Capita Cost without Pharmacy and Drug Rebate

ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	-1.95%	-7.13%	-2.00%	-5.09%	0.00%	0.00%	-2.71%	3.59%	-0.98%	229.57%	-9.54%	-2.08%
FY 2002-03	-12.01%	-1.74%	7.39%	8.63%	0.00%	100.00%	-13.67%	-6.99%	13.92%	21.86%	-17.34%	-3.23%
FY 2003-04	5.54%	13.52%	2.97%	8.22%	0.00%	-16.39%	-12.57%	8.12%	38.06%	-3.58%	-1.50%	-0.87%
FY 2004-05	14.54%	-8.48%	-4.39%	-16.98%	0.00%	12.61%	7.16%	-5.95%	-14.68%	-24.56%	-8.88%	-7.47%
FY 2005-06	-4.76%	4.44%	4.88%	4.88%	0.00%	26.52%	11.37%	7.51%	20.84%	2.71%	-2.54%	7.87%
FY 2006-07	-7.65%	-0.25%	-3.11%	16.38%	100.00%	-32.72%	10.64%	7.95%	19.82%	17.60%	15.15%	4.81%
FY 2007-08	8.14%	11.14%	13.60%	6.46%	40.98%	7.76%	9.49%	16.07%	-7.98%	22.17%	10.06%	9.63%
FY 2008-09	9.06%	10.41%	11.40%	2.26%	23.13%	-15.38%	4.77%	7.49%	1.79%	16.01%	10.02%	4.46%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2008-09 Per Capita	\$2,716.28	\$8,632.23	\$9,573.67	\$4,219.75	\$2,480.82	\$22,218.57	\$1,823.67	\$3,421.01	\$8,623.94	\$14,843.76	\$257.81	\$3,455.07
Average of FY 2002-03 through FY 2006-07	-8.78%	0.17%	-1.01%	5.35%	20.00%	18.01%	1.46%	3.42%	15.50%	2.83%	-2.97%	-0.90%
Average of FY 2003-04 through FY 2006-07	-9.69%	0.12%	-1.13%	4.28%	25.00%	-2.49%	4.89%	4.70%	15.83%	-1.99%	0.55%	-0.66%
Average of FY 2004-05 through FY 2006-07	-15.08%	-4.37%	-3.90%	1.62%	33.33%	2.14%	10.64%	1.90%	8.28%	-1.45%	0.55%	-1.17%
Average of FY 2005-06 through FY 2006-07	-23.96%	-2.66%	-2.73%	10.63%	50.00%	-3.09%	10.77%	5.37%	19.98%	10.10%	4.38%	2.28%
Average of FY 2003-04 through FY 2007-08	-6.09%	2.62%	2.06%	5.10%	28.97%	-0.44%	6.06%	7.00%	11.16%	2.86%	2.45%	1.69%
Average of FY 2004-05 through FY 2007-08	-9.24%	-0.12%	0.78%	3.32%	36.21%	3.55%	10.67%	5.48%	4.33%	4.47%	2.93%	1.90%
Average of FY 2005-06 through FY 2007-08	-13.20%	2.44%	3.12%	9.88%	48.28%	0.53%	10.76%	8.99%	10.81%	14.14%	6.27%	5.22%
Average of FY 2006-07 through FY 2007-08	-10.69%	4.56%	4.94%	13.44%	72.43%	-12.49%	11.45%	12.78%	6.14%	19.91%	12.13%	6.68%
Average of FY 2004-05 through FY 2008-09	-5.75%	0.98%	1.87%	2.57%	32.33%	-0.24%	9.18%	4.29%	3.74%	6.77%	4.35%	1.79%
Average of FY 2005-06 through FY 2008-09	-7.85%	3.17%	3.91%	7.31%	40.41%	-3.45%	8.88%	6.62%	8.46%	14.60%	7.21%	4.26%
Average of FY 2006-07 through FY 2008-09	-4.39%	4.82%	5.38%	8.83%	53.88%	-13.45%	8.71%	8.35%	4.56%	18.60%	11.42%	4.91%
Average of FY 2007-08 through FY 2008-09	8.26%	9.00%	10.54%	4.00%	30.82%	-3.81%	7.00%	7.87%	-3.06%	19.11%	10.04%	6.24%
Per Capita Trends Without Pharmacy and Drug Rebate												
Per Capita Trends	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2008-09 Per Capita without RX	\$2,585.34	\$7,493.55	\$8,339.83	\$3,823.86	\$2,173.52	\$22,215.27	\$1,701.27	\$2,709.47	\$8,453.43	\$14,831.79	\$257.79	\$3,130.33
Average of FY 2002-03 through FY 2006-07	-0.87%	1.50%	1.69%	4.23%	20.00%	18.00%	0.59%	2.13%	15.59%	2.81%	-3.02%	0.22%
Average of FY 2003-04 through FY 2006-07	1.92%	2.31%	0.27%	3.13%	25.00%	-2.50%	4.15%	4.41%	16.01%	-1.96%	0.56%	1.09%
Average of FY 2004-05 through FY 2006-07	0.71%	-1.43%	-0.64%	1.43%	33.33%	2.14%	9.72%	3.17%	8.66%	-1.42%	1.24%	1.74%
Average of FY 2005-06 through FY 2006-07	-6.21%	2.10%	1.24%	10.63%	50.00%	-3.10%	11.01%	7.73%	20.33%	10.16%	6.31%	6.34%
Average of FY 2003-04 through FY 2007-08	3.16%	4.07%	2.93%	3.79%	28.20%	-0.44%	5.22%	6.74%	11.21%	2.87%	2.46%	2.79%
Average of FY 2004-05 through FY 2007-08	2.57%	1.71%	2.92%	2.69%	35.25%	3.54%	9.67%	6.40%	4.50%	4.48%	3.45%	3.71%
Average of FY 2005-06 through FY 2007-08	-1.42%	5.11%	5.36%	9.24%	46.99%	0.52%	10.50%	10.51%	10.89%	14.16%	7.56%	7.44%
Average of FY 2006-07 through FY 2007-08	0.25%	5.45%	5.25%	11.42%	70.49%	-12.48%	10.07%	12.01%	5.92%	19.89%	12.61%	7.22%
Average of FY 2004-05 through FY 2008-09	3.87%	3.45%	4.62%	2.60%	32.82%	-0.24%	8.69%	6.61%	3.96%	6.79%	4.76%	3.86%
Average of FY 2005-06 through FY 2008-09	1.20%	6.44%	6.87%	7.50%	41.03%	-3.46%	9.07%	9.76%	8.62%	14.62%	8.17%	6.69%
Average of FY 2006-07 through FY 2008-09	3.18%	7.10%	7.30%	8.37%	54.70%	-13.45%	8.30%	10.50%	4.54%	18.59%	11.74%	6.30%
Average of FY 2007-08 through FY 2008-09	8.60%	10.78%	12.50%	4.36%	32.06%	-3.81%	7.13%	11.78%	-3.10%	19.09%	10.04%	7.05%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Current Year Projection												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Percentage Selected to Modify Per Capita⁽¹⁾	7.27%	4.07%	7.30%	-4.52%	8.39%	0.79%	-2.09%	6.62%	3.74%	6.77%	10.04%	
Estimated FY 2009-10 Base Per Capita	\$2,913.75	\$8,983.91	\$10,272.23	\$4,029.02	\$2,688.96	\$22,393.32	\$1,785.56	\$3,647.48	\$8,946.48	\$15,848.68	\$283.69	\$3,407.57
Estimated FY 2009-10 Eligibles	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Estimated FY 2009-10 Base Expenditures	\$112,342,545	\$61,422,993	\$541,459,516	\$240,053,041	\$79,690,019	\$9,494,768	\$496,037,496	\$68,262,588	\$66,633,383	\$62,808,319	\$4,463,862	\$1,742,668,530
<i>Bottom Line Impacts</i>												
BRI-1 Pharmacy Efficiencies	(\$35,494)	(\$52,986)	(\$456,821)	(\$140,340)	(\$28,232)	\$0	(\$207,544)	(\$92,571)	(\$8,592)	(\$307)	\$0	(\$1,022,887)
BRI-2 Medicaid Program Efficiencies: Fluoride Varnish	\$0	\$0	\$0	\$0	\$0	\$0	\$141,964	\$0	\$0	\$0	\$0	\$141,964
S-8 Physician Supplemental Payment to Denver Health	\$137,398	\$171,428	\$1,263,560	\$1,266,129	\$175,923	\$0	\$2,466,768	\$272,873	\$428,891	\$237,560	\$0	\$6,420,530
BA-24 Adjust Outpatient Hospital Cost to Charge Ratio	(\$95,503)	(\$121,949)	(\$1,282,180)	(\$1,122,520)	(\$225,288)	\$0	(\$1,660,762)	(\$173,863)	(\$164,068)	(\$51,424)	\$0	(\$4,897,557)
BA-33 Promote Use of VA for Veterans	(\$3,311,391)	(\$1,047,673)	(\$4,770,927)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$9,129,991)
BA-33 Prior Authorization of Anti-convulsant Drugs	(\$33,312)	(\$49,728)	(\$428,736)	(\$131,712)	(\$26,496)	\$0	(\$194,784)	(\$86,880)	(\$8,064)	(\$288)	\$0	(\$960,000)
BA-33 Correct Home Health Billing for Dual Eligibles	(\$82,900)	(\$22,450)	(\$346,400)	(\$1,500)	(\$250)	\$0	(\$11,300)	(\$34,500)	(\$100)	\$0	(\$600)	(\$500,000)
BA-33 Restrict Inpatient Hospital Claims for Readmission with in 24 Hours	(\$65,940)	(\$53,340)	(\$387,660)	(\$225,680)	(\$21,420)	\$0	(\$330,260)	(\$25,620)	(\$106,400)	(\$183,540)	(\$140)	(\$1,400,000)
BA-33 Reduce Selected Physician Codes to Below 100% of Medicare	(\$105,943)	(\$135,279)	(\$1,422,334)	(\$1,245,221)	(\$249,913)	\$0	(\$1,842,297)	(\$192,868)	(\$182,002)	(\$57,045)	\$0	(\$5,432,902)
BA-33 Rate Reductions	(\$2,012,004)	(\$1,096,646)	(\$9,679,610)	(\$4,083,446)	(\$621,136)	(\$139,681)	(\$8,443,283)	(\$1,215,524)	(\$1,185,804)	(\$1,165,001)	(\$77,270)	(\$29,719,405)
BA-37 HIBI Increase	(\$65,097)	(\$35,481)	(\$313,173)	(\$132,115)	(\$20,096)	(\$4,519)	(\$273,173)	(\$39,327)	(\$38,365)	(\$37,692)	(\$2,500)	(\$961,538)
SB 09-259: Refinance Pediatric Specialty Hospital	\$0	\$0	(\$1,506,082)	\$0	\$0	\$0	(\$452,395)	(\$253,517)	\$0	\$0	\$0	(\$2,211,994)
ES-2 Provider Rate Reductions	(\$943,890)	(\$514,468)	(\$4,540,984)	(\$1,915,662)	(\$291,393)	(\$65,528)	(\$3,960,987)	(\$70,237)	(\$556,295)	(\$546,535)	(\$36,250)	(\$13,942,229)
ES-2 FQHC Payment Methodology	(\$51,685)	(\$37,197)	(\$316,372)	(\$586,932)	(\$87,707)	\$0	(\$2,407,635)	(\$119,814)	(\$222,791)	(\$85,358)	\$0	(\$3,915,491)
ES-2 Prenatal State Only Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,138,404	(\$1,138,404)	\$0	\$0
ES-2 Pharmacy Reimbursements	(\$121,077)	(\$180,741)	(\$1,558,285)	(\$478,721)	(\$96,302)	\$0	(\$707,962)	(\$315,774)	(\$29,309)	(\$1,047)	\$0	(\$3,489,218)
ES-2 Expand PDL	(\$44,808)	(\$66,888)	(\$576,687)	(\$177,164)	(\$35,639)	\$0	(\$262,001)	(\$116,861)	(\$10,847)	(\$387)	\$0	(\$1,291,282)
Average Wholesale Pricing Reduction	(\$175,545)	(\$262,055)	(\$2,259,340)	(\$694,092)	(\$139,628)	\$0	(\$1,026,467)	(\$457,838)	(\$42,495)	(\$1,518)	\$0	(\$5,058,978)
Reduction to Synagis Recommended Dosage	\$0	\$0	(\$353,716)	\$0	\$0	\$0	(\$827,845)	(\$77,570)	\$0	\$0	\$0	(\$1,259,131)
Estimated Impact of Increased PACE	(\$616,960)	(\$120,683)	(\$59,561)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$797,204)
Total Bottom Line Impacts	(\$7,624,151)	(\$3,626,136)	(\$28,995,308)	(\$9,668,976)	(\$1,667,577)	(\$209,728)	(\$19,999,963)	(\$3,499,891)	(\$987,837)	(\$3,030,986)	(\$116,760)	(\$79,427,313)
<i>Adjustments to Expenditure</i>												
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)	(\$1,971,910)	(\$1,074,793)	(\$9,486,724)	(\$4,002,075)	(\$608,758)	(\$136,898)	(\$8,275,033)	(\$1,191,302)	(\$1,162,175)	(\$1,141,786)	(\$75,730)	(\$29,127,184)
SB 09-265 Timing of Medicaid Payments, Acute Care HMO Impact (permanent shift)	(\$788,065)	(\$725,256)	(\$5,428,757)	(\$1,420,886)	(\$221,606)	\$0	(\$3,069,304)	(\$97,175)	(\$99,545)	\$0	\$0	(\$11,850,594)
Total Adjustments to Expenditure	(\$2,759,975)	(\$1,800,049)	(\$14,915,481)	(\$5,422,961)	(\$830,364)	(\$136,898)	(\$11,344,337)	(\$1,288,477)	(\$1,261,720)	(\$1,141,786)	(\$75,730)	(\$40,977,778)
Estimated FY 2009-10 Expenditure	\$101,958,419	\$55,996,808	\$497,548,727	\$224,961,104	\$77,192,078	\$9,148,142	\$464,693,196	\$63,474,220	\$64,383,826	\$58,635,547	\$4,271,372	\$1,622,263,439
Per Capita Related Expenditure	\$101,958,419	\$55,996,808	\$497,548,727	\$224,961,104	\$77,192,078	\$9,148,142	\$464,693,196	\$63,474,220	\$64,383,826	\$58,635,547	\$4,271,372	\$1,622,263,439
Estimated FY 2009-10 Per Capita	\$2,644.42	\$8,190.26	\$9,439.18	\$3,775.72	\$2,604.67	\$21,575.81	\$1,672.73	\$3,391.62	\$8,644.44	\$14,795.75	\$271.46	\$3,172.13
% Change over FY 2008-09 Per Capita	-2.65%	-5.12%	-1.40%	-10.52%	4.99%	-2.89%	-8.28%	-0.86%	0.24%	-0.32%	5.29%	-8.19%
Estimated FY 2009-10 Expenditure Prior to SB 09-265	\$104,718,394	\$57,796,857	\$512,464,208	\$230,384,065	\$78,022,442	\$9,285,040	\$476,037,533	\$64,762,697	\$65,645,546	\$59,777,333	\$4,347,102	\$1,663,241,217
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$2,716.01	\$8,453.54	\$9,722.15	\$3,866.74	\$2,632.69	\$21,898.68	\$1,713.57	\$3,460.47	\$8,813.85	\$15,083.86	\$276.27	\$3,252.26
% Change over FY 2008-09 Per Capita	-0.01%	-2.07%	1.55%	-8.37%	6.12%	-1.44%	-6.04%	1.15%	2.20%	1.62%	7.16%	-5.87%

Exhibit F - ACUTE CARE - Cash-Based Actuals and Projections

Request Year Projection												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Percentage Selected to Modify Per Capita⁽²⁾	3.64%	4.07%	3.65%	-2.26%	4.20%	0.79%	-2.09%	3.31%	3.74%	3.39%	10.04%	
Estimated FY 2010-11 Base Per Capita	\$2,814.87	\$8,797.94	\$10,076.85	\$3,779.35	\$2,743.26	\$22,070.91	\$1,677.76	\$3,575.01	\$9,143.49	\$15,594.45	\$304.01	\$3,215.16
Estimated FY 2010-11 Eligibles	39,030	7,009	53,517	65,879	49,037	487	304,891	19,329	7,639	4,102	16,563	567,483
Estimated FY 2010-11 Base Expenditures	\$109,864,376	\$61,664,761	\$539,282,781	\$248,979,799	\$134,521,241	\$10,748,533	\$511,533,924	\$69,101,368	\$69,847,120	\$63,968,434	\$5,035,318	\$1,824,547,655
<i>Top Line Impacts</i>												
SB 09-265 Timing of Medicaid Payments, Acute Care MMIS Impact (one-time shift)	\$1,971,910	\$1,074,793	\$9,486,724	\$4,002,075	\$608,758	\$136,898	\$8,275,033	\$1,191,302	\$1,162,175	\$1,141,786	\$75,730	\$29,127,184
Total Top Line Impacts	\$1,971,910	\$1,074,793	\$9,486,724	\$4,002,075	\$608,758	\$136,898	\$8,275,033	\$1,191,302	\$1,162,175	\$1,141,786	\$75,730	\$29,127,184
<i>Bottom Line Impacts</i>												
BRI-1 Pharmacy Efficiencies Annualization	(\$38,552)	(\$57,550)	(\$496,172)	(\$152,429)	(\$30,664)	\$0	(\$225,422)	(\$100,545)	(\$9,332)	(\$333)	\$0	(\$1,110,999)
BRI-2 Medicaid Program Efficiencies: Floride Varnish	\$0	\$0	\$0	\$0	\$0	\$0	\$464,864	\$0	\$0	\$0	\$0	\$464,864
S-8 Physician Supplemental Payment to Denver Health Annualization	(\$86,477)	(\$107,893)	(\$795,259)	(\$796,875)	(\$110,722)	\$0	(\$1,552,533)	(\$171,740)	(\$269,935)	(\$149,515)	\$0	(\$4,040,949)
ES-2 Medicaid Program Reductions	(\$969,369)	(\$528,356)	(\$4,663,563)	(\$1,967,374)	(\$299,258)	(\$67,297)	(\$4,067,910)	(\$585,630)	(\$571,312)	(\$561,289)	(\$37,228)	(\$14,318,586)
DI-6 Medicaid Value-Based Care Coordination Initiative	(\$999,977)	(\$546,223)	(\$4,851,677)	(\$2,109,447)	(\$351,078)	(\$81,830)	(\$4,336,197)	(\$775,398)	(\$604,547)	\$0	\$0	(\$14,656,374)
Average Wholesale Pricing Reduction	(\$1,753,058)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,753,058)
Estimated impact of increased F&C	(\$333,506)	(\$60,648)	(\$32,239)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$426,393)
Total Bottom Line Impacts	(\$4,180,939)	(\$1,300,670)	(\$10,838,910)	(\$5,026,125)	(\$791,722)	(\$149,127)	(\$9,717,198)	(\$1,633,313)	(\$1,455,126)	(\$711,137)	(\$37,228)	(\$35,841,495)
Estimated FY 2010-11 Total Expenditure	\$107,655,347	\$61,438,884	\$528,930,595	\$247,955,749	\$134,338,277	\$10,736,304	\$510,091,759	\$68,659,357	\$69,554,169	\$64,399,083	\$5,073,820	\$1,817,833,344
Per Capita Related Expenditure	\$107,655,347	\$61,438,884	\$537,930,595	\$247,955,749	\$134,338,277	\$10,736,304	\$510,091,759	\$68,659,357	\$69,554,169	\$64,399,083	\$5,073,820	\$1,817,833,344
Estimated FY 2010-11 Per Capita	\$2,758.27	\$8,765.71	\$10,051.58	\$3,763.81	\$2,739.53	\$22,045.80	\$1,673.03	\$3,552.14	\$9,105.14	\$15,699.44	\$306.33	\$3,203.33
% Change over FY 2009-10 Per Capita	4.31%	7.03%	6.49%	-0.32%	5.18%	2.18%	0.02%	4.73%	5.33%	6.11%	12.85%	0.98%
Estimated FY 2010-11 Expenditure Prior to SB 09-265	\$105,683,437	\$60,364,091	\$528,443,871	\$243,953,674	\$133,729,519	\$10,599,406	\$501,816,726	\$67,468,055	\$68,391,994	\$63,257,297	\$4,998,090	\$1,788,706,160
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$2,707.75	\$8,612.37	\$9,874.32	\$3,703.06	\$2,727.11	\$21,764.69	\$1,645.89	\$3,490.51	\$8,953.00	\$15,421.09	\$301.76	\$3,152.00
% Change over FY 2008-09 Per Capita	2.39%	5.15%	4.61%	-1.92%	4.70%	0.88%	-1.60%	2.92%	3.57%	4.23%	11.16%	-0.63%
Footnotes												
(1) Percentage selected to modify Per Capita amounts for FY 2009-10:	OAP-A	Half the percent increase in FY 2004-05 (without Rx)			Exp. Adults	Half of the percent increase in FY 2008-09			BC Adults	Average of FY 2004-05 through FY 2008-09		
Where applicable, percentage selections have been bolded for clarification.	OAP-B	Average of FY 2003-04 through FY 2007-08 (without Rx)			BCCP	See page EF-5.			Non-Citizens	Average of FY 2004-05 through FY 2008-09		
	AND/AB	Average of FY 2006-07 through FY 2008-09 (without Rx)			Elig. Children	Percent increase in FY 2001-02			Partial Dual	Average of FY 2007-08 through FY 2008-09		
	AFDC-A	Percent increase in FY 2001-02			Foster Care	Average of FY 2005-06 through FY 2008-09						
(2) Percentage selected to modify Per Capita amounts for FY 2010-11:	OAP-A	Half of estimated FY 2009-10 growth rate			Exp. Adults	Half of estimated FY 2009-10 growth rate			BC Adults	Average of FY 2004-05 through FY 2008-09		
Where applicable, percentage selections have been italicized for clarification.	OAP-B	Average of FY 2003-04 through FY 2007-08 (without Rx)			BCCP	See page EF-5.			Non-Citizens	Half of estimated FY 2009-10 growth rate		
	AND/AB	Half of estimated FY 2009-10 growth rate			Elig. Children	Percent increase in FY 2001-02			Partial Dual	Average of FY 2007-08 through FY 2008-09		
	AFDC-A	Half of estimated FY 2009-10 growth rate			Foster Care	Half of estimated FY 2009-10 growth rate						

Exhibit F - ACUTE CARE - Breast and Cervical Cancer Program - Per Capita Detail and Fund Splits

Breast and Cervical Cancer Program Costs										
Month	Total⁽¹⁾	Caseload	Monthly Per Capita	Rolling 3-Month Per Capita	Percent Change	Breast and Cervical Cancer Program Costs Footnotes:				
April 2008	\$650,280	280	\$2,322.43	-	-	(1) Totals taken from the Department's monthly report to the Joint Budget Committee on the Health Care Policy and Financing Medical Services Premiums Expenditures and Medicaid Caseload.				
May 2008	\$679,316	280	\$2,426.13	-	-					
June 2008	\$627,483	270	\$2,324.01	\$7,072.57	-					
July 2008	\$506,994	277	\$1,830.30	\$6,580.44	-6.96%					
August 2008	\$558,952	283	\$1,975.10	\$6,129.41	-6.85%					
September 2008	\$516,132	275	\$1,876.84	\$5,682.24	-7.30%					
October 2008	\$542,224	282	\$1,922.78	\$5,774.72	1.63%		(2) The selected trend factor is the average of the rolling average percent changes from December 2008 - June 2009, annualized to adjust for a full-year effect.			
November 2008	\$494,864	290	\$1,706.43	\$5,506.05	-4.65%					
December 2008	\$550,457	304	\$1,810.71	\$5,439.92	-1.20%					
January 2009	\$467,539	314	\$1,488.98	\$5,006.12	-7.97%		(3) The FY 2009-10 and FY 2010-11 totals are calculated on pages EF-4 and EF-5 and include bottom line impacts. Caseload totals are taken from Exhibit B.			
February 2009	\$612,988	331	\$1,851.93	\$5,151.62	2.91%					
March 2009	\$735,997	339	\$2,171.08	\$5,511.99	7.00%					
April 2009	\$597,763	355	\$1,683.84	\$5,706.85	3.54%					
May 2009	\$702,293	373	\$1,882.82	\$5,737.74	0.54%					
June 2009	\$756,136	383	\$1,974.25	\$5,540.91	-3.43%					
Selected Trend Factor⁽²⁾					0.79%					
FY 2009-10 Totals⁽³⁾	\$9,148,142	424	\$21,575.81							
FY 2010-11 Totals⁽³⁾	\$10,736,304	487	\$22,045.80							
Breast and Cervical Cancer Program Fund Splits										
FY 2009-10 Fund Splits		Per Capita	Allocation	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	
Medicaid Breast and Cervical Cancer Program Clients ⁽⁴⁾			70%	297	\$6,408,016	\$0	\$2,242,806	\$0	\$4,165,210	
Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾			30%	127	\$2,740,126	\$0	\$0	\$959,045	\$1,781,081	
Total		\$21,575.81	100.00%	424	\$9,148,142	\$0	\$2,242,806	\$959,045	\$5,946,291	
FY 2010-11 Fund Splits		Per Capita	Allocation	Caseload	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	
Medicaid Breast and Cervical Cancer Program Clients ⁽⁴⁾			70%	341	\$7,517,618	\$0	\$2,631,167	\$0	\$4,886,451	
New Health Care Expansion Breast and Cervical Cancer Program Clients ⁽⁵⁾			30%	146	\$3,218,686	\$0	\$0	\$1,126,541	\$2,092,145	
Total		\$22,045.80	100.00%	487	\$10,736,304	\$0	\$2,631,167	\$1,126,541	\$6,978,596	
(4) 25.5-5-308 (9) (e), C.R.S. (2009). 35% Cash Funds from the Breast and Cervical Cancer Prevention and Treatment Fund, 65% FFP.										
(5) 24-22-117 (2) (d) (II), C.R.S. (2009). 35% RF from the Prevention, Early Detection, and Treatment fund, 65% FFP.										

Exhibit F - ACUTE CARE - ANTIPSYCHOTIC DRUG EXPENDITURE (For Information Only)

Cash Based Actuals												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	\$4,623,846	\$833,621	\$15,084,888	\$197,922	\$0	\$0	\$272,104	\$2,924,266	\$4,208	\$0	\$0	\$23,940,855
FY 2002-03	\$4,664,387	\$916,979	\$17,700,825	\$519,527	\$0	\$2,839	\$783,549	\$3,789,992	\$11,356	\$0	\$0	\$28,389,454
FY 2003-04	\$6,372,432	\$1,298,597	\$25,500,975	\$1,057,440	\$0	\$3,389	\$1,296,760	\$5,340,219	\$29,882	\$0	\$0	\$40,899,694
FY 2004-05	\$6,629,621	\$1,760,042	\$28,042,949	\$1,378,076	\$0	\$3,654	\$1,795,300	\$6,321,954	\$22,953	\$0	\$0	\$45,954,548
FY 2005-06	\$4,033,428	\$1,685,933	\$24,178,645	\$1,633,973	\$0	\$326	\$1,935,729	\$7,189,609	\$22,633	\$0	\$0	\$40,680,277
FY 2006-07	\$479,529	\$1,222,769	\$19,965,507	\$2,000,023	\$110,237	\$183	\$2,688,319	\$7,814,333	\$13,828	\$0	\$0	\$34,294,729
FY 2007-08	\$476,587	\$1,416,439	\$22,587,953	\$2,257,237	\$326,303	\$7,201	\$3,116,761	\$8,901,950	\$23,191	\$0	\$0	\$39,113,622
FY 2008-09	\$574,003	\$1,594,319	\$22,596,632	\$3,156,992	\$432,485	\$13,539	\$3,477,458	\$8,956,851	\$50,359	\$0	\$0	\$40,852,638
Percent Change in Cash Based Actuals												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	0.88%	10.00%	17.34%	162.49%	0.00%	100.00%	187.96%	29.60%	169.85%	0.00%	0.00%	18.58%
FY 2003-04	36.62%	41.62%	44.07%	103.54%	0.00%	19.36%	65.50%	49.07%	163.14%	0.00%	0.00%	40.07%
FY 2004-05	4.04%	35.53%	9.97%	30.32%	0.00%	7.85%	38.44%	18.38%	-23.19%	0.00%	0.00%	12.36%
FY 2005-06	-39.16%	-4.21%	-13.78%	18.57%	0.00%	-91.07%	7.82%	13.72%	-1.39%	0.00%	0.00%	-11.48%
FY 2006-07	-88.11%	-27.47%	-17.43%	22.40%	100.00%	-44.00%	38.88%	8.69%	-38.90%	0.00%	0.00%	-15.70%
FY 2007-08	-0.61%	15.84%	13.13%	12.86%	196.00%	3839.28%	15.94%	13.92%	67.71%	0.00%	0.00%	14.05%
FY 2008-09	20.44%	12.56%	0.04%	39.86%	32.54%	88.02%	11.57%	0.62%	117.15%	0.00%	0.00%	4.45%
Per Capita Cost												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	\$136.33	\$160.81	\$325.46	\$5.94	\$0.00	\$0.00	\$1.89	\$222.87	\$0.59	\$0.00	\$0.00	\$81.04
FY 2002-03	\$134.40	\$168.84	\$379.46	\$12.73	\$0.00	\$60.40	\$4.63	\$271.35	\$1.45	\$0.00	\$0.00	\$85.56
FY 2003-04	\$185.63	\$234.07	\$545.02	\$22.23	\$0.00	\$32.27	\$6.64	\$358.07	\$3.56	\$0.00	\$0.00	\$111.27
FY 2004-05	\$185.29	\$289.39	\$585.09	\$24.12	\$0.00	\$42.01	\$8.07	\$400.25	\$3.80	\$0.00	\$0.00	\$113.17
FY 2005-06	\$111.40	\$279.04	\$505.25	\$27.75	\$0.00	\$1.74	\$9.04	\$436.79	\$4.42	\$0.00	\$0.00	\$101.14
FY 2006-07	\$13.36	\$201.81	\$409.14	\$39.46	\$21.36	\$0.80	\$13.09	\$467.25	\$2.67	\$0.00	\$0.00	\$87.44
FY 2007-08	\$13.13	\$230.47	\$452.37	\$50.66	\$36.59	\$26.67	\$15.28	\$519.34	\$3.69	\$0.00	\$0.00	\$99.79
FY 2008-09	\$15.26	\$247.30	\$440.01	\$64.24	\$33.98	\$42.71	\$14.79	\$496.69	\$7.22	\$0.00	\$0.00	\$93.52
Percent Change in Per Capita Cost												
ACUTE CARE Gross Antipsychotic Drugs Expenditure (For Information Only)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	-1.42%	4.99%	16.59%	114.31%	0.00%	100.00%	144.97%	21.75%	145.76%	0.00%	0.00%	5.58%
FY 2003-04	38.12%	38.63%	43.63%	74.63%	0.00%	-46.57%	43.41%	31.96%	145.52%	0.00%	0.00%	30.05%
FY 2004-05	-0.18%	23.63%	7.35%	8.50%	0.00%	30.18%	21.54%	11.78%	6.74%	0.00%	0.00%	1.71%
FY 2005-06	-39.88%	-3.58%	-13.65%	15.05%	0.00%	-95.86%	12.02%	9.13%	16.32%	0.00%	0.00%	-10.63%
FY 2006-07	-88.01%	-27.68%	-19.02%	42.20%	100.00%	-54.02%	44.80%	6.97%	-39.59%	0.00%	0.00%	-13.55%
FY 2007-08	-1.72%	14.20%	10.57%	28.38%	71.30%	3233.75%	16.73%	11.15%	38.20%	0.00%	0.00%	14.12%
FY 2008-09	16.22%	7.30%	-2.73%	26.81%	-7.13%	60.14%	-3.21%	-4.36%	95.66%	0.00%	0.00%	-6.28%

Exhibit F - ACUTE CARE - ANTIPSYCHOTIC DRUG EXPENDITURE (For Information Only)

Cash Based Actuals												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	\$3,755,060	\$676,990	\$12,250,552	\$160,734	\$0	\$0	\$220,978	\$2,374,819	\$3,417	\$0	\$0	\$19,442,550
FY 2002-03	\$4,044,651	\$795,144	\$15,348,995	\$450,500	\$0	\$2,462	\$679,442	\$3,286,433	\$9,847	\$0	\$0	\$24,617,474
FY 2003-04	\$5,090,144	\$1,037,288	\$20,369,563	\$844,658	\$0	\$2,707	\$1,035,821	\$4,265,638	\$23,869	\$0	\$0	\$32,669,688
FY 2004-05	\$4,938,612	\$1,311,110	\$20,890,071	\$1,026,572	\$0	\$2,722	\$1,337,375	\$4,709,421	\$17,098	\$0	\$0	\$34,232,981
FY 2005-06	\$2,687,488	\$1,123,343	\$16,110,320	\$1,088,722	\$0	\$217	\$1,289,783	\$4,790,463	\$15,081	\$0	\$0	\$27,105,417
FY 2006-07	\$331,389	\$845,022	\$13,797,610	\$1,382,161	\$76,182	\$126	\$1,857,823	\$5,400,269	\$9,556	\$0	\$0	\$23,700,138
FY 2007-08	\$354,695	\$1,054,171	\$16,810,867	\$1,679,927	\$242,848	\$5,359	\$2,319,619	\$6,625,191	\$17,260	\$0	\$0	\$29,109,937
FY 2008-09	\$358,015	\$994,403	\$14,093,890	\$1,969,068	\$269,748	\$8,444	\$2,168,948	\$5,586,535	\$31,410	\$0	\$0	\$25,480,461
Percent Change in Cash Based Actuals												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	7.71%	17.45%	25.29%	180.28%	0.00%	100.00%	207.47%	38.39%	188.18%	0.00%	0.00%	26.62%
FY 2003-04	25.85%	30.45%	32.71%	87.49%	0.00%	9.95%	52.45%	29.80%	142.40%	0.00%	0.00%	32.71%
FY 2004-05	-2.98%	26.40%	2.56%	21.54%	0.00%	0.55%	29.11%	10.40%	-28.37%	0.00%	0.00%	4.79%
FY 2005-06	-45.58%	-14.32%	-22.88%	6.05%	0.00%	-92.03%	-3.56%	1.72%	-11.80%	0.00%	0.00%	-20.82%
FY 2006-07	-87.67%	-24.78%	-14.36%	26.95%	100.00%	-41.94%	44.04%	12.73%	-36.64%	0.00%	0.00%	-12.56%
FY 2007-08	7.03%	24.75%	21.84%	21.54%	218.77%	4153.17%	24.86%	22.68%	80.62%	0.00%	0.00%	22.83%
FY 2008-09	0.94%	-5.67%	-16.16%	17.21%	11.08%	57.57%	-6.50%	-15.68%	81.98%	0.00%	0.00%	-12.47%
Per Capita Cost												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	\$110.72	\$130.59	\$264.31	\$4.82	\$0.00	\$0.00	\$1.54	\$180.99	\$0.48	\$0.00	\$0.00	\$65.81
FY 2002-03	\$116.55	\$146.41	\$329.05	\$11.04	\$0.00	\$52.38	\$4.01	\$235.30	\$1.26	\$0.00	\$0.00	\$74.19
FY 2003-04	\$148.28	\$186.97	\$435.35	\$17.76	\$0.00	\$25.78	\$5.30	\$286.02	\$2.84	\$0.00	\$0.00	\$88.88
FY 2004-05	\$138.03	\$215.57	\$435.85	\$17.97	\$0.00	\$31.29	\$6.01	\$298.16	\$2.83	\$0.00	\$0.00	\$84.30
FY 2005-06	\$74.23	\$185.92	\$336.65	\$18.49	\$0.00	\$1.15	\$6.02	\$291.04	\$2.95	\$0.00	\$0.00	\$67.39
FY 2006-07	\$9.23	\$139.47	\$282.74	\$27.27	\$14.76	\$0.55	\$9.05	\$322.91	\$1.84	\$0.00	\$0.00	\$60.42
FY 2007-08	\$9.78	\$171.52	\$336.67	\$37.70	\$27.23	\$19.85	\$11.37	\$386.51	\$2.74	\$0.00	\$0.00	\$74.27
FY 2008-09	\$9.52	\$154.24	\$274.44	\$40.06	\$21.19	\$26.64	\$9.22	\$309.80	\$4.50	\$0.00	\$0.00	\$58.33
Percent Change in Per Capita Cost												
ACUTE CARE Net Antipsychotic Drugs Expenditure (With Estimated Drug Rebate)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low- Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2002-03	5.27%	12.11%	24.49%	129.05%	0.00%	100.00%	160.39%	30.01%	162.50%	0.00%	0.00%	12.73%
FY 2003-04	27.22%	27.70%	32.31%	60.87%	0.00%	-50.78%	32.17%	21.56%	125.40%	0.00%	0.00%	19.80%
FY 2004-05	-6.91%	15.30%	0.11%	1.18%	0.00%	21.37%	13.40%	4.24%	-0.35%	0.00%	0.00%	-5.15%
FY 2005-06	-46.22%	-13.75%	-22.76%	2.89%	0.00%	-96.32%	0.17%	-2.39%	4.24%	0.00%	0.00%	-20.06%
FY 2006-07	-87.57%	-24.98%	-16.01%	47.49%	100.00%	-52.17%	50.33%	10.95%	-37.63%	0.00%	0.00%	-10.34%
FY 2007-08	5.96%	22.98%	19.07%	38.25%	84.49%	3509.09%	25.64%	19.70%	48.91%	0.00%	0.00%	22.92%
FY 2008-09	-2.66%	-10.07%	-18.48%	6.26%	-22.18%	34.21%	-18.91%	-19.85%	64.23%	0.00%	0.00%	-21.46%

Exhibit F - ACUTE CARE - State-Only Prenatal Costs for Non-Citizens

Prenatal State-Only Expenditure								
Fiscal Year	Total Expenditures	Estimated Prenatal 100% GF Component	Estimated Delivery Component (Total Funds)	Estimated General Fund	Estimated Federal Funds	Change in Total Expenditures	% Change in Total Expenditures	% Change in State-Only Expenditures
FY 2002-03	\$6,357,416	\$2,431,944	\$3,925,472	\$4,394,680	\$1,962,736	\$2,700,293	73.84%	69.56%
FY 2003-04	\$6,132,608	\$2,487,575	\$3,645,033	\$4,310,092	\$1,822,517	(\$224,807)	-3.54%	2.29%
FY 2004-05	\$6,950,391	\$2,925,811	\$4,024,581	\$4,938,101	\$2,012,290	\$817,783	13.33%	17.62%
FY 2005-06	\$4,547,550	\$1,855,614	\$2,691,936	\$3,201,582	\$1,345,968	(\$2,402,841)	-34.57%	-36.58%
FY 2006-07	\$4,195,975	\$1,689,790	\$2,506,185	\$2,942,883	\$1,253,092	(\$351,575)	-7.73%	-8.94%
FY 2007-08	\$4,829,056	\$2,077,833	\$2,751,223	\$3,453,445	\$1,375,612	\$633,081	15.09%	22.96%
FY 2008-09	\$5,576,534	\$2,594,055	\$2,982,479	\$4,085,295	\$1,491,240	\$747,478	15.48%	24.84%
Estimated FY 2009-10	\$6,154,965	\$2,863,126	\$3,291,839	\$4,509,046	\$1,645,919	\$578,431	10.37%	10.37%
Estimated FY 2010-11	\$6,793,394	\$3,160,106	\$3,633,288	\$4,976,750	\$1,816,644	\$638,429	10.37%	10.37%

While the number of non-citizen clients has been decreasing, the number of pregnant women has been increasing on a year-to-year average of 8.91% over the last three years.

Subject to federal approval, per the Department's request ES-2, these clients will begin to receive full Medicaid benefits effective July 1, 2009 and therefore will receive a federal match. The total expenditure estimate remains part of the Department's request; however, the General Fund and federal fund estimates are presented for comparison purposes, only. The fund splits in Exhibit A uses the estimated total expenditure from this exhibit, but accounts for receiving federal funds for all the expenditure.

Prior to FY 2009-10, expenditure for clients in the state-only prenatal care program is included in the Non-Citizens aid category. After federal approval, expenditure will be recorded in the Baby Care Adults column.

**Exhibit F - ACUTE CARE - Family Planning
Calculation of Enhanced Federal Match**

Total Expenditure					
Fiscal Year	Total Reported Expenditures	10% GF	90% FF	Change	% Change
FY 1999-00	\$3,956,567	\$395,657	\$3,560,910		
FY 2000-01	\$2,438,198	\$243,820	\$2,194,378	(\$1,518,369)	-38.38%
FY 2001-02	\$5,111,123	\$511,112	\$4,600,011	\$2,672,926	109.63%
FY 2002-03	\$6,538,073	\$653,807	\$5,884,266	\$1,426,950	27.92%
FY 2003-04	\$6,061,856	\$606,186	\$5,455,670	(\$476,218)	-7.28%
FY 2004-05	\$8,019,717	\$801,972	\$7,217,745	\$1,957,861	32.30%
FY 2005-06	\$8,260,397	\$826,040	\$7,434,357	\$240,680	3.00%
FY 2006-07	\$8,343,188	\$834,319	\$7,508,869	\$82,791	1.00%
FY 2007-08	\$9,902,250	\$990,225	\$8,912,025	\$1,559,062	18.69%
FY 2008-09	\$13,893,561	\$1,389,356	\$12,504,205	\$3,991,311	40.31%
FY 2009-10 Estimated Total	\$14,171,666	\$1,417,167	\$12,754,499	\$278,105	2.00%
FY 2010-11 Estimated Total	\$14,455,338	\$1,445,534	\$13,009,804	\$283,672	2.00%

The Department began an initiative to educate providers as to the procedures billable under the family planning program in FY 2007-08, generating a one-time shift in expenditure. The average percentage change from FY 2005-06 and FY 2006-07, or the experience prior to the provider education initiative begun in FY 2007-08, 2.00%, was used to predict FY 2009-10 and FY 2010-11.

Breakdown of Total Expenditure

Fiscal Year	Fee-for-Service Family Planning	Change in Fee-for-Service Expenditure	Percent Change in Fee-for-Service Expenditure	Managed Care Family Planning	Change in Managed Care Expenditure	Percent Change in Managed Care Expenditure
FY 1999-00	\$3,956,567			\$0		
FY 2000-01	\$2,438,198	(\$1,518,369)	-38.38%	\$0	\$0	0.00%
FY 2001-02	\$2,763,372	\$325,174	13.34%	\$2,347,751	\$2,347,751	0.00%
FY 2002-03	\$3,094,894	\$331,522	12.00%	\$3,443,179	\$1,095,428	100.00%
FY 2003-04	\$4,058,413	\$963,519	31.13%	\$2,003,442	(\$1,439,737)	-41.81%
FY 2004-05	\$6,902,883	\$2,844,470	70.09%	\$1,116,833	(\$886,609)	-44.25%
FY 2005-06	\$7,013,966	\$111,082	1.61%	\$1,246,431	\$129,598	11.60%
FY 2006-07	\$7,431,084	\$417,119	5.95%	\$912,103	(\$334,328)	-26.82%
FY 2007-08	\$9,139,367	\$1,708,282	22.99%	\$762,883	(\$149,220)	-16.36%
FY 2008-09	\$13,472,771	\$4,333,404	47.41%	\$420,790	(\$342,093)	-44.84%

Totals for fee-for-service and managed care are taken from the Department's quarterly report to the Centers for Medicare and Medicaid Services for total expenditure, known as the CMS-64. The sum of the fee-for-service and managed care totals by year equals the Total Reported Expenditures at the top of this page.

Exhibit F - ACUTE CARE - Expenditure by Half-Year

FY 2008-09 July-December COFRS Total Actuals												
Acute Care	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	\$2,453,257	\$2,861,229	\$21,104,450	\$21,034,597	\$2,846,180	\$0	\$39,662,933	\$4,475,133	\$7,587,644	\$4,203,815	\$463	\$106,229,701
Emergency Transportation	\$65,814	\$102,372	\$801,838	\$462,161	\$60,220	\$0	\$633,272	\$86,813	\$87,050	\$54,088	\$157	\$2,353,785
Non-emergency Medical Transportation	\$1,076,165	\$395,741	\$2,097,427	\$214,898	\$14,013	\$0	\$389,422	\$56,841	\$18,827	\$545	\$0	\$4,263,879
Dental Services	\$463,424	\$119,161	\$1,865,955	\$1,539,959	\$306,309	\$0	\$27,863,114	\$2,640,182	\$192,013	\$5,481	\$0	\$34,995,598
Family Planning	\$0	\$99	\$4,357	\$54,409	\$14,708	\$0	\$47,151	\$17,824	\$12,739	\$943	\$0	\$152,230
Health Maintenance Organizations	\$4,791,075	\$4,391,079	\$33,111,541	\$6,739,137	\$1,060,053	\$0	\$16,345,306	\$513,583	\$478,849	\$0	\$0	\$67,430,623
Inpatient Hospitals	\$8,410,292	\$6,197,961	\$48,212,877	\$27,821,730	\$2,646,403	\$0	\$38,192,418	\$2,888,280	\$13,752,042	\$23,502,702	\$5,262	\$171,629,967
Outpatient Hospitals	\$1,354,992	\$1,708,539	\$18,675,807	\$16,010,065	\$3,112,101	\$0	\$23,581,001	\$2,604,188	\$2,499,934	\$747,476	\$3,148	\$70,297,251
Lab & X-Ray	\$255,446	\$320,766	\$2,516,800	\$4,115,752	\$594,947	\$0	\$2,608,191	\$903,539	\$1,413,435	\$169,113	\$221	\$12,898,210
Durable Medical Equipment	\$9,666,276	\$1,974,538	\$20,258,970	\$919,519	\$210,611	\$0	\$3,300,539	\$2,061,729	\$85,487	\$3,806	\$775	\$38,482,250
Prescription Drugs	\$3,957,610	\$5,995,704	\$51,549,217	\$14,984,524	\$2,977,800	\$543	\$21,204,047	\$10,494,782	\$956,551	\$34,008	\$77	\$112,154,863
Drug Rebate	(\$1,492,346)	(\$2,260,876)	(\$19,438,313)	(\$5,650,404)	(\$1,122,876)	(\$205)	(\$7,995,677)	(\$3,957,400)	(\$360,699)	(\$12,824)	(\$29)	(\$42,291,649)
Rural Health Centers	\$22,022	\$67,999	\$477,293	\$544,170	\$127,161	\$0	\$2,095,989	\$119,905	\$169,616	\$16,574	\$0	\$3,640,729
Federally Qualified Health Centers	\$410,418	\$300,395	\$2,771,971	\$4,771,818	\$688,781	\$0	\$20,014,363	\$1,040,078	\$1,934,943	\$784,062	\$0	\$32,716,829
Co-Insurance (Title XVIII-Medicare)	\$4,690,909	\$688,421	\$3,103,349	(\$11,572)	\$129,869	\$0	\$11,066	\$5,170	\$14,659	\$331	\$1,351,764	\$9,983,966
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$3,169,314	\$0	\$0	\$0	\$0	\$0	\$3,169,314
Administrative Service Organizations - Services	\$1,101,896	\$708,664	\$5,828,556	\$1,963,463	\$1,291,165	\$0	\$5,562,105	\$797,397	\$833,400	\$0	\$0	\$18,086,646
Other Medical Services	\$159	\$88	\$794	\$361	\$0	\$10	\$620	\$104	\$92	\$93	\$7	\$2,328
Home Health	\$11,927,682	\$3,160,356	\$47,463,834	\$197,615	\$41,554	\$0	\$1,405,765	\$4,857,652	\$16,867	\$0	\$100,045	\$69,171,370
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$49,155,091	\$26,732,236	\$240,406,723	\$95,712,204	\$14,998,997	\$3,169,662	\$194,921,625	\$29,605,800	\$29,693,449	\$29,510,213	\$1,461,890	\$715,367,891
Caseload	37,321	6,347	51,001	46,503	11,725	285	224,607	17,827	6,996	4,037	14,909	421,557
Half -Year Per Capita	\$1,317.09	\$4,211.79	\$4,713.76	\$2,058.19	\$1,279.23	\$11,121.62	\$867.83	\$1,660.73	\$4,244.35	\$7,309.94	\$98.05	\$1,696.97
FY 2008-09 January-June COFRS Total Actuals												
Acute Care	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	\$2,540,890	\$3,361,221	\$24,683,619	\$24,894,706	\$3,542,669	\$0	\$49,832,848	\$5,421,108	\$7,980,722	\$4,425,067	\$140	\$126,682,990
Emergency Transportation	\$72,051	\$133,930	\$831,759	\$522,575	\$69,080	\$0	\$708,905	\$90,069	\$96,705	\$55,222	(\$0)	\$2,580,296
Non-emergency Medical Transportation	\$1,093,243	\$388,756	\$2,258,516	\$187,411	(\$14,013)	\$0	\$419,978	\$74,787	\$16,215	\$246	\$0	\$4,425,139
Dental Services	\$518,786	\$117,020	\$2,101,444	\$1,705,563	\$336,772	\$0	\$33,622,362	\$2,848,286	\$204,613	\$5,981	\$0	\$41,460,826
Family Planning	\$0	\$21	\$4,679	\$60,690	\$20,490	\$0	\$53,877	\$16,235	\$10,995	\$207	\$0	\$167,195
Health Maintenance Organizations	\$3,798,121	\$3,505,248	\$26,019,985	\$8,742,347	\$1,353,946	\$0	\$17,082,951	\$538,945	\$602,660	\$0	\$0	\$61,644,204
Inpatient Hospitals	\$8,391,405	\$7,400,518	\$50,489,461	\$29,667,707	\$2,808,879	\$0	\$45,909,129	\$3,646,904	\$13,357,469	\$23,261,766	\$13,432	\$184,946,668
Outpatient Hospitals	\$1,649,882	\$2,118,510	\$21,611,889	\$19,265,440	\$3,968,969	\$0	\$28,599,562	\$2,866,961	\$2,659,947	\$865,276	(\$1,932)	\$83,604,503
Lab & X-Ray	\$285,590	\$380,130	\$2,828,969	\$5,095,523	\$769,092	\$0	\$3,315,612	\$984,480	\$1,684,959	\$195,321	(\$63)	\$15,539,613
Durable Medical Equipment	\$9,525,581	\$2,048,766	\$19,944,049	\$1,052,970	\$239,521	\$0	\$3,813,395	\$1,836,099	\$61,807	\$4,805	\$2,570	\$38,529,566
Prescription Drugs	\$4,156,163	\$6,097,231	\$52,829,487	\$17,066,886	\$3,464,736	\$1,179	\$26,205,864	\$10,642,087	\$1,002,898	\$44,613	\$301	\$121,511,445
Drug Rebate	(\$1,695,924)	(\$2,490,987)	(\$21,576,820)	(\$6,944,050)	(\$1,408,689)	(\$472)	(\$10,633,830)	(\$4,348,236)	(\$409,258)	(\$18,070)	(\$119)	(\$49,526,455)
Rural Health Centers	\$28,138	\$79,175	\$488,406	\$601,791	\$145,683	\$0	\$2,097,036	\$180,471	\$179,282	\$17,772	\$0	\$3,817,755
Federally Qualified Health Centers	\$554,004	\$391,444	\$3,135,278	\$6,180,733	\$949,176	\$0	\$24,926,097	\$1,197,176	\$2,227,073	\$811,204	\$0	\$40,372,185
Co-Insurance (Title XVIII-Medicare)	\$8,556,203	\$1,247,817	\$5,664,790	\$10,299	\$233,920	\$0	\$20,136	\$15,071	\$27,324	\$781	\$2,338,081	\$18,114,423
Breast and Cervical Cancer Treatment Program	\$0	\$0	\$0	\$0	\$0	\$3,872,716	\$0	\$0	\$0	\$0	\$0	\$3,872,716
Administrative Service Organizations - Services	\$1,050,918	\$682,442	\$5,314,092	\$3,309,663	\$58,277	\$0	\$5,967,637	\$765,695	\$753,826	\$0	\$0	\$17,902,550
Other Medical Services	\$2,988	\$1,672	\$14,766	\$7,092	\$0	\$202	\$12,428	\$1,955	\$1,691	\$1,683	\$141	\$44,618
Home Health	\$12,500,423	\$3,456,807	\$54,604,514	\$248,413	\$35,906	\$0	\$1,923,190	\$5,307,243	\$8,236	\$0	\$72,036	\$78,156,768
Presumptive Eligibility	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$53,028,464	\$28,919,721	\$251,248,884	\$111,675,758	\$16,574,415	\$3,873,625	\$233,877,177	\$32,085,336	\$30,467,165	\$29,671,874	\$2,424,586	\$793,847,005
Caseload	37,918	6,548	51,708	51,792	13,728	349	245,652	18,239	6,955	3,937	15,242	452,067
Half-Year Per Capita	\$1,398.50	\$4,416.57	\$4,858.99	\$2,156.24	\$1,207.34	\$11,099.21	\$952.07	\$1,759.16	\$4,380.61	\$7,536.67	\$159.07	\$1,756.04

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Cash Based Actuals												
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$61,569,418	\$9,013,673	\$39,811,298	\$163,996	\$0	\$0	\$679,864	\$43,938	\$0	\$0	\$217	\$111,282,405
FY 2001-02	\$85,928,541	\$7,399,415	\$42,961,368	\$84,265	\$0	\$0	\$21,694	\$36,905	\$0	\$0	\$44	\$136,432,232
FY 2002-03	\$78,719,107	\$7,549,034	\$56,806,389	\$70,931	\$0	\$0	\$389,329	\$2,854,975	\$109	\$0	\$0	\$146,389,874
FY 2003-04	\$85,726,658	\$8,298,496	\$61,272,991	\$167,620	\$0	\$0	\$213,385	\$3,044,165	\$0	\$0	\$1	\$158,723,316
FY 2004-05	\$86,505,276	\$8,689,937	\$61,264,884	\$126,591	\$0	\$0	\$689,933	\$3,665,603	\$2,461	\$0	\$224	\$160,944,908
FY 2005-06	\$95,295,727	\$12,130,404	\$71,302,410	\$150,551	\$0	\$0	\$529,206	\$4,121,260	\$0	\$0	\$41,208	\$183,570,766
FY 2006-07	\$112,939,443	\$14,106,731	\$82,896,656	\$88,469	\$5,134	\$0	\$704,094	\$3,990,308	\$0	\$0	\$395,653	\$215,126,488
FY 2007-08	\$124,223,595	\$16,355,185	\$94,673,897	\$113,310	\$8,054	\$0	\$590,675	\$4,856,636	\$0	\$0	\$920,662	\$241,742,014
FY 2008-09	\$135,681,964	\$18,792,943	\$119,790,925	\$52,885	\$8,935	\$0	\$328,265	\$5,552,618	\$2,017	\$0	\$302,145	\$280,512,697
Estimated FY 2009-10	\$140,711,098	\$20,566,241	\$127,573,519	\$27,018	\$9,904	\$0	\$335,597	\$5,981,894	(\$107)	\$0	\$252,122	\$295,457,286
Estimated FY 2010-11	\$149,599,529	\$22,328,634	\$137,291,945	\$22,307	\$12,734	\$0	\$337,856	\$6,844,757	(\$78)	\$0	\$189,782	\$316,627,466
Percent Change in Cash Based Actuals												
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	39.56%	-17.91%	7.91%	-48.62%	0.00%	0.00%	-96.81%	-16.01%	0.00%	0.00%	-79.98%	22.60%
FY 2002-03	-8.39%	2.02%	32.23%	-15.82%	0.00%	0.00%	1694.63%	7635.95%	100.00%	0.00%	-100.00%	7.30%
FY 2003-04	8.90%	9.93%	7.86%	136.32%	0.00%	0.00%	-45.19%	6.63%	-100.00%	0.00%	100.00%	8.43%
FY 2004-05	0.91%	4.72%	-0.01%	-24.48%	0.00%	0.00%	223.33%	20.41%	100.00%	0.00%	32623.62%	1.40%
FY 2005-06	10.16%	39.59%	16.38%	18.93%	0.00%	0.00%	-23.30%	12.43%	-100.00%	0.00%	18323.90%	14.06%
FY 2006-07	18.51%	16.29%	16.26%	-41.24%	100.00%	0.00%	33.05%	-3.18%	0.00%	0.00%	860.14%	17.19%
FY 2007-08	9.99%	15.94%	14.21%	28.08%	56.87%	0.00%	-16.11%	21.71%	0.00%	0.00%	132.69%	12.37%
FY 2008-09	9.22%	14.91%	26.53%	-53.33%	10.95%	0.00%	-44.43%	14.33%	100.00%	0.00%	-67.18%	16.04%
Estimated FY 2009-10	3.71%	9.44%	6.50%	-48.91%	10.84%	0.00%	2.23%	7.73%	-105.31%	0.00%	-16.56%	5.33%
Estimated FY 2010-11	6.32%	8.57%	7.62%	-17.44%	28.57%	0.00%	0.67%	14.42%	-27.10%	0.00%	-24.73%	7.17%
Per Capita Cost												
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$1,829.75	\$1,747.85	\$864.60	\$6.06	\$0.00	\$0.00	\$5.52	\$3.36	\$0.00	\$0.00	\$0.03	\$404.08
FY 2001-02	\$2,533.57	\$1,427.36	\$926.91	\$2.53	\$0.00	\$0.00	\$0.15	\$2.81	\$0.00	\$0.00	\$0.01	\$461.84
FY 2002-03	\$2,268.30	\$1,389.99	\$1,217.79	\$1.74	\$0.00	\$0.00	\$2.30	\$204.41	\$0.01	\$0.00	\$0.00	\$441.20
FY 2003-04	\$2,497.21	\$1,495.76	\$1,309.56	\$3.52	\$0.00	\$0.00	\$1.09	\$204.11	\$0.00	\$0.00	\$0.00	\$431.83
FY 2004-05	\$2,417.70	\$1,428.80	\$1,278.24	\$2.22	\$0.00	\$0.00	\$3.10	\$232.07	\$0.41	\$0.00	\$0.02	\$396.34
FY 2005-06	\$2,631.97	\$2,007.68	\$1,489.97	\$2.56	\$0.00	\$0.00	\$2.47	\$250.38	\$0.00	\$0.00	\$3.72	\$456.40
FY 2006-07	\$3,147.00	\$2,328.23	\$1,698.74	\$1.75	\$0.99	\$0.00	\$3.43	\$238.60	\$0.00	\$0.00	\$30.65	\$548.47
FY 2007-08	\$3,423.65	\$2,661.11	\$1,896.02	\$2.54	\$0.90	\$0.00	\$2.90	\$283.33	\$0.00	\$0.00	\$64.77	\$616.75
FY 2008-09	\$3,606.74	\$2,914.99	\$2,332.60	\$1.08	\$0.70	\$0.00	\$1.40	\$307.91	\$0.29	\$0.00	\$20.04	\$642.18
Estimated FY 2009-10	\$3,649.53	\$3,008.08	\$2,420.24	\$0.45	\$0.33	\$0.00	\$1.21	\$319.63	(\$0.01)	\$0.00	\$16.02	\$577.73
Estimated FY 2010-11	\$3,832.94	\$3,185.71	\$2,565.39	\$0.34	\$0.26	\$0.00	\$1.11	\$354.12	(\$0.01)	\$0.00	\$11.46	\$557.95
Percent Change in Per Capita Cost												
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	38.47%	-18.34%	7.21%	-58.25%	0.00%	0.00%	-97.28%	-16.37%	0.00%	0.00%	-66.67%	14.29%
FY 2002-03	-10.47%	-2.62%	31.38%	-31.23%	0.00%	0.00%	1433.33%	7174.38%	100.00%	0.00%	-100.00%	-4.47%
FY 2003-04	10.09%	7.61%	7.54%	102.30%	0.00%	0.00%	-52.61%	-0.15%	-100.00%	0.00%	0.00%	-2.12%
FY 2004-05	-3.18%	-4.48%	-2.39%	-36.93%	0.00%	0.00%	184.40%	13.70%	100.00%	0.00%	100.00%	-8.22%
FY 2005-06	8.86%	40.52%	16.56%	15.32%	0.00%	0.00%	-20.32%	7.89%	-100.00%	0.00%	18500.00%	15.15%
FY 2006-07	19.57%	15.97%	14.01%	-31.64%	100.00%	0.00%	38.87%	-4.70%	0.00%	0.00%	723.92%	20.17%
FY 2007-08	8.79%	14.30%	11.61%	45.14%	-9.09%	0.00%	-15.45%	18.75%	0.00%	0.00%	111.32%	12.45%
FY 2008-09	5.35%	9.54%	23.03%	-57.48%	-22.22%	0.00%	-51.72%	8.68%	100.00%	0.00%	-69.06%	4.12%
Estimated FY 2009-10	1.19%	3.19%	3.76%	-58.33%	-52.86%	0.00%	-13.57%	3.81%	-103.45%	0.00%	-20.06%	-10.04%
Estimated FY 2010-11	5.03%	5.91%	6.00%	-24.44%	-21.21%	0.00%	-8.26%	10.79%	0.00%	0.00%	-28.46%	-3.42%

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2008-09 Per Capita	\$3,606.74	\$2,914.99	\$2,332.60	\$1.08	\$0.70	\$0.00	\$1.40	\$307.91	\$0.29	\$0.00	\$20.04	\$642.18
Average of FY 2002-03 through FY 2006-07	4.97%	11.40%	13.42%	3.56%	20.00%	0.00%	316.73%	1438.22%	0.00%	0.00%	3844.78%	4.10%
Average of FY 2003-04 through FY 2006-07	8.84%	14.91%	8.93%	12.26%	25.00%	0.00%	37.59%	4.19%	-25.00%	0.00%	4830.98%	6.25%
Average of FY 2004-05 through FY 2006-07	8.42%	17.34%	9.39%	-17.75%	33.33%	0.00%	67.65%	5.63%	0.00%	0.00%	6441.31%	9.03%
Average of FY 2005-06 through FY 2006-07	14.22%	28.25%	15.29%	-8.16%	50.00%	0.00%	9.28%	1.60%	-50.00%	0.00%	9611.96%	17.66%
Average of FY 2003-04 through FY 2007-08	8.83%	14.78%	9.47%	18.84%	18.18%	0.00%	26.98%	7.10%	-20.00%	0.00%	3887.05%	7.49%
Average of FY 2004-05 through FY 2007-08	8.51%	16.58%	9.95%	-2.03%	22.73%	0.00%	46.88%	8.91%	0.00%	0.00%	4858.81%	9.89%
Average of FY 2005-06 through FY 2007-08	12.41%	23.60%	14.06%	9.61%	30.30%	0.00%	1.03%	7.31%	-33.33%	0.00%	6445.08%	15.92%
Average of FY 2006-07 through FY 2007-08	14.18%	15.14%	12.81%	6.75%	45.46%	0.00%	11.71%	7.03%	0.00%	0.00%	417.62%	16.31%
Average of FY 2004-05 through FY 2008-09	7.88%	15.17%	12.56%	-13.12%	13.74%	0.00%	27.16%	8.86%	20.00%	0.00%	3873.24%	8.73%
Average of FY 2005-06 through FY 2008-09	10.64%	20.08%	16.30%	-7.17%	17.17%	0.00%	-12.16%	7.66%	0.00%	0.00%	4816.55%	12.97%
Average of FY 2006-07 through FY 2008-09	11.24%	13.27%	16.22%	-14.66%	22.90%	0.00%	-9.43%	7.58%	33.33%	0.00%	255.39%	12.25%
Average of FY 2007-08 through FY 2008-09	7.07%	11.92%	17.32%	-6.17%	-15.66%	0.00%	-33.59%	13.72%	50.00%	0.00%	21.13%	8.29%
Current Year Projection												
Percentage Selected to Modify Per Capita⁽¹⁾	7.07%	8.93%	8.93%	-53.33%	-50.00%	0.00%	-9.43%	8.86%	-100.00%	0.00%	-15.00%	
Estimated FY 2009-10 Base Per Capita	\$3,861.74	\$3,175.30	\$2,540.90	\$0.50	\$0.35	\$0.00	\$1.27	\$335.19	\$0.00	\$0.00	\$17.03	\$609.04
Estimated FY 2009-10 Eligibles	38,556	6,837	52,711	59,581	29,636	424	277,805	18,715	7,448	3,963	15,735	511,411
Estimated FY 2009-10 Base Expenditures	\$148,893,247	\$21,709,526	\$133,933,380	\$29,791	\$10,373	\$0	\$352,812	\$6,273,081	\$0	\$0	\$267,967	\$311,470,177
<i>Bottom Line Impacts</i>												
BA-15 Community Transitions Services for Mental Illness Waiver Clients	(\$180,606)	(\$25,015)	(\$159,454)	(\$70)	(\$12)	\$0	(\$437)	(\$7,391)	(\$3)	\$0	(\$402)	(\$373,390)
BA-33 Provider Rate Reductions	(\$2,254,120)	(\$312,212)	(\$1,990,118)	(\$879)	(\$148)	\$0	(\$5,454)	(\$92,247)	(\$34)	\$0	(\$5,020)	(\$4,660,232)
BA-33 Enroll Eligible Veterans in VA Health Care System	(\$820,807)	(\$113,688)	(\$724,675)	(\$320)	(\$54)	\$0	(\$1,986)	(\$33,591)	(\$12)	\$0	(\$1,828)	(\$1,696,961)
BA-33 HCBS Cost Sharing for High Income Families	(\$10,827)	(\$1,500)	(\$9,558)	(\$4)	(\$1)	\$0	(\$26)	(\$443)	\$0	\$0	(\$24)	(\$22,383)
ES-2 Provider Rate Reductions	(\$1,346,643)	(\$186,520)	(\$1,188,926)	(\$525)	(\$89)	\$0	(\$3,258)	(\$55,110)	(\$20)	\$0	(\$2,999)	(\$2,784,090)
ES-2 Provider HCBS Waiver Transportation	(\$130,119)	(\$18,023)	(\$114,880)	(\$51)	(\$9)	\$0	(\$315)	(\$5,325)	(\$2)	\$0	(\$290)	(\$269,014)
ES-2 Reduction to HCBS Waiver Personal Care Benefit	(\$534,894)	(\$74,087)	(\$472,247)	(\$208)	(\$35)	\$0	(\$1,294)	(\$21,890)	(\$8)	\$0	(\$1,191)	(\$1,105,854)
Estimated Impact of Retroactive Impact of HB 08-1114 on FY 2008-09 Hospice Rates	\$964,833	\$133,636	\$851,832	\$376	\$64	\$0	\$2,334	\$39,485	\$14	\$0	\$2,149	\$1,994,723
Estimated Impact of Increased PACE Enrollment	(\$1,066,798)	(\$157,755)	(\$77,857)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$1,302,410)
Total Bottom Line Impacts	(\$5,379,981)	(\$755,164)	(\$3,885,883)	(\$1,681)	(\$284)	\$0	(\$10,436)	(\$176,512)	(\$65)	\$0	(\$9,605)	(\$10,219,611)
<i>Adjustments to Expenditure</i>												
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)	(\$2,802,168)	(\$388,121)	(\$2,473,978)	(\$1,092)	(\$185)	\$0	(\$6,779)	(\$114,675)	(\$42)	\$0	(\$6,240)	(\$5,793,280)
Total Adjustments to Expenditure	(\$2,802,168)	(\$388,121)	(\$2,473,978)	(\$1,092)	(\$185)	\$0	(\$6,779)	(\$114,675)	(\$42)	\$0	(\$6,240)	(\$5,793,280)
Estimated FY 2009-10 Expenditure	\$140,711,098	\$20,566,241	\$127,573,519	\$27,018	\$9,904	\$0	\$335,597	\$5,981,894	(\$107)	\$0	\$252,122	\$295,457,286
Estimated FY 2009-10 Per Capita	\$3,649.53	\$3,008.08	\$2,420.24	\$0.45	\$0.33	\$0.00	\$1.21	\$319.63	(\$0.01)	\$0.00	\$16.02	\$577.73
% Change over FY 2008-09 Per Capita	1.19%	3.19%	3.76%	-58.33%	-52.86%	0.00%	-13.57%	3.81%	-103.45%	0.00%	-20.06%	-10.04%
Estimated FY 2009-10 Expenditure Prior to SB 09-265	\$143,513,266	\$20,954,362	\$130,047,497	\$28,110	\$10,089	\$0	\$342,376	\$6,096,569	(\$65)	\$0	\$258,362	\$301,250,566
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$3,722.20	\$3,064.85	\$2,467.18	\$0.47	\$0.34	\$0.00	\$1.23	\$325.76	(\$0.01)	\$0.00	\$16.42	\$589.06
% Change over FY 2008-09 Per Capita	3.20%	5.14%	5.77%	-56.48%	-51.43%	0.00%	-12.14%	5.80%	-103.45%	0.00%	-18.06%	-8.27%

Exhibit G - COMMUNITY BASED LONG TERM CARE - Cash-Based Actuals and Projections

Request Year Projection												
Per Capita Trends	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Percentage Selected to Modify Per Capita⁽²⁾	3.54%	4.47%	4.47%	-26.67%	-25.00%	0.00%	-9.43%	8.86%	0.00%	0.00%	-30.00%	
Estimated FY 2010-11 Base Per Capita	\$3,853.78	\$3,201.70	\$2,577.34	\$0.34	\$0.26	\$0.00	\$1.11	\$354.62	(\$0.01)	\$0.00	\$11.49	\$560.73
Estimated FY 2010-11 Eligibles	39,030	7,009	53,517	65,879	49,037	487	304,891	19,329	7,639	4,102	16,563	567,483
Estimated FY 2010-11 Base Expenditures	\$150,413,033	\$22,440,715	\$137,931,505	\$22,399	\$12,750	\$0	\$338,429	\$6,854,450	(\$76)	\$0	\$190,309	\$318,203,514
<i>Top Line Impacts</i>												
SB 09-265 Timing of Medicaid Payments, CBLTC MMIS Impact (one-time shift)	\$2,802,168	\$388,121	\$2,473,978	\$1,092	\$185	\$0	\$6,779	\$114,675	\$42	\$0	\$6,240	\$5,793,280
Total Top Line Impacts	\$2,802,168	\$388,121	\$2,473,978	\$1,092	\$185	\$0	\$6,779	\$114,675	\$42	\$0	\$6,240	\$5,793,280
<i>Bottom Line Impacts</i>												
BA-15 Community Transitions Services for Mental Illness Waiver Clients	\$0	\$0	(\$388,324)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$388,324)
ES-2 Provider Rate Reductions	(\$875,887)	(\$121,317)	(\$773,304)	(\$341)	(\$58)	\$0	(\$2,119)	(\$35,845)	(\$13)	\$0	(\$1,950)	(\$1,810,834)
ES-2 Provider HCBS Waiver Transportation	(\$233,248)	(\$32,306)	(\$205,928)	(\$91)	(\$15)	\$0	(\$564)	(\$9,545)	(\$3)	\$0	(\$519)	(\$482,219)
ES-2 Reduction to HCBS Waiver Personal Care Benefit	(\$965,034)	(\$133,664)	(\$852,009)	(\$376)	(\$64)	\$0	(\$2,335)	(\$39,493)	(\$14)	\$0	(\$2,149)	(\$1,995,138)
Annualization of Retroactive Increase of HB 08-1114 on FY 2008-09 Hospice Rates	(\$964,833)	(\$133,636)	(\$851,832)	(\$376)	(\$64)	\$0	(\$2,334)	(\$39,485)	(\$14)	\$0	(\$2,149)	(\$1,994,723)
Estimated Impact of Increased PACE Enrollment	(\$576,670)	(\$79,279)	(\$42,141)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$698,090)
Total Bottom Line Impacts	(\$3,615,672)	(\$500,202)	(\$3,113,538)	(\$1,184)	(\$201)	\$0	(\$7,352)	(\$124,368)	(\$44)	\$0	(\$6,767)	(\$7,369,328)
Estimated FY 2010-11 Total Expenditure	\$149,599,529	\$22,328,634	\$137,291,945	\$22,307	\$12,734	\$0	\$337,856	\$6,844,757	(\$78)	\$0	\$189,782	\$316,627,466
Estimated FY 2010-11 Per Capita	\$3,832.94	\$3,185.71	\$2,565.39	\$0.34	\$0.26	\$0.00	\$1.11	\$354.12	(\$0.01)	\$0.00	\$11.46	\$557.95
% Change over FY 2009-10 Per Capita	5.03%	5.91%	6.00%	-24.44%	-21.21%	0.00%	-8.26%	10.79%	0.00%	0.00%	-28.46%	-3.42%
Estimated FY 2009-10 Expenditure Prior to SB 09-265	\$146,797,361	\$21,940,513	\$134,817,967	\$21,215	\$12,549	\$0	\$331,077	\$6,730,082	(\$120)	\$0	\$183,542	\$310,834,186
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$3,761.14	\$3,130.33	\$2,519.16	\$0.32	\$0.26	\$0.00	\$1.09	\$348.19	(\$0.02)	\$0.00	\$11.08	\$547.74
% Change over FY 2008-09 Per Capita	3.06%	4.06%	4.09%	-28.89%	-21.21%	0.00%	-9.92%	8.94%	100.00%	0.00%	-30.84%	-5.19%
Footnotes												
(1) Percentage selected to modify Per Capita amounts for FY 2009-10: Where applicable, percentage selections have been bolded for clarification.	OAP-A	Average of FY 2007-08 through FY 2008-09			Exp. Adults	-50.00%			BC Adults	-100.00%		
	OAP-B	Average of FY 2003-04 through FY 2006-07			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	Average of FY 2003-04 through FY 2006-07			Elig. Children	Average of FY 2006-07 through FY 2008-09			Partial Dual	-15.00%		
	AFDC-A	FY 2008-09 growth rate of expenditures			Foster Care	Average of FY 2004-05 through FY 2008-09						
(2) Percentage selected to modify Per Capita amounts for FY 2010-11: Where applicable, percentage selections have been italicized for clarification.	<i>OAP-A</i>	Half of FY 2009-10 trend			Exp. Adults	Half of FY 2009-10 trend			BC Adults	0.00%		
	<i>OAP-B</i>	Half of FY 2009-10 trend			BCCP	0.00%			Non-Citizens	0.00%		
	<i>AND/AB</i>	Half of FY 2009-10 trend			Elig. Children	Average of FY 2006-07 through FY 2008-09			Partial Dual	-30.00%		
	<i>AFDC-A</i>	Half of FY 2009-10 trend			Foster Care	Average of FY 2004-05 through FY 2008-09						

Exhibit G - COMMUNITY BASED LONG TERM CARE - Expenditure by Half-Year

FY 2008-09 July - December COFRS Total Actuals												
Community Based Long Term Care	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	\$47,258,994	\$6,504,370	\$30,584,909	\$8,939	\$275	\$0	\$0	\$34,707	\$0	\$0	\$108,750	\$84,500,944
HCBS - Mental Illness	\$1,718,106	\$1,045,387	\$8,368,792	\$0	\$0	\$0	\$0	\$5,016	\$0	\$0	\$18,664	\$11,155,965
HCBS - Disabled Children	\$0	\$0	\$778,378	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$778,378
HCBS - Persons Living with AIDS	\$4,802	\$15,553	\$268,892	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,066	\$290,313
HCBS - Consumer Directed Attendant Support	\$1,193,146	\$164,216	\$772,176	\$233	\$0	\$0	\$0	\$876	\$0	\$0	\$2,746	\$2,133,393
HCBS - Brain Injury	\$78,840	\$221,186	\$5,581,223	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,881,249
HCBS - Children with Autism	\$0	\$0	\$627,611	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$627,611
HCBS - Pediatric Hospice	\$0	\$0	\$5,161	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,161
Private Duty Nursing	\$246,903	\$100,127	\$7,419,120	\$0	\$0	\$0	\$139,941	\$2,827,349	\$0	\$0	\$0	\$10,733,440
Hospice	\$15,620,212	\$1,072,848	\$2,906,301	\$14,868	\$0	\$0	\$10,210	\$0	\$0	\$0	\$30,016	\$19,654,455
Total	\$66,121,003	\$9,123,687	\$57,312,563	\$24,040	\$275	\$0	\$150,151	\$2,867,948	\$0	\$0	\$161,242	\$135,760,909
Caseload	37,321	6,347	51,001	46,503	11,725	285	224,607	17,827	6,996	4,037	14,909	421,557
Half -Year Per Capita	\$1,771.68	\$1,437.48	\$1,123.75	\$0.52	\$0.02	\$0.00	\$0.67	\$160.88	\$0.00	\$0.00	\$10.82	\$322.05
FY 2008-09 January - June COFRS Total Actuals												
Community Based Long Term Care	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	\$49,897,803	\$7,100,421	\$34,849,470	\$6,066	\$120	\$0	\$0	\$43,150	\$0	\$0	\$83,697	\$91,980,727
HCBS - Mental Illness	\$1,870,790	\$1,092,551	\$8,811,217	\$0	\$1,005	\$0	\$0	\$1,568	\$0	\$0	\$25,769	\$11,802,901
HCBS - Disabled Children	\$0	\$0	\$969,222	\$0	\$0	\$0	\$50	\$33	\$0	\$0	\$0	\$969,305
HCBS - Persons Living with AIDS	\$7,962	\$16,905	\$277,564	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$302,431
HCBS - Consumer Directed Attendant Support	\$1,078,287	\$153,851	\$757,627	\$118	\$0	\$0	\$0	\$944	\$0	\$0	\$1,753	\$1,992,580
HCBS - Brain Injury	\$80,506	\$285,978	\$5,780,503	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6,146,987
HCBS - Children with Autism	\$0	\$0	\$666,321	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$666,321
HCBS - Pediatric Hospice	\$0	\$0	\$21,779	\$0	\$0	\$0	\$0	\$2,372	\$0	\$0	\$0	\$24,151
Private Duty Nursing	\$478,203	\$86,717	\$7,308,983	\$0	\$0	\$0	\$110,852	\$2,633,213	\$0	\$0	\$0	\$10,617,968
Hospice	\$16,147,411	\$932,833	\$3,035,674	\$22,661	\$7,535	\$0	\$67,212	\$3,390	\$2,017	\$0	\$29,684	\$20,248,418
Total	\$69,560,962	\$9,669,256	\$62,478,360	\$28,845	\$8,660	\$0	\$178,114	\$2,684,670	\$2,017	\$0	\$140,903	\$144,751,788
Caseload	37,918	6,548	51,708	51,792	13,728	349	245,652	18,239	6,955	3,937	15,242	452,067
Half -Year Per Capita	\$1,834.51	\$1,476.67	\$1,208.29	\$0.56	\$0.63	\$0.00	\$0.73	\$147.19	\$0.29	\$0.00	\$9.24	\$320.20

Exhibit H - Long Term Care and Insurance Summary

FY 2009-10 Long Term Care and Insurance Request												
FY 2009-10	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$417,683,793	\$29,529,005	\$75,913,896	\$21,880	\$0	\$0	\$0	\$0	\$0	\$0	\$253,249	\$523,401,823
Class II Nursing Facilities	\$0	\$341,160	\$1,967,129	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,308,289
Program for All-Inclusive Care for the Elderly	\$63,472,003	\$4,810,722	\$2,418,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70,701,122
Subtotal Long Term Care	\$481,155,796	\$34,680,887	\$80,299,422	\$21,880	\$0	\$0	\$0	\$0	\$0	\$0	\$253,249	\$596,411,234
Supplemental Medicare Insurance Benefit	\$51,987,681	\$3,136,925	\$27,291,083	\$201,623	\$0	\$0	\$0	\$0	\$0	\$0	\$15,320,743	\$97,938,055
Health Insurance Buy-In	\$0	\$4,475	\$1,282,660	\$6,622	\$0	\$0	\$21,782	\$0	\$739	\$0	\$0	\$1,316,278
Subtotal Insurance	\$51,987,681	\$3,141,400	\$28,573,743	\$208,245	\$0	\$0	\$21,782	\$0	\$739	\$0	\$15,320,743	\$99,254,333
Total Long Term Care and Insurance	\$533,143,477	\$37,822,287	\$108,873,165	\$230,125	\$0	\$0	\$21,782	\$0	\$739	\$0	\$15,573,992	\$695,665,567
FY 2010-11 Long Term Care and Insurance Request												
FY 2010-11	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Class I Nursing Facilities	\$445,786,711	\$31,515,798	\$81,021,592	\$23,352	\$0	\$0	\$0	\$0	\$0	\$0	\$270,288	\$558,617,741
Class II Nursing Facilities	\$0	\$346,653	\$1,998,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,345,453
Program for All-Inclusive Care for the Elderly	\$78,269,519	\$5,561,951	\$2,843,692	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,675,162
Subtotal Long Term Care	\$524,056,230	\$37,424,402	\$85,864,084	\$23,352	\$0	\$0	\$0	\$0	\$0	\$0	\$270,288	\$647,638,356
Supplemental Medicare Insurance Benefit	\$54,929,916	\$3,356,694	\$28,921,073	\$232,690	\$0	\$0	\$0	\$0	\$0	\$0	\$16,832,259	\$104,272,632
Health Insurance Buy-In	\$0	\$4,659	\$1,335,377	\$6,483	\$0	\$0	\$21,325	\$0	\$813	\$0	\$0	\$1,368,657
Subtotal Insurance	\$54,929,916	\$3,361,353	\$30,256,450	\$239,173	\$0	\$0	\$21,325	\$0	\$813	\$0	\$16,832,259	\$105,641,289
Total Long Term Care and Insurance	\$578,986,146	\$40,785,755	\$116,120,534	\$262,525	\$0	\$0	\$21,325	\$0	\$813	\$0	\$17,102,547	\$753,279,645

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2009-10 and FY 2010-11			
FY 2009-10 Calculation			
<u>Service Expenditures:</u>	Core Components	Supplemental	Total
Estimate of FY 2009-10 Per Diem Allowable Medicaid Rate ⁽¹⁾	\$185.36	\$4.05	\$189.41
Estimate of FY 2009-10 Patient Payment (per day) ⁽²⁾	(\$31.39)	\$0.00	(\$31.39)
Estimated FY 2009-10 Medicaid Reimbursement (per day)	\$153.97	\$4.05	\$158.02
Estimate of Patient Days (without Hospital Back Up and out of state placement) ⁽³⁾	3,385,605	3,385,605	3,385,605
Total Estimated Costs for 2009-10 Days of Service ⁽⁴⁾	\$521,281,589	\$13,711,700	\$534,993,289
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service ⁽⁵⁾	92.27%	100.00%	
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$480,986,522	\$13,711,700	\$494,698,222
Estimated Expenditures for FY 2008-09 Dates of Service ⁽⁶⁾	\$40,213,532	\$1,400,746	\$41,614,278
Estimated Expenditures in FY 2009-10 Prior to Adjustments	\$521,200,054	\$15,112,446	\$536,312,500
<u>Bottom Line Adjustments:</u>			
Hospital Back Up Program ⁽⁷⁾	\$7,489,401	\$0	\$7,489,401
Estate and Income Trust Recoveries ⁽⁸⁾	(\$6,562,446)	\$0	(\$6,562,446)
BA-36 Enhanced Estate and Income Trust Recoveries ⁽⁸⁾	(\$1,116,721)	\$0	(\$1,116,721)
Recoveries from Department Overpayment Reviews ⁽⁹⁾	(\$683,879)	\$0	(\$683,879)
ES-2: Medicaid Program Reductions ⁽¹⁰⁾	(\$1,907,528)	\$0	(\$1,907,528)
Total Bottom Line Adjustments:	(\$2,781,173)	\$0	(\$2,781,173)
Total Estimated FY 2009-10 Expenditures (excluding impact of SB 09-265)	\$518,418,881	\$15,112,446	\$533,531,327
<u>Adjustment to Expenditure:</u>			
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift ⁽¹¹⁾	(\$9,847,011)	(\$282,493)	(\$10,129,504)
Total Estimated FY 2009-10 Expenditures, including impact of SB 09-265	\$508,571,870	\$14,829,953	\$523,401,823

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES

Class I Nursing Home Calculations for FY 2009-10 and FY 2010-11			
FY 2010-11 Calculation			
<u>Service Expenditures:</u>	Core Components	Supplemental	Total
Estimate of FY 2010-11 Per Diem Allowable Medicaid Rate ⁽¹⁾	\$193.20	\$4.22	\$197.42
Estimate of FY 2010-11 Patient Payment (per day) ⁽²⁾	(\$32.38)	\$0.00	(\$32.38)
Estimated FY 2010-11 Medicaid Reimbursement (per day)	\$160.82	\$4.22	\$165.04
Estimate of Patient Days (without Hospital Back Up and out of state placement) ⁽³⁾	3,375,987	3,375,987	3,375,987
Total Estimated Costs for FY 2010-11 Days of Service ⁽⁴⁾	\$542,919,296	\$14,250,900	\$557,170,196
Estimated Percentage of Claims Paid in Current Year with Current Year Dates of Service ⁽⁵⁾	92.27%	100.00%	
Estimated Expenditures for Claims Paid in Current Year with Current Year Dates of Service	\$500,951,634	\$14,250,900	\$515,202,534
Estimated Expenditures for FY 2009-10 Dates of Service ⁽⁶⁾	\$40,295,067	\$0	\$40,295,067
Estimated Expenditures in FY 2010-11 Prior to Adjustments	\$541,246,701	\$14,250,900	\$555,497,601
<u>Bottom Line Adjustments:</u>			
Hospital Back Up Program ⁽⁷⁾	\$8,104,525	\$0	\$8,104,525
Estate and Income Trust Recoveries ⁽⁸⁾	(\$6,989,006)	\$0	(\$6,989,006)
BA-36 Enhanced Estate and Income Trust Recoveries ⁽⁸⁾	(\$1,116,721)	\$0	(\$1,116,721)
Recoveries from Department Overpayment Reviews ⁽⁹⁾	(\$872,026)	\$0	(\$872,026)
ES-2: Medicaid Program Reductions ⁽¹⁰⁾	(\$6,136,136)	\$0	(\$6,136,136)
Total Bottom Line Adjustments:	(\$7,009,364)	\$0	(\$7,009,364)
Total Estimated FY 2010-11 Expenditures (excluding impact of SB 09-265)	\$534,237,337	\$14,250,900	\$548,488,237
<u>Adjustment to Expenditure:</u>			
SB 09-265 Timing of Medicaid Payments, C1NF MMIS impact of one-time shift ⁽¹¹⁾	\$9,847,011	\$282,493	\$10,129,504
Total Estimated FY 2010-11 Expenditures, including impact of SB 09-265	\$544,084,348	\$14,533,393	\$558,617,741

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

Class I Nursing Home Calculations for FY 2009-10 and FY 2010-11 Footnotes:

- (1) In previous requests, the Department based the estimated per diem allowable Medicaid rates upon actual historical per diem rates. Per HB 08-1114 and SB 09-263, the Department implemented significant changes in the reimbursement rate methodology for nursing facilities. Beginning in FY 2008-09, instead of reimbursement based on an overall per diem rate, facilities are reimbursed based on a per diem rate for core components as well as supplemental per diem rates for eligible facilities. The core components include fair rental value; direct and indirect health care; and administrative and general costs. Supplemental payments are made for providers who have residents with moderate to severe mental health conditions, cognitive dementia, or acquired brain injury; and to providers who meet performance standards. In addition, a supplemental payment is made as a provider fee offset.

The following tables include the historical per diem reimbursement rates and the estimated and projected per diem rates for FY 2002-03 through FY 2010-11. The estimated per diem rates for FY 2008-09 and projected rates for FY 2009-10 are based on calculations provided by Myers and Stauffer, the Department's rate contractor. Projected rates for FY 2010-11 are calculated based on the average overall growth rate from FY 2002-03 through FY 2007-08, before the implementation of the new reimbursement rate structure. The Department assumes that, once the implementation of the new structure is complete, overall rate growth will revert to the historical trend.

Year	Core Components		Add-on/Supplemental Payments		Total
	Per Diem Rate	Percent Change	Per Diem Rate	Percent Change	Per Diem Rate
FY 2002-03	\$131.06	-	-	-	\$131.06
FY 2003-04	\$143.49	9.49%	-	-	\$143.49
FY 2004-05	\$150.15	4.64%	-	-	\$150.15
FY 2005-06	\$157.34	4.79%	-	-	\$157.34
FY 2006-07	\$166.30	5.69%	-	-	\$166.30
FY 2007-08	\$169.28	1.79%	-	-	\$169.28
Estimated FY 2008-09	\$182.99	8.10%	\$5.32	-	\$188.31
Projected FY 2009-10	\$185.36	1.30%	\$4.05	-23.87%	\$189.41
Projected FY 2010-11	\$193.20	4.23%	\$4.22	4.23%	\$197.42

* See the "Detailed Core Component and Supplemental Payment Per Diem Rates" table for the breakdown of Add-on and Supplemental Payment per diem rates. Note that these rates are conditional upon CMS approval of an amendment to the state plan which incorporates the provisions of

- (2) The patient payment estimate is a trended value using incurred but not reported (IBNR) adjusted data. Values for prior years differ slightly from the Department's prior Budget Requests due to the inclusion of claims paid after those Budget Requests. Hospital Back Up claims are removed from this calculation. The FY 2008-09 patient payment data was adjusted for use in calculating projections; mass adjustments to all claims caused a number of claims which were originally 100% patient paid to have a portion of the payment paid by the Department.

Fiscal Year	Patient Payment Per Day	Percent Difference
FY 1999-00	\$21.56	
FY 2000-01	\$22.85	5.98%
FY 2001-02	\$23.76	3.98%
FY 2002-03	\$24.75	4.17%
FY 2003-04	\$24.93	0.73%
FY 2004-05	\$25.89	3.85%
FY 2005-06	\$27.30	5.43%
FY 2006-07	\$28.70	5.14%
FY 2007-08	\$29.10	1.39%
Adjusted FY 2008-09	\$30.26	3.99%
Estimated FY 2009-10	\$31.39	3.73%
Estimated FY 2010-11	\$32.38	3.15%

- (3) The patient days estimate is a trended value using incurred but not reported (IBNR) adjusted data. Values for prior years differ slightly from prior Budget Requests due to the inclusion of claims paid between those Requests and this Request. Hospital Back Up days are removed from this calculation. The estimated FY 2009-10 patients days includes 6,179 additional days as estimated by the Department of Human Services for the impact of facility closures due to recent budget reduction actions which will result in an increase in nursing facility days for Department of Health Care Policy and Financing. Similarly, the FY 2010-11 estimated patient days includes an additional 13,870 days.

Fiscal Year	Patient Days	Difference	Percent Difference	Additional Days	Total Patient Days
FY 1999-00	3,791,805				
FY 2000-01	3,712,731	(79,074)	-2.09%	-	-
FY 2001-02	3,618,218	(94,513)	-2.55%	-	-
FY 2002-03	3,538,295	(79,923)	-2.21%	-	-
FY 2003-04	3,502,849	(35,446)	-1.00%	-	-
FY 2004-05	3,519,234	16,385	0.47%	-	-
FY 2005-06	3,529,589	10,355	0.29%	-	-
FY 2006-07	3,514,871	(14,718)	-0.42%	-	-
FY 2007-08	3,431,399	(83,472)	-2.37%	-	-
FY 2008-09	3,407,051	(24,348)	-0.71%	-	-
Estimated FY 2009-10	3,379,426	(27,625)	-0.81%	6,179	3,385,605
Estimated FY 2010-11	3,362,117	(17,309)	-0.51%	13,870	3,375,987

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (4) Estimated costs for current year dates of service is the amount the Department expects to pay for services rendered in the current fiscal year regardless of which fiscal year the payment is made.
- (5) Of the estimated costs for the current year dates of service, a portion of those claims will be paid during the same fiscal year in which they were incurred while the rest of the claims will be paid in a future period. In order to estimate how much of the total expenditure incurred in the current year will be paid in the current year, expenditure patterns must be analyzed by month. This is because, for example, a claim incurred in July 2008 has 11 more months to pay during FY 2008-09 (from August 2008 to June 2009), while a claim incurred in May 2009 only has one additional month to pay during FY 2008-09 (June 2009). Thus, more claims from May 2009 will pay in FY 2009-10 than claims from July 2008. Based on the Department's estimate of incurred but not reported (IBNR) claims, the Department estimates in the table below the portion of claims outstanding for any given fiscal year by analyzing estimated IBNR (based on 4 years of data) and averages the total to provide an estimate of the total percentage of claims that will pay in the same fiscal year that the claim was incurred.

Estimate of Claims Incurred and Paid in the Same Fiscal Year

Month Incurred	Additional Months Until End of Fiscal Year	Estimated Percent Complete at End of Fiscal Year (IBNR Factor)
July	11	99.88%
August	10	99.85%
September	9	99.79%
October	8	99.68%
November	7	99.55%
December	6	99.32%
January	5	98.91%
February	4	98.24%
March	3	96.97%
April	2	94.94%
May	1	91.05%
June	0	29.08%
Average		92.27%

The IBNR factor does not apply to Supplemental Payments since these payments are calculated and paid once per year with no retroactive

- (6) As calculated in the table below, the estimated FY 2009-10 expenditure for core components with FY 2008-09 dates of service is the estimated FY 2008-09 core components per diem rate, less the estimated per diem patient payment rate, multiplied by the estimated number of patient days. This calculation is then multiplied by one minus the calculated IBNR rate. The estimated FY 2009-10 expenditure for add-on components with dates of service in FY 2008-09 is calculated in the same way, except that the per diem patient payment rate is not included in the calculation. This calculation is needed for the transition between Add-on Payments as directed by HB 08-1114 and Supplemental Payments per SB 09-263.

It is important to distinguish between the add-on payments per HB 08-1114 and the supplemental payments per SB 09-263. The add-on payments and supplemental payments cover the same categories of service, but there is a different method of payment. The add-on payments are paid similar to the core components and are subject to retroactive adjustments, whereas the supplemental payments are calculated once annually and paid as a fixed monthly payment of one twelfth of the annual amount. Supplemental payments will not be subject to retroactive adjustments. For this reason, there is an amount in the Supplemental column for services provided in FY 2008-09 which will be paid in FY 2009-10, while there is no similar amount for supplemental payments for services received in FY 2009-10 which will be paid in FY 2010-11. The estimated FY 2010-11 expenditure for core components for claims with FY 2009-10 dates of service is the difference between the total estimated costs for claims paid in FY 2009-10 with FY 2009-10 dates of service and the total estimated expenditures for claims with FY 2009-10 dates of service.

Calculation of Expenditures From Claims in Previous Fiscal Year	FY 2009-10	Source
IBNR Factor	92.27%	Footnote (5)
Estimated Patient Days from previous fiscal year	3,407,051	Footnote (3)
Estimated Per Diem Rate for Core Components for previous fiscal year	\$182.99	Footnote (1)
Less: Estimated Patient Payment Rate for previous fiscal year	\$30.26	Footnote (2)
Estimated claims expenditures for core components from previous fiscal year to be paid in the current fiscal year	\$40,213,532	As described in Footnote (6) narrative
Estimated Per Diem Rate for Add-on or Supplemental Payments for previous fiscal year	\$5.32	Footnote (2)
Estimated claims expenditures for add-on or supplemental payments from previous fiscal year to be paid in the current fiscal year	\$1,400,746	As described in Footnote (6) narrative
Total expenditures from claims in previous fiscal year to be paid in the current fiscal year	\$41,614,278	

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (7) Hospital Back Up and out of state placements are programs where the Department pays a much higher per diem for specialized clients which can be several times the statewide average Nursing Facilities Medicaid reimbursement rate. This is an intermediate level of care in between the hospital and a skilled nursing facility. Types of clients treated under this program include ventilator, wound care, medically complex and traumatic brain injury with severe behaviors. This group is difficult to budget for due to the fluctuation in client base. FY 2007-08 expenditures to date are lower than previous years due to a facility which was placed under a "Denial of Payment for New Admissions" status for failure to comply with certain standards, although this has since been rectified. In FY 2008-09, expenditures rose sharply due to an increase in billed patient days. At the time of preparing this document, future rates are in negotiation. The Department projects the growth rate for FY 2009-10 and FY 2010-11 to be the average rate from FY 2004-05 to FY 2008-09.

Fiscal Year	Hospital Back Up	Percent Difference
FY 2003-04	\$4,907,936	--
FY 2004-05	\$5,731,131	16.8%
FY 2005-06	\$5,033,659	-12.2%
FY 2006-07	\$5,615,794	11.6%
FY 2007-08	\$5,309,178	-5.5%
FY 2008-09	\$6,920,964	30.4%
Estimated FY 2009-10	\$7,489,401	8.2%
Estimated FY 2010-11	\$8,104,525	8.2%

Effective with the February 2009 Budget Request, this table has been revised to show totals per paid fiscal year. Previous Requests have used incurred totals. This change is incorporated in both the projection of total expenditure and the projection of the General Fund cap.

- (8) Estate and income trust recoveries are amounts that the Department's third party liability group recovers from previous Medicaid clients after they have died. Recoveries in FY 2005-06 were unusually high due to a larger than expected number of high-value recoveries. The level in FY 2006-07 was only slightly higher than the level two years prior, in FY 2004-05. The decrease from FY 2006-07 to FY 2007-08 was primarily due to decreased estate recoveries resulting from a weak housing market. The level of estate recoveries remained relatively flat from FY 2007-08 to FY 2008-09.

In order to project future growth that excludes the effects of the unusually high recoveries as well as economic conditions which are no longer relevant, the Department uses a weighted trend to calculate the estimated growth rate in FY 2009-10 and FY 2010-11. This weighted trend includes separate trends for estate and income trust recoveries. The FY 2008-09 trend for estate recoveries is used for FY 2009-10 and FY 2010-11, anticipating that the housing market will make a slow recovery. The Budget Reduction Proposal, BA-36 Enhanced Estate and Income Trust Recoveries, estimates that an additional \$1,116,721 in estate and income trust recoveries in FY 2009-10 would be the direct result of the enhanced recovery efforts. The Department is in process of amending the contract with HMS, a contractor, to explicitly enhance estate and income trust recovery efforts. The average growth rate of income trust recoveries from FY 2004-05 to FY 2008-09 is used for FY 2009-10, and this trend is decreased by half in FY 2010-11.

Effective with the November 1, 2007 Budget Request, the Department has restated totals for Estate Recovery to exclude payments made to contingency based contractors who perform recoveries. For the purpose of projecting the impact on total expenditure, payments to contingency contracts are not an offset to expenditure.

Fiscal Year	Estate Recovery	Income Trust Recovery	Total Nursing Home Recoveries	% Change
FY 1995-96	\$1,629,421	\$648,822	\$2,278,242	
FY 1996-97	\$2,149,991	\$775,644	\$2,925,634	28.4%
FY 1997-98	\$2,291,305	\$780,075	\$3,071,380	5.0%
FY 1998-99	\$2,246,177	\$893,068	\$3,139,245	2.2%
FY 1999-00	\$2,920,526	\$679,796	\$3,600,322	14.7%
FY 2000-01	\$4,242,101	\$1,122,958	\$5,365,060	49.0%
FY 2001-02	\$3,323,738	\$985,794	\$4,309,532	-19.7%
FY 2002-03	\$3,348,047	\$877,556	\$4,225,602	-1.9%
FY 2003-04	\$4,283,823	\$1,449,835	\$5,733,658	35.7%
FY 2004-05	\$4,376,613	\$1,766,756	\$6,143,369	7.1%
FY 2005-06	\$5,113,029	\$3,036,907	\$8,149,936	32.7%
FY 2006-07	\$4,149,173	\$2,049,119	\$6,198,292	-23.9%
FY 2007-08	\$2,983,991	\$1,801,392	\$4,785,383	-22.8%
FY 2008-09	\$3,168,376	\$2,675,299	\$5,843,675	22.1%
Estimated FY 2009-10, before BA-36			\$6,562,446	12.3%
Estimated FY 2010-11, before BA-36			\$6,989,006	6.5%
BA-36 Enhanced Estate and Income Trust Recoveries			\$1,116,721	
Estimated FY 2009-10			\$7,679,167	31.4%
Estimated FY 2010-11			\$8,105,727	5.6%

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Footnotes and Assumptions

- (9) Overpayment review recoveries are amounts that the Department recovers from nursing homes. The Department contracted with a contingency based contractor to do a five year historical audit of all the facilities, and the contract expired at the end of FY 2005-06. The Department continues to do internal audits of nursing facilities, and estimates that, on average, each audit recovers approximately \$30,000. The number of audits completed annually is expected to decrease when compared to previous fiscal years as a result of an increase in nursing facilities electing to receive audits on 100% of billing records rather than using a sampling approach. When using a sampling approach, the Department utilizes statistical techniques to review a portion of billings that infer conclusions on the total billings for the facility. Thus, an audit of all billing transactions requires much more Department resources than an audit using a sampling approach. The Department estimates to complete 20 audits in FY 2009-10 and 20 in FY 2010-11.
- The FY 2009-10 and FY 2010-11 estimates are adjusted for one outlier; one facility with a large audit finding is expected to pay the Department recoveries over a three-year period. The collection rate is adjusted so that this outlier does not skew the overall expected

FY 2009-10	
Estimated receivable amount in FY 2008-09 to be received in FY 2009-10 from completed internal audits (25 audits, 60.6% collection rate in FY 2008-09, adjusted for outlier)	\$320,279
Estimated receivable amount in FY 2009-10 to be received in FY 2009-10 from completed internal audits (20 audits, average collection of \$30,000 per audit, 60.6% collection rate in FY 2008-09, adjusted for outlier, used to estimate FY 2009-10 collection rate)	\$363,600
Total Estimated Recoveries From Department Overpayments	\$683,879

FY 2010-11	
Estimated receivable amount in FY 2008-09 to be received in FY 2010-11	\$255,505
Estimated receivable amount in FY 2009-10 to be received in FY 2010-11 from completed internal audits (20 audits, average collection of \$30,000 per audit, 60.6% collection rate in FY 2008-09, adjusted for outlier, used to estimate FY 2009-10 collection rate)	\$252,921
Estimated receivable amount in FY 2010-11 to be received in FY 2010-11 from completed internal audits (20 audits, average collection of \$30,000 per audit, 60.6% collection rate in FY 2008-09, adjusted for outlier, used to estimate FY 2010-11 collection rate)	\$363,600
Total Estimated Recoveries From Department Overpayments	\$872,026

- (10) To meet budget balancing goals, the Department proposed a series of initiatives to reduce Medicaid expenditure through the ES-2: Medicaid Program Reductions budget request. The Executive Order included a 1 1/2% reduction in the reimbursement rate paid to Class I Nursing Facilities for FY 2009-10. This reduction is a bottom line adjustment for FY 2009-10, and the annualized impact is a bottom line adjustment
- (11) As directed by SB 09-265, the Department is not making the last weekly MMIS payment in FY 2009-10; this payment will be moved to FY 2010-11 and is a one-time shift. The impact is calculated by estimating the ratio of patient days for claims to be paid in the last week of June 2010 to the total estimated patient days for FY 2009-10. This percentage is applied to the total estimated expenditures for FY 2009-10,

Calculation of Estimated Impact of SB 09-	Core Components	Supplemental	Total
Estimated Patient Days for FY 2009-10	3,385,605	3,385,605	3,385,605
Estimated June 2010 Patient Days	274,241	274,241	274,241
Estimated Patient Days for last week in June (Estimated June 2010 Patient Days multiplied by 12 and divided by 52)	63,286	63,286	63,286
Percentage of Estimated Patient Days for last week of June 2010 to Total FY 2009-10	1.9%	1.9%	-
Expenditures Excluding Bottom Line	\$521,200,054	\$15,112,446	\$536,312,500
Hospital Back Up Program Expenditures	\$7,489,401	\$0	\$7,489,401
Impact of ES-2: Medicaid Program Reductions on Expenditure	(\$1,907,528)	\$0	(\$1,907,528)
Total Expenditure (excluding recoveries)	\$526,781,927	\$15,112,446	\$541,894,373
Amount of Adjustment to Expenditure	(\$9,847,011)	(\$282,493)	(\$10,129,504)

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Detailed Core Component and Supplemental Payment Per Diem Rates

Components of Nursing Facility Per Diem Rate							
Year	Core Components	Add-on Payments (FY 2008-09) and Supplemental Payments (FY 2009-10 forward)					
	Per Diem Rate	Cognitive Performance Scale	PASSR - Facility and Individual⁽²⁾	PASSR - Individual⁽²⁾	Provider Fee Offset	Pay for Performance	Total Effective Add-on/ Supplemental Per Diem Rate
Estimated FY 2008-09	\$182.99	\$0.26	\$0.12	\$0.67	\$4.27	n/a	\$5.32
Projected FY 2009-10	\$185.36	\$0.29	\$0.12	\$0.81	\$2.47	\$0.36	\$4.05
Projected FY 2010-11	\$193.20	\$0.30	\$0.13	\$0.84	\$2.57	\$0.38	\$4.22
Percent Change							
Projected FY 2009-10	1.30%	11.54%	0.00%	20.90%	-42.15%	-	-23.87%
Projected FY 2010-11	4.23%	4.23%	4.23%	4.23%	4.23%	4.23%	4.23%
(1) The rates indicated are dependent upon CMS approval of an amendment to the state plan which incorporates the provisions of SB 09-263.							
(2) PASSR: Preadmission Screening and Resident Review							

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
Calculation of Maximum Allowable General Fund Expenditures for Class I Nursing Facilities (per HB 08-1114)

Calculation of Nursing Facilities General Fund Cap					
Row	Item	FY 2008-09 Actuals	FY 2009-10 Projected	FY 2010-11 Projected	Source
A	Patient days for services incurred within the fiscal year	3,407,051	3,385,605	3,375,987	Exhibit H, Page EH-3, Footnote 3
B	Patient days that will be paid in the next fiscal year	248,355	246,811	246,109	FY 2008-09: Based on Department's IBNR estimate FY 2009-10 and FY 2010-11: Row A * (1 - Row C)
C	Percentage of patient days that will be paid in the same fiscal year as the claim was incurred	92.71%	92.71%	92.71%	(Row A - Row B) / Row A
D	Patient days from previous fiscal year to be paid in current fiscal year	253,008	248,355	246,811	FY 2008-09: Row E + Row B - Row A FY 2009-10 and FY 2010-11: Row B from previous fiscal year
E	Patient Days Paid in Fiscal Year	3,411,704	3,387,149	3,376,689	FY 2008-09: Actual days paid from claims data FY 2009-10 and FY 2010-11: Row A - Row B + Row D
F	Expenditures (including Hospital Backup)	\$537,851,373	\$533,531,327	\$548,488,237	FY 2008-09: Actuals FY 2009-10 and FY 2010-11: Exhibit H
G	Less: Expenditure for Supplemental Payments	-	(\$15,112,446)	(\$14,250,900)	Exhibit H
H	Less: Hospital Backup payments	(\$6,920,964)	(\$7,489,401)	(\$8,104,525)	Exhibit H, Page EH-2
I	Class I Nursing Facility Expenditures for Cap Purposes	\$530,930,409	\$510,929,480	\$526,132,812	Row F - Row G - Row H
J	Per diem rate for Core Components (Cash-Based)	\$155.62	\$150.84	\$155.81	Row I / Row E
K	General Fund Portion of Per Diem Rate ⁽¹⁾⁽³⁾	\$72.29	\$72.29	\$75.91	FY 2008-09: Actuals FY 2009-10: Row K, FY 2008-09 rate FY 2010-11: Row K, FY 2009-10 rate * 1.05
L	Cash Funds Portion of Per Diem Rate ⁽¹⁾	\$5.52	\$3.13	\$2.00	(Row J / 2) - Row K
M	Federal Funds Portion of Per Diem Rate ⁽¹⁾⁽²⁾	\$77.81	\$75.42	\$77.91	Row J / 2
N	Total Funds	\$530,930,409	\$510,929,480	\$526,132,812	Row I
O	General Fund	\$246,640,737	\$244,865,588	\$256,314,910	Row K * Row E
P	Cash Funds (Nursing Facility Cash Fund)	\$18,824,468	\$10,599,152	\$6,751,496	Row L * Row E
Q	Federal Funds	\$265,465,205	\$255,464,740	\$263,066,406	Row M * Row E
	Per Diems Adjusted for ARRA				
R	General Fund Portion of Per Diem Rate - Adjusted for ARRA ⁽¹⁾	\$61.84	\$55.54	\$67.11	FY 2008-09: Actuals FY 2009-10 and FY 2010-11: Row K adjusted for enhanced FMAP
S	Cash Funds Portion of Per Diem Rate - Adjusted for ARRA ⁽¹⁾	\$4.72	\$2.40	\$1.77	Row J - Row N - Row P
T	Federal Funds Portion of Per Diem Rate - Adjusted for ARRA ⁽¹⁾⁽²⁾	\$89.06	\$92.90	\$86.94	Row J * Enhanced FMAP percent
U	Total Funds	\$530,930,409	\$510,929,480	\$526,132,812	Row I
V	General Fund	\$210,975,895	\$188,105,745	\$226,608,012	Row N * Row E
W	Cash Funds (Nursing Facility Cash Fund)	\$16,102,404	\$8,142,269	\$5,968,998	Row O * Row E
X	Federal Funds	\$303,852,110	\$314,681,467	\$293,555,803	Row P * Row E

(1) Totals in rows K, L, M, R, S and T may not add due to rounding.

(2) The General Fund cap is calculated without respect to the enhanced federal matching rate (FMAP) due to the American Recovery and Reinvestment Act (ARRA), per the requirements of SB 09-264.

(3) HB 08-0114 included a 3% cap on the growth rate of the General Fund Portion of the Per Diem Rate. SB 09-263 changed this provision so that the General Fund portion of the per diem rate is held at zero growth from FY 2008-09 to FY 2009-10, and is capped at 5% growth from FY 2009-10 to FY 2010-11.

Enhanced FMAP Percentages: FY 2009-10, 61.59%; FY 2010-11, 55.795%

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES
 Calculation of Maximum Allowable General Fund Expenditures for Class I Nursing Facilities (per HB 08-1114)

Calculation of Nursing Facility Cash Fund Expenditure Without Enhanced FMAP					
Row	Item		FY 2009-10	FY 2010-11	Source
AA	Estimated Impact of General Fund Cap		\$10,599,152	\$6,751,496	Row P
BB	Estimated Impact of Supplemental Payments		\$7,556,223	\$7,125,450	Row G / 2
CC	Total Nursing Facility Cash Fund		\$18,155,375	\$13,876,946	Row AA + Row BB
Calculation of Fund Splits					
Row	Item		FY 2009-10	FY 2010-11	Source
DD	Total Funds		\$15,112,446	\$14,250,900	Row EE + FF + GG
EE	General Fund		(\$10,599,152)	(\$6,751,496)	Row AA * -1
FF	Cash Funds		\$18,155,375	\$13,876,946	Row CC
GG	Federal Funds		\$7,556,223	\$7,125,450	(Row G + Row BB) * -1
Calculation of Nursing Facility Cash Fund Expenditure With Enhanced FMAP					
Row	Item		FY 2009-10	FY 2010-11	Source
HH	Estimated Impact of General Fund Cap		\$8,142,269	\$5,968,998	Row W
II	Estimated Impact of Supplemental Payments		\$5,804,691	\$6,299,610	Row G * (Enhanced FMAP) * -1
JJ	Total Nursing Facility Cash Fund		\$13,946,960	\$12,268,608	Row HH + Row II
Calculation of Fund Splits					
Row	Item		FY 2009-10	FY 2010-11	Source
KK	Total Funds		\$15,112,446	\$14,250,900	Row LL + MM + NN
LL	General Fund		(\$8,142,269)	(\$5,968,998)	Row HH * -1
MM	Cash Funds		\$13,946,960	\$12,268,608	Row JJ
NN	Federal Funds		\$9,307,755	\$7,951,290	(Row G + Row II) * -1
Calculation of Nursing Facility Cash Fund Expenditure Incremental Impact due to Enhanced FMAP					
Row	Item		FY 2009-10	FY 2010-11	Source
OO	Estimated Impact of General Fund Cap		(\$2,456,883)	(\$782,498)	Row HH - Row AA
PP	Estimated Impact of Supplemental Payments		(\$1,751,532)	(\$825,840)	Row II - Row BB
QQ	Total Nursing Facility Cash Fund		(\$4,208,415)	(\$1,608,338)	Row OO + Row PP
Calculation of Fund Splits					
Row	Item		FY 2009-10	FY 2010-11	Source
RR	Total Funds		\$0	\$0	Row KK - Row DD
SS	General Fund		\$2,456,883	\$782,498	Row LL - Row EE
TT	Cash Funds		(\$4,208,415)	(\$1,608,338)	Row MM - Row FF
UU	Federal Funds		\$1,751,532	\$825,840	Row NN - Row GG

Exhibit H - LONG TERM CARE - CLASS I NURSING FACILITIES - Cash-Based Actuals and Projections (Reference Only)

Cash Based Actuals												
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$290,882,131	\$11,296,090	\$48,974,866	\$16,105	\$0	\$0	\$0	\$33,520	(\$1,180)	\$0	\$99,892	\$351,301,425
FY 2001-02	\$309,141,654	\$13,323,547	\$54,791,472	\$10,182	\$0	\$0	\$0	\$3,748	\$0	\$0	(\$29,233)	\$377,241,370
FY 2002-03	\$310,462,191	\$14,101,811	\$55,720,354	\$20,259	\$0	\$0	\$0	\$0	\$0	\$3,078	\$47,162	\$380,354,855
FY 2003-04	\$336,650,323	\$16,720,841	\$62,600,540	\$12,286	\$0	\$0	\$0	\$0	\$0	\$0	\$27,022	\$416,011,012
FY 2004-05	\$342,142,204	\$19,699,056	\$61,974,535	\$56,072	\$0	\$0	\$0	\$0	\$0	\$0	\$6,466	\$423,878,333
FY 2005-06	\$370,539,529	\$22,631,623	\$63,039,217	(\$10,541)	\$0	\$0	\$1,810	\$0	\$0	\$0	\$318,690	\$456,520,328
FY 2006-07	\$384,275,629	\$24,171,304	\$68,903,820	\$1,596	\$0	\$0	\$0	\$0	\$0	\$0	\$951,138	\$478,303,487
FY 2007-08	\$389,399,454	\$25,395,243	\$69,952,848	\$6,325	\$0	\$0	\$0	\$0	\$0	\$0	\$1,814,628	\$486,568,498
FY 2008-09	\$423,682,370	\$29,953,087	\$77,004,135	\$22,194	\$0	\$0	\$0	\$0	\$0	\$0	\$256,886	\$530,918,672
Estimated FY 2009-10	\$417,683,793	\$29,529,005	\$75,913,896	\$21,880	\$0	\$0	\$0	\$0	\$0	\$0	\$253,249	\$523,401,823
Estimated FY 2010-11	\$445,786,711	\$31,515,798	\$81,021,592	\$23,352	\$0	\$0	\$0	\$0	\$0	\$0	\$270,288	\$558,617,741
Percent Change in Cash Based Actuals												
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	6.28%	17.95%	11.88%	-36.78%	0.00%	0.00%	0.00%	-88.82%	-100.00%	0.00%	-129.26%	7.38%
FY 2002-03	0.43%	5.84%	1.70%	98.97%	0.00%	0.00%	0.00%	-100.00%	0.00%	100.00%	-261.33%	0.83%
FY 2003-04	8.44%	18.57%	12.35%	-39.35%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-42.70%	9.37%
FY 2004-05	1.63%	17.81%	-1.00%	356.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-76.07%	1.89%
FY 2005-06	8.30%	14.89%	1.72%	-118.80%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	4828.72%	7.70%
FY 2006-07	3.71%	6.80%	9.30%	-115.14%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	198.45%	4.77%
FY 2007-08	1.33%	5.06%	1.52%	296.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	90.78%	1.73%
FY 2008-09	8.80%	17.95%	10.08%	250.89%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-85.84%	9.11%
Estimated FY 2009-10	-1.42%	-1.42%	-1.42%	-1.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.42%	-1.42%
Estimated FY 2010-11	6.73%	6.73%	6.73%	6.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	6.73%	6.73%
Per Capita Cost												
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$8,644.60	\$2,190.44	\$1,063.61	\$0.59	\$0.00	\$0.00	\$0.00	\$2.56	(\$0.18)	\$0.00	\$12.25	\$1,275.61
FY 2001-02	\$9,114.92	\$2,570.13	\$1,182.15	\$0.31	\$0.00	\$0.00	\$0.00	\$0.29	\$0.00	\$0.00	(\$3.47)	\$1,277.00
FY 2002-03	\$8,946.01	\$2,596.54	\$1,194.51	\$0.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.75	\$5.25	\$1,146.34
FY 2003-04	\$9,806.59	\$3,013.85	\$1,337.93	\$0.26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.75	\$1,131.82
FY 2004-05	\$9,562.39	\$3,238.91	\$1,293.05	\$0.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.67	\$1,043.85
FY 2005-06	\$10,233.92	\$3,745.72	\$1,317.30	(\$0.18)	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$28.73	\$1,135.01
FY 2006-07	\$10,707.64	\$3,989.32	\$1,411.99	\$0.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.69	\$1,219.45
FY 2007-08	\$10,731.99	\$4,132.00	\$1,400.93	\$0.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$127.66	\$1,241.37
FY 2008-09	\$11,262.46	\$4,646.05	\$1,499.45	\$0.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17.04	\$1,215.44
Estimated FY 2009-10	\$10,833.17	\$4,319.00	\$1,440.19	\$0.37	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.09	\$1,023.45
Estimated FY 2010-11	\$11,421.64	\$4,496.48	\$1,513.94	\$0.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16.32	\$984.38
Percent Change in Per Capita Cost												
CLASS I NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	5.44%	17.33%	11.15%	-47.46%	0.00%	0.00%	0.00%	-88.67%	-100.00%	0.00%	-128.33%	0.11%
FY 2002-03	-1.85%	1.03%	1.05%	61.29%	0.00%	0.00%	0.00%	-100.00%	0.00%	100.00%	-251.30%	-10.23%
FY 2003-04	9.62%	16.07%	12.01%	-48.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-47.62%	-1.27%
FY 2004-05	-2.49%	7.47%	-3.35%	276.92%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-75.64%	-7.77%
FY 2005-06	7.02%	15.65%	1.88%	-118.37%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	4188.06%	8.73%
FY 2006-07	4.63%	6.50%	7.19%	-116.67%	0.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	156.49%	7.44%
FY 2007-08	0.23%	3.58%	-0.78%	366.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	73.24%	1.80%
FY 2008-09	4.94%	12.44%	7.03%	221.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-86.65%	-2.09%
Estimated FY 2009-10	-3.81%	-7.04%	-3.95%	-17.78%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-5.58%	-15.80%
Estimated FY 2010-11	5.43%	4.11%	5.12%	-5.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%	-3.82%

Exhibit H - LONG TERM CARE - CLASS II NURSING FACILITIES - Cash-Based Actuals and Projections

Cash Based Actuals												
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$0	\$0	\$940,412	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$940,412
FY 2001-02	\$0	\$0	\$1,012,033	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,012,033
FY 2002-03	\$0	\$0	\$1,320,373	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,320,373
FY 2003-04	\$0	\$0	\$1,104,554	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,104,554
FY 2004-05	\$0	\$0	\$1,383,445	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,383,445
FY 2005-06	\$69,154	\$0	\$1,367,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,436,850
FY 2006-07	\$106,064	\$27,660	\$2,100,702	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,710	\$2,270,136
FY 2007-08	\$74,970	\$191,024	\$1,924,394	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,248	\$2,235,636
FY 2008-09	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
Estimated FY 2009-10	\$0	\$341,160	\$1,967,129	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,308,289
Estimated FY 2010-11	\$0	\$346,653	\$1,998,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,345,453
Percent Change in Cash Based Actuals												
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	0.00%	0.00%	7.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.62%
FY 2002-03	0.00%	0.00%	30.47%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.47%
FY 2003-04	0.00%	0.00%	-16.35%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-16.35%
FY 2004-05	0.00%	0.00%	25.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.25%
FY 2005-06	100.00%	0.00%	-1.14%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.86%
FY 2006-07	53.37%	100.00%	53.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	57.99%
FY 2007-08	-29.32%	590.61%	-8.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	26.71%	-1.52%
FY 2008-09	-100.00%	75.77%	0.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	1.61%
Estimated FY 2009-10	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.61%
Estimated FY 2010-11	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.61%
Per Capita Cost												
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$0.00	\$0.00	\$20.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.41
FY 2001-02	\$0.00	\$0.00	\$21.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.43
FY 2002-03	\$0.00	\$0.00	\$28.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.98
FY 2003-04	\$0.00	\$0.00	\$23.61	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.01
FY 2004-05	\$0.00	\$0.00	\$28.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.41
FY 2005-06	\$1.91	\$0.00	\$28.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.57
FY 2006-07	\$2.96	\$4.57	\$43.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.77	\$5.79
FY 2007-08	\$2.07	\$31.08	\$38.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.18	\$5.70
FY 2008-09	\$0.00	\$52.08	\$37.70	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.20
Estimated FY 2009-10	\$0.00	\$49.90	\$37.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.51
Estimated FY 2010-11	\$0.00	\$49.46	\$37.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.13
Percent Change in Per Capita Cost												
CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	0.00%	0.00%	6.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.59%
FY 2002-03	0.00%	0.00%	29.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.03%
FY 2003-04	0.00%	0.00%	-16.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-24.37%
FY 2004-05	0.00%	0.00%	22.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.29%
FY 2005-06	100.00%	0.00%	-0.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.69%
FY 2006-07	54.97%	100.00%	50.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%	62.18%
FY 2007-08	-30.07%	580.09%	-10.48%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.80%	-1.55%
FY 2008-09	-100.00%	67.57%	-2.18%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-100.00%	-8.77%
Estimated FY 2009-10	0.00%	-4.19%	-1.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-13.27%
Estimated FY 2010-11	0.00%	-0.88%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.43%

Exhibit H - LONG TERM CARE - CLASS II NURSING FACILITIES - Cash-Based Actuals and Projections

CLASS II NURSING FACILITIES	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Current Year Projection												
FY 2008-09 Expenditure	\$0	\$335,754	\$1,935,960	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,271,714
Percentage Selected to Modify Expenditure	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2009-10 Base Expenditures	\$0	\$341,160	\$1,967,129	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,308,289
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2009-10 Total Expenditure	\$0	\$341,160	\$1,967,129	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,308,289
Estimated FY 2009-10 Per Capita	\$0.00	\$49.90	\$37.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.51
% Change over FY 2008-09 Per Capita	0.00%	-4.19%	-1.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-13.27%
Request Year Projection												
FY 2009-10 Expenditure	\$0	\$341,160	\$1,967,129	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,308,289
Percentage Selected to Modify Expenditure ⁽¹⁾	0.00%	1.61%	1.61%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Estimated FY 2010-11 Base Expenditures	\$0	\$346,653	\$1,998,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,345,453
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure	\$0	\$346,653	\$1,998,800	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,345,453
Estimated FY 2010-11 Per Capita	\$0.00	\$49.46	\$37.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.13
% Change over FY 2009-10 Per Capita	0.00%	-0.88%	0.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-8.43%
Footnotes												
(1) The percentage selected to trend expenditure for FY 2009-10 and FY 2010-11 is the percent expenditure growth from FY 2007-08 to FY 2008-09 for all eligibility categories.												

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

Cash Based Actuals												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$10,268,587	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,268,587
FY 2001-02	\$15,769,828	\$471,289	\$343,888	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$16,585,005
FY 2002-03	\$18,818,222	\$943,551	\$604,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,366,142
FY 2003-04	\$24,097,092	\$1,864,579	\$1,067,498	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$27,029,169
FY 2004-05	\$31,140,652	\$2,557,598	\$1,461,755	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,160,005
FY 2005-06	\$35,666,638	\$2,962,484	\$1,841,368	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,470,490
FY 2006-07	\$37,878,793	\$3,182,900	\$1,810,588	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$42,872,281
FY 2007-08	\$44,272,143	\$3,549,809	\$1,596,904	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$49,418,855
FY 2008-09	\$54,470,714	\$4,395,937	\$2,183,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$61,049,836
Estimated FY 2009-10	\$63,472,003	\$4,810,722	\$2,418,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70,701,122
Estimated FY 2010-11	\$78,269,519	\$5,561,951	\$2,843,692	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,675,162
Percent Change in Cash Based Actuals												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	53.57%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	61.51%
FY 2002-03	19.33%	100.21%	75.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.80%
FY 2003-04	28.05%	97.61%	76.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	32.72%
FY 2004-05	29.23%	37.17%	36.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.08%
FY 2005-06	14.53%	15.83%	25.97%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.10%
FY 2006-07	6.20%	7.44%	-1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.93%
FY 2007-08	16.88%	11.53%	-11.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.27%
FY 2008-09	23.04%	23.84%	36.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	23.54%
Estimated FY 2009-10	16.53%	9.44%	10.77%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.81%
Estimated FY 2010-11	23.31%	15.62%	17.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.59%
Per Capita Cost												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$305.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$37.29
FY 2001-02	\$464.97	\$90.91	\$7.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$56.14
FY 2002-03	\$542.25	\$173.73	\$12.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.38
FY 2003-04	\$701.95	\$336.08	\$22.82	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$73.54
FY 2004-05	\$870.34	\$420.52	\$30.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86.59
FY 2005-06	\$985.08	\$490.32	\$38.48	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.62
FY 2006-07	\$1,055.47	\$525.32	\$37.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$109.30
FY 2007-08	\$1,220.16	\$577.58	\$31.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$126.08
FY 2008-09	\$1,447.96	\$681.86	\$42.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$139.76
Estimated FY 2009-10	\$1,646.23	\$703.63	\$45.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.25
Estimated FY 2010-11	\$2,005.37	\$793.54	\$53.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152.74
Percent Change in Per Capita Cost												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	52.36%	100.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	50.55%
FY 2002-03	16.62%	91.10%	74.66%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.33%
FY 2003-04	29.45%	93.45%	76.08%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	19.81%
FY 2004-05	23.99%	25.12%	33.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	17.75%
FY 2005-06	13.18%	16.60%	26.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.20%
FY 2006-07	7.15%	7.14%	-3.59%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.63%
FY 2007-08	15.60%	9.95%	-13.80%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	15.35%
FY 2008-09	18.67%	18.05%	32.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.85%
Estimated FY 2009-10	13.69%	3.19%	7.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.08%
Estimated FY 2010-11	21.82%	12.78%	15.82%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.48%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

PACE Enrollment and Cost Per Enrollee												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
PACE Average Monthly Paid Enrollment⁽¹⁾												
FY 2002-03	560	27	16	-	-	-	-	-	-	-	-	603
FY 2003-04	717	47	25	-	-	-	-	-	-	-	-	789
FY 2004-05	845	62	31	-	-	-	-	-	-	-	-	938
FY 2005-06	943	64	40	-	-	-	-	-	-	-	-	1,047
FY 2006-07	1,020	69	40	-	-	-	-	-	-	-	-	1,129
FY 2007-08	1,121	82	37	-	-	-	-	-	-	-	-	1,240
FY 2008-09	1,273	100	48	-	-	-	-	-	-	-	-	1,421
Estimated FY 2009-10	1,547	121	58	-	-	-	-	-	-	-	-	1,726
Estimated FY 2010-11	1,684	131	63	-	-	-	-	-	-	-	-	1,878
Percent Changes in Enrollment												
FY 2003-04	28.04%	74.07%	56.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	30.85%
FY 2004-05	17.85%	31.91%	24.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	18.88%
FY 2005-06	11.60%	3.23%	29.03%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	11.62%
FY 2006-07	8.17%	7.81%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.83%
FY 2007-08	9.90%	18.84%	-7.50%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.83%
FY 2008-09	13.56%	21.95%	29.73%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	14.60%
Estimated FY 2009-10	21.50%	21.00%	20.83%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.44%
Estimated FY 2010-11	8.86%	8.26%	8.62%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	8.81%
Average Cost Per Enrollee												
FY 2002-03	\$33,603.97	\$34,946.35	\$37,773.00	-	-	-	-	-	-	-	-	\$33,774.70
FY 2003-04	\$33,608.22	\$39,671.89	\$42,699.92	-	-	-	-	-	-	-	-	\$34,257.50
FY 2004-05	\$36,852.84	\$41,251.59	\$47,153.37	-	-	-	-	-	-	-	-	\$37,484.01
FY 2005-06	\$37,822.52	\$46,288.81	\$46,034.20	-	-	-	-	-	-	-	-	\$38,653.76
FY 2006-07	\$37,136.07	\$46,128.99	\$45,264.70	-	-	-	-	-	-	-	-	\$37,973.68
FY 2007-08	\$39,493.44	\$43,290.35	\$43,159.57	-	-	-	-	-	-	-	-	\$39,853.92
FY 2008-09	\$42,789.25	\$43,959.37	\$45,483.01	-	-	-	-	-	-	-	-	\$42,962.59
Estimated FY 2009-10	\$41,037.05	\$39,758.03	\$41,696.50	-	-	-	-	-	-	-	-	\$40,969.53
Estimated FY 2010-11	\$46,483.86	\$42,457.64	\$45,137.97	-	-	-	-	-	-	-	-	\$46,157.82
Percent Changes in Cost Per Enrollee												
FY 2003-04	0.01%	13.52%	13.04%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.43%
FY 2004-05	9.65%	3.98%	10.43%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.42%
FY 2005-06	2.63%	12.21%	-2.37%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.12%
FY 2006-07	-1.81%	-0.35%	-1.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.76%
FY 2007-08	6.35%	-6.15%	-4.65%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.95%
FY 2008-09	8.35%	1.55%	5.38%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.80%
Estimated FY 2009-10	-4.09%	-9.56%	-8.33%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-4.64%
Estimated FY 2010-11	13.27%	6.79%	8.25%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.66%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Current Year Projection												
FY 2008-09 Average Monthly Paid Enrollment	1,273	100	48	-	-	-	-	-	-	-	-	1,421
Estimated Increase in Average Monthly Paid Enrollment ⁽²⁾	4.08%	3.91%	3.91%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
FY 2009-10 Estimated Base Monthly Paid Enrollment	1,325	104	50	-	-	-	-	-	-	-	-	1,479
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	222	17	8	-	-	-	-	-	-	-	-	247
FY 2009-10 Estimated Monthly Paid Enrollment	1,547	121	58	-	-	-	-	-	-	-	-	1,726
FY 2008-09 Cost Per Enrollee	\$42,789.25	\$43,959.37	\$45,483.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,962.59
Estimated Increase in Cost Per Enrollee ⁽³⁾	4.29%	-1.65%	-0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
FY 2009-10 Estimated Base Cost Per	\$44,624.91	\$43,234.04	\$45,342.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$44,551.49
Estimated FY 2009-10 Base Expenditure	\$69,021,348	\$5,231,319	\$2,629,837	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$76,882,504
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid	\$802,101	\$60,793	\$30,561	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$893,455
ES-2 Medicaid Program Reductions	(\$581,260)	(\$44,055)	(\$22,147)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$647,462)
Total Bottom Line Impacts	\$220,841	\$16,738	\$8,414	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$245,993
<i>Adjustments to Expenditure</i>												
SB 09-265 Timing of Medicaid Payments, PACE Impact (permanent shift)	(\$5,770,186)	(\$437,335)	(\$219,854)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,427,375)
Total Adjustments to Expenditure	(\$5,770,186)	(\$437,335)	(\$219,854)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6,427,375)
Estimated FY 2009-10 Total Expenditure	\$63,472,003	\$4,810,722	\$2,418,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$70,701,122
Estimated FY 2009-10 Per Capita	\$1,646.23	\$703.63	\$45.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$138.25
% Change over FY 2008-09 Per Capita	13.69%	3.19%	7.93%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-1.08%
Estimated FY 2009-10 Expenditure Prior to SB 09-265	\$69,242,189	\$5,248,057	\$2,638,251	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,128,497
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$1,795.89	\$767.60	\$50.05	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.82
% Change over FY 2008-09 Per Capita	24.03%	12.57%	17.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.91%

Exhibit H - LONG TERM CARE - PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) - Cash-Based Actuals and Projections

Request Year Projection												
PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2009-10 Average Monthly Paid Enrollment (Base Enrollment Only)	1,547	121	58	-	-	-	-	-	-	-	-	1,726
Estimated Increase in Average Monthly Paid Enrollment ⁽²⁾	2.04%	1.95%	1.95%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
FY 2010-11 Estimated Base Monthly Paid Enrollment	1,578	123	59	-	-	-	-	-	-	-	-	1,760
Estimated Increase in Average Monthly Paid Enrollment Due to Additional Providers	106	8	4	-	-	-	-	-	-	-	-	118
FY 2010-11 Estimated Monthly Paid Enrollment	1,684	131	63	-	-	-	-	-	-	-	-	1,878
FY 2009-10 Cost Per Enrollee ⁽⁴⁾	\$44,767.69	\$43,372.37	\$45,487.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,969.53
Estimated Increase in Cost Per Enrollee ⁽³⁾	4.29%	-1.65%	-0.31%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
FY 2010-11 Estimated Base Cost Per	\$46,688.22	\$42,656.73	\$45,346.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$46,361.94
Estimated FY 2010-11 Base Expenditure	\$78,613,625	\$5,588,032	\$2,856,803	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$87,058,460
ES-2 Medicaid Program Reductions	(\$344,106)	(\$26,081)	(\$13,111)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$383,298)
Total Bottom Line Impacts	(\$344,106)	(\$26,081)	(\$13,111)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$383,298)
Estimated FY 2010-11 Total Expenditure	\$78,269,519	\$5,561,951	\$2,843,692	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$86,675,162
Estimated FY 2010-11 Per Capita	\$2,005.37	\$793.54	\$53.14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$152.74
% Change over FY 2009-10 Per Capita	11.66%	3.38%	6.17%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.27%

Footnotes

(1) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's PACE program. This figure reflects the number of capitations paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Narrative.

(2) Percentage selected to modify Per Capita amounts for FY 2009-10: Where applicable, percentage selections have been bolded for clarification.	Enrollment Growth		Cost Per Enrollee Growth	
	OAP-A	Half of FY 2006-07 trend	OAP-A	Trend from FY 2005-06 to FY 2008-09
	OAP-B	Half of FY 2006-07 trend	OAP-B	Trend from FY 2005-06 to FY 2008-09
AND/AB	OAP-B Trend	AND/AB	Trend from FY 2005-06 to FY 2008-09	
(3) Percentage selected to modify Per Capita amounts for FY 2010-11: Where applicable, percentage selections have been bolded for clarification.	Enrollment Growth		Cost Per Enrollee Growth	
	OAP-A	Half of FY 2009-10 trend	OAP-A	FY 2009-10 trend
	OAP-B	Half of FY 2009-10 trend	OAP-B	FY 2009-10 trend
AND/AB	Half of FY 2009-10 trend	AND/AB	FY 2009-10 trend	

(4) The FY 2009-10 Cost Per Enrollee is the Estimated FY 2009-10 Base Expenditure plus the FY 2009-10 Bottom Line Impacts, divided by the FY 2009-10 Estimated Monthly Paid Enrollment; this figure does not include the impact of SB 09-265.

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT - Cash-Based Actuals and Projections

Cash Based Actuals												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$18,723,760	\$1,091,861	\$9,814,728	\$61,391	\$0	\$0	\$0	\$0	\$0	\$0	\$5,417,971	\$35,109,711
FY 2001-02	\$20,737,483	\$1,209,290	\$10,870,293	\$67,993	\$0	\$0	\$0	\$0	\$0	\$0	\$6,000,669	\$38,885,728
FY 2002-03	\$20,688,182	\$1,206,415	\$10,844,450	\$67,832	\$0	\$0	\$0	\$0	\$0	\$0	\$5,986,403	\$38,793,282
FY 2003-04	\$25,391,796	\$1,480,703	\$13,310,017	\$83,254	\$0	\$0	\$0	\$0	\$0	\$0	\$7,347,457	\$47,613,226
FY 2004-05	\$31,170,839	\$1,817,703	\$16,339,309	\$102,202	\$0	\$0	\$0	\$0	\$0	\$0	\$9,019,700	\$58,449,753
FY 2005-06	\$37,744,128	\$2,201,019	\$19,784,933	\$123,754	\$0	\$0	\$0	\$0	\$0	\$0	\$10,921,770	\$70,775,604
FY 2006-07	\$44,106,993	\$2,572,065	\$23,120,257	\$144,616	\$0	\$0	\$0	\$0	\$0	\$0	\$12,762,950	\$82,706,881
FY 2007-08	\$43,978,504	\$2,564,572	\$23,052,905	\$144,195	\$0	\$0	\$0	\$0	\$0	\$0	\$12,725,770	\$82,465,946
FY 2008-09	\$49,992,538	\$2,915,276	\$26,205,375	\$163,913	\$0	\$0	\$0	\$0	\$0	\$0	\$14,466,011	\$93,743,114
Estimated FY 2009-10	\$51,987,681	\$3,136,925	\$27,291,083	\$201,623	\$0	\$0	\$0	\$0	\$0	\$0	\$15,320,743	\$97,938,055
Estimated FY 2010-11	\$54,929,916	\$3,356,694	\$28,921,073	\$232,690	\$0	\$0	\$0	\$0	\$0	\$0	\$16,832,259	\$104,272,632
Percent Change in Cash Based Actuals												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	10.75%	10.75%	10.75%	10.75%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.75%	10.75%
FY 2002-03	-0.24%	-0.24%	-0.24%	-0.24%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.24%	-0.24%
FY 2003-04	22.74%	22.74%	22.74%	22.74%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.74%	22.74%
FY 2004-05	22.76%	22.76%	22.76%	22.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	22.76%	22.76%
FY 2005-06	21.09%	21.09%	21.09%	21.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	21.09%	21.09%
FY 2006-07	16.86%	16.86%	16.86%	16.86%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	16.86%	16.86%
FY 2007-08	-0.29%	-0.29%	-0.29%	-0.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-0.29%	-0.29%
FY 2008-09	13.67%	13.67%	13.67%	13.67%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.67%	13.67%
Estimated FY 2009-10	3.99%	7.60%	4.14%	23.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	5.91%	4.47%
Estimated FY 2010-11	5.66%	7.01%	5.97%	15.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	9.87%	6.47%
Per Capita Cost												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$556.44	\$211.72	\$213.15	\$2.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$664.21	\$127.49
FY 2001-02	\$611.44	\$233.27	\$234.53	\$2.04	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$711.99	\$131.63
FY 2002-03	\$596.13	\$222.13	\$232.48	\$1.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$666.04	\$116.92
FY 2003-04	\$739.66	\$266.89	\$284.47	\$1.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$746.54	\$129.54
FY 2004-05	\$871.18	\$298.87	\$340.91	\$1.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$939.06	\$143.94
FY 2005-06	\$1,042.45	\$364.29	\$413.44	\$2.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$984.65	\$175.96
FY 2006-07	\$1,229.02	\$424.50	\$473.79	\$2.85	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$988.76	\$210.86
FY 2007-08	\$1,212.06	\$417.27	\$461.68	\$3.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$895.30	\$210.39
FY 2008-09	\$1,328.92	\$452.19	\$510.28	\$3.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$959.60	\$214.61
Estimated FY 2009-10	\$1,348.37	\$458.82	\$517.75	\$3.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$973.67	\$191.51
Estimated FY 2010-11	\$1,407.38	\$478.91	\$540.41	\$3.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,016.26	\$183.75
Percent Change in Per Capita Cost												
SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	9.88%	10.18%	10.03%	-10.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.19%	3.25%
FY 2002-03	-2.50%	-4.78%	-0.87%	-18.63%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-6.45%	-11.18%
FY 2003-04	24.08%	20.15%	22.36%	5.42%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.09%	10.79%
FY 2004-05	17.78%	11.98%	19.84%	2.29%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	25.79%	11.12%
FY 2005-06	19.66%	21.89%	21.28%	17.32%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.85%	22.25%
FY 2006-07	17.90%	16.53%	14.60%	35.71%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.42%	19.83%
FY 2007-08	-1.38%	-1.70%	-2.56%	13.68%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-9.45%	-0.22%
FY 2008-09	9.64%	8.37%	10.53%	3.09%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	7.18%	2.01%
Estimated FY 2009-10	1.46%	1.47%	1.46%	1.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.47%	-10.76%
Estimated FY 2010-11	4.38%	4.38%	4.38%	4.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.37%	-4.05%

Exhibit H - INSURANCE - SUPPLEMENTAL MEDICARE INSURANCE BENEFIT - Cash-Based Actuals and Projections

SUPPLEMENTAL MEDICARE INSURANCE BENEFIT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Current Year Projection												
FY 2008-09 Expenditure	\$49,992,538	\$2,915,276	\$26,205,375	\$163,913	\$0	\$0	\$0	\$0	\$0	\$0	\$14,466,011	\$93,743,114
FY 2008-09 First Half Expenditure	\$24,819,314	\$1,447,319	\$13,009,930	\$81,377	\$0	\$0	\$0	\$0	\$0	\$0	\$7,181,801	\$46,539,741
FY 2008-09 Second Half Expenditure	\$25,173,224	\$1,467,957	\$13,195,445	\$82,537	\$0	\$0	\$0	\$0	\$0	\$0	\$7,284,210	\$47,203,373
Estimated FY 2009-10 Caseload Trend	2.49%	6.05%	2.64%	21.23%	132.86%	33.75%	18.15%	3.78%	6.77%	-0.60%	4.38%	17.08%
Estimated FY 2009-10 First Half Expenditure	\$25,437,315	\$1,534,882	\$13,353,392	\$98,653	\$0	\$0	\$0	\$0	\$0	\$0	\$7,496,364	\$47,920,606
Estimated Increase in Medicare Part B Premium (Effective January 1, 2010) ⁽¹⁾	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	
Estimated FY 2009-10 Second Half Expenditure	\$26,550,366	\$1,602,043	\$13,937,691	\$102,970	\$0	\$0	\$0	\$0	\$0	\$0	\$7,824,379	\$50,017,449
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2009-10 Total Expenditure⁽²⁾	\$51,987,681	\$3,136,925	\$27,291,083	\$201,623	\$0	\$0	\$0	\$0	\$0	\$0	\$15,320,743	\$97,938,055
Estimated FY 2009-10 Per Capita	\$1,348.37	\$458.82	\$517.75	\$3.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$973.67	\$191.51
% Change over FY 2008-09 Per Capita	1.46%	1.47%	1.46%	1.20%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.47%	-10.76%
Request Year Projection												
Estimated FY 2009-10 Expenditure	\$51,987,681	\$3,136,925	\$27,291,083	\$201,623	\$0	\$0	\$0	\$0	\$0	\$0	\$15,320,743	\$97,938,055
Estimated FY 2009-10 First Half Expenditure	\$25,437,315	\$1,534,882	\$13,353,392	\$98,653	\$0	\$0	\$0	\$0	\$0	\$0	\$7,496,364	\$47,920,606
Estimated FY 2009-10 Second Half Expenditure	\$26,550,366	\$1,602,043	\$13,937,691	\$102,970	\$0	\$0	\$0	\$0	\$0	\$0	\$7,824,379	\$50,017,449
Estimated FY 2010-11 Caseload Trend	1.23%	2.52%	1.53%	10.57%	-36.10%	14.86%	8.60%	3.28%	2.56%	3.51%	5.26%	\$0
Estimated FY 2010-11 First Half Expenditure	\$26,876,936	\$1,642,414	\$14,150,938	\$113,854	\$0	\$0	\$0	\$0	\$0	\$0	\$8,235,941	\$51,020,083
Estimated Increase in Medicare Part B Premium (Effective January 1, 2011) ⁽¹⁾	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	4.38%	
Estimated FY 2010-11 Second Half Expenditure	\$28,052,980	\$1,714,280	\$14,770,135	\$118,836	\$0	\$0	\$0	\$0	\$0	\$0	\$8,596,318	\$53,252,549
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure⁽²⁾	\$54,929,916	\$3,356,694	\$28,921,073	\$232,690	\$0	\$0	\$0	\$0	\$0	\$0	\$16,832,259	\$104,272,632
Estimated FY 2010-11 Per Capita	\$1,407.38	\$478.91	\$540.41	\$3.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,016.26	\$183.75
% Change over FY 2009-10 Per Capita	4.38%	4.38%	4.38%	4.44%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	4.37%	-4.05%

Footnotes

(1) The Part B premium increased to \$96.40 from \$93.50 effective January 1, 2008 and remained \$96.40 for calendar year 2009. The estimated increase in the Medicare Part B Premium for FY 2009-10 and for FY 2010-11 is calculated as the average percent increase from calendar year 2006 to calendar year 2008. Calendar year 2009 is excluded, since there was no rate increase.

(2) Total Expenditure is calculated as the estimated first half expenditure plus the estimated second half expenditure. See the Budget Narrative for further information.

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN - Cash-Based Actuals and Projections

Cash Based Actuals												
HEALTH INSURANCE BUY-IN	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$134,494	\$11,728	\$99,340	\$23,883	\$0	\$0	\$39,856	\$6,681	\$8,366	\$5,185	\$1,931	\$331,463
FY 2001-02	\$140,709	\$12,270	\$103,931	\$24,986	\$0	\$0	\$41,698	\$6,990	\$8,753	\$5,425	\$2,020	\$346,783
FY 2002-03	\$179,279	\$15,633	\$132,420	\$31,836	\$0	\$0	\$53,127	\$8,906	\$11,152	\$6,912	\$2,574	\$441,840
FY 2003-04	\$280,042	\$24,420	\$206,845	\$49,728	\$0	\$0	\$82,987	\$13,912	\$17,420	\$10,796	\$4,021	\$690,172
FY 2004-05	\$246,429	\$21,489	\$182,018	\$43,760	\$0	\$0	\$73,026	\$12,242	\$15,329	\$9,501	\$3,538	\$607,332
FY 2005-06	\$212,695	\$18,547	\$157,102	\$37,769	\$0	\$0	\$63,030	\$10,566	\$13,231	\$8,200	\$3,054	\$524,194
FY 2006-07	\$1,797	\$20,389	\$704,579	\$2,008	\$0	\$0	\$9,795	\$651	\$3,133	\$0	\$0	\$742,352
FY 2007-08	\$3,274	\$1,762	\$877,995	\$1,605	\$0	\$0	\$16,916	\$1,188	\$2,208	\$0	\$0	\$904,947
FY 2008-09	(\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
Estimated FY 2009-10	\$0	\$4,475	\$1,282,660	\$6,622	\$0	\$0	\$21,782	\$0	\$739	\$0	\$0	\$1,316,278
Estimated FY 2010-11	\$0	\$4,659	\$1,335,377	\$6,483	\$0	\$0	\$21,325	\$0	\$813	\$0	\$0	\$1,368,657
Percent Change in Cash Based Actuals												
HEALTH INSURANCE BUY-IN	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	4.62%	4.62%	4.62%	4.62%	0.00%	0.00%	4.62%	4.62%	4.62%	4.62%	4.62%	4.62%
FY 2002-03	27.41%	27.41%	27.41%	27.41%	0.00%	0.00%	27.41%	27.41%	27.41%	27.41%	27.41%	27.41%
FY 2003-04	56.20%	56.20%	56.20%	56.20%	0.00%	0.00%	56.20%	56.20%	56.20%	56.20%	56.20%	56.20%
FY 2004-05	-12.00%	-12.00%	-12.00%	-12.00%	0.00%	0.00%	-12.00%	-12.00%	-12.00%	-12.00%	-12.00%	-12.00%
FY 2005-06	-13.69%	-13.69%	-13.69%	-13.69%	0.00%	0.00%	-13.69%	-13.69%	-13.69%	-13.69%	-13.69%	-13.69%
FY 2006-07	-99.16%	9.93%	348.49%	-94.68%	0.00%	0.00%	-84.46%	-93.84%	-76.32%	-100.00%	-100.00%	41.62%
FY 2007-08	82.18%	-91.36%	24.61%	-20.08%	0.00%	0.00%	72.70%	82.42%	-29.53%	0.00%	0.00%	21.90%
FY 2008-09	-105.40%	81.58%	4.45%	213.73%	0.00%	0.00%	-2.10%	-100.00%	-77.35%	0.00%	0.00%	4.11%
Estimated FY 2009-10	-100.00%	39.86%	39.87%	31.53%	0.00%	0.00%	31.53%	0.00%	47.80%	0.00%	0.00%	39.71%
Estimated FY 2010-11	0.00%	4.11%	4.11%	-2.10%	0.00%	0.00%	-2.10%	0.00%	10.01%	0.00%	0.00%	3.98%
Per Capita Cost												
HEALTH INSURANCE BUY-IN	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$4.00	\$2.27	\$2.16	\$0.88	\$0.00	\$0.00	\$0.32	\$0.51	\$1.28	\$0.42	\$0.24	\$1.20
FY 2001-02	\$4.15	\$2.37	\$2.24	\$0.75	\$0.00	\$0.00	\$0.29	\$0.53	\$1.23	\$1.35	\$0.24	\$1.17
FY 2002-03	\$5.17	\$2.88	\$2.84	\$0.78	\$0.00	\$0.00	\$0.31	\$0.64	\$1.43	\$1.69	\$0.29	\$1.33
FY 2003-04	\$8.16	\$4.40	\$4.42	\$1.05	\$0.00	\$0.00	\$0.42	\$0.93	\$2.07	\$2.25	\$0.41	\$1.88
FY 2004-05	\$6.89	\$3.53	\$3.80	\$0.77	\$0.00	\$0.00	\$0.33	\$0.78	\$2.54	\$1.84	\$0.37	\$1.50
FY 2005-06	\$5.87	\$3.07	\$3.28	\$0.64	\$0.00	\$0.00	\$0.29	\$0.64	\$2.58	\$1.32	\$0.28	\$1.30
FY 2006-07	\$0.05	\$3.37	\$14.44	\$0.04	\$0.00	\$0.00	\$0.05	\$0.04	\$0.60	\$0.00	\$0.00	\$1.89
FY 2007-08	\$0.09	\$0.29	\$17.58	\$0.04	\$0.00	\$0.00	\$0.08	\$0.07	\$0.35	\$0.00	\$0.00	\$2.31
FY 2008-09	\$0.00	\$0.50	\$17.86	\$0.10	\$0.00	\$0.00	\$0.07	\$0.00	\$0.07	\$0.00	\$0.00	\$2.16
Estimated FY 2009-10	\$0.00	\$0.65	\$24.33	\$0.11	\$0.00	\$0.00	\$0.08	\$0.00	\$0.10	\$0.00	\$0.00	\$2.57
Estimated FY 2010-11	\$0.00	\$0.66	\$24.95	\$0.10	\$0.00	\$0.00	\$0.07	\$0.00	\$0.11	\$0.00	\$0.00	\$2.41
Percent Change in Per Capita Cost												
HEALTH INSURANCE BUY-IN	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	3.75%	4.41%	3.70%	-14.77%	0.00%	0.00%	-9.38%	3.92%	-3.91%	221.43%	0.00%	-2.50%
FY 2002-03	24.58%	21.52%	26.79%	4.00%	0.00%	0.00%	6.90%	20.75%	16.26%	25.19%	20.83%	13.68%
FY 2003-04	57.83%	52.78%	55.63%	34.62%	0.00%	0.00%	35.48%	45.31%	44.76%	33.14%	41.38%	41.35%
FY 2004-05	-15.56%	-19.77%	-14.03%	-26.67%	0.00%	0.00%	-21.43%	-16.13%	22.71%	-18.22%	-9.76%	-20.21%
FY 2005-06	-14.80%	-13.03%	-13.68%	-16.88%	0.00%	0.00%	-12.12%	-17.95%	1.57%	-28.26%	-24.32%	-13.33%
FY 2006-07	-99.15%	9.77%	340.24%	-93.75%	0.00%	0.00%	-82.76%	-93.75%	-76.74%	-100.00%	-100.00%	45.38%
FY 2007-08	80.00%	-91.39%	21.75%	0.00%	0.00%	0.00%	60.00%	75.00%	-41.67%	0.00%	0.00%	22.22%
FY 2008-09	-100.00%	72.41%	1.59%	150.00%	0.00%	0.00%	-12.50%	-100.00%	-80.00%	0.00%	0.00%	-6.49%
Estimated FY 2009-10	0.00%	30.00%	36.23%	10.00%	0.00%	0.00%	14.29%	0.00%	42.86%	0.00%	0.00%	18.98%
Estimated FY 2010-11	0.00%	1.54%	2.55%	-9.09%	0.00%	0.00%	-12.50%	0.00%	10.00%	0.00%	0.00%	-6.23%

Exhibit H - INSURANCE - HEALTH INSURANCE BUY-IN - Cash-Based Actuals and Projections

Per Capita Trends												
Per Capita Trends	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Actual FY 2008-09 Per Capita	\$0.00	\$0.50	\$17.86	\$0.10	\$0.00	\$0.00	\$0.07	\$0.00	\$0.07	\$0.00	\$0.00	\$2.16
Average of FY 2002-03 through FY 2006-07	-9.42%	10.25%	78.99%	-19.74%	0.00%	0.00%	-14.79%	-12.35%	1.71%	-17.63%	-14.37%	13.37%
Average of FY 2003-04 through FY 2006-07	-17.92%	7.44%	92.04%	-25.67%	0.00%	0.00%	-20.21%	-20.63%	-1.93%	-28.34%	-23.18%	13.30%
Average of FY 2004-05 through FY 2006-07	-43.17%	-7.68%	104.18%	-45.77%	0.00%	0.00%	-38.77%	-42.61%	-17.49%	-48.83%	-44.69%	3.95%
Average of FY 2005-06 through FY 2006-07	-56.98%	-1.63%	163.28%	-55.32%	0.00%	0.00%	-47.44%	-55.85%	-37.59%	-64.13%	-62.16%	16.03%
Average of FY 2003-04 through FY 2007-08	1.66%	-12.33%	77.98%	-20.54%	0.00%	0.00%	-4.17%	-1.50%	-9.87%	-22.67%	-18.54%	15.08%
Average of FY 2004-05 through FY 2007-08	-12.38%	-28.61%	83.57%	-34.33%	0.00%	0.00%	-14.08%	-13.21%	-23.53%	-36.62%	-33.52%	8.52%
Average of FY 2005-06 through FY 2007-08	-11.32%	-31.55%	116.10%	-36.88%	0.00%	0.00%	-11.63%	-12.23%	-38.95%	-42.75%	-41.44%	18.09%
Average of FY 2006-07 through FY 2007-08	-9.58%	-40.81%	181.00%	-46.88%	0.00%	0.00%	-11.38%	-9.38%	-59.21%	-50.00%	-50.00%	33.80%
Average of FY 2004-05 through FY 2008-09	-29.90%	-8.40%	67.17%	2.54%	0.00%	0.00%	-13.76%	-30.57%	-34.83%	-29.30%	-26.82%	5.51%
Average of FY 2005-06 through FY 2008-09	-33.49%	-5.56%	87.48%	9.84%	0.00%	0.00%	-11.85%	-34.18%	-49.21%	-32.07%	-31.08%	11.95%
Average of FY 2006-07 through FY 2008-09	-39.72%	-3.07%	121.19%	18.75%	0.00%	0.00%	-11.75%	-39.58%	-66.14%	-33.33%	-33.33%	20.37%
Average of FY 2007-08 through FY 2008-09	-10.00%	-9.49%	11.67%	75.00%	0.00%	0.00%	23.75%	-12.50%	-60.84%	0.00%	0.00%	7.87%
Current Year Projection												
FY 2008-09 Expenditure	(\$177)	\$3,200	\$917,027	\$5,034	\$0	\$0	\$16,561	\$0	\$500	\$0	\$0	\$942,145
Percentage Selected to Modify Expenditure ⁽¹⁾	-100.00%	4.11%	4.11%	-2.10%	0.00%	0.00%	-2.10%	0.00%	10.00%	0.00%	0.00%	
Estimated FY 2009-10 Base Expenditure	\$0	\$3,331	\$954,717	\$4,929	\$0	\$0	\$16,213	\$0	\$550	\$0	\$0	\$979,740
BA-37 Increased Enrollment in Health Insurance Buy-In Program	\$0	\$1,144	\$327,943	\$1,693	\$0	\$0	\$5,569	\$0	\$189	\$0	\$0	\$336,538
Total Bottom Line Impacts	\$0	\$1,144	\$327,943	\$1,693	\$0	\$0	\$5,569	\$0	\$189	\$0	\$0	\$336,538
Estimated FY 2009-10 Total Expenditure	\$0	\$4,475	\$1,282,660	\$6,622	\$0	\$0	\$21,782	\$0	\$739	\$0	\$0	\$1,316,278
Estimated FY 2009-10 Per Capita	\$0.00	\$0.65	\$24.33	\$0.11	\$0.00	\$0.00	\$0.08	\$0.00	\$0.10	\$0.00	\$0.00	\$2.57
% Change over FY 2008-09 Per Capita	0.00%	30.00%	36.23%	10.00%	0.00%	0.00%	14.29%	0.00%	42.86%	0.00%	0.00%	18.98%
Request Year Projection												
Estimated FY 2009-10 Expenditure	\$0	\$4,475	\$1,282,660	\$6,622	\$0	\$0	\$21,782	\$0	\$739	\$0	\$0	\$1,316,278
Percentage Selected to Modify Expenditure ⁽¹⁾	0.00%	4.11%	4.11%	-2.10%	0.00%	0.00%	-2.10%	0.00%	10.00%	0.00%	0.00%	
Estimated FY 2010-11 Base Expenditures	\$0	\$4,659	\$1,335,377	\$6,483	\$0	\$0	\$21,325	\$0	\$813	\$0	\$0	\$1,368,657
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure	\$0	\$4,659	\$1,335,377	\$6,483	\$0	\$0	\$21,325	\$0	\$813	\$0	\$0	\$1,368,657
Estimated FY 2010-11 Per Capita	\$0.00	\$0.66	\$24.95	\$0.10	\$0.00	\$0.00	\$0.07	\$0.00	\$0.11	\$0.00	\$0.00	\$2.41
% Change over FY 2009-10 Per Capita	0.00%	1.54%	2.55%	-9.09%	0.00%	0.00%	-12.50%	0.00%	10.00%	0.00%	0.00%	-6.23%
Footnotes												
(1) Percentage selected to modify enrollment for FY 2009-10: Where applicable, percentage selections have been bolded for clarification.	OAP-A	-100%			Exp. Adults	0.00%			BC Adults	10%		
	OAP-B	FY 2008-09 trend for all eligibility categories			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	FY 2008-09 trend for all eligibility categories			Elig. Children	FY 2008-09 trend			Partial Dual	0.00%		
	AFDC-A	Elig. Children FY 2008-09 trend			Foster Care	0.00%						
(2) Percentage selected to modify enrollment for FY 2010-11: Where applicable, percentage selections have been italicized for clarification.	<i>OAP-A</i>	0.00%			Exp. Adults	0.00%			BC Adults	10%		
	<i>OAP-B</i>	FY 2008-09 trend for all eligibility categories			BCCP	0.00%			Non-Citizens	0.00%		
	<i>AND/AB</i>	FY 2008-09 trend for all eligibility categories			Elig. Children	FY 2008-09 trend			Partial Dual	0.00%		
	<i>AFDC-A</i>	Elig. Children FY 2008-09 trend			Foster Care	0.00%						

Exhibit I - Service Management - Summary

FY 2009-10 Service Management Request												
Service Management	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Point	\$11,761,589	\$1,996,117	\$10,055,821	\$3,344	\$0	\$0	\$1,560	\$7,356	\$0	\$58,850	\$7,022	\$23,891,659
Disease Management	\$4,438	\$2,482	\$21,942	\$10,510	\$0	\$299	\$18,399	\$2,903	\$2,515	\$0	\$0	\$63,488
Prepaid Inpatient Health Plan Administration	\$439,405	\$93,970	\$1,166,112	\$566,923	\$107,318	\$0	\$2,432,462	\$222,460	\$103,744	\$0	\$0	\$5,132,394
Sub-total Service Management	\$12,205,432	\$2,092,569	\$11,243,875	\$580,777	\$107,318	\$299	\$2,452,421	\$232,719	\$106,259	\$58,850	\$7,022	\$29,087,541
FY 2010-11 Service Management Request												
Service Management	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Single Entry Point	\$12,267,424	\$2,173,187	\$10,923,712	\$3,560	\$0	\$0	\$1,661	\$7,833	\$0	\$62,664	\$7,477	\$25,447,518
Disease Management	\$279,584	\$156,350	\$1,382,464	\$662,174	\$0	\$18,830	\$1,159,242	\$182,918	\$158,438	\$0	\$0	\$4,000,000
Prepaid Inpatient Health Plan Administration	\$1,617,580	\$296,757	\$2,789,943	\$2,074,437	\$561,613	\$8,952	\$9,880,081	\$823,758	\$355,040	\$0	\$0	\$18,408,161
Sub-total Service Management	\$14,164,588	\$2,626,294	\$15,096,119	\$2,740,171	\$561,613	\$27,782	\$11,040,984	\$1,014,509	\$513,478	\$62,664	\$7,477	\$47,855,679

Exhibit I - SERVICE MANAGEMENT - SINGLE ENTRY POINTS - Cash-Based Actuals and Projections

Cash Based Actuals												
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$7,265,322	\$979,239	\$5,393,712	\$987	\$0	\$0	\$0	\$1,974	\$0	\$0	\$0	\$13,641,234
FY 2001-02	\$7,511,496	\$1,012,419	\$5,576,469	\$1,021	\$0	\$0	\$0	\$2,041	\$0	\$0	\$0	\$14,103,446
FY 2002-03	\$7,791,287	\$1,050,130	\$5,784,183	\$1,059	\$0	\$0	\$0	\$2,117	\$0	\$0	\$0	\$14,628,776
FY 2003-04	\$7,810,601	\$1,041,413	\$5,676,359	\$1,094	\$0	\$0	\$0	\$1,094	\$0	\$0	\$0	\$14,530,561
FY 2004-05	\$9,077,168	\$1,312,201	\$6,855,305	\$4,865	\$0	\$0	\$1,216	\$0	\$0	\$0	\$6,081	\$17,256,835
FY 2005-06	\$8,671,602	\$1,294,860	\$6,568,161	\$2,262	\$0	\$0	\$2,262	\$0	\$0	\$0	\$7,916	\$16,547,063
FY 2006-07	\$9,171,616	\$1,415,981	\$7,352,685	\$4,528	\$0	\$0	\$0	\$1,132	\$0	\$0	\$56,594	\$18,002,536
FY 2007-08	\$10,894,815	\$1,743,587	\$8,992,484	\$2,602	\$0	\$0	\$1,301	\$2,602	\$0	\$0	\$119,709	\$21,757,100
FY 2008-09	\$11,356,087	\$1,927,170	\$9,708,485	\$3,228	\$0	\$0	\$1,507	\$7,102	\$0	\$56,818	\$6,779	\$23,067,175
Estimated FY 2009-10	\$11,761,589	\$1,996,117	\$10,055,821	\$3,344	\$0	\$0	\$1,560	\$7,356	\$0	\$58,850	\$7,022	\$23,891,659
Estimated FY 2010-11	\$12,267,424	\$2,173,187	\$10,923,712	\$3,560	\$0	\$0	\$1,661	\$7,833	\$0	\$62,664	\$7,477	\$25,447,518
Percent Change in Cash Based Actuals												
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	3.39%	3.39%	3.39%	3.39%	0.00%	0.00%	0.00%	3.39%	0.00%	0.00%	0.00%	3.39%
FY 2002-03	3.72%	3.72%	3.72%	3.72%	0.00%	0.00%	0.00%	3.72%	0.00%	0.00%	0.00%	3.72%
FY 2003-04	0.25%	-0.83%	-1.86%	3.34%	0.00%	0.00%	0.00%	-48.33%	0.00%	0.00%	0.00%	-0.67%
FY 2004-05	16.22%	26.00%	20.77%	344.69%	0.00%	0.00%	100.00%	-100.00%	0.00%	0.00%	100.00%	18.76%
FY 2005-06	-4.47%	-1.32%	-4.19%	-53.50%	0.00%	0.00%	86.00%	0.00%	0.00%	0.00%	30.18%	-4.11%
FY 2006-07	5.77%	9.35%	11.94%	100.18%	0.00%	0.00%	-100.00%	100.00%	0.00%	0.00%	614.93%	8.80%
FY 2007-08	18.79%	23.14%	22.30%	-42.53%	0.00%	0.00%	100.00%	129.89%	0.00%	0.00%	111.52%	20.86%
FY 2008-09	4.23%	10.53%	7.96%	24.05%	0.00%	0.00%	15.78%	172.91%	0.00%	100.00%	-94.34%	6.02%
Estimated FY 2009-10	3.57%	3.58%	3.58%	3.58%	0.00%	0.00%	3.55%	3.57%	0.00%	3.58%	3.58%	3.57%
Estimated FY 2010-11	4.30%	8.87%	8.63%	6.46%	0.00%	0.00%	6.47%	6.48%	0.00%	6.48%	6.48%	6.51%
Per Capita Cost												
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2000-01	\$215.91	\$189.89	\$117.14	\$0.04	\$0.00	\$0.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	\$49.53
FY 2001-02	\$221.47	\$195.30	\$120.31	\$0.03	\$0.00	\$0.00	\$0.00	\$0.16	\$0.00	\$0.00	\$0.00	\$47.74
FY 2002-03	\$224.51	\$193.36	\$124.00	\$0.03	\$0.00	\$0.00	\$0.00	\$0.15	\$0.00	\$0.00	\$0.00	\$44.09
FY 2003-04	\$227.52	\$187.71	\$121.32	\$0.02	\$0.00	\$0.00	\$0.00	\$0.07	\$0.00	\$0.00	\$0.00	\$39.53
FY 2004-05	\$253.69	\$215.75	\$143.03	\$0.09	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.63	\$42.50
FY 2005-06	\$239.50	\$214.31	\$137.25	\$0.04	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.71	\$41.14
FY 2006-07	\$255.56	\$233.70	\$150.67	\$0.09	\$0.00	\$0.00	\$0.00	\$0.07	\$0.00	\$0.00	\$4.38	\$45.90
FY 2007-08	\$300.26	\$283.69	\$180.09	\$0.06	\$0.00	\$0.00	\$0.01	\$0.15	\$0.00	\$0.00	\$8.42	\$55.51
FY 2008-09	\$301.87	\$298.93	\$189.05	\$0.07	\$0.00	\$0.00	\$0.01	\$0.39	\$0.00	\$14.25	\$0.45	\$52.81
Estimated FY 2009-10	\$305.05	\$291.96	\$190.77	\$0.06	\$0.00	\$0.00	\$0.01	\$0.39	\$0.00	\$14.85	\$0.45	\$46.72
Estimated FY 2010-11	\$314.31	\$310.06	\$204.12	\$0.05	\$0.00	\$0.00	\$0.01	\$0.41	\$0.00	\$15.28	\$0.45	\$44.84
Percent Change in Per Capita Cost												
SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2001-02	2.58%	2.85%	2.71%	-25.00%	0.00%	0.00%	0.00%	6.67%	0.00%	0.00%	0.00%	-3.61%
FY 2002-03	1.37%	-0.99%	3.07%	0.00%	0.00%	0.00%	0.00%	-6.25%	0.00%	0.00%	0.00%	-7.65%
FY 2003-04	1.34%	-2.92%	-2.16%	-33.33%	0.00%	0.00%	0.00%	-53.33%	0.00%	0.00%	0.00%	-10.34%
FY 2004-05	11.50%	14.94%	17.89%	350.00%	0.00%	0.00%	100.00%	-100.00%	0.00%	0.00%	100.00%	7.51%
FY 2005-06	-5.59%	-0.67%	-4.04%	-55.56%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	12.70%	-3.20%
FY 2006-07	6.71%	9.05%	9.78%	125.00%	0.00%	0.00%	-100.00%	100.00%	0.00%	0.00%	516.90%	11.57%
FY 2007-08	17.49%	21.39%	19.53%	-33.33%	0.00%	0.00%	100.00%	114.29%	0.00%	0.00%	92.24%	20.94%
FY 2008-09	0.54%	5.37%	4.98%	16.67%	0.00%	0.00%	0.00%	160.00%	0.00%	100.00%	-94.66%	-4.86%
Estimated FY 2009-10	1.05%	-2.33%	0.91%	-14.29%	0.00%	0.00%	0.00%	0.00%	0.00%	4.21%	0.00%	-11.53%
Estimated FY 2010-11	3.04%	6.20%	7.00%	-16.67%	0.00%	0.00%	0.00%	5.13%	0.00%	2.90%	0.00%	-4.02%

Exhibit I - SERVICE MANAGEMENT - SINGLE ENTRY POINTS - Cash-Based Actuals and Projections

Home and Community Based Services (HCBS) Utilization⁽¹⁾

SINGLE ENTRY POINTS	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
HCBS Average Monthly Paid Enrollment⁽²⁾												
FY 2002-03	7,360	992	5,464	2	-	-	-	2	1	-	-	13,821
FY 2003-04	7,140	952	5,189	1	-	-	1	1	-	1	8	13,293
FY 2004-05	7,464	1,079	5,637	4	-	-	1	1	-	5	8	14,199
FY 2005-06	7,668	1,145	5,808	2	-	-	2	1	-	9	5	14,640
FY 2006-07	8,103	1,251	6,496	4	-	1	1	2	-	50	6	15,914
FY 2007-08	8,373	1,340	6,911	2	-	-	3	2	-	92	8	16,731
FY 2008-09	8,794	1,492	7,518	3	-	-	1	6	-	44	5	17,863
Percent Changes in Enrollment												
FY 2002-03 to FY 2003-04	-2.99%	-4.03%	-5.03%	-50.00%	0.00%	0.00%	0.00%	-50.00%	-100.00%	0.00%	0.00%	-3.82%
FY 2003-04 to FY 2004-05	4.54%	13.34%	8.63%	300.00%	0.00%	0.00%	0.00%	0.00%	0.00%	400.00%	0.00%	6.82%
FY 2004-05 to FY 2005-06	2.73%	6.12%	3.03%	-50.00%	0.00%	0.00%	100.00%	0.00%	0.00%	80.00%	-37.50%	3.11%
FY 2005-06 to FY 2006-07	5.67%	9.26%	11.85%	100.00%	0.00%	0.00%	-50.00%	100.00%	0.00%	455.56%	20.00%	8.70%
FY 2006-07 to FY 2007-08	3.33%	7.11%	6.39%	-50.00%	0.00%	-100.00%	200.00%	0.00%	0.00%	84.00%	33.33%	5.13%
FY 2007-08 to FY 2008-09	5.03%	11.37%	8.79%	25.00%	0.00%	0.00%	-61.11%	175.00%	0.00%	-52.17%	-34.38%	6.76%
Current Year Projection												
FY 2009-10 Base Contracts	\$12,144,127	\$2,061,040	\$10,382,881	\$3,453	\$0	\$0	\$1,611	\$7,596	\$0	\$60,764	\$7,250	\$24,668,722
BA-33 Provider Volume and Rate Reductions	(\$248,715)	(\$42,211)	(\$212,645)	(\$71)	\$0	\$0	(\$33)	(\$156)	\$0	(\$1,244)	(\$148)	(\$505,223)
ES-2 Medicaid Program Reductions	(\$133,823)	(\$22,712)	(\$114,415)	(\$38)	\$0	\$0	(\$18)	(\$84)	\$0	(\$670)	(\$80)	(\$271,840)
Total Bottom Line Impacts	(\$382,538)	(\$64,923)	(\$327,060)	(\$109)	\$0	\$0	(\$51)	(\$240)	\$0	(\$1,914)	(\$228)	(\$777,063)
Estimated FY 2009-10 Total Expenditure	\$11,761,589	\$1,996,117	\$10,055,821	\$3,344	\$0	\$0	\$1,560	\$7,356	\$0	\$58,850	\$7,022	\$23,891,659
Estimated FY 2009-10 Per Capita	\$305.05	\$291.96	\$190.77	\$0.06	\$0.00	\$0.00	\$0.01	\$0.39	\$0.00	\$14.85	\$0.45	\$46.72
% Change over FY 2008-09 Per Capita	1.05%	-2.33%	0.91%	-19.82%	0.00%	0.00%	-43.85%	0.78%	0.00%	4.21%	-0.83%	-11.54%
Request Year Projection												
FY 2010-11 Base Contracts	\$11,761,589	\$1,996,117	\$10,055,821	\$3,344	\$0	\$0	\$1,560	\$7,356	\$0	\$58,850	\$7,022	\$23,891,659
Estimated Increase in HCBS Utilization ⁽³⁾	4.68%	9.25%	9.01%	6.86%	6.86%	6.86%	6.86%	6.86%	6.86%	6.86%	6.86%	
Estimated FY 2010-11 Base Expenditure	\$12,312,031	\$2,180,758	\$10,961,850	\$3,573	\$0	\$0	\$1,667	\$7,861	\$0	\$62,887	\$7,504	\$25,538,131
ES-2 Medicaid Program Reductions	(\$44,607)	(\$7,571)	(\$38,138)	(\$13)	\$0	\$0	(\$6)	(\$28)	\$0	(\$223)	(\$27)	(\$90,613)
Total Bottom Line Impacts	(\$44,607)	(\$7,571)	(\$38,138)	(\$13)	\$0	\$0	(\$6)	(\$28)	\$0	(\$223)	(\$27)	(\$90,613)
Estimated FY 2010-11 Total Expenditure	\$12,267,424	\$2,173,187	\$10,923,712	\$3,560	\$0	\$0	\$1,661	\$7,833	\$0	\$62,664	\$7,477	\$25,447,518
Estimated FY 2010-11 Per Capita	\$314.31	\$310.06	\$204.12	\$0.05	\$0.00	\$0.00	\$0.01	\$0.41	\$0.00	\$15.28	\$0.45	\$44.84
% Change over FY 2009-10 Per Capita	3.03%	6.20%	7.00%	-10.91%	0.00%	0.00%	78.08%	4.31%	0.00%	2.90%	0.84%	-4.02%
Footnotes												
(1) Home and Community Based Services (HCBS) utilization is not the only factor which influences Single Entry Point expenditure. However, the Department believes that utilization trends are a good proxy for other Single Entry Point functions. Please see the Budget Narrative for further information.												
(2) The Average Monthly Paid Enrollment is not the actual enrollment in the Department's HCBS programs. This figure reflects the number of clients for who claims were paid in each month, not the distinct number of clients enrolled. For further information, please see the Budget Narrative.												
(3) For OAP-A, OAP-B, and AND/AB, the Department selected the three-year average of the percent changes from FY 2005-06 through FY 2008-09 for each aid category. For all other aid categories, the Department selected the aggregate three-year average of the percent change from FY 2005-06 through FY 2008-09.												

Exhibit I - SERVICE MANAGEMENT - DISEASE MANAGEMENT - Cash-Based Actuals and Projections

Cash Based Actuals												
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$26,163	\$8,253	\$73,925	\$30,257	\$0	\$420	\$38,813	\$7,351	\$9,889	\$9,202	\$408	\$204,682
FY 2005-06	\$38,074	\$13,320	\$114,902	\$52,228	\$0	\$637	\$80,668	\$12,989	\$9,537	\$0	\$0	\$322,355
FY 2006-07	\$31,652	\$16,971	\$146,541	\$76,859	\$0	\$2,053	\$120,548	\$19,962	\$14,413	\$0	\$0	\$428,999
FY 2007-08	\$165,996	\$92,931	\$833,085	\$378,473	\$0	\$12,812	\$645,653	\$113,811	\$87,964	\$0	\$0	\$2,330,726
FY 2008-09	\$201,459	\$112,661	\$996,159	\$477,141	\$0	\$13,568	\$835,312	\$131,805	\$114,165	\$0	\$0	\$2,882,271
Estimated FY 2009-10	\$4,438	\$2,482	\$21,942	\$10,510	\$0	\$299	\$18,399	\$2,903	\$2,515	\$0	\$0	\$63,488
Estimated FY 2010-11	\$279,584	\$156,350	\$1,382,464	\$662,174	\$0	\$18,830	\$1,159,242	\$182,918	\$158,438	\$0	\$0	\$4,000,000
Percent Change in Cash Based Actuals												
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	45.53%	61.39%	55.43%	72.62%	0.00%	51.58%	107.83%	76.70%	-3.56%	-100.00%	-100.00%	57.49%
FY 2006-07	-16.87%	27.41%	27.54%	47.16%	0.00%	222.29%	49.44%	53.68%	51.13%	0.00%	0.00%	33.08%
FY 2007-08	424.44%	447.59%	468.50%	392.43%	0.00%	524.08%	435.60%	470.14%	510.31%	0.00%	0.00%	443.29%
FY 2008-09	21.36%	21.23%	19.57%	26.07%	0.00%	5.90%	29.37%	15.81%	29.79%	0.00%	0.00%	23.66%
Estimated FY 2009-10	-97.80%	-97.80%	-97.80%	-97.80%	0.00%	-97.80%	-97.80%	-97.80%	-97.80%	0.00%	0.00%	-97.80%
Estimated FY 2010-11	6199.77%	6199.36%	6200.54%	6200.42%	0.00%	6197.66%	6200.57%	6201.00%	6199.72%	0.00%	0.00%	6200.40%
Per Capita Cost												
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	\$0.73	\$1.36	\$1.54	\$0.53	\$0.00	\$4.83	\$0.17	\$0.47	\$1.64	\$1.79	\$0.04	\$0.50
FY 2005-06	\$1.05	\$2.20	\$2.40	\$0.89	\$0.00	\$3.39	\$0.38	\$0.79	\$1.86	\$0.00	\$0.00	\$0.80
FY 2006-07	\$0.88	\$2.80	\$3.00	\$1.52	\$0.00	\$9.00	\$0.59	\$1.19	\$2.78	\$0.00	\$0.00	\$1.09
FY 2007-08	\$4.57	\$15.12	\$16.68	\$8.49	\$0.00	\$47.45	\$3.16	\$6.64	\$13.99	\$0.00	\$0.00	\$5.95
FY 2008-09	\$5.36	\$17.47	\$19.40	\$9.71	\$0.00	\$42.80	\$3.55	\$7.31	\$16.37	\$0.00	\$0.00	\$6.60
Estimated FY 2009-10	\$0.12	\$0.36	\$0.42	\$0.18	\$0.00	\$0.71	\$0.07	\$0.16	\$0.34	\$0.00	\$0.00	\$0.12
Estimated FY 2010-11	\$7.16	\$22.31	\$25.83	\$10.05	\$0.00	\$38.67	\$3.80	\$9.46	\$20.74	\$0.00	\$0.00	\$7.05
Percent Change in Per Capita Cost												
DISEASE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2005-06	43.84%	61.76%	55.84%	67.92%	0.00%	-29.81%	123.53%	68.09%	13.41%	-100.00%	-100.00%	60.00%
FY 2006-07	-16.19%	27.27%	25.00%	70.79%	0.00%	165.49%	55.26%	50.63%	49.46%	0.00%	0.00%	36.25%
FY 2007-08	419.32%	440.00%	456.00%	458.55%	0.00%	427.22%	435.59%	457.98%	403.24%	0.00%	0.00%	445.87%
FY 2008-09	17.29%	15.54%	16.31%	14.37%	0.00%	-9.80%	12.34%	10.09%	17.01%	0.00%	0.00%	10.92%
Estimated FY 2009-10	-97.76%	-97.94%	-97.84%	-98.15%	0.00%	-98.34%	-98.03%	-97.81%	-97.92%	0.00%	0.00%	-98.18%
Estimated FY 2010-11	5866.67%	6097.22%	6050.00%	5483.33%	0.00%	5346.48%	5328.57%	5812.50%	6000.00%	0.00%	0.00%	5775.00%
Current Year Projection												
Estimated FY 2009-10 Base Expenditures ⁽¹⁾	\$4,438	\$2,482	\$21,942	\$10,510	\$0	\$299	\$18,399	\$2,903	\$2,515	\$0	\$0	\$63,488
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2009-10 Total Expenditure	\$4,438	\$2,482	\$21,942	\$10,510	\$0	\$299	\$18,399	\$2,903	\$2,515	\$0	\$0	\$63,488
Estimated FY 2009-10 Per Capita	\$0.12	\$0.36	\$0.42	\$0.18	\$0.00	\$0.71	\$0.07	\$0.16	\$0.34	\$0.00	\$0.00	\$0.12
% Change over FY 2008-09 Per Capita	-97.76%	-97.94%	-97.84%	-98.15%	0.00%	-98.34%	-98.03%	-97.81%	-97.92%	0.00%	0.00%	-98.18%
Request Year Projection												
Estimated FY 2010-11 Base Expenditures	\$279,584	\$156,350	\$1,382,464	\$662,174	\$0	\$18,830	\$1,159,242	\$182,918	\$158,438	\$0	\$0	\$4,000,000
Total Bottom Line Impacts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Estimated FY 2010-11 Total Expenditure	\$279,584	\$156,350	\$1,382,464	\$662,174	\$0	\$18,830	\$1,159,242	\$182,918	\$158,438	\$0	\$0	\$4,000,000
Estimated FY 2010-11 Per Capita	\$7.16	\$22.31	\$25.83	\$10.05	\$0.00	\$38.67	\$3.80	\$9.46	\$20.74	\$0.00	\$0.00	\$7.05
% Change over FY 2009-10 Per Capita	5866.67%	6097.22%	6050.00%	5483.33%	0.00%	5346.48%	5328.57%	5812.50%	6000.00%	0.00%	0.00%	5775.00%
Footnotes												
(1) The FY 2009-10 base expenditure estimate for Disease Management includes expenditures for two months of the telemedicine disease management contract. This contract will not be renewed in September 2009.												

Exhibit I - SERVICE MANAGEMENT - PREPAID INPATIENT HEALTH PLAN ADMINISTRATION - Cash-Based Actuals and Projections

Cash Based Actuals												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	\$347,815	\$66,518	\$562,748	\$369,742	\$0	\$0	\$1,829,096	\$76,791	\$55,410	\$0	\$0	\$3,308,119
FY 2004-05	\$373,290	\$76,345	\$697,995	\$487,706	\$0	\$0	\$2,458,050	\$114,363	\$77,587	\$22	\$88	\$4,285,446
FY 2005-06	\$518,021	\$113,193	\$895,454	\$617,504	\$0	\$0	\$2,912,859	\$202,140	\$81,570	\$0	\$0	\$5,340,741
FY 2006-07	\$505,046	\$102,136	\$772,630	\$518,429	\$1,000	\$0	\$2,412,273	\$223,401	\$85,502	\$0	\$0	\$4,620,417
FY 2007-08	\$366,151	\$74,505	\$536,817	\$430,680	\$66,075	\$0	\$1,873,683	\$176,254	\$85,306	\$0	\$0	\$3,609,472
FY 2008-09	\$399,187	\$81,227	\$561,613	\$469,538	\$95,675	\$0	\$2,042,735	\$192,157	\$93,003	\$0	\$0	\$3,935,134
Estimated FY 2009-10	\$439,405	\$93,970	\$1,166,112	\$566,923	\$107,318	\$0	\$2,432,462	\$222,460	\$103,744	\$0	\$0	\$5,132,394
Estimated FY 2010-11	\$1,617,580	\$296,757	\$2,789,943	\$2,074,437	\$561,613	\$8,952	\$9,880,081	\$823,758	\$355,040	\$0	\$0	\$18,408,161
Percent Change in Cash Based Actuals												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	7.32%	14.77%	24.03%	31.90%	0.00%	0.00%	34.39%	48.93%	40.02%	100.00%	100.00%	29.54%
FY 2005-06	38.77%	48.27%	28.29%	26.61%	0.00%	0.00%	18.50%	76.75%	5.13%	-100.00%	-100.00%	24.63%
FY 2006-07	-2.50%	-9.77%	-13.72%	-16.04%	100.00%	0.00%	-17.19%	10.52%	4.82%	0.00%	0.00%	-13.49%
FY 2007-08	-27.50%	-27.05%	-30.52%	-16.93%	6507.50%	0.00%	-22.33%	-21.10%	-0.23%	0.00%	0.00%	-21.88%
FY 2008-09	9.02%	9.02%	4.62%	9.02%	44.80%	0.00%	9.02%	9.02%	9.02%	0.00%	0.00%	9.02%
Estimated FY 2009-10	10.08%	15.69%	107.64%	20.74%	12.17%	0.00%	19.08%	15.77%	11.55%	0.00%	0.00%	30.42%
Estimated FY 2010-11	268.13%	215.80%	139.25%	265.91%	423.32%	100.00%	306.18%	270.29%	242.23%	0.00%	0.00%	258.67%
Per Capita Cost												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2003-04	\$10.13	\$11.99	\$12.03	\$7.77	\$0.00	\$0.00	\$9.37	\$5.15	\$6.60	\$0.00	\$0.00	\$9.00
FY 2004-05	\$10.43	\$12.55	\$14.56	\$8.54	\$0.00	\$0.00	\$11.05	\$7.24	\$12.86	\$0.00	\$0.01	\$10.55
FY 2005-06	\$14.31	\$18.73	\$18.71	\$10.49	\$0.00	\$0.00	\$13.60	\$12.28	\$15.93	\$0.00	\$0.00	\$13.28
FY 2006-07	\$14.07	\$16.86	\$15.83	\$10.23	\$0.19	\$0.00	\$11.74	\$13.36	\$16.50	\$0.00	\$0.00	\$11.78
FY 2007-08	\$10.09	\$12.12	\$10.75	\$9.67	\$7.41	\$0.00	\$9.18	\$10.28	\$13.57	\$0.00	\$0.00	\$9.21
FY 2008-09	\$10.61	\$12.60	\$10.94	\$9.55	\$7.52	\$0.00	\$8.69	\$10.66	\$13.33	\$0.00	\$0.00	\$9.01
Estimated FY 2009-10	\$11.40	\$13.74	\$22.12	\$9.52	\$3.62	\$0.00	\$8.76	\$11.89	\$13.93	\$0.00	\$0.00	\$10.04
Estimated FY 2010-11	\$41.44	\$42.34	\$52.13	\$31.49	\$11.45	\$18.38	\$32.41	\$42.62	\$46.48	\$0.00	\$0.00	\$32.44
Percent Change in Per Capita Cost												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 2004-05	2.96%	4.67%	21.03%	9.91%	0.00%	0.00%	17.93%	40.58%	94.85%	0.00%	100.00%	17.22%
FY 2005-06	37.20%	49.24%	28.50%	22.83%	0.00%	0.00%	23.08%	69.61%	23.87%	0.00%	-100.00%	25.88%
FY 2006-07	-1.68%	-9.98%	-15.39%	-2.48%	100.00%	0.00%	-13.68%	8.79%	3.58%	0.00%	0.00%	-11.30%
FY 2007-08	-28.29%	-28.11%	-32.09%	-5.47%	3800.00%	0.00%	-21.81%	-23.05%	-17.76%	0.00%	0.00%	-21.82%
FY 2008-09	5.15%	3.96%	1.77%	-1.24%	1.48%	0.00%	-5.34%	3.70%	-1.77%	0.00%	0.00%	-2.17%
Estimated FY 2009-10	7.45%	9.05%	102.19%	-0.31%	-51.86%	0.00%	0.81%	11.54%	4.50%	0.00%	0.00%	11.43%
Estimated FY 2010-11	263.51%	208.15%	135.67%	230.78%	216.30%	100.00%	269.98%	258.45%	233.67%	0.00%	0.00%	223.11%

Exhibit I - SERVICE MANAGEMENT - PREPAID INPATIENT HEALTH PLAN ADMINISTRATION - Cash-Based Actuals and Projections

Prepaid Inpatient Health Plan Enrollment ⁽³⁾												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Enrollment in Current Prepaid Inpatient Health Plans												
FY 2003-04 Enrollment	1,295	240	1,973	1,324	-	-	6,374	262	213	-	-	11,681
FY 2004-05 Enrollment	1,290	238	1,957	1,547	-	-	7,413	417	283	-	-	13,145
FY 2005-06 Enrollment	1,298	268	1,965	1,577	-	-	7,151	523	240	-	-	13,022
FY 2006-07 Enrollment	1,296	262	1,985	1,235	98	-	6,123	574	220	-	-	11,793
FY 2007-08 Enrollment	1,220	248	2,009	1,218	217	-	6,171	587	284	-	-	11,954
FY 2008-09 Enrollment	1,178	251	2,054	1,450	319	-	6,941	612	247	-	-	13,052
Estimated FY 2009-10 Enrollment	1,123	254	2,089	1,588	394	-	7,374	632	257	-	-	13,712
Estimated FY 2010-11 Enrollment	1,097	257	2,125	1,664	440	-	7,604	653	267	-	-	14,107
Annual Percent Change in Enrollment												
FY 2003-04 to FY 2004-05	-0.39%	-0.83%	-0.81%	16.84%	0.00%	0.00%	16.30%	59.16%	32.86%	0.00%	0.00%	12.53%
FY 2004-05 to FY 2005-06	0.62%	12.61%	0.41%	1.94%	0.00%	0.00%	-3.53%	25.42%	-15.19%	0.00%	0.00%	-0.94%
FY 2005-06 to FY 2006-07	-0.15%	-2.24%	1.02%	-21.69%	100.00%	0.00%	-14.38%	9.75%	-8.33%	0.00%	0.00%	-9.44%
FY 2006-07 to FY 2007-08	-5.86%	-5.34%	1.21%	-1.38%	121.43%	0.00%	0.78%	2.26%	29.09%	0.00%	0.00%	1.37%
FY 2007-08 to FY 2008-09	-3.44%	1.21%	2.24%	19.05%	47.00%	0.00%	12.48%	4.26%	-13.03%	0.00%	0.00%	9.19%
Estimated FY 2008-09 to FY 2009-10	-4.65%	1.21%	1.72%	9.52%	23.50%	0.00%	6.24%	3.26%	4.02%	0.00%	0.00%	
Estimated FY 2009-10 to FY 2010-11	-2.33%	1.21%	1.72%	4.76%	11.75%	0.00%	3.12%	3.26%	4.02%	0.00%	0.00%	
Current Year Projection												
FY 2008-09 Administration Fees	\$399,187	\$81,227	\$561,613	\$469,538	\$95,675	\$0	\$2,042,735	\$192,157	\$93,003	\$0	\$0	\$3,935,134
Estimated FY 2009-10 Enrollment Growth	-4.65%	1.21%	1.72%	9.52%	23.50%	0.00%	6.24%	3.26%	4.02%	0.00%	0.00%	
Estimated FY 2009-10 Base Expenditures	\$380,624	\$82,210	\$571,273	\$514,238	\$118,159	\$0	\$2,170,201	\$198,421	\$96,741	\$0	\$0	\$4,131,867
SB 09-259 Administrative costs for CAHI	\$0	\$0	\$500,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$500,000
ES-2: Medicaid Program Reductions	(\$5,758)	(\$1,243)	(\$8,640)	(\$7,778)	(\$1,787)	\$0	(\$32,824)	(\$3,001)	(\$1,463)	\$0	\$0	(\$62,494)
Total Bottom Line Impacts	(\$5,758)	(\$1,243)	\$491,360	(\$7,778)	(\$1,787)	\$0	(\$32,824)	(\$3,001)	(\$1,463)	\$0	\$0	\$437,506
Estimated Contract Payment to PIHP for Cost Avoidance FY 2005-06 through FY 2006-07	\$103,166	\$20,863	\$157,823	\$105,898	\$204	\$0	\$492,749	\$45,634	\$17,465	\$0	\$0	\$943,802
<i>Adjustments to Expenditure</i>												
SB 09-265 Timing of Medicaid Payments, PIHP Impact (permanent shift)	(\$38,627)	(\$7,860)	(\$54,344)	(\$45,435)	(\$9,258)	\$0	(\$197,664)	(\$18,594)	(\$8,999)	\$0	\$0	(\$380,781)
Total Adjustments to Expenditure	(\$38,627)	(\$7,860)	(\$54,344)	(\$45,435)	(\$9,258)	\$0	(\$197,664)	(\$18,594)	(\$8,999)	\$0	\$0	(\$380,781)
Estimated FY 2009-10 Total Expenditure	\$439,405	\$93,970	\$1,166,112	\$566,923	\$107,318	\$0	\$2,432,462	\$222,460	\$103,744	\$0	\$0	\$5,132,394
Estimated FY 2009-10 Per Capita	\$11.40	\$13.74	\$22.12	\$9.52	\$3.62	\$0.00	\$8.76	\$11.89	\$13.93	\$0.00	\$0.00	\$10.04
% Change over FY 2008-09 Per Capita	7.45%	9.05%	102.19%	-0.31%	-51.86%	0.00%	0.81%	11.54%	4.50%	0.00%	0.00%	11.43%
Estimated FY 2009-10 Expenditure Prior to SB 09-265	\$478,032	\$101,830	\$1,220,456	\$612,358	\$116,576	\$0	\$2,630,126	\$241,054	\$112,743	\$0	\$0	\$5,513,175
Estimated FY 2009-10 Per Capita Prior to SB 09-265	\$12.40	\$14.89	\$23.15	\$10.28	\$3.93	\$0.00	\$9.47	\$12.88	\$15.14	\$0.00	\$0.00	\$10.78
% Change over FY 2008-09 Per Capita	16.87%	18.17%	111.61%	7.64%	-47.74%	0.00%	8.98%	20.83%	13.58%	0.00%	0.00%	19.64%

Exhibit I - SERVICE MANAGEMENT - PREPAID INPATIENT HEALTH PLAN ADMINISTRATION - Cash-Based Actuals and Projections

Request Year Projection												
PREPAID INPATIENT HEALTH PLAN ADMINISTRATION	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
Estimated FY 2009-10 Administration Fees (4)	\$374,866	\$80,967	\$1,062,633	\$506,460	\$116,372	\$0	\$2,137,377	\$195,420	\$95,278	\$0	\$0	\$4,569,373
Estimated FY 2010-11 Enrollment Growth	-2.33%	1.21%	1.72%	4.76%	11.75%	0.00%	3.12%	3.26%	4.02%	0.00%	0.00%	
Estimated FY 2010-11 Base Expenditures	\$366,132	\$81,947	\$1,080,910	\$530,567	\$130,046	\$0	\$2,204,063	\$201,791	\$99,108	\$0	\$0	\$4,694,564
DI-6 Medicaid Value-Based Care Coordination Initiative	\$1,124,440	\$190,120	\$1,532,040	\$1,392,900	\$397,600	\$8,700	\$6,991,760	\$560,380	\$227,400	\$0	\$0	\$12,425,340
DI-6 CRICC Study Administration Costs	\$32,580	\$5,508	\$44,388	\$40,356	\$11,520	\$252	\$202,572	\$16,236	\$6,588	\$0	\$0	\$360,000
ES-2 Medicaid Program Reductions	(\$2,611)	(\$564)	(\$3,920)	(\$3,528)	(\$811)	\$0	(\$14,890)	(\$1,361)	(\$664)	\$0	\$0	(\$28,349)
Total Bottom Line Impacts	\$1,154,409	\$195,064	\$1,572,508	\$1,429,728	\$408,309	\$8,952	\$7,179,442	\$575,255	\$233,324	\$0	\$0	\$12,756,991
Estimated Contract Payment to PIHP for Cost Avoidance FY 2007-08 through FY 2008-09	\$97,039	\$19,746	\$136,525	\$114,142	\$23,258	\$0	\$496,576	\$46,712	\$22,608	\$0	\$0	\$956,606
Estimated FY 2010-11 Total Expenditure	\$1,617,580	\$296,757	\$2,789,943	\$2,074,437	\$561,613	\$8,952	\$9,880,081	\$823,758	\$355,040	\$0	\$0	\$18,408,161
Estimated FY 2010-11 Per Capita	\$41.44	\$42.34	\$52.13	\$31.49	\$11.45	\$18.38	\$32.41	\$42.62	\$46.48	\$0.00	\$0.00	\$32.44
% Change over FY 2009-10 Per Capita	234.19%	184.35%	125.18%	206.32%	191.35%	100.00%	242.24%	230.90%	207.00%	0.00%	0.00%	200.93%
Footnotes												
(1) Percentage selected to modify enrollment for FY 2009-10:	OAP-A	Trend from FY 2006-07 to FY 2008-09			Exp. Adults	Half of trend from FY 2007-08 to FY 2008-09			BC Adults	Half of trend from FY 2006-07 to FY 2008-09		
Where applicable, percentage selections have been bolded for clarification.	OAP-B	Trend from FY 2007-08 to FY 2008-09			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	Trend from FY 2006-07 to FY 2008-09			Elig. Children	Half of trend from FY 2007-08 to FY 2008-09			Partial Dual	0.00%		
	AFDC-A	Half of trend from FY 2007-08 to FY 2008-09			Foster Care	Trend from FY 2006-07 to FY 2008-09						
(2) Percentage selected to modify enrollment for FY 2010-11:	OAP-A	Half of estimated FY 2009-10 growth rate			Exp. Adults	Half of estimated FY 2009-10 growth rate			BC Adults	Half of trend from FY 2006-07 to FY 2008-09		
Where applicable, percentage selections have been italicized for clarification.	OAP-B	Trend from FY 2007-08 to FY 2008-09			BCCP	0.00%			Non-Citizens	0.00%		
	AND/AB	Trend from FY 2006-07 to FY 2008-09			Elig. Children	Half of the trend from FY 2007-08 to FY 2008-09			Partial Dual	0.00%		
	AFDC-A	Half of estimated FY 2009-10 growth rate			Foster Care	Trend from FY 2006-07 to FY 2008-09						
(3) Derived from data from the Department's Medicaid Management Information System and does not include former Prepaid Inpatient Health Plans nor any payments for cost avoidance. For a complete explanation, please see the narrative.												
(4) The Estimated FY 2009-10 Administration Fees is the sum of the Estimated FY 2009-10 Base Expenditure and Bottom Line Impacts; this figure does not include the impact of SB 09-265.												

Exhibit J - Health Care Affordability Act of 2009 and Tobacco Tax Funded Estimates

Cash Funded Expansion Populations								
Source of Funding								
FY 2009-10 Summary								
Eligibility Category	Expenditure		Fund Calculations					
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Health Care Expansion Fund	Federal Funds	FFP Rate
Tobacco Tax Funded Clients								
Expansion Adults	16,736	\$43,657,998	\$0	\$0	\$0	\$21,829,000	\$21,828,998	50%
Expansion Foster Care	1,184	\$2,518,688	\$0	\$0	\$0	\$1,259,344	\$1,259,344	50%
Presumptive Eligibility	742	\$3,584,127	\$0	\$0	\$0	\$1,792,064	\$1,792,063	50%
Optional Legal Immigrants	5,519	\$34,199,974	\$0	\$0	\$0	\$17,099,987	\$17,099,987	50%
Medicaid Asset Test - Adult and Children Expansion	-	\$69,816,155	\$0	\$0	\$0	\$34,908,078	\$34,908,077	50%
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)	678	\$21,180,205	\$0	\$0	\$0	\$10,590,103	\$10,590,102	50%
Children's Extensive Support Waiver (State Plan Services)	79	\$3,266,878	\$0	\$0	\$0	\$1,633,439	\$1,633,439	50%
Subtotal from Tobacco Tax Funded Clients	24,938	\$178,224,025	\$0	\$0	\$0	\$89,112,015	\$89,112,010	
HB 09-1293 Medicaid Expansion Clients								
Expansion Adults to 100%	12,900	\$33,600,277	\$0	\$16,800,139	\$0	\$0	\$16,800,138	50%
Continuously Eligible Children: Family Medical Program	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Continuously Eligible Children: Foster Care	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Buy-in for Individuals with Disabilities	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Childless Adults to 100% FPL	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Subtotal from HB 09-1293 Medicaid Expansion Clients	12,900	\$33,600,277	\$0	\$16,800,139	\$0	\$0	\$16,800,138	
HB 09-1293 Supplemental Payments								
Inpatient Hospital Rates		\$52,295,706	\$0	\$26,147,853	\$0	\$0	\$26,147,853	50%
Outpatient Hospital Rates		\$82,116,519	\$0	\$41,058,260	\$0	\$0	\$41,058,259	50%
Supplemental Hospital Payments		\$124,974,155	\$0	\$62,487,078	\$0	\$0	\$62,487,077	50%
Subtotal from HB 09-1293 Supplemental Payments		\$259,386,380	\$0	\$129,693,191	\$0	\$0	\$129,693,189	
HB 09-1293 Total		\$292,986,657	\$0	\$146,493,330	\$0	\$0	\$146,493,327	
FY 2009-10 HB 09-1293 and Tobacco Tax Grand Total		\$471,210,682	\$0	\$146,493,330	\$0	\$89,112,015	\$235,605,337	

Exhibit J - Health Care Affordability Act of 2009 and Tobacco Tax Funded Estimates

Cash Funded Expansion Populations								
Source of Funding								
FY 2010-11 Summary								
Eligibility Category	Expenditure		Fund Calculations					
	Caseload	Expenditure	General Fund	Hospital Provider Fee Cash Fund	Medicaid Buy-in Cash Fund	Health Care Expansion Fund	Federal Funds	FFP Rate
Tobacco Tax Funded Clients								
Expansion Adults	18,937	\$52,100,258	\$0	\$0	\$0	\$26,050,129	\$26,050,129	50%
Expansion Foster Care	1,352	\$2,966,315	\$0	\$0	\$0	\$1,483,158	\$1,483,157	50%
Presumptive Eligibility	743	\$3,764,395	\$0	\$0	\$0	\$1,882,198	\$1,882,197	50%
Optional Legal Immigrants	5,822	\$38,563,356	\$0	\$0	\$0	\$19,281,678	\$19,281,678	50%
Medicaid Asset Test - Adult and Children Expansion	-	\$77,788,553	\$0	\$0	\$0	\$38,894,277	\$38,894,276	50%
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)	678	\$22,574,363	\$0	\$0	\$0	\$11,287,182	\$11,287,181	50%
Children's Extensive Support Waiver (State Plan Services)	79	\$3,481,916	\$0	\$0	\$0	\$1,740,958	\$1,740,958	50%
Subtotal from Tobacco Tax Funded Clients	27,611	\$201,239,156	\$0	\$0	\$0	\$100,619,580	\$100,619,576	
HB 09-1293 Medicaid Expansion Clients								
Expansion Adults to 100%	30,100	\$82,459,819	\$0	\$41,229,910	\$0	\$0	\$41,229,909	50%
Continuously Eligible Children: Family Medical Program	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Continuously Eligible Children: Foster Care	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Buy-in for Individuals with Disabilities	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Childless Adults to 100% FPL	0	\$0	\$0	\$0	\$0	\$0	\$0	50%
Subtotal from HB 09-1293 Medicaid Expansion Clients	30,100	\$82,459,819	\$0	\$41,229,910	\$0	\$0	\$41,229,909	
HB 09-1293 Supplemental Payments								
Inpatient Hospital Rates		\$52,295,706	\$0	\$26,147,853	\$0	\$0	\$26,147,853	50%
Outpatient Hospital Rates		\$82,116,519	\$0	\$41,058,260	\$0	\$0	\$41,058,259	50%
Supplemental Hospital Payments		\$124,974,155	\$0	\$62,487,078	\$0	\$0	\$62,487,077	50%
Subtotal from HB 09-1293 Supplemental Payments		\$259,386,380	\$0	\$129,693,191	\$0	\$0	\$129,693,189	
HB 09-1293 Total		\$341,846,199	\$0	\$170,923,101	\$0	\$0	\$170,923,098	
FY 2010-11 HB 09-1293 and Tobacco Tax Grand Total		\$543,085,355	\$0	\$170,923,101	\$0	\$100,619,580	\$271,542,674	

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

Health Care Expansion Fund - Fund Splits						
FY 2009-10						
Expansion Adults						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,604.67	\$43,591,801	\$0	\$21,795,901	\$21,795,900
Community Based Long Term Care		\$0.33	\$5,593	\$0	\$2,797	\$2,796
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$3.62	\$60,604	\$0	\$30,302	\$30,302
Total	16,736	\$2,608.63	\$43,657,998	\$0	\$21,829,000	\$21,828,998
Fund Split Adjustment			\$0	(\$21,829,000)	\$21,829,000	\$0
<i>Notes</i>	Caseload is taken from page EB-1 of this request. Per capitas are calculated using the totals from Exhibit E, page EE-1.					
Expansion Foster Care						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,127.27	\$2,518,688	\$0	\$1,259,344	\$1,259,344
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	1,184	\$2,127.27	\$2,518,688	\$0	\$1,259,344	\$1,259,344
Fund Split Adjustment			\$0	(\$1,259,344)	\$1,259,344	\$0
<i>Notes</i>	This population was granted eligibility in SB 07-002 and SB 08-099. Per capitas are calculated in the Tobacco Tax Report portion of this Budget Request.					
Presumptive Eligibility						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$4,830.36	\$3,584,127	\$0	\$1,792,064	\$1,792,063
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	742	\$4,830.36	\$3,584,127	\$0	\$1,792,064	\$1,792,063
Fund Split Adjustment			\$0	(\$1,792,064)	\$1,792,064	\$0
<i>Notes</i>	Forecasted caseload and per capita costs are based on historical trends. See the Tobacco Tax section of this Budget Request for additional information.					
Optional Legal Immigrants						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$6,196.77	\$34,199,974	\$0	\$17,099,987	\$17,099,987
Total	5,519		\$34,199,974	\$0	\$17,099,987	\$17,099,987
Fund Split Adjustment			\$0	(\$17,099,987)	\$17,099,987	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. Starting in FY 08-09 the allocation is based on actual historical expenditure data.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

Health Care Expansion Fund - Fund Splits						
FY 2009-10						
Medicaid Asset Test - Adult and Children Expansion						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>			\$69,816,155	\$0	\$34,908,078	\$34,908,077
Total			\$69,816,155	\$0	\$34,908,078	\$34,908,077
Fund Split Adjustment			\$0	(\$34,908,078)	\$34,908,078	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.					
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$31,239.24	\$21,180,205	\$0	\$10,590,103	\$10,590,102
Total	678	\$31,239.24	\$21,180,205	\$0	\$10,590,103	\$10,590,102
Fund Split Adjustment			\$0	(\$10,590,103)	\$10,590,103	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
Children's Extensive Support Waiver (State Plan Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$41,352.89	\$3,266,878	\$0	\$1,633,439	\$1,633,439
Total	79	\$41,352.89	\$3,266,878	\$0	\$1,633,439	\$1,633,439
Fund Split Adjustment			\$0	(\$1,633,439)	\$1,633,439	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
FY 2009-10 Summary						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care			\$49,694,616	\$0	\$24,847,309	\$24,847,307
Community Based Long Term Care			\$5,593	\$0	\$2,797	\$2,796
Long Term Care			\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0
Service Management			\$60,604	\$0	\$30,302	\$30,302
Other Allocations			\$128,463,212	\$0	\$64,231,607	\$64,231,605
Total			\$178,224,025	\$0	\$89,112,015	\$89,112,010
Fund Split Adjustment			\$0	(\$89,112,015)	\$89,112,015	\$0

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

Health Care Expansion Fund - Fund Splits FY 2010-11						
Expansion Adults						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,739.53	\$51,878,458	\$0	\$25,939,229	\$25,939,229
Community Based Long Term Care		\$0.26	\$4,918	\$0	\$2,459	\$2,459
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$11.45	\$216,882	\$0	\$108,441	\$108,441
Total	18,937	\$2,751.24	\$52,100,258	\$0	\$26,050,129	\$26,050,129
Fund Split Adjustment			\$0	(\$26,050,129)	\$26,050,129	\$0
<i>Notes</i>	Caseload is taken from page EB-1 of this request. Per capitas are calculated using the totals from Exhibit E, page EE-1.					
Expansion Foster Care						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$2,194.02	\$2,966,315	\$0	\$1,483,158	\$1,483,157
Community Based Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Long Term Care		\$0.00	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0
Service Management		\$0.00	\$0	\$0	\$0	\$0
Total	1,352	\$2,194.02	\$2,966,315	\$0	\$1,483,158	\$1,483,157
Fund Split Adjustment			\$0	(\$1,483,158)	\$1,483,158	\$0
<i>Notes</i>	This population was granted eligibility in SB 07-002 and SB 08-099. Per capitas are calculated in the Tobacco Tax Report portion of this Budget Request.					
Presumptive Eligibility						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care		\$5,066.48	\$3,764,395	\$0	\$1,882,198	\$1,882,197
Community Based Long Term Care		\$0	\$0	\$0	\$0	\$0
Long Term Care		\$0	\$0	\$0	\$0	\$0
Insurance		\$0	\$0	\$0	\$0	\$0
Service Management		\$0	\$0	\$0	\$0	\$0
Total	743	\$5,066.48	\$3,764,395	\$0	\$1,882,198	\$1,882,197
Fund Split Adjustment			\$0	(\$1,882,198)	\$1,882,198	\$0
<i>Notes</i>	Forecasted caseload and per capita costs are based on historical trends. See the Tobacco Tax section of this Budget Request for additional information.					
Optional Legal Immigrants						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$6,623.73	\$38,563,356	\$0	\$19,281,678	\$19,281,678
Total	5,822	\$6,623.73	\$38,563,356	\$0	\$19,281,678	\$19,281,678
Fund Split Adjustment			\$0	(\$19,281,678)	\$19,281,678	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. Starting in FY 08-09 the allocation is based on actual historical expenditure data.					

Exhibit J - Fund Transfer and Health Care Expansion Fund - Fund Splits

Health Care Expansion Fund - Fund Splits						
FY 2010-11						
Medicaid Asset Test - Adult and Children Expansion						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>			\$77,788,553	\$0	\$38,894,277	\$38,894,276
Total			\$77,788,553	\$0	\$38,894,277	\$38,894,276
Fund Split Adjustment			\$0	(\$38,894,277)	\$38,894,277	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request.					
Children's Home and Community Based Services Waiver (State Plan and Waiver Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$33,295.52	\$22,574,363	\$0	\$11,287,182	\$11,287,181
Total	678	\$33,295.52	\$22,574,363	\$0	\$11,287,182	\$11,287,181
Fund Split Adjustment			\$0	(\$11,287,182)	\$11,287,182	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
Children's Extensive Support Waiver (State Plan Services)						
	Caseload	Per Capita	Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
<i>Allocation Plan</i>		\$44,074.89	\$3,481,916	\$0	\$1,740,958	\$1,740,958
Total	79	\$44,074.89	\$3,481,916	\$0	\$1,740,958	\$1,740,958
Fund Split Adjustment			\$0	(\$1,740,958)	\$1,740,958	\$0
<i>Notes</i>	The Department's allocation methodology is described in the Tobacco Tax section of this Budget Request. The per capita cost includes case management services.					
FY 2010-11 Summary						
			Total Funds	General Fund	Health Care Expansion Fund	Federal Funds
Acute Care			\$58,609,168	\$0	\$29,304,585	\$29,304,583
Community Based Long Term Care			\$4,918	\$0	\$2,459	\$2,459
Long Term Care			\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0
Service Management			\$216,882	\$0	\$108,441	\$108,441
Other Allocations			\$142,408,188	\$0	\$71,204,095	\$71,204,093
Total			\$201,239,156	\$0	\$100,619,580	\$100,619,576
Fund Split Adjustment			\$0	(\$100,619,580)	\$100,619,580	\$0

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2009-10**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,604.67	\$33,600,277	\$0	\$16,800,139	\$0	\$16,800,138
Community Based Long Term Care		\$0.33	\$4,311	\$0	\$2,156	\$0	\$2,155
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$3.62	\$46,714	\$0	\$23,357	\$0	\$23,357
Total	12,900	\$2,608.63	\$33,651,302	\$0	\$16,825,652	\$0	\$16,825,650
Fund Split Adjustment			\$0	\$0	\$0	\$0	\$0
<i>Notes</i>	Expansion Adults to 100% are assumed to have the same per capita costs as the Expansion Adult eligibility, taken before any impacts on per capita caused by SB 09-265.						
FY 2009-10 Summary							
			Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care			\$33,600,277	\$0	\$16,800,139	\$0	\$16,800,138
Community Based Long Term Care			\$4,311	\$0	\$2,156	\$0	\$2,155
Long Term Care			\$0	\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0	\$0
Service Management			\$46,714	\$0	\$23,357	\$0	\$23,357
Total			\$33,651,302	\$0	\$16,825,652	\$0	\$16,825,650
Fund Split Adjustment			\$0	(\$16,825,652)	\$16,825,652	\$0	0

Exhibit J - Health Care Affordability Act of 2009 Expansion Populations

**Hospital Provider Fee - Fund Splits and Service Category Impacts by Expansion Population
FY 2010-11**

Expansion Adults to 100%							
	Caseload	Per Capita	Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care		\$2,739.53	\$82,459,819	\$0	\$41,229,910	\$0	\$41,229,909
Community Based Long Term Care		\$0.26	\$7,816	\$0	\$3,908	\$0	\$3,908
Long Term Care		\$0.00	\$0	\$0	\$0	\$0	\$0
Insurance		\$0.00	\$0	\$0	\$0	\$0	\$0
Service Management		\$11.45	\$344,731	\$0	\$172,366	\$0	\$172,365
Total	30,100	\$2,751.24	\$82,812,366	\$0	\$41,406,184	\$0	\$41,406,182
Fund Split Adjustment			\$0	\$0	\$0	\$0	\$0
<i>Notes</i>	Expansion Adults to 100% are assumed to have the same per capita costs as the Expansion Adult eligibility, taken before any impacts on per capita caused by SB 09-265.						
FY 2010-11 Summary							
			Total Funds	General Fund	Hospital Provider Fee Fund	Medicaid Buy-in Fund	Federal Funds
Acute Care			\$82,459,819	\$0	\$41,229,910	\$0	\$41,229,909
Community Based Long Term Care			\$7,816	\$0	\$3,908	\$0	\$3,908
Long Term Care			\$0	\$0	\$0	\$0	\$0
Insurance			\$0	\$0	\$0	\$0	\$0
Service Management			\$344,731	\$0	\$172,366	\$0	\$172,365
Total			\$82,812,366	\$0	\$41,406,184	\$0	\$41,406,182
Fund Split Adjustment			\$0	(\$41,406,184)	\$41,406,184	\$0	0

Exhibit K - Upper Payment Limit Financing

Summary of Upper Payment Limit Financing

	FY 2009-10	FY 2010-11
Outpatient Hospital UPL		
Total Funds	\$15,503,395	\$7,983,613
General Fund	(\$15,503,395)	(\$7,983,612)
Cash Funds	\$15,503,395	\$7,983,613
Federal Funds	\$15,503,395	\$7,983,612
Nursing Facilities UPL		
Total Funds	\$1,964,376	\$2,230,998
General Fund	(\$1,964,376)	(\$2,230,998)
Cash Funds	\$1,964,376	\$2,230,998
Federal Funds	\$1,964,376	\$2,230,998
Home Health UPL		
Total Funds	\$65,524	\$67,484
General Fund	(\$65,523)	(\$67,484)
Cash Funds	\$65,524	\$67,484
Federal Funds	\$65,523	\$67,484
Total Upper Payment Limit Financing		
Total Funds	\$17,533,295	\$10,282,095
General Fund	(\$17,533,294)	(\$10,282,094)
Cash Funds	\$17,533,295	\$10,282,095
Federal Funds	\$17,533,294	\$10,282,094

Exhibit K - Upper Payment Limit Financing
Outpatient Hospital Upper Payment Limit Calculation
Estimate Based on Calendar Year 2007 Actual Upper Payment Limit

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider
Colorado State Hospital	\$0	\$0
Ft. Logan	\$0	\$0
University Hospital & Colorado Psch Hospital	\$8,169,327	\$13,911,035
State Hospitals Total	\$8,169,327	\$13,911,035

Arkansas Valley Regional Medical Center	\$823,366	\$84,862
Aspen Valley Hospital	\$54,555	\$225,324
Delta County Memorial Hospital	\$322,910	\$31,675
Denver Health Medical Center	\$2,859,611	\$4,144,302
East Morgan County Hospital	\$277,216	\$323,632
Estes Park Medical Center	\$80,223	\$2,983,566
Grand River Hospital District	\$264,794	\$356,805
Gunnison Valley Hospital	\$163,337	\$96,698
Haxtun Hospital District	\$57,484	\$670,486
Heart of the Rockies Regional Medical Center	\$254,086	\$192,775
Keefe Memorial Hospital	\$34,218	\$4,071
Kit Carson County Memorial Hospital	\$182,791	\$97,287
Kremmling Memorial	\$78,612	\$368,553
Lincoln Community Hospital and Nursing Home	\$167,597	\$377,607
Melissa Memorial Hospital	\$109,403	\$99,034
Memorial Hospital	\$8,096,760	\$4,739,381
Montrose Memorial Hospital	\$509,736	\$243,203
North Colorado Medical Center	\$2,956,772	\$1,222,732
Pioneers Hospital	\$44,103	\$133,120
Poudre Valley Hospital	\$1,579,227	\$1,621,277
Prowers Medical Center	\$666,232	\$17,092
Rangely District Hospital	\$61,552	\$85,481
Sedgwick County Memorial Hospital	\$70,943	\$27,087
Southeast Colorado Hospital and LTC	\$176,996	\$33,875
Southwest Memorial Hospital	\$525,115	\$2,740,272
Spanish Peaks Regional Health Center	\$317,748	\$218,550
St. Vincent General Hospital District	\$157,541	\$196,059
The Memorial Hospital	\$288,531	\$314,067
Weisbrod Memorial County Hospital	\$36,343	\$32,292
Wray Community District Hospital	\$149,965	\$134,036
Yuma District Hospital	\$335,189	\$3,129,440
Government Hospitals Total	\$21,702,956	\$24,944,641

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Outpatient Payment	
Calendar Year 2007 Upper Payment Limit	\$29,872,283
Estimated CY 2008 Upper Payment Limit	\$31,006,790
Estimated CY 2009 Upper Payment Limit ⁽¹⁾	\$15,967,225

(1) Due to HB 09-1293, the Department will only be able to certify public expenditure up to the midpoint of CY 2010. After that, the Department will use other state funds to draw federal funds to the upper payment limit.

Supplemental Medicaid Outpatient Payment FY 2009-10	
Total Funds	\$15,503,395
General Fund	(\$15,503,395)
Cash Funds	\$15,503,395
Federal Funds	\$15,503,395

Supplemental Medicaid Outpatient Payment FY 2010-11	
Total Funds	\$7,983,613
General Fund	(\$7,983,612)
Cash Funds	\$7,983,613
Federal Funds	\$7,983,612

CY 2008 Inflation Factor	3.80%
CY 2009 Inflation Factor	2.99%

Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

**Nursing Facilities Upper Payment Limit Calculation
Estimate Based on Calendar Year 2008 Actual Upper Payment Limit**

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider⁽¹⁾
Colorado St. Veterans - Fitzsimmons	\$2,233,361	\$3,152,564
Colorado St. Veterans - Florence	\$854,509	\$391,345
Colorado St. Veterans - Homelake	\$208,886	\$227,954
Colorado St. Veterans - Rifle	\$609,547	\$497,313
Colorado St. Veterans - Walsenburg	\$454,264	\$408,129
Trinidad State Nursing Home	(\$304,599)	\$417,930
State Nursing Facilities Total	\$4,055,967	\$5,095,235

Bent County Healthcare Center	(\$207,694)	\$0
Cheyenne Manor	\$78,863	\$51,328
Cripple Creek Rehabilitation & Wellness Center	(\$129,988)	\$208,087
E. Dene Moore Care Center	\$38,437	\$35,126
Gunnison Health Care	\$46,850	\$32,303
Lincoln Community Nursing Home	\$205,047	\$125,264
Prospect Park Living Center	\$37,894	\$168,150
Sedgwick County Memorial Nursing Home	(\$31,952)	\$0
Southeast Colorado Hospital-LTC	(\$71,648)	\$103,159
Walbridge Memorial Convalescent	(\$122)	\$77,179
Walsh Healthcare Center	\$155,977	\$67,003
Washington County Nursing	(\$36,595)	\$2,312
Weisbrod Memorial County Nursing Home	\$191,345	\$56,901
Government Nursing Facilities Total	\$276,413	\$926,813

(1) Based on CY 2007 certification of public expenditure. The Department will update these figures to CY 2008 certification in February 2010.

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Nursing Facilities Payment	
Estimated CY 2008 Upper Payment Limit ⁽²⁾	\$3,928,752
Estimated CY 2009 Upper Payment Limit	\$4,461,996

(2) Includes a reduction of \$403,628 from CY 2008 for a reconciliation from FY 2008-09 certifications

Supplemental Medicaid Nursing Facility Payment FY 2009-10	
Total Funds	\$1,964,376
General Fund (offset by Federal Funds)	(\$1,964,376)
Cash Funds	\$1,964,376
Federal Funds	\$1,964,376

Supplemental Medicaid Nursing Facility Payment FY 2010-11	
Total Funds	\$2,230,998
General Fund (offset by Federal Funds)	(\$2,230,998)
Cash Funds	\$2,230,998
Federal Funds	\$2,230,998

CY 2008 Inflation Factor	3.80%
CY 2009 Inflation Factor	2.99%

Consumer Price Index for Urban Wage Earners and Clerical Workers,
Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

**Home Health Upper Payment Limit Calculation
Estimate Based on Calendar Year 2008 Actual Upper Payment Limit**

Provider Name	Upper Payment Limit Calculation (Amount Remaining after Medicaid Payment)	Certification of Public Expenditure for Uncompensated Medicaid Cost from Provider⁽¹⁾
Alamosa County Nursing Service	\$12,032	\$115,533
Bent County Nursing Service	\$26,047	\$298,903
Delta-Montrose Home Health Services	\$12,649	\$193,661
Fremont County Nursing Service	\$318	\$77,348
Grand County Nursing Service	\$48	\$17,220
Kiowa Memorial Hospital Home Health	\$1,961	\$23,479
Kit Carson County Memorial Hospital HHA	\$38	\$6,409
Lincoln Community Home Health	\$138	\$17,382
Mountain Home Health	\$11,074	\$194,617
Pioneers Hospital of Rio Blanco County HHA	\$1,753	\$24,671
Rangely District Hospital Home Health	\$767	\$0
Southeast Colorado Hospital HHA	\$62	\$2,927
Southwest Memorial Hospital Home Health	\$3,256	\$142,601
St. Vincent Home Health	\$56,770	\$87,730
Yuma District Hospital Home Health Care	\$4,133	\$148,700
Home Health Total	\$131,047	\$1,351,181

Exhibit K - Upper Payment Limit Financing

Supplemental Medicaid Home Health Payment	
Estimated CY 2008 Upper Payment Limit	\$131,047
Estimated CY 2009 Upper Payment Limit	\$134,968

Supplemental Medicaid Home Health Payment FY 2009-10	
Total Funds	\$65,524
General Fund	(\$65,523)
Cash Funds	\$65,524
Federal Funds	\$65,523

Supplemental Medicaid Home Health Payment FY 2010-11	
Total Funds	\$67,484
General Fund	(\$67,484)
Cash Funds	\$67,484
Federal Funds	\$67,484

CY 2008 Inflation Factor	3.80%
CY 2009 Inflation Factor	2.99%

Consumer Price Index for Urban Wage Earners and Clerical Workers, Medical Care, US City Average

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days for Calendar Year 2007 for FY 2009-10 Participating Colorado Indigent Care Program Providers per HB 04-1438			
Public Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
Arkansas Valley Regional Medical Center	1,742	8,280	21.0%
Aspen Valley Hospital	230	4,149	5.5%
Colorado Plains Medical Center	1,164	5,403	21.5%
Community Hospital	211	7,467	2.8%
Conejos County Hospital Corporation	68	1,328	5.1%
Delta County Memorial Hospital	765	10,003	7.6%
Denver Health Medical Center	57,580	101,601	56.7%
East Morgan Community Hospital	40	899	4.4%
Estes Park Medical Center	135	1,260	10.7%
Gunnison Valley Hospital	145	1,395	10.4%
Heart of the Rockies Regional Medical Center	348	3,199	10.9%
Kremmling Memorial Hospital District	1,123	1,931	58.2%
Longmont United Hospital	5,858	40,718	14.4%
McKee Medical Center	3,424	20,674	16.6%
Medical Center of the Rockies	901	15,209	5.9%
Melissa Memorial Hospital	29	1,481	2.0%
Memorial Hospital-Colorado Springs	31,858	146,408	21.8%
Mercy Regional Medical Center	1,478	15,250	9.7%
Montrose Memorial Hospital	2,007	12,038	16.7%
Mount San Rafael Hospital	465	4,784	9.7%
National Jewish Medical and Research Center	172	363	47.4%
North Colorado Medical Center	12,403	65,053	19.1%
Parkview Medical Center	12,339	70,786	17.4%
Pikes Peak Regional Hospital	13	266	4.9%
Platte Valley Medical Center	4,305	12,418	34.7%
Poudre Valley Hospital	9,183	66,369	13.8%

Exhibit K - Upper Payment Limit Financing

Medicaid Eligible Inpatient Days for Calendar Year 2007 for FY 2009-10 Participating Colorado Indigent Care Program Providers per HB 04-1438			
Public Hospitals	Medicaid Eligible Inpatient Days	Total Inpatient Days	Percent of Medicaid Eligible Inpatient Days
Prowers Medical Center	864	4,929	17.5%
Rio Grande Hospital	75	1,855	4.0%
San Luis Valley Regional Medical Center	2,432	9,416	25.8%
Sedgwick County Memorial Hospital	64	619	10.3%
Southeast Colorado Hospital and LTC	27	1,038	2.6%
Southwest Memorial Hospital	1,001	5,778	17.3%
Spanish Peaks Regional Health Center	136	1,096	12.4%
St. Mary-Corwin Medical Center	7,172	43,375	16.5%
St. Mary's Hospital and Medical Center, Inc.	11,868	64,215	18.5%
St. Thomas More Hospital	2,304	11,045	20.9%
St. Vincent General Hospital District	79	767	10.3%
Sterling Regional Medical Center	976	6,556	14.9%
The Children's Hospital	31,274	68,096	45.9%
The Memorial Hospital	321	2,714	11.8%
University Hospital at Denver	29,654	112,878	26.3%
Vail Valley Medical Center	1,348	9,100	14.8%
Valley View Hospital	3,093	13,718	22.5%
Wray Community District Hospital	216	1,112	19.4%
Yampa Valley Medical Center	961	6,058	15.9%
Yuma District Hospital	103	1,158	8.9%

Exhibit L
Appropriations and Expenditures for FY 2008-09
Final FY 2008-09 Funding Splits

	TOTAL	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
HB 08-1375: Long Bill	\$2,317,412,942	\$705,026,741	\$369,000,000	\$83,134,734	\$767,998	\$1,159,483,469
SB 09-187: Supplemental Bill	\$145,888,388	\$64,041,610	\$0	\$9,602,612	(\$106,523)	\$72,350,689
SB 09-187: Supplemental Bill Add-On, Section 7	\$0	\$63,160	\$0	(\$63,160)	\$0	\$0
SB 09-259: Long Bill Add-Ons, Section 13	(\$14,491,510)	\$322,749,098	(\$329,748,208)	(\$1,898,349)	(\$30,407)	(\$5,563,644)
SB 09-259: Long Bill Add-Ons, Section 20	\$31,020,912	\$0	\$0	\$15,510,456	\$0	\$15,510,456
SB 09-259: Long Bill Add-Ons, Section 21	\$0	\$79,866	\$0	(\$79,866)	\$0	\$0
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid (Section 8)	\$11,854,320	\$0	\$0	\$5,927,160	\$0	\$5,927,160
HB 08-1373 Funding Sources - Breast and Cervical Cancer Prevention and Treatment Fund	\$0	(\$1,800,529)	\$0	\$1,800,529	\$0	\$0
HB 08-1374 Cap Repeal - PACE Rates	\$3,134,928	\$1,567,464	\$0	\$0	\$0	\$1,567,464
HB 08-1407 Insurance Benefit Payments	(\$277,780)	(\$138,890)	\$0	\$0	\$0	(\$138,890)
HB 08-1409 Medicaid Payment Recovery	(\$300,000)	(\$150,000)	\$0	\$0	\$0	(\$150,000)
SB 08-090 Mail Order Rx Under Medicaid	(\$279,272)	(\$139,636)	\$0	\$0	\$0	(\$139,636)
SB 08-099 Extending Foster Care Eligibility	\$692,121	\$0	\$0	\$346,061	\$0	\$346,060
SB 08-118 Money Transfer for Medicaid Programs	\$4,000,000	\$0	\$0	\$0	\$2,000,000	\$2,000,000
SB 08-230 Hospitals to Levy Sales Tax	(\$2,285,340)	(\$1,142,670)	\$0	\$0	\$0	(\$1,142,670)
SB 09-261 Supplemental OAP Fund Moneys for Medicaid	\$0	(\$3,000,000)	\$0	\$3,000,000	\$0	\$0
SB 09-263 Payments to Medicaid Nursing Facility Providers	\$0	(\$3,711,959)	\$0	\$3,711,959	\$0	\$0
Appropriations Totals	\$2,496,369,709	\$1,083,444,255	\$39,251,792	\$120,992,136	\$2,631,068	\$1,250,050,458
(M) Headnote Restriction	\$0	(\$166,933,935)	\$0	(\$11,587,224)	\$0	\$178,521,160
FY 2008-09 Spending Authority	\$2,496,369,709	\$916,510,320	\$39,251,792	\$109,404,912	\$2,631,068	\$1,428,571,618
Final Expenditures	\$2,526,991,443	\$928,490,751	\$39,251,792	\$109,633,539	\$2,631,068	\$1,446,984,293
Remaining Balance (Overexpenditure)	(\$30,621,734)	(\$11,980,431)	\$0	(\$228,627)	\$0	(\$18,412,676)
Total Overexpenditure Restriction	(\$30,393,107)	(\$11,980,431)	\$0	\$0	\$0	(\$18,412,676)

Exhibit L - Final Expenditures for Prior Fiscal Year by Aid Category

FY 2008-09 Final Actuals			
Aid Category	Caseload	Per Capita	Total
Adults 65 and Older (OAP-A)	37,619	\$20,832.31	\$783,690,733
Disabled Adults 60 to 64 (OAP-B)	6,447	\$17,839.16	\$115,009,084
Disabled Individuals to 59 (AND/AB)	51,355	\$14,338.15	\$736,335,689
Categorically Eligible Low-Income Adults (AFDC-A)	49,147	\$4,275.26	\$210,116,307
Expansion Adults	12,727	\$2,507.35	\$31,911,058
Breast & Cervical Cancer Program	317	\$22,425.14	\$7,108,768
Eligible Children (AFDC-C/BC)	235,129	\$1,850.90	\$435,201,314
Foster Care	18,033	\$3,774.85	\$68,071,925
Baby Care Program-Adults	6,976	\$8,717.66	\$60,814,407
Non-Citizens	3,987	\$14,967.32	\$59,674,689
Partial Dual Eligibles	15,075	\$1,264.18	\$19,057,469
TOTAL	436,812	TF	\$2,526,991,443
Total Funds include Upper Payment Limit Financing and financing bills. Caseload is non-retroactive.		GF	\$928,490,751
		GFE	\$39,251,792
		CF	\$109,633,539
		CFE	\$2,631,068
		FF	\$1,446,984,293

Exhibit M - FY 2008-09 Cash-Based Actuals

FY 2008-09 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	4,994,147	6,222,450	45,788,069	45,929,303	6,388,849	-	89,495,781	9,896,241	15,568,366	8,628,882	603	232,912,692
Emergency Transportation	137,865	236,302	1,633,597	984,736	129,300	-	1,342,177	176,882	183,755	109,310	157	4,934,082
Non-emergency Medical Transportation	2,169,408	784,497	4,355,943	402,309	-	-	809,400	131,628	35,042	791	-	8,689,018
Dental Services	982,210	236,181	3,967,399	3,245,522	643,081	-	61,485,476	5,488,468	396,626	11,462	-	76,456,424
Family Planning	-	120	9,036	115,099	35,198	-	101,028	34,059	23,734	1,150	-	319,424
Health Maintenance Organizations	8,589,196	7,896,327	59,131,526	15,481,484	2,413,999	-	33,428,257	1,052,528	1,081,509	-	-	129,074,827
Inpatient Hospitals	16,801,697	13,598,479	98,702,338	57,489,437	5,455,282	-	84,101,547	6,535,184	27,109,511	46,764,468	18,694	356,576,636
Outpatient Hospitals	3,004,874	3,827,049	40,287,696	35,275,504	7,081,071	-	52,180,563	5,471,149	5,159,881	1,612,752	1,216	153,901,754
Lab & X-Ray	541,036	700,896	5,345,769	9,211,276	1,364,038	-	5,923,803	1,888,019	3,098,394	364,434	158	28,437,823
Durable Medical Equipment	19,191,857	4,023,304	40,203,019	1,972,489	450,132	-	7,113,934	3,897,828	147,294	8,611	3,345	77,011,816
Prescription Drugs	8,113,773	12,092,935	104,378,704	32,051,410	6,442,536	1,722	47,409,911	21,136,869	1,959,449	78,621	378	233,666,309
Drug Rebate	(3,188,270)	(4,751,865)	(41,015,133)	(12,594,454)	(2,531,565)	(677)	(18,629,507)	(8,305,636)	(769,957)	(30,894)	(148)	(91,818,104)
Rural Health Centers	50,160	147,174	965,699	1,145,962	272,843	-	4,193,025	300,376	348,898	34,346	-	7,458,484
Federally Qualified Health Centers	964,422	691,839	5,907,249	10,952,551	1,637,957	-	44,940,460	2,237,254	4,162,016	1,595,266	-	73,089,013
Co-Insurance (Title XVIII-Medicare)	13,247,112	1,936,238	8,768,139	(1,273)	363,789	-	31,202	20,241	41,983	1,112	3,689,845	28,098,389
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	7,042,030	-	-	-	-	-	7,042,030
Prepaid Inpatient Health Plan Services	2,152,814	1,391,106	11,142,648	5,273,126	1,349,442	-	11,529,742	1,563,092	1,587,226	-	-	35,989,196
Other Medical Services	3,147	1,760	15,560	7,453	-	212	13,048	2,059	1,783	1,776	148	46,946
Home Health	24,428,105	6,617,163	102,068,348	446,028	77,460	-	3,328,955	10,164,895	25,103	-	172,081	147,328,138
Presumptive Eligibility	-	-	-	-	-	-	-	-	-	-	-	-
Subtotal of Acute Care	102,183,555	55,651,957	491,655,607	207,387,962	31,573,412	7,043,287	428,798,802	61,691,136	60,160,614	59,182,087	3,886,476	1,509,214,896
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	97,156,797	13,604,791	65,434,378	15,005	395	-	-	77,857	-	-	192,447	176,481,671
HCBS - Mental Illness	3,588,896	2,137,938	17,180,010	-	1,005	-	-	6,584	-	-	44,433	22,958,866
HCBS - Disabled Children	-	-	1,747,600	-	-	-	50	33	-	-	-	1,747,683
HCBS - Persons Living with AIDS	12,764	32,458	546,457	-	-	-	-	-	-	-	1,066	592,744
HCBS - Consumer Directed Attendant Support	2,271,433	318,067	1,529,803	351	-	-	-	1,820	-	-	4,499	4,125,973
HCBS - Brain Injury	159,346	507,164	11,361,726	-	-	-	-	-	-	-	-	12,028,236
HCBS - Children with Autism	-	-	1,293,932	-	-	-	-	-	-	-	-	1,293,932
HCBS - Pediatric Hospice	-	-	26,940	-	-	-	-	2,372	-	-	-	29,312
Private Duty Nursing	725,106	186,844	14,728,104	-	-	-	250,793	5,460,562	-	-	-	21,351,408
Hospice	31,767,623	2,005,681	5,941,975	37,529	7,535	-	77,422	3,390	2,017	-	59,700	39,902,873
Subtotal of Community Based Long Term Care	135,681,964	18,792,943	119,790,925	52,885	8,935	-	328,265	5,552,618	2,017	-	302,145	280,512,697
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	423,682,370	29,953,087	77,004,135	22,194	-	-	-	-	-	-	256,886	530,918,672
Class II Nursing Facilities	-	335,754	1,935,960	-	-	-	-	-	-	-	-	2,271,714
Program of All-Inclusive Care for the Elderly	54,470,714	4,395,937	2,183,184	-	-	-	-	-	-	-	-	61,049,836
Subtotal Long Term Care	478,153,084	34,684,778	81,123,279	22,194	-	-	-	-	-	-	256,886	594,240,222
Supplemental Medicare Insurance Benefit	49,992,538	2,915,276	26,205,375	163,913	-	-	-	-	-	-	14,466,011	93,743,114
Health Insurance Buy-In Program	(177)	3,200	917,027	5,034	-	-	16,561	-	500	-	-	942,145
Subtotal Insurance	49,992,361	2,918,475	27,122,403	168,948	-	-	16,561	-	500	-	14,466,011	94,685,260
Subtotal of Long Term Care and Insurance	528,145,446	37,603,253	108,245,682	191,142	-	-	16,561	-	500	-	14,722,898	688,925,481
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	11,356,087	1,927,170	9,708,485	3,228	-	-	1,507	7,102	-	56,818	6,779	23,067,175
Disease Management	201,459	112,661	996,159	477,141	-	13,568	835,312	131,805	114,165	-	-	2,882,271
Prepaid Inpatient Health Plan Administration	399,187	81,227	561,613	469,538	95,675	-	2,042,735	192,157	93,003	-	-	3,935,134
Subtotal of Service Management	11,956,732	2,121,058	11,266,257	949,908	95,675	13,568	2,879,553	331,064	207,168	56,818	6,779	29,884,581
FY 2008-09 COFRS Total	777,967,697	114,169,211	730,958,471	208,581,897	31,678,022	7,056,855	432,023,182	67,574,818	60,370,299	59,238,905	18,918,298	2,508,537,655

Exhibit M - FY 2007-08 Cash-Based Actuals

FY 2007-08 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	3,469,726	5,866,568	39,253,495	39,870,742	3,123,248	-	71,109,993	8,011,424	12,603,872	7,354,450	309	190,663,827
Emergency Transportation	76,213	207,485	1,572,693	907,188	74,652	-	1,291,389	163,859	150,448	106,578	-	4,550,505
Non-emergency Medical Transportation	1,890,521	807,146	3,907,628	282,264	7,100	-	713,422	99,207	24,313	2,348	-	7,733,949
Dental Services	692,450	171,089	3,093,306	2,560,792	310,745	-	42,256,272	4,543,616	250,711	14,716	189	53,893,890
Family Planning	101	-	7,167	63,821	19,695	-	70,705	30,651	8,462	1,470	-	202,073
Health Maintenance Organizations	9,349,039	5,367,124	44,519,944	12,362,626	1,532,412	-	27,309,963	873,700	902,068	-	-	102,216,877
Inpatient Hospitals	12,490,039	11,578,942	87,911,992	55,261,146	3,425,569	-	77,716,643	6,608,100	23,195,257	42,710,199	1,406	320,899,293
Outpatient Hospitals	2,279,079	3,626,609	36,371,235	29,962,722	4,019,199	-	44,067,264	4,594,124	3,998,659	1,273,061	243	130,192,196
Lab & X-Ray	415,678	628,260	4,813,487	7,519,657	680,163	-	4,844,562	1,480,894	2,110,120	281,245	175	22,774,240
Durable Medical Equipment	19,099,564	3,724,534	40,421,276	1,864,137	224,468	-	6,388,678	3,963,555	114,866	7,053	7,843	75,815,972
Prescription Drugs	6,819,298	11,618,863	102,291,859	29,776,946	4,304,511	1,305	39,162,305	21,130,262	1,689,121	69,578	90	216,864,136
Drug Rebate	(1,744,101)	(2,971,636)	(26,162,127)	(7,615,740)	(1,100,920)	(334)	(10,016,136)	(5,404,268)	(432,009)	(17,795)	(23)	(55,465,088)
Rural Health Centers	33,486	118,828	885,721	988,888	151,262	-	3,411,821	384,803	239,581	28,394	-	6,242,784
Federally Qualified Health Centers	686,433	672,208	5,232,210	9,235,273	1,057,317	-	38,528,501	2,053,130	3,358,983	1,797,419	-	62,621,473
Co-Insurance (Title XVIII-Medicare)	10,666,122	1,603,558	7,081,693	55,556	150,455	-	13,250	8,349	30,611	1,086	2,896,987	22,507,668
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	7,088,411	-	-	-	-	-	7,088,411
Prepaid Inpatient Health Plan Services	2,010,919	1,325,920	10,884,785	5,170,292	936,978	-	10,350,299	1,581,179	1,421,934	-	-	33,682,305
Other Medical Services	2,310	1,293	11,593	5,267	-	178	8,985	1,584	1,224	1,347	106	33,888
Home Health	22,853,620	6,013,415	87,841,043	495,825	28,573	-	3,209,955	8,809,726	37,335	2,426	423,280	129,715,198
Presumptive Eligibility	-	-	-	-	-	-	-	-	3,770,690	-	-	3,770,690
Subtotal of Acute Care	91,090,497	50,360,207	449,939,001	188,767,403	18,945,426	7,089,560	360,437,874	58,933,894	53,476,247	53,633,572	3,330,605	1,336,004,286
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	86,813,975	10,527,340	43,329,761	37,677	210	-	-	13,583	-	-	509,299	141,231,844
HCBS - Mental Illness	3,181,676	1,943,044	15,184,323	1,504	1,005	-	-	9,277	-	-	89,059	20,409,887
HCBS - Disabled Children	-	-	1,352,728	-	-	-	973	147	-	-	-	1,353,847
HCBS - Persons Living with AIDS	12,757	31,627	549,627	-	-	-	-	-	-	-	1,395	595,406
HCBS - Consumer Directed Attendant Support	8,673,182	1,051,738	4,328,897	3,764	-	-	-	1,357	-	-	-	14,109,819
HCBS - Brain Injury	79,917	459,639	10,226,782	-	-	-	-	-	-	-	19,249	10,785,587
HCBS - Children with Autism	-	-	693,081	-	-	-	2,504	-	-	-	-	695,586
Private Duty Nursing	313,936	207,166	13,885,052	-	-	-	500,847	4,832,273	-	-	9,988	19,749,262
Hospice	25,148,153	2,134,632	5,123,646	70,365	6,838	-	86,351	-	-	-	240,791	32,810,776
Subtotal of Community Based Long Term Care	124,223,595	16,355,185	94,673,897	113,310	8,054	-	590,675	4,856,636	-	-	920,662	241,742,014
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	389,399,454	25,395,243	69,952,848	6,325	-	-	-	-	-	-	1,814,628	486,568,498
Class II Nursing Facilities	74,970	191,024	1,924,394	-	-	-	-	-	-	-	45,248	2,235,636
Program of All-Inclusive Care for the Elderly	44,272,143	3,549,809	1,596,904	-	-	-	-	-	-	-	-	49,418,855
Subtotal Long Term Care	433,746,567	29,136,075	73,474,146	6,325	-	-	-	-	-	-	1,859,876	538,222,989
Supplemental Medicare Insurance Benefit	43,978,504	2,564,572	23,052,905	144,195	-	-	-	-	-	-	12,725,770	82,465,946
Health Insurance Buy-In Program	3,274	1,762	877,995	-	-	-	16,916	1,188	2,208	-	-	904,947
Subtotal Insurance	43,981,778	2,566,334	23,930,899	145,800	-	-	16,916	1,188	2,208	-	12,725,770	83,370,893
Subtotal of Long Term Care and Insurance	477,728,345	31,702,409	97,405,046	152,125	-	-	16,916	1,188	2,208	-	14,585,646	621,593,882
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	10,894,815	1,743,587	8,992,484	2,602	-	-	1,301	2,602	-	-	119,709	21,757,100
Disease Management	165,996	92,931	833,085	378,473	-	12,812	645,653	113,811	87,964	-	-	2,330,726
Prepaid Inpatient Health Plan Administration	366,151	74,505	536,817	430,680	66,075	-	1,873,683	176,254	85,306	-	-	3,609,472
Subtotal of Service Management	11,426,962	1,911,023	10,362,386	811,756	66,075	12,812	2,520,636	292,668	173,270	-	119,709	27,697,298
FY 2007-08 COFRS Total	704,469,398	100,328,824	652,380,330	189,844,594	19,019,555	7,102,372	363,566,102	64,084,386	53,651,725	53,633,572	18,956,623	2,227,037,481

Exhibit M - FY 2006-07 Cash-Based Actuals

FY 2006-07 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,557,590	4,913,899	32,157,433	38,985,126	1,224,479	-	61,863,460	6,843,560	9,019,205	6,665,024	2,652	164,232,428
Emergency Transportation	75,398	169,825	1,386,996	922,395	33,151	-	1,313,302	139,118	129,933	114,504	-	4,284,622
Non-emergency Medical Transportation	(18,672)	(8,454)	(25,794)	(1,823)	-	-	(4,150)	(1,652)	(176)	(17)	(2)	(60,740)
Dental Services	662,760	164,830	2,924,310	2,681,114	152,231	-	38,168,661	4,365,105	239,992	8,130	-	49,367,133
Family Planning	-	-	464	(1,854)	8,904	-	7,323	3,119	422	55	-	18,433
Health Maintenance Organizations	9,906,026	5,316,092	44,014,281	18,339,469	832,261	-	28,259,688	667,693	1,093,523	-	-	108,429,033
Inpatient Hospitals	12,785,899	10,333,981	77,352,935	59,552,000	1,558,745	-	74,070,764	5,149,408	19,508,543	44,375,127	-	304,687,402
Outpatient Hospitals	1,996,199	3,500,504	31,579,126	30,497,019	1,404,553	-	38,657,701	3,944,746	2,972,677	1,214,531	217	115,767,273
Lab & X-Ray	336,966	575,229	4,080,667	7,613,932	294,448	(112)	4,565,655	1,172,479	1,552,063	255,725	91	20,447,143
Durable Medical Equipment	17,788,206	3,417,083	34,532,449	1,944,867	77,764	-	5,382,698	3,535,980	114,018	7,737	21,364	66,822,166
Prescription Drugs	6,520,078	10,234,109	88,778,681	29,066,474	1,602,085	1,088	33,279,711	19,027,403	1,277,899	45,745	174	189,833,449
Drug Rebate	(2,014,232)	(3,161,599)	(27,426,192)	(8,979,439)	(494,928)	(336)	(10,281,023)	(5,878,091)	(394,778)	(14,132)	(54)	(58,644,804)
Rural Health Centers	33,187	105,329	792,378	1,019,191	68,417	-	3,407,281	221,847	212,217	20,555	-	5,880,402
Federally Qualified Health Centers	603,731	558,662	4,565,903	9,985,268	495,431	-	36,599,910	1,514,903	2,874,034	1,762,260	-	58,960,102
Co-Insurance (Title XVIII-Medicare)	9,351,692	1,308,275	5,742,590	28,897	71,544	-	6,279	8,956	17,869	-	2,440,303	18,976,405
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	5,554,934	-	-	-	-	-	5,554,934
Prepaid Inpatient Health Plan Services	1,945,740	1,211,269	9,687,896	5,975,266	228,327	-	9,675,290	1,395,920	1,165,608	-	-	31,285,316
Other Medical Services	1,879	1,007	8,697	4,562	-	122	7,155	1,185	855	1,192	82	26,736
Home Health	20,648,369	5,431,838	72,782,098	489,136	13,061	-	2,622,088	7,357,801	18,370	1,011	283,291	109,647,063
Presumptive Eligibility	-	-	-	-	-	-	-	-	7,849,344	-	-	7,849,344
Subtotal of Acute Care	83,180,816	44,071,879	382,934,916	198,121,602	7,570,473	5,555,696	327,601,793	49,469,480	47,651,618	54,457,447	2,748,118	1,203,363,838
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	77,897,470	9,019,369	36,497,817	37,957	2,506	-	-	5,953	-	-	211,964	123,673,036
HCBS - Mental Illness	2,759,506	1,696,177	12,752,277	4	2,373	-	-	470	-	-	35,513	17,246,320
HCBS - Disabled Children	-	-	904,544	-	-	-	264	-	-	-	75	904,883
HCBS - Persons Living with AIDS	16,836	17,189	468,801	-	-	-	-	-	-	-	704	503,530
HCBS - Consumer Directed Attendant Support	7,923,897	917,469	3,712,636	3,861	255	-	-	606	-	-	21,561	12,580,285
HCBS - Brain Injury	73,747	313,937	10,724,693	151	-	-	-	-	-	-	-	11,112,528
HCBS - Children with Autism	-	-	18,801	-	-	-	-	-	-	-	-	18,801
Private Duty Nursing	354,877	155,949	12,205,855	-	-	-	562,535	3,983,279	-	-	37,261	17,299,756
Hospice	23,913,110	1,986,641	5,611,231	46,496	-	-	141,295	-	-	-	88,575	31,787,348
Subtotal of Community Based Long Term Care	112,939,443	14,106,731	82,896,656	88,469	5,134	-	704,094	3,990,308	-	-	395,653	215,126,488
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	384,275,629	24,171,304	68,903,820	1,596	-	-	-	-	-	-	951,138	478,303,487
Class II Nursing Facilities	106,064	27,660	2,100,702	-	-	-	-	-	-	-	35,710	2,270,136
Program of All-Inclusive Care for the Elderly	37,878,793	3,182,900	1,810,588	-	-	-	-	-	-	-	-	42,872,281
Subtotal Long Term Care	422,260,486	27,381,864	72,815,110	1,596	-	-	-	-	-	-	986,848	523,445,904
Supplemental Medicare Insurance Benefit	44,106,993	2,572,065	23,120,257	144,616	-	-	-	-	-	-	12,762,950	82,706,881
Health Insurance Buy-In Program	1,797	20,389	704,579	2,008	-	-	9,795	651	3,133	-	-	742,352
Subtotal Insurance	44,108,790	2,592,454	23,824,836	146,624	-	-	9,795	651	3,133	-	12,762,950	83,449,233
Subtotal of Long Term Care and Insurance	466,369,276	29,974,318	96,639,946	148,220	-	-	9,795	651	3,133	-	13,749,798	606,895,137
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	9,171,616	1,415,981	7,352,685	4,528	-	-	-	1,132	-	-	56,594	18,002,536
Disease Management	31,652	16,971	146,541	76,859	-	2,053	120,548	19,962	14,413	-	-	428,999
Prepaid Inpatient Health Plan Administration	505,046	102,136	772,630	518,429	1,000	-	2,412,273	223,401	85,502	-	-	4,620,417
Subtotal of Service Management	9,708,314	1,535,088	8,271,856	599,816	1,000	2,053	2,532,821	244,495	99,915	-	56,594	23,051,952
FY 2006-07 COFRS Total	672,197,849	89,688,016	570,743,374	198,958,107	7,576,607	5,557,749	330,848,503	53,704,934	47,754,666	54,457,447	16,950,163	2,048,437,415

* Note: In February 2008, totals for Prepaid Inpatient Health Plan - Services were adjusted. Totals for Non-Citizens and Partial Dual Eligibles were reapportioned to other aid categories. As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2005-06 Cash-Based Actuals

FY 2005-06 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	3,975,272	3,688,514	26,408,980	36,098,754	-	-	53,028,974	6,111,311	8,343,332	6,611,091	195	144,266,423
Emergency Transportation	84,353	126,114	1,133,549	817,029	-	-	1,140,132	130,357	86,656	93,252	(1)	3,611,441
Non-emergency Medical Transportation	(3,432)	(1,554)	(4,741)	(335)	-	-	(763)	(304)	(32)	(3)	-	(11,164)
Dental Services	1,262,181	236,029	2,930,118	3,071,227	-	-	34,885,122	4,088,844	217,730	11,716	2,547	46,705,514
Family Planning	(2)	-	10,347	210,459	-	-	106,209	69,728	11,612	765	1	409,119
Health Maintenance Organizations	11,735,631	9,400,251	75,960,961	23,941,548	-	-	32,559,940	460,293	718,326	-	5,241	154,782,191
Inpatient Hospitals	10,886,225	8,621,491	71,253,901	62,945,736	-	-	74,754,190	4,709,489	18,737,044	44,892,047	1	296,800,124
Outpatient Hospitals	3,098,381	2,915,529	26,382,059	28,536,153	-	-	35,812,801	4,051,514	2,854,896	1,562,291	119	105,213,743
Lab & X-Ray	425,283	446,360	3,377,104	7,490,295	-	-	4,504,927	1,169,897	1,570,143	266,156	(128)	19,250,037
Durable Medical Equipment	16,326,787	2,961,537	29,468,163	1,671,729	-	-	4,639,863	3,416,206	88,577	10,521	68,786	58,652,169
Prescription Drugs	50,125,835	12,867,087	104,466,003	24,828,668	-	2,157	26,344,076	17,140,550	1,101,109	46,195	26,145	236,947,825
Drug Rebate	(16,726,807)	(4,293,700)	(34,859,921)	(8,285,235)	-	(720)	(8,790,921)	(5,719,738)	(367,436)	(15,415)	(8,724)	(79,068,617)
Rural Health Centers	32,519	90,334	605,016	864,162	-	-	2,760,432	214,943	151,959	31,966	(1)	4,751,330
Federally Qualified Health Centers	641,668	452,609	3,870,384	11,207,906	-	-	39,458,275	1,483,125	3,048,685	1,795,167	(101)	61,957,718
Co-Insurance (Title XVIII-Medicare)	8,937,877	1,204,618	5,757,919	38,324	-	-	5,379	7,029	17,058	-	1,954,240	17,922,444
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	6,808,264	-	-	-	-	-	6,808,264
Prepaid Inpatient Health Plan Services	10,011,353	1,849,416	18,565,065	413,087	-	-	1,384,133	724,620	38,826	-	730	32,987,230
Other Medical Services	3,822	1,206	10,800	4,420	-	61	5,670	1,074	1,445	1,344	61	29,903
Home Health	18,536,187	4,997,032	59,760,483	402,401	-	-	2,009,317	6,476,083	26,958	-	18,990	92,227,451
Presumptive Eligibility	-	-	-	-	-	-	-	-	2,644,540	-	-	2,644,540
Subtotal of Acute Care	119,353,133	45,562,873	395,096,190	194,256,328	-	6,809,762	304,607,756	44,535,021	39,291,428	55,307,093	2,068,101	1,206,887,685
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	66,647,516	7,757,981	32,802,759	37,971	-	-	-	-	-	-	30,338	107,276,565
HCBS - Mental Illness	2,278,956	1,441,905	11,259,932	-	-	-	-	1,113	-	-	2,267	14,984,173
HCBS - Disabled Children	(1)	-	658,623	-	-	-	3,201	-	-	-	-	661,823
HCBS - Persons Living with AIDS	16,218	-	456,565	-	-	-	-	-	-	-	-	472,783
HCBS - Consumer Directed Attendant Support	4,916,492	401,883	1,919,448	66	-	-	-	-	-	-	-	7,237,889
HCBS - Brain Injury	12,788	11,846	8,788,436	616	-	-	-	-	-	-	-	8,813,686
Private Duty Nursing	157,164	405,549	10,536,627	-	-	-	397,273	4,120,147	-	-	-	15,616,760
Hospice	21,266,594	2,111,240	4,880,020	111,898	-	-	128,732	-	-	-	8,603	28,507,087
Subtotal of Community Based Long Term Care	95,295,727	12,130,404	71,302,410	150,551	-	-	529,206	4,121,260	-	-	41,208	183,570,766
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	370,539,529	22,631,623	63,039,217	(10,541)	-	-	1,810	-	-	-	318,690	456,520,328
Class II Nursing Facilities	69,154	-	1,367,696	-	-	-	-	-	-	-	-	1,436,850
Program of All-Inclusive Care for the Elderly	35,666,638	2,962,484	1,841,368	-	-	-	-	-	-	-	-	40,470,490
Subtotal Long Term Care	406,275,321	25,594,107	66,248,281	(10,541)	-	-	1,810	-	-	-	318,690	498,427,668
Supplemental Medicare Insurance Benefit	37,744,128	2,201,019	19,784,933	123,754	-	-	-	-	-	-	10,921,770	70,775,604
Health Insurance Buy-In Program	212,695	18,547	157,102	37,769	-	-	63,030	10,566	13,231	8,200	3,054	524,194
Subtotal Insurance	37,956,823	2,219,566	19,942,035	161,523	-	-	63,030	10,566	13,231	8,200	10,924,824	71,299,798
Subtotal of Long Term Care and Insurance	444,232,144	27,813,673	86,190,316	150,982	-	-	64,840	10,566	13,231	8,200	11,243,514	569,727,466
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	8,671,602	1,294,860	6,568,161	2,262	-	-	2,262	-	-	-	7,916	16,547,063
Disease Management	38,074	13,320	114,902	52,228	-	637	80,668	12,989	9,537	-	-	322,355
Prepaid Inpatient Health Plan Administration	518,021	113,193	895,454	617,504	-	-	2,912,859	202,140	81,570	-	-	5,340,741
Subtotal of Service Management	9,227,697	1,421,373	7,578,517	671,994	-	637	2,995,789	215,129	91,107	-	7,916	22,210,159
FY 2005-06 COFRS Total	668,108,701	86,928,323	560,167,433	195,229,855	-	6,810,399	308,197,591	48,881,976	39,395,766	55,315,293	13,360,739	1,982,396,076

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2004-05 Cash-Based Actuals

FY 2004-05 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	3,423,604	3,193,975	21,628,805	32,599,653	-	-	43,820,013	5,026,864	8,927,565	5,498,719	142	124,119,339
Emergency Transportation	154,437	125,096	1,062,237	761,877	-	-	1,030,699	114,920	115,808	108,563	104	3,473,741
Non-emergency Medical Transportation	65,695	29,745	90,757	6,414	-	-	14,601	5,811	618	60	5	213,706
Dental Services	1,138,025	185,567	2,573,418	3,009,041	-	-	29,245,153	3,562,887	266,892	32,867	-	40,013,849
Family Planning	-	26	4,351	97,103	-	-	46,021	29,939	7,912	669	-	186,021
Health Maintenance Organizations	14,841,610	10,000,351	80,033,438	22,355,311	-	-	34,237,510	(91,468)	713,180	-	315	162,090,246
Inpatient Hospitals	12,100,223	8,017,452	58,771,508	59,068,158	-	-	70,183,080	4,604,884	17,929,034	35,337,108	-	266,011,447
Outpatient Hospitals	2,308,115	2,676,602	22,949,379	25,028,931	-	-	32,440,056	3,875,487	3,256,924	1,082,574	49	93,618,116
Lab & X-Ray	383,268	393,747	2,972,445	6,616,645	-	-	3,692,266	1,040,626	2,080,982	304,349	427	17,484,755
Durable Medical Equipment	13,866,449	2,344,377	24,809,129	1,387,625	-	-	4,463,726	3,231,168	84,778	15,993	96,006	50,299,251
Prescription Drugs	80,910,411	14,897,365	122,641,655	21,534,152	-	-	24,054,575	15,406,676	1,297,940	79,392	108,732	280,930,899
Drug Rebate	(25,860,524)	(3,853,558)	(33,644,073)	(2,532,799)	-	-	(2,541,517)	(2,821,952)	(363,610)	(1,803)	(36,838)	(71,656,675)
Rural Health Centers	49,536	71,821	593,992	806,931	-	-	2,749,051	172,803	123,398	30,392	471	4,598,395
Federally Qualified Health Centers	554,197	478,212	3,082,202	10,107,145	-	-	35,200,815	1,398,913	3,824,437	2,198,858	786	56,845,564
Co-Insurance (Title XVIII-Medicare)	8,401,158	1,189,659	5,961,109	65,701	-	-	3,136	3,446	14,758	-	1,718,734	17,357,700
Breast and Cervical Cancer Treatment Program	-	-	-	-	-	2,490,090	-	-	-	-	-	2,490,090
Prepaid Inpatient Health Plan Services	18,252,319	3,212,600	34,792,621	2,184,708	-	-	8,483,223	1,319,961	228,776	-	96	68,474,304
Other Medical Services	3,767	1,188	10,643	4,356	-	60	5,588	1,058	1,424	1,325	59	29,468
Home Health	13,643,727	3,729,460	49,395,318	315,958	-	-	2,142,906	5,260,733	34,531	7,192	4,787	74,534,611
Subtotal of Acute Care	144,236,015	46,693,687	397,728,931	183,416,908		2,490,150	289,270,900	42,142,756	38,545,346	44,696,256	1,893,876	1,191,114,826
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	63,998,370	5,231,339	24,985,616	857	-	-	-	-	-	-	-	94,216,182
HCBS - Mental Illness	2,003,427	1,267,654	9,747,334	891	-	-	-	-	-	-	157	13,019,463
HCBS - Disabled Children	242,689	30,421	195,393	437	-	-	2,061	10,913	7	-	5	481,927
HCBS - Persons Living with AIDS	14,775	480	443,196	-	-	-	-	-	-	-	-	458,451
HCBS - Consumer Directed Attendant Support	2,977,355	373,212	2,397,120	5,362	-	-	25,291	133,881	90	-	61	5,912,371
HCBS - Brain Injury	5,499	99,150	9,119,694	1,248	-	-	-	-	-	-	-	9,225,591
Private Duty Nursing	119,147	360,893	9,569,473	-	-	-	505,864	3,516,516	-	-	-	14,071,893
Hospice	17,144,015	1,326,788	4,807,057	117,796	-	-	156,717	4,293	2,364	-	-	23,559,031
Subtotal of Community Based Long Term Care	86,505,276	8,689,937	61,264,884	126,591			689,933	3,665,603	2,461		224	160,944,908
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	342,142,204	19,699,056	61,974,535	56,072	-	-	-	-	-	-	6,466	423,878,333
Class II Nursing Facilities	-	-	1,383,445	-	-	-	-	-	-	-	-	1,383,445
Program of All-Inclusive Care for the Elderly	31,140,652	2,557,598	1,461,755	-	-	-	-	-	-	-	-	35,160,005
Subtotal Long Term Care	373,282,857	22,256,654	64,819,734	56,072							6,466	460,421,784
Supplemental Medicare Insurance Benefit	31,170,839	1,817,703	16,339,309	102,202	-	-	-	-	-	-	9,019,700	58,449,753
Health Insurance Buy-In Program	246,429	21,489	182,018	43,760	-	-	73,026	12,242	15,329	9,501	3,538	607,332
Subtotal Insurance	31,417,268	1,839,192	16,521,327	145,961			73,026	12,242	15,329	9,501	9,023,238	59,057,085
Subtotal of Long Term Care and Insurance	404,700,125	24,095,846	81,341,062	202,034			73,026	12,242	15,329	9,501	9,029,704	519,478,869
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	9,077,168	1,312,201	6,855,305	4,865	-	-	1,216	-	-	-	6,081	17,256,835
Disease Management	26,163	8,253	73,925	30,257	-	420	38,813	7,351	9,889	9,202	408	204,682
Prepaid Inpatient Health Plan Administration	373,290	76,345	697,995	487,706	-	-	2,458,050	114,363	77,587	22	88	4,285,446
Subtotal Service Management	9,476,621	1,396,799	7,627,226	522,827		420	2,498,080	121,714	87,476	9,224	6,576	21,746,963
FY 2004-05 COFRS Total	644,918,037	80,876,269	547,962,103	184,268,360		2,490,571	292,531,940	45,942,314	38,650,612	44,714,981	10,930,381	1,893,285,567

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 1, 2007, the Department has revised the distribution of Prepaid Inpatient Health Plan Administration expenditure

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2003-04 Cash-Based Actuals

FY 2003-04 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	3,871,515	3,520,279	25,923,882	34,967,666	-	-	23,226,514	5,500,090	17,403,246	8,213,373	47,103	122,673,666
Emergency Transportation	589,405	218,872	1,669,140	782,002	-	-	1,178,072	149,707	153,433	111,945	-	4,852,575
Non-emergency Medical Transportation	806,566	278,282	1,243,917	36,470	-	-	107,240	143,175	700	-	-	2,616,352
Dental Services	2,390,281	413,398	5,498,742	2,990,555	-	-	24,329,953	3,166,313	364,666	31,047	4,502	39,189,457
Family Planning	-	-	6,041	120,575	-	-	32,419	22,427	21,222	1,861	-	204,545
Health Maintenance Organizations	15,369,265	11,545,880	99,362,574	26,008,450	-	-	44,430,797	545,391	635,781	-	-	197,898,138
Inpatient Hospitals	11,297,635	8,477,930	60,780,794	54,483,931	-	-	69,238,974	5,735,633	21,617,641	41,614,823	-	273,247,361
Outpatient Hospitals	2,086,806	2,521,476	23,163,401	22,844,361	-	-	28,358,793	3,449,321	5,301,550	1,321,484	-	89,047,191
Lab & X-Ray	343,381	364,374	3,137,799	5,956,882	-	-	1,691,656	943,094	4,523,890	264,248	-	17,225,324
Durable Medical Equipment	15,032,626	2,282,023	25,537,628	1,166,432	-	-	1,968,676	3,103,265	107,680	13,259	33,928	49,245,516
Prescription Drugs	79,379,246	13,536,350	124,035,077	19,634,829	-	-	12,605,392	14,335,007	2,117,560	86,425	67,788	265,797,673
Drug Rebate	(19,302,428)	(2,876,315)	(25,112,109)	(1,890,494)	-	-	(1,897,002)	(2,106,320)	(271,400)	(1,346)	(27,496)	(53,484,910)
Rural Health Centers	26,246	76,640	497,819	772,756	-	-	2,262,303	163,086	83,294	27,166	-	3,909,310
Federally Qualified Health Centers	640,225	522,098	4,107,835	12,142,028	-	-	17,649,180	1,856,885	11,045,830	3,434,383	434	51,398,899
Co-Insurance (Title XVIII-Medicare)	9,322,772	1,280,424	6,604,447	21,924	-	-	2,475	2,777	8,276	-	1,962,635	19,205,728
Breast and Cervical Cancer Program	-	-	-	-	-	2,668,652	-	-	-	-	-	2,668,652
Prepaid Inpatient Health Plan Services	1,346,567	994,427	8,557,074	2,259,434	-	-	3,965,323	53,461	59,317	-	-	17,235,604
Other Medical Services	12,866	4,059	36,353	14,879	-	207	19,087	3,615	4,863	4,525	201	100,654
Home Health	11,572,193	3,031,991	49,085,659	278,805	-	-	863,860	4,836,114	22,643	5,790	-	69,697,057
Subtotal of Acute Care	134,785,167	46,192,187	414,136,076	182,591,483	-	2,668,859	230,033,711	41,903,040	63,200,191	55,128,983	2,089,094	1,172,728,792
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	64,355,491	5,260,531	25,125,040	861	-	-	-	-	-	-	-	94,741,923
HCBS - Mental Illness	2,440,729	1,455,627	11,134,445	-	-	-	-	145	-	-	-	15,030,947
HCBS - Disabled Children	184,675	20,711	145,817	378	-	-	479	6,830	-	-	0	358,891
HCBS - Persons Living with AIDS	16,669	5,220	540,329	-	-	-	-	-	-	-	-	562,218
HCBS - Consumer Directed Attendant Support	1,577,022	176,863	1,245,201	3,231	-	-	4,088	58,327	-	-	1	3,064,733
HCBS - Brain Injury	11,970	46,893	8,906,818	-	-	-	-	27,116	-	-	-	8,992,797
Private Duty Nursing	75,531	315,738	9,645,058	-	-	-	190,788	2,949,031	-	-	-	13,176,147
Hospice	17,064,571	1,016,913	4,530,283	163,150	-	-	18,029	2,715	-	-	-	22,795,661
Subtotal of Community Based Long Term Care	85,726,658	8,298,496	61,272,991	167,620	-	-	213,385	3,044,165	-	-	1	158,723,316
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	336,650,323	16,720,841	62,600,540	12,286	-	-	-	-	-	-	27,022	416,011,012
Class II Nursing Facilities	-	-	1,104,554	-	-	-	-	-	-	-	-	1,104,554
Program of All-Inclusive Care for the Elderly	24,097,092	1,864,579	1,067,498	-	-	-	-	-	-	-	-	27,029,169
Subtotal Long Term Care	360,747,415	18,585,420	64,772,592	12,286	-	-	-	-	-	-	27,022	444,144,736
Supplemental Medicare Insurance Benefit	25,391,796	1,480,703	13,310,017	83,254	-	-	-	-	-	-	7,347,457	47,613,226
Health Insurance Buy-In Program	280,042	24,420	206,845	49,728	-	-	82,987	13,912	17,420	10,796	4,021	690,172
Subtotal Insurance	25,671,838	1,505,123	13,516,862	132,982	-	-	82,987	13,912	17,420	10,796	7,351,477	48,303,398
Subtotal of Long Term Care and Insurance	386,419,253	20,090,543	78,289,454	145,268	-	-	82,987	13,912	17,420	10,796	7,378,500	492,448,133
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,810,601	1,041,413	5,676,359	1,094	-	-	-	1,094	-	-	-	14,530,561
Prepaid Inpatient Health Plan Administration	347,815	66,518	562,748	369,742	-	-	1,829,096	76,791	55,410	-	-	3,308,119
Subtotal Service Management	8,158,415	1,107,932	6,239,107	370,836	-	-	1,829,096	77,885	55,410	-	-	17,838,681
FY 2003-04 COFRS Total	615,089,493	75,689,157	559,937,629	183,275,208	-	2,668,859	232,159,179	45,039,001	63,273,022	55,139,779	9,467,595	1,841,738,922

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 1, 2007, the Department has moved payments for Prepaid Inpatient Health Plan Administration from the Prepaid Inpatient Health Plan Services to a separate category in Service Management.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2002-03 Cash-Based Actuals

FY 2002-03 Cash-based COFRS Actuals												
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,350,213	2,087,400	16,786,125	17,040,021	-	-	25,028,976	3,634,441	9,735,284	6,335,965	4,921	83,003,347
Emergency Transportation	366,756	136,832	1,248,148	368,202	-	-	592,516	134,651	97,341	98,880	-	3,043,325
Non-emergency Medical Transportation	1,254,567	322,166	2,656,391	105,878	-	-	846,012	446,100	9,278	-	-	5,640,392
Dental Services	827,857	171,229	2,669,003	2,538,488	-	-	23,616,124	3,089,857	351,322	30,825	-	33,294,705
Family Planning	-	101	17,948	201,204	-	-	52,763	26,986	58,261	1,680	-	358,943
Health Maintenance Organizations	20,646,980	14,240,362	131,773,821	56,185,799	-	-	88,014,098	2,005,546	4,716,481	-	-	317,583,086
Inpatient Hospitals	9,382,004	5,967,268	57,709,075	34,737,751	-	-	46,826,280	5,741,280	14,265,255	39,106,558	-	213,735,470
Outpatient Hospitals	1,379,278	1,585,598	15,031,149	11,205,361	-	-	12,953,766	2,620,105	3,507,929	1,025,520	-	49,308,708
Lab & X-Ray	214,632	246,132	2,203,846	3,167,766	-	-	1,552,669	566,332	3,290,305	235,615	-	11,477,297
Durable Medical Equipment	11,729,994	1,705,805	21,550,715	516,612	-	-	2,086,919	2,618,219	65,277	13,570	22,848	40,309,959
Prescription Drugs	66,073,968	10,613,493	92,621,792	9,831,376	-	-	11,002,607	10,053,182	1,249,104	82,220	11,724	201,539,466
Drug Rebate	(9,663,917)	(1,440,051)	(12,572,581)	(946,491)	-	-	(949,749)	(1,054,546)	(135,879)	(674)	(13,766)	(26,777,654)
Rural Health Centers	25,323	57,553	413,435	528,704	-	-	1,566,879	117,970	53,809	5,879	111	2,769,662
Federally Qualified Health Centers	184,637	193,590	1,552,826	3,889,538	-	-	13,214,200	857,372	5,220,567	1,786,259	790	26,899,779
Co-Insurance (Title XVIII-Medicare)	10,656,249	1,272,212	7,044,586	23,978	-	-	2,944	206	6,758	261	1,870,782	20,877,974
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-	-	-
Breast and Cervical Cancer Program	-	-	-	-	-	1,428,787	-	-	-	-	-	1,428,787
Other Medical Services	(716)	(207)	(1,995)	(697)	-	(7)	(1,131)	(186)	(219)	(251)	(12)	(5,421)
Home Health	12,541,929	2,653,610	44,522,466	160,020	-	-	1,144,301	3,844,456	19,332	1,795	-	64,887,909
Subtotal of Acute Care	127,969,752	39,813,094	385,226,750	139,553,510	-	1,428,780	227,550,173	34,701,970	42,510,204	48,724,102	1,897,397	1,049,375,733
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	62,096,545	5,075,881	24,243,124	831	-	-	-	-	-	-	-	91,416,381
HCBS - Mental Illness	2,456,763	1,347,553	10,296,781	-	-	-	-	7,509	-	-	-	14,108,607
HCBS - Disabled Children	209,800	24,232	167,968	200	-	-	1,088	7,987	0	-	-	411,275
HCBS - Persons Living with AIDS	32,772	25,067	655,809	-	-	-	-	-	-	-	-	713,649
HCBS - Consumer Directed Attendant Support	140,727	16,254	112,667	134	-	-	730	5,357	0	-	-	275,869
HCBS - Brain Injury	13,902	90,088	8,057,505	3,449	-	-	-	46,422	108	-	-	8,211,474
Private Duty Nursing	54,466	285,000	9,848,981	-	-	-	356,779	2,787,699	-	-	-	13,332,925
Hospice	13,714,131	684,959	3,423,555	66,316	-	-	30,732	-	-	-	-	17,919,693
Subtotal of Community Based Long Term Care	78,719,107	7,549,034	56,806,389	70,931	-	-	389,329	2,854,975	109	-	-	146,389,874
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	310,462,191	14,101,811	55,720,354	20,259	-	-	-	-	-	3,078	47,162	380,354,855
Class II Nursing Facilities	-	-	1,320,373	-	-	-	-	-	-	-	-	1,320,373
Program of All-Inclusive Care for the Elderly	18,818,222	943,551	604,368	-	-	-	-	-	-	-	-	20,366,142
Subtotal Long Term Care	329,280,413	15,045,363	57,645,096	20,259	-	-	-	-	-	3,078	47,162	402,041,370
Supplemental Medicare Insurance Benefit	20,688,182	1,206,415	10,844,450	67,832	-	-	-	-	-	-	5,986,403	38,793,282
Health Insurance Buy-In Program	179,279	15,633	132,420	31,836	-	-	53,127	8,906	11,152	6,912	2,574	441,840
Subtotal Insurance	20,867,462	1,222,048	10,976,870	99,667	-	-	53,127	8,906	11,152	6,912	5,988,977	39,235,122
Subtotal of Long Term Care and Insurance	350,147,875	16,267,411	68,621,965	119,926	-	-	53,127	8,906	11,152	9,990	6,036,139	441,276,492
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,791,287	1,050,130	5,784,183	1,059	-	-	-	2,117	-	-	-	14,628,776
FY 2002-03 COFRS Total	564,628,021	64,679,670	516,439,288	139,745,425	-	1,428,780	227,992,629	37,567,968	42,521,465	48,734,092	7,933,536	1,651,670,874

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2001-02 Cash-Based Actuals

FY 2001-02 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	1,849,488	1,727,300	14,209,240	12,560,359	20,590,580	3,181,214	6,497,571	4,260,613	-	64,876,365
Emergency Transportation	638,403	155,409	1,343,543	262,229	601,494	114,281	80,656	59,217	-	3,255,231
Non-emergency Medical Transportation	1,828,174	435,669	4,397,791	166,601	1,181,462	842,258	10,274	7	-	8,862,235
Dental Services	583,741	142,489	2,376,928	1,931,066	16,972,712	2,581,915	293,387	8,502	-	24,890,741
Family Planning	638	440	51,582	429,878	95,286	69,989	147,992	(29)	-	795,775
Health Maintenance Organizations	27,465,789	14,689,807	118,749,173	41,919,811	103,758,840	2,237,576	5,290,620	474	5,443	314,117,532
Inpatient Hospitals	9,910,479	5,299,715	52,497,961	27,123,521	47,191,043	5,569,093	11,020,008	33,420,799	-	192,032,620
Outpatient Hospitals	1,169,798	1,636,586	13,804,193	8,326,111	11,086,017	2,992,935	3,537,776	699,426	-	43,252,843
Lab & X-Ray	169,258	221,332	1,955,398	2,274,932	1,173,664	562,450	2,622,446	102,385	-	9,081,865
Durable Medical Equipment	11,034,084	1,548,592	19,430,357	350,597	1,524,315	2,444,394	40,180	21,020	10,258	36,403,798
Prescription Drugs	64,676,864	9,927,121	83,031,896	6,927,469	7,556,897	8,538,430	985,411	(355)	8,006	181,651,740
Drug Rebate	(12,317,697)	(1,835,499)	(16,025,100)	(1,206,405)	(1,210,557)	(1,344,132)	(173,192)	(859)	(17,546)	(34,130,987)
Rural Health Centers	11,020	75,043	393,142	343,589	1,269,473	80,148	48,969	477	240	2,222,103
Federally Qualified Health Centers	97,419	121,904	999,167	2,480,374	7,778,934	609,451	3,496,971	778,737	175	16,363,132
Co-Insurance (Title XVIII-Medicare)	13,345,616	1,544,096	8,915,359	18,992	632	1,829	11,713	7	2,137,537	25,975,780
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	(12,073)	-	-	-	-	(12,073)
Other Medical Services	63,400	17,578	163,824	46,009	97,404	15,249	14,597	16,593	924	435,579
Home Health	11,309,196	2,148,708	43,073,849	84,387	835,612	4,659,648	12,417	-	-	62,123,816
Subtotal of Acute Care	131,835,670	37,856,289	349,368,303	104,039,520	220,491,735	33,156,728	33,937,796	39,367,016	2,145,037	952,198,094
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	58,222,968	4,759,248	22,730,840	779	-	-	-	-	-	85,713,835
HCBS - Mental Illness	7,476,557	845,752	4,305,867	1,668	-	895	-	-	21	12,630,759
HCBS - Disabled Children	186,760	19,981	118,762	222	51	102	-	-	0	325,878
HCBS - Persons Living with AIDS	32,920	18,873	691,820	-	-	-	-	-	-	743,613
HCBS - Brain Injury	3,368	40,600	6,292,976	2,688	1,770	1,178	-	-	-	6,342,581
Private Duty Nursing	9,281,065	992,983	5,901,873	11,014	2,513	5,048	-	-	22	16,194,518
Hospice	10,724,903	721,977	2,919,229	67,894	17,360	29,683	-	-	-	14,481,047
Subtotal of Community Based Long Term Care	85,928,541	7,399,415	42,961,368	84,265	21,694	36,905	-	-	44	136,432,232
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	309,141,654	13,323,547	54,791,472	10,182	-	3,748	-	-	(29,233)	377,241,370
Class II Nursing Facilities	-	-	1,012,033	-	-	-	-	-	-	1,012,033
Program of All-Inclusive Care for the Elderly	15,769,828	471,289	343,888	-	-	-	-	-	-	16,585,005
Subtotal Long Term Care	324,911,482	13,794,836	56,147,393	10,182	-	3,748	-	-	(29,233)	394,838,408
Supplemental Medicare Insurance Benefit	20,737,483	1,209,290	10,870,293	67,993	-	-	-	-	6,000,669	38,885,728
Health Insurance Buy-In Program	140,709	12,270	103,931	24,986	41,698	6,990	8,753	5,425	2,020	346,783
Subtotal Insurance	20,878,193	1,221,560	10,974,224	92,980	41,698	6,990	8,753	5,425	6,002,689	39,232,511
Subtotal of Long Term Care and Insurance	345,789,675	15,016,396	67,121,617	103,162	41,698	10,738	8,753	5,425	5,973,456	434,070,919
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,511,496	1,012,419	5,576,469	1,021	-	2,041	-	-	-	14,103,446
FY 2001-02 COFRS Total	571,065,382	61,284,519	465,027,758	104,227,966	220,555,126	33,206,413	33,946,549	39,372,440	8,118,537	1,536,804,691

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 2000-01 Cash-Based Actuals

FY 2000-01 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	1,791,760	1,811,476	14,311,053	11,045,504	17,505,730	3,052,922	5,970,279	3,815,581	57	59,304,363
Emergency Transportation	875,433	194,787	1,448,022	197,558	280,607	114,125	64,695	64,304	-	3,239,532
Non-emergency Medical Transportation	1,550,036	349,757	3,914,553	147,393	1,122,923	1,101,377	11,863	12	705	8,198,620
Dental Services	469,891	132,992	2,114,974	1,363,951	12,786,702	2,427,096	228,705	49,085	224	19,573,620
Family Planning	2,113	713	49,281	259,462	55,063	52,955	113,122	725	-	533,434
Health Maintenance Organizations	30,310,869	16,283,084	116,005,895	33,327,061	96,266,766	2,244,969	4,839,031	669	10,547	299,288,890
Inpatient Hospitals	8,222,736	6,100,860	61,124,368	25,469,997	39,353,335	5,922,161	11,216,111	30,983,513	4,705	188,397,785
Outpatient Hospitals	1,226,143	1,785,266	17,600,051	8,062,124	12,220,526	3,658,219	3,938,127	1,246,547	-	49,737,002
Lab & X-Ray	167,231	219,157	1,891,740	1,845,336	920,294	507,294	1,968,093	129,570	-	7,648,714
Durable Medical Equipment	10,692,425	1,468,993	17,704,623	343,718	1,213,422	1,980,812	18,896	2,673	-	33,425,563
Prescription Drugs	57,819,416	8,611,857	75,061,557	5,527,594	5,532,701	6,979,591	884,520	1,551	14,588	160,433,374
Drug Rebate	(11,865,770)	(1,768,156)	(15,437,152)	(1,162,143)	(1,166,143)	(1,294,817)	(166,838)	(827)	(16,903)	(32,878,747)
Rural Health Centers	8,201	82,139	390,239	331,874	1,157,218	76,433	43,617	1,457	903	2,092,081
Federally Qualified Health Centers	71,018	91,498	888,487	1,623,212	4,928,408	466,195	2,335,925	611,155	354	11,016,252
Co-Insurance (Title XVIII-Medicare)	13,618,620	1,369,858	9,448,938	13,733	545	223	6,537	15,264	2,287,657	26,761,376
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-
Other Medical Services	200	58	528	128	276	47	45	53	3	1,339
Home Health	11,409,470	1,992,823	39,336,601	95,465	654,739	3,370,691	23,677	3,506	-	56,886,972
Subtotal of Acute Care	126,369,794	38,727,163	345,853,758	88,491,965	192,833,114	30,660,294	31,496,405	36,924,837	2,302,841	893,660,171
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	48,941,194	4,000,539	19,107,141	655	-	-	-	-	-	72,049,529
HCBS - Mental Illness	5,468,803	584,146	2,901,167	732	-	624	-	-	212	8,955,684
HCBS - Disabled Children	154,689	16,636	94,636	261	151	132	-	-	5	266,511
HCBS - Persons Living with AIDS	40,548	19,384	627,283	-	-	-	-	-	-	687,215
HCBS - Brain Injury	-	62,380	4,881,554	295	3,239	-	-	-	-	4,947,468
Private Duty Nursing	-	3,698,321	9,842,451	74,123	636,894	-	-	-	-	14,251,789
Hospice	6,964,184	632,267	2,357,067	87,930	39,580	43,182	-	-	-	10,124,208
Subtotal of Community Based Long Term Care	61,569,418	9,013,673	39,811,298	163,996	679,864	43,938	-	-	217	111,282,405
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	290,882,131	11,296,090	48,974,866	16,105	-	33,520	(1,180)	-	99,892	351,301,425
Class II Nursing Facilities	-	-	940,412	-	-	-	-	-	-	940,412
Program of All-Inclusive Care for the Elderly	10,268,587	-	-	-	-	-	-	-	-	10,268,587
Subtotal Long Term Care	301,150,719	11,296,090	49,915,278	16,105	-	33,520	(1,180)	-	99,892	362,510,424
Supplemental Medicare Insurance Benefit	18,723,760	1,091,861	9,814,728	61,391	-	-	-	-	5,417,971	35,109,711
Health Insurance Buy-In Program	134,494	11,728	99,340	23,883	39,856	6,681	8,366	5,185	1,931	331,463
Subtotal Insurance	18,858,253	1,103,589	9,914,068	85,273	39,856	6,681	8,366	5,185	5,419,902	35,441,174
Subtotal of Long Term Care and Insurance	320,008,972	12,399,679	59,829,346	101,379	39,856	40,201	7,187	5,185	5,519,794	397,951,598
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,265,322	979,239	5,393,712	987	-	1,974	-	-	-	13,641,234
FY 2000-01 COFRS Total	515,213,506	61,119,754	450,888,114	88,758,327	193,552,834	30,746,407	31,503,592	36,930,022	7,822,852	1,416,535,408

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1999-00 Cash-Based Actuals

FY 1999-00 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,007,626	1,853,802	14,481,765	11,643,219	17,738,068	2,970,283	6,629,512	2,527,271	405	59,851,950
Emergency Transportation	1,124,116	231,914	1,711,834	223,783	319,559	105,680	63,984	45,023	7	3,825,898
Non-emergency Medical Transportation	946,804	260,674	3,120,338	126,757	933,493	1,113,118	13,476	70	-	6,514,731
Dental Services	361,468	108,091	2,043,212	1,196,787	12,053,588	2,424,967	197,952	40,251	-	18,426,314
Family Planning	449	150	43,504	237,749	59,636	55,477	90,157	-	-	487,122
Health Maintenance Organizations	24,108,775	15,476,127	109,203,025	23,639,335	64,809,479	1,481,878	4,203,559	-	6,239	242,928,418
Inpatient Hospitals	8,697,029	6,708,320	57,302,251	27,696,818	48,538,477	6,063,741	14,161,115	25,612,451	30,554	194,810,756
Outpatient Hospitals	1,260,399	1,614,516	18,634,673	8,416,316	13,538,730	3,788,720	3,952,291	963,842	-	52,169,487
Lab & X-Ray	166,993	216,633	2,041,598	1,931,390	942,833	503,285	1,923,577	108,704	-	7,835,014
Durable Medical Equipment	10,199,164	1,542,004	16,615,461	294,640	1,247,524	1,684,211	43,986	4,003	-	31,630,993
Prescription Drugs	44,088,843	6,564,751	57,696,602	4,309,933	4,291,229	4,822,678	611,199	3,074	63,046	122,451,354
Drug Rebate	(8,947,444)	(1,333,287)	(11,640,462)	(876,319)	(879,336)	(976,363)	(125,805)	(624)	(12,746)	(24,792,385)
Rural Health Centers	8,425	45,869	272,642	192,998	874,358	68,499	43,715	68	236	1,506,808
Federally Qualified Health Centers	61,685	106,295	904,520	1,602,177	4,381,534	385,497	1,673,154	362,485	225	9,477,572
Co-Insurance (Title XVIII-Medicare)	13,315,266	1,137,483	7,925,273	9,311	7,755	734	9,405	-	1,811,241	24,216,468
Mental Health Capitation	-	-	-	-	-	-	-	-	-	-
Under 21 Psych	-	-	-	-	-	-	-	-	-	-
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	12,373,979	2,080,884	36,588,852	139,345	689,610	2,939,012	27,196	441	-	54,839,319
Subtotal of Acute Care	109,773,578	36,614,227	316,945,087	80,784,239	169,546,536	27,431,418	33,518,472	29,667,057	1,899,206	806,179,820
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	44,248,953	3,616,987	17,275,242	592	-	-	-	-	-	65,141,775
HCBS - Mental Illness	3,928,070	428,346	1,863,863	576	-	41	-	-	47	6,220,943
HCBS - Disabled Children	132,655	14,889	74,008	80	49	51	-	-	1	221,734
HCBS - Persons Living with AIDS	22,252	30,128	603,536	-	-	-	-	-	-	655,916
HCBS - Brain Injury	111	75,544	3,849,055	-	-	-	-	-	-	3,924,709
Private Duty Nursing	6,283,637	705,249	3,505,642	3,804	2,320	2,417	-	-	67	10,503,136
Hospice	5,317,002	639,926	2,130,161	24,427	18,889	19,214	-	-	-	8,149,619
Subtotal of Community Based Long Term Care	59,932,681	5,511,069	29,301,508	29,479	21,258	21,723	-	-	115	94,817,833
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	296,382,517	10,837,077	45,058,799	9,437	-	19,597	2,305	-	-	352,309,732
Class II Nursing Facilities	-	-	997,453	-	-	-	-	-	-	997,453
Program of All-Inclusive Care for the Elderly	7,479,000	-	-	-	-	-	-	-	-	7,479,000
Subtotal Long Term Care	303,861,517	10,837,077	46,056,251	9,437	-	19,597	2,305	-	-	360,786,185
Supplemental Medicare Insurance Benefit	17,517,679	1,021,530	9,182,518	57,436	-	-	-	-	5,068,975	32,848,138
Health Insurance Buy-In Program	139,006	15,620	117,065	22,830	47,040	8,447	9,516	8,555	568	368,647
Subtotal Insurance	17,656,685	1,037,150	9,299,582	80,266	47,040	8,447	9,516	8,555	5,069,543	33,216,785
Subtotal of Long Term Care and Insurance	321,518,202	11,874,227	55,355,834	89,704	47,040	28,044	11,821	8,555	5,069,543	394,002,970
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	7,147,214	963,320	5,306,030	971	-	1,942	-	-	-	13,419,477
FY 1999-00 COFRS Total	498,371,676	54,962,843	406,908,458	80,904,393	169,614,835	27,483,127	33,530,293	29,675,611	6,968,865	1,308,420,100

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1998-99 Cash-Based Actuals

FY 1998-99 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services & EPSDT	2,448,785	1,862,056	15,191,100	12,182,914	17,684,587	2,685,587	6,763,228	1,823,723	2,698	60,644,678
Emergency Transportation	1,218,280	241,233	1,724,405	248,637	297,634	108,767	35,636	16,577	-	3,891,169
Non-emergency Medical Transportation	837,661	205,196	2,676,149	91,864	702,696	728,043	2,901	49	-	5,244,559
Dental Services	134,043	39,382	1,286,774	645,866	9,092,023	1,989,700	128,595	11,131	784	13,328,297
Family Planning	148	767	66,003	293,532	79,347	61,747	95,517	155	-	597,216
Health Maintenance Organizations	11,876,971	10,949,758	72,380,304	16,249,645	53,253,408	573,943	2,802,003	128	21,957	168,108,118
Inpatient Hospitals	11,144,908	7,195,274	62,286,026	27,470,657	46,100,269	5,229,727	15,444,594	18,106,931	18,862	192,997,249
Outpatient Hospitals	961,150	1,359,862	16,314,055	6,494,313	10,521,701	3,000,938	2,623,975	473,614	6,772	41,756,381
Lab & X-Ray	160,380	222,848	2,039,796	1,645,579	828,723	466,462	1,329,572	53,011	283	6,746,654
Durable Medical Equipment	9,736,142	1,277,192	14,217,701	221,784	978,013	1,485,843	34,388	175	648	27,951,886
Prescription Drugs	43,419,715	6,445,737	57,857,957	4,470,405	4,632,039	4,613,518	631,086	556	35,349	122,106,363
Drug Rebate	(8,689,179)	(1,289,925)	(11,575,284)	(894,620)	(926,966)	(923,260)	(126,293)	(111)	(7,074)	(24,432,713)
Rural Health Centers	3,383	31,583	176,773	122,626	549,744	46,676	19,504	112	-	950,402
Federally Qualified Health Centers	60,757	136,703	1,215,265	1,894,345	4,955,746	457,799	1,593,067	212,377	406	10,526,466
Co-Insurance (Title XVIII-Medicare)	12,585,794	851,935	5,820,764	4,018	703	555	6,908	-	1,343,990	20,614,667
Mental Health Capitation	180,933	56,371	489,154	121,847	256,367	38,816	52,657	34,014	2,321	1,232,481
Under 21 Psych	-	-	(2,568)	-	2,693	(18,625)	-	-	-	(18,500)
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	13,531,195	2,194,366	33,496,744	133,099	520,852	1,902,031	25,441	123	2,626	51,806,477
Subtotal of Acute Care	99,611,066	31,780,339	275,661,117	71,396,513	149,529,580	22,448,268	31,462,780	20,732,564	1,429,623	704,051,850
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	40,550,999	3,692,654	16,989,572	3,402	-	-	-	-	21,717	61,258,344
HCBS - Mental Illness	1,394,857	139,453	612,349	211	-	-	-	-	-	2,146,869
HCBS - Disabled Children	71,486	7,354	41,113	77	84	567	0	-	54	120,735
HCBS - Persons Living with AIDS	8,635	24,350	576,706	-	-	-	-	-	-	609,691
HCBS - Brain Injury	-	85,579	2,628,424	6,699	-	-	-	-	25,415	2,746,117
Private Duty Nursing	66,814	43,067	7,832,769	-	43,267	863,466	-	-	-	8,849,383
Hospice	4,059,337	570,703	1,842,473	37,000	36,147	7,804	68	-	-	6,553,533
Subtotal of Community Based Long Term Care	46,152,127	4,563,159	30,523,406	47,389	79,498	871,837	68	-	47,186	82,284,671
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	288,818,508	10,247,803	40,127,710	15,011	-	-	-	-	38,765	339,247,796
Class II Nursing Facilities	7,476	2,362	969,518	-	-	-	-	-	-	979,356
Program of All-Inclusive Care for the Elderly	5,910,025	-	-	-	-	-	-	-	-	5,910,025
Subtotal Long Term Care	294,736,008	10,250,165	41,097,228	15,011	-	-	-	-	38,765	346,137,177
Supplemental Medicare Insurance Benefit	16,703,329	1,062,350	8,930,334	30,185	-	-	-	-	4,669,378	31,395,577
Health Insurance Buy-In Program	132,508	13,214	98,323	19,477	39,876	6,592	8,628	5,678	923	325,218
Subtotal Insurance	16,835,838	1,075,563	9,028,657	49,662	39,876	6,592	8,628	5,678	4,670,301	31,720,794
Subtotal of Long Term Care and Insurance	311,571,846	11,325,728	50,125,885	64,673	39,876	6,592	8,628	5,678	4,709,066	377,857,972
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	6,411,928	864,216	4,760,160	871	-	1,742	-	-	-	12,038,918
FY 1998-99 COFRS Total	463,746,968	48,533,442	361,070,568	71,509,445	149,648,954	23,328,439	31,471,476	20,738,242	6,185,875	1,176,233,410

As of November 3, 2008, the Department has reapportioned expenditure for Single Entry Points using paid utilization rates, instead of total CBLTC and Long Term Care expenditure.

Exhibit M - FY 1997-98 Cash-Based Actuals

FY 1997-98 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,385,876	1,850,768	16,645,939	12,198,823	16,371,965	2,678,685	5,573,633	1,496,855	6,326	59,208,870
Emergency Transportation	998,089	226,654	1,635,991	275,350	254,464	92,996	-	-	-	3,483,544
Non-emergency Medical Transportation	554,184	120,369	1,919,383	76,237	567,863	602,460	-	-	-	3,840,496
Dental Services	-	-	511,964	197,193	5,351,148	1,052,519	83,459	5,993	-	7,202,276
Family Planning	442	-	68,681	295,014	57,185	53,213	82,353	-	-	556,889
Health Maintenance Organizations	10,453,572	5,100,146	46,607,577	23,225,712	52,715,764	321,399	3,892,453	3,090	97,233	142,416,946
Inpatient Hospitals	8,250,336	6,081,964	66,085,749	27,369,513	38,414,504	5,560,614	12,441,259	15,374,951	62,040	179,640,930
Outpatient Hospitals	928,542	1,411,912	19,628,010	6,343,504	9,885,510	3,613,623	1,998,358	416,261	3,835	44,229,555
Lab & X-Ray	147,631	202,613	2,117,908	1,480,465	768,927	384,310	1,082,302	33,354	596	6,218,105
Durable Medical Equipment	8,375,618	1,118,025	13,510,362	204,436	999,165	1,624,133	31,723	-	1,250	25,864,712
Prescription Drugs	36,937,768	5,195,742	50,258,067	4,282,552	3,938,888	3,359,001	525,691	-	17,955	104,515,664
Drug Rebate	(6,966,973)	(979,989)	(9,479,365)	(807,748)	(742,929)	(629,575)	(99,153)	-	(3,387)	(19,709,117)
Rural Health Centers	2,880	28,446	173,333	113,763	611,786	43,634	35,456	403	-	1,009,701
Federally Qualified Health Centers	54,854	148,959	1,646,493	2,088,575	4,642,733	445,661	1,570,039	128,796	991	10,727,100
Co-Insurance (Title XVIII-Medicare)	13,210,514	691,084	5,555,885	5,356	1,092	219	1,814	-	1,117,025	20,582,988
Mental Health Capitation	5,346,838	1,453,164	15,220,426	4,846,118	8,394,085	1,299,375	1,705,537	1,090,198	82,585	39,438,326
Under 21 Psych	-	-	56,773	(1,252)	73,793	508,291	-	-	-	637,604
Other Medical Services	-	-	-	-	-	-	-	-	-	-
Home Health	10,175,686	2,061,524	26,795,245	175,497	482,872	1,091,502	17,920	-	19,521	40,819,768
Subtotal of Acute Care	90,855,859	24,711,381	258,958,421	82,369,107	142,788,816	22,102,057	28,942,845	18,549,901	1,405,971	670,684,357
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	33,986,415	2,776,416	13,280,011	1,343	-	-	-	-	15,907	50,060,093
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	67,320	5,883	41,992	29	246	1,178	26	-	39	116,713
HCBS - Persons Living with AIDS	65	20,083	530,682	-	-	-	-	-	-	550,830
HCBS - Brain Injury	1,340	18,325	1,306,159	0	-	-	-	-	5,591	1,331,415
Private Duty Nursing	(8,464)	19,917	6,517,618	-	133,511	647,079	-	-	-	7,309,660
Hospice	3,110,090	406,059	1,378,813	14,327	1,794	1,419	14,410	-	-	4,926,912
Subtotal of Community Based Long Term Care	37,156,766	3,246,682	23,055,275	15,700	135,551	649,676	14,436	-	21,537	64,295,623
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	276,865,532	8,809,314	37,282,139	56,864	-	7,497	-	-	38,712	323,060,058
Class II Nursing Facilities	92,376	30,773	1,461,438	-	-	-	-	-	-	1,584,587
Program of All-Inclusive Care for the Elderly	4,549,850	-	-	-	-	-	-	-	26,015	4,575,865
Subtotal Long Term Care	281,507,758	8,840,087	38,743,577	56,864	-	7,497	-	-	64,727	329,220,509
Supplemental Medicare Insurance Benefit	15,961,655	930,791	8,366,872	52,334	-	-	-	-	4,618,719	29,930,372
Health Insurance Buy-In Program	103,934	8,939	77,348	18,495	31,592	5,269	6,555	4,285	1,425	257,841
Subtotal Insurance	16,065,589	939,730	8,444,220	70,830	31,592	5,269	6,555	4,285	4,620,144	30,188,213
Subtotal of Long Term Care and Insurance	297,573,347	9,779,817	47,187,796	127,694	31,592	12,766	6,555	4,285	4,684,871	359,408,722
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	8,766,346	287,545	1,388,614	3,721	931	376	193	126	134,436	10,582,289
FY 1997-98 COFRS Total	434,352,319	38,025,425	330,590,106	82,516,222	142,956,889	22,764,875	28,964,028	18,554,312	6,246,815	1,104,970,992

Exhibit M - FY 1996-97 Cash-Based Actuals

FY 1996-97 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,541,967	1,857,537	17,666,789	15,977,439	19,133,014	2,820,841	6,868,089	1,350,534	3,535	68,219,744
Emergency Transportation	1,262,541	217,374	1,838,541	331,427	314,624	87,469	-	-	-	4,051,975
Non-emergency Medical Transportation	482,125	116,999	1,834,225	98,344	479,671	483,808	-	-	-	3,495,171
Dental Services	-	9,057	577,539	283,358	5,529,552	884,689	91,108	6,468	-	7,381,773
Family Planning	854	338	80,529	469,297	96,684	53,772	71,747	171	-	773,393
Health Maintenance Organizations	8,732,686	3,869,948	48,399,995	31,677,704	44,062,012	226,710	7,400,677	324	339,960	144,710,016
Inpatient Hospitals	10,760,039	6,921,747	73,191,001	35,570,519	39,696,302	6,647,107	16,190,697	15,316,772	5,212	204,299,396
Outpatient Hospitals	973,464	1,371,165	18,791,115	7,358,194	10,005,215	3,446,607	2,023,779	313,714	4,108	44,287,360
Lab & X-Ray	194,383	232,265	2,500,741	2,018,039	894,507	400,686	1,173,216	29,805	799	7,444,442
Durable Medical Equipment	8,529,843	1,257,009	14,512,314	238,296	1,011,350	1,678,282	36,932	-	2,187	27,266,215
Prescription Drugs	33,332,658	4,541,898	44,365,304	4,927,321	4,186,674	2,706,891	536,761	26	14,048	94,611,582
Drug Rebate	(6,223,106)	(847,959)	(8,282,868)	(919,916)	(781,639)	(505,368)	(100,212)	(5)	(2,623)	(17,663,695)
Rural Health Centers	3,424	23,066	196,730	135,251	619,566	40,106	36,483	-	-	1,054,626
Federally Qualified Health Centers	56,318	136,333	1,438,233	2,241,436	4,168,968	303,526	1,480,412	47,274	4,430	9,876,930
Co-Insurance (Title XVIII-Medicare)	15,196,414	847,710	6,438,265	5,550	50	28,362	2,417	459	1,316,540	23,835,767
Mental Health Capitation	3,648,839	979,177	10,791,786	4,412,878	5,724,220	889,251	1,546,729	709,606	69,609	28,772,096
Under 21 Psych	-	-	104,481	1,354	127,022	689,719	-	-	-	922,575
Other Medical Services	393,917	105,709	1,165,045	476,400	617,968	96,001	166,980	76,607	7,515	3,106,140
Home Health	6,669,545	1,786,501	22,422,169	162,709	433,224	806,457	17,958	-	2,688	32,301,251
Subtotal of Acute Care	86,555,911	23,425,871	258,031,934	105,465,599	136,318,983	21,784,915	37,543,774	17,851,756	1,768,008	688,746,756
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	29,604,437	2,341,797	11,286,827	278	-	-	-	-	14,078	43,247,418
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	58,555	4,968	34,891	13	228	760	-	-	31	99,446
HCBS - Persons Living with AIDS	-	8,133	641,688	-	-	41	-	-	-	649,861
HCBS - Brain Injury	-	-	457,368	-	-	-	-	-	-	457,368
Private Duty Nursing	63,921	135,075	5,984,339	-	94,766	444,039	-	-	-	6,722,140
Hospice	3,469,720	329,480	1,483,614	7,123	37,522	-	-	-	3,297	5,330,758
Subtotal of Community Based Long Term Care	33,196,634	2,819,452	19,888,727	7,414	132,517	444,840	-	-	17,406	56,506,991
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	294,542,820	9,615,934	39,383,377	8,416	-	116,332	-	-	(13,144)	343,653,735
Class II Nursing Facilities	299,247	135,895	3,608,831	-	-	-	-	-	-	4,043,972
Program of All-Inclusive Care for the Elderly	4,320,739	-	-	-	-	-	-	-	60,741	4,381,480
Subtotal Long Term Care	299,162,806	9,751,829	42,992,208	8,416	-	116,332	-	-	47,596	352,079,187
Supplemental Medicare Insurance Benefit	9,714,603	973,163	8,423,121	85,216	-	-	-	-	4,650,355	23,846,458
Health Insurance Buy-In Program	279,745	-	-	-	-	-	-	-	-	279,745
Subtotal Insurance	9,994,348	973,163	8,423,121	85,216	-	-	-	-	4,650,355	24,126,203
Subtotal of Long Term Care and Insurance	309,157,154	10,724,992	51,415,328	93,632	-	116,332	-	-	4,697,951	376,205,390
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	5,302,116	184,158	889,596	1,619	-	1,993	-	-	81,170	6,460,651
FY 1996-97 COFRS Total	434,211,816	37,154,477	330,225,585	105,568,264	136,451,500	22,348,080	37,543,774	17,851,756	6,564,535	1,127,919,788

Exhibit M - FY 1995-96 Cash-Based Actuals

FY 1995-96 Cash-based COFRS Actuals										
ACUTE CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Physician Services	2,020,342	1,657,989	15,384,495	13,907,481	18,425,853	2,385,806	8,232,085	1,135,820	5,919	63,155,791
Emergency Transportation	761,657	171,739	1,371,494	347,044	310,954	70,764	-	-	-	3,033,652
Non-emergency Medical Transportation	391,449	119,788	1,496,811	98,320	511,912	306,050	-	290	-	2,924,621
Dental Services	-	-	474,685	269,600	4,762,524	602,287	140,379	2,672	-	6,252,147
Family Planning	835	990	60,546	479,302	52,655	36,637	87,051	177	-	718,194
Health Maintenance Organizations	5,021,071	3,106,492	30,440,217	25,258,606	37,063,240	176,899	5,520,424	6,464	254,201	106,847,615
Inpatient Hospitals	11,024,296	7,630,489	72,133,973	31,791,746	49,332,153	7,043,439	20,025,564	11,519,274	47,181	210,548,116
Outpatient Hospitals	787,045	1,135,993	16,709,160	7,318,405	11,269,575	2,660,197	2,450,692	307,575	9,958	42,648,602
Lab & X-Ray	164,248	208,244	2,271,540	2,496,521	1,009,923	301,374	1,265,107	25,146	243	7,742,346
Durable Medical Equipment	6,546,673	940,994	11,617,268	1,250,755	1,172,910	1,246,879	35,194	-	8,004	22,818,677
Prescription Drugs	29,163,020	3,992,424	36,824,213	5,109,517	4,436,095	1,854,710	657,069	18	29,668	82,066,735
Drug Rebate	(6,090,323)	(833,767)	(7,690,266)	(1,067,057)	(926,422)	(387,332)	(137,221)	(4)	(6,196)	(17,138,587)
Rural Health Centers	2,187	18,140	121,654	103,274	355,739	23,555	26,878	139	-	651,566
Federally Qualified Health Centers	64,437	117,900	1,485,536	2,506,181	5,142,708	259,365	1,972,416	22,762	557	11,571,863
Co-Insurance (Title XVIII-Medicare)	11,435,932	682,771	5,689,201	7,866	2,477	138	10,610	41	1,065,668	18,894,704
Mental Health Capitation	3,088,380	1,027,246	10,651,076	4,870,985	7,244,349	994,527	2,167,072	683,830	73,565	30,801,030
Under 21 Psych	-	-	503,116	-	451,187	1,468,487	63	-	-	2,422,853
Other Medical Services	400,884	133,341	1,382,553	632,274	940,346	129,094	281,295	88,764	9,549	3,998,100
Home Health	708,698	703,114	14,149,650	187,870	547,478	830,114	33,149	-	326	17,160,401
Subtotal of Acute Care	65,490,832	20,813,888	215,076,923	95,568,690	142,105,656	20,002,990	42,767,829	13,792,970	1,498,645	617,118,424
COMMUNITY BASED LONG TERM CARE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
HCBS - Elderly, Blind, and Disabled	21,163,676	2,028,058	12,967,942	2,250	-	-	-	-	27,498	36,189,425
HCBS - Mental Illness	-	-	-	-	-	-	-	-	-	-
HCBS - Disabled Children	57,100	5,789	37,710	6,322	34	6	-	-	68	107,029
HCBS - Persons Living with AIDS	-	-	456,804	-	-	1,735	-	-	-	458,539
HCBS - Brain Injury	-	-	241,816	-	-	-	-	-	-	241,816
Private Duty Nursing	-	-	-	-	-	-	-	-	-	-
Hospice	2,693,268	387,470	1,989,598	161,123	13,768	311	-	-	1,027	5,246,564
Subtotal of Community Based Long Term Care	23,914,044	2,421,317	15,693,871	169,696	13,802	2,051	-	-	28,593	42,243,374
LONG TERM CARE and INSURANCE	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Class I Nursing Facilities	248,508,528	9,392,964	33,577,579	2,628	(8,716)	23,338	-	-	77,101	291,573,422
Class II Nursing Facilities	329,222	343,097	4,486,593	-	-	-	-	-	-	5,158,912
Program of All-Inclusive Care for the Elderly	3,465,032	-	-	-	-	-	-	-	68,084	3,533,117
Subtotal Long Term Care	252,302,782	9,736,062	38,064,172	2,628	(8,716)	23,338	-	-	145,185	300,265,450
Supplemental Medicare Insurance Benefit	10,233,653	943,853	8,092,198	98,067	4,310	-	-	-	4,306,620	23,678,700
Health Insurance Buy-In Program	82,336	7,946	64,864	23,017	33,035	4,510	9,666	3,019	1,299	229,692
Subtotal Insurance	10,315,989	951,799	8,157,062	121,084	37,345	4,510	9,666	3,019	4,307,918	23,908,392
Subtotal of Long Term Care and Insurance	262,618,771	10,687,860	46,221,234	123,711	28,629	27,848	9,666	3,019	4,453,103	324,173,843
SERVICE MANAGEMENT	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Eligible Children (AFDC-C/BC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	COFRS TOTAL
Single Entry Points	6,254,109	253,323	1,087,878	2,933	869	691	287	90	99,659	7,699,838
FY 1995-96 COFRS Total	358,277,756	34,176,388	278,079,906	95,865,030	142,148,956	20,033,580	42,777,782	13,796,079	6,080,000	991,235,479

Exhibit N - Expenditure History by Service Category

ACUTE CARE	FY 08-09	Percent Change From Prior Year	FY 07-08	Percent Change From Prior Year	FY 06-07	Percent Change From Prior Year	FY 05-06	Percent Change From Prior Year	FY 04-05	Percent Change From Prior Year	FY 03-04	Percent Change From Prior Year	FY 02-03	Percent Change From Prior Year	FY 01-02	Percent Change From Prior Year
Physician Services & EPSDT	\$232,912,692	22.16%	\$190,663,827	16.09%	\$164,232,428	13.84%	\$144,266,423	16.23%	\$124,119,339	1.18%	\$122,673,666	47.79%	\$83,003,347	27.94%	\$64,876,365	9.40%
Emergency Transportation	\$4,934,082	8.43%	\$4,550,505	6.21%	\$4,284,622	18.64%	\$3,611,441	3.96%	\$3,473,741	-28.41%	\$4,852,575	59.45%	\$3,043,325	-6.51%	\$3,255,231	0.48%
Non-emergency Medical Transportation	\$8,689,018	-	\$7,733,949	-	(\$60,740)	444.07%	(\$11,164)	-105.22%	\$213,706	-91.83%	\$2,616,352	-53.61%	\$5,640,392	-36.35%	\$8,862,235	8.09%
Dental Services	\$76,456,424	41.86%	\$53,893,890	9.17%	\$49,367,133	5.70%	\$46,705,514	16.72%	\$40,013,849	2.10%	\$39,189,457	17.70%	\$33,294,705	33.76%	\$24,890,741	27.16%
Family Planning	\$319,424	58.07%	\$202,073	996.27%	\$18,433	-95.49%	\$409,119	119.93%	\$186,021	-9.06%	\$204,545	-43.01%	\$358,943	-54.89%	\$795,775	49.18%
Health Maintenance Organizations	\$129,074,827	26.28%	\$102,216,877	-5.73%	\$108,429,033	-29.95%	\$154,782,191	-4.51%	\$162,090,246	-18.09%	\$197,898,138	-37.69%	\$317,583,086	1.10%	\$314,117,532	4.95%
Inpatient Hospitals	\$356,576,636	11.12%	\$320,899,293	5.32%	\$304,687,402	2.66%	\$296,800,124	11.57%	\$266,011,447	-2.65%	\$273,247,361	27.84%	\$213,735,470	11.30%	\$192,032,620	1.93%
Outpatient Hospitals	\$153,901,754	18.21%	\$130,192,196	12.46%	\$115,767,273	10.03%	\$105,213,743	12.39%	\$93,618,116	5.13%	\$89,047,191	80.59%	\$49,308,708	14.00%	\$43,252,843	-13.04%
Lab & X-Ray	\$28,437,823	24.87%	\$22,774,240	11.38%	\$20,447,143	6.22%	\$19,250,037	10.10%	\$17,484,755	1.51%	\$17,225,324	50.08%	\$11,477,297	26.38%	\$9,081,865	18.74%
Durable Medical Equipment	\$77,011,816	1.58%	\$75,815,972	13.46%	\$66,822,166	13.93%	\$58,652,169	16.61%	\$50,299,251	2.14%	\$49,245,516	22.17%	\$40,309,959	10.73%	\$36,403,798	8.91%
Prescription Drugs	\$233,666,309	7.75%	\$216,864,136	14.24%	\$189,833,449	-19.88%	\$236,947,825	-15.66%	\$280,930,899	5.69%	\$265,797,673	31.88%	\$201,539,466	10.95%	\$181,651,740	13.23%
Drug Rebate	(\$91,818,104)	65.54%	(\$55,465,088)	-5.42%	(\$58,644,804)	-25.83%	(\$79,068,617)	10.34%	(\$71,656,675)	33.98%	(\$53,484,910)	99.74%	(\$26,777,654)	-21.54%	(\$34,130,987)	3.81%
Rural Health Centers	\$7,458,484	19.47%	\$6,242,784	6.16%	\$5,880,402	23.76%	\$4,751,330	3.33%	\$4,598,395	17.63%	\$3,909,310	41.15%	\$2,769,662	24.64%	\$2,222,103	6.21%
Federally Qualified Health Centers	\$73,089,013	16.72%	\$62,621,473	6.21%	\$58,960,102	-4.84%	\$61,957,718	8.99%	\$56,845,564	10.60%	\$51,398,899	91.08%	\$26,899,779	64.39%	\$16,363,132	48.54%
Co-Insurance (Title XVIII-Medicare)	\$28,098,389	24.84%	\$22,507,668	18.61%	\$18,976,405	5.88%	\$17,922,444	3.25%	\$17,357,700	-9.62%	\$19,205,728	-8.01%	\$20,877,974	-19.63%	\$25,975,780	-2.94%
Mental Health Capitation	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Under 21 Psych	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	(\$12,073)	100.00%
Breast and Cervical Cancer Treatment Program	\$7,042,030	-0.65%	\$7,088,411	27.61%	\$5,554,934	-18.41%	\$6,808,264	173.41%	\$2,490,090	-6.69%	\$2,668,652	86.78%	\$1,428,787	100.00%	\$0	0.00%
Prepaid Inpatient Health Plan Services	\$35,989,196	6.85%	\$33,682,305	7.66%	\$31,285,316	-5.16%	\$32,987,230	-51.83%	\$68,474,304	297.28%	\$17,235,604	100.00%	\$0	0.00%	\$0	0.00%
Other Medical Services	\$46,946	38.53%	\$33,888	26.75%	\$26,736	-10.59%	\$29,903	1.48%	\$29,468	-70.72%	\$100,654	-1956.70%	(\$5,421)	-101.24%	\$435,579	32433.54%
Home Health	\$147,328,138	13.58%	\$129,715,198	18.30%	\$109,647,063	18.89%	\$92,227,451	23.74%	\$74,534,611	6.94%	\$69,697,057	7.41%	\$64,887,909	4.45%	\$62,123,816	9.21%
Presumptive Eligibility	\$0	-100.00%	\$3,770,690	-51.96%	\$7,849,344	196.81%	\$2,644,540	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Subtotal of Acute Care	\$1,509,214,896	12.96%	\$1,336,004,286	11.02%	\$1,203,363,838	-0.29%	\$1,206,887,685	1.32%	\$1,191,114,826	1.57%	\$1,172,728,792	11.75%	\$1,049,375,733	10.21%	\$952,198,094	6.55%
COMMUNITY BASED LONG TERM CARE																
HCBS - Elderly, Blind, and Disabled	\$176,481,671	24.96%	\$141,231,844	14.20%	\$123,673,036	15.28%	\$107,276,565	13.86%	\$94,216,182	-0.55%	\$94,741,923	3.64%	\$91,416,381	6.65%	\$85,713,835	18.97%
HCBS - Mental Illness	\$22,958,866	12.49%	\$20,409,887	18.34%	\$17,246,320	15.10%	\$14,984,173	15.09%	\$13,019,463	-13.38%	\$15,030,947	6.54%	\$14,108,607	11.70%	\$12,630,759	41.04%
HCBS - Disabled Children	\$1,747,683	29.09%	\$1,353,847	49.62%	\$904,883	36.73%	\$661,823	37.33%	\$481,927	34.28%	\$358,891	-12.74%	\$411,275	26.21%	\$325,878	22.28%
HCBS - Persons Living with AIDS	\$592,744	-0.45%	\$595,406	18.25%	\$503,530	6.50%	\$472,783	3.13%	\$458,451	-18.46%	\$562,218	-21.22%	\$713,649	-4.03%	\$743,613	8.21%
HCBS - Consumer Directed Attendant Support	\$4,125,973	-70.76%	\$14,109,819	12.16%	\$12,580,285	73.81%	\$7,237,889	22.42%	\$5,912,371	92.92%	\$3,064,733	1010.94%	\$275,869	100.00%	\$0	0.00%
HCBS - Brain Injury	\$12,028,236	11.52%	\$10,785,587	-2.94%	\$11,112,528	26.08%	\$8,813,686	-4.46%	\$9,225,591	2.59%	\$8,992,797	9.52%	\$8,211,474	29.47%	\$6,342,581	28.20%
HCBS - Children with Autism	\$1,293,932	86.02%	\$695,586	3599.64%	\$18,801	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
HCBS - Pediatric Hospice	\$29,312															
Private Duty Nursing	\$21,351,408	8.11%	\$19,749,262	14.16%	\$17,299,756	10.78%	\$15,616,760	10.98%	\$14,071,893	6.80%	\$13,176,147	-1.18%	\$13,332,925	-17.67%	\$16,194,518	13.63%
Hospice	\$39,902,873	21.62%	\$32,810,776	3.22%	\$31,787,348	11.51%	\$28,507,087	21.00%	\$23,559,031	3.35%	\$22,795,661	27.21%	\$17,919,693	23.75%	\$14,481,047	43.03%
Subtotal of Community Based Long Term Care	\$280,512,697	16.04%	\$241,742,014	12.37%	\$215,126,488	17.19%	\$183,570,766	14.06%	\$160,944,908	1.40%	\$158,723,316	8.43%	\$146,389,874	7.30%	\$136,432,232	22.60%
LONG TERM CARE and INSURANCE																
Class I Nursing Facilities	\$530,918,672	9.11%	\$486,568,498	1.73%	\$478,303,487	4.77%	\$456,520,328	7.70%	\$423,878,333	1.89%	\$416,011,012	9.37%	\$380,354,855	0.83%	\$377,241,370	7.38%
Class II Nursing Facilities	\$2,271,714	1.61%	\$2,235,636	-1.52%	\$2,270,136	57.99%	\$1,436,850	3.86%	\$1,383,445	25.25%	\$1,104,554	-16.35%	\$1,320,373	30.47%	\$1,012,033	7.62%
Program of All-Inclusive Care for the Elderly	\$61,049,836	23.54%	\$49,418,855	15.27%	\$42,872,281	5.93%	\$40,470,490	15.10%	\$35,160,005	30.08%	\$27,029,169	32.72%	\$20,366,142	22.80%	\$16,585,005	61.51%
Supplemental Medicare Insurance Benefit	\$93,743,114	13.67%	\$82,465,946	-0.29%	\$82,706,881	16.86%	\$70,775,604	21.09%	\$58,449,753	22.76%	\$47,613,226	22.74%	\$38,793,282	-0.24%	\$38,885,728	10.75%
Health Insurance Buy-In Program	\$942,145	4.11%	\$904,947	21.90%	\$742,352	41.62%	\$524,194	-13.69%	\$607,332	-12.00%	\$690,172	56.20%	\$441,840	27.41%	\$346,783	4.62%
Subtotal of Long Term Care and Insurance	\$688,925,481	10.83%	\$621,593,882	2.42%	\$606,895,137	6.52%	\$569,727,466	9.67%	\$519,478,869	5.49%	\$492,448,133	11.60%	\$441,276,492	1.66%	\$434,070,919	9.08%
SERVICE MANAGEMENT																
Single Entry Points	\$23,067,175	6.02%	\$21,757,100	20.86%	\$18,002,536	8.80%	\$16,547,063	-4.11%	\$17,256,835	18.76%	\$14,530,561	-0.67%	\$14,628,776	3.72%	\$14,103,446	3.39%
Disease Management	\$2,882,271	23.66%	\$2,330,726	443.29%	\$428,999	33.08%	\$322,355	57.49%	\$204,682	100.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%
Prepaid Inpatient Health Plan Administration	\$3,935,134	9.02%	\$3,609,472	-21.88%	\$4,620,417	-13.49%	\$5,340,741	24.63%	\$4,285,446	29.54%	\$3,308,119	100.00%	\$0	0.00%	\$0	0.00%
Subtotal Service Management	\$29,884,581	7.90%	\$27,697,298	20.15%	\$23,051,952	3.79%	\$22,210,159	2.13%	\$21,746,963	49.66%	\$14,530,561	-0.67%	\$14,628,776	3.72%	\$14,103,446	3.39%
COFRS Total	\$2,508,537,655	12.64%	\$2,227,037,481	8.72%	\$2,048,437,415	3.33%	\$1,982,396,076	4.71%	\$1,893,285,567	2.98%	\$1,838,430,803	11.31%	\$1,651,670,874	7.47%	\$1,536,804,691	8.49%

Amounts exclude Upper Payment Limit Financing and other financing.

As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.

Exhibit N - Expenditure History by Service Category

ACUTE CARE	FY 00-01	Percent Change From Prior Year	FY 99-00	Percent Change From Prior Year	FY 98-99	Percent Change From Prior Year	FY 97-98	Percent Change From Prior Year	FY 96-97	Percent Change From Prior Year	FY 95-96
Physician Services & EPSDT	\$59,304,363	-0.91%	\$59,851,950	-1.31%	\$60,644,678	2.42%	\$59,208,870	-13.21%	\$68,219,744	8.02%	\$63,155,791
Emergency Transportation	\$3,239,532	-15.33%	\$3,825,898	-1.68%	\$3,891,169	11.70%	\$3,483,544	-14.03%	\$4,051,975	33.57%	\$3,033,652
Non-emergency Medical Transportation	\$8,198,620	25.85%	\$6,514,731	24.22%	\$5,244,559	36.56%	\$3,840,496	9.88%	\$3,495,171	19.51%	\$2,924,621
Dental Services	\$19,573,620	6.23%	\$18,426,314	38.25%	\$13,328,297	85.06%	\$7,202,276	-2.43%	\$7,381,773	18.07%	\$6,252,147
Family Planning	\$553,434	9.51%	\$487,122	-18.43%	\$597,216	7.24%	\$556,889	-27.99%	\$773,393	7.69%	\$718,194
Health Maintenance Organizations	\$299,288,890	23.20%	\$242,928,418	44.51%	\$168,108,118	18.04%	\$142,416,946	-1.58%	\$144,710,016	35.44%	\$106,847,615
Inpatient Hospitals	\$188,397,785	-3.29%	\$194,810,756	0.94%	\$192,997,249	7.44%	\$179,640,930	-12.07%	\$204,299,396	-2.97%	\$210,548,116
Outpatient Hospitals	\$49,737,002	-4.66%	\$52,169,487	24.94%	\$41,756,381	-5.59%	\$44,229,555	-0.13%	\$44,287,360	3.84%	\$42,648,602
Lab & X-Ray	\$7,648,714	-2.38%	\$7,835,014	16.13%	\$6,746,654	8.50%	\$6,218,105	-16.47%	\$7,444,442	-3.85%	\$7,742,346
Durable Medical Equipment	\$33,425,563	5.67%	\$31,630,993	13.16%	\$27,951,886	8.07%	\$25,864,712	-5.14%	\$27,266,215	19.49%	\$22,818,677
Prescription Drugs	\$160,433,374	31.02%	\$122,451,354	0.28%	\$122,106,363	16.83%	\$104,515,664	10.47%	\$94,611,582	15.29%	\$82,066,735
Drug Rebate	(\$32,878,747)	32.62%	(\$24,792,385)	1.47%	(\$24,432,713)	23.97%	(\$19,709,117)	11.58%	(\$17,663,695)	3.06%	(\$17,138,587)
Rural Health Centers	\$2,092,081	38.84%	\$1,506,808	58.54%	\$950,402	-5.87%	\$1,009,701	-4.26%	\$1,054,626	61.86%	\$651,566
Federally Qualified Health Centers	\$11,016,252	16.23%	\$9,477,572	-9.96%	\$10,526,466	-1.87%	\$10,727,100	8.61%	\$9,876,930	-14.65%	\$11,571,863
Co-Insurance (Title XVIII-Medicare)	\$26,761,376	10.51%	\$24,216,468	17.47%	\$20,614,667	0.15%	\$20,582,988	-13.65%	\$23,835,767	26.15%	\$18,894,704
Mental Health Capitation	\$0	0.00%	\$0	-100.00%	\$1,232,481	-96.87%	\$39,438,326	37.07%	\$28,772,096	-6.59%	\$30,801,030
Under 21 Psych	\$0	0.00%	\$0	-100.00%	(\$18,500)	-102.90%	\$637,604	-30.89%	\$922,575	-61.92%	\$2,422,853
Breast and Cervical Cancer Program	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Administrative Service Organizations	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Other Medical Services	\$1,339	100.00%	\$0	0.00%	\$0	0.00%	\$0	-100.00%	\$3,106,140	-22.31%	\$3,998,100
Home Health	\$56,886,972	3.73%	\$54,839,319	5.85%	\$51,806,477	26.92%	\$40,819,768	26.37%	\$32,301,251	88.23%	\$17,160,401
Presumptive Eligibility	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Subtotal of Acute Care	\$893,660,171	10.85%	\$806,179,820	14.51%	\$704,051,850	4.98%	\$670,684,357	-2.62%	\$688,746,756	11.61%	\$617,118,424
COMMUNITY BASED LONG TERM CARE											
HCBS - Elderly, Blind, and Disabled	\$72,049,529	10.60%	\$65,141,775	6.34%	\$61,258,344	22.37%	\$50,060,093	15.75%	\$43,247,418	19.50%	\$36,189,425
HCBS - Mental Illness	\$8,955,684	43.96%	\$6,220,943	189.77%	\$2,146,869	100.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Disabled Children	\$266,511	20.19%	\$221,734	83.65%	\$120,735	3.45%	\$116,713	17.36%	\$99,446	-7.08%	\$107,029
HCBS - Persons Living with AIDS	\$687,215	4.77%	\$655,916	7.58%	\$609,691	10.69%	\$550,830	-15.24%	\$649,861	41.72%	\$458,539
HCBS - Consumer Directed Attendant Support	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
HCBS - Brain Injury	\$4,947,468	26.06%	\$3,924,709	42.92%	\$2,746,117	106.26%	\$1,331,415	191.10%	\$457,368	89.14%	\$241,816
HCBS - Children with Autism	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Private Duty Nursing	\$14,251,789	35.69%	\$10,503,136	18.69%	\$8,849,383	21.06%	\$7,309,660	8.74%	\$6,722,140	100.00%	\$0
Hospice	\$10,124,208	24.23%	\$8,149,619	24.35%	\$6,553,533	33.02%	\$4,926,912	-7.58%	\$5,330,758	1.60%	\$5,246,564
Subtotal of Community Based Long Term Care	\$111,282,405	17.36%	\$94,817,833	15.23%	\$82,284,671	27.98%	\$64,295,623	13.78%	\$56,506,991	33.77%	\$42,243,374
LONG TERM CARE and INSURANCE											
Class I Nursing Facilities	\$351,301,425	-0.29%	\$352,309,732	3.85%	\$339,247,796	5.01%	\$323,060,058	-5.99%	\$343,653,735	17.86%	\$291,573,422
Class II Nursing Facilities	\$940,412	-5.72%	\$997,453	1.85%	\$979,356	-38.19%	\$1,584,587	-60.82%	\$4,043,972	-21.61%	\$5,158,912
Program for All-Inclusive Care for the Elderly	\$10,268,587	37.30%	\$7,479,000	26.55%	\$5,910,025	29.16%	\$4,575,865	4.44%	\$4,381,480	24.01%	\$3,533,117
Supplemental Medicare Insurance Benefit	\$35,109,711	6.88%	\$32,848,138	4.63%	\$31,395,577	4.90%	\$29,930,372	25.51%	\$23,846,458	0.71%	\$23,678,700
Health Insurance Buy-In Program	\$331,463	-10.09%	\$368,647	13.35%	\$325,218	26.13%	\$257,841	-7.83%	\$279,745	21.79%	\$229,692
Subtotal of Long Term Care and Insurance	\$397,951,598	1.00%	\$394,002,970	4.27%	\$377,857,972	5.13%	\$359,408,722	-4.46%	\$376,205,390	16.05%	\$324,173,843
SERVICE MANAGEMENT											
Single Entry Points	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%	\$7,699,838
Disease Management	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Administrative Service Organization Administrative Fee	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0	0.00%	\$0
Subtotal Service Management	\$13,641,234	1.65%	\$13,419,477	11.47%	\$12,038,918	13.76%	\$10,582,289	63.80%	\$6,460,651	-16.09%	\$7,699,838
COFRS Total	\$1,416,535,408	8.26%	\$1,308,420,100	11.24%	\$1,176,233,410	6.45%	\$1,104,970,992	-2.03%	\$1,127,919,788	13.79%	\$991,235,479
Amounts exclude Upper Payment Limit Financing and other financing.											
As of November 1, 2006, the Department has restated actual expenditure by moving all expenditure for the Prenatal State-Only program to the Non-Citizens aid category.											

Exhibit O - Comparison of Budget Requests and Appropriations

FY 2007-08 Comparison of Requests and Appropriations										
FY 2007-08	November 1, 2006	February 15, 2007	% Change	FY 2007-08 Long Bill and Special Bills Appropriation ^{(1),(2)}	November 1, 2007	February 15, 2008	% Change over Appropriation	FY 2007-08 Final Appropriation ^{(2),(3)}	FY 2007-08 Actuals	% Change over Final Appropriation
Acute Care	\$1,343,618,940	\$1,222,402,940	-9.02%	\$1,226,353,973	\$1,237,512,700	\$1,276,405,529	0.91%	\$1,286,605,778	\$1,336,004,286	3.84%
Community Based Long Term Care	\$231,880,603	\$231,850,131	-0.01%	\$229,594,861	\$239,832,028	\$235,489,491	4.46%	\$236,641,584	\$241,742,014	2.16%
Long Term Care	\$561,517,279	\$563,348,775	0.33%	\$563,977,065	\$547,367,664	\$538,883,310	-2.95%	\$546,494,969	\$538,222,989	-1.51%
Insurance	\$91,236,169	\$89,383,054	-2.03%	\$89,164,782	\$91,685,281	\$90,261,782	2.83%	\$86,161,563	\$83,370,893	-3.24%
Service Management	\$28,101,584	\$23,171,923	-17.54%	\$26,236,071	\$31,747,323	\$31,772,950	21.01%	\$31,772,950	\$27,697,298	-12.83%
Financing	\$18,637,777	\$14,502,543	-22.19%	\$14,502,544	\$13,378,896	\$13,723,783	-7.75%	\$13,723,783	\$12,058,924	-12.13%
Total	\$2,274,992,352	\$2,144,659,366	-5.73%	\$2,149,829,296	\$2,161,523,892	\$2,186,536,845	0.54%	\$2,201,400,628	\$2,239,096,405	1.71%
Class I Nursing Facilities	\$499,738,898	\$504,323,396	0.92%	\$504,323,396	\$495,684,624	\$486,319,414	-1.71%	\$494,107,531	\$486,568,498	-1.53%

(1) As of July 1, 2007

(2) Includes roll-forward spending authority from FY 06-07 for Disease Management programs of \$1,970,388.

(3) Includes Supplemental spending authority (HB 08-1285) for Non-Emergency Transportation, which was not included in the Department's requests.

FY 2008-09 Comparison of Requests and Appropriations										
FY 2008-09	November 1, 2007	February 15, 2008	% Change	FY 2008-09 Long Bill and Special Bills Appropriation	November 3, 2008	February 15, 2009	% Change over Appropriation	FY 2008-09 Final Appropriation	FY 2008-09 Actuals	% Change over Final Appropriation
Acute Care	\$1,292,482,914	\$1,314,241,262	1.68%	\$1,359,212,400	\$1,453,999,248	\$1,493,902,147	9.91%	\$1,457,586,478	\$1,509,214,896	3.54%
Community Based Long Term Care	\$248,068,802	\$245,294,174	-1.12%	\$249,024,941	\$259,515,815	\$273,794,058	9.95%	\$276,647,133	\$280,512,697	1.40%
Long Term Care	\$575,448,073	\$567,531,137	-1.38%	\$582,520,385	\$565,412,808	\$604,990,458	3.86%	\$605,782,883	\$594,240,222	-1.91%
Insurance	\$102,177,869	\$95,491,972	-6.54%	\$95,491,972	\$96,235,687	\$94,842,913	-0.68%	\$95,608,394	\$94,685,260	-0.97%
Service Management	\$29,347,503	\$29,548,058	0.68%	\$33,548,058	\$33,663,735	\$33,764,136	0.64%	\$31,315,630	\$29,884,581	-4.57%
Financing	\$13,265,582	\$13,531,089	2.00%	\$14,154,163	\$16,610,401	\$19,263,376	36.10%	\$29,429,191	\$18,453,787	-37.29%
Total	\$2,260,790,743	\$2,265,637,692	0.21%	\$2,333,951,919	\$2,425,437,694	\$2,520,557,088	8.00%	\$2,496,369,709	\$2,526,991,443	1.23%
Class I Nursing Facilities	\$514,997,462	\$505,518,730	-1.84%	\$517,373,050	\$505,162,843	\$532,841,808	2.99%	\$544,726,438	\$530,918,672	-2.53%

FY 2009-10 Comparison of Requests and Appropriations										
FY 2009-10	November 3, 2008	February 15, 2009	% Change	FY 2009-10 Long Bill and Special Bills Appropriation	November 2, 2009	February 15, 2010	% Change over Appropriation	FY 09-10 Final Appropriation	JBC Staff Placeholder	% Change over Feb. 15
Acute Care	\$1,527,556,326	\$1,584,931,164	3.76%	\$1,501,855,533	\$1,622,263,439					
Community Based Long Term Care	\$269,603,995	\$293,313,560	8.79%	\$281,246,469	\$295,457,286					
Long Term Care	\$604,700,067	\$644,097,986	6.52%	\$602,939,358	\$596,411,234					
Insurance	\$102,155,514	\$100,407,771	-1.71%	\$102,007,071	\$99,254,333					
Service Management	\$35,158,825	\$35,635,941	1.36%	\$33,903,392	\$29,087,541					
Financing	\$17,229,193	\$19,884,413	15.41%	\$20,972,019	\$279,891,697					
Total	\$2,556,403,920	\$2,678,270,835	4.77%	\$2,542,923,842	\$2,922,365,530					
Class I Nursing Facilities	\$527,582,647	\$564,759,876	7.05%	\$529,602,773	\$523,401,823					

Exhibit P - Global Reasonableness

Fiscal Year	Adults 65 and Older (OAP-A)	Disabled Adults 60 to 64 (OAP-B)	Disabled Individuals to 59 (AND/AB)	Categorically Eligible Low-Income Adults (AFDC-A)	Expansion Adults	Breast & Cervical Cancer Program	Eligible Children (AFDC-CBC)	Foster Care	Baby Care Program-Adults	Non-Citizens	Partial Dual Eligibles	TOTAL
FY 1995-96	\$358,277,756	\$34,176,388	\$278,079,906	\$95,865,030	\$0	\$0	\$142,148,956	\$20,033,580	\$42,777,782	\$13,796,079	\$6,080,000	\$991,235,479
FY 1996-97	\$434,211,816	\$37,154,477	\$330,225,585	\$105,568,264	\$0	\$0	\$136,451,500	\$22,348,080	\$37,543,774	\$17,851,756	\$6,564,535	\$1,127,919,788
FY 1997-98	\$434,352,319	\$38,025,425	\$330,590,106	\$82,516,222	\$0	\$0	\$142,956,889	\$22,764,875	\$28,964,028	\$18,554,312	\$6,246,815	\$1,104,970,992
FY 1998-99	\$463,746,968	\$48,533,442	\$361,070,568	\$71,509,445	\$0	\$0	\$149,648,954	\$23,328,439	\$31,471,476	\$20,738,242	\$6,185,875	\$1,176,233,410
FY 1999-00	\$498,371,676	\$54,962,843	\$406,908,458	\$80,904,393	\$0	\$0	\$169,614,835	\$27,483,127	\$33,530,293	\$29,675,611	\$6,968,865	\$1,308,420,100
FY 2000-01	\$515,213,506	\$61,119,754	\$450,888,114	\$88,758,327	\$0	\$0	\$193,552,834	\$30,746,407	\$31,503,592	\$36,930,022	\$7,822,852	\$1,416,535,408
FY 2001-02	\$571,065,382	\$61,284,519	\$465,027,758	\$104,227,966	\$0	\$0	\$220,555,126	\$33,206,413	\$33,946,549	\$39,372,440	\$8,118,537	\$1,536,804,691
FY 2002-03	\$564,628,021	\$64,679,670	\$516,439,288	\$139,745,425	\$0	\$1,428,780	\$227,992,629	\$37,567,968	\$42,521,465	\$48,734,092	\$7,933,536	\$1,651,670,874
FY 2003-04	\$615,089,493	\$75,689,157	\$559,937,629	\$183,275,208	\$0	\$2,668,859	\$232,159,179	\$45,039,001	\$63,273,022	\$55,139,779	\$9,467,595	\$1,841,738,922
FY 2004-05	\$644,918,037	\$80,876,269	\$547,962,103	\$184,268,360	\$0	\$2,490,571	\$292,531,940	\$45,942,314	\$38,650,612	\$44,714,981	\$10,930,381	\$1,893,285,567
FY 2005-06	\$668,108,701	\$86,928,323	\$560,167,433	\$195,229,855	\$0	\$6,810,399	\$308,197,591	\$48,881,976	\$39,395,766	\$55,315,293	\$13,360,739	\$1,982,396,076
FY 2006-07	\$672,197,849	\$89,688,016	\$570,743,374	\$198,958,107	\$7,576,607	\$5,557,749	\$330,848,503	\$53,704,934	\$47,754,666	\$54,457,447	\$16,950,163	\$2,048,437,415
FY 2007-08	\$704,469,398	\$100,328,824	\$652,380,330	\$189,844,594	\$19,019,555	\$7,102,372	\$363,566,102	\$64,084,386	\$53,651,725	\$53,633,572	\$18,956,623	\$2,227,037,481
FY 2008-09	\$777,967,697	\$114,169,211	\$730,958,471	\$208,581,897	\$31,678,022	\$7,056,855	\$432,023,182	\$67,574,818	\$60,370,299	\$59,238,905	\$18,918,298	\$2,508,537,655

Fiscal Year	Expenditures	Percent Change	Dollar Increase/Decrease	Average Yearly Percent Change From FY 95-96	Percent Change	Three-year Moving Average	Percent Change
FY 1995-96	\$991,235,479	--	--	--	--	--	--
FY 1996-97	\$1,127,919,788	13.79%	\$136,684,309	--	--	--	--
FY 1997-98	\$1,104,970,992	-2.03%	(\$22,948,796)	5.88%	--	--	--
FY 1998-99	\$1,176,233,410	6.45%	\$71,262,418	6.07%	3.24%	6.07%	--
FY 1999-00	\$1,308,420,100	11.24%	\$132,186,690	7.36%	21.30%	5.22%	-14.01%
FY 2000-01	\$1,416,535,408	8.26%	\$108,115,307	7.54%	2.45%	8.65%	65.79%
FY 2001-02	\$1,536,804,691	8.49%	\$120,269,284	7.70%	2.10%	9.33%	7.87%
FY 2002-03	\$1,651,670,874	7.47%	\$114,866,182	7.67%	-0.42%	8.08%	-13.45%
FY 2003-04	\$1,841,738,922	11.51%	\$190,068,048	8.15%	6.26%	9.16%	13.39%
FY 2004-05	\$1,893,285,567	2.80%	\$51,546,645	7.55%	-7.29%	7.26%	-20.72%
FY 2005-06	\$1,982,396,076	4.71%	\$89,110,509	7.27%	-3.77%	6.34%	-12.71%
FY 2006-07	\$2,048,437,415	3.33%	\$66,041,339	6.91%	-4.92%	3.61%	-43.00%
FY 2007-08	\$2,227,037,481	8.72%	\$178,600,065	7.06%	2.18%	5.59%	54.63%
FY 2008-09	\$2,508,537,655	12.64%	\$281,500,175	7.49%	6.08%	8.23%	47.34%
	Official Projection	Percent Change	Dollar Increase/Decrease	Projection Using Most Recent Average Change	Percent Change over Official Projection	Projection Using Most Recent Three-year Average	Percent Change over Premium Workbook Projection
FY 2009-10 Projection	\$2,738,156,584	22.95%	\$511,119,103	\$2,384,290,754	-12.92%	\$2,351,431,581	-14.12%
FY 2010-11 Projection	\$3,009,127,444	9.90%	\$270,970,860	\$2,552,647,833	-15.17%	\$2,482,773,877	-17.49%
FY 2009-10 Appropriation⁽¹⁾	\$2,521,951,823						
Difference Between FY 2009-10 Projections and FY 2009-10 Appropriation	\$216,204,761	8.57%		(\$137,661,069)	-5.46%	(\$170,520,242)	-6.76%
Difference Between FY 2010-11 Projections and FY 2009-10 Appropriation	\$487,175,621	19.32%		\$30,696,010	1.22%	(\$39,177,946)	-1.55%

Actuals, Projection, and Appropriation exclude Upper Payment Limit Financing.

Exhibit P - Expenditure and Caseload History

Fiscal Year	Total Expenditures*	Annual % Change	Total Caseload**	Annual % Change
FY 1995-96	\$991,235,479		254,083	
FY 1996-97	\$1,127,919,788	13.79%	250,098	-1.57%
FY 1997-98	\$1,104,970,992	-2.03%	238,594	-4.60%
FY 1998-99	\$1,176,233,410	6.45%	237,598	-0.42%
FY 1999-00	\$1,308,420,100	11.24%	253,254	6.59%
FY 2000-01	\$1,416,535,408	8.26%	275,399	8.74%
FY 2001-02	\$1,536,804,691	8.49%	295,413	7.27%
FY 2002-03	\$1,651,670,874	7.47%	331,800	12.32%
FY 2003-04	\$1,841,738,922	11.51%	367,559	10.78%
FY 2004-05	\$1,893,285,567	2.80%	406,074	10.48%
FY 2005-06	\$1,982,396,076	4.71%	402,218	-0.95%
FY 2006-07	\$2,048,437,415	3.33%	392,228	-2.48%
FY 2007-08	\$2,227,037,481	8.72%	391,962	-0.07%
FY 2008-09	\$2,508,537,655	12.64%	436,812	11.44%
FY 2009-10 Projection	\$2,795,867,023	11.45%	511,411	17.08%
FY 2010-11 Projection	\$3,057,442,298	9.36%	567,483	10.96%

*Expenditures are for Medical Services Premiums only. Upper Payment Limit financing and financing bills are excluded.

**Caseload does not include retroactivity.

**Exhibit P - Estimate of FY Expenditures with Prior Year
Cash Flow Pattern (For Reference Only-Not the Department Request)**

Service Category	FY 2009-10 COFRS Actuals (July- September)	FY 2008-09 Cash Flow % (July- September)	FY 2009-10 Year End ROUGH Projection	FY 2009-10 Appropriation	Long Bill Appropriation Minus Cash Flow
ACUTE CARE					
Physician Services & EPSDT	\$56,244,573	22.09%	\$254,665,235	N/A	N/A
Emergency Transportation	\$1,235,623	24.30%	\$5,084,047	N/A	N/A
Non-emergency Medical Transportation	\$2,258,263	25.00%	\$9,033,054	N/A	N/A
Dental Services	\$20,064,208	22.19%	\$90,437,541	N/A	N/A
Family Planning	\$87,219	20.55%	\$424,478	N/A	N/A
Health Maintenance Organizations	\$28,662,487	25.98%	\$110,322,776	N/A	N/A
Inpatient Hospitals	\$81,559,786	23.77%	\$343,080,235	N/A	N/A
Outpatient Hospitals	\$38,307,739	22.74%	\$168,473,415	N/A	N/A
Lab & X-Ray	\$7,111,651	21.70%	\$32,771,087	N/A	N/A
Durable Medical Equipment	\$17,522,830	24.55%	\$71,377,917	N/A	N/A
Prescription Drugs	\$52,415,150	22.41%	\$233,889,020	N/A	N/A
Drug Rebate	(\$13,210,250)	22.51%	(\$58,697,968)	N/A	N/A
Rural Health Centers	\$1,586,280	21.79%	\$7,281,056	N/A	N/A
Federally Qualified Health Centers	\$17,311,194	21.44%	\$80,732,053	N/A	N/A
Co-Insurance (Title XVIII-Medicare)	\$2,944,810	19.06%	\$15,448,739	N/A	N/A
Breast and Cervical Cancer Treatment Program	\$2,061,717	22.46%	\$9,178,737	N/A	N/A
Prepaid Inpatient Health Plan Services	\$7,975,278	22.18%	\$35,958,088	N/A	N/A
Other Medical Services	\$1,196	1.04%	\$115,344	N/A	N/A
Home Health	\$36,347,349	22.58%	\$160,957,001	N/A	N/A
Subtotal of Acute Care	\$360,487,104		\$1,570,531,855	\$1,501,855,533	\$68,676,322
COMMUNITY BASED LONG TERM CARE					
HCBS - Elderly, Blind, and Disabled	\$44,273,095	23.51%	\$188,308,838	N/A	N/A
HCBS - Mental Illness	\$5,451,358	23.77%	\$22,929,674	N/A	N/A
HCBS - Disabled Children	\$388,745	20.02%	\$1,941,666	N/A	N/A
HCBS - Persons Living with AIDS	\$136,162	26.34%	\$516,970	N/A	N/A
HCBS - Consumer Directed Attendant Support	\$986,757	30.06%	\$3,282,867	N/A	N/A
HCBS - Brain Injury	\$2,745,391	23.54%	\$11,662,074	N/A	N/A
HCBS - Children with Autism	\$341,158	25.00%	\$1,364,632	N/A	N/A
HCBS - Pediatric Hospice	\$16,872	25.00%	\$67,486	N/A	N/A
Private Duty Nursing	\$5,039,578	24.88%	\$20,257,997	N/A	N/A
Hospice	\$9,622,073	24.32%	\$39,562,507	N/A	N/A
Subtotal of Community Based Long Term Care	\$69,001,187		\$289,894,711	\$281,246,469	\$8,648,242
LONG TERM CARE and INSURANCE					
Class I Nursing Facilities	\$122,726,807	23.63%	\$519,270,023	\$529,602,773	N/A
Class II Nursing Facilities	\$545,477	23.21%	\$2,350,438	\$2,245,728	N/A
Program for All-Inclusive Care for the Elderly	\$15,110,890	23.25%	\$65,006,808	\$71,090,858	N/A
Subtotal Long Term Care	\$138,383,174		\$586,627,269	\$602,939,360	
Supplemental Medicare Insurance Benefit	\$22,274,647	25.00%	\$89,098,590	\$100,721,836	N/A
Health Insurance Buy-In Program	\$220,531	24.58%	\$897,211	\$1,285,235	N/A
Subtotal Insurance	\$22,495,178		\$89,995,801	\$102,007,071	
Subtotal of Long Term Care and Insurance	\$160,878,352		\$676,623,070	\$704,946,431	(\$28,323,361)
SERVICE MANAGEMENT					
Single Entry Points	\$6,040,875	15.65%	\$38,606,493	\$24,050,634	N/A
Disease Management	\$71,616	25.00%	\$286,464	\$4,723,484	N/A
Prepaid Inpatient Health Plan Administration	\$0	0.00%	\$5,756,449	\$5,129,274	N/A
Subtotal Service Management	\$6,112,491		\$44,649,406	\$33,903,392	\$10,746,014
Total	\$596,479,134		\$2,581,699,042	\$2,521,951,825	\$59,747,217

The FY 2009-10 Appropriation amounts include totals from SB 09-259 plus special bills that passed during the 2009 legislative session.

In instances where prior year cash flow is not assumed to be applicable (Non-emergency Medical Transportation, HCBS - Children with Autism, the Supplemental Medicare Insurance Benefit, and Disease Management), the Department uses a flat 25%. For Pediatric Hospice, the Department also assumes that 25% of the total has been paid; expenditures for the program did not begin until December 2008, so the FY 2008-09 cash flow pattern is not applicable for this service category.

This is a rough projection utilizing past expenditure patterns as a guide to future expenditures. The Cash Flow Pattern is one forecasting tool used to estimate final expenditures on a monthly basis. It is not meant to replace the extensive forecasting used in the official Budget Request and is not always a predictor of future expenditures.

Exhibit Q- Medicaid Caseload History

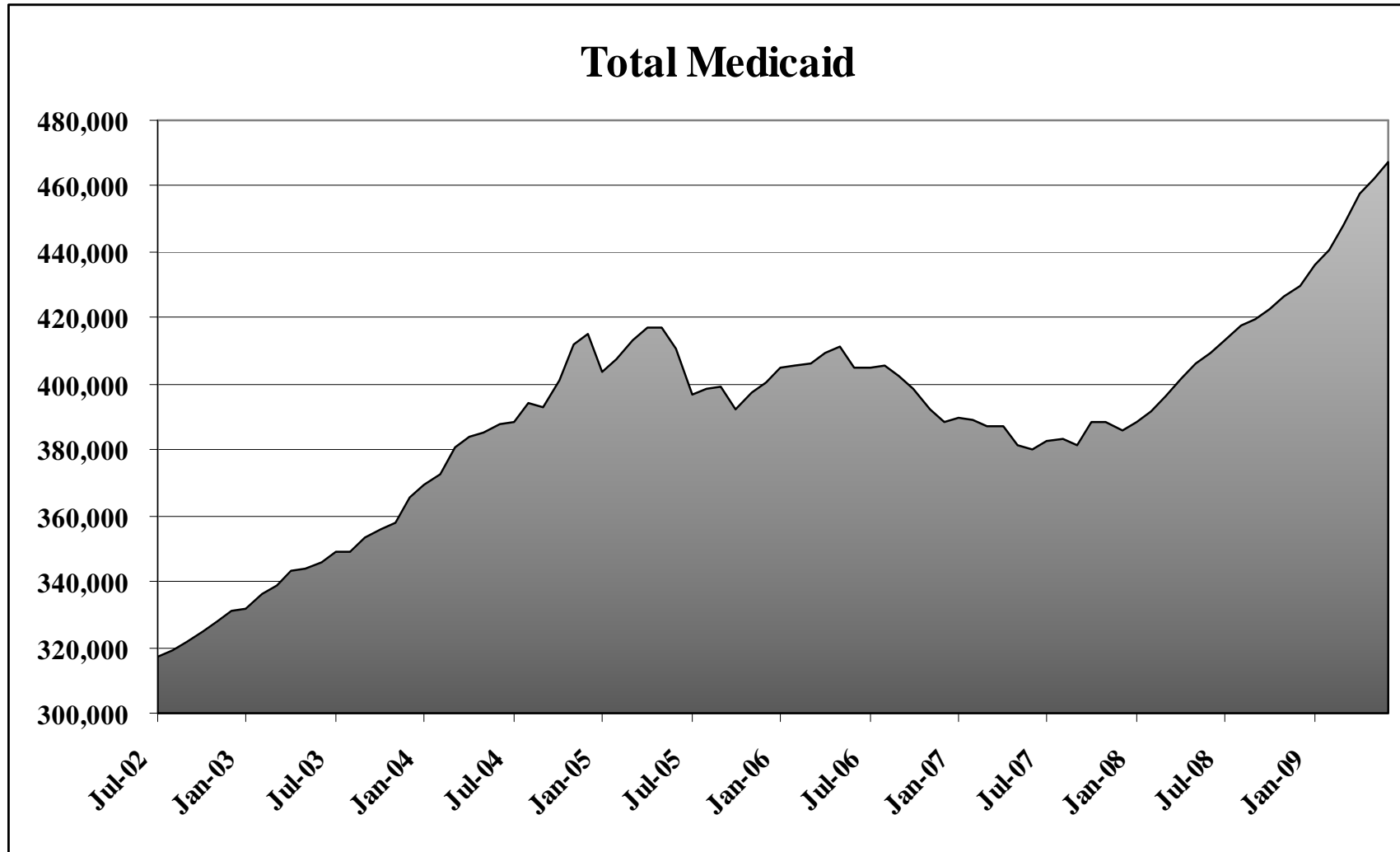


Exhibit Q- Medicaid Caseload History

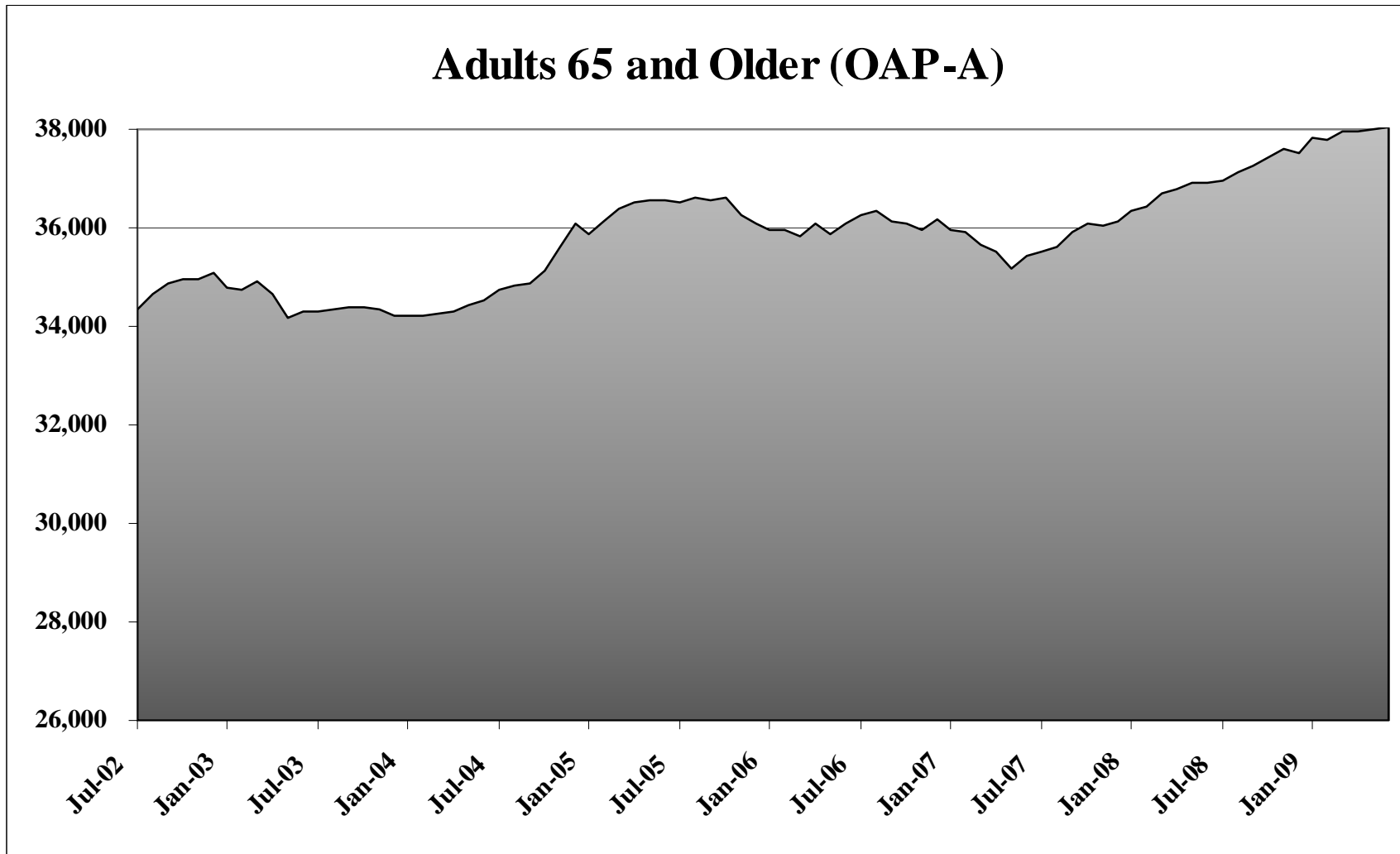


Exhibit Q- Medicaid Caseload History

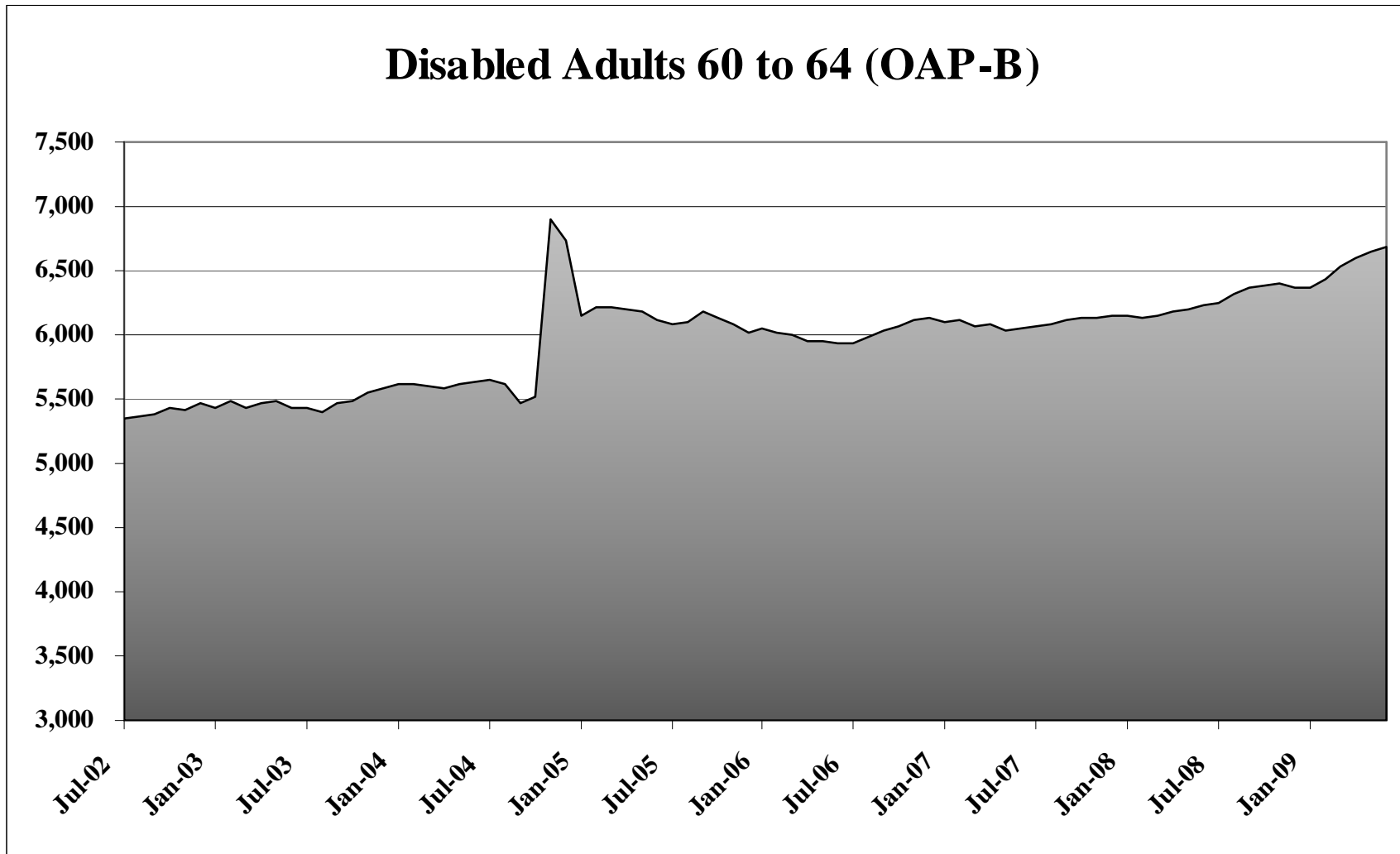


Exhibit Q- Medicaid Caseload History

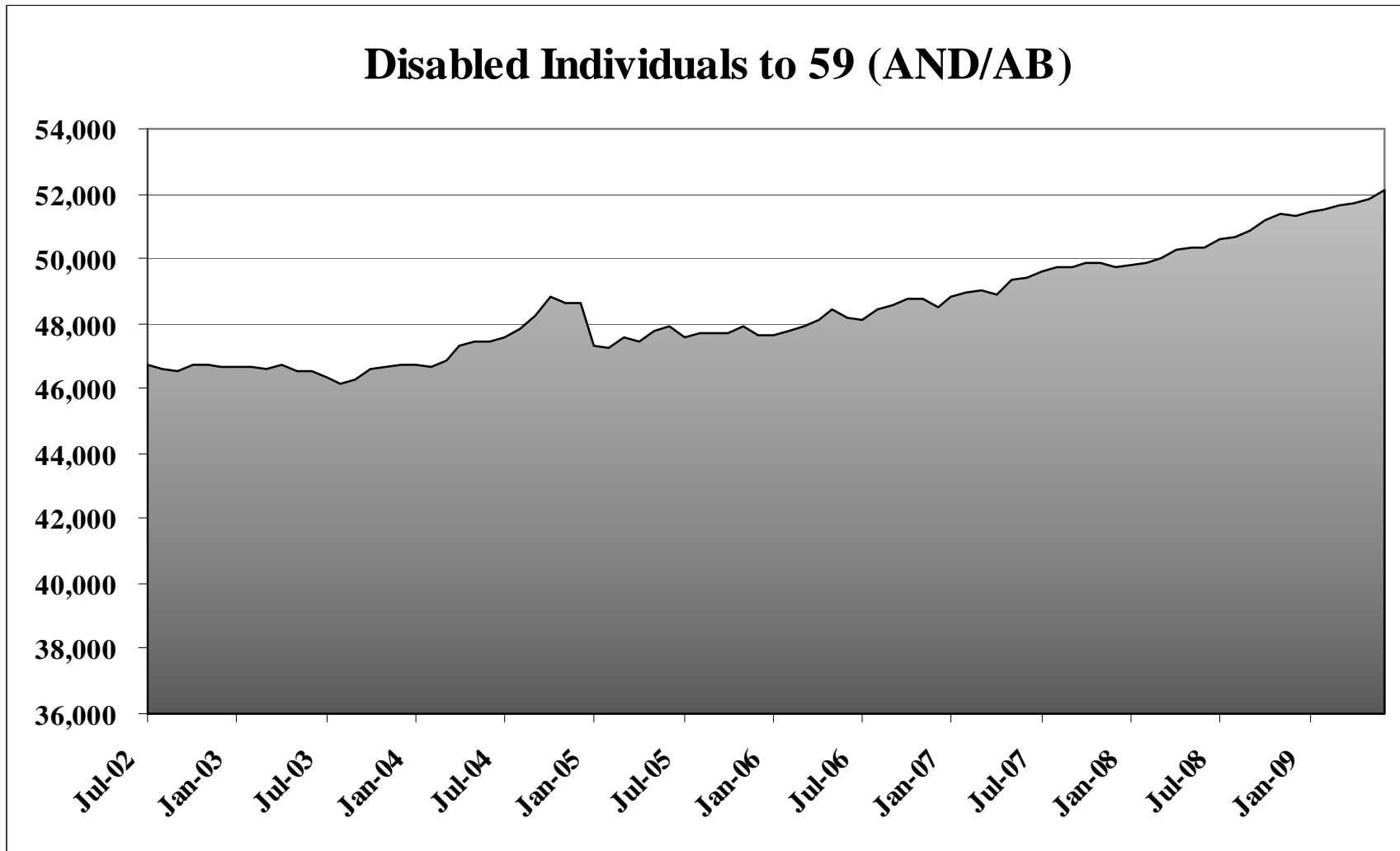


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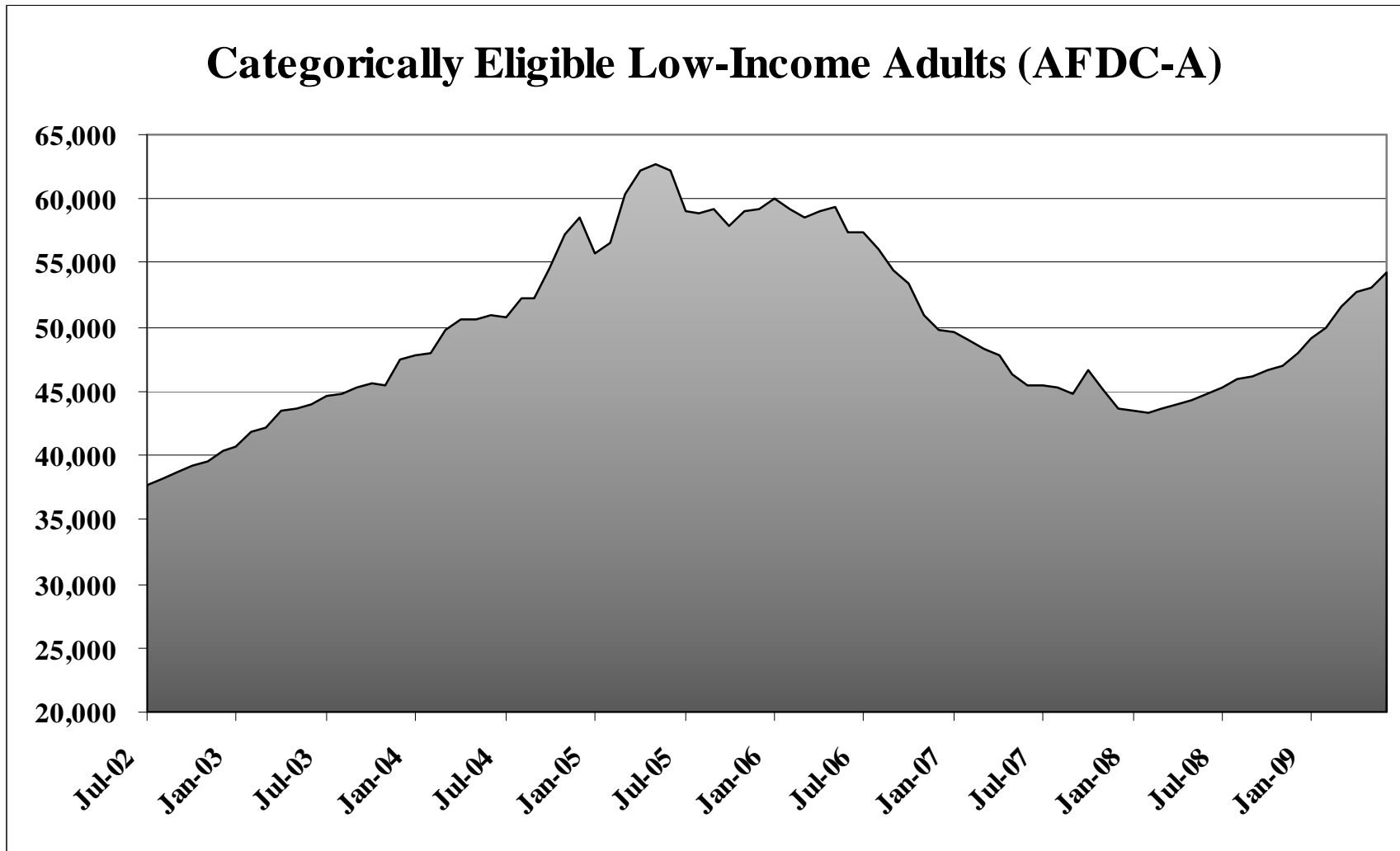


Exhibit Q- Medicaid Caseload History

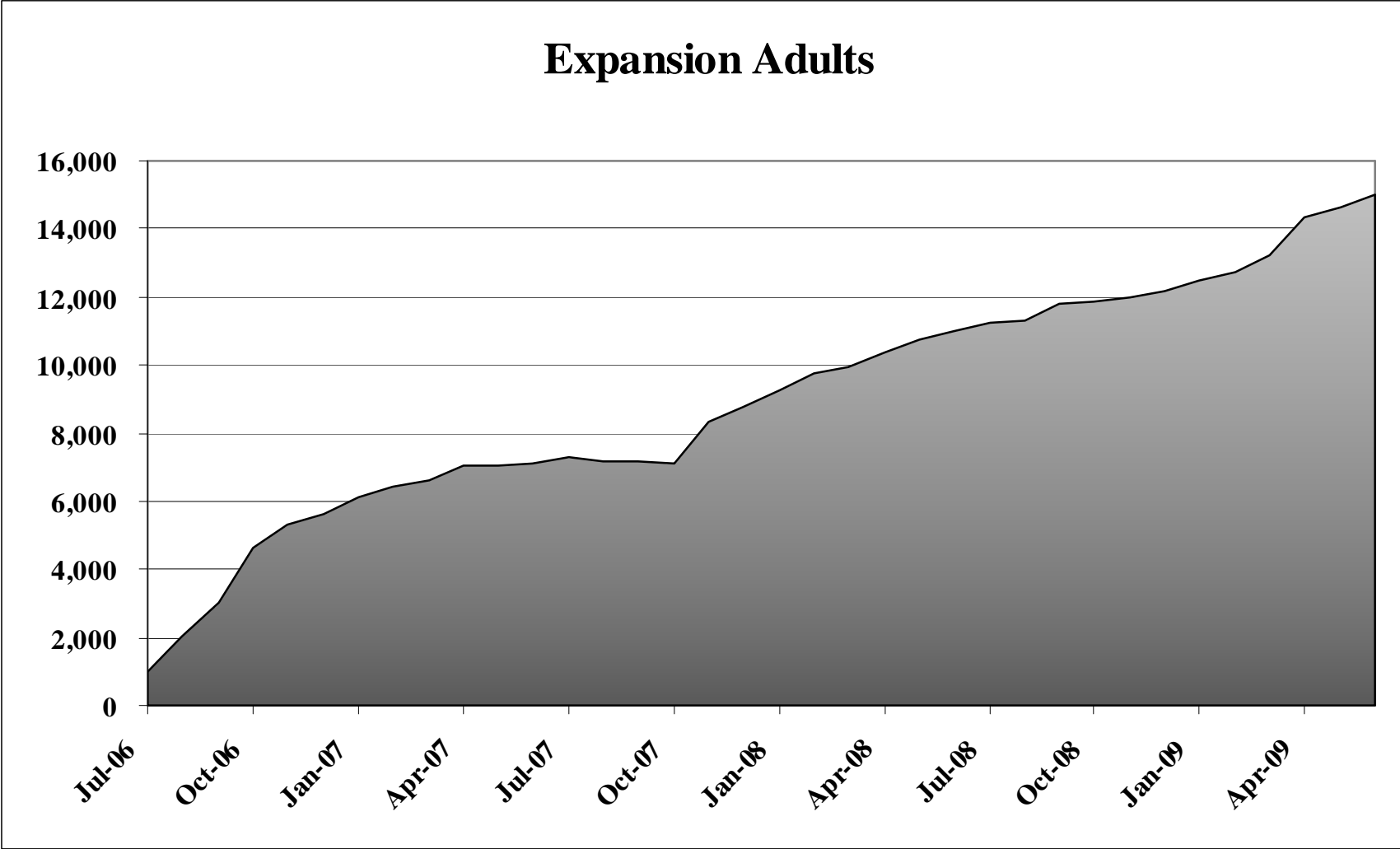


Exhibit Q- Medicaid Caseload History

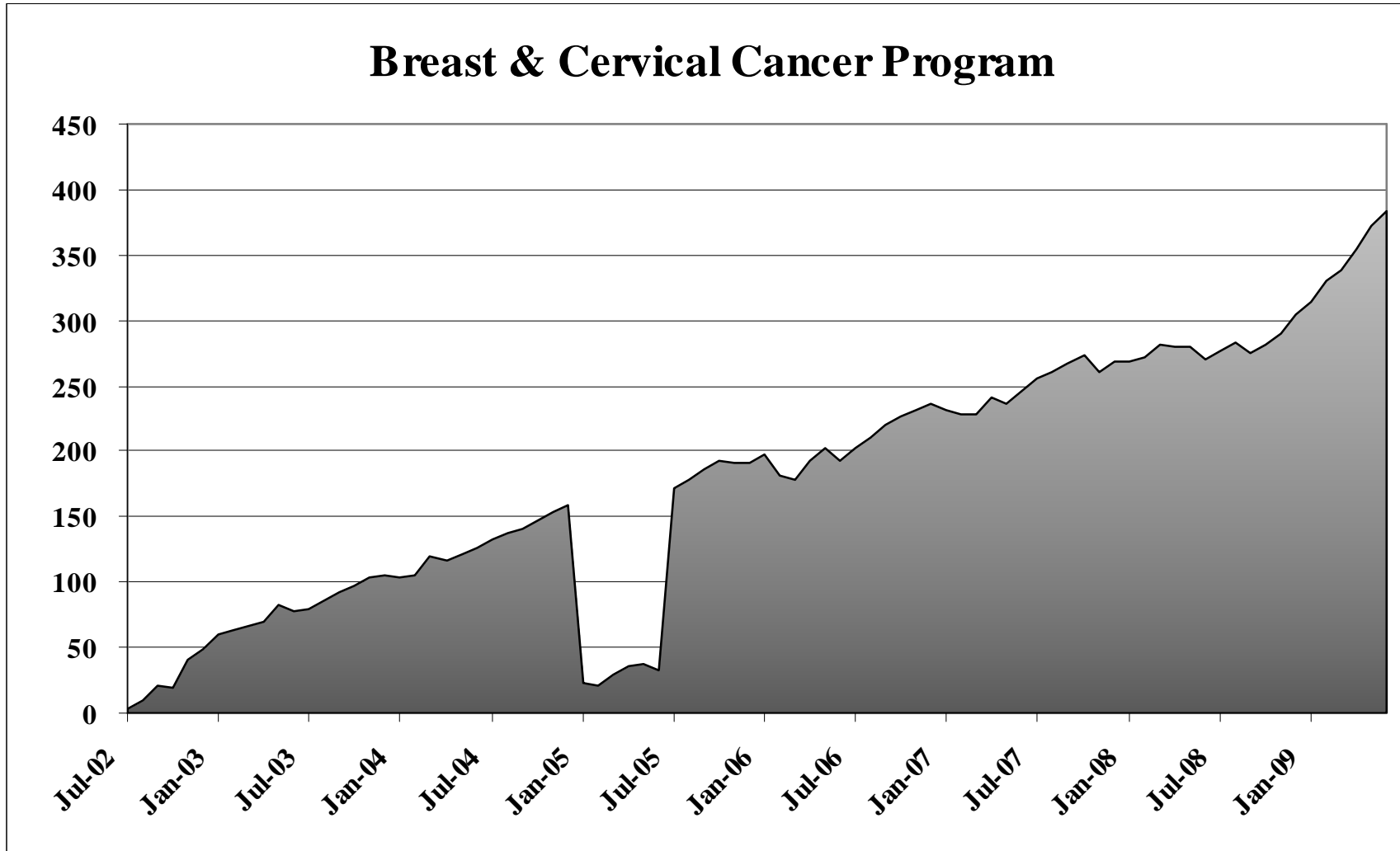


Exhibit Q- Medicaid Caseload History

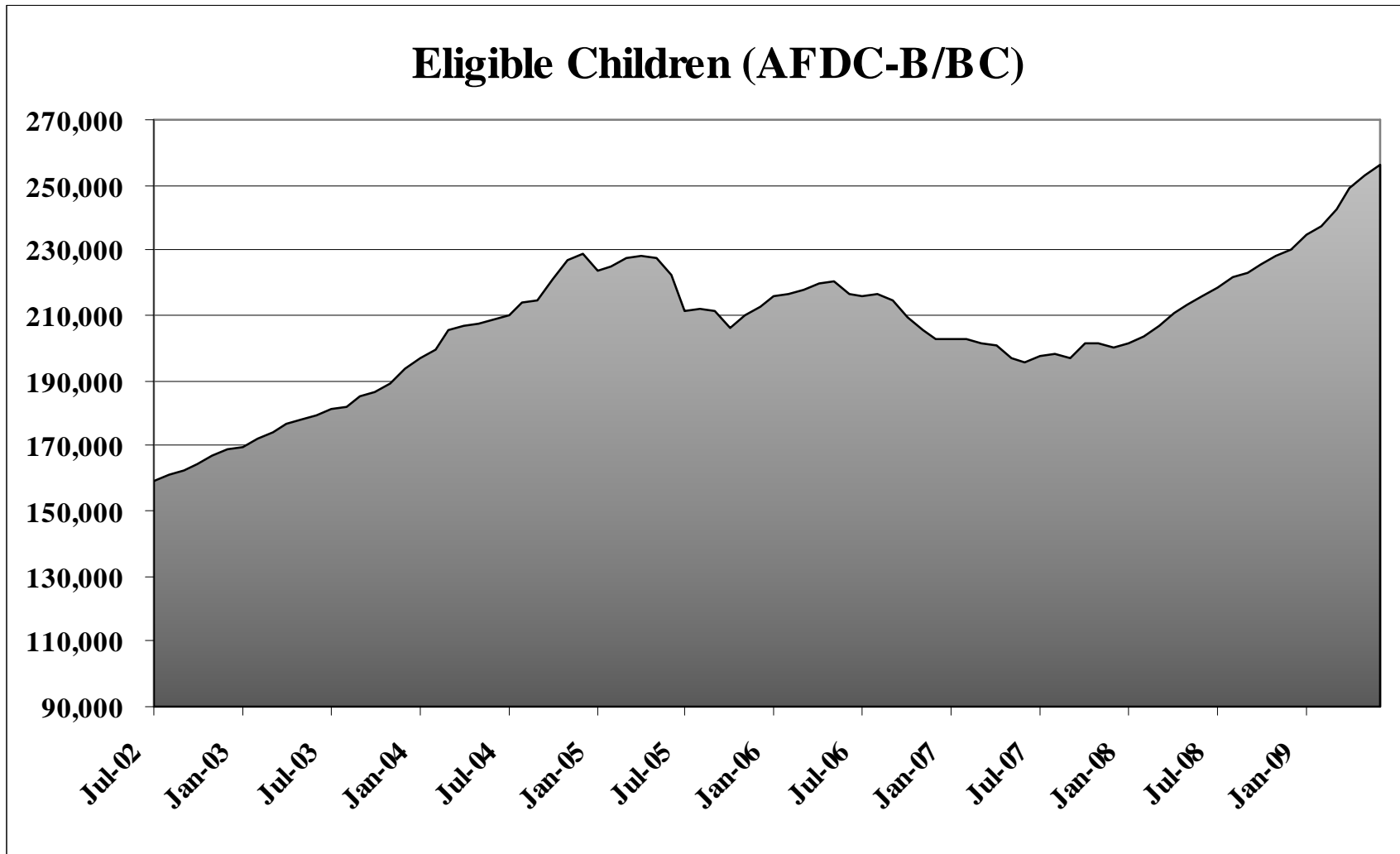


Exhibit Q- Medicaid Caseload History

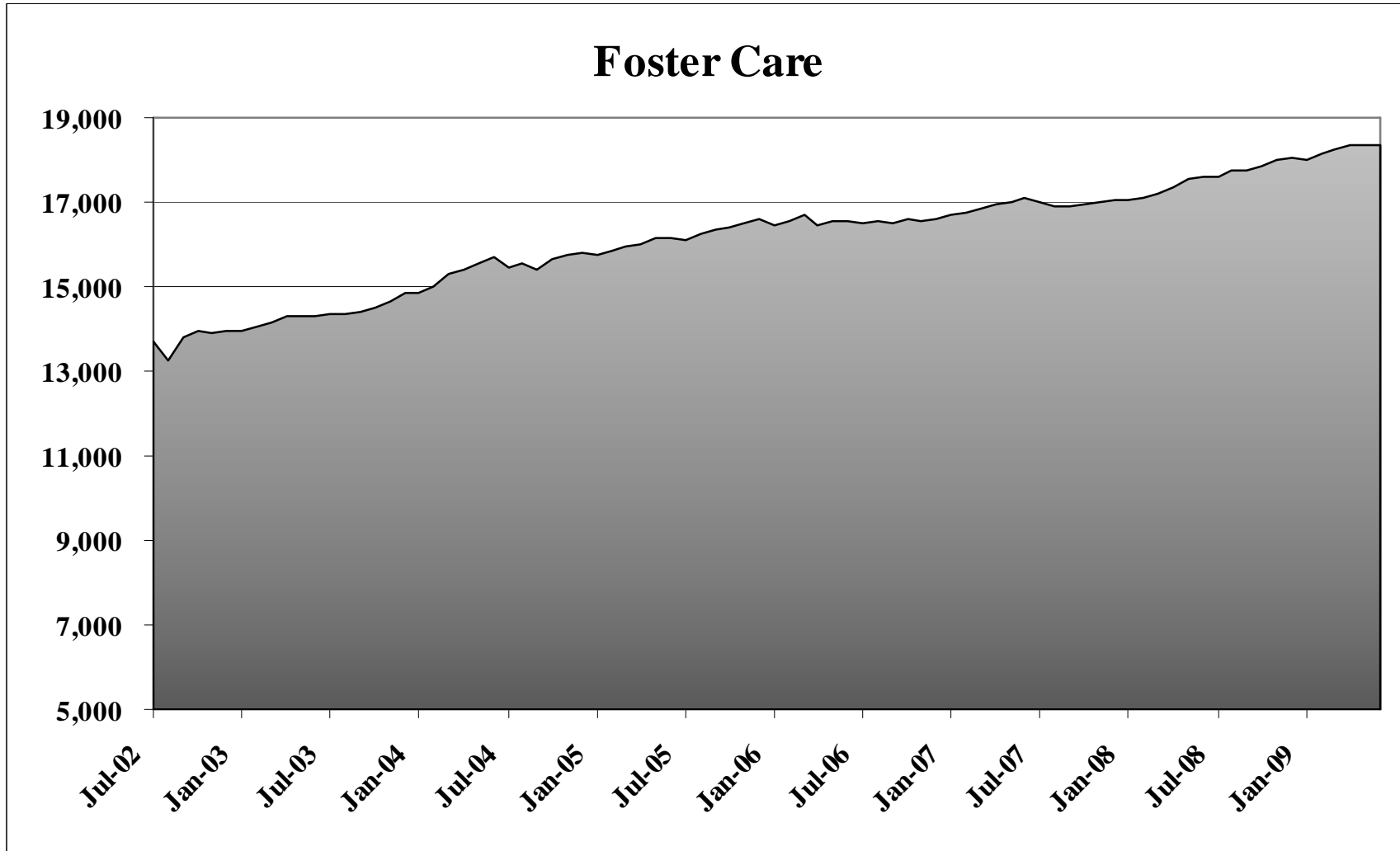


Exhibit Q- Medicaid Caseload History

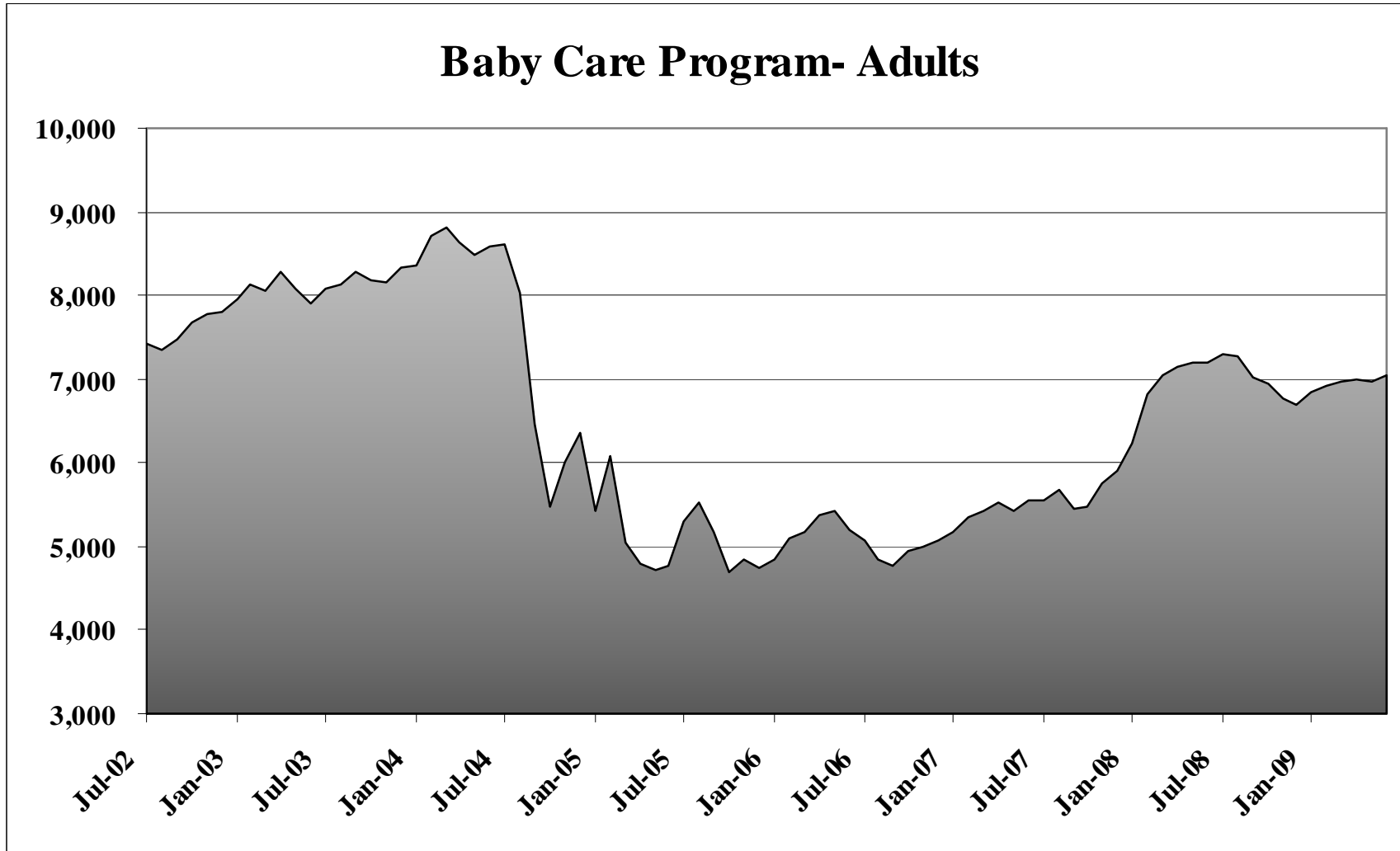


Exhibit Q- Medicaid Caseload History

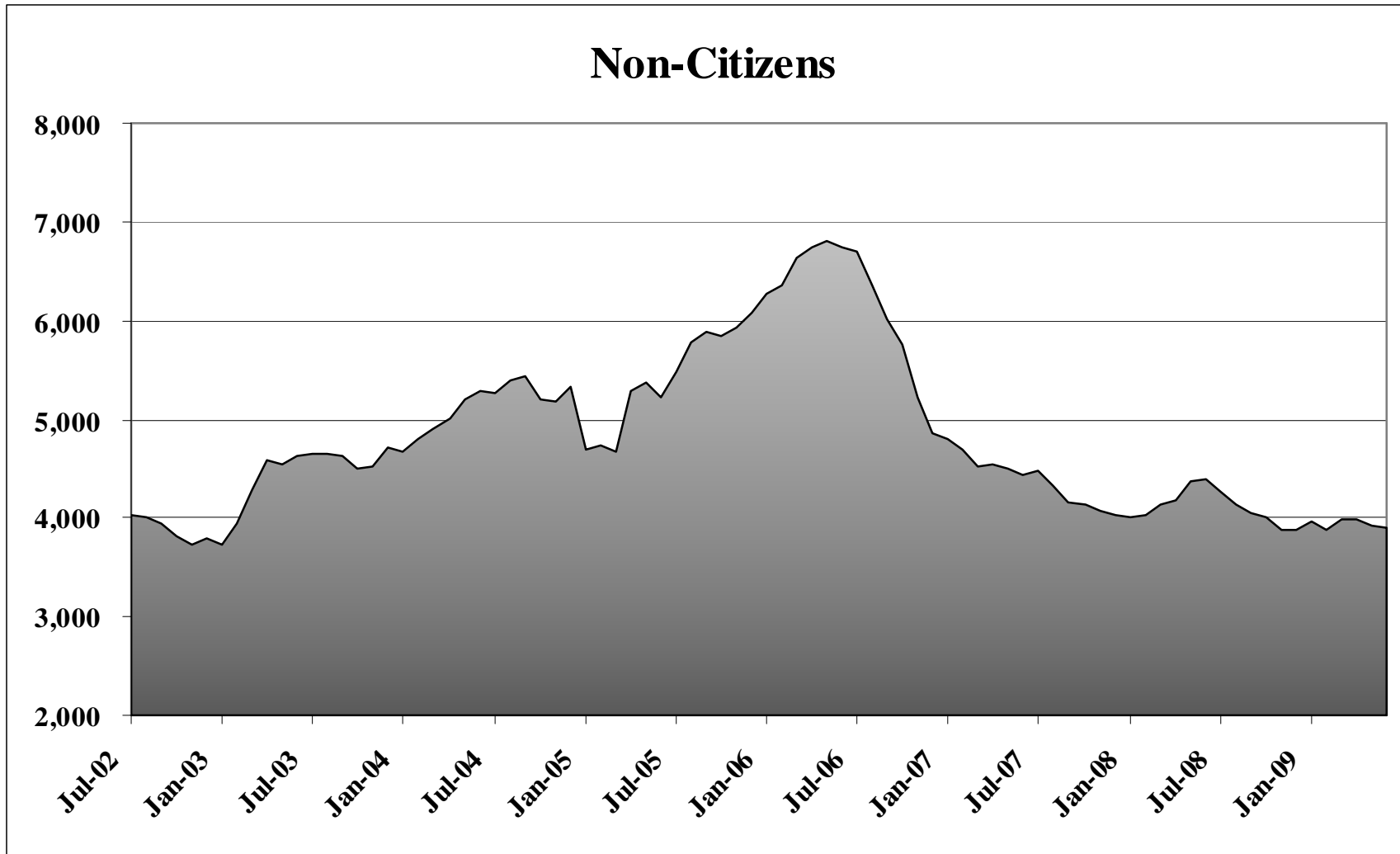


Exhibit Q- Medicaid Caseload History

